To: Madison Ross From: Anne Lindquist March 28,2017 be submitted by the payment deadline to be paid on a payroll run. Late, incomplete or inaccurate timesheets will not be processed until the next run.

As a PSW, you acknowledge that you are bound by the rules found in OAR 411-375 and OAR 411-450.

By signing this service agreement, you are agreeing to perform the duties as outlined above. This authorization is not valid until signed by all parties listed below.

John M. Lindquist	
Common aw employer (please print name)	
Mith	25 Mar 17
Common law employer signature	Date 3 25 17
Personal support worker signature	∫ Date
Person receiving services signature (optional)	Date

Personal support worker addendum

Personal support workers (PSWs) are mandatory reporters in Oregon and must follow the requirements of OAR 407-045-0260. PSWs may have their state provider number (SPD) inactivated or terminated by the department for violating the rules found in OAR 411-375-0070.

PSWs are at-will employees of the common law employer (CLE) identified below. The CLE or PSW may end this relationship without cause at any time. The CLE is solely responsible for scheduling, hiring, discipline, approving time worked and termination.

A PSW is not an employee of Oregon (except for the purposes of collective bargaining), the Oregon Home Care Commission (OHCC) or local case management entity. PSWs must have proper credentials and an active provider number to be paid with Medicaid funds. Community developmental disabilities programs or brokerages may need additional documentation to ensure the health and safety of the individual being served. Failure to maintain credentials may be cause for termination of this authorization.

PSWs are eligible for benefits outlined in the most current Homecare Worker/Personal Support Worker Collective Bargaining Agreement (CBA). Questions about workers' compensation for injuries received while performing job duties or training should be directed to OHCC. Contact the Homecare Worker Supplemental and Benefits Trust at 1-844-507-7554 or email <a href="https://doi.org/10.1001/jobs/10.2001/jobs/10.

The work units authorized on page one of this document are the total number of hours a PSW may work in the specified time period. The provider may not bill for more than the hours authorized unless the CLE requests additional hours to meet an emergent need (e.g., coverage for another provider, emergency related to the individual, etc.), and the hours are available in the supported person's plan. The CLE must notify the case management entity within two business days if they authorize a PSW to work more than the authorized hours.

A PSW may not work for more hours in a work week than allowed for in rule or as stated in the CBA unless an exception is approved and on file with the case management entity.

The rate of pay authorized on page one of this document is subject to terms of the most current CBA. The rate may be adjusted without notice or revision to this agreement if the terms of the CBA require a change to the rate. No other rate changes are authorized without notification to the provider and CLE.

Pay dates are set by the Oregon state contract payroll calendar. All timesheets must

Enhanced/exceptional personal support worker notification

To be completed by the service coordinator or personal agent:

Enhanced/exceptional support workers are eligible for an increased rate of pay if they receive certification from the OHCC. The PSW may only be paid this increased rate of pay if the individual served meets the criteria in the Adult Needs Assessment or Children's Needs Assessment Version C or Addendum, AND the PSW has completed the training requirements in the current collective bargaining agreement. The authorizing agency of services (CDDP/brokerage) must keep a copy of your up-to-date credentials on file.

If checked, this individual is eligible for an <a>C enhanced rate or <a>C exceptional rate.

To be completed by the PSW:		
Complete the following if you wish to receive an enhanced or exceptional rate for this individual:		
I am currently credentialed through OHCC as an:		
☐ Enhanced personal support worker:		
Credential start date:	Credential end date:	
☐ Exceptional personal support worker:		
Credential start date:	Credential end date:	
I understand I am eligible to receive the enhanced or exceptional rate as long as I maintain my credentials with OHCC. Failure to maintain those credentials will result in my rate being reduced to my previous rate of pay or current base rate of pay.		
Information around training can be found at:		
www.oregon.gov/dhs/spd/Pages/adv/hcc/training.aspx		
I understand the needs of the individual I serve may change and may affect my rate as outlined in the CBA.		
-41-4		
- Market	3/25/17	
Personal support worker signature	Date /	