

Community Action Team



Senior, Respite, and Veteran Services

Program Specific Information

2009

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SENIOR SERVICE PROGRAMS

Respite, Senior and Veteran's Services Programs is part of Community Action Team in Columbia County.

Community Action Team serves low income people in Clatsop, Tillamook, and Columbia Counties.

Community Action Team is also the local Area Agency on Aging which is a national service organization authorized by Congress to provide services to seniors in the United States.

The program definition of a senior is a person 60 or more years of age.

Most of our funding for services to seniors in Columbia County comes from the Older American's Act.

The Older American's Act was passed in 1966 and was designed to fund senior programs in the 50 states.

Some of the Older American's Act funded programs in Oregon and Columbia County are as follows:

- Meals on Wheels.
- Senior Center Programs and Congregate Meals.
- Older American's Act Respite in-home Programs.
- Wheelchair ramps for those that qualify.
- Other various services.

MEALS ON WHEELS (MOW)-

The Meals on Wheels food program is designed for seniors who are "house bound" and cannot drive or leave their homes because of physical impairment. The program will deliver a hot lunch to the home of the qualified senior.

SENIOR CENTER CONGREGATE MEALS-

Lunches are provided in local senior centers for seniors who come into the centers. Donations to the program are always appreciated.

OAA (Older American's Act) IN HOME RESPITE SERVICES-

This program provides in-home respite services for a relative providing care for a senior with physical or mental needs.

Respite is defined as relief for the primary family care giver, so that the primary care giver can receive a much needed break. (*See additional information under the respite section.*) Respite is not an ongoing service but instead temporary assistance for the family care giver.

WHEELCHAIR RAMPS-

Construction of wheelchair ramps is allowable under the Older American's Act under the following circumstances;

1. The client receiving the ramp **MUST BE** fully dependent in mobility. Dependent in mobility is defined as the client must be confined to a wheel chair and **CANNOT** walk at all. In addition the client must also need full assistance in two other activities of daily living.
2. If the client rents the place where he/she lives, they must have written authorized permission to build the ramp on the building and the property where the dwelling stands.

OTHER SERVICES-

- Limited Legal Aid Services.
- Preventative Health Care Support.
- Senior Center support.

CARE PROVIDER PROCESS

Respite Care Providers:

A potential Respite Care Provider will need to go through the following process to be MATCHED for potential employment with a client in all of our Respite Care Programs. This process is ONLY for Respite Care Providers.

Important Note: We cannot guarantee employment through any of our programs. We are essentially a referral service who attempts to match qualified providers with clients receiving services from us.

The potential Care Provider MUST complete the following paperwork and submit it to the Program Assistant (Juliann Davis) OR Program Director (Ken Johnson)

- Care Provider Application
- W-9 Tax form
- 301AD Criminal Background Check form
- Fingerprint Card (If applying to work in home with children)
- Copy of Driver's License OR State ID Card
- Confidentiality Agreement

The 301AD Criminal Background Check Application is submitted to DHS for processing. Under new federal guidelines, any respite provider applying to work with children must complete a fingerprint-based criminal records check via the National Crime Information Center (FBI).

The Program Director checks references the provider listed on the application and will perform interviews as needed.

After the application process is complete, the provider's name goes on the provider list. When clients call seeking a respite care provider, the care provider's name and phone number is sent to the client for possible employment. ***The client hires the Care Provider.***

It is important to note here: a care provider is expected to dress appropriately and maintain good hygiene when interviewing and providing care to the clients.

Our program will continue to refer your name and phone number out to potential clients for possible employment until you tell us to STOP.

- Some Care Providers want to work with only one client.
- Some Care Providers want full time (40 hrs per week) employment.

Any questions about the Care Provider process should be referred to the Senior Service Case Managers, Program Assistant, or Program Director (see phone list)

Oregon Project Independence (OPI) Providers:

The State of Oregon's Home Care Commission (HOCC) was created by Ballot Measure 99, which was passed by Oregon voters in 2000. The OHCC is required to ensure the quality of in-home care services. This is accomplished by:

- Establishing qualifications for homecare workers.
- Providing training opportunities for home care workers and for seniors and individuals with physical disabilities who employ home care workers.
- Establishing and maintaining a registry of qualified home care workers to provide routine, emergency and respite referrals to individuals who employ home care workers.

The OHCC Registry and Referral System (RRS) was developed in partnership with the Service Employees International Union (SEIU) Local 503 and the State of Oregon Department of Human Services (DHS) through Seniors and People with Disabilities (SPD).

Providers who want to be referred to employers who need in-home services must apply at the local Seniors and People with Disabilities office. The office is located at 500 N. HWY 30, Suite 240, St. Helens, Oregon, phone 503-397-5863.

The Registry and Referral System is used to obtain a list of eligible providers for all OPI clients seeking services. ***The client is responsible for hiring their homecare worker (HCW).***

SOLICITING GIFTS:

It is not **proper** or **acceptable** for care providers to **solicit gifts** or otherwise **profit** from their relationship to a client they are providing care for.

For example:

- You tell a client that you like a certain piece of antique furniture located in the senior's home and you have had your eye on this and you know the furniture is very expensive. You tell the senior that you will take the table in payment for your providing care.
- You ask your client if you can borrow some money, because you did not get paid enough and you need to buy groceries.

A Care Provider could be terminated from employment if it is found you have violated this policy.

LEAVING EMPLOYMENT:

It is **strongly** requested that a Care Provider give proper notice when leaving the employment situation which involves providing care to a client.

Call the local Senior Service Case Manager, the Program Assistant, or the Program Director if you leave the employment situation.

In some cases elder abuse/neglect laws may apply to a care giving situation, for example:

- If you are providing care to a dependent elderly/disabled and there is no other person who provides care to the dependent person and you leave the care giving situation you could be charged with abandonment under the elder/disabled neglect laws.

If you have specific questions and need assistance about the Care Provider Process please call the Program Director or Assistant.

CONFIDENTIALITY

One of the most important items to remember when working with our programs is *confidentiality*.

All staff and care providers are required by Oregon Administrative Rule (OAR) and Statute (ORS) to maintain strict confidentiality regarding all of the programs we as an agency administer.

The **ONLY** exception to this rule is **ABUSE or NEGLECT**.

If you witness directly or hear about abuse or neglect of an elder (senior) or disabled person, then you are required to report this abuse/neglect to our agency and/or Seniors and People with Disabilities (DHS). (As staff and care providers you are mandatory reporters.)

SPD/DHS is required, under law, to investigate all abuse/neglect claims.

Confidentiality in essence is defined as; not disclosing any information about the client you are providing care for to anyone else without written permission.

This means not even talking to your spouse, other family members, or friends, about your client unless you have direct written permission.

Why is this so important?

Clients that we work with have a right to expect that their privacy is maintained.

We all want, as individuals, assurance that our privacy is maintained.

The clients we work with have a right to know and expect that their physical or mental conditions will not be shared with anyone, this perhaps includes even their own family members.

As a staff person or care provider you can be terminated from your position as if it is proved you have violated the *confidentiality* of your client.

What about sharing information with agency or program staff?

When we sign clients up for our programs the clients give their permission to us as a program to share certain basic information with Care Providers. You as a Care Provider can also share your concerns about situations you encounter with program staff only.

The **only exception** to this rule is that some specific diseases under State Law, such as HIV/AIDS, are not allowed to be shared with anyone if the client discloses this information to us. We as a staff are not to ask a client about their HIV/AIDS status.

All current and future staff and care providers working with our programs will sign a ***confidentiality*** statement.

Any specific questions about ***confidentiality*** can be answered by the Program Assistant and Program Director.

RESPITE PROGRAMS

OLDER AMERICAN'S ACT (OAA) IN-HOME RESPITE PROGRAM -

This program is designed to provide respite care relief to a family member who is caring for a senior (60 years of age and older) who has a physical or cognitive disability or care need.

An abridged version of the OPI CAPS assessment is required for all clients requesting services for the OAA Respite Program.

The CAPS assessment is a series of questions about the client's daily life based on six **Activities of Daily Living**.

The six Activities of Daily Living are as follows:

- Bathing
- Eating
- Housekeeping
- Cognition
- Bowel and Bladder
- Mobility

This program is NOT designed to provide complex medical care such as: suctioning, diabetic insulin injections, etc.

The program also cannot provide direct personal care such as: bathing, bowel and bladder care, or other such direct services care.

The program was designed to give the direct care provider (family member) a break from their direct care duties.

UNITED WAY RESPITE-

This respite program is currently targeting to provide relief to grandparents that are caring for their own grandchildren because the natural parent can no longer care for the children for various reasons or circumstances.

LIFESPAN RESPITE-

This respite program is a state funded program that is administered by our Respite, Senior, and Veteran's Services of CAT (Community Action Team) programs in Columbia County. The program is designed for families who are providing care to another family member within the home.

Some instances that would qualify a family for Lifespan Respite are as follows:

- Family caring for a person with Alzheimer's Disease or Dementia.
- Parents caring for a child with mental retardation or other special needs.
- Family caring for a terminally ill relative.
- Other situations involving family care needs.

The program is not designed to provide direct personal care, but is instead designed to give the primary care giver a break.

RESPITE PROGRAMS "TASK SHEET"

The Respite, Senior & Veteran's Services Program has developed a "Task Sheet" which more clearly defines what tasks can be provided to the respite client. (See Appendix B)

The Task Sheet should be signed by the client and the Care Provider **before work begins** so that there are no misunderstandings on the part of the family or the Care Provider as to what tasks are to be done.

(For a graph of the respite process, see Appendix C.)

OREGON PROJECT INDEPENDENCE (OPI)

The Oregon Project Independence Program (OPI) was created by the Oregon State Legislature in the early 1980s.

The purpose of the program was to provide a “safety net” for those individuals who did not qualify for Medicaid in-home services because of income or resources criteria.

The Oregon Project Independence Program is an in-home care program for those individuals 60 years of age and over.

During the Legislative session (2005-06) the Oregon Project Independence Program added people with disabilities (18 yrs of age and above). The program however currently says that older adults 60 yrs of age and over **MUST** be served first.

The maximum number of hours currently allowed for in-home services under the Oregon Project Independence Program in Columbia County is **20 hrs per month**.

CAPS-2 (Client Assessment and Planning System)

This assessment is required for all clients requesting services for Oregon Project Independence OR the in-home Medicaid system.

The CAPS-2 assessment is a series of questions about the client’s daily life based on six **Activities of Daily Living**.

The six Activities of Daily Living are as follows:

- Bathing
- Eating
- Housekeeping
- Cognition
- Bowel and Bladder
- Mobility

The assessment assigns a numerical value to each Activity of Daily Living.

The assessment then produces a number for each client. The client will have a numerical number based on a 1-18 scale (See Appendix A).

An example of a client with a number 1 is a client who is completely bed bound and needs another person to do everything for them.

An example of a client with a number 18 is a client who can do everything for themselves but may need some assistance with housekeeping for example.

The assessment numerical value determines the number of hours a client receives in-home care.

The CAPS-2 assessment is done initially at the time of intake and then yearly assessment is done to see if the client needs more assistance OR less assistance than previously determined.

A client OR a client's family can request a reassessment of the CAPS at any time if they feel the client's condition has become worse.

The Oregon project Independence Program was NOT designed to provide all of the client's personal and in-home care needs.

In order for a care provider to work with the Oregon Project Independence Program, the provider MUST HAVE a six digit provider number issued by the State of Oregon / Department of Human Services.

What Care Providers Should Know About Oregon Project Independence:

- Each Care Provider should have a "Task List" before beginning work. The Task List should be signed by the Care Provider and client before work begins (See Appendix E).
- OPI does NOT pay a Care Provider to do yard care, pet care, or other outside household maintenance.
- The authorized hours may go up and down depending on the client's needs as determined by the assessment.
- OPI does pay mileage to Care Providers for errands such as: picking up prescriptions, buying groceries, or other such tasks for the client.
- It is our policy that we will NOT allow Care Providers to transport clients in their own vehicles because of liability issues for the Care Providers and our agency.
- The Care Provider and the client should negotiate tasks needed to be done based on the "Task List."

- The Care Provider is NOT the servant of the client OR the client's family. The Care Provider is a partner with the client in order for the client to remain in his or her own home.
- The Care Providers should keep notes about the client's progress or other care issues that may come up and if necessary share those concerns with the senior case managers or the Program Director (Ken Johnson.)
- Confidentiality is required when working with the any client.
- Disputes over pay vouchers should be negotiated with the client first...but if cannot be resolved...should be brought to the attention of the Program Director.

VOUCHER PAYMENT PROCESS

OPI (OREGON PROJECT INDEPENDENCE) PAYMENT PROCESS-

OPI is a state funded program which is MANAGED by Respite, Senior and Veteran's Services Program of Community Action Team. The state (AKA Department of Human Services, Seniors and People with Disabilities) authorizes providers, issues the vouchers, and sends the checks. Respite, Senior and Veteran's Services Program authorize the number of hours a client receives and inputs the information into the state system (the state then issues the vouchers and mails them to the provider, see Appendix F). Once service for the month is completed, the provider returns the signed voucher to Juliann Davis (Program Assistant) and the information will be entered into the state system (the state then issues the check for payment and mails it to the provider).

Time frame for payment:

- Information cannot be entered before the 1st of the month following the dates of service.
- It is our priority to get checks out in a timely manner. If vouchers are received before 1pm, the information is entered and checks are cut the next day. However, it may take up to three days for checks to be cut and mailed.

Tax related information:

- The state requires a new W-4 each year.
- Any tax withholding is between you and the state – Community Action Team has no say or control over this.
- The state will send out a W-2 for your tax returns.

RESPITE PAYMENT PROCESS-

We've recently converted all respite programs to a stipend system. All respite clients will be given a yearly stipend. The stipends are based on funding available from federal, state, and local agencies. The stipend is held by our agency and used to pay providers. It is up to the provider and the client to negotiate how the stipend will be used to provide care for their family member. Community Action Team's Respite programs are federally funded by the Older American's Act (OAA), state funded by Lifespan, and county funded by United Way.

Respite, Senior and Veteran's Services Program will issue vouchers for the quarter (or partial quarter depending on the effective date), and mail them to you. You will record the dates of care, hours of care, and total number of hours worked for the month on the voucher. The voucher is to be signed by both yourself and the client. Once service for the month is completed, you return the signed voucher to Juliann Davis (Program Assistant) and she fills out a purchase order and submits it to Accounts Payable. (See Appendix D). The amount of the voucher will be deducted from your stipend total. You will be notified when your stipend is close to depletion.

Time frame for payment:

- All vouchers received before Thursday will process on the following Friday. Once the check has received the needed signatures it is mailed to the provider.
- If you drop your voucher off after 2pm, the purchase order will be written the next day.
- It is our priority to get checks out in a timely manner. However, on rare occasions, persons authorized to sign checks may be out of the office or on vacations. This could delay your check.

Tax related information:

- Community Action Team requires a new W-9 each year.
- Community Action Team DOES NOT and cannot withhold taxes – it is up to you to do estimated taxes each quarter.
- Community Action Team will send a Form 1099 (*to anyone who earned over \$600 in the tax year*) for your tax returns.

**ALL VOUCHERS,
BOTH OPI AND RESPITE,
ARE PAID ONCE A MONTH.**

For payment, return all completed vouchers to:

Juliann Davis
Community Action Team
125 N. 17th
St. Helens OR 97051
ATTN: Juliann Davis

VETERAN'S SERVICES

On July 1st, 2006 Community Action Team began providing services in Columbia County to all veterans.

The main Veteran's Services office is located at **125 N. 17th in St. Helens.**

We now have a full time Veteran's Services Officer (Coordinator) that works Monday through Friday 8:30 AM to 5:00 PM.

Some of the services that the Veteran's Service Program provides are as follows:

- Information and Referral
- Filing for retirement and disability benefits
- Providing advocacy services so that veterans know what benefits they are entitled to and ensuring that they receive them
- Providing "Aid and Attendance" services for in-home and community based care
- In-patient drug and alcohol services
- Veteran's nursing home care
- Other services related to veteran's benefits

The Veteran's Services program is supervised by the Program Director for Senior, Respite, and Veteran Service Programs.

You can obtain information about the Veteran's Services Program or schedule an appointment by calling: **503-366-6580**

STAFF YOU SHOULD KNOW

The following are the Program Staff responsible for working with all of the programs listed in this guide.

SENIOR SERVICE CASE MANAGERS & SPECIALISTS:

Millie Ungard / Nutrition Services	Phone- 503-366-6549 E-mail: mungard@cat-team.org
Ken Corliss / OPI & Respite	Phone- 503-366-6581 E-mail: kcorliss@cat-team.org
Judy Dodds / Information & Assistance	Phone- 503-366-6542 E-mail: jdodds@cat-team.org
Marge Tuomi/ Risk Cases	Phone – 503-366-6543 E-mail: mtuomi@cat-team.org

SENIOR CENTERS:

Scappoose Senior Center	Phone- 503-543-2047
St. Helens Senior Center	Phone- 503-397-3377
Rainier Senior Center	Phone- 503-556-3889
Clatskanie Senior Center	Phone- 503-728-3608
Vernonia Senior Center	Phone- 503-429-3912

RESPITE, SENIOR, AND VETERAN'S SERVICES ADMINISTRATION:

Juliann Davis / Program Assistant	Phone- 503-366-6584 E-mail: jdavis@cat-team.org
Ken Johnson / Program Director	Phone- 503-366-6543 E-mail: KenLJohnson@cat-team.org

VETERAN'S SERVICES OFFICER (COORDINATOR)

Joseph Pyle, Veteran Services Officer	Phone- 503-366-6580 E-mail: jpyle@cat-team.org
Steven DeWolfe, VSO Assistant	Phone – 503-366-6580 E-mail: sdewolfe@cat-team.org

OTHER USEFUL NUMBERS:

Seniors and People with Disabilities / DHS	Phone- 503-397-5863
Emergency Housing/Senior Housing	Phone – 503-366-6561

APPENDIX

- A ... Service Priority Levels
- B ... Respite Programs Provider Task List
- C ... Respite Process Chart
- D ... Respite Payment Voucher
- E ... OPI Task List
- F ... OPI Payment Voucher

Service Priority Levels

- Level 1** Client needs **full assistance** in mobility, eating, elimination and cognition. They need another person to provide hands-on care throughout the entire day.
- Level 2** Client requires **full assistance** in mobility, eating and cognition. The major difference with clients in level 1 is these individuals do not need help with elimination.
- Level 3** Client needs **full assistance** in at least one of the following activities of daily living: mobility, cognition or eating.
- Level 4** Client needs **full assistance** in elimination.
- Level 5** Client is only slightly less impaired than individuals assessed at the higher levels. At this level the client needs **substantial assistance** with mobility and requires **assistance** with elimination and eating.
- Level 6** Client requires **substantial assistance** with mobility and **assistance** with eating.
- Level 7** Client needs **substantial assistance** with mobility and **assistance** with elimination.
- Level 8** Client needs **minimal assistance** with mobility and **assistance** with eating and elimination.
- Level 9** Client needs **assistance** with eating and elimination.
- Level 10** Client needs **substantial assistance** with mobility.
- Level 11** Client needs **minimal assistance** with mobility and **assistance** with elimination.
- Level 12** Client needs **minimal assistance** with mobility and **assistance** with eating.
- Level 13** Client needs **assistance** with elimination.
- Level 14** Client needs **assistance** with eating.
- Level 15** Client needs **minimal assistance** with mobility.
- Level 16** Client needs **full assistance** with bathing or dressing.
- Level 17** Client needs **assistance** with bathing or dressing.
- Level 18** Client is independent in the above levels but requires structured living for supervision or complex medical problems or a complex medication regimen.

**Senior and Respite Programs
COMMUNITY ACTION TEAM
Respite Program Provider Task List**

Based on program evaluation, application process, the following tasks are authorized for the care provider to perform in the home of the care recipient.

- Socialization
- Light Housekeeping (Dusting, sweeping, etc...)
- Light Cooking (Microwave etc...)
- Occasional Errands
- Medication Delivery
- Ambulation Assistance
- P/T Exercises
- Assist with Dressing
- Assist to the Bathroom
- Take Client for Walk

OTHER TASKS:

- _____
- _____
- _____
- _____

PLEASE NOTE: We cannot authorize care providers to transport care recipients in their personal vehicles.

ALSO PLEASE NOTE: The Respite Programs will not pay providers to do the following tasks:

- Yard Care
- Pet Care
- House Maintenance (painting, plumbing, or other such tasks.)

The following signatures are needed before work can be started:

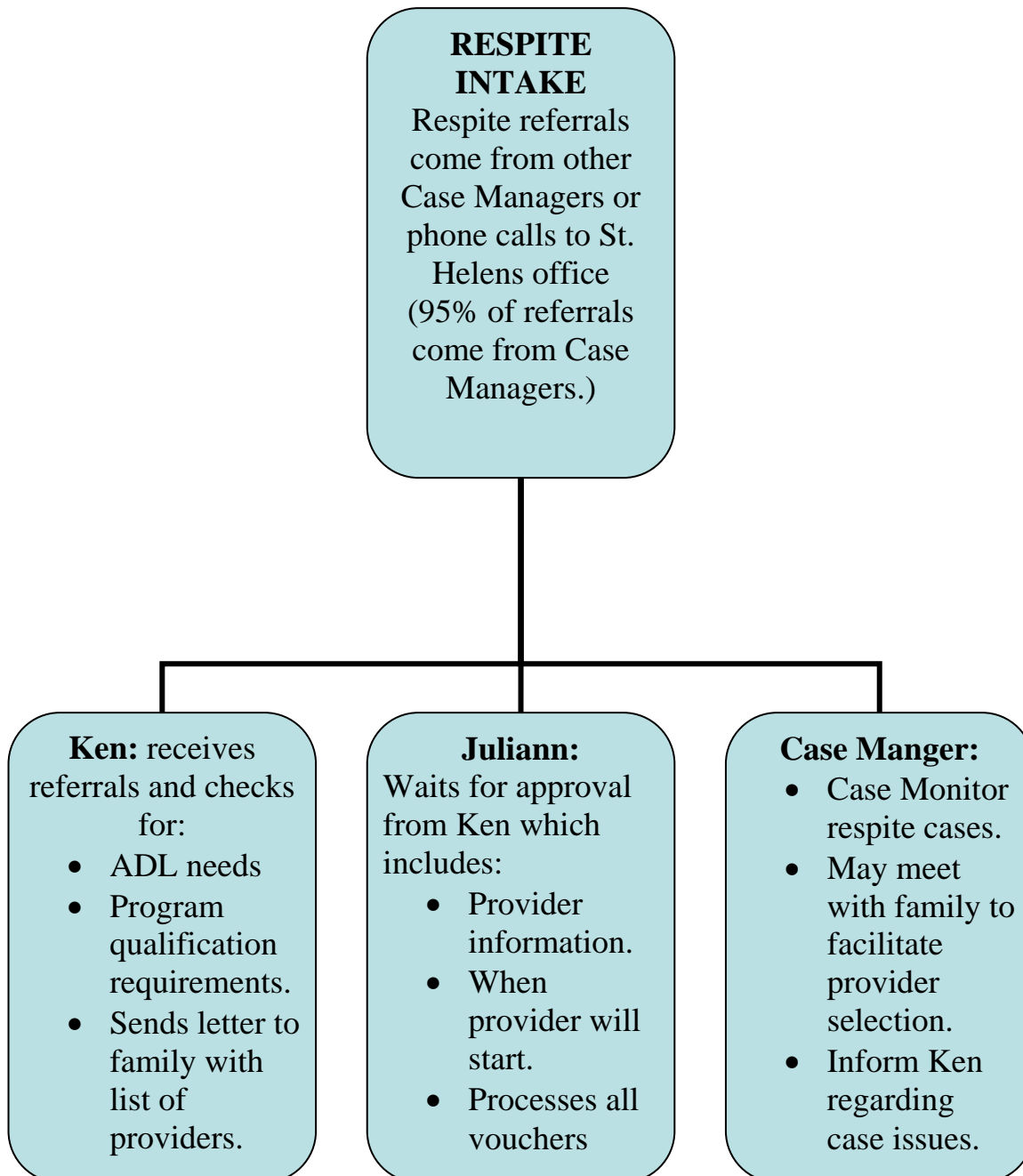
Care Provider Date

Client Date

Program Coordinator/Director Date

Senior and Respite Programs
OAA
United Way
Lifespan Respite

RESPITE PROCESS:



In addition to the tasks listed above:

OPI/Respite Senior Case Manager:

Helps to facilitate the process of respite care by doing the following-

- **Respond to care provider and family concerns and contact Ken if needed.**
- **Case Monitor respite cases as needed.**
- **Recruit for United Way and Lifespan Respite cases.**
- **Ensures that application for respite care form is filled out including ADL needs.**

Program Director:

- **Ensure that new provider task list is in place.**
- **Review Respite cases yearly.**
- **Respond to concerns by families or care providers as needed.**
- **Recruit for United Way and Lifespan Respite cases**

Program Assistant:

- **Sends out welcome packets and information for providers and families.**
- **Ensures that providers are paid in a timely manner.**
- **Maintains budget and tracks spending for the three respite programs.**
- **Ensures that yearly criminal record checks and W-9 are completed.**

Community Action Team Respite Voucher

Caregiver/Client:
Care receiver's Name:
Provider:

Date of Intake:
 Hours of Respite Authorized: (Monthly)
 Rate for Provider: (Hourly)

Respite Voucher for (Month)

Date:	Times: (example 9-11am)	Total Hours for that Day:
		Total Hours for the Month:

I, (provider name), certify the hours above were completed as reported.
 Provider signature: _____

I, (caregiver/client name), certify the hours above were completed as reported.
 Client/family caregiver signature: _____

To ensure prompt payment, please return completed form as soon as respite
 for each month is completed to:

Juliann Davis
 Community Action Team
 125 N. 17th
 St. Helens, OR 97051

Submissions **before** Thursday will be processed the following Friday
 Checks will be mailed to your address listed above

Task List

Employer 1

Name:

Street:

City:

State:

Zipcode:

Telephone: ()

(H)

Employee 2

Name:

Provider Number:

Mileage Authorization per month:

Task To Be Performed 3

Kitchen	<input type="radio"/> Clean the stove	<input type="radio"/> Clean and defrost refrigerator
	<input type="radio"/> Sweep and mop floors	<input type="radio"/> Wash the dishes
	<input type="radio"/> Empty the garbage	<input type="radio"/> Wash the kitchen counters
Living area	<input type="radio"/> Vacuum the floor	<input type="radio"/> Dust the furniture
Bedroom	<input type="radio"/> Make the bed(s)	<input type="radio"/> Change the sheets
	<input type="radio"/> Vacuum the floor	<input type="radio"/> Dust the furniture
Bathroom	<input type="radio"/> Clean the sink/tub	<input type="radio"/> Clean the toilet
	<input type="radio"/> Mop the floor	
Shopping	<input type="radio"/> Do the grocery shopping	<input type="radio"/> Run other errands
	<input type="radio"/> Store food and supplies	
Laundry	<input type="radio"/> Wash and dry clothes	<input type="radio"/> Put away the clothes
Meals	<input type="radio"/> Prepare Breakfast	<input type="radio"/> Prepare Lunch
	<input type="radio"/> Prepare Dinner	<input type="radio"/> Prepare food for the next day
	<input type="radio"/> Assist with eating	
Bathing	<input type="radio"/> Stand by for safety	<input type="radio"/> Assist with tub or shower
	<input type="radio"/> Shampoo hair	
Grooming	<input type="radio"/> Personal Hygiene (Brushing, shaving, combing)	
	<input type="radio"/> Assist with dressing	
Mobility	<input type="radio"/> Assist with ambulation	<input type="radio"/> Assist with transfers
	<input type="radio"/> Assist with range/motion	<input type="radio"/> Assist with padding/position

Oregon

DEPARTMENT OF HUMAN SERVICES

Human Services Bldg

SENIORS AND PEOPLE WITH DISABILITIES

SPD 598

File name
LAST NAME,
FIRST NAMEClient
LAST NAME,
FIRST NAMEDate sent
00/00/0000Case number
XXXXXXXXPrime number
XXXXXXXXDate of birth
00/00/0000Program
OPBranch Code
0512Worker
Last Name,
First Name

Tasks To Be Performed (continued)**3**

 Night Care

 Medication Management

 Bowel/Catheter/Continence Care

 Special Needs

 Special Diet

 Hours Authorized per Month

Environment**4**

 Pets

 Smoking Preferences

Remarks**5**

Signature worker**Date**

Signature employer**Date**

Payment Voucher

State of Oregon
Department of Human Services
Seniors and People with Disabilities

Cost Center: 0512
Voucher No: 2008208471

Case Workers: COLUMBIA CO COMMUN ACT

Provider Name: LAST, FIRST NAME

Provider Number: 123456

Client Name: LAST, FIRST NAME

Client Number: ABC1234A

Service Period

Authorized: (10/01/2008) thru (10/31/2008)

Worked: (/ /) thru (/ /)

Services Authorized (see front of voucher for definitions): OPI HCW

	Hr Wage:	Authorized Hours:	Hours Worked:
ADL Minimal Assist	\$10.20	10	_____
Total Hours:		10	_____
Transportation:	Rate:	Authorized Miles:	Actual Miles:
Mileage	\$.48	10	_____

I have read the Provider Certification statement on the front of this payment voucher. I have not worked more than the maximum hours for the service period. By signing this invoice, I certify the above information is true, accurate and complete.

Provider Signature _____ Date _____

I no longer work for this client as of ___/___/_____ (Las day worked).

CLIENT CERTIFICATION: By signing this invoice, I certify that the services described above were received by me. I hereby designate the Department an agent for the purpose of doing all that is required by myself pursuant of Section 3504 of the Internal Revenue Code. (This designation is not applicable if the payee is a private firm or agency employee.)

Client/Employer Signature _____ Date _____

COLUMBIA OPI
125 N 17th ST
ST. HELENS, OR 97051

COST CENTER: 0512
PHONE NUMBER: 503-397-3511
VOUCHER NO: 2008208471

LAST, FIRST NAME
MAILING ADDRESS
CITY, STATE ZIP

PROVIDER NUMBER: 123456

After completing payment voucher, save one copy for your records and return one copy to the branch office. ATTN: COLUMBIA CO COMMUN ACT

PROVIDER CERTIFICATION:

I have read and fully understand the following agreement: Payment of this claim will be from federal and state funds. Any falsification or concealment of a material fact may be prosecuted under federal and state laws. I am NOT an employee of the Department of Human Services, any of its Divisions or of any Area Agency on Aging.

The Department, in consideration of the services provided, agrees to pay the employee at authorized rates, upon receipt of proper invoice(s). Payment will not be made for any hours worked over the Maximum Authorized. No additional charge shall be imposed on either the employer, or the Department, or the Area Agency on Aging under this agreement.

I will receive a net payment for gross taxable wages minus the taxes and workers' compensation deduction (WCD). The payment may be reduced by recoveries, overpayments, garnishments or other deductions.

Tasks are defined as follows:

ADL: Eating, Dressing/Grooming, Bath/Personal Hygiene, Mobility, Bowel/Bladder and Cognition
Self Management: Medication Management, Transport, Breakfast, Lunch, Supper, Shopping and Housekeeping.

00305

SDS 598 B (Rev. 06/06)