PRESENTATION

Employment First

How To Enroll as a Personal Support Worker Job Coach

Version 7.0

NEXT

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

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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

* Indicate Action: ☑ 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? N/A
*Job Title (*check one): ☑ Personal Support Worker ☐ Behavior Consultant	*Provider Number(s) *(SPD or eXPRS)*: UI12345678
*Address: *(Mailing Address)* 1234 AnyStreet	*City, State, Zip: AnyTown, OR 97000
*Phone Number: (503) 000-0000	*Email Address: *(must be your unique email address; it cannot be shared with another eXPRS user)* john.doe@email.com

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

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What does a PSW Job Coach do?

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

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

NEXT

PSW Job Coach Checklist

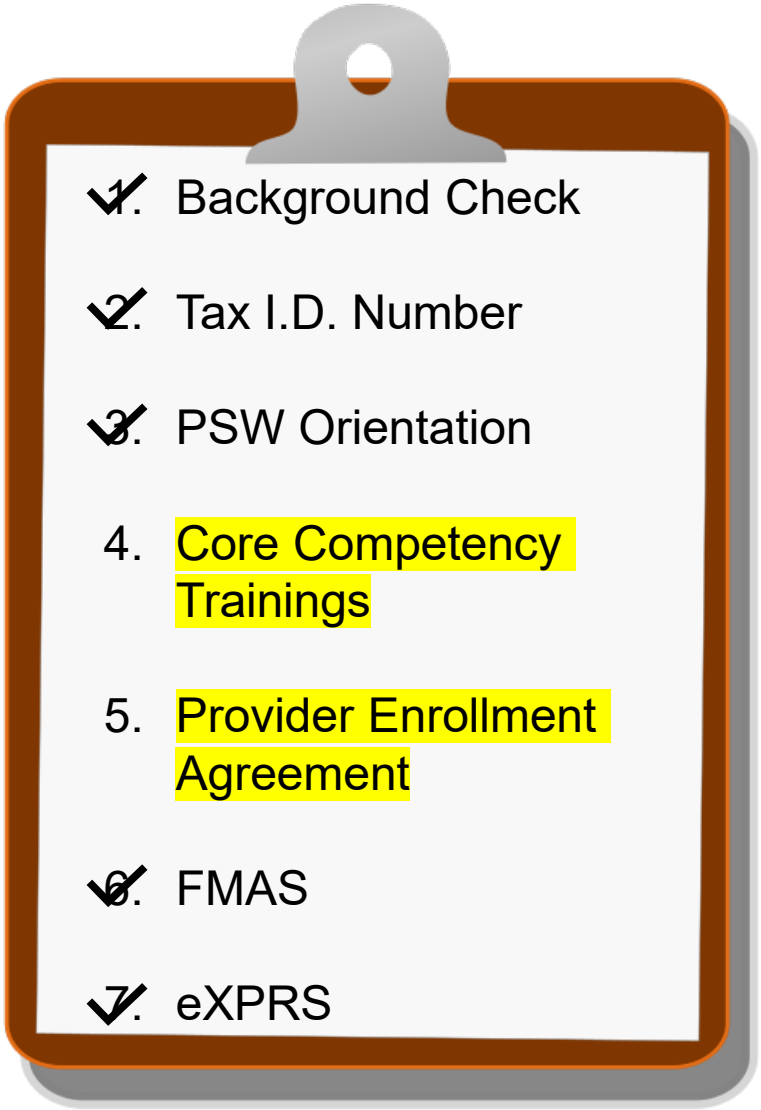
1. Background Check
2. Tax I.D. Number
3. Core Competency Trainings
4. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS

Are you currently enrolled as a PSW?

YES

NO

PSW-Job Coach Checklist



Good News!

As a currently enrolled PSW you only need to meet the Core Competency Training requirement and submit an updated Provider Enrollment Agreement to receive the Job Coach endorsement.

Let's work on the Core Competency Trainings next.

BACK NEXT

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

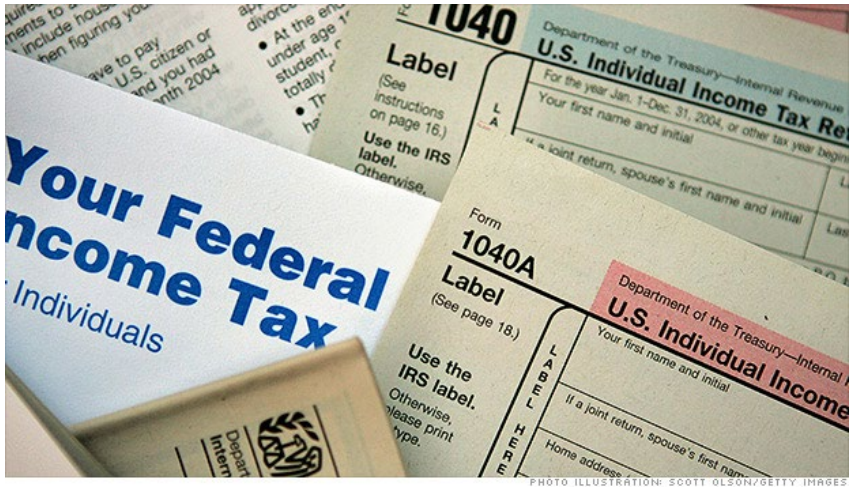
Click on this link for a list of Brokerages

BACK NEXT

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

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How to Apply for Federal Tax I.D. Numbers

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

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

NOTE: You'll need either a Social Security Number OR an Employer Identification Number, NOT BOTH

BACK NEXT

Core Competency Trainings

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

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

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

Are you already registered in iLearn?

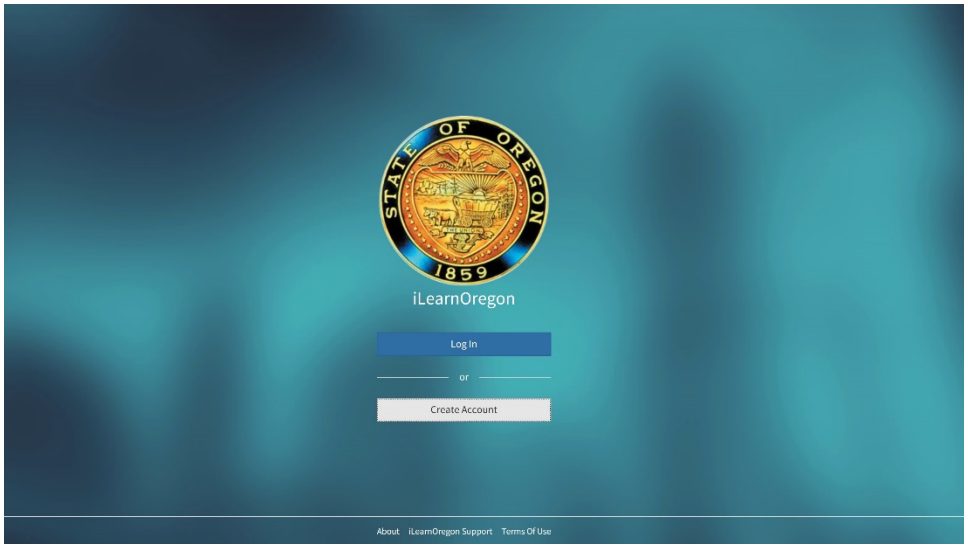
YES NO

BACK

iLearn Registration – How To

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

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



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

BACK NEXT

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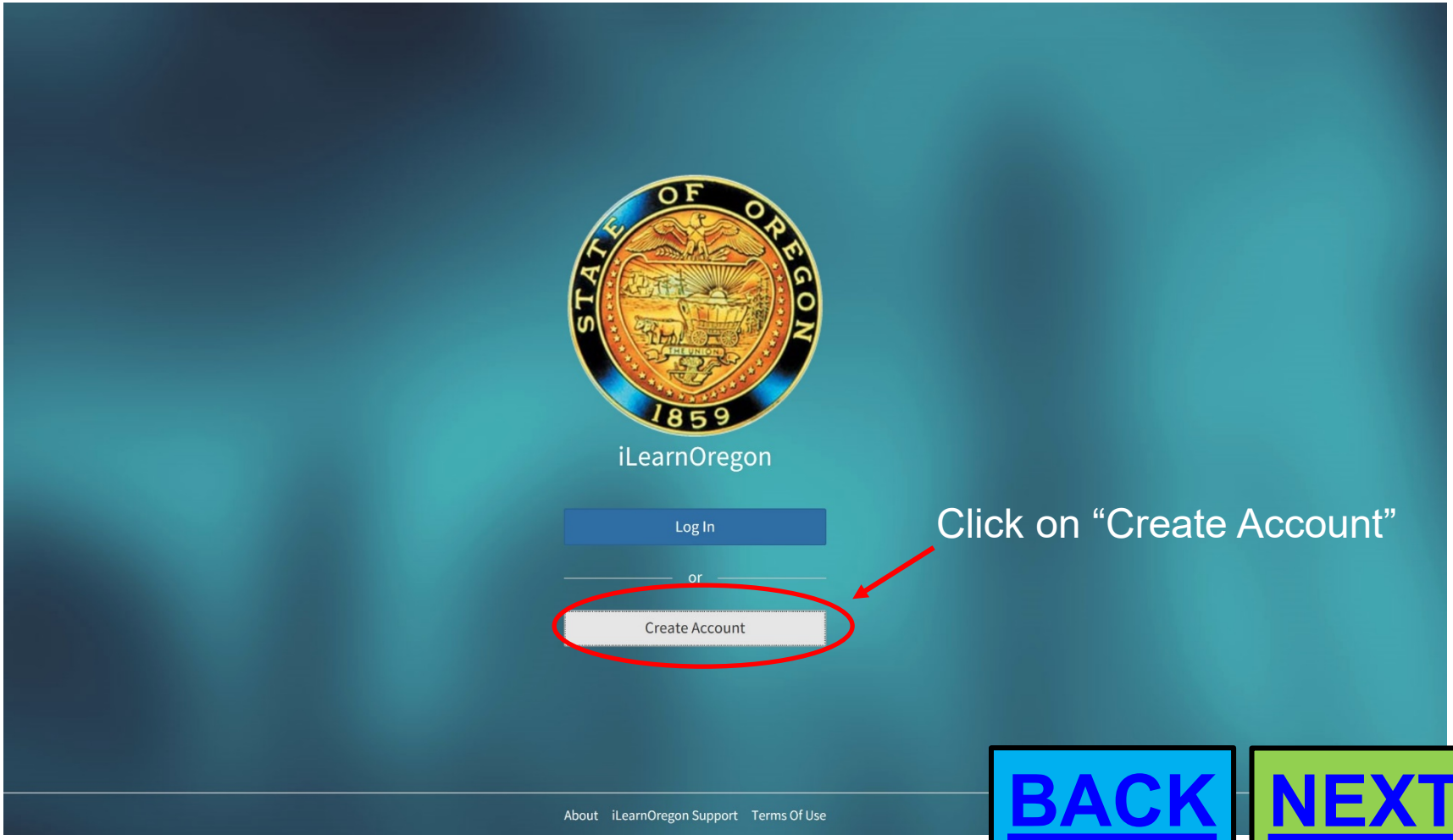
iLearn Registration – Step 1



Click on “Create Account”

BACK NEXT

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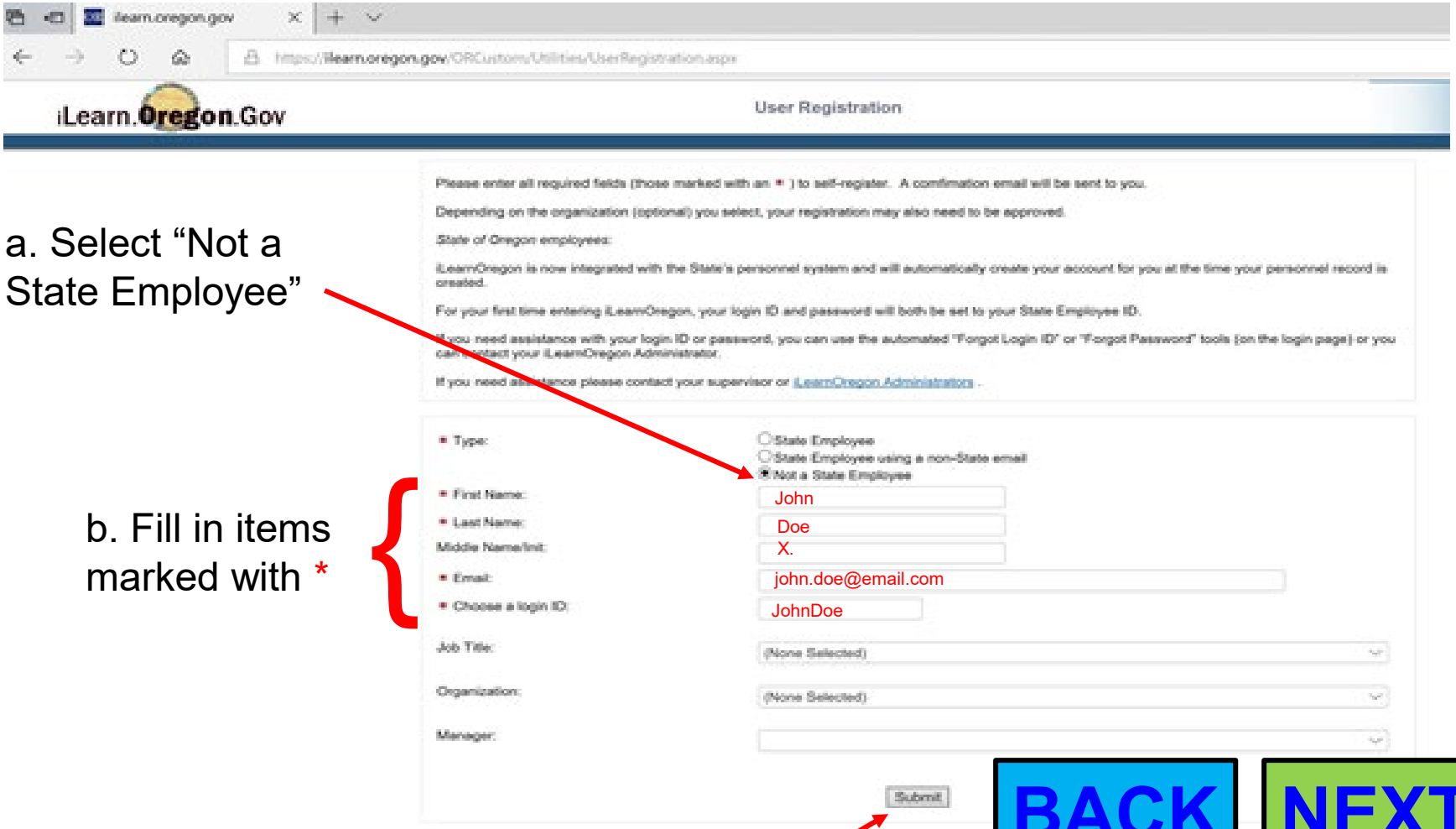
iLearn Registration – Step 2



a. Select "Not a State Employee"

b. Fill in items marked with *

c. When done, click "Submit"

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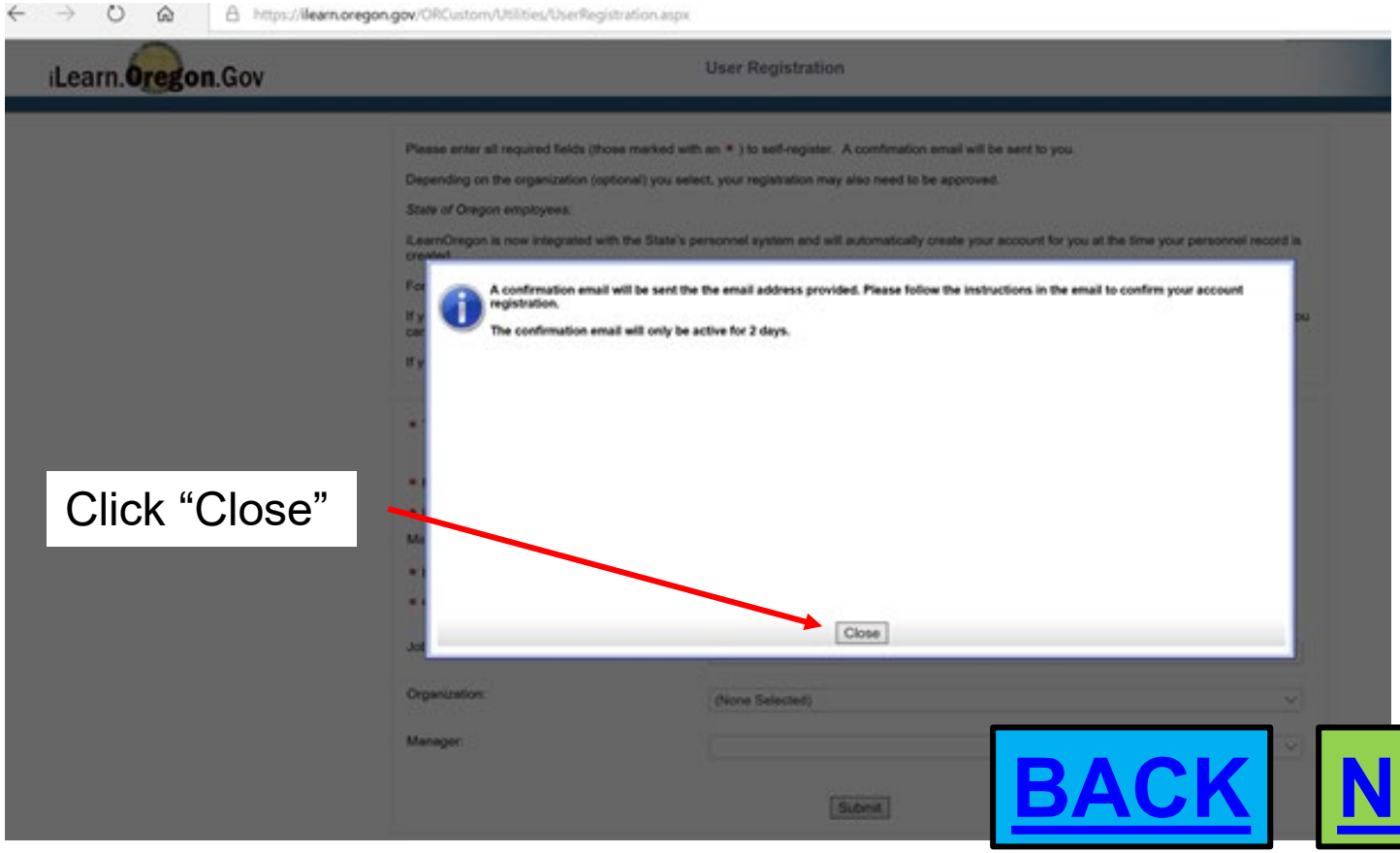
iLearn Registration – Step 3

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



BACK

NEXT

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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

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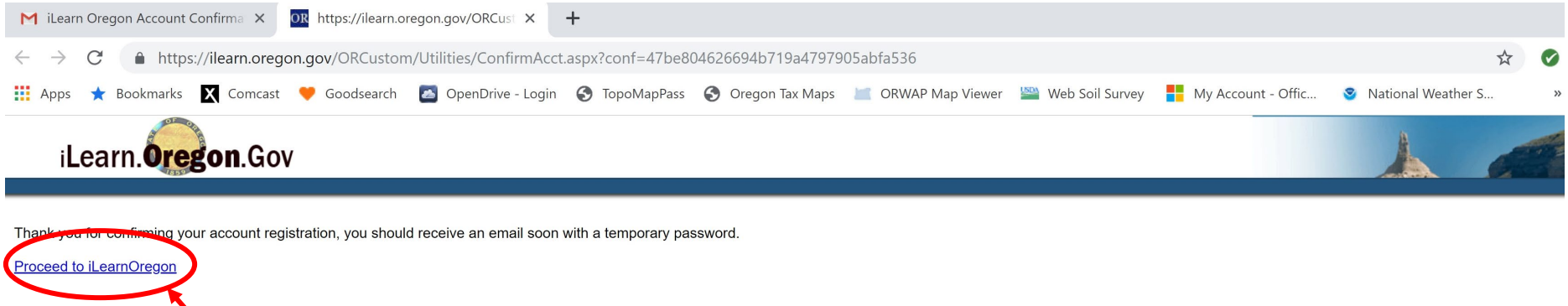
iLearn Registration – Step 5

iLearn will email you a temporary password.



Thank you for confirming your account registration, you should receive an email soon with a temporary password.

Proceed to iLearnOregon

Click on “Proceed to iLearnOregon”

BACK NEXT

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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
to me

1:25 PM (2 minutes ago)

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

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PSW-Job Coach Checklist

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

Good progress!

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

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

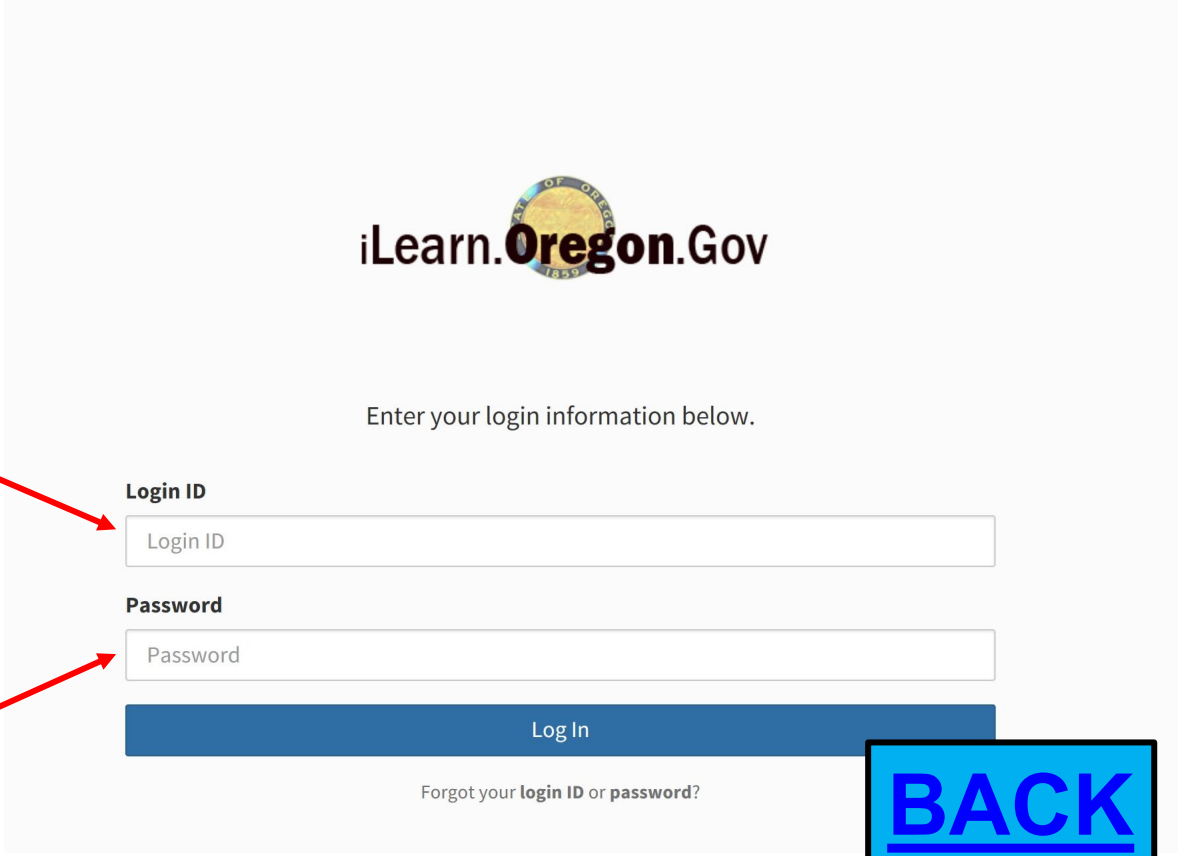
BACK NEXT

iLearn Registration – Step 7

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

Type in the Login ID you chose earlier.

Type in or Paste the temporary password.



BACK

NEXT

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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

BACK NEXT

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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)

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

BACK NEXT

DHS Oregon Department of Human Services

Login to the Core Competency Trainings

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

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.

BACK NEXT

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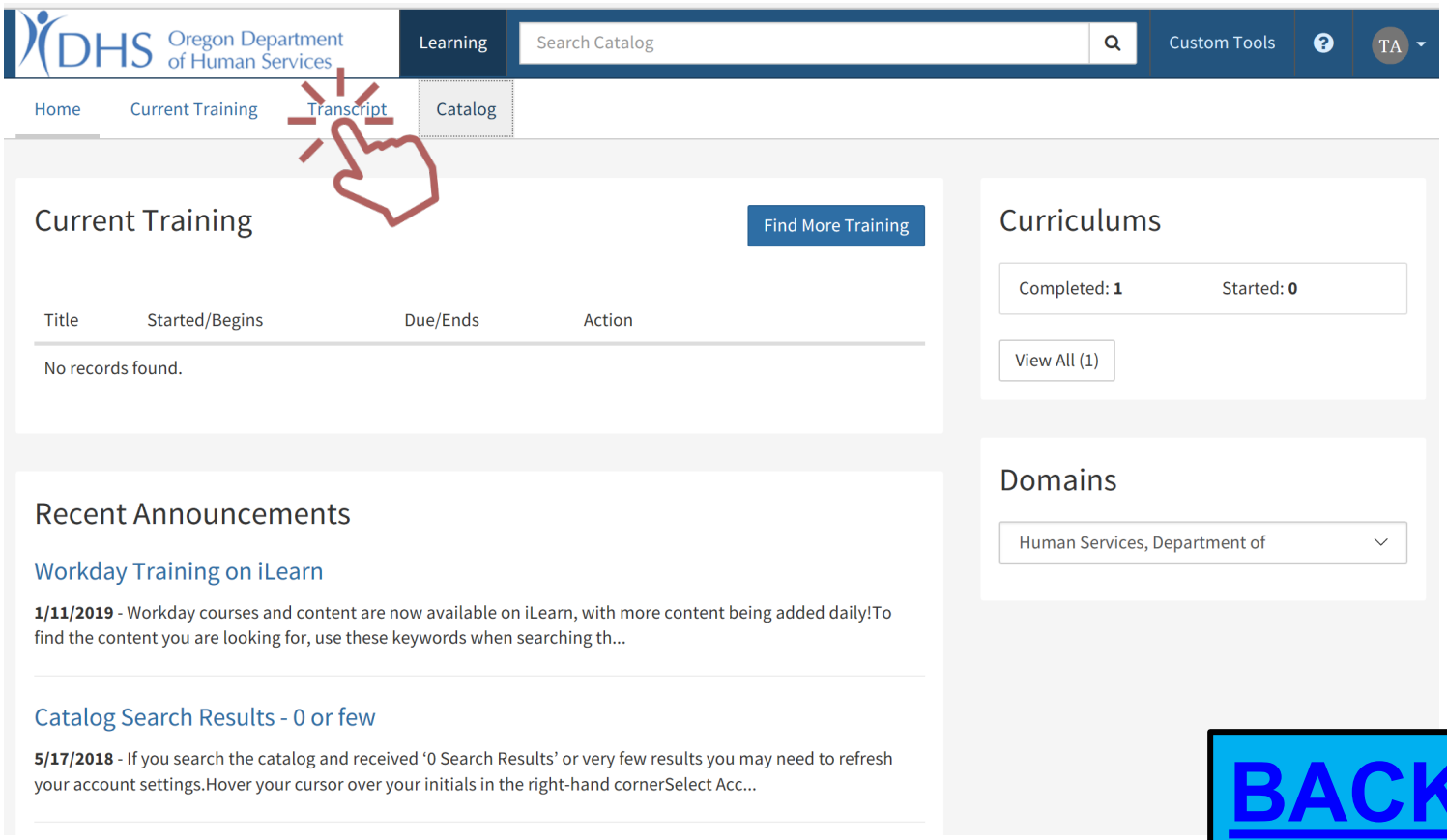
Documenting Successful Completion of the Core Competency Trainings - 1



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

BACK NEXT

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Documenting Successful Completion of the Core Competency Trainings - 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.”

BACK NEXT

DHS Oregon Department of Human Services

Documenting Successful Completion of the Core Competency Trainings - 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 courses.
- Keep this for your records.

BACK NEXT

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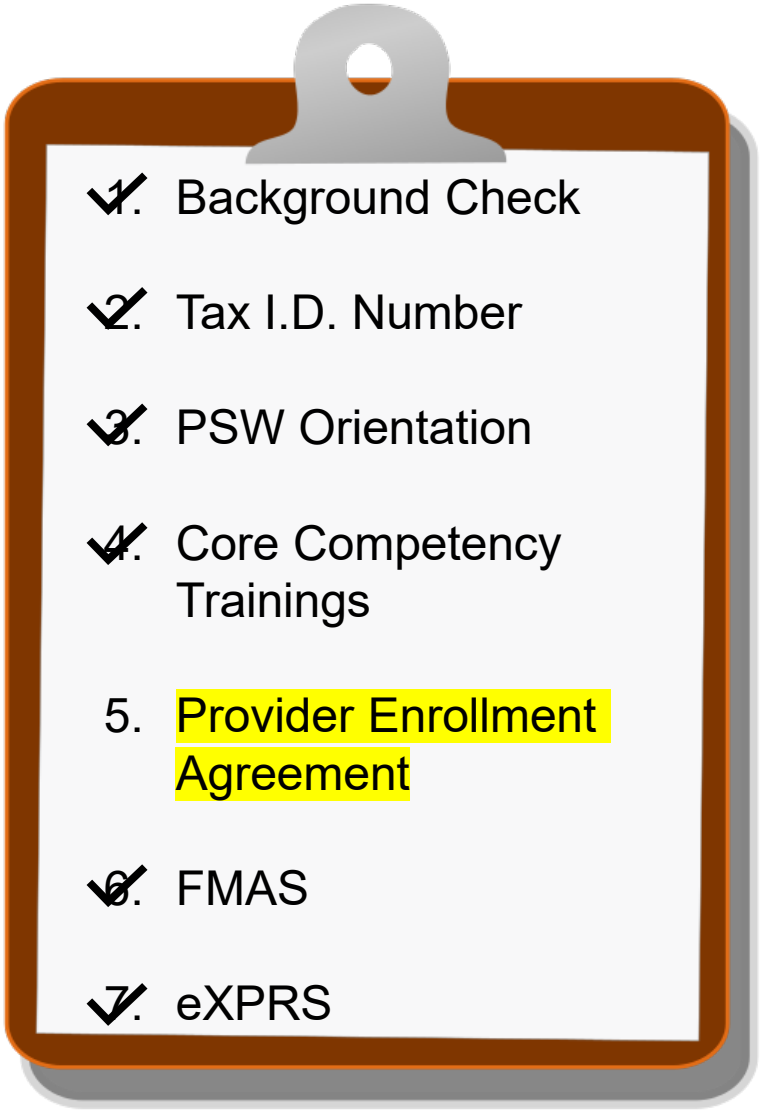
PSW Job Coach Checklist



Almost there!

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

Let's work on the Enrollment Agreement next.

BACK NEXT

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Background Check

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

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

Click on this link for a list of CDDPs

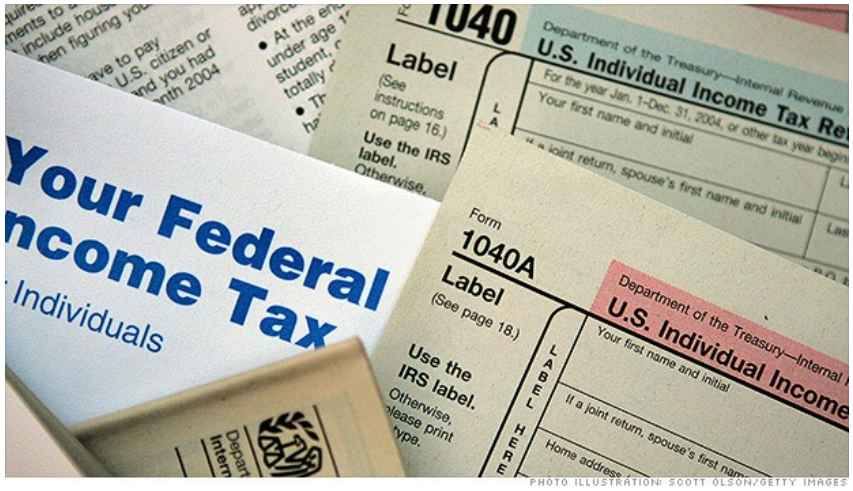
Click on this link for a list of Brokerages

BACK NEXT

Tax Identification Number

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

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



YES

NO

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

PSW Job Coach Checklist

1. ✓ Background Check
2. ✓ Tax I.D. Number
3. ✓ Core Competency Trainings
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6. FMAS
7. eXPRS

Almost there!

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

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

BACK NEXT

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New PSW Orientation

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

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

BACK NEXT

Core Competency Trainings

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

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

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

Are you already registered in iLearn?

YES NO

Login to the Core Comps

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

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.

BACK NEXT

New PSW Provider Enrollment Agreement - 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.

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

BACK NEXT

DHS | Oregon Department of Human Services

New PSW Provider Enrollment Agreement - 2

Select "New enrollment"

Type of action requested

☒ New enrollment ☐ Renewal or re-enrollment

Provider type requested *(mark all that apply)*

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

Enter your name

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

John X. Doe

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

☐ PSW State Plan Personal Care (84-800)

☒ PSW Employment Job Coach (84-809)*

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

Select "PSW Employment Job Coach"

NEXT

BACK

DHS Oregon Department of Human Services

New PSW Provider Enrollment Agreement - 3

Provider Information (Required)

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

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

Street address: 1234 AnyStreet City: AnyTown State: OR
ZIP code *(+4)*: 97000-0000 County: AnyCounty

Mailing address *(if different from above)*: 1234 AnyStreet
City: AnyOtherCity State: OR ZIP code *(+4)*: 97001-0000
County: AnyOtherCounty

Phone number: (503) 000-0000 Email: johndoe@email.com
Date of birth: 05/05/1960 SSN: 000-00-0000

Enter your address

Enter your mailing address

Enter your phone number, email, birthday and social security number

BACK NEXT

DHS Oregon Department of Human Services

New PSW Provider Enrollment Agreement - 4

Check boxes as appropriate

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

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

☑ I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number
☐ I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number (list below):

Submitting Agency Information (optional)

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

AnyCounty CDDP

Submitting Brokerage/CDDP/CIIS

anycountycddp@anycounty.or.us

Submitting Brokerage/CDDP/CIIS contact email

BACK NEXT

New PSW Provider Enrollment Agreement - 5

1. Print your name

8. Provider signature

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

Print name of provider: John X. Doe

John X. Doe — Signature of provider

01/01/2020 — Signature/Effective date

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

3. Sign and date in the places indicated

DOJ approved 6/1/2018 SDS 0734 (08/01/2018) Page **5** of **11**

The Enrollment Application & Agreement packet contains a lot of information that you're going to need to read and understand.

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

BACK NEXT

DHS Oregon Department of Human Services

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

BACK NEXT

DHS | Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 2

Select "re-enrollment"

Type of action requested

☐ New enrollment ■ Renewal or re-enrollment Re-enrollment

Type "Re-enrollment"

Provider type requested *(mark all that apply)*

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

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

John X. Doe

Type name (as shown on Social Security 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.

Select "PSW Employment Job Coach"

BACK NEXT

DHS Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 3

Provider Information (Required)

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

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

Street address: 1234 AnyStreet City: AnyTown State: OR
ZIP code *(+4)*: 97000-0000 County: AnyCounty

Mailing address *(if different from above)*: 1234 AnyStreet
City: AnyOtherCity State: OR ZIP code *(+4)*: 97001-0000
County: AnyOtherCounty

Phone number: (503) 000-0000 Email: johndoe@email.com
Date of birth: 05/05/1960 SSN: 000-00-0000

Enter your address

Enter your mailing address

Enter your phone number, email, birthday and social security number

BACK **NEXT**

DHS Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 4

Check boxes as appropriate

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

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

☐ I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number
✓ I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number (list below):

UI12345678

Submitting Agency Information (optional)

N/A

Type "N/A"

Submitting Brokerage/CDDP/CIIS

N/A

Submitting Brokerage/CDDP/CIIS contact email

DOJ approved 6/1/2018

SDS 0734 (08/01/2018) Pag

BACK NEXT

Existing PSW Provider Enrollment Agreement - 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.

1. Print your name

Print name of provider: John X. Doe

John X. Doe — Signature of provider

01/01/2020 — Signature/Effective date

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

3. Sign and date in the places indicated

DOJ approved 6/1/2018 SDS 0734 (08/01/2018) Page **5** of **11**

The Enrollment Application & Agreement packet contains a lot of information that you're going to need to read and understand.

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

BACK NEXT

DHS Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 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

What to Expect Next – Provider Enrollment Agreement

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

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

BACK NEXT

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

BACK NEXT

DHS | Oregon Department of Human Services

eXPRS Enrollment for New PSW Job Coaches -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 of fax it.

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

BACK NEXT

DHS | Oregon Department of Human Services

eXPRS Enrollment for New PSW Job Coaches -2

Follow the example below by putting in your information. Note that the Provider Number is the number you received resulting from the Provider Enrollment process (slides 55-59).

* **Indicate Action:** ☑ **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? N/A
*Job Title (**check one*): ☑ Personal Support Worker ☐ Behavior Consultant	*Provider Number(s) *(SPD or eXPRS)*: UI12345678
*Address: *(Mailing Address)* 1234 AnyStreet	*City, State, Zip: AnyTown, OR 97000
*Phone Number: (503) 000-0000	*Email Address: *(must be your unique email address; it cannot be shared with another eXPRS user)* john.doe@email.com

BACK NEXT

DHS | Oregon Department of Human Services

eXPRS Enrollment for New PSW Job Coaches - 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:** 05/ 05 / 2019

Keep a copy of this form for future reference.

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

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.

- Are you a registered user of DHS' secure email system?

YES **NO**

BACK

DHS | Oregon Department of Human Services

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."

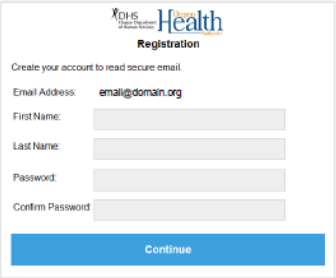
- First-time users will go to the "Registration" page.
- Returning users will go to the "Login" page.

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.

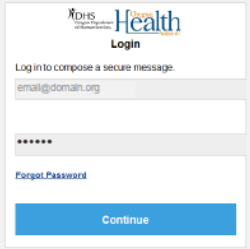
You will get an activation request email. When you click the link in the email, you will get to compose your secure email.



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

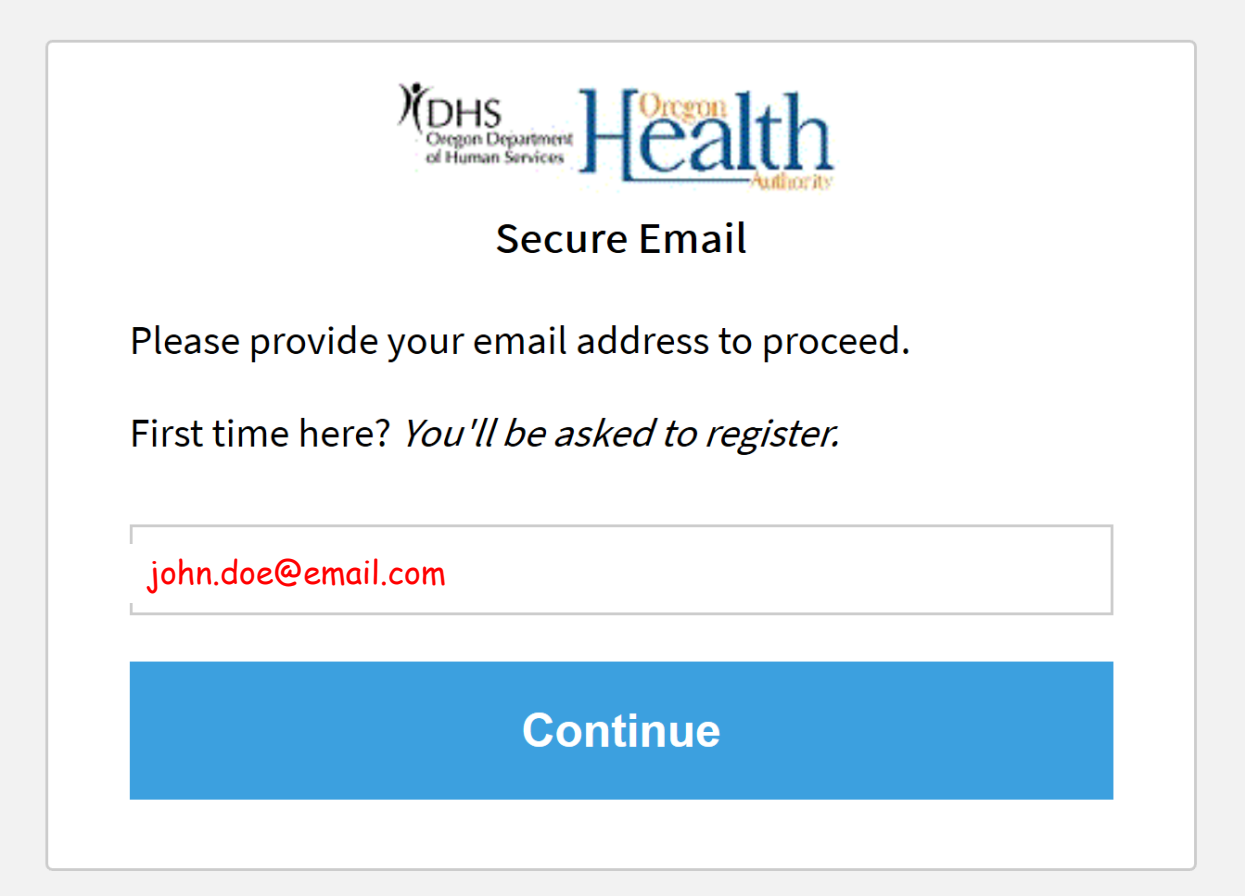
Because DHS is committed to protecting the privacy and security of all the people we serve, we require all email be sent securely if it contains protected client information.

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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System



Enter your email address to begin the registration process.

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

DHS Oregon Department of Human Services | Oregon Health Authority

Registration

Create your account to read secure email.

Email Address: john.doe@email.com

First Name: John

Last Name: Doe

Password:

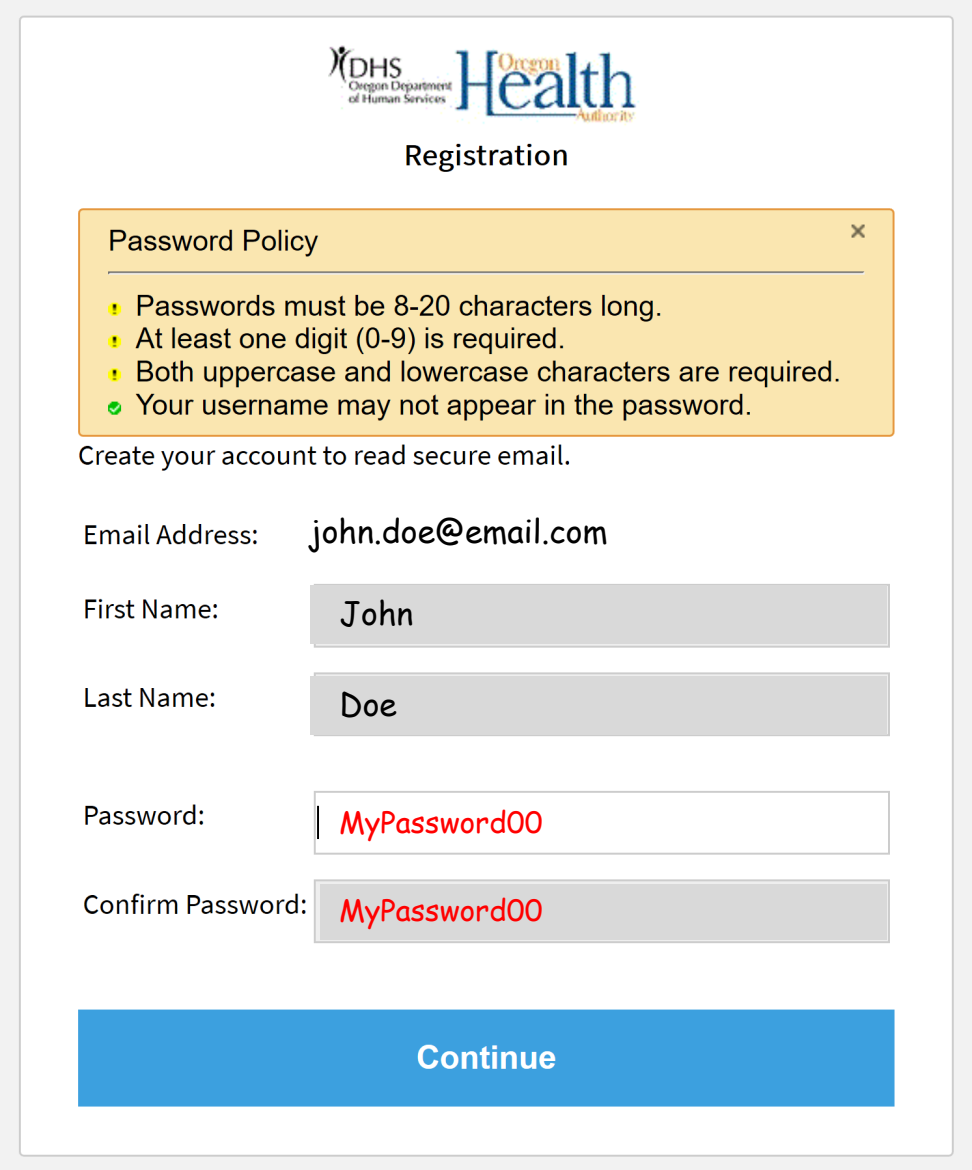
Confirm Password:

Continue

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

BACK NEXT

DHS Secure Email System



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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

Activation Request Sent

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

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

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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

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)

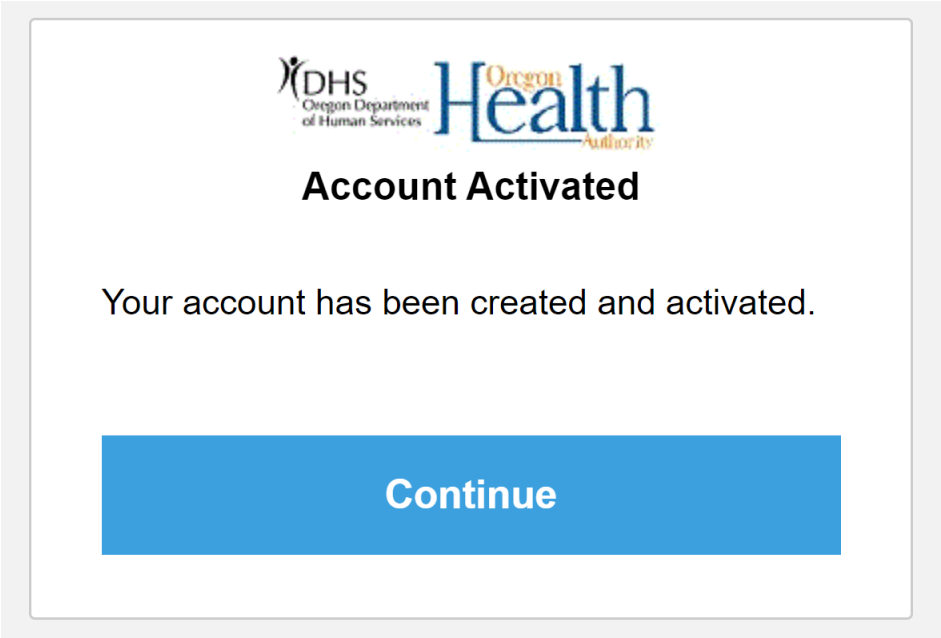
to me

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

DHS Secure Email System



The next message will confirm that your secure email account has been activated and you're ready to send secure emails to addresses that end in @dhsoha.state.or.us.

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

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

DHS Oregon Department of Human Services | Oregon Health Authority

Logout

Send | Help

To:

Cc:

Subject:

Send me a copy

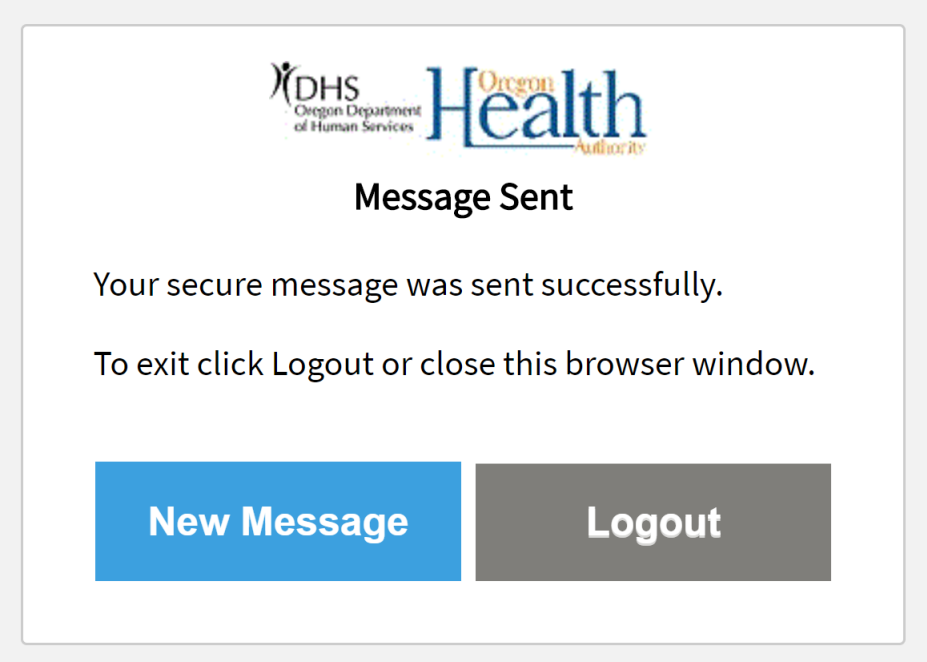
Attach a file

Sans Serif | Normal

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System



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

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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

You're all set!

BACK NEXT

DHS | Oregon Department of Human Services

Index

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

Core Competency Trainings

Provider Enrollment

BACK NEXT

PSW Job Coach Completed Checklist

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

Congratulations - You did it! You'll receive an email like this:

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

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

DONE BACK

DHS | Oregon Department of Human Services

PSW Job Coach Completed Checklist

1. ✓ Background Check
2. ✓ Tax I.D. Number
3. ✓ PSW Orientation
4. ✓ Core Competency Trainings
5. ✓ Provider Enrollment Agreement
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DONE BACK

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

What to Expect Next – Background Check

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

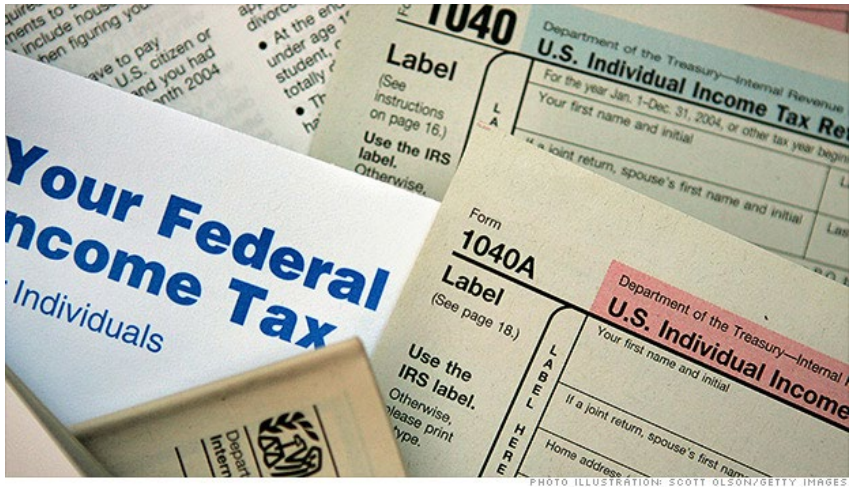
The Community Developmental Disability Program or Brokerage with which you initiated the background check will inform you of the results.

BACK NEXT

Tax I.D. Number

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

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



YES

NO

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

What to Expect Next – Tax I.D. Number

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

- 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

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.

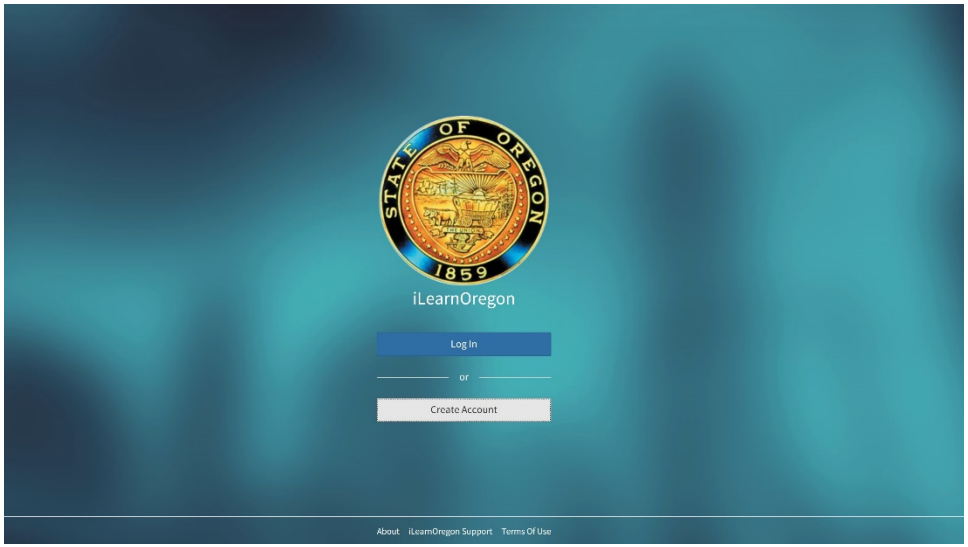
Are you already registered in iLearn?

YES NO

iLearn Registration – How To

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

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

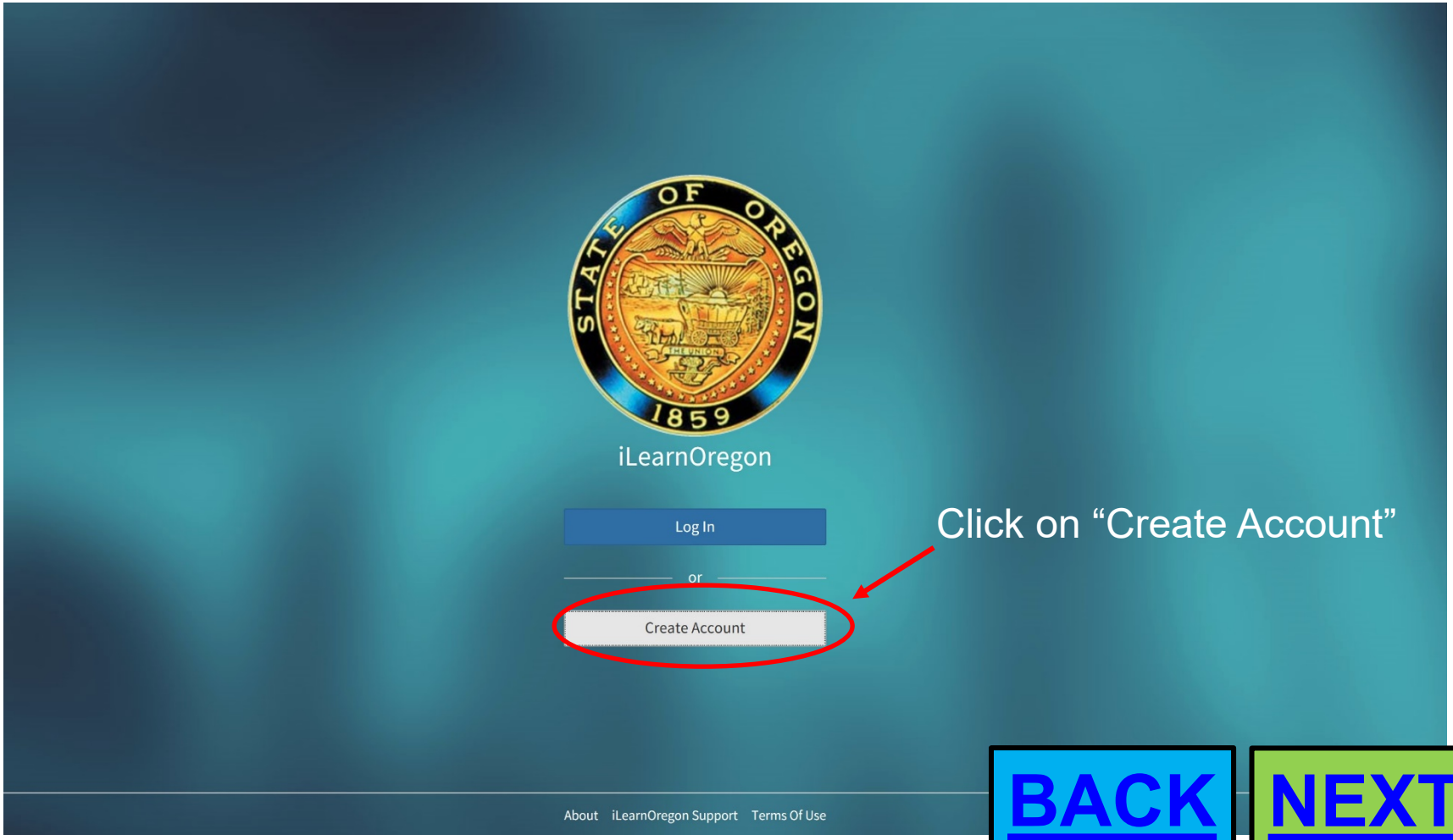


Step 3. Come back to this page and Ctrl+left click on NEXT to go to iLearn Core Comps.

BACK NEXT

DHS | Oregon Department of Human Services

iLearn Registration – Step 1



Click on “Create Account”

BACK NEXT

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

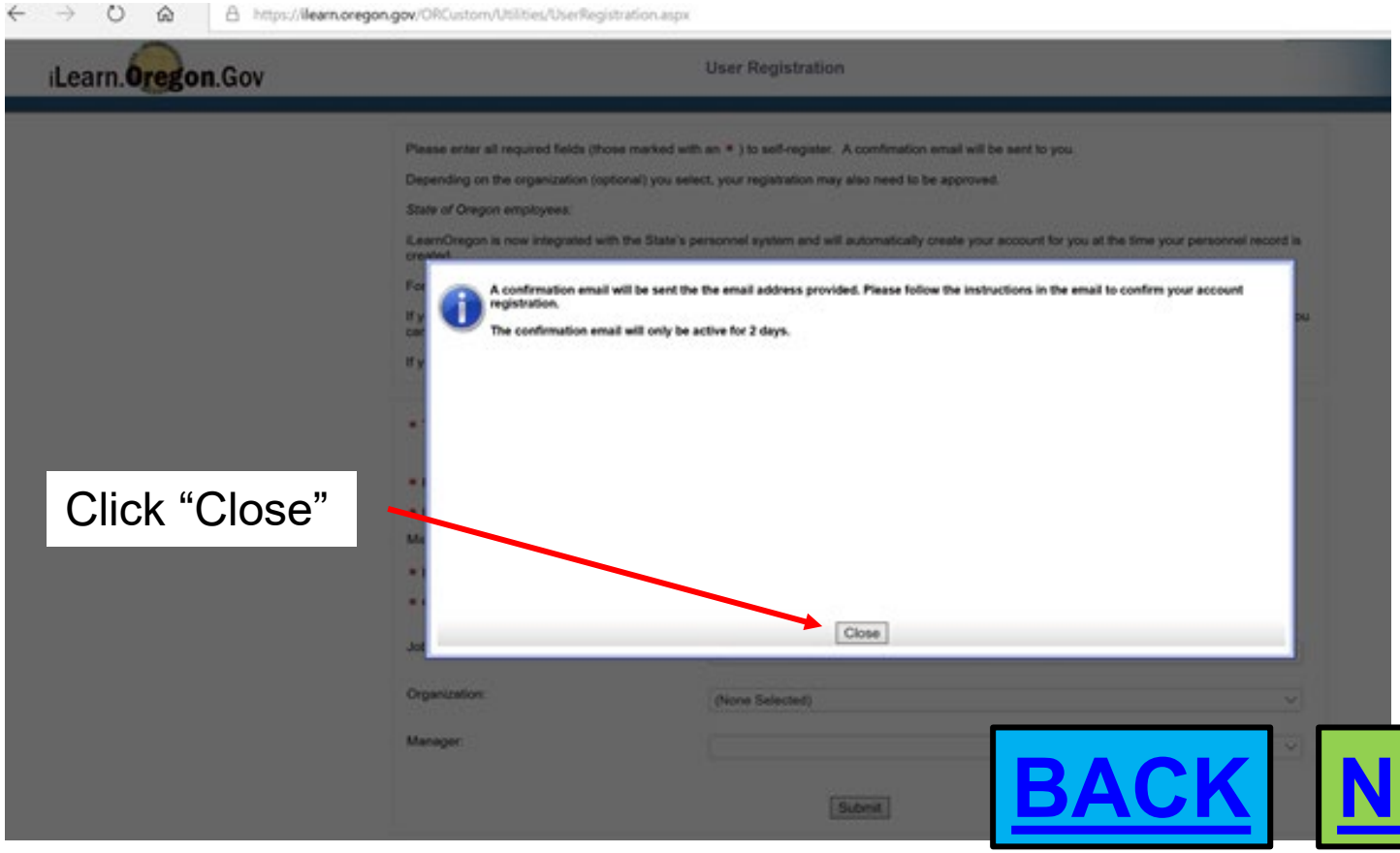
c. When done, click "Submit"

BACK NEXT

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.



BACK

NEXT

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.

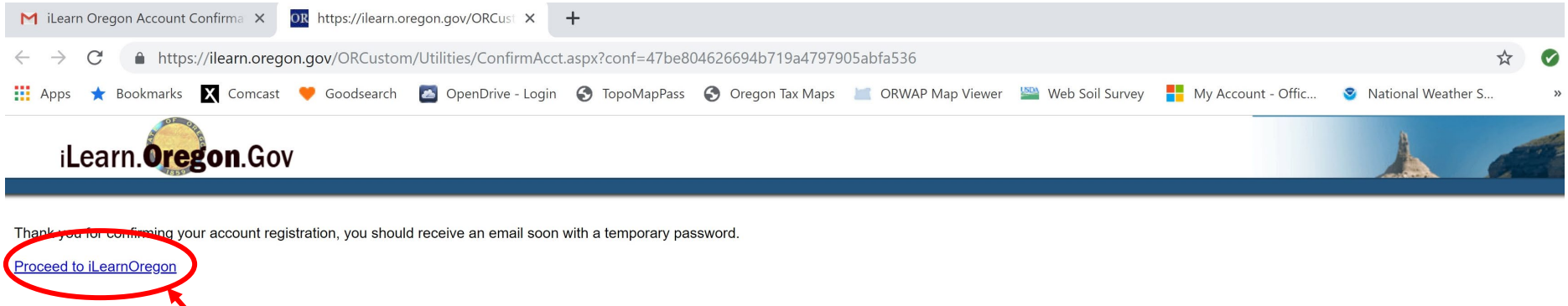
Reply | Forward

BACK NEXT

DHS | Oregon Department of Human Services

iLearn Registration – Step 5

iLearn will email you a temporary password.



Click on “Proceed to iLearnOregon”

BACK NEXT

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
to me

1:25 PM (2 minutes ago)

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

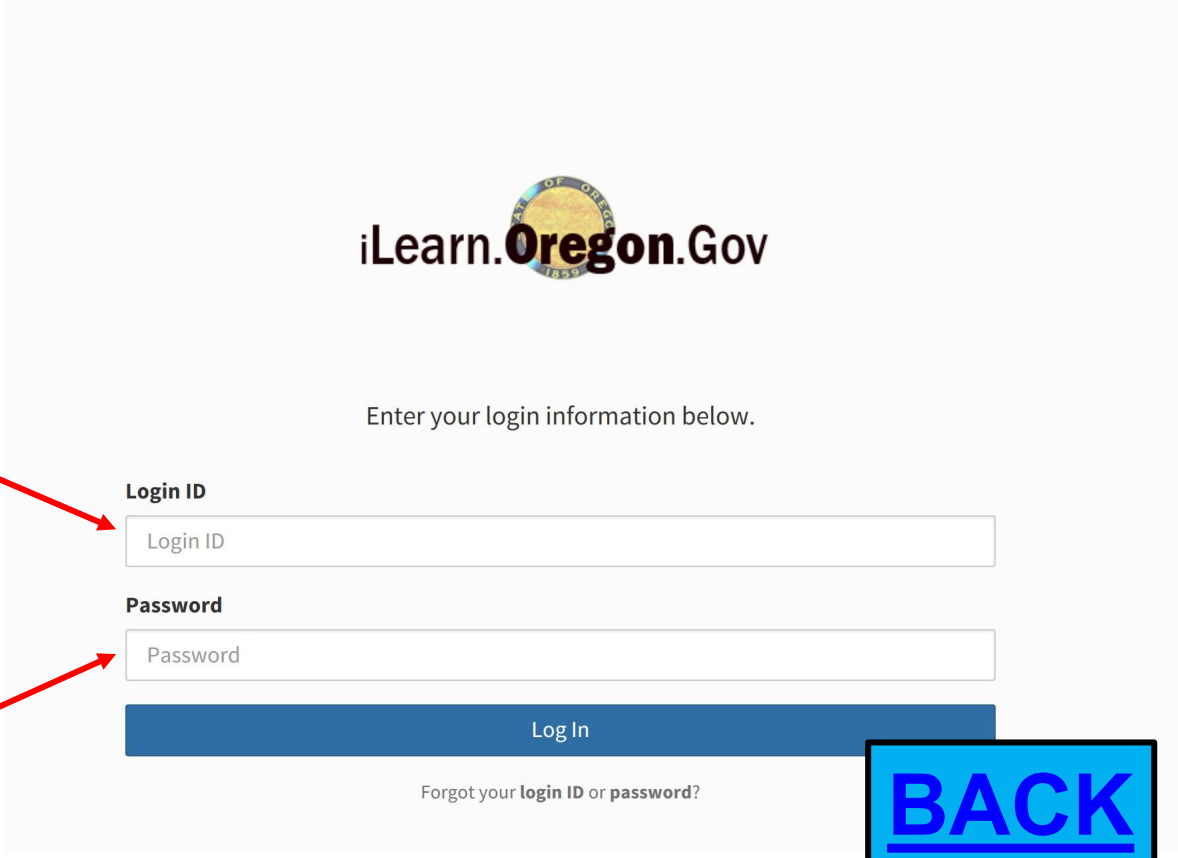
DHS | Oregon Department of Human Services

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

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

BACK NEXT

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)

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

BACK NEXT

DHS Oregon Department of Human Services

Login to the Core Competency Trainings

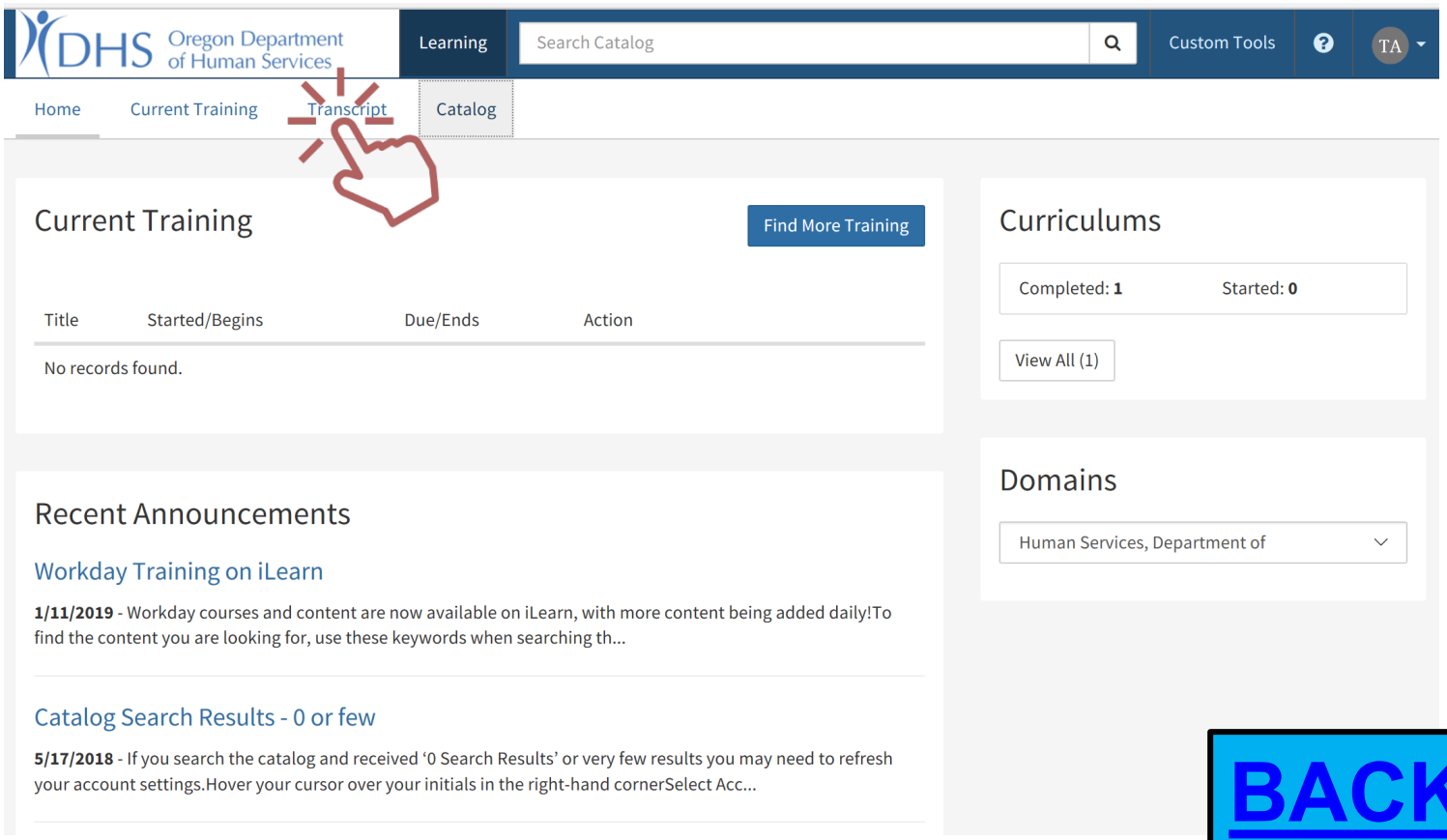
Ctrl+left click on the link next to the Core Competency Module you want to take. It'll take you to the iLearn login webpage. Type in your Log In ID and Password, and the Module will load. Click on "Open Item" to start the Module. When you're done with all the modules, come back and Ctrl+left click NEXT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

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.

BACK NEXT

DHS | Oregon Department of Human Services

Documenting Successful Completion of the Core Comps - 1



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

BACK NEXT

DHS Oregon Department of Human Services

Documenting Successful Completion of the Core Comps - 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.”

BACK NEXT

DHS Oregon Department of Human Services

Documenting Successful Completion of the Core Competency Trainings - 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

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. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS

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

Next let's tackle new PSW Orientation.

BACK NEXT

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.

BACK NEXT

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

PSW Provider Enrollment Agreement - 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.

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

BACK NEXT

DHS | Oregon Department of Human Services

New PSW Provider Enrollment Agreement - 2

Select "New enrollment"

Type of action requested

☒ New enrollment ☐ Renewal or re-enrollment

Provider type requested *(mark all that apply)*

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

Enter your name

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

John X. Doe

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

☐ PSW State Plan Personal Care (84-800)

☒ PSW Employment Job Coach (84-809)*

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

Select "PSW Employment Job Coach"

BACK

NEXT

New PSW Provider Enrollment Agreement - 3

Provider Information (Required)

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

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

Street address: 1234 AnyStreet City: AnyTown State: OR
ZIP code *(+4)*: 97000-0000 County: AnyCounty

Mailing address *(if different from above)*: 1234 AnyStreet
City: AnyOtherCity State: OR ZIP code *(+4)*: 97001-0000
County: AnyOtherCounty

Phone number: (503) 000-0000 Email: johndoe@email.com
Date of birth: 05/05/1960 SSN: 000-00-0000

Enter your address

Enter your mailing address

Enter your phone number, email, birthday and social security number

BACK NEXT

DHS Oregon Department of Human Services

New PSW Provider Enrollment Agreement - 4

Check boxes as appropriate

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

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

☑ I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number
☐ I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number (list below):

Submitting Agency Information (optional)

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

AnyCounty CDDP

Submitting Brokerage/CDDP/CIIS

anycountycddp@anycounty.or.us

Submitting Brokerage/CDDP/CIIS contact email

BACK NEXT

PSW Provider Enrollment Agreement - 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.

1. Print your name

Print name of provider: John X. Doe

John X. Doe — Signature of provider

01/01/2020 — Signature/Effective date

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

3. Sign and date in the places indicated

DOJ approved 6/1/2018 SDS 0734 (08/01/2018) Page **5** of **11**

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

DHS Oregon Department of Human Services

PSW Provider Enrollment Agreement - 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

What to Expect Next – Provider Enrollment Agreement

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

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

BACK NEXT

DHS | Oregon Department of Human Services

New PSW-Job Coach Checklist

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

Almost there!

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

Let's work on FMAS first and then finish off with signing up for eXPRS.

BACK NEXT

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

BACK NEXT

DHS | Oregon Department of Human Services

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

eXPRS Enrollment for New PSW Job Coaches - 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 of fax it.

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

BACK NEXT

DHS Oregon Department of Human Services

eXPRS Enrollment for New PSW Job Coaches - 2

Follow the example below by putting in your information. Note that the Provider Number is the number you received resulting from the Provider Enrollment process (slides 75-80).

* **Indicate Action:** ☑ **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? N/A
*Job Title (*check one): ☑ Personal Support Worker ☐ Behavior Consultant	*Provider Number(s) *(SPD or eXPRS)*: UI12345678
*Address: *(Mailing Address)* 1234 AnyStreet	*City, State, Zip: AnyTown, OR 97000
*Phone Number: (503) 000-0000	*Email Address: *(must be your unique email address; it cannot be shared with another eXPRS user)* john.doe@email.com

BACK NEXT

eXPRS Enrollment for New PSW Job Coaches - 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:** 05/ 05 / 2019

Keep a copy of this form for future reference.

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

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.

- Are you a registered user of DHS' secure email system?

YES **NO**

BACK

DHS | Oregon Department of Human Services

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."

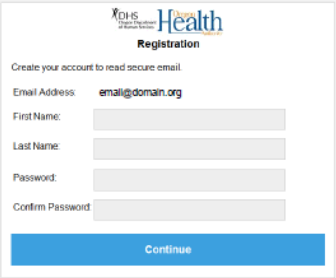
- First-time users will go to the "Registration" page.
- Returning users will go to the "Login" page.

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.

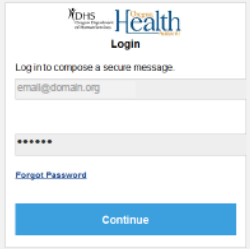
You will get an activation request email. When you click the link in the email, you will get to compose your secure email.



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

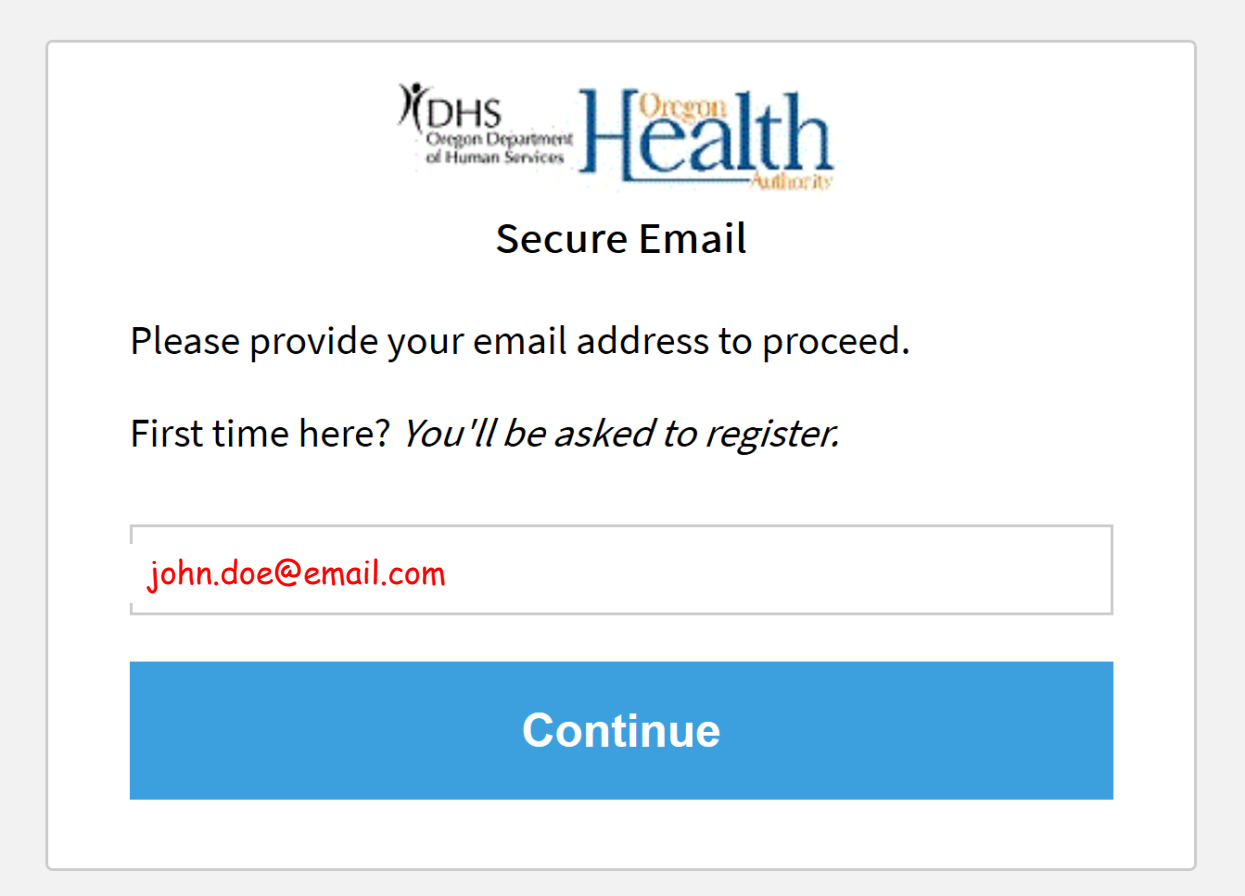
Because DHS is committed to protecting the privacy and security of all the people we serve, we require all email be sent securely if it contains protected client information.

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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System



Enter your email address to begin the registration process.

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

DHS Oregon Department of Human Services | Oregon Health Authority

Registration

Create your account to read secure email.

Email Address: john.doe@email.com

First Name: John

Last Name: Doe

Password:

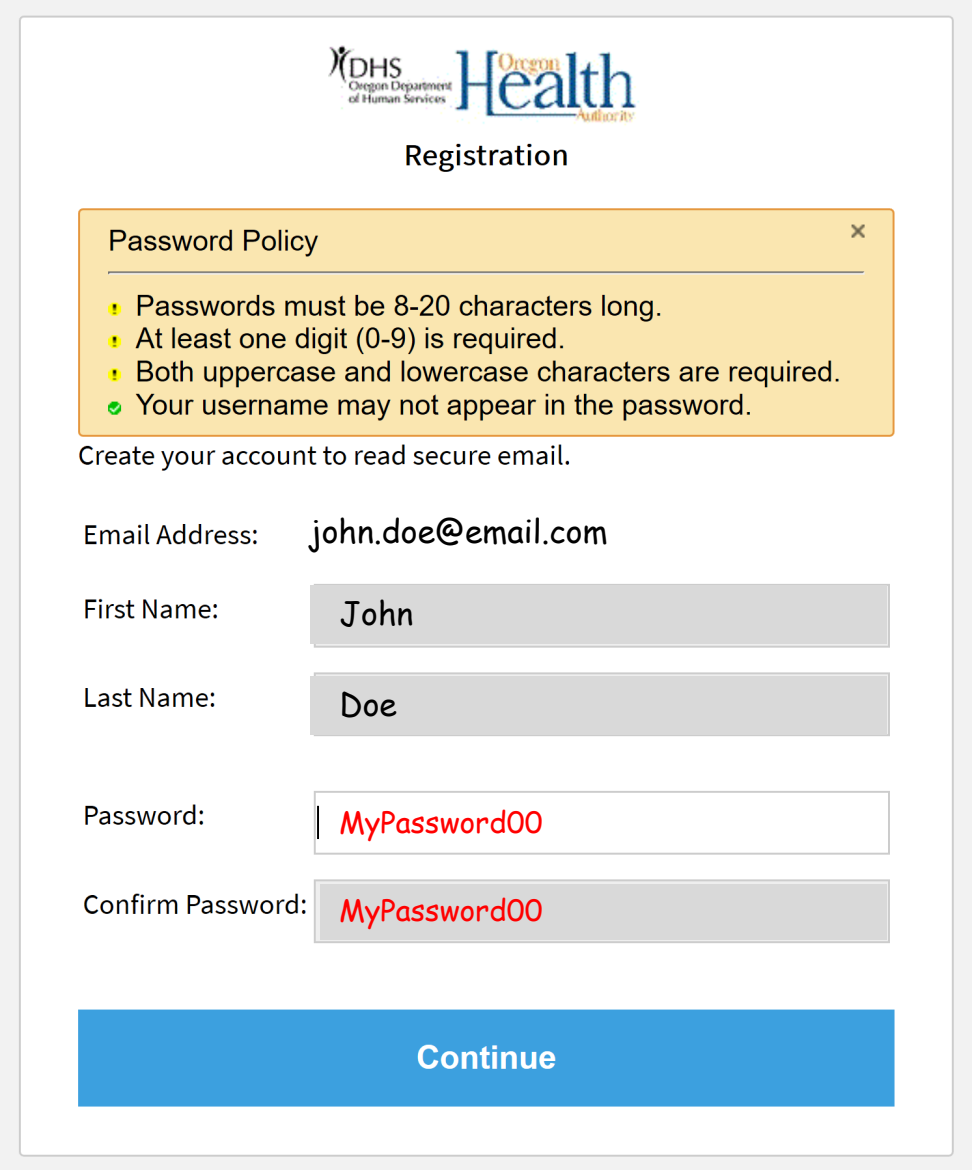
Confirm Password:

Continue

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

BACK NEXT

DHS Secure Email System

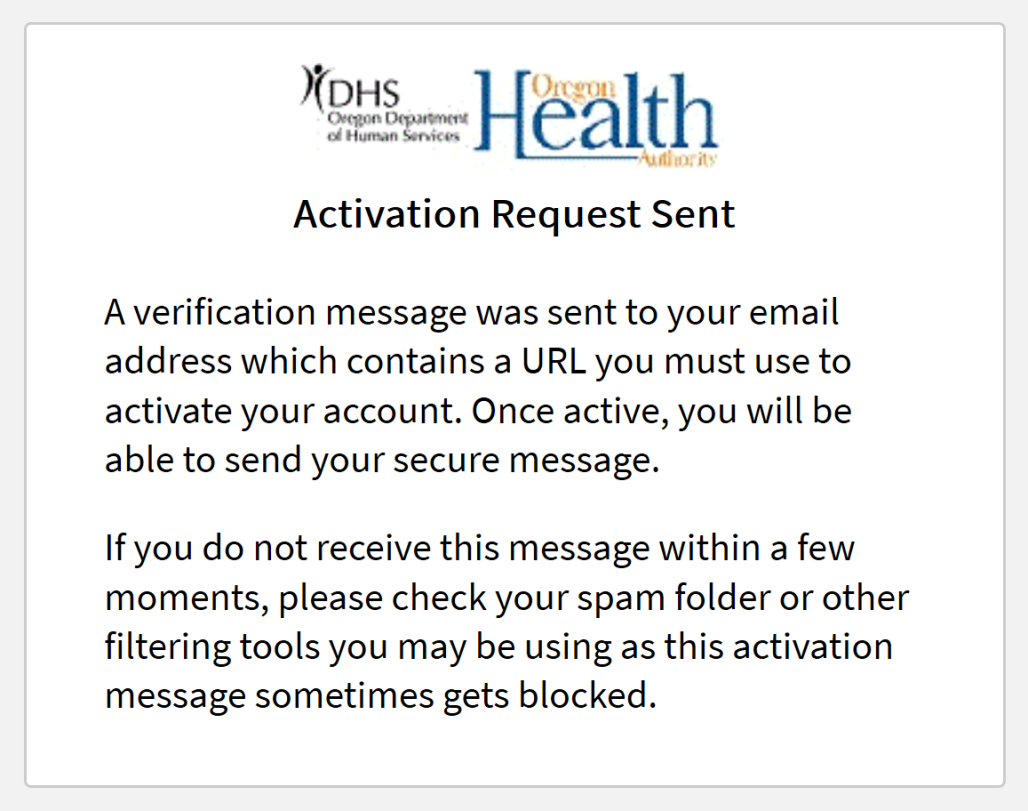


Enter a password of your choice consistent with the Password Policy, then click on “Continue.”

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System



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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

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)

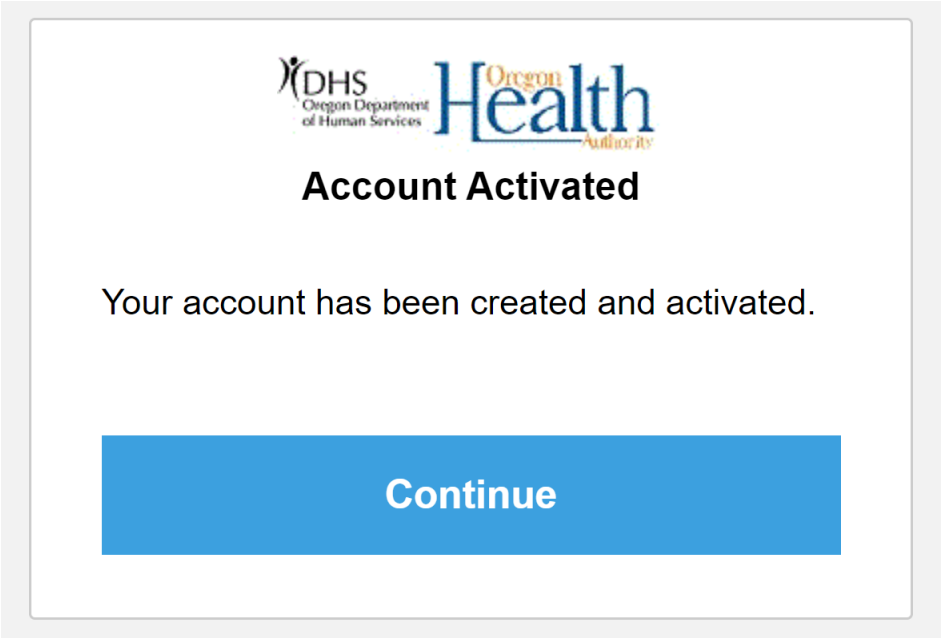
to me

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

DHS Secure Email System



The next message will confirm that your secure email account has been activated and you're ready to send secure emails to addresses that end in @dhsoha.state.or.us.

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

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

DHS Oregon Department of Human Services | Oregon Health Authority

Logout

Send | Help

To:

Cc:

Subject:

Send me a copy

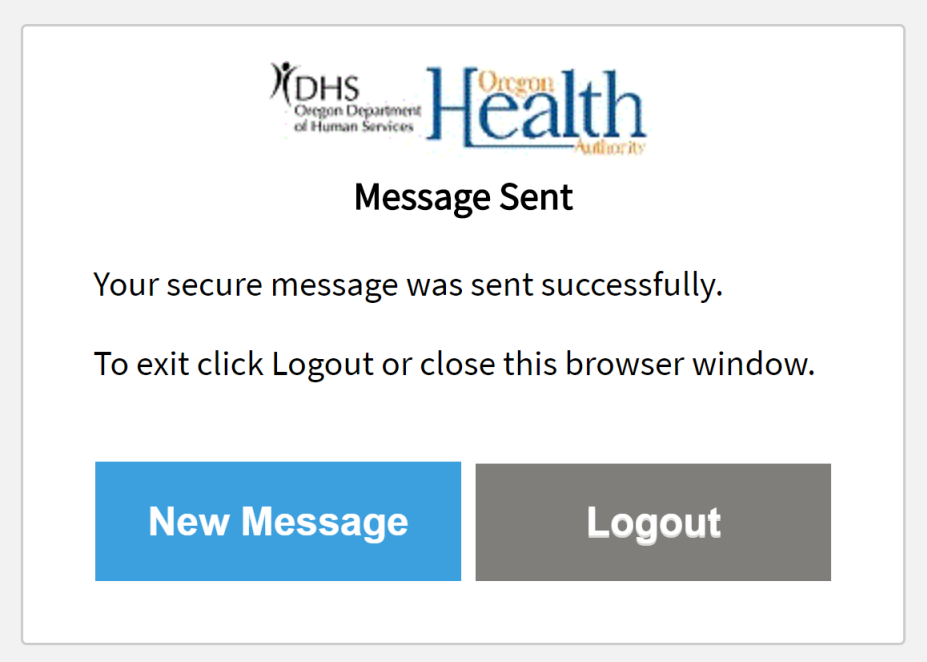
Attach a file

Sans Serif | Normal

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System



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

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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

You're all set!

BACK NEXT

DHS | Oregon Department of Human Services

What to Expect Next – eXPRS

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

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

Once your account has been created, you will receive two emails from info.exprs@dhsoha.state.or.us:

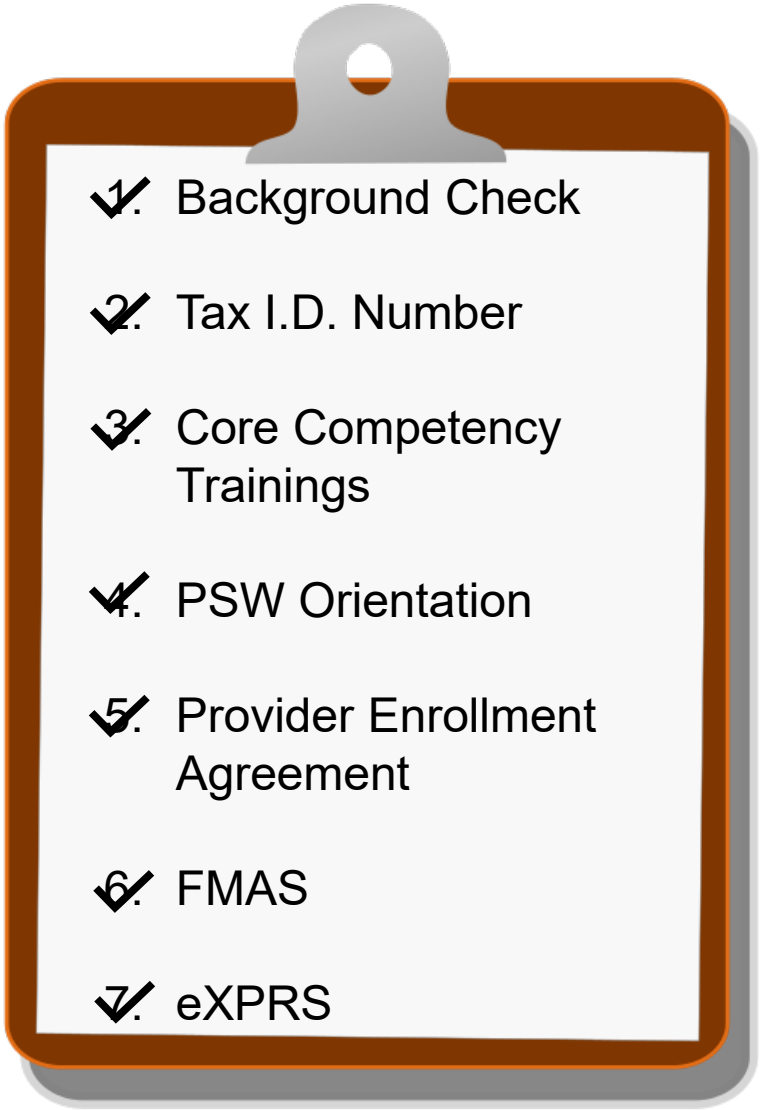
- The 1st email contains generic information and several attachments.
- The 2nd email will be secured and includes your eXPRS login name and temporary password. Set up a secure account with DHS' secure email system by contacting the DHS Service Desk at 503-945-5623 and choose option 3.

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

BACK NEXT

DHS Oregon Department of Human Services

New PSW-Job Coach Checklist



Congratulations – you did it!

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

END BACK

DHS | Oregon Department of Human Services

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

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

Login to the Core Competency Trainings

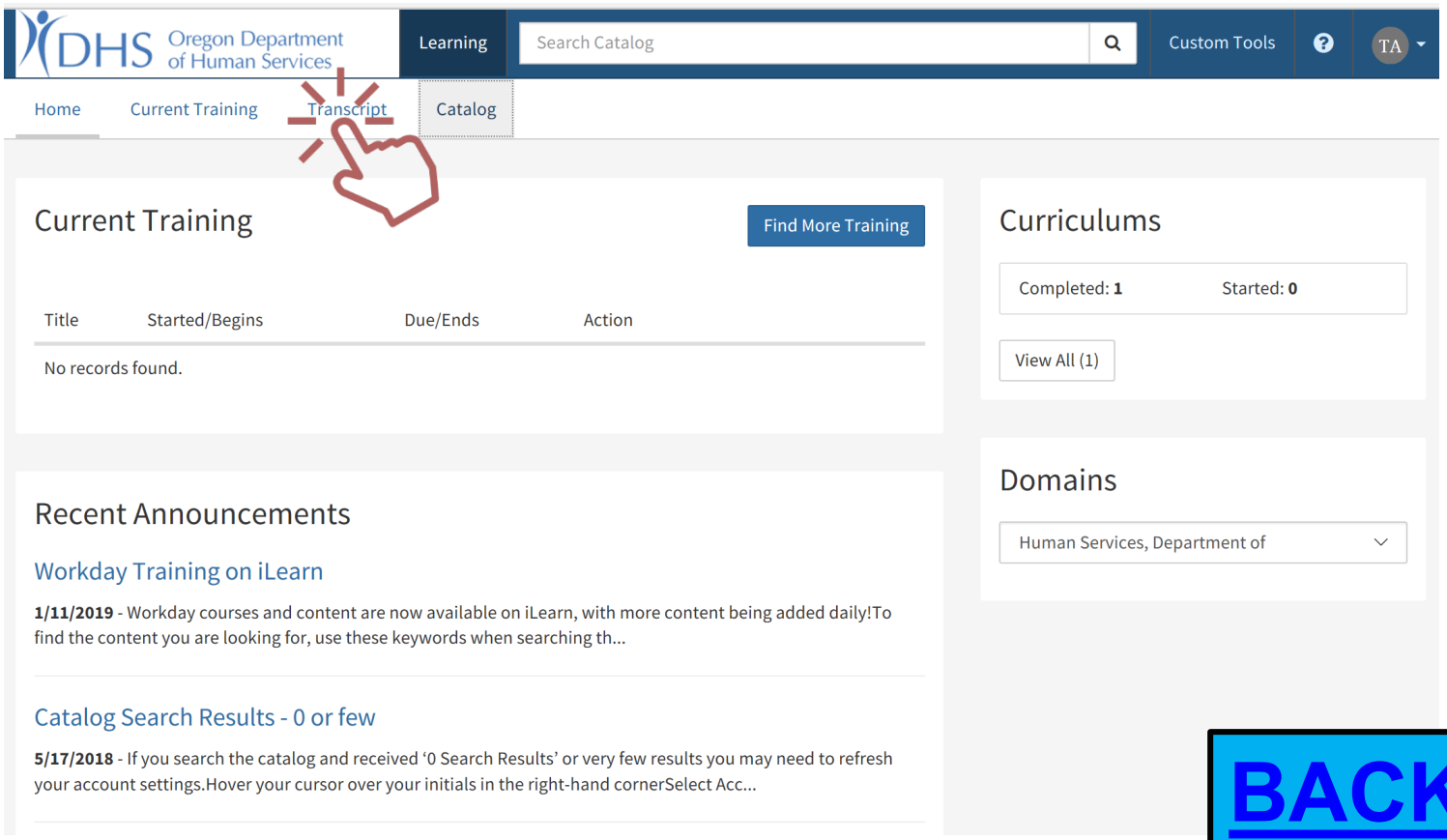
Ctrl+left click on the link next to the Core Comp Module you want to take. It'll take you to the iLearn login webpage. Type in your Log In ID and Password, and the Module will load. Click on "Open Item" to start the Module. When you're done, come back and Ctrl+left click NEXT below.

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.

BACK NEXT

DHS | Oregon Department of Human Services

Documenting Successful Completion of the Core Competency Trainings - 1



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

BACK NEXT

DHS | Oregon Department of Human Services

Documenting Successful Completion of the Core Competency Trainings - 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.”

BACK NEXT

DHS | Oregon Department of Human Services

Documenting Successful Completion of the Core Competency Trainings - 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 courses.
- Keep this for your records.

BACK NEXT

DHS | Oregon Department of Human Services

PSW Job Coach Checklist

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

Almost there!

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

Let's work on the Enrollment Agreement next.

BACK NEXT

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

BACK NEXT

DHS | Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 2

Select "re-enrollment"

Type of action requested

☐ New enrollment ■ Renewal or re-enrollment Re-enrollment

Type "Re-enrollment"

Provider type requested *(mark all that apply)*

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

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

John X. Doe

Type name (as shown on Social Security 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.

Select "PSW Employment Job Coach"

BACK NEXT

DHS Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 3

Provider Information (Required)

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

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

Street address: 1234 AnyStreet City: AnyTown State: OR
ZIP code *(+4)*: 97000-0000 County: AnyCounty

Mailing address *(if different from above)*: 1234 AnyStreet
City: AnyOtherCity State: OR ZIP code *(+4)*: 97001-0000
County: AnyOtherCounty

Phone number: (503) 000-0000 Email: johndoe@email.com
Date of birth: 05/05/1960 SSN: 000-00-0000

Enter your address

Enter your mailing address

Enter your phone number, email, birthday and social security number

BACK NEXT

DHS Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 4

Check boxes as appropriate

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

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

☐ I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number
✓ I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number (list below):

UI12345678

Submitting Agency Information (optional)

N/A

Type "N/A"

Submitting Brokerage/CDDP/CIIS

N/A

Submitting Brokerage/CDDP/CIIS contact email

DOJ approved 6/1/2018

SDS 0734 (08/01/2018) Pag

BACK NEXT

DHS Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 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.

1. Print your name

Print name of provider: John X. Doe

John X. Doe — Signature of provider

01/01/2020 — Signature/Effective date

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

3. Sign and date in the places indicated

DOJ approved 6/1/2018 SDS 0734 (08/01/2018) Page **5** of **11**

The Enrollment Application & Agreement packet contains a lot of information that you're going to need to read and understand.

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

BACK NEXT

DHS Oregon Department of Human Services

Existing PSW Provider Enrollment Agreement - 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

What to Expect Next – Provider Enrollment Agreement

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

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

BACK NEXT

DHS | Oregon Department of Human Services

Index

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

Core Competency Trainings

Provider Enrollment

iLearn Registration

BACK NEXT

PSW Job Coach Completed Checklist

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

Congratulations - You did it! You'll receive an email like this:

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

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

DONE BACK

DHS | Oregon Department of Human Services

Login to the Core Competency Trainings

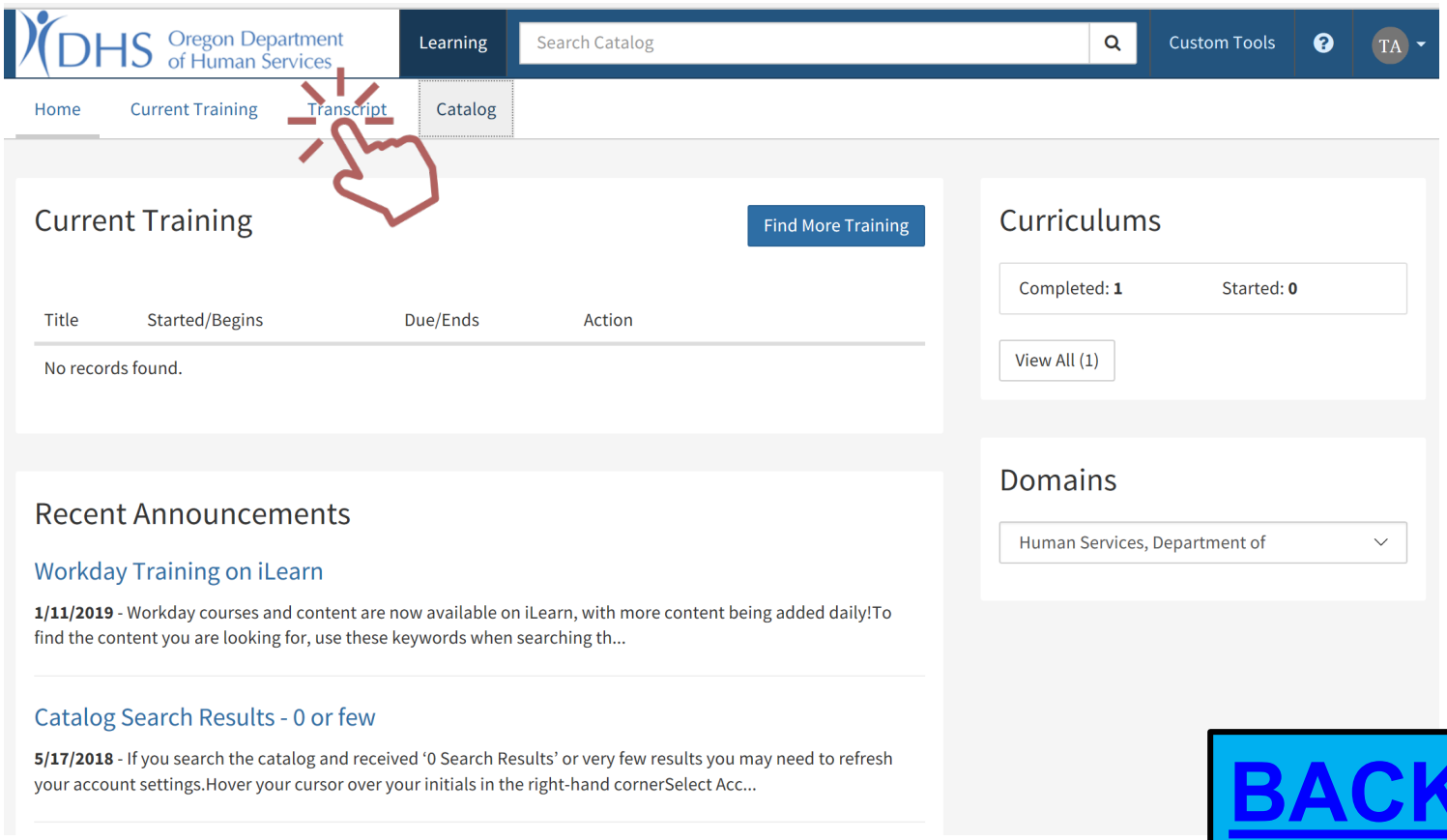
Ctrl+left click on the link next to the Core Competency Module you want to take. It'll take you to the iLearn login webpage. Type in your Log In ID and Password, and the Module will load. Click on "Open Item" to start the Module. When you're done with all the modules, come back and Ctrl+left click NEXT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

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.

BACK NEXT

DHS | Oregon Department of Human Services

Documenting Successful Completion of the Core Comps - 1



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

BACK NEXT

DHS Oregon Department of Human Services

Documenting Successful Completion of the Core Comps - 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.”

BACK NEXT

DHS Oregon Department of Human Services

Documenting Successful Completion of the Core Competency Trainings - 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

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. PSW Orientation
5. Provider Enrollment Agreement
6. FMAS
7. eXPRS

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

Next let's tackle new PSW Orientation.

BACK NEXT

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.

BACK NEXT

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

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

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

PSW Provider Enrollment Agreement - 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.

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

BACK NEXT

DHS | Oregon Department of Human Services

New PSW Provider Enrollment Agreement - 2

Select "New enrollment"

Type of action requested

☒ New enrollment ☐ Renewal or re-enrollment

Provider type requested *(mark all that apply)*

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

Enter your name

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

John X. Doe

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

☐ PSW State Plan Personal Care (84-800)

☒ PSW Employment Job Coach (84-809)*

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

Select "PSW Employment Job Coach"

BACK

NEXT

New PSW Provider Enrollment Agreement - 3

Provider Information (Required)

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

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

Street address: 1234 AnyStreet City: AnyTown State: OR
ZIP code *(+4)*: 97000-0000 County: AnyCounty

Mailing address *(if different from above)*: 1234 AnyStreet
City: AnyOtherCity State: OR ZIP code *(+4)*: 97001-0000
County: AnyOtherCounty

Phone number: (503) 000-0000 Email: johndoe@email.com
Date of birth: 05/05/1960 SSN: 000-00-0000

Enter your address

Enter your mailing address

Enter your phone number, email, birthday and social security number

BACK NEXT

DHS Oregon Department of Human Services

New PSW Provider Enrollment Agreement - 4

Check boxes as appropriate

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

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

☑ I do not have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number
☐ I have an existing Medicare, Medicaid, CHIP or Oregon DHS Provider Number (list below):

Submitting Agency Information (optional)

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

AnyCounty CDDP

Submitting Brokerage/CDDP/CIIS

anycountycddp@anycounty.or.us

Submitting Brokerage/CDDP/CIIS contact email

BACK NEXT

PSW Provider Enrollment Agreement - 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.

1. Print your name

Print name of provider: John X. Doe

John X. Doe — Signature of provider

01/01/2020 — Signature/Effective date

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

3. Sign and date in the places indicated

DOJ approved 6/1/2018 SDS 0734 (08/01/2018) Page **5** of **11**

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

DHS Oregon Department of Human Services

PSW Provider Enrollment Agreement - 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

What to Expect Next – Provider Enrollment Agreement

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

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

BACK NEXT

DHS | Oregon Department of Human Services

New PSW-Job Coach Checklist

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

Almost there!

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

Let's work on FMAS first and then finish off with signing up for eXPRS.

BACK NEXT

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

BACK NEXT

DHS | Oregon Department of Human Services

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

eXPRS Enrollment for New PSW Job Coaches - 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

DHS | Oregon Department of Human Services

eXPRS Enrollment for New PSW Job Coaches - 2

Follow the example below by putting in your information. Note that the Provider Number is the number you received resulting from the Provider Enrollment process (slides 75-80).

* **Indicate Action:** ☑ **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? N/A
*Job Title (**check one*): ☑ Personal Support Worker ☐ Behavior Consultant	*Provider Number(s) *(SPD or eXPRS)*: UI12345678
*Address: *(Mailing Address)* 1234 AnyStreet	*City, State, Zip: AnyTown, OR 97000
*Phone Number: (503) 000-0000	*Email Address: *(must be your unique email address; it cannot be shared with another eXPRS user)* john.doe@email.com

BACK NEXT

eXPRS Enrollment for New PSW Job Coaches - 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:** 05/ 05 / 2019

Keep a copy of this form for future reference.

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

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.

- Are you a registered user of DHS' secure email system?

YES **NO**

BACK

DHS | Oregon Department of Human Services

What to Expect Next – eXPRS

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

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

Once your account has been created, you will receive two emails from info.exprs@dhsoha.state.or.us:

- The 1st email contains generic information and several attachments.
- 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.

BACK NEXT

DHS Oregon Department of Human Services

New PSW-Job Coach Checklist

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

Congratulations – you did it!

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

DONE BACK

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."

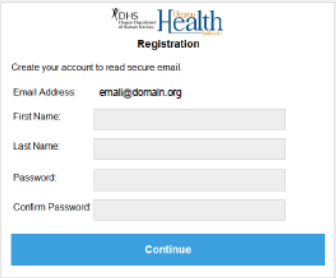
- First-time users will go to the "Registration" page.
- Returning users will go to the "Login" page.

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.

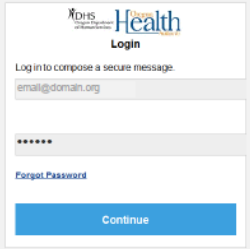
You will get an activation request email. When you click the link in the email, you will get to compose your secure email.



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

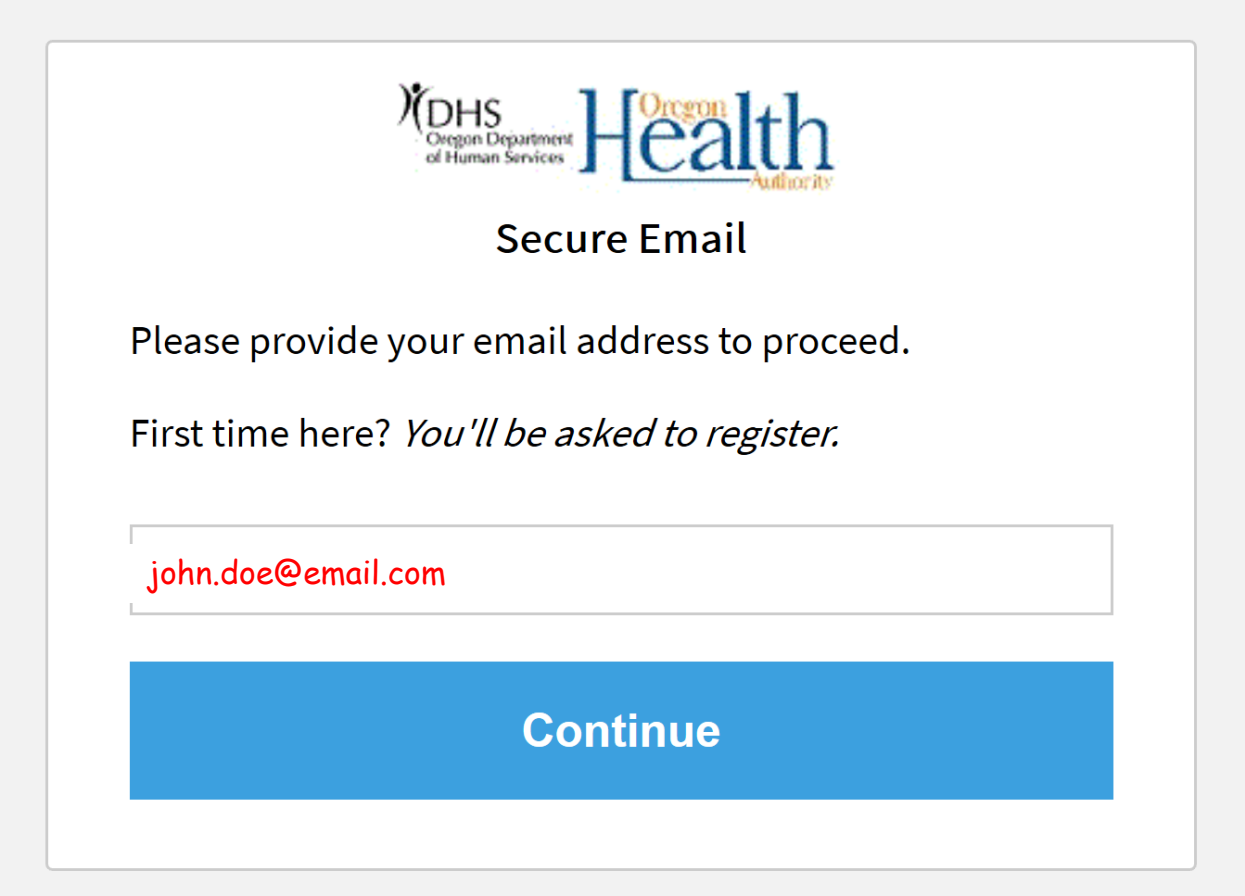
Because DHS is committed to protecting the privacy and security of all the people we serve, we require all email be sent securely if it contains protected client information.

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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

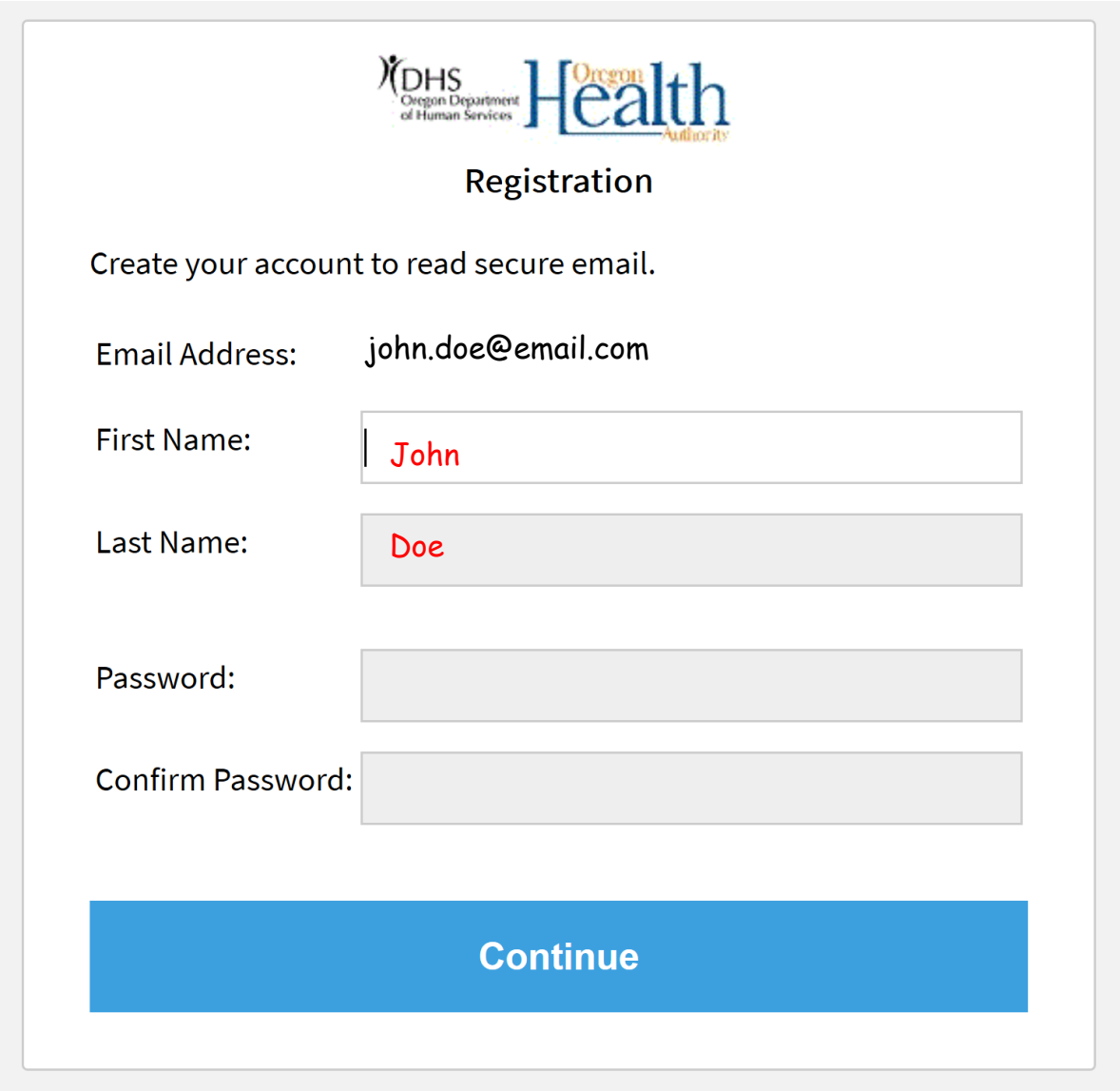


Enter your email address to begin the registration process.

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

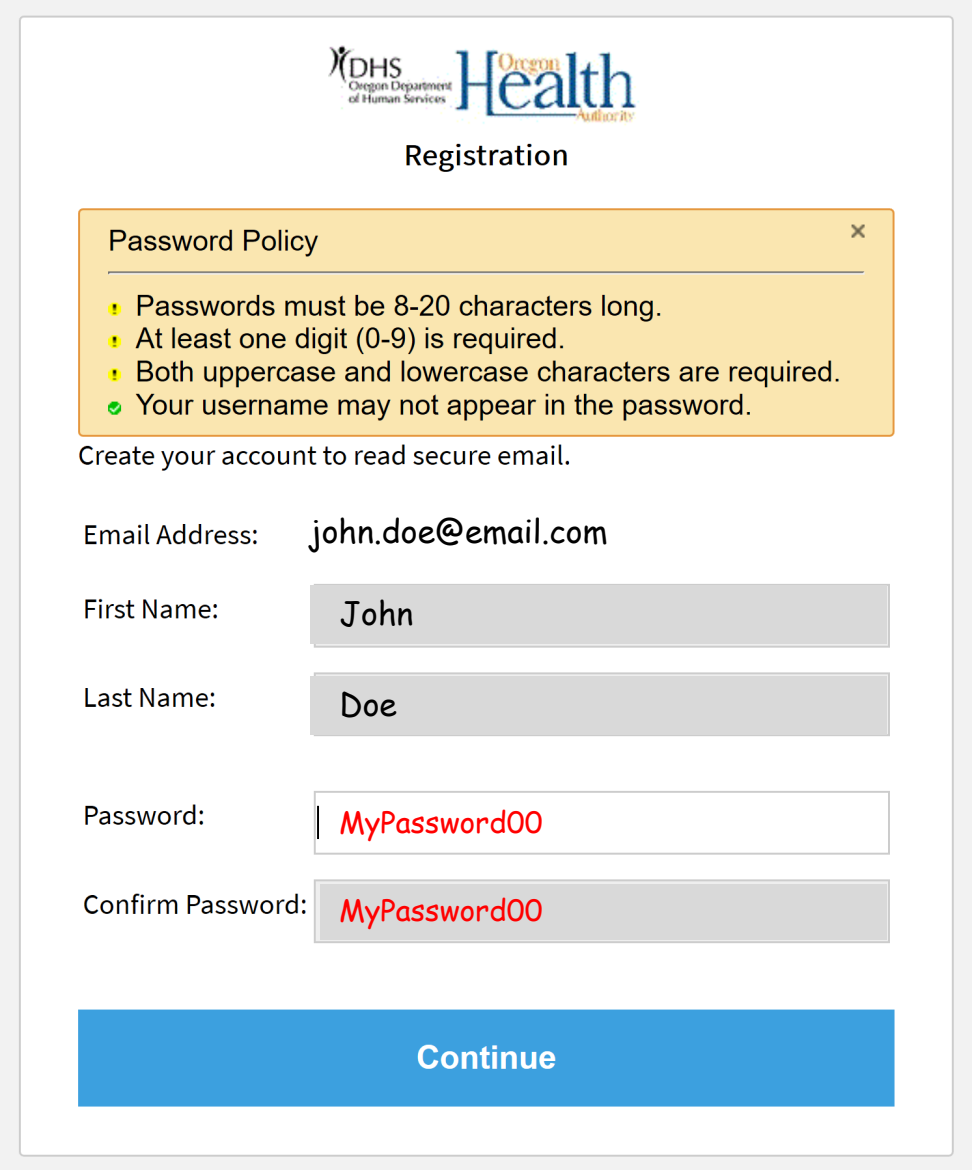


Enter your first and last name, and then set the cursor to the "Password:" field.

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

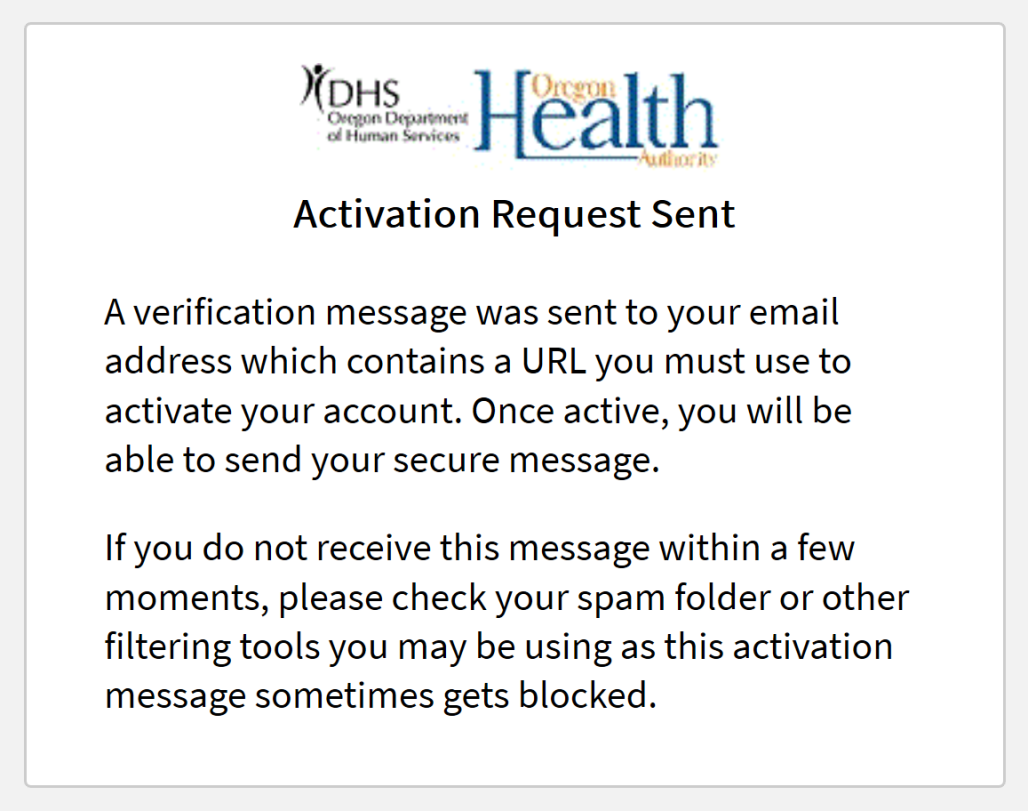


Enter a password of your choice consistent with the Password Policy, then click on “Continue.”

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System



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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

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

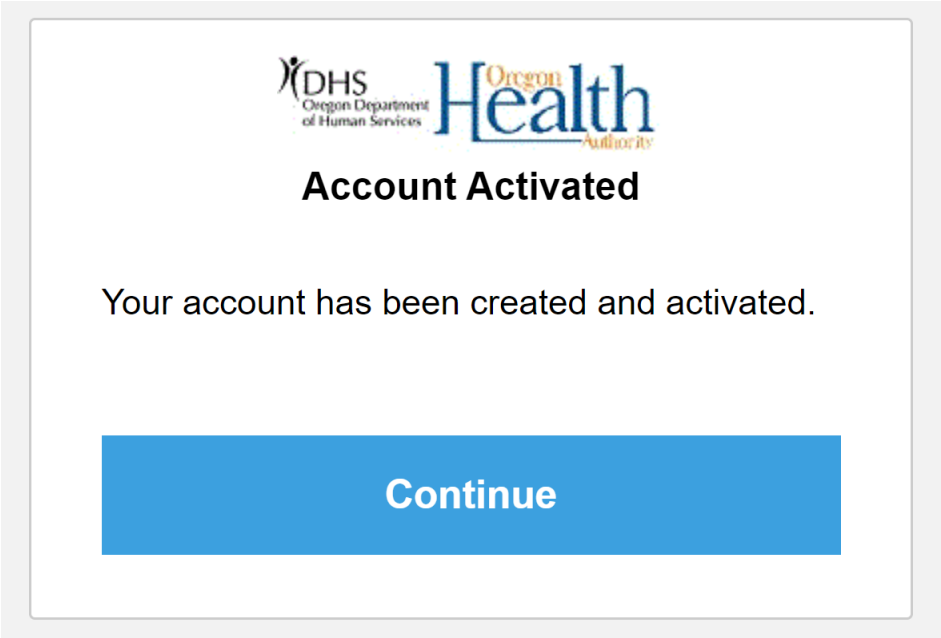
This is the URL to activate your account. Please click the following link to activate your account to send a secure message: https://secureemail.dhsoha.state.or.us/securereader/activate?token=npH6h8nfw23Viq7siQ2N&brand=d0c67197. Note: This URL will only work once and will expire in 30 minutes. To restart the activation process, you must start over at the initiate URL.

Reply Forward

BACK NEXT

DHS Oregon Department of Human Services

DHS Secure Email System



The next message will confirm that your secure email account has been activated and you're ready to send secure emails to addresses that end in @dhsoha.state.or.us.

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

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

DHS Oregon Department of Human Services | Oregon Health Authority

Logout

Send | Help

To:

Cc:

Subject:

Send me a copy

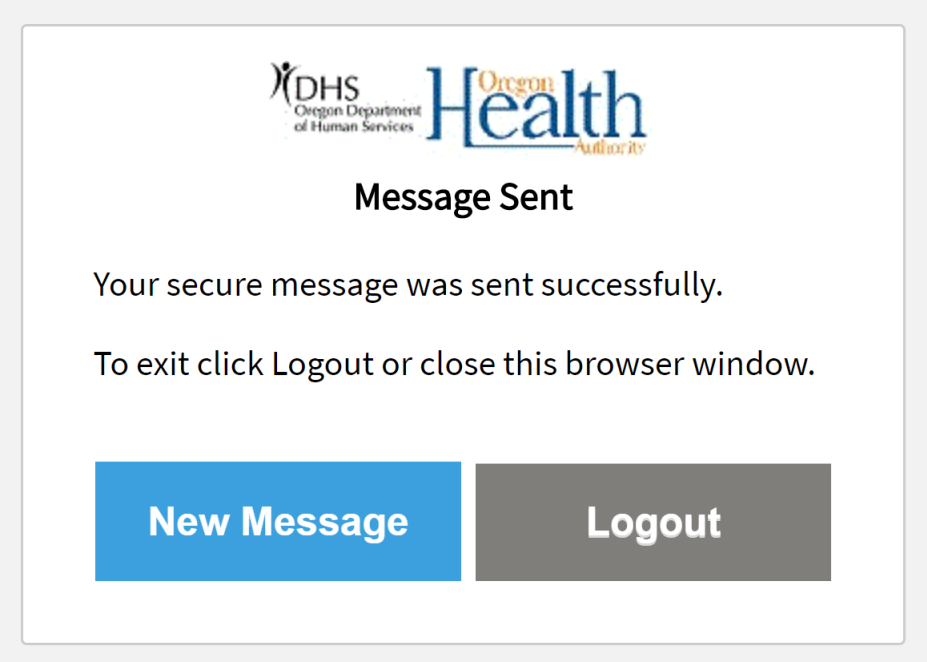
Attach a file

Sans Serif | Normal

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System



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

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

BACK NEXT

DHS | Oregon Department of Human Services

DHS Secure Email System

You're all set!

BACK NEXT

DHS | Oregon Department of Human Services

Index

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

Background Check

Core Competency Trainings

PSW Orientation

Provider Enrollment

FMAS

eXPRS

Secure email

BACK NEXT

Index

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

Background Check

Core Competency Trainings

PSW Orientation

Provider Enrollment

FMAS

eXPRS

BACK NEXT

Index

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

Background Check

Tax I.D.

Core Competency Trainings

PSW Orientation

Provider Enrollment

FMAS

eXPRS

Secure email

BACK NEXT

Index

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

Background Check

Tax I.D.

iLearn

Core Competency Trainings

PSW Orientation

Provider Enrollment

FMAS

eXPRS

BACK NEXT

What to Expect Next – eXPRS

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

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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.

BACK NEXT

DHS Oregon Department of Human Services

What to Expect Next – eXPRS

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

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

Once your account has been created, you will receive two emails from info.exprs@dhsoha.state.or.us:

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- 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.

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BACK NEXT

DHS Oregon Department of Human Services

New PSW-Job Coach Checklist

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

Congratulations – you did it!

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

DONE BACK

New PSW-Job Coach Checklist

1. ✓ Background Check
2. ✓ Tax I.D. Number
3. ✓ Core Competency Trainings
4. ✓ PSW Orientation
5. ✓ Provider Enrollment Agreement
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DONE BACK