PRESENTATION

Employment First

How To Enroll as a Supported Employment Independent Contractor

Version 1.0

NEXT

DHS Oregon Department of Human Services
VOCATIONAL REHABILITATION

I WORK WE SUCCEED
EMPLOYMENT FIRST

DHS Oregon Department of Human Services
INTELLECTUAL/DEVELOPMENTAL DISABILITIES

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.

NEXT

DHS | Oregon Department of Human Services

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

RFA DHS-4476-17

ATTACHMENT B
Applicant Key Persons

Applicant shall identify and list Applicant and Applicant employees (Key Persons) who will be providing Job Placement Services. (Applicant or sole proprietor may be the only Key Person listed.)

Applicant shall make copies of this Attachment B if more than five Key Persons will be providing Services.

1. John X. Doe _____ Job Developer
Name Title

☒ The Key Person named above has the skills, experience, training, and certifications for the Job Placement Services. Applicant has included in the Application the resumes, proof of education, or certifications required to document each Service type marked below.

Job Placement Track 1 ☒	Job Placement Tracks 2 - 3 ☒	Job Coaching ☐	Career Exploration ☐	Community Based Work Assessment ☐
Direct Job Placement ☐	Trial Work Experience.☐	Targeted Vocational Assessment ☐		Job Search Assistance ☐

2. _____
Name Title

☐ The Key Person named above has the skills, experience, training, and certifications for the Job Placement Services. Applicant has included in the Application the resumes, proof of education, or certifications required to document each Service type marked below.

Job Placement Track 1 ☐	Job Placement Tracks 2 - 3 ☐	Job Coaching ☐	Career Exploration ☐	Community Based Work Assessment ☐

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.

NEXT

Index Button

Another navigational aid will be found at the bottom-left corner of most slides: the INDEX button. Click on this button to go to a task index of hot links to the topics covered in this tool.

RFA DHS-4476-17

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Job Placement Track 1 ☐	Job Placement Tracks 2 - 3 ☐	Job Coaching ☐	Career Exploration ☐	Community Based Work Assessment ☐

NEXT

INDEX

DHS | Oregon Department of Human Services

What Role Do You Want to Play?

- Job Developers act as the bridge between job seekers and local employers by matching client strengths, interests and preferences to business needs. Job Developers need to be skilled in networking and marketing in addition to social work.

- Discovery Providers help clients figure out what their vocational strengths, interests and preferences are so they can sharpen their employment focus.

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

NEXT

INDEX

Independent Contractor Services

An independent contractor is either a business or freelancer that doesn't have any employees, and may provide the following supported employment services:

1. Job Development

2. Discovery

3. Job Coaching (must be enrolled as a PSW)

Independent Contractors must become dual-enrolled with both the Office of Developmental Disability Services and Vocational Rehabilitation.

NEXT

INDEX

Independent Contractor Checklist

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. ORPIN Registration
5. VR Application
6. Insurance Requirements
7. Discovery
8. ODDS Application
9. eXPRS
10. PSW-Job Coach Enrollment (optional)

Requirements to provide Job Development and/or Discovery services as an Independent Contractor are listed to the left.

If you also want to provide Job Coaching, you'll have to enroll as a PSW-Job Coach as well.

We'll guide you through each requirement one at a time.

Let's get the Background Check started next.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

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

BACK NEXT

INDEX

What to Expect Next – Background Check

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. ORPIN Registration
5. VR Application
6. Insurance Requirements
7. Discovery
8. ODDS Application
9. eXPRS
10. PSW-Job Coach Enrollment (optional)

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

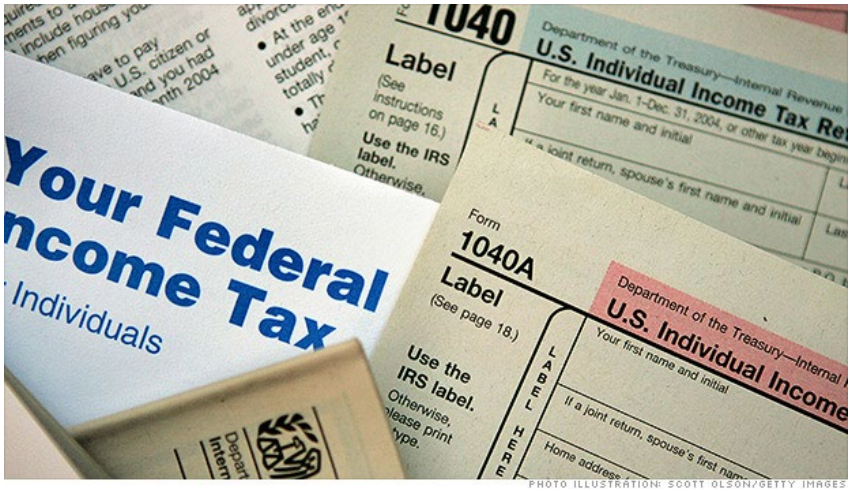
BACK NEXT

INDEX

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?



YES

NO

INDEX

DHS | Oregon Department of Human Services

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

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

What to Expect Next – Tax I.D. Number

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. ORPIN Registration
5. VR Application
6. Insurance Requirements
7. Discovery
8. ODDS Application
9. eXPRS
10. PSW-Job Coach Enrollment (optional)

- 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.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

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?

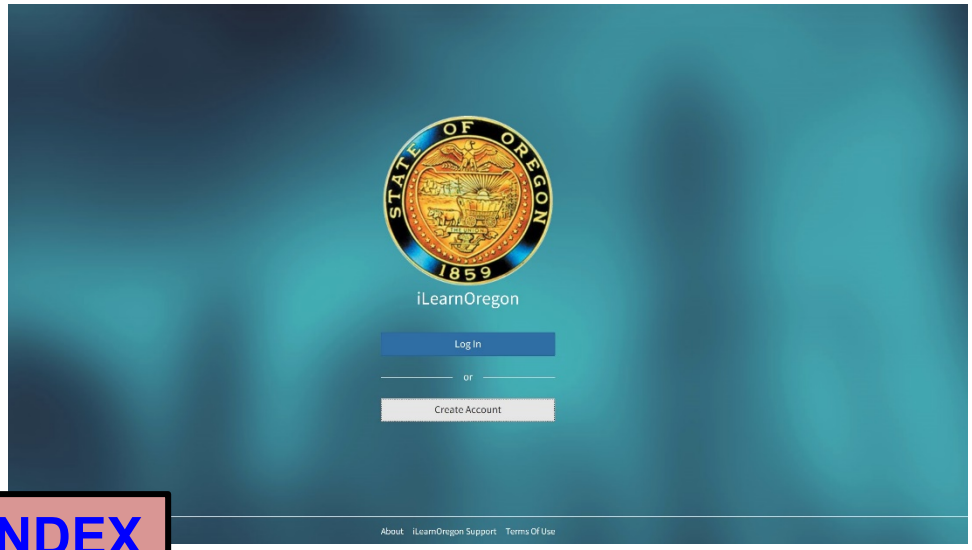
YES NO

INDEX

iLearn Registration – How To

Step 1. Print out a hard copy of slides 16 – 24 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.

INDEX

BACK

NEXT

DHS | Oregon Department of Human Services

iLearn Registration – Step 1

Click on “Create Account”

BACK

NEXT

INDEX

DHS | Oregon Department of Human Services

iLearn Registration – Step 2

iLearn.Oregon.Gov

User Registration

Please enter all required fields (those marked with an *) to self-register. A confirmation email will be sent to you.

Depending on the organization (optional) you select, your registration may also need to be approved.

State of Oregon employees:

iLearnOregon is now integrated with the State's personnel system and will automatically create your account for you at the time your personnel record is created.

For your first time entering iLearnOregon, your login ID and password will both be set to your State Employee ID.

If you need assistance with your login ID or password, you can use the automated "Forgot Login ID" or "Forgot Password" tools (on the login page) or you can contact your iLearnOregon Administrator.

If you need assistance please contact your supervisor or iLearnOregon Administrators .

a. Select "Not a State Employee"

b. Fill in items marked with *

* Type: State Employee / State Employee using a non-State email / Not a State Employee

* 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

c. When done, click "Submit"

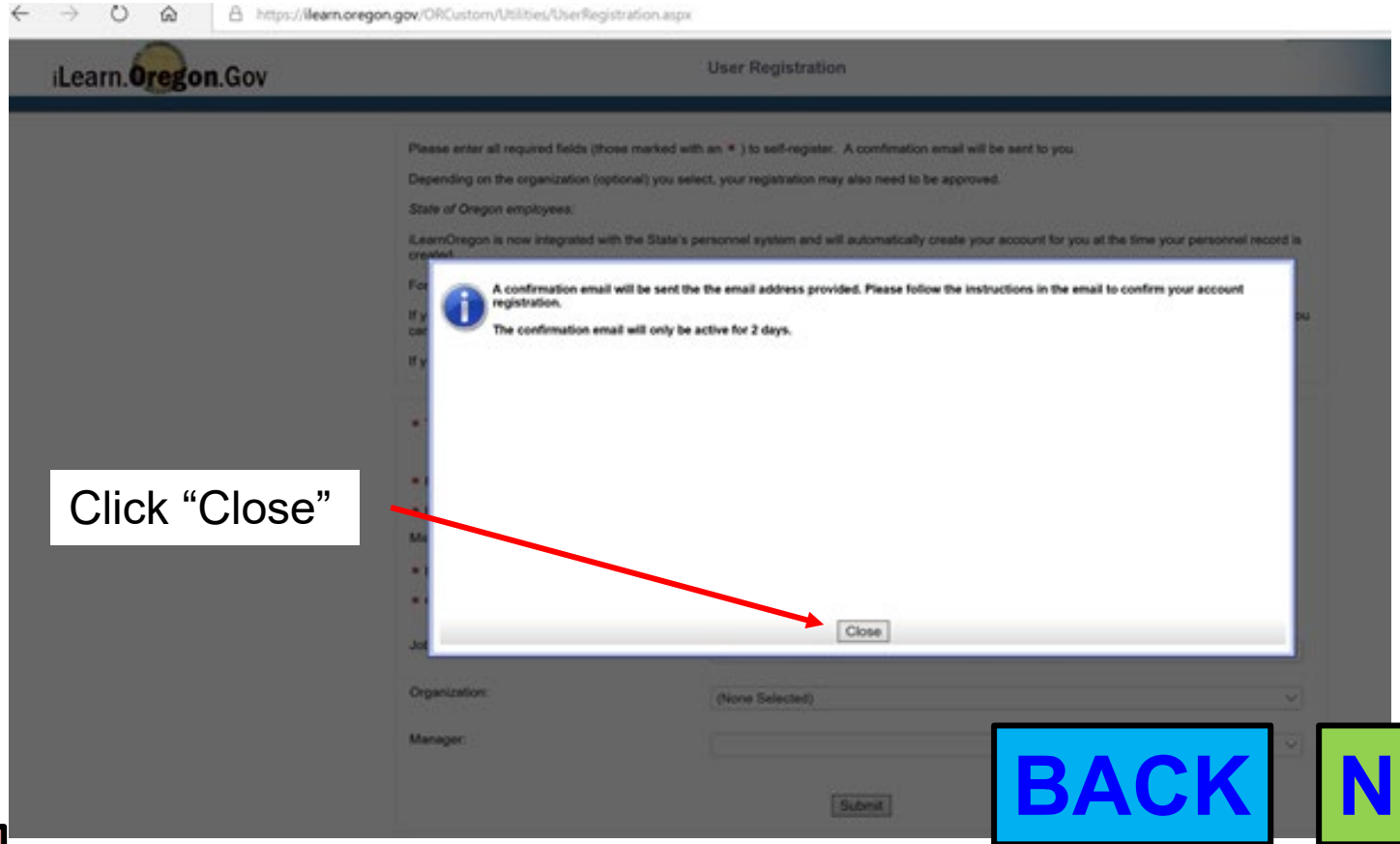
BACK NEXT

INDEX

DHS Oregon Department of Human Services

iLearn Registration – Step 3

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



Click "Close"

BACK

NEXT

INDEX

DHS | Oregon Department of Human Services

iLearn Registration – Step 4

The confirmation email will look something like this.

iLearn Oregon Account Confirma

https://mail.google.com/mail/u/0/?tab=rm#inbox/FMfcgxwCgVRJkhNXdwGhgSTKzBZxRjGd

Apps | Bookmarks | Comcast | Goodsearch | OpenDrive - Login | TopoMapPass | Oregon Tax Maps | ORWAP Map Viewer | Web Soil Survey | My Account - Offic... | National Weather S... | Other bo

Gmail | Search mail

Compose

Inbox 18
Starred
Snoozed
Important
Sent
Drafts 2
Categories
Personal

1 of 69

iLearn Oregon Account Confirmation Inbox ×

iLearnOregon@oregon.gov 1:20 PM (3 minutes ago)
to me

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/ORCustom/Utilities/ConfirmAcct.aspx?conf=47be804626694b719a4797905abfa536 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.

Reply | Forward

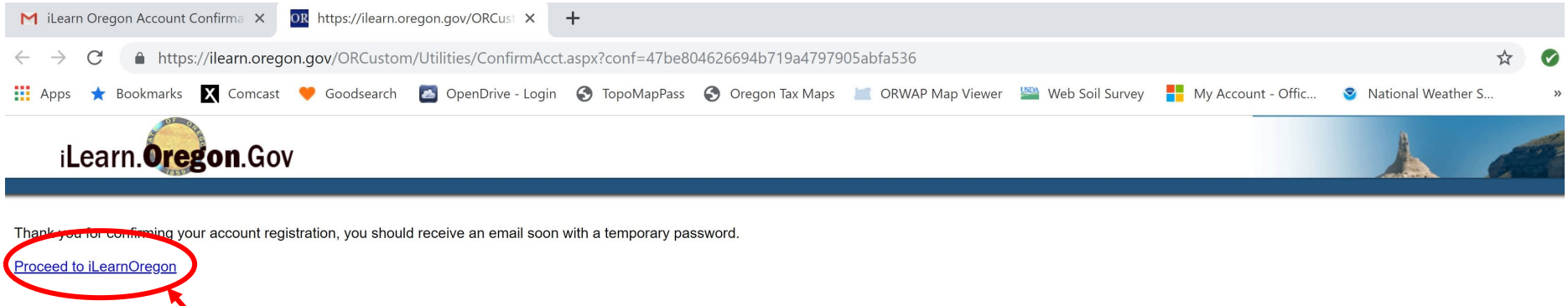
BACK NEXT

INDEX

DHS | Oregon Department of Human Services

iLearn Registration – Step 5

iLearn will email you a temporary password.



Click on “Proceed to iLearnOregon”

BACK

NEXT

INDEX

DHS | Oregon Department of Human Services

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.

iLearnOregon: Temporary Passwo

https://mail.google.com/mail/u/0/?tab=rm#inbox/FMfcgxwCgVRJkjTQqQlvbKnHHnCXGklb

Apps | Bookmarks | Comcast | Goodsearch | OpenDrive - Login | TopoMapPass | Oregon Tax Maps | ORWAP Map Viewer | Web Soil Survey | My Account - Offic... | National Weather S... | Other book

Gmail | Search mail

Compose

Inbox 18
Starred
Snoozed
Important
Sent
Drafts 2
Categories
Personal
Travel
More

1 of 71

iLearnOregon: Temporary Password Inbox ×

iLearnOregon@oregon.gov 1:25 PM (2 minutes ago)
to me

Dear Tim Acker,

iLearnOregon has created a temporary password for you. The next time you login to the system, you will need to use this temporary password with your current Login ID. You will automatically be taken to the Update Password page, where you must change your password.

Your temporary password is:
1899E127D6

Thank You,
iLearnOregon

Temporary password

BACK

NEXT

INDEX

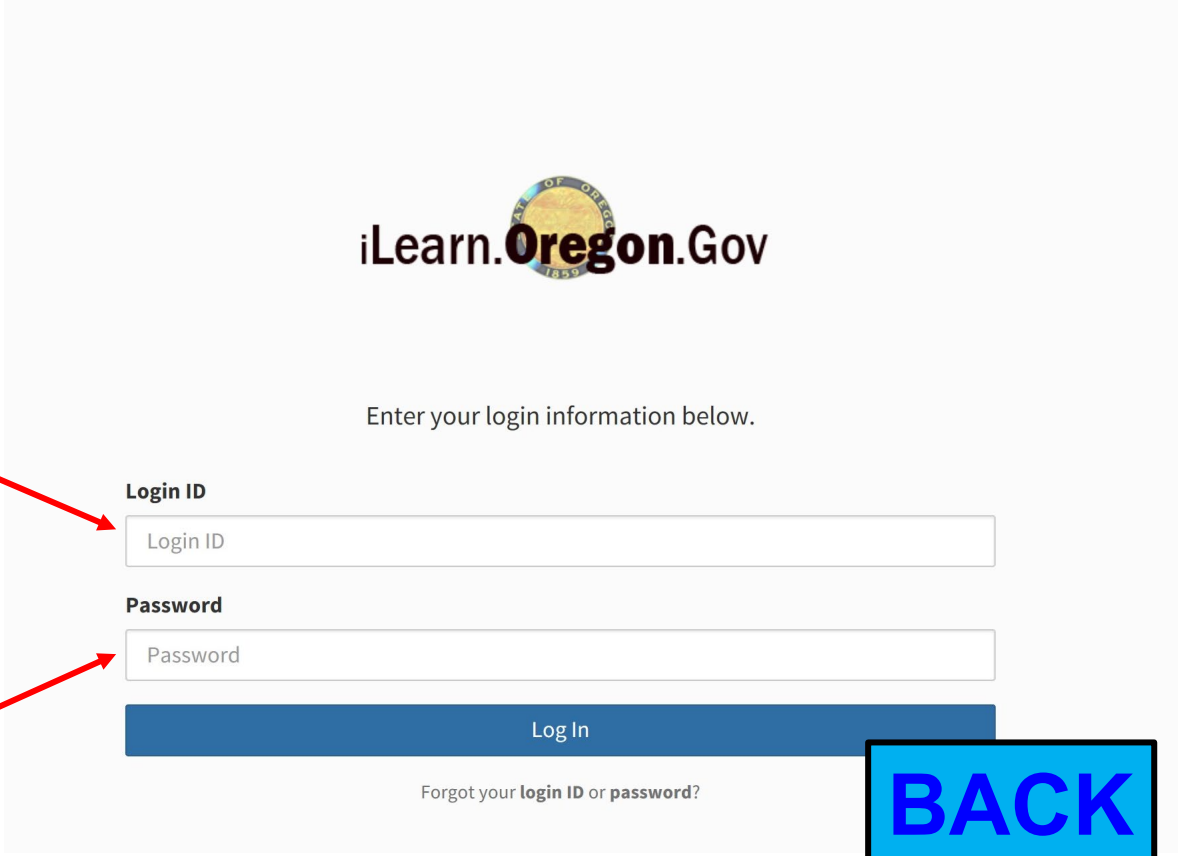
DHS | Oregon Department of Human Services

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.



BACK

NEXT

INDEX

DHS | Oregon Department of Human Services

iLearn Registration – Step 8

iLearn.Oregon.Gov

*Current Password

temppassword

a. Type in or Paste Temporary Password here

*New Password

newpassword

b. Choose a new password and type it in here

*Confirm New Password

newpassword

c. Type in the new password again here

Cancel

d. Then click on “Save” → Save

DHS | Oregon Department of Human Services

iLearn Registration – Step 9

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

https://ilearn.oregon.gov/learnerpage.aspx

DHS Oregon Department of Human Services | Learning | Search Catalog | Custom Tools | TA

Home | Current Training | Transcript | Catalog

Account
Messages
Reports
Calendar
Requests
Logout

To logout, click on the down arrow, then click "Logout"

Current Training

Title	Started/Begins	Due/Ends	Action
DHS - OCI - Seven-Step Problem Solving (23) Classroom Section	Begins JUN 11 8:30 AM	Ends JUN 12 4:30 PM	View

View All (1)

View All (1)

Domains

Human Services, Department of

Recent Announcements

Workday Training on iLearn

1/11/2019 - Workday courses and content are now available on iLearn, with more content being added daily!To find the content you are looking for, use these keywords when searching th...

Catalog Search Results - 0 or few

5/17/2018 - If you search the catalog and received '0 Search Results' or very few results you may need to refresh your account settings. Hover your cursor over your initials in the right-hand cornerSelect Acc

INDEX

BACK

NEXT

DHS Oregon Department of Human Services

Login to the Core Competency Trainings

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 left click NEXT below.

LINK	MODULE TITLE	ESTIMATED COMPLETION TIME
http://go.usa.gov/xKzrw	DHS-DD-EP 101 Introduction to Supported Employment	1 hour
http://go.usa.gov/xKzrA	DHS-DD-EP 102 Discovery and Career Planning	1 hour
http://go.usa.gov/xKzr6	DHS-DD-EP 103 Marketing and Job Development	30 min.
http://go.usa.gov/xKzrM	DHS-DD-EP 104 Workplace and Job Analysis	30 min.
http://go.usa.gov/xKzrt	DHS-DD-EP 105 Job Coaching: Task Design and Training	30 min.
http://go.usa.gov/xKzrJ	DHS-DD-EP 106 Job Coaching: Support Strategies	30 min.
http://go.usa.gov/xKzrS	DHS-DD-EP 107 Job Coaching: Natural Supports	30 min.
http://go.usa.gov/xKzYq	DHS-DD-EP 108 Managing Benefits	1 hour
http://go.usa.gov/xKzY3	DHS-DD-EP 109 Systems, Partners and Resources	30 min.
http://go.usa.gov/xKzYx	DHS-DD-EP 110 Transition from School to Work	30 min.
http://go.usa.gov/xKzYa	DHS-DD-EP 111 Organizationl Change	30 min.
http://go.usa.gov/xKzYr	DHS-DD-EP 112 Self Employment	30 min.

Documenting Successful Completion of the Core Competency Trainings – Step 1

DHS Oregon Department of Human Services

Learning | Search Catalog | Custom Tools | TA

Home | Current Training | Transcript | Catalog

Current Training

Find More Training

Title	Started/Begins	Due/Ends	Action
No records found.			

Recent Announcements

Workday Training on iLearn

1/11/2019 - Workday courses and content are now available on iLearn, with more content being added daily!To find the content you are looking for, use these keywords when searching th...

Catalog Search Results - 0 or few

5/17/2018 - If you search the catalog and received '0 Search Results' or very few results you may need to refresh your account settings.Hover your cursor over your initials in the right-hand cornerSelect Acc...

Curriculums

Completed: **1** Started: **0**

View All (1)

Domains

Human Services, Department of

After you've completed all modules, log into iLearn and left click on "Transcript."

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Documenting Successful Completion of the Core Comps – Step 2

DHS Oregon Department of Human Services | Learning | Search Catalog | Custom Tools | TA

Home | Current Training | Transcript | Catalog

All My Learning | Curriculums | Self Reported Learning | My Transcript Report | Required Training | Certifications | More Information

All My Learning (35)

Print | Save as PDF

Type: All My Learning | Status: All | From | To

Filter

35 Items

« ‹ Page 1 of 4 › »

Title	Type	Status	Score	Start Date	Completion Date	Expiration Date	Credits	Action
DAS - CHRO - Maintaining a Harassment Free and Professional Workplace*	Online	Completed	91.30	10/25/2018	10/25/2018			View Certificate
DAS - CHRO - Oregon Project Management Certification (OPMCP)* (13)	Classroom	Completed	112.00	8/5/2015	12/3/2015			
DAS - HRSD - Microsoft SharePoint Foundation 2010, Level 1 (2)	Classroom	Completed		11/23/2010	11/24/2010			View Certificate

Then left click on “My Transcript Report.”

Documenting Successful Completion of the Core Competency Trainings – Step 3

iLearnOregon
Department of Administrative Services
State of Oregon

Human Services, Department of
iLearnOregon Transcript

Date: 06/26/2019

Training - Completed Events

Doe, John X	Employment, Eligibility & Contracts
Total Training Hours:	172.45

Course Title	Completed	Classroom/ Other	Online
DHS - DD - EP 102 Discovery and Career Planning	6/5/2019		1
DHS - DD - EP 101 Introduction to Supported Employment	6/5/2019		1
DHS - OEMS - Ask Equity: An Introduction to P.A.U.S.E. - C03119	3/8/2019	6.50	
DHSOHA - HR - Critical Thinking - C04730	1/16/2019	6	
	Year 2019	12.50	2
DHSOHA - HR - Cultural Competency & Cultural Humility at DHS and OHA: Valuing, Embracing and Implementing [required training] - C00333	11/26/2018	6	
DHSOHA - HR -Achieving Results: Leading Projects and Engaging Others	11/8/2018	7	
DAS - CHRO - Maintaining a Harassment Free and Professional Workplace*	10/25/2018		0.20
DHSOHA - HR - Preventing Sexual Harassment	10/25/2018		0.75
DHSOHA - HR - Fraud Detection and Prevention	10/25/2018		0.50
DHSOHA - ISPO - 2018 Information Security and Privacy Awareness	9/4/2018		
DHS - ODDS - 7th Annual IDD Case Management Conference for SC/PAs	6/20/2018		
	Year 2018	13	1.45
DHSOHA - HR - Communication: Understanding Yourself and Others - OR3369	11/8/2017	3.50	
DHSOHA - ISPO - 2017 Privacy and Security Awareness	6/15/2017		

- 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.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

What to Expect Next – Core Competency Trainings

1. ✓ Background Check
2. ✓ Tax I.D. Number
3. ✓ Core Competency Trainings
4. ORPIN Registration
5. VR Application
6. Insurance Requirements
7. Discovery Training
8. ODDS Application
9. eXPRS
10. PSW-Job Coach enrollment (optional)

You'll need to attach your Core Competency transcript to the Vocational Rehabilitation job development contract application. ODDS will confirm Core Competency training completion directly from iLearn.

Next let's tackle registering with the Oregon Procurement Information Network (ORPIN) next so you can get on the Vocational Rehabilitation (VR) Employment Services Contract.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

ORPIN is the system that provides access to procurement and contracting information issued by the State of Oregon, including Vocational Rehabilitation. Agencies and independent contractors must register a Supplier account in ORPIN in order to become a Vocational Rehabilitation contractor supplying supported employment services.

Registering for a Supplier account is free of charge.

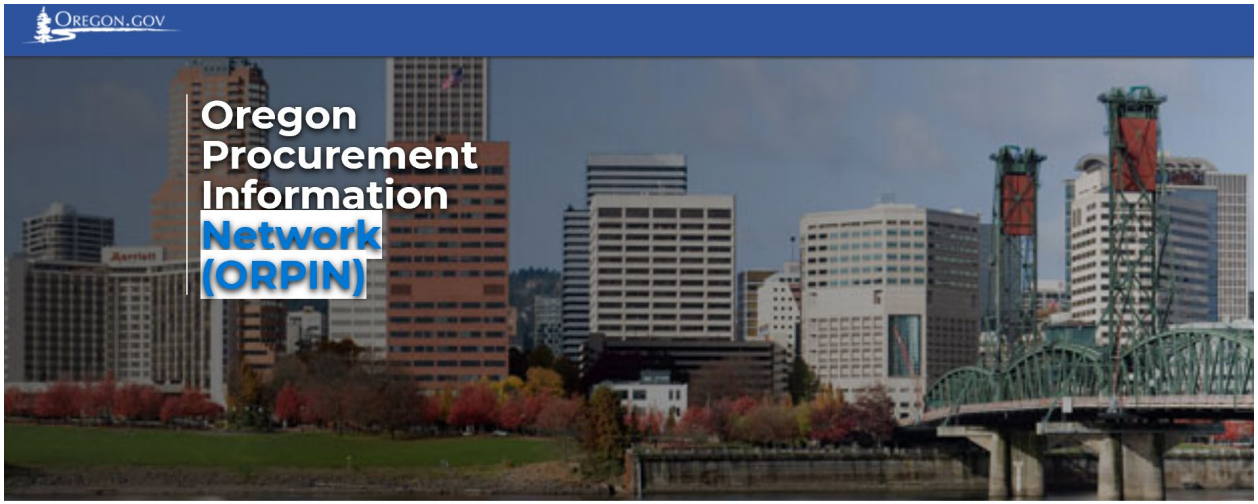
The following instructions will walk you step-by-step through the ORPIN registration process. Start by going to https://orpin.oregon.gov/open.dll/welcome

If you have two computer monitors, we recommend following along with these instructions as you work through the ORPIN website registration process. Otherwise, you may want to follow along by printing out slides 31-48.

BACK NEXT

INDEX

ORPIN Registration



- ORPIN Home
- Login to ORPIN
- Supplier Registration
- Browse
- Government Registration
- QRF Procurement List
- ORCPP Program
- How to disable your popup blocker

Welcome to ORPIN

(Prod)

Oregon's Office of Emergency Management requested that we share the following information with all vendors. If you have questions, please reach out to the resources provided in the following links:

Visit the CDC website for Guidance on Business Preparedness
Visit OHA's website for more information locally

Register now for OregonBuys

The state of Oregon is getting a new eProcurement system...

NOTICE: Your Email Address May Have Been Deleted!

We've cleaned out invalid email addresses from the ORPIN system. If...

What Is ORPIN?

ORPIN is the system that provides access to procurement and contracting...

How does it work?

Normally, a State or local government will identify the products or services...

How do I register?

As a Supplier *(aka Vendor/Company)* –
Click Supplier Registration in the side menu and finish all 5 steps to register...

Need Help with ORPIN?

Contact Us At:
503-373-1774
info.orpin@oregon.gov

Left click on "Supplier Registration."

INDEX

BACK NEXT

DHS | Oregon Department of Human Services

ORPIN Registration

OREGON.GOV

Oregon Procurement Information Network (ORPIN)

- ORPIN Home
- Login to ORPIN
- **Supplier Registration**
- Browse
- Government Registration
- QRF Procurement List
- ORCPP Program
- How to disable your popup blocker

Registration

(Prod)

The services below are OPTIONAL services. If you choose not to activate these services at this time, you can always add them later.They will be available in the My Profile section of your menu bar.

eServices Information

Select one or both of the following

☐ **Email Notification**
Email Notification will inform you by email about Bids that match your product/location profile.

☐ **Electronic Bidding**
The **'eBid'** service allows a user to submit electronic bid responses to posted opportunities. As well and if requested, users will be notified of awards and companies may self - administer their user(s).

Step 1 of 5

Next

Top

Left click on "Next."

Since you are only interested in the VR contract, you can go the next step by left clicking "Next."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

Oregon Procurement Information Network (ORPIN)

ORPIN Home
Government Registration
QRF Procurement List
ORCPP Program
How to disable your popup blocker

Agreement

Print This Page

(Prod)

TERMS AND CONDITIONS OF USE

The Oregon Procurement Information Network ("ORPIN") is provided by the State of Oregon ("State") for the convenience of Suppliers to access procurement information issued by participating governmental entities in Oregon ("Entities"). The service provides users the ability to register as a Supplier and respond to procurement opportunities posted by participating Entities. Subject to approval by the State, Suppliers may submit proposals electronically for certain procurement opportunities. The State reserves the right to update the terms and conditions of use at any time. Supplier's continued use of the ORPIN website means that you accept those changes.

TO USE ORPIN, THE USER MUST READ AND UNCONDITIONALLY AGREE TO THE FOLLOWING TERMS AND CONDITIONS OF USE ON BEHALF OF THE SUPPLIER. YOUR ACKNOWLEDGMENT OF THE TERMS AND CONDITIONS OF THIS AGREEMENT IS EVIDENCED BY CLICKING ON THE "I Agree" BUTTON ON THE BOTTOM OF THIS PAGE. SELECTING THE "I Agree" BUTTON ALSO MEANS THAT THE USER HAS READ, AGREES TO, AND UNDERSTANDS THE PRIVACY POLICY AND DISCLAIMER POSTED ON THIS ORPIN WEBSITE. IN ADDITION, THE SUPPLIER WILL BE SUBJECT TO ANY POSTED GUIDELINES OR RULES APPLICABLE TO THE ORPIN SERVICES. TO PROCEED TO REGISTRATION, CLICK ON THE "I Agree" BUTTON. OTHERWISE, IF YOU CHOOSE TO DECLINE, CLICK ON THE "I Disagree" BUTTON TO RETURN TO THE ORPIN HOME PAGE.

Supplier's users agree to:
(1) provide true, accurate, current and complete information as prompted by ORPIN's registration form; and
(2) maintain and properly update registration information to keep it true, accurate, current, and complete.

If the Supplier provides any information that is untrue, inaccurate, not current, or incomplete, the State has the right to suspend or terminate the Supplier account and refuse any current or future use of ORPIN.

Supplier's users will have a password and user ID upon completion of the registration process. Supplier's Primary Contact and registered subusers are responsible for maintaining the confidentiality of the password and account and are responsible for all activities under that password or account.

Supplier agrees to:
(1) immediately notify the Department of Administrative Services, Procurement Services ("DAS/PS") of any unauthorized use of Supplier's password or user ID or any other breach of security; and
(2) ensure that Supplier properly logs off the account at the end of each session.

Supplier is responsible for all content uploaded, posted, emailed, transmitted, or otherwise made available to the State through ORPIN by the Supplier or through the Supplier's account.

Any information provided to ORPIN is subject to the disclosure requirements set forth in the Oregon Public Records Law, ORS 192.410-505.

The State reserves the right at any time to modify ORPIN and shall not be liable to Supplier or any third party for any modification or suspension of the service.

The State may, in its sole discretion, terminate Supplier's users' password, account, or use of ORPIN and remove and discard any content within ORPIN, for any reason, including, without limitation, for lack of use or if the State believes that Supplier has violated or acted inconsistently with these terms and conditions stated herein. The State may terminate Supplier access to ORPIN without prior notice and may immediately deactivate or delete Supplier's account and all related information and files in Supplier's account. The State shall not be liable to Supplier or any third party for any termination of access to ORPIN.

SUPPLIER SHALL DEFEND, SAVE, HOLD HARMLESS, AND INDEMNIFY THE STATE OF OREGON AND ITS OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER, INCLUDING ATTORNEYS FEES, RESULTING FROM, ARISING OUT OF, OR RELATING TO THE ACTIVITIES OF SUPPLIER OR ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS, OR AGENTS WHILE USING THE ORPIN SERVICE.

By visiting ORPIN, Supplier agrees that the laws of the State of Oregon, without regard to principles of conflicts of laws, will govern these terms and conditions and any dispute that might arise between Supplier, the State, and its third party agents. Any claim, action, suit or proceeding (collectively, "Claim") between State (and/or any other agency or department of the State of Oregon) and Supplier that arises from or relates to use of ORPIN shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this be construed as a waiver by the State of Oregon of any form of defense or immunity, whether it is sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any Claim or from the jurisdiction of any court.

SUPPLIER, BY CLICKING "I AGREE," HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS.

I Agree | I Disagree

Read the ORPIN Agreement and left click on the “I Agree” button.

Left click on “I Agree.”

INDEX

BACK

NEXT

DHS | Oregon Department of Human Services

ORPIN Registration

Primary Contact Registration

(Prod)

State & Local Government Staff: Please do not register as a supplier unless you are doing so to respond to a grant opportunity. Instead, contact your OAC or email the Help Desk at info.orpin@oregon.gov to request access under your agency's account.

Primary Contact Information

First:	*	John				
Middle:		Xavier				
Last:	*	Doe				
User Name:	*	jdoe2020				
Password:	*	**********				
Confirm Password:	*	**********				
		Country Code		Area Code	7 Digit Number	Extension
Telephone:	*	1	*	503	* 000-0000	
Fax:		1				
E-mail address:	*	jdoe@email.com				

* indicates a required field.

Back Step 2 of 5 Next

Fill out the Primary Contact Registration form with your information similar to what's shown to the left.

Write down your user name and password – you can leave ORPIN anytime and pick up registration where you left off.

Left click on "Next" to continue in ORPIN.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

OREGON.GOV

Oregon Procurement Information Network (ORPIN)

- ORPIN Home
- Government Registration
- QRF Procurement List
- ORCPP Program
- How to disable your popup blocker

Person Confirmation

(Prod)

The following individual has been created within the ORPIN system. If you do not wish to continue with registration, you may logout of ORPIN and finish your registration at a later date. Remember: Do Not Re-Register -Write down the User Name and Password you created and use it to log in to the ORPIN system.

To continue with this registration process click "Next" and you will be prompted to enter your Company Information.

Person Information

Name: John Xavier Doe

User Name: JXDjobdev

Phone: 1 (541) 3272302

Fax:

Email: atwetlands@gmail.com

Step 2 of 5

Next

ORPIN will confirm the information you've input.

Left click on "Next" to continue in ORPIN.

BACK

NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

Company Search

(Prod)

Please type a company name in the "Company Name" field. If no matching search results are returned, the company you are looking for is not yet registered and you may then proceed to the Company Registration Page by clicking "Next".

Any search results that are found are possible matches to your search criteria. If you think any of the results are for your company, you can submit a request to be affiliated with that company by selecting the checkbox and then clicking "Next".

If you have asked for affiliation, you will be able to complete your personal information and an email will be sent to the primary contact of your company asking to accept your affiliation request.

Find Company

Company Name:	*	John Doe Job Development
State Abbr.(Example: WA - Washington):	**	OR
City:	**	Anytown

Search

* indicates a required field

** indicates that one of the fields in this set is required.

Back

Step 3 of 5

ORPIN will search for your company's name in its database to check if you're already registered.

Type in your company name, state abbreviation and city, and click "Search."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

Company Search

(Prod)

Please type a company name in the "Company Name" field. If no matching search results are returned, the company you are looking for is not yet registered and you may then proceed to the Company Registration Page by clicking "Next".

Any search results that are found are possible matches to your search criteria. If you think any of the results are for your company, you can submit a request to be affiliated with that company by selecting the checkbox and then clicking "Next".

If you have asked for affiliation, you will be able to complete your personal information and an email will be sent to the primary contact of your company asking to accept your affiliation request.

Find Company

Company Name: * John Doe Job Development

State Abbr.(Example: WA - Washington): ** OR

City: ** Anytown

Search

The company you entered was not found in ORPIN. You may refine your search and submit again, or select "Next" to continue and create a new company profile.

* indicates a required field

** indicates that one of the fields in this set is required.

Back Step 3 of 5 Next

Since you're a new service provider, your company probably won't be found in the ORPIN database.

Click "Next" to create your company profile in ORPIN.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

OREGON.GOV

Oregon Procurement Information Network (ORPIN)

Continue Registration

ORPIN Time

Exit from ORPIN

ORPIN Help

For more help on this page - Click Here
Mon-Fri 7:30 - 4:30 PST/PDT

Profile Setup

(Prod)

Product/Service Information — Go

Use Product/Service Information to define the product(s) and/or service(s) provided by your company. Select "Go" to see a list of product/service groupings. Select the classification which best describes your company's product

You must make at least one selection to proceed.

If you are having trouble finding your product or service, please contact us at info.orpin@oregon.gov or 503-373-1774 for assistance.

Location Information — Go

Most Opportunities are cross-referenced to geographic regions in Oregon where products or services are required. After selecting "Go" you will see a list of geographical categories comprised of various regions in Oregon. Select the locations where you can supply your product or service. These selections will become part of your Supplier Profile which will be used for notification, if you have selected that service.

Back | Step 4 of 5 | Next

The ORPIN profile setup consists of two parts:

- Product/Service Information (what you will provide)
- Location Information (where you will provide it).

Go to the Product/Service Information dropdown box by clicking “Go.”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

orpin.oregon.gov/open.dll/showVrProdInfo?sessionID=122087692&source=reg

OREGON.GOV

Product/Service Selection

(Prod)

Product/Service Selection Information

View Profile

Please tell us which commodities your company can provide by doing one of the following:

- Drill down into one of the categories listed below by clicking on the category name.
  (Do not check the box at the top level unless you want to include the entire category on your profile!)

- Use the "Find" button to search for commodities by a keyword.

When you have finished selecting commodities click the 'Close' button at the top right of this window to close the window so you may continue the registration process.

MWESB FIRMS: Your certified commodities are attached to your company, but are not automatically added to your user profile. Be sure to include them in your selections below.

Search for a Specific Product/Service Grouping Find

Submit/Remain Clear Checks

- ☐ Category 01: Administrative, Financial, and Management Services ...
- ☐ Category 02: Agricultural Equipment and Related Products and Services ...
- ☐ Category 03: Arts, Crafts, Entertainment, Theatre ...
- ☐ Category 04: Automotive Products, Vehicles, and Services ...
- ☐ Category 05: Building Equipment, Supplies, and Services ...
- ☐ Category 06: Clothing, Textiles, Laundry Equipment, and Supplies ...
- ☐ Category 07: Communication Equipment and Services ...
- ☐ Category 08: Computers, Software, Supplies, and Services ...
- ☐ Category 09: Food, Equipment, and Related Services ...
- ☐ Category 10: Furnishings and Related Services ...
- ☐ Category Furniture and Related Services ...

Click “Find”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

Commodity Code - Google Chrome

orpin.oregon.gov/open.dll/showCatalogueSearch?sessionID=781232765&browse=yes&showHideBtn=hideBackBtn...

OREGON.GOV

Close

Commodity Code

(Prod)

Enter a keyword or NIGP code and search to find NIGP Commodity entries. See the associated help topic for information about full-text searches.

Search

Product/Service Name: Keyword NIGP Code

Search Text: Vocational Rehabilitation

Search

Registration Summary

My Documents

Search for a Specific Product/Service Grouping Find

On the Commodity Code dropdown screen, select "Keyword."

Then type in "Vocational Rehabilitation" in the Search Text box.

Then click on "Search."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

Commodity Code - Google Chrome

orpin.oregon.gov/open.dll/showCatalogueSearch

OREGON.GOV

Close

Commodity Code

(Prod)

Enter a keyword or NIGP code and search to find NIGP Commodity entries. See the associated help topic for information about full-text searches.

Search

Product/Service Name: Keyword NIGP Code

Search Text: Vocational Rehabilitation

Search

- Category 25: School and Library Equipment, Supplies, and Services
  - 924-00: EDUCATIONAL/TRAINING SERVICES
    - 924-86: Vocational Training, All Types (Including Vocational Rehabilitation and Technical Education)

Top

RWAP Map Viewer

RPIN)

he following:

name.

ategory on your

p right of this wi

ot automatically

user profile. Be sure to include them in your selections below.

Registration Summary

My Documents

Search for a Specific Product/Service Grouping Find

ORPIN will automatically show 924-86: Vocational Training. Click on it.

BACK

NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

OREGON.GOV

Product/Service Selection

(Prod)

Product/Service Information for CONSULTING SERVICES

View Profile

Please tell us which commodities your company can provide by doing one of the following:

- Drill down into one of the categories listed below by clicking on the category name.
  (Do not check the box at the top level unless you want to include the entire category on your profile!)

- Use the "Find" button to search for commodities by a keyword.

When you have finished selecting commodities click the 'Close' button at the top right of this window to close the window so you may continue the registration process.

MWESB FIRMS: Your certified commodities are attached to your company, but are not automatically added to your user profile. Be sure to include them in your selections below.

Search for a Specific Product/Service Grouping

Find

Up One Level

To Top Level

Submit/Remain

Clear Checks

Your Product Information has been updated.

- ☐ 918-02: Audio and Visual (A/V) Consulting
- ☐ 918-03: Alcohol and Drug Abuse Consulting Services
- ☐ 918-04: Accounting/Auditing/Budget Consulting
- ☐ 918-06: Administrative Consulting
- ☐ 918-07: Advertising Consulting
- ☐ 918-09: Agricultural Consulting
- ☐ 918-10: Air Pollution Consulting
- ☐ 918-11: Anthropology Consulting
- ☐ 918-12: Analytical Studies and Surveys (Consulting)
- ☐ 918-13: Asbestos Consulting
- ☐ 918-14: Appraisals Consulting
- ☐ 918-15: Architectural Consulting
- ☐ 918-16: Archeological Consulting
- ☐ 918-17: Aviation Consulting
- ☐ 918-18: Boiler Chemistry Consulting
- ☐ 918-19: Buildings, Structures and Components Consulting
- ☐ 918-20: Business Consulting, Small

Click on “Submit/Remain.”

BACK NEXT

INDEX

ORPIN Registration

Product/Service Selection Information - Google Chrome

orpin.oregon.gov/open.dll/showVrProdInfo?sessionID=240812756&catDisID=728652&source=reg&checkMe=7...

OREGON.GOV

Close

Product/Service Selection

(Prod)

Product/Service Information for EDUCATIONAL/TRAINING SERVICES

View Profile

Please tell us which commodities your company can provide by doing one of the following:

- Drill down into one of the categories listed below by clicking on the category name.
  (Do not check the box at the top level unless you want to include the entire category on your profile!)

- Use the "Find" button to search for commodities by a keyword.

When you have finished selecting commodities click the 'Close' button at the top right of this window to close the window so you may continue the registration process.

MWESB FIRMS: Your certified commodities are attached to your company, but are not automatically added to your user profile. Be sure to include them in your selections below.

Search for a Specific Product/Service Grouping

Find

Up One Level

To Top Level

Submit/Remain

Clear Checks

- [ ] 924-05: Advisory Services, Educational
- [ ] 924-16: Course Development Services, Instructional/Training ...
- [ ] 924-18: Educational Services, Alternative
- [ ] 924-19: Educational Research Services
- [ ] 924-20: Examination and Testing ...
- [ ] 924-25: For Credit Classes, Seminars, Workshops, etc.
- [ ] 924-35: In-Service Training (For Employees) ...
- [ ] 924-40: Instructor-led, Classroom Training (Technical)
- [ ] 924-41: Instructor-led, Classroom Training (Non-Technical)
- [ ] 924-42: Instructors, Classes for the Public
- [ ] 924-60: Not-For-Credit Classes, Seminars, Workshops, etc. ...
- [ ] 924-64: Partnering Workshop Facilitation Services
- [ ] 924-71: School Operation and Management Services
- [ ] 924-74: Special Education
- [ ] 924-76: Student Activities Services
- [ ] 924-77: Teacher Certification Services
- [ ] 924-78: Teaching and Instruction Services (Including Elementary and Secondary Education, Higher Education and Adult Education)
- [ ] 924-80: Tutoring
- [x] 924-86: Vocational Training, All Types (Including Vocational Rehabilitation and Technical Education)

Top

Then scroll up to the top of the page and click on “Close.”

BACK

NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

OREGON.GOV

Oregon Procurement Information Network (ORPIN)

Continue Registration

ORPIN Time

Exit from ORPIN

ORPIN Help

For more help on this page - Click Here
Mon-Fri 7:30 - 4:30 PST/PDT

Profile Setup

(Prod)

Product/Service Information Go

Use Product/Service Information to define the product(s) and/or service(s) provided by your company. Select "Go" to see a list of product/service groupings. Select the classification which best describes your company's product

You must make at least one selection to proceed.

If you are having trouble finding your product or service, please contact us at info.orpin@oregon.gov or 503-373-1774 for assistance.

Location Information Go

Most Opportunities are cross-referenced to geographic regions in Oregon where products or services are required. After selecting "Go" you will see a list of geographical categories comprised of various regions in Oregon. Select the locations where you can supply your product or service. These selections will become part of your Supplier Profile which will be used for notification, if you have selected that service.

Back Step 4 of 5 Next

Next, go to the Location Information dropdown box by clicking “Go.”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

OREGON.GOV

Close

Location Selection

(Prod)

Location Information

Your Profile

Most opportunities posted to the ORPIN system are cross-referenced to the region of the State in which the goods or services are required. Select the region or regions that you wish to search by.Click on the region/zone to see a list of counties and the major cities within.

When you have finished selecting locations click the 'Close' button at the top right of this window to close the window so you may continue the registration process.

Uncheck All (Choose Zones)

Submit

Oregon

- ☑ Central Coast
- ☑ Central Valley
- ☑ North Central
- ☑ North Coast
- ☑ North Valley
- ☑ Northeastern
- ☑ South Central
- ☑ South Coast
- ☑ South Valley
- ☑ Southeastern

Top

1

First, check all zones….

2

… and then click the "Close" button.

BACK

NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

OREGON.GOV

Oregon Procurement Information Network (ORPIN)

Continue Registration

ORPIN Time

Exit from ORPIN

ORPIN Help

For more help on this page - Click Here
Mon-Fri 7:30 - 4:30 PST/PDT

Registration Summary

Print This Page

(Prod)

This is the summary registration information.

Personal Information

Name:	John Doe
User Name:	JXDjobdev
Phone:	1 (541) 327-2302
Email:	atwetlands@gmail.com
Notification Method:	Email

Subscription Level

No Services

Location Profile

All Locations

Product/Service Profile

Miscellaneous Commodities and Services

918-00 CONSULTING SERVICES

918-67 Human Services Consulting (To Include Mental Health Consulting Services)

Company Information

Supplier#:	106793
Company Name:	John X. Doe Job Development
Business Class:	Sole Proprietorship/Individual expires 01/01/2020
Phone:	1 (541) 327-2302
Email:	atwetlands@gmail.com
Website:	www.johndoejd.com
Mailing Address:	999 Anystreet Anytown, OR 99999 United States

Primary Contact

Name:	John Doe
Title:	Owner
Email:	atwetlands@gmail.com

Please review the registration information above to ensure that it is correct and complete before proceeding.
If you wish to modify it in any way you can click the 'Back' button below or go back to the start.

Back

Step 5 of 5

Finish

Review your information. If you need to modify anything, you can navigate by using the back button or “back to start” hotlink.

Once you’re satisfied that everything is correct, click “Finish.”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

Welcome Screen
Browse Opportunities
Browse Contracts
Browse Opportunity Results
My Watch List
My Profile
My Documents
My Company Details
Users
ORPIN Time
Exit from ORPIN

ORPIN Help

For more help on this page - Click Here
Mon-Fri 7:30 - 4:30 PST/PDT

Hello John Doe
(Prod)

Supplier No 106793

The last time you logged onto the system was 06/01/2020 1:14 PM

Update to Electronic Bidding Instructions
Electronic Bidding is a convenient way to bid on an Opportunity in the...

Register now for OregonBuys
The state of Oregon is getting a new eProcurement system...

NOTICE: Your Email Address May Have Been Deleted!
We've cleaned out invalid email addresses from the ORPIN system. If your...

2019 Reverse Vendor Auction Pilot Program
Senate Bill 1565 requires the Oregon Department of Administrative Services...

business oregon
Want to be more visible to State of Oregon agencies?
Get COBID Certified!

Helpful Links:
Need help with registration? Check out the Supplier FAQ
Need help with eBidding? Download the eBid Instructions!

Next, you'll see a welcome message that will include your ORPIN supplier number.

Copy this number down for future reference.

Then click "Exit from ORPIN."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ORPIN Registration

Well done!

Next, use ORPIN to access the Vocational Rehabilitation Job Development contract documents.

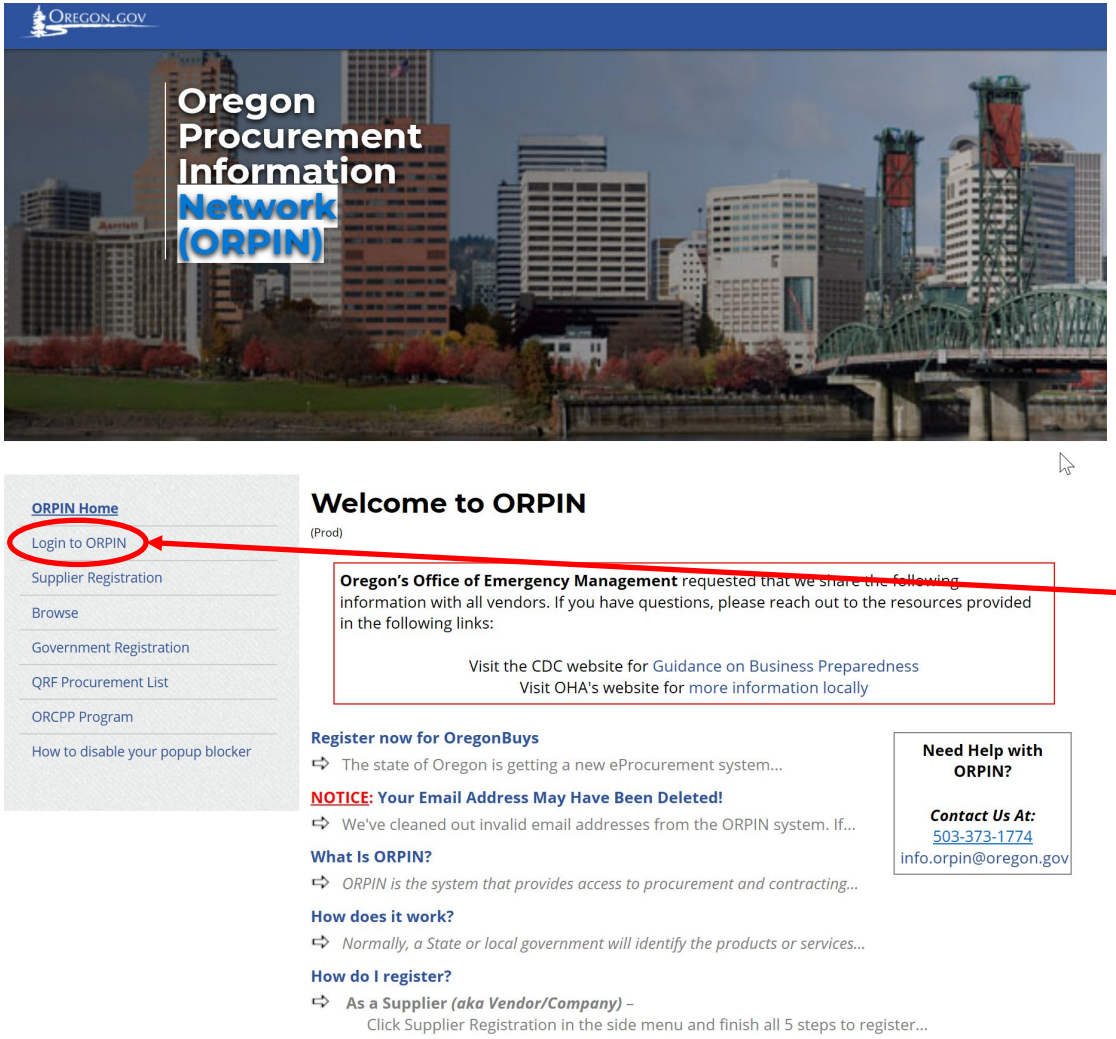
Log back in to ORPIN at https://orpin.oregon.gov/open.dll/welcome

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract



Now that you're registered in ORPIN, let's use it to access the Vocational Rehabilitation contract.

Log back into ORPIN

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract

OREGON.GOV

Oregon Procurement Information Network (ORPIN)

- ORPIN Home
- Login to ORPIN
- Supplier Registration
- Browse
- Government Registration
- QRF Procurement List
- ORCPP Program
- How to disable your popup blocker

e-Procurement

ORPIN

(Prod)

Login to ORPIN

User Name JohnDoejobdev

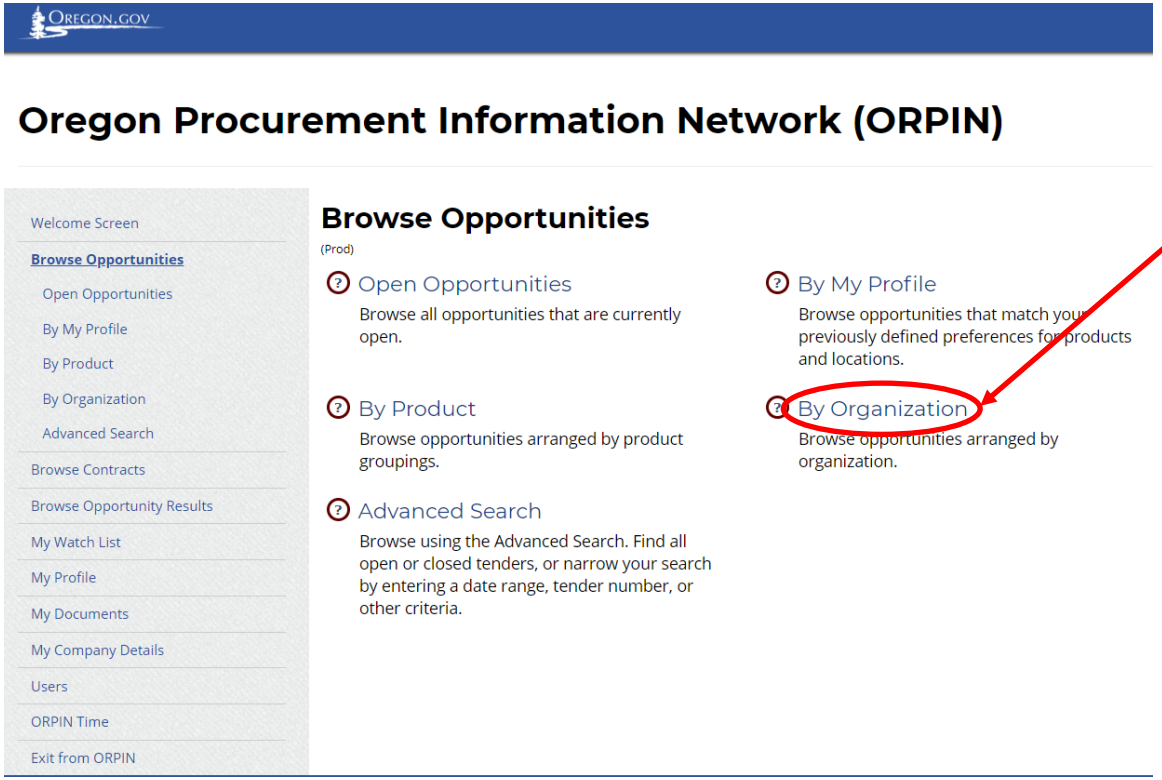
Password *(case sensitive)* ●●●●● Submit

Forgot your user name or password? Click here to reset it!

Enter your Username and Password, and then click "Submit."

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract



To get to the VR Contract information, click on “By Organization.”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract

OREGON.GOV

Oregon Procurement Information Network (ORPIN)

- Welcome Screen
- Browse Opportunities
  - Open Opportunities
  - By My Profile
  - By Product
  - By Organization
  - Advanced Search
- Browse Contracts
- Browse Opportunity Results
- My Watch List
- My Profile
- My Documents
- My Company Details
- Users
- ORPIN Time
- Exit from ORPIN

Browse Opportunities by Organization

(Prod)

"Issued by" displays opportunities by the issuing organization; "Issued for" displays by the requesting organization.

Note: State Procurement Office and Dept of Administrative Services are now listed as DAS Procurement Services.

Search

Organization: Issued by Issued for

Search

Select “Issued by” and then

click on “Search.”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract

Browse Opportunities
- Open Opportunities
- By My Profile
- By Product
- By Organization
- Advanced Search

Browse Contracts
Browse Opportunity Results
My Watch List
My Profile
My Documents
My Company Details
Users
ORPIN Time
Exit from ORPIN

ORPIN Help

For more help on this page - Click Here
Mon-Fri 7:30 - 4:30 PST/PDT

(Prod)

"Issued by" displays opportunities by the issuing organization; "Issued for" displays by the requesting organization.

Note: State Procurement Office and Dept of Administrative Services are now listed as DAS Procurement Services.

Search

Organization: Issued by Issued for

Search

	Issued by Organization	# of Open Opportunities
1	Agriculture, Department of	1
2	Beaverton, City of (ORCPP)	7
3	Central Point School District 6 (ORCPP)	2
4	Chemeketa Community College (ORCPP)	1
5	Clackamas 800 Radio Group (ORCPP)	1
6	Clackamas County Government (ORCPP)	7
7	Clean Water Services (ORCPP)	1
8	Corrections, Oregon Department of	4
9	DAS Procurement Services	11
10	DEQ - Environmental Quality, Department of	1
11	DHS - Department of Human Services	14
12	Eugene School District 4J (ORCPP)	2
13	Eugene Water & Electric Board (ORCPP)	6

ORPIN Contact Us Disclaimer Privacy Statement

Click on “11 DHS – Department of Human Services.”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract

ORPIN Time

Exit from ORPIN

ORPIN Help

For more help on this page - Click Here
Mon-Fri 7:30 - 4:30 PST/PDT

4	DHS-4946-20	DHS - Department of Human Services	06/10/2020 3:02 PM	07/21/2020 3:00 PM
	Addendum #: 2	**Per Diem Health Care Services**		
5	DHS-4476-17	DHS - Department of Human Services	01/21/2019 9:29 AM	09/30/2020 3:00 PM
	Addendum #: 2 Withdrawn	**Request For Applications(RFA), Statewide Job Placement Services**		
6	DHS-4798-19	DHS - Department of Human Services	12/02/2019 1:25 PM	11/23/2020 3:00 PM
	Addendum #: 1	**Secure Non-Medical Transportation**		
7	DHS-4918-20	DHS - Department of Human Services	03/18/2020 11:08 AM	01/22/2021 3:00 PM
	Addendum #: 0.1	**Vehicle Modification Service for Individuals with Disabilities**		
8	DHS-4789-20	DHS - Department of Human Services	02/19/2020 10:30 AM	02/16/2021 3:00 PM
		Therapeutic Counseling Services or Psychologist Services		
9	DHS-4874-20	DHS - Department of Human Services	03/18/2020 4:01 PM	03/25/2021 3:00 PM
		Consultants for Residence Modifications		
10	DHS-4885-20	DHS - Department of Human Services	03/23/2020 10:28 AM	02/01/2022 3:00 PM
	Addendum #: 1	**Case Management Entity Services Request for Applications**		
11	DHS-4988-20	DHS - Department of Human Services	05/21/2020 3:32 PM	05/24/2022 3:00 PM
		Vocational Rehabilitation Job Placement Services		
12	DHS-4701-19	DHS - Department of Human Services	06/11/2019 9:22 AM	02/29/2024 3:00 PM
	Addendum #: 0.2	**Request For Applications Evaluation of Dementia care training**		
13	DHS-4708-19	DHS - Department of Human Services	02/03/2020 3:00 PM	09/30/2024 3:00 PM
	Addendum #: 3	**Summer Work Experience Services for Students with Disabilities**		
14	DHS-4659-18	DHS - Office of Contracts & Procurement	03/27/2019 8:34 AM	12/31/2024 3:00 PM

Scroll down and click on "DHS-4988-20."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract

Close

PDF Not Available

Refresh

Help

Respond Online

Express/View Interest

Additional Information

Notice Specific Information

Request for Proposal (RFP)
Vocational Rehabilitation Job Placement Services
(Prod)

ORPIN
Oregon Procurement Information Network

Only Manual Bids Allowed

Issued By
DHS - Department of Human Services
Office of Contracts & Procurement
635 Capitol St NE, Ste 350
Salem, Oregon
97301

Contact Lesley G Erickson
Phone 1 (503) 945-6698
Fax 1 (503) 378-4324
Email lesley.g.erickson@state.or.us

Opportunity #
DHS-4988-20
Publish Date & Time
05/21/2020 3:32 PM
Closing Date & Time
05/24/2022 3:00 PM
Time Zone
Pacific Time
Approx. Time Remaining
712 Days 1:41:27.

All dates are mm/dd/yyyy

Attachments Exist

Issued For
DHS - Child Welfare, Self Sufficiency & Vocational Rehabilitation
Vocational Rehabilitation Administration
500 Summer Street NE
Salem, Oregon
97301

Opportunity Comments
This Request for Applications replaces the opportunity DHS-4476-17.

Existing Contracts for VR Job Placement Services expire on September 30, 2020. Contractors who want to continue providing VR employment support services must follow the requirements of this RFA and apply for a new Contract. If a new Contract is awarded to a Contractor and the Contractor's VR Job Placement Services Contract has not expired, the existing Contract will be terminated upon execution of the new Contract.

Click on “Express/View Interest.”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract

OREGON.GOV

Express/View Interest

Print

(Prod)

Document Number: DHS-4988-20 **Control Number:** 2131559

This list displays interested suppliers but does not indicate whether or not they submitted bids. (Bid information is confidential and will not be posted here.) To remove your company from this list, uncheck the Interested box below and click Submit.

Submit

Name: Timothy Allen Acker

Interested As: Select Interest Type

☐ **Check here to turn off automatic emails alerting you of changes made to this Opportunity.**

Company Users With Interest

No results were found

All Users

Note: You will see the name of the person who expressed interest for your company listed below your company's name. Other suppliers will not see this information unless they use the Show Details button to expand the list for networking purposes.

Open in Excel

Show Details

	Supplier	Type	Created	Opportunity Version
1	Allies & Mentors INC	Interested Primary Contractor	05/24/2020 7:48:45 AM	
2	Arbor E&T	Interested Primary	06/01/2020 11:33:47 AM	

Select Interest Type from dropdown menu, then click on “Submit.”

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract

Close
View PDF
Refresh
Help
Respond Online
Express/View Interest
Additional Information
Notice Specific Information

Request for Proposal (RFP)
Vocational Rehabilitation Job Placement Services
(Prod)

ORPIN
Oregon Procurement Information Network

Only Manual Bids Allowed

Issued By
DHS - Department of Human Services
Office of Contracts & Procurement
635 Capitol St NE, Ste 350
Salem, Oregon
97301

Contact Lesley G Erickson
Phone 1 (503) 945-6698
Fax 1 (503) 378-4324
Email lesley.g.erickson@state.or.us

Opportunity #
DHS-4988-20
Publish Date & Time
05/21/2020 3:32 PM
Closing Date & Time
05/24/2022 3:00 PM
Time Zone
Pacific Time
Approx. Time Remaining
712 Days 1:35:26.

All dates are mm/dd/yyyy

Attachments Exist
Documents for Purchase Do Not Exist

Issued For
DHS - Child Welfare, Self Sufficiency & Vocational Rehabilitation
Vocational Rehabilitation Administration
500 Summer Street NE
Salem, Oregon
97301

Opportunity Comments
This Request for Applications replaces the opportunity DHS-4476-17.

Existing Contracts for VR Job Placement Services expire on September 30, 2020. Contractors who want to continue providing VR employment support services must follow the requirements of this RFA and apply for a new Contract. If a new Contract is awarded to a Contractor and the Contractor's VR Job Placement Services Contract has not expired, the existing Contract

Click on “Attachments Exist” to see the VR contract documents.

INDEX

BACK

NEXT

DHS | Oregon Department of Human Services

Using ORPIN to access the VR Contract

OREGON.GOV

2. Attachments

(Prod)

Document Number: DHS-4988-20 **Control Number:** 2131559

1. Your Company's Activity Log
2. **Attachments**
3. Documents for Purchase
4. Document Profile

Skip | Back | Save | Next | Finish

Attachments

Download All

Attachment Title	4988 RFA Document	Mandatory	(575.30 kB)
Attachment Title	4988 Att A Applicant Certification	Mandatory	(77.50 kB)
Attachment Title	4988 Att B Qualifications	Mandatory	(31.97 kB)
Attachment Title	4988 Att C Contractor Information	Mandatory	(31.09 kB)
Attachment Title	4988 Att D Responsibility Inquiry	Mandatory	(71.00 kB)
Attachment Title	4988 Att E Contract Template	Optional	(93.96 kB)
Attachment Title	4988 Att F Certified Disadvantaged Business	Mandatory	(81.50 kB)
Attachment Title	4988 Att G Disclosure Exemption Affidavit	Optional	(55.00 kB)

* indicates a required field

** indicates that one of the fields in this set is required.

Top

Download all the attachments and save them.

You'll fill them out later.

When you're done downloading attachments, click on "Finish."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

What to Expect Next – ORPIN

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. ORPIN Registration
5. VR Application
6. Insurance Requirements
7. Discovery
8. ODDS Application
9. eXPRS
10. PSW-Job Coach Enrollment (optional)

From time to time you may receive email notices from ORPIN describing new opportunities to do business with the state. They may or may not be of interest to you, and you don't need to respond.

This notice has been automatically sent to you from the State of Oregon's electronic procurement system (ORPIN).

****This email may contain information on more than one opportunity. Please scroll through the entire message to ensure nothing is missed.****

Opportunity P00140-20-061-Q-20 (CARMEN-SMITH FISH HABITAT ENHANCEMENT PROJECTS) may be of interest to you. This opportunity can be found within the ORPIN system.

Opportunity Number: P00140-20-061-Q-20
Issued By: Eugene Water & Electric Board (ORCPP)
Issued For: Eugene Water & Electric Board (ORCPP)
Commodity: Miscellaneous Commodities and Services / ENGINEERING SERVICES, PROFESSIONAL / Environmental Engineering
Location: Central Coast, Central Valley, North Central, North Coast, North Valley, Northeastern, South Central, South Coast, South Valley, Southeastern

The contact for this opportunity is Sandra Hahn (Phone: 1 (541) 685-7163).

Note: To open an attachment, you must have Adobe Reader installed.

To Unsubscribe: Log into your ORPIN account and click on My Profile in the menu bar. Choose Subscription Change/Renew, uncheck the Email Notifications box, and click the Next button. The Registration Summary that follows should reflect your changes.

If you have additional questions with respect to this notice, please email the ORPIN Help Desk at: info.orpin@oregon.gov. (v3.00.030b Prod)

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Independent Contractor Checklist Update

1. ✓ Background Check
2. ✓ Tax I.D. Number
3. ✓ Core Competency Trainings
4. ✓ ORPIN Registration
5. VR Application
6. Insurance Requirements
7. Employment Professional Credential/Discovery Training
8. ODDS Application
9. eXPRS
10. PSW-Job Coach (optional)

Way to Go!

You've got the required credentials and training, and you're a registered ORPIN user. Next, let's tackle the Vocational Rehabilitation application, employment professional credentialing/Discovery training, and ODDS applications.

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Vocational Rehabilitation Application – Introduction

To apply to become a VR contractor, email your request to VR.Contractinquiries@dhsoha.state.or.us and ask for the DHS-4988-20 Job Placement Services contract and application package.

The VR Application portion of the package consists of attachments A-G. This is an MS Word document that you can fill out on your computer, print out, manually complete certain sections, reassemble into the application package and submit a hard copy to VR for processing.

Vocational Rehabilitation Application – Attachment A

ATTACHMENT A — APPLICANT CERTIFICATION SHEET

Name of Applicant (individual, business, non-profit)	John Doe Job Development		
Applicant Address:	999 Anystreet		
City, State, Zip	Anytown, OR 99999		
Name of authorized representative	John X. Doe		
Telephone	503-000-0000	Email	john.doe@email.com

Authorized Signature	Date 01/01/20

John X. Doe

Open Attachment A – it's a form-fillable Word document.

Fill out the contact information as shown.

Carefully read the certifying information in the body of the attachment.

If you agree, then sign and date.

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment B

ATTACHMENT B – JOB PLACEMENT SERVICES QUALIFICATIONS

One Attachment B must be submitted for each person (Applicant, Applicant employee, or Applicant subcontractor) that will be providing VR Job Placement Services.

Attached to, or included with, each Attachment B are copies of the documentation for the qualifications and copies of current license(s) and or certification(s) for the Applicant, Applicant employee, or Applicant subcontractor. Documentation includes resumes´ and proof of education or training.

By submitting and signing this Attachment B, the person named below is affirming they have the qualifications to provide the Job Placement Services as described in the RFA Document and Attachment E "Contract Template".

John X. Doe _____
Name

Start completing Attachment B by typing your name as shown above.

Open Attachment B – it's a form-fillable Word document.

This form has a lot of terms in it with which you may be unfamiliar. It's recommended that you also open "4988 RFA Document" that you downloaded previously from ORPIN. It has definitions that will help you fill out the form correctly.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment B

Check the box for the highest job placement service you intend to provide and for which you are qualified.

Check a box by hovering your mouse over it and clicking.

Under the service you selected, check the boxes corresponding to your qualifications. Pay attention to conditional phrases such as “one of,” “in addition,” “and” and “or.”

Refer to 4988 RFA Document – section 2.2.9 (pg. 12) for job placement track definitions.

CHECK THE APPROPRIATE BOX FOR THE SERVICES TO BE PROVIDED.

☐ **Job Placement**

Minimum qualifications are:

- ☐ One-year documented experience working with Individuals with disabilities; or
- ☐ One year of human services related experience, such as economical disadvantages, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, or housing.

☒ **Job Placement Track 1**

To provide VR Job Placement Track 1 services, Applicant must have completed one of the following:

- ☒ Vocational Rehabilitation Job Developer Orientation Training (“JDOT”), or a VR approved Job Developer training equivalent
- ☐ Mental health Individual Placement and Support (“IPS”) approval
- ☐ Association of People Supporting Employment First (“APSE”) training
- ☐ Association of Community Rehabilitation Educators (“ACRE”) training
- ☐ Certified Employment Support Professional (“CESP”) certification
- ☐ DHS approved competency-based employment training

In addition to the requirement above, Applicant must have one of the following to provide VR Job Placement Track 1 services:

- ☐ Experience and or education in sales, marketing or job development
- ☒ Six months prior experience working as a job developer

4988/LGE Job Placement Services Qualifications Page 1 of 3

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment B

☒ **Direct Job Coaching**

To provide Direct Job Coaching services, Applicant must have completed one of the following:

- ☐ Individual Placement and Support ("IPS") approval
- ☒ A VR Job Developer Orientation Training ("JDOT"), or a VR approved Job Developer training equivalent
- ☐ Association of People Supporting Employment First ("APSE") certification
- ☐ Certified Employment Support Professional ("CESP") certification
- ☐ Association of Community Rehabilitation Educators ("ACRE") certification

Or, to provide Direct Job Coaching services, Applicant must have one of the following:

- ☐ A bachelors level degree in rehabilitation counseling or special education
- ☐ Six months prior experience as a Job Coach
- ☐ A minimum one-year experience working in a specific employment field that includes supervisory and or training duties; or working as an instructional assistant qualified by public school or an ESD

And, to provide Direct Job Coaching services:

- ☒ Applicant must have met the core competency requirements by completing the 12 Core Competency classes

In addition to job development, you may also provide job coaching services if you qualify.

If you're interested in providing job coaching services, check the Direct Job Coaching box and indicate your qualifications.

Vocational Rehabilitation Application – Attachment B

☐ **Additional Job Placement Services**

Applicant can provide the following additional Job Placement Services when requested by a Vocational Rehabilitation Counselor.

- ☐ **Career Exploration**
- ☐ **Community-based Work Assessment**
- ☐ **Direct Job Placement**
- ☐ **Job Coaching**
- ☐ **Job Search Assistance**
- ☐ **Targeted Vocational Assessment**
- ☐ **Trial work Experience**

By signing below, I confirm I meet the requirements and qualifications for the Services checked above.

John X. Doe	07/29/20
Signature	Date

You may also be interested in providing other additional Vocational Rehabilitation services.

These services are defined in the 4988 RFA Document – section 2.1 (pg. 5) you downloaded from ORPIN.

Further information about these services is found in the 4988 RFA Document – section 2.2.16 (pg. 17).

Once finished making your selections, sign and date as shown.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment B

ROBERTA HAWLEY
333 West Terrace
Madison, WI 55555
E-mail: rh333@uwisconsin.edu
Cell: 917.333.5555

OBJECTIVE:

To secure an entry-level position in the health care industry, using my volunteer experience, along with my client focus, and results-oriented approach.

EDUCATION:

University of Wisconsin, Madison, WI
BS degree, expected Spring 2013
Major: health care, Minor: communications
GPA: 3.8

HONORS:

- Heath Care Award recipient, Wisconsin General Hospital, 2011
- University of Wisconsin Student Government, elected junior class president, 2011
- Dean's List, 2010, 2011
- Senator Smith Scholarship for Academic Excellence, 2010
- Pi Kappa Delta
- Silver Helmet National Honor Society

LEADERSHIP SKILLS:

- President, heath care club, 2011, member 2008–2012
- Treasurer, nutrition club, 2010, member 2009–2012
- Captain, varsity tennis team, 2009–2012 and state singles champion, 2009

HEALTH CARE VOLUNTEER ACTIVITIES:

- Volunteer reader, Mercy General Hospital, 2007–Present
- Gift shop volunteer, Mercy General Hospital, 2009–Present

COMMUNITY VOLUNTEER ACTIVITIES:

- Fun Run, Memorial Half Marathon, 2009–Present
- Wisconsin Cares volunteer, Coat Collection Drive, 2010
- Tennis coach, Wisconsin Special Olympics, 2008–2010

COMPUTER SKILLS:

- Microsoft Office Suite: Word, Excel, and PowerPoint
- Apple formats, Photoshop, and UNIX platforms
- LexisNexis and VISIO
- Programming skills: C++

Finish Attachment B by attaching all documentation supporting each of the qualifications you checked.

For example:

- Your resume, if using work experience
- Your iLearn transcript showing completion of the Core Competency trainings
- Completion certificates for training such as JDOT, APSE, ACRE, CESP, etc.

BACK NEXT

INDEX

Vocational Rehabilitation Application – Attachment C

ATTACHMENT C – CONTRACTOR INFORMATION

If Applicant is awarded a Contract, VR will use the following information for the Applicant's Contract to provide VR Job Placement Services.

CONTRACTOR INFORMATION		
C1	Legal name of Contractor	John X. Doe Job Development
	Doing business as (if applicable)	
	Address	999 Any Street
	City, State, Zip	Anytown, OR 99999

CONTRACTOR CONTACT This is the person VR will contact for Contract negotiations.		
C2	Name	John X. Doe
	Title	Owner
	Address	999 Any Street, Anytown OR 99999
	Phone	(503) 000-0000
	Email address	john.doe@email.com

Open Attachment C – it's a form-fillable Word document.

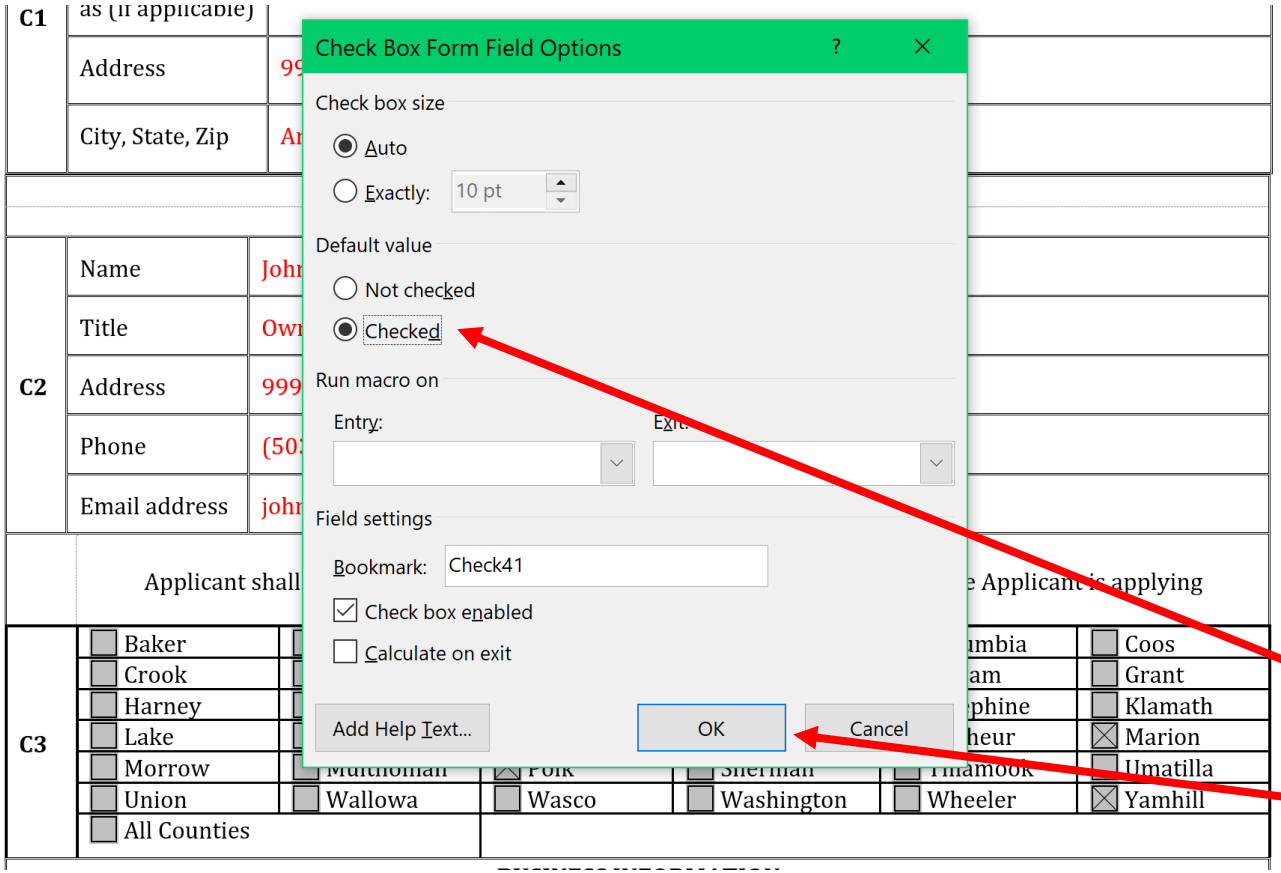
Enter your business legal name and address as shown.

In addition, enter your contact information.

BACK NEXT

INDEX

Vocational Rehabilitation Application – Attachment C



The next two sections of Attachment C will require you to check boxes as appropriate for your situation.

Double-click on the box you wish to select. The Check Box Form Field Options pop-up will appear.

Click “Checked” under Default value. You will have to do this for each box you wish to check. Then click “OK.”

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment C

SERVICE LOCATION DESIGNATION

Applicant shall check the boxes to indicate the county or counties for which the Applicant is applying to provide VR Job Placement Services.

C3	☐ Baker	☐ Benton	☐ Clackamas	☐ Clatsop	☐ Columbia	☐ Coos
	☐ Crook	☐ Curry	☐ Deschutes	☐ Douglas	☐ Gilliam	☐ Grant
	☐ Harney	☐ Hood River	☐ Jackson	☐ Jefferson	☐ Josephine	☐ Klamath
	☐ Lake	☐ Lane	☐ Lincoln	☐ Linn	☐ Malheur	☒ Marion
	☐ Morrow	☐ Multnomah	☒ Polk	☐ Sherman	☐ Tillamook	☐ Umatilla
	☐ Union	☐ Wallowa	☐ Wasco	☐ Washington	☐ Wheeler	☒ Yamhill
	☐ All Counties					

BUSINESS INFORMATION

C4	Business Designation (Check one)	☐ Professional Corporation ☐ Nonprofit Corporation ☐ Limited Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☒ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ NA_____
	Secretary of State Business Registration	☒ State of Registration __Oregon_____ ☒ Registry ID#_000000-00_____ Oregon Secretary of State registration must be current at the time of Contract execution.

4988/LGE Contractor Information Page 1 of 1

Check all the counties where you'll be providing services.

Check your company's legal form of business.

Check that your business is registered in Oregon and fill in your Oregon registry identification number.

Don't know your Oregon registry identification number? Find it at Oregon Business Registry.

Forming and registering a business in Oregon has important legal and tax implications that are beyond the scope of this tool. If your business is not already registered, contact the Secretary of State for assistance.

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment D

ATTACHMENT D - RESPONSIBILITY INQUIRY

DHS will determine responsibility of an Applicant prior to award and execution of a Contract. In addition to this form, DHS may notify Applicant of other documentation required, which may include bu nce statements and cash flow in nount of secured versus unsecured cr nding capacity, insurability, credit in onnel information, record of pe provide requested information or cle f non-responsibility and rejection.

1. Do al, equipment, facility and personnel re xpertise, necessary to demonstrate th es? YES ☐ / NO ☐
2. W re has Applicant completed that, to the ex rm the contract remained within Ap t allotted, and there were no contract cla

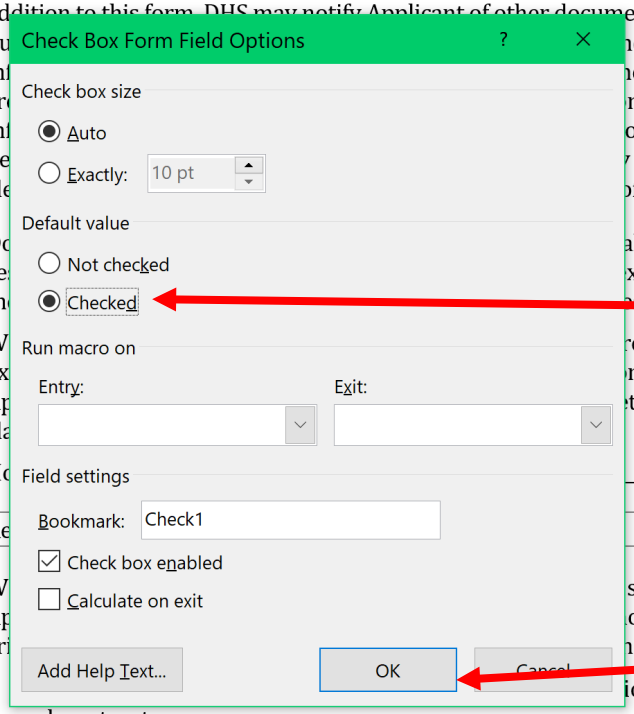
Ho If any, please explain.

Re

3. W shareholder owning 10% or more of Ap ore of a total contract amount) been cri n with:

ic (federal, state, or local) contract or subcontract,

- violation of federal or state antitrust statutes relating to the submission of proposals, or
- embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property? YES ☐ / NO ☐



Open Attachment D – it's a form-fillable Word document.

Attachment D deals with financial and legal issues and the form is self-explanatory.

For the Yes/No check boxes, double-click on the box you wish to select. The Check Box Form Field Options dialogue box will appear. Click "Checked" under Default value. You will have to do this for each box you wish to check on the form. Then click "OK."

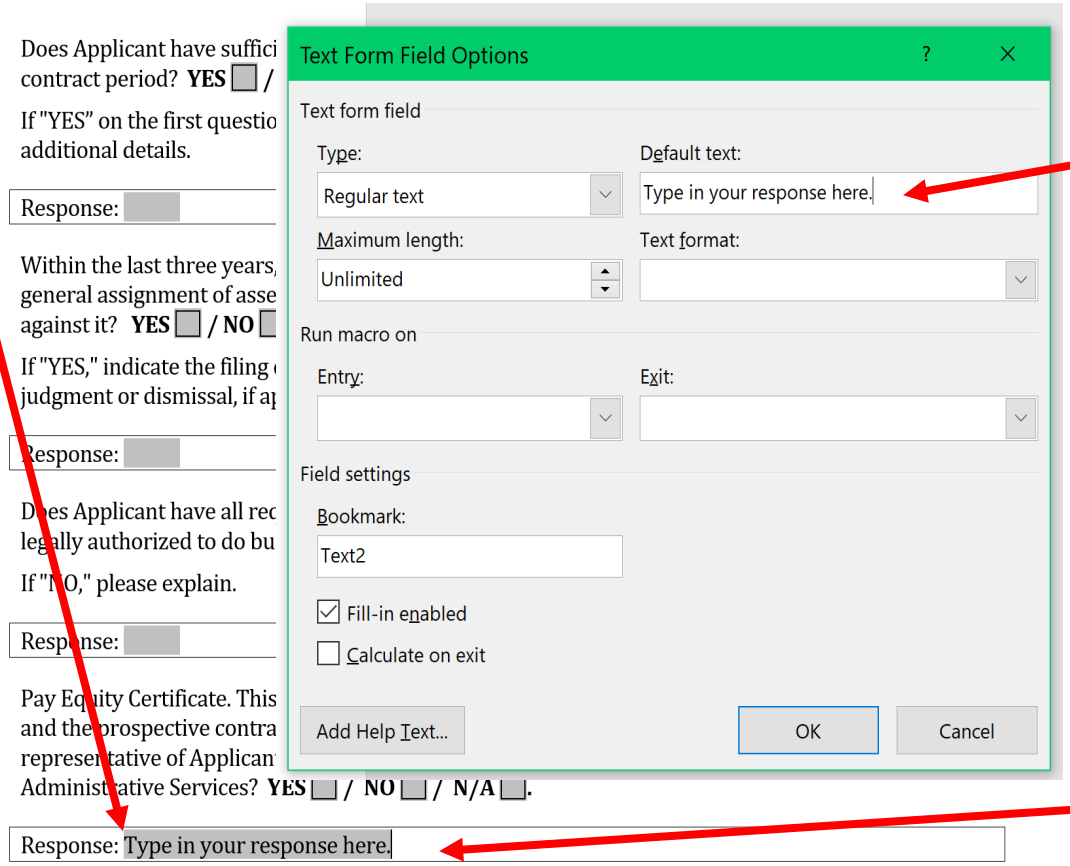
BACK NEXT

INDEX

DHS Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment D

1. To enter a response, double-click on the response box. The Text Form Field Options dialogue box will appear.



2. Type your response in the Default text space.

3. Your typed text will show up in the response space after you click OK.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment D

AUTHORIZED SIGNATURE **By signature below, the undersigned Authorized Representative on behalf of Applicant certifies to the best of his or her knowledge and belief that the responses provided on this form are complete, accurate, and not misleading.**

Applicant Name: John X. Doe Job Development	RFA: DHS-4988-20 Project Name: VR Job Placement Services

John X. Doe _____ 7/31/20 _____
Authorized Signature Date

John X. Doe _____ Owner _____
Print Name Title

4988/LGE Responsibility Inquiry Form Page 2 of 2

Enter your business name using the same procedure you used to make responses previously.

Sign and date.

Next, Attachment E is going to require proof of insurance, so let's cover the DHS insurance requirements.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

DHS Insurance Requirements

EXHIBIT A

PROVIDER INSURANCE REQUIREMENTS

Required Insurance: Provider shall obtain at Provider's expense the insurance specified in this Exhibit A, prior to performing any services under this Agreement and maintain the required insurance in full force and at its own expense throughout the duration of this Agreement and all warranty periods. Provider shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in Oregon and that are acceptable to DHS.

1) **Professional Liability:**
☒ **Required by DHS** ☐ **Not required by DHS**
Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Agreement. Provider shall provide proof of insurance of not less than the following amounts as determined by the DHS:
☒ Per occurrence limit for any single claimant: $1,000,000.

☒ Annual aggregate limit for multiple occurrences and multiple claimants: $3,000,000.

2) **Commercial General Liability:**
☒ **Required by DHS** ☐ **Not required by DHS**
Commercial General Liability Insurance covering bodily injury, death and property damage in a form and with coverage satisfactory to the State. This insurance shall include personal injury liability, products and completed operations. Coverage shall be written on an occurrence basis. Provider shall provide proof of insurance of not less than the following amounts as determined by the DHS:
☒ Per occurrence limit for any single claimant: $1,000,000.

☒ Annual aggregate limit for multiple occurrences and multiple claimants: $2,000,000.

AND

Property Damage:
☒ Per occurrence limit for any single claimant: $200,000.

☒ Per occurrence limit for multiple claimants: $600,000.

ODDS Independent Provider Enrollment Agreement (rev. 10/16)
Page 7 of 12

Employment service providers for both Vocational Rehabilitation (VR) and the Office of Developmental Disability Services (ODDS) are required to have insurance coverage in-force while providing services.

ODDS-required insurance coverage will also satisfy VR requirements.

Download the ODDS Independent Contractor Application & Agreement, print out Exhibit A (pg. 7), and take it to your insurance agent to purchase the required coverage. Be sure to get insurance certificates to attach to your VR and ODDS applications.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment E

ATTACHMENT E – CONTRACT TEMPLATE
PERSONAL/PROFESSIONAL SERVICES CONTRACT

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Contract is between the State of Oregon, acting by and through its Department of Human Services, hereinafter referred to as "**DHS**," and

Contractor
John X. Doe Job Development
999 Anystreet
Anytown, OR 99999
Attention: John X. Doe
Telephone: (503) 000-0000
Fax: (optional)
E-mail address: john.doe@email.com

hereinafter referred to as "**Contractor**."

Work to be performed under this Contract relates principally to DHS'

Vocational Rehabilitation
500 Summer Street NE
Salem, Oregon 97301
Contract Administrator: Amy Rebiejo or delegate
Telephone: (503) 947-2595
Fax: (503) 947-5025
E-mail address: VR.contractinquiries@dhsoha.state.or.us

Open Attachment E – it's a form-fillable Word document.

Attachment E is the actual VR contract. Be sure to read and understand it. If you have any questions, contact VR.contractiquiries@dhsoha.state.or.us.

Replace the standard language with your business name, address, your name, phone and email as shown.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment E

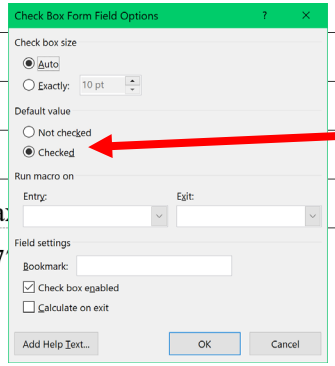
RFA DHS-4988-20 – VR Job Placement Services Attachment E

5. Contractor Data and Certification.

a. Contractor Information. This information is requested pursuant to ORS 305.385 and OAR 125-246-0330(1).

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Contractor Name (exactly as filed with the IRS):	John X. Doe
Street address:	999 Anystreet
City, state, zip code:	Anytown, OR 99999
Email address:	john.doe@email.com
Telephone:	(503) 999-9999



Is Contractor a nonresident alien, as defined in 26 U.S.C. § 7
(Check one box): ☐ YES ☒ NO

Business Designation: (*Check one box*):

☐ Professional Corporation
☐ Limited Liability Company
☐ Corporation
☐ Nonprofit Corporation
☐ Limited Liability Partnership
☐ Partnership
☐ Limited Partnership
☒ Sole Proprietorship
☐ Other

Type in your contractor information as shown.

Just like previously, double-click on the box you wish to select. The Check Box Form Field Options pop-up will appear.

Click "Checked" under Default value. You will have to do this for each box you wish to check.

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment E

Contractor Proof of Insurance. Contractor shall provide the following information upon submission of the signed Contract. All insurance listed herein and required by Exhibit C must be in effect prior to Contract execution.

Professional Liability Insurance Company: General Mutual

Policy #: 999 9999-B14-99 Expiration Date: 2/14/21

Commercial General Liability Insurance Company: CGLIC

Policy #: 000 0000-A59-00 Expiration Date: 8/3/22

Automobile Liability Insurance Company: Regressive Insurance

Policy #: 000 9999-X15-09 Expiration Date: 5/4/21

Workers' Compensation: Does Contractor have any subject workers, as defined in ORS 656.027? *(Check one box)*: ☐ YES ☒ NO *If YES, provide the following information:*

Workers' Compensation Insurance Company: _____

Policy #: _____ Expiration Date: _____

b. **Certification**. Without limiting the generality of the foregoing, by signature on this Contract, the undersigned hereby certifies under penalty of perjury that:

(1) Contractor is in compliance with all insurance requirements in Exhibit C of this Contract, and notwithstanding any provision to the contrary, Contractor shall deliver to the DHS Contract Administrator (see page 1 of this Contract) the required Certificate(s) of Insurance within 30 days of

Type in your insurance policy information as shown.

Since you're an independent contractor, you don't have employees and are not required to have Workers' compensation insurance. Check 'NO."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment E

RFA DHS-4988-20 – VR Job Placement Services Attachment E

CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT CONTRACTOR HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

CONTRACTOR: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS.

6. **Signatures.** This Contract and any subsequent amendments may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Contract and any amendments so executed shall constitute an original.

Contractor Name
By:

John X. Doe	John X. Doe
Authorized Signature	Printed Name
Owner	8/3/20
Title	Date

State of Oregon, acting by and through its Department of Human Services
By:

Authorized Signature	Printed Name
Title	Date

Approved by the Department of Administrative Services:

Exempt per OAR 125-246-0170(2).

Sign and date as shown.

This signature page is followed by:

- exhibit A (Statement of Work, Payment & Financial Reporting, and Special Provisions),
- exhibit B (Standard Terms & Conditions),
- exhibit C (Insurance Requirements), and
- exhibit D (Federal Terms & Conditions).

Remember to attach your insurance certificates.

Once again, be sure to read and understand your contract!

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment F

RFA DHS-4988-20 – Vocational Rehabilitation Job Placement Services Attachment F

ATTACHMENT F –CERTIFIED DISADVANTAGED BUSINESS OUTREACH PLAN

Applicant Name:			**Date:**		
Contact Name:		**Telephone:**		**Email:**	

"Certified Firm" means a small business certified under ORS 200.055 by the Oregon Certification Office for Business Inclusion and Diversity (COBID) as minority-owned businesses, woman-owned businesses, businesses that service-disabled veterans own, and emerging small businesses.

Certified Firms must have an equal opportunity to participate in the performance of contracts financed with state funds. By submitting its offer, Applicant certifies that it has taken, and if there are further opportunities, will take reasonable steps to ensure that Certified Firms are provided an equal opportunity to compete for and participate in the performance of any subcontracts resulting from this procurement.

The information submitted in response to this clause will not be considered in any scored evaluation.

1. Is Applicant an Oregon certified firm? Yes ☐ No ☐

If yes, indicate all certification type(s): DBE ☐ MBE ☐ WBE ☐ SDV ☐ ESB ☐ and supply

Oregon State Certification Number: _____

2. Include a list of Certified Firms that Applicant has had a contractual relationship with within the last two years.

3. Include a list of firms that Applicant has had a contractual relationship with within the last two years that are not Certified Firms but may be minority-owned, woman-owned, service-disabled veteran-owned or emerging small businesses.

4. Does Applicant foresee any subcontracting opportunities for this procurement? Yes ☐ No ☐

If no, do not complete the rest of this form and submit this first page with your Application.

If yes, please complete the following pages and submit all pages with your Application.

4988/LGE Certified Disadvantaged Business Outreach Plan Page 1 of 2

The purpose of Attachment F is to make you aware that it is the policy of State of Oregon to promote equal opportunity to participate in state contracts for

- Minority-owned businesses
- Woman-owned businesses
- Service disabled-veteran-owned businesses
- Emerging small businesses.

You are encouraged to become certified by the Oregon Certification Office for Business Inclusion and Diversity (COBID) if you consider yourself one of theses types of businesses. Click here for more COBID information.

The VR contract is non-competitive and COBID certification isn't going to help your application get approved; however, you need to ensure that COBID businesses have equal opportunity if you elect to sub-contract work.

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment F

RFA DHS-4988-20 – Vocational Rehabilitation Job Placement Services Attachment F

ATTACHMENT F –CERTIFIED DISADVANTAGED BUSINESS OUTREACH PLAN

Applicant Name:	John Doe Job Development		**Date:**	08/06/20	
Contact Name:	John Doe	**Telephone:**	(503) 999-9999	**Email:**	john.doe@email.com

"Certified Firm" means a small business certified under ORS 200.055 by the Oregon Certification Office for Business Inclusion and Diversity (COBID) as minority-owned businesses, woman-owned businesses, businesses that service-disabled veterans own, and emerging small businesses.

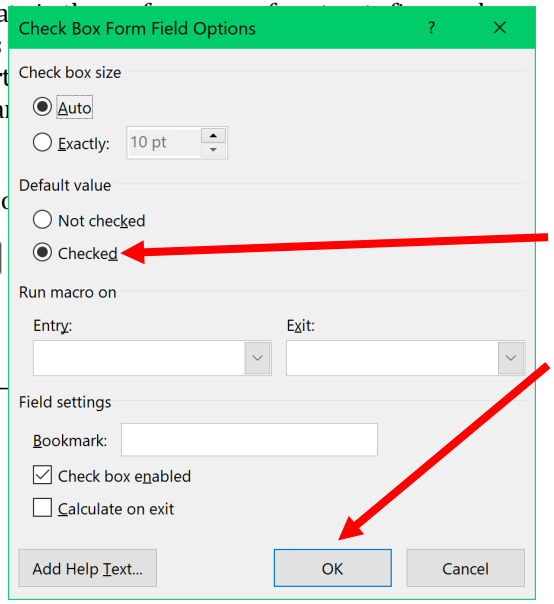
Certified Firms must have an equal opportunity to participa
with state funds. By submitting its offer, Applicant certifies
opportunities, will take reasonable steps to ensure that Cert
opportunity to compete for and participate in the performa
procurement.

The information submitted in response to this clause will n

1. Is Applicant an Oregon certified firm? Yes ☐ No ☐

If yes, indicate all certification type(s): DBE ☐ MBE ☐

Oregon State Certification Number: _____



Open Attachment F – it's a form-fillable Word document.

Fill in the required information as shown left.

Check the boxes that best answer the questions. Just like previously, double-click on the box you wish to select. The Check Box Form Field Options pop-up will appear.

Click "Checked" under Default value. You will have to do this for each box you wish to check. Then click 'OK."

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment F

The information submitted in response to this clause will not be considered in any scored evaluation.

1. Is Applicant an Oregon certified firm? Yes ☐ No ☐

If yes, indicate all certification type(s): DBE ☐ MBE ☐ WBE ☐ SDV ☐ ESB ☐ and supply

Oregon State Certification Number: _____

2. Include a list of Certified Firms that Applicant has had a contractual relationship with within the last two years.

3. Include a list of firms that Applicant has had a contractual relationship with within the last two years that are not Certified Firms but may be minority-owned, woman-owned, service-disabled veteran-owned or emerging small businesses.

If you're an Oregon certified firm check "Yes," check all the types of certifications and provide your certification number. Otherwise, check "No."

List the names of certified businesses you've contracted with over the past two years, as well as any businesses that might be of the certified types. If none, type "None."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment F

4. Does Applicant foresee any subcontracting opportunities for this procurement? Yes ☐ No ☐

If no, do not complete the rest of this form and submit this first page with your Application.

If yes, please complete the following pages and submit all pages with your Application.

5. Describe the steps Applicant will take to solicit Certified Firms for subcontracting opportunities if awarded a Contract from this procurement.

6. Describe the subcontracting opportunities and the approximate dollar value of each that may be available, if awarded a Contract.

7. Would Applicant be willing to report the identity of each subcontractor and the value of each subcontract to COBID if awarded a Contract from this procurement?

If you anticipate subcontracting any work under the VR contract, check "Yes" under item 4 and answer items 5-7.

If you don't anticipate subcontracting any work under the VR contract, check "No" and you're done with Attachment F.

VR contracts are renewable annually, and if your situation changes you'll have opportunity to update your responses at renewal.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Vocational Rehabilitation Application – Attachment G

ATTACHMENT G — DISCLOSURE EXEMPTION AFFIDAVIT

_____ [enter Affiant name], being first duly sworn under oath, and representing _____ [insert Applicant name] (hereafter "Applicant"), hereby deposes and swears or affirms under penalty of perjury that:

1. I am an employee of the Applicant, I have knowledge of the Request for Applications referenced herein, and I have full authority from the Applicant to submit this affidavit and accept the responsibilities stated herein.
2. I am aware that the Applicant has submitted an Application, dated on or about [insert date] (the "Application"), to the State of Oregon (State) in response to Request for Applications number DHS 4988 20, for Vocational Rehabilitation Job Placement Services, and I am familiar with the contents of the RFA and the Application.
3. I have read and am familiar with the provisions of Oregon's Public Records Law, Oregon Revised Statutes ("ORS") 192.311 through 192.478, and the Uniform Trade Secrets Act as adopted by the State of Oregon, which is set forth in ORS 646.461 through ORS 646.475. I understand that the Application is a public record held by a public body and is subject to disclosure under the Oregon Public Records Law unless specifically exempt from disclosure under that law.
4. I have reviewed the information contained in the Application. The Applicant believes the information listed in Exhibit A is exempt from public disclosure (collectively, the "Exempt Information"), which is incorporated herein by this reference. It is my opinion that the Exempt Information is exempt from disclosure under Oregon's Public Records Law under the specifically designated sections as set forth in Exhibit A or constitutes "Trade Secrets" under either the Oregon Public Records Law or the Uniform Trade Secrets Act as adopted in Oregon because that information is either:
   - **A.** A formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information that:
     - **i.** is not patented,
     - **ii.** is known only to certain individuals within the Applicant's organization and that is used in a business the Applicant conducts,
     - **iii.** has actual or potential commercial value, and
     - **iv.** gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.

Your application for the VR contract will become a public record. If you're comfortable with your entire application being viewed by the public, stop here – you can ignore Attachment G.

On the other hand, you'll need to complete Attachment G if there is anything in your application that you don't want potentially released to the public.

You'll need to consult with your attorney to determine if your concerns are exempt from the Public Records Law and to properly complete Attachment G.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Assemble Vocational Rehabilitation Application Package

1. Background Check Results
2. Completed Attachments A-G
3. iLearn Transcript showing completion of Core Comps
4. APSE, ACRE, CESP or JDOT Credential Certificate
5. Resume
6. Insurance Certificates

Mail/email to:
Lesley G. Erickson
DHS Office of Contracts & Procurement
635 Capitol Street NE Suite 350
Salem OR 37301

lesley.g.erickson@dhsoha.state.or.us
(503) 945-6698

BACK NEXT

INDEX

What to Expect Next – VR Application & Insurance

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. ORPIN Registration
5. VR Application
6. Insurance Requirements
7. Discovery
8. ODDS Application
9. eXPRS
10. PSW-Job Coach Enrollment (optional)

- VR will process your application and contact you if they have any questions.

Almost there! Next, let's see what it takes to become a Discovery service provider.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Discovery

- ODDS requires that independent contractors wishing to provide Discovery services be enrolled as ODDS job developers and as VR job placement contractors.
- Credentials such as ACRE, APSE, CESP qualify you to deliver Discovery, or
- Successful completion of a department approved Discovery training (starting on page 7) also qualifies you to deliver Discovery.
- You'll indicate that you want to provide Discovery services on the ODDS Enrollment Application and Agreement for Independent Contractors – our next topic.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ODDS Enrollment Application & Agreement for Independent Contractors – Step 1

DHS Oregon Department of Human Services

Developmental Disabilities Independent Provider Enrollment Application and Agreement
(Revised 10/13/2016)

This Provider Enrollment Application and Agreement (the Agreement) sets forth the conditions and agreements for being enrolled as a Medicaid Independent Provider (non-PSW; hereinafter referred to as Provider) with the Department of Human Services (DHS). Under the terms of this Agreement, the Provider will receive a Provider number, as required in order to receive an authorization for services, submit payment claims, and to receive payment for Community Service Payments. Community Service Program services are provided to persons with intellectual or developmental disabilities (hereinafter referred to as Recipients). Payments for services are made using federal Medicaid or State of Oregon funds or a combination of both state and federal funds.

As a condition for participation as a Medicaid independent provider with DHS for Community Service Programs, Provider agrees to comply with all provisions of Oregon Administrative Rules (OAR) chapter 411, divisions, 317, 318, 345, 375, and 411-435-0050(9) and chapter 407, division 025, as applicable to the specific services provided and the individual being served, and which rules may be amended from time to time and which are hereby incorporated into this Agreement by reference. Provider also agrees to comply with the conditions outlined in this Agreement.

Provider must complete all sections of this Agreement. If the answer is 'none' or 'n/a' indicate that in the section.

Type of action requested

- ☐ New enrollment
- ☐ Provider name change, provider #:
- ☐ Renewal or re-enrollment, provider #:
- ☐ Revalidation (only when requested by DHS), provider #:

Provider Type (Services you intend to provide)

- ☐ Behavior Consultation OAR 411-435-0050(9) (83-710)
- ☐ Discovery OAR chapter 411, division 345 (74-749)
- ☐ Job Development OAR chapter 411, division 345 (74-749)

ODDS Independent Provider Enrollment Agreement (rev. 10/16)
Page 1 of 12

Download the ODDS Independent Contractor application. It's an Adobe Acrobat document that you'll have to fill it out by hand, sign it, and attach all supporting documentation, then scan or fax the whole thing.

We'll walk you through it page by page.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ODDS Enrollment Application & Agreement for Independent Contractors – Step 2

Type of action requested

- [x] New enrollment
- [ ] Provider name change, provider #:
- [ ] Renewal or re-enrollment, provider #:
- [ ] Revalidation (only when requested by DHS), provider #:

Provider Type (Services you intend to provide)

- [ ] Behavior Consultation OAR 411-435-0050(9) (83-710)
- [x] Discovery OAR chapter 411, division 345 (74-749)
- [x] Job Development OAR chapter 411, division 345 (74-749)

Check the "New enrollment," and "Job Development" boxes.

If you plan on providing Discovery, check that box as well.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ODDS Enrollment Application & Agreement for Independent Contractors – Step 3

Provider information

Provider Legal Name (First, middle, last as shown on SS Card)
John Xavier Doe

Business Name/DBA (if applicable, exactly as filed with the Oregon Secretary of State Corporation Division) John Doe Job Development

JXD Initial here to confirm that, if operating as a business, the applicant is the sole owner of the business.

Indicate the type of business, if applicable:

- [ ] For profit corporation
- [x] Sole proprietorship
- [ ] Limited liability company
- [ ] Partnership** (requires the use of a Developmental Disabilities Agency Medicaid Provider Enrollment Application and Agreement)

Fill in full legal name.

If you have a business name, enter it here exactly as filed with the Secretary of State Business Registry. If not, enter "N/A."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ODDS Enrollment Application & Agreement for Independent Contractors – Step 4

Provider DOB 5/4/1959	Provider SSN 000-00-0000
Provider Physical Address 999 Anystreet	City, State, Zip+4 Anytown, OR 99999-9999
County Anycounty	Provider Phone Number (503) 999-9999
Provider Mailing Address 999 Anystreet	City, State, Zip+4 Anytown, OR 99999-9999
County Anycounty	Provider Fax Number (503) 999-9998
Provider Email Address john.doe@email.com	Provider Website www.johndoejobdevelopment.com
EIN (If EIN rather than SSN used for tax purposes) 999-99-9999	Legal Name Associated to EIN John Doe Job Development

Fill in the bottom of page 2 with your information.

If anything doesn't apply to you, enter "N/A." DO NOT leave anything blank.

BACK NEXT

INDEX

DHS Oregon Department of Human Services

ODDS Enrollment Application & Agreement for Independent Contractors – Step 5

Criminal Offenses (Exclusion and Suspension)

A.	Do you now have or have you ever had an ownership in, controlling interest in or been an agent or managing employee of an entity that has been convicted of a criminal offense related to that person's or entity's involvement in any program under Medicare, Medicaid, or title XXI services program since the inception of those programs? ☐ Yes ☒ No
B.	Are you now or have you ever been terminated, suspended or excluded from participation as a provider in Medicare or any state Medicaid or CHIP program? ☐ Yes ☒ No
C.	Have you ever been convicted of fraud or financial improprieties? ☐ Yes ☒ No

Carefully read the questions and check the appropriate boxes.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ODDS Enrollment Application & Agreement for Independent Contractors – Step 6

The Enrollment Application & Agreement packet contains a lot of information that you're going to need to read and understand. In addition, there's more specific information about:

- Insurance requirements and options (Exhibit A, pages 7-9)
- Qualification and documentation requirements for job development (Exhibit C, page 11) and Discovery (Exhibit D, page 12), which we'll detail next.

BACK NEXT

INDEX

ODDS Enrollment Application & Agreement for Independent Contractors – Step 7

EXHIBIT C
Qualification & Documentation Requirements for Job Development

a. Complete the background check process described in OAR 407-007-0200 to 407-007-0370. Applicant must have an outcome of approved or approved with restrictions and submit a copy of the approval letter.
b. Submit with this Provider Enrollment all other current provider enrollment agreements (i.e. if Job Coaching services are provided as a Personal Support Worker).
c. Meet or exceed the requirements in OAR chapter 411, division 345.
d. Submit a copy of the current contract held to provide Vocational Rehabilitation services, including the certificate for completing the EOP II training program. If not submitted prior to the activation of the provider number, this must be submitted within 365 days of the activation of the provider number or this agreement will be automatically terminated.
e. Submit documentation to demonstrate the Provider initial 90 day training requirement has been met as outlined under OAR chapter 411, division 345. If not submitted prior to the activation of the provider number, this must be submitted within 90 days of the activation of the provider number or this Agreement will be automatically terminated.
f. Submit documentation to demonstrate the Provider annual training requirement has been met. This must be submitted every two years, upon re-enrollment, or this Agreement will not be renewed.
g. Submit documentation to demonstrate the Provider credentialing requirements have been met (i.e., the independent contractor holds the APSE CESP certificate or a Department-approved substantial equivalent).

†**NOTE:** *The term of the Provider Enrollment Agreement will be limited to the date of expiration of any required certification or license. The Provider will need to reapply to renew a provider agreement and provider number and submit a current certificate or license to continue to bill, and receive payment, for Medicaid services.*

The following documentation needs to be attached to your ODDS Enrollment Application:

- ❑ Background check approval letter.
- ❑ If you plan on providing job coaching services, attach a copy of your Personal Support Worker-Job Coach enrollment agreement (more on this later).
- ❑ VR contract verification, if you have one; otherwise, send in a copy as soon as it's awarded.
- ❑ iLearn transcript showing completion of Core Competency trainings.
- ❑ Completion certificate from at least one ODDS-approved competency-based training.
- ❑ APSE, ACRE, CESP or JDOT training certificate.
- ❑ Certificates of required insurance.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ODDS Enrollment Application & Agreement for Independent Contractors – Step 8

EXHIBIT D
Qualification & Documentation Requirements for Job Discovery

a. Complete the background check process described in OAR 407-007-0200 to 407-007-0370. Applicant must have an outcome of approved or approved with restrictions and submit a copy of the approval letter.
b. Submit with this Provider Enrollment all other current provider enrollment agreements (i.e. if Job Coaching services are provided as a Personal Support Worker).
c. Meet or exceed requirements in OAR chapter 411, division 345.
d. Submit a copy of the current contract held to provide Vocational Rehabilitation services, including the certificate for completing the EOP II training program. If not submitted prior to the activation of the provider number, this must be submitted within 365 days of activation of the provider number or this agreement will be automatically terminated.
e. Submit documentation to demonstrate the provider initial training requirement has been met as outlined under OAR chapter 411, division 345.
f. Submit documentation to demonstrate the provider annual training requirement has been met. This must be submitted every two years, upon re-enrollment, or this agreement will not be renewed.
g. Submit documentation to demonstrate the provider credentialing requirements have been met (i.e. the independent contractor holds the APSE CESP certificate or a Department-approved substantial equivalent).
h. Submit a copy of the Discovery Profile you intend to use (this may be done electronically through the Discovery provider survey).
i. Submit all other qualification information requested in the online Discovery provider survey.

†**NOTE:** *The term of the Provider Enrollment Agreement will be limited to the date of expiration of any required certification or license. The Provider will need to reapply to renew a provider agreement and provider number and submit a current certificate or license to continue to bill, and receive payment, for Medicaid services.*

The following additional documentation needs to be attached to your ODDS Enrollment Application if you plan on providing Discovery:

- ❑ Certificate of completion of ODDS-approved competency-based Discovery training (pages 7-8).
- ❑ A copy of the Discovery Profile you plan on using.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

ODDS Enrollment Application & Agreement for Independent Contractors – Step 9

Provider signature

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to enroll or contract, or if the licensee/owner already is enrolled, a termination of its Medicaid provider agreement or contract.

By signing, I hereby certify and swear under penalty of perjury that (a) I have knowledge concerning the information above, and (b) the information above is true and accurate. I agree to inform DHS or its designee, in writing, within 30 days of any changes or if additional information becomes available.

John Doe	Owner
Name of Provider	Title
John X. Doe	8/10/2020
Signature of Provider	Date

THIS IS A CONTRACT!

Be sure you have read and understand all the provisions.

Sign and date the ODDS Application & Agreement.

BACK NEXT

INDEX

ODDS Enrollment Application & Agreement for Independent Contractors – Step 10

Independent Contractor Employment Service Provider Enrollment Checklist	Office of Developmental Disabilities Services

Submitted by:	John Doe		
Provider #:	N/A		
Enrollment Type:	☒ New	☐ Renewal	☐ Revalidation
	Date Submitted/Updated:	8/12/2020	

This checklist, along with ALL of the supporting documents listed below, should be emailed to **EmploymentTraining.Review@dhsoha.state.or.us** for all New Enrollments, Renewal or Re-Enrollment, and Revalidation requests of Independent Contractors who wish to deliver the Employment Services: Discovery and Job Development. This must be submitted concurrently with the Provider Enrollment Agreement submissions as outlined in Worker Guide – Independent Contractor Employment Services Enrollment.

- ☒ Department Approved Discovery Course Certificate
- ☒ Criminal History Background Check Verification *(Current within 2 years)*
- ☒ Vocational Rehabilitation Contract Verification
- ☒ Department Approved Credential *(ACRE, CESP, DHS OELN Certificate, Degree or Certificate from College or University in Supported Employment)*
- ☒ Developmental Disabilities Independent Provider Enrollment Application and Agreement

ODDS Independent Provider Enrollment Checklist
Employment Services (Discovery and Job Development)

Download the ODDS Independent Contractor Employment Service Provider Enrollment Checklist. It's a form-fillable Word document.

Fill it out as shown to the left.

Assemble the ODDS Enrollment Application & Agreement package:

- ❑ Completed Independent Contractor Checklist
- ❑ Completed Application & Agreement Form
- ❑ All required attachments

Email them all to both:
ODDS.ProviderEnrollment@state.or.us AND EmploymentTraining.Review@dhsoha.state.or.us

What to Expect Next – Provider Enrollment Agreement

1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. ORPIN Registration
5. VR Application
6. Insurance Requirements
7. Discovery
8. ODDS Application
9. eXPRS
10. PSW-Job Coach Enrollment (optional)

Upon approval, you'll receive an eXPRS-generated letter specifying your provider enrollment agreement's expiration date and your SPD number.

Next up – enrolling in eXPRS.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

eXPRS User Enrollment for Independent Contractors

eXPRS
Express Payment & Reporting System

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.

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

Add	Del	User Role/Description
☐	☐	**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.*

*Print Name	
*Signature:	*Date: / /

Keep a copy of this form for future reference.

Enroll Individual Provider User (PSW or BC) REFORMATTED (v4; 8-10-18)

eXPRS is the electronic system you must use to submit service delivered billing data to ODDS in order to get paid.

You need to submit a user enrollment form to create an account and access eXPRS.

Download the form . It's an Adobe Acrobat document. You can either fill it out using Tools within Acrobat or print it and fill it out by hand.

We'll guide you step by step on how to fill it out and send it in.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

eXPRS User Enrollment for Independent Contractors – Step 1

* Indicate Action: [X] Add User [ ] Modify User [ ] Deactivate User [ ] Change of Info	
* User's Name: (Last, First MI) *(Print Name)* Doe, John X.	Already have an eXPRS login name?
*Job Title (**check one*): [ ] Personal Support Worker [ ] Behavior Consultant Independent Employment Provider	*Provider Number(s) *(SPD or eXPRS)*: UJ12345678
*Address: *(Mailing Address)* 999 Anystreet	*City, State, Zip: Anytown, OR 99999
*Phone Number: (503) 999-9999	*Email Address: *(must be your unique email address; it cannot be shared with another eXPRS user)* john.doe@email.com

Fill in the first section of the form as shown on the example to the left.

Write in the SPD number you were assigned when your ODDS provider enrollment application was accepted.

In the Job Title section, write in "Independent Employment Provider."

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

eXPRS User Enrollment for Independent Contractors – Step 2

Add	Del	User Role/Description
X	☐	**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.*

*Print Name John Doe	
*Signature: *John X. Doe*	*Date: 8/10/2020

Keep a copy of this form for future reference.

Enroll Individual Provider User (PSW or BC) REFORMATTED (v4; 8-10-18)

Fill in the last section of the form as shown on the example to the left.

Email the completed form to:

info.exprs@state.or.us.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

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 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.

Your completed form will be processed, and you'll receive two emails as described to the left.

Download How to Access and Login to eXPRS for the First as a New User.

That document will guide you step-by-step how-to login to eXPRS.

Next we'll help you set up an account with DHS' secure email system.

BACK NEXT

INDEX

DHS Secure Email System

DHS Oregon Department of Human Services

Secure Email Instructions

Oregon Health Authority

The Oregon Health Authority (OHA) and Department of Human Services (DHS) are strongly committed to protecting the privacy and security of all of the people we serve. That is why we require that all email be sent securely if it contains protected client information.

- You can only send secure email to addresses that end with **@dhsoha.state.or.us**.
- You must complete all steps – logging in, composing and sending your secure email – in the same browser, on the same device, within one 60-minute period.

Starting a secure email to DHS or OHA

Go to https://secureemail.dhsoha.state.or.us/encrypt. Enter your email address, then click "Continue."

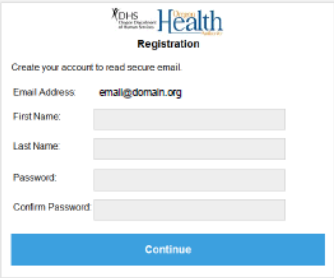
- First-time users will go to the "Registration" page.
- Returning users will go to the "Login" page.

Registration (for first-time users)

Enter all fields, then click "Continue." Passwords must:

- Be 8-20 characters long.
- Contain at least one digit (0-9).
- Contain both upper- and lower-case letters.
- Not contain your username.

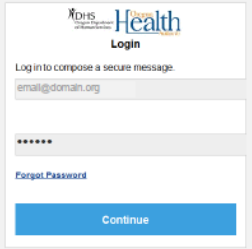
You will get an activation request email. When you click the link in the email, you will get to compose your secure email.



Login (for returning users)

Enter your password, then click "Continue" to compose your secure email. If you forget your password:

- Click "Forgot Password."
- You will get to enter a new password, then get a password authentication email.
- When you click the link in the email, you will get to compose your secure email.



Composing secure email

Once logged in, you can securely send attachments and any information you need to share.

Questions? Email dhs.servicedesk@dhsoha.state.or.us or 503-945-5623.

DHS|OHA Secure Email Instructions — Last updated 3/2/2018

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.

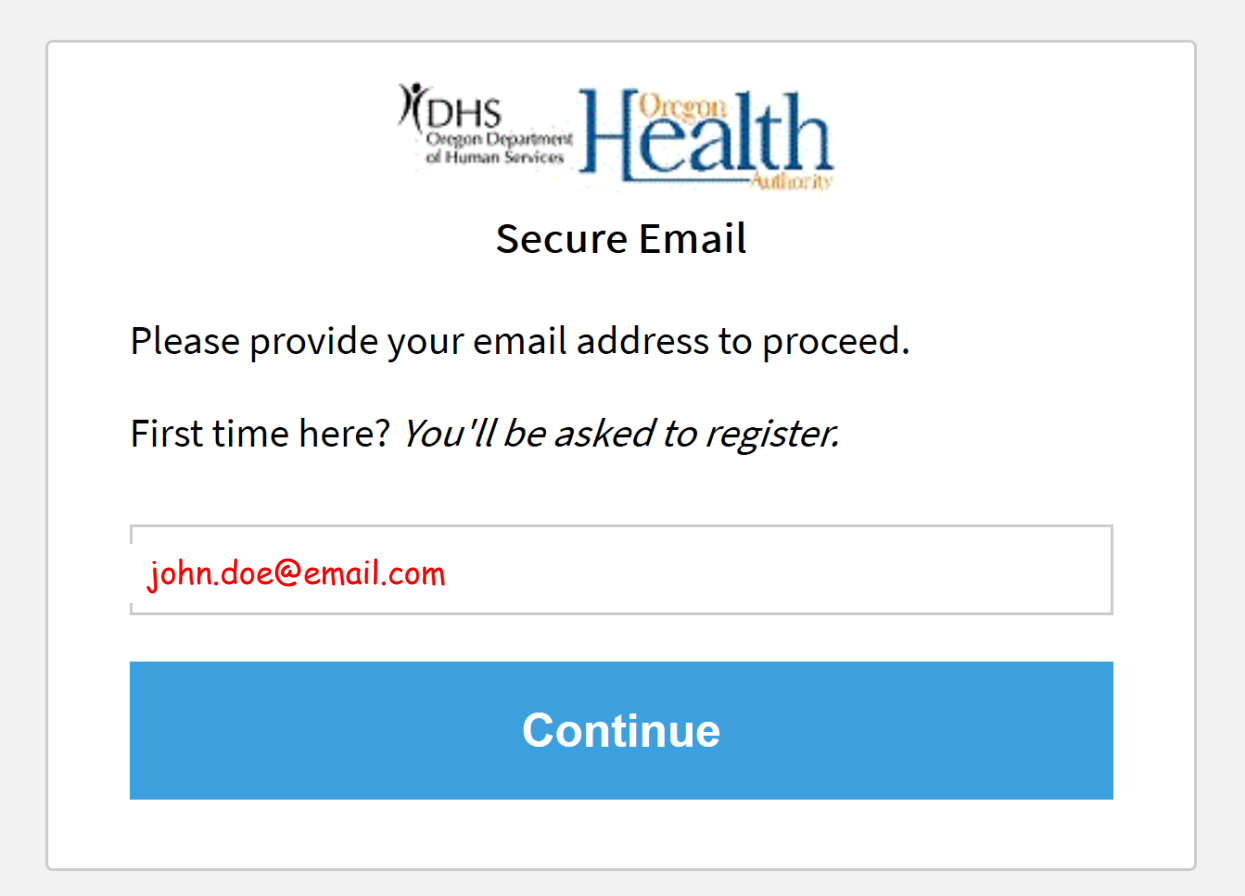
First-time users need to register at https://secureemail.dhsoha.state.or.us/encrypt.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

DHS Secure Email System – Step 1



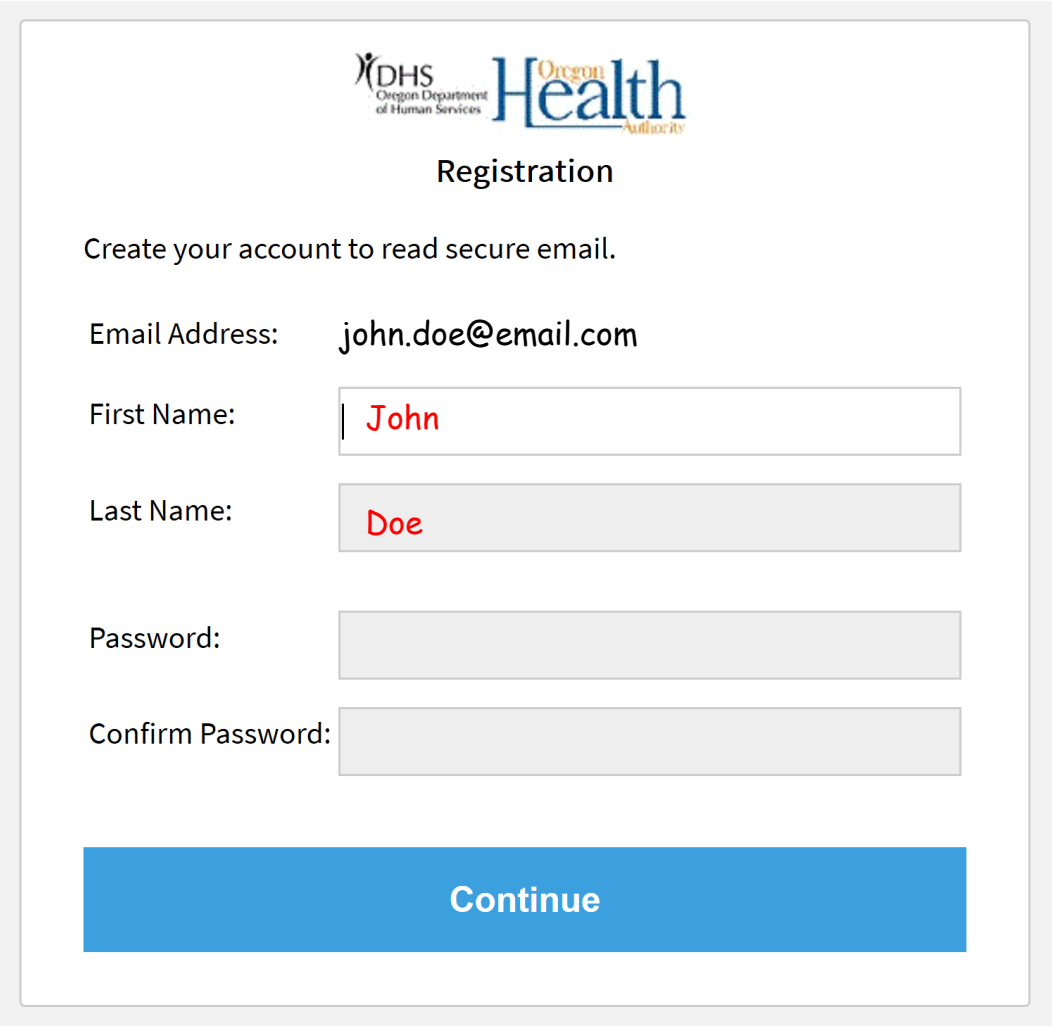
Enter your email address to begin the registration process.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

DHS Secure Email System – Step 2



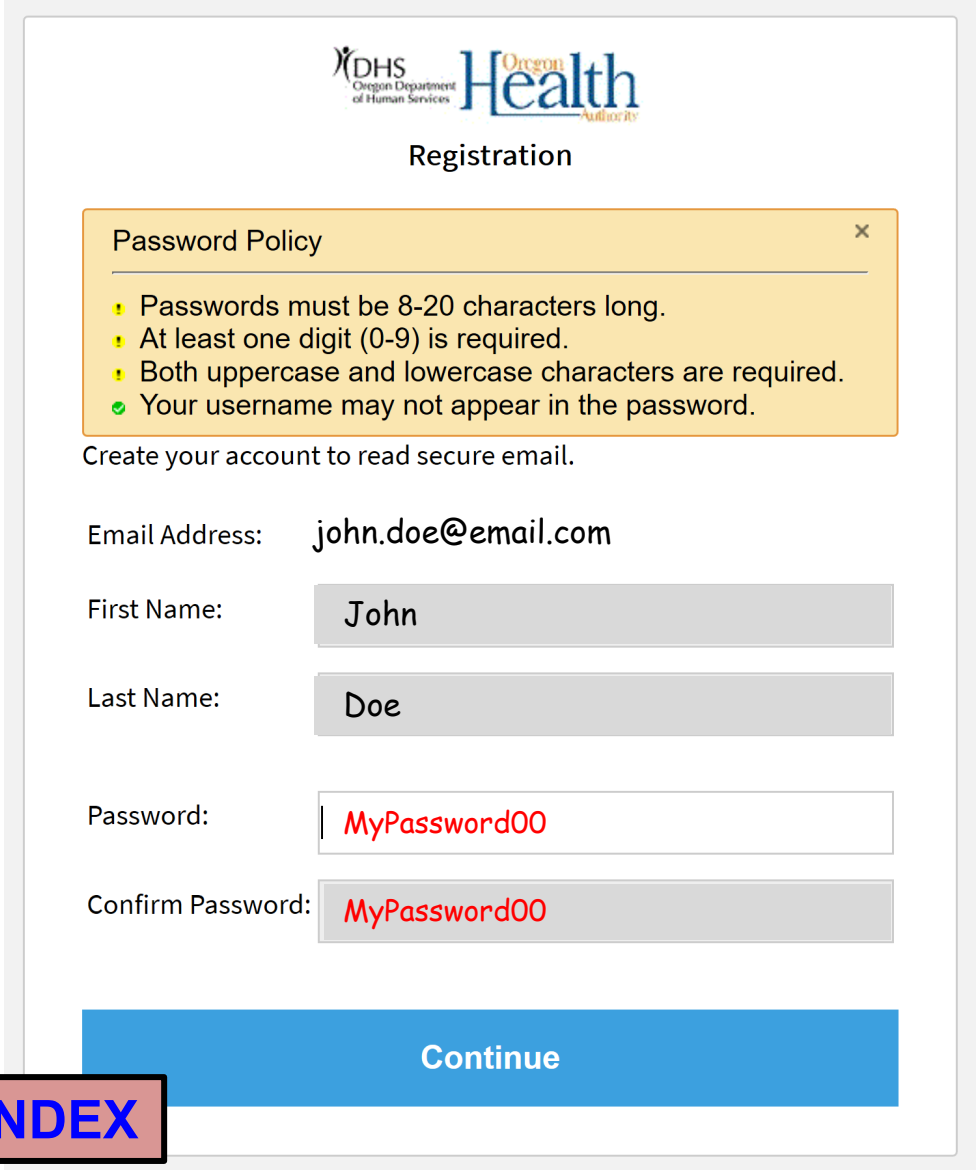
Enter your first and last name, and then set the cursor to the “Password:” field.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

DHS Secure Email System – Step 3



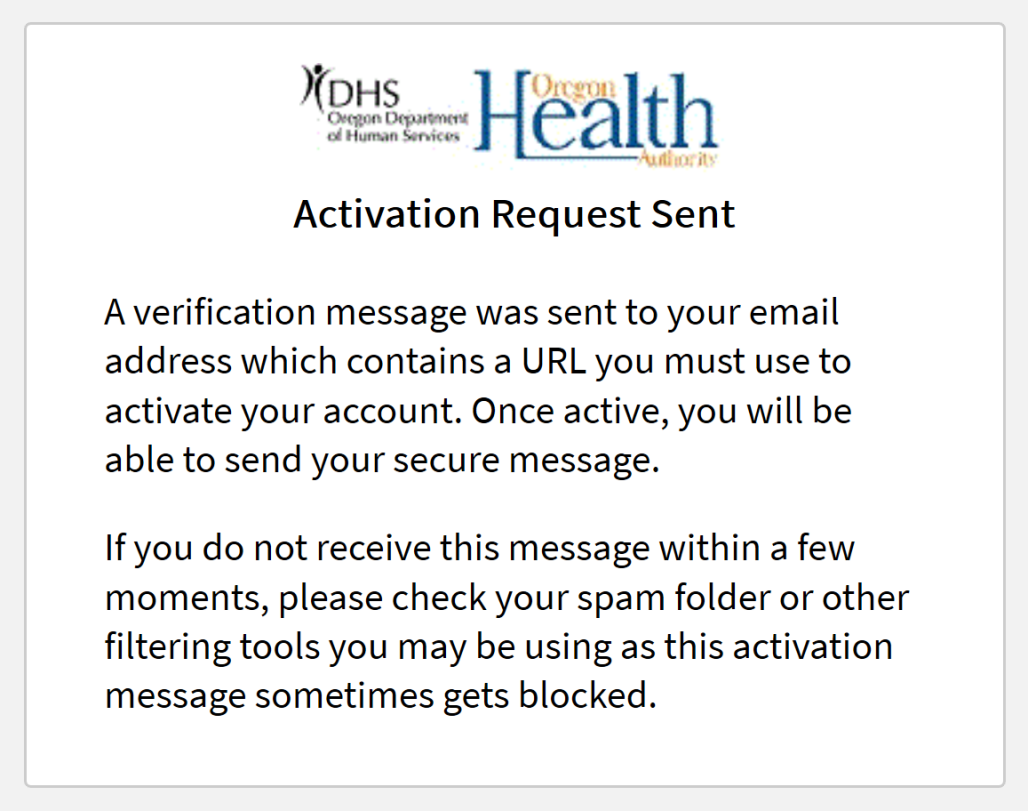
Enter a password of your choice consistent with the Password Policy, then click on “Continue.”

BACK NEXT

INDEX

DHS Oregon Department of Human Services

DHS Secure Email System – Step 4



You'll receive an email containing a link to activate your secure email account.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

DHS Secure Email System – Step 5

The activation email will look something like this. Click on the link.

1 of 124

Proofpoint Encryption Registration Inbox ×

proofpoint-pps@dhsoha.state.or.us 11:46 AM (4 minutes ago)

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=npH6h8nfw23Viq7siQ2N&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.

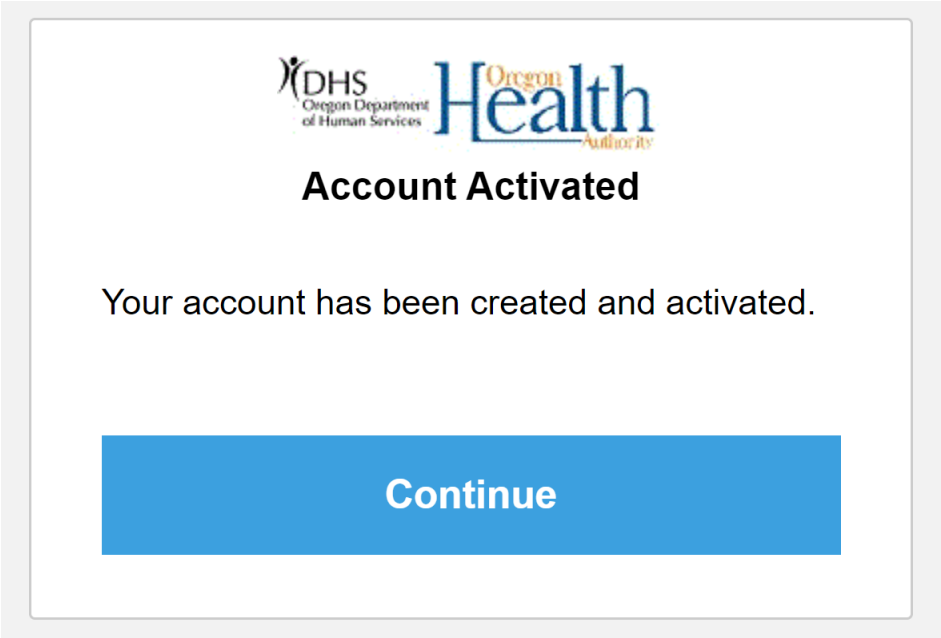
Reply Forward

BACK NEXT

INDEX

DHS Oregon Department of Human Services

DHS Secure Email System – Step 6



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.

BACK NEXT

INDEX

DHS Oregon Department of Human Services

DHS Secure Email System – Step 7

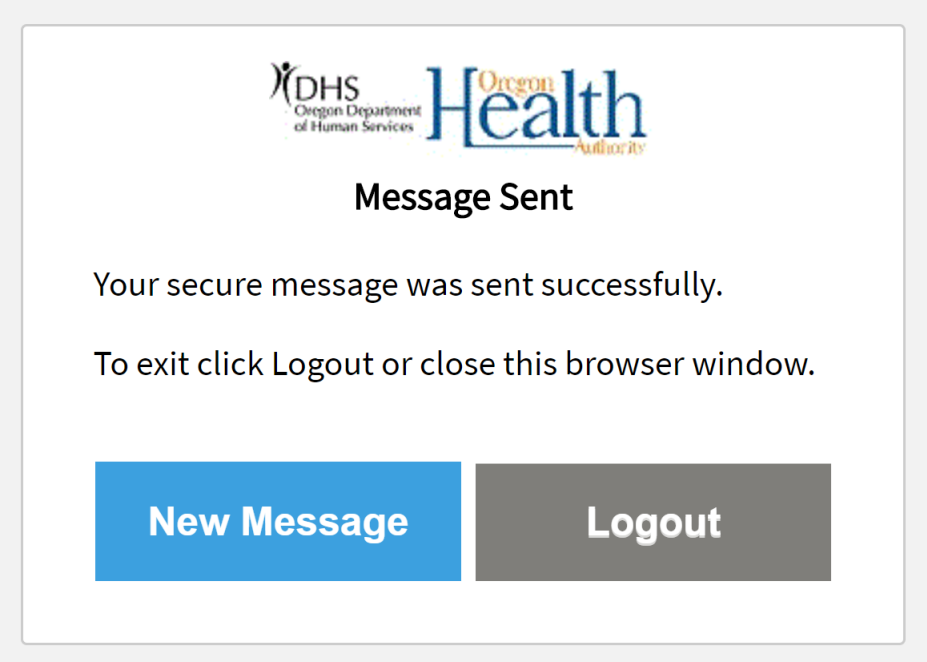
The secure email form will look like this. You may want to send a test message to someone you know at DHS to make sure everything is working.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

DHS Secure Email System – Step 8



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

Click "Logout" to leave the DHS secure email system.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

DHS Secure Email System – Step 9

You're all set!

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

Independent Contractor Checklist Update

1. ✓ Background Check
2. ✓ Tax I.D. Number
3. ✓ Core Competency Trainings
4. ✓ ORPIN Registration
5. ✓ VR Application
6. ✓ Insurance Requirements
7. ✓ Discovery
8. ✓ ODDS Application
9. ✓ eXPRS
10. PSW-Job Coach Enrollment (optional)

Congratulations! You did it!

If you want to also be enrolled as a PSW-Job Coach, click the button to the right and we'll guide you through it.

PSW

Otherwise, you're all done!

BACK

END

INDEX

DHS | Oregon Department of Human Services

Oregon Business Registry

You can check your business' official name and registry identification number by going to the Oregon Secretary of State's business registry home page.

Business Registry Busin

egov.sos.state.or.us/br/pkg_web_name_srch_inq.login

OREGON SECRETARY OF STATE
Corporation Division

HOME | business information center | business name search | oregon business guide | referral list | business registry/renewal | forms/fees | notary public | uniform commercial code | uniform commercial code search | documents & data services

Business Name Search

Search for a Business Name in the Business Registry Database

Key all or part of a business name, or a registry number.

Business Name
or
Registry Number

Search for Business Name | Clear | Search Help | Other Government Databases
Associated Business Search
By Business
By Individual

Search Methods (More restrictive to Less restrictive):

- Business Name Availability Check. Very restrictive. Positional. Only (As keyed).
- Exact words in exact word order. (Only. As keyed) Fastest.
- Exact words in exact word order. (Followed by anything else)
- Exact words in any word order.
- Sound-alike words in exact word order. Adds sound-alike style search results.
- Sound-alike words in any word order.
- Extended Search in any word order. Adds Synonym style search results. More names returned. Slowest.

- Search for **Active** and **Inactive** businesses.
- Search for **Active** businesses only.
- Search for **Inactive** businesses only.

Type in your business name…

…and then click "Search for Business Name."

NEXT

INDEX

DHS | Oregon Department of Human Services

Oregon Business Registry

A list of search results will be presented

Business Registry Busin

egov.sos.state.or.us/br/pkg_web_name_srch_inq.do_name_srch?p_name=JOHN%20SMITH&p_regist_nbr=&p_srch=PHASE1&p_print=FALSE&

OREGON SECRETARY OF STATE
Corporation Division

HOME | business information center | business name search | oregon business guide | referral list | business registry/renewal | forms/fees | notary public | uniform commercial code | uniform commercial code search | documents & data services

Business Name Search

Business Entity Names returned for:
Name: JOHN SMITH
Using: Exact Words in Any Word Order
For Active and Inactive businesses.

New Search Printer Friendly

Record No	Entity Type	Entity Status	Registry Number	Name Status	Name
1	DLLC	INA	342807-92	CUR	JOHN A. SMITH, LLC
2	DBC	INA	127972-13	CUR	JOHN AND LILLIAN SMITH, INC.
3	DNP	INA	102494-15	CUR	JOHN CALVIN LAZELLE SMITH 1821 FAMILY ASSOCIATION
4	DPC	ACT	339869-93	CUR	JOHN D SMITH DMD PC
5	ABN	INA	813011-95	CUR	JOHN E. SMITH JR. TRUCKING
6	DLLC	INA	225967-95	CUR	JOHN E. SMITH, LLC
7	DBC	INA	716586-87	CUR	JOHN L SMITH INC
8	ABN	INA	215429-98	CUR	JOHN Q SMITH
9	DBC	INA	130382-94	CUR	JOHN SMITH PROPERTIES, INC.
10	DPC	INA	344266-84	CUR	JOHN SMITH-HILL, P.C.
11	DLLC	ACT	249034-94	CUR	JOHN W. SMITH ENGINEERING SERVICES, L.L.C.
12	DBC	ACT	113832-13	CUR	JOHNS, SMITH & BEAMER, INC.

Find your business and click on it

BACK NEXT

INDEX

DHS Oregon Department of Human Services

Oregon Business Registry

Business Registry Busin

egov.sos.state.or.us/br/pkg_web_name_srch_inq.show_detl?p_be_rsn=583684&p_srce=BR_INQ&p_print=FALSE

Registry Number

Official Business Name

OREGON SECRETARY OF STATE
Corporation Division

HOME | business information center | business name search | oregon business guide | referral list | business registry/renewal | forms/fees | notary public | uniform commercial code | uniform commercial code search | documents & data services

Business Name Search

New Search | Printer Friendly

Business Entity Data

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date
113832-13	DBC	ACT	OREGON	02-13-1976	02-13-2020
Entity Name	JOHNS, SMITH & BEAMER, INC.				
Foreign Name					

New Search | Printer Friendly

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	51054 HWY 334					
Addr 2						
CSZ	ATHENA	OR	97813		Country	UNITED STATES OF AMERICA

Please click here for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	02-12-2019	Resign Date
Name	KAREN		A	ALBERT		
Addr 1	51054 HWY 334					
Addr 2						
CSZ	ATHENA	OR	97813		Country	UNITED STATES OF AMERICA

Type	MAL	MAILING ADDRESS				
Addr 1	PO BOX 304					
Addr 2						
CSZ	ATHENA	OR	97813		Country	UNITED STATES OF AMERICA

Verify your business name, address, and registered agent information. If these look familiar, you've found your official business name. If not, go back to the list and try again.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

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

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

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

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

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

BACK NEXT

INDEX

DHS Oregon Department of Human Services

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.

BACK NEXT

INDEX

PSW Provider Enrollment Agreement – Step 1

DHS | Oregon Department of Human Services
INTELLECTUAL/DEVELOPMENTAL DISABILITIES

I/DD PERSONAL SUPPORT WORKERS ONLY

Print form | Clear form

Personal Support Worker (PSW)
Provider Enrollment Application and Agreement
(Revised 08/01/2018)

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.

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 or email it.

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

BACK NEXT

INDEX

New PSW Provider Enrollment Agreement – Step 2

Type of action requested

☒ New enrollment ☐ Renewal or re-enrollment

Select "New 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

Type in your name as listed on your Social Security card.

☐ PSW Children Intensive In-Home Services (84-801)

☐ PSW State Plan Personal Care (84-800)

☒ PSW Employment Job Coach (84-809)*

Select "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.

BACK

NEXT

INDEX

DHS Oregon Department of Human Services

New PSW Provider Enrollment Agreement – Step 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.

Street address: 999 Anystreet City: Anytown State: OR

ZIP code *(+4)*: - 999999999 County: Anycounty

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

City: _____ State: _____ ZIP code *(+4)*: _____

County: _____

Phone number: - 5039999999 Email: john.doe@email.com

Date of birth: 05/04/1959 SSN: -- 000000000

Type in your address.

Type in phone number, email address, date of birth and social security number.

BACK NEXT

INDEX

DHS Oregon Department of Human Services

New PSW Provider Enrollment Agreement – Step 4

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):

Check the appropriate boxes answering the criminal offense questions..

Submitting Agency Information (optional)

N/A

Submitting Brokerage/CDDP/CIIS

N/A

Submitting Brokerage/CDDP/CIIS contact email

Type "N/A" in the optional Submitting Agency Information.

BACK NEXT

INDEX

PSW Provider Enrollment Agreement – Step 5

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

John X. Doe
Signature of provider

08/18/2020
Signature/Effective date

Sign and date.

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@dhsohastate.or.us

BACK NEXT

INDEX

DHS Oregon Department of Human Services

PSW Provider Enrollment Agreement – Step 6

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

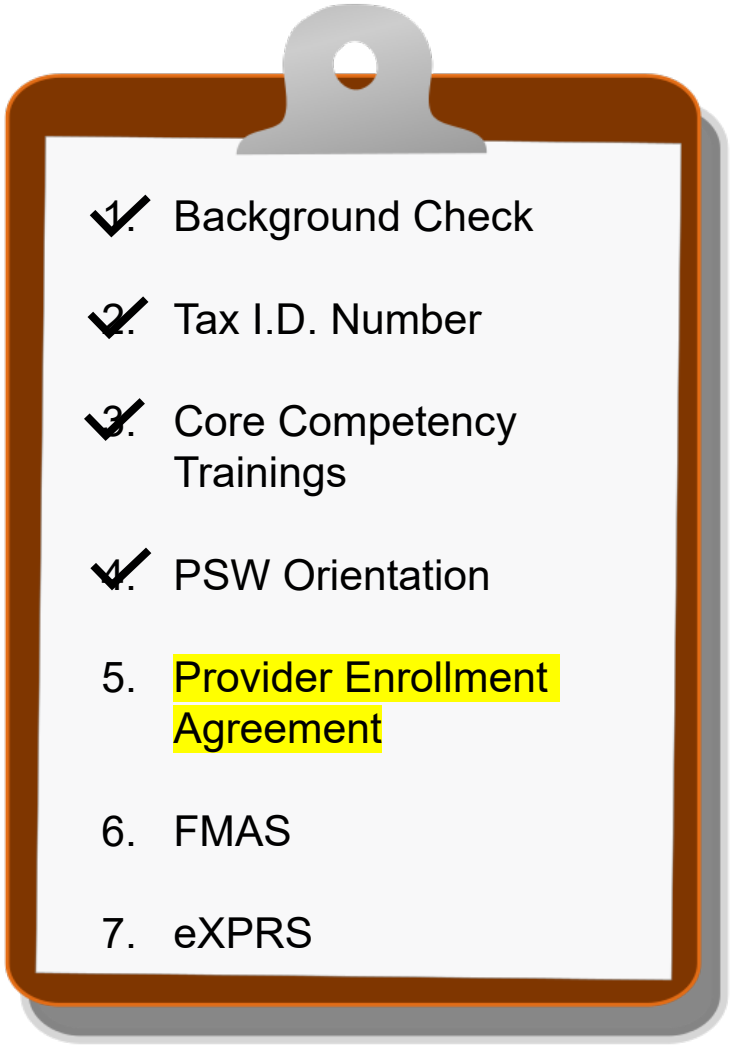
Mail to: Department of Human Services
ODDS Contracts & Provider Administration Unit
500 Summer St., NE E-09
Salem, OR 97301

BACK NEXT

INDEX

DHS Oregon Department of Human Services

What to Expect Next – Provider Enrollment Agreement



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

BACK NEXT

INDEX

DHS Oregon Department of Human Services

OR-FMAS (Oregon Financial Management Agent Services)

Home | Contact | Search

BetterOnline™ Web Portal: **Sign Up | Login**

PUBLIC PARTNERSHIPS

SERVICES ▾ MOBILE APPS ▾ PROGRAMS ABOUT ▾

Overview | Program Documents

Who We Serve

- Adults with developmental disabilities
- Children with developmental disabilities

Services

- Payroll
- Employment tax requirements
- Enrollment Support
- Customer service

Public Partnerships is pleased to provide Financial Management Agent Services for the Individuals/Employers and Personal Support Workers who are a part of the Oregon Office of Developmental Disabilities Services (ODDS) OR FMAS program. Individuals/Employers enrolled in the OR FMAS program can recruit and hire a Personal Support Worker.

Public Partnerships helps Individuals/Employers and Personal Support Workers by:

- Helping individuals and employers enroll in OR FMAS using pre-filled forms.
- Helping Personal Support Workers enroll in OR FMAS using pre-filled forms.
- Processing payroll for Personal Support Workers
- Filing Employer related tax information

BetterOnline™ Web Portal Login

BetterOnline provides account-specific information, enrollment paperwork, timesheets, and real-time financial and service utilization reports to make sure you can be in control of your information 24/7

Login

Need to Verify your

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.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

eXPRS Enrollment for New PSW Job Coaches – Step 1

eXPRS
Express Payment & Reporting System

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.

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

Add	Del	User Role/Description
☐	☐	**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.*

*Print Name	
*Signature:	*Date: / /

Keep a copy of this form for future reference.

Enroll Individual Provider User (PSW or BC) REFORMATTED (v4; 8-10-18)

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.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

eXPRS Enrollment for New PSW Job Coaches - 2

* **Indicate Action:** ☒ **Add User** ☐ **Modify User** ☐ **Deactivate User** ☐ **Change of Info**	
* User's Name: (Last, First MI) *(Print Name)* D o e , J o h n X .	Already have an eXPRS login name? If you already have an eXPRS login, type it here
*Job Title (**check one*): ☒ Personal Support Worker ☐ Behavior Consultant	*Provider Number(s) *(SPD or eXPRS)*: U J 1 2 3 4 5 6 7 8
*Address: *(Mailing Address)* 9 9 9 A n y s t r e e t	*City, State, Zip: A n y t o w n , O R 9 9 9 9 9
*Phone Number: (5 0 3) 9 9 9 - 9 9 9 9	*Email Address: *(must be your unique email address; it cannot be shared with another eXPRS user)* j o h n . d o e @ e m a i l . c o m

Check the "Add User" and "Personal Support Worker" boxes.

If you have already received your eXPRS login name, go ahead and enter it. Otherwise enter "N/A."

Fill in your name, address, phone number and email address.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

eXPRS Enrollment for New PSW Job Coaches – Step 3

Add	Del	User Role/Description
☒	☐	**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.*

***Print Name** John X. Doe	
***Signature:** *John X. Doe*	***Date:** 08/21/2020

Keep a copy of this form for future reference.

Enroll Individual Provider User (PSW or BC) REFORMATTED (v4; 8-10-18)

Check the "Add" box, print name, sign and date.

Scan the completed form and email to info.exprs@dhsoha.state.or.us *OR* fax to (503) 947- 5044. Keep a copy for your files.

BACK NEXT

INDEX

DHS | Oregon Department of Human Services

What to Expect Next – PSW 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.
- 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.

Independent Contractor Checklist Update

1. ✓ Background Check
2. ✓ Tax I.D. Number
3. ✓ Core Competency Trainings
4. ✓ ORPIN Registration
5. ✓ VR Application
6. ✓ Insurance Requirements
7. ✓ Discovery
8. ✓ ODDS Application
9. ✓ eXPRS
10. ✓ PSW-Job Coach Enrollment (optional)

Congratulations! All done!

BACK END

INDEX

DHS | Oregon Department of Human Services

Index

- Background Check
- Core Competency Trainings
- DHS Secure Email System
- Discovery
- eXPRS User Enrollment
- iLearn Registration
- iLearn Transcript
- Insurance Requirements
- ODDS Application
- Oregon Business Registry
- ORPIN Registration
- ORPIN to Access Vocational Rehabilitation Contract
- PSW – Job Coach Enrollment
- Tax Identification Number
- Vocational Rehabilitation Application

Index

- Background Check
- Core Competency Trainings
- DHS Secure Email System
- Discovery
- eXPRS User Enrollment
- iLearn Registration
- iLearn Transcript
- Insurance Requirements
- ODDS Application
- Oregon Business Registry
- ORPIN Registration
- ORPIN to Access Vocational Rehabilitation Contract
- PSW – Job Coach Enrollment
- Tax Identification Number
- Vocational Rehabilitation Application

BACK

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