

# NOTICE

Independence Northwest has been compelled by The Department of Human Services to share your private information (name and address) as a means of complying with House Bill 3618. The Department will be sharing your information with the Service Employees International Union (SEIU). As a result you may receive visits from union representatives at your home or place of business.

Independence Northwest remains neutral on House Bill 3618 and does not endorse or oppose the activities of The Department or of SEIU.

For information about The Department's request for information, please see the attached Department transmittal.

For information about House Bill 3618 please visit our website:  
<http://independencenw.org/3618.htm>

James Toews  
Authorized Signature

**Number:** SPD-AR-11-026  
**Issue Date:** 3/15/2011

**Topic:** Developmental Disabilities

**Due Date:** 4/6/2011

**Subject:** HB3618 - Personal Support Worker information

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                     | <input checked="" type="checkbox"/> County Mental Health Directors  |
| <input type="checkbox"/> Area Agencies on Aging                | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families         | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): Support Service Brokerage Directors, Regional Crisis Coordinators |

**Action Required:** In a prior transmittal, SPD-AR-10-071, a request was made by SPD for the names and other relevant information about Personal Support Workers. For the purpose of finalizing implementation of HB 3618, it is necessary to acquire a current list of Personal Support Workers with a slightly expanded time frame and clarification regarding source of payment. This transmittal is to outline the requirements of Community Developmental Disability Programs and Support Services Brokerages in submitting to SPD a current list of Personal Support Workers.

The names and related information to be submitted are those people:

1. Who are Personal Support Workers as defined under HB3618.
2. Whose work is within the Developmental Disability Service programs referenced as In-Home Comprehensive Services for Adults (DD49), Adults Support Services (DD148), General Family Support (DD150), Long-Term Family Support (DD151), and Crisis Services (DD44).
3. Whose compensation comes from public funds generated from a contract between SPD's Office of Developmental Disability Services and Community Developmental Disability Programs or Support Service Brokerages for the services listed above.
4. That received compensation for service delivered from the period of 11-1-10 through the date of this transmittal. Compensation means pay for services delivered.
5. This does not include volunteers providing services without compensation who

- may or may not receive reimbursement for expenses. This also does not include individuals under specific contracts that provide the following services:
- a. Time limited assessment and training either on a 1:1 or small group basis;
  - b. Family Training or Counseling;
  - c. Short-term respite care away from the service recipient's home;
  - d. Time specific job development, exploration, placing, coaching, or consultation;
  - e. Time-limited behavior or social sexual assessment, plan development, treatment, training, or consultation;
  - f. Professional medical or allied medical services requiring licensure of the provider such as nursing, physical therapy, occupational therapy, or speech therapy.
6. Whose compensation is based on an approved timesheet, invoice, voucher or any other method for documenting services rendered regardless of whether the individual may previously have been characterized or perceived as an "Independent Contractor".
  7. Whose compensation is paid by a Community Developmental Disability Program (CDDP), a Support Service Brokerage (SSB), or fiscal intermediary or payroll agent on behalf of a CDDP or SSB.

HB3618 also covers Personal Support Workers of clients or their parents/guardians of State Plan Personal Care Services and Children's Intensive In-Home Services. CDDP's or Support Service Brokerages are not required to submit information on these Personal Support Workers. This information will be collected via data systems within the Department.

Attached to this transmittal is an [Excel spreadsheet with instructions](#) for use in completing this request. Please complete this spreadsheet according to the instructions and the information contained in this transmittal.

**The completed spreadsheet is to be returned by Wednesday April 6, 2011.**

The required information is to be sent in an [editable, electronic format](#) to:

Michael J. Maley, Manager  
Community Programs Section  
Office of Developmental Disability Services  
Seniors and People with Disabilities  
500 Summer St NE, #E-09  
Salem, OR 97301  
[mike.j.maley@state.or.us](mailto:mike.j.maley@state.or.us)

Questions on this matter should also be directed to Mike Maley.

**Reason for Action:** See Above

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**

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

<b>Contact(s):</b>	Mike Maley		
<b>Phone:</b>	503-947-4228	<b>Fax:</b>	503-373-7274
<b>E-mail:</b>	<a href="mailto:Mike.j.maley@state.or.us">Mike.j.maley@state.or.us</a>		