

Information Memorandum Transmittal Aging and People with Disabilities



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Topic: Provider Information

Subject: Updated I-9 for HCW Enrollment

Number: APD-IM-23-099

Issue date: 11/7/2023

Updated: 1/24/2024

Due date:

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 checked="" type="checkbox"/> Other (<i>please specify</i>): OHCC |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Updates to this Information Memorandum is in red.

Message:

The following information is being provided to ensure that potential homecare workers (HCWs) and local office staff appropriately complete the new I-9 forms released on 8/1/2023 as a part of the HCW enrollment process. The new forms should be used **for all new HCW enrollments** starting on 11/1/2023 as the old forms are now obsolete.

What is an I-9 Form?

When a **new Homecare worker is onboarded**, **local office** staff must verify the person is legally eligible to work in the United States (U.S.). The HCW must demonstrate eligibility to work in the U.S. by completing the [I-9 Form, Employment Eligibility Verification](#).

Local office staff, HCWs, and anyone assisting with translation or preparing the form are required to complete this form accurately. There is no exemption to this requirement. Retain the form with your other employment records – do not file it with

the federal government.

Filling Out an I-9 Form

The new I-9 form is made up of two sections and two supplements:

- **Section One: For new HCW - HCW Information and Attestation**

Please use the following link for instructions on how to complete Section one.

<https://www.uscis.gov/i-9-central/complete-correct-form-i-9/completing-section-1-employee-information-and-attestation>

HCWs must sign this section of the form even if a preparer or translator helps them.

- **Section Two: Department Staff Review and Attestation: Must be completed with each new I-9.**

Please use the following link for instructions on how to complete section two. This section also has responsibilities for the HCW to present original, acceptable, and unexpired documentation that shows department staff their identity and employment authorization.

<https://www.uscis.gov/i-9-central/complete-correct-form-i-9/completing-section-2-employer-review-and-attestation>

Please use the date the HCW received their provider number as the date the HCW began employment.

- **Supplement A: Preparer and/or Translator Certification for Section One.**

This is completed by individuals who assist HCWs with preparing and/or translating Section one. Each preparer or translator who helps the HCW must provide their name and address, as well as sign and date a separate certification block.

- **Supplement B: Reverification and Rehires- This form is to be used if “reverification” is needed. For example, when a current HCW has changed their name, if the HCW credential has “expired” and re-enrollment is required OR if the HCW’s employment authorization is expiring.**

- Staff must complete Supplement B when one of the following is true:
 - The HCW has a legal name change.
 - The HCW’s credential has expired.

- The HCW’s employment authorization is expiring (the link below provides more information about this scenario).

NOTE: A temporary expiration of the provider’s credential, when renewed within 90 days, will not require this **Supplemental B form** to be completed. If the HCW completes a new **Provider Enrollment Application and Agreement** and it has been more than three years since the last I-9 was completed, the HCW will need to complete a new I-9. **If local Office staff have the HCW complete a new I-9 even if it hasn’t been more than three years, then a Supplemental B is not needed.**

Please see link for full instructions:

<https://www.uscis.gov/i-9-central/complete-correct-form-i-9/completing-supplement-b-reverification-and-rehires-formerly-section-3>

The Supplement B form must be added to the document in EDMS where the original I-9 form is stored. To do this:

- Locate the APD HCW document in EDMS that contains the I-9 document page.
- Capture a screen shot of the specific line item in EDMS (the easiest way to do this is to press the Windows key, Shift, and S).
- Email EDMS.HELP@odhsoha.oregon.gov, the “Supplement B” document along with the picture of the line Item in EDMS showing the document, SSN, last and first name, provider number, category, scan date and form #.

Date_Received (MMDDYYYY)	SSN/EIN	Individual_Name (Last, First MI)	Provider_No	Category	Scan_Date (MMDDYYYY)	FORM_#
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This will allow the EDMS team to identify the correct document that contains the original I-9 page and then merge the Supplement B with the original I-9.

References:

United States Citizenship and Immigration Services: <https://www.uscis.gov/>

Link to I-9: <https://www.uscis.gov/i-9>

Link to instructions on Completing Form I-9: <https://www.uscis.gov/i-9-central/completing-form-i-9>

NOTE:

While reading instructions on the USCIS website, you will see language about E-Verify. At this time, staff will not be using E-Verify for HCWs.

If you have any questions about this information, contact:

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