



OREGON DEPARTMENT OF
Human Services

DocuSign Guide:

Using templates for forms printed from Oregon ACCESS (OA) to get signatures

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Service Plan and Notice (SPAN- 2780N)

SPAN Note

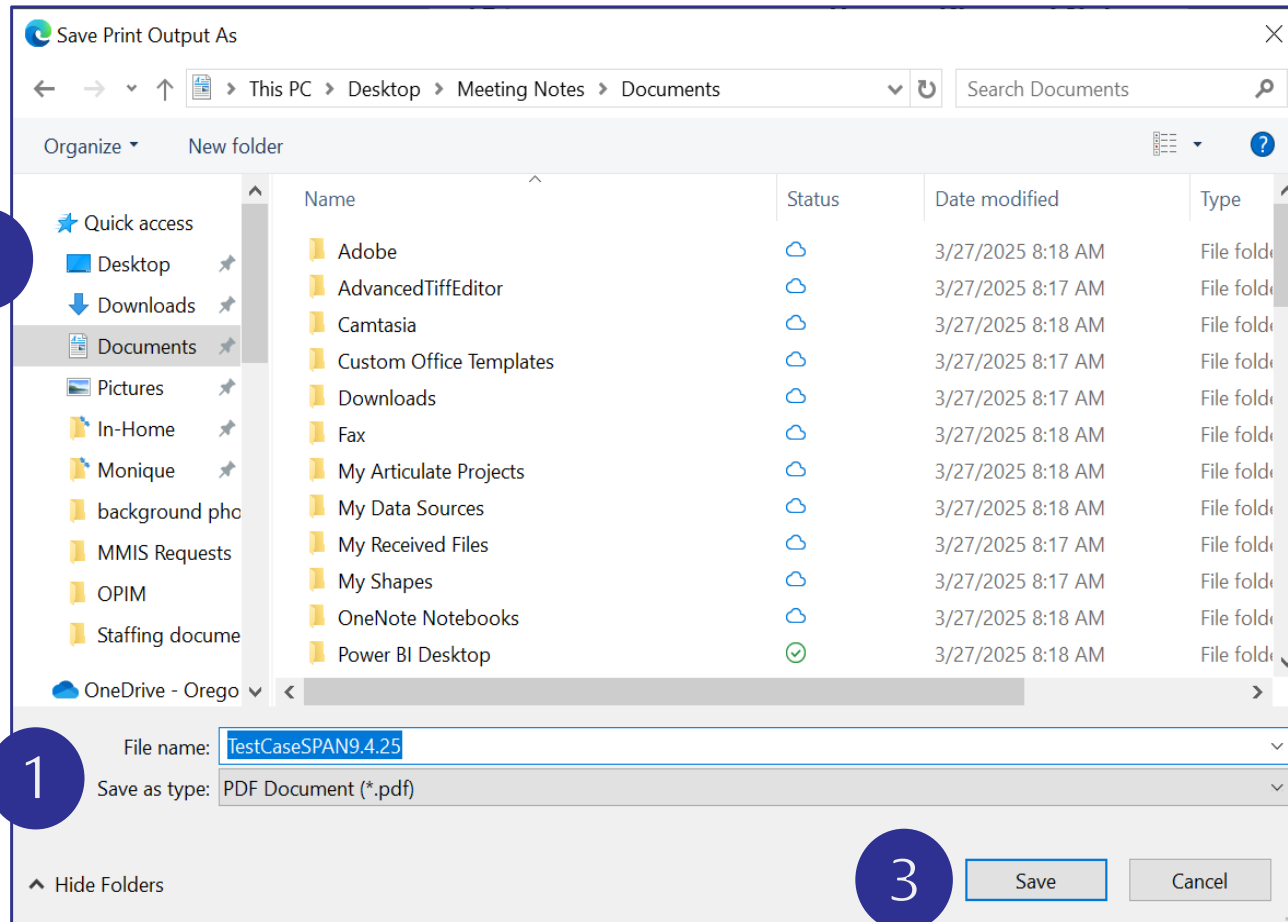
1. The SPAN (2780N) should be completed in the webform prior to uploading to DocuSign for signatures.
2. Instructions for filling out the SPAN from CM Tools:
<https://www.oregon.gov/odhs/providers-partners/seniors-disabilities/Documents/span-instructions.pdf>

Printing the SPAN from the Webform

The image shows a webform titled "Service Plan and Notice" from the Oregon Department of Human Services (DHS). The form contains fields for Branch (7810), Prime (SG1000000), DOB (01/23/1942), Case name, and Date of notice. A "Print" button is visible at the top right of the form. A "Print" dialog box is open in the foreground, showing the "Microsoft Print to PDF" printer selected. The dialog includes options for "Copies" (1), "Print in grayscale", "Save ink/toner", "Pages to Print" (All, Current, Pages 1-14), "Page Sizing & Handling" (Fit, Shrink oversized pages, Custom Scale: 100%), "Orientation" (Auto, Portrait, Landscape), and "Comments & Forms" (Document and Markups). A preview of the SPAN form is shown in the center of the dialog. The "Print" button is highlighted at the bottom of the dialog.

1. From the webform, select print (either print icon or print button at top of form) after the SPAN has been completed.
2. In the Print window, choose Microsoft Print to PDF in the printer dropdown.
3. Select the print button at the bottom.

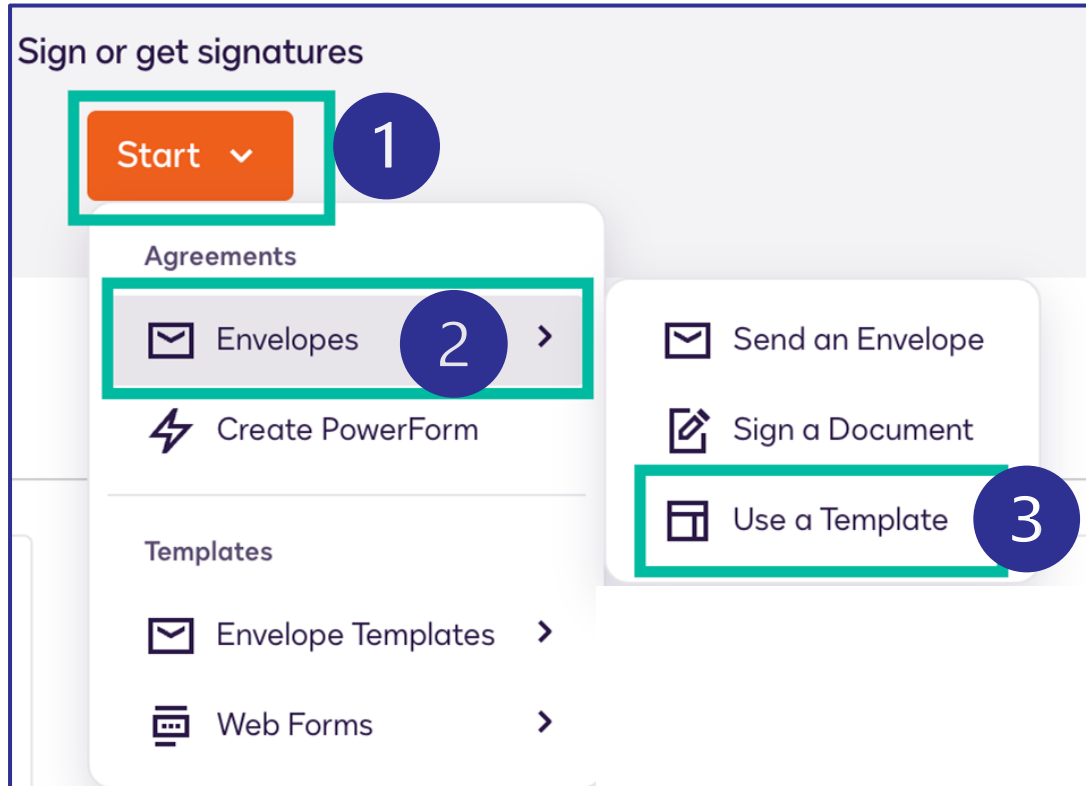
Saving SPAN to Upload to DocuSign



1. In the Save Print Output as window, using naming conventions, name the SPAN file.
2. Choose where to save the document on your computer.
3. Select the Save button.

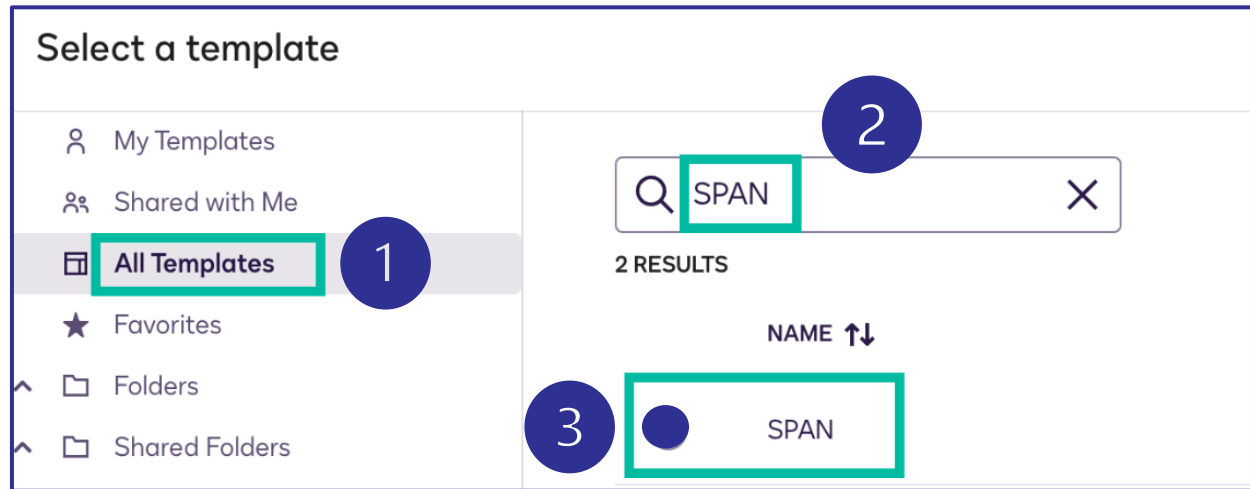
Note: Print the other forms required to be sent in addition to the SPAN and save in same location.

Finding a Template in Docusign

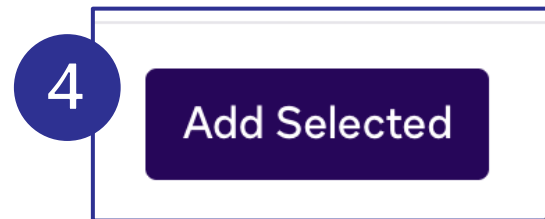


1. Select the orange start button from the home page.
2. Select Envelopes.
3. Select Use a Template in the sub-menu

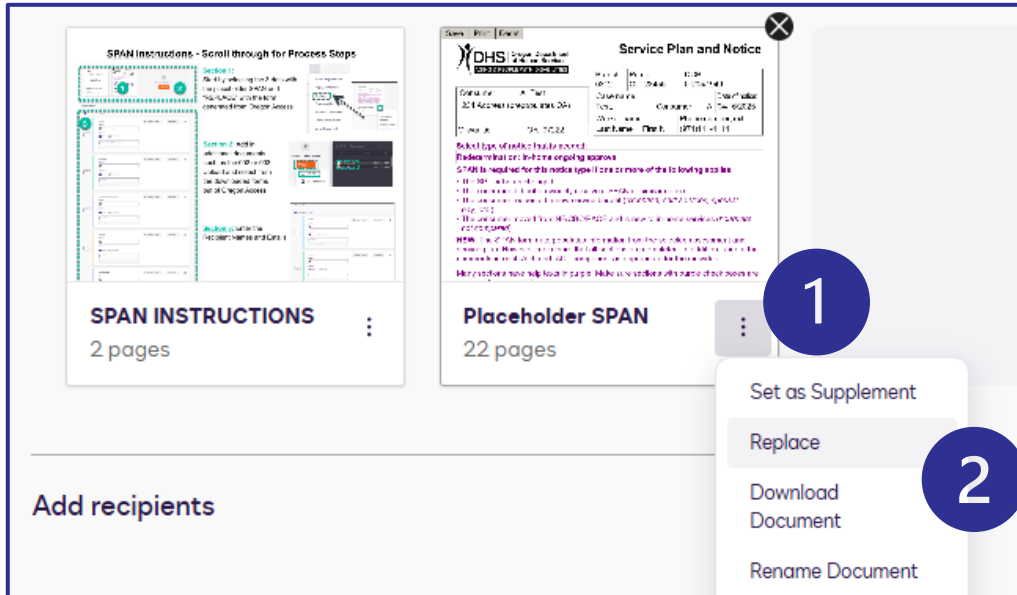
Selecting the Template in DocuSign



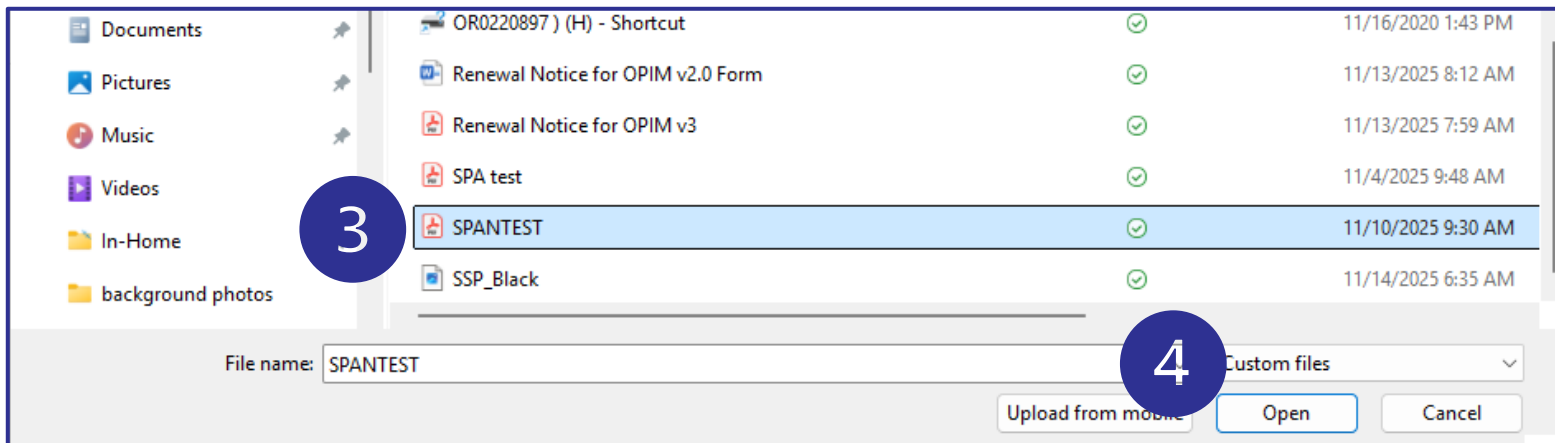
1. Select All Templates Folder
2. Type the form template name in the search bar
3. Select the Template
4. Select the Add Selected button on the lower right of the screen



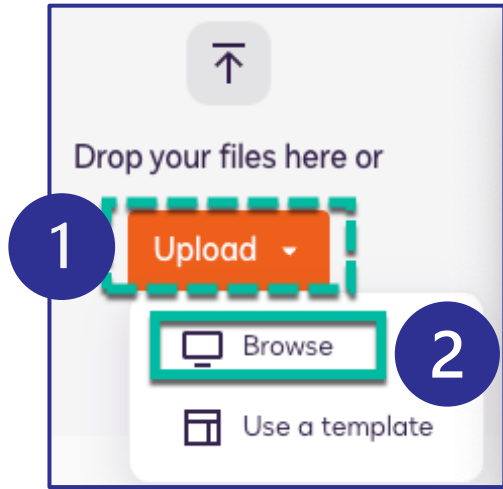
Replacing the Placeholder SPAN in DocuSign



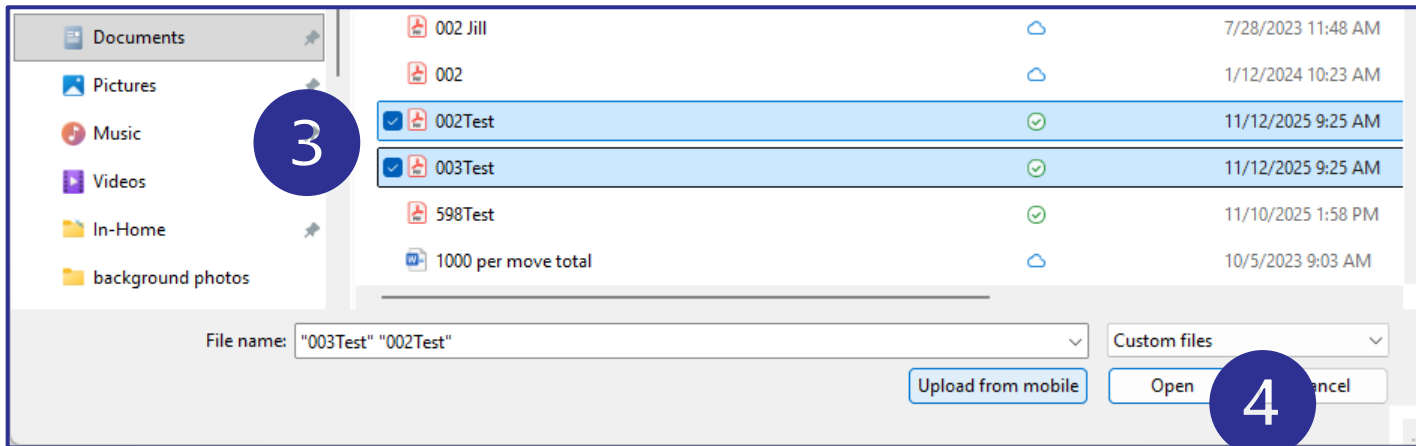
1. Select the 3-dots for the placeholder SPAN
2. Select replace
3. Choose the SPAN file you saved from the webform
4. Select the open button.



Adding Additional Documents with SPAN



1. Select the orange upload button
2. Select Browse from menu.
3. Choose the additional files you saved from Oregon ACCESS.
4. Select open.



Note: These documents being added are the required documents that need to be sent with the SPAN, such as the 002 and 003. If you have an additional document that needs a signature, you will need to create a different envelope.

Add Recipient Information(SPAN)

The screenshot shows a form with three sections: Sender, Consumer, and Consumer Representative. Each section has fields for Name, Email, and Phone number. The Sender section is highlighted with a blue circle containing the number 1. The Consumer Representative section is highlighted with a blue circle containing the number 2, and a trashcan icon is highlighted with a green box.

1. Enter the recipient names and emails in each section.
2. If a recipient needs to be removed, select the trashcan icon next to that recipient.
3. Enter the consumer first and last name and initials.
4. Select the orange Next Button to configure the signatures.

The screenshot shows a form titled 'Add envelope custom fields' with two fields: 'Consumer First and Last Name' and 'Consumer Initials'. A blue circle with the number 3 is next to the 'Consumer First and Last Name' field.

The screenshot shows the bottom of the form with two buttons: 'Send Now' and 'Next'. The 'Next' button is highlighted with a green box and a blue circle with the number 4. A dashed arrow points from the 'Next' button to the 'Send Now' button.

Moving the Signatures & Date tags on the SPAN

1

DHS Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

Branch: 0312 Prime: CU1234 DOR: /1949
Case name: Test, Date of notice: 04/16/2025
Worker name: Last Name First Phone number, ext.: 1-1111
Date of notice: 04/16/2025
Type of notice that is needed: Redetermination: In-home ongoing approval
SPAN is required for this notice type if one or more of the following applies:

Please check you disagree

Cut

Copy

2

1. On the first page of the SPAN, select all the signature tags, date signed tags and checkbox:
 - a. Hold the SHIFT key and select all the fields with your mouse.









OR

 - b. Drag your cursor on the page around all the fields.
2. Right-click and select "Cut".

Configuring the Signatures on the SPAN






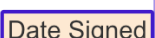




☐ Please check this box if you believe this service plan does **NOT** meet your need you **disagree** with the assessment or service plan.

Consumer signature	Date
	
Consumer representative signature	Date
	
Provider signature	Date
	
Case manager signature	Date
	

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☒ Please check this box if you believe this service plan does **NOT** meet your need you **disagree** with the assessment or service plan.

	
Consumer signature	Date
	
Consumer representative signature	Date
	
Provider signature	Date
	
Case manager signature	Date

1. Scroll to the signature page then right click and Select "Paste to Location".
2. Align the fields to the correct places.
3. Select the orange SEND button to send.



Service Plan Agreement (SPA)

Printing Only the SPA from the SPAN Webform

Save Print Reset

Print: ☐ Entire notice ☒ Service plan agreement only

Service Plan Agreement

Print

Printer: Microsoft Print to PDF Properties Advanced Help

Copies: 1 ☐ Print in grayscale (black and white) ☐ Save ink/toner

Pages to Print: ☒ All ☐ Current ☐ Pages 1 - 14

Page Sizing & Handling

Size Poster Multiple Booklet

☐ Fit ☐ Actual size

☒ Shrink oversized pages ☐ Custom Scale: 100 %

☐ Choose paper source by PDF page size

Orientation: ☒ Auto ☐ Portrait ☐ Landscape

Comments & Forms

Document and Markups

Page Setup...

Scale: 100%

8.5 x 11 Inches

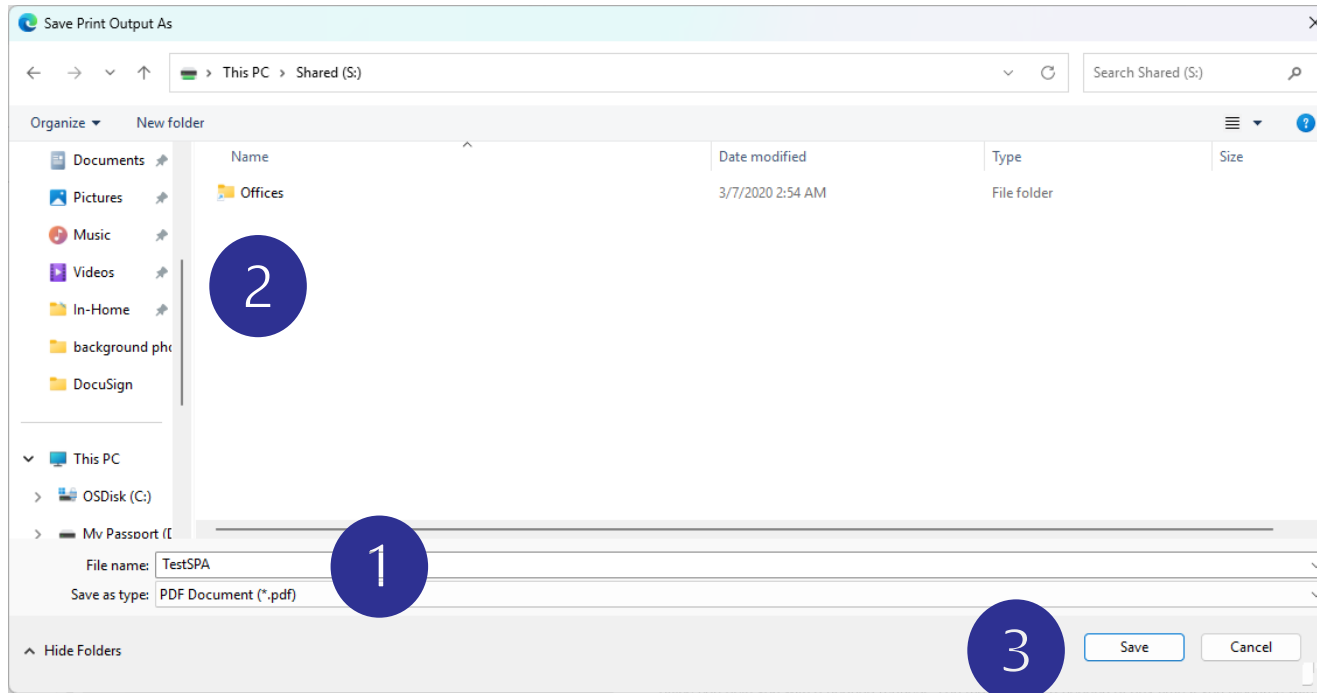
Service Plan and Notice

Page 1 of 14

Print Cancel

1. On the SPA page on the webform, select Service plan agreement only
2. Select print
3. On the Print window, select Microsoft Print to PDF
4. Select the print button at the bottom.

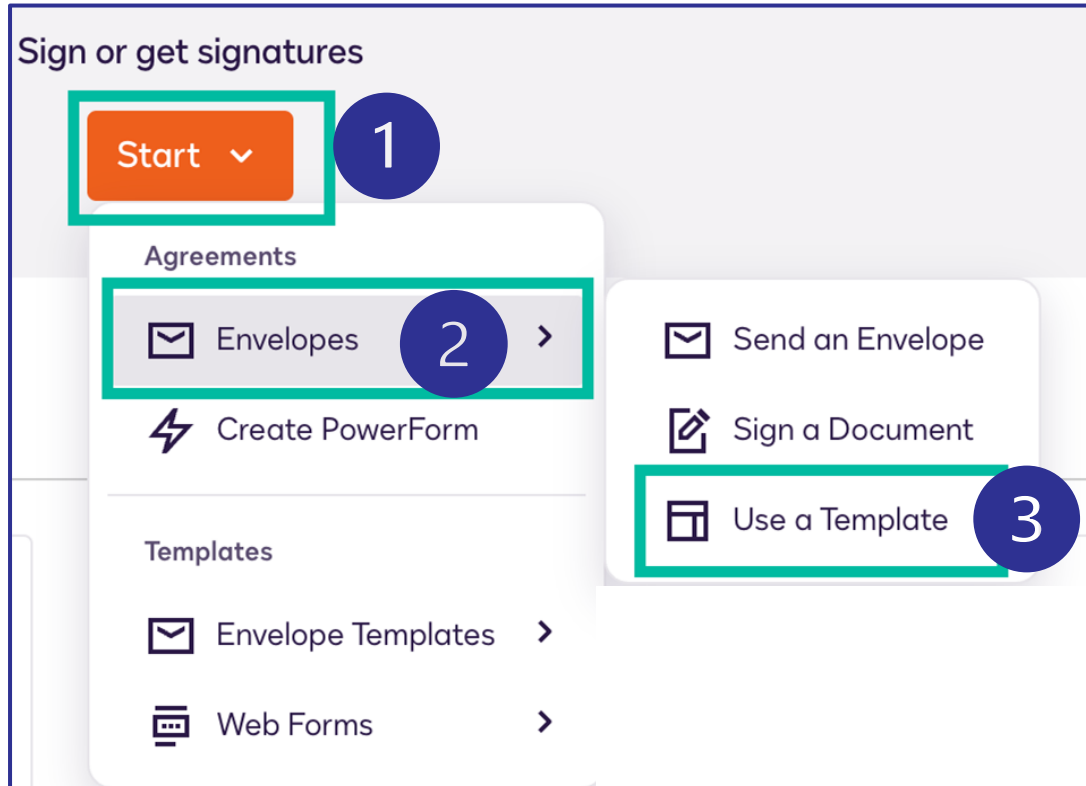
Saving Print Output to Upload to DocuSign



1. In the Save Print Output as window, using naming conventions, name the SPAN file
2. Choose a secure location to save the document
3. Select the Save button

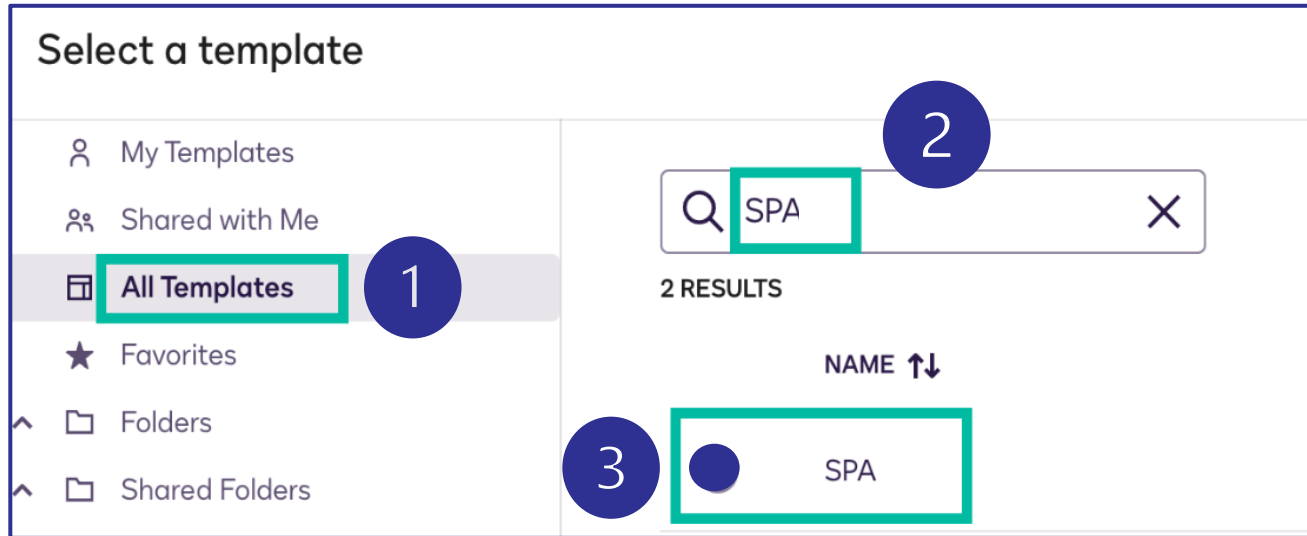
Note: Print the other forms required to be sent in addition to the SPAN and save in same location.

Finding the SPA Template in DocuSign

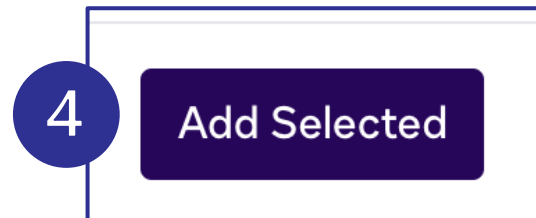


1. **Select the orange start button from the home page**
2. **Select Envelopes**
3. **Select Use a Template**

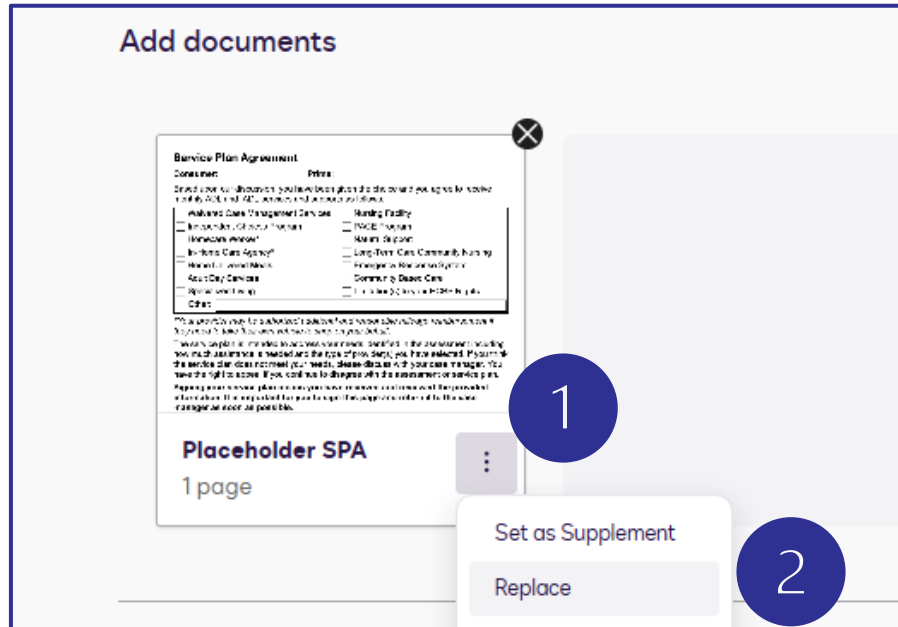
Selecting the SPA Template in Docusign



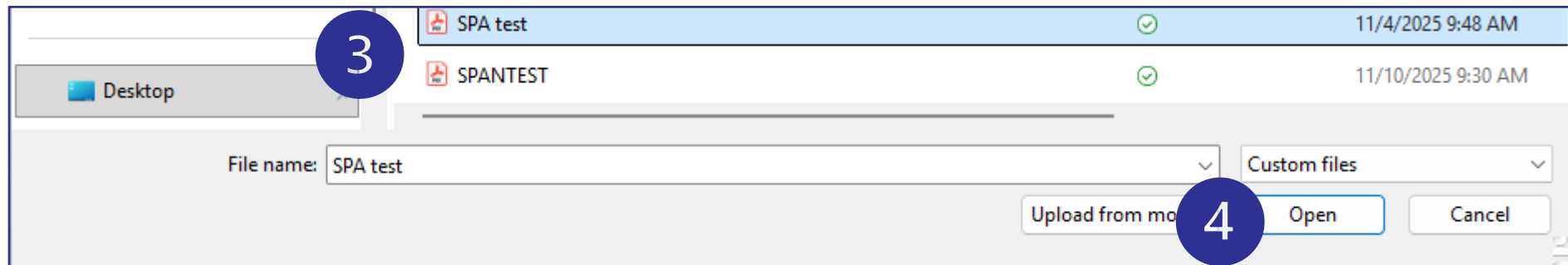
1. Select All Templates Folder
2. Type the form template name in the search bar
3. Select the Template
4. Select the Add Selected button on the lower right of the screen



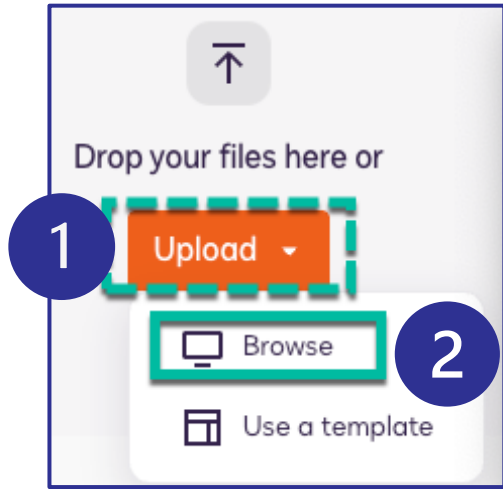
Replacing the Placeholder SPA in DocuSign



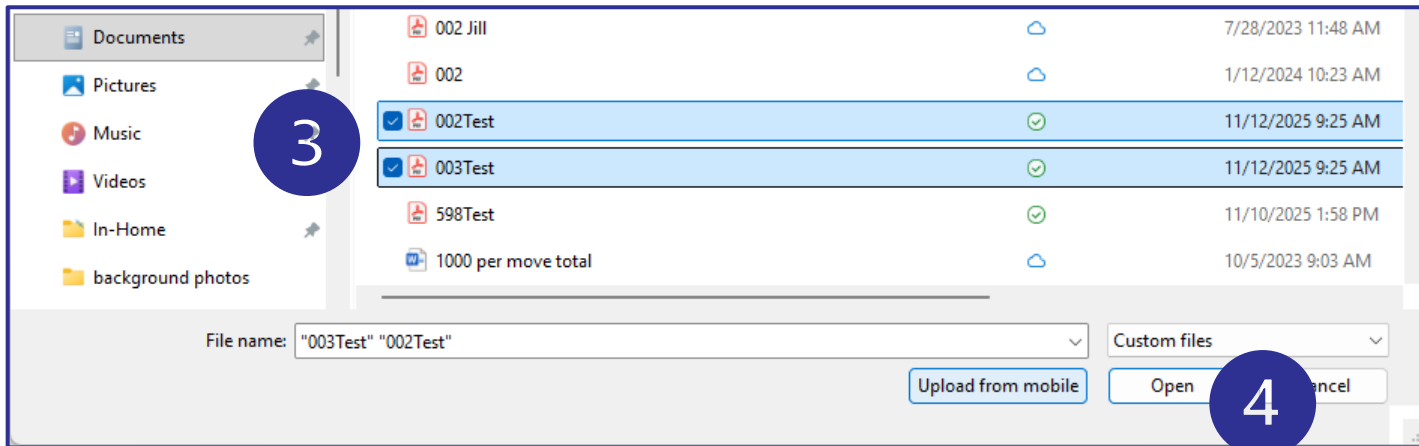
1. Select the 3-dots for the placeholder SPA
2. Select replace
3. Choose the SPA file you saved from Oregon ACCESS
4. Select open.



Adding Additional Documents with SPA



1. Select the orange upload button
2. Select Browse from menu
3. Choose the additional files you saved from Oregon ACCESS
4. Select open.



Note: These documents being added are the required documents that need to be sent with the SPAN, such as the 002 and 003. If you have an additional document that needs a signature, you will need to create a different envelope.

Add Recipient Information (SPA)

1. Enter the recipient names and emails in each section.
2. If a recipient needs to be removed, select the trashcan icon next to that recipient.
3. Enter the consumer first and last name and initials
4. Select the orange Next Button to configure the signatures

The screenshot shows the SPA interface with three recipient sections. The first section is labeled 'Recipient' and has fields for 'Name' (with a dropdown arrow) and 'Email' (with a dropdown arrow). The second section is labeled 'Consumer' and has fields for 'Name' (with a dropdown arrow) and 'Email' (with a dropdown arrow). The third section is labeled 'Consumer Representative' and has fields for 'Name' (with a dropdown arrow) and 'Email' (with a dropdown arrow). A blue circle with the number 1 is next to the Recipient section, and a blue circle with the number 2 is next to the trashcan icon in the Consumer section.

The screenshot shows the 'Add envelope custom fields' section. It has two input fields: 'Consumer First and Last Name' and 'Consumer Initials'. A blue circle with the number 3 is next to the 'Consumer First and Last Name' field.

The screenshot shows the bottom right corner of the SPA interface. It has a 'Send Now' button and an orange 'Next' button. A blue circle with the number 4 is next to the 'Next' button, and a dashed arrow points to it.

Check Signatures and Date tags on the SPA

information. It is important for you to sign this page and return it to the case manager as soon as possible.

☐ Please check this box if you believe this service plan does **NOT** meet your needs or you **disagree** with the assessment or service plan.

<div>Sign</div> <div></div> <div>Consumer signature</div>	<div>Date Signed</div> <div>Date</div>
<div>Sign</div> <div></div> <div>Consumer representative signature</div>	<div>Date Signed</div> <div>Date</div>
<div>Sign</div> <div></div> <div>Provider signature</div>	<div>Date Signed</div> <div>Date</div>
<div>Sign</div> <div></div> <div>Case manager signature</div>	<div>Date Signed</div> <div>Date</div>

1

2

Back Send

1. Check to ensure the Check box tag, the signature tag and the date signed tags are aligned to the correct places.
2. Select the orange Send button.

Note: The tags can be adjusted, if needed, by selecting with your mouse and adjusting the location to line up with the signature line. Be sure not to change the order of the tags – each color is assigned to that specific recipient.

598N – Task List and Service Authorization

Print the 598N from OA – Select Service Plan

Print Forms

☒ Case ☐ RA ☐ Screening ☐ Call

Form Number:

Form	Form number	Description	Prev	Print	Sets	Web
Case	556	Indiv Consent to HCBS Limitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	556E	Notice of Extending Limitation(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	556N	Notice of Denied Limitation(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	556R	Notice of Ending Limitation(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	595N	CAPS 2 Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	598N	Task List and Service Authorization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	620	Presumptive Medicaid Disability De	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Clear Defaults
☐ 539A

Client Demographics
☐ 539C
☐ 539F ☐ 850B

539A Duplex options
☒ Short-edge binding
☐ Long-edge binding

1. Select preview for the 598N from the Print Forms menu in OA

2. Select the service plan you are printing the 598N for.

3. Note: If the service plan you are looking for doesn't appear on the screen, use the scroll bar to see more plans.

Select Service Plan

List of CAPSUP Assessments for: JONES, BRIDGET L

Type	Status	Assmt.Date	Create Date	End Date	Worker
Title XIX	Completed	09/05/2025	09/05/2025	09/30/2026	Training4 Train4
	Pending	09/03/2025	09/03/2025	09/30/2026	Training4 Train4

Benefit Type	Begin Date	End Date	Status
APD-In Home	10/08/2025	10/08/2025	Approved

Hours No	Begin Date	End Date	Status
1	10/08/2025	10/08/2025	Approved

Plan No	Begin Date	End Date	Status
1	10/08/2025	10/08/2025	Approved

Service Type	Provider	Begin Date	End Date	Status
In Home Care (HCW) Hour	CARLILE, MEGAN	10/08/2025	10/08/2025	Approved
In Home Care (HCW) Hour	Jones, Andreann	10/08/2025	10/08/2025	Approved

OK Cancel

Print the 598N from OA- Selecting Provider

Select Service Plan

List of CAPSUP Assessments for: JONES, BRIDGET L

Type	Status	Assmt.Date	Create Date	End Date	Worker
Client Eligibility	Completed	10/08/2025	10/08/2025	10/31/2026	Training4 Train4
Title XIX	Completed	09/05/2025	09/05/2025	09/30/2026	Training4 Train4

Benefit Type	Begin Date	End Date	Status
APD-In Home	10/08/2025	10/08/2025	Approved

Hours No	Begin Date	End Date	Status
1	10/08/2025	10/08/2025	Approved

Plan No	Begin Date	End Date	Status
1	10/08/2025	10/08/2025	Approved

Service Type	Provider	Begin Date	End Date	Status
In Home Care (HCW) Hour	CARLILE, MEGAN	10/08/2025	10/08/2025	Approved
In Home Care (HCW) Hour	Jones, Andrenn	10/08/2025	10/08/2025	Approved

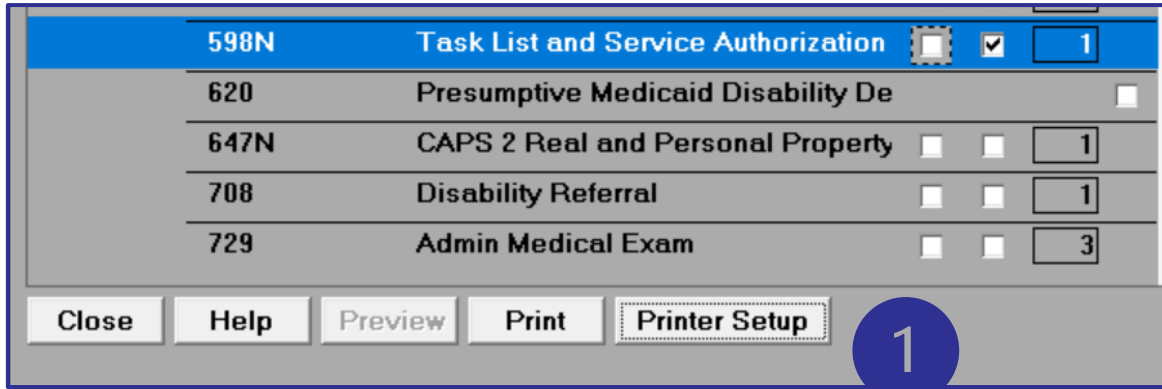
1

2

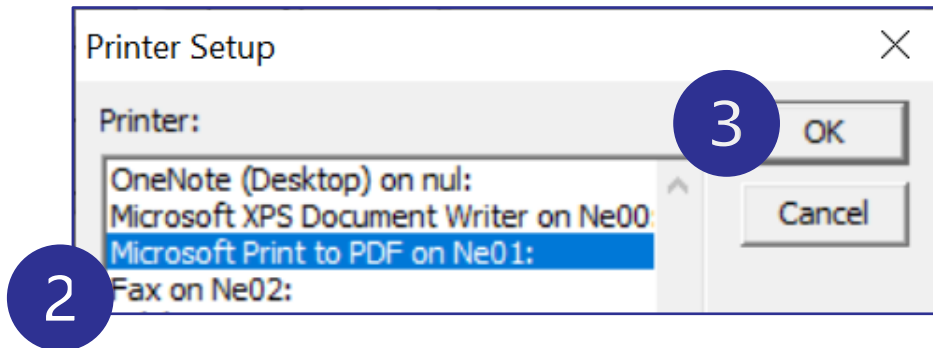
OK Cancel

1. Unselect all but one provider using your mouse if there is more than one HCW or In-home Care agency. If there is just one In-home Care Agency, you are sending it to, then select both service types for that agency (ADL and IADL).
2. Select the ok button at the bottom.

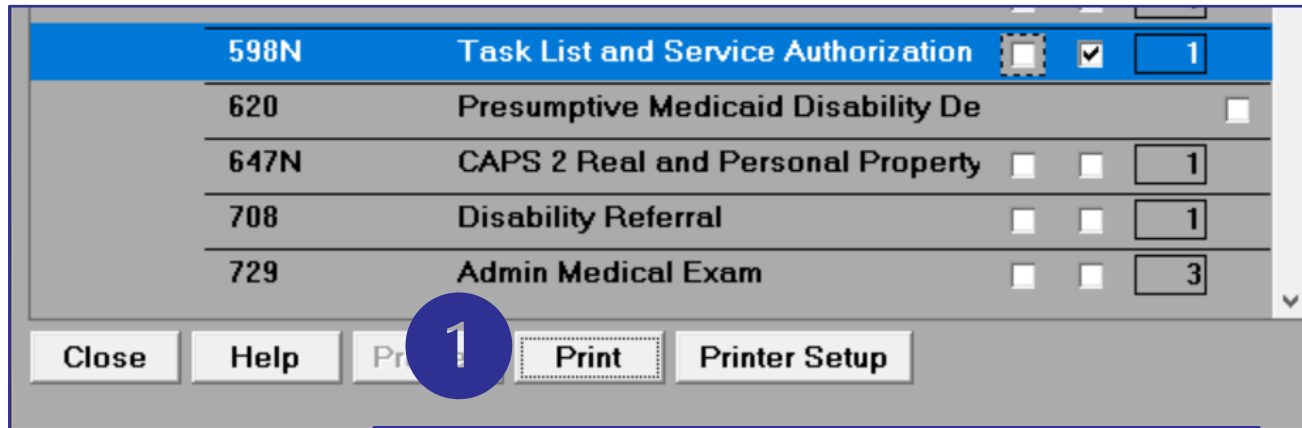
Print the 598N from OA – Printer Setup



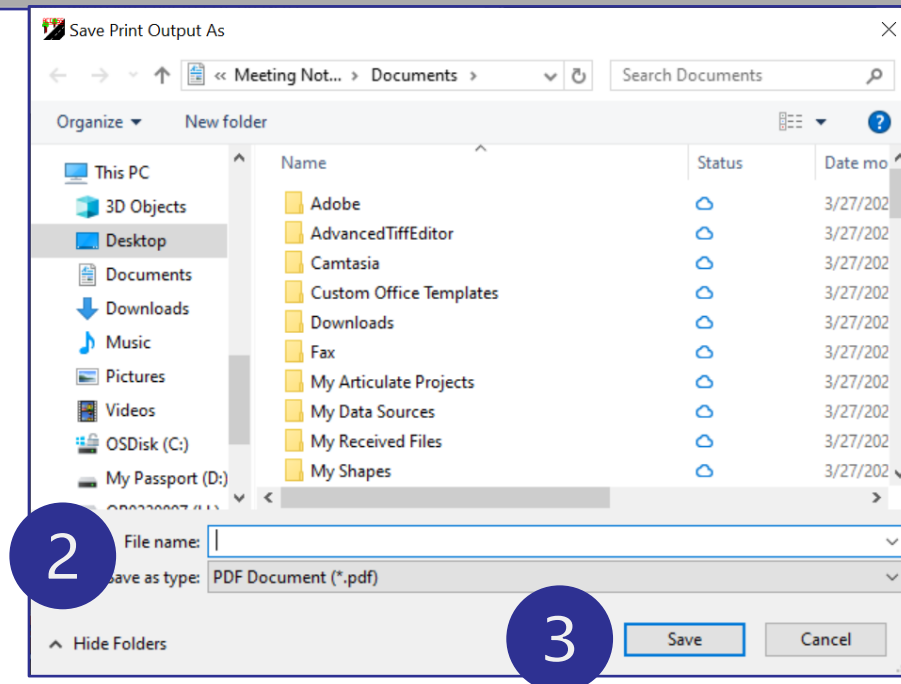
1. From the Print Forms with the 598 still selected, screen select Printer Setup.
2. Select Microsoft Print to PDF in the menu and select OK.



Print the 598N from OA- Saving the File

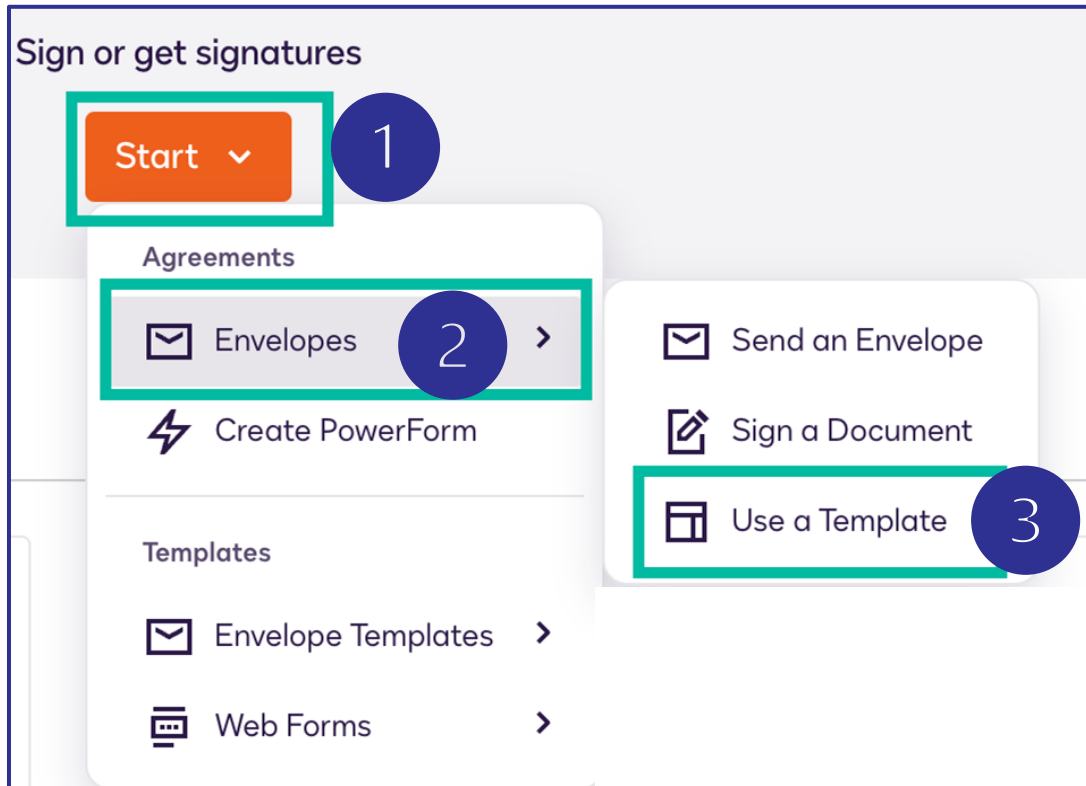


1. From the main Print forms menu, with the 598N still checked, select print.
2. Choose location and file name for this 598N. Be sure the file name is identifiable, saved in a secure location, and easy to find for later.
3. Select the Save button.



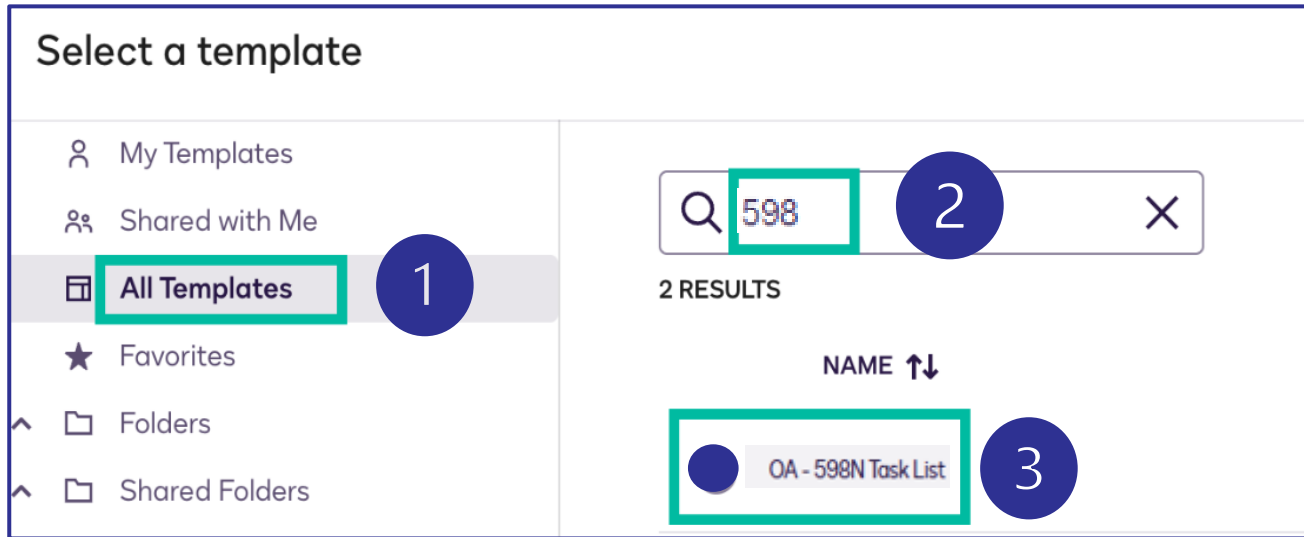
Note: If there is more than one HCW or IHCA for the individual, you will need to repeat this process for each HCW or IHCA.

Finding the 598N Template in DocuSign



1. Select the orange start button from the home page
2. Select Envelopes
3. Select Use a Template

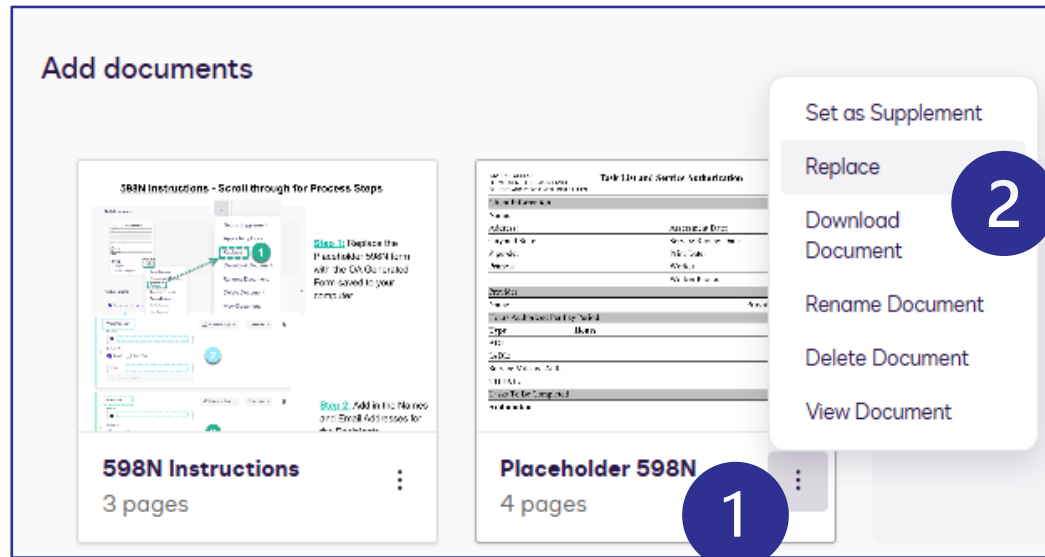
Selecting the 598N Template in DocuSign



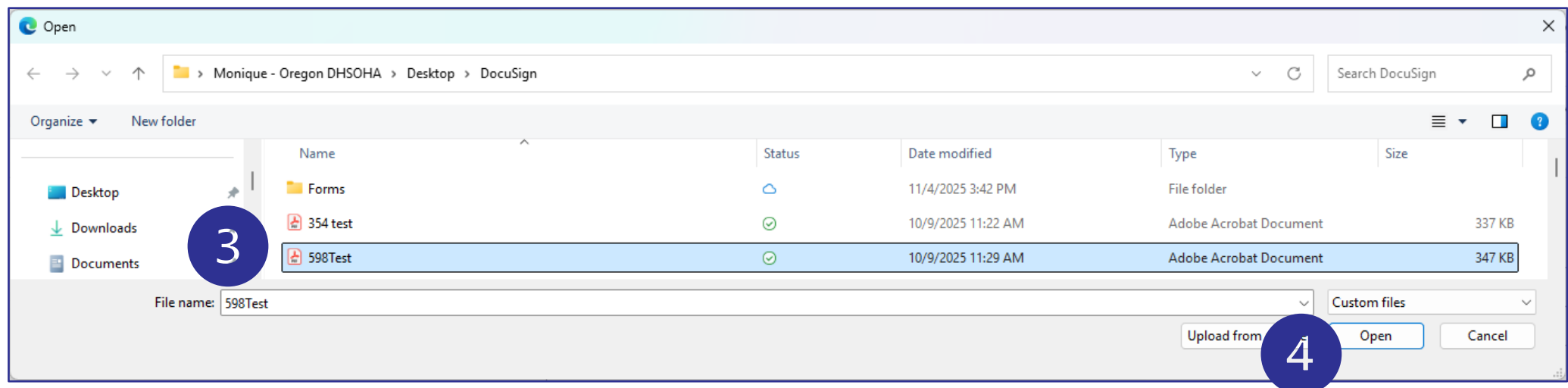
1. Select All Templates Folder
2. Type the form template name in the search bar
3. Select the Template
4. Select the Add Selected button on the lower right of the screen



Replacing the Placeholder 598N in DocuSign



1. Select the 3-dots for the placeholder 598N
2. Select Replace from sub-menu
3. Choose the 598N file you saved from OA
4. Select the open button.



Add Recipient Information(598N)

1. Enter the recipient names and emails in each section.
2. If a recipient needs to be removed, select the trashcan icon next to that recipient.
3. Enter the consumer first and last name and initials.
4. Select the orange Next Button to configure the signatures.

The screenshot shows a form with three sections: Recipient, Consumer, and Consumer Representative. Each section has fields for Name, Email, and Phone number. A blue circle with the number 1 is next to the Recipient section, and a blue circle with the number 2 is next to the trashcan icon in the Consumer section.

The screenshot shows the 'Add envelope custom fields' section. It has two fields: 'Consumer First and Last Name' and 'Consumer Initials'. A blue circle with the number 3 is next to the 'Consumer First and Last Name' field.

The screenshot shows the bottom of the form. It has a 'Send Now' button and a 'Next' button. A blue circle with the number 4 is next to the 'Next' button, which is highlighted with an orange border.

Moving the Signatures & Date tags on the 598N

STATE: Oregon
DEPARTMENT OF HUMAN SERVICES
SENIO AND PEOPLE WITH DISABILITIES

Task List and Service Authorization

Date Signed

Client Information

Name:

Address:

City and State:

Zipcode:

Prime #

Assessment Date:

Service Review Date:

Print Date:

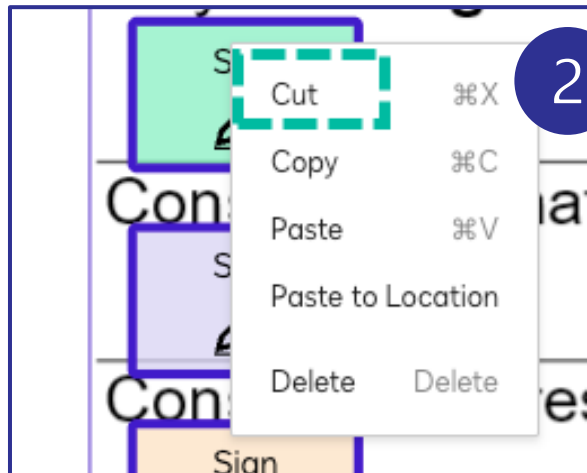
Worker:

Worker Phone:

Provider Name:

Date Signed

Hours Authorized Per Pay Period:

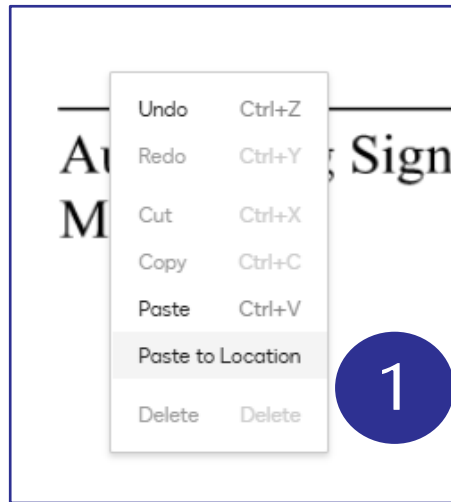


1. On the first page of the 598N, select all the signature tags, and date signed tags:
 - a. Hold the SHIFT key and select all the fields with your mouse.

OR

 - b. Drag your cursor on the page around all the fields.
 - c. You will know when all are selected, as there will be a purple square that surrounds all the tags.
2. Right-click and select "Cut".

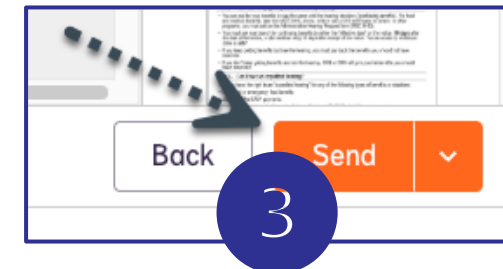
Configuring the Signatures on 598N



A screenshot of the signature configuration page. It shows three rows, each with a 'Sign' button (pencil icon) and a 'Date Signed' field. The rows are: Authorizing Signature (Case Manager/Unit Manager), Signature Client/Employer, and Signature Homecare Worker. A blue circle with the number 2 is next to the 'Date Signed' field of the Homecare Worker row.

A screenshot of the signature configuration page, similar to the one above, but with a blue circle with the number 3 next to the 'Date Signed' field of the Homecare Worker row.

1. Scroll to the signature page then right click and Select "Paste to Location" .
2. Align the tags to the correct places by dragging the tags.
3. Select the orange SEND button to send.



354 – Worker's Compensation Agreement

Printing the 354 from the Webform

The image shows a web browser window displaying the "Workers' Compensation Agreement and Consent" form. The browser's address bar shows the URL "https://www.oregon.gov/dhs/". The form title is "Workers' Compensation Agreement and Consent". The form content includes a "Client agreement" section with text about workers' compensation insurance coverage and a "Print" button at the top right. A red box highlights the "Print" button. A blue circle with the number "1" is next to it. Below the form, a "Print" dialog box is open, showing the "Microsoft Print to PDF" printer selected. A blue circle with the number "2" is next to the "Printer" dropdown. The dialog also shows "Copies: 1", "Pages to Print: All", and "Page Sizing & Handling" options. A blue circle with the number "3" is next to the "Print" button at the bottom of the dialog.

1

Print

Save as

Reset

Workers' Compensation

1

2

3

Print

Cancel

Printers: Microsoft Print to PDF

Copies: 1

Print in grayscale (black and white)

Save ink/toner

Pages to Print

All

Current

Pages

1 - 14

More Options

Page Sizing & Handling

Size

Poster

Multiple

Booklet

Fit

Actual size

Shrink oversized pages

Custom Scale: 100 %

Choose paper source by PDF page size

Orientation:

Auto

Portrait

Landscape

Comments & Forms

Document and Markups

Page Setup...

Scale: 100%

8.5 x 11 Inches

Workers' Compensation Agreement and Consent

Client agreement

Starting January 2008, your homecare worker is eligible for workers' compensation insurance coverage. The employer usually provides this insurance coverage. You are the employer of your homecare worker. However, the Home Care Commission (HCC) has arranged to obtain and pay for workers' compensation insurance for your homecare worker on your behalf. To provide this benefit to your homecare worker, the HCC and others need your authorization and consent.

You give your authorization and consent by signing below. By providing your consent, you are agreeing to let the Home Care Commission (HCC) complete the claim process for you. This may include the HCC completing forms and whatever else is needed to process a workers' compensation claim filed by your homecare worker. It also means that you agree to cooperate with the HCC or the insurance company when they process injury claims.

If your homecare worker is injured while providing services for you, contact the HCC or your case manager, to tell them about the injury, as soon as possible. You can contact the HCC at 1-800-562-0051.

Without your consent to obtain this insurance benefit for you, Services and People with Disabilities cannot pay for your homecare worker services. If you do not want to give your consent to the HCC to provide this service, your case manager will discuss different service options with you.

Please read the following agreement carefully. If you agree to receive, or continue to receive services, provided by a homecare worker that is paid for by the State, please sign the form below. If you have any questions regarding this notice, please talk with your case manager.

Workers' Compensation Agreement and Consent

Page 1 of 2

Client

JONES, JANE

Request

Date sent

1/10/2025

Case number

Print number

YP2011202

Date of birth

01/01/1980

Program

Branch code

2411

Worker

TR4

Training

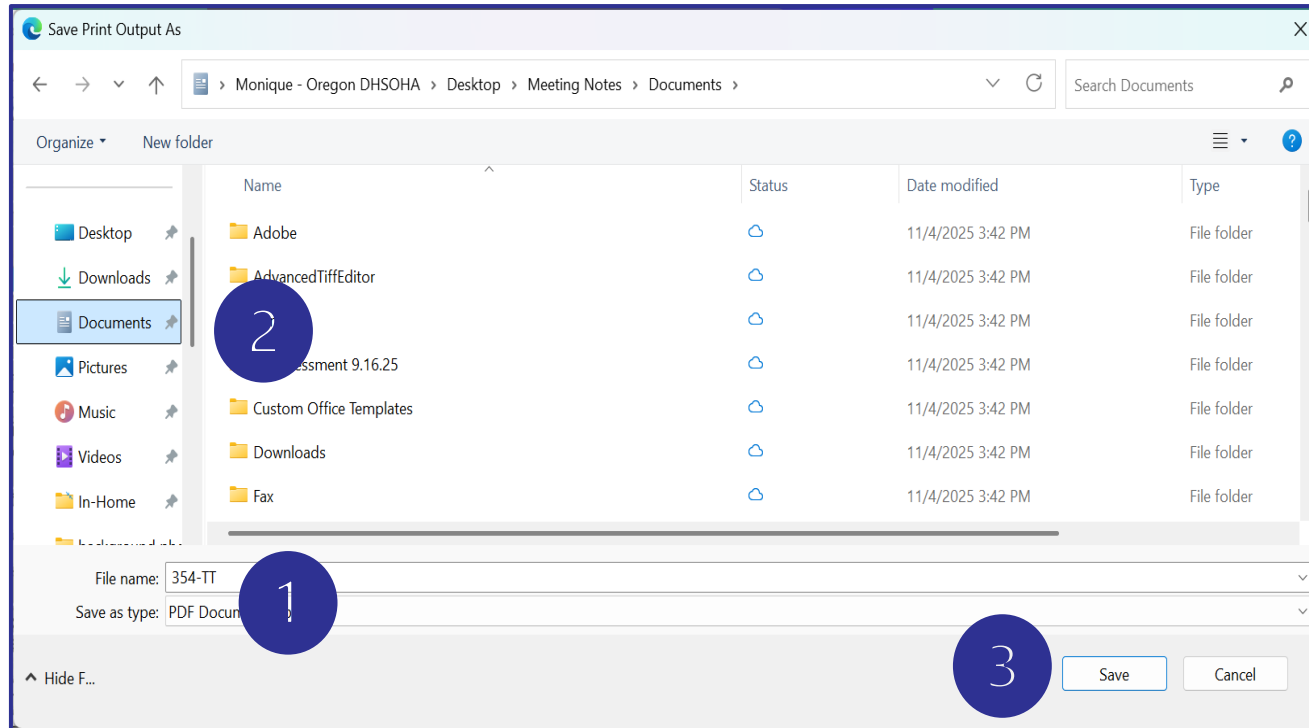
Phone

Worker phone

Page 1 of 2

1. From the webform, select print (either print icon or print button at top of form) after the SPAN has been completed.
2. In the Print window, choose Microsoft Print to PDF in the printer dropdown.
3. Select the print button at the bottom.

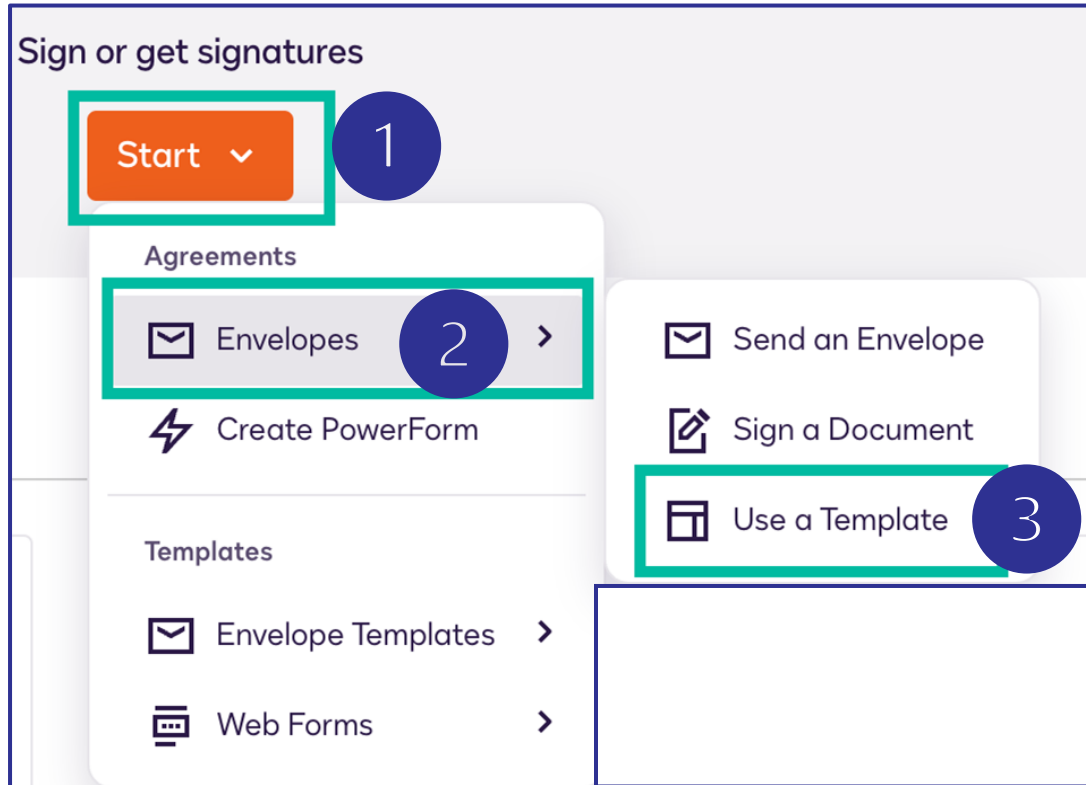
Saving 354 to Upload to DocuSign



1. In the Save Print Output as window, using naming conventions, name the SPAN file.
2. Choose where to save the document on your computer.
3. Select the Save button.

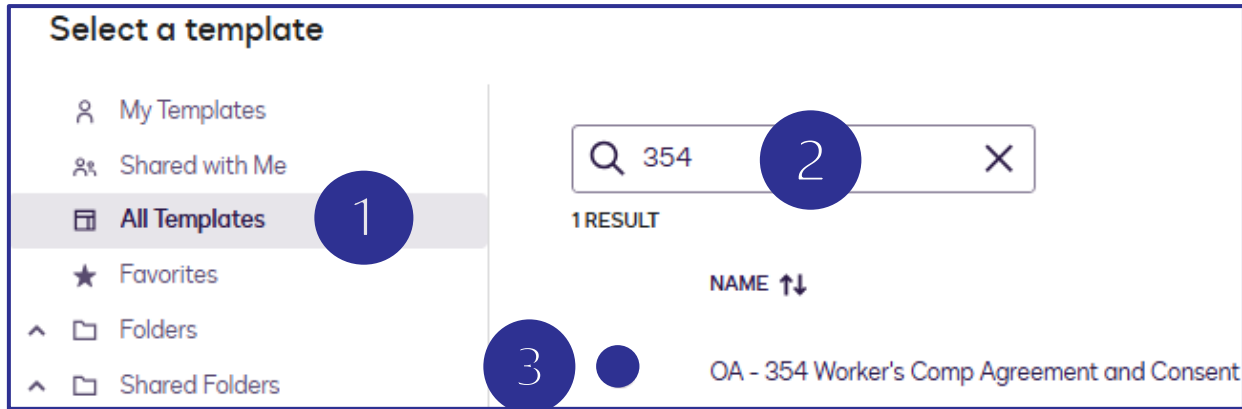
Note: Print the other forms required to be sent in addition to the SPAN and save in same location.

Finding the 354 Template in Docusign

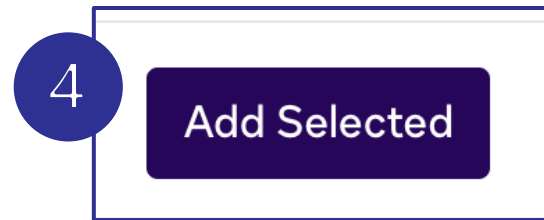


1. Select the orange start button from the home page.
2. Select Envelopes.
3. Select Use a Template in the sub-menu

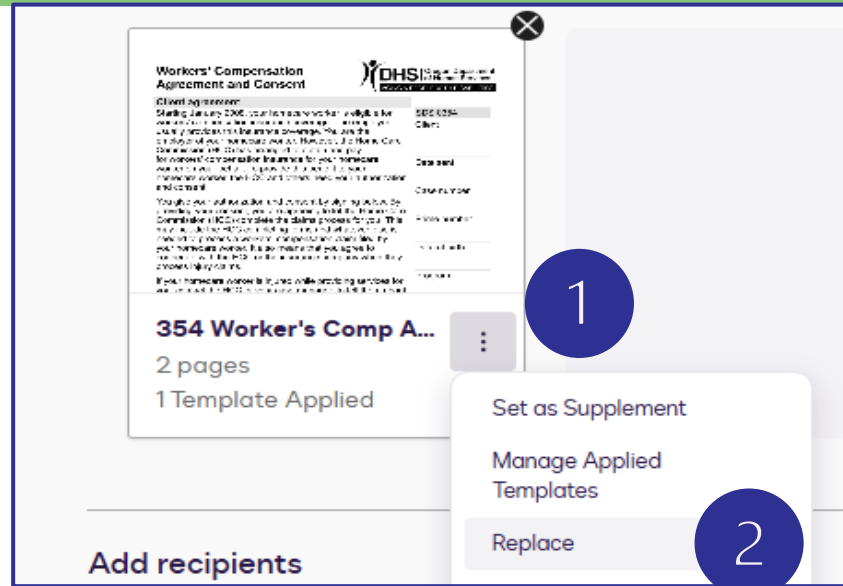
Selecting the 354 Template in DocuSign



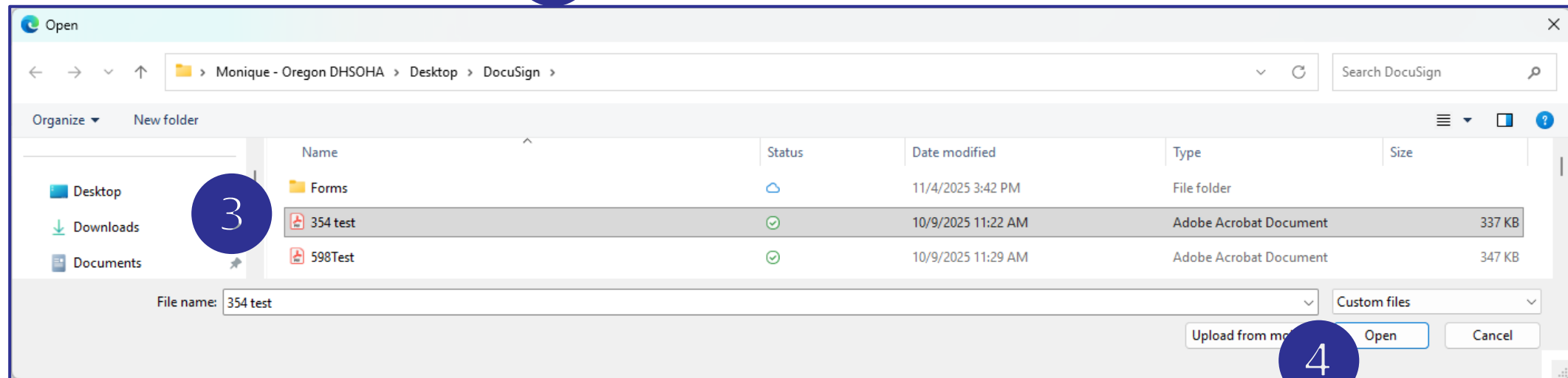
1. Select All Templates Folder
2. Type the form template name in the search bar
3. Select the Template
4. Select the Add Selected button on the lower right of the screen



Replacing the Placeholder 354 in DocuSign



1. Select the 3-dots for the placeholder 354
2. Select Replace from sub-menu
3. Choose the 354 file you saved from OA
4. Select the open button.



Add Recipient Information (354)

☒ Set signing order [View](#)

Consumer

Needs to Sign

Customize

Name *

Delivery *

☒ Email ☐ SMS (Text)

Email *

+1 Phone number

10

Add Recipient

+ Add Delay

Add envelope custom fields

Consumer First and Last Name *

0/100

Consumer Initials *

0/100

2

1. Enter the recipient's name and email in the consumer section.
2. Enter the consumer first and last name and initials.
3. Select the orange Next Button to configure the signatures.

3

Send Now **Next**

Check Signature and Date tag on the 354

provided to my homecare worker.

2. I give my consent to the HCC to obtain this insurance coverage for me.
3. The Home Care Commission has my permission to handle all parts of any claim for me if my homecare worker is injured while providing services to me.
4. I agree to cooperate and be interviewed about my homecare worker's injury if he or she is hurt while working for me.
5. If I do not agree, or if I change my mind, to have the HCC obtain workers' compensation insurance and/or process any worker's compensation claim on my behalf, the State will not be able to pay my homecare worker(s) to provide my in-home services.

Sign
Client signature

1

Date Signed
Date

2

Back Send

1. Check to ensure the signature tag and the date signed tags are aligned to the correct places.
2. Select the orange Send button to send to the recipient.

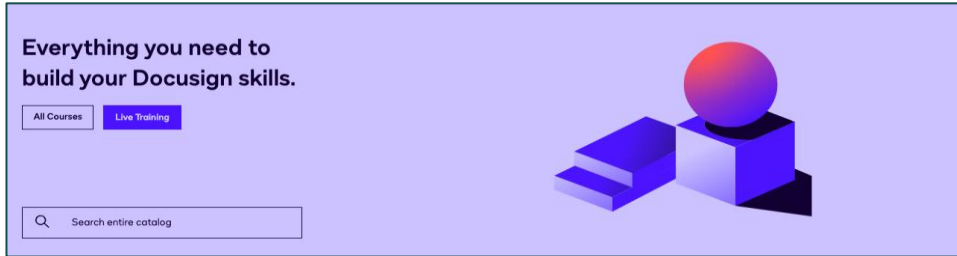
Note: The tags can be adjusted, if needed, by selecting with your mouse and adjusting the location to line up with the signature line.

Appendix

Additional Guides From DocuSign Support

1. [Managing Envelopes](#)
2. [Correcting Envelopes](#)
3. [Voiding Envelopes](#)
4. [Resending Envelopes](#)
5. [Forwarding Completed Envelopes](#)
6. [View Data Changes](#)
7. [Envelope Status Glossary](#)

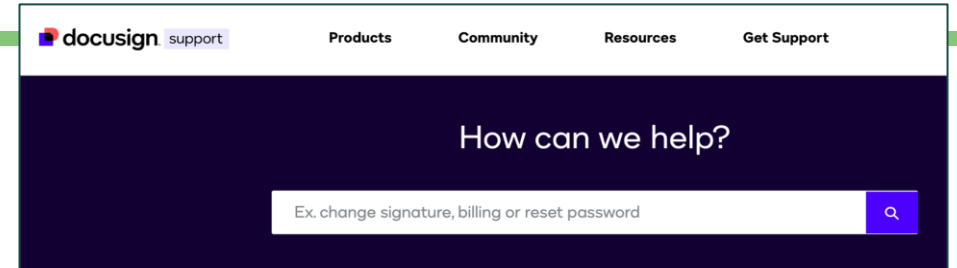
Training and Support Sites



Docusign University

Learn more. Build expertise.

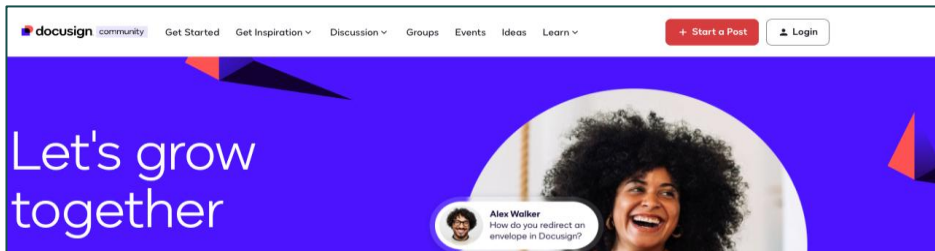
<https://support.docusign.com/docusignuniversity>



Docusign Support

Find answers. Get help.

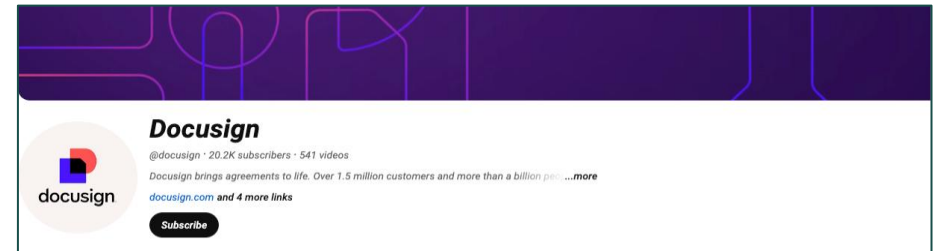
<https://support.docusign.com>



Docusign Community

Learn from the community. Discover solutions

<https://community.docusign.com/>



Docusign on YouTube

Watch how-to tutorials. Do more with Docusign.

<https://www.youtube.com/c/docusign/playlists>

Support Resources

APD Support	- apd.docusignsupport@odhsoha.oregon.gov
Docusign Support Center	<p>Support Center: support.docusign.com</p> <p>One-stop shop for all support and adoption resources.</p> <ul style="list-style-type: none">- Docusign Support Center – Open and manage support cases or view product help- Docusign Community - Questions and answers from Customers- Docusign University - Training and certification
Trust / Security	<p>Trust Center: trust.docusign.com</p> <ul style="list-style-type: none">- Monitored System Status on any performance issues- Docusign Public Certificates and Security information- Legality Guide: https://www.docusign.com/how-it-works/legality/global
Developer Support	<p>Developer Center: developers.docusign.com</p> <ul style="list-style-type: none">- stackoverflow.com using #DocusignAPI- Email: devsupport@docusign.com

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**Office of Aging and People with Disabilities
Medicaid Services and Supports Unit**



OREGON DEPARTMENT OF
Human Services