

Policy Transmittal Developmental Disabilities Services



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Number: APD-PT-19-008

Issue date: 2/15/2019

Topic: Developmental Disabilities

Due date: 3/1/2019

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input 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 type="checkbox"/> Other (<i>please specify</i>): Services coordinators, personal agents, Oregon Home Care Commission |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Employer Responsibilities Form		
Effective date:	3/1/2019	Expiration date:	

Discussion/interpretation:

Oregon Administrative Rule (OAR) 411-375-0055(5) requires that employers agree in writing to their responsibilities on a Department approved form. Previously the Department accepted forms developed by case management entities.

ODDS has developed a standardized form to meet this OAR requirement. [Form DHS2933](#) is available for use on the Forms server and is translated in Spanish, Russian, Vietnamese, Somali, and Arabic.

Implementation/transition instructions:

NEW Employers: Once an individual or their representative has chosen in-home services delivered by a PSW the CME must provide the Employer Responsibilities

form to the prospective Employer to be completed. CMEs can assist the individual or designated employer in completing the form. The CME must maintain a copy of the completed and signed form.

ODDS recommends that during choice advising people expressing interest in Community Living Supports using a PSW are informed of the responsibilities that an Employer must perform. Oregon Homecare Commission has developed a manual that outlines employer responsibilities that can be a useful tool in these discussions. It can be found here: [SDS 4112B Being a Successful Employer Manual](#)

Additional information and tools for employers are available from Oregon Homecare Commission Employer Resource Connections program.

Existing Employers: Existing employers will not be required to complete this form except in the following circumstances:

- Employer is unable or unwilling to fulfill some of the responsibilities of the employer and would like to designate some of the responsibilities to a proxy. In this scenario both the Employer and the Proxy must complete this form.
- Employer requires an intervention from the CME for not meeting the employer responsibilities. An initial intervention from a CME requires that the CME review the responsibilities with the Employer and this form is completed as required in OAR 411-675-0055(6)(c).

Proxy Employers: Proxy employers are employers who are fulfilling some, but not all, of the employer responsibilities. They are not the legally recorded employer for tax purposes. This form should be used any time an employer is unable or unwilling to fulfill all the employer responsibilities. At the time a proxy is selected both the Employer and Proxy must complete this form.

Reminder, designated employers cannot use a proxy to complete some of the responsibilities. Designated employers are employers who are not the individual or for a child receiving services, the parent employer. Designated employers are friends, neighbors, community members who have chosen to fulfill the employer role for an individual's PSW supports.

Training/communication plan:

Monthly transmittal call in (third Thursday every month, 2pm, 877-873-8017, guest code #772325, please try to send questions in advance to ODDS.INFO@state.or.us)

Local/branch action required: CMEs will maintain copies of Employer Responsibilities forms completed in the individual's file.

Field/stakeholder review: Yes No

If yes, reviewed by: Engagement and Innovation website

If you have any questions about this policy, contact:

Contact(s): Chrissy Fuchs, In-Home Policy Specialist

Email: chrissy.fuchs@state.or.us