How To Enroll as a Personal Support Worker
Job Coach

Version 7.0
Welcome

The Oregon Department of Human Services Office of Developmental Disabilities Services appreciates your interest in becoming a Personal Support Worker (PSW) Job Coach.

This tool will help you become an enrolled Medicaid service provider.

Although there are many slides in this presentation, you’ll be guided to only those that are pertinent to your specific situation by answering a series of questions or selecting from a menu of options.
How To Navigate

Everything you need to get started is here - by answering questions or selecting choices, we will take you to what you need to provide job coaching.

We'll guide you step-by-step, and you'll be able to skip over instructions for things you already know how to do.

Click Next to continue.................................
How To Fill Out Forms

We’ll help you complete the necessary forms using filled out examples like this one.

You’ll see example entries in red, but you’ll enter your specific information instead.

Don’t leave anything blank – enter “N/A” if it doesn’t apply to you.

<table>
<thead>
<tr>
<th><em>Indicate Action:</em></th>
<th>✔ Add User ☐ Modify User ☐ Deactivate User ☐ Change of Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>User’s Name: (Last, First MI) (Print Name)</td>
<td>Already have an eXPRS login name? N/A</td>
</tr>
<tr>
<td>Doe, John X.</td>
<td></td>
</tr>
<tr>
<td>Job Title (*check one):</td>
<td>Provider Number(s) (SPD or eXPRS):</td>
</tr>
<tr>
<td>✔ Personal Support Worker</td>
<td>UI12345678</td>
</tr>
<tr>
<td>☐ Behavior Consultant</td>
<td></td>
</tr>
<tr>
<td>Address: (Mailing Address)</td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>1234 AnyStreet</td>
<td>AnyTown, OR 97000</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email Address: (must be your unique email address; it cannot be shared with another eXPRS user)</td>
</tr>
<tr>
<td>(503) 000-0000</td>
<td><a href="mailto:john.doe@email.com">john.doe@email.com</a></td>
</tr>
</tbody>
</table>
What does a PSW Job Coach do?

- Job Coaches help people with intellectual/developmental disabilities (I/DD) learn their new job. If needed, job coaches provide additional support.

- The next slide will outline all the steps you’ll need to complete in order to deliver ODDS-funded job coaching. It may look like a lot to do, but don’t worry - we’ll walk you through it step-by-step.
PSW Job Coach Checklist

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS

Are you currently enrolled as a PSW?

- YES
- NO
PSW-Job Coach Checklist

- ✔ Background Check
- ✔ Tax I.D. Number
- ✔ PSW Orientation
- ✔ Core Competency Trainings
- ✔ Provider Enrollment Agreement
- ✔ FMAS
- ✔ eXPRS

Good News!
As a currently enrolled PSW you only need to meet the Core Competency Training requirement and submit an updated Provider Enrollment Agreement to receive the Job Coach endorsement.
Let’s work on the Core Competency Trainings next.
Background Check

DHS requires that all service providers undergo a background check in order to protect the people we serve.

To initiate the background check process, you’ll need to schedule an appointment with the Community Developmental Disabilities Program (CDDP) or Brokerage in the area where you wish to provide Job Coaching services to discuss becoming a supported employment service provider. They will initiate the background check process and help you complete the background check application.

Click on this link for a list of CDDPs.

Click on this link for a list of Brokerages.
Tax Identification Number

You will need your Federal Tax Identification number during the enrollment process. In most cases, this will be your Social Security number. If you have an Employer Identification number, you can use that.

Do you already have a Social Security number or Employer Identification number?

[Box with options: YES, NO]
How to Apply for Federal Tax I.D. Numbers

Information about how to apply for a Social Security Number can be found here: https://www.ssa.gov/forms/ss-5.pdf

Information about how to apply for an Employer Identification Number can be found here: https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online

NOTE: You’ll need either a Social Security Number OR an Employer Identification Number, NOT BOTH
Core Competency Trainings

Prior to providing job coaching services, you must pass twelve free Core Competency Trainings.

Altogether it will take you about eight hours to complete all twelve modules which cover a variety of employment topics. While you must take and pass all twelve before providing services, you do not need to take them all at once.

The Core Competency Trainings are only available online through the iLearn state training website.

Are you already registered in iLearn?

YES  NO  BACK
iLearn Registration – How To

Step 1. Print out a hard copy of slides 13 – 21 so you can follow the step by step instructions while at the iLearn website.

Step 2. Click on this link to go to the iLearn login page.

Step 3. Come back to this page and Ctrl+left click on NEXT to go to iLearn Core Comps.
iLearn Registration – Step 1

Click on “Create Account”
iLearn Registration – Step 2

a. Select “Not a State Employee”

b. Fill in items marked with *

{ }

c. When done, click “Submit”

BACK NEXT
iLearn Registration – Step 3

You’ll receive a confirmation email with instructions on how to complete the registration process.

Click “Close”
The confirmation email will look something like this.

Dear Tim Acker, You are receiving this email as you, or someone on behalf of you, have requested an account for iLearnOregon. To complete the registration please follow the link below to confirm and activate your account. [https://ilearn.oregon.gov/ORCustomUtilities/ConfirmAcct.aspx?opn=47be88d7e1a5b7905abfa538](https://ilearn.oregon.gov/ORCustomUtilities/ConfirmAcct.aspx?opn=47be88d7e1a5b7905abfa538) The link above will only be valid for one day. If you did not register for an account, nor did someone you know on behalf of you, you may ignore this email. Email generated by iLearnOregon registration process.
iLearn Registration – Step 5

iLearn will email you a temporary password.

Click on “Proceed to iLearnOregon”
iLearn Registration – Step 6

The temporary password email will look something like this. Write down your temporary password, or highlight it and use the Copy command.

Temporary password
Good progress!

You’ve got your background check underway, your Core Comps done, and your tax I.D. number on its way if you don’t already have one.

Let’s work on the PSW Orientation and Provider Enrollment Agreement next.
iLearn Registration – Step 7

Go to https://iLearn.oregon.gov/Default.aspx to get back to the iLearn login page.

Type in the Login ID you chose earlier.

Type in or Paste the temporary password.
iLearn Registration – Step 8

a. Type in or Paste Temporary Password here

b. Choose a new password and type it in here

c. Type in the new password again here

d. Then click on “Save”
Something like this will come up. Log out for now.

To logout, click on the down arrow, then click “Logout”
Login to the Core Competency Trainings

Ctrl+left click on the link next to the Core Comp Module you want to take. It’ll take you to the iLearn login webpage. Type in your Log In ID and Password, and the Module will load. Click on “Open Item” to start the Module. When you’re done, come back and Ctrl+left click NEXT below.

<table>
<thead>
<tr>
<th>LINK</th>
<th>MODULE TITLE</th>
<th>ESTIMATED COMPLETION TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://go.usa.gov/xKzrw">http://go.usa.gov/xKzrw</a></td>
<td>DHS-DD-EP 101 Introduction to Supported Employment</td>
<td>1 hour</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzrA">http://go.usa.gov/xKzrA</a></td>
<td>DHS-DD-EP 102 Discovery and Career Planning</td>
<td>1 hour</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzYq">http://go.usa.gov/xKzYq</a></td>
<td>DHS-DD-EP 108 Managing Benefits</td>
<td>1 hour</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzYx">http://go.usa.gov/xKzYx</a></td>
<td>DHS-DD-EP 110 Transition from School to Work</td>
<td>30 min.</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzYa">http://go.usa.gov/xKzYa</a></td>
<td>DHS-DD-EP 111 Organizational Change</td>
<td>30 min.</td>
</tr>
</tbody>
</table>
Documenting Successful Completion of the Core Competency Trainings - 1

After you’ve completed all modules, log into iLearn and left click on “Transcript.”
Then left click on “My Transcript Report.”
Documenting Successful Completion of the Core Competency Trainings - 3

- iLearn will show your transcript report detailing the courses you’ve taken.
- It’s in Acrobat (pdf) format; save it to your computer and/or print it out.
- Highlight the Core Competency courses.
- Keep this for your records.
Almost there!

Now that you’ve satisfied the Core Competency Training requirement the only thing left is to submit an updated Provider Enrollment Agreement to receive the PSW Job Coach endorsement.

Let’s work on the Enrollment Agreement next.
Background Check

DHS requires that all service providers undergo a background check in order to protect the people we serve.

Schedule an appointment with the Community Developmental Disabilities Program (CDDP) or Brokerage in the area you wish to provide PSW job coaching services. They will assist you with the background check process and help you complete the background check application.

Click on this link for a list of CDDPs

Click on this link for a list of Brokerages
Tax Identification Number

Several of the listed requirements will need you to provide your Federal tax I.D. number. In most cases, this will be your Social Security number; you may also use your Employer Identification number if you have one.

Do you already have a Social Security number or Employer Identification number?

[YES] [NO]
How to Apply for Federal Tax Identification Numbers

Information about how to apply for a Social Security Number can be found here: https://www.ssa.gov/forms/ss-5.pdf

Information about how to apply for an Employer Identification Number can be found here: https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online

NOTE: You’ll need either a Social Security Number OR an Employer Identification Number, NOT BOTH
Almost there!

You’ve got your background check underway, your Core Competencies done, and your tax I.D. number on its way if you don’t already have one.

Let’s work on the PSW Orientation and Provider Enrollment Agreement next.
New PSW Orientation

All new PSWs are required to complete PSW and eXPRS Orientation within 90 days of receiving their provider number from ODDS.

PSW Orientation is available both online and in-person. eXPRS Orientation is in-person only.
Core Competency Trainings

To provide job coaching services, you must pass twelve free Core Competency Trainings.

Altogether, it will take you about eight hours to complete all twelve modules which cover a variety of employment topics. While you must take and pass all twelve before providing services, you do not need to take them all at once.

The Core Competency Trainings are only available online through the iLearn state training website.

Are you already registered in iLearn? YES NO
Login to the Core Comps

Ctrl+Click on the link next to the Core Comp Module you want to take. It’ll take you to the iLearn login webpage. Type in your Log In ID and Password, and the Module will load. Click on “Open Item” to start the Module.

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<td>DHS-DD-EP 110 Transition from School to Work</td>
<td>30 min.</td>
</tr>
</tbody>
</table>
Download the **PSW Provider Enrollment Agreement**. It is a form-fillable Acrobat document, so you can fill it out on your computer and then print it out to submit.

The following is a filled-out example for you to follow.
New PSW Provider Enrollment Agreement - 2

Select “New enrollment”

Type of action requested

- New enrollment
- Renewal or re-enrollment

Provider type requested (mark all that apply)

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those additional provider types which apply to your enrollment.

Legal name (first name, middle initial, last name as listed on your current SSN card):

John X. Doe

- PSW Children Intensive In-Home Services (84-801)
- PSW State Plan Personal Care (84-800)
- PSW Employment Job Coach (84-809)*

*PSWs enrolling as a Job Coach (84-809) must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.

Enter your name

Select “PSW Employment Job Coach”
Provider Information (Required)

- Disclosure of Social Security Number **is required** pursuant to 41 USC 405(c)(2)(C)(i) to establish identification, 42 CFR 455.104 and 455.436 for exclusion verification and 26 CFR 301.6109-1 for the purpose of reporting tax information. DHS may report information to the Internal Revenue Service (IRS) and the Oregon Department of Revenue under the name and Social Security Number (SSN) provided below.

*Do not leave any area of this section blank, failure to fully complete will result in the denial of your application. Put “N/A” for any area that is not applicable.*

<table>
<thead>
<tr>
<th>Street address:</th>
<th>1234 AnyStreet</th>
<th>City:</th>
<th>AnyTown</th>
<th>State:</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZIP code (+4):</td>
<td>97000-0000</td>
<td>County:</td>
<td>AnyCounty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing address <em>(if different from above):</em></th>
<th>1234 AnyStreet</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>AnyOtherCity</td>
</tr>
<tr>
<td>County:</td>
<td>AnyOtherCounty</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone number:</th>
<th>(503) 000-0000</th>
<th>Email:</th>
<th><a href="mailto:johndoe@email.com">johndoe@email.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>05/05/1960</td>
<td>SSN:</td>
<td>000-00-0000</td>
</tr>
</tbody>
</table>

Enter your address
Enter your mailing address
Enter your phone number, email, birthday and social security number
Have you been convicted of a criminal offense related to your involvement in any program under Medicare, Medicaid or the Title XXI Services Program since the inception of those programs?

- Yes
- No

Have you been terminated or excluded from participation as a provider in Medicare or any state Medicaid or Children’s Health Insurance Program (CHIP) program?

- Yes
- No

I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number

I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number (list below):

---

**Submitting Agency Information (optional)**

<table>
<thead>
<tr>
<th>Type name and email of CDDP/Brokerage you used for the background check</th>
</tr>
</thead>
<tbody>
<tr>
<td>AnyCounty CDDP</td>
</tr>
<tr>
<td><a href="mailto:anycountycddp@anycounty.or.us">anycountycddp@anycounty.or.us</a></td>
</tr>
</tbody>
</table>

---
1. Print your name

8. Provider signature

I have read the forgoing Provider Enrollment Application and Agreement and the attached Exhibit A and any endorsement addendums, understand it and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms and conditions of this Agreement constitute grounds for termination of this Agreement and may be grounds for other sanctions as provided by statute, administrative rule, or this Agreement.

Print name of provider: John X. Doe

Signature of provider: John X. Doe

Signature/Effective date: 01/01/2020

The Enrollment Application & Agreement packet contains a lot of information that you’re going to need to read and understand. THIS IS A CONTRACT! If anything isn’t clear, contact the Provider Relations Unit at psw.enrollment@state.or.us

2. Print out the entire application & agreement form (11 pages)

3. Sign and date in the places indicated
Download the **PSW Provider Enrollment Agreement**. It is a form-fillable Acrobat document, so you can fill it out on your computer and then print it out to submit.

The following is a filled-out example for you to follow.

**Type of action requested**

- [ ] New enrollment  
- [ ] Renewal or re-enrollment

**Provider type requested (mark all that apply)**

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those additional provider types which apply to your enrollment.

Legal name (first name, middle initial, last name as listed on your current SSN card):

- [ ] PSW Children Intensive In-Home Services (84-801)
- [ ] PSW State Plan Personal Care (84-800)
- [ ] PSW Employment Job Coach (84-809)*

*PSWs enrolling as a **Job Coach** (84-809) must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.
Existing PSW Provider Enrollment Agreement - 2

Select “re-enrollment”

Type “Re-enrollment”

Type of action requested

- New enrollment
- Renewal or re-enrollment

Provider type requested (mark all that apply)

- PSW Children Intensive In-Home Services (84-801)
- PSW State Plan Personal Care (84-800)
- **PSW Employment Job Coach (84-809)**

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those additional provider types which apply to your enrollment.

Legal name (first name, middle initial, last name as listed on your current SSN card):

John X. Doe

*PSWs enrolling as a **Job Coach (84-809)** must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.

Select “PSW Employment Job Coach”
Provider Information (Required)

- Disclosure of Social Security Number is required pursuant to 41 USC 405(c)(2)(C)(i) to establish identification, 42 CFR 455.104 and 455.436 for exclusion verification and 26 CFR 301.6109-1 for the purpose of reporting tax information. DHS may report information to the Internal Revenue Service (IRS) and the Oregon Department of Revenue under the name and Social Security Number (SSN) provided below.

Do not leave any area of this section blank, failure to fully complete will result in the denial of your application. Put “N/A” for any area that is not applicable.

<table>
<thead>
<tr>
<th>Street address:</th>
<th>1234 AnyStreet</th>
<th>City:</th>
<th>AnyTown</th>
<th>State:</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZIP code (+4):</td>
<td>97000-0000</td>
<td>County:</td>
<td>AnyCounty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing address (if different from above): 1234 AnyStreet

<table>
<thead>
<tr>
<th>City:</th>
<th>AnyOtherCity</th>
<th>State:</th>
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</tbody>
</table>

Enter your address
Enter your mailing address
Enter your phone number, email, birthday and social security number
Check boxes as appropriate

Have you been convicted of a criminal offense related to your involvement in any program under Medicare, Medicaid or the Title XXI Services Program since the inception of those programs?

- Yes
- No

Have you been terminated or excluded from participation as a provider in Medicare or any state Medicaid or Children’s Health Insurance Program (CHIP) program?

- Yes
- No

I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number

I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number

(list below):

UI12345678

Submitting Agency Information (optional)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Type “N/A”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitting Brokerage/CDDP/CIIS</td>
<td></td>
</tr>
</tbody>
</table>

DOJ approved 6/1/2018
1. Print your name

Print name of provider: John X. Doe

2. Print out the entire application & agreement form (11 pages)

3. Sign and date in the places indicated

The Enrollment Application & Agreement packet contains a lot of information that you’re going to need to read and understand. **THIS IS A CONTRACT!** If anything isn’t clear, contact the Provider Relations Unit at psw.enrollment@dhsoha.state.or.us
You can file the completed document in one of several ways:

Scan & email to: psw.enrollment@dhsoha.state.or.us

Fax to: 503-947-5044

Mail to: Department of Human Services
        ODDS Contracts & Provider Administration Unit
        500 Summer St., NE E-09
        Salem, OR 97301
What to Expect Next – Provider Enrollment Agreement

You’ll receive an eXPRS-generated letter specifying the provider enrollment agreement’s expiration date.

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS
Public Partnerships provides financial management agent services for ODDS PSWs. This is an important part of how you will get paid.

Follow this link to get step-by-step help completing enrollment forms.

How to Complete Enrollment Forms
eXPRS is the state’s computer system that allows you to enter your invoices for authorized job coaching services and get paid.

Download the eXPRS enrollment form for PSW’s

Print out the form (it cannot be filled out online), fill it out manually, scan it and attach it to an email or fax it.

The following are step-by-step instructions on how to fill out the form.
Follow the example below by putting in your information. Note that the Provider Number is the number you received resulting from the Provider Enrollment process (slides 55-59).

<table>
<thead>
<tr>
<th>* Indicate Action:</th>
<th>Add User</th>
<th>Modify User</th>
<th>Deactivate User</th>
<th>Change of Info</th>
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</thead>
<tbody>
<tr>
<td>* User’s Name:</td>
<td>(Last, First MI) <em>(Print Name)</em> Doe, John X.</td>
<td>Already have an eXPRS login name? N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Job Title</em> <em>(check one)</em>:</td>
<td>Personal Support Worker</td>
<td><em>Provider Number(s) (SPD or eXPRS)</em>: UI12345678</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Address</em> <em>(Mailing Address)</em>:</td>
<td>1234 AnyStreet</td>
<td><em>City, State, Zip</em>: AnyTown, OR 97000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Phone Number</em>:</td>
<td>(503) 000-0000</td>
<td><em>Email Address</em>: <em>(must be your unique email address; it cannot be shared with another eXPRS user)</em> <a href="mailto:john.doe@email.com">john.doe@email.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scan the completed form and email to info.exprs@dhssoha.state.or.us OR fax to (503) 947-5044. Keep a copy for your files.

➢ Are you a registered user of DHS’ secure email system?
Because DHS is committed to protecting the privacy and security of all the people we serve, we require all email be sent securely if it contains protected client information.

First-time users need to register at https://secureemail.dhsoha.state.or.us/encrypt.
Enter your email address to begin the registration process.

Secure Email

Please provide your email address to proceed.

First time here? You'll be asked to register.

john.doe@email.com

Continue
Enter your first and last name, and then set the cursor to the “Password:” field.
Enter a password of your choice consistent with the Password Policy, then click on “Continue.”
You’ll receive an email containing a link to activate your secure email account.

A verification message was sent to your email address which contains a URL you must use to activate your account. Once active, you will be able to send your secure message.

If you do not receive this message within a few moments, please check your spam folder or other filtering tools you may be using as this activation message sometimes gets blocked.
The activation email will look something like this. Click on the link.

Proofpoint Encryption Registration

to me

This is the URL to activate your account. Please click the following link to activate your account to send a secure message: https://secureemail.dhsoha.state.or.us/securereader/activate?token=mpH6h8nfw23Vqg7siQ2N&brand=d0c67197. Note: This URL will only work once and will expire in 30 minutes. To restart the activation process, you must start over at the initiate URL.
The next message will confirm that your secure email account has been activated and you’re ready to send secure emails to addresses that end in @dhsoha.state.or.us.
The secure email form will look like this. You may want to send a test message to someone you know at DHS to make sure everything is working.
Once your email is successfully sent, you’ll see this confirmation message.

Click “Logout” to leave the DHS secure email system.
Logged Out

You are now logged out and can close this browser window.

You’re all set!
This index is provided to give you a quick and easy way to navigate back to any tasks you want to re-visit. Just click on the task and the link will take you back to that particular section of the tool.

Core Competency Trainings

Provider Enrollment
Congratulations - You did it!
You’ll receive an email like this:

“The purpose of this email is to inform you that your PSW Job Coach enrollment has been completed. Your service dates are from 4/18/19 through 8/31/2021, when your current criminal background check ends. Your service dates can be extended to 4/17/2021 once you renew your criminal background check in August/2021.

Please be aware, that in order to keep your PSW Job Coach credential current, you must complete 12 continuing education credits annually. The 12 Core Competency trainings you completed for your initial credential can count towards 8 CECs for the first year. Attached is a list of Department-approved trainings that can count as CECs.”
Congratulations - You did it! You’ll receive an email like this:

“The purpose of this email is to inform you that your PSW Job Coach enrollment has been completed. Your service dates are from 4/18/19 through 8/31/2021, when your current criminal background check ends. Your service dates can be extended to 4/17/2021 once you renew your criminal background check in August/2021.

Please be aware, that in order to keep your PSW Job Coach credential current, you must complete 12 continuing education credits (CECs) annually. The 12 Core Competency trainings you completed for your initial credential can count towards 8 CECs for the first year. Attached is a list of Department-approved trainings that can count as CECs.”
Background Check

DHS requires that all service providers undergo a background check in order to protect the people we serve.

To initiate the background check process, you’ll need to schedule an appointment with the Community Developmental Disabilities Program (CDDP) or Brokerage in the area where you wish to provide Job Coaching services to discuss becoming a supported employment service provider. They will initiate the background check process and help you complete the background check application.

Click on this link for a list of CDDPs

Click on this link for a list of Brokerages
What to Expect Next – Background Check

The Community Developmental Disability Program or Brokerage with which you initiated the background check will inform you of the results.

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS
Tax I.D. Number

You will need your Federal Tax Identification number during the enrollment process. In most cases, this will be your Social Security number. If you have an Employer Identification number, you can use that.

Do you already have a Social Security number or Employer Identification number?
How to Apply for Federal Tax Identification Numbers

Information about how to apply for a Social Security number can be found here: https://www.ssa.gov/forms/ss-5.pdf

Information about how to apply for an Employer Identification number can be found here: https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online

NOTE: You’ll need either a Social Security number OR an Employer Identification number, NOT BOTH
What to Expect Next – Tax I.D. Number

- If you applied for a Social Security number, your Social Security card will arrive in the mail.

- If you applied for and Employer Identification number (EIN), you’ll receive a letter from the Internal Revenue Service (IRS) that includes your EIN.
Core Competency Trainings

To provide job coaching services, you must pass twelve free Core Competency Trainings.

Altogether, it will take you about eight hours to complete all twelve modules which cover a variety of employment topics. While you must take and pass all twelve before providing services, you do not need to take them all at once.

The Core Competency Trainings are only available online through the iLearn state training website.

Are you already registered in iLearn?

[YES] [NO]
iLearn Registration – How To

Step 1. Print out a hard copy of slides 71 – 79 so you can follow the step by step instructions while at the iLearn website.

Step 2. Click on this link to go to the iLearn login page.

Step 3. Come back to this page and Ctrl+left click on NEXT to go to iLearn Core Comps.
Click on "Create Account"
iLearn Registration – Step 2

a. Select “Not a State Employee”

b. Fill in items marked with *

  - Type:
    - Not a State Employee
    - State Employee using a non-State email
  - First Name: John
  - Last Name: Doe
  - Middle Name/Init: X.
  - Email: john.doe@email.com
  - Choose a login ID: JohnDoe

  - Job Title: (None Selected)
  - Organization: (None Selected)
  - Manager: 

  - Submit

  BACK NEXT

c. When done, click “Submit”
iLearn Registration – Step 3

You’ll receive a confirmation email with instructions on how to complete the registration process.

Click “Close”
iLearn Registration – Step 4

The confirmation email will look something like this.
iLearn Registration – Step 5

iLearn will email you a temporary password.

Click on “Proceed to iLearnOregon”
iLearn Registration – Step 6

The temporary password email will look something like this. Write down your temporary password or highlight it and use the Copy command.

Temporary password
iLearn Registration – Step 7

Go to https://iLearn.oregon.gov/Default.aspx to get back to the iLearn login page.

Type in the Login ID you chose earlier.

Type in or Paste the temporary password.
iLearn Registration – Step 8

- Type in or Paste Temporary Password here: temppassword
- Choose a new password and type it in here: newpassword
- Type in the new password again here: newpassword
- Then click on “Save”
iLearn Registration – Step 9

Something like this will come up. Log out for now.

To logout, click on the down arrow, then click “Logout”
Login to the Core Competency Trainings

Ctrl+left click on the link next to the Core Competency Module you want to take. It'll take you to the iLearn login webpage. Type in your Log In ID and Password, and the Module will load. Click on “Open Item” to start the Module. When you’re done with all the modules, come back and Ctrl+left click NEXT below to print out a transcript for your records.

<table>
<thead>
<tr>
<th>LINK</th>
<th>MODULE TITLE</th>
<th>ESTIMATED COMPLETION TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://go.usa.gov/xKzrw">http://go.usa.gov/xKzrw</a></td>
<td>DHS-DD-EP 101 Introduction to Supported Employment</td>
<td>1 hour</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzrA">http://go.usa.gov/xKzrA</a></td>
<td>DHS-DD-EP 102 Discovery and Career Planning</td>
<td>1 hour</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzYq">http://go.usa.gov/xKzYq</a></td>
<td>DHS-DD-EP 108 Managing Benefits</td>
<td>1 hour</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzYx">http://go.usa.gov/xKzYx</a></td>
<td>DHS-DD-EP 110 Transition from School to Work</td>
<td>30 min.</td>
</tr>
</tbody>
</table>
Documenting Successful Completion of the Core Comps - 1

After you’ve completed all modules, log into iLearn and left click on “Transcript.”
Then left click on “My Transcript Report.”
Documenting Successful Completion of the Core Competency Trainings - 3

- **iLearn** will show your transcript report detailing the courses you’ve taken.
- It’s in Acrobat (pdf) format; save it to your computer and/or print it out.
- Highlight the Core Competency Trainings.
- Keep this for your records.

---

**Human Services, Department of iLearnOregon Transcript**

Date: 06/26/2019

### Training - Completed Events

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Completed</th>
<th>Classroom/ Other</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS - DD - EP 102 Discovery and Career Planning</td>
<td>6/5/2019</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DHS - DD - EP 101 Introduction to Supported Employment</td>
<td>6/5/2019</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Critical Thinking - C04730</td>
<td>1/18/2019</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Critical Thinking - C04730</td>
<td>1/18/2019</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Cultural Competency &amp; Cultural Humility at DHS and OHA:</td>
<td>11/26/2018</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Valuing, Embracing and Implementing [required training] - C00333</td>
<td>11/26/2018</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Achieving Results: Leading Projects and Engaging Others</td>
<td>11/8/2018</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>DAS - CHRO - Maintaining a Harassment Free and Professional Workplace*</td>
<td>10/25/2018</td>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Preventing Sexual Harassment</td>
<td>10/25/2018</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Fraud Detection and Prevention</td>
<td>10/25/2018</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - ISPO - 2018 Information Security and Privacy Awareness</td>
<td>9/4/2018</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DHS - ODDS - 7th Annual IDD Case Management Conference for SC/PAs</td>
<td>6/20/2018</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Year 2019</td>
<td>12.50</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Year 2018</td>
<td>13</td>
<td>1.45</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Communication: Understanding Yourself and Others -</td>
<td>11/8/2017</td>
<td>3.50</td>
<td></td>
</tr>
<tr>
<td>OR3369</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHSOHA - ISPO - 2017 Privacy and Security Awareness</td>
<td>6/15/2017</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
What to Expect Next – Core Competency Trainings

- ✓ Background Check
- ✓ Tax I.D. Number
- ✓ Core Competency Trainings
  4. PSW Orientation
- ✓ Provider Enrollment Agreement
- 6. FMAS
- 7. eXPRS

You don’t need to attach your Core Competency transcript to any form you are required to submit; ODDS will confirm Core Competency training completion directly from iLearn.

Next let’s tackle new PSW Orientation.
New Personal Service Worker (PSW) Orientation

All PSWs are required to complete PSW and eXPRS Orientation within 90 days of receiving their provider number from ODDS.

PSW and eXPRS Orientation is in-person and is 3½ hours long. PSW Orientation is also available online.
What to Expect Next – PSW Orientation

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. **PSW Orientation**
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS

You can download/print a certificate of completion in iLearn upon completion of the online PSW orientation.

A certificate of completion will be given to you at the end of the in-person PSW and eXPRS orientations.

Up next – Provider Enrollment Agreement.
Download the **PSW Provider Enrollment Agreement**. It is a form-fillable Acrobat document, so you can fill it out on your computer and then print it out to submit.

The following is a filled-out example for you to follow.

---

**Type of action requested**
- [ ] New enrollment
- [ ] Renewal or re-enrollment

**Provider type requested (mark all that apply)**

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those additional provider types which apply to your enrollment.

Legal name (first name, middle initial, last name as listed on your current SSN card):

- [ ] PSW Children Intensive In-Home Services (84-801)
- [ ] PSW State Plan Personal Care (84-800)
- [ ] PSW Employment Job Coach (84-809)*

*PSWs enrolling as a Job Coach (84-809) must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.
New PSW Provider Enrollment Agreement - 2

Select “New enrollment”

Type of action requested

- New enrollment
- Renewal or re-enrollment

Provider type requested (*mark all that apply*)

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those *additional* provider types which apply to your enrollment.

Legal name (*first name, middle initial, last name as listed on your current SSN card*):

John X. Doe

- PSW Children Intensive In-Home Services (84-801)
- PSW State Plan Personal Care (84-800)
- PSW Employment Job Coach (84-809)*

*PSWs enrolling as a Job Coach (84-809) must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.

Enter your name

Select “PSW Employment Job Coach”
New PSW Provider Enrollment Agreement - 3

**Provider Information (Required)**

- Disclosure of Social Security Number is required pursuant to 41 USC 405(c)(2)(C)(i) to establish identification, 42 CFR 455.104 and 455.436 for exclusion verification and 26 CFR 301.6109-1 for the purpose of reporting tax information. DHS may report information to the Internal Revenue Service (IRS) and the Oregon Department of Revenue under the name and Social Security Number (SSN) provided below.

Do not leave any area of this section blank, failure to fully complete will result in the denial of your application. Put “N/A” for any area that is not applicable.

<table>
<thead>
<tr>
<th>Street address:</th>
<th>City:</th>
<th>State:</th>
<th>ZIP code (+4):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 AnyStreet</td>
<td>AnyTown</td>
<td>OR</td>
<td>97000-0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing address (if different from above):</th>
<th>City:</th>
<th>State:</th>
<th>ZIP code (+4):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 AnyStreet</td>
<td>AnyOtherCity</td>
<td>OR</td>
<td>97001-0000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone number:</th>
<th>Email:</th>
<th>Date of birth:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(503) 000-0000</td>
<td><a href="mailto:johndoe@email.com">johndoe@email.com</a></td>
<td>05/05/1960</td>
<td>000-00-0000</td>
</tr>
</tbody>
</table>

Enter your address

Enter your mailing address

Enter your phone number, email, birthday and social security number
New PSW Provider Enrollment Agreement - 4

Check boxes as appropriate

Have you been convicted of a criminal offense related to your involvement in any program under Medicare, Medicaid or the Title XXI Services Program since the inception of those programs?

- [ ] Yes
- [x] No

Have you been terminated or excluded from participation as a provider in Medicare or any state Medicaid or Children’s Health Insurance Program (CHIP) program?

- [ ] Yes
- [x] No

- [x] I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number
- [ ] I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number

(list below):

Submitting Agency Information (optional)

Type name and email of CDDP/Brokerage you used for the background check

<table>
<thead>
<tr>
<th>Agency</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>AnyCounty CDDP</td>
<td><a href="mailto:anycountycddp@anycounty.or.us">anycountycddp@anycounty.or.us</a></td>
</tr>
</tbody>
</table>

Submitting Brokerage/CDDP/CIIS contact email

[BACK] [NEXT]
The Enrollment Application & Agreement packet contains a lot of information that you’re going to need to read and understand. THIS IS A CONTRACT! If anything isn’t clear, contact the Provider Relations Unit at psw.enrollment@dhs.oahastate.or.us.
You can file the completed document in one of several ways:

Scan & email to: psw.enrollment@dhsoha.state.or.us

Fax to: 503-947-5044

Mail to: Department of Human Services
ODDS Contracts & Provider Administration Unit
500 Summer St., NE E-09
Salem, OR 97301
### What to Expect Next – Provider Enrollment Agreement

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. **Provider Enrollment Agreement**
6. FMAS
7. eXPRS

You’ll receive an eXPRS-generated letter specifying the provider enrollment agreement’s expiration date.
New PSW-Job Coach Checklist

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS

Almost there!

Only two more items left to complete: FMAS and eXPRS. Both of these are necessary to get paid.

Let’s work on FMAS first and then finish off with signing up for eXPRS.
Public Partnerships provides financial management agent services for ODDS PSWs. This is an important part of how you will get paid.

Follow this link to get step-by-step help completing enrollment forms.

How to Complete Enrollment Forms
What to Expect Next – FMAS

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS

- You’ll usually receive an enrollment packet from Public Partnerships by mail within ten days.
- Complete them and send them back by email or fax.
- After all forms are processed and nothing is missing, Public Partnerships will send ODDS a report stating that your enrollment is complete.
- Public Partnerships customer support is available at 888-419-7705.
**eXPRS Enrollment for New PSW Job Coaches - 1**

**eXPRS** is the state’s computer system that allows you to enter your invoices for authorized job coaching services and get paid.

Download the [eXPRS enrollment form for PSW’s](#)

Print out the form (it cannot be filled out online), fill it out manually, scan it and attach it to an email or fax it.

The following are step-by-step instructions on how to fill out the form.

---

**Individual Provider – PSW or BC User Enrollment Form**

Provider Types: 74-749, 83-710, 83-711, 84-800, 84-801, 84-803

**INSTRUCTIONS:** *Indicates required fields. Incomplete forms cannot be processed.*
- Send completed form to info.exprs@state.or.us or fax to 503-947-5044.

If the form is complete and your provider record is active, your form should be processed within a week, but may take longer; please be patient.

Once your account has been created, you will receive two emails from info.exprs@state.or.us:
- The 1st email contains generic information and includes several attachments.
- The 2nd email will be secured, and includes your login name and temporary password. NOTE: Unless you already have one, you will have to set up an account with DHS' secure email system. If you need assistance with a secure email, please contact the DHS Service Desk at 503-945-5623 and choose option 3.

If you have not received an email within one week, please check your junk or spam folder. If it is not received within 10 days, please send an email to info.exprs@state.or.us to check on the status.

<table>
<thead>
<tr>
<th>Indicate Action:</th>
<th>Add User</th>
<th>Modify User</th>
<th>Deactivate User</th>
<th>Change of Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>* User's Name:* (Last, First M) (Print Name)</td>
<td>Already have an eXPRS login name?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Job Title:* (check one):</td>
<td>* Provider Number:* (SPD or eXPRS):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Personal Support Worker</td>
<td>- City, State, Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Behavior Consultant</td>
<td>- Phone Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Address:* (Mailing Address)</td>
<td>* Email Address:* (must be your unique email address; it cannot be shared with another eXPRS user)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Add</th>
<th>Del</th>
<th>User Role/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Provider PSW/IC/BC Claims Manager - able to Create/Submit/View: Service Delivered (SD) billing entries; able to Create/Submit/View: PSW Travel Time claims; able to view Service Prior Authorizations (SPAs); PSW credential information, claims and payment information; able to print PSW timesheets.</td>
</tr>
</tbody>
</table>

*Print Name*  
*Signature:*  
*Date:*  

Keep a copy of this form for future reference.

[Emr Individual Provider User (PSW or BC) ROUNDFOOL (v=8-10-06)]
Follow the example below by putting in your information. Note that the Provider Number is the number you received resulting from the Provider Enrollment process (slides 75-80).

<table>
<thead>
<tr>
<th>* Indicate Action:</th>
<th>✔ Add User</th>
<th>□ Modify User</th>
<th>□ Deactivate User</th>
<th>□ Change of Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>* User’s Name:</td>
<td>Doe, John X.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Job Title (check one):</td>
<td>✔ Personal Support Worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Provider Number(s) (SPD or eXPRS):</td>
<td>UI12345678</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Address:</td>
<td>1234 AnyStreet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Phone Number:</td>
<td>(503) 000-0000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*City, State, Zip:</td>
<td>AnyTown, OR 97000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Email Address:</td>
<td><a href="mailto:john.doe@email.com">john.doe@email.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scan the completed form and email to info.exprs@dhssoha.state.or.us OR fax to (503) 947-5044. Keep a copy for your files.

Are you a registered user of DHS’ secure email system?

- YES
- NO
Because DHS is committed to protecting the privacy and security of all the people we serve, we require all email be sent securely if it contains protected client information.

First-time users need to register at https://secureemail.dhsoha.state.or.us/encrypt.
Enter your email address to begin the registration process.

First time here? You'll be asked to register.

john.doe@email.com
Enter your first and last name, and then set the cursor to the “Password:” field.
Enter a password of your choice consistent with the Password Policy, then click on “Continue.”
DHS Secure Email System

Activation Request Sent

A verification message was sent to your email address which contains a URL you must use to activate your account. Once active, you will be able to send your secure message.

If you do not receive this message within a few moments, please check your spam folder or other filtering tools you may be using as this activation message sometimes gets blocked.

You’ll receive an email containing a link to activate your secure email account.
The activation email will look something like this. Click on the link.

Proofpoint Encryption Registration

proofpoint-pps@dhsoha.state.or.us
to me

This is the URL to activate your account. Please click the following link to activate your account to send a secure message: https://secureemail.dhsoha.state.or.us/securreader/activate?token=mpH69ht8nfw23Ys7siQ2N&brand=d0c67197. Note: This URL will only work once and will expire in 30 minutes. To restart the activation process, you must start over at the initial URL.
DHS Secure Email System

The next message will confirm that your secure email account has been activated and you’re ready to send secure emails to addresses that end in @dhsoha.state.or.us.
The secure email form will look like this. You may want to send a test message to someone you know at DHS to make sure everything is working.
DHS Secure Email System

Once your email is successfully sent, you’ll see this confirmation message.

Click “Logout” to leave the DHS secure email system.
Logged Out

You are now logged out and can close this browser window.

You’re all set!
What to Expect Next – eXPRS

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS

If the form is complete and your provider record is active, your form should be processed within a week, but it may take longer; please be patient.

Once your account has been created, you will receive two emails from info.exprs@dhsoha.state.or.us:
- The 1st email contains generic information and several attachments.
- The 2nd email will be secured and includes your eXPRS login name and temporary password. Set up a secure account with DHS’ secure email system by contacting the DHS Service Desk at 503-945-5623 and choose option 3.

If you have not received an email within one week, please check your junk or spam folder. If it is not received within ten days, please check on the status by emailing info.exprs@dhsoha.state.or.us.
New PSW-Job Coach Checklist

Congratulations – you did it!

You’ve completed the process of how to become a PSW job coach. If you have additional questions about this process, please contact EmploymentTraining.Review@dhssoha.state.or.us

☑️ Background Check
☑️ Tax I.D. Number
☑️ Core Competency Trainings
☑️ PSW Orientation
☑️ Provider Enrollment Agreement
☑️ FMAS
☑️ eXPRS
New PSW Orientation - Online

New PSW online orientation requirements:

- Available only in English
- Computer (no tablets or smartphones)
- Active email address
- Currently registered in iLearn
- Register with the computer you’ll use for the orientation

New PSW online orientation will take about three hours to complete, but you don’t have to finish all at once.

Register at https://www.surveymonkey.com/r/QLDMGKX
New PSW Orientation – In-Person

New PSW and eXPRS in-person orientation requirements:

- Available in English, Spanish, Russian and Somali
- Student can request an interpreter of any language to be with them in the classroom
- Registration is by language
  - Register in **English**
  - Register in **Spanish**
  - Register in **Russian**
  - Register in **Somali**

New PSW online orientation will take about three hours to complete; eXPRS will take an additional 1.5 hours.

Due to COVID-19, in-person PSW Orientations are currently suspended. Follow this link for the latest updates on PSW orientation scheduling.
Login to the Core Competency Trainings

Ctrl+left click on the link next to the Core Comp Module you want to take. It’ll take you to the iLearn login webpage. Type in your Log In ID and Password, and the Module will load. Click on “Open Item” to start the Module. When you’re done, come back and Ctrl+left click NEXT below.

<table>
<thead>
<tr>
<th>LINK</th>
<th>MODULE TITLE</th>
<th>ESTIMATED COMPLETION TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://go.usa.gov/xKzrw">http://go.usa.gov/xKzrw</a></td>
<td>DHS-DD-EP 101 Introduction to Supported Employment</td>
<td>1 hour</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzrA">http://go.usa.gov/xKzrA</a></td>
<td>DHS-DD-EP 102 Discovery and Career Planning</td>
<td>1 hour</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzYq">http://go.usa.gov/xKzYq</a></td>
<td>DHS-DD-EP 108 Managing Benefits</td>
<td>1 hour</td>
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<tr>
<td><a href="http://go.usa.gov/xKzYx">http://go.usa.gov/xKzYx</a></td>
<td>DHS-DD-EP 110 Transition from School to Work</td>
<td>30 min.</td>
</tr>
<tr>
<td><a href="http://go.usa.gov/xKzYa">http://go.usa.gov/xKzYa</a></td>
<td>DHS-DD-EP 111 Organizational Change</td>
<td>30 min.</td>
</tr>
</tbody>
</table>
After you’ve completed all modules, log into iLearn and left click on “Transcript.”
Documenting Successful Completion of the Core Competency Trainings - 2

Then left click on “My Transcript Report.”
Documenting Successful Completion of the Core Competency Trainings - 3

- iLearn will show your transcript report detailing the courses you’ve taken.
- It’s in Acrobat (pdf) format; save it to your computer and/or print it out.
- Highlight the Core Competency courses.
- Keep this for your records.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Completed</th>
<th>Classroom</th>
<th>Other</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS - DD - EP 102 Discovery and Career Planning</td>
<td>8/5/2019</td>
<td>1</td>
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<tr>
<td>DHS - DD - EP 101 Introduction to Supported Employment</td>
<td>8/5/2019</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHS - OEMS - Ask Equity: An Introduction to P.A.U.S.E. - C03119</td>
<td>3/8/2019</td>
<td>0.50</td>
<td></td>
<td>6.50</td>
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<tr>
<td>DHSOHA - HR - Critical Thinking - C04730</td>
<td>1/16/2019</td>
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<tr>
<td>DHSOHA - HR - Cultural Competency &amp; Cultural Humility at DHS and OHA:</td>
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<td>6</td>
<td></td>
<td>12.50</td>
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<tr>
<td>Valuing, Embracing and Implementing [required training] - C00333</td>
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<tr>
<td>DHSOHA - HR - Achieving Results: Leading Projects and Engaging Others</td>
<td>10/25/2018</td>
<td>0.20</td>
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<td>13</td>
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<tr>
<td>DAS - CHRO - Maintaining a Harassment Free and Professional Workplace*</td>
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<tr>
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<td>0.50</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>DHSOHA - HR - Fraud Detection and Prevention</td>
<td>10/25/2018</td>
<td>1.45</td>
<td></td>
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</tr>
<tr>
<td>DHSOHA - ISPO - 2018 Information Security and Privacy Awareness</td>
<td>9/4/2018</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DHS - ODDS - 7th Annual IDD Case Management Conference for SC/PAs</td>
<td>6/20/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Communication: Understanding Yourself and Others - OR3369</td>
<td>11/8/2017</td>
<td>3.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHSOHA - ISPO - 2017 Privacy and Security Awareness</td>
<td>6/15/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Almost there!

Now that you’ve satisfied the Core Competency Training requirement the only thing left is to submit an updated Provider Enrollment Agreement to receive the PSW Job Coach endorsement.

Let’s work on the Enrollment Agreement next.
This Provider Enrollment Application and Agreement (Agreement), sets forth the conditions and agreements for being enrolled as a Medicaid Personal Support Worker (Provider) with the State of Oregon Department of Human Services (DHS), Office of Developmental Disabilities Services (ODDS), and to receive a Provider number to receive payment for services furnished by the Provider to approved Medicaid eligible individuals (Recipients) in Oregon. Payments for services are made using federal Medicaid and state funds.

**Type of action requested**
- [ ] New enrollment
- [ ] Renewal or re-enrollment

**Provider type requested (mark all that apply)**

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those **additional** provider types which apply to your enrollment.

Legal name (**first name, middle initial, last name as listed on your current SSN card**):

- [ ] PSW Children Intensive In-Home Services (84-801)
- [ ] PSW State Plan Personal Care (84-800)
- [ ] PSW Employment Job Coach (84-809)*

*PSWs enrolling as a **Job Coach (84-809)** must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.
## Existing PSW Provider Enrollment Agreement - 2

Select “re-enrollment”

<table>
<thead>
<tr>
<th>Type of action requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] New enrollment</td>
</tr>
<tr>
<td>[ ] Renewal or re-enrollment</td>
</tr>
</tbody>
</table>

**Provider type requested (mark all that apply)**

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those **additional** provider types which apply to your enrollment.

Legal name (*first name, middle initial, last name as listed on your current SSN card*):

John X. Doe

- [ ] PSW Children Intensive In-Home Services (84-801)
- [ ] PSW State Plan Personal Care (84-800)
- [x] PSW Employment Job Coach (84-809)*

*PSWs enrolling as a **Job Coach (84-809)** must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.

Select “PSW Employment Job Coach”

Type “Re-enrollment”

Type name (as shown on Social Security card)
Provider Information (Required)

- Disclosure of Social Security Number **is required** pursuant to 41 USC 405(c)(2)(C)(i) to establish identification, 42 CFR 455.104 and 455.436 for exclusion verification and 26 CFR 301.6109-1 for the purpose of reporting tax information. DHS may report information to the Internal Revenue Service (IRS) and the Oregon Department of Revenue under the name and Social Security Number (SSN) provided below.

**Do not leave any area of this section blank, failure to fully complete will result in the denial of your application. Put “N/A” for any area that is not applicable.**

<table>
<thead>
<tr>
<th>Street address:</th>
<th>1234 AnyStreet</th>
<th>City: AnyTown</th>
<th>State: OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZIP code (+4):</td>
<td>97000-0000</td>
<td>County: AnyCounty</td>
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<table>
<thead>
<tr>
<th>Mailing address <em>(if different from above)</em>:</th>
<th>1234 AnyStreet</th>
</tr>
</thead>
<tbody>
<tr>
<td>City: AnyOtherCity</td>
<td>State: OR</td>
</tr>
<tr>
<td>County: AnyOtherCounty</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone number:</th>
<th>(503) 000-0000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>05/05/1960</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:johndoe@email.com">johndoe@email.com</a></td>
</tr>
<tr>
<td>SSN:</td>
<td>000-00-0000</td>
</tr>
</tbody>
</table>

Enter your address
Enter your mailing address
Enter your phone number, email, birthday and social security number
Existing PSW Provider Enrollment Agreement - 4

Check boxes as appropriate

Have you been convicted of a criminal offense related to your involvement in any program under Medicare, Medicaid or the Title XXI Services Program since the inception of those programs?

☐ Yes  □ No

Have you been terminated or excluded from participation as a provider in Medicare or any state Medicaid or Children’s Health Insurance Program (CHIP) program?

☐ Yes  □ No

☐ I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number
☐ I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number

(list below):
UI12345678

Submitting Agency Information (optional)

□ N/A  □ Type “N/A”

Submit Brokerage/CDDP/CIIS
N/A

Submit Brokerage/CDDP/CIIS contact email
The Enrollment Application & Agreement packet contains a lot of information that you’re going to need to read and understand.

**THIS IS A CONTRACT!** If anything isn’t clear, contact the Provider Relations Unit at psw.enrollment@dhsoha.state.or.us

1. Print your name
   - John X. Doe

2. Print out the entire application & agreement form (11 pages)

3. Sign and date in the places indicated
   - Signature of provider: John X. Doe
   - Signature/Effective date: 01/01/2020
You can file the completed document in one of several ways:

Scan & email to: psw.enrollment@dhsoha.state.or.us

Fax to: 503-947-5044

Mail to: Department of Human Services
      ODDS Contracts & Provider Administration Unit
      500 Summer St., NE E-09
      Salem, OR 97301
What to Expect Next – Provider Enrollment Agreement

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. **Provider Enrollment Agreement**
6. FMAS
7. eXPRS

You’ll receive an eXPRS-generated letter specifying the provider enrollment agreement’s expiration date.
This index is provided to give you a quick and easy way to navigate back to any tasks you want to re-visit. Just click on the task and the link will take you back to that particular section of the tool.

Core Competency Trainings

Provider Enrollment

iLearn Registration
Congratulations - You did it! You’ll receive an email like this:

“The purpose of this email is to inform you that your PSW Job Coach enrollment has been completed. Your service dates are from 4/18/19 through 8/31/2021, when your current criminal background check ends. Your service dates can be extended to 4/17/2021 once you renew your criminal background check in August/2021.

Please be aware, that in order to keep your PSW Job Coach credential current, you must complete 12 continuing education credits annually. The 12 Core Competency trainings you completed for your initial credential can count towards 8 CECs for the first year. Attached is a list of Department-approved trainings that can count as CECs.”
Ctrl+left click on the link next to the Core Competency Module you want to take. It'll take you to the iLearn login webpage. Type in your Log In ID and Password, and the Module will load. Click on “Open Item” to start the Module. When you’re done with all the modules, come back and Ctrl+left click NEXT below to print out a transcript for your records.

<table>
<thead>
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<th>LINK</th>
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<td>30 min.</td>
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<td><a href="http://go.usa.gov/xKzYr">http://go.usa.gov/xKzYr</a></td>
<td>DHS-DD-EP 112 Self Employment</td>
<td>30 min.</td>
</tr>
</tbody>
</table>
After you’ve completed all modules, log into iLearn and left click on “Transcript.”
Then left click on “My Transcript Report.”
Documenting Successful Completion of the Core Competency Trainings - 3

- iLearn will show your transcript report detailing the courses you’ve taken.
- It’s in Acrobat (pdf) format; save it to your computer and/or print it out.
- Highlight the Core Competency Trainings.
- Keep this for your records.

### Human Services, Department of iLearnOregon Transcript

**Date:** 06/26/2019

#### Training - Completed Events

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Completed</th>
<th>Classroom/Other</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS - DD - EP 102 Discovery and Career Planning</td>
<td>6/5/2019</td>
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<td>1</td>
<td></td>
</tr>
<tr>
<td>DHSOHA - HR - Critical Thinking - C04730</td>
<td>1/16/2019</td>
<td>6</td>
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<tr>
<td><strong>Total Training Hours:</strong> 172.45</td>
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<tr>
<td>2018</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>DHS - ODDS - 7th Annual IDD Case Management Conference for SC/PAs</td>
<td>6/20/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year 2018</strong></td>
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<td><strong>1.45</strong></td>
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</table>
What to Expect Next – Core Competency Trainings

✔ Background Check
✔ Tax I.D. Number
✔ Core Competency Trainings

4. PSW Orientation

5. Provider Enrollment Agreement

6. FMAS

7. eXPRS

You don’t need to attach your Core Competency transcript to any form you are required to submit; ODDS will confirm Core Competency training completion directly from iLearn.

Next let’s tackle new PSW Orientation.
New Personal Service Worker (PSW) Orientation

All PSWs are required to complete PSW and eXPRS Orientation within 90 days of receiving their provider number from ODDS.

PSW and eXPRS Orientation is in-person and is 3½ hours long. PSW Orientation is also available online.
New PSW Orientation - Online

New PSW online orientation requirements:

- Available only in English
- Computer (no tablets or smartphones)
- Active email address
- Currently registered in iLearn
- Register with the computer you’ll use for the orientation

New PSW online orientation will take about three hours to complete, but you don’t have to finish all at once.

Register at [https://www.surveymonkey.com/r/QLDMGKX](https://www.surveymonkey.com/r/QLDMGKX)
New PSW Orientation – In-Person

New PSW and eXPRS in-person orientation requirements:

- Available in English, Spanish, Russian and Somali
- Student can request an interpreter of any language to be with them in the classroom
- Registration is by language
  - Register in English
  - Register in Spanish
  - Register in Russian
  - Register in Somali

New PSW online orientation will take about three hours to complete; eXPRS will take an additional 1.5 hours.

Due to COVID-19, in-person PSW Orientations are currently suspended. Follow this link for the latest updates on PSW orientation scheduling.
What to Expect Next – PSW Orientation

You can download/print a certificate of completion in iLearn upon completion of the online PSW orientation.

A certificate of completion will be given to you at the end of the in-person PSW and eXPRS orientations.

Up next – Provider Enrollment Agreement.
PSW Provider Enrollment Agreement - 1

Download the **PSW Provider Enrollment Agreement**. It is a form-fillable Acrobat document, so you can fill it out on your computer and then print it out to submit.

The following is a filled-out example for you to follow.
Select “New enrollment”

Type of action requested

- New enrollment
- Renewal or re-enrollment

Provider type requested (mark all that apply)

Note: All new and renewing providers will be enrolled as Personal Support Workers (84-803). Please only check those additional provider types which apply to your enrollment.

Legal name (first name, middle initial, last name as listed on your current SSN card):

John X. Doe

- PSW Children Intensive In-Home Services (84-801)
- PSW State Plan Personal Care (84-800)
- PSW Employment Job Coach (84-809)*

*PSWs enrolling as a Job Coach (84-809) must have the appropriate training required in Oregon Administrative Rule (OAR) 411-345-0030 prior to enrollment and must submit training documentation with this application. Job Coach enrollment is good for two years only and must be renewed separately from this agreement.
New PSW Provider Enrollment Agreement - 3

**Provider Information (Required)**

- Disclosure of Social Security Number **is required** pursuant to 41 USC 405(c)(2)(C)(i) to establish identification, 42 CFR 455.104 and 455.436 for exclusion verification and 26 CFR 301.6109-1 for the purpose of reporting tax information. DHS may report information to the Internal Revenue Service (IRS) and the Oregon Department of Revenue under the name and Social Security Number (SSN) provided below.

**Do not leave any area of this section blank, failure to fully complete will result in the denial of your application. Put “N/A” for any area that is not applicable.**

<table>
<thead>
<tr>
<th>Street address:</th>
<th>City: AnyTown</th>
<th>State: OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZIP code (+4):</td>
<td>County: AnyCounty</td>
<td></td>
</tr>
<tr>
<td>1234 AnyStreet</td>
<td>97000-0000</td>
<td></td>
</tr>
</tbody>
</table>

**Mailing address (if different from above):**

<table>
<thead>
<tr>
<th>Street address:</th>
<th>City: AnyOtherCity</th>
<th>State: OR</th>
<th>ZIP code (+4):</th>
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</thead>
<tbody>
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<th>Email: <a href="mailto:johndoe@email.com">johndoe@email.com</a></th>
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<table>
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<tbody>
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<td>05/05/1960</td>
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</tbody>
</table>

Enter your address
Enter your mailing address
Enter your phone number, email, birthday and social security number
Check boxes as appropriate

Have you been convicted of a criminal offense related to your involvement in any program under Medicare, Medicaid or the Title XXI Services Program since the inception of those programs?  
- Yes  
- No

Have you been terminated or excluded from participation as a provider in Medicare or any state Medicaid or Children’s Health Insurance Program (CHIP) program?  
- Yes  
- No

I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number  
- Yes

I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number (list below):

---

**Submitting Agency Information (optional)**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Submitting Brokerage/CDDP/CIIS</th>
<th>Contact Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>AnyCounty CDDP</td>
<td><a href="mailto:anycountycedp@anycounty.or.us">anycountycedp@anycounty.or.us</a></td>
<td></td>
</tr>
</tbody>
</table>

Type name and email of CDDP/Brokerage you used for the background check

[BACK]  [NEXT]
The Enrollment Application & Agreement packet contains a lot of information that you’re going to need to read and understand. **THIS IS A CONTRACT!** If anything isn’t clear, contact the Provider Relations Unit at psw.enrollment@dhs.oahastate.or.us

1. Print your name

2. Print out the entire application & agreement form (11 pages)

3. Sign and date in the places indicated
You can file the completed document in one of several ways:

Scan & email to: psw.enrollment@dhsoha.state.or.us

Fax to: 503-947-5044

Mail to: Department of Human Services
        ODDS Contracts & Provider Administration Unit
        500 Summer St., NE E-09
        Salem, OR 97301
What to Expect Next – Provider Enrollment Agreement

You’ll receive an eXPRS-generated letter specifying the provider enrollment agreement’s expiration date.

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. **Provider Enrollment Agreement**
6. FMAS
7. eXPRS
Almost there!

Only two more items left to complete: FMAS and eXPRS. Both of these are necessary to get paid.

Let’s work on FMAS first and then finish off with signing up for eXPRS.
OR-FMAS (Oregon Financial Management Agent Services)

Public Partnerships provides financial management agent services for ODDS PSWs. This is an important part of how you will get paid.

Follow this link to get step-by-step help completing enrollment forms.

How to Complete Enrollment Forms
What to Expect Next – FMAS

- You’ll usually receive an enrollment packet from Public Partnerships by mail within ten days.
- Complete them and send them back by email or fax.
- After all forms are processed and nothing is missing, Public Partnerships will send ODDS a report stating that your enrollment is complete.
- Public Partnerships customer support is available at 888-419-7705.

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eXPRS is the state’s computer system that allows you to enter your invoices for authorized job coaching services and get paid.

Download the eXPRS enrollment form for PSW’s

Print out the form (it cannot be filled out online), fill it out manually, scan it and attach it to an email or fax it.

The following are step-by-step instructions on how to fill out the form.
Follow the example below by putting in your information. Note that the Provider Number is the number you received resulting from the Provider Enrollment process (slides 75-80).

<table>
<thead>
<tr>
<th>Indicate Action:</th>
<th>Add User</th>
<th>Modify User</th>
<th>Deactivate User</th>
<th>Change of Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>User’s Name:</td>
<td>Doe, John X.</td>
<td>Already have an eXPRS login name?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td>Personal Support Worker</td>
<td>Provider Number(s) (SPD or eXPRS):</td>
<td>UI12345678</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>1234 AnyStreet</td>
<td>City, State, Zip:</td>
<td>AnyTown, OR 97000</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>(503) 000-0000</td>
<td>Email Address:</td>
<td>(must be your unique email address; it cannot be shared with another eXPRS user)</td>
<td><a href="mailto:john.doe@email.com">john.doe@email.com</a></td>
</tr>
</tbody>
</table>
Scan the completed form and email to info.exprs@dhssoha.state.or.us OR fax to (503) 947-5044. Keep a copy for your files.

Are you a registered user of DHS’ secure email system?
What to Expect Next – eXPRS

If the form is complete and your provider record is active, your form should be processed within a week, but it may take longer; please be patient.

Once your account has been created, you will receive two emails from info.exprs@dhsoha.state.or.us:
- The 1st email contains generic information and several attachments.
- You’ll need to be registered in the DHS Secure Email System. Click here if you are not already registered and we’ll help you set that up.
- The 2nd email will be secured and includes your eXPRS login name and temporary password.

If you have not received an email within one week, please check your junk or spam folder. If it is not received within ten days, please check on the status by emailing info.exprs@dhsoha.state.or.us.
New PSW-Job Coach Checklist

✔ Background Check
✔ Tax I.D. Number
✔ Core Competency Trainings
✔ PSW Orientation
✔ Provider Enrollment Agreement
✔ FMAS
✔ eXPRS

Congratulations – you did it!

You’ve completed the process of how to become a PSW job coach. If you have additional questions about this process, please contact EmploymentTraining.Review@dhssoha.state.or.us

DONE  BACK
Because DHS is committed to protecting the privacy and security of all the people we serve, we require all email be sent securely if it contains protected client information.

First-time users need to register at https://secureemail.dhsoha.state.or.us/encrypt.
Enter your email address to begin the registration process.

Secure Email

Please provide your email address to proceed.

First time here? You'll be asked to register.

john.doe@email.com

Continue
Enter your first and last name, and then set the cursor to the “Password:” field.
Enter a password of your choice consistent with the Password Policy, then click on “Continue.”
You’ll receive an email containing a link to activate your secure email account.

A verification message was sent to your email address which contains a URL you must use to activate your account. Once active, you will be able to send your secure message.

If you do not receive this message within a few moments, please check your spam folder or other filtering tools you may be using as this activation message sometimes gets blocked.
The activation email will look something like this. Click on the link.

Proofpoint Encryption Registration

to me

This is the URL to activate your account. Please click the following link to activate your account to send a secure message: https://secureemail.dhsoha.state.or.us/securereader/activate?token=mpH6h8nfwZ3Vq7siQ2N&brand=d067197. Note: This URL will only work once and will expire in 30 minutes. To restart the activation process, you must start over at the initiate URL.
The next message will confirm that your secure email account has been activated and you’re ready to send secure emails to addresses that end in @dhsoha.state.or.us.
The secure email form will look like this. You may want to send a test message to someone you know at DHS to make sure everything is working.
Once your email is successfully sent, you’ll see this confirmation message.

Click “Logout” to leave the DHS secure email system.
DHS Secure Email System

Logged Out

You are now logged out and can close this browser window.

You’re all set!
This index is provided to give you a quick and easy way to navigate back to any tasks you want to re-visit. Just click on the task and the link will take you back to that particular section of the tool.

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- PSW Orientation
- Provider Enrollment
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- eXPRS
- Secure email
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Tax I.D.

iLearn

Core Competency Trainings

PSW Orientation

Provider Enrollment

FMAS

eXPRS
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