

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING HEARING\* &  
STATEMENT OF NEED AND FISCAL IMPACT**

Department of Human Services, Developmental Disabilities

411

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Agency and Division

Administrative Rules Chapter Number

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Rules Coordinator

Address

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**RULE CAPTION**

**ODDS: Independent Providers Delivering Developmental Disabilities Services**

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Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

**PUBLIC RULEMAKING HEARING**

**Date: December 21, 2016**

**Time: 2:00 p.m.**

**Location: Human Services Building  
500 Summer Street NE, Rm. 160  
Salem, Oregon 97301**

**Hearings Officer: Staff**

*This location is accessible for individuals with mobility impairments and auxiliary aids for persons with disabilities are available upon advance request.*

**RULEMAKING ACTION**

**AMEND:**

411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050,  
411-375-0055, 411-375-0070

**REPEAL:**

Temporary Rules 411-375-0010(T), 411-375-0020(T), 411-375-0035(T),  
411-375-0040(T), 411-375-0050(T), 411-375-0055(T), 411-375-0070(T)

**Stat. Auth.: ORS 409.050**

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**Other Auth.:**

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**Stats. Implemented: ORS 410.600, 410.606-410.619, 427.007**

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## RULE SUMMARY

The Department of Human Services (Department), Office of Developmental Disabilities Services (ODDS) is proposing to amend the rules for independent providers delivering developmental disabilities services in OAR chapter 411, division 375.

OAR 411-375-0000 about definitions and acronyms is being amended to --

- Specify that if the same word or term in OAR 411-375-0010 is defined differently than the general definitions in OAR 411-317-000, the definition in OAR 411-375-0010 applies.
- Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties.
- Define non-motorized transportation to be consistent with the rules for homecare workers.
- Remove definitions that are included in OAR 411-317-0000 or clearly defined within rule.

OAR 411-375-0020 about qualifications, exclusions, and enrollment responsibilities for independent providers is being amended to specify --

- A Provider Enrollment Agreement is effective for two years from the date of signature unless the provider enrollment has been terminated or inactivated by the Department.
- An employee of the state of Oregon may not be authorized to deliver services as a personal support worker.
- An independent provider must complete and submit properly completed paperwork and maintain valid contact information with the Department as a condition of maintaining an active provider number.

OAR 411-375-0035 about documentation and reporting requirements is being amended to --

- Specify completed timesheets fulfill the requirement for date and time a service was delivered.
- Update the statutory references for mandatory reporters.

OAR 411-375-0040 about fiscal and accountability responsibility is being amended to -

- Specify that Department funds may only be paid to personal support workers who properly complete all required paperwork for fiscal intermediary payments.

- Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker, unless the personal support worker meets specific criteria or an exception has been granted.

OAR 411-375-0050 about benefits and secondary expenses for personal support workers is being amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040.

OAR 411-375-0055 about standards for common law employers for personal support workers is being amended to specify the legal or designated representative of an individual may be a common law employer.

OAR 411-375-0070 about inactivation and termination of independent providers is being amended to include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules.

In addition, the Department is also proposing additional edits to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

Written comments may be submitted via e-mail to [Kimberly.Colkitt-Hallman@state.or.us](mailto:Kimberly.Colkitt-Hallman@state.or.us) or mailed to 500 Summer Street NE, E48 Salem, Oregon, 97301-1064. All comments received will be given equal consideration before the Department proceeds with the permanent rulemaking.

**Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator):**  
December 30, 2016 at 5 p.m.

**In the Matter of:** The amendment of OAR 411-375-0010, 411-375-0020, 411-375-0035, 411-375-0040, 411-375-0050, 411-375-0055, and 411-375-0070; and the repeal of temporary OAR 411-375-0010(T), 411-375-0020(T), 411-375-0035(T), 411-375-0040(T), 411-375-0050(T), 411-375-0055(T), and 411-375-0070(T) relating to Independent Providers Delivering Developmental Disabilities Services.

**Documents Relied Upon, and where they are available:**

**Need for the Rule(s):**

OAR 411-375-0000 needs to be amended to --

- Specify that if the same word or term in OAR 411-375-0010 is defined differently than the general definitions in OAR 411-317-000, the definition in OAR 411-375-0010 applies.
- Include claiming payment for hours that exceed limitations in the definition for fiscal improprieties. This is necessary to allow the Department to adhere to new Department of Labor regulations related to overtime pay for workers.
- Define non-motorized transportation to be consistent with the rules for homecare workers.
- Remove definitions that are included in OAR 411-317-0000 or clearly defined within rule.

OAR 411-375-0020 needs to be amended to specify --

- A Provider Enrollment Agreement is effective for two years from the date of signature unless the provider enrollment has been terminated or inactivated by the Department.
- An employee of the state of Oregon may not be authorized to deliver services as a personal support worker. The state of Oregon is the third party payer for personal support workers. Due to the Department of Labor regulation requiring all domestic employees to be compensated for all hours worked, and overtime for all the hours worked over 40, the Department must reduce the risk of potential overtime for any domestic employee and therefore does not allow any state employee to also be a personal support worker.
- An independent provider must complete and submit properly completed paperwork and maintain valid contact information with the Department as a condition of maintaining an active provider number.

OAR 411-375-0035 needs to be amended to --

- Specify completed timesheets fulfill the requirement for date and time a service was delivered.
- Update the statutory references for mandatory reporters. This will give the Department the authority to take action when a provider fails to meet statutory reporting requirements.

OAR 411-375-0040 needs to be amended to --

- Specify that Department funds may only be paid to personal support workers who properly complete all required paperwork for fiscal intermediary payments.

- Update payment limitations to reflect that a personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs as a personal support worker or homecare worker, unless the personal support worker meets specific criteria or an exception has been granted. This change will prevent the Department from incurring costs associated with paying overtime as is required by new Department of Labor regulations.

OAR 411-375-0050 needs to be amended to clarify that travel between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040.

OAR 411-375-0055 needs to be amended to specify the legal or designated representative of an individual may be a common law employer. This change clarifies an area of this rule that has been ambiguous.

OAR 411-375-0070 needs to be amended to include that an independent provider may be terminated if the independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of the rules. This will assure that the Department has the authority to act when a provider fails to take actions deemed necessary for the provider to be able to deliver services adequately.

In addition, the Department is also proposing additional edits to ensure consistent terminology, update statutory and rule references, correct formatting and punctuation, and improve ease of reading.

**Fiscal and Economic Impact:**

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

The Department estimates that amending the rules in OAR chapter 411, division 375 will have the following fiscal and economic impact:

**State Agencies:** The impact of limiting personal support worker authorizations is unable to be determined. It is reasonable to expect a cost savings to the Department because the intended effect is to limit overtime payments as would be required by new Federal regulations. However, what cannot be known is --

- How many service hours will go unworked because an individual chooses not to backfill positions and finds other means of meeting support needs.
- How many exceptions to the limit the Department will grant.

- How many service hours will be filled by other provider types who are paid at a different rate.

Additionally the impact of limiting state of Oregon employees from also being personal support workers is reasonably expected to be a cost savings to the Department because it is intended to minimize the risk of having to pay overtime on state employees' wages if also employed as a personal support worker in a third-party relationship with the Department.

**Units of Local Government:** Hourly limits to personal support workers may cause case managers to have to engage in longer or additional planning meetings to help arrange supports.

**Individuals Receiving Services:** The Department does not anticipate a fiscal or economic impact to individuals receiving services.

**Providers:** Hourly limits to personal support workers will result in some number of individual personal support workers to work fewer hours per week and therefore lower weekly take home pay. Upon going into effect, the hourly limit affected 13,849 personal support workers. Actual numbers of hours that may have been worked by those personal support workers if not for the cap cannot be estimated. To the extent that those hours are worked by other providers, those other providers will experience an increase to their weekly pay. Additionally, the availability of hours previously worked beyond the new caps to be worked by other providers may increase the employment of providers both as personal support workers and through agency employments as direct support professionals.

**Members of the Public:** The Department does not anticipate a fiscal or economic impact to the public.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:

The proposed rules apply to case management entities and personal support workers, none of which may be considered small businesses as defined in ORS 183.310.

The proposed rules also apply to independent providers who are not personal support workers. Some of those providers may be considered small businesses as defined in ORS 183.310. The Department is unable to estimate the number of independent providers who may also be small businesses.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

The proposed changes impact providers as described above in the Department's statement of cost of compliance.

c. Equipment, supplies, labor and increased administration required for compliance:

The proposed changes impact providers as described above in the Department's statement of cost of compliance.

How were small businesses involved in the development of this rule?

A small business as defined in ORS 183.310 did participate on the Administrative Rule Advisory Committee. Small businesses will also be included in the public review and comment period.

Administrative Rule Advisory Committee consulted?:

Yes. The Administrative Rule Advisory Committee (RAC) included representation from Community Support Services, Inc.; Choices Unlimited, Inc.; North Star Pathways; Home Life Inc.; Oregon Resource Association; Integrated Services Network; Adventist Health; Community Access Services; Sunny Oaks, Inc.; Association of Oregon Community Mental Health Programs; Service Employees International Union; and Full Access.

DEPARTMENT OF HUMAN SERVICES  
DEVELOPMENTAL DISABILITIES  
OREGON ADMINISTRATIVE RULES

CHAPTER 411  
DIVISION 375

INDEPENDENT PROVIDERS DELIVERING DEVELOPMENTAL  
DISABILITIES SERVICES

411-375-0010 Definitions and Acronyms

~~Unless the context indicates otherwise, the following definitions and the definitions in OAR 411-317-0000 apply to the rules in OAR chapter 411, division 375.~~ OAR 411-317-0000 includes general definitions for words and terms frequently used in OAR chapter 411, division 375. In addition to the definitions in OAR 411-317-0000, the following definitions apply specifically to the rules in OAR chapter 411, division 375. If the same word or term is defined differently in OAR 411-317-0000, the definition in this rule applies.

(1) "Active Provider Number" means an identifying number ~~that is~~ issued by the Department to an independent provider ~~after the independent provider completes~~ who has completed the qualification and enrollment conditions ~~as~~ described in OAR 411-375-0020. An active provider number is a provider number ~~that is~~ not currently in inactivated or terminated status.

(2) "ADL" means "aActivities of ~~d~~Daily ~~l~~Living".

(3) "Base Pay Rate" means the hourly wage to be paid to personal support workers, without any differentials, established in the Collective Bargaining Agreement.

(4) "Behaviorally-Driven Services and Supports" means the behavioral treatments ~~identified in a functional needs assessment that~~ an individual requires in addition to routine assessed ADL and IADL supports as identified in a functional needs assessment.

(5) "Burden of Proof" means ~~that~~ the existence or nonexistence of a fact is established by a preponderance of the evidence.



(6) "CDDP" means "Community Developmental ~~Disability~~Disabilities Program".

(7) "CIIS" means "Children's Intensive In-Home Services".

(8) "Collective Bargaining Agreement" means the Collective Bargaining~~gratified~~ agreement between the Home Care Commission and the Service Employees International Union, Local 503, Oregon Public Employees Union regarding wages, hours, rules, and working conditions for personal support workers.

(9) "Common Law Employer" means the employer of record (EOR) a person responsible for the management of personal support workers in their duties described in OAR 411-375-0055~~these rules. Common law employers are also known as as an employer of record (EOR).~~

~~(10) "Common Law Employer Proxy" means a person who is delegated specific tasks to assist a common law employer in the duties of a common law employer.~~

~~(1110) "Community Transportation" means the non-medical transportation provided to an individual. "Community Transportation" is further defined in OAR 411-435-0020 and described in OAR 411-435-0050 ancillary service described in OAR 411-435-0050 that enables an individual to gain access to community-based state plan and waiver services, activities and resources that are not medical in nature. Community Transportation is provided in the area surrounding the home of the individual that is commonly used by people in the same area to obtain ordinary goods and services. Community transportation is available through the Community First Choice State Plan Amendment.~~

~~(1211) "Confidentiality" means the conditions for use and disclosure of specific information governed by other laws and rules including, but not limited to, OAR 407-014-0000 to 407-014-0070 (Privacy of Protected Information).~~

~~(1312) "Department Funds" means state public funds or Medicaid funds used to purchase developmental disabilities services and supports for individuals enrolled in developmental disabilities services ~~as defined in this rule.~~~~

(1413) "Enhanced Personal Support Worker" means a personal support worker ~~who is~~ certified by the Home Care Commission to ~~provided~~deliver services ~~for~~to individuals who require advanced medically-driven services and supports or behaviorally-driven services and supports, as ~~defined and assessed through~~identified in a functional needs assessment ~~tool~~.

(1514) "Evidence" means the testimony, writings, material objects, or other things presented to the senses, ~~that are~~ offered to prove the existence or nonexistence of a fact.

(1615) "Exceptional Personal Support Worker" means a personal support worker ~~who is~~ certified by the Home Care Commission to ~~provided~~deliver services ~~for~~to individuals who require extensive medically-driven services and supports or behaviorally-driven services and supports, as ~~assessed by~~identified in a functional needs assessment ~~tool~~ and whose service needs also require staff to be awake more than 20 hours in a 24-hour period.

(1716) "eXPRS" means "Express Payment and Reporting System". eXPRS is the ~~Department's~~ information system ~~that tracks~~used by the Department to track and ~~documents~~document service delivery of claims funded by the Department.

~~(18) "Failure to Act as a Mandatory Reporter" means that a personal support worker has reasonable cause to believe that the abuse of a child, an older adult, adult with an intellectual or developmental disability or mental illness, or a resident of a nursing facility has occurred, but fails to report the suspected abuse as required by ORS 419B.015, ORS 124.065, ORS 430.743, or ORS 441.645.~~

~~(19) "Failure to Provide Services as Required" means an independent provider does not provide services to an individual as described in the service agreement.~~

(2017) "FICA" means "Federal Insurance Contributions Act".

(2118) "Fiscal Improprieties" means financial misconduct involving the money, property, or benefits of an individual.

(a) Fiscal improprieties include, but are not limited to, financial exploitation, borrowing money from an individual, taking property or money from an individual, having an individual purchase items for the independent provider, forging the signature of an individual, falsifying payment records, claiming payment for hours not worked, repeatedly claiming payment for hours not prior authorized, claiming payment for hours that exceed limitations, or similar acts intentionally committed for financial gain.

(b) Fiscal improprieties do not include the exchange of money, gifts, or property between a personal support worker and an individual with whom the personal support worker is related unless an allegation of financial exploitation, as defined in OAR 411-020-0002 or OAR 407-045-0260, has been substantiated based on an adult protective services investigation.

~~(2219)~~ "Fiscal Intermediary" means a person or entity that receives and distributes Department funds on behalf of an individual who employs or contracts with a personal support worker to ~~provide~~deliver services.

~~(2320)~~ "IADL" means "~~i~~Instrumental ~~a~~Activities of ~~d~~Daily ~~l~~Living".

~~(2421)~~ "Imminent Danger" means there is reasonable cause to believe the life or physical, emotional, or financial well-being of an individual is in danger if no intervention is immediately initiated.

~~(2522)~~ "Inactivation" means an independent provider has a Department issued provider number that has been inactivated in accordance with OAR 411-375-0070~~(1)~~ ~~or OAR 411-375-0070(2)~~.

~~(2623)~~ "Independent Provider" means a personal support worker, a person who is paid as a contractor, or a self-employed person. An agency or the employee of an agency is not an independent provider.

~~(2724)~~ "ISP" means "Individual Support Plan".

~~(2825)~~ "Lack of Skills, Knowledge, or Ability to Adequately or Safely Provide Services" means ~~an~~an independent provider does not possess the physical, mental, or emotional skills or abilities necessary to perform services as defined in this rule. ~~The independent provider is not physically,~~

~~mentally, or emotionally capable of providing~~ deliver services and the lack of skills or abilities puts an individual at risk because the independent provider fails to perform, or learn to perform, the duties needed to adequately meet the needs of the individual.

(~~29~~26) "Medically-Driven Services and Supports" means the medical treatments ~~identified in a functional needs assessment that~~ an individual requires in addition to routine assessed ADL and IADL supports as identified in a functional needs assessment.

(27) "Non-Motorized Transportation" means traveling on foot, riding a bicycle, traveling in a wheelchair or scooter, or other similar means of transportation.

(~~30~~28) "Office of Administrative Hearings" means the office described in ORS 183.605 established within the Employment Department to conduct contested case proceedings on behalf of designated state agencies.

(31~~29~~) "Personal Support Worker":

(a) Means a person: ~~--~~

(A) Who has a Medicaid provider number; ~~;~~

(B) ~~Hired~~ Who is hired or selected by an individual ~~with an intellectual or developmental disability or~~ the ~~their~~ representative of the individual; ~~;~~

(C) Who receives money from the Department for the purpose of ~~providing~~ delivering services to ~~an~~ the individual in the home or community of the individual; ~~and~~ .

(D) Whose compensation for providing services is provided in whole or in part through the Department ~~a case management entity~~.

(b) This definition of personal support worker is intended to be interpreted consistently with ORS 410.600.

(~~32~~30) "Preponderance of the Evidence" in a contested case hearing means, ~~that one party's the~~ evidence of one party is more convincing than the ~~other party's~~ evidence of the other party in a contested case hearing.

(~~33~~31) "Protective Service and Abuse Rules" means any of the rules described in --

(a) OAR chapter 411, division 020~~7~~<sub>2</sub>

(b) OAR chapter 407, division 045~~7~~<sub>2</sub>

(c) OAR chapter 413, division 015~~7~~<sub>2</sub> and

(d) OAR chapter 943, division 045.

(32) "Proxy" means the common law employer proxy. The common law employer proxy is the person delegated specific tasks to assist a common law employer in the duties described in OAR 411-375-0055.

(~~34~~33) "Provider Enrollment" means the process for enrolling an independent provider for the purpose of receiving payment for authorized services ~~provided~~delivered to an individual. Provider enrollment includes the completion and submission of a Provider Enrollment Agreement before receiving a provider number.

(~~35~~34) "Provider Number" means the identifying number issued to a each qualified independent provider enrolled through the Department as a provider.

(~~36~~35) "Restricted Personal Support Worker" means the Department<sub>1</sub> or the designee of the Department<sub>1</sub> has placed restrictions on the provider enrollment of a personal support worker as described in OAR 411-375-0020.

(~~37~~36) "Termination" means an independent provider has a Department issued provider number that has been terminated in accordance with OAR 411-375-0070(~~3~~).

(~~38~~37) "Travel Directly" means ~~that the~~ travel time for a personal support ~~worker's travel~~ worker from one ~~individual's home or service setting~~ worksite

to another ~~individual's home or service setting~~worksite is not interrupted for any of the following reasons:

~~(a) other than to e~~Eat a meal;<sub>2</sub>

~~(b) p~~Purchase fuel for the vehicle being used for the travel;<sub>2</sub>

~~(c) u~~Use a restroom, ~~or.~~

~~(d) e~~Change buses, trains, or other modes of public transit.

~~(3938)~~ "These Rules" mean the rules in OAR chapter 411, division 375.

~~(40) "Unacceptable Conduct at Work" means an independent provider has repeatedly engaged in one or more of the following behaviors:~~

~~(a) Delay in arrival to work or absence from work not prior-scheduled with an individual that is either unsatisfactory to the individual or neglects the individual's service needs; or~~

~~(b) Inviting unwelcome guests or pets into an individual's home, resulting in the individual's dissatisfaction or a personal support worker's inattention to the individual's required service needs.~~

~~(41) "Violation of a Drug-Free Workplace" means there was a credible complaint against an independent provider for:~~

~~(a) Being intoxicated by alcohol, inhalants, prescription drugs, or other drugs, including over-the-counter medications, while:~~

~~(A) Responsible for the care of an individual;~~

~~(B) In the individual's home; or~~

~~(C) Transporting the individual.~~

~~(b) Manufacturing, possessing, selling, offering to sell, trading, or using illegal drugs while providing authorized services to an individual or while in the individual's home.~~

(4239) "Violation of Protective Service and Abuse Rules" means, based on a substantiated allegation of abuse, an independent provider was found to have violated the protective service and abuse rules ~~described in OAR chapter 411, division 020, OAR chapter 407, division 045, OAR chapter 413, division 015, or OAR chapter 943, division 045.~~

(4340) "Workday" means 12:00 AM through 11:59 PM.

(41) "Worksite" means the physical location where a personal support worker is authorized to deliver services to an individual. A worksite may be the home of an individual, the community of the individual, or a home and community-based setting.

(4442) "Work-~~W~~week" means 12:00 AM Sunday through 11:59 PM Saturday.

Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 410.600, 410.606-410.619, 427.007

**411-375-0020 Independent Provider Enrollment and Qualifications, Exclusions, and Enrollment Responsibilities for Independent Providers**

(1) ~~INDEPENDENT PROVIDER QUALIFICATIONS~~: An independent provider who is qualified to provide services must meet the following requirements:

(a) Be at least 18 years of age.

(b) Have approval to work based on a background check completed by the Department as described in OAR 407-007-0200 to 407-007-0370 and section (3) of this rule.

(c) Not have been convicted of any of the disqualifying crimes listed in OAR 407-007-0275, unless hired or contracted with prior to July 28, 2009 and remaining in the original position for which the independent provider was hired or contracted.

(d) Be free of convictions, founded allegations of abuse, or substantiated allegations of abuse, by the appropriate agency

including, but not limited to, the Department or case management entity.

(e) Be legally eligible to work in the United States.

(f) Demonstrate by background, education, references, skills, and abilities ~~that~~ the independent provider is capable of safely and adequately performing the tasks specified in an ISP or Service Agreement, with such demonstration of the following confirmed in writing by the individual, or as applicable their legal or designated representative ~~including~~:

(A) Ability and sufficient education to follow oral and written instructions and keep any required records~~;~~

(B) Possess the physical health, mental health, good judgment, and good personal character determined necessary to ~~provide~~ deliver services~~;~~

(C) Ability to communicate with the individual~~;~~ ~~and~~

(D) Training of a nature and type sufficient to ensure ~~that~~ the independent provider has knowledge of emergency procedures specific to the individual.

(g) Maintain confidentiality and safeguard individual information.

~~Unless given specific permission by an individual or the legal representative of an individual, the~~ An independent provider may not share any personal information about the individual, including medical, social service, financial, public assistance, legal, or other personal details, unless given specific permission by the individual or as applicable their legal representative.

(h) Not be on the list of excluded or debarred providers maintained by the Office of the Inspector General (<http://exclusions.oig.hhs.gov/>).

(i) Complete and submit a Provider Enrollment Agreement to the Department and possess a current provider number issued by the Department. A Provider Enrollment Agreement is effective for two



years from the date of signature, unless the provider enrollment is terminated or inactivated by the Department.

(j) Have a ~~tax~~Taxpayer Identification Number or Social Security number that matches the legal name of the independent provider as verified by the Internal Revenue Service or Social Security Administration.

(k) If providing services requiring professional licensure, possess a current and unencumbered license. The individual ~~the, or as applicable their~~ designated or legal representative ~~of the individual,~~ or the case management entity, must check the status of the professional license ~~status~~ to verify the license is current and unencumbered.

(l) If transporting an individual, have a valid ~~license to drive driver's license~~ and proof of insurance, as well as any other license or certification ~~that may be~~ required under state and local law depending on the nature and scope of the transportation. Copies of ~~these documents~~ a valid driver's license and proof of insurance, as well as any other license or certification (if applicable), must be made available to any case management entity ~~that authorizes upon authorization of~~ community transportation ~~upon authorization~~ and as requested.

(m) An independent provider delivering specific services must meet ~~the any additional~~ qualifications ~~for a provider as described in the Oregon Administrative Rules that are required by applicable program rules~~ relevant to the specific service when applicable services being delivered.

## (2) ~~INDEPENDENT PROVIDER~~ EXCLUSIONS.

(a) An employee of the State of Oregon may not be authorized to deliver services as a personal support worker.

(b) An independent provider may not be authorized to ~~provide~~ deliver services to an individual ~~if~~ in any of the following circumstances:

(Aa) The individual is less than 18 years of age and the independent provider is the parent of the individual~~if the individual is less than 18 years of age;~~

(Bb) The independent provider is the legal representative of the individual ~~who~~and has not appointed a designated representative to plan supports for the individual;

(Cc) The independent provider is the designated representative of the individual;

(Dd) The independent provider is the spouse of the individual;  
~~or.~~

(Ee) The independent provider is the common law employer or ~~common~~the proxy of the common law employer ~~proxy for the individual.~~

### (3) BACKGROUND CHECKS.

(a) A subject individual as defined in OAR 407-007-0210 may be approved for one position to work statewide when the subject individual is working in the same employment role with the same population. The Background Check Request Form must be completed by the subject individual to show intent to work statewide.

(b) When an independent provider is approved without restrictions following a background check fitness determination, the approval must meet the provider enrollment requirements for the employment role of the independent provider.

(c) If an independent provider has been approved under OAR 407-007-0200 to 407-007-0370 on a background check submitted to the Department between July 1, 2012 and June 30, 2014, the independent provider may use that approval notice to work statewide with the same population until a new background check is needed. Statewide clearance does not apply to a restricted personal support worker.

(d) Background check approval is effective for two years from the date of fitness determination to provide services except in one or more of the following circumstances:

(A) A new fitness determination is conducted resulting in a change in approval status;~~or,~~

(B) The Department has terminated the provider enrollment for the independent provider.

(e) The case management entity may conduct a background recheck more frequently based on any of the following:

(A) Additional information ~~discovered~~ about the independent provider is discovered, such as possible criminal activity or other allegations;~~or,~~

(B) At the request of the individual, ~~or designated~~ the common law employer, or their proxy. Upon request, ~~the~~ personal support worker must provide any additional ~~information~~ within 30 days to complete the ~~updated~~ background recheck ~~within 30 days~~.

(f) An independent provider must self-report any potentially disqualifying ~~condition as described in~~ crimes under OAR 407125-007-0280 and 0270 and potentially disqualifying conditions under OAR 407-007-0290 to the case management entity within 24 hours.

#### (4) ENROLLMENT RESPONSIBILITIES.

(a) The Department may not complete provider enrollment in any of the following circumstances:

(Aa) The applicant has been suspended or terminated as a provider by another division within the Department or the Oregon Health Authority;~~;~~

(Bb) The applicant has a history of violating the protective service and abuse rules or has a founded report of child abuse or substantiated adult abuse;~~;~~

(~~C~~) The applicant has committed fiscal improprieties;~~;~~

(~~D~~) The applicant has demonstrated a lack of skills, knowledge, or ability to adequately or safely provide services;~~;~~

(~~E~~) The applicant has an unacceptable background check or the background check results in a closed case pursuant to OAR 407-007-~~0325~~;0320.

(~~F~~) The applicant is on the list of excluded or debarred providers maintained by the Office of the Inspector General (<http://exclusions.oig.hhs.gov/>);~~;~~

(~~G~~) The case management entity has documentation that the applicant is not capable of performing required services in a professionally competent, safe, legal, or ethical manner;~~;~~~~or.~~

(~~H~~) The ~~tax~~Taxpayer Identification Number or Social Security number for the applicant does not match the legal name of the applicant as verified by the Internal Revenue Service or Social Security Administration.

(b) CONTINUED ENROLLMENT.

(A) An independent provider is responsible for maintaining an active provider number by --

(i) Completing and submitting a new Provider Enrollment Agreement to the Department at least 55 calendar days prior to the end date of the Provider Enrollment Agreement.

(ii) Completing and submitting a Background Check Request Form and receiving approval to work by the Department at least 55 calendar days prior to the end of the background check approval period.

(iii) Completing and submitting properly completed paperwork at the request of the Department that is required to receive payment.

(iv) Maintaining valid contact information with the Department including current address, email address, and telephone number.

(v) Completing and submitting required paperwork at the request of the Department.

(B) An independent provider is responsible to attend trainings and maintain certifications as required by applicable program rules.

(5) The individual, or as applicable their legal or designated representative, has the right to choose any independent provider who meets all additional program qualifications for the services to be delivered and is enrolled as a provider as described in this rule.

#### (6) PERSONAL SUPPORT WORKERS.

(5a) ORIENTATION. A personal support worker must attend a personal support worker orientation consistent with the Collective Bargaining Agreement.

#### (6b) RESTRICTED PERSONAL SUPPORT WORKER PROVIDER ENROLLMENT.

(Aa) The Department may enroll an applicant as a restricted personal support worker. A restricted personal support worker may only provide services to a specific individual who is a family member, neighbor, or friend.

(Ai) After conducting a weighing test as described in OAR 407-007-0200 to 407-007-0370, the Department may approve a restricted enrollment for an applicant with a prior criminal record, unless under OAR 407-007-0275 the applicant has been found ineligible due to ORS 443.004.

(~~B~~ii) The Department may approve a restricted enrollment for an applicant based on ~~the~~their lack of skills, knowledge, or ability ~~of the applicant~~ to adequately or safely provide services.

(~~B~~b) To remove restricted personal support worker status, the applicant must complete a new application and background check and be approved by the Department.

(~~7~~c) ENHANCED AND EXCEPTIONAL PERSONAL SUPPORT WORKERS.

(~~A~~a) ENHANCED PERSONAL SUPPORT WORKERS.

(~~A~~i) A personal support worker must be certified by the Home Care Commission as an enhanced personal support worker to ~~provided~~deliver services ~~for~~to individuals who require advanced medically ~~driven services and supports~~ or behaviorally-driven services and supports, as ~~assessed~~identified by a functional needs assessment.

(~~B~~ii) Enhanced personal support workers are paid for providing ADL and IADL services at the enhanced personal support worker rate set forth in the Collective Bargaining Agreement. The enhanced personal support worker rate is effective the first day of the month following the month in which both: ~~--~~

(~~i~~) The personal support worker is certified by the Oregon Home Care Commission to ~~provided~~deliver services; ~~and~~.

(~~ii~~) The outcome of the ~~individual's~~ functional needs assessment for an individual indicates the need for assistance with advanced medically ~~driven services and supports~~ or behaviorally-driven services and supports.

(~~B~~b) EXCEPTIONAL PERSONAL SUPPORT WORKER.

(A*i*) A personal support worker must be certified by the Home Care Commission as an exceptional personal support worker to ~~provided~~deliver services ~~for~~to individuals who require assistance with extensive medically-driven services and supports or behaviorally-driven services and supports, as ~~assessed~~identified by a functional needs assessment.

(B*ii*) Exceptional personal support workers are paid for providing ADL and IADL services at the exceptional personal support worker rate set forth in the Collective Bargaining Agreement. The exceptional personal support worker rate is effective the first day of the month following the month in which both: ~~--~~

(*i*) The personal support worker is certified by the Oregon Home Care Commission to ~~provided~~deliver services; ~~and~~.

(*ii*) The outcome of the ~~individual's~~ functional needs assessment for an individual indicates the need for assistance with extensive medically-driven services and supports or behaviorally-driven services and supports, and at least 20 hours per day of attendant care support excluding 2:1 support hours.

(C*e*) A personal support worker who has been certified by the Oregon Home Care Commission to provide enhanced or exceptional supports may not receive the enhanced or exceptional rate when providing services to an individual whose functional needs assessment does not indicate the need for assistance with advanced or extensive medically-driven services and supports or behaviorally-driven services and supports, except as required by the Collective Bargaining Agreement.

## ~~(8) INDEPENDENT PROVIDER CONTINUED ENROLLMENT RESPONSIBILITIES.~~

~~(a) An independent provider is responsible for maintaining an active provider number by:~~

~~(A) Completing and submitting a new Provider Enrollment Agreement to the Department at least 55 calendar days prior to the end date of the agreement; and~~

~~(B) Completing and submitting a Background Check Request Form and receiving approval to work by the Department at least 55 calendar days prior to the end of the background check approval period.~~

~~(b) An independent provider is responsible to attend trainings and maintain certifications as required by applicable program rules.~~

Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 410.600, 410.606-410.619, 427.007

## **411-375-0035 Documentation and Reporting Requirements**

### **(1) SERVICE AGREEMENT.**

(a) An independent provider may not provide services to an individual without a completed and authorized Service Agreement. For independent providers who are not personal support workers, the signature of the independent provider on the ISP for an individual may serve as the Service Agreement.

(b) An independent provider must maintain a copy of the authorized Service Agreement for the authorized service period.

~~(c) For personal support workers, the Service Agreement serves as a job description.~~

~~(d) For independent providers who are not personal support workers, the independent provider's signature on the individual's ISP may serve as the Service Agreement.~~

### **(2) PROGRESS NOTES.**



(a) Independent providers must maintain regular progress notes. The progress note must include, at minimum, the following information regarding the service rendered:

(A) Date and time the service was ~~delivered~~provided; and,

(B) Information regarding progress towards achieving the intended ISP goal identified in the Service Agreement for which the service was delivered.

(b) For a personal support worker, progress notes must be submitted to the case management entity ~~upon request from the case management entity and~~ with at their timesheet as part of ~~the~~their claim for payment, and additionally upon request from the case management entity. The completed timesheet fulfills the requirement for date and time the service was delivered.

(c) For an independent provider who is not a personal support worker, progress notes must be submitted as required by applicable program rules.

### (3) INCIDENT REPORTING.

(a) Independent providers must notify the ~~individual's~~ case management entity of any injury, accident, act of physical aggression, or unusual incident involving an individual.

(b) Independent providers must notify the ~~individual's~~ case management entity of any reasonable suspicion that an individual is the victim of abuse.

(c) Independent providers who are mandatory reporters must also make reports of suspected abuse consistent with ~~ORS 419B.015, ORS 124.065, ORS 430.743, or ORS 441.645~~the following:

(A) ORS 419B.010 and 419B.015 for abuse of a child.

(B) ORS 124.060 and 124.065 for abuse of an older adult 65 years of age or older.

(C) ORS 430.737 and 430.743 for abuse of an adult with an intellectual or developmental disability or mental illness.

(D) ORS 441.640 and 441.645 for abuse of a resident of a long-term care facility as defined in ORS 442.015.

Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 410.600, 410.606-410.619, 427.007

### **411-375-0040 Fiscal and Accountability Responsibility**

(1) DIRECT SERVICE PAYMENTS. The ~~case management entity~~Department, case management entity, or contracted fiscal intermediary makes payment to an independent provider on behalf of an individual for all services.

(a) Payment is considered full payment for the services rendered. The independent provider may not, under any circumstances, demand or receive additional payment for Department-funded services from the individual or any other source.

(b) The Department only makes payment for services ~~that~~authorized in an ISP, included in a Service Agreement, and delivered by a provider authorized in eXPRS to deliver the service.

~~(A) Are authorized in an ISP, and included in a Service Agreement;~~

~~(B) The provider has been authorized in eXPRS to deliver the service; and~~

~~(C) The provider has delivered the service.~~

(c) The Department does not make Department funds available to an individual or common law employer to pay an independent provider.

(d) The Department only makes payment to an enrolled provider who actually performs the authorized services. Federal regulations prohibit the Department from making payment to a collection agency.

(e) All Department funds paid to a personal support worker must come through a fiscal intermediary.

(f) Department funds may only be paid to a personal support worker who has properly completed all Department required paperwork for fiscal intermediary payments.

(2) TIMELY SUBMISSION OF CLAIMS. In accordance with 42 CFR 447.45, all claims for services must be submitted within 12 months from the date of services in order to be considered for payment. A claim submitted after 12 months from the date of services may not be considered for payment.

(3) CLAIM OR ENCOUNTER SUBMISSION.

(a) Submission of a claim, encounter, or other payment request document constitutes the agreement of an independent provider that to all of the following:

(A) The services were ~~provided~~delivered in compliance with the Service Agreement in effect on the date of service;

(B) The information on the claim, encounter, or other payment request document, regardless of the format, is true, accurate, and complete; ~~and.~~

(C) The independent provider understands ~~that~~ payment of the claim, encounter, or other payment request document is from Department funds and ~~that~~ any falsification or concealment of a material fact may result in prosecution under federal and state laws.

(b) The independent provider must submit a claim for payment directly into eXPRS, unless an exception has been granted by the case management entity.

(A) Claims for payment submitted by independent providers who are not personal support workers must include documentation from the provider of services delivered.

(B) Claims for payment submitted by personal support workers must meet the requirements of a properly completed timesheet as defined by the Collective Bargaining Agreement including submission of progress notes as required by ~~this rule~~ OAR 411-375-0035.

(4) CLAIM OR ENCOUNTER AUTHORIZATION. Authorization of a submitted claim, encounter, or other payment request document by the employer, constitutes agreement ~~that~~ the independent provider ~~provided~~ delivered services in accordance with the claim.

(5) ~~INDEPENDENT PROVIDER~~ PAYMENT LIMITATIONS.

(a) Department funds may not pay for services delivered by an independent provider who does not possess an active provider number issued by the Department on the date services are delivered.

(b) An active provider number with the Department is not a guarantee that an independent provider shall receive any minimum amount of work or payment from the case management entity.

(c) Payment is not made for services delivered to any individual prior to the following:

(A) The return of a signed Service Agreement, specific to the individual, to the case manager of the individual.

(i) When the provider is a personal support worker, a completed Service Agreement must include a dated signature from the common law employer and the personal support worker.

(ii) When the provider is an independent provider, but not a personal support worker, a completed Service Agreement must include the name and dated signature of the individual or the as applicable their legal or designated representative ~~of the individual~~.

(B) Authorization of the services in eXPRS.

(d) A personal support worker may not work more than 40 hours in a workweek, inclusive of travel time and time worked with other Department programs, as a personal support worker or homecare worker unless the personal support worker meets the criteria in subsection (A) or (B) of this section.~~50 hours in a work week, per individual, unless:~~

(A) ~~The~~A personal support worker ~~is delivering daily relief care;~~  
~~or~~may work 50 hours per workweek if the personal support worker was paid for more than an average of 40 hours per workweek during the months of March, April, and May of 2016.

(B) A personal support worker may work more than 40 hours in a workweek if A~~an~~ exception has been granted by the case management entity or the Department. All determinations regarding exceptions to the ~~50 hour~~ limitation on workweek hours are final.

~~(e) A personal support worker may not work more than 40 hours in a work week for any one child in a CIIS program.~~

## (6) ANCILLARY CONTRIBUTIONS FOR PERSONAL SUPPORT WORKERS.

(a) FICA. ~~Acting on behalf of the individual, †~~The case management entity or contracted fiscal intermediary ~~shall apply any~~applies applicable FICA regulations on behalf of the individual, including the following:

(A) Withholding the FICA contribution of the personal support worker from the payment to the personal support worker; ~~and,~~

(B) Submitting the FICA contribution of the individual and the amounts withheld from the payment to the personal support worker to the Social Security Administration.

(b) BENEFIT FUND ASSESSMENT. The Workers' Benefit Fund pays for programs that provide direct benefits to an injured worker and the beneficiary of the injured worker and also assists an employer in

helping an injured worker return to work. The Department of Consumer and Business Services sets the Workers' Benefit Fund assessment rate for each calendar year. The case management entity or contracted fiscal intermediary calculates the hours rounded up to the nearest whole hour and deducts an amount rounded up to the nearest cent. ~~Acting on behalf of the individual, t~~The case management entity or contracted fiscal intermediary performs the following duties on behalf of the individual:

(A) Deducts the share of the Benefit Fund assessment rate for the personal support worker for each hour or partial hour worked;~~;~~

(B) Collects the share of the Benefit Fund assessment rate for the individual for each hour or partial hour of paid services received; ~~and.~~

(C) Submits the contributions of the personal support worker and the individual to the Workers' Benefit Fund.

(c) The case management entity or contracted fiscal intermediary submits the unemployment tax.

#### (7) STATE AND FEDERAL INCOME TAX WITHHOLDING.

(a) The case management entity or contracted fiscal intermediary withholds state and federal income taxes on all payments to personal support workers, as indicated in the Collective Bargaining Agreement.

(b) Personal support workers must complete and return all applicable current Internal Revenue Service (IRS) ~~W-4~~ forms.

(A) Personal support workers working with individuals receiving services through a CDDP, ~~or Support Services Brokerage, or CIIS~~ must return all applicable IRS fiscal intermediary forms to the ~~local office of the CDDP or Support Services Brokerage~~ fiscal intermediary for the Department.

~~(B) Personal support workers working with individuals receiving services through CIIS must return the IRS forms to the Central Office of the Department.~~

(~~BC~~) The case management entity or contracted fiscal intermediary must apply standard income tax withholding practices in accordance with 26 CFR 31.

Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 410.600, 410.606-410.619, 427.007

### **411-375-0050 ~~Personal Support Worker~~ Benefits and Secondary Expenses for Personal Support Workers**

(1) The only benefits available to personal support workers are negotiated in the Collective Bargaining Agreement and provided in Oregon Revised Statute. The Collective Bargaining Agreement does not include participation in the Public Employees Retirement System or the Oregon Public Service Retirement Plan. Personal support workers are not employees of a case management entity.

(2) Workers' compensation, as defined in Oregon Revised Statute, is available to eligible personal support workers as described in the Collective Bargaining Agreement. In order to receive services ~~provided~~delivered by a personal support worker, an individual, the designated common law employer, or the ~~common law employer~~ proxy must provide written authorization and consent to the Department for the provision of workers' compensation insurance for the personal support worker.

### (3) TRANSPORTATION REIMBURSEMENT.

#### (a) COMMUNITY TRANSPORTATION.

(Aa) A personal support worker may be reimbursed for providing community transportation related to services if the community transportation is prior authorized by a case manager and reflected in the ISP for an individual in accordance with OAR 411-435-0050. A personal support worker providing community transportation must have a valid ~~license to drive~~driver's license, a good driving record, and proof of

insurance for the vehicle used to transport the individual, as well as any other license or certificate that may be required under state and local law depending on the nature and scope of the transportation. Copies of a valid driver's license and proof of insurance, as well as any other license or certification that may be required, must be made available to any case management entity upon authorization of community transportation and as requested.

(~~Bb~~) Community transportation services exclude medical transportation. Medical transportation is provided through Medical Assistance Programs (MAP) the Health Systems Division of the Oregon Health Authority.

(~~Cc~~) The Department is not responsible for vehicle damage or personal injury sustained while using a personal motor vehicle for ISP-related transportation, except as may be covered by workers' compensation.

(~~Dd~~) Reimbursement for transporting an individual to accomplish ADL, IADL, or a health-related task within the community in which the individual lives or an employment goal identified ~~on~~in an ISP, is on a per-mile basis as outlined in the Collective Bargaining Agreement.

(4b) TRAVEL BETWEEN WORKSITES.

(~~A~~) A personal support worker who travels directly between ~~the home or service setting of one individual and the home or service setting of one worksite to~~ another individual worksite is paid at the base pay rate, as defined in the Collective Bargaining Agreement, for the time spent traveling directly between the ~~homes or service settings~~worksites.

(~~aB~~) Unless otherwise specified in statute or rule, the amount of time a personal support worker may take to travel directly ~~travel~~ from one ~~individual's home or service setting~~worksite to another ~~individual's home or service setting~~worksite may not exceed one hour.



(~~bC~~) The total time spent traveling directly between ~~the homes or service settings of~~worksites for all individuals a personal support worker is authorized to deliver services to, may not total more than ~~ten~~10 percent of the total wages ~~that~~ the personal support worker claims during a pay period, as described in the Collective Bargaining Agreement.

(D) The time claimed by a personal support worker for travel directly between worksites contributes to the limitation of hours a personal support worker may work in a workweek as described in OAR 411-375-0040(5)(d).

(E) The Department determines the time needed for a personal support worker to travel directly between worksites.

(~~ej~~) When a personal support worker uses their ~~personal support worker's~~ own vehicle to travel directly between ~~the homes or service settings of two individuals~~worksites, ~~the Department shall determine the time needed for a personal support worker to travel directly between the homes or service settings of the two individuals~~ payment for travel time is based on a time estimate published in a common, publicly-available, web-based mapping program.

(~~dij~~) When a personal support worker uses public transportation to travel directly between ~~the homes or service settings of two individuals~~worksites, payment for travel time is based on the ~~public transportation providers'~~ scheduled pick-up and drop-off times for the stops nearest the ~~individuals' homes or service settings~~worksites.

(~~eiii~~) When a personal support worker uses non-motorized transportation to travel directly between ~~the homes or service settings of two individuals~~worksites, payment for travel time ~~shall be~~is based on a time estimate published in a common, publicly-available, web-based mapping program.

(5c) Claims for travel time exceeding the ~~Department's time estimates for the~~ travel time estimated by the Department require a written explanation from the personal support worker. Travel time claimed in excess of the ~~Department's time estimate~~estimated by the Department may not be paid.

(6d) Under no circumstances may a personal support worker be paid for time spent in transit to or from ~~the personal support worker's~~their own residence.

(7e) Personal support workers receive mileage reimbursement only as set forth in subsection (3a) of this ~~rule~~section.

(84) GLOVES AND MASKS. Once all public and private resources have been exhausted and in response to a documented change or newly identified individual need, an emergency supply of protective gloves and masks must be made available to a personal support worker for the safety of the personal support worker ~~in response to documented changing or newly identified individual need~~, as outlined in the Collective Bargaining Agreement.

Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 410.600, 410.606-410.619, 427.007

### **411-375-0055 Standards for Common Law Employers for Personal Support Workers**

(1) ~~COMMON LAW EMPLOYER~~. A common law employer is required when a personal support worker is selected by an individual, or as applicable their legal or designated representative, to deliver supports.

(2) ~~Neither~~ The Department, ~~certified and endorsed or licensed~~ provider agencies, ~~nor~~or case management entities may not act as the common law employer for a personal support worker.

(23) The relationship between a personal support worker and an individual, or ~~the~~their designated common law employer ~~of the individual~~, is an employee and employer relationship.

~~(3) The individual or their legal or designated representative has the right to choose any personal support worker enrolled as a provider as described in OAR 411-375-0020 who meets the specific program qualifications.~~

~~(4) SERVICE AGREEMENT. Common law employers must assure the implementation of a Service Agreement.~~

~~(54) BENEFITS. Common law employers do not qualify for any benefits including, but not limited to, financial ~~compensation~~compensation.~~

~~(65) COMMON LAW EMPLOYER REQUIREMENTS.~~

~~(a) Common law employers ~~must be~~may be one of the following:~~

~~(A) The individual.~~

~~(B) The legal or designated representative of the individual.~~

~~(BC) A person who is designated by the individual, or as applicable their legal or designated representative, to act as the designated common law employer on behalf of the individual ~~to meet all of the employer responsibilities described in subsection (b) of this section. The legal or designated representative of an individual may be the employer.~~~~

~~(i) As of December 1, 2016, ~~no one may be~~ a designated common law employer or proxy ~~who does not~~must sign a Department-approved form ~~which affirms~~affirming the designated common law employer or proxy is able to fulfill the responsibilities, or responsibilities delegated to them, as outlined in subsection (b) of this section. ~~The designated common law employer must not have:~~~~

~~(ii) A designated common law employer must not have any of the following:~~

~~(i) A history of substantiated abuse of an adult as described in OAR 411-045-0250 to 411-045-0370;~~

(~~iii~~) A history of founded abuse of a child as described in ORS 419B.005~~;~~

(~~iii~~) A conviction of any crimes found in OAR 407-007-02750280(1)~~; or.~~

(~~iv~~IV) An indictment or conviction of fraud pursuant to federal law under 42 CFR 455.23.

(~~Eiii~~) A common law employer must ~~N~~ot currently be employed as a provider in any capacity for the individual receiving services.

(~~Div~~) A common law employer must ~~M~~meet federal and state requirements to enter into an employment relationship.

(b) Common law employers have the following responsibilities:

(A) Locating, screening, and hiring a qualified personal support worker.

(B) Assisting in developing ~~thea~~ Service Agreement with the case management entity as needed.

(C) Ensuring ~~that~~ services are delivered in accordance with the Service Agreement.

(D) Supervising and training the personal support worker.

(E) Scheduling work, leave, and coverage.

(F) Tracking the hours worked and verifying the authorized hours completed by the personal support worker.

(G) Recognizing, discussing, and attempting to correct, with the personal support worker, any performance deficiencies and provide appropriate and progressive disciplinary action as needed.

(H) Notifying the case management entity of any suspected fraud or abuse by the personal support worker.

(I) Discharging an unsatisfactory personal support worker.

(c) A common law employer must meet all of the employer responsibilities described in subsection (b) of this section.

(ed) The Department or case management entity may be required to intervene as described in section (76) of this rule when a common law employer, proxy, or a designated common law employer, ~~or common law employer proxy~~ has demonstrated an inability to meet one or more of the employer responsibilities described in subsection (b) of this section. Indicators that ~~ana~~ a common law employer, proxy, or a designated common law employer may not be meeting one or more of the responsibilities include, but are not limited to the following:

(A) ~~Provider c~~Complaints to the case management entity or Department from the personal support worker;

(B) Scheduling ~~providers~~personal support workers for more time than authorized in the Service Agreement;

(C) Scheduling multiple ~~providers~~personal support workers for the same time period without authorization;

(D) Approving time worked without verifying ~~that~~ services were delivered as described in the Service Agreement;

(E) Verifying time not actually worked by a ~~provider~~personal support worker.

(F) Refusal to verify time worked by a ~~provider~~personal support worker for services ~~that were~~ delivered as described in the Service Agreement;

(G) Complaints to Medicaid fraud involving the common law employer, ~~;~~ or proxy, or designated common law employer.

(H) Documented observation by the case management entity or Department ~~that~~ services are not being delivered as identified in a Service Agreement.

~~(de)~~ In the event an individual is unable or unwilling to perform the duties of a common law employer and has not already designated a common law employer, the individual, or as applicable their legal or designated representative, must either: --

(A) Designate a ~~common law employer proxy (proxy as defined in OAR 411-375-0010 that meets~~meeting the requirements of a designated common law employer described in subsection (a)(BC) of this section.

(i) A proxy may not be delegated all of the responsibilities of the common law employer.

(ii) The proxy may not perform any common law employer tasks not delegated to the proxy on a Department approved form.

(B) ~~Designate~~Select a designated common law employer as outlined in subsection (a)(BC) of this section.

~~(ef)~~ A designated common law employer must be able to fulfill all of the duties ~~as~~ outlined in subsection (b) of this section and may not utilize a ~~designated employer~~ proxy.

~~(fg)~~ If an individual is unable to fulfill the responsibilities of a common law employer and is unable to ~~designate~~select a proxy or ~~other~~designated common law employer who meets the requirements outlined in subsection (a)(BC) of this section, the individual may only select services from providers who are not personal support workers.

## ~~(76)~~ INTERVENTION.

(a) For the purposes of this rule, "intervention" means the action the Department or the case management entity requires when a common law employer fails to meet the responsibilities ~~as~~ described in section ~~(65)~~(b) of this rule.

(b) Interventions ~~are~~ may include any of the following:

(A) A review of the employer responsibilities described in section (65)(b) of this rule; ~~;~~

(B) Training related to employer responsibilities or referral to a Department approved resource ~~to provide~~ for training; ~~;~~

(C) Corrective action taken as a result of a personal support worker filing a complaint with the Department or the case management entity; ~~or;~~

(D) Recommending alternative designation of common law employer responsibilities, such as a new designated common law employer or proxy.

(c) Any intervention initiated by the Department or the case management entity against a common law employer designated prior to October 1, 2016 must include the ~~employer indicating acceptance of the~~ common law employer accepting, on a Department approved form, the responsibilities ~~as~~ outlined in section (65)(b) of this rule ~~using the Department approved form.~~

#### **(87) REMOVAL OF COMMON LAW AND DESIGNATED COMMON LAW EMPLOYERS AND PROXIES.**

(a) The individual<sub>1</sub> or their legal or designated representative<sub>1</sub> may remove a designated common law employer or proxy at any time, for any reason. Such an action by the individual<sub>1</sub> or their legal or designated representative<sub>1</sub> is not subject to sections (87)(b) through (98) of this rule.

(b) Prior to the removal of any common law employer<sub>1</sub> designated common law employer, or proxy by the Department or case management entity ~~there, the Department or case management entity~~ must ~~be~~ intervene at least ~~one intervention~~ once, as described in section (76) of this rule<sub>1</sub> unless: ~~--~~

(A) There is an imminent danger to the health and safety of the individual receiving services, including any of the following:

(i) Pending charges against or conviction of the designated common law employer or proxy for any crimes found in OAR 407-007-~~0280(1)~~-0275.

(ii) An open protective services case for an allegation of abuse ~~allegations~~ as defined in OAR 407-045-0260 against the designated common law employer or proxy.

(iii) Finding of substantiated abuse of an adult as described in OAR 411-~~040~~045-0250 to 411-045-0370.

(iv) Finding of abuse of a child as described in ORS 419B.005.

(B) There is a credible allegation, indictment, or conviction of fraud pursuant to federal law under 42 CFR 455.23.

(c) The Department or case management entity shall remove any designated common law employer or proxy for any violation of section ~~(65)(a)(B)(i) to (a)(BC)(ivii)~~ or section (8) subsection (b) of this rule section.

(d) Any common law employer, designated common law employer, or proxy may be removed by the case management entity or Department for failure to meet the responsibilities of a common law employer as referenced in section ~~(65)~~(b) after a documented intervention as outlined in section ~~(76)~~ of this rule.

(e) A Common law employers, proxies designated common law employer, or proxy, who ~~are~~is removed by the case management entity or Department may not act in any capacity as a common law employer or proxy for any individual receiving Department-funded services effective: --

(A) 30 days from the date of removal; or



(B) Immediately if removed for reasons listed under section (65)(b) of this rule.

(f) If a designated common law employer or proxy is removed, the individual, or their legal or designated representative, may select another designated common law employer or proxy. If a designated common law employer or proxy is not selected and the individual is unable or unwilling to serve as their own common law employer, the individual may only select providers who are not personal support workers.

(98) NOTIFICATION OF DESIGNATED COMMON LAW EMPLOYER OR PROXY REMOVAL. The Department or case management entity shall notify the designated common law employer or proxy and the individual and their legal or designated representative (as applicable) of the removal of the designated common law employer or proxy.

(109) REQUEST FOR REINSTATEMENT OF COMMON LAW EMPLOYER, DESIGNATED COMMON LAW EMPLOYER, OR PROXY STATUS.

(a) An individual, designated common law employer, or proxy, is eligible to request reinstatement of their previous common law employer status if: --

(A) The common law employer was the individual; or

(B) The designated common law employer or proxy no longer meets the criteria in section (87)(b) of this rule or is removed under section (87)(c) of this rule and the individual or their legal or designated representative agrees to the reinstatement.

(b) Requests for reinstatement: --

(A) Must be submitted to the case management entity.

(B) Must include evidence of improvement in the areas for which they were removed. Evidence may include, but is not limited to: --

- (i) Improvements in health and cognitive functioning; or
- (ii) Participation in a Department or case management entity approved training plan.

(C) May be approved by the case management entity when there is evidence of improvement in the ability to perform the responsibilities of being a designated common law employer and the individual agrees with the reinstatement.

~~(Dc)~~ ~~No more than one A~~ request for reinstatement may not be submitted more than once in a six month period unless approved by the case management entity.

Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 410.600, 410.606-410.619, 427.007

#### **411-375-0070 Provider Enrollment Inactivation and Termination of Independent Providers**

(1) An independent provider may not be paid for work performed while their provider number is inactivated. A provider number for an independent provider may be inactivated by the Department for any of the following reasons until the independent provider takes action to reinstate their provider enrollment ~~when~~:

(a) The independent provider has not provided any paid services to an individual within the previous 12 months~~;~~

(b) The independent provider informs the case management entity ~~that~~ the independent provider is no longer providing services in Oregon~~;~~

(c) For a personal support worker, the personal support worker fails to participate in a required orientation for personal support workers as described in the Collective Bargaining Agreement~~;~~

(d) The background check for an independent provider results in a closed case pursuant to OAR 407-007-03200325~~;~~

(e) More than two years have passed since the date on the most recent background check final fitness determination for an independent provider;~~;~~

(f) More than two years have passed since the signature date on the most recent Provider Enrollment Application and Agreement for an independent provider;~~;~~

(g) The independent provider fails to participate in training required by the Department;~~or.~~

(h) The independent provider does not request a hearing within 10 business days of a notice of proposed termination.

(2) An independent provider may not be paid for work performed while their provider number is inactivated during an investigation ~~when~~for any of the following reasons:

(a) The independent provider, even if not providing any paid services to an individual, is being investigated for alleged violation of the protective ~~service~~service and abuse rules by a case management entity for suspected abuse that poses imminent danger to current or future individuals;~~;~~

(b) The independent provider, even if not providing any paid services to an individual, is being investigated by law enforcement for any of the crimes listed in OAR 407-007-0275;~~or.~~

(c) The independent provider has a credible allegation of fraud pursuant to federal law under 42 CFR 455.23.

(3) An independent provider may not be paid for work performed while their provider number is terminated. A provider number for an independent provider may be terminated by the Department ~~when~~for any of the following reasons:

(a) The independent provider violates the requirement to maintain a drug-free work place by;~~or.~~

(A) Being intoxicated by alcohol, inhalants, prescription drugs, or other drugs, including over-the-counter medications, while responsible for the care of an individual, while in the home of the individual, or while transporting the individual; or

(B) Manufacturing, possessing, selling, offering to sell, trading, or using illegal drugs while providing authorized services to an individual or while in the home of the individual.

(b) The independent provider has an unacceptable background check and the background check results in a closed case pursuant to OAR 407-007-~~03200325~~;

(c) The independent provider demonstrates a lack of skills, knowledge, or ability to adequately or safely provide services as defined in ~~OAR 411-375-0010~~ these rules;

(d) The independent provider has a violation of the protective service and abuse rules as defined in ~~OAR 411-375-0010~~ these rules;

(e) Notwithstanding abuse as defined in OAR 407-045-0260, OAR 411-020-0002, OAR 943-045-0260, or child abuse and neglect as defined in OAR -413-015-0115, the independent provider fails to safely and adequately provide authorized services;

(f) The independent provider commits fiscal improprieties including, but not limited to, billing excessive or fraudulent charges or has a conviction for fraud pursuant to federal law under 42 CFR 455.23;

(g) The independent provider fails to provide services ~~as required as defined in these rules and to an individual~~ as described in ~~the~~ their Service Agreement or ISP;

(h) The independent provider lacks the ability or willingness to maintain individual confidentiality;

(i) The independent provider engages in repeated unacceptable conduct at work, such as: ~~--~~

(A) Delay in arriving to work or absences from work not scheduled in advance with the individual, ~~or the~~ as applicable their legal or designated representative ~~of the individual,~~ that are either unsatisfactory to the individual ~~or the,~~ or as applicable their legal or designated representative ~~of the individual,~~ or that neglect the service needs of the individual; or

(B) Inviting unwelcome guests or pets into the home or community with the individual resulting in the dissatisfaction of the individual, ~~or the~~ as applicable their legal or designated representative ~~of the individual,~~ or inattention to the service needs of the individual.

(j) The independent provider has been excluded or debarred by the Office of the Inspector General;

(k) The independent provider fails to perform the applicable duties as a mandatory reporter; as required by any of the following:

(A) ORS 419B.010 and 419B.015 for abuse of a child.

(B) ORS 124.060 and 124.065 for abuse of an older adult 65 years of age or older.

(C) ORS 430.737 and 430.743 for abuse of an adult with an intellectual or developmental disability or mental illness.

(D) ORS 441.640 and 441.645 for abuse of a resident of a long term care facility as defined in ORS 442.015.

(l) The independent provider fails to provide a ~~tax~~ Taxpayer Identification Number or Social Security number that matches the legal name of the independent ~~provider's legal name~~ provider as verified by the Internal Revenue Service or Social ~~Security~~ Administration ~~Security Administration~~.

(m) The independent provider fails to complete training required by the Department as a condition of retaining their provider number due to a violation of these rules.

#### (4) NOTIFICATION OF PROPOSED CHANGE IN PROVIDER NUMBER STATUS.

(a) The Department must issue a written notice of the proposed inactivation of a provider number to the independent provider when the inactivation is based on section (1)(g) or section (2) of this rule.

(b) The Department must issue a written notice of the proposed termination of a provider number to the independent provider. For terminations based on violation of the protective service and abuse rules, the written notice of termination may only contain the information allowed by law. In accordance with ORS 430.753, 430.763, and OAR 411-020-0030, the name of a complainant, witness, or alleged victim, and protected health information may not be disclosed.

(c) The Department-issued written notice of the proposed change in provider number status ~~to the independent provider~~ must include the following:

(A) An explanation of the reason for terminating or inactivating the provider number.

(B) The alleged violation as listed in sections (1) or (2) of this rule.

(C) The hearing rights, if any, of the independent provider as described in OAR 411-375-0080, including the right to legal representation, if applicable, and where to file a request for hearing.

(D) The effective date of the termination or inactivation.

~~(d) For terminations based on violation of the abuse and protective services rules, the written notice of termination may only contain the information allowed by law. In accordance with ORS 430.753, 430.763, and OAR 411-020-0030, the name of a complainant, witness, or alleged victim, and protected health information may not be disclosed.~~

(5) RETENTION OF PROVIDER NUMBER PENDING HEARING OUTCOME.

(a) Unless an independent provider is immediately terminated as described in subsection (b) of this section, ~~¶~~the provider number of an independent provider may not be inactivated during the first 10 business days after a notice of proposed termination to provide the opportunity for the independent provider to file a request for hearing.

(A) The independent provider must file a request for hearing within 10 business days from the date of the notice of proposed termination if the independent provider wishes to continue to work during the hearing process as described in OAR 411-375-0080.

(B) If the independent provider files a written request for a hearing prior to the deadline, the provider number of the independent provider may not be inactivated or terminated until the hearing process is concluded.

(ab) EXCLUSIONS. ~~A~~An independent provider may be terminated immediately by the ~~Department~~Department for any of the following reasons and the independent provider may not continue to work during the hearing process as described in OAR 411-375-0080 when termination is based on: --

~~(A) Termination is based on a~~A background check. The independent provider has the right to a hearing in accordance with OAR 407-007-0200 to 407-007-0370;;

~~(B) Termination is based on b~~BBeing excluded or debarred by the Office of the Inspector General;;

~~(C) Termination is based on a~~A conviction for fraud pursuant to federal law under 42 CFR 455.23;~~or;~~

~~(D) Termination is based on a~~An alleged violation listed in section (3) of this rule and the alleged violation presents imminent danger to current or future individuals.

~~(b) The independent provider must file a request for hearing within 30 days from the date of the notice of termination as described in OAR 411-375-0080.~~

(6) TERMINATION IF NO HEARING REQUEST FILED.

(a) An independent provider must file a request for hearing within 30 calendar days from the date of the notice of proposed termination as described in OAR 411-375-0080.

(~~ab~~) The decision of the Department becomes final if an independent provider does not request a hearing within 30 calendar days from the date of the notice of proposed termination.

(~~bc~~) The Department ~~will~~ shall ~~issues~~ a Final Order by Default to the independent provider in accordance with OAR 137-003-0670. The provider enrollment for ~~athe~~ independent provider is terminated once the time period for the independent provider to request a hearing has expired.

Stat. Auth.: ORS 409.050

Stats. Implemented: ORS 410.600, 410.606-410.619, 427.007