

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-21-059

Issue date: 10/6/2021

Topic: Long Term Care

Due date:

Subject: Change in Data Entry Process in Oregon ACCESS for New Homecare Worker Applications

Applies to (check all that apply):

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

Action required:

Local APD/AAA office staff must enter the following information, at a minimum, in the Provider Overview section of Oregon ACCESS (OA) at the time a homecare worker (HCW) application is received:

- Last name
- First name
- Middle name
- Social Security number
- Date of birth
- Primary email
- Address (physical and mailing)
- Phone type and number
- Branch
- Original application date

The process on how to enter provider information in OA can be found in the "[Worker Guide for the Consumer-Employed Provider Program](#)" available under the HCW section on the Case Management Tools [webpage](#).

If the applicant is already in Oregon ACCESS and is reapplying, please make sure to verify the information listed above is current.

APD/AAA staff do not need to verify completion of orientation before submitting a request for a Medicaid provider number. This information will be verified by the APD Provider Relations Unit (PRU) as part of the provider enrollment process. PRU will note the orientation date in the credential comment section so local office staff may enter the date in the [Registry](#).

PRU will send an email notification to the local office and return the provider credential to a pending status if an applicant does not attend orientation within 45 days. This will allow local office staff to deny the application and send a [Notice of Denial of Homecare Worker Enrollment \(613d\)](#) to the applicant. Select “The applicant does not have the skills, knowledge or ability to adequately or safely provide services” as the reason for denial and include the following information in the “Additional information about the denial of your provider number” section:

418-020-0020(4)(h): To enroll as a homecare worker, you must attend orientation and pass a competency evaluation prior to the issuance of a provider number. Your application is denied because you did not complete these requirements.

As a reminder, please upload HCW applications to the APD HCW Personnel query in EDMS. See [APD-AR-21-039](#) for details.

Reason for action:

It is important to enter HCW applicant information in OA at the time of application so data can be exchanged with Carewell SEIU 503 Training for orientation and required training purposes without delay. Waiting to enter applicant information in OA until the outcome of the background check delays the exchange of information with Carewell SEIU 503 Training since applicants may apply to join the workforce and attend orientation concurrently.

Field/stakeholder review: Yes No

If yes, reviewed by: Operations committee

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

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| Contact(s): Jenny Cokeley, Provider Relations Unit Manager | |
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| Email: Jenny.E.Cokeley@dhsosha.state.or.us | |