

<b>Topic:</b>	24-Hour Residential and Foster Home Setting Provider COVID-19 Policy Guide
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## Overview

**Description:** Temporary policies related to the delivery of services in ODDS licensed or certified residential settings, including 24-hour residential programs and foster care settings, during the COVID-19 pandemic are contained in this guide. It will be updated as needed.

**Purpose/Rationale:** ODDS responded rapidly to the COVID-19 pandemic and state of emergency by releasing a series of transmittals related to case management practices. This guide replaces many of those transmittals and consolidates the information. This guide will be updated as Oregon begins to reopen through the phased process established by the Governor.

### **Introduction:**

This worker guide addresses 24-hour residential program and foster care settings.

The Office of Developmental Disabilities Services (ODDS) remains committed to ensuring the health and safety of the individuals and families we serve. COVID-19 continues to spread in our communities and threatens older adults, those with underlying health conditions, and those with intellectual and developmental disabilities.

**All providers and volunteers must wear masks when providing support, indoors and outdoors unless they live in the setting where services are being provided. Non-resident providers, staff, caregivers, and volunteers must wear masks, regardless of vaccination status. Face coverings must be worn in place, covering mouth and nose.**

**Effective August 25, 2021, ODDS is reinstating the previous COVID-19 policies related to provider training requirements for 24-Hour and Adult Foster Home settings.**

Providers are expected to maintain a log of visitors.

This guide contains clarification and reminders related to universal precautions and appropriate measures related to pandemic operations.

**Reminder: As the pandemic situation continues, there are significant challenges facing our workforce. Dedicated staff are making exceptional efforts to keep people safe and cover for staffing shortages that have reached crisis level. As caregivers work to support people in their daily lives it is important to maintain person-centeredness at the forefront of how we approach support. Individuals need to be supported in having the most independence and personal freedom possible, even given the current state of the world. Offering individuals choice and self-direction is critical in giving some control in unpredictable times. Individuals may need support in informed decision making about risks and implications of choices they make, however, whenever safely possible, support should look like guidance and encouragement rather than controlling.**

### Procedure(s) that apply:

**Section updated August 25, 2021. Updates in bold.**

Individuals receiving services from ODDS are considered at high risk of long-term adverse consequences from COVID-19. If individuals who use ODDS services choose to go out (for work, essential services, recreation etc.), they must have an opportunity to make an informed choice about the risk. Work with the individual's services coordinator as needed. Individuals must be given:

- Alternative options available to meet their needs and interests.
- Support to understand the benefit of staying home.
- Information about the risk posed by going out.
- Explanation about recommendations for wearing masks (for unvaccinated or immunocompromised individuals) and assistance to access a mask or face coverings.
- The right to request staff wear masks and have this request accommodated. **Staff (including non-resident providers, caregivers, staff, volunteers, etc.) are required to wear masks, regardless of vaccination status.**
- An opportunity to develop a plan to reduce related risks for both themselves and others.
- Encouragement to stay home and isolated when not feeling well, regardless of the cause.
- Support in accessing the COVID-19 vaccine if the individual chooses to get the vaccine.

It is still strongly recommended that unvaccinated individuals and immunocompromised persons continue to wear masks. Providers are expected to support individuals in knowing this recommendation and assisting the individual to have access to clean masks for going out into the community, as necessary and appropriate.

When individuals request that staff wear a mask, this request must be accommodated and the request must be documented. Documentation requirements can be met through a t-log or progress note.

Agencies and employers have the right to continue to require their staff to wear masks, even without a statewide or ODDS requirement.

Community-based employment is considered essential business and individuals must be permitted to leave and re-enter the home for employment purposes.

Residential providers may not prohibit a resident of a home from leaving the home, nor can a provider deny re-entry to the home. A provider may not require COVID negative test for a resident to re-enter the home. Providers may not use intimidation or coercion to make residents stay home or to remain away from the home if individuals have chosen to leave.

If the person has made an informed choice about participating in an activity that is permissible under federal, state, and local guidance, then precautions must continue to remain in place. Precautions include:

- Require all house members and staff to immediately wash hands when returning from an independent community activity.
- Encourage individuals to change and wash their clothing after returning from an independent community activity.
- Following the provider's current emergency plan in the event of an outbreak situation.

**End of August 25, 2021 section update.**

### **COVID-19 Vaccinations:**

The COVID-19 vaccine is available to all Oregonians aged 12 and older. Individuals must be supported in understanding the benefits and risks of the vaccine. Individuals should be supported in consulting with their primary care physician or medical team about whether the vaccine is a safe or appropriate option for the individual based on the individual's personal health status or medical conditions. Teams are expected to work

with individuals through supported decision making to aid in the decision process. Providers may participate as part of the individual's team, but shall not direct an individual's choice in receiving a vaccine. Please see additional ODDS guidance, including fact sheets and an FAQ, about the vaccines and vaccine process on the ODDS COVID webpage: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

Links to the ODDS COVID-19 Vaccine documents include:

COVID Vaccine Phase 1a fact sheet (English): <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/COVID-Phase-1A-Groups-Fact-Sheet.pdf>

All languages under Individuals/Resources:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

COVID-19 Vaccine and I/DD Services Fact Sheet: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/COVID-ODDS-Vaccine-Individuals-Fact-Sheet.pdf>

All languages: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

Providers are expected to work with the individual's health care team and vaccine administration programs to ensure access to the vaccine. In some situations, this may include vaccine administration in the home setting. Persons necessary to administer the vaccine are considered essential visitors and must be permitted to have access to the home (with precautions in place).

Providers shall not threaten or use coercion to influence an individual's decision regarding the vaccine. Providers must not condition the receipt of services or residency status in the home to receiving the COVID vaccine.

### **General Requirements for Providers, including DSPs and Caregivers:**

**Section updated August 25, 2021. Updates in bold.**

- Non-resident providers, employees, and volunteers who provide direct care must:
  - **Wear masks at all times. The mask requirement applies to indoor and outdoor settings.**
    - **Masks must also be worn in vehicles when an individual is present.**

ODDS (rev. 7/2/2019)

- **Masks must be worn in place, covering mouth and nose. Spit guards, shields and other alternatives to masks are not considered adequate or compliant. Using masks made of materials containing holes or permeable space such as mesh, lace, or crocheted masks are not permitted and are not compliant with the mask wearing requirement.**
    - **The mask requirement applies to any non-resident person entering the home with all visitors expected to wear masks at all times when in the home. This includes:**
      - **DSPs that do not live in the home**
      - **AFH providers that do not live in the home**
      - **24-Hour residential setting providers**
      - **Host Home providers that do not live in the home**
      - **All other independent or agency providers, such as Behavior Professionals**
      - **Volunteers**
      - **Maintenance workers or contractors entering the home**
    - **Providers living in the foster home setting where services are provided are not required to wear a mask. Providers in adult foster homes are encouraged to wear a mask.**
  - **High-quality, single-use N95, Kn95, or 3-layer surgical masks are strongly recommended.**
  - **Physically distance to the extent possible and reasonable.**
  - **Ensure that staff are trained on standard precautions, infection control , and hand-washing.**
  - Use good infection control practices: upon entering the home wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer, avoid touching face.
  - Use good respiratory etiquette: cover cough or sneeze into elbow.
  - **Ensure staff and individuals stay home when they are sick. This includes providing options for activities and staying connected for individuals who should stay home and making sure that staff who are ill or suspected of illness do not report to work or have in-person contact with individuals.**
  - Follow public health guidelines in the event of an outbreak, including the use of masks in accordance with public health directions.
- **Providers should refer to the toolkit for additional guidance on precautions, screening, and other practices related to COVID-19 as appropriate “[Toolkit for](#)**

**Foster Care or Group Home Providers Operating Homes with Five or Fewer Residents**: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2708.pdf>

- Providers must ensure that individuals have access to a clean face mask anytime they leave their home, as necessary and appropriate. Individuals who are unvaccinated or considered vulnerable must be informed of the strong recommendation to continue to wear masks. Other efforts include offer alternatives where there will be less risk of infection such as outdoor events or locations, venues which allow for physical distancing, or curbside pick-up options offered by many retailers. Document efforts and outcomes in the individual's record.
- The actions an agency must take when an individual or employee has or may have COVID-19 can be found in this [scenarios document](#).
- When an individual or other household members are ill or demonstrating symptoms of illness, the residential setting provider has a responsibility to communicate with other service providers supporting the individual, including employment or day support activities providers. Communication must occur when there are:
  - Concerns of persons in the household or caregivers displaying symptoms of COVID;
  - Outbreaks in the household or among staff supporting the household;
  - Medical or health department-directed quarantine;
  - Positive COVID testing; or
  - Pending COVID testing results.
- Please note: *Providers are expected to utilize use the exposure notification letter when there is a known outbreak, but calling and other communication is recommended as an additional precaution.*
- Visitation is no longer restricted to "essential visitors" and individuals have the right to have guests in their homes. Providers are expected to follow precautionary measures which include prohibiting entry of visitors who are suspected to be ill, staggering visitation, limiting volume of visitors, and cleaning following visitation. **All visitors are required to wear masks at all times.**

- ISPs and Service agreements do not need to be signed by any member of the ISP team in order to be valid, although written signatures are preferred. When signatures are not being gathered, a provider may give prior verbal agreement to deliver services based on information given by the case manager that includes effective dates, service limits and relevant known risks.
- **Providers are encouraged to work with individuals to have alternatives to in-person activities that come with a risk of exposure, such as ordering take out rather than dining in a restaurant, having groceries delivered, downloading a movie to watch at home rather than going out to a movie theatre, or having community activities take place in outdoors locations with space for distancing rather than gathering in indoor locations.**
- **Providers are also encouraged to help individuals access services through remote technology where reasonable and appropriate, such as using electronic/video communication to interact with a Behavior Professional or to do an online visit with a health professional rather than an office visit.**

**End of August 25, 2021 section update.**

### **Governor-Directed Travel Advisory**

The Governor issued a travel advisory effective November 13, 2020, asking people to limit travel whenever possible and only travel for essential business such as school, health care, or work. People who travel from out-of-state or are returning to Oregon from out-of-state travel are asked to quarantine. The travel advisory may be found at the following link:

<https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=37700>

Providers need to be aware of the travel advisory and consider it when making decisions about staffing and assigning tasks to staff and caregivers. If providers have questions about how to follow the guidance or whether it is advisable for a staff to work with individuals following travel, they may consult their local public health authority.

Individuals in residential settings shall not be restricted from returning to the home following out-of-state travel. Individuals must be supported to be informed the risks associated with travel and expectations that may be in place upon their return to the

home. Providers are asked to support individuals in taking precautionary measures to the extent possible in the home, suggestions include:

- Physical distancing whenever possible and limiting contact between the individual and other household members for the quarantine period;
- Staggering mealtimes and other activities in the home to allow for separate times for activities to occur, limiting exposure among household members;
- Frequent handwashing;
- Helping the individual to arrange for leave time or teleworking options for community employment during the quarantine period; and
- Monitoring closely for symptoms of illness.

### **Oregon OSHA Regulations**

OSHA is a separate regulatory authority not affiliated with ODDS. For questions related to OSHA regulations, providers are encouraged to contact OSHA directly or utilize provider resources available to them for further support in this area.

Providers are responsible to know if OSHA rules apply to them as an employer and are expected to be aware of and follow the OSHA requirements.

The new OSHA rules may be found at the following link:  
<https://osha.oregon.gov/OSHARules/div1/437-001-0744.pdf>

Individual employers of PSWs or homecare workers, independent contractors, and foster care providers whose employees are not covered by workers compensation are not subject to the OSHA rules.

### **Reporting Requirements, COVID-19 Testing, and Notification:**

If an individual or staff member may have been exposed by someone with a known suspected case or positive test for COVID-19, provider agencies must follow the COVID-19 Exposure notification process as outlined in the [scenarios document](#).

**Reminder: All providers and their employees are mandatory reporters of abuse and must continue to report all suspected abuse.**

### **Home and Community-Based Services (HCBS) Requirements**

During the COVID-19 pandemic situation certain rule requirements specific to residential service settings, including foster care settings, may be waived. Providers are expected



to continue to support individuals in the least restrictive, most appropriate manner possible and extend any and all freedoms and protections as reasonably possible in this crisis situation.

The following HCBS residential setting requirements may be waived without an IBL or variance when necessary to prevent the spread of coronavirus:

- Residency Agreements (for temporary housing arrangements only)
- Visitors
- Control of Schedule and Activities
- Access to Personal Food
- Furnishing and décor
- Choice in Roommate

### **Visitors:**

**Section updated August 25, 2021. Updates in bold.**

**Visitor restrictions are not changing at this time due to the importance of relationships and the significant impact of social isolation. AFH and 24-hour group homes are urged to support people that live in their settings to meet visitors outdoors, stagger visits, and reduce the number of people per visit. All visitors are required to wear masks at all times.**

Individuals have the right to have visitors in the home, however, some precautionary measures continue to apply.

### Required Visitor Policies for Adult Foster and 24-Hour Residential Homes:

- Masks are to be worn by visitors to the home.
- Homes will implement the following protocol for visitors:
  - Homes having visitors must be “COVID-free”, meaning that there are no persons who live in the home with or suspected to have COVID-19, including demonstrating symptoms associated with COVID-19 that are not attributed to other non-contagious causes. COVID-19 symptoms include:
    - Fever
    - New or worsening cough
    - Difficulty breathing
    - Chills or repeated shaking with chills
    - Muscle pain

- Headache
  - Sore throat
  - New loss of taste or smell
  - Runny nose (not due to season allergies)
  - Nausea
  - Diarrhea
  - Abdominal Pain
- Providers may refuse entry of visitors who are ill or suspected of being ill.
- Visitors are expected to wear face masks while indoors
- Visitors, individuals, providers, and staff are encouraged to maintain physical distancing.
- Any areas of the home where visitors spent time must be cleaned immediately afterwards.
- Providers may request that visitation by personal visitors (in counties where re-opening status permits personal visitation), behavior professionals, and vendors is pre-arranged, when reasonably possible. This is only for the purpose of ensuring there are not more than two visitors at a time in the home and there is adequate time to clean between visitors.
- **Providers must maintain a log of visitors, including the name of the visitor and date and time of the visit, for contact tracing purposes.**
- In situations where a home includes residents who may be considered an exceptionally high risk for infection or complications related to an infection, such as those with immuno-compromised conditions or individuals who are ventilator dependent, a more restrictive visitor policy may be applied. Providers and teams shall work with Services Coordinators to determine the most appropriate protocol for visitation considering the risks to individuals in the home. The modified visitation plan:
  - Must be documented, including why there is a need for a more restrictive policy and describe the visitation plan.
  - May not be less restrictive than the policies for visitation contained in this guide.
  - Must allow for essential visitors to address health and safety concerns, including protective services, licensing, case management and guardians.

**End of August 25, 2021 section update.**

## Tours of Residential Homes:

**Section updated August 25, 2021. Updates in bold.**

In-person tours for prospective residents in homes, including 24-hour and foster home settings, may resume following the same policies that apply to visitors. This includes limiting the number of persons visiting the home to tour. **Tour groups should be limited to only those persons absolutely necessary- generally this should be limited to an individual and one attendant or support person.** Visitors to the home must wear face masks and people who are ill or suspected of being ill are not permitted to participate in the tour of the home. Any areas of the home visited during the tour must be cleaned following the prospective resident's visit.

Whenever possible, teams are encouraged to explore alternatives to in-person tours of homes, such as:

- Virtual tours through video conferencing;
- Have the individual visit the home site, viewing the exterior of the home and provide viewing of the home's interior through windows where possible;
- Couple an exterior viewing visit with a virtual walk through of the home;
- Have meet and greet opportunities take place outdoors or in a public space where physical distancing and privacy can be maintained.

**End of August 25, 2021 section update.**

## Provider Operations:

**Section updated August 25, 2021. Updates in bold.**

### Criminal History Background Checks

- A new employee may work unsupervised on a preliminary basis while a final fitness determination from the Background Check Unit is pending for up to 90 days. The provider should determine if working unsupervised is appropriate on a case-by-case basis.
- Beginning March 1, 2020, expiring criminal history checks were extended for one year. A recent extension has been granted to extend the checks for another year,

meaning no one should have an expiring criminal history check in 2021. Criminal history checks have been extended until 2022 by the Background Check Unit. More information will come available at later time regarding 2022 renewals.

- The need for fingerprint based background checks is postponed. They will be required later for those that were postponed.

#### Provider Enrollment Agreements:

- PEAs expiring between March 1, 2020 and May 31, 2020 were extended by 90 days. Beginning June 1, 2020, no new extensions will be issued.

#### Training Requirements:

- **24-Hour Residential Program DSP Training (until further notice):**
  - **The requirement for 12 hours of annual training may be paused during the period of the state of emergency.**
  - **CPR/First Aid renewals can be postponed until further notice.**
  - **New hires may work, assisted by a fully trained DSP, without CPR/First Aid certification.**
  - **New hires may work, assisted by a fully trained DSP, without six hours of pre-service training. The six hours may occur as on-the-job training.**
  - **A new hire who has worked in a 24 hour residential home or supported living program in Oregon within the past two years and who had completed the training to work unassisted may work unassisted at a specific site following the local training portions of the following core competencies, including the physical and oral demonstration (as applicable), at any site where they will work unassisted:**
    - **107. Health: Medical Information**
    - **108. Health: Understanding Common, Serious Health Risks**
    - **109. Health: Adaptive Equipment**
    - **110. Health: Required Infection Control Techniques**
    - **111. Health: Medication Administration and Documentation**
    - **116. Safety: Safety Equipment**
    - **117. Safety: Safe Equipment Operation**
    - **119. Safety: Responding to Emergency Situations**
    - **121. Planning: Become Familiar with each ISP**
    - **122. Planning: Support Documents**
    - **124. Planning: Court Restrictions**

- **127. Organizational Mission and Policies: Incident Report Requirements**
    - **In addition:**
      - **Be given nursing delegation and OIS training required to implement a PBSP, when applicable.**
      - **Instruction on reporting requirements defined in OAR 411-323-0063.**
  - **Before working unassisted, other new hires must complete, in addition to the requirements listed above, the local training portions of the following core competencies, including the physical and oral demonstration (as applicable):**
    - **102. Rights: Mandatory Abuse Reporting**
    - **104. Rights: Confidentiality Standards**
    - **106. Value: Dignity, Respect, and Person-Centered Language**
    - **118. Safety: Environmental Modifications For Safety**
    - **These new hires must also be:**
      - **Given information about rights for people who receive I/DD services (may be iLearn lesson 103 or in person by a supervisor)**
      - **Informed of the agency's policy on emergency physical restraint**
      - **Instructed on documentation requirements**
  - **The remainder of tier 1 core competencies and the online portions of those listed above can occur on tier 2 timelines (within three months of the start date of work).**
- **Adult Foster Home Training Requirements:**
    - New Staff:**
      - **The Adult Foster Home Basic Test is temporarily suspended. New AFH Provider applicants should communicate with their local AFH Licensor to coordinate the remaining elements of their application process.**
      - **Until further notice, all newly hired staff must read the AFH Training manual as part of any on-the-job training. Newly hired staff will have until further notice to complete and pass the basic test.**

- All newly hired staff who have previously worked in an I/DD 24-hour residential agency or Supported Living agency for a minimum of 6 months within the last two years and have read the AFH manual will have their testing requirement waived.
- Newly hired staff may work assisted and supervised without CPR/FA certification during the COVID-19 Emergency.

#### **Mandatory Abuse Reporting:**

- All providers and staff (current and newly hired) must continue to meet their Mandatory Abuse Reporting Training requirement which is available online.

#### **Current Providers and Staff:**

- CPR/FA renewal requirements are suspended until further notice.
- The 12-hour annual training requirement is suspended until further notice.
- **Child Foster Home Training Requirements**
  - There are no changes to current practice. Child foster home providers and their alternate caregivers must continue to meet the training requirements (including Mandatory Abuse Reporting) in OAR Chapter 411, Division 346.

#### **End of August 25, 2021 section update.**

**Licensing Activities-** *for more details related to licensing activities, please see the COVID-19 Licensing Worker Guide: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Licensors-Reopening-Worker-Guide.pdf>.*

#### **24-Hour Residential Settings:**

Beginning August 1, licensing activities resumed to in-person and should reflect practices prior to the pandemic public health emergency. While conducting in-person

activities such as site visits, licensors and certifiers will be expected to wear **N95 or Kn95** masks and use precautionary measures, including screening, distancing, and hand washing. Masks **must** be worn all the time in the home setting and are required regardless of vaccination status. Licensors and certifiers **are encouraged to** use additional PPE such as faceguards, eye protection, **and gloves**. Additional PPE is not a substitute and masks must be worn regardless of other PPE used by licensors or certifiers.

Providers who have concerns due to an outbreak or suspected outbreak among the home setting are expected to immediately contact their licensor or certifier to make alternative arrangements when an on-site visit is scheduled. This notification does not substitute for reporting requirements when there is a positive case or suspected outbreak. The licensing or certification team will make a determination about how to proceed if a licensing or certification visit is needed while an outbreak, suspected outbreak, or quarantine is in place.

Due to the suspension of licensing that occurred during the pandemic, there may be providers or settings with lapsed licensing, endorsement, or certification. The licensing unit will work with the eXPRS Unit to grant needed extensions to ensure that licenses do not lapse during the time between the expiration and when the licensing, endorsement, or certification activities may be completed. Licenses, endorsements, and certificates will be automatically extended when they have lapsed and the licensing process is pending. Payments will continue to be authorized for the pending licenses, endorsements and certificates in accordance with individual ISPs and payment systems or plan of care for services delivered in these settings.

### **Foster Care (Adult Foster Care and Child Foster Homes):**

Beginning August 1, licensing activities resumed to in-person and should reflect practices prior to the pandemic public health emergency. While conducting in-person activities such as site visits, licensors and certifiers must wear **N95 or Kn95** masks and use precautionary measures, including screening, distancing, and hand washing. Masks should be worn all the time in the home setting and are required regardless of vaccination status. Licensors and certifiers **are encouraged to** use additional PPE such as faceguards, eye protection, **and gloves**. Additional PPE is not a substitute and masks must be worn regardless of other PPE used by licensors or certifiers.

If local ordinances or public health guidelines prevent in-person inspections or other licensing activities, the CDDP must contact licensing manager, Jessica Denison-[Jessica.Denison@dhsosha.state.or](mailto:Jessica.Denison@dhsosha.state.or), as soon as possible to make alternative arrangements. CDDPs are expected to propose a licensing plan for approval to address the local limitations.

Providers who have concerns due to an outbreak or suspected outbreak among the home setting are expected to immediately contact their licensor or certifier to make alternative arrangements when an on-site visit is scheduled. This notification does not substitute for reporting requirements when there is a positive case or suspected outbreak. The licensing or certification team will make a determination about how to proceed if a licensing or certification visit is needed while an outbreak, suspected outbreak, or quarantine is in place.

Due to the suspension of licensing that occurred during the pandemic, there may be providers or settings with lapsed licensing or certification. The licensing unit will work with the eXPRS Unit to grant needed extensions to ensure that licenses do not lapse during the time between the expiration and when the licensing or certification activities may be completed. Licenses and certificates will be automatically extended when they have lapsed and the licensing process is pending. Payments will continue to be authorized for the pending licenses and certificates in accordance with individual ISPs and payment systems or plan of care for services delivered in these settings. Delays in licensing activity due to ODDS policies or practices or licensing workload should not have any impact on provider payments.

### **Provider Payment and Billing:**

#### **Suspension of rate reductions-** discontinued (update 5/1/2021):

Residential setting rates that were previously extended during the pandemic emergency to avoid a reduction in provider service payment shall be updated to reflect the service rate based on the individual's most current needs assessment or rate setting tool. Previously, rates were extended in the following situations:

- The individual has a new assessment completed that would normally result in the reduction of a service rate; or
- A current exceptional service rate approved by ODDS is due to expire and would normally require a renewal request submission.
- Exceptional service rate authorizations that are time-limited and specific to the COVID-19 pandemic situation are not included in this suspension or



rate reduction and will end upon their expiration date, unless specifically extended by ODDS.

For assessments completed on May 1, 2021 or later, the rate will be implemented in accordance with pre-pandemic policy, meaning for:

- 24-Hour Residential Settings, if the assessment results in:
  - An increase in service payment, the new service rate is effective upon completion of the assessment; and
  - A decrease in service payment, the new lower service rate becomes effective 45 calendar days following the individual's tier assignment date the notification sent to the provider.
  
- Adult Foster Care Settings, if the assessment results in:
  - An increase in service payment, the new service rate is effective upon completion of the assessment and
  - A decrease in service payment, the new lower service rate becomes effective 10 business days from the date the notification is sent to the provider , in alignment with the collective bargaining agreement for Adult Foster Care Settings.
  
- Child Foster Care Settings, if the assessment results in:
  - An increase in service payment, the new service rate is effective upon completion of the assessment; and
  - A decrease in service payment, the new lower service rate becomes effective 7 calendar days from the date the notification is sent to the provider.

Individuals with an extended service rate under the pandemic policy who should have otherwise had a rate reduction based on the most recent assessment or rate setting tools (occurring prior to May 1, 2021) must have the service rate updated in eXPRS to reflect the lower service rate effective no later than July 1, 2021.

Please Note: A service provider may not issue a notice of involuntary exit to an individual as a result of a rate reduction.

Individuals with an exceptional service rate (Tier 7) not specifically related to the COVID-19 pandemic may continue to have the exceptional rate authorized if the exceptional rate is both necessary and the supports are provided by the residential setting provider.

## COVID-19-Related Exceptions:

Effective May 1, 2021 all exception requests, including COVID-19-related exceptions, must be submitted using the DHS 0514DD Form and sent electronically to [ODDS.FundingReview@dhsosha.state.or.us](mailto:ODDS.FundingReview@dhsosha.state.or.us). All exceptions will be received and reviewed following the funding review process previously in place prior to the COVID-19 pandemic and documentation submission requirements apply.

The “COVID-19 Related Temporary Residential Setting Rate Exception Request” form will no longer be available for use. The form will no longer be accepted for exceptional funding requests beginning May 1, 2021. Exception requests submitted on or after May 1, 2021 on the COVID-19 related exception form will be returned with a request to resubmit on the DHS 0514DD form.

COVID-19 Related Exceptional requests will be available and made following the regular exception or funding review process and may include funding for:

- Increased challenging behavior: Additional DSP or Caregiver 1:1 or 2:1 hours to address increase in exclusive focus support needed to support challenging behavior related to COVID-19. With pandemic conditions lasting over a year, there is a possibility that behavior support needs have stabilized. The Services Coordinator should work with the individual’s team to evaluate if the individual’s most recent ONA reflects the individual’s ongoing support needs. This evaluation must occur as part of the individual’s annual planning, but may take place any time sooner.
  - If the individual continues to have a higher level of support needs than reflected by the most recent ONA, a new Change-in-Need ONA conducted by an assessor should be requested.
  - If the individual’s support needs have returned to a level similar to their support needs prior to the pandemic (and as reflected in their most recent assessment), there should no longer be an increased need for support and the exception must be discontinued effective the date the individual no longer required the additional support.
- Loss of DSA/Employment Services: Additional 1:1 or 2:1 hours are necessary to provide adequate care and maintain safety for individuals who have lost access to their Day Support Activities or Employment services and received 1:1 or 2:1 staffing when participating in DSA or Employment services. Individuals who are able to return to DSA or employment services may no longer have a need for an increased residential rate (specifically

- granted for the reason of not having the DSA or employment services available due to the pandemic) or may need an adjustment to the exception to reflect the level of services they are able to access. The exception should be updated as soon as the individual experiences a change in services such as the DSA/Employment services becoming available and accessible to the individual.
- For individuals who are able to return to DSA/Employment services at a level similar to what they were able to access prior to the pandemic, the exception may no longer be needed.
  - An adjustment to an exception may be appropriate for an individual who is able to access DSA/Employment, but the current level of access is less than the individual's services prior to the pandemic.
- Additional shared staffing due to unavailable DSA or Employment Services: Additional shared staffing in the home during times individuals normally would have been participating in DSA or employment services is needed to maintain basic health and safety in the home. With a slow transition back to DSA/Employment services being available again, and services often varying from what was available prior to the pandemic, additional funding to address adequate shared staffing levels in the home may continue to be necessary.
- If the individuals in the home are able to return to DSA or employment settings, or the additional staffing has not been consistently provided, the exceptional funding must be discontinued. In situations where the exceptional funding for additional staffing in the home is no longer needed or may be reduced, the Services Coordinator needs to provide updated information to ODDS Funding Review reflecting the current level of staffing.
- Quarantine/Distancing-related exceptional expenses: Funding to address required support of an individual in a individualized quarantine or physically-distanced environment separate from housemates. Funding may include increase staffing hours to provide continuous support to the individual, as well as costs associated with accessing a separate temporary living environment. Quarantine/Distancing-related exceptions should be time-limited. Services Coordinators need to evaluate if there are any exceptions granted due to quarantine or distancing that are in place for more than a very temporary period. This evaluation should occur during the ISP planning process, if not sooner, and the adjustment to the exception should be made, as necessary, to ensure the exception is only

applied to the active period of quarantine or exceptional distancing related supports.

Approved Exceptional Funding Requests specific to COVID-19 may continue **only** when all of the following conditions apply. At a minimum, the Services Coordinator must work with the team during the ISP process to evaluation if the following criteria are met:

- The condition or situation requiring the exceptional funding continues to apply to the individual;
- The individual continues to need an exceptional level of support, consistent with the amount of additional support as approved in the original exception request approved by the Department; AND
- The provider continues to provide the level of exceptional support as indicated in the exceptional funding request

For those individuals who no longer need exceptional supports, the end date of the exceptional funding should coincide with the date the support was no longer needed and/or the provider no longer provided the level of exceptional support, whichever is earlier.

ODDS reserves the right to end COVID-related exceptional funding at its discretion, with appropriate notice. Reasons ODDS may terminate exceptional approval include: change in situation, availability of alternate resources, lack of demonstration that exceptional supports are or were being provided, budgetary constraints, or end of pandemic state of emergency.

- Residential setting providers may bill for services when supporting an individual away from the home setting when the conditions of [OAR 411-325-0490](#) (for 24-Hour Residential Settings) or [OAR 411-360-0200\(2\)](#) (for Adult Foster Homes). A minimum threshold of service delivery must be met, services provided must be consistent with the individual's ISP, and limitations apply.

### **Limitations on Notice of Exit:**

Providers are now permitted to issue a Notice of Exit in accordance with current Oregon Administrative Rule (OAR).

A provider shall not provide a notice of exit to an individual on the basis of the individual contracting a communicable disease, such as the COVID-19 virus.

For clarification, a provider may not issue a notice of exit to an individual due to challenges the provider is facing or the provider's decision to change operational practices, including the following situations:

- Provider has limited staffing resources
- Provider desire to self-quarantine
- Provider has limited supplies or supplies are difficult to obtain
- Individuals no longer have alternate community activities to go to during the day such as employment or day services activities
- Provider desire to temporarily relocate

Even in the event of a medical or behavior situation that meets the administrative rule condition for an exit notice, the provider shall make reasonable efforts to explore alternatives to safely support the individual and allow for the maximum amount of time possible for notification and identification of another living situation for the individual.

Individuals who do receive notification of exit from a provider retain the right to dispute the notice and request a hearing in accordance with [ORS chapter 183](#) and [OAR 411-318-0030](#).

#### **Resources:**

PPE (Personal Protective Equipment)

- Foster Care Providers needing assistance in obtaining PPE when it is required in a Child or Adult Foster Home to safely provide services and prevent the spread of COVID-19, should work with their local county emergency managers to obtain supplies. Use the following link to identify and contact the appropriate emergency manager in your respective counties:

[https://www.oregon.gov/oem/Documents/locals\\_list.pdf](https://www.oregon.gov/oem/Documents/locals_list.pdf)

For guidance on when PPE is required, please refer to the [COVID-19 Scenarios Tool](#).

Scenarios Tool:

ODDS has developed a COVID-19 Scenarios Tool that outlines various responses and scenarios related to presumptive positive and suspected cases of COVID-19. As of November 16, 2020, ODDS now requires that all scenarios are reported on the required form. The tool and form is available on the ODDS COVID-19 Information webpage at the following link: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

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