Worker Guide for the Consumer-Employed Provider Program

Oregon Department of Human Services | Aging and People with Disabilities | 2024

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SECTION 1:

OVERVIEW

The Basics

- For HCW providers:

  The local office provider enrollment staff will enter the HCW information only once, directly into Oregon ACCESS. If a HCW returns after a period of separation, their old provider number should be reinstated. See detailed process steps below.

- For all other non-HCW Medicaid providers:

  After the provider is enrolled or reinstated in MMIS, the provider record interfaces with the legacy mainframe overnight. It will display the update in Oregon ACCESS the next day. All other Medicaid providers, including medical services, are also viewable in Oregon ACCESS.

- For Older Americans Act providers:

  The process has not changed for Older Americans Act providers. They will be maintained in the same Oregon ACCESS database they are currently using.

Getting Around Oregon Access

You have two choices in the "Housekeeper" drop down for maintaining providers. You will see choices to "Maintain Provider" (for HCWs only) or "Maintain OAA Provider." There is also a button on the main menu that accesses the non-OAA provider search.

Depending on your security rights, you may be able to select one of these options. Staff with access to the "Maintain Provider" (HCW) function may add and maintain HCW records. Staff with access to the "Maintain OAA provider" function may add and maintain OAA records. You will still be able to search for providers from all the places within Oregon ACCESS you currently use.

We have a feature called "See Codes" to display a list of the codes available on each screen. The feature is a button on the toolbar showing a pair of binoculars. When you click the button, a window will display all the codes and their descriptions for that screen. The codes will be listed within the field they correspond to.

Adding and maintaining HCW provider record

<u>Process overview</u>
Local office staff will maintain Oregon ACCESS as well as recruit, approve and serve as the ongoing contact for HCWs. All HCW information will be entered through Oregon ACCESS. The local office will be able to start recording data as soon as the provider applies and update the records as more information becomes available. This will provide a way for everyone interested to check on the application and approval status. Once the local office has collected all the information needed to qualify and request a HCW provider number, they will be able to automatically submit it to the OMAP requests queue.

The central office Provider Relations Unit (PRU) staff will receive the HCW provider number request in the OMAP requests queue under "Housekeeping." Central office will verify the federal and state required program integrity database checks, confirm orientation has been completed, and confirm the status of the HCW's background check. If all the checks pass, they will issue a provider number. This will instantly create an OMAP/MMIS HCW provider record.

For HCWs with a previously inactivated provider number, the same provider number is used to reinstate the HCW. A new provider number must not be issued. The PRU staff will identify the provider by selecting the "Prov Search" button on the lower right side of the Oregon ACCESS main screen, as detailed below. The PRU staff will enter the HCWs Social Security number to confirm the applicant is the same individual. The PRU staff will identify the prior HCW provider number based on confirmation of the SSN, date of birth and other demographics.

Once the correct HCW provider number is identified, then PE staff will select the "View/Maintain Provider" button. The PRU Staff will select "Prov Cred / MMIS" from the left side menu. The PRU staff will click on the "Terminated credential" line that ends in 12/31/9999 and then click on the "Take an action on this credential" button. The PRU Staff will then select "I want to reinstate this closed/terminated credential." There are options on the "Reinstate Provider" tab to either reinstate for the full previously terminated period or to reinstate for a partial period. In most cases, PRU staff will be selecting the partial period which, once selected, will generate data fields to enter the start and end dates. PRU Staff will also need to identify the appropriate status as either

"Approved to Work" if the background check is fully approved or "Pending" if the background check has been submitted. Finally, PRU Staff will need to select the appropriate level – "Career" if "Approved to Work" was selected or "Restricted" if the HCW is limited to serving only certain individuals.

Provider search

To add or maintain HCW providers in Oregon ACCESS, the user must first search for the provider in the database. If the provider you are looking for is identified, click on "Provider Overview" to verify. If the provider you are looking for does not exist in the database, you will have to add them as a new provider.

The search function in "Maintain HCW Provider" has been modified. The search is intended to return the broadest range of results to help ensure providers are not added to the database more than once. The search function will allow you to search based on the following items:

- o SSN (Social Security number, tax ID number)
- o OMAP/MMIS provider ID number
- o Last name
- o First name (can only search on first name if last name is also entered)
- o Business name
    - You cannot search for both a person name (last, or last and first) and a business name at the same time. HCWs are not eligible to use a business name.
- o Soundex (you may ask the search to perform a Soundex search to find names that sound like a name you have entered)

In the "Maintain Provider" module, the system will look for both active and inactive provider records. Remember, the data that's in Oregon ACCESS provider database is the same data that exists on the mainframe provider database you view through SPVM, SPVF, PRV8, etc.

The provider search results are returned in a particular order. For example, if you enter an OMAP provider number, an SSN/TIN, and a name on the search window, the results will be returned in priority order. An exact match on the OMAP provider number will appear first in the list.

Exact matches on SSN will appear next. Finally, exact matches or names that most closely match the name you entered will be listed. The column on the far left of the results window indicates what the record matched with.

- • O = OMAP provider number match

- S = SSN/TIN match
- N = Name matches

Searching by name will bring back up to 100 records.
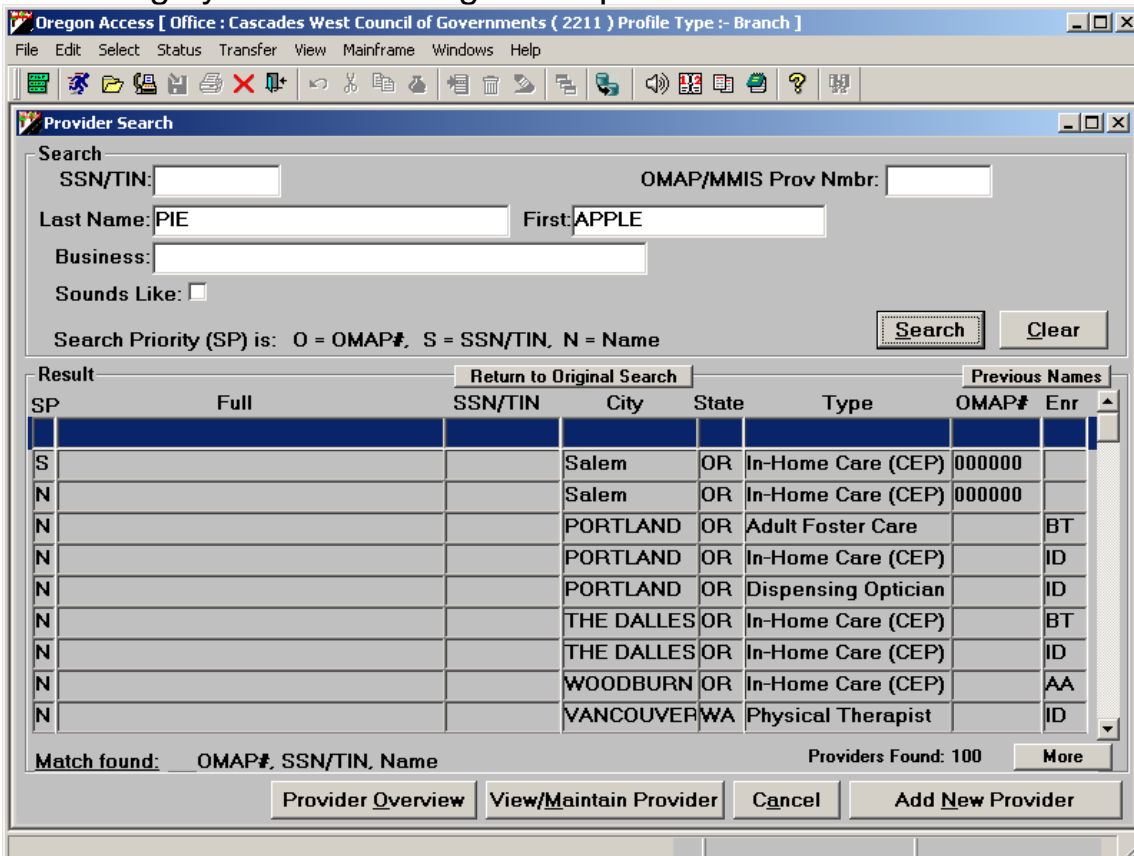
Figure 1

The column on the right side of the screen displays the OMAP/MMIS enrollment status for the provider. This is the enrollment status you would see on PRV8. If the enrollment status column is blank and the OMAP number column is blank, it means the record does not exist on the OMAP/MMIS mainframe provider files.

There are buttons on the Search screen. Clicking the "More" button will find up to one hundred additional records following the initial search results. (You will see the "Providers Found" count change as more records are returned.)

Clicking the "Previous" button will find up to one hundred additional records preceding the initial search results. The "Return to Original Search" button will take you to the top of the results list.

Provider overview screen

If you need additional information to ensure a provider on the return list is the one you are looking for, click on the provider line and click on the "Provider Overview" button.

The provider overview gives you additional information about the provider you selected.

Figure 2

If this is not the provider you are looking for, you may click the "Back to Search" button to go back to the search screen. If this is the provider, you do not need to add them to the database. If you are unable to find the HCW provider you are looking for, you will then need to add them to the database.

Note: On the top of the overview screen is an item titled "Record Type." This item lets you know where this record can be maintained. OMAP Only records cannot be maintained in Oregon ACCESS, but Oregon ACCESS Prov records can be maintained in Oregon ACCESS.

The "Previous" and "Next" buttons on this screen will scroll you through the records found from your search.

Provider add screen (for HCW providers)
To add a provider to the database, you will click the "Add New Provider" button on the search window.

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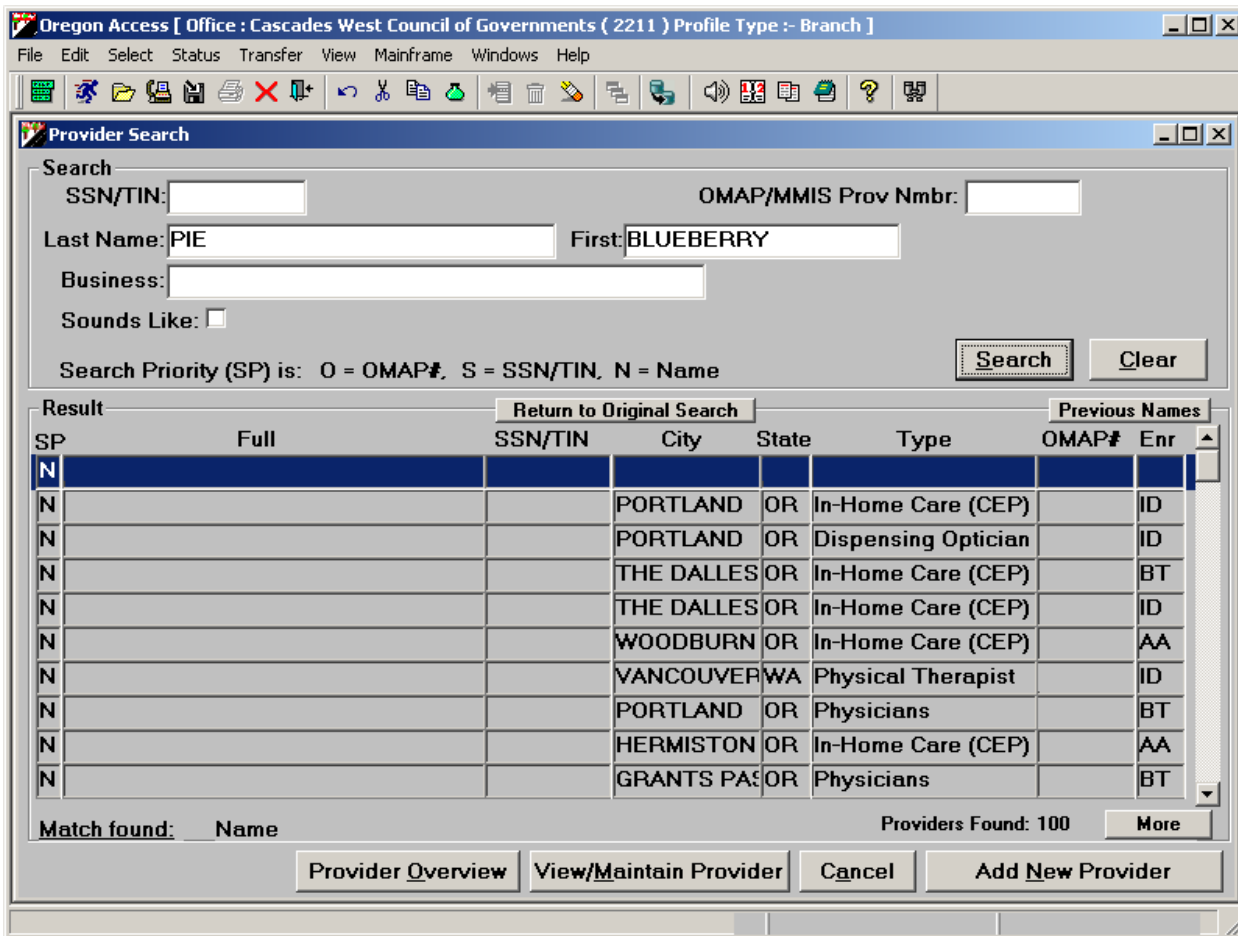
Figure 3

The Add Homecare Provider screen will display. This screen was designed to allow staff to enter most provider data without having to navigate to multiple tabs. If staff do not know some of this data at the time the provider record is being added, the information can be entered later in the provider maintenance screens.

To add a provider to the provider database, you need the following information: provider's name, the branch, the physical and mailing address and address type, the email address, and the phone number and phone type.

Figure 4

The data on the screen is grouped into four "groupings" of data. These groupings are displayed in separate group boxes on the Add Homecare Worker screen. Later, in the "Provider Maintenance Tree," each of these groups has a separate screen (see figure 5).

Homecare Worker Detail group box
This group box contains basic demographic/person data about the provider. Most of this data is self-explanatory.

Financial/Tax Info group box- no longer used in Oregon Access. See APD-AR-20-001 ***for information on Tax Info in the Mainframe***

Check payment or direct deposit: Oregon ACCESS will automatically default to check payment until the homecare worker submits an EFT Enrollment Form for Providers (MSC 0189) to central office. All homecare workers' packets include the EFT enrollment form.

Credential group box

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The "Credential" group box contains data that pertains to the fitness determination, or credentialing process, that is completed by the local office. The New Provider screens contain a great deal of information regarding the provider's credential. This is discussed in more detail in the "Maintaining an existing HCW provider record" section of this guide. Only two of the credential-related fields appear on the Add Provider screen.

Branch: Enter the number of the branch office that is responsible for "credentialing," or determining the fitness of a provider, and for maintaining the provider records.

Address 1 and Address 2 group boxes:
These sections are where you will collect address information related to the provider. The U.S. Postal Service has specific requirements around addressing. Please review the
"Standardized Address Format for Provider Enrollment" document.

Type: This is the type of address you are entering (e.g., physical or mail). For each record, you must enter a physical address type and the address. When you enter the ZIP code, a "County" FIPS box will appear, and you will be required to enter or select a valid county (the field will display the counties associated to the ZIP code). The county name is translated into the FIPS county code on the mainframe. Please note that sometimes the mailing address will differ from the physical address.

ICO: This stands for "in care of." If the provider's mail is to be delivered in care of someone else, that person's name would be entered here.

Addl: This field should be used to enter additional address information such as apartment numbers, etc. It should only be used if all the address information does not fit on the primary address line.

Note: If both the ICO and Addl fields are filled out, only the Addl line will go to the mainframe.

Address: Enter the primary address information here.
City: City.
State: Two-digit state abbreviation.
ZIP: You may enter the base ZIP code and the ZIP suffix in these fields.
FIPS: (Not displayed on this screen shot.) This field is only available once you've entered the ZIP code for a physical address. The field will only display the counties associated with the ZIP code entered.

When you have entered all the data you have and have met the minimum data requirements described above, you can add the provider to the database by clicking

the "Add this Provider" button. When you click this button, the system will take you into the Provider Maintenance screens. This is where you can enter additional information about the provider as it becomes available.

Provider maintenance overview screen

When you click the "Add this Provider" button on the Add Provider screen, the first screen you come to is the Overview screen, which looks almost exactly like the Overview screen you may have looked at when searching for a provider.

Figure 5

On the left side of the screen is what is called a "tree." By clicking on different parts of the tree, you can go to different screens in the "Maintain Provider" section.

Provider detail screen

The Detail screen contains basic provider information, such as name, SSN, phone number, e-mail addresses, etc. It also contains some new data fields.

Record Type: All HCW records will now be maintained in Oregon ACCESS. The provider records you just added will default to a record type of "OrACCESSProv." If you happened to be looking at another type of provider that can only be maintained on the mainframe, the record type would be "OMAP Only."

CMMS Medicaid Fraud/CMMS Medicaid Fraud Date: This field will be completed if there has been a finding of Medicaid fraud. When you add a new provider record, this field will be blank. When you complete the data entry for this record and request an OMAP/MMIS provider number, authorized staff at central office will make the federally required database checks, including the OIG, SAM and DEX national Medicare and Medicaid exclusions databases, to determine the HCWs eligibility to become a Medicaid provider. If they successfully pass all the required federal and state screenings, completed orientation, and have an approved or preliminary approved background check status, the central office PE staff will issue an OMAP/MMIS HCW provider number. The "CMMS Medicaid Fraud Checked Date" represents the date on which the required database screening checks were completed and will be filled in by the person performing the check.

SSA Verified?: The "SSA Verified" data field will show if the provider's name and SSN have been verified and whether the information matched the IRS record. If the data

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field says "Yes," then the name and SSN match with the IRS record. If the data field shows "No," then a mismatch was found. If the data field is marked "No," then Oregon ACCESS will not generate a HCW provider number. If you have not received a provider number within 48 hours after you have submitted the request, open the pending provider record in Oregon ACCESS and click on the Provider Cred/MMIS to see if central office PRU staff have sent you a request in the "Comments" line. This is a where you will receive most of your notifications from central office PRU staff if the provider's name and social security number does not match or the HCW failed any other required screening.

Other Names: HCW records must be enrolled with the provider's legal name that matches their Social Security card. Alternate names or local court name changes are not allowed unless the Social Security card has been updated with the Social Security Administration (SSA). In the "Other Names" field, staff can enter names such as legal name, taxpayer name, etc., but these need to match the HCWs legal name with SSA. The field labeled "Current" will let you indicate (yes or no) if the name and type selected are current. To insert other names, click on a blank line in the "Type" column or click on the insert button in the "Other Names" section. Once you choose a type, you can click in the "Name" column to open a data entry screen for entering the name.

Note: The legal name will be the name sent to the OMAP file and used on checks and for mailings. If the preferred name is too long, it can be abbreviated on the OMAP screen. Normally this name will also be used for tax reporting, however, the provider may use a preferred name that is different than their official taxpayer (IRS/TIN) name. Enter the taxpayer name and it will be used for W2 tax reporting.

The search function will search on all names that have been associated with a provider. So, for example, if the following names are entered in the "Other Name" section…
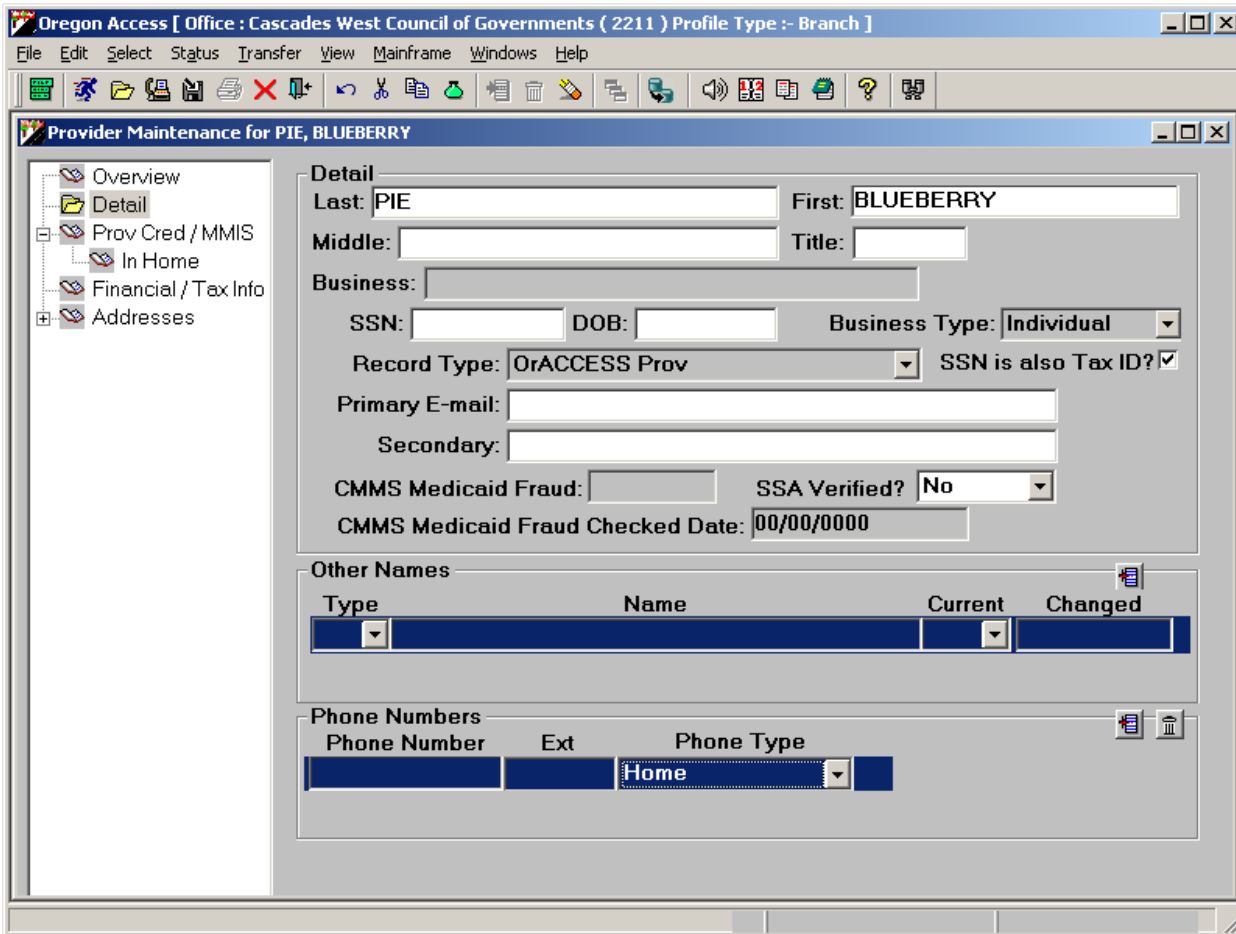
…a search on Pie, Blueberry will return all three names.

Note: In this example, the names used were entered so they fall next to each other alphabetically. In a real situation, the different names may fall in different places. A more likely situation is that Blueberry Pie's maiden name was "Muffin". If she had used that name before and you searched for Blueberry Muffin, you would see Blueberry Pie's record. The point is that all names entered on this screen are searchable.
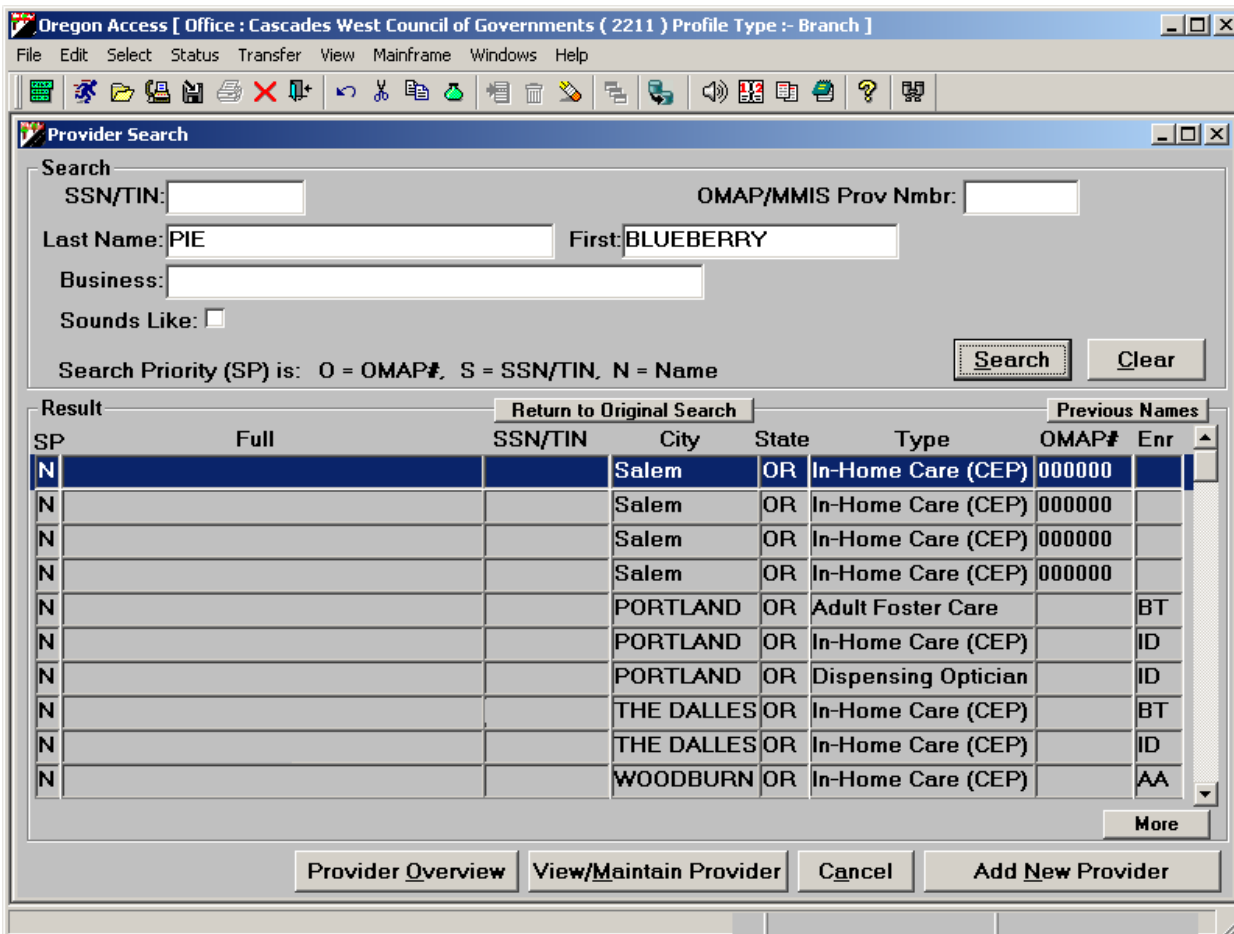
Provider credential screen

The Provider Credential screen is where local office staff can maintain information about a HCW's provider fitness determination. This is the process whereby the local office requests a criminal record check, completes the local office fitness determination considering other factors outside the criminal record check, and decides whether the provider should be approved to provide service or not. We are calling this the "Credentialing" process. The data on this screen relates to the provider's credentials – both past and current.

When you add a provider to the database, a "Pending" credential will automatically be created. Staff can then fill in the additional information as it becomes available. As stated previously, once the provider record is completed, staff can submit a request for a provider number.

This screen contains the most functionality of all the screens and is the most complex. Some of the complexity is due to the fact that, although the local office will go through the same processes in determining a provider's fitness as they always have, they will now have a way to record their determination. We'll start with a picture of the screen, and go through the fields one by one:
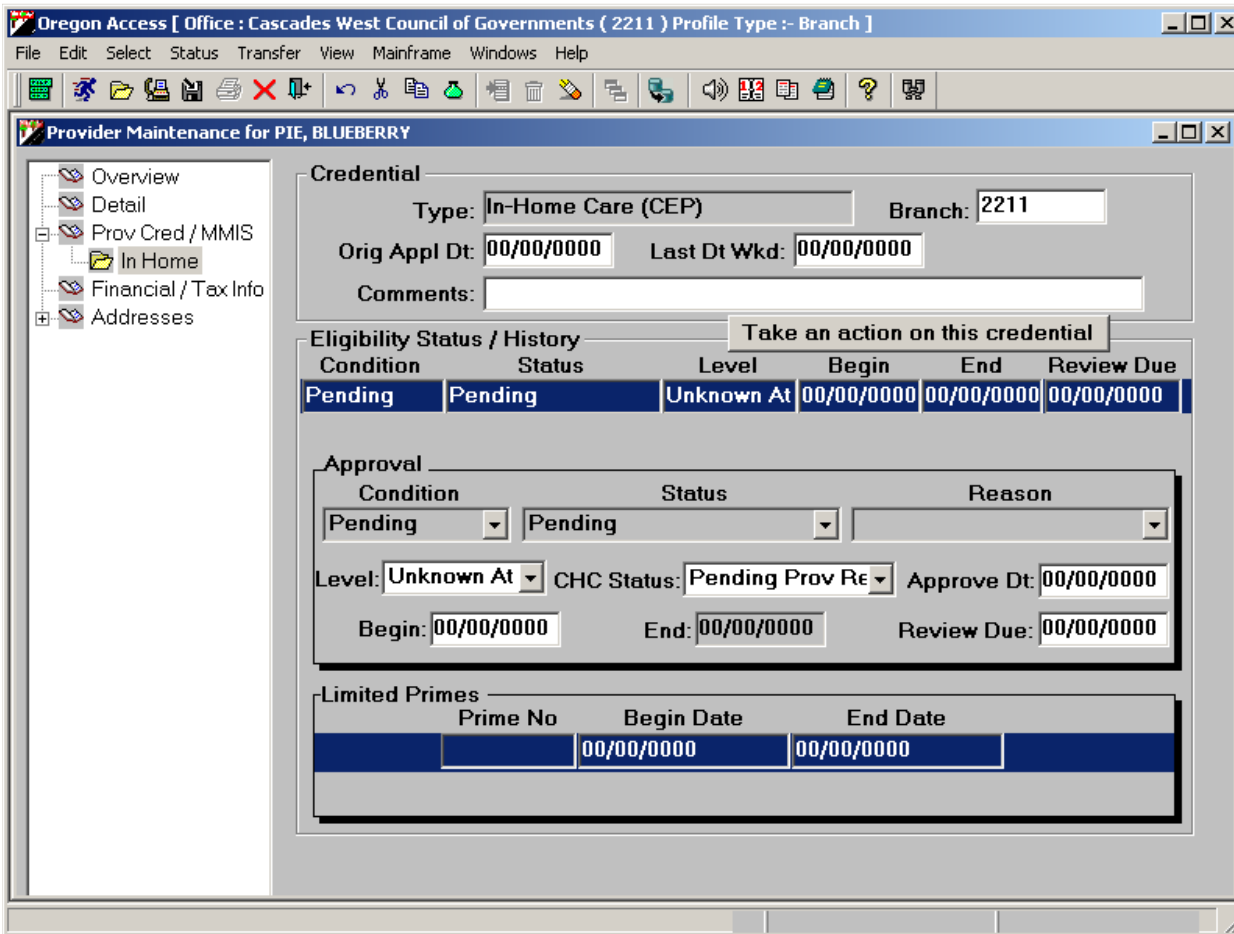
The screen is divided into several "groupings" of data. These groupings are displayed in separate "group boxes." At the top is some general information about the provider's credential. In the middle is the list of the current and past credential records showing the time period for each, which is followed by a section with the detailed information for the selected credential record. At the bottom is a section in which staff can list the prime numbers of clients a provider is limited to serving. This is only used if the provider's credential level is "restricted," which limits them to serving particular clients.

Credential group box

Type: This is the credential type. We are only recording credential information for HCW providers. This field will default to "In-Home Care (CEP)."

Branch: This is used to indicate the branch office responsible for "credentialing," or determining the fitness of a provider and maintaining the provider file.

Orig Appl Date: This is the date on which the provider originally applied to be a HCW provider. Staff will enter the date of original application the first time they enter a HCW provider. The field will then be locked.

Last Date Worked: This field will be used when a provider has notified the local office of their last day worked.

Comments: This field will be used to enter the date the HCW provided the local office with copy of their driver's license and valid insurance. The field will need to have the expiration date of the vehicle insurance.

Central office PRU staff will use this to send you notification if there is an issue with the HCW enrollment request. This section is also where you will provide an update if a provider has submitted proof of insurance and driver license.

Eligibility Status/History group box:

This grouping of data has two parts: the list of records (current, past, or pending) and the detail information for each credential record. To see the details for a particular credential record, you will need to highlight that row.

Condition: The "Condition" refers to the selected credential record's overall status. The credential may be active, inactive, or pending. This field is not entered by the user but is derived based on other data entered by the user. As stated earlier, when local office staff create a new provider record, a pending credential record is automatically created.

Status: The "Status" refers to a more detailed description of the selected credential's status. Some active status examples are "Approved to Work" (the provider is approved to work) and "Probationary" (the provider is approved on a probationary status, pending the final fitness determination). When the condition is inactive, other status codes are available. When the condition is pending, the only available status code is "Pending."

Reason: Some status codes also allow the user to enter additional information about the status. This information is entered in the "Reason" field. For example, a credential may be terminated because the provider has died. In this example, the status would be "Terminated" and the reason would be "Provider Deceased." Currently, there are no reason codes for Pending records.

Level: The level has to do with who the provider is permitted to serve. The "Pending" record will originally default to "Unknown at this time." If the provider is restricted to serve only certain clients, local office staff should indicate that with a status of "Restricted." If the provider has no restrictions, the level would be "Career."

CHC Status: This is the status of the criminal history check. On a pending record, this field will default to "Pending Provider Response." This means we are awaiting information from the provider (including their completed packet) before we submit the criminal records check. In this field, local office staff may record that the criminal check was submitted and the results of the criminal record check, as information becomes available.

Approve Dt: This is the date that ORCHARDS/BCU approves the HCW to work.

Begin: This is the date on which the provider may begin to provide services. **This is the date sent to the mainframe OMAP/MMIS files as the enrollment date.** Be sure to enter this date correctly, as the Mainframe OMAP/MMIS provider files are still used to generate payments. CEP authorizations will not be able to be issued before the

begin date. Note: The provider relations unit will change this to a later date if orientation is taken after the begin date the local office has selected.

End: This is the last day on which the provider may work under the selected credential. This date will default to two years to the end of the month from the approval date. According to policy, providers must be reviewed every two years.

Review Due: This is the date on which a provider review is due. This is every two years with notices being issued via the system 90 days before the end date.

Limited Primes group box:

When the credential level is "Restricted," indicating the provider may only serve certain clients, the fields in this group box will open up. Local office staff must enter the prime numbers of those clients the provider is permitted to serve. All prime numbers entered are validated against client index (CI) records.

Changing Provider Credentials

Since the Credential screen is the most complex in the system, we have built system "wizards" to guide staff through different changes they might make to a credential record. Generally, staff may only make changes to the current credential record.

However, a credential in a "Pending" condition and status may be updated at any time. Some of the fields will be open for update at the time you select the "Pending" row. To make a change to the credential, you must first click on it to select it and highlight the row. Then you will click the "Take an action on this credential" button.

When you click on this button a wizard window will display, showing you the various options available for the selected credential record.

Credentials in an "Active" condition and status have three options available.

I want to renew a provider credential:
This is selected when the provider submits a new application and a new fitness/credential determination is going to be completed. This means the local office will submit the criminal record check and take other steps to evaluate the provider's fitness to provide service.

If this option is selected, a pending record will be created. Local office staff may then enter new application, criminal check, etc., data into the pending record.

I want to make changes to this credential:
This will allow staff to modify some of the credential data. Some fields are not available for update once the credential has been created.

I want to close/terminate this credential:
This is selected when local office staff want to terminate or close a provider's credential record. Completing this action will move the credential into an inactive status and update the mainframe OMAP/MMIS provider files. Service payments cannot be authorized to inactive providers.

If this option is selected, local office staff will be guided through a series of steps in the wizard. In this example, the provider credential is going to be terminated with 3/15/05 as the last eligible date. The record needs to be terminated because the provider is deceased.
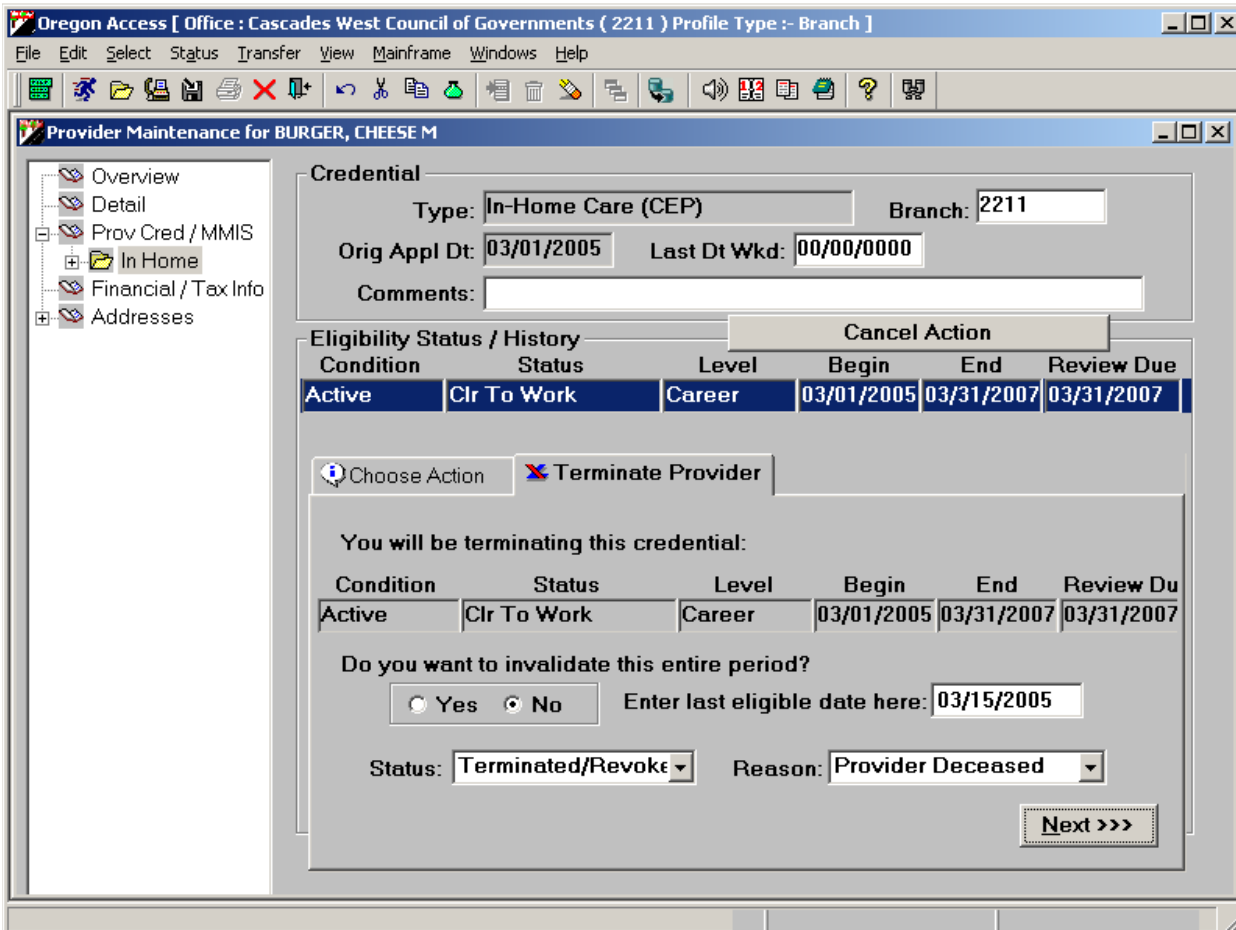
When you click the "Next" button, the system will take the termination action and adjust the credential dates accordingly.
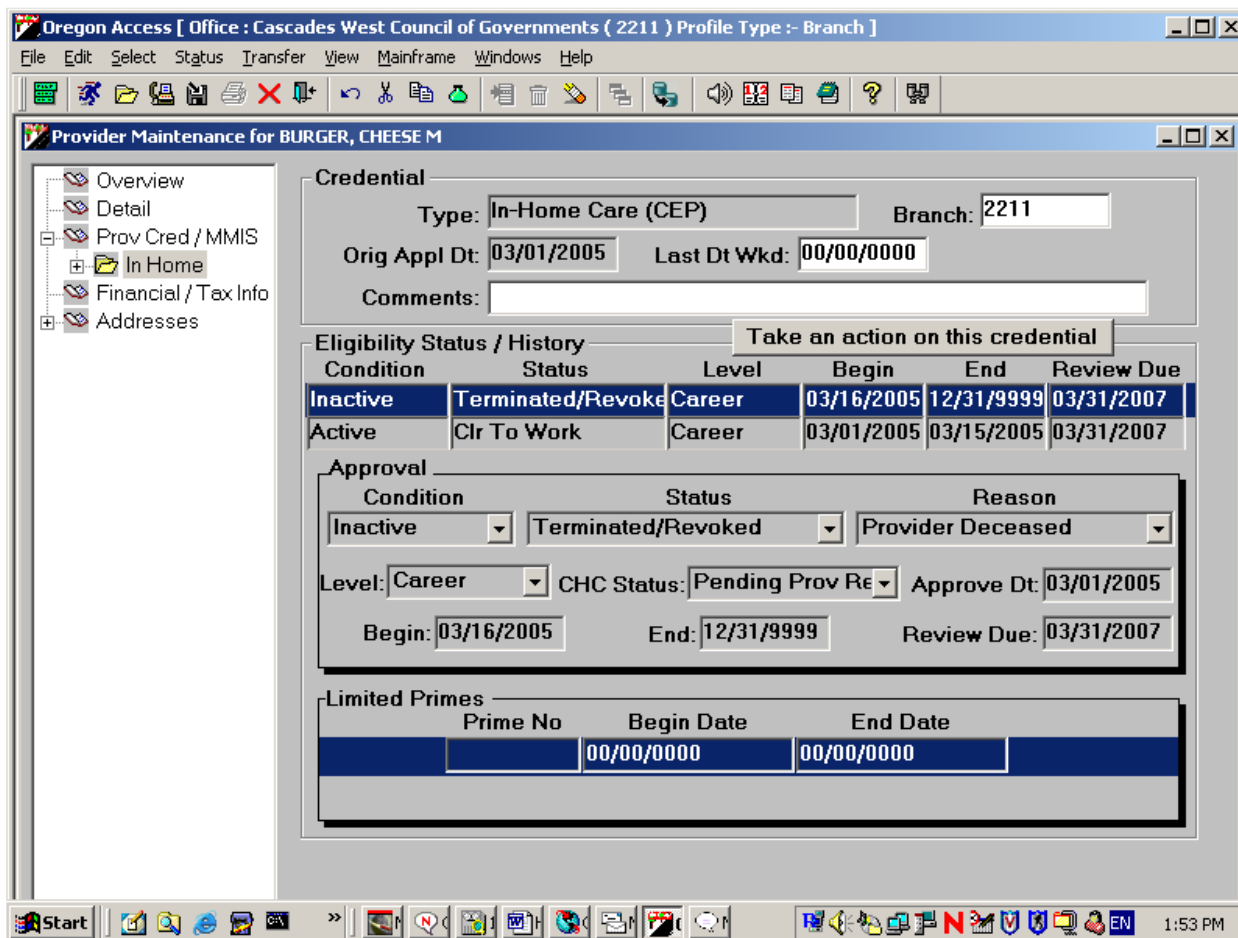
On an inactive credential, the wizard will present different options. In the example above, the inactive and terminated credential record is highlighted. If you click "Take an action on this credential", you will get a new set of options.
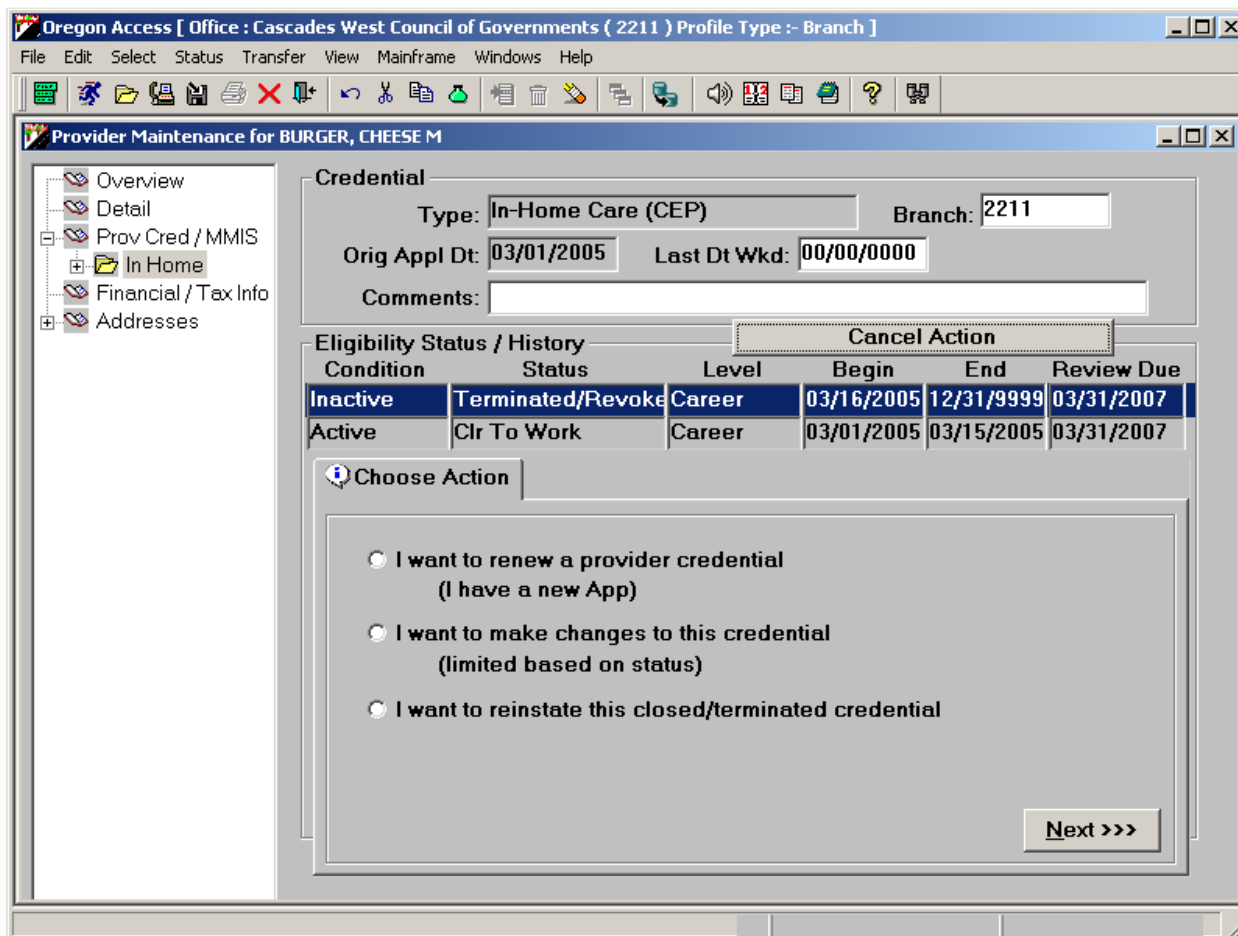
I want to renew a provider credential:

As above, this option would be selected when the provider submits a new application, and a new fitness/credential determination is going to be completed. This means the local office will submit the criminal record check and take other steps to evaluate the provider's fitness to provide service. If this option is selected, a pending record will be created. Local office staff may the enter new application, criminal check, etc., data into the pending record.

I want to make changes to this credential:

This option will allow the user to make some modifications to the credential record. For example, if I accidentally selected the wrong termination reason when I terminated the credential, I can update the credential with the correct information.
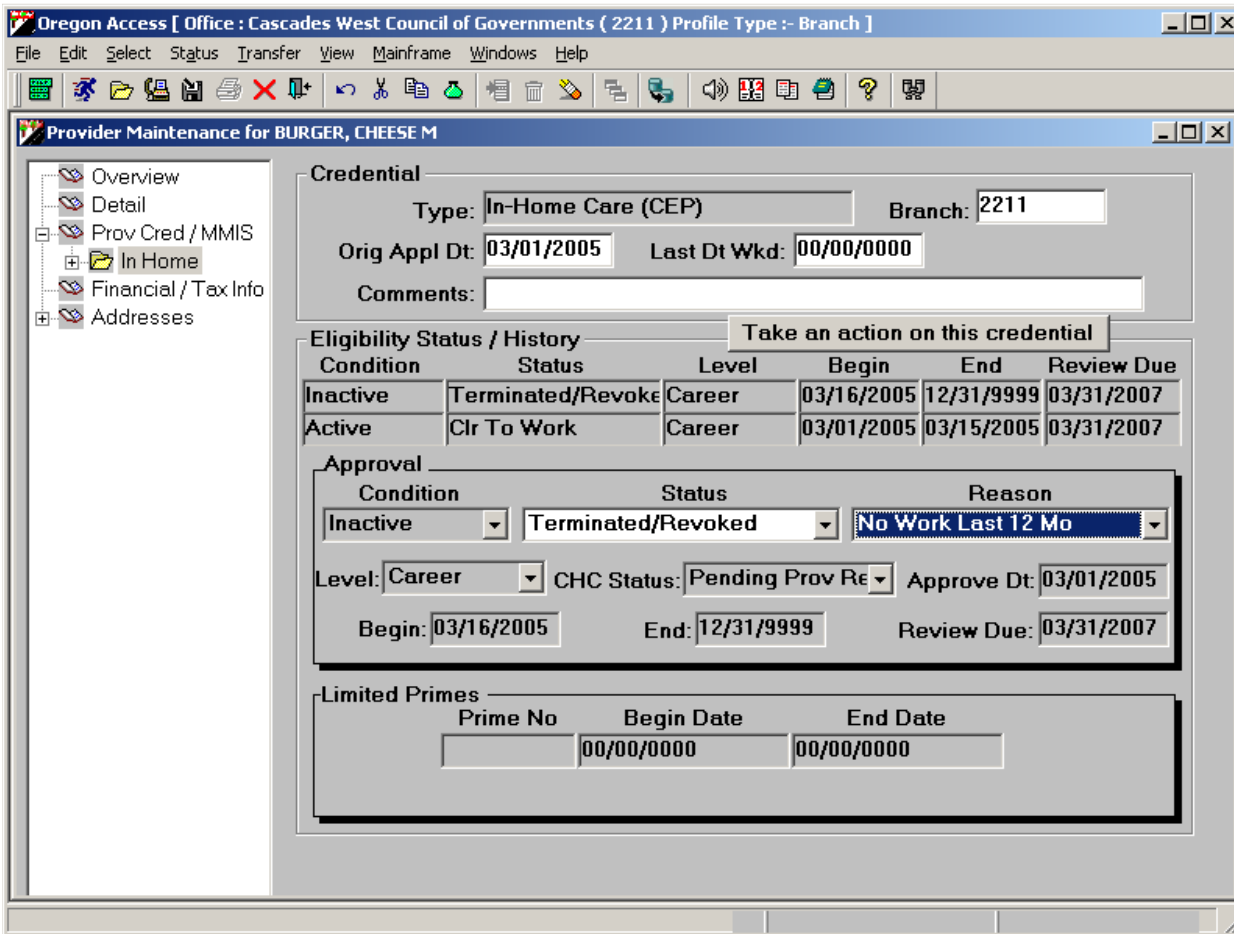
I want to reinstate this closed/terminate credential:
This option will allow the local office to reopen a closed/terminated credential for either the full or a partial period. Again, the wizard will guide the user through a series of questions so that the system knows what to do. If a partial period reinstatement is selected, the dates on the credential records will all be adjusted appropriately by the system. In the following example, however, the entire closed/terminated credential row is going to be reinstated.

If the provider has been unlinked from a consumer who they will start working for again, they must be relinked to the consumer in PTC. Review APD-AR-23-029 Relinking in PTC for more information on how to check whether the accounts need to be relinked and how to make a relink request. If the provider profile also needs to be reactivated, include this information in the relink request.
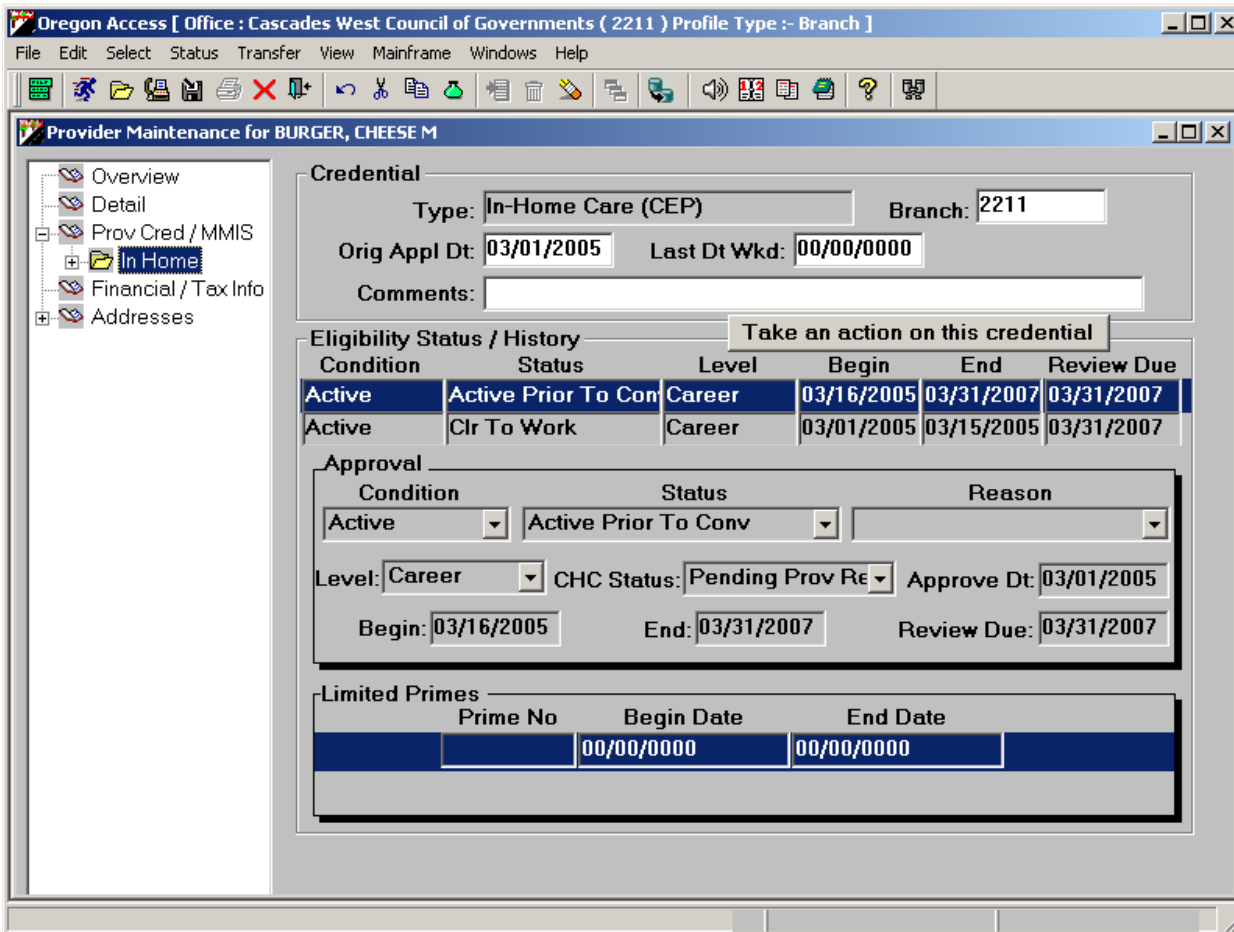
Provider enrollment agreement

This section is where you enter the information from the signed SDS 0736 Client Employed in Home Services Provider Enrollment and Application agreement form. You will enter only the date it was signed as the "Begin Date" and Oregon ACCESS will automatically generate a tracking number and calculate the end date. The provider enrollment agreement expires every two years.
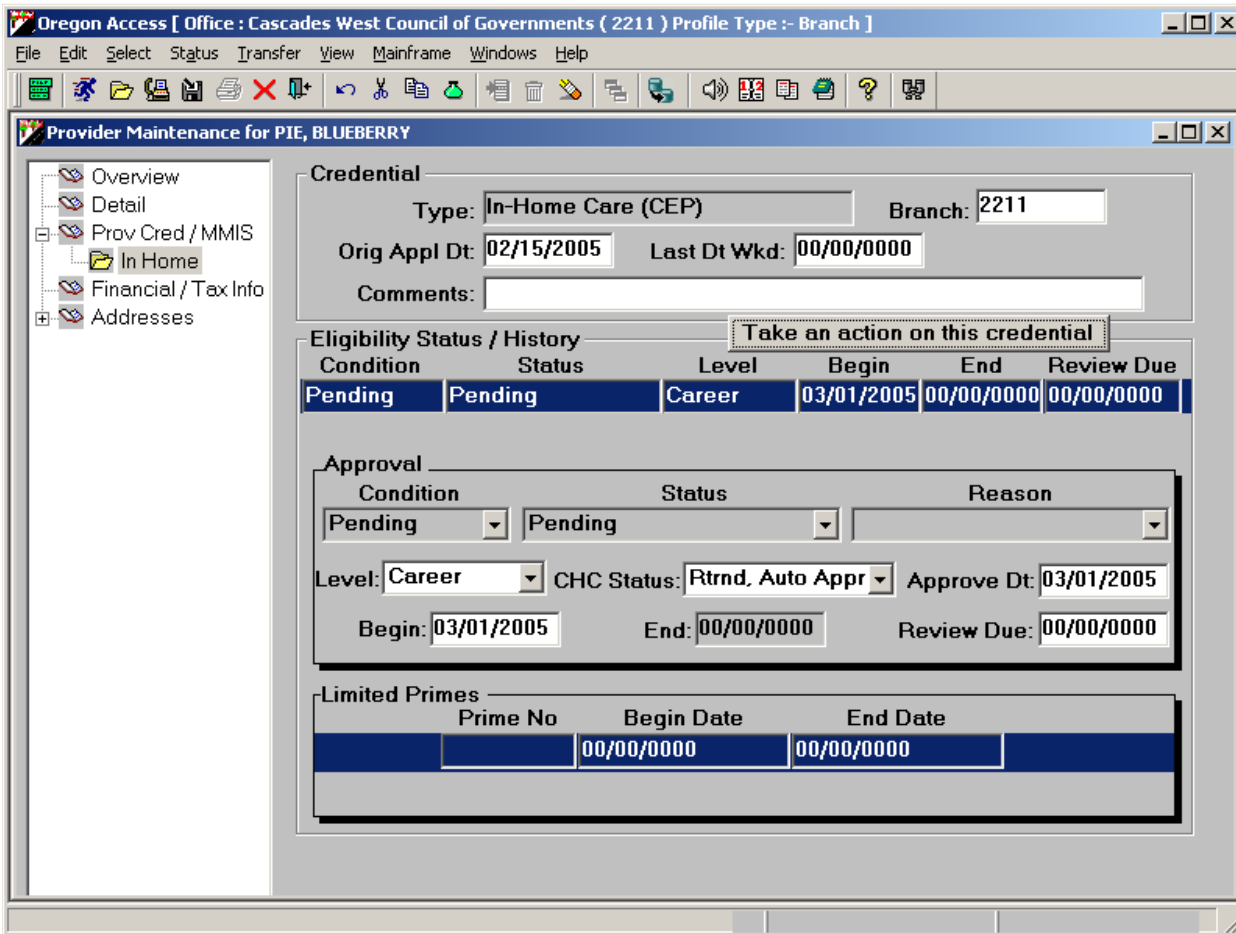
When you click the "Take an action on this credential" button, a wizard window will open to help guide you through the available actions. Credential records in a pending condition/status have three options available.
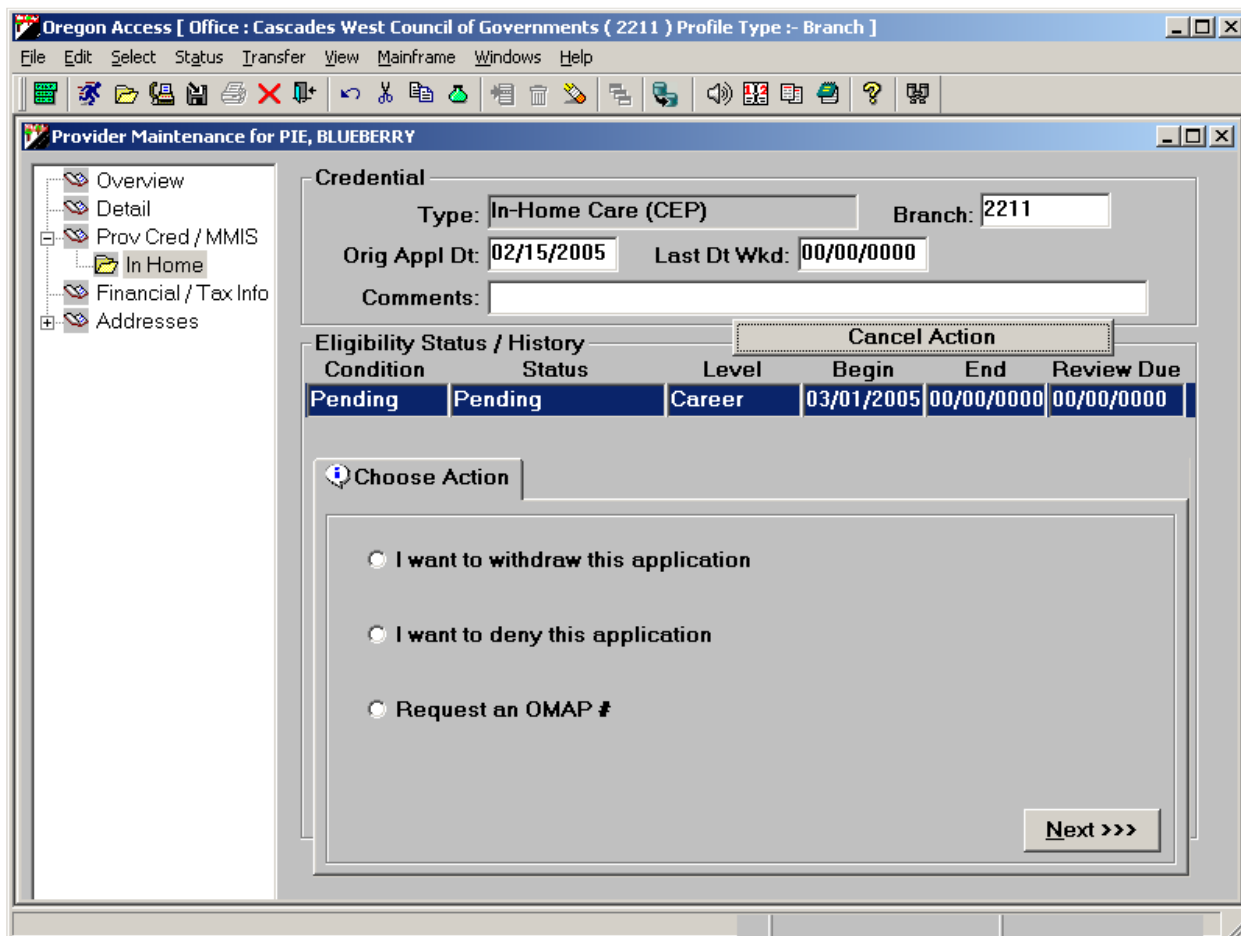
I want to withdraw this application:
This option allows local office staff to indicate a provider has withdrawn his or her application. When this option is selected and the "Next" button is clicked, the credential will automatically be changed to an "Inactive" condition with a status of "Withdrawn."

Oregon Access [Office : Cascades West Council of Governments (2211) Profile Type :- Branch]

File   Edit   Select   Status   Transfer   View   Mainframe   Windows   Help

Provider Maintenance for PIE, BLUEBERRY

- Overview
- Detail
- Prov Cred / MMIS
  - In Home
- Financial / Tax Info
- Addresses

Credential

Type: In-Home Care (CEP)   Branch: 2211

Orig Appl Dt: 02/15/2005   Last Dt Wkd: 00/00/0000

Comments:

Take an action on this credential

Eligibility Status / History

Condition	Status	Level	Begin	End	Review Due
Inactive	Appl Withdrawn	Career	03/01/2005	12/31/9999	00/00/0000

Approval

Condition: Inactive   Status: Appl Withdrawn   Reason:

Level: Career   CHC Status: Rtrnd, Auto Appr   Approve Dt: 03/01/2005

Begin: 03/01/2005   End: 12/31/9999   Review Due: 00/00/0000

Limited Primes

Prime No	Begin Date	End Date
	00/00/0000	00/00/0000

I want to deny this application:

This allows the local office staff to indicate a credential has been denied. If this option is selected and the "Next" button is clicked, another screen will display asking the user to select a denial reason.
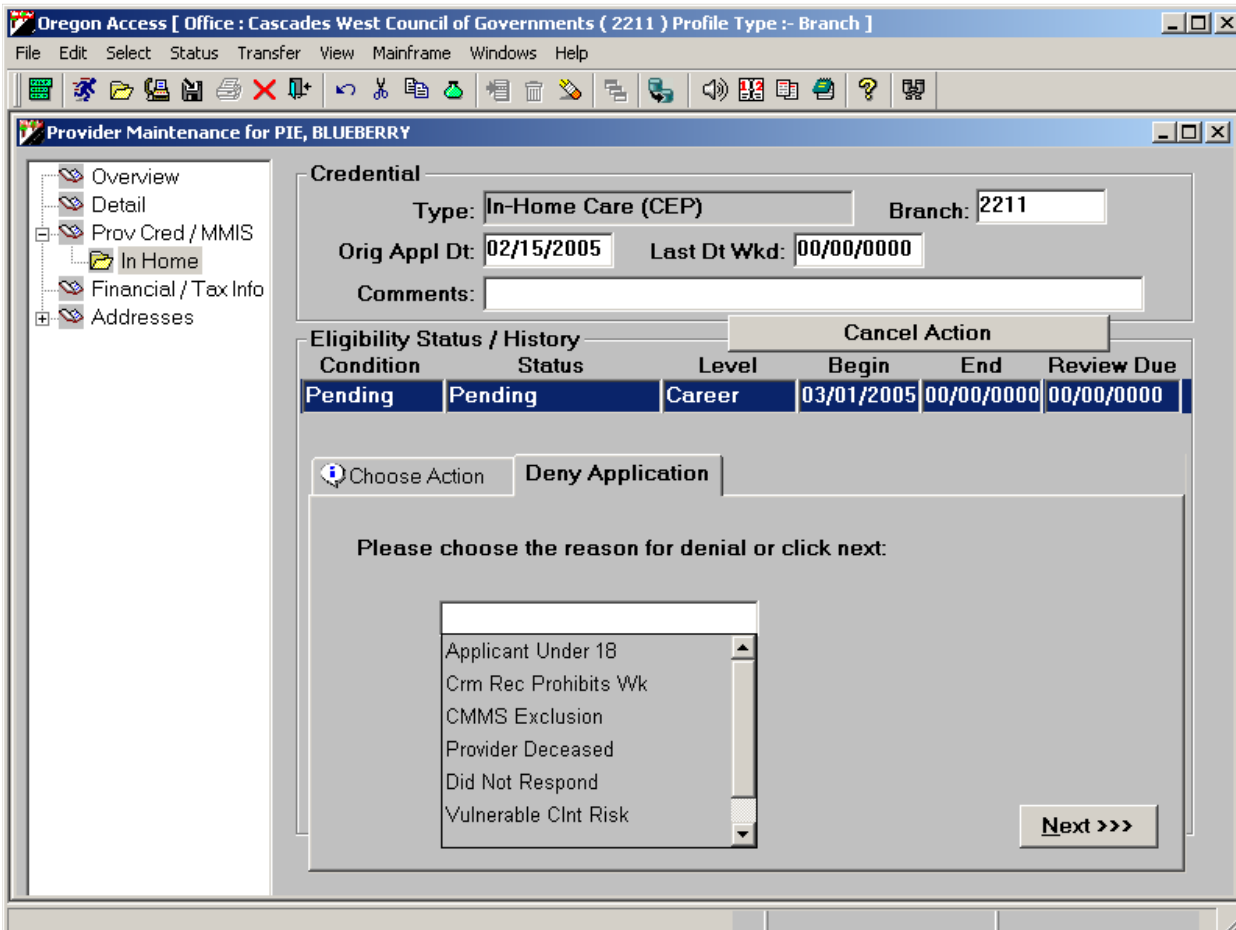
When you have selected a reason, click the "Next" button. The credential will automatically be changed to a condition of "Inactive," with a status of "Denied" and the reason code that was previously selected.
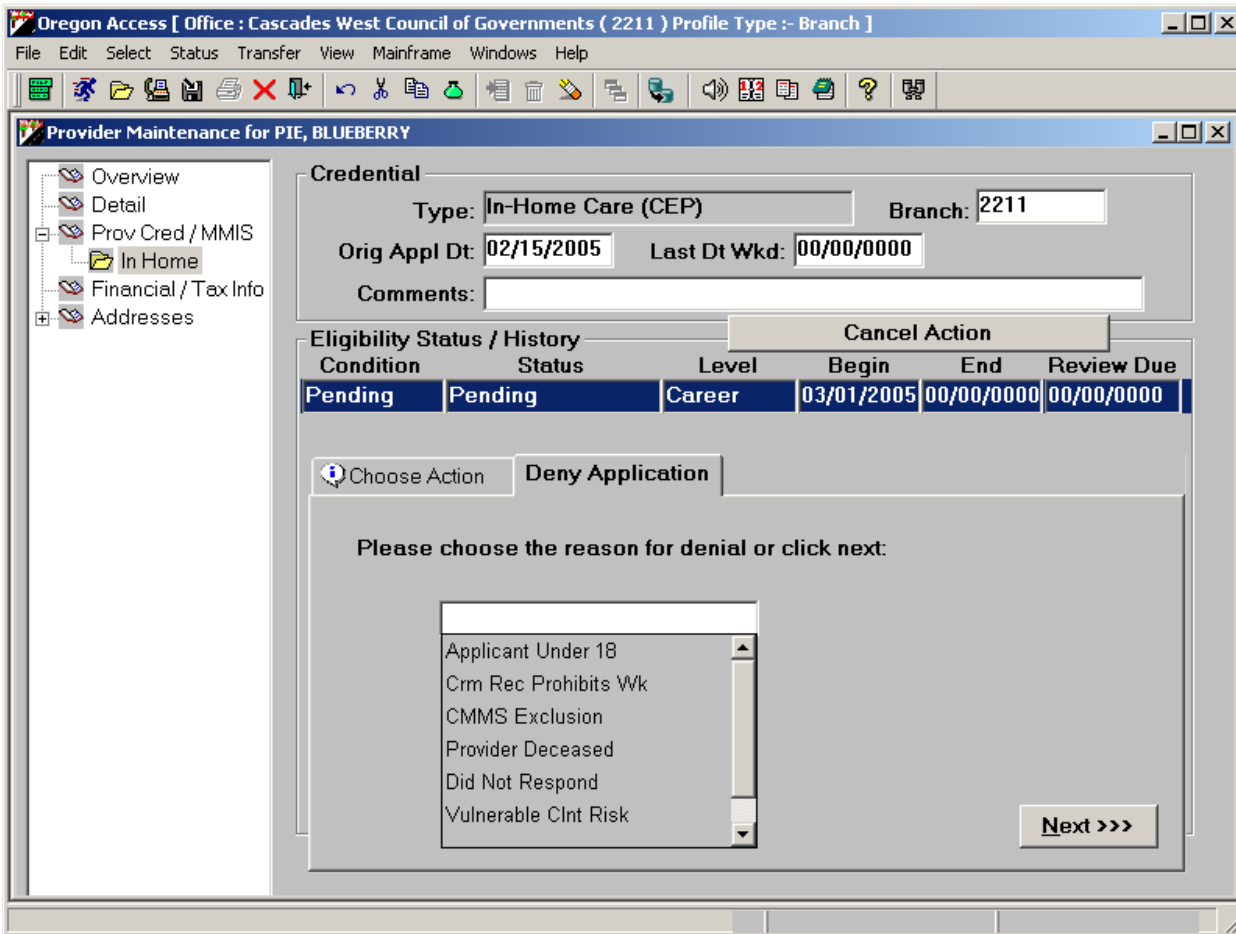
Request an OMAP number

This option will allow local office staff to submit the provider record for an OMAP number. Central office staff will review the record, conduct the verifications discussed in the "About Verification" section of this guide and issue a provider number if the provider passes the necessary verifications.

When local office staff select this option and then click the "Next" button, another screen will appear asking them to select the provider's status.
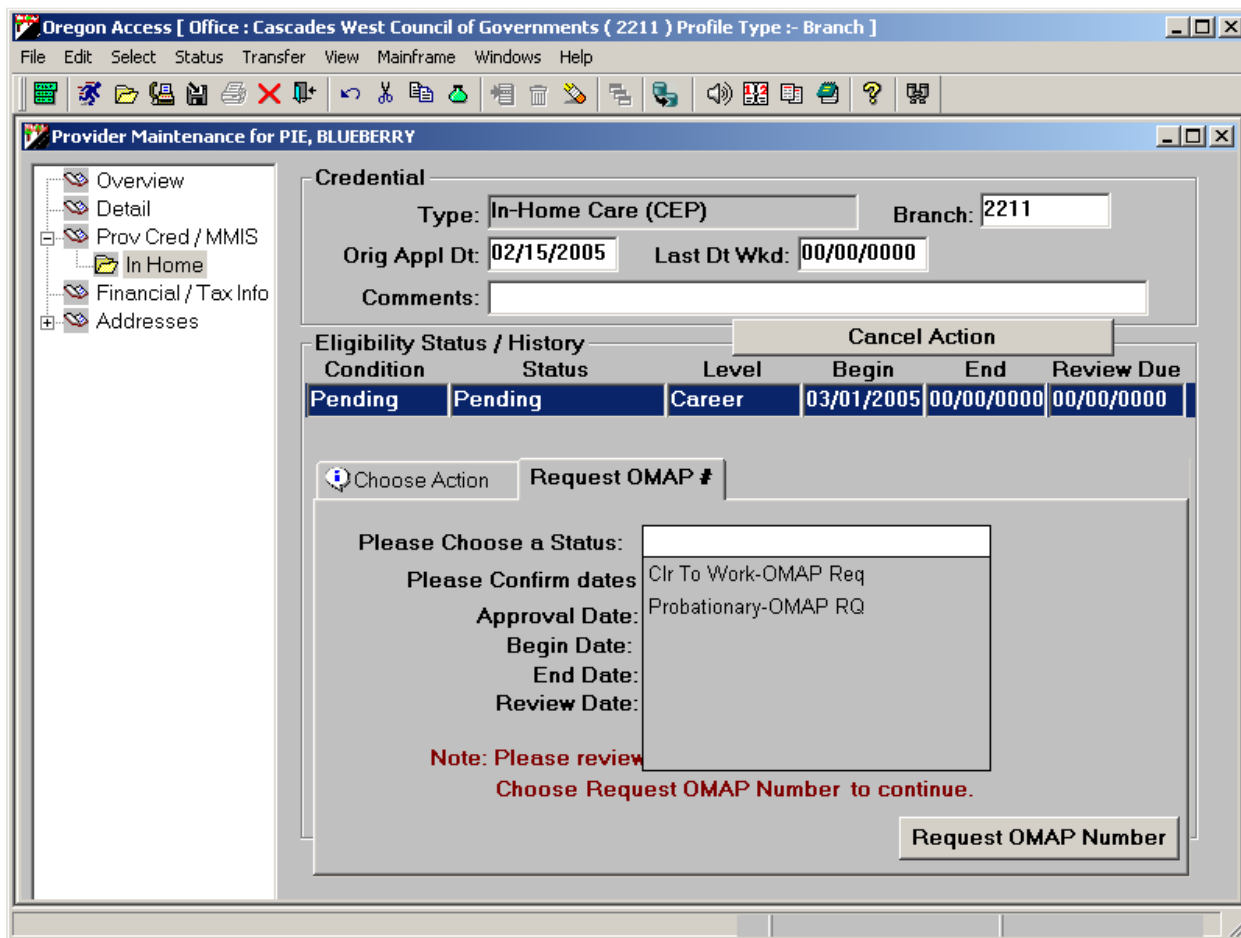
When the status is selected, staff should review the dates that will be used for this provider record.

> • If the dates look correct, click the "Request OMAP Number" button. This sends a request for verification staff to verify specific items and then issue an OMAP number if the provider passes the verification process. See the "About Verification" section of this document for more information.
> • If the dates need to be changed, click the "Cancel Action" button in the "Eligibility Status/History" line to return to the credential screen.

Once an OMAP number has been requested, no changes can be made to the credential record. The button normally marked "Take an action on this credential" will read "Verification in progress…" and is grayed out or inactivated. If local office staff need to retract the request for an OMAP number, they must contact the Provider Relations Unit in central office.
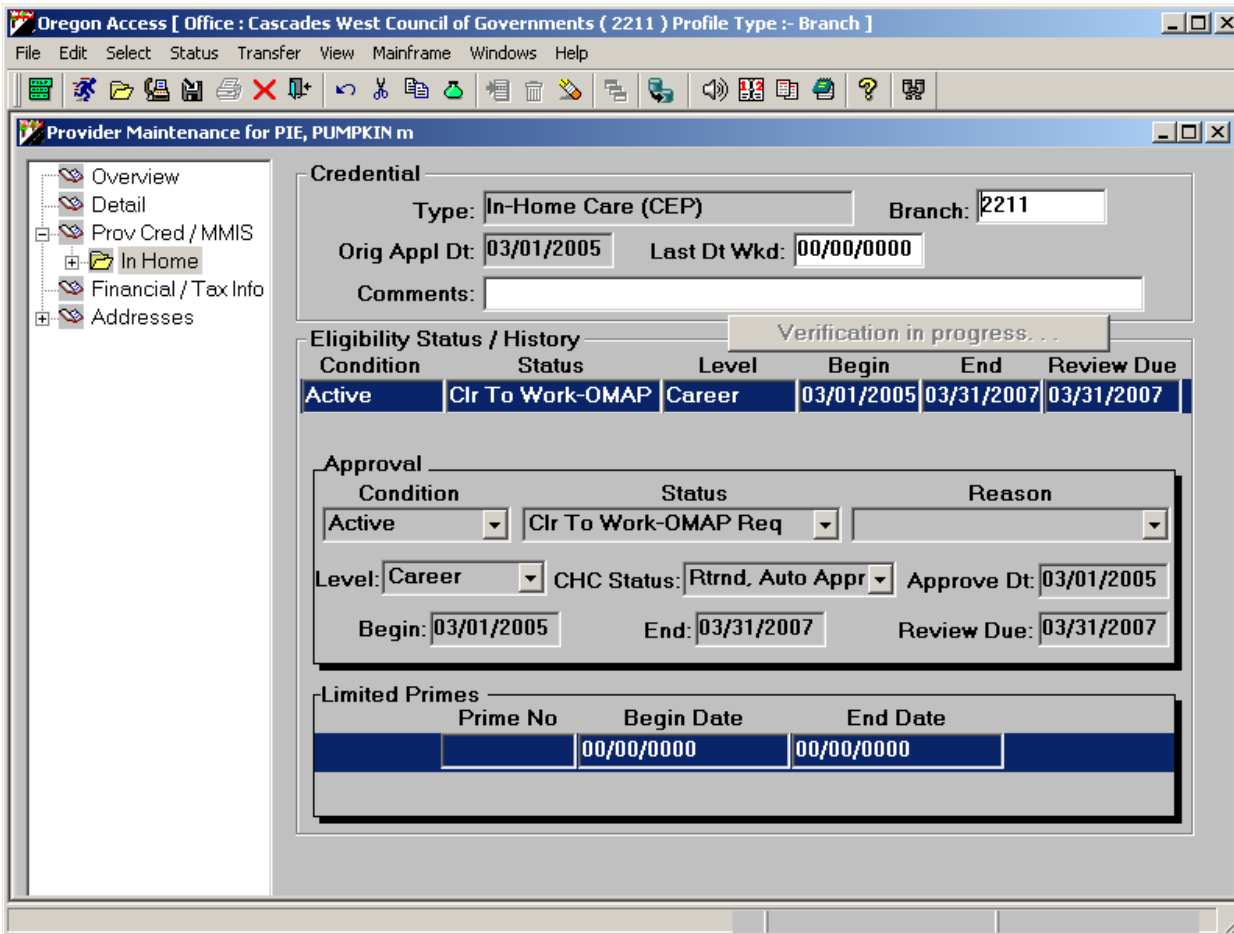
About verification

The worker processing the application must first verify two items. First, they will check to see if the provider is prohibited from providing Medicaid services due to a prior finding of Medicaid/Medicare fraud or other exclusions. Central office PRU staff will check all of the federal and state required database checks, including the national Medicare and Medicaid exclusion databases, to verify the provider's CMMS disqualification status. Second, they will use the online SSN verification process provided by the IRS to ensure the provider's name and SSN match.

Note: On the W4, a person may indicate their name does not match the Social Security card they present, but they will request a new SS card. In this case, local office staff must only use the HCWs legal name as listed on their SS card for all provider record documentation and data entry on the OA provider record. The HCW must submit their updated SS card and complete a new HCW Provider Enrollment Agreement form before they can update the HCW provider record with their new name. For name changes, the HCW record must be rescreened by central office PE staff to run all federal and state require database screening checks for the new name.

Here is a sample of the OMAP Requests screen that Central Office PRU Staff use. It lists the records submitted by local offices requesting new and reinstated OMAP

numbers. Remember, this screen is for central office PRU staff only. Local office staff will never see or use this screen.

The central office PRU staff will complete the "Verification" section of this screen based on the look-ups and will click the "Verification Complete" button. The system automatically sets the condition (active or inactive) based on the information. For approved active providers, it issues a provider number and makes the OMAP/MMIS provider file entry.

I want to return this record to "Pending" and I want to make changes to this credential.
If the status is:

    • Verification in Progress – You can contact the Provider Relations Unit to have it returned to pending.
    • Already in Active (Verification complete) – Use the "Take Action" button to either change information or terminate the action. This record cannot be returned to pending.

• Withdrawn or Denied – If you have indicated a pending record has been withdrawn or denied and there is a need modify or "undo" that action, the system will allow local staff to do so. Select the withdrawn or denied record and click the "Take an action on this credential" button. You will be presented with two options. Select the appropriate option and make the necessary changes.

Provider detail screen
The Detail screen contains basic provider information like name, SSN, phone number, email addresses, etc. It also contains some new data fields.

Record Type: If the record you are looking at is a HCW record and maintained through OA, the record type will be "OrAccess Prov." If the record belongs to another type of provider that can only be maintained on the mainframe, the record type will be "OMAP Only."

CMMS Medicaid Fraud/CMMS Medicaid Fraud Date: This field indicates if there has been a finding of Medicaid fraud. If the field shows "No Record," there is no record of Medicaid fraud. It will display "Disqualified" if there is a record of Medicaid fraud. It will be blank if the Medicaid fraud check has not been completed. The CMMS Medicaid Fraud Date is where the verification staff authorized to use the CMMS online disqualification system (central office)
would enter the day on which the verification was done.
> • When we initially convert existing mainframe OMAP/MMIS provider records to the new database, the field will be blank as we do not currently store this data on the mainframe provider files.

SSA Verified?: The "SSA Verified" field will show if the provider's name and SSN/TIN have been verified and whether the information matched the IRS file. If the field says "Yes," then the name and SSN/TIN match with the IRS files. If the field shows "No,"

then the verifier has found a mismatch. If the field is marked "No," then Oregon ACCESS will generate a tickler.

Note: When we initially convert existing mainframe OMAP/MMIS provider records to load the new database, this field will be blank, as we do not currently store this data on the mainframe provider files.

The field labeled "Current" will let you indicate (yes or no) if the name and type selected are current. To insert other names, click on a blank line in the "Type" column or click on the insert button in the "Other Names" section. Once you choose a type, you can click in the "Name" column to open a data entry screen for entering the name.

Note: The preferred name will be the name sent to the OMAP file and used on checks and for mailings. If the preferred name is too long, it can be abbreviated on the OMAP screen. Normally this name will also be used for tax reporting; however, the provider may use a preferred name that is different than their official tax payer (IRS/TIN) name. Enter the tax payer name and it will be used for W2 tax reporting.

The search function will search all names that have been associated with a provider. For example, if the following names are entered in the "Other Name" section (shown on the following screen shot):

A search for "Burger, Cheese" will return all three names shown on the screen shot above. Cheese Burger is the current preferred name. The provider's legal name is Cheesy M Burger and a previous preferred name was Hammy Burger.

Add/Maintain OAA Provider

As stated in the introductory sections of this guide, the Older Americans Act providers will continue to use the Oregon ACCESS provider database that they have always used. As a result, you will only see minimal changes in the "Add and Maintain" functions regarding OAA providers.

Local office staff will select the "Maintain OAA Provider" option from the Housekeeping menu to add or maintain OAA provider records.
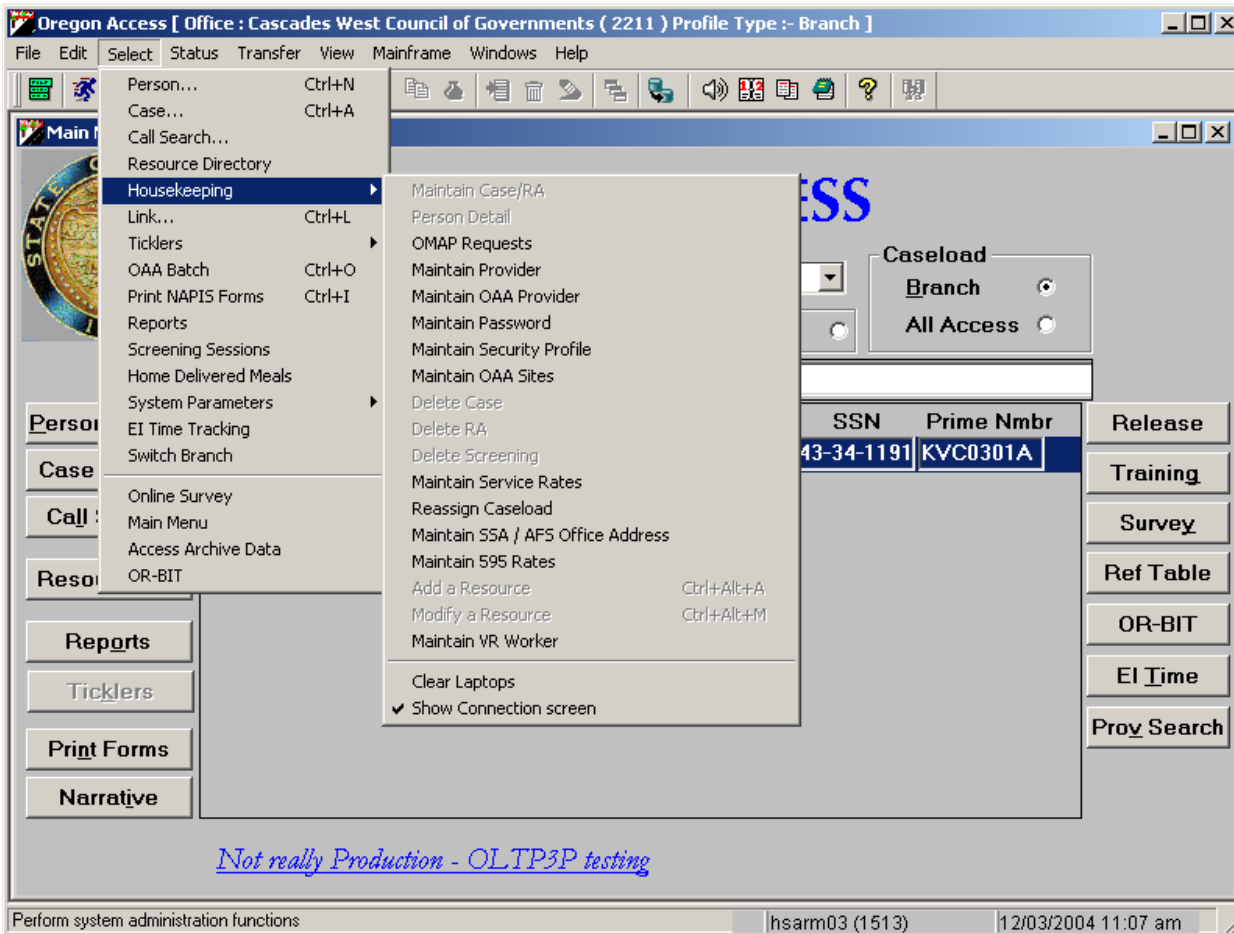
Adding an OAA Provider Record

If you conduct a provider search and do not find the provider you are looking for, you will need to add your provider to the database. You add a new OAA provider in one of two ways:

1. Your search results may return no provider records. If this is the case, a message will appear asking if you want to add the provider to the database.
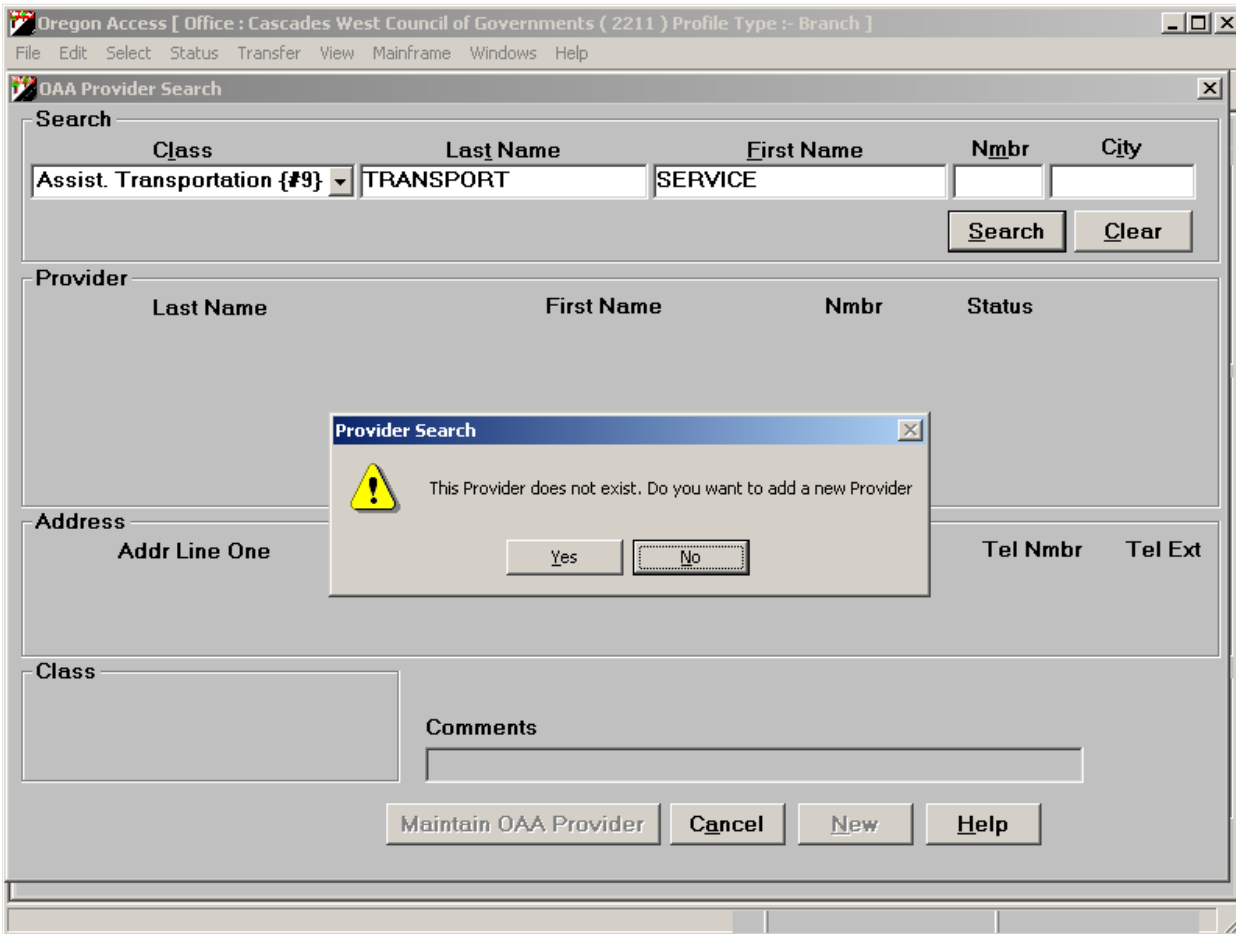
Click "Yes" to this message to add a new provider. You will be taken to the OAA Provider Add screen.

If your search does return results, but not the provider you are looking for, you may click on the "New" button to add an OAA provider to the database.

Add/Maintain OAA Provider Update Screen

There is only one screen on which staff will add or update OAA provider information. It is called the OAA Provider Maintenance screen. The screen is divided into three sections, each containing a grouping of data.

These sections are called "group boxes".

OAA Provider group box:
This group box contains basic information on the provider. Most of the fields are self-explanatory.

Last Name/First Name: This is the last and first name of the provider.

Comments: This is a small free text area into which local office staff may enter brief comments regarding the provider. Use this field to record that DL/INS proof of verification has been submitted.

Inactive Provider: Check this box if the provider is no longer active.

Provider is AAA: Check this box if the provider is an AAA office.

Minority Provider: Check this box if the provider is a minority.

Verified: Check this box if the data in this window has been verified with supporting documentation.

Address group box:

This group box contains information on the provider's addresses. Click the "Add Address" button to add a provider address to the database. Click the "Change Address" button to change information on an existing provider address.

Class group box:
This group box contains information on the provider's class or classes. Click the "Add Class" button to associate the provider with an OAA provider classification.

What if I don't want to add a provider after all, but I have entered the Add/Maintain OAA provider screen?

There is currently a known "bug" in the system. If you enter the Add OAA Provider screen and then try to leave the screen without adding a new provider, you will get stuck in a loop. Go to the "Windows" dropdown selection and select "Prompt on Save."
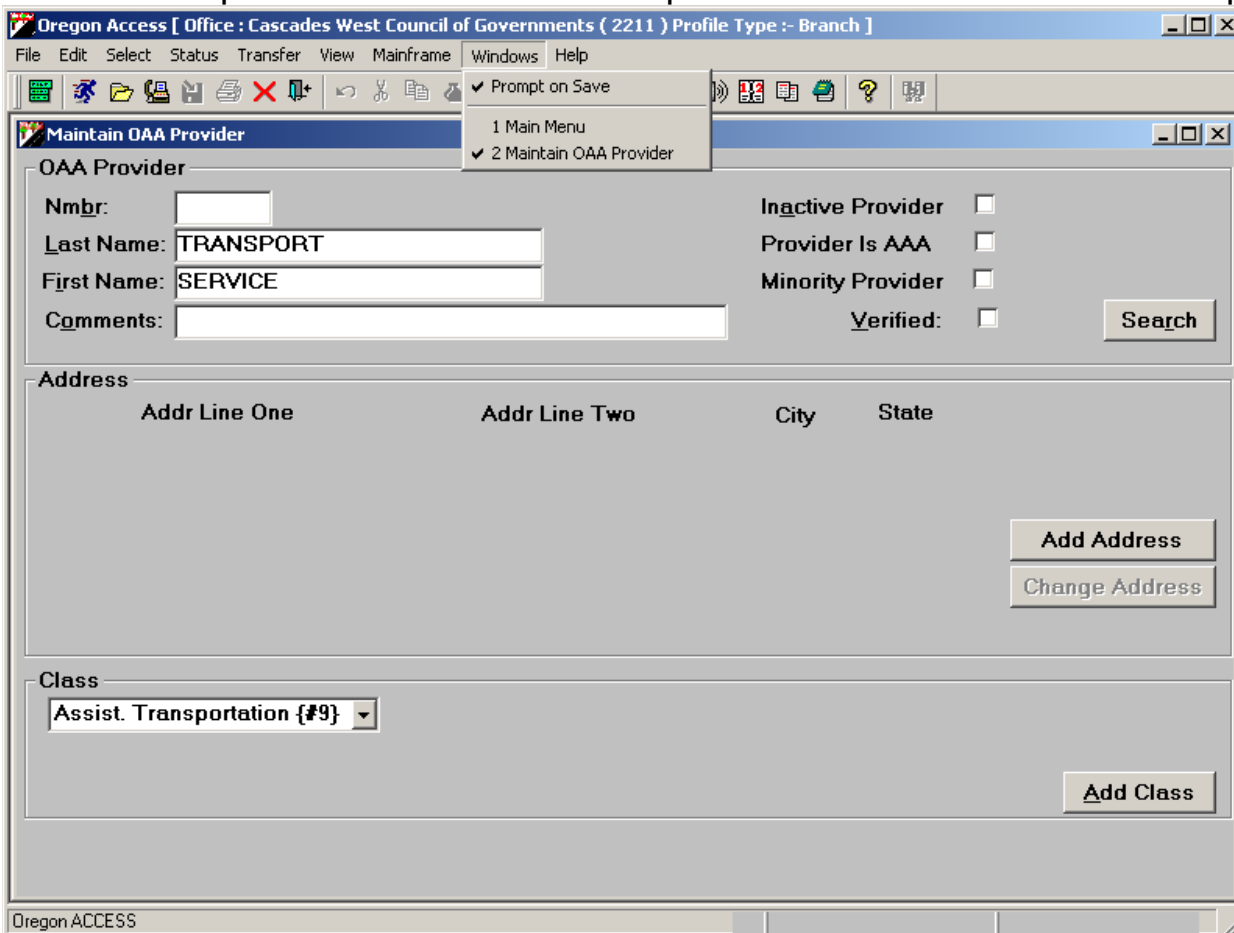
When the "Prompt on Save" option is selected, you can get out of the loop. When you try to exit the Add OAA provider screen, you will be presented with a message.
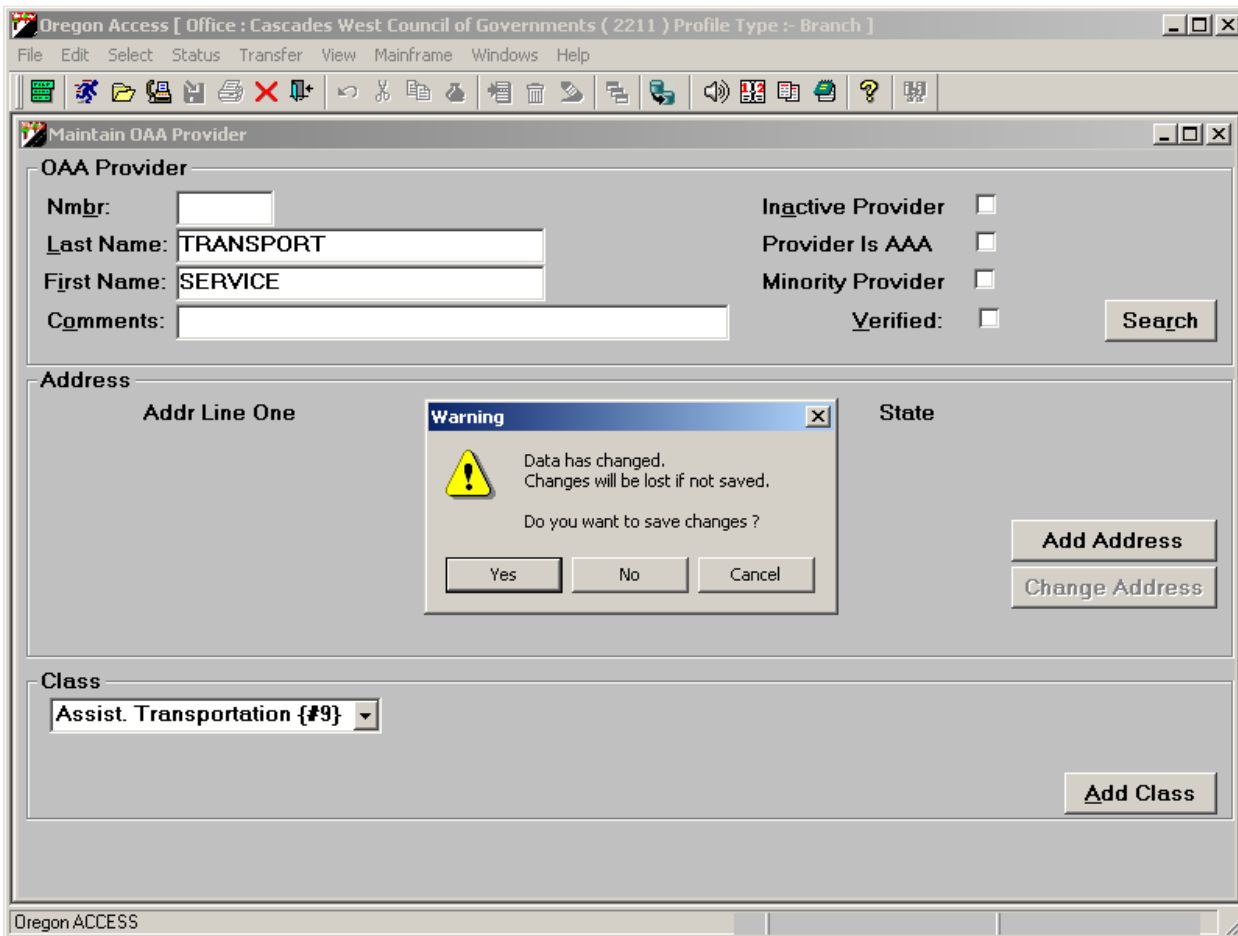
Click "No," indicating that you do not want to save the changes you made to the screen and you will be taken back to the Oregon ACCESS main menu.

Maintaining an OAA provider record

When you select the "Maintain OAA Provider" option, you will be taken to a search screen. Enter some search criteria to help locate your provider in the database. If your provider is found, they will show up in the return results.

Click on the "Maintain OAA Provider" button to make changes to the provider record. You will be taken to the OAA Add/Maintain Provider screen.

Maintaining an OAA provider record

When you select the "Maintain OAA Provider" option, you will be taken to a search screen. Enter some search criteria to help locate your provider in the database. If your provider is found, they will show up in the return results.

Click on the "Maintain OAA Provider" button to make changes to the provider record. You will be taken to the OAA Add/Maintain Provider screen.

Add/Maintain OAA Provider update screen
There is only one screen on which staff will add/update OAA provider information. It is called the OAA Provider Maintenance screen. Refer to the previous pages for the details.

Enrollment Standards in the Consumer-Employed Provider Program

1. Denial of initial application

For an applicant who does not have a currently active enrollment, ODHS can deny provider enrollment in the Consumer-Employed Provider Program for the following reasons based on the HCW program rules in OAR 411-031-0040(b):

> (A) Has violated the requirement to maintain a drug-free workplace;
> (B) Has an unacceptable background check;
> (C) Does not possess the skills, knowledge and ability to adequately or safely perform the required work;

(D) Was substantiated for committing any form of abuse to include but not limited to child abuse, elder abuse and abuse of a person with a disability;
(E) Commits fiscal improprieties;

(F) Fails to provide the required services in a consumer-employers service plan;
(G) Lacks the ability or willingness to maintain consumer-employer confidentiality;
(H) Introduces an unwelcome nuisance to the workplace;
(I) Fails to adhere to an established work schedule;
(J) Has been sanctioned or convicted of a criminal offense related to a public assistance program;
(K) Fails to perform the duties of a mandatory reporter per ORS 419B.005(s);
(L) Has been excluded by the Health and Human Services, Office of Inspector General, from participation in Medicaid, Medicare, and all other Federal Health Care Programs;
(M) Fails to provide a tax identification number or social security number that matches the homecare worker's legal name, as verified by the Internal Revenue Service or Social Security Administration;
(N) Exerts undue influence over a consumer-employer;
(O) Previously had a provider number terminated by the Oregon Department of Human Services; Oregon Health Authority or similar agencies of another state within the United States;
(P) Has been excluded by Centers for Medicaid Services to work as a Medicaid provider;
(Q) Fails to meet the orientation and competency evaluation requirements described in chapter 418, division 20 rules; or
(R) Fails to meet the Provider Enrollment Standards in OAR 411-031-0040(8)(a)(A-L).

There are no appeal rights for denial of an initial application based on the homecare worker program rules. However, if the denial is based on criminal history, appeal rights exist under the criminal history rules in OAR 407, division 007. The homecare worker would be informed of those appeal rights on the Notice of Fitness Determination. Staff will issue a 0613d to the applicant, so they are aware of the reasons for the denial of an initial application.

2. Driver's license and insurance

When onboarding a HCW, please discuss the requirements for HCWs to provide proof of a valid driver's license and auto insurance to be eligible for reimbursement of authorized mileage and travel time hours.

Local offices should be narrating that an HCW has provided proof of a valid driver's license and proof of auto insurance. Proof of auto insurance is required if the HCW is transporting consumer-employers in their own vehicle and if they claim travel time hours. These documents should be retained in the HCW's file, scanned into EDMS, and a note added in the comment section of the HCW's provider credential in Oregon Access (OA) with the date that the driver's license and auto insurance was verified, along with the initials of the person who verified the documentation.

3. Enrollment forms included in the application packet

- Homecare Worker Provider Enrollment Application and Agreement – Form SDS 0736 (needs re-signed every two years)
- Form I-9 — Employment Eligibility Verification (Immigration and Naturalization)—MUST BE WITNESSED IN THE OFFICE
- IRS Form W-4 — Employee's Withholding Allowance Certificate
- Oregon Form W-4 – Employees Withholding Allowance Certificate
- Request for Direct Deposit (MSC 0189)
- Homecare Worker Guide and Acknowledgment (DHS 9046A and 9046B)

4. Enrollment standards

Homecare worker must meet all of the following standards to be enrolled in Consumer-Employed Provider Program 411-031-0040(8)(a):

(A) Agree to maintain a drug-free workplace;
(B) Complete the background check process described in OAR 407-007-0200 to 407-007-0370 with an outcome of approved or approved with restrictions;
(C) Demonstrate the skills, knowledge, and ability to perform, or to learn to perform, the required work;
(D) Possess current U.S. employment authorization that has been verified by the Department or AAA;
(E) Be 18 years of age or older;
(F) Complete an orientation and pass a competency evaluation per OAR 418-020-0035(6);
(G) Complete Core Training and pass a competency evaluation per OAR 418-020-0035 (6);
(H) Complete continuing education training requirements as established by the Oregon Home Care Commission and participate in trainings by deadlines established per OAR 418-020-0035;
(I) Must be free of CMS or OIG exclusions;
(J) Maintain an active Provider Enrollment Application and Agreement;

(K) Is not an employee of Aging and People with Disabilities, Area Agency on Aging, the Office of Administrative Hearings, Oregon Health Authority Health Systems Division, Oregon Department of Human Services Background Check Unit, Oregon Eligibility Partnership (OEP), Oregon Department of Human Services Self Sufficiency Program (SSP), the Oregon Home Care Commission, or a provider to a participant of the independent choices program, as defined in OAR 411-030- 0100

(L) Have a social security number or tax identification number that matches the homecare worker's legal name, as verified by the Internal Revenue Service or Social Security Administration.

5. Inactivation of the provider enrollment

As described in OAR 411-031-0040(8)(c), a homecare worker's provider enrollment may be inactivated when:

(A) The homecare worker has not provided any paid services to any APD or AAA consumer in the last 12 months;

(B) More than two years have passed since the signature date on the most recent Provider Enrollment Application and Agreement for a homecare worker; or

(C) The homecare worker has requested to be placed on an inactive status.

6. Terminations of the Provider Enrollment

As described in OAR 411-031-0050(3), a homecare worker's provider enrollment may be terminated when:

APD central office may terminate and immediately suspend a homecare worker's provider enrollment when a homecare worker –

(a) Has violated the requirement to maintain a drug-free workplace;

(b) Has an unacceptable background check;

(c) Demonstrates a lack of the skills, knowledge, and ability to adequately or safely perform the required work which includes the inability to comply with Electronic Visit Verification through the Oregon Provider Time Capture Direct Care Innovations system in OAR 411-031-0040(10)(b) and (c);

(d) Is substantiated for committing any type of abuse including but not limited to child abuse, elder abuse or abuse of a person with a disability;

(e) Commits fiscal improprieties;

(f) Fails to provide services as required which includes providing the required service needs of a consumer-employer;

(g) Demonstrates a lack of the ability or willingness to maintain consumer-employer confidentiality;

(h) Creates an unwelcome nuisance to the workplace;

(i) Fails to adhere to an established work schedule;

(j) Has been sanctioned or convicted of a criminal offense related to that individual's involvement in any program established under any public assistance program;

(k) Fails to perform the duties of a Mandatory Abuse Reporter. Homecare workers are mandatory abuse reporters and are required by state abuse statutes to report alleged abuse, ORS 419B.005(s);

(l) Has been excluded by the Health and Human Services, Office of Inspector General, from participation in Medicaid, Medicare, and all other federal health care programs;

(m) Fails to provide a tax identification number or Social Security number that matches the homecare worker's legal name, as verified by the Internal Revenue Service or Social Security Administration;

(n) Fails to inform the Department and their consumer-employer within 14 days of being arrested, cited, or convicted of any potentially disqualifying crime listed in OAR 125-007-0270;

(o) Exerts undue influence over a consumer-employer;

(p) Falsifies information on an application or background check;

(q) Is terminated as a Personal Support Worker through the Office of Developmental Disabilities Services or Oregon Health Authority Health Systems Division and has an active Homecare Worker provider number; APD reserves the right to terminate the HCW's provider number based on the other agencies termination;

(r) Charges a consumer- employer or relative or representative of the consumer-employer, for any services regardless of if they are paid by the Department or by personal funds;

(s) Fails to meet the mandatory training and competency evaluation requirements in OAR 418-020-0035;

(t) Has had a provider number terminated by another state within the United States;

(u) Has been excluded by the Centers for Medicare and Medicaid Services to work as a Medicaid provider;

(v) Is an employee of Aging and People with Disabilities, Area Agency on Aging, the Office of Administrative Hearings, Oregon Health Authority Health Systems Division, Oregon Department of Human Services Background Check Unit, Oregon Eligibility Partnership (OEP), Oregon Department of Human Services Self Sufficiency Program (SSP), the Oregon Home Care Commission, or a provider to a participant of the independent choices program, as defined in OAR 411-030-0100 (w) Fails to complete a background check when requested by the Department;

(x) Fails to complete training as required based on a previous Administrative Review of the homecare worker's provider enrollment number;

(y) Fails to adhere to the hourly cap after warning has been issued by the Department; or

(z) Knowingly engages in activities that may result in exposure of an individual to the Coronavirus (COVID-19) or other communicable diseases;

    (A) Activities include:

        (i) Failure to take reasonable measures to prevent transmission of COVID-19 or other communicable diseases as directed by a health care provider or the Local Public Health Authority (LPHA).

        (ii) Having in-person contact with the individual with whom they do not reside while the homecare worker has been:

            (I) Exposed or diagnosed with COVID-19 or other communicable diseases by a health care provider or the LPHA;

            (II) Advised to self-quarantine by their health care provider or by LPHA;

            (III) Subject to a quarantine or isolation order; or

            (IV) Symptomatic as defined by Centers for Disease Control and Prevention (CDC).

When a HCW must be terminated due to a violation of one of the above rules, complete form DHS 2680. A link to this form is found here. The form and all supporting documents should be sent to: HCW.Terminations@odhsoha.oregon.gov

7. Reference checks

APD and AAA offices should not be checking references for homecare worker applicants. It is the responsibility of the consumer-employer to check any personal or professional references at the time of hire. There is resource information in the Consumer-Employed Provider Employer's Guide with suggestions for consumers about checking references.

8. Restricted enrollment

Restricted homecare workers are approved under a limited enrollment to provide services to specific individuals. To remove restricted homecare worker status and be designated as a career homecare worker, the applicant must complete a new application and criminal history check and be approved.

The following types of HCWs would be enrolled as restricted HCWs:

- A HCW applicant with potentially disqualifying criminal history such that, following a weighing test, he or she would be denied as a career homecare worker.
- A HCW applicant who lacks the skills, knowledge or abilities (as described in OAR 411-031-0020) to be approved as a career homecare worker.

Criminal History Checks

1. Appealing a fitness determination

To dispute an adverse fitness determination, an applicant may request an administrative hearing by completing a hearing request form. The hearing request must be turned in to a state office no later than 45 days from the date the fitness determination is mailed. DHS will conduct an informal administrative review before referring the appeal to the Office of Administrative Hearings. See OAR 407-007-0080 "Contesting a Fitness Determination". Per these rules, when an individual is denied because of a failed criminal history check, that person may not hold the position, provide services or be employed, licensed, certified or registered.

Send hearing requests to: BCU.Appeals@dhsoha.state.or.us

2. Approval period and scope

The approval period for a homecare worker without restrictions is two years following a criminal history check fitness determination. The approval meets the homecare worker enrollment requirement statewide whether the qualified entity is a state-operated APD office or an AAA operated by a county, council of governments or a non-profit organization. Criminal history clearance approval can end prior to the two-year approval period if, based on allegations against the homecare worker, a new fitness determination is conducted resulting in a change in approval status. The approval can also end if approval under probationary status has ended following a final fitness determination or if ODHS has inactivated or terminated the homecare worker's provider enrollment based on program rules. Even if an applicant had been approved for another ODHS provider type (such as adult foster care or personal care attendant) following a criminal history check approval, that does not mean they are approved for homecare worker enrollment. A new criminal history check is required when the applicant enrolls as a HCW.

3. Fitness determination

The Background Check Unit (BCU) with ODHS shall make a final fitness determination in accordance with OAR 125-007-0260 after all necessary criminal records checks and

a weighing test, if necessary, have been completed. BCU may obtain and consider additional information as necessary to complete the final fitness determination.

The final fitness determination may result in one of the following outcomes:

- BCU may approve a HCW if there are no potentially disqualifying crimes or potentially disqualifying conditions.
- The HCW has potentially disqualifying crimes or potentially disqualifying conditions and, after a weighing test with available information, BCU determines that the HCW likely poses no risk to ODHS, the individuals that are served, or any other vulnerable persons.

4. Potentially disqualifying conditions besides convictions

In accordance with the descriptions in OAR 407-007-0050, the following are potentially disqualifying conditions:

- False statement or false information regarding criminal history, including failure to disclose information regarding criminal history
- Registered sex offender
- Outstanding warrants
- Deferred sentence, diversion program, parole or probation
- Currently on parole or probation
- In violation of post-prison supervision, parole or probation
- Unresolved arrests, charges or indictments
- Fugitive
- Conviction that includes a guilty or not guilty due to mental health.

5. Re-checks

Criminal history clearance rechecks are conducted at least once every other year from the date the homecare worker is enrolled. APD and AAA offices may conduct a re-check more frequently based on additional information discovered about the homecare worker, such as possible criminal activity or other allegations that could pose a significant risk to the physical, emotional or financial well-being of children, older adults or persons with disabilities. Local offices should not be conducting checks annually for all homecare workers.

According to OAR 411-031-0040 (8) (d), criminal history check approval is effective for two years unless:

- Based on possible criminal activity or other allegations against a homecare worker, a new fitness determination is conducted resulting in a change in approval status, or
- Approval has ended because ODHS has inactivated or terminated a homecare worker's provider enrollment for one or more reasons described in this rule or OAR 411-031-0050.

6. Restricted approval

Both the homecare worker rules and the criminal history check rules provide the ability to approve a provider enrollment with restrictions based on criminal history. BCU may approve a HCW with restrictions if, after a weighing test with available information, it determines that more likely than not the HCW poses no risk to ODHS, its consumers or vulnerable persons if certain restrictions are in place. Examples include only being approved to work for a specific consumer, perform specific position duties or work in certain environments. BCU shall complete a new background check and fitness determination on the HCW before removing a restriction.

7. Weighing test

The weighing test means the process carried out by one or more authorized designees in which negative and positive information known about an applicant is considered or "weighed" to determine if the applicant is approved or denied based on the criminal history check. See OAR 407-007-0060 for more information.

ODHS criminal history checks
https://www.oregon.gov/odhs/background-checks/pages/default.aspx

The Background Check Unit (BCU) provides background check services and support to all ODHS and Oregon Health Authority (OHA) divisions for employment purposes, for those who provide services or seek to provide services as a contractor, subcontractor, vendor or volunteer, or are employed by qualified entities that provide care and are licensed, certified, registered or otherwise regulated by ODHS or OHA.

Training for provider agencies or branches regulated by ODHS or OHA

The administrative rules require that most staff and provider contacts who process background check information successfully complete training to become a Qualified Entity Designee (QED). The training materials are available by contacting the BCU training coordinator at 503-378-5470 or toll-free at 888-272-5545. You may also email bcu.info@odhsoha.oregon.gov and indicate that you would like the current training materials.

In order to stay up to date on OED requirements and rule changes, eSubscribe to the Background Check Unit website.

Materials for clearinghouse agencies
Effective 1/5/2016, the clearinghouse has moved from the Oregon State Police to the BCU. Clearinghouse agencies must have at least one Clearinghouse Authorized Designee.

The Background Check Unit now runs all background checks through the Oregon Criminal History & Abuse Records Database System (ORCHARDS)

How to collect HCW overpayments:

    a. The preferred method to recoup overpayments is to ask the provider to return the original state check with the incorrect total amount back to the local office.

    b. Once the original check has been returned, the local office MUST send the check by mail to the Business Security Unit. The Business Security Unit will notify the Provider Relations Unit that the check has been returned so PRU can process the overpayment.

    c. If the provider does not have the original state check or already cashed the check,
the local office will need to submit an overpayment request (Form SDS 0287B or SDS 0287H) to the Provider Relations Unit. The overpayment will be recouped from the provider's future payments.

    d. If the provider chooses to pay the state with a personal check or money order rather than having money owed recouped from future payments, they can. Please confirm the amount the provider needs to repay with the Provider Relations Unit before collecting a check or money order from the provider. The local office sends this check to the Business Security Unit.

  Other HCW overpayment information:

- All overpayments from actively employed HCWs resulting from administrative or provider error will be collected at no more than five

percent (5%) of the HCW's gross wages until paid in full.
OAR 411-031-0040(13)(c)(B)

- This means if the providers wages for the period are $100 the recoupment would be for no more than $5.
- To complete an overpayment or underpayment, you also must complete steps in PTC. Please see the steps listed in the training document titled [Time Entry Management](#) and business process [4.4.0 Over and Underpayments](#).
- If the HCW leaves employment before the overpayment has been fully recovered, the Provider Relations Unit can deduct up to the full amount of the overpayment from the HCW's final check.
- If an HCW is not employed for two months, they are considered unemployed and overpayments can be recouped at 100% if the money was not recouped from their final check
- In cases of fraud, money will be collected at 100% until the total dollar amount has been recouped.
- Any HCW who disagrees with the determination that an overpayment has been made may grieve the determination through the process established in the Collective Bargaining Agreement.
- Payments for services the provider was not entitled to receive and were returned to the local office should be sent to the Business Security Unit at the address below:

ODHS, Business Security Unit
500 Summer St. NE #E85
Salem, OR 97301-1063
For questions, call 503-945-5640
or email business.security@odhsoha.oregon.gov

Medicaid fraud
Fraud means taking actions that result in receiving a benefit or payment the HCW was not entitled to, whether by intentional deception, misrepresentation, or failure to account for payments or money received. Committing Medicaid fraud is a crime. The Medicaid Fraud Unit (MFU) with the Department of Justice determines when fraud allegations will be pursed for prosecution. If MFU decline to prosecute, ODHS can take action to terminate the HCW's provider number.

Talk with your manager or supervisor to determine if an overpayment meets any of the fraud referral criteria found on the Medicaid Fraud Referral Form (SDS 0727). If the local office believes an overpayment is due to fraud, follow this process:

- Make a referral to the MFU by completing and submitting SDS 0727. Include supporting documentation MFU can use to screen the case for fraud.
- Refer to the [MFU General Information Sheet](#) for instructions.
- Email the referral to MFU at Medicaid.fraud.referral@doj.state.or.us.
- Email a copy of the referral to the Medicaid Long Term Care Services and Supports unit at hcw.terminations@dhsoha.state.or.us.

MFU screens all referrals and will let the local office know within 30 days if they accept or decline the case for investigation. If MFU accepts the case, they will keep the local office updated. If they decline the case, follow the established termination process.

Outstanding HCW overpayments: For all inactive providers or unemployed HCWs, a series of three overpayment billings are issued by the Accounts Receivable Unit (ARU) as follows:

- First invoice or billing:
    - An invoice and first letter are sent to identify the overpayment. The letter specifies a 30-day response time for providers to make payment arrangements or to request an administrative hearing in writing.

        Note: Each billing is sent with a postage paid envelope. The Accounts Receivable number is listed on the envelope for proper receipt of money.

    - Any time the billing is returned as undeliverable and no other address is found; the overpayment will be sent to the Department of Revenue (DOR) or a private collection firm (PCF).

    Second billing:
    - If there is no response from first billing, a second letter is sent to inform the individual that their account is now delinquent. The letter also acknowledges the acceptance of credit cards.

    Third billing:
    - If there is no response from the first or second billing, a third letter is sent requesting repayment in full within 30 days or the overpayment will be referred to DOR or a PCF for collection.
    It also notes that if it goes to a PCF, it would be reported on their credit report.

- Any time the billing is returned as undeliverable and no other address is found, the overpayment will be sent to the DOR or a PCF.

No response from third billing:
- The account is referred to DOR for in-state overpayments of $50 or more.
- If there is no response from the first, second and third billings, accounts under $50 are internally written off by ARU.
- If DOR is unable to collect after one year, or one year from the last payment, the unpaid overpayment is returned to ARU for either write off, adjustment or referral to a PCF.
- Out-of-state overpayments are directly referred to a PCF.
- If the PCF is not able to collect after one year, or one year from last payment, accounts are returned to ARU for internal write off. (Accounts over $5,000 require Secretary of State approval.)

For Adult Foster Home providers

1. The preferred method to recoup overpayments is for the local office to submit an [Overpayment Request (Form SDS 0287D)](#) to the Provider Relations Unit. The recoupment will be pulled from the provider's future payments. AFH providers may negotiate a repayment plan with the Provider Relations Unit. This is allowed in the AFH collective bargaining agreement.

   The provider can return the original state check to the Business Security Unit if the entire amount is an overpayment. The check will be canceled and the payment will be applied to the balance due. Returned check must be sent to:
   ODHS, Business Security Unit
   500 Summer St. NE #E85
   Salem, OR 97301-1063

   For questions, call 503-945-5640

    or email business.security@odhsoha.oregon.gov If the provider does not want the overpayment recouped from future payments and wants to make other arrangement, direct them to contact the Provider Relations Unit at APD-dd.cbcpayments@dhsoha.oregon.gov For information on receipting overpayment, please see the SSAM at:
   http://www.dhs.state.or.us/spd/tools/additional/ssam/02.g.htm#04

E. Reports

Each month, the following reports will be used to process all inactive provider and unemployed HCW overpayments:

2. **HCW reports:** On the fifth of each month, two reports are generated by the Office of Information Systems (OIS). These reports are delivered to ARU by DAS Publishing & Distribution for processing overpayments for all unemployed or active HCWs with no payment activity during the past two months.

   - **Report #1:** HCW Payment System — Inactive Recoupment Accounts with a Balance. **Report SJH2760R-C**

     o This report is for all inactive HCWs during the previous two months.

   - **Report #2:** HCW Payment System — Recoupment Accounts with No Activity for Two Months. **Report SJH2760R-A**

     ▪ This report is for all active HCWs with no activity for the past two months.
     ▪ Most HCWs with an active provider number that haven't had any payment activity for two months will not be in current employment status. However, occasionally a HCW is still employed, but does not submit a payment authorization during this two-month time frame. This HCW is considered an active, employed HCW.
     ▪ In order to ensure HCWs are not currently employed, this report will need to be researched by ARU prior to any recoupment activity.

2. PTC reports: You can find all information related to reports in PTC in the following training document titled [State Staff: Reports](link) and quick reference guide [Importing Excel Sheets into Google](link) .

   To review which providers have gone over their weekly cap, Central Office can pull the Business Rules Result Report for a specific date range and filter by the "Max Hours per Employee Per Week" business rule. Alternatively, Central Office could pull the Punch Entry Overtime Report and filter by amounts over 60 hours.

2. **Facility report:** On the fifth of each month, a report is generated by OIS. This report is delivered to the ARU by DAS Publishing & Distribution for processing all facility provider overpayments.

   Report: Provider overpayments. **Report SJH2730R-B**

- This report is for all inactive providers during the previous two months.
- ARU will need to research line items on this report and will only attempt to collect overpayments if the Payment Support Unit is no longer collecting from this provider.

3. Once the ARU determines which providers need to be processed for recoupment, ARU will complete the following:
   a. Set up the overpayment on SFMA (Statewide Financial Management Application) and enter onto the recoupment record.
   b. Once the above step is complete, ARU immediately closes recoupments and any existing liabilities.
   c. Bill provider for overpayment.

F. Address for receipted funds

Even though ARU sends prepaid envelopes for repayment, if funds are receipted from any inactive providers or unemployed HCWs by APD or AAA local offices, it should not be deposited by the local office. Send payment to:

> ARU-OFS/DHS
> PO Box 14507
> Salem, OR 97309

Section 2:

Viewing HCW Remittance Advice and Issued Vouchers

▪ ▪

Viewing HCW Remittance Advice

<u>Print HCW Remittance Advice using CA View — all voucher clerks need permissions to do this. See your manager if you do not have access to VWHR in DHR.</u>

*It's important to know that you must have **two** DHR screens open. You will need information from the HINQ and HINV screens to copy from and paste into as well as to get the EFT or check dates from.*

From blank DHR screen:

VWHR (press enter)
Report ID – SJH1415R-A
Tab to Select By – R
Tab to Previous Copy No. – ALL
Tab to Selection by Date, from – date may auto populate. The enter date should be the most recent, but you may need to search by other dates if what you are searching for does not come up on the report (press enter).
**IF NOTHING HAPPENS, this means that there are no reports
 (paystubs) for that date. You will need to enter a prior date.**

If a report exists, the next screen that appears will be the available reports for the date you entered in the previous screen. This could be one report or multiple. Most likely, the paystub you are looking for will be in the report that has the largest amount of lines or pages (look at the right side of the report list).

Tab down to the report you want to search in and put in an "S", then press enter to open the report.

Use your second DHR screen to find the date for EFT date or check date under the HINV for the HCW and voucher on the paystub you are trying to generate. Look at "EFT date" or "Check date" and find the report that matches that date the closest. You may have to navigate out of the current report and into a different report to find the right paystub.

Go back to the first DHR screen with the report info. Once you have the correct voucher number to search, type in "F" for "find", then a space, then the voucher number. Press enter to find.
If nothing comes up, it does not exist in this report and you may need to search a different date or report. You can use F3 to back up a few screens to change the date to search.

If your search criteria are met and the voucher number is found in the report, then use F7 to get the page of the Remittance Advice so you can print just that page, rather than the whole report (which can be hundreds of pages). Look for "SARPAGE" near the top left (it should be directly under the COMMAND line) and copy the page number.

In the Command line, enter "PRT" and then press enter.
The primary print setup should look like this:
Banner = *
Class = P
Dest = (The 4-letter code here will be your network printer)
Example code: HIHS or HIH7
Tab to "Page" and paste the page number you copied into that field,
then press enter. This should print your Remittance Advice.
Other options: "Year to Date" can be found using HFIQ, then the
provider number, then pick the year you want to view.

Viewing and Printing Vouchers for Home delivered Meals and Adult Day Services

NOTE: No vouchers were created or added Filezilla after PTC went live (pilot offices went live 8/1/2021 and statewide went live 9/12/2021)
Downloading FileZilla:
Filezilla is an FTP (file transfer protocol) program that will allow you to access a very secure online area. You can access and download vouchers using Filezilla.

Downloading from state offices:
- Click on the Windows start menu button.
- The start menu will pop up, with a search bar at the bottom.
  In the "Search" field, type "Software Center"
- Click on the link to the Software Center that appears in the start menu. Software Center will open.
- In the Software Center, there will be a search box in the upper right corner. In the "Search" field, type "FileZilla"

- Select the check box to the left of FileZilla and click "Install" at the bottom right corner of Software Center.
- Once Filezilla is installed, close Software Center

FileZilla will then be listed Programs from your Start Menu.

Downloading from AAA offices:
Please note that you may need your technical support staff to assist with this process.
- You can go to the FileZilla website at https://filezilla-project.org/
- Click on the "Download FileZilla **Client**" icon.
  You do **not** need to download or install FileZilla Server.

- Follow the prompts to install the new software.

FileZilla will then be listed Programs from your Start Menu.

Locating and printing the vouchers:
You'll be using FileZilla to access the secure online directory where the vouchers are kept. To do this, you have to configure FileZilla to access the directory similar to the way you may type in the address of a website you want to go to.
The following instructions will help you configure and access this directory.
1. You will have received a temporary password via email.
    Please go to the following website to change your password:
    https://apps.state.or.us/passwd/dmpasswd.cgi
    a. Be sure you enter your password correctly or you may be locked out. If you see the message below after three attempts, you will need to contact the DHS|OHA Service Desk to have it reset.

    b. **Please note that your password will expire every 90 days.**

(continued on next page)

2.   Open FileZilla
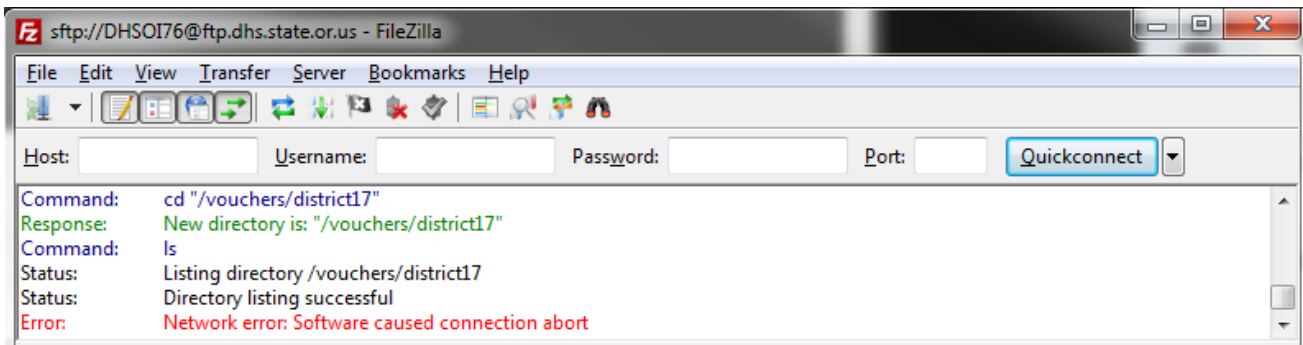
3.   In FileZilla, you'll see the main menu bar, another bar of icons, and then some blank fields that say "Host", "Username", "Password", and "Port." We'll be using these blank fields for the "address."

4.   Type the following information into each field:
   a. **Host:** ftp.dhs.state.or.us
   b. **Username:** Use your individual user RACF ID (use lowercase letters.)
   c. **Password:** Use your individual FTP user password (see step 1 in this guide.)
   d. **Port:** 22
   e. Press enter or click on the "Quickconnect" button.
   f. If the program asks you if you want to save your password, click "OK."
   g. A popup will come up with "**Unknown host key**"
   h. as its title (see image below.) **Don't worry**, this site is a secure state of Oregon site. Put a checkmark in the "Always trust this host" box and click the "OK" button.

STEP 4G: "UNKNOWN HOST KEY" POPUP
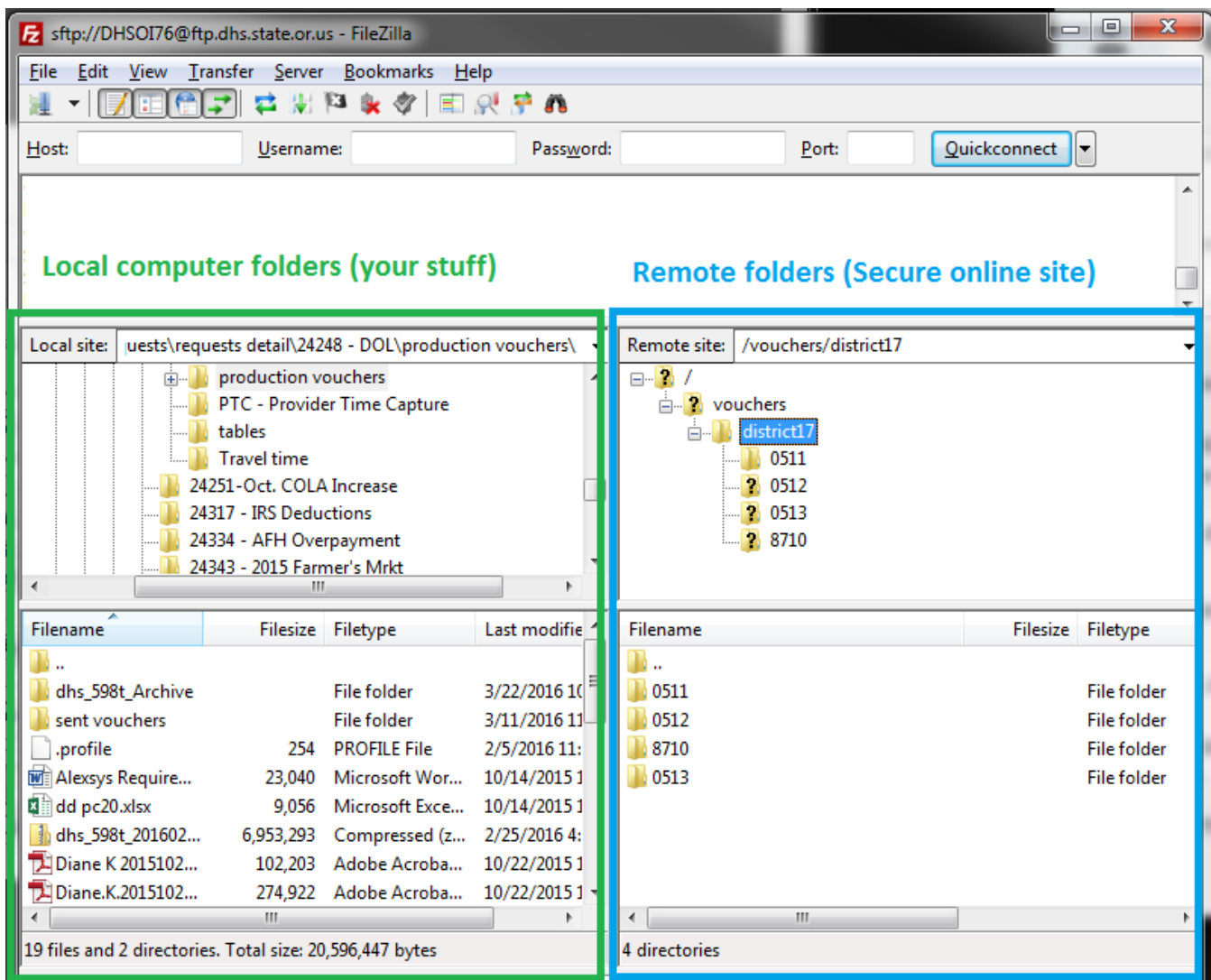
5. Once you are connected to the site, FileZilla will display sets of folders on the right and left sides of the screen.
   a. On the **left** side of the screen, you will see your local computer's folders. Selecting a folder in the top left window pane will display its contents in the lower left window pane.
   b. On the **right** side of the screen, you will see the secure online site's folders. Most users will only see one folder — the one for their specific branch. Selecting this folder on the top right window pane will display its contents in the lower right window pane.
   You can open the folder by double clicking on it either in the top or bottom panes.

6. To locate your vouchers, select the folder with your branch number located in the bottom right of the FileZilla window and double click.

7.   Once the folder is open, you will see a list of all vouchers. The file name will include the date printed. You can expand the file name field by dragging the field header to the right.

8.   The file that you need can be dragged and dropped to one of your local folders on the left side of the screen. Use the window panes to navigate to the local folder you want to copy the voucher to, then just click, drag and drop the appropriate voucher file into that folder.

9.   You can then open the PDF file from the local folder.

10.   Having trouble finding a voucher? You can search in FileZilla. To locate the voucher that is needed, make sure the lower right pane is active (click on it somewhere), then press CTRL-F to bring up the "Find" dialog box. Enter the provider name or provider number to search.

Note: Once you have access to the designated FileZilla server, save the host, username, password and port information so you can "Quickconnect" the next time you log in to FileZilla.
For password resets, contact the service desk, let them know you are trying to access an FTP site and ask them to direct your ticket to DRM.

Section 3:

Authorization History

The following screens allow the user to view the authorization history with the CEP system. The information may be viewed by provider, consumer, or a specific authorization.

HINQ

- HINQ,P,Provider # Payment history by provider
- HINQ,V,Voucher # Information about a particular authorization
- HINQ,R,Prime # All vouchers for a particular consumer (Title XIX and OPI)

Here is an example of results from a HINQ,R,prime#

Additional Search Features:
- Start Date: Enter in a date of where you want to start viewing vouchers.
- Months: Used with Start Date, enter in the number of months to view. For example, if a start date of 7/1/19 and 3 months is entered in, vouchers issued for the months of July, August, and September 2019 will be displayed.
- OT: Selecting this will only display overtime related payments
- TRAV: Selecting this will only display travel time related vouchers.
- SRVC: Selecting this will only display regular vouchers.
- HP: Selecting this will only display holiday pay vouchers.

Section 4:

Creating Authorizations

. . . .

Hourly homecare workers (for all programs)

HATH is used for HCWs that are authorized to provide services for individuals receiving APD In-home services or State Plan Personal Care.
OATH is used for HCWs that are authorized to provide services for individuals under Oregon Project Independence.
MATH is used for Personal Care Attendants under the Health Systems Division.

The following examples will walk through the HATH screen; however, the process is very similar if OATH or MATH is used.

Please note: For In-home Care Agencies, authorizations occur in MMIS. Information regarding MMIS authorizations can be found here: http://www.dhs.state.or.us/spd/tools/mmis/index.htm

Creating new authorization(s) when there is not a previous authorization.
Authorizations are typically provided by case managers by using form 546N.

From a blank mainframe screen, type HATH,Prime#,Provider#,branch#, then press enter.
It is important to make sure that the branch number matches what is in the SELG screen. In other words, the branch must match the service/OA branch, or an error will occur.
Enter the begin and end dates in the "Service Auth Beg" and "Auth End" fields.
- For hourly providers, key "Y" at "Hrly/Hrly Paid Leave"
- For spousal providers, key "Y" at "Spousal Pay"
- If there is mileage, key "Y" at "Mileage"
Press Enter.

```
HATH                 In-home Service Authorization              05/14/2019
Trans Typ           Upd Date  05/14/2019  Upd RACF           Not on file
Vch Nmbr  00000000  Prcs Tran
Prim Id             Recip
Prov Nmbr           Prov Name                           City/St
    Service  Auth Beg   19/05/14     Auth End 19/05/25    Lst Work 00/00/00
    Cat APD  Contact Br 0313          Auth Wkr
    Hrly/Hrly Paid Leave (Y/N)  Y    Spousal Pay (Y/N)          N
    Live-In (Y/N) N Days per wk:     Days work: Su   M   T   W   Th   F   S
    Live-in - Leave (hours)      0   Reg Live-in Prov Nmbr
    MHD/DD Pers Care Prov (Y/N) N   CIIS (Y/N) N   Behav Spt (Y/N) N
    Mileage (Y/N)               Y    Pub Trans Allowance (Y/N) N
      Proc      Description    Units/Mil    Rate    Line Tot
      OC111 Hourly ADL/IADL       0.00    14.6500
      OT111 Mileage/Pub Trans     0.00     0.4850




            Tot Svc Units    0.00  Auth Clm       0.00
Err Code:
Msg:

        PF4=Plan Chg   PF5=Hours Chg   PF6=Get Date Range   PF10=SVDQ
```

Enter the total ADL and IADL hours the HCW is authorized to work for the individual
and the community transportation mileage reimbursement, if any.

```
HATH                 In-home Service Authorization              05/14/2019
Trans Typ A         Upd Date  05/14/2019  Upd RACF           Not on file
Vch Nmbr  00000000  Prcs Tran
Prim Id             Recip
Prov Nmbr           Prov Name                           City/St
    Service  Auth Beg   19/05/14     Auth End 19/05/14    Lst Work 00/00/00
    Cat APD  Contact Br 0313          Auth Wkr
    Hrly/Hrly Paid Leave (Y/N)  Y    Spousal Pay (Y/N)          N
    Live-In (Y/N) N Days per wk:     Days work: Su   M   T   W   Th   F   S
    Live-in - Leave (hours)      0   Reg Live-in Prov Nmbr
    MHD/DD Pers Care Prov (Y/N) N   CIIS (Y/N) N   Behav Spt (Y/N) N
    Mileage (Y/N)               Y    Pub Trans Allowance (Y/N) N
      Proc      Description    Units/Mil    Rate    Line Tot
      OC111 Hourly ADL/IADL      50.00    14.6500
      OT111 Mileage/Pub Trans    15.00     0.4850




            Tot Svc Units    0.00  Auth Clm       0.00
Err Code:
Msg:

        PF4=Plan Chg   PF5=Hours Chg   PF6=Get Date Range   PF10=SVDQ
```

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To complete the authorization creation, key a "Y" in the ANSW field for the "ADD VCHR TO FILE?" question.

```
HATH                In-home Service Authorization              05/14/2019
Trans Typ A         Upd Date  05/14/2019  Upd RACF        Not on file
Vch Nmbr  00000000  Prcs Tran
Prim Id             Recip
Prov Nmbr           Prov Name                     City/St SWEET HOME, OR
    Service  Auth Beg   19/05/14    Auth End 19/05/25    Lst Work 00/00/00
    Cat APD   Contact Br 0313        Auth Wkr
    Hrly/Hrly Paid Leave (Y/N)  Y   Spousal Pay (Y/N)      N
    Live-In (Y/N) N Days per wk:    Days work: Su   M   T   W   Th   F   S
    Live-in - Leave (hours)    0    Reg Live-in Prov Nmbr
    MHD/DD Pers Care Prov (Y/N) N   CIIS (Y/N) N   Behav Spt (Y/N) N
    Mileage (Y/N)               Y   Pub Trans Allowance (Y/N) N
      Proc      Description    Units/Mil    Rate    Line Tot
     OC111 Hourly ADL/IADL      50.00    14.6500     732.50
     OT111 Mileage/Pub Trans    15.00     0.4850       7.28




            Tot Svc Units    50.00  Auth Clm      739.78
Err Code:                              Err Stat:
Msg:
QUES   ADD VCHR TO FILE? Y/N   ANSW  y   PRNT 598?   Y 19/05/14    MAIL BR? N
       PF4=Plan Chg   PF5=Hours Chg  PF6=Get Date Range    PF10=SVDQ
```

Authorization has been added.

```
HATH                In-home Service Authorization              05/14/2019
Trans Typ A         Upd Date  05/14/2019  Upd RACF        Not on file
Vch Nmbr  00000000  Prcs Tran
Prim Id             Recip
Prov Nmbr           Prov Name                     City/St SWEET HOME, OR
    Service  Auth Beg   19/05/26    Auth End 19/06/08    Lst Work 00/00/00
    Cat APD   Contact Br 0313        Auth Wkr
    Hrly/Hrly Paid Leave (Y/N)  Y   Spousal Pay (Y/N)      N
    Live-In (Y/N) N Days per wk: _  Days work: Su _ M _ T _ W _ Th _ F _ S _
    Live-in - Leave (hours)    0    Reg Live-in Prov Nmbr _____
    MHD/DD Pers Care Prov (Y/N) N   CIIS (Y/N) N   Behav Spt (Y/N) N
    Mileage (Y/N)               Y   Pub Trans Allowance (Y/N) N
      Proc      Description    Units/Mil    Rate    Line Tot
     OC111 Hourly ADL/IADL      50.00    14.6500     732.50
     OT111 Mileage/Pub Trans    15.00     0.4850       7.28




            Tot Svc Units    50.00  Auth Clm      739.78
Err Code:
Msg: 83  Vchr record


                               PF6=Get Date Range    PF10=SVDQ
```

How to Create an Authorization in PTC

To create the authorization in PTC, the Provider and Consumer must have profiles, funding accounts, and service accounts set up in PTC. The O&M Team will receive a daily report of new Consumer and Provider combinations and from these reports, they will be able to create all necessary Profiles, Funding Accounts, and Service Accounts. For more information on this, see the training document titled Profile Management and business processes 1.2.1 Add a New Provider and 1.3.1 Add Consumer Information.

If the consumer and provider are actively linked in PTC, then authorization information will be sent in real time from Mainframe to PTC once the Mainframe vouchers are created. The authorization process is initiated by the Voucher Specialist using the APD 546N to enter the Authorization in DHR to create the voucher.

Before creating new vouchers in Mainframe, a local office staff member must check the linking status of the consumer and provider to see if a relink is needed. If a relink is needed, the local office must request a relink before creating vouchers. If vouchers were already created before the need for a relink was discovered, then the relink request should indicate that vouchers were already created. See APD-AR-23-029 Relinking in PTC for more information on relinking.

An authorization is like a voucher. It is an entry in PTC representing an allotment of units from a funding source to provide a service to a Consumer. An authorization is for one service code, Consumer, and Provider combination.

HATH Authorization error when sending to PTC:

```
HATH AF27025C 766235    In-home Service Authorization              08/04/2021
Trans Typ A          Upd Date  08/04/2021  Upd RACF        Not on file
Vch Nmbr  00000000   Prcs Tran
Prim Id   AF27025C   Recip      TESTING   TEST    C
Prov Nmbr 766235    Prov Name PROVIDER TEST            City/St SALEM   OR
    Service  Auth Beg    21/07/18     Auth End  21/07/31    Lst Work 00/00/00
    Cat APD   Contact Br  2911        Auth Wkr  LL    LAURA LAMKIN
    Hrly/Hrly Paid Leave (Y/N)  Y    Spousal Pay (Y/N)      N
    Live-In (Y/N) N Days per wk:  _   Days work: Su _ M _ T _ W _ Th _ F _ S _
    Live-in - Leave (hours)    0    Reg Live-in Prov Nmbr
    MHD/DD Pers Care Prov (Y/N) N    CIIS (Y/N) N   Behav Spt (Y/N) N
    Mileage (Y/N)               Y    Pub Trans Allowance (Y/N) N
      Proc      Description     Units/Mil    Rate    Line Tot
      OC111 Hourly ADL/IADL      10.00     16.2700    162.70
      OT111 Mileage/Pub Trans    10.00      0.4850      4.85



            Tot Svc Units    10.00   Auth Clm    167.55
Err Code:
Msg: JH086 Voucher 21395930 created. Error when sending to PTC

                   PF6=Get Date Range    PF10=SVDQ
```

In many instances, when creating a new authorization for a provider for the initial pay period, and the provider intends to keep working for the consumer, an authorization

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should also be created for the following pay period as well. This will ensure that an ONGO record is generated. See example below:

```
HATH                    In-home Service Authorization                    05/14/2019
Trans Typ A         Upd Date  05/14/2019  Upd RACF            Not on file
Vch Nmbr  00000000  Prcs Tran
Prim Id             Recip
Prov Nmbr           Prov Name                        City/St SWEET HOME, OR
   Service  Auth Beg  19/06/23      Auth End 19/07/06    Lst Work 00/00/00
   Cat APD  Contact Br 0313          Auth Wkr BS
   Hrly/Hrly Paid Leave (Y/N)  Y   Spousal Pay (Y/N)        N
   Live-In (Y/N) N Days per wk: _  Days work: Su _ M _ T _ W _ Th _ F _ S _
   Live-in - Leave (hours)    0   Reg Live-in Prov Nmbr _____
   MHD/DD Pers Care Prov (Y/N) N   CIIS (Y/N) N   Behav Spt (Y/N) N
   Mileage (Y/N)               Y   Pub Trans Allowance (Y/N) N
     Proc     Description   Units/Mil   Rate    Line Tot
     OC111 Hourly ADL/IADL     50.00   14.6500    732.50
     OT111 Mileage/Pub Trans   15.00    0.4850      7.28



            Tot Svc Units   50.00  Auth Clm    739.78
Err Code                                       F9=OnGoing Authorization
Msg: 83  Vchr record 19000036 added -- OnGoing Auth created until 05/31/2020

                              PF6=Get Date Range    PF10=SVDQ
```

It is important to make sure that the above message code is generated.

ONGO

ONGO will autogenerate future authorizations for the provider until the expiration date is reached. Once this is setup, staff should not create a new authorization after paying a claim through HPAY/OPAY/MPAY.

To review and/or make changes to the ONGO screen:
ONGO,prime#,provider#

```
ONGO                    On-Going Service Authorization                    05/23/2019
Status      Expire 05/31/2020 Updt 2019-05-14 Upd RACF          Not on file
Prim ID              Recip                         Branch 0313    Wkr BS
Prov Nmbr            Prov Name                           City/St SWEET HOME, O
Service  Auth Beg    06/09/2019  Serv Cat APD Last Issued Period 06/22/2019


         Authorization For  HATH Y   MATH _   OATH _   (Select One)
 Hrly (Y/N)     Y                     Spousal Pay (Y/N) N
 Live-In (Y/N) N   Days per wk: _ Days: Su _  M _  T _  W _  Th _  F _  S _
 Per Care Prov (Y/N)   N              OPI Pilot (Y/N) N
 Mileage (Y/N) Y                      Pub Trans Allow N

The following services will be automatically authorized for each voucher period

 Proc Mod Description       Unit/Mil     Rate  | Unit/Mil      Rate
 OC111  Z6 Hourly ADL/IADL    50.00   14.6500  |
 OT111  Z6 Mileage/Pub Trans  15.00    0.4850  |
 ____   __ _____  _____  _____  |
 ____   __ _____  _____  _____  |
 ____   __ _____  _____  _____  |
 ____   __    _____  _____  _____  |
           Tot Svc Units    50.00            |
Msg
F3=Exit                                F11=HINQ   F12=ONIQ
```

Any hours or mileage changes to a future authorization should be updated in this screen. It is also important to change the branch number if it is incorrect or when a case is transferred to your branch. For branch transfers, please contact PTC Support to ensure the client gets transferred in PTC.

If a provider is no longer working for a consumer, change the "Expire" date to match the "Last Issued Period" date.

Any changes to individual vouchers must be made in the UATH screen (see below for more information). Updates made in UATH will update the PTC authorization automatically.
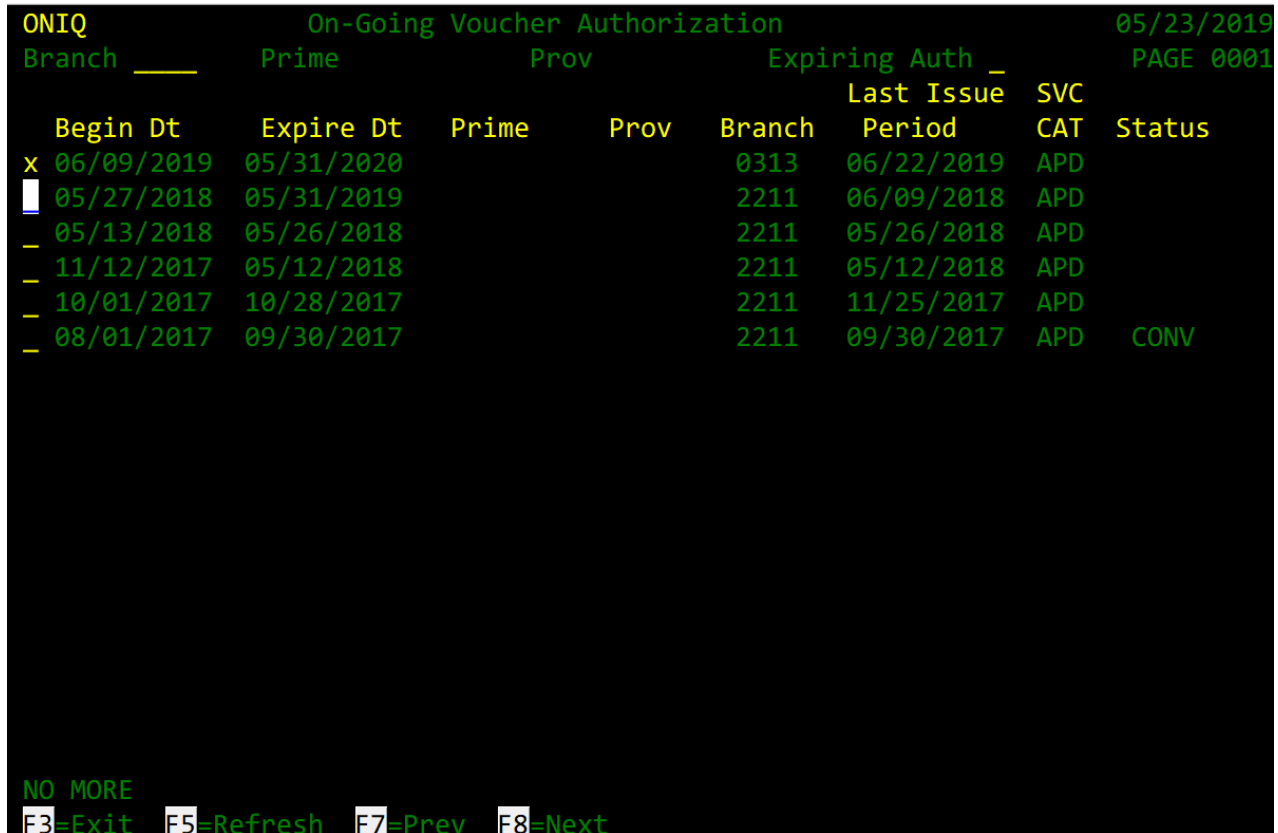
To learn more about ONGO, click here. Please note that some information in this link, such as monthly authorizations, are now out of date.

There were ONGO changes in October 2023 to close the ONGO if there were no payments for six pay periods. See transmittal APD-IM-23-093 ONGO Changes and Updates for more information.

ONIQ

This screen is used to see when a provider's ongoing voucher authorization (ONGO) is going to stop. This means no more vouchers will issue after the expiration date.

Review this screen before the end of each month. When reviewing this screen, enter in your branch number and a letter next to "Expiring Auth".

```
ONIQ                On-Going Voucher Authorization                    05/23/2019
Branch ____      Prime              Prov            Expiring Auth _        PAGE 0001
                                                    Last Issue  SVC
   Begin Dt    Expire Dt   Prime      Prov    Branch    Period    CAT  Status
x 06/09/2019  05/31/2020                       0313   06/22/2019  APD
  05/27/2018  05/31/2019                       2211   06/09/2018  APD
_ 05/13/2018  05/26/2018                       2211   05/26/2018  APD
_ 11/12/2017  05/12/2018                       2211   05/12/2018  APD
_ 10/01/2017  10/28/2017                       2211   11/25/2017  APD
_ 08/01/2017  09/30/2017                       2211   09/30/2017  APD    CONV




NO MORE
F3=Exit  F5=Refresh  F7=Prev  F8=Next
```

If the expiration date is ending at the end of the first pay period of the following month, it usually means the consumer's benefit is ending and a re-assessment is needed (or, if necessary, an extension of the consumer's current benefit).

If the expiration date is ending in the same month, the expiration is usually intentional, i.e. the provider is no longer working for the consumer or a new ONGO was created.

SVCH

Enter in branch or provider number

This screen is used to see when a provider has an ONGO authorization, however an authorization has an error that needs to be resolved.

Review this screen within 3 business days before the end of each pay period.

```
SVCH                        Suspense Vouchers                    10/04/2019
Branch 1111 Prov _____                                        Page 0003

 DEL PRIME   PROV    BR   SERV BEGIN SERV END    SUSPENSE REASON
  _                      09/15/2019 09/28/2019 A84 NO SVC CAT FOUND FOR SERV
  _                      09/15/2019 09/28/2019 A84 NO SVC CAT FOUND FOR SERV
  _                      09/15/2019 09/28/2019 A84 NO SVC CAT FOUND FOR SERV
  _                      09/15/2019 09/28/2019 A84 NO SVC CAT FOUND FOR SERV
  _                      09/15/2019 09/28/2019 A87 PROC/CLI ASMT INVALID W/EL
  _                      09/15/2019 09/28/2019 A87 PROC/CLI ASMT INVALID W/EL
  _                      09/15/2019 09/28/2019 A87 PROC/CLI ASMT INVALID W/EL
  _                      09/29/2019 10/12/2019 P331 PDC/CPR no longer valid f
  _                      09/29/2019 10/12/2019 JH017 This provider is no long
  _                      09/29/2019 10/12/2019 A89 PERC/SVCCAT/PROC/CASE DESC
  _                      09/29/2019 10/12/2019 A84 NO SVC CAT FOUND FOR SERV
  _                      09/29/2019 10/12/2019 A84 NO SVC CAT FOUND FOR SERV
  _                      09/29/2019 10/12/2019 A87 PROC/CLI ASMT INVALID W/EL
  _                      09/29/2019 10/12/2019 A87 PROC/CLI ASMT INVALID W/EL
  _                      09/29/2019 10/12/2019 A87 PROC/CLI ASMT INVALID W/EL
  _                      09/29/2019 10/12/2019 A89 PERC/SVCCAT/PROC/CASE DESC
  _                      09/29/2019 10/12/2019 A84 NO SVC CAT FOUND FOR SERV
```

Troubleshooting authorization issues can be found here. Review the CEP Payment Troubleshooting guide.

UATH: Update Authorization Screen

Vouchers issued through HATH, OATH and MATH can be edited through UATH.

```
UATH  12345678              UPDATE  AUTHORIZATION  SCREEN                09/20/2024
Trans  Typ   C          Upd  Date 01/13/2022  Upd  RACF  HSABC00  ODHS,  Worker  []
Vch  Nmbr   12345678  Prcs  Tran  36
Prime  ID   XXX9999X  Recip      Geller,  Monica
Prov  Nmbr  777777    Prov  Name  Green,  Emma
Service  Cat  APD

Branch  Code:  0112  Service  Auth  Beg:  24/07/29  Auth  End:  24/08/01

      Proc        Description      Units/Mil    Rate      Line  Tot
      OC111  Hourly  ADL/IADL         70.00      15.7700   1,103.90
      OT111  Mileage/Pub  Trans     002.00       0.5600       11.20

      Total  Svc  Units    70.00  Mileage/Pub  Trans  100  Auth  Clm     1,159.90




Err  Code:
Msg:




F3=Exit        PF6=Get  Date  Range    PF=SAVE    F11=STSS    F12=HINQ
```

When a voucher is in Authorized status (Prcs Tran 30) there are several fields that can be updated. The "Service Auth Beg" can only be moved forward. The "Auth End" can only be within the pay period and if you want to move both the beginning and end date, they need to be moved in two separate transactions. The number of hours can be increased or decreased. The hours cannot be decreased to a number lower than what has already been claimed in PTC. If the claimed hours are higher than the new hours, staff must cancel or edit entries in PTC to accommodate the edit in hours. The number of miles can be increased, decreased, or added. If adding mileage is an ongoing change, you will need to close the ONGO and create a new ONGO with the mileage.

If the branch changes for an existing voucher you will see error message "Branch entered does not match client service branch" and will have to be updated to match the service eligibility branch. The branch number must match the service eligibility branch, which can be found in the SELG screen. SELG is updated based on the service plan in Oregon ACCESS. If there was a branch transfer, be sure to email the PTC Support Team to transfer the client's profile branch.

The rate will automatically be pulled in from what is on the rate table if it is higher than what is currently on the voucher.

When a voucher is in Paid status (Prcs Tran 36) or Adjusted status (Prcs Tran 46) some of the same fields can be updated as the Authorized status. The Auth End, number of hours, number of miles can be changed and miles can be added.

Vouchers in Voided status (Prcs Tran 10), Voided (Canceled Entries exist) Status (Prcs Tran 17), Voucher Adjustment Zero Paid status (Prcs Tran 47), Voucher in Ready to Pay status (Prcs Tran 35) or Adjustment Approved to Pay status (Prcs Tran 45) status cannot be edited.

Here are some of the possible errors that may occur when attempting to edit a voucher:

- Changing the start date to a date that overlaps with an existing authorization in PTC. The user will receive error message: "The requested start date overlaps with Auth ID [xxx]."
    - o You must check for overlapping dates.
- Changing the start date to a later date and entries exist before the new start date (that have not been rejected or canceled). The user will receive an error message: "Entries exist prior to requested start date."
    - o You must cancel entries in PTC before completing the edit in UATH.
- Changing the end date to a date before the begin date. The user will receive error message: "End date cannot be before start date."
    - o You are not allowed to do this.
- Changing the end date where there are entries in PTC that exist after the end date. The user will receive error message: "Entries exist after the requested end date."
    - o You must cancel entries in PTC before completing the edit in UATH.
- Changing an effective end date that overlaps with another authorization. The user will receive error message: "The requested end date overlaps with Auth ID [xxx]"
    - o You must check for overlapping dates.
- Decreasing the hours to an amount smaller than what has been claimed in PTC. The user will receive an error message: "Claimed hours/miles exceed requested initial balance."
    - o You must cancel or edit entries in PTC before completing the edit in UATH.
- Decreasing the miles to an amount smaller than what has been claimed in PTC. The user will receive an error message: "Claimed hours/miles exceed requested initial balance."
    - o You must cancel or edit entries in PTC before completing the edit in UATH.

- Changing an end date when an entry exists after the end date in PTC. The user will receive error message: "Entries exist after the requested end date."
  - You must cancel entries in PTC before completing the edit in UATH.

Changes made in UATH come through to PTC in real time.

APD Behavior Support Services (BSS) – Authorization to MMIS Billing

Referrals and Authorizations:
Please continue to use existing referral procedures and processes by completing form SDS 313 Request for Behavior Support Services. An initial 40 hours can be authorized by the case manager. Additional 40 hours may be approved by the local office management for ongoing service delivery. Request for more than 80 hours of service must be reviewed and approved by Central Office, please email those requests via email: APD.BehaviorSupportServices@odhsoha.oregon.gov.

MMIS Plan of Care:
When a BSS referral has been accepted, a Plan of Care (POC) will need to be set up in MMIS. Please use the following process to set-up the POC:
- **Rendering Provider Number**: BSS provider numbers are listed on the contact list or by clicking [Search].
- **Authorizing Entity:** Your Branch number (select from the drop down)
- **Benefit Plan:** Aged and Physically Disabled or State Plan K Services for APD (depending on service plan)
- **Service Code Type**: Procedure Code
- **Service Code:** H2019
- **Effective Date**: Should be the date the BSS Referral was accepted by the Provider.
- **End Date:** The End Date on DHR SELG screen and MMIS Benefit plan end date.
  - The POC Line Item must match the service plan in CAPS, this includes:
    - Creating a new POC Line Item when a new assessment and service plan have been created.
    - Matching the dates and reducing the units in the POC Line Item to the service plan authorized.
- **Units: 160 (maximum authorized by local offices) -**160 units is the equivalent to 40 hours based on the unit qualifier.
  - If there is a break in the POC Line Item, to align with CAPS, the units must be adjusted and carried over to the new POC.
  - For example, provider is authorized 160 units, they have used 10 units in the current POC Line Item. You create a new POC, due to a new CAPS, enter 150 units in the Units field.
  - Each POC Line Item must be reduced by the number of units previously used. Used Units are displayed under the Status field.

- **Unit Qualifier:** 15-Minutes
- **Frequency:** Yearly

- **Payment Method:** Pay System Price
- **Status:** A – Active
- Save

For assistance with establishing a Plan of Care, reference the Workday training or refer to the following MMIS Desk Manuals: 9/13/2023
http://www.dhs.state.or.us/spd/tools/mmis/index.htm
Independent Choices Program (ICP):
ICP participants are eligible for BSS, however, due to coding edits MMIS does not allow POCs to be entered for ICP participants. Staff must follow the steps below to ensure BSS providers are paid for services rendered:
• The referral process to BSS providers is the same. But the local office must inform the provider that they will be unable to bill through the MMIS system and must submit an invoice for services rendered to your local office for processing.
• When invoices are received from the BSS provider, local office staff must forward the invoice via email to ICP.SPD@odhsoha.oregon.gov
• The email must include the following:
- A copy of the invoice
- The dates of service for BSS services rendered
- The ICP participant's name
- The ICP participant's prime number
- The BSS company's Medicaid provider number

AATH
Issue an authorization for the following provider types:
- Home delivered meals (procedure code OF222)
- Adult day services (procedure code OH113)

Example: Issue an authorization for home delivered meals when there **is not** previous authorization.

AATH,Prime#,Provider#,Procedure code
Press Enter.

```
aath,_____
                     _____
```

- Enter the begin and end dates under "Service Auth Beg" and "Auth End"
- Press Enter.


```
AATH _____        Special Payments              07/14/201

Trans Typ A        Upd Date  07/14/2011  Upd RACF      Not on file
Vch Nmbr  00000000  Prcs Tran
Prim Id            Recip
Prov Nmbr          Prov Name                    City/St PORTLAND, OR
Svc Cat APD   Auth Beg   00/00/00     Auth End 00/00/00
              Contact Br 0911        Auth Wkr ___

  Proc   Description         Units   Unit Type     Rate      Line Tot
  OA111  In-Home Care ADL     0.00   Hours       20.0700        0.00




           Tot Svc Units    0.00              Auth Clm       0.00

Err Code:
Msg: P173 Must enter both Begin and End dates

   F3=Exit                                    F11=APAY  F12=HINQ
```

- Enter the authorization amounts.
- Press Enter.

- Key "Y" at "Add Vchr to File" and "N" at "Prnt 598B"
- Press Enter.

- Authorization has been added

```
AATH                        Special Payments                       07/14/2011

Trans Typ A        Upd Date 07/14/2011  Upd RACF       Not on file
Vch Nmbr  00000000  Prcs Tran
Prim Id             Recip
Prov Nmbr           Prov Name                      City/St PORTLAND, OR
Svc Cat APD   Auth Beg   11/08/01   Auth End 11/08/31
              Contact Br 0911       Auth Wkr ___

   Proc   Description        Units     Unit Type     Rate      Line Tot
   OA111  In-Home Care ADL   120.00    Hours         0.0000        0.00




             Tot Svc Units    0.00              Auth Clm     0.00

Err Code:
Msg: 83  Vchr record         added

  F3=Exit                                          F11=APAY  F12=HINQ
```

Example: Issue an authorization for home delivered meals when there **is**
a previous authorization

- AATH, Prime#,Provider#,Procedure code
- Press Enter.


```
aath,        ,        ,oh111
```

- Type "Y" at "Add Vchr to File" and "Y" at "Prnt 598B"
- Press Enter.

```
AATH  _____        Special Payments                    07/13/2011

Trans Typ A           Upd Date 07/13/2011  Upd RACF          Not on file
Vch Nmbr  00000000    Prcs Tran
Prim Id               Recip
Prov Nmbr             Prov Name                      City/St BEND, OR
Svc Cat APD   Auth Beg  11/06/01      Auth End 11/06/30
              Contact Br 0911          Auth Wkr

 Proc    Description            Units    Unit Type      Rate       Line Tot
 OH111   In-Home Care IADL      30.00    Hours         19.9800       599.40




            Tot Svc Units   0.00                  Auth Clm    599.40

Err Code:                                 Err Stat:
Msg:
QUES  ADD VCHR TO FILE? Y/N   ANSW y    PRNT 598B? y 11/07/13   MAIL BR? N
  F3=Exit                                           F11=APAY   F12=HINQ
```

- Authorization has been added

```
AATH  _____        Special Payments                    07/13/2011

Trans Typ A           Upd Date 07/13/2011  Upd RACF          Not on file
Vch Nmbr  00000000    Prcs Tran
Prim Id               Recip
Prov Nmbr             Prov Name                      City/St BEND, OR
Svc Cat APD   Auth Beg  11/07/01      Auth End 11/07/31
              Contact Br 0911          Auth Wkr ___

 Proc    Description            Units    Unit Type      Rate       Line Tot
 OH111   In-Home Care IADL      30.00    Hours         0.0000          0.00




            Tot Svc Units   0.00                  Auth Clm     0.00

Err Code:
Msg: 83  Vchr record          added

  F3=Exit                                           F11=APAY   F12=HINQ
```

Example: Issue an authorization for home delivered meals and adult day service agencies when there **is not** a previous authorization

- AATH, Prime#,Provider#
- Press Enter.

```
aath,          ,
```
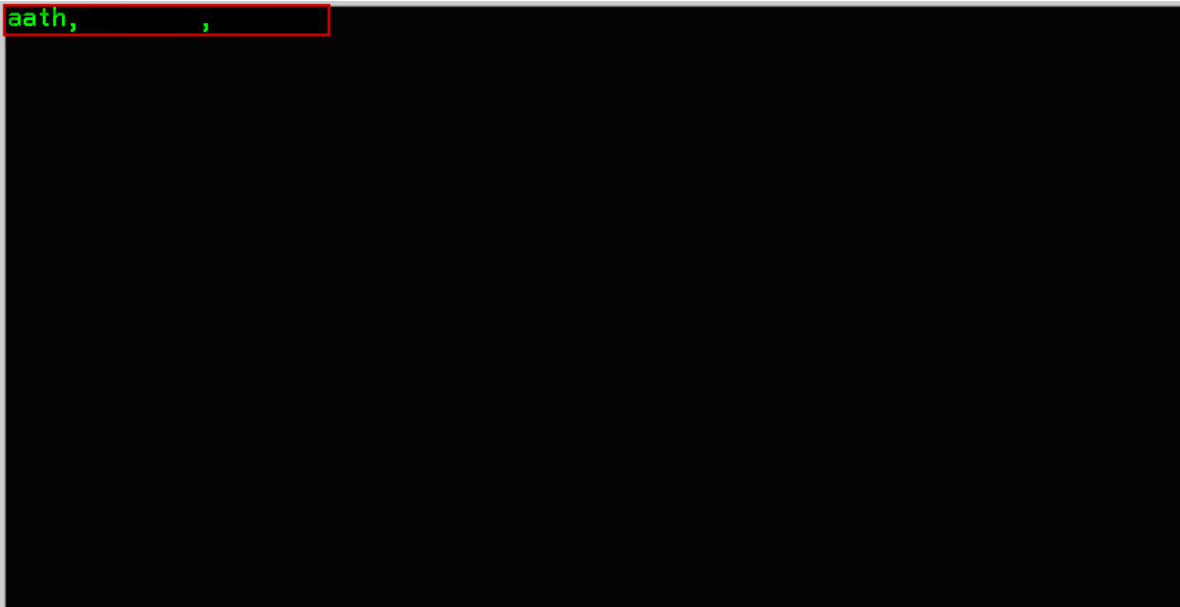
- Enter the begin and end dates in the "Auth Beg" and "Auth End" fields.
- Enter the correct procedure code (OF222 for home delivered meals, OH113 for Adult Day Services).
- Press Enter.

Note: This example uses the home delivered meals (OF222) procedure code

```
AATH _____        Special Payments                    07/14/2011

Trans Typ A          Upd Date  07/14/2011  Upd RACF        Not on file
Vch Nmbr  00000000   Prcs Tran
Prim Id              Recip
Prov Nmbr            Prov Name                           City/St PORTLAND, OR
Svc Cat              Auth Beg  110601        Auth End 110630
                     Contact Br 0911         Auth Wkr  ___

 Proc   Description              Units     Unit Type      Rate        Line Tot
 of222




                  Tot Svc Units    0.00              Auth Clm       0.00

Err Code:
Msg: P173 Must enter both Begin and End dates

  F3=Exit                                              F11=APAY  F12=HINQ
```

- Enter the number of units (meals or days) the individual is authorized to receive.
- Press Enter.

```
AATH _____          Special Payments               07/14/2011

Trans Typ A          Upd Date  07/14/2011  Upd RACF        Not on file
Vch Nmbr  00000000   Prcs Tran
Prim Id              Recip
Prov Nmbr            Prov Name                         City/St PORTLAND, OR
Svc Cat APD    Auth Beg   11/06/01    Auth End 11/06/30
               Contact Br 0911        Auth Wkr ___

   Proc    Description          Units    Unit Type     Rate     Line Tot
   OF222   HDM includes prep    █ 0.00   Event        9.5400       0.00




               Tot Svc Units     0.00                 Auth Clm     0.00

Err Code:
Msg: P227 Enter hours/mileage

  F3=Exit                                          F11=APAY  F12=HINQ
```

- Key "Y" at "Add Vchr to File" and "Y" at "Prnt 598B" If Prnt 598b is not changed to "Y" the voucher will not print.
- Press enter.

```
AATH _____          Special Payments               07/14/2011

Trans Typ A          Upd Date  07/14/2011  Upd RACF        Not on file
Vch Nmbr  00000000   Prcs Tran
Prim Id              Recip
Prov Nmbr            Prov Name                         City/St PORTLAND, OR
Svc Cat APD    Auth Beg   11/06/01    Auth End 11/06/30
               Contact Br 0911        Auth Wkr

   Proc    Description          Units    Unit Type     Rate     Line Tot
   OF222   HDM includes prep    31.00    Event        9.5400     295.74




               Tot Svc Units     0.00                 Auth Clm   295.74

Err Code:                              Err Stat:
Msg:
QUES  ADD VCHR TO FILE? Y/N    ANSW y   PRNT 598B? y 11/07/14    MAIL BR? N
  F3=Exit                                          F11=APAY  F12=HINQ
```

Authorization has been added

```
AATH _____        Special Payments                      07/14/2011

Trans Typ A        Upd Date  07/14/2011  Upd RACF       Not on file
Vch Nmbr  00000000  Prcs Tran
Prim Id            Recip
Prov Nmbr          Prov Name                        City/St PORTLAND, OR
Svc Cat APD   Auth Beg  11/07/01     Auth End 11/07/31
              Contact Br 0911        Auth Wkr ___

 Proc    Description        Units     Unit Type       Rate       Line Tot
 OF222   HDM includes prep  31.00     Event          0.0000         0.00




            Tot Svc Units    0.00                   Auth Clm       0.00

Err Code:
Msg: 83  Vchr record 11063653 added

  F3=Exit                                          F11=APAY  F12=HINQ
```

Example: Issue authorization for home delivered meals and adult day services when there **is** a previous authorization

☐ On a blank mainframe screen key aath,Prime#,Provider#
☐ Press Enter.

```
aath,        ,
```

- Type "Y" at "Add Vchr to File" and "Y" at "Prnt 598B"
- Press Enter.

- Authorization has been added

Section 5:

Adjusting/Deleting Authorizations

Provider Payment Adjustments

Adjustments

There are several types of provider payment adjustments: Underpayments, overpayments, and rates. Adjustments are required because a provider was not paid enough (underpayment), was paid too much (overpayment), or was paid at the wrong rate of pay.

Underpayments Prior to Phase 2A Go-Live: Underpayments for entries worked before Phase 2A Go-Live will be completed using the current process except that:
- ◦ The batch will be pulled by the PTC Support Team and emailed to the local office for processing.
- ◦ Remember that this process involves a referral to the Provider Relations Unit (PRU).

Underpayments after Phase 2A Go-Live: Underpayments for entries worked for service period beginning July 28, 2024, will be automatically processed if the hours are within the authorized hours. .

Reasons for Underpayments:
An underpayment occurs when a provider was not paid for all the authorized hours they worked. There are many reasons for an underpayment, but typically, they happen for the following reasons:
- An HCW entered historical time in PTC after they were already paid.
- An HCW worked extra hours because of an emergency and the authorization was not updated timely by the local office.
- An HCW claimed mileage after they were already paid.
- An HCW works more hours than authorized because they are covering another shift and the authorization is not updated before the pay process date.
- The local office did not enter or update a service authorization timely.
- The local office did not enter all the time entry information into STIM accurately (for entries worked before PTC Phase 2A).

Overpayments Prior to Phase 2A Go-Live: Overpayments for entries worked before 7/28/24 and received in a payroll batch via email from PTC Support:
- Cancel or edit the entry in PTC.
- Correct the entry in STIM based on the new payroll batch sent by PTC Support.
- Edit the voucher down to the approved authorized hours/miles. Before the voucher can be edited in UATH, staff must make the entry changes in PTC first.
- Report overpayment to PRU.

Overpayments After Phase 2A Go-Live: Overpayments for entries worked on or after 7/28/24 and processed automatically:
- Cancel or edit the entry in PTC. The time/mileage will be backed out of STIM through automated processes.

1. Edit the voucher down to the approved authorized hours/miles. If the voucher must be voided, the approved authorized hours/miles. If the voucher must be voided, the entries must be cancelled in PTC first.
2. Report overpayment to PRU.

Reasons for Overpayments: An overpayment occurs when a provider was paid for more hours than they should have been. There are many reasons for an overpayment, but typically, they happen for the following reasons:
- A HCW forgot to clock-out on time when their shift ended and they were paid before they adjusted their time entry in PTC.
- A HCW claimed time during a period the consumer not eligible for IHC services including the consumer being out of the home (at the hospital or CBC setting) or having passed away.
- A HCW claims time for services that are not authorized tasks for the consumer.
- A HCW claimed time they did not work. This could be Medicaid fraud. Refer to the Medicaid fraud section for more information.
- The local office did not enter information in STIM accurately (for entries worked before PTC Phase 2A).

Incorrect hourly rate: Some HCWs will qualify to receive a rate greater than the base rate. If a HCW qualifies for a higher rate and is only paid at the base rate, the HCW has not been paid at the correct hourly rate. This happens when the new rate is not correctly reflected in the system, most often because it has not been added to a new HCW's credentials.

To correct this, please contact the Oregon Home Commission at Certifications.OHCC@odhsoha.oregon.gov to verify the status of the individual's certification and to request a rate adjustment, if needed.

How to process an adjustment:
Only Local Office staff can edit a time entry once the entry is downloaded in a batch report. When an entry is edited it shows as two entries on the batch report.
- There is a negative entry backing out the original that was determined to be incorrect and then a second entry that is reflective of the correct entry.

An adjustment occurs when the HCW submits a 'historical' time entry or reports a change to time entry that has already been downloaded after the voucher has been paid.
- There will be nothing identifying them as an adjustment or adjusted entry in the batch report when it is emailed by the PTC Support Team.

To process an adjustment Local Office will need to have the voucher number and entries that are being adjusted.
- On a blank mainframe screen type HINQ,V,Voucher# and press enter.
- On the XXXX screen move the cursor to the field to the left of the voucher and mark it with T and press enter.

If the voucher is for a service period prior to July 28, 2024:
On the STIM screen, move the cursor to the Adjustment Field, change the N to a Y and press enter – this will 'unlock' the time entry portion below.
- If the voucher has already had an adjustment started, the user will need to enter 0's over each character in the ICN to unlock the time entry portion.
Using the downloaded batch entries, compare the information on the STIM screen.
- If there is an entry on a day the provider did not work change the date field to XX.
- If a date needs to change, enter the correct date over the old date.
- If a time in, time out, AM or PM needs to be changed, enter the correct information in the appropriate field.
- Pressing enter will resort the STIM screen to reflect the changes, pressing F9 will save changes.
When changes have been entered and saved a completed 287 must be sent to PRU.
- The 287 summarizes the changes that were made so STIM based on what was downloaded from PTC.
PRU will ensure the changes on the 287 are reflected on STIM and update the status of the voucher so the adjustment is ready to pay.

Ready to Pay Adjustments are currently picked up in a nightly payroll batch cycle, that means that every night after a change is saved by PRU the system will process a payment.

- Please contact PRU if you have any questions about how to fill out these forms:
    - SDS 0278A: CEP and In-Home Care Agency Adjustment Request
    - SDS 0278B: CEP Overpayment Request form
    - APD 0278G: OPI Adjustment Request Underpayment form
    - APD 0287H: OPI Adjustment Request Overpayment form

When filling out adjustment requests, please note the following:

- Fill in all areas on the form, including worker information, consumer and provider information, authorization information and the reason for the adjustment. All information is required on the form in the event of an audit. Forms submitted with missing information will be returned for completion.

- You may enter more than one authorization per request if the consumer and provider are the same for each authorization.

In the mainframe, when an authorization for a current pay period or the next pay period (if ONGO has created the authorization) needs to be adjusted or modified, the authorization can be edited in UATH. The authorization only needs to be voided/reissued if the client is changing service codes (ie, OP332 to OP334, OC111 to OP334, etc.) or providers. If mileage needs to be removed, the voucher will need to be voided/reissued without mileage and the ONGO closed and a new ONGO created without mileage.

This business process covers ending authorizations for different scenarios, see 1.5 Ending Authorizations (including Expirations, Terminations, and Unlinking).

HATH/OATH/MATH
HATH is used for HCWs who are authorized to provide services for individuals receiving APD In-home services or State Plan Personal Care.
OATH is used for HCWs who are authorized to provide services for individuals under Oregon Project Independence.
MATH is used for Personal Care Attendants (PCAs) under the Health Systems Division.

The following examples use the OATH screen. HATH and MATH have the same process.

To delete an authorization in the mainframe:

On a blank mainframe screen, type OATH/HATH/MATH, authorization#

Press Enter.

oath,

Note: Prcs Trans is a 30 status. You can only delete authorization if the "Prcs Trans" is 30. If the Prcs Trans is 35, see the below section on HPAY/OPAY/MPAY

```
OATH                  OPI Service Authorization Detail        07/15/2011
Trans Typ D           Upd Date  07/15/2011  Upd RACF
Vch Nmbr              Prcs Tran 30
Prim Id               Recip
Prov Nmbr             Prov Name                   City/St
    Service  Auth Beg  11/06/01    Auth End 11/06/30   Lst Work 00/00/00
    Cat OPI  Contact Br 3412       Auth Wkr
    Hrly/Hrly Paid Leave (Y/N)  Y
    Chore (Y/N)                 N
    Mileage (Y/N)               Y    Pub Trans Allowance (Y/N)  N
    Live-in (Y/N)               N    Days work per wk:   7  6  5  2  1

        Proc      Description    Units/Mil    Rate    Line Tot
        OP334 ADL Full Assist      10.00    10.2000    102.00
        OP334 ADL Subst Assist     10.00    10.2000    102.00
        OP336 Mileage/Pub Trans    10.00     0.4850      4.85


            Tot Svc Units   20.00  Auth Clm    208.85
Err Code:
Msg:
QUES  DEL VCHR FRM FILE? Y/N  ANSW y
```

Key "D" in the "Trans Typ", then press Enter.
The system will ask "Del Vchr frm File?"

Key "Y" and press enter.

```
OATH                     OPI Service Authorization Detail          07/15/2011
Trans Typ I          Upd Date  07/15/2011  Upd RACF
Vch Nmbr             Prcs Tran 10
Prim Id              Recip
Prov Nmbr            Prov Name                        City/St
    Service  Auth Beg  11/06/01    Auth End 11/06/30   Lst Work 00/00/00
    Cat OPI  Contact Br 3412        Auth Wkr ___
    Hrly/Hrly Paid Leave (Y/N)  Y
    Chore (Y/N)                 N
    Mileage (Y/N)               Y    Pub Trans Allowance (Y/N)  N
    Live-in (Y/N)               N    Days work per wk:   7 _ 6 _ 5 _ 2 _ 1 _

       Proc      Description    Units/Mil    Rate    Line Tot
       OP334 ADL Full Assist      10.00    10.2000     102.00
       OP334 ADL Subst Assist     10.00    10.2000     102.00
       OP336 Mileage/Pub Trans    10.00     0.4850       4.85



            Tot Svc Units   20.00  Auth Clm    208.85
Err Code:
Msg: 82  Vchr record voided/deleted
```

Authorization is deleted. Once authorization is deleted, the "Prcs Trans" is automatically changed to 10.

Note: If an authorization is deleted by mistake, it cannot be recovered; the authorization would need to be recreated.

If you try to void a voucher in mainframe that has all the entries canceled in PTC, you will receive an error message that reads "Canceled entries exist in PTC, voucher voided 17 status". This means that instead of a 10 status, a voided voucher with cancelled entries will show as a 17 status in Mainframe.

```
HATH [        ]          In-home Service Authorization            05/20/2024
Trans Typ I           Upd Date  05/20/2024  Upd RACF HUS [ ]    Not on file
Vch Nmbr              Prcs Tran 17
Prim Id    T          Recip     TH
Prov Nmbr  8          Prov Name  RI                     City/St FLORENCE, OR
     Service   Auth Beg   24/04/07    Auth End  24/04/20   Lst Work  00/00/00
     Cat APD   Contact Br 2818        Auth Wkr  999    NORTH/NEPORTLAND DSO/AS
     Hrly/Hrly Paid Leave (Y/N)  Y    Spousal Pay (Y/N)       N
     Live-In (Y/N)  N Days per wk: _  Days work: Su _ M _ T _ W _ Th _ F _ S _
     Live-in - Leave (hours)     0    Reg Live-in Prov Nmbr _____
     MHD/DD Pers Care Prov (Y/N)  N   CIIS (Y/N)  N    Behav Spt (Y/N)  N
     Mileage (Y/N)              Y    Pub Trans Allowance (Y/N)  N
        Proc       Description     Units/Mil    Rate    Line Tot
        OC111 Hourly ADL/IADL        10.00    20.5000    205.00
        OT111 Mileage/Pub Trans      10.00     0.5600      5.60



              Tot Svc Units   10.00  Auth Clm    210.60
Err Code:
Msg: JH104 Canceled entries exist in PTC, vchr voided(17) status

                           PF6=Get Date Range    PF10=SVDQ
4-©              1 Sess-1      127.0.0.1             HTCPWLP5          1/7
```

When hours authorized have changed via an APD 0546N or 0546SF (short form)
submitted to an authorization by the case manager, you must change the hours
on the plan for that date. This means you must edit the authorization by following the
directions provided.
If the HCW is no longer working as a provider and the provider qualifies for an
emergency payroll batch, see transmittal APD-IM-24-061 Provider Last Day Worked
and Emergency Batches for more information.

Code Statuses–

- 10 – Voucher voided
- 17 –Voucher voided w/ canceled entries in PTC
- 24 – Authorization credit ready to pay
- 30 – Voucher in authorized status
- 35 – Voucher in ready to pay status
- 36 – Voucher in paid status (meaning central office ran the check or direct deposit and it has been mailed)
- 45 – Adjustment approved to pay
- 46 – Voucher adjustment paid
- 47 – Authorization adjustment zero paid

If the voucher is edited in Mainframe, the updates will come through to the
corresponding authorization in PTC. To confirm the updates in PTC, use the

Authorizations Widget on the Dashboard. Type the consumer's name and the relevant date in the authorizations widget and click Search to pull up authorization information.

Splitting Authorizations

Sometimes, authorizations must be split up within a pay period. This can happen for several reasons, such as a program change or update in eligibility status.
Ideally, the consumer should provide direction on how many hours are needed between the split pay periods. Otherwise, the hours are calculated as follows:

- Take the total hours and divide by 14 = Total hours per day.
- Take the total hours per day and multiply by how many days you are including in the authorization = Total hours
  for the break down.

See transmittal [APD-IM-23-102 Process for Splitting Vouchers for more information](#).

AATH

Delete an authorization for the following provider types:
- Home delivered meals
- Adult day services

Note: You can only delete an authorization if the "Prcs Tran" is 30

On a blank mainframe screen, type AATH,authorization# then press Enter
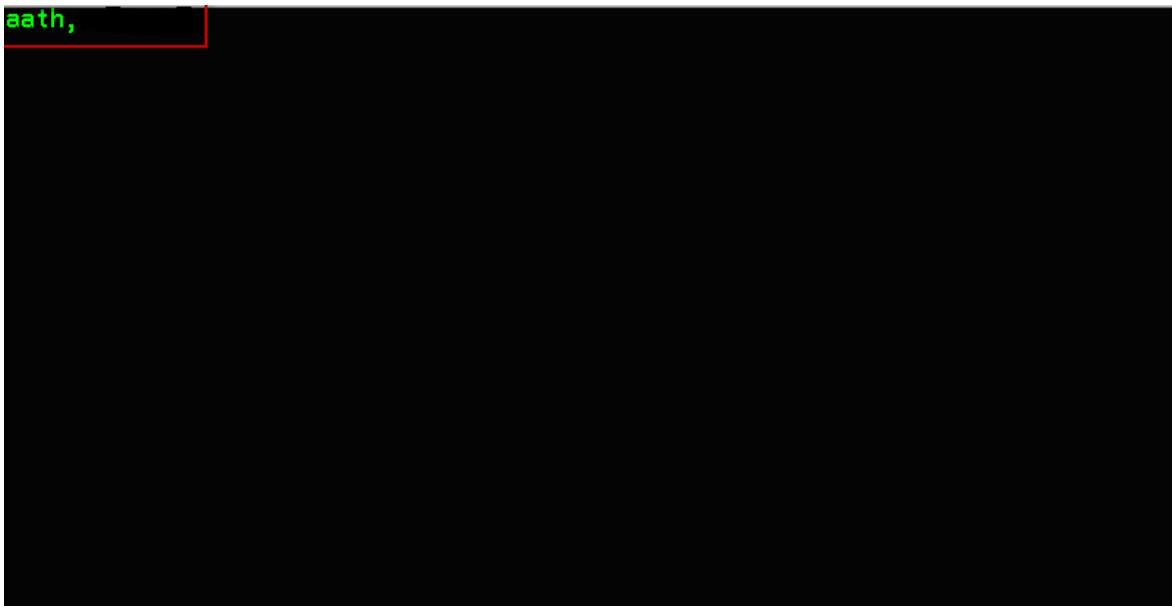
Key "D" at "Trans Typ"
Press Enter.
At the bottom of the screen, the system will automatically ask
 "Del Vchr frm File?"
Key "Y", then press Enter

```
AATH _____        Special Payments            07/15/2011

Trans Typ D           Upd Date  07/15/2011  Upd RACF
Vch Nmbr              Prcs Tran  30
Prim Id               Recip
Prov Nmbr             Prov Name                    City/St
Svc Cat APD    Auth Beg   11/06/01    Auth End 11/06/30
               Contact Br 0911         Auth Wkr

  Proc    Description         Units    Unit Type      Rate     Line Tot
  OH111   In-Home Care IADL   30.00    Hours         19.9800     599.40




            Tot Svc Units    0.00                 Auth Clm    599.40
 Err Code:
 Msg:
 QUES  DEL VCHR FRM FILE? Y/N   ANSW y
  F3=Exit                                      F11=APAY   F12=HINQ
```

The authorization is deleted. Once authorization is deleted, the "Prcs Trans" will automatically change to a 10.

Note: If an authorization is deleted by mistake, it cannot be recovered; the authorization would need to be recreated.

To create a new ongoing authorization, case managers must provide voucher specialists with a new APD 0546N form.

Authorization specialists create the ongoing authorization by typing HATH/MATH/OATH,Prime#,Provider#,Branch#

Staff must then complete the screen based on the 0546N provided.
Staff will select "YES / YES" on the options to add authorization file and print 598.
They will then see a message alerting them a new Ongoing Auth has been created.
When an ongoing authorization is created, it will default the authorization as an even split of hours (shown below).
To change the hours authorized in each half of the month, type in the correct amount in the units field to the right of the service description.
When the correct units are displayed, press enter to update the screen,
then press F9 to save.

```
AATH  _____         Special Payments                    07/15/2011

Trans Typ I          Upd Date  07/15/2011   Upd RACF
Vch Nmbr             Prcs Tran 10
Prim Id              Recip
Prov Nmbr            Prov Name                         City/St
Svc Cat APD    Auth Beg  11/06/01    Auth End 11/06/30
               Contact Br 0911        Auth Wkr ___

   Proc    Description          Units    Unit Type      Rate      Line Tot
   OH111   In-Home Care IADL    30.00    Hours         19.9800     599.40




               Tot Svc Units    0.00                 Auth Clm     599.40

Err Code:
Msg: 82  Vchr record voided/deleted

   F3=Exit                                        F11=APAY   F12=HINQ
```

99

Section 6:

Paying Vouchers & Suspense Errors Authorizations for Hourly Homecare Workers

Providers enter their time into PTC. General information about PTC can be found at PTC.Oregon.gov.

In order to pay claims for time/mileage entries that were worked before July 28, 2024 but entered into PTC after Phase 2A go-live:

- A designated email inbox for your office will receive payroll batches from the PTC Support Team.
- Your branch's entries must be entered into STIM by designated staff in your local office.
- If your branch does not handle payroll entry, then the office that does handle them will receive the batch files.
- The email address that receives batches has been assigned to your office. Please see the transmittal: APD-IM-24-025 New Payroll Email Addresses for more information.

Entries made for time/mileage worked **after** July 28, 2024:
- The PTC Support Team will run payroll batches daily
- Payroll batches will be processed automatically in STIM
- Staff can view these entries in STIM but cannot make changes

STIM

The STIM screen in Mainframe is where all entries worked prior to the PTC Phase 2A Go-Live service period of July 28, 2024 must still be entered. Entries needing manual entry into STIM will be emailed in payroll batches by the PTC Support Team for up to one year after Go-Live. Entries worked after PTC Phase 2A Go-Live will be processed automatically.

STIM,voucher#

```
 STIM    Voucher:         ICN: 0000000000000 Svc Period: 04/28/2019 05/11/2019
         Recipient Name:                      Recipient:        Page 001
 STA: 30 Provider Name:                        Provider#:          Wkr
 Authorized:  ADL:    50.00  IADL:    0.00  24HR SUPP:   0.00  MILEAGE:   15
 Miles Driven: 0015    Void PMT: N ADJ Time:   N                    BR: 0313
       Time AM Time  AM Work        |     Time  AM Time  AM Work
  Day  In  PM Out    PM  Hrs        | Day  In   PM Out   PM  Hrs
  28  0800  A 1200   P   4.00       |  29 0800   A 1200   P   4.00
  28  0100  2 0500   2  ____        |  _  ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
  __  ____  A ____   A  ____        |  __ ____   A ____   A  ____
 Msg G3  Press F9 to save  /  ENTER to edit
  ADL=008.00(008.00)  IADL=000.00(000.00)  24HR=000.00(000.00)  MILE=0015
 F3=Exit  F5=Refresh  F7=Prev  F8=Next  F9=Save  F10=PAY    F11=HINQ  F12=STIQ
```

Key in the day, time in/time out, and AM/PM or you can do a 7 for AM or an 8 for PM for each line as indicated on report.

Pressing F9 will save the work that has been completed. This feature may be utilized when it is expected that more time entries will be entered later, **however, claims that are only saved will not process for payment**. Time entries that have been saved in STIM but not finalized by updating the status to ready to pay can be viewed in the STIQ screen. The STIQ screen should be regularly checked and vouchers worked to ensure that all claims are entered and paid.

STIQ

STIQ Screen Search Parameters and Updates

The STIQ screen changes for PTC Phase 2A Go-Live take effect July 22, 2024, and display errors from PTC to be resolved as well as display vouchers with time entered but not paid yet.

The STIQ screen allows users the ability to search by branch (Br), voucher number (Vchr), voucher date range (VchrDt), prime number (Prime), or provider number (Prv).

Staff may also complete a search by Br and VchrDt at the same time (note that when a date is entered, the branch must also be entered). When this type of search is completed, the results will display only the vouchers in that branch that has a day in that pay period.

When completing a search with multiple search results, STIQ will sort the vouchers by pay period. For example

```
STIQ                    Time  Processing  Inquery  Screen              10/04/2024
  Br  2411     Vchr _____    VchrDt  MM/DD/CCYY    Prime _____    Prv _____
  Display  Adjustments?  Y/N  N           Selection  Code:  T=Time  Entry    S=CEP  Screen
          Suspended?    Y/N  Y
                                                                              Prcs
          Voucher    Serv  Begin  Serv  End    Prime        Provider  Branch   Hours   Trans
    __   24237530   05/08/2024  05/21/2024  xxx111x1    111111    2411           36
    __   24216282   04/10/2024  04/23/2024  yyy222y2    999999    2411           30
    __   24176900   04/10/2024  04/23/2024  zzz333z3    113113    2411           30
    __   24160097   03/27/2024  04/09/2024  xyx121xU    119119    2411           30
    __   24134420   03/13/2024  03/26/2024  xyz232y2    911911    2411           30
```

Additional changes:
- By default, search results will display by branch and suspended vouchers.
- Search results will not include any adjustments that are in process.
- If adjustments need to be viewed, change the Adjustments? To "Y" and the Suspended? To "N".
- Last UPDT and UPDT ID have been removed to add Hours and Prcs Trans

STIQ – Prior to PTC Phase 2A Go-Live Entries

If "Adjustments?" Is an "N" and "Suspended?" Is an "N" then vouchers displayed have time entered but are not in Ready to Pay status (Prcs Tran 35). To remove an entry from this list, pay the voucher or remove all time and void the voucher. The voucher will be removed when F5 is hit to refresh. Note: Post PTC 2A Go-Live vouchers will only display if there is a delay between receiving entries from PTC and pay processing.

```
STIQ                    Time  Processing  Inquery  Screen              10/04/2024
  Br  2411     Vchr _____    VchrDt  MM/DD/CCYY    Prime _____    Prv _____
  Display  Adjustments?  Y/N  N           Selection  Code:  T=Time  Entry    S=CEP  Screen
          Suspended?    Y/N  N
                                                                              Prcs
          Voucher    Serv  Begin  Serv  End    Prime        Provider  Branch   Hours   Trans
    __   24237530   05/08/2024  05/21/2024  xxx111x1    111111    2411    005.02    30
    __   24216282   04/10/2024  04/23/2024  yyy222y2    999999    2411    100.10    30
    __   24176900   04/10/2024  04/23/2024  zzz333z3    113113    2411    089.00    30
    __   24160097   03/27/2024  04/09/2024  xyx121xU    119119    2411    009.98    30
```

As a reminder, as time entries are completed in the STIM screen for hours worked before July 28, 2024, the user may save their work by pressing F9. Each

voucher/authorization that is saved can be accessed on the STIQ screen. Typing 'T' next to the line item and pressing enter takes the user back to the STIM screen and allows the user to enter in more time. Typing "S" allows the user to update the status of the authorization/voucher on the payment screen (HPAY/MPAY/OPAY).

Pressing F10 will enter into the final payment screen (HPAY, OPAY, or MPAY).

```
HPAY                     In-home Service Payment                   05/23/2019
Trans Type C        Upd Date   05/23/2019 Upd RACF        Not on file
Vch Nmbr            Prcs Trans 30 EOB

Prime #                                  Prov Nmbr
Recip Name                               Prov Name
                                         Prov Str
                                         Prov City/ST SWEET HOME, OR
                                         Prov Zip     97386-0000

Forc Pay _                     Authorized          |          Adjudicated
Lst Work 00/00/00       Beg 19/04/28 End 19/05/11  | Beg 19/04/28 End 19/05/11
Proc     Desc           Units    Rate     Total    | Units    Rate     Total
OC111 Hourly ADL/IADL   50.00  14.6500   $732.50   | 50.00  14.6500   $732.50
OT111 Mileage/Pub Tra   15.00    .4850     $7.28   | 15.00    .4850     $7.28
                                                   |
                                                   |
                                                   |
                                                   |
                                                   |
Err Cd:                     Tot Auth    $739.78    |        Tot Clm    $739.78
Msg: 30  Vchr in authorization status
Msg: P306 If information is correct, press Enter to process

        F3=Exit    F5=SVDQ                      F10=STIM  F11=HINQ
```

The hours and mileage from the STIM screen will pull into this screen. Completing the process by following the screen prompts will put the claim in "ready to pay" status (status 35).

Funds will be released on the payment processing date. If a payment has been made, the status will change from 35 to 36. The payroll calendar indicates the payment processing dates, which is found here.

If a payment is in "ready to pay" status, but more STIM entries are needed, or existing entries need to be modified, the payment must be deleted. This topic is covered under the Adjusting Authorizations section.

```
HPAY                       In-home Service Payment                    05/23/2019
Trans Type C        Upd Date  05/23/2019 Upd RACF        Not on file
Vch Nmbr            Prcs Trans 35 EOB

Prime #                                      Prov Nmbr
Recip Name                                   Prov Name
                                             Prov Str     PO BOX 343
                                             Prov City/ST SWEET HOME, OR
                                             Prov Zip     97386-0000

Forc Pay                       Authorized         |         Adjudicated
Lst Work 00/00/00     Beg 19/04/28 End 19/05/11 | Beg 19/04/28 End 19/05/11
Proc      Desc        Units   Rate      Total   | Units    Rate      Total
OC111 Hourly ADL/IADL 50.00  14.6500  $732.50   | 50.00  14.6500   $732.50
OT111 Mileage/Pub Tra 15.00   .4850     $7.28   | 15.00   .4850      $7.28
                                                |
                                                |
                                                |
                                                |
                                                |
Err Cd:                     Tot Auth   $739.78  |      Tot Clm    $739.78
Msg: There is an existing valid ONGO record
Msg: 35  Vchr in ready to pay status

      F3=Exit    F5=SVDQ                        F10=STIM  F11=HINQ
```

This screen indicates that the payment is now in ready to pay status (35).

STIQ – After PTC Phase 2A Go-Live Entries

If the "Suspended?" field is "Y" vouchers will display that have time or mileage entry errors in PTC. These entry errors are only for service periods worked after Phase 2A Go-live.

```
STIQ                    Time Processing Inquery Screen            10/04/2024
  Br  2411      Vchr  _____    VchrDt MM/DD/CCYY    Prime _____   Prv _____
  Display Adjustments? Y/N N              Selection Code: T=Time Entry   S=CEP Screen
          Suspended?    Y/N Y
                                                                          Prcs
      Voucher    Serv Begin  Serv End    Prime     Provider  Branch  Hours Trans
   _  24237530  05/08/2024  05/21/2024  xxx111x1   111111    2411           36
   _  24216282  04/10/2024  04/23/2024  yyy222y2   999999    2411           30
   _  24176900  04/10/2024  04/23/2024  zzz333z3   113113    2411           30
   _  24160097  03/27/2024  04/09/2024  xyx121xU   119119    2411           30
   _  24134420  03/13/2024  03/26/2024  xyz232y2   911911    2411           30
```

To see the error type any character on the left of the entry and hit <ENTER>. The Time Entry Suspense Screen (STSS) will display the errors
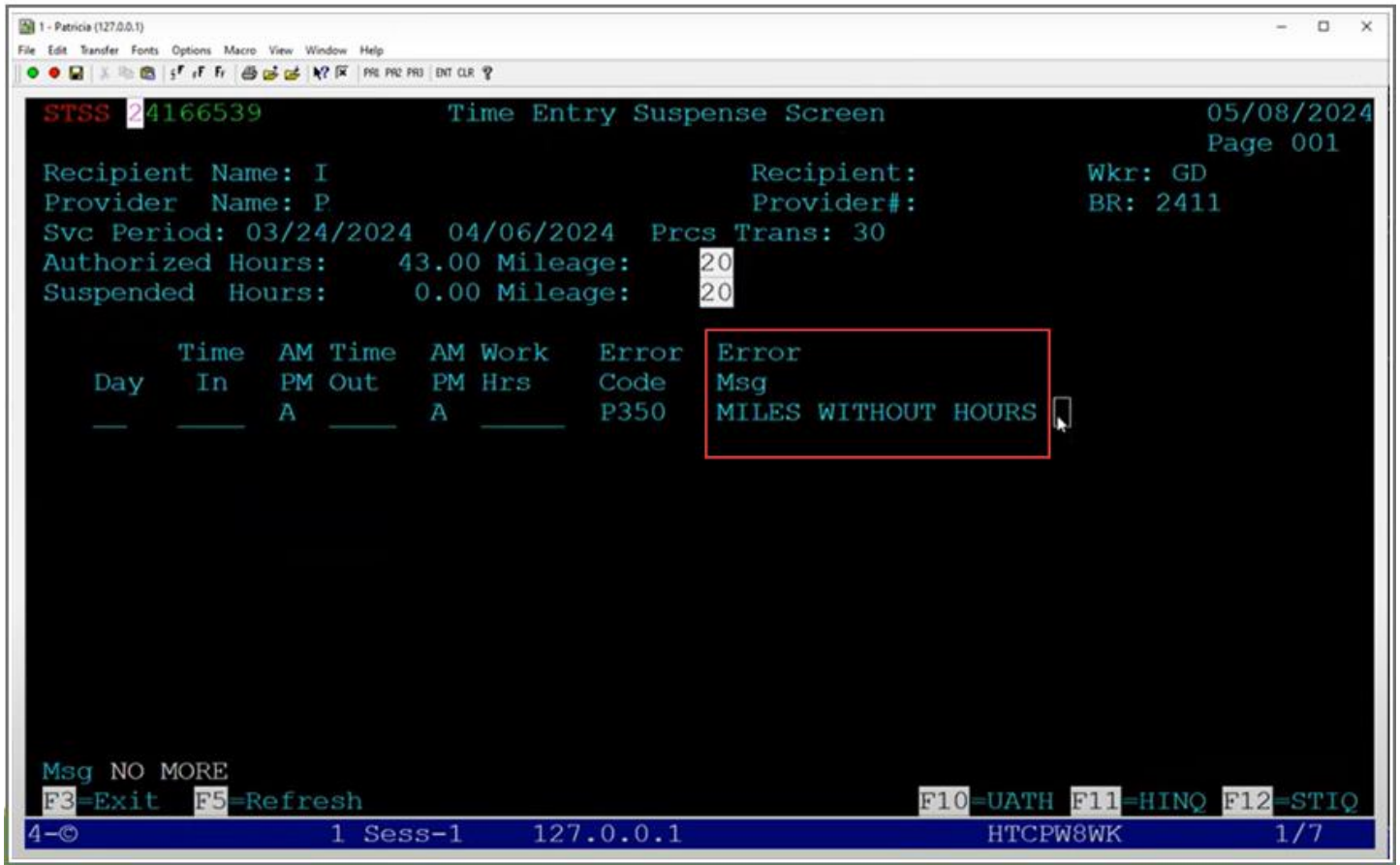
The most common errors include:

P350 Miles Without Hours
- Per policy, mileage cannot be claimed without hours also being claimed for that pay period.
- If a mileage entry comes through in a batch, but no hourly entries were made for that pay period, then the mileage entry will be suspended in the STIQ screen. Details can be found on the STSS screen.
- In this situation, the local office will need to cancel the mileage entries and ask the provider to resubmit their mileage and submit time entries in OR PTC DCI for the pay period.

P351 Miles field has decimals/non-numeric
> If a provider inputs mileage as a decimal instead of a whole number, this will not go through to STIM.
- For mileage entries worked after Phase 2A Go-Live, all mileage entries for a single pay period will be rolled up into one entry.

- Any mileage entries entered as a decimal amount will not come through for payment in STIM.
- The decimal mileage entry will show on the STIQ screen as a suspense error and the entry details will be viewed on the STSS screen.
- The local office staff member must cancel all mileage entries in OR PTC DCI for that pay period. The local office staff member must then recreate one mileage entry that equals the total mileage claimed rounded up to the nearest whole number.
- See [APD-IM-24-027 Miles in Whole Numbers in OR PTC DCI](#) for more information.

Entry amount exceeds remaining balance error:
- If a provider makes an entry for more than the remaining balance on the authorization, it will go to the STIQ screen as an error.
- For this error to occur, the entry would have to be made around the same time that the authorization is being edited down.
- If the entry needs to be approved, the voucher must be edited to accommodate the entry. This will result in an underpayment, which will be processed automatically.
- If the entry should not be approved, local office staff should cancel or edit the entry in OR PTC DCI to be within the authorized hours.
- This type of error should be rare and you should contact the PTC Support Team.

There are other errors that are rare and if they are encountered, please contact the Service Desk.

STIQ – Adjustments

To see the vouchers that have been paid but have time that has been added/edited or removed but has not been adjusted, type a "Y" in Adjustments? And a "N" in Suspended? After PTC 2A Go-Live, the most common adjustments, will be

overpayments.

HPAY/OPAY/MPAY/APAY

The process is the same to erase a payment on HPAY, OPAY, MPAY, or APAY.
Note: Local offices are still responsible for paying vouchers for service dates prior to July 28, 2024. For service dates on or after July 28, 2024, payments coming from PTC will be handled automatically. This is only for HPAY, OPAY and MPAY.

HPAY:
- Hourly homecare workers
- Spousal pay

OPAY:
- OPI homecare workers

MPAY
- PCA workers

APAY:
- Home delivered meals
- Adult day services

On a blank mainframe screen, key one of the following depending on what type
of payment is being deleted:

HPAY,authorization# then press Enter
OPA,authorization# then press Enter
MPAY,authorization#then press Enter
APAY,authorization# then press Enter

```
hpay,
```
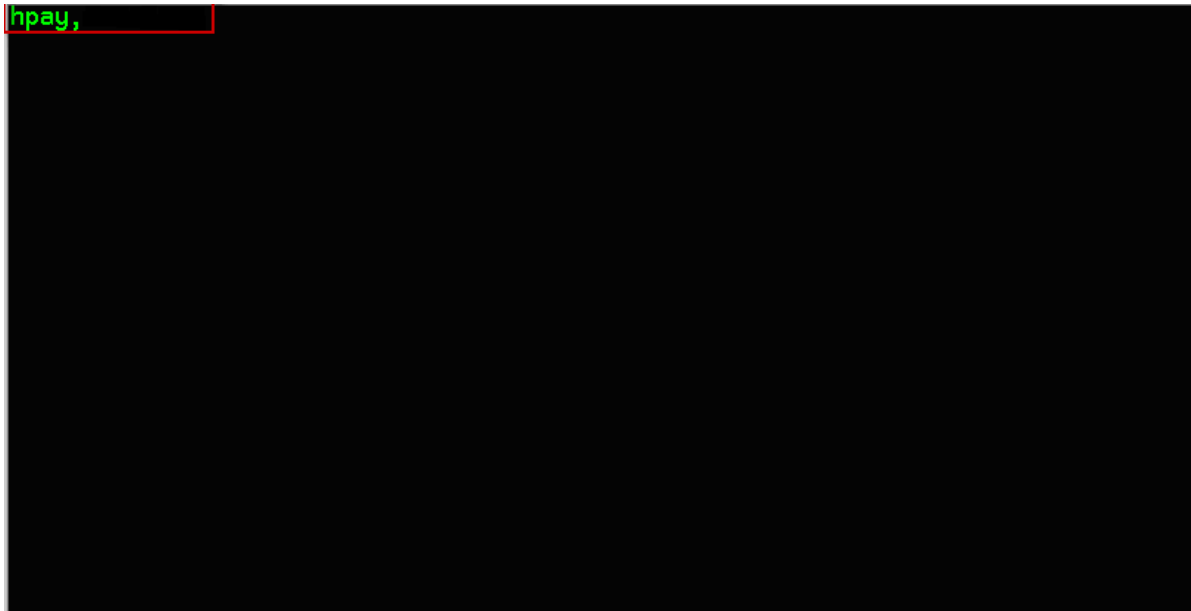
Key "E" at "Trans Type" and press enter.
At the bottom of the screen, the system will ask "Erase/Cancel Payment?"
Key "Y" and press Enter.

```
 1 - DHR.HEP (127.0.0.1)                                              —    □    ×

File  Edit  Transfer  Fonts  Options  Macro  View  Window  Help

□ ● 🖫 | ✂ 🖹 📋 | ₷F FF FF | 🖨 🗁 🗁 | ▶? ⌧ | PA1 PA2 PA3 | ENT CLR | ☺ | ● ✎ 🗛 ？ 🔍

HPAY  _____              In-home Service Payment                 12/24/2018
Trans Type I       Upd Date   12/19/2018 Upd RACF
Vch Nmbr           Prcs Trans 36 EOB


Prime #                           Prov Nmbr
Recip Name                        Prov Name
                                  Prov Str
                                  Prov City/ST SAINT HELENS, OR
                                  Prov Zip     97051-0000


Forc Pay                     Authorized         |       Adjudicated
Lst Work 00/00/00       Beg 18/11/25 End 18/12/08 | Beg 18/11/25 End 18/12/08
Proc       Desc         Units   Rate     Total  | Units   Rate      Total
OC111 Hourly ADL/IADL   16.00  14.6500  $234.40 | 16.00  14.6500   $234.40
OT111 Mileage/Pub Tra    3.00    .4850    $1.46 |  3.00    .4850      $1.46
                                                |
                                                |
                                                |
                                                |
                                                |
Err Cd:                     Tot Auth    $235.86 |       Tot Clm     $235.86
Msg: 09  Stat code not valid for trans (36)
Msg: There is an existing valid ONGO record


       F3=Exit    F5=SVDQ                    F10=STIM  F11=HINQ
4-©              1 Sess-1    127.0.0.1                      DOC»    1/7
```

You cannot touch this one because it has code 36.

The one below you can:

```
1 - DHR.HEP (127.0.0.1)                                              —   □   ✕

File  Edit  Transfer  Fonts  Options  Macro  View  Window  Help

□ ● 🖫 | ✂ 🗈 📋 | ₅F ꜰF FF | 🖨 🗗 🗗 | ▶? ✗ | PA1 PA2 PA3 | ENT CLR | ☺ | ● ✎ 🔍 ? 🔍

HPAY _____           In-home Service Payment                12/24/2018
Trans Type C       Upd Date   12/24/2018 Upd RACF
Vch Nmbr           Prcs Trans 35 EOB


Prime #                              Prov Nmbr
Recip Name                           Prov Name
                                     Prov Str
                                     Prov City/ST SCAPPOOSE, OR
                                     Prov Zip     97056-0000


Forc Pay                       Authorized       |      Adjudicated
Lst Work 00/00/00       Beg 18/12/09 End 18/12/22 | Beg 18/12/09 End 18/12/22
Proc     Desc           Units   Rate      Total  | Units   Rate      Total
OC111 Hourly ADL/IADL   30.00  14.6500   $439.50 | 30.00  14.6500   $439.50
                                                 |
                                                 |
                                                 |
                                                 |
                                                 |
                                                 |
Err Cd:                    Tot Auth    $439.50 |      Tot Clm     $439.50
Msg: There is an existing valid ONGO record
Msg: 35  Vchr in ready to pay status


        F3=Exit    F5=SVDQ                      F10=STIM   F11=HINQ

4-©              1 Sess-1    127.0.0.1                      DOC»    1/7
```

Payment is erased. Once the payment has been erased, the "Prcs Trans"
of the authorization will automatically change to 30.

111

```
1 - DHR.HEP (127.0.0.1)                                              —   □   ✕

File  Edit  Transfer  Fonts  Options  Macro  View  Window  Help

□ ● ⊟  ⅄ ⬚ ⬚  ₣F FF FF  ⬚ ⬚ ⬚  ▶? ✕  PA1 PA2 PA3  ENT CLR  ☺  ● ⬚ ⬚ ? Q

HPAY                        In-home Service Payment                 12/24/2018
Trans Type C        Upd Date   11/28/2018 Upd RACF
Vch Nmbr            Prcs Trans 30 EOB


Prime #                             Prov Nmbr
Recip Name                          Prov Name
                                    Prov Str
                                    Prov City/ST  SCAPPOOSE, OR
                                    Prov Zip      97056-0000


Forc Pay                     Authorized       |        Adjudicated
Lst Work 00/00/00       Beg 18/12/09 End 18/12/22 | Beg 18/12/09 End 18/12/22
Proc      Desc          Units   Rate     Total  | Units   Rate      Total
OC111 Hourly ADL/IADL   30.00  14.6500  $439.50 | 30.00  14.6500   $439.50
                                                |
                                                |
                                                |
                                                |
                                                |
Err Cd:                      Tot Auth   $439.50 |         Tot Clm   $439.50
Msg: There is an existing valid ONGO record
Msg:
  QUES   CHANGE VOUCHER TO PAY? Y/N        ANSW N
      F3=Exit    F5=SVDQ                         F10=STIM  F11=HINQ
4-©              1 Sess-1    127.0.0.1                       DOC» § 23/48
```

If a HCW resigns their provider number, the local office terminates the provider in OA and then on the payment screen there is a field on the left hand side that says "Lst Work".   Enter the date the provider resigned their provider number and put the voucher into ready to pay (35 status) and the voucher will pay the next day. This only applies to service dates before July 28, 2024.

APAY

Pay a provider for the following provider types:

- Home delivered meals
- Adult day services

On a blank mainframe screen, type APAY,authorization#
Press Enter.
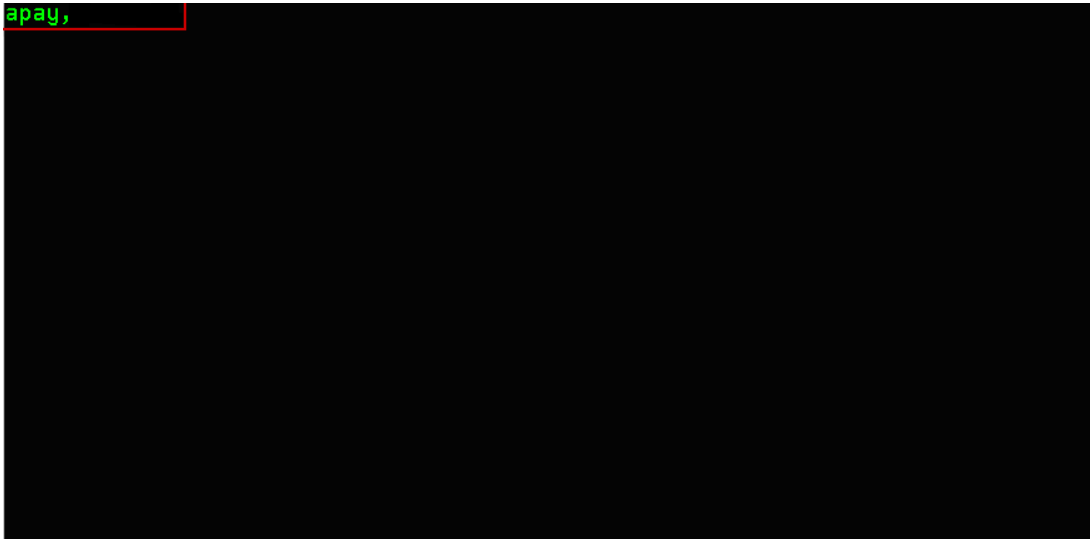
Press enter again and key "Y" at "Change Authorization to Pay"
To create the next service period authorization, type "Y" at "Prnt New 598B"
Leave this as "N" if creating the next service period authorization is not necessary.
Press Enter.

Section 7:

Codes

Authorization codes

Issuance codes

OC111	Hourly
OT111	Mileage/Transportation
SP111	Spousal pay
SM111	Mileage/Transportation for Spousal Pay
OP334	OPI hourly
OP336	OPI mileage
OP332	OPI hourly-Pilot
OP338	OPI mileage-Pilot
OF222	Home delivered meals
OH113	Adult day service, full day

Processing codes

- 10 – Voucher voided
- 17 –Voucher voided w/ canceled entries in PTC
- 24 – Authorization credit ready to pay
- 30 – Voucher in authorized status
- 35 – Voucher in ready to pay status
- 36 – Voucher in paid status (meaning central office ran the check or direct deposit and it has been mailed)
- 45 – Adjustment approved to pay
- 46 – Voucher adjustment paid
- 47 – Authorization adjustment zero paid

Authorization error messages

A84 No Svc Cat Found for Serv Period
- No service category found for service period

008 Recipient Not on File
- Recipient not found in ONE system or incorrect Type of Assistance (TOA)

JH017 This Provider is No Longer Active
- Provider doesn't have an active credential for service period

503 Suspected Duplicate Voucher
- There is a voucher for the client for part or all of service period
- **ONGO Closed Due to SVC Set Group**Client has changed from IHC to RES

002 Recipient Ineligible on Date of Service
- The recipient is not eligible for the entire period of authorization

006 Provider Ineligible on Date of Service
- The provider is ineligible for the period of authorization

013 Service Hours Exceed Allowed Hours
- Hours authorized exceed the maximum allowed hours.

SELG Codes

To issue authorizations without an error:

1. The service category should be:

APD	In-home services with OSIPM benefit
KPS	In-home services with MAGI benefit
BPA	State Plan Personal Care with OSIPM benefit
BPO	State Plan Personal Care with MAGI benefit
OPI	Oregon Project Independence
OPM	Oregon Project Independence – Medicaid program

2. The reason code can be:

ADM	Administrative change
ASM	Reassessment that overlaps assessment periods
HNG	Hearing pending or decision
INL	Initial assessment

3. The authorization dates should be within the service category begin date and service category end date

- Note: If the service category code is NFC (nursing facility), you will not be able to issue an authorization. You will not be able to issue an authorization if the reason code is NLV (no longer valid). The case manager will need to take action in order for you to issue an authorization.

Section 8:

Direct deposit (EFT) payments

. . ■ . ■ . ■ . ■ . ■ . ■ . ■ . ■ . ■ . ■ . ■ . ■ . ■ . ■ . ■ . .

Direct deposit (EFT) payments

Direct deposit (EFT) of payments is available to all APD providers. If a provider would like to sign up for direct deposit of their payments, they must complete form MSC 0189.
- o   Sign-up forms provided by individual banks will not be accepted.

Requirements of form MSC 0189:
- **The form must be completely filled out.** The form will be returned to the provider if all areas are not filled in.
- The form **must** be submitted with bank verification in one of the following forms:
  - o   A voided check of the account to which deposits should be issued. The check must have the provider's name printed on it; handwritten information will not be accepted. We also cannot accept deposit slips since they don't contain the necessary information.
  - o   Letterhead verification from the bank specifying routing and account numbers and the provider's full name as listed on the account.
- **The form must be signed.** Unsigned forms will be returned to the provider for signature.
- The form and bank verification must be submitted to the following address:
  - Direct Deposit Unit
  - PO Box 14960

Salem, OR 97309
- This form is used to start direct deposit, change an account or cancel direct deposit by checking the appropriate box.
- Processing time is up to 30 days for direct deposit requests and changes.

Changing direct deposit information:
- A provider can change their direct deposit information at any time by submitting a form MSC 0189 marked "Change account."

Canceling direct deposit payments:
- A provider can cancel their direct deposit at any time by submitting a form MSC 0189 marked "Cancel."
- If a provider will no longer be working, advise them to cancel their direct deposit information. If the direct deposit is not canceled, the provider will receive future payments to that old account if or when they begin working again.
  - Cancellations must be filled out completely and signed, but do not require bank verification.
  - Cancellations can be mailed to the above Direct Deposit Unit address, faxed to 503-947-5357 or emailed to: DHSOHA.ProvDirDep@dhsoha.state.or.us

Issuance of direct deposit payments:
- Direct deposit payments require a processing time of **up to three (3) banking days** for funds to be available in the specified account.
- Banking days are defined as Monday–Friday, excluding holidays.
- This processing time is required for the payment to process through a clearinghouse at the state treasury and onto individual banks.
- Some banks will hold on to the payment for as long as possible, depositing it into the specified account at 11:59 p.m. on the required date. This is specified by individual banks and not something DHS can control or change.

Verifying direct deposit for a provider:
- To verify if a HCW has direct deposit, you can check the provider's payment method in Oregon ACCESS.

OR follow these steps in HINQ:
- On a blank mainframe screen, key HINQ,p,provider# and then press enter.
- Tab down to the authorization line to view and press enter to go to HINV.
- HINV will read "EFT DATE" instead of "CHK DATE" if the provider has an active direct deposit account. The EFT DATE listed in this field is the last possible date the EFT payment will be available in the provider's account.

Rejected direct deposit payments:
- If the provider has direct deposit, but the EFT payment was rejected for
  any reason, HINQ will show a "Y" in the "EFT REJ" column
  (next to CHK DATE column).
- If an EFT payment is rejected, the system automatically issues a paper check. To find the issuance date of this paper check, select the authorization
  in HINQ and press enter. The "EFT DATE" column will show the date the replacement paper check was issued.

Rejected payment

EFT date and replacement check date

```
HINV    P,                    In-home Service Claim Detail              04/12/2012
Upd 04/04/2012 RACF                                Wkr Id J6
Cre 02/29/2012 RACF                         Msg
Vch Nmbr               Prcs Trans 36 Msg VCHR IN PAID STATUS-REGULAR
Vch Xref          EFT Date 12/04/09 EFT Nmbr  00425420   RA Nmbr 2076422
                  REPLACED DATE 12/04/11 CHK NMBR           EFT REJ  Y
ICN 1012096214778    Pay Ref 00/00/00 Vch Adj N            EOB 000
X Ref (ICN) 0000000000000 BR 2818    Prnt 598B            Mail Br   N
Prim Id                            Prov Nmbr
Recip Name                         Prov Name
Days Work Per Wk                   Prov Addr
Svc Cat APD                        Prov Str                   PT 62
Lst Work 00/00/00                  Prov City/ST
                                   Compl Zip
                         Authorized              Adjudicated
                         Beg 12/03/01 End 12/03/31   Beg 12/03/01 End 12/03/31
Proc  Desc               Units   Rate    Total   | Units   Rate    Total
OC111 ADL Full Assist    13.00  10.2000  $132.60 | 13.00  10.2000  $132.60
OC111 ADL Subst Assist    5.00  10.2000   $51.00 |  5.00  10.2000   $51.00
OC111 ADL Minimal Asst   15.00  10.2000  $153.00 | 15.00  10.2000  $153.00
OC111 Self Management    67.00  10.2000  $683.40 | 67.00  10.2000  $683.40
                                                 |
```

Provider information for direct deposit payments:

- Direct deposit payments require up to three banking days to be available
  in the provider's account.

- The provider is responsible for making sure funds are received in
  their account prior to making purchases.

- DHS will not reimburse providers for overdraft charges due to
  insufficient funds.

- Incomplete requests, unsigned requests or requests not accompanied
  with appropriate bank verification will be returned to the provider
  for completion.

Section 9:

Replacement
of lost, stolen or not
received checks

Replacement of lost or stolen checks

Policy

It is agency policy to issue replacement checks in compliance with ORS 293.475 and the procedures contained in this manual.

Forgery Services in the General Accounting Unit has been charged with the responsibility for replacement procedures. Any procedural questions should be referred to the Forgery Services Unit at 503-945-5640.

Definitions

Payment Alert: A "Payment Alert" is the method used to notify Forgery Services that a check has been lost, stolen, destroyed or not received. A Payment Alert (DHS 0435A) does not stop payment on a check. It instructs the computer to send out a message when the check in question is paid. The state treasurer still pays the check.

Paid check: A paid check is a check that has been negotiated and returned to the state treasurer for payment.

Outstanding check: A check that has not been paid is still outstanding. Either it has not been negotiated or it has been negotiated but has not yet been submitted to the treasurer for payment.

Original check: The original check is the first check issued to the payee for a specific payment.

Replacement check: A replacement check is a check issued in lieu of an original check for the same obligation, same amount and same payee as an original check.

Payee: A payee is the person to whom a check is made payable. In the case of dual payee, both persons named on the face of the check are payees.

Forgery packet: The forgery packet information is used to determine the validity of the request for a replacement check when the original check is cashed and to facilitate recovery actions by the state when a fraud or forgery determination is made.

A forgery packet includes:
   a. DHS 0980 Interoffice Memo
   b. DHS 0597 Handwriting Exemplar
   c. DHS 0163 Affidavit. Claimant's Endorsement Forged
   d. Photostat copy of the original paid check, front and back
   e. Postal Lost Check Report
   f. Signature page

Replacement checks

A replacement check may be issued upon completion of the payment alert and the DHS 0138A if the original check is still outstanding. Forgery Services will confirm if the check is still outstanding prior to requesting the replacement check.

Five (5) postal service days from the date the original check was **issued** shall be allowed for delivery before a replacement check is requested. If the provider failed to report an address change and the check was mailed to the previous address, ten (10) mailing days shall be allowed for postal forwarding or return of the original check before a replacement is requested.

In addition, an effort should be made by the HCW and branch to locate the original check through the local post office. In cases where the **unendorsed** original check has been lost or destroyed after receipt, the waiting period may be eliminated. There is no waiting period when replacing a destroyed, lost or stolen check. However, if an original check has been stolen, the check will not be replaced
until a forgery packet is filed.

Replacement procedure:
1. Verify that an original check was issued in HINQ. Verify the payee name, check number, amount and date of the check.
2. Research the paid check file in RCIQ to determine if the check is paid or outstanding.
    i. Check status will be either:
        1. PD = Paid
        2. OS = Outstanding
3. Have the payee complete an Affidavit Concerning Lost Check (DHS 0138A). This form must be notarized. Do **not** alter it after the payee has signed
    (except for #5 and #6 below).
4. Call Forgery Services (503-945-5640) and give them the information required on the Payment Alert (DHS 0435A). Forgery Services will assign a payment alert number to be written in the designated area of the 0138A.
5. Write payment alert number on the DHS 0138A.
6. Forward the original of the DHS 0138A to the Forgery Services.
7. If the original check is still outstanding upon receipt of the DHS 0138A, Forgery Services will submit replacement information to the Payment Support Unit to initiate a replacement check request.
8. Payment Support will complete a DHS provider check request and submit it to Accounts Payable.
9. Accounts Payable completes the necessary data entry to initiate a replacement check (warrant) through DAS. The check is mailed to the provider by DAS.

If the original check is returned after the replacement check was requested, call Forgery Services and attempt to cancel the replacement check. If the replacement check has already been issued and sent to the provider, cancel the original check.

Dual payee checks will only be replaced when:
1. The payee has stated the unendorsed check has been lost, destroyed or stolen. OR
2. The payee has endorsed the check, given it to the second party, the second party endorsed the check, and then it was lost destroyed or stolen. In this case the second party must complete the DHS 0138A and sign a statement stating that if the original check comes in cashed, he or she holds the client harmless and will reimburse the state if the original check is negotiated. In this situation, the replacement check can be issued to the second party only
(no dual payee is needed).

Stolen checks

Checks that have been "paid" should not be replaced prior to receiving a front and back copy of the check so the payee may examine the signature. If, upon viewing the check, the payee states that it was not endorsed by them, they must complete the forgery packet. This is important because then you can make a preliminary determination about whether the payee negotiated the original check before a replacement is issued.

Checks that are lost or stolen after they have been endorsed are not replaced,
unless the check was signed by the payee "for deposit only and account number." Destroyed checks that are signed must have identifiable (name, amount, check number) remnants to be replaced. Forgery Services will need the remainder of the check to initiate a rewrite of the destroyed check.

Please contact Forgery Services for more information on stolen checks or forgery packets.

Forgery packet

The forgery packet is provided to the branch by Business Security Unit/Forgery Services when the original check is returned from the state treasury as a paid instrument and after the payee has viewed the check

and stated that the signature
is not theirs.

The forgery packet must be completed and returned to the Business Security Unit/Forgery Services as soon as possible. If forgery packets are not returned to Forgery Services within 20 days of their receipt by the branch, and no replacement has been issued, the case is closed. If a replacement has been issued, the payee will have an overpayment for the amount of the original check.

Upon receipt of the forgery packet, the local office will:

1. Have the payee review a copy of the paid original check and acknowledge whether the endorsement on the check is his or hers.
2. Have the payee complete the following:
    a) If the payee acknowledges the endorsement:
        1. The payee must so indicate on the AFS 980 form and sign
           his or her name in the signature area.
        2. The Balance of the forgery packet is not necessary.
        3. Send the packet to Business Security Unit/Forgery Services. Complete a MSC 0284 and forward it to the Overpayment Recovery Unit. A copy goes to Business Security Unit/Forgery Services with the packet.
        4. The balance of the forgery packet is not necessary.

    b) If the payee does not acknowledge the endorsement:
        1. The payee so indicates in the designated area on the AFS 980 form and completes the entire forgery packet.
        2. The payee then returns the forgery packet to Business Security Unit/Forgery Services.

If the payee is no longer available to complete the forgery packet, indicate this on the AFS 0980 and return the packet to Forgery Services. Also note if the case has been closed and the date of closure.

On active cases where there is difficulty getting the payee to come to the branch to complete the forgery packet, a "hold" on the payee's next check

is suggested. This should result in the payee making an appearance in the branch office to review and complete the forgery packet.

Forgery website:http://www.dhs.state.or.us/spd/tools/additional/ssam/NEW%20VERSION-OCT%202017/VIC_Returned%20or%20voided%20checks_JUL%202018.html

Section 10:

Frequently used mainframe screens

. ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . ▪ . .

SPVF (Search for Provider Without the Provider Number)
- Search for a provider by name, Social Security number or tax identification
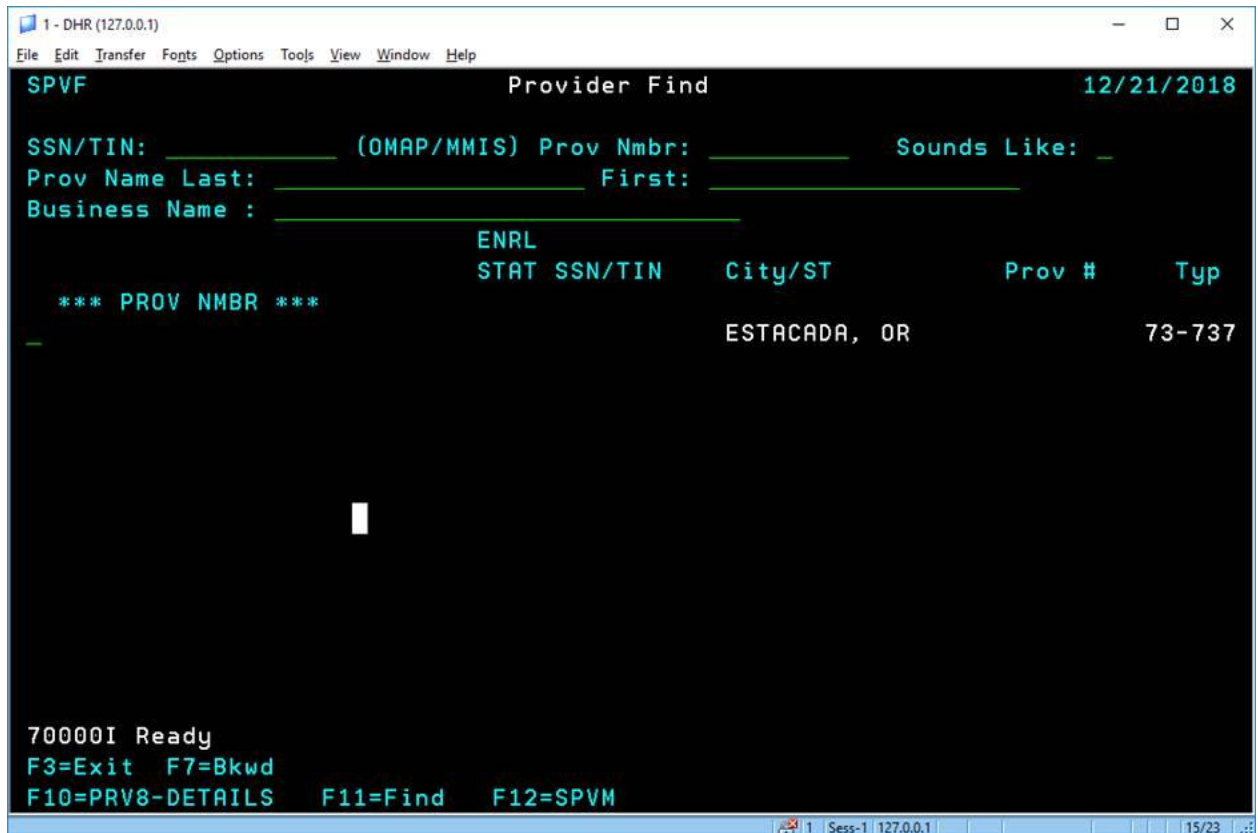
- Once you select a provider, it will take you to PRV8 (mark the provider you want to select with an X)

```
1 - DHR (127.0.0.1)                                                    —  □  ×
File  Edit  Transfer  Fonts  Options  Tools  View  Window  Help

PRV8                    MMIS Provider File Information          12/21/2018

Prov ID          MCD ID (MMIS)          Prov Type      HomeCare Worker
Prov Name                               Name Typ P    DOB  08/04/1974
IRS Name                                TaxID:             FICA Ind 1
Phys Add1
     Addr                               FIPS Cnty 005  Uni Id
     City/St ESTACADA, OR               Zip 97023      Pymt Mthd  CHK
MAIL Add1                               Bargain Status             Y
     Addr
     City/St ESTACADA, OR               Zip 97023
Tele                                    Prov Loc(ST) 01  Prov Prac 1
*** Credentials / Enrollment Status  **|************* Facility *********
Br (Lic) 0311  Entity: LCL             | Beds(Nmbr)         Beds(Lic)
Est Enrl (Rec Create Date): 10/02/2002 | Rel(only)   Non Rel(commercial)
PROGRAM:                                | Res
SPD   03/08/2011  11/30/2018  Active
SPD   10/02/2002  11/02/2004  Active


Last Chg: 11/30/2018                              Orig Appl 10/02/2002
MSG:
MSG:
F1=Help   F3=Exit    F11=SPVB                     F12=Rtn-SPVF
                                    1 Sess-1 127.0.0.1              8/53
```

PRV8 (Provider Enrollment Information)

PRV8,provider# (view only)

- Provider file information:
- Name
- Provider type
- Date of birth
- SSN/TIN
- Physical and mailing address
- Telephone number
- Branch
- Credential/Enrollment status
- Date of original application

HRDY (Authorizations in "Ready to Pay" status)

HRDY,Branch#

128

```
1 - DHR (127.0.0.1)                                                    —   □   ×

File  Edit  Transfer  Fonts  Options  Tools  View  Window  Help

HRDY                                        TRANS TYPE    WKR ID      USE SEC
NEXT CHK DATE:  19/01/15          MSG P32   Invalid branch
QUES   PRINT ON LOCAL PRINTER? Y/N   ANSW ▌
  VCH    PRCS    PRIM                 PROV     PROV     SERV     SERV
  NMBR   TRANS   ID         RECIP     NMBR     NAME     BEG      END        PAID

                    PAID (ACCUMULATIVE):              PAID (SCREEN):
                                            1  Sess-1 127.0.0.1              3/42
```

129

(Adjustment Information)
HADJ,Authorization #

Adjustments are made by the Provider Relations Unit

```
1 - DHS (127.0.0.1)                                                    —  □  ×
File  Edit  Transfer  Fonts  Options  Macro  View  Window  Help
HADJ                    In-home Service Adjustment              01/14/2019
Trans Type C        Upd Date   01/07/2019 Upd RACF
Vch Nmbr            Prcs Trans 36

Prime #                        Recip Name
Prov Nmbr                      Prov Name
Svc Auth Beg 18/12/09          Svc Auth End 18/12/22
Contact Br   3515                             Rounded ORSTC Min
Adj Rsn 000 Desc
Recoup Typ _____     Min Chk   0   Stat _____    Rel Date _____
                        Adjudicated                   Adjusted
Proc  Description     Units  Rate    Total   | Units  Rate     Total
OC111 Hourly ADL/IADL  45.00 14.6500  $659.25 | _____  14.6500      $.00




Err Code:               Clm Bill   $659.25 |       Clm Bill      $.00
Fed Match M   Chk to CO? N
Msg: 36  Vchr in paid status                       Err Stat: _
Msg:

         F3=Exit              F5=SVDQ          F10=STIM  F11=HINQ
  ┤    ×        1 Sess-1     127.0.0.1                        15/28
```

Note: Field Staff do not have rights to view/use this screen.

HPAD (Displays Paid Authorizations)
HPAD,Branch#,YYMMDD

VCH NMBR	PRCS TRANS	PRIM ID	RECIP	PROV NMBR	PROV NAME	SERV BEG	SERV END	PAID
	36					180901	180930	136.00
	36					180901	180930	34.00
	36					180901	180930	34.00
	36					180901	180930	102.00
	36					181111	181124	512.84
	36					181125	181208	303.43
	36					181201	181231	295.74
	36					181125	181208	599.63
	36					181201	181231	295.74
	36					181201	181231	286.20
	36					181201	181231	286.20
	36					181201	181231	295.74
	36					181201	181231	228.96
	36					181201	181231	286.20
	36					181201	181231	286.20
	36					181201	181231	295.74
	36					181201	181231	228.96
	36					181201	181231	295.74

PAID (ACCUMULATIVE): 4803.32   PAID (SCREEN): 4803.32

The screen header shows: HPAD   TRANS TYPE   WKR ID   USE SEC   MSG D2   Press ENTER to continue paging   QUES PRINT ON LOCAL PRINTER? Y/N   ANSW

RCIQ (Payment History)
Check status screen. Look up information by:
- Check number
- Payee ID number *(provider number)*
- Payee name *(partial name)*
- Payee name *(exact spelling of name)*

```
1 - DHR (127.0.0.1)                                                  —  □  ×
File  Edit  Transfer  Fonts  Options  Tools  View  Window  Help
RCIQ


       1. CHECK NUMBER     - ENTER 1 AND EIGHT DIGIT CHECK NUMBER


       2. PAYEE ID NUMBER  - ENTER 2 AND SIX TO TWELVE DIGIT PAYEE
                              ID NUMBER


       3. PAYEE NAME       - ENTER 3 AND LAST NAME OR LAST NAME AND
                              FIRST 3 DIGITS OF FIRST NAME


       4. PAYEE NAME       - ENTER 4 AND ENTIRE PAYEE NAME
          (EXACT SPELLING)





                          *** MAKE SELECTION AND PRESS ENTER ***


                              1  Sess-1 127.0.0.1        HTCPWSXQ        1/10
```

HFIQ (Provider Earnings)

HFIQ,Provider #
- Provider earnings and tax information by quarter and year
- For a specific year: HFIQ,provider#,9,year

```
1 - DHR (127.0.0.1)                                              –   □   ×
File  Edit  Transfer  Fonts  Options  Tools  View  Window  Help
 HFIQ                                       Trans Tupe    Wkr Id      Use Sec
                                 Msg D5  More records for prov - Press ENTER
                                 Msg D8  Accounts receivable record displayed

              Adj  Adj  Rec   Adj   Adj  Clm
      ICN     Act  Typ  Stat  Trans Reas Void  Recoup
               C   00    A     002   82           100

              Orig Adj       Adj Tot       Cur Bal
               108.00         56.53         51.47

 Prim Id  Vch Nmbr Chk Nmbr   Acct Rec              Desc


 Yr      2018
                    Qtr 1      Qtr 2      Qtr 3      Qtr 4      YTD
 FICA Earn           0.00       0.00       0.00       0.00       0.00
 FICA Tax            0.00       0.00       0.00       0.00       0.00
 Emplr FICA          0.00       0.00       0.00       0.00       0.00
 Gross Earn          0.00       0.00       0.00       0.00       0.00
 Mil Tot             0.00       0.00       0.00       0.00       0.00
 Man Adj


                                    1 | Sess-1 | 127.0.0.1          1/10
```

133

SLIA (Recoupments, Deductions and Garnishments)

SLIA,P,Provider #

```
SLIA    P,                              TRANS TYPE I WKR ID

                   LIABILITY SET-UP - LIAB ID:
-----------------------------------------------------------------------
PROV NMBR :                      PROV NAME :
CDTR ID   :                      CDTR NAME : EMPLOYMENT DEPARTMENT/OPR
DHR DIV   : SSD
COURT CASE:
LIAB TYPE :                      (LIAB) DESC : GARNISH/OTHER
LIAB BEG  :                      PRIORITY  : 2
AUTO DED  :                      MIN CHK   :    680.00  -OR-  MIN PCT:   0 %
-----------------------------------------------------------------------
FIXED AMT (PER MONTH) -AND/OR- PERCENTAGE OF EARNINGS (PER MONTH)
   LIAB AMT:        50.00       PCT EARN:    0 %            ORDER: GT
-----------------------------------------------------------------------
TOTAL AMOUNT TO COLLECT  -AND/OR-  TIME SPAN TO COLLECT FOR
   ORIG LIAB:    1,426.99       LIAB END: 2006/08/09
-----------------------------------------------------------------------
DESC GARNISHMENT TO SATISFY CREDITOR JUDGEMENT FOR 1,213.05 + INTEREST
   TOT TRANS:    1,419.25       AMT REM :       7.74


MSG
MSG
F1> NEXT PG  F4> LAST PG  F7> SCR DLIA
9                 1 Sess-1    127.0.0.1                        §11/10
```

SPRQ (Recoupment Information on Overpayment)

SPRQ,Provider

```
1 - DHS (127.0.0.1)                                                    —  □  ×
File  Edit  Transfer  Fonts  Options  Macro  View  Window  Help

  SPRQ                        Provider Recoupment List        01/11/2019

  Prov Nmbr              Prov Name


                                       Recoup
  Sel   Vch Nmbr       ICN      Beg Date  Typ Pct  Orig Adjust    Cur Bal
    _                                                               0.00
    _                                                               0.00
    _                                                               0.00
    _                                                               0.00
    _                                                               0.00












  Msg
      F3=Exit                         F10=SPRI
  9       ×        1 Sess-1    127.0.0.1                           11/7
```

135

SELG (Service Eligibility)

SELG,Prime #

Section 11:

Forms

· ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ · ▪ ·

HCW Enrollment Packets
Available on the DHS|OHA publications and forms server

- [SDS 0355A](#)   Workers' Compensation Brochure
- [MSC 0189e](#)   Request for Direct Deposit
- [Form I-9*](#)   Employment Eligibility Verification (www.uscis.gov)
- [Form W-4](#)   Employee's Withholding Allowance Certificate (irs.gov)
- Form 0736   Provider Enrollment Agreement and Application
- Form 9046 A&B HCW Guide and Acknowledgement
- Form 9062   Health and Safety Guide

* Form must be witnessed in the local office

Adjustments — underpayments and overpayments
Available on the DHS|OHA publications and forms server (interactive and submit online)
See Section 10: Adjustments for further instructions on these forms

- [SDS 0287A](#)   CEP Underpayment Request Form
- [SDS 0287B](#)   CEP Overpayment Request Form
- [SDS 0287E](#)   CEP Forced Payment Request Form
- [SDS 0287G](#)   OPI Underpayment Request
- [SDS 0287H](#)   OPI Overpayment Request
- [SDS 0287i](#)   OPI Forced Payment Request

Homecare worker notices
Available on the DHS|OHA publications and forms server

- [SDS 4105](#)   Homecare Worker Notice of Change in Hours

- SDS 0613   Notice of Termination of Provider Enrollment
  (not available on the web, only used by Central Office)
- SDS 0613c   Notice of Termination based on Criminal History
- SDS 0613d   Notice of Denial of Homecare Provider Enrollment
- SDS 0613i   Notice of Inactivation (failed to do fingerprints/resignation and two years since PEAA filled out)
- SDS 0613ci   Notice of inactivation pending APS investigation

Lost, stolen, not received checks
- DHS 138A   Affidavit Concerning Lost Check
- DHS 0297   Cancelled Check

Medicaid fraud
- SDS 0727   Medicaid Fraud Referral Form

Miscellaneous

SDS 0355A - Worker's Compensation Brochure: *"What to Do if you are Injured on the Job."*

DHS9003H - *How to Prepare for Your Homecare Worker Hearing*

SDS 9046A - *Client-Employed Provider Program: Homecare Worker's Guide*

SDS 9046 - *Client-Employed Provider Program: Employer's Guide*

DHS 9062 - *Safety Manual for Homecare Workers*

DHS 9063 - *Safety Manual for Homecare Employers*

SDS 0355H – Homecare Workers User Manual

APD 9700 – Oregon Home Care Commission Mileage Log for Homecare Workers

Section 12:
Miscellaneous information

Important information about Oregon ACCESS

- The homecare worker's tax name and Social Security number **must match**. If they do not match, it will affect his or her work credits and wage information and the state will be fined.
    - o **IMPORTANT!!! View the SSA Verified box on Oregon ACCESS (detail screen) to verify the "SSN is also Tax ID" box is checked.**
- The first time you enter a name on the detail screen, it will populate the tax info. **Changes or corrections made to the provider's name must be changed in both places.**

Reports that can be run in PTC

For information on what reports can be run in PTC and how to do so, see the Reports learning material for staff.

Form I-9: Employment Eligibility Verification

- Use the current version of Form I-9 (updates every two years).
- Make sure applicants receive Form I-9 instructions with the form.
- Only **unexpired** documents listed on the List of Acceptable Documents can be accepted.
- Applicants can choose which documents to present from the List of Acceptable Documents and the local office cannot request a specific document.
- Local office staff must complete Section 2: Employer Review and Verification by viewing original or certified documents and signing the form, certifying the documents appear to be genuine and relate to the applicant. Photocopies of documents cannot be accepted.

- Completed I-9's must be retained for **either three (3) years after the date of hire or for one year after employment is terminated, whichever is later.**
- The form must be available for inspection by the Department of Homeland Security, Department of Labor or Office of Special Counsel.
- The initials DHS on employment documents refers to the **[Department of Homeland Security](#)** and not the Oregon Department of Human Services.

W-4, Employees withholding allowance certificate
- Homecare workers must complete a new W-4 each year if they would like to claim exempt status
- If a homecare worker does not submit a new W-4 by the deadline, APD must change his or her tax status to "single" with zero withholdings
- The local office must update DHR/Mainframe by the deadline if a new W-4 is received.
- Copies of W-4's must be retained for **four years.**
- Date stamp W-4's when they are received and enter them into DHR/Mainframe as soon as possible.

Forwarding Copies of W-4 to Oregon Department of Revenue

Local offices must send copies of W-4 forms to the Oregon Department of Revenue in the following circumstances:

- The Homecare Worker claims more than ten withholding allowances; or
- The Homecare Worker claims exempt from state and federal withholding, and their income is expected to exceed $200 per week. Since our timesheets authorize hours on a monthly basis, this means any expected monthly wage that exceeds $860.00 (*Note: $200.00 multiplied by 4.3 weeks in the average month equals $860.00 per month).*
- The Homecare Worker claims exemption from withholding for state purposes but not federal purposes.

FICA refund

- CEP providers may be eligible for a refund of their FICA withholdings for the year. FICA stands for Federal Insurance Contributions Act and is a required withholding from the federal government.
- FICA refunds are based on the total gross wages earned by the provider throughout an entire year. If the provider earns less than the federal
standard set by the IRS/SSA (subject to change annually), then the provider will be sent a refund check.
    - o Note: Even if a provider has signed up for direct deposit (EFT) of their payments, their FICA check will be mailed in check form.
    - o FICA is calculated by adding 6.2% (FICA) and 1.45% (Medicare) and multiplying this sum (or 7.65%) times gross wages. The Department pays the employer's share of FICA on behalf of the DHS client receiving services. The Homecare Worker pays the employee's share of the FICA. The Homecare Worker's share is automatically withheld from the provider payment check and sent to Social Security Administration.
    - o The client-employer's share of FICA is included in the client's pay-in calculation as a direct care cost. DHS pays the employer's share of FICA on behalf of the client-employer. The employee-homecare worker's share of FICA is not part of the pay-in since it is deducted from the employee-homecare worker's provider payment check. FICA calculates on the Oregon ACCESS Pay-In Worksheet based on the number of in-home hours authorized. See Policy Transmittal 04-020 for more information.
    - o The Department is required to withhold FICA for Spousal Pay Providers under the regulations of the Internal Revenue Service (IRS). Seniors and People with Disabilities began deducting FICA (Federal Insurance Contribution Act)

employment taxes from the gross wages paid to Spousal Pay Providers effective January 1, 2005.

- FICA checks are issued <u>ONLY</u> on the night of 12/31 of each year and mailed the next <u>business</u> day. These are the only checks issued by APD on 12/31, so any check dated 12/31 in HINQ is a FICA refund check.

FICA refunds will show in HINQ as adjustments to each payment the provider was issued in the refund year

```
HINQ    P,                    In-home Service Claim List              04/17/201?

  VCH     PRCS  PRIM     RECIP  PROV     PROV  SERV    SERV    CHK   EFT
  NMBR    TRANS ID       NAME   NMBR     NAME  BEG     END    DATE  REJ      PAID
          46                                  111216 111222 111231        75.46
          36                                  111216 111222 111228        71.43
          27                                  111216 111222 111231        71.43-
          46                                  111201 111215 111231       141.22
          36                                  111201 111215 111216       133.15
          27                                  111201 111215 111231       133.15-
          46                                  111116 111130 111231       141.22
          36                                  111116 111130 111202       133.15
          27                                  111116 111130 111231       133.15-
          46                                  111116 111117 111231        93.94
          36                                  111116 111117 111202        88.18
          27                                  111116 111117 111231        88.18-
          46                                  111101 111115 111231       105.92
          36                                  111101 111115 111116        99.87
```

When you view the authorization payment in HINQ, the HINV screen will list the "PRCS TRANS" as 27 and "MSG" as "Authorization Credit"

```
HINV     P,              In-home Service Claim Detail            04/17/201
Upd 12/30/2011 RACF                              Wkr Id
Cre 12/15/2011 RACF                              Msg
Vch Nmbr                  Prcs Trans 27 Msg VOUCHER CREDIT
Vch Xref          0      Chk Date 11/12/31 Chk Nmbr          RA Nmbr 1254413

ICN 1011362214185    Pay Ref 11/12/28 Vch Adj Y        EOB 000
X Ref (ICN) 5011365219556 BR 1517    Prnt 598B 11/12/15   Mail Br   N
Prim Id                              Prov Nmbr
Recip Name                           Prov Name
Days Work Per Wk                     Prov Addr
Svc Cat APD                          Prov Str
Lst Work 11/12/22                    Prov City/ST
                                     Compl Zip
                      Authorized                Adjudicated
                      Beg 11/12/16 End 11/12/31  Beg 11/12/16 End 11/12/22
Proc  Desc            Units   Rate    Total  |  Units   Rate    Total
OC111 ADL Subst Assist 1.50 10.2000   $15.30 |  0.00 10.2000    $0.00
OC111 ADL Minimal Asst 3.50 10.2000   $35.70 |  0.00 10.2000    $0.00
OC111 Self Management  9.00 10.2000   $91.80 |  7.00 10.2000   $71.40
OT111 Mileage/Pub Trans 20.00   .4850  $9.70 | 20.00   .4850    $9.70
                                             |
```

W-2 and homecare worker tax information

- Wages paid to homecare workers are reported to the IRS on a W-2.
- W-2s are processed and mailed automatically before January 31 of each calendar year as required by the federal government.
- Providers who do not receive their W-2 within a reasonable time frame of approximately 7 business days can request a replacement W-2 by calling the APD tax line at 503-947-5138 and leaving a complete message including name, provider number, social security number, current mailing address, current phone number, and year and tax form they are requesting. Replacements are processed in the order received and may take up to 2 weeks for processing.
- Replacement requests will not be taken before the second Monday of February each year to allow time for mailing.

Employment verifications

- The local office can provide employment verifications, as requested, as long as the provider has signed an authorization to release their employment and wage information to the requestor. The authorization must be signed and dated within **3 months** of the current date or the requestor will need to provide current authorization.

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- As the provider is employed by the client they serve and the state acts as an agent of the client, the local office can sign as the employer.

Provider address changes
- Provider address changes can only be processed at the local offices. Central office staff do not process CEP provider address changes.
- Providers should keep their address information current and updated with the state even after they have ended their employment with the CEP Program to ensure they receive their last paychecks and tax information.

Gloves and Masks

1. Billing address for DHS Accounting

The billing address for sending invoices from glove and mask contractors is:

DHS Accounting
500 Summer Street NE #E-82
Salem, Oregon 97301-1073

Be sure to add the PCA and Index codes before forwarding any invoices. See "Billing Codes."

2. Billing Codes

The billing codes must be used for charging gloves and masks and these codes change annually. Please see the below transmittal for updated codes:

Please see APD-IM-19-005

These codes must be listed on any invoices for gloves and masks sent for payment to DHS Accounting. These are also the billing codes used when charging gloves or masks to SPOTS Visa accounts.

3. Contractors Used for gloves and masks

DHS contracts with Excel Gloves and Rockwest for masks. Either company can be used for gloves or masks if they carry both product types. Excel Gloves can be contacted at (253) 896-1195. Excel gloves website is located at http://excelsupplystore.com/storefront/Home.
Rockwest can be contacted at (503)390-7355 or (800)999-7380. The Rockwest web site is located at: http://www.rockwesttraining.com/

4. Denied OMAP Coverage for Gloves or Masks

If an individual has been denied coverage for these items, local offices should contact the Medicaid Long Term Care Policy Unit at APD Central Office for assistance in determining whether medical coverage is possible. APD can assist in determining whether needed information such as a covered diagnosis is missing and can work with DMAP staff at central office to try to resolve the coverage issue.

5. How Many Gloves or Masks the Local Office Needs to Provide

While medical coverage for gloves or masks is being obtained, the local office should provide a sufficient quantity of gloves or masks to the Homecare Worker to cover a month's supply. The quantity may depend on the individual service needs such as how often toileting assistance is needed or has other needs that would potentially place the HCW in contact with bodily fluids. However, packages should not be opened when given to HCWs.

6. OPI (Oregon Project Independence) and Gloves or Masks

Many Oregon Project Independence (OPI) individuals will not have alternative insurance coverage for gloves or protective masks. Unless an OPI recipient has coverage for these items through a private insurance policy, gloves and masks must be provided through the local office to the HCW.

7. Product Line or Brand

There is no specific product line, or brand, of glove or mask that local offices must purchase. Any disposable, protective (latex or non-latex) glove or mask that is covered under the union contract for protection against the spread of infection can be ordered from Rockwest or Excel Gloves. See also "What Kind of Gloves are Provided."

8. SPOTS Visa Cards

Local APD Offices must use their SPOTS cards to pay for gloves and mask orders with appropriate Index and PCA codes. AAAs will need to submit to DHS Accounting any paper invoice they may receive from the contractor with the proper PCA and Index code written on the invoice.

9. AAA reimbursement

Area Agencies on Aging Offices must complete the following to get reimbursed for Gloves and Masks.

After completing invoices with billing codes, email to HCW.MasksGlovesInvoices@dhsoha.oregon.gov and cc: OFS.INVOICES@dhsoha.oregon.gov. Please attach invoices and request reimbursement for purchases of gloves and masks.

APD policy staff will approve the request and send that approval to OFC Invoices for completing of order. You will be cc'd on that approval request so that you know your order is being processed. If you are denied, you will receive an email with "why" and/or what needs corrected/addressed in order to approve the reimbursement request.

10. What Kind of Gloves are Provided

When ordering gloves, please make sure they are medical grade latex or non-latex gloves. Gloves made for food-handling are inadequate to protect Homecare Workers who may come into contact with bodily fluids when providing services. Non-latex gloves may be provided based on a "demonstrable need" for non-latex such as a latex allergy.

11. When Gloves are Covered

Gloves and masks would be provided when a Homecare Worker is performing assistance with activities of daily living, nursing tasks or other duties that would involve possible contact with bodily fluids. Gloves and masks may also be provided to a Homecare Worker for completing general housekeeping tasks or to avoid contact with cleaning agents or detergents. Gloves and masks can only be provided for services delivered to ODHS/AAA clients.

Health Insurance and Other HCW Benefits

Refer the HCW to https://www.orhomecaretrust.org/ for any questions related to health insurance or any other benefits.

Unemployment Insurance

1. Administrative Decision/Benefits Allowed Notice

If the Oregon Employment Department (OED) determines that an individual is eligible to receive unemployment compensation (UI), an ADMINISTRATIVE DECISION/BENEFITS ALLOWED notice will be sent to the claimant (HCW) and to the SPD In-Home Services Unit. If this notice is received in the local SPD/AAA office, fax it immediately to Lynette Otjen or Savannah Selander 503-947-5357 Provider Relations Unit.

Upon receipt of ADMINISTRATIVE DECISION/BENEFITS ALLOWED notice, the SPD In-Home Services Unit will review the claimant's (HCW) work history, consult with the local SPD/AAA office if necessary, and then make a determination as to whether SPD will appeal the OED decision. If the decision is to appeal the awarding of benefits the SPD In-Home Services Unit will file a formal written request for a hearing with the OED.

2. Administrative Decision/Benefits Denied Notice

An ADMINISTRATIVE DECISION/BENEFITS DENIED notice will be sent to the claimant (HCW) and to the APD In-Home Services Unit or the local

APD/AAA office if the OED has determined an individual is not eligible to receive UI compensation. If this notice is received in the local office, fax it immediately to Lynette Otjen or Savannah Selander 503-947-5357 Provider Relations Unit. Information on how to appeal the decision is included with the notice to allow the claimant (HCW) to exercise his/her appeal rights.

3. Adult Protective Services (APS) Information

The reason for termination of employment is information the OED needs in order to process a UI claim. Sometimes the reason for termination is a substantiated APS complaint. By law, only limited information can be disclosed concerning APS complaints. For example, the names of the complainant, the alleged victim and witnesses are information that should not be disclosed.

In reporting the reason for termination in these situations, the local SPD/AAA offices and/or SPD In-Home Services staff should share with the OED that the reason for termination is a substantiated APS complaint. If they require more information, offices may offer the category of the complaint such as "financial exploitation" or "verbal abuse." Avoid providing complaint documents (such as the 723C) from Oregon ACCESS as evidence. If the OED requests more evidence about the substantiated complaint, local offices should consult with SPD In-Home Services Unit to determine what, if any, redacted information can be provided.

4. Eligibility for Unemployment Insurance (UI) Compensation

UI compensation is generally approved for those who are laid off or discharged without cause through no fault of their own. Homecare Workers (HCW) may be considered to be in "lack of work/layoff" status if their client-employer dies, client-employer services are closed, client-employer has relocated out of the area, client-employer is hospitalized and/or is required to move to an alternate care setting which causes the claimant (HCW) to no longer have a job with that client-employer.

UI compensation is generally not approved when the HCW is fired or terminated for cause. There are extenuating circumstances, however, in all

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these instances that may warrant the OED Adjudicator to proceed with an investigation.

5. Completion of the "Notice of Claim Filed" Form 220

Each time an individual applies for UI compensation, the OED sends a Notice of Claim Filed, Form 220 to the employer. OED has two versions of Form 220 depending on the reason for seeking UI benefits (Form 220 LW & SEPS). While the client-employer is considered the claimant's (HCW) legal employer, OED considers SPD the employer of record for purposes of UI compensation. The OED mails the Notice of Claim Filed, Form 220, either to the local APD/AAA office or to the SPD In-Home Services Unit.

- The Notice of Claim Filed, Form 220, is time sensitive and must be responded to within 10 days from the date mailed by OED in order to protect SPD's right to appeal a decision. The TIME SENSITIVE DUE DATE is printed in the upper right- hand corner of Form 220.

- If APD In-Home Services Unit receives the Notice of Claim Filed, Form 220, they are responsible for completing the form and faxing it to OED.

If the Notice of Claim Filed, Form 220, is received in the local APD/AAA office, it is their responsibility to complete the form and fax it directly to OED within the 10-day time frame, with a copy also faxed to Lynette Otjen or Savannah Selander 503-947-5357 Provider Relations Unit.

- The Form 220 needs to be faxed to the APD In-Home Services Unit in the event the claimant (HCW) contests the OED's decision and requests a hearing.

SUGGESTIONS FOR COMPLETION OF THE NOTICE OF CLAIM FILED, FORM 220 (LW or SEPS):

A. Reason Why Employee is no longer working: Check the appropriate box or leave blank if unsure.

B. First Day Worked: Use either the original start date from the HINQ

screen or if the 220 is specific to a client (client's name will be in the address block) then use dates specific to that client.

C. Last Day Worked: Use either the last date the claimant (HCW) was paid through from the HINQ screen (or use date specific to the named client) or if the claimant (HCW) is "Still Working" indicate "Ongoing" in this box.

D. Separation Date: Only put a date here if the claimant's (HCW's) provider number has been terminated.

E. Scheduled Return to Work Date, if any (as printed on the form): If still working, write "Next Shift" or if you can see the claimant (HCW) is scheduled to start with a new client or return to work for the same client, then use that date, otherwise leave it blank or write "None".

Suggested responses:

- Claimant (HCW) has not updated their information in the Registry (Carina) for work since ceasing employment. Work is available.
- Claimant (HCW) worked for a relative or friend and was not interested in working for other clients.
- Claimant (HCW) worked for a relative and the relative died, claimant did not inquire about other positions.

G. Details of Separation: (on 220 LW only) Give only brief information in this space. Use Oregon ACCESS narrative for details or contact the Case Manager if case narrative does not provide enough information. Always remember client confidentiality when discussing any client personal information. Be aware, OED Adjudicators are required to ask certain questions, but any confidential client information, such as the client's name or APS details, cannot be released to OED.

H. Why is this person no longer working for you? (220 SEPS only): Give brief information in this space but try to use more specific than on the

(LW) Notice of Claim Filed form. Use Oregon ACCESS narrative for details or contact the Case Manager if the case narrative does not provide enough information. Always remember confidentiality when discussing any client personal information. Be aware, OED Adjudicators are required to ask certain questions, but any confidential client information, such as the client's name or APS details, cannot be released to OED.

6. Hearing Rights

If UI benefits were denied or allowed by OED and either the claimant (HCW) or the APD In-Home Services Unit does not agree with the decision, then either party has the right to request a hearing. The request must be in writing and within OED's specified time lines. The claimant (HCW) and the APD In-Home Services Unit will then be sent a NOTICE OF HEARING specifying the date and time of the hearing set by the Office of Administrative Hearings (OAH). A pamphlet explaining the hearing process is included with the notice.

NOTICE OF HEARING: All hearings are generally held by phone and are conducted by an Administrative Law Judge from the Office of Administrative Hearings. In the hearing, the APD/AAA action is represented by staff from the APD In-Home Services Unit. This staff person will do an investigation of the situation and will determine who needs to be present for the phone hearing. It may be necessary to have appropriate staff from the local APD/AAA office available to testify.

7. Hearings Decisions and Appeals

The OAH will issue a formal written HEARING DECISION after the hearing has been held. A copy is mailed to the claimant (HCW) and to the APD In-Home Services Unit. If the decision is mailed to the local APD/AAA office, a copy should be sent to the SPD In-Home Services Unit.

The hearing decision can be appealed by either the claimant and/or APD In-Home Services Unit staff, but this appeal must be requested within OED's specified time lines.

8. Phone Calls from the Oregon Employment Department (OED)

Staff may receive phone calls from an OED adjudicator to clarify the reason why employment was terminated. It is very important to prioritize these calls and return them as soon as possible. Often the Adjudicator only has one or two days to gather the information they need to make their determination on a case. If they don't have any information that the claimant (HCW) was terminated for cause, they will often approve UI benefits.

APD/AAA staff do not need an authorization release to disclose the reason for termination of a claimant (HCW). However, detailed information about APS allegations cannot be shared with the OED Adjudicator.

Unemployment Insurance (UI) Claims

Home care works need to contact the Oregon Department of Unemployment at the following website.

https://unemployment.oregon.gov/workers

The Department of Unemployment works directly with APD Central office for assistance with verification of eligibility for unemployment benefits.

Requests for Information

1. Employment and Payment Verification
2. Inquiries for Garnishments and Child Support Payments
3. Public Disclosure Files
4. SAIF - Workers' Compensation Insurance Requests

1. Employment and Payment Verification

Local offices and the Provider Relations Unit at APD Central Office frequently receive requests from automobile or home loan companies, and/or employers wanting to verify a Homecare Worker's employment or wage information. If the company or employer can provide DHS with a signed release (which may be a signed statement on an application) the information about the Homecare Worker's employment dates or payments can be shared. The caller should be informed that DHS is not the employer of the Homecare Worker but that we make payments to them on behalf of

our consumers. Information about the consumer-employer should not be released.

2. Inquiries for Garnishments and Child Support Payments

Inquiries about Homecare Worker wages or employment verification for the purpose of garnishments including child support should be directed to the APD Provider Relations Unit at 1-503-947-5126 for Homecare Workers who are still actively employed. If a creditor or agency wants to send DHS a garnishment or writ, it should be sent to the DHS Office of Financial Services, Accounts Receivable Unit - 500 Summer St, NE, Salem, OR 97301. Garnishments cannot be applied if the Homecare Worker is not actively working since payments are not being issued.

3. Public Disclosure Files

There are no public disclosure files for Homecare Workers. Homecare Worker files and complaints are not available for the public to view. Public disclosure files are maintained at the local office only for complaints against Nursing Facilities, Residential Care Facilities, Assisted Living Facilities, and Adult Foster Homes.

4. SAIF - Workers' Compensation Insurance Requests

Local offices may release any information necessary to SAIF or to Oregon Home Care Commission staff for processing Homecare Workers' claims for workers' compensation. All consumer-employers sign a workers' compensation consent form allowing necessary information to be released. Information that can be released includes, but is not limited to Oregon ACCESS narratives, Service Plans and Task Lists.

Adult Protective Services Overview for HCW Terminations:

1. Information Released During Termination Proceedings

The law limits information that APD/AAA offices can release about adult protective services complaints outside of DHS. APS reports cannot be released by local offices directly. In most cases, APS reports can only be released for judicial proceedings and are placed under a qualified protective order. Typically, the most that can be released by the local office to the HCW is the fact that an APS complaint is substantiated and the category (financial exploitation, verbal abuse etc.). If there are requests

made to release APS reports outside of APD, refer the requestor to Adult Protective Services Policy at Central Office.

2. Homecare Workers as Representatives, Guardians, Conservators for the Client

A Homecare Worker shall never be a representative or make service plan related decisions for consumer-employer for whom the homecare worker currently provides paid services.

4. Substantiated Complaints

In order to terminate a Homecare Worker based on an adult protective services complaint, the complaint must be substantiated. Termination may be based on another Client-Employed Provider Program violation that warrants termination, including but not limited to, fiscal improprieties, services not provided as required, or lack of skills, knowledge and abilities. See *Termination Reasons other than APS* in the section of this manual.

5. Termination Reasons other than APS

When an APS allegation against a Homecare Worker is unsubstantiated or inconclusive but there are documented or demonstrated concerns with the ability to provide services, the local office should consider whether termination would be justified based on one of the program rules in OAR 411-031-0050 and OAR 411-031-0020. Here are some of the more common reasons for termination that may also be issues referred to APS:

- "**Commits Fiscal Improprieties**" means the Homecare Worker committed financial misconduct involving the consumer's money, property or benefits. Improprieties include, but are not limited to, financial exploitation, borrowing money from the client, taking the client's property or money, having the client purchase items for the Homecare Worker, forging the client's signature, falsifying payment records, claiming payment for hours not worked, repeatedly working or claiming to work hours not prior authorized or claiming to work hours over the maximum authorized weekly number of hours allowed for the HCW as outlined in the collective bargaining agreement, requesting or demanding payment for services in excess of the amount paid, or similar acts intentionally committed for financial gain.

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- **"Demonstrates a lack of the skills, knowledge, and ability to adequately or safely perform the required work"** means the Homecare Worker does not possess the skill or abilities necessary to perform services needed by Department consumers. The Homecare Worker may not be physically, mentally, or emotionally capable of providing services to aging and persons with disabilities. Their lack of skills may put consumers at risk, because they fail to perform, or learn to perform, their duties adequately to meet the needs of the client.

- "**Fails to provide services as required**" means the Homecare Worker does not provide the services to the client as described in the service plan authorized by the Department.

- "**Fails to adhere to an established work schedule or introduces an unwelcome nuisance to the workplace**" means the work schedule established by the consumer-employer to best meet the consumer's assessed needs and agreed to by the homecare worker employed by the consumer. A homecare worker adheres to the established work schedule by arriving to work on time, requesting absence from work in a timely manner, and notifying the consumer-employer of unscheduled absences in a timely manner; or inviting unwelcome guests, pets, and other objects (fire arms/etc.) into the client's home, which results in the client's dissatisfaction or inattention to the client's required care needs.

- "**Failure to report an arrest**" means that a HCW failed to report to the Department or consumer-employer within 14 days that they have an arrest, citation for, or conviction of any potentially disqualifying crime as listed in OAR 125-007-0270.

- "**Violation of a drug-free workplace**" means there was a substantiated complaint against the Homecare Worker being intoxicated by alcohol, inhalants, prescription drugs, or other drugs, including over-the-counter medications, while responsible for the care of a consumer, while in the consumer's home or care setting, or while transporting the consumer; or manufacturing, possessing, selling, offering to sell, trading, or using illegal drugs while providing authorized services to a consumer or while in the consumer's home or care setting.

When a HCW must be termination due to substantiated abuse determination, complete form DHS 2680. A link to this form is found [here](#).

Provider Screen for Step Wage Increase
STPI

1) Enter provider number in this field.
2) Shows history of step segments if set to Y. Default is N.
3) Date the system looked back to as the begin date for calculating hours.
4) Provider Name.
5) Provider Type for provider number entered in 1.
6) Displays total regular hours from the lookback date to present. This does not include overtime hours because those hours are not counted toward step increases. The hours shown will change over time as more claims are paid. This does not impact a step between lookback dates.
7) Provider number for the current provider type (will match the number entered in 1).
8) Qualified provider type. For those with only one provider type, this will match the provider type associated with the provider number entered in 1, If the provider has multiple provider numbers and has a higher step on one of those provider numbers, the provider type with the highest step will be displayed. Example: If staff enters the provider number for an HCW who is at step 2, but they are also a PSW who qualifies for step 3, "PSW" would be displayed as the qualified provider type in that field.

9) Qualified hours for the provider number with the highest step. The hours shown in this field will not change between lookbacks.

10) The provider number associated with lines 8, 9 and 10.

11) Begin date for the current step segment.

12) End date of current step segment. This will typically be 12/31/9999. The actual end date will display for historical step segments.

13) Step. The system will show S02 (Step 2), S03 (Step 3) and so on for all provider types. However, the screen will not display a step or qualified hours for HCWs and PCAs who are on step 1. It will show PSWs on step 1 because that information is imported by the PSW payment system.

14) The number of regular hours that determined the step.

15) The lookback date used for the step record.

16) Override flag. If set to Y, an override was performed by Central Office.

17) Provider Type for the step record (HCW, PCA, PSW).

18) Date the record was created.

19) Date the record was updated.

Section 13:

Staff Listing

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Provider Relations Unit
Aging and People with Disabilities
Manager
Diana Nott …………………………….....................503-779-4064

CEP Program…………………………...................1-800-241-3013
    Creating authorizations
    Overpayments/underpayments
    Corrections to W-2's

Provider Number Issuance……………........…………1-800-241-3013

HCW
Enrollment…………………………….hcw.enrollment@odhs.oregon.gov

Direct deposit (EFT) payments

DHS Direct Deposit form MSC 0189: click here
(See section 11 for more information on direct deposit)

PH: 503-9456872 or 503-945-5710

Return by mail or fax:
Fax: 503-945-6860

Office of Financial Services/ATTN: EFT Coordinator
500 Summer St. NE, E-97
Salem, OR 97301-1080

Garnishments
PH: 503-947-5126
Fax: 503-947-5120
Send garnishment requests to:
DHS Office of Financial Services, Accounts Receivable Unit, E-79
500 Summer St. NE
Salem, OR 97301
In-home services unit
Manager
Mathew Rapoza...971-301-3334

Consumer-Employed Provider Program (CEP)
Traci Lerner 503-705-7324
Unemployment Claims/Hearings
Janice Castle 503-945-6408

Oregon Home Care Commission
Executive Director
Jenny Cokeley 503-379-1726

OHCC Training
Roberta Lilly 503-378-8194

Workers' Compensation Coordinator

Kelly Rosenau 503-378-3099

Workers' Compensation Claims Assistance for HCWs 888-365-0001
Workforce Development ....
http://www.ohccworkforce.org/

Union related
SEIU (Service Employees International Union, Local 503, OPEU)
Member Assistance Center...1-844-503-7348
https://www.carewellseiu503.org/
Contact@seiu503.org
Carewell email: carewellpartners@risepartnership.com

Background Check Unit

Main Line 503-378-5470
Toll Free 888-272-5545

Manager
Jeffrey Akin.. 503-569-3191

Status of Outstanding Application 888-272-5545
 ....(Option#4)

Operations & Policy Analyst
Kelly Myrick- 503-378-5628

Send appeals to:
DHS- BCU
P.O. Box 14870
Salem, OR 97309-5066

Distribution services
Questions about ordering publications, forms
or brochures on FBOS 503-373-1342

DHS accounting
DHS Forgery Services 503-945-5640

Service Desk and Office of Information Systems

Service Desk.. 503-945-5623
On Outlook as SERVICEDESK DHS

Urgent Voucher/authorization
issues…………………mainframe.businessanalysts@odhsoha.oregon.gov

Oregon Provider Time Capture Direct Care Innovations (PTC)
PTC.Support@odhsoha.oregon.gov

Section 14:
Resources

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APD Case Management Tools website
http://www.dhs.state.or.us/spd/tools/cm/index.htm
Homecare Worker webpage
http://www.dhs.state.or.us/spd/tools/cm/homecare/index.htm

On the main page, you will find links to rules, tools, guides and manuals.

- Chapter 411 Division 031 rules for the CEP Program
  http://www.dhs.state.or.us/policy/spd/rules/411_031.pdf
- Collective Bargaining Agreement
  http://www.dhs.state.or.us/spd/tools/cm/homecare/2018-2019%20HCW%20CBA%20Final%20V5.pdf

- HCW Termination FAQ's
  http://www.dhs.state.or.us/spd/tools/cm/homecare/HCW%20Termination%20FAQs%20180531.pdf
- CEP Employers' Guide
  https://apps.state.or.us/Forms/Served/se9046.pdf

- Homecare Workers' Guide
  https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/de9046a.pdf?CFGRIDKEY=DHS%209046A,9046A,The%20Homecare%20Worker%20Guide%20,,de9046a.pdf,,,,,/es_xweb../FORMS/-,,/es_xweb../FORMS/-,
- Safety Manuals (Employer and HCW)
  HCW: https://apps.state.or.us/Forms/Served/de9062.pdf
  Employers: https://apps.state.or.us/Forms/Served/de9062.pdf

- Frequently Asked Questions
  Income Tax Withholding:
  http://www.dhs.state.or.us/spd/tools/cm/homecare/W-4%20Tax%20Q%20and%20A%20Document.pdf
  Direct deposit:
  http://www.dhs.state.or.us/spd/tools/cm/homecare/DirectDeposit%20FAQ%2012-16.pdf

- Forms
  Forms server link: https://aix-xweb1p.state.or.us/es_xweb/FORMS/?-db=FormTbl.fp5&-lay=Main&-format=Findforms_FMP.htm&-findany
- APD Transmittals
  http://www.dhs.state.or.us/policy/spd/transmit/transmit.htm

- PTC staff tools contains communications and transmittals:
  http://www.dhs.state.or.us/spd/tools/cm/PTC/index.htm
- PTC staff training materials:
  https://dciconfluenceprod.dcisoftware.com/display/ORPD/Staff+Learning+Materials+Catalog