

# Employment Reference Guide for Individual Providers



Washington State  
Department of Social  
& Health Services

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*Transforming lives*

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## Introduction

### USING THE EMPLOYMENT REFERENCE GUIDE FOR INDIVIDUAL PROVIDERS

Welcome to your new job as an individual provider. Your job is important. The care you provide supports your employers' well-being and helps him or her live as independently as possible.

This guide has information about your employment as an individual provider. The 2016 revision of this guide has been updated with new information about how to get paid and how to calculate the hours you work. Read the table of contents to see other important topics covered in this guide.

### SERVICE EMPLOYEES INTERNATIONAL UNION 775

All individual provider long-term care workers are represented by Service Employees International Union (SEIU) 775. This is a result of a majority vote by individual providers to form a union in 2002.

New individual providers are provided the opportunity to voluntarily meet with union representatives during the contracting process, and when they attend basic training. Other individual providers have the opportunity to voluntarily meet with union representatives when they attend Continuing Education training. For details refer to articles 2.3 and 15.13A and/or the April 04, 2016 signed Memorandum of Understanding of the Collective Bargaining agreement (CBA). A copy of the CBA is posted on the Office of Financial Management web page located at: <http://www.ofm.wa.gov/labor/agreements>.

Many of your terms and conditions of employment are covered under the collective bargaining agreement (union contract). Information about union membership and union dues can be found in article 4 of the collective bargaining agreement. Detailed information about your pay rate, when you can expect a raise, your employment benefits can also be found in the CBA. If you have questions or need additional information concerning the CBA call the SEIU 775 Member Resource Center toll-free at 1-866-371-3200.

Call the *Member Resource Center* **1-866-371-3200** if you have questions regarding the collective bargaining agreement, the union, union membership, union benefits, or voluntary union activities.

# Hiring Process

## YOUR EMPLOYER

In this booklet when we say “employer” we mean the person you provide caregiving services for. As your employer, the person you provide caregiving services for hires you, directs your work, supervises you, and makes decisions about how your how their paid services are provided including scheduling services within your allowed work week hour limit. He or she can also fire you.

Your employer is a client of the Department of Social and Health Services (DSHS). DSHS coordinates and pays for the services you will provide. Your employer is referred to as a DSHS client when we talk about his or her relationship with DSHS.

**Your employer is the person you provide caregiving services for.**

## BASICS OF EMPLOYMENT

There are instances when DSHS cannot pay you to be an individual provider.

For example, you cannot be paid as an individual provider if you:

- Want to be the paid caregiver for your spouse;
- Are the natural, step, or adoptive parent of a minor client aged seventeen or younger receiving services under Medicaid personal care, relief care, or skills acquisition training; or
- Are the foster parent providing personal care or skills acquisition to a child residing in your licensed foster home.

If these instances don't apply to you, there are still several requirements you must meet before you can be an individual provider and DSHS can pay you.

You must be qualified. This means you must:

- Be 18 years of age or older
- Complete the required background process and are not disqualified by the results;
- Not be found unable to have unsupervised access to minors or vulnerable adults based on a Character, Competence, and Suitability determination;
- Be eligible for and sign a home and community services/developmental disability administration individual provider services contract with DSHS to provide personal care services, agree to the conditions listed in it, and comply with all the terms of the contract;
- Complete training and certification requirements; and
- Not have a home care aide certification which is denied, suspended, or revoked.

This is not an inclusive list, there may be other qualifications that you must meet.

## BACKGROUND CHECKS

### Getting started

Individual providers are required to pass a Washington State background check before contracting and a FBI fingerprint background check within 120-days of hire. You must also complete the Washington State background check at least every two years and the state and fingerprint check at any other time the department requests.

To start the background check process you will sign a form giving the department permission to run your background check(s). You must answer all questions on the form truthfully.

If you pass the Washington State background check, you will receive instructions on your Fingerprint Appointment form for scheduling your fingerprint appointment and information about what to bring with you.

It is important to schedule your appointment right away! If your results are not received by DSHS within 120-days of hire you will not be permitted to work until they are received.

Once the background check is completed, you should receive a copy of your results from the office that ran your background check. Save your background check results for your file! You may also request more information about your background check or request a copy of your results from the Background Check Central Unit at:

Phone (360) 902-0299

Fax (360) 902-0292

Email [BCCUInquiry@dshs.wa.gov](mailto:BCCUInquiry@dshs.wa.gov)



Your contract is not in effect until it is signed by you and an authorized DSHS representative.

## **Background check results**

State law does not allow you to be contracted or paid through state or federal funds if your background check shows convictions, pending charges, or negative actions that are disqualifying.

A few examples of disqualifying convictions or pending charges include Assault 1, 2, or 3; crimes against children; Theft 1; and Robbery. A complete list can be found in WAC 388-113-0020. If you have questions about whether a conviction or charge is disqualifying review this list.

An example of a disqualifying negative action includes a final finding of abuse, neglect, financial exploitation or mistreatment of a minor or vulnerable adult by the department, court of law, Department of Health or other disciplining authority. Additional information about negative actions can be found in WAC 388-71 and 388-825 chapters.

If you have other convictions or pending charges that are not automatically disqualifying, your payment or contract may also be denied or terminated if the department determines you may not have unsupervised access to minors or vulnerable adults.

## **Character, Competence and Suitability (CC&S)**

A character, competence, and suitability determination is a review process that the department uses to decide whether an individual provider has the character, competence, and suitability to have unsupervised access to minors or vulnerable adults

If the department decides you cannot have unsupervised access to minors or vulnerable adults, your payment or contract may be denied or terminated.

Some reasons the department may determine you cannot have unsupervised access include misuse of alcohol or drugs, acts of domestic violence, convictions or pending charges for crimes which are not automatically disqualifying, and being unable or unwilling to provide adequate care to meet the client's needs or jeopardizing your client's health, safety, or wellbeing. Additional information can be found in WAC 388-71, 388-825 and 388-113 chapters.

## DSHS CONTRACT SIGNING

After passing your background check and becoming qualified to be an individual provider, you must provide the department with a valid social security card, valid picture ID and pass the federal exclusion list screening in order to be contracted. This will be the process every four years when you must renew your contract.

You will review and sign a DSHS Client Service Contract for Individual Provider Services before you can work and be paid. Review this contract carefully! The DSHS contract outlines what you agree to do by accepting payment from DSHS for providing services to DSHS clients. You are responsible for following the terms of the signed contract and for providing services in compliance with this Employment Reference Guide.

Your contract and this reference guide contain many terms and conditions that you agree to once you have signed your contract. Here are just some of the important terms of the contract and this guide that you should remember:

- You agree to provide authorized services/tasks included in the client's Service Plan, at the direction of the client and in accordance with applicable rules including Chapters 388-71, 388-113, 388-114, and 388-825 WAC;
- You are not permitted to work for the client while the client is in the hospital, nursing home, ICFIDD, any other institutional setting, or when you are told not to work by your client or by the department's case manager;
- It is your responsibility to ensure your IP contract, background check, and training is current and not expired;
- You must immediately disclose to the department any pending charges, convictions, findings or other negative actions that occur between background checks;
- You cannot claim hours worked for more than one client during the same time period;
- If you drive clients you must have a valid/current State driver's license and car insurance as required under state law;
- You shall not allow another person to perform your duties under your contract; and
- To be eligible for payment you must comply with all applicable laws and regulations.

If you do not follow the terms of the contract and this guide, you may be unable to be paid and may lose your contract.

## Training & Home Care Aide (HCA) Certification Requirements

This section will help you understand your training and certification requirements. For a quick guide to training and certification steps and deadlines, use the Home Care Aide Certification Checklist for Individual Providers on pages 15-16.

The law requires long-term care workers to complete 5 hours of orientation and safety training before providing paid personal care. In addition to this, most long-term care workers must complete 70 hours of Basic Training within 120 days of hire. Review the chart on pages 13-14 to find out if you must complete the 70 hour Basic Training.

### HOME CARE AIDE (HCA) CERTIFICATION

Many long-term care workers are required to become a certified Home Care Aide. If you are required to obtain Home Care Aide certification, you must submit the Home Care Aide application to the Department of Health (DOH) within 14 days of hire. Review the Long-Term Care Worker Training Requirements chart on pages 13-14 for information about your specific training and certification requirements. You have 200 days to obtain your full Home Care Aide certification.

All individual providers must complete the required training through the Training Partnership.



You are responsible for contacting the Member Resource Center to register for required training. You can contact the Member Resource Center by calling **1-866-371-3200**

If you are required to obtain the Home Care Aide license from the Department of Health, and you have a history of a drug or alcohol problem the Department of Health may issue you a restricted Home Care Aide license. A restricted Home Care Aide license may affect your ability to work as an individual provider.

**To learn more about the Home Care Aide certification process:**

- *Read the Home Care Aide Certification Checklist on pages*
- *Call the Home Care Aide Coordinator at the Department of Health at 360-236-2700*

To be certified as a Home Care Aide you must follow a number of steps and meet important deadlines. Review the form on pages 15-16 for information about how to complete your training requirements.

If you are Limited English Proficient (this means your ability to read, write, or speak English is limited) you will qualify for a Provisional Home Care Aide certification, issued by the Department of Health. A provisional certification allows you an additional 60 days (for a total of 260 days) to obtain your full Home Care Aide certification. To continue working, you must become a fully certified Home Care Aide before the provisional certification expires.

To obtain a Provisional Home Care Aide certification you must check the box on the DOH application indicating that you are, “applying for a provisional certificate available for home care aides who are limited in their ability to read, write, or speak English”.

## **ORIENTATION AND SAFETY TRAINING**

You must complete Orientation and Safety Training before you provide care. During contracting, you will receive instructions on how to complete Orientation and Safety online from DSHS staff.

After you complete online Orientation and Safety, you will be able to register for classes required for your individual provider category.

If you have questions about this process, contact the Member Resource Center at 1-866-371-3200.

## 70 HOUR TRAINING REQUIREMENT

You must complete Orientation and Safety Training before you can be paid to provide care. In addition, many long-term care workers are required to complete 70 hours of Basic Training (for a total of 75 hours of training) within 120 days of hire. You complete this training through the Training Partnership.

- You must register for training within 14 days of hire. To find and register for training in your area, go to the Training Partnership website at [www.myseiubenefits.org](http://www.myseiubenefits.org) or call the Membership Resource Center at 1-866-371-3200.
- Once you complete 5 hours of Orientation and Safety Training and 70 hours of Basic Training, you have met the training requirements (75 total hours) to take the Home Care Aide certification examination.
- You must apply to the Department of Health for your Home Care Aide Certification within 14 days of hire. Do not include the fee with your application; the Training Partnership will pay your application fee directly to the Department of Health.
- When The Department of Health (DOH) receives a completed Home Care Aide Certification application from you, they will notify Prometric that you are ready to take the examination.
- You will receive important information about your certification exam by email. After you submit your application, you should regularly check your email inbox, junk, and spam folders for emails about your exam. Prometric will not schedule your certification exam if you did not provide an email address with your application.

To learn more about applying for Home Care Aide certification visit the DOH website: [www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/HomeCareAide.aspx](http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/HomeCareAide.aspx)

To learn more about Home Care Aide certification testing and the test application process visit the Prometric website: <https://www.prometric.com/en-us/clients/wadoh/Pages/landing.aspx>

## EXEMPTIONS TO 70 HOUR TRAINING AND HOME CARE AIDE (HCA) CERTIFICATION

If you are exempt, then you do not have to take the 70 hour training or become a certified Home Care Aide. You may be exempt if you:

- Are a Registered Nurse (RN), a Licensed Practical Nurse (LPN), Advanced Registered Nurse practitioner (APRN), or a Nursing Assistant-Certified (NAC) with an active credential in good standing with the Department Of Health.
- Have a teaching certificate with an endorsement in special education in good standing from the Office of Superintendent of Public Instruction (OSPI).
- Worked between 1/1/2011 and 1/6/2012 in a Washington state long-term care setting and completed all training requirements at that time.

Examples of work in a long-term care setting include providing paid, personal care services for elderly or persons with disabilities in a state licensed Assisted Living Facility (boarding home), Adult Family Home, Home Care Agency, or as an individual provider for a client of DSHS.

## IF YOU ONLY PROVIDE CARE FOR YOUR PARENT OR CHILD

If you only provide long-term care for a parent or child you an Adult Child Provider, Parent Provider, or Parent DD Provider. Adult Child Providers and Parent Providers do not have to complete the 70 hour Basic Training. Review the chart on pages # to see the training requirements for your specific individual provider category.

If you take on a client that is not your parent or child, then your training requirements will change. If you need help understanding your current training requirement, call the Member Resource Center at 1-866-371-3200.



## IF YOU PROVIDE CARE FOR ONE PERSON, 20 HOURS OR LESS A MONTH

If you provide less than 20 hours of care a month, for one person only, you are a Limited Service Provider. Limited Service Providers do not have to complete the 70 hour Basic Training. Review the chart on pages # to see the training requirements for Limited Service Providers.

If you take on another client, or increase the number of hours you work, your training requirements will change. If you need help understanding your current training requirement, call the Member Resource Center at 1-866-371-3200.

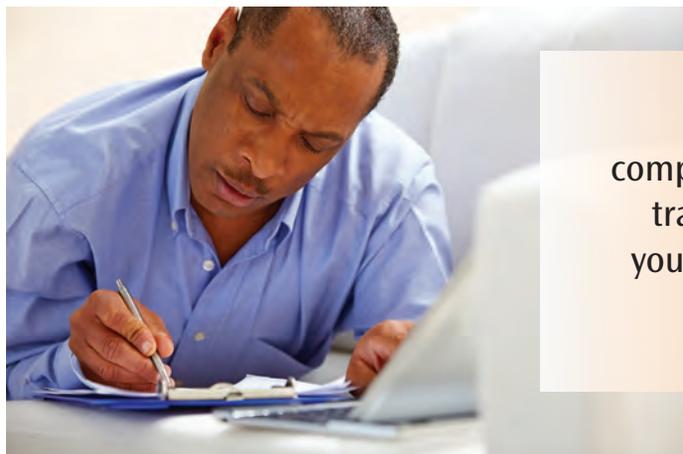
### Respite Only Providers

If you are providing only respite care to one client, under 300 hours for each calendar year, you do not have to complete the 70 hours of basic training. Once you go over 300 hours of respite care in any calendar year you must train-up and meet the requirements of 70 hours of basic training and certification, regardless of the number of hours you provide respite in the future.

## IF YOU DO NOT MEET REQUIRED TRAINING AND/OR CERTIFICATION DEADLINES

Your payments will stop if you do not complete your training and certification requirements within the required timeframes. There are no extensions to these timeframes. DSHS will continue to make payment past your training and certification deadline, until a written notification is sent to inform you that you are no longer permitted to work. If you continue to be paid after the notification is sent, this may be considered an overpayment and will be collected regardless if terminated timely or not.

To be reinstated, or paid again as an individual provider, you must complete all the training and certification requirements for your individual provider category on your own and at your own expense.



If you do not complete your required training on or before your deadline you will not be paid.

## GETTING REINSTATED

If you missed your training deadlines, you must complete any remaining required training through a community instructor and pay for the training yourself. The SEIU 775 Training Partnership no longer provides your required training when your payment is terminated.

In some cases, the Training Partnership may still allow you to train. You must call the Member Resource Center to see if you meet requirements for continued training once you are terminated. DSHS cannot intervene between you and the SEIU 775 Training Partnership if you miss training deadlines.

To find a list of community instructors visit the DSHS Aging and Long-Term Support Administration website at <https://www.dshs.wa.gov/altsa/home-and-community-services/individual-providers> and click on “Find a Community Instructor”.

If you missed your Home Care Aide certification deadline, you must take any actions required by the Department of Health and Prometric and become a certified Home Care Aide.

Once you complete the reinstatement requirements (training and/or Home Care Aide certification):

- Contact your employer’s case manager and ask to be reinstated as an individual provider. The case manager will need copies of your training certificates for courses taken outside of the Training Partnership and documentation that you have become certified.
- Call the Member Resource Center at 1-866-371-3200 and let them know you have been reinstated as an individual provider.

## NURSE DELEGATION REQUIREMENTS

If any nursing tasks (including Insulin injection) will be delegated to you through Nurse Delegation, you have additional training and certification requirements.

To perform delegated tasks you must have one of these certifications:

- Nursing Assistant - Registered (NAR)
- Nursing Assistant - Certified (NAC)
- Certified Home Care Aide (HCA).

### AND

You must complete this training:

- Nurse Delegation for Nursing Assistants CORE.
- Nurse Delegation for Nursing Assistants: Special Focus on Diabetes (If performing insulin injection)

## CONTINUING EDUCATION REQUIREMENTS

Most long-term care workers will need to complete 12 hours of Continuing Education (CE) each year before their birthday. Review the chart Long-Term Care Worker Training Requirements on page # for details about requirements for your specific situation.

To Find Continuing Education Classes

- Visit the Training Partnership Website at: <http://www.myseiubenefits.org/>
- Call the Members Resource Center at: 1-866-371-3200
- Visit the DSHS, Aging and Long-Term Support Administration website for information about training for long-term care workers <https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx>

## Individual Provider Categories and Training Requirements, January 2017

INDIVIDUAL PROVIDER CATEGORY	ORIENTATION AND SAFETY		BASIC TRAINING			HCA CREDENTIAL	INITIAL CONTINUING EDUCATION (CE)	ONGOING CONTINUING EDUCATION (CE)
	Orientation 2 Hours	Safety Training 3 Hours	Accelerated Basic Training 30 Hours	Basic Training 70 Hour	Parent Provider Class 7 hour (DDA Only)			
<b>Standard Provider, category 1:</b> Hired after 1/6/2012 with no credential.	Complete prior to providing care	Complete prior to providing care	Not required	Complete within 120 days of starting to provide care.	Not required	Yes, within 200 days of hire.	On or before your birthdate one year from your first HCA credential issuance date.	On or before your birthday each year.
<b>Standard Provider, category 2:</b> Hired after 1/6/2012 with HCA credential.	Not required	Not required	Not required	Not required	Not required	Yes, you must maintain your credential.	One year from the first period of your HCA credential.	On or before your birthday each year.
<b>Exempt Provider category 1:</b> Between 1/1/2011 and 1/6/2012, worked in a long-term care setting <i>and</i> completed Basic Training requirements at that time.  Examples of work in a long-term care setting include providing paid personal care services for elderly or persons with disabilities in a state licensed Assisted Living Facility, Adult Family Home, Home Care Agency, or as an individual provider for a client of DSHS.	Not required	Not required	Not required	Not required	Not required	No	On or before your birthdate when you are working or returning to work.	On or before your birthday each year.  You must complete CE for each year worked in long term care
<b>Exempt Provider, category 2:</b> With active WA state Registered Nurse, Advanced Registered Nurse Practitioner, Licensed Practical Nurse, or Nurse Technician credential.	Not required	Not required	Not required	Not required	Not required	No, as long as RN or LPN credential is maintained in good standing.	Maintain your RN or LPN credential in good standing.	Maintain your RN or LPN credential in good standing
<b>Exempt Provider, category 3:</b> With active WA state Nursing Assistant, Certified credential.	Not required	Not required	Not required	Not required	Not required	No, as long as CNA credential is maintained in good standing.	On or before your birthdate in your first year of work.	On or before your birthday each year.  You must complete CE for each year worked in long term care
<b>Exempt Provider, category 4:</b> With special education endorsement from the Office of Superintendent of Public Instruction (OSPI).	Not required	Not required	Not required	Not required	Not required	No, as long as Special Education Endorsement is in good standing.	On or before your birthdate in your first year of work.	On or before your birthday each year.  You must complete CE for each year worked in long term care

## Individual Provider Categories and Training Requirements, January, 2017

INDIVIDUAL PROVIDER/AGENCY EMPLOYED PROVIDER CATEGORY	ORIENTATION AND SAFETY		BASIC TRAINING			CREDENTIAL	INITIAL CONTINUING EDUCATION (CE)	ONGOING CONTINUING EDUCATION (CE)
	Orientation 2 Hours	Safety Training 3 Hours	Accelerated Basic Training 30 Hours	Basic Training 70 Hour	Parent Provider Class 7 Hour (DDA Only)			
<b>* Parent Provider:</b> Individual caring for his/her biological, step or adoptive child	Complete prior to providing care	Complete prior to providing care	Complete within 120 days of starting to provide care	Not required	Not required	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
<b>* Parent DD Provider:</b> Individual caring for his/her developmentally disabled biological, step or adoptive child	Complete prior to providing care	Complete prior to providing care	Not required	Not required	Complete within 120 days of starting to provide care	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
<b>* Limited Service Provider:</b> Provides 20 hours (or less) of care a month for one person	Complete prior to providing care	Complete prior to providing care	Complete within 120 days of starting to provide care	Not required	Not required	No	Not required	Not required
<b>* Adult Child Provider:</b> Adult child caring for his/her biological, step or adoptive parent	Complete prior to providing care	Complete prior to providing care	Complete within 120 days of starting to provide care	Not required	Not required	No	On or before your birthdate in next calendar year after completing Accelerated Basic Training	On or before your birthday each year.
<b>** Respite Care Only Provider:</b> Providing care for individual(s) on DDA respite care only, working less than 300 hours in any calendar year	Complete prior to providing care	Complete prior to providing care	Complete within 120 days of starting to provide care	Not required	Not required	***No	****Not required	Not required

\* If you change the type or number of clients you provide services for, or increase the number of hours you work, it may change your Individual Provider category. This could increase your training and certification requirements.

\*\* When a respite care Individual Provider works more than 300 hours in one of the time periods above they permanently revert to the Standard Individual Provider category unless they meet the conditions to be considered an exempt Individual Provider.

\*\*\* If a respite care IP exceeds the 300 hour limit, they will have 30 days to renew an expired HCA credential or expired RN, LPN, NAC credential.

\*\*\*\* If a respite care IP exceeds the 300 hour limit and does meet the conditions as an Exempt IP in category 2, they must complete the CE requirement. If their birthdate is 31 days or more from the date of exceeding the 300 hour limit, the IP must complete the CE requirement by their birth date in that year. If the IP's birthdate is 30 days or less from the date of exceeding the 300 hour limit, they will be given an additional 30 days from their birthdate that year to complete 12 hours of CE. If their birthdate was prior to this change they complete CE by their birthdate the next calendar year.

# Welcome to Person Centered Home Care as an Individual Provider



## Requirements Under the Law:

You must complete **75** hours of training (Includes 5 hours of orientation and safety) within **120** days of your hire date (service begin date on authorization) and become a Certified Home Care Aide within **200** days of hire. If you do not meet these deadlines you cannot continue to be paid. Use the RECOMMENDED timelines and checklist to meet deadlines.

GETTING STARTED			
	Action	Reminders	
STEP 1	Complete Name & Date of Birth background check at time of contracting	Use the same name on all forms. Example: Jonathan, John OR Johnny	<input type="checkbox"/>
STEP 2	An OCA# will be generated on the Fingerprint appointment form you get at contracting. <b>Keep this form</b> and write the OCA# here: _____	This will be needed for your <b>Department of Health (DOH) Application</b>	<input type="checkbox"/>
STEP 3	You will arrange to have Fingerprints taken. Write the appointment time here: _____	Mark your calendar!	<input type="checkbox"/>
STEP 4	<b>Before you provide care:</b> Take your <i>Orientation &amp; Safety</i> Training course in <b>English online</b> at SEIU Training Partnership (TP) at <a href="http://www.myseiubenefits.org">www.myseiubenefits.org</a> . You will need your Provider Number to log-in.	Unable to take Orientation and Safety online English course? Multiple options can be provided at your contracting appointment.	<input type="checkbox"/>
REGISTER FOR TRAINING THROUGH NW TRAINING PARTNERSHIP			
	Action	Reminders	
STEP 1	<b>Within 14 days of hire:</b> Register for the 70 hour basic training through the NW Training Partnership (TP) website at <a href="http://www.myseiubenefits.org/">http://www.myseiubenefits.org/</a>	Unable to access the Internet? Call the Membership Resource Center at 1-866-371-3200.	<input type="checkbox"/>
STEP 2	<b>Recommended by 60 days from hire:</b> Complete your 70 training hours immediately to ensure you get classes in the area where you live and in time to meet testing and certification deadlines.	TP will send Certificate of Completion after 75 hours of training is complete & forward to the Department of Health (DOH).	<input type="checkbox"/>
STEP 3	Write training date and location here: _____	Mark your calendar!	<input type="checkbox"/>
Submit DOH Application & Test through Prometric			
	Action	Reminders	
STEP 1	Submit DOH Home Care Aide Certification application packet. <b>HCA Application</b> The testing company, Prometric, receives information from your application which will allow you to take your knowledge and skills examination. <b>DOH requires that all documents, notification of completion of training and fees be paid (by TP) before DOH will contact Prometric.</b> Do not pay fees, <b>mark state pay on application</b> and fees will be paid through SEIU NW Training Partnership.	<u>Prometric will not schedule exams without an email address.</u> If you do not receive an emailed test date from Prometric within 14 days of completing training, contact Prometric at 1-800-324-4689. Look for an email from Pbt-admit@Prometric.com with test information, your name, Prometric ID # in the subject line (Check spam).	<input type="checkbox"/>

<p><b>STEP 2</b></p>	<p>Pass the knowledge exam and skills: Write test date and location here: _____ If you are limited English proficient, LEP (means your ability to read, write or speak English is limited) you may qualify for an additional 60 day provisional certification.</p>	<p>Mark on your DOH application that you want the provisional.</p>	<p><input type="checkbox"/></p>
<p><b>STEP 3</b></p>	<p>To take the HCA exam in Spanish, Russian, Vietnamese, Korean, Chinese, Cambodian, Laotian, Samoan, Somali, Ukrainian, Tagalog, Amharic, or Arabic check the language desired on HCA Exam Application. If you need to take the examination in a language not listed, you may request an individual interpreter in your language by completing the testing accommodations request packet on the Prometric website and submit to the address on the back of this form.</p>	<p>It may take 30 days for interpreters /accommodation requests.</p>	<p><input type="checkbox"/></p>
<p><b>STEP 4</b></p>	<p>Take the first exam time offered to you from Prometric. Test as close to the end of training to increase your ability to pass the examination. If you fail the test, reschedule your exam immediately. Apply immediately to Prometric to retest. You can take the failed portion of the test twice. You must pay a fee for each re-test.</p>	<p>You are assigned a 10-digit DOH credential # (HM). Credential # is on the DOH website; <a href="#">Provider Credential Search</a> . When your credential indicates “Active” you are able to work. You are not able to work past 200 days without being Active on the DOH website.</p>	<p><input type="checkbox"/></p>

The service begin date on your authorization is your hire date and is the first date that you provide personal care. **The 120 day deadline to complete 70 hour basic training starts from the service begin date. The deadline to complete testing and certification as a HCA is 200 days from the service begin date.**

Agency	Telephone & Fax	Mailing Address	E-mail
<p><b>DOH</b></p>	<p><b>HCA Credentialing Coordinator</b> (360) 236-2700  <b>DOH Customer Service</b> (360) 236-4700</p>	<p><b>Mail application to: (Do Not include Fee)</b> DOH - Home Care Aide Credentialing P.O. Box <b>1099</b> Olympia, WA 98507-1099  <b>Mail other documents <u>NOT</u> sent with initial application to:</b> DOH - Home Care Aide Credentialing P.O. Box <b>47877</b> Olympia, WA 98504-7877</p>	<p>DOH Website:  <a href="#">Home Care Aide</a></p>
<p><b>Prometric</b></p>	<p><b>Telephone</b> 1-800-324-4689 Download the Information (13 languages) Booklet to help answer your questions.</p>	<p>Prometric Attention: Washington Home Care Aide Program 7941 Corporate Dr. Nottingham, MD 21236</p>	<p>Prometric Email: <a href="mailto:WAHCA@prometric.com">WAHCA@prometric.com</a>  Website: <a href="#">Prometric Website:</a></p>

<p><b>Background Checks</b> <a href="#">BCCU Website</a> <b>Training</b> Find a <a href="#">Class/Instructor</a></p>	<p><b>Certification—DOH</b> Main <a href="#">Website</a> HCA Certification <a href="#">Application</a> Provider <a href="#">Credential Search</a> <b>NW Training Partnership MRC</b> 1-866-371-3200 SEIU Healthcare <a href="#">NW Training Partnership</a></p>	<p><b>Certification Exam—Prometric</b> Main <a href="#">Website</a> HCA Test <a href="#">Information</a></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Test as soon as your training is complete!</p> </div>
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## GETTING PAID

### INTRODUCTION TO INDIVIDUAL PROVIDERONE (IPONE)

Individual ProviderOne, also called IPOne, is the system you will use to claim for individual provider services and receive a paycheck. Individual ProviderOne is maintained by Public Partnerships LLC (PPL).

To get paid you must enter your hours worked, tasks completed, and mileage (if applicable) on a timesheet for each day you provide care and submit the timesheet to Individual ProviderOne. You can submit your timesheet electronically by using a computer, tablet, or a smart phone. You also have the option of submitting a paper timesheet by fax or mail.

To sign-up to use Individual ProviderOne:

- Go to [www.ipone.org](http://www.ipone.org)
- Click on the BetterOnline™ button
- Click on the ‘Sign Up’ button and answer the security questions

To get paid you must submit hours worked, tasks completed, and mileage to IPOne.

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### Resources to Help You Use Individual ProviderOne

You will receive a welcome packet in the mail when you first start working as a new individual provider. The welcome packet will include a form that shows your personal information that Individual ProviderOne has received from DSHS. You should review this information to make sure it is correct. If the information is not correct, update it by going online, after you sign-up to use Individual ProviderOne, or by calling the Individual ProviderOne call center at 844-240-1526 for help making the changes.

You will also receive a training packet from Individual ProviderOne when you first start working as a new individual provider. This packet contains information that will help you understand how to use Individual ProviderOne.

If you need more information about how to use Individual ProviderOne you can go to <http://www.publicpartnerships.com/watrainng/> and download a copy of the Individual ProviderOne Written Training or view the Individual ProviderOne Online Training information. Topics covered in the Individual ProviderOne written and online training information include:

- How to create a user account
- How to set up payment preference (setting up direct deposit)
- How to update and verify tax information
- How to view authorization information
- How to submit timesheets (includes how to submit for mileage reimbursement and paid time off)
- How to avoid making a mistake on a paper timesheet
- How to look up payment information
- Who to contact with questions

### **Individual ProviderOne Authorization Letter**

Individual ProviderOne will mail an authorization letter to you when:

- Services for your employer are first authorized
- There are any changes that affect the authorization

You can also view the same authorization information online by going to your Individual ProviderOne account. Read your Individual ProviderOne training packet to learn how to do this.

### **Reporting Changes**

If you have a change of name, address, or bank account you will need to contact Individual ProviderOne. You can report changes to your phone number, address, or bank account online through the Individual ProviderOne portal. To report changes to your name, date of birth, or social security number you must call the customer service call center.

Individual ProviderOne Customer Service Call Center  
844-240-1526

## PAID TIME OFF (PTO) HOURS

You can earn paid time off to use in any way you choose. For detailed information about how much paid time off you can earn refer to the SEIU 775NW collective bargaining union agreement located online at: <http://www.ofm.wa.gov/labor/agreements>.

### Using your Paid Time Off hours

You can choose to use paid time off hours to take time off from work or cash out without taking time off. If you want to take time off using your paid time off hours, you must:

- Inform and get permission from your employer at least two weeks before you take the time off.
- Tell your employer's Case Manager/Social Worker so he or she can help ensure the Care Plan is followed in your absence.

### When Paid Time Off hours can be lost

- If you reach the maximum paid time off hours, you do not earn/accumulate any more paid time off hours until the balance drops below 100 again. Any hours that would have accumulated are lost.
- Unused paid time off hours can also be lost if one year or more goes by and you do not provide services to a DSHS client. If the DSHS client you work for is hospitalized, moves to a residential care setting, or dies, and you do not intend to work for another DSHS client during the next year you may want to claim your accrued paid time off hours.



## TRAINING HOURS

Training hours are time spent in a classroom completing the training required to work as an individual provider. Changes have been made to how individual providers claim and get paid for completing required training hours.

### How to claim payment for training

Payment for time spent in training is based on the date it occurred. You will be required to claim completed training hours per day in the workweek the training occurred, the same way you claim your service time. The workweek begins at 12:00 am on Sunday and ends the following Saturday at 11:59 pm.

The workweek begins at 12:00 am on Sunday and ends the following Saturday at 11:59 pm.

## OVERTIME PAY AND THE WORK WEEK LIMIT

On April 3, 2016 DSHS began calculating overtime payment for individual providers when they work more than 40 hours in a work week. A work week begins at 12:00 am on Sunday and ends at 11:59 pm on Saturday. Overtime pay is 1.5 times your regular rate of pay.

### Work Week Limit Facts

- A work week limit is the total number of service hours you can provide in a work week.
- Your work week limit is 40 service hours per week unless you have been assigned a higher work week limit or temporary approval has been given by DSHS.
- Unless approved by DSHS you may not work more hours than your assigned work week limit.

Service hours count toward your work week limit. Service hours are time spent providing personal care, relief care, skills acquisition training, or respite services.

Service hours count toward your work week limit. Service hours are time spent providing personal care, relief care, skills acquisition training, or respite services.

## **Coordinating Work Week Limit with Assigned Hours**

You may only work the number of hours assigned to you by the person that you provide care to. The hours assigned to you by the person you provide care to must not go over the number of service hours that person is approved for and must not cause you to go over your work week limit.

It is your responsibility to balance the number of hours assigned to you by each person you provide care for with the work week limit assigned to you by DSHS.

You cannot accept work assignments that would cause you to:

- Work more than your work week limit
- Travel more than 60 minutes between eligible work sites; or
- Claim more than 7 hours of qualifying travel time in a work week.

## **Work week limit flexibility**

Unless approved by DSHS you may not work more hours than your assigned work week limit.

Under specific circumstances, the person you provide service for may be able to move your weekly work hours between weeks in a single month if all four of the following are true:

- 1) There is a specific need for more hours in a given week
- 2) You will not work more than the client's monthly hours
- 3) The use of more service hours in one week will not cause the client to go without essential care in the other weeks of the month
- 4) You will not work more overtime in the month than you would have if you had worked the hours evenly during the month.

If your client is a participant in New Freedom or Veteran Directed Home Services, they may be eligible to purchase hours in excess of the work week limit. For further information, your client will need to contact their care consultant.

## Going over your work week limit to prevent health and safety risks to client

If you have worked all the hours in your work week and need to stay with the client because of a risk to the client's health or safety, take these steps:

- a. Stay with the client until the situation is safe and stable.
- b. If there is an emergency that requires emergency medical services, contact 9-1-1.
- c. Assist the client to arrange for back up assistance.
- d. End your work day as soon as it is safe to do so.
- e. Contact the client's case manager the next business day to explain.

It is your responsibility to plan your work schedule with the people you work for and make sure that you do not go over your work week limit or allowed travel time.

## TRAVEL TIME

Beginning April 1, 2016 individual providers will be paid for travel time. Travel time is when you go from one worksite to another on the same day. Travel time is not counted in your weekly service hour limit.

### Travel time includes:

- Direct one-way travel time, from one worksite to another, when neither worksite is the same as your residence.
- Direct travel time between a worksite and an instructor led training site to attend required training, when the worksite is not your residence.

### A worksite is:

- The place you provide authorized care to a DSHS client.
- The place where you attend required training

### Travel time is not:

- Travel from your home to a worksite or training site.
- Travel from a worksite or training site to your home.
- Travel from a personal activity to a worksite or training site.

Travel between your home, even if you live with a person you provide care for, and a worksite is considered commute time and cannot be paid as travel time.

Approved travel time, required training hours and paid time off are not included in the work week limit.

## How to claim travel time

To claim travel time, submit a completed travel time request form to your employer's case manager. If possible, submit this form before the travel time has occurred. If you have any unplanned travel time, you must contact your employer's case manager immediately and submit a travel time request form right away.

The client's case manager will authorize payment for travel time. Approval for qualified travel time will not be more than:

- 60 minutes between eligible work sites; or
- 7 hours in a work week.

You must claim your travel time in the Individual ProviderOne system based on the date the travel occurred. You can claim it by entering the time in the Individual ProviderOne portal or by paper timesheet.

## Excess claiming and contract actions

If you accept assignments and work hours in a way that causes extra overtime, work more than the client's monthly hours, or go over your travel limit authorization without approval by the department, (see page 22) you may receive a contract action. After three contract actions related to overtime utilization, your contract may be terminated. If this occurs, you must wait 90-days to reapply for a new contract. If you significantly or repeatedly exceed your work week or travel time limits you may be unable to re-contract as an IP.

Travel request forms can be obtained from your employer's case manager.



## MILEAGE REIMBURSEMENT

Mileage reimbursement is different from travel time. Mileage reimbursement means being paid for the miles you drove your personal vehicle to do essential shopping for your employer or to take your employer to medical services.

- To receive mileage reimbursement, essential shopping or transportation to medical services must be part of your employer’s Care Plan.
- Mileage reimbursement rates can be made for up to 100 miles in one month for each employer.
- If you choose to drive clients in your vehicle, you must have a valid/current State driver’s license and car insurance as required under state law.

Depending on the program funding the DSHS client’s care, some individual providers may be reimbursed for additional miles for providing other transportation. Additional transportation need(s), such as driving an employer to work, must be clearly identified in the Care Plan and assigned to the individual provider. In this case only, an individual provider may be reimbursed for additional mileage up to the amount authorized by the case manager in the Care Plan.

## WAGES AND PAY INCREASES

The base hourly rate for individual providers begins at \$11.31 with increases, tied to your cumulative career hours, every six months. Your wages through June 2017 are indicated in the Individual Provider Wage table below. Any future wages will be published in the Union contract at a later date and posted on the (OFM/SHR/LRS) web page located at: <http://www.ofm.wa.gov/labor/agreements>

Cumulative Career Hours	Individual Provider Wage Table: Effective July 1, 2015 - June 30, 2017			
	July 1– December 31, 2015	January 1– June 30, 2016	July 1– December 31, 2016	January 1– June 30, 2017
0-700	\$11.31	\$11.50	\$11.75	\$12.00
701-2000	\$11.56	\$12.00	\$13.00	\$13.40
2001-4000	\$11.71	\$12.20	\$13.20	\$13.60
4001-6000	\$11.89	\$12.40	\$13.40	\$13.80
6001-8000	\$12.03	\$12.60	\$13.60	\$14.00
8001-10000	\$12.20	\$12.80	\$13.80	\$14.20
10001-12000	\$12.36	\$13.00	\$14.00	\$14.40
12001-14000	\$12.53	\$13.20	\$14.20	\$14.60
14001-16000	\$14.78	\$15.00	\$15.00	\$15.25
16001-18000	\$15.03	\$15.15	\$15.15	\$15.40

Certain individual providers may qualify for certification and/or advanced training differential payment as stipulated in the Collective Bargaining Agreement when they meet certain certification or exemption criteria.

The Training Partnership may assign certain providers to work as a mentor, preceptor, or trainer for an additional \$1.00 per hour. Time worked as a mentor will not count toward cumulative career hours. If you need more information contact the Member Resource Center at 1-866-371-3200

## Taxes and Paycheck Deductions

### WITHHOLDING FEDERAL INCOME TAX

You will need to decide if you want federal income tax withheld from your paycheck. The decision is up to you. Keep in mind, your decision does not affect whether or not you owe federal income taxes.

If you want federal income tax withheld from your paycheck, you must fill out and send in a completed Internal Revenue Service (IRS) W-4 form (see sample below) for each employer that you work for. The W-4 form must be from the current year. You can get an IRS W-4 form by:

- Downloading it at <http://www.irs.gov/pub/irs-pdf/fw4.pdf>
- Calling the IRS at 1-800-829-3676 and asking for a form to be sent to you.

### Filling in the W-4

Boxes 1, 2, 3, and 5 are required fields. Boxes 4, 6, and 7 are optional. Leave boxes 8, 9, and 10 blank. Make sure to sign and date the form at the bottom.

Mail completed IRS W-4 forms to:

Public Partnerships, LLC: WA IPOne  
 7776 S Pointe Pkwy W Suite 150  
 Phoenix, AZ 85044

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2016</b>
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				<b>5</b>
<b>6</b> Additional amount, if any, you want withheld from each paycheck				<b>6</b> \$
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 2.		Cat. No. 10220Q		Form <b>W-4</b> (2016)

If you fill out and send in an accurate and complete W-4 form, you may be eligible to have federal income tax deducted from your paycheck per IRS rules. This W-4 remains in effect unless you send in a new one or call the IPOne call center to tell them that you wish to discontinue your current tax deduction set-up. If you choose to complete Form W-4, keep a copy of it for your own records.

**If you do not want your federal income tax withheld, do not do anything.**

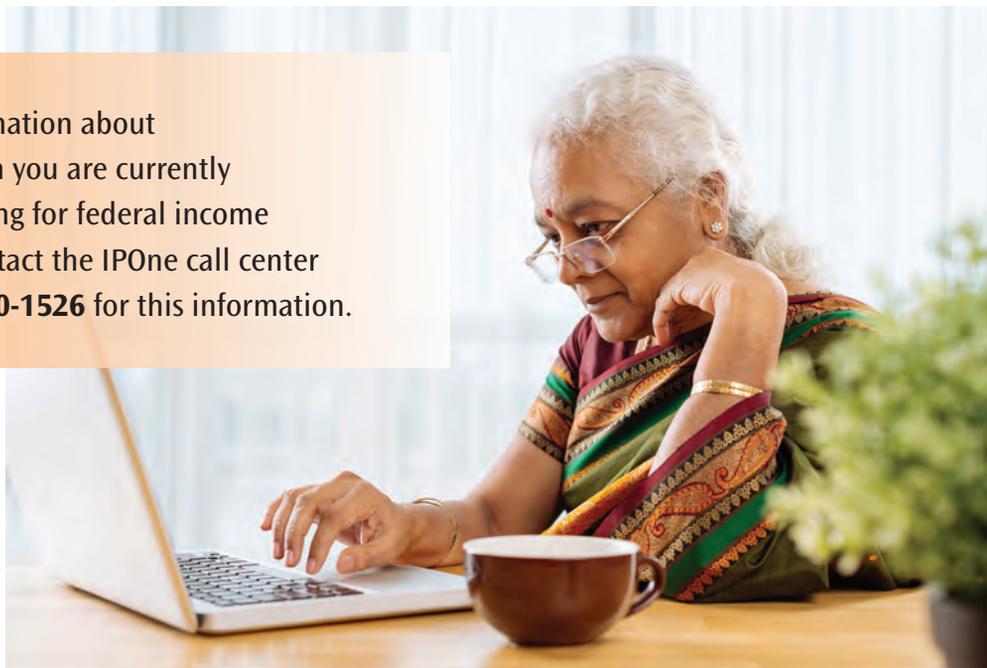
If you do not want federal income tax withheld do not complete a W-4 form. Federal income tax will not be withheld from your paycheck unless you submit a valid IRS Form W-4. For information about paying your federal income tax if you choose **not** to submit Form W-4, contact the IRS or talk with a tax advisor or accountant.

If you significantly under-withheld federal income taxes in the past, the IRS may notify you and PPL by letter (called a “Lock-in Letter”) that a specified amount of federal income tax must be withheld. If this is the case, withholding federal income taxes from your payment from DSHS is no longer voluntary. DSHS and PPL must comply until further notice from the IRS. If you receive an IRS Lock-in Letter, it will have a toll-free number for you to call if you want to dispute it.

**DSHS staff are not tax professionals and cannot give you tax advice.**

Do not ask DSHS or PPL workers for help in making tax decisions. If you need tax advice, contact a tax advisor, accountant, or the IRS. SEIU 775 and some community organizations may have free tax help available.

For information about how much you are currently withholding for federal income taxes, contact the IPOne call center at **844-240-1526** for this information.



## W-2 WAGE STATEMENT

A Form W-2 is a wage statement that reports the taxable portion of your earnings to the federal and state government. You will receive a W-2 wage statement for each employer you were contracted through DSHS to work for in that year and a W-2 for your vacation pay. For wages earned in 2016 some individual providers will receive W-2 wage statements from the old payment system, SSPS.

- If you earned wages as an individual provider between January 1, 2016 and February 29, 2016 you were paid through the old payment system, SSPS. W-2 statements for wages paid through SSPS are mailed by DSHS. If you have questions about the W-2 you receive from DSHS for wages paid through the old payment system (SSPS) call 360-664-5830 or email the DSHS tax desk at [taxinfo@dshs.wa.gov](mailto:taxinfo@dshs.wa.gov).
- Any wages earned after February 29, 2016 are paid through the new payment system, Individual ProviderOne. Your W-2 statement for these wages will be mailed by PPL. If you have questions about the W-2 you receive from PPL call the IPOne call center at 844-240-1526 or email the IPOne call center at [pplwaipone-cs@pcgus.com](mailto:pplwaipone-cs@pcgus.com).

W-2 wage statements are mailed no later than January 31 (or the next business day if Jan. 31 falls on a weekend/holiday) in the year after you were paid. For example, if you were paid income in 2016 your Form W-2 for those earnings will be mailed by February 1, 2017.

IPOne call center staff can only answer questions about the W-2s issued to you by PPL. IPOne call center staff are not available for tax advice.

The W-2 wage statements will only include the payments you received through the Individual ProviderOne or SSPS payment systems. **The wages you receive directly from your employer will not be included on the W-2 wage statement you receive.** If you chose to have federal income tax deducted from your paycheck (you filled out and sent in Form W-4 for the current tax year), the amount deducted for federal income tax will be on your W-2.

## SOCIAL SECURITY AND MEDICARE TAXES

Although PPL is not your employer, PPL is responsible for the withholding and payment of Social Security and Medicare taxes (FICA) from the earnings paid to you by PPL on behalf of your employer.

You may be exempt from social security and unemployment taxes because of your age, student status, or family relationship to your employer. To find out if you are exempt call the IPOne Call Center or download the Application for Employment Tax Exemptions Based on Age, Student Status, and Family Relationship at: <http://www.publicpartnerships.com/programs/washington/ipone/index.html>

**Under federal law, this exemption is not optional.** If you meet the tax exemption requirements you must complete a form for each person that you provide care for and send the form to IPOne.

- If you have questions or concerns, you can contact the IRS at [www.irs.gov](http://www.irs.gov) or visit [your local office](#).
- PPL is also responsible for the payment of Federal and State Unemployment Taxes (FUTA/SUTA).
- Your employer may also be responsible for withholding Social Security and Medicare taxes from the amounts your employer pays you directly.

## DEDUCTIONS FROM YOUR PAYCHECK

You may request the following deductions to be made:

- SEIU 775 Health Benefits Trust if you have enrolled
- Federal Withholding taxes
- Additional Federal withholding taxes
- Other voluntary union deductions

For details please refer to the collective bargaining agreement located at <http://www.ofm.wa.gov/labor/agreements>, or call the SEIU 775 Member Resource Center at 1-866-371-3200.



## General Employment Information

### HEALTH INSURANCE OPTIONS

You have two health insurance options: the Health Benefits Trust, or Health Insurance options available through the Washington Health Benefit Exchange. **You can only sign up for one of these health plans.**

#### SEIU Healthcare NW Health Benefits Trust (Trust)

The Trust offers worker-only medical, dental, prescription drugs, and vision benefits to eligible Individual Providers (IPs) for \$25.00 each month. The Trust does not provide coverage for spouses or dependents. Coverage for Medicare eligible Individual Providers (IPs) may also be obtained through the Trust as primary coverage.

Enrollment and eligibility requirements for healthcare benefits are determined by the Trust. The current minimum requirements are that you:

- Not be receiving health care benefits through other family coverage or other employment based coverage.
- Work at least two consecutive months at a minimum of 80 hours per month. This includes all hours worked and claimed e.g. training hours, vacation hours, and hours worked as an Agency Provider.
- Pay a \$25.00 co-premium which will be deducted from your regular pay after you enroll.
- Allow one month for processing.

Insurance coverage starts on the first day of the 4th month after you meet the initial eligibility criteria.

It is very important that you claim your working hours on time every month through Individual Provider One (IPOne) to avoid interruption of your healthcare insurance coverage. To get more information about eligibility requirements and benefits or request an enrollment application, please call the Member Resource Center (MRC) at 1-(866) 371-3200.

## Washington Health Benefit Exchange

Health insurance coverage is also available through the Washington Health Benefit Exchange. Depending on where you live and your individual circumstances a number of affordable health plan options may be available to you. For more information about Washington Health Benefit Exchange options or to apply for coverage visit the Health Plan Finder website at <https://www.wahealthplanfinder.org>.

If you have questions call the Customer Support Center, Monday-Friday 7:30 a.m. - 8 p.m, at 1-855 923-4633. Help is available in a number of languages.

If you need help with your application or understanding your health plan options registered brokers and certified navigators are available to assist you in a number of languages.

- To find a register broker visit the broker search webpage at [https://www.wahealthplanfinder.org/HBEWeb/Annon\\_DisplayBrokerNavigatorSearch.action?brokerNavigator=BRK](https://www.wahealthplanfinder.org/HBEWeb/Annon_DisplayBrokerNavigatorSearch.action?brokerNavigator=BRK).
- To find a certified navigator visit the navigator search webpage at [https://www.wahealthplanfinder.org/HBEWeb/Annon\\_DisplayBrokerNavigatorSearch.action?brokerNavigator=NAV](https://www.wahealthplanfinder.org/HBEWeb/Annon_DisplayBrokerNavigatorSearch.action?brokerNavigator=NAV)

## GETTING ADDITIONAL CLIENTS

The Home Care Referral Registry is a web-based system that matches qualified individual providers with people who need long-term in-home care services.

Enrolling in the Referral Registry is easy. Call or visit a local Registry office to get the process started. You can find your local Referral Registry office by calling 1-800-970-5456 or visit [www.hcrr.wa.gov](http://www.hcrr.wa.gov) and click on “Registry Offices” to see if the Referral Registry is available in your area.

Staff at the Referral Registry Center can also help people get started working as an individual providers.



The Home Care Referral Registry of Washington State can help you find additional hours as an individual provider.

## Resources for Providers

Information and support for individual providers is also available on-line through the Home Care Referral Registry website. Click on Provider Resources for up-to-date information on diseases and conditions, caregiving tips, current news and topics for providers.

## WORKERS COMPENSATION

Individual providers are covered by workers compensation insurance through the Washington State Department of Labor and Industries. This means you may file a benefits claim for any work-related illness or injury.

If you are injured while providing services for your employer and need immediate medical care, go to the nearest hospital or see your regular doctor. Tell the doctor your injury or illness is work-related and make sure to ask for and fill out a “Report of Injury or Occupational Disease” form. List your employer on the form as HCQA Negotiated Contract, 601 Union St., Suite 3500, Seattle, WA 98101.

A company called Sedgwick CMS manages all workers’ compensation claims for individual providers. Contact them toll-free at **1-866-897-0386** if you are injured on the job.

## REFERENCES, EMPLOYMENT VERIFICATION, EVIDENCE OF INCOME

### Job Reference

It is up to your employer to provide a job reference for you. It is best to get a written job reference from your employer. Think about getting a written job reference while it is possible for your employer to provide it. Let your employer know you are not thinking of leaving now but thinking ahead for the future.

### Employment Verification

People needing to verify your employment should be directed to your employer. The Social Worker, Case Manager or any representative from the State of Washington cannot do this for you.

### Evidence of Income

If a person or company wants evidence of your income, contact Individual ProviderOne for help. **You cannot get evidence of income from your employer’s Social Worker or Case Manager.**

There are two ways to get evidence of your income:

- Send your request by fax to: 855-901-6904. This is the quickest way to get evidence of your income.
- If you cannot fax your request, you can call Individual ProviderOne customer service at 1-844-240-1526.

Your request should include your name, and an address to mail your evidence of income statement to. You should also specify what time periods you need income evidence for.

## IF YOU LEAVE YOUR JOB

You must give at least two weeks written notice before you quit working for your employer. You must work your assigned schedule until the end of that notice period. Leaving your employer alone without needed assistance may be considered abandonment which is against the law.

You must give notice of quitting to:

- Your employer and/or his or her legal representative. **This must be in writing.**
- Your employer's Case Manager or Social Worker.
- Any other persons or organizations that your employer requests or is required to notify.

## UNEMPLOYMENT BENEFITS

If your job as an individual provider ends or your employment is interrupted for a period of time, you can apply to the Employment Security Department for unemployment benefits (also called unemployment insurance). You must meet any Employment Security Department rules for claiming unemployment benefits. Use your employer's name and address when filling out forms for unemployment benefits.



# Mandatory Reporting of Abuse

By law, you are required to report immediately if you suspect that a vulnerable adult or child is being harmed.

## WHO IS A VULNERABLE ADULT?

Any adult age 60 or older who cannot take care of him or herself is considered a vulnerable adult. Other adults considered vulnerable include:

- Adults who have a legal guardian
- Adults who have a developmental disability
- Adults living in a long-term care facility or adult family home
- Adults receiving in-home care or personal care services

## WHAT IS ABUSE?

- Intentionally causing pain, suffering and/or injury to a vulnerable adult
- Can be physical, mental, sexual, or the improper use of restraints
- Can be abandonment, neglect, personal exploitation, or financial exploitation of a vulnerable adult
- Can be self-neglect on the part of a vulnerable adult

Call Adult Protective Services (APS) if you have reason to believe or you suspect any type of abuse of a vulnerable adult.

## REPORTING SUSPECTED ABUSE

**Make your report online:** <https://www.dshs.wa.gov/altsa/home-and-community-services/report-concerns-involving-vulnerable-adults>

### REGION 1

**APS Contact Numbers: 1-800-459-0421 (TTY) 509-568-3086**

Spokane, Grant, Okanogan, Adams, Chelan, Douglas, Lincoln, Ferry, Stevens, Whitman, Pend Oreille, Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, Klickitat

### REGION 2

**APS Contact Numbers: 1-866-221-4909 (TTY) 1-800-977-5456**

Snohomish, Skagit, Island, San Juan, Whatcom, King

### REGION 3

**APS Contact Numbers: 1-877-734-6277 (TTY) 1-800-672-7091**

Bremerton, Pierce, Thurston, Mason, Lewis, Clallam, Jefferson, Grays Harbor, Pacific, Wahkiakum, Cowlitz, Skamania, Clark

## REPORTING CONCERNS ABOUT A CARE FACILITY

Report concerns about an adult family home, assisted living facility, or nursing home to the Complaint Resolution Unit (CRU). Reports can be made online or by phone.

### Make your report online

<https://www.dshs.wa.gov/altsa/home-and-community-services/report-concerns-involving-vulnerable-adults>

### Complaint Resolution Unit Statewide Contact Number

1-800-562-6078      (TTY) 1-800-737-7931

**Call 1-866-EndHarm** if you are reporting suspected abuse of a child, or making an after hours Adult Protective Services report.



## Quick Guide to Resources

### TRAINING AND HCA CREDENTIAL

- DSHS: <https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers>
- Department of Health: <http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/HomeCareAide>
- Prometric: <https://www.prometric.com/en-us/clients/wadoh/Pages/landing.aspx>

### INDIVIDUAL PROVIDER ONE

- Customer Assistance Hotline: 1-844-240-1526
- Email: [pplwaipone-cs@pcgus.com](mailto:pplwaipone-cs@pcgus.com)
- General information: <http://www.ipone.org/>
- Hint and Tips webpage: <http://www.ipone.org/info.htm>
- Provider Portal: <https://ipone.publicpartnerships.com/login.aspx>

### SEIU 775

- Union benefits: [www.seiu775.org](http://www.seiu775.org)
- Required training and health benefits: [www.myseiubenefits.org](http://www.myseiubenefits.org)
- Member Resource Center email: [mrc@seiu775.org](mailto:mrc@seiu775.org)
- Member Resource Center phone number: 1-866-371-3200

*To speak with someone in a different language, dial one of the following extensions when you call the Member Resource Center.*

Language	Extension	Language	Extension
Russian	411	Somali	431
Ukrainian	412	Arabic	432
Spanish	413	Mandarin	423
Korean	421	Vietnamese	422
Cantonese	424	Swahili	433
Tagalog	442	Cambodian	441

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