

# Action Request Transmittal Developmental Disabilities Services



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**Authorized signature**

**Number:** APD-AR-20-051

**Issue date:** 4/22/2020

**Topic:** Developmental Disabilities

**Due date:** 4/25/2020

**Subject:** PSW Payment Processing Changes

**Applies to (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> All DHS employees                              | <input checked="" type="checkbox"/> County Mental Health Directors                       |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}          | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Aging and People with Disabilities             | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                      | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input checked="" type="checkbox"/> County DD program managers          | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                            |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services           |  |
| <input type="checkbox"/> Child Welfare Programs                         |  |

The following is a summary of PSW payment processing changes that impact Case Management Entities.

**Action required:**

**Secure Email (Article 8, Section 1):**

A completed timesheet may be submitted by a Personal Support Worker (PSW) through secure email. The PSW must send the secure email themselves without handing the timesheet to another person to do so on their behalf.

At the end of each pay cycle, all Case Management Entities (CME) must send a secure email to all PSW's with an email address on file who support an individual enrolled within that CME. The PSW can then respond and submit their completed timesheet.

If a CME has an existing secure email system or web portal available for a PSW to initiate a secure email, the CME must ensure that PSW's are aware of this option. Once PSW's have been made aware of this option, the CME and will not need to send out a secure email to all PSW's with an email address on file at the end of each pay cycle.

**Electronic Signatures from Common Law Employers (Article 8, Section 1):**

A Common Law Employer (CLE) may sign a timesheet through Adobe or similar technology only if the system requires an original signature from the CLE each time hours are approved.

Technology that allows for the electronic signing of a document assures that each signature is uniquely tied to the individual signer using a unique digital certificate, personal identification number and is encrypted for security.

The CLE must not allow another person to use their e-signature account to approve time for a PSW.

Photocopied CLE signatures are not valid.

**Copies of Timesheets: (Article 8 Section 11):**

If a PSW hand delivers a timesheet to an employee of the CME, the CME must provide a date stamped copy of the timesheet to the PSW. The CME should follow their agencies existing policies regarding charges for providing copies of documents.

Timesheets submitted via drop boxes and secure email are excluded from this policy.

**Conditions for approving timesheets without a Common Law Employer signature (Article 8, Section 1.d):**

If PSW cannot obtain the signature of a CLE due to allegations of a threatening or unsafe situation caused by the person or someone in their home, the PSW shall note this reason on the timesheet. Along with the unsigned timesheet, the PSW must submit their written resignation for working with the individual due to the unsafe or threatening situation so that the unsigned timesheet may be processed.

The CME may only process an unsigned timesheet when the PSW also submits their resignation for working with the individual due to unsafe or threatening working conditions.

CME's must notify the fiscal intermediary (PPL) of the reason for the lack of signature to assure timely payment and to discontinue the PSW and CLE relationship. Service Coordinators and Personal Agents should then follow internal policies for following up with the individual to ensure safety as well as immediate identification an alternate provider, natural resources and CLE or proxy if needed. A CME may take action to remove a CLE or proxy per OAR 411-375-0055(7)(b)(A).

Individual exceptions may be granted on a case-by-case basis when a CLE signature cannot be obtained. These situations do not require the PSW to terminate the working relationship. Circumstances include:

- CLE has passed away
- CLE has been hospitalized and condition prevents them from signing
- CLE has been incarcerated or detained by law enforcement and is unavailable
- CLE is unavailable due to unforeseen need to be out of the area due to a verifiable emergency.

**Governor’s Executive Order 20-12 COVID-19 Only**

If the CLE has been exposed to, or shows symptoms of, COVID-19, the PSW can submit a timesheet without a CLE signature. This exception is only valid one-time when:

- The PSW or the CLE has notified the CME of potential exposure or symptoms; and
- Either the CLE or PSW is self-isolating or quarantining.

**Reason for action:**

The 2019 – 2021 Collective Bargaining Agreement (CBA) between the Department of Administrative Services (DAS) and the Service Employees for International Union (SEIU) for Personal Support Workers (PSWs) has been ratified and finalized. Actions are required to comply with the Collective Bargaining Agreement. To comply with Governor’s Executive Order 20-12 and Letter of Agreement between SEIU and the Oregon Home Care Commission signed on March 13, 2020 in response to the impacts of COVID-19.

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCC/PSW-HCW/Pages/Collective-Bargaining.aspx>

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** Engagement and Innovations website

*If you have any questions about this action request, contact:*

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