

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-24-012

Issue date: 4/2/2024

Topic: Provider Information

Due date:

Subject: Paid Leave Oregon Claims for Homecare Workers

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:

Homecare workers (HCWs) apply for Paid Leave Oregon benefits through the Oregon Employment Department by visiting the Paid Leave Oregon [website](#). The Oregon Department of Human Services and Carewell 503 Benefits do not determine eligibility for Paid Leave Oregon Benefits or administer the benefits. Local APD/AAA offices are asked to do the following:

- Direct HCWs who have questions about Paid Leave Oregon, or would like to apply for benefits, to the Paid Leave Oregon website: <https://paidleave.oregon.gov/>. The website includes detailed information about the program, how to apply, and what to expect after application.
- Forward any questionnaires or notices from Paid Leave to the Oregon Home Care Commission by emailing OHCC.CustomerRelations@odhsoha.oregon.gov. The local office does not need to retain a copy of the form in EDMS and may shred the original letter. No further action is required.

If an HCW requests employer information to apply for Paid Leave Oregon benefits, provide the following:

Employer: Homecare Workers

Employer State Business Identification Number: 1212476-5

Federal Employer Identification Number: 930600527

Reason for action:

To ensure the Oregon Employment Department receives information needed timely and accurately, OHCC will be the point of contact for correspondence.

Field/stakeholder review: Yes No

If yes, reviewed by: Operations committee

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

Contact(s): Jenny Cokeley/Traci Lerner	
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