

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-18-007

Issue date: 2/22/2018

Topic: Long Term Care

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

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

Policy/rule title:	Homecare Worker Provider Inactivation and Denial Actions		
Policy/rule number(s):		Release number:	
Effective date:		Expiration date:	
References:	OAR 411-031-0050		
Web address:			

Discussion/interpretation:

Oregon Administrative Rules governing Homecare Worker (HCW) provider enrollment, inactivation and termination procedures provide for the ability to inactivate HCW provider enrollment under certain conditions. HCWs have certain rights guaranteed by Collective Bargaining Agreement and by the Bureau of Labor and Industries. The following is a summary of policy changes impacting local service delivery offices that process HCW provider records.

Implementation/transition instructions:

Conditions in which a Homecare Worker provider enrollment may become inactivated at the local service delivery office:

1. A HCW hired on a preliminary basis pending the DHS Background Check Unit's background check decision receives an outcome of closed or denied.
2. A new HCW that has failed to complete New HCW Orientation within 90 days of becoming enrolled in the Consumer-Employed Provider Program.
3. A HCW submits a notice in writing that they are no longer providing services in Oregon.

If a local service delivery office inactivates a HCW provider number, the Case Managers of all consumers that may be impacted must be notified immediately of the inactivation action. The following steps must occur with inactivation action:

- The local office will mail via **CERTIFIED MAIL** an APD 0613i outlining the reason for inactivation to the HCW on the same business day as the inactivation notice. A copy of the inactivation notice and the certified tracking information will be kept in the HCW's file.
- Within one (1) business day of the inactivation notice the local service delivery office will scan and email a copy of the 0613i to the Provider Relations Unit at the following email address: APD_ODDS.ProviderTermination@dhsosha.state.or.us.
- AAA offices will need to email the Provider Relations Unit inbox to request a secure email to forward the inactivation notice securely.

Conditions in which the Local Service Delivery Office MUST immediately refer a HCW provider enrollment number inactivation action to APD Central Office:

1. **A HCW has been referred to Medicaid Fraud Control Unit and a credible allegation of fraud exists.** The local office will not take any action other than forwarding the information to APD Central Office. In these matters, all payment suspension actions against a HCW with a credible allegation of fraud, pursuant to Federal law under 42 CFR 455.23 and 455.450(e) will be completed by APD Central Office. If a HCW submits a request for a hearing to contest payment suspension, the Case Manager that receives the request will immediately forward the hearing request to APD.HEARINGS@dhsosha.state.or.us and cc to HCW.TERMINATIONS@state.or.us.
2. **A HCW, not currently providing any paid services to consumers, is being investigated by Adult Protective Services or suspected abuse that poses imminent danger to current or future consumers.** In these matters, the local office will email APD Central Office prior to mailing the 0613i via CERTIFIED MAIL to the HCW, with the following information:

- HCW name and provider number
- Summary of allegation against the HCW
- Consumer/Victim name and prime number
- Date that HCW last provided services
- Adult Protective Service point of contact
- A local office point of contact to advise when action is complete
- A copy of the 0613i sent to HCW with USPS CERTIFIED tracking number

The local office will email summary with Subject Line: *Imminent Danger Inactivation*. The local office will email to: APD_ODDS.ProviderTermination@dhsoha.state.or.us and carbon copy to: HCW.Terminations@state.or.us.

3. **A HCW has not provided any paid services to any consumer for the last twelve (12) months.** In most cases, these inactivation actions are auto-generated by the payroll system. If a local office has questions or concerns about a HCW that has not provided services in 12 months that has not been automatically inactivated, the local office may send an email inquiry with HCW name and provider number to: APD_ODDS.ProviderTermination@dhsoha.state.or.us.

Denial of Provider Enrollment

The local service delivery office may deny an application for provider enrollment for new applicants and former HCWs that do not have a valid active provider number in accordance with OAR 411-031-0040(8)(b). When an applicant is denied for provider enrollment as a HCW, the following steps must occur the same business day as the denial action occurs:

1. The local office will mail via **CERTIFIED MAIL** an APD 0613d Notice of Denial of Homecare Worker Enrollment form 0613d describing the reason for the denial of enrollment.
2. The local office will scan and securely email a copy of the 0613d, **CERTIFIED USPS** mailing slip, and any additional information related to the denial of this applicant to: APD_ODDS.ProviderTermination@dhsoha.state.or.us, using subject line *PSTS Denial of HCW Application*. AAA offices can email APD_ODDS.ProviderTermination@dhsoha.state.or.us to request a secure email that they can use to reply to.

Local/branch action required:

Central office action required:

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy & Ops

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Darla Zeisset	
Phone: 503-779-8983	Fax: 503-947-4245
Email: darla.zeisset@state.or.us	