Overview

Description: Temporary policies related to the case management services during the COVID-19 pandemic are contained in this guide. It will be updated as needed.

Purpose/Rationale: The Office of Developmental Disabilities Services (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

As many counties enter various phases of Oregon’s plan for reopening, ODDS remains committed to ensuring the health and safety of the individuals and families we serve. COVID-19 continues to present a risk in our communities and threatens older adults, those with underlying health conditions, and those with intellectual and developmental disabilities (I/DD). This worker guide is for activities conducted by Case Management Entities (CMEs).

June 5, 2020 Updates:

- In-person contact still restricted as some counties enter Phase Two
- Remote Quality Assurance reviews resuming July 1, 2020

Contents

In-Person Contact Restricted ........................................................................................................................................ 3
COVID-19 Reporting.................................................................................................................................................. 5
COVID-19 Testing...................................................................................................................................................... 5
Presumed Eligibility .................................................................................................................................................. 5
Planning and Service Authorizations ......................................................................................................................... 5
Contact: ................................................................................................................................................................... 5
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timelines</td>
<td>5</td>
</tr>
<tr>
<td>Signatures</td>
<td>5</td>
</tr>
<tr>
<td>Retroactive changes</td>
<td>6</td>
</tr>
<tr>
<td>New to service</td>
<td>6</td>
</tr>
<tr>
<td>Reductions</td>
<td>6</td>
</tr>
<tr>
<td>Backup Plans</td>
<td>6</td>
</tr>
<tr>
<td>Purchasing Personal Protective Equipment (PPE) for Individuals and PSWs</td>
<td>7</td>
</tr>
<tr>
<td>Provider Enrollment and Overtime</td>
<td>7</td>
</tr>
<tr>
<td>Preliminary hires</td>
<td>7</td>
</tr>
<tr>
<td>Criminal History Checks (CHCs) and Provider Enrollment Application Agreements (PEAAs)</td>
<td>7</td>
</tr>
<tr>
<td>PSW Overtime</td>
<td>7</td>
</tr>
<tr>
<td>PSW Payment Processing</td>
<td>8</td>
</tr>
<tr>
<td>Using the Collective</td>
<td>9</td>
</tr>
<tr>
<td>Choice Advising</td>
<td>9</td>
</tr>
<tr>
<td>Assessments</td>
<td>10</td>
</tr>
<tr>
<td>Needs assessments</td>
<td>10</td>
</tr>
<tr>
<td>Monitoring</td>
<td>12</td>
</tr>
<tr>
<td>Individuals with I/DD at Higher Risk</td>
<td>13</td>
</tr>
<tr>
<td>Additional Questions-Medical Risks</td>
<td>14</td>
</tr>
<tr>
<td>Additional Questions-Behavioral Risks</td>
<td>14</td>
</tr>
<tr>
<td>Additional Questions-Other Risks</td>
<td>14</td>
</tr>
<tr>
<td>Mandatory Reporting</td>
<td>15</td>
</tr>
<tr>
<td>Staffing Support Line</td>
<td>15</td>
</tr>
<tr>
<td>Rate Exceptions</td>
<td>15</td>
</tr>
<tr>
<td>Children’s Services</td>
<td>15</td>
</tr>
<tr>
<td>Quality Assurance Reviews</td>
<td>15</td>
</tr>
<tr>
<td>Resuming Quality Assurance Reviews July 1, 2020</td>
<td>16</td>
</tr>
<tr>
<td>Frequently Asked Questions</td>
<td>16</td>
</tr>
<tr>
<td>Contact(s)</td>
<td>16</td>
</tr>
</tbody>
</table>
In-Person Contact Restricted

Throughout Phase One and Phase Two, in-person contact remains restricted. With the exception of adult protective services activities and monitoring urgent health or safety-related concerns, all case management and assessment-related activities must be completed remotely. This is for the protection of the individuals we serve, their families, and our essential provider and case management workforce. Violations of HIPAA will not trigger penalties during the emergency per direction from Health and Human Services, allowing for the use of platforms such as Skype, FaceTime, and Zoom. However, when HIPAA compliant technology is available, it should be used as a preferred method.

When it is necessary for a CME employee to be in-person in order to conduct an essential task, the employee must first be asked these questions:

- Has the employee had signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat unrelated to seasonal allergies?
- Has the employee had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or is being treated for COVID-19?
- Has the employee they been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?

If the employee indicates ‘yes’ to any of the above, another employee will be screened and may be identified to complete the task.

Once an employee is identified, they will contact the setting where the task will occur and complete the following screening:

- Has anyone in the home (staff, household members or supported individuals) had signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat unrelated to seasonal allergies?
- Has anyone in the home (staff, household members or supported individuals) had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or is being treated for COVID-19?
- Has anyone in the home (staff, household members or supported individuals) been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?

If there is a confirmed or presumed positive case of COVID 19 in the home (staff, household member or supported individual) the following PPE and sanitization supplies must be provided to the employee to wear for the duration of the task:
• Gloves
• Gown, if accessible
• N-95 mask or surgical mask
• Face shields or protective eye wear

The following sanitization supplies must be provided for the employee to use before, during, and after the visit:
• Hand Sanitizer
• Surface Disinfectant

Social distancing should be maintained for the duration of the task, as appropriate. CMEs should refer to their internal policies or the Centers for Disease Control (CDC) for instructions on the proper use of PPE.

If the screening indicates that there is not a presumed positive or confirmed case of COVID 19 the employee will be provided the following PPE and sanitization supplies:
• Gloves;
• Surgical mask (non-respirator);
• Hand Sanitizer;
• Surface Disinfectant.

The PPE provided to the assigned employee will be worn for the entirety of the visit. The employee will be onsite for the minimal amount of time needed to conduct the portions of the task that cannot be completed off site. Social distancing will be practiced, and the employee will stay at least six feet away from others and ask those present to remain six feet apart while completing the task.

Continuing to ensure the health and safety of children and adults with I/DD should remain the top case management priority during reopening. This includes consideration of potential effects of prolonged social isolation, increased stress and anxiety, and the loss of usual routines and community access. Case managers can authorize K-Plan assistive technology purchases for individuals in order to participate in case management or communicate with others outside their home. Please see PT-20-071 for more information and requirements.

Adult protective service and investigation activities and urgent health and safety-related monitoring should be completed in-person only when specific health-related assurances can be made in advance, including the use Personal Protective Equipment COVID-19 screenings. For more information on abuse investigation activities, please see this
updated Action Request from the Office of Training, Investigations and Safety (OTIS) and ODDS. For licensing and certifier staff at CMEs, please see this Worker Guide.

**COVID-19 Reporting**
The actions an agency must take when an individual or employee has or may have COVID-19 can be found in this scenarios document.

**COVID-19 Testing**
In collaboration with the Oregon Health Authority (OHA), ODDS created a template letter CMEs can complete for individuals with COVID-19 symptoms to assist them in accessing expedited COVID-19 testing. The letters should only be issued to individuals who report as symptomatic. An individual or their guardian should not issue a letter to themselves. The letter template is posted here.

**Presumed Eligibility**
PT-20-025 describing remote eligibility determination activities and presumed eligibility procedures is still in effect and has been updated. In-person contact for the purpose of establishing eligibility continues to be restricted.

**Planning and Service Authorizations**

**Contact:**
A person’s annual Individual Support Plan (ISP) meeting, follow-up or mid-year change meetings must be completed remotely.

**Timelines:**
If a remote ISP meeting cannot be arranged before an ISP expires, the ISP can remain in effect with no reduction in services for up to one year beyond the current end date. The month of expiration will remain the same. For example, if an ISP that is set to expire in July 2020 is extended, the ISP will expire July 2021 regardless of when the delayed ISP meeting occurred. The delayed meeting does not restart the annual renewal clock.

**Signatures:**
A documented verbal agreement can substitute for a written signature on all documents required by ODDS. Case managers are encouraged to provide advanced copies of any documents via mail or email. Case managers must review relevant information remotely and document the following in progress notes:

- The document’s title and purpose
- The date the document was reviewed
- How the meeting was conducted (phone, email, videoconferencing)
- Names of people that reviewed the document and their role on the individual’s ISP team
• Confirmation that relevant information such as dates, hours, rates, risks, or service limits were understood and acknowledged

Maintain and file documents according to the same processes in place before the pandemic. The Freedom of Choice form will require a written signature at a later date.

**Retroactive changes:**
ISPs may be revised retroactive to a documented date of request for a service change when the service is needed to mitigate risk related to COVID-19. Provider enrollment will not be retroactive.

**New to service:**
Initial ISPs should be prioritized. However, circumstances may prevent an initial ISP from being authorized within 90 days of a completed application. If this occurs, document all attempts to schedule the ISP meeting in progress notes and explain any delays. ODDS will not enforce compliance penalties if this occurs as long as it is documented.

**Reductions:**
Until further notice, no person will experience a reduction or termination of service unless they establish residency outside of Oregon. Do not issue any Notices of Planned Action (NOPAs) related to termination or reduction of service until further notice. Previously approved exceptions must be extended and do not require additional approval from ODDS. Individuals requiring a monthly waivered service to maintain Medicaid eligibility will not lose Medicaid if the service is not delivered. Medicaid eligibility terminations are currently suspended.

Note: this does not apply to denials for new or additional services. For new or additional services, continue to follow processes explained in the [NOPA Worker Guide](#).

**Backup Plans:**
We encourage robust conversation on backup planning. The following questions may inform backup plans (some of these topics may overlap with provider emergency plans and CME reporting requirements):

1. What might need to change in a person’s daily routine and/or services if they are exposed to COVID-19?
2. Where would a person isolate if they become sick with COVID-19? Do they need additional support to monitor symptoms?
3. What kind of support would the person need if they were hospitalized? Who will accompany them, if needed, during an emergency or inpatient hospital stay?
4. What safeguards are in place in case a person’s paid or unpaid support providers are unavailable, exposed, or sick with COVID-19?
These conversations may be uncomfortable or traumatic for people and their families. Please see tips from this [trauma informed conversation guide related to COVID-19](#).

Other relevant resources:

- ODDS PowToon: [COVID-19 English; Spanish](#)
- ODDS PowToon: [Stay Home, Save Lives English; Spanish](#)
- ODDS [End of Life Discussion Guide](#)
- [Know Your Rights During COVID-19](#) from Disability Rights Oregon
- ODDS [Medical Rights During COVID-19](#)
- ODDS [Medical Rights Resource List](#)
- [Preparing for a Hospital Stay](#) from Independence Northwest
- [COVID-19 Information for Self-Advocates](#) from SARTAC

**Purchasing Personal Protective Equipment (PPE) for Individuals and PSWs:**
CMEs may also purchase gloves and masks for individuals supported by a CDDP or Brokerage upon receipt of an invoice. Invoices must be sent to the ODDS Contracts unit at [CAU.Invoice@dhsoha.state.or.us](mailto:CAU.Invoice@dhsoha.state.or.us). Any retail vendor is an appropriate source for masks and gloves.

PSWs should be directed to [this SEIU portal](#) to request PPE and to the Oregon Homecare Commission for questions about obtaining PPE.

**Provider Enrollment and Overtime:**

**Preliminary hires:**
Case Management Entities, Medicaid certified agency providers, child certified foster and adult licensed foster care providers are now able to allow SIs to work unsupervised on a preliminary basis pending a final fitness determination from the Background Check Unit (BCU). Preliminary approval is limited to 90 days. The agency or certified/licensed provider may determine if working unsupervised is appropriate on a case-by-case basis. **This does not apply to Personal Support Workers (PSWs) at this time.**

**Criminal History Checks (CHCs) and Provider Enrollment Application Agreements (PEAAs):**
CHCs and PEAAs that expired between March 1, 2020 and May 31, 2020 expiring Criminal History Checks were extended by 90 days. As of June 1, 2020, no new extensions will be granted.

**PSW Overtime:**
Temporary PSW overtime allowances will continue. CMEs may only authorize exceptions to PSW hour limits in the following circumstances:
• One or more of an individual’s regularly scheduled PSWs or DSPs is unable to report to work due to the COVID-19 pandemic;
• Before the COVID-19 pandemic, an individual regularly attended a day support activity (DSA) site or worksite that is now closed

PSW overtime approval may not exceed 16 hours per day and efforts to replace and recruit new providers should continue, as appropriate based on the individual’s level of risk related to COVID-19. To identify potential new PSWs during COVID-19, see this resource from SEIU.

A PSW may receive up to 40 hours of additional paid time off (PTO) through the Supplemental Benefit Trust, if a PSW missed work or lost wages between 03/22/2020 and 05/16/2020 due to COVID-19. CMEs will be contacted by a PSW applying for the benefit. Once notified the CME must complete a verification form using a secure electronic signature. The CME must complete the verification form within 5 business days of receipt.

**PSW Payment Processing:**
At the end of each pay cycle, CMEs must send a secure email to all PSWs with an email address on file who support an individual enrolled within that CME. The PSW can then respond and submit their completed timesheet. PSW timesheets can be submitted via secure email. The PSW must send the secure email to the CME directly, without handing the timesheet to another person to do so on their behalf.

If a CME has an existing secure email system or web portal available for a PSW to initiate a secure email, the CME must ensure that PSW’s are aware of this option. Once PSW’s have been made aware of this option, the CME and will not need to send out a secure email to all PSW’s with an email address on file at the end of each pay cycle.

**Electronic Signatures:**
A Common Law Employer (CLE) may sign a timesheet through Adobe or similar technology only if the system requires an original signature from the CLE each time hours are approved. Technology that allows for the electronic signing of a document assures that each signature is uniquely tied to the individual signer using a unique digital certificate, personal identification number and is encrypted for security. The CLE must not allow another person to use their e-signature account to approve time for a PSW. Photocopied CLE signatures are not valid.

**Approving timesheets without a CLE signature:**
Generally, a CME may only process an unsigned timesheet when the PSW also submits their resignation for working with the individual due to unsafe or threatening working conditions.
Individual exceptions may be granted on a case-by-case basis when a CLE signature cannot be obtained. These situations do not require the PSW to terminate the working relationship:
• CLE has passed away;
• CLE has been hospitalized and condition prevents them from signing;
• CLE has been incarcerated or detained by law enforcement; and/or,
• CLE is out of the area due to a verifiable emergency.

COVID-19 Exception:
If the CLE has been exposed to, or shows symptoms of, COVID-19, the PSW can submit a timesheet without a CLE signature. This exception is only valid one-time when:
• The PSW or the CLE has notified the CME of potential exposure or symptoms; and
• Either the CLE or PSW is self-isolating or quarantining.

Please see the 2019 – 2021 Collective Bargaining Agreement (CBA) between the Department of Administrative Services (DAS) and the Service Employees for International Union (SEIU) for PSWs for more information.

Using the Collective:
CME staff may notice COVID-19 diagnoses are starting to appear in Collective (formerly PreManage) encounter data, as some people become seek medical care. Collective data may be used for appropriate business purposes only. This includes:
• Assessment preparation
• Case monitoring
• Service planning
• Risk monitoring & mitigation
• Information & Referral
• Information to contact consumers
• Verification of payment accuracy
• Protective Services and Serious Incident Programs

The use of Collective to find individuals or groups of people with any diagnosis, including COVID-19 diagnoses or related medical encounters, for personal or any non-business reason is not allowed. Filtering for, searching or reporting data by diagnosis should be management-approved as appropriate use. Please see the attached release from the Oregon Health Authority for more information on COVID-19 and the Collective platform.

Choice Advising
Services Coordinators and Personal Agents must offer choice advising any time an ISP is renewed or changed and this includes ISP changes needed as a result of COVID-19. Services Coordinators and Personal Agents are encouraged to offer robust choice advising.
with individuals, families, and ISP teams regarding Oregon’s phased reopening. Considerations may include:

1. Does the person’s service package include group services? Are those services open and available at this time?
   a. If so, what are the risks of attending? What supports and practices would mitigate risks?
   b. If not, what other service options are available?
2. What are the person’s preferences related to community access and social connections? Are those activities or practices safe? Can they be modified, with or without technology or different supports?
3. What are the risks associated with hiring a new provider? How can those be mitigated?
4. What are the risks associated with changing service settings at this time? How are various service settings currently operating? How can risks be mitigated if a service setting change is needed?
5. What are the person’s case management preferences? Is the person able to participate in remote case management services, such as monitoring via videoconference? What support or technology could make that work?
6. What resources does the person have or need to ensure health and safety as their options for community access change?

Additional resources:
ODDS Reopening Powtoon
ODDS Discussion Guide for Returning to Work and Community COVID-19 Information for Self-Advocates from SARTAC
ODDS Guidance for Employment and Day Support Activities

Assessments

Needs assessments:
Non-critical assessments should be conducted if the visual observation can be completed remotely. Critical assessments must be conducted, and these must be conducted remotely.

Critical assessments are:
1. Initial assessments that will establish Level of Care, rates, or hours;
2. Funding assessments (SIS, SNAP, CNA, ANA) when there is an increase in need; and,
3. Assessments requested by an individual or their legal guardian.

All assessments conducted remotely must include a visual observation whenever possible. A phone or email conversation does not meet the criteria. ODDS will consider exceptions to the visual observation requirement for critical assessments only on a case-
by-case basis. To request an exception to the visual observation requirement CMEs must send a secure email with the subject line “Face to Face exception” to ODDS.FundingReview@dhsoha.state.or.us. In the body of the email include:

- The full name and prime of the individual
- The name of the CME and the individual’s county of residence
- The reason this is a critical assessment
- The reason the face-to-face observation can’t be completed.

ONA assessments that expire before this guidance expires will be extended by 12 months. No changes in eXPRS are needed. CMEs must document that a non-critical assessment was postponed and include the new expiration date in progress notes. See below for a visual diagram of determining whether an assessment is critical and if an assessment should be conducted.

See Next Page
**Monitoring**

Monitoring activities must continue to include assessment of a person’s overall physical and mental health, safety (including risk of abuse, neglect, and exploitation), provider accessibility and involvement, and other concerns or challenges presented as a result of COVID-19. Consider the following questions during routine or increased remote monitoring:
1. Does the individual appear safe in their current environment? Consider concerns related to mental health and social connections, in addition to immediate physical health and safety.

2. What supports and services (paid and unpaid) is the individual currently receiving?
   a. Has this changed due to COVID-19? If so, are the person’s needs being met?
   b. What is the backup plan if caregivers are unavailable or become sick? Does the backup plan need to be updated?

3. Does the individual have any current health concerns?
   a. Are they currently experiencing COVID-19 symptoms?
   b. Have they been exposed to someone with COVID-19?
   c. Do they understand the importance of handwashing, wearing a mask in public, and continued social distancing?
   d. Have they experienced any other illnesses or injury?
   e. Are they facing difficulties with staying home?

4. Does the individual have the necessary essential supplies, including groceries?
   a. If not, what supports might help?

5. Does the person or family need information on what to do if they become sick and/or need to be hospitalized?
   a. What is the individual’s plan for medical treatment and support if they were to need to be hospitalized for COVID-19?
   b. What supports would they need in getting to the hospital? What would they need to take with them?
   c. Would they like to have a conversation to document their preferences for medical treatment?
   d. Is there someone they trust that they’d like to have this conversation with?
   e. What kind of forms do they think they would need to sign if hospitalized? How would they get help if they did not understand the forms?

6. What supports does the individual need to understand and prevent the spread of COVID-19?
   a. Contacting medical providers, case manager, others
   b. Wearing a mask, hygiene, and social distancing practices
   c. Any other needs

**Individuals with I/DD at Higher Risk:**
Individuals with preexisting conditions, including an I/DD diagnosis, chronic lung conditions, diabetes, and heart conditions are at higher risk of complications due to COVID-19. People who live alone or in group residential settings, and individuals age 60 and older are also at higher risk. Some questions to consider during monitoring activities for people with high risk include:
1. What medical, behavioral, and/or environmental needs does the individual have that put them at high risk of complications from COVID-19?

2. Do the person’s back-up plans address these needs?
   a. What changes are needed, if not?

3. Does the individual have end-of-life plans in place?
   a. If so, are there any modifications that need to be made at this time?
   b. If not, what supports does the individual need to establish a plan?

**Additional Questions-Medical Risks:**
1. What conditions does the individual have that create a heightened risk for complications due to COVID-19? Are these being addressed and mitigated?
2. Does the person have a medical provider that helps them manage these conditions?
3. Have they had conversations with their medical providers about COVID-19 related risks? Do these risks create immediate concerns around health and safety (e.g., diagnosis of severe asthma with a history of needing intubation or diabetes with a history of blood sugars becoming dangerously unstable due to unstable glucose levels)?
4. Are any medications, treatments, equipment, or supports needed in place due to these conditions and risks? How often do they come, and is there a contingency plan should one of these not be available?

**Additional Questions-Behavioral Risks:**
1. What behavioral concerns does the individual have that place them at a heightened risk for infection and complications due to COVID-19?
2. When was the last time the individual saw their therapist, psychiatrist, and/or behavior professional as applicable? Do they need more frequent appointments? Can they access these providers via telehealth?
3. Does the individual have a positive behavior support plan (PBSP)?
   a. If so, does the PBSP meet the individual’s needs? Is there a need for a revision? Have all paid and unpaid care providers been trained on its implementation?
4. Are the medications, treatments, equipment, or supports specific to the behavioral/psychiatric conditions available? How often do they come, and is there a contingency plan should one of these not be available?

**Additional Questions-Other Risks:**
1. What about the individual’s current living arrangement places them at elevated risk due to COVID-19?
2. Does the individual have daily housing?
a. What support does the individual need in accessing housing resources?
b. What referrals/resources can you provide to the individual?

3. How far away is the person’s home from a hospital?

4. Does the individual have access to transportation to get to and from the doctor? Do they have access to transportation to get to the pharmacy?

5. Are there medications, treatments, supports, or medical appointments/care that the individual has been unable to obtain because of distance from the closest medical provider or because of the impact of homelessness and/or poverty?
   a. What referrals/resources can you provide to the individual?

Mandatory Reporting
It is imperative that all case management entity staff understand their obligation to report suspected abuse under Oregon Law.

Case management entity staff are required to report suspected abuse of:
- Children
- Adults age 65 and over
- Adults with developmental disabilities
- Adults with mental illness, and
- Residents of nursing facilities

Reports of suspected abuse of vulnerable Oregonians should be made to 1-855-503-SAFE (7233).

Staffing Support Line
The ODDS Staffing Support Line is still available and can assist with identifying replacement providers. Instructions for accessing this resource can be found here.

Rate Exceptions
CMEs can continue submitting COVID-19 rate exceptions using this form when a person residing in an ODDS licensed or certified foster home or 24-hour residential setting requires additional support as a result of COVID-19 circumstances.

Children’s Services
Expanded Family Support Funds (EFSF): Services Coordinators can continue to offer services through EFSF as described in PT-20-055, these FAQs, and OAR 411-306.

Summer Hours: Summer hours listed on Children’s Needs Assessments (CNAs) have been in effect, as needed, since March 18, 2020 will be in effect until August 31, 2020. Plans of care will need to updated manually by each CME to reflect this policy change.

Quality Assurance Reviews
Onsite Quality Assurance (QA) reviews scheduled from March through the end of June
2020 have been suspended. Most remediation and quality improvement activities are currently suspended for CMEs with a current Corrective Action Plan (whether in draft or final status). However, individual issues related to expired Levels of Care, expired ISPs, unusual and/or serious incidents should be remediated as soon as possible.

**Resuming Quality Assurance Reviews July 1, 2020:**
Beginning July 1, 2020, regularly scheduled 2-year cycle QA reviews, including employment and eligibility reviews, will resume. QA reviews will be completed remotely to the maximum extent possible. This may require a combination of the following approaches:

- Remote access
- Secure thumb drives
- Secure email
- CME-completed personnel reviews with support from ODDS

ODDS will work with each CME individually to determine the best way to complete the review securely while adhering to state and local health authority guidance.

**CMEs with current Corrective Action Plans (Draft or Final status):**
ODDS QA will contact each CME with a current Corrective Action Plan (CAP) by July 17, 2020 and determine completion dates for CAP activities. All remediation activities will be completed electronically.

**For CMEs that cannot accommodate a full remote review, the following guidelines must be followed:**
1. Elements of review that can be completed electronically and remotely will be.
2. All state and local health authority requirements will be followed at all times.
3. ODDS will provide necessary PPE and sanitization supplies

**Frequently Asked Questions:**
N/A

**Contact(s):**
**Name:** Caitlin Shockley  
**Phone:** 503-510-7228  
**Email:** caitlin.shockley@dhsoha.state.or.us