OREGON HOME CARE COMMISSION
OREGON ADMINISTRATIVE RULES

CHAPTER 418
DIVISION 20

OREGON HOME CARE COMMISSION FUNCTIONS

Table of Contents
Effective 08/25/2023

418-020-0010 Definitions *(Amended 10/14/2022)*.....1

418-020-0020 Qualifications for Homecare and Personal Support Workers and Personal Care Attendants *(Amended 10/14/2022)*.....8

418-020-0030 Provider Training *(Amended 10/14/2022)*.....12

418-020-0035 Mandatory Training and Competency Evaluations – Effective 9/1/2021 *(Temporary effective 08/25/2023 through 02/20/2024)*.....18

418-020-0040 Consumer-Employer Training Services *(Amended 7/1/2019)*.....21

418-020-0050 Registry *(Amended 10/14/2022)*.....22

418-020-0060 Workers' Compensation *(Amended 10/14/2022)*.....25

OREGON HOME CARE COMMISSION
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CHAPTER 418
DIVISION 20

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418-020-0010 Definitions *(Amended 10/14/2022)*

(1) "Active" means an active homecare, personal support worker, or personal care attendant who has:

(a) A current provider number;

(b) Worked and been paid with public funds in any of the past 12 months as a homecare or personal support worker or personal care attendant;

(c) A current credential; and

(d) Met the orientation and core training requirements of the program for which the provider is enrolled.

(2) "Area Agency on Aging (AAA)" means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults and adults with disabilities in a planning and service area. The term is inclusive of both Type A and Type B Area Agencies on Aging as defined in ORS 410.040 and described in ORS 410.210 to 410.300.

(3) "Assessment" means a tool used to evaluate a provider's knowledge of information learned during trainings required for Oregon Home Care Commission certifications as described in OAR 418-020-0030(3)(b) through (f).

(4) "Background Check" means a criminal records check and abuse check under OAR chapter 407, division 7.

(5) "Case Management Entity" has the meaning as defined in OAR 411-317-0000.

(6) "Case Manager" means an employee of a service delivery office who is responsible for determining service eligibility, offering service choices to eligible individuals, developing a plan of authorized services, and monitoring the effectiveness of services and supports. This term includes service coordinators and personal agents, as described in OAR chapter 411, division 317.

(7) "CMS' Core Competencies" means the set of 12 core competencies developed by the Center for Medicare and Medicaid Services (CMS) for the direct care workforce. The 12 competencies are found in Appendix E of the "The Roadmap of Core Competencies for the Direct Services Workforce" published at: https://www.medicaid.gov/sites/default/files/2019-12/dsw-core-competencies-final-set-2014.pdf.

(8) "Collective Bargaining Agreement" or "CBA" means the ratified Collective Bargaining Agreement between the Oregon Home Care Commission and the Service Employees International Union, Local 503. The Collective Bargaining Agreement is maintained on the Commission's website at: https://www.oregon.gov/dhs/SENIORS-DISABILITIES/HCC/PSW-HCW/Pages/Collective-Bargaining.aspx.

(9) "Commission" means the Oregon Home Care Commission established and operated pursuant to Article XV, Section 11, of the Oregon Constitution, and ORS 410.595 to 410.625.

(10) "Commissioner" means one of the nine members of the Home Care Commission appointed by the Governor and confirmed by the Senate as provided in ORS 171.562 and 171.565. Five members are either older adults or individuals with disabilities who are receiving or who have

received homecare services. One member is appointed to represent each of the following entities, or a successor entity, for as long as a comparable entity exists:

(a) Governor's Commission on Senior Services.

(b) Oregon Department of Human Services.

(c) Oregon Disabilities Commission.

(d) Oregon Association of Area Agencies on Aging and Disabilities.

(11) "Common Law Employer" means the employer of record responsible for the duties described in OAR 411-375-0055.

(12) "Community Health Worker" means an individual, as defined in ORS 414.025, who assists members of the community to improve their health and increase the capacity of the community to achieve wellness and meet the health care needs of its residents.

(13) "Competency Evaluation" means a tool to measure a provider's mastery of the information learned during orientation and mandatory trainings.

(14) "Consumer" or "Consumer-Employer" means an individual eligible for in-home and community-based services.

(15) "Consumer-Employer Training Services" means activities described in OAR 411-035-0090 that empower and inform consumer-employers, authorized representatives of consumer-employers, or a consumer's common law employer regarding their rights, roles, and responsibilities as employers of homecare or personal support workers or personal care attendants. The consumer-employer training services program is known as Employer Resource Connection.

(16) "Consumer Authorized Representative" means an individual assigned by a consumer, or designated by a consumer's legal representative, to act as the consumer's decision-maker in matters pertaining to planning and implementing an in-home service plan or individual support plan.

(17) "Continuing Education" means Commission approved training mandated on an ongoing basis. Continuing education is separate from orientation or core training.

(18) "Core Training" means the mandated training, or series of trainings, required for providers.

(19) "Credential" means time-limited approval by ODHS or OHA for an individual to provide services as a provider, which includes a start date, designated by a service delivery office, no earlier than the individual's most recent background check and signed provider enrollment agreement, and an end date no later than 24 months from the provider’s most recent background check. This is also referred to as an approved to work credential.

(20) "Cultural Competency" is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals to enable effective work in cross-cultural situations.

(21) "Department" or "ODHS" means the Oregon Department of Human Services.

(22) "Enrolled" means an individual has met the initial enrollment requirements to become a Medicaid approved homecare or personal support worker or personal care attendant and has been issued a provider number.

(23) "Enrollment Agreement" means the program-specific document a person must complete to be approved to provide services as a provider.

(24) "Enhanced Homecare Worker" means a homecare worker, as defined in these rules, who is certified by the Commission to provide medically-driven services and supports, as defined in OAR 411-031-0020 to consumers who have been assessed by a case manager as needing the services and supports.

(25) "Enhanced Personal Support Worker" means a personal support worker, as defined in these rules, who is certified by the Commission to provide services to consumers who require advanced medically-driven services and supports as defined in OAR 411-375-0010 or behaviorally-driven services and supports as defined in OAR 411-375-0010 and identified through a functional needs assessment.

(26) "Exceptional Personal Support Worker" means a personal support worker, as defined in these rules, who is certified by the Commission to provide services for consumers who require staff to be awake more than 20 hours in a 24-hour period and who require extensive medically-driven services and supports as defined in OAR 411-375-0010 or behaviorally-driven services and supports as defined in OAR 411-375-0010, beyond the enhanced services provided by an enhanced personal support worker, as assessed by a functional needs assessment.

(27) "Functional Needs Assessment" means the comprehensive assessment tool defined in OAR 411-317-0000.

(28) "Grievance" means a formal allegation of acts, omissions, applications, or interpretations that are believed to be violations of the terms or conditions of the Collective Bargaining Agreement.

(29) "Homecare Worker" means a provider, as defined and described in OAR chapter 411, division 31, who is directly employed by a consumer or a consumer's authorized representative, to provide hourly services to the consumer.

(30) "Incumbent Worker" means a person who enrolled as a provider prior to September 1, 2021.

(31) "Independent Choices Program" means the program described in OAR chapter 411, division 30, which is a self-directed in-home services program where a participant is given a cash benefit to purchase goods and services that are identified in the participant's service plan and prior approved by Aging and People with Disabilities (APD) or an AAA.

(32) "Individual" means an older adult, an adult with a disability, or a child with a disability applying for or eligible for services. The term "individual" is synonymous with "client" and "consumer".

(33) "Individual Support Plan" or "ISP" means the plan defined in OAR 411-317-0000.

(34) "Mastery" means a provider has achieved the specific learning objectives of a training.

(35) "OHA" means the Oregon Health Authority.

(36) "Oregon Intervention System Certification" or "OIS" certification means a system of training to people who work with designated individuals to provide elements of positive behavioral support and non-aversive behavioral intervention.

(37) "Orientation" means a mandatory Commission-approved presentation for providers that provides essential information required to provide safe and person-centered services and supports and comply with applicable program rules.

(38) “Personal Care Attendant” means a provider enrolled by OHA who is hired to provide personal care services to an individual with a behavioral health condition or disability who resides in their own home.

(39) "Personal Support Worker" means, for the purpose of these rules, a provider enrolled by ODHS who is hired or selected by an individual with a developmental disability, their designated common law employer, or proxy to provide services in the individual’s home and community.

(40) "Program" means a program governed by Oregon Administrative Rules and administered by ODHS or OHA that authorizes services provided through public funding in an individual's home or in the community.

(41) "Provider" means a homecare or personal support worker or personal care attendant who is eligible to be hired by a consumer-employer, a consumer's authorized representative, or the consumer's common law employer, to provide services authorized in the consumer's service plan in the individual's home or in the community.

(42) "Provider Number" means an identifying number issued to each homecare and personal support worker or personal care attendant who is enrolled as a provider through ODHS or OHA.

(43) "Refresher training" means a 12-hour course for incumbent workers that educates providers on the core competencies.

(44) "Registry" means the Commission's online tool used to match qualified providers available for work with individuals seeking to hire providers.

(45) "Respite Worker" means a paid provider who provides services in place of a family caregiver or other member of a consumer's natural support system who typically provides unpaid services.

(46) "Restricted Provider Number" means a number assigned by ODHS or OHA to a provider who has restrictions placed on the worker's provider enrollment.

(47) "Service Delivery Office" means an APD or AAA office, case management entity, or Community Mental Health Program office that is responsible for case management and authorization of publicly funded services provided by providers.

(48) "Service Plan" means a written plan of authorized services provided in an individual's home or in the community, developed in accordance with ODHS or OHA rules and policies, or an Individual Support Plan.

(49) "State Plan Personal Care Services" means the assistance with personal care and supportive services provided for an individual by a provider.

(50) "Stipend" means an amount of money granted to a provider in accordance with Commission requirements described in OAR 418-020-0030(1)(b).

(51) "Substitute Worker" means a provider who provides services in place of a provider who is unavailable.

(52) "These Rules" mean the rules in OAR chapter 418, division 20.

(53) "Worker" means a "Homecare Worker," "Personal Support Worker," or “Personal Care Attendant.”

Stat. Auth.: ORS 410.602
Stats. Implemented: ORS 410.600, 410.603, 410.605, 410.606, 410.608, 410.612

418-020-0020 Qualifications for Homecare and Personal Support Workers and Personal Care Attendants *(Amended 10/14/2022)*

(1) Minimum Qualifications.

(a) Submit a complete application and provider enrollment agreement.

(b) Pass an ODHS background check and cooperate with a recheck every two years or when requested.

(c) Be capable of performing essential functions to safely provide necessary services or be capable of learning essential functions to safely provide necessary services.

(d) Be 18 years of age or older.

(e) Attend orientation.

(f) Complete mandated core training within specified timelines.

(g) Complete and pass mandated orientation and core training competency evaluations.

(h) Complete mandated continuing education within the specified timelines.

(i) Meet applicable provider enrollment requirements outlined in OAR chapter 411, division 31 (homecare workers), OAR chapter 411, division 375 (personal support workers), or OAR chapter 410, division 172 (personal care attendants).

(2) Provider Orientation. Orientation must:

(a) Occur on a frequent basis to prevent delays in a provider's enrollment or continued employment as a provider.

(b) Include a presentation and materials created or approved by the Commission and ODHS or OHA.

(c) Include information on the following topics:

(A) Abuse and mandatory reporting.

(B) Confidentiality.

(C) Consumer rights.

(D) Medication safety.

(E) Preventing Medicaid fraud.

(F) Providing person-centered services.

(G) Universal precautions and infection control.

(H) Provider requirements, roles, and responsibilities.

(I) Other information ODHS or the Commission deems appropriate for the professionalization of the provider workforce.

(J) The Commission reserves the right to remove training topics listed in OAR 418-020-0020(3)(c)(A) through (I) if it is deemed necessary.

(d) Be culturally-appropriate for applicants of all language abilities.

(A) If orientation is not available in the applicant's preferred language, interpreter services shall be made available.

(B) Orientation presentation and materials shall be culturally appropriate and accessible to applicants in their preferred language. Reasonable efforts shall be made to accommodate language requests when there is adequate demand for the presentation and materials in the preferred language.

(e) Provide reasonable accommodations in accordance with Title II of the Americans with Disabilities Act for applicants who experience a disability.

(f) Allow the Union to make presentations to potential members at orientations, at a mutually agreeable time, in accordance with the current collective bargaining agreement.

(g) Effective September 1, 2021, an applicant is required to complete a minimum of a four-hour orientation, or online equivalency, and pass a competency evaluation prior to the issuance of a provider number and shall not be authorized to work until complete.

(A) An applicant may be granted an exception to begin working prior to attending orientation and passing a competency evaluation under the following circumstances:

(i) The applicant is selected by a specific consumer-employer or common law employer and the applicant's delayed enrollment poses an immediate risk to the individual's health and safety;

(ii) Orientation is not readily accessible; and

(iii) The applicant has met the enrollment criteria described in OAR 418-020-0020(1)(a) through (i).

(B) Requests for exceptions shall be submitted to the Oregon Home Care Commission by the local APD or AAA service delivery office or case management entity for approval.

(i) The Commission shall approve or deny the request within one business day.

(ii) If an exception is approved by the Oregon Home Care Commission, the provider shall attend orientation within 120 days of enrollment. Providers who fail to attend orientation within the specified timeline shall not be authorized to work.

Stat. Auth.: ORS 410.602
Stats. Implemented: ORS 410.603, 410.604, OL 2018 ch. 75

418-020-0030 Provider Training *(Amended 10/14/2022)*

(1) Training is offered by the Commission to providers statewide to enhance provider skills and cultural competence, as well as the quality of services provided to consumer-employers in their home or in the community.

(a) Training is provided without charge to providers, consumer-employers, consumer-representatives, appropriate service delivery staff, and the staff of adult foster homes licensed under OAR chapter 411, division 50.

(b) Stipends for actual hours in attendance at Commission-sponsored classes may be available to providers who have provided publicly funded services in any of the three months before training or during the month of the training. The Commission determines:

(A) The amount of a stipend and may provide a stipend for each eligible class once in a 12-month period.

(B) Which classes are approved for stipends for providers.

(2) Public Availability of Training. When classes are not filled, members of the public may attend, after registering and paying training fees determined by the Commission. Members of the public are not eligible for stipends.

(3) Certifications for Providers.

(a) Cardio Pulmonary Resuscitation (CPR) and First Aid Certification:

(A) The Commission pays for CPR and First Aid training for active providers who meet the qualifications established by the Commission.

(B) Providers must submit a written request to the Commission for authorization to attend CPR and First Aid training paid for by the Commission.

(C) The Commission does not reimburse providers who have paid for CPR and First Aid classes.

(b) Professional Development Certification. To be eligible for Professional Development Certification, providers must:

(A) Have an active, unrestricted provider number.

(B) Complete core, safety, and elective training classes and pass training specific assessments.

(C) Have a current Adult CPR and First Aid certification prior to and throughout the certification period.

(D) Submit an application.

(E) Certification may be renewed by completing the requirements found in OAR 418-020-0030(3)(b)(A) through (D) between the 13th and 24th month of the certification period.

(F) Providers who have an unexpired Oregon Certified Nursing Assistant (CNA) certification, and provide proof of certification, may substitute their CNA certification in place of the safety-type

and elective courses and corresponding assessments required for the initial professional development certification process. Providers with a CNA certification must meet the requirements in OAR 418-020-0030(3)(b)(E) to renew their professional development certification.

(c) Enhanced Homecare Worker Certification.

(A) To be certified as an enhanced homecare worker, a homecare worker must:

(i) Have an active, unrestricted provider number.

(ii) Have and maintain a current CPR and First Aid Certification.

(iii) Submit an application.

(iv) Once accepted, successfully complete enhanced homecare worker coursework and assessments.

(B) Enhanced homecare workers are eligible for an enhanced hourly service payment rate only when providing services for a consumer-employer assessed by ODHS as having enhanced needs.

(C) For ongoing enhanced homecare worker certification, a homecare worker must:

(i) Maintain an active homecare worker credential and current Adult CPR and First Aid certification.

(ii) Complete required enhanced certification courses before the end of the 24-month certification period.

(d) Enhanced Personal Support Worker Certification.

(A) To be certified as an enhanced personal support worker, a personal support worker must:

(i) Have an active, unrestricted provider number.

(ii) Have and maintain a current CPR and First Aid certification.

(iii) Submit an application.

(iv) Once accepted, successfully complete enhanced personal support worker coursework and pass assessments.

(B) Enhanced personal support workers are eligible for an enhanced hourly service payment rate only when providing services for a consumer-employer assessed by a case management entity as having enhanced needs.

(C) For ongoing enhanced personal support worker certification, a personal support worker must:

(i) Maintain an active personal support worker credential and current CPR and First Aid certification.

(ii) Complete required enhanced certification courses before the end of the 24-month certification period.

(e) Exceptional Personal Support Worker Certification:

(A) To be certified as an exceptional personal support worker, a personal support worker must:

(i) Have and maintain a valid enhanced personal support worker certification as described in this rule.

(ii) Submit an application.

(iii) Have a current Oregon Intervention System general or parent level certification, as appropriate.

(iv) If accepted, complete required exceptional personal support worker coursework and pass course assessments.

(B) For ongoing exceptional personal support worker certification, a personal support worker must:

(i) Maintain an active personal support worker credential, CPR and First Aid certification, and Oregon Intervention System certification.

(ii) Complete requirements for recertification before the end of the 24-month certification period.

(C) Exceptional personal support workers are eligible for an exceptional service payment rate only when providing services for a consumer-employer assessed by a case management entity as having exceptional needs.

(f) Community Health Worker Certification:

(A) To be certified as a community health worker, a provider worker must:

(i) Have an active, unrestricted provider number.

(ii) Have a current professional development certification.

(iii) Have and maintain a current CPR and First Aid certification.

(iv) Submit an application.

(v) Complete required community health worker certification courses.

(B) For ongoing community health worker certification, a provider must:

(i) Maintain an active provider credential and have a current CPR and First Aid certification.

(ii) Complete 20 hours of required training approved by the Commission within the 24-month certification period.

(iii) Have and maintain professional development certification.

(g) Ventilator Dependent Quadriplegia Certification.

(A) This certification is available to homecare workers. To obtain ventilator dependent quadriplegia certification, a homecare worker must:

(i) Have an active, unrestricted provider number.

(ii) Have and maintain a current CPR and First Aid certification.

(iii) Once accepted, successfully complete all ventilator dependent quadriplegia certification coursework.

(B) Homecare workers with ventilator dependent quadriplegia certification are eligible for an hourly service payment rate only when providing services for a consumer-employer assessed by ODHS as having ventilator dependent quadriplegia needs.

(C) For ongoing ventilator dependent quadriplegia certification, a homecare worker must:

(i) Maintain an active homecare worker credential and current Adult CPR and First Aid certification.

(ii) Complete required ventilator dependent quadriplegia certification courses between the 13th and 24th month of the certification period.

Stat. Auth.: ORS 410.602
Stats. Implemented: ORS 410.603, 410.604, 410.625, OL 2018 ch. 75

418-020-0035 Mandatory Training and Competency Evaluations – Effective 9/1/2021 *(Temporary effective 08/25/2023 through 02/20/2024)*

(1) Training curricula shall be reviewed and approved by the Commission prior to use at mandatory training.

(2) Mandatory training shall be geographically accessible in all areas of the state.

(3) Mandatory training shall be culturally appropriate for providers of all language abilities.

(a) If a training is not available in the provider's preferred language, interpreter services shall be made available.

(b) Training materials shall be culturally appropriate and accessible to providers in their preferred language. Reasonable efforts shall be made to accommodate language requests when there is adequate demand for the materials in the preferred language.

(c) Reasonable accommodations shall be provided in accordance with Title II of the Americans with Disabilities Act for providers who experience a disability.

(4) Mandatory core training.

(a) Effective September 1, 2021, providers are required to complete eight hours of core training within 120 days of enrolling as a Medicaid provider.

(b) Providers are exempt from 418-020-0035(4)(a) if they have a current certification awarded by the Commission as described in 418-020-0030(3) and continue to meet the on-going certification requirements.

(c) Core training topics include, but are not limited to:

(A) Safety and emergency measures.

(B) Understanding requirements for providers paid with Medicaid funds.

(C) Providing person-centered services and supports.

(D) Understanding how to support the physical and emotional needs of the individual receiving services.

(E) Managing medications.

(F) Providing personal care and assistance with activities of daily living.

(d) In addition to the core training topics described in OAR 418-020-0035(4)(c)(A) through (F), ODHS and the Commission may establish other training topics deemed appropriate for the professionalization of this workforce.

(5) Continuing education.

(a) Providers with an approved to work end date of March 1, 2026, or later, are required to complete 12 hours of continuing education by the end of the provider's 24-month approved to work credential on an ongoing basis.

(b) Providers are exempt from 418-020-0035(5)(a) if they have a current certification awarded by the Commission as described in 418-020-0030(3) and continue to meet the on-going certification requirements.

(c) Providers are required to complete cultural competency training as part of their continuing education requirements.

(d) Providers who complete continuing education courses between April 1, 2023, and March 1, 2026, will receive training credit toward the initial continuing education requirements in 418-020-0035(5)(a).

(6) Orientation and core training competency evaluations.

(a) Competency evaluations shall be based on the CMS Direct Service Workforce Core Competencies.

(b) Competency evaluations shall measure a provider's mastery of the skills and knowledge acquired through training.

(c) Providers enrolled on or after September 1, 2021, shall complete competency evaluations after the completion of orientation and core training.

(d) Providers enrolled on or after September 1, 2021, must pass competency evaluations to receive credit for completing orientation and core training.

(e) Competency evaluations shall be available in a manner that accommodates a provider's literacy skills and preferred language.

(f) The methodology and standards used for competency evaluations must be reviewed and approved by the Oregon Home Care Commission.

(7) Refresher Training. Incumbent workers are required to complete a refresher training by June 30, 2022.

(8) Training Pilot. Providers who participate in the ODHS-approved training pilot between March 8, 2020 and August 31, 2021 shall be granted equivalent credit when training becomes mandatory on September 1, 2021.

Stat. Auth.: ORS 410.602
Stats. Implemented: ORS 410.603, 410.604, 410.625, OL 2018 ch. 75

418-020-0040 Consumer-Employer Training Services *(Amended 7/1/2019)*

The Commission offers voluntary training services to consumer-employers, consumers' authorized representatives, and consumers' common law employers on how to manage employer responsibilities. These services are referred to as Employer Resource Connection.

(1) To be eligible for the consumer-employer training program, an individual must be receiving Medicaid funded in-home services through DHS or OHA or services through the Oregon Project Independence program. An individual's authorized representative or common law employer is eligible to receive consumer-employer training services.

(2) Consumer-employer training services are provided by individuals or entities under contract with the Commission and meet the qualifications described in OAR 411-035-0095.

(3) Services are designed to meet consumer-employer needs and are provided in a culturally competent manner. Consumer-employer training is based on the needs and preferences of the consumer-employer and topics are related to the employer responsibilities described in OAR 411-030-0040(4)(a) and OAR 411-375-0055(5)(b).

(4) Consumer-employer training services shall meet the requirements outlined in OAR 411-035-0090.

Stat. Auth.: ORS 410.602
Stats. Implemented: ORS 410.603, 410.604

418-020-0050 Registry *(Amended 10/14/2022)*

The Commission maintains an online Registry of qualified and active providers to provide routine, emergency, and substitute referrals to consumer-employers.

(1) Service Delivery Office Responsibilities. Staff must enter information into the Registry within five business days:

(a) The date and location a provider completed orientation.

(b) The expiration dates of CPR and First Aid certifications for providers who present original documents at the service delivery office.

(2) Service Delivery Staff Use of Registry. ODHS and OHA Service Delivery office staff shall use the Registry exclusively to refer providers to consumer-employers:

(a) When a consumer-employer, consumer's authorized representative, or the consumer's common law employer requests names of providers, an individual employer profile shall be created and used for generating a Registry list of providers who best match the consumer's profile. Service delivery staff may not:

(A) Create generic lists for distribution to multiple consumer-employers.

(B) Recommend specific providers to consumer-employers or serve as employment references for such workers.

(b) Service delivery staff may refer consumer-employers, consumers' authorized representatives, or consumers' common law employers

needing assistance with the Registry or locating providers to the Employer Resource Connection consumer training services program.

(3) Referral Requirements. For a provider's name to appear on a Registry referral list, a provider must:

(a) Have an active, unrestricted provider number.

(b) Be seeking employment.

(c) Authorize release of information by selecting this option on the Registry or in writing to the appropriate service delivery office.

(d) Maintain a complete, accurate profile.

(e) Have a working telephone number and email address. If a provider does not have a working telephone number in the Registry, they will not be available for referral in the Registry and will be notified by the Commission via U.S. Mail or email.

(f) Update profile information at least every 90 days.

(g) Update changes to availability, telephone number, or other information when changes occur.

(4) Appropriate Use. The purpose of the Registry is for individual consumer-employers, persons authorized to act on behalf of consumers, or individuals hiring in-home providers privately, to find qualified providers.

(5) Inappropriate Employer Use. Employer profiles or help wanted advertisements placed for purposes other than for individual searches as described in this rule are not authorized.

(6) Inappropriate Use by Providers. Providers may not use the Registry for purposes other than its intended use. Providers may not:

(a) Use the Registry to refer other providers or contact other providers.

(b) Use the Commission's name on business cards or other promotional materials.

(c) Represent themselves in print, electronic, or social media as employees of the Commission, ODHS, OHA, or any service delivery office.

(7) Violations of OAR 418-020-0050(6) by providers shall be investigated by the Commission.

(a) Sanctions may be imposed for non-compliance with these rules. Depending on severity and recurrence of violation, a sanction may include one or more of the following actions:

(A) Written warning.

(B) Suspension of availability for Registry referral for a prescribed period.

(C) Suspension of availability for Registry referral until conditions for suspension are corrected.

(D) The requirement to attend Commission-sponsored trainings.

(b) Depending on the severity of allegations of misconduct or inappropriate use, the Commission may suspend availability for referral during investigation.

(c) Notice of Sanction. If the Commission imposes a sanction, the Commission shall attempt to serve a notice of sanction upon the

provider by regular mail based on the last contact information provided by the provider, or, if requested by the recipient of the notice, by electronic mail. The Notice of Sanction shall comply with OAR chapter 137, division 3 and OAR chapter 411, division 1, as applicable.

Stat. Auth.: ORS 410.602
Stats. Implemented: ORS 410.603, 410.604, 410.606

418-020-0060 Workers' Compensation *(Amended 10/14/2022)*

(1) The Commission elects workers' compensation coverage on behalf of consumer-employers who employ providers.

(2) Consumer-employers and consumer representatives must:

(a) Sign required documents for a provider to receive workers' compensation coverage.

(b) Report provider injuries to the Commission as soon as becoming aware of a provider's injury.

(c) Provide information to the Commission and workers' compensation carrier when providers report an injury.

(3) Service delivery office staff shall:

(a) Collect from each consumer-employer, at time of eligibility for services, appropriate signed workers' compensation documents.

(b) Report injuries immediately to the Commission.

(c) Respond to requests for information from the Commission and workers' compensation carrier when providers report injuries and when claims are filed.

(4) The Commission shall:

(a) Assist providers who are injured while performing service plan authorized tasks with filing claims.

(b) Work as the agent of consumer-employers while providing information to the insurance carrier's claims adjusters, attorneys, return-to-work specialists, and vocational rehabilitation administrators.

(5) Providers injured while providing authorized services must:

(a) Report work injuries as soon as becoming aware of injuries to the:

(A) Consumer-employer, consumer's authorized representative, or the consumer's common law employer;

(B) Case manager; and

(C) Commission.

(b) Cooperate with the Commission and workers' compensation carrier by providing all required documents and returning phone calls timely.

(c) Keep the consumer-employer, consumer-representative, or consumer's common law employer informed regarding work restrictions resulting from injuries at work, medical appointments, and return to work dates.

Stat. Auth.: ORS 410.602
Stats. Implemented ORS 410.606, 410.625, 656.039