

# Policy Transmittal Developmental Disabilities Services



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**Authorized signature**

**Number:** APD-PT-19-041  
**Issue date:** 11/22/2019

**Topic:** Developmental Disabilities

**Due date:** 12/31/2020

**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                         |   |

<b>Policy/rule title:</b>	Employer Responsibilities Form		
<b>Effective date:</b>	01/01/2020	<b>Expiration date:</b>	

**Discussion/interpretation:**

Oregon Administrative Rule (OAR) 411-375-0055(5) requires that employers agree in writing to their responsibilities on a Department approved form. Prior to 01/01/2020, existing employers were exempt from this rule. ODDS rules are expanding to require ALL employers to have a signed agreement to their responsibilities.

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:**

### **All employers:**

All Employers of Record are required to complete form DHS2933. If the employer already has one on file, they do not need to complete another one.

As each ISP renews on and after January 1, 2020 every employer must complete form 2933 if they do not already have a completed form on file. This form is only required once for each employer/individual relationship. 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.

**Proxy Employers:** Proxy employers are employers who are fulfilling some, but not all, of the employer responsibilities when the individual is their own Employer. The proxy is not the legally recorded employer for tax purposes. This form should be used any time an individual who is acting as the 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, if an individual is not the employer, they may designate someone to be the employer of record. Designated employers must complete all employer responsibilities and may not use a proxy. 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 all of the employer of record activities for an individual's PSW supports.*

**Employer Concerns:** If the CME has concerns about an employer's ability, the employer is to be referred to the Employer Resource Connections offered through the Oregon Home Care Commission as well as sign a new Employer Responsibilities form. A progress note must document the reason for the concern and actions taken to mitigate. If the concern cannot be remedied, then the CME may act to remove the employer as allowed in OAR 411-435-0055 and assist the person to identify a new employer, proxy and / or access agency supports.

Concerns may include but are not limited to:

- Ongoing scheduling issues resulting in suspended claims.
- Assigning PSW tasks that are not indicated in the Service Agreement.
- Scheduling PSW's when a person is in the hospital, on vacation, or otherwise not available to receive services.
- Scheduling that results in overtime that has not been authorized.
- Refusal to recruit additional providers resulting in unauthorized overtime or request for additional PSW hours for existing providers.

**Training/communication plan:**

Monthly transmittal call in (third Thursday every month, 2pm, 877-848-7030  
Guest #458900. Please try to send questions in advance to [ODDS.INFO@state.or.us](mailto: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/Rules Advisory  
Committee

*If you have any questions about this policy, contact:*

Contact(s): Chelas kronenberg

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