Overview

Description: Policies related to ODDS State Licensors and CDDP Foster Home Licensors and Certifiers during the COVID-19 pandemic are contained in this guide. It will be updated as needed. Updates will appear in red text.

Purpose/Rationale: It was required of ODDS to respond quickly to the developing national emergency. Communication around policy changes was done using transmittals. This guide replaces the transmittals addressing ODDS State Licensors and CDDP Foster Home Licensors and Certifiers. As Oregon returns to normal through a phased process, this guide will reflect policy as direction changes.

Phase Two Updates: As counties begin implementing approved Phase Two re-opening plans, there are changes that will be taking place. All general guidance contained in this worker guide continues to apply to ODDS State Licensors and CDDP Foster Home Licensors and Certifiers during the re-opening of counties, unless otherwise stated. ODDS Licensors and CDDP Licensors and Certifiers will need to familiarize themselves with the other worker guide ODDS has released (i.e Residential Provider worker guide, CME worker guide, etc).

Additional Updates Include:

Beginning March 1, 2021, licensing and certification on-site visits will resume. On-site inspections will be required for the licensing of new homes, renewals and walk-throughs in 24 Hour, AFH, and CFH settings. On-site visits will consist of environmental checks, person specific items, medication review and additional in home components as identified by the Licensor (i.e. assistive technology, mobility devices etc.).

- The initial and renewal licensing and certification process will be a hybrid
Licensors and certifiers may ask that a provider representative read, show or move items during the on-site visit. Any requests should not interfere with the care of individuals receiving support.

Procedure(s) that apply:

**ODDS asks people to continue to stay home and stay safe as much as possible even as Oregon begins the phased reopening county by county.** Individuals receiving services from ODDS are considered at high risk of long-term adverse consequences from COVID-19. If individuals who use ODDS services go out (for work, essential services, recreation etc.), they must have an opportunity to make an informed choice about the risk. Individuals must be given:

- Alternative options available to meet their needs and interests.
- The benefit of staying home.
- Encouragement to wear a mask and maintain physical distancing if they cannot be persuaded to stay home and to thoroughly wash their hands when they return. The individual’s case management entity can get masks for them.
- An opportunity to develop a plan to reduce related risks for both themselves and others.

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

During this time ODDS State Licensing reviews will continue to occur remotely, and Foster Home Licensing and Certification reviews will remain suspended to limit exposure risks. The guidance below will remain in effect until restrictions are lifted.

**ODDS State Licensing:**

**(24 Hour Residential, Supported Living, Employment)**

All updates regarding on-site licensing visits are for 24-Hour Residential Settings.

**Notification of Reviews :**
Licensing will notify the agency of their scheduled review based on their licensed or endorsed service setting. 24 Hour Residential agencies will be notified the morning of their schedule review. Supported Living Programs and Employment Providers will receive notification three working days prior to their scheduled review. Licensors will continue to follow expected notification processes to Case Management Entities prior to a review.

**For 24 Hour Residential Settings:**

With few exceptions for urgent concerns, licensing/certification/endorsement reviews will begin with the remote portion and notice will be provided on the morning of the review. The assigned licensor will call the agency prior to 9 am on the morning of their scheduled review to inform them that the review is starting.

During this call the Licensor will inquire if there have been any recent known or suspected COVID scenarios involving individuals or staff at the location being reviewed. If the answer is yes, the Licensor will obtain any known information about the COVID event and contact the DD Licensing manager to determine if the review will proceed. *If the COVID event includes an open outbreak, the Licensor should ask when the public health authority anticipates the outbreak will be closed—once the outbreak is closed, there is no concern of lingering COVID in the home.*

During the same call, the Licensor will inform the program that an unannounced on-site inspection visit will also occur and the Licensor may arrive on any workday during the review process within a 14 calendar day window, prior to the exit interview. The licensor should ask if there is a time that will not work for an unannounced visit (ie: medical appointment, staff meeting, guardian visit, ISP meeting, management, etc.) The licensor will remind the agency representative the agency is required to report all positive and presumptive cases to the health department and ODDS.

The provider is expected to send a secure email to the licensor if they find out that a presumptive or positive case has occurred with an individual or staff, if the on-site portion of their review has not yet been completed.

A secure email will be sent to the agency contact for submission of required agency documents (*outlined in the “Completing Remote Reviews” section of this document*). Secure email must be used for any communication that includes confidential or sensitive information.

In the emailed notification Licensors will alert the agency that an onsite visit is required. This will be considered the agencies notification for the on-site portion of
Follow-up reviews and 120-day reviews do not require an in-person visit but may be done either electronically or on-site, at the discretion of the Department. Virtual environmental reviews can be requested by Licensors who are doing an electronic based review of the agency. A Licensor can determine that an on-site review is needed for any type of review with DD Licensing Manager approval. The onsite will be completed before the exit interview.

**Completing Remote Reviews:**

Effective March 1, 2021, in-person visits by ODDS Licensing will be structured to minimize the time a Licensor is in the home due to risks associated with the COVID pandemic. Licensors will use the On-Site COVID-19 Licensing Checklist to complete the in-person portion of the review. On-site visits will consist of environmental checks person-specific items, medication review, and additional in-home components as identified by the Licensor (i.e. assistive technology, mobility devices, etc.). On-site visits will occur in the following situations:

- Licensing new homes - an on-site walk-through of the home will be done in addition to the electronic records review portion;
- Renewals of existing sites- an on-site review is required in addition to the electronic portion;
- Walk Throughs- an on-site review will be done

Except for situations where there are urgent and immediate health and safety concerns, Licensing will be conducting remote electronic reviews on the following situations:

- 120-day reviews;
- Follow-up reviews

_A Licensor can determine that an onsite review is needed for any type of review. The determination for an onsite review will be made via request to the DD Licensing Manager and will be completed before the exit interview portion of the review._

If a Licensor identifies an issue which would require an on-site visit to be done before the completion of the electronic portion of the review, the DD Licensing manager must approve the change in process.

Virtual environmental reviews can be requested of the agency by Licensors who are doing an electronic based review of the agency.
Before leaving for the on-site portion of the review, Licensors will check the Daily COVID report that is sent out to ODDS Licensors to identify any reported COVID events for the agency site they are reviewing.

Upon arrival at the home but prior to entering the home for the onsite portion of the review, the licensor will ask agency personnel the COVID-19 screening questions contained in this guide. This does not negate providers from asking essential persons the screening questions, meaning the provider or a staff must ask the licensor the required screening questions prior to the licensing entering the home.

If the home site under review has a confirmed positive case of COVID or is under an active medically-directed quarantine, then a review may be postponed until it is safe for the on-site visit to occur.

Effective July 1, 2020 if an agency is not using Therap or has limited information available on Therap, provider agencies will be required to submit all review documentation electronically.

The assigned licensor will contact the provider agency on the morning of the scheduled review via phone, as well as via secure email. Once a provider agency is notified of the review and notified of the individuals that are being reviewed, the agency will have 24 hours to submit all documentation listed below (via secure email) to the assigned licensor. The following information will be reviewed:

- Medical protocols
- Identified risks
- Behavior protocols
- Functional Assessments
- PBSPs
- IBLs - Some requirements may have been waived during the COVID 19 pandemic; restrictions may have been implemented without an IBL when it was necessary to prevent the spread of the coronavirus:
  - Residency Agreements (for temporary housing arrangements only)
  - Visitors
  - Control of Schedule and Activities
  - Access to Personal Food
  - Furnishing and décor
  - Choice in Roommate
- Health Monitoring tracking
• Health care provider visits and documentation
• Medication management
• Medication Administration records
• Physician orders
• Nursing services records
• Incident reports
• Staffing
• Progress Notes/t-logs
• COVID Screening logs
• **Drug Disposal Records**
• **Menus**
• **ISPs**

The following information will be reviewed on-site and does not need to be submitted electronically for **Renewals or Walk throughs:**

• Individual Summary Sheet
• Personal Property Record
• Financial Records

Within **three business days of review notification**, provider agencies must submit the following documentation via secure email. The email must contain all documents listed below as well as all corresponding records (i.e., pet records):

- Environmental Checklist (**not required for initial or renewal licensures**)
- Personnel – (Guidance on reviewing personnel is included further below)
- Fire drills /**Quarterly Safety Reviews**
- Emergency Plan including Individual Summary Sheet if applicable
- Medications Checklist (**not required for initial or renewal licensures**)

If there are extenuating circumstances that prevent an agency from submitting records electronically, the agency must email the assigned licensor and the DD Licensing Manager to discuss alternative solutions.

The licensing unit will work with the eXPRS Unit to grant needed extensions to ensure that licenses do not lapse during this time. All previously postponed reviews will be prioritized when restrictions are lifted.

**Addressing Urgent Health and Safety Concerns:**
A home shall implement the following protocol for visitors:
• There shall be a maximum of two essential visitors per household at any one time. The list of allowable essential persons who may visit the home is expanded to include certain types of personal visitors in counties with a “high risk”, “moderate risk”, or “low risk” designation.

• **The list of essential visitors has been expanded to include persons, such as healthcare workers, who are necessary to administer COVID-19 vaccinations. The requirements for screening and safety protocols apply to these persons in the same manner as other essential visitors. Providers are required to allow persons administering the vaccine access to the home with screening and precautions in place.**

<table>
<thead>
<tr>
<th>Visitor Policy</th>
<th>Lower Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
<th>Extreme Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential persons and personal visitors permitted- including family and close personal relationships, limited to 2 at a time*</td>
<td>Essential persons and personal visitors permitted- including family and close personal relationships, limited to 2 at a time*</td>
<td>Essential persons and personal visitors permitted- including family and close personal relationships, limited to 2 at a time*</td>
<td>Only essential persons; No personal/family visitors; Outdoor visitors with limited numbers and physical distancing</td>
<td></td>
</tr>
</tbody>
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*Staff and providers are not counted against the visitation numbers.

• Masks or face coverings are to be worn in 24-Hour settings when there are visitors to the home- this includes residents, caregivers, and visitors.
• Spit guards are not an acceptable face covering.
• Use of a face shield alone should only be done on very limited basis- this does not apply to licensors who may not use a face shield alone, even in limited circumstances. Face shields are not considered as effective of a protection as masks or face coverings. Face shields should be limited to situations where no other more protective option is available or appropriate, such as:
  o When a person has a medical condition that makes them unable to wear a mask or face covering
  o When a person needs to see mouth or tongue motions in order to communicate
  o When a person is speaking to an audience for a short period of time and clear communication is otherwise not possible.
• 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

If an immediate health concern for an individual is reported or discovered, the assigned licensor is to staff this case with the DD Licensing Manager and the QA/QI Manager.

**Prior to an on-site visit, the Licensor will self-screen and answer the following screening questions:**

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

*If the licensor indicates ‘yes’ to any of the above, the Licensor will contact the DD Licensing Manager and the QI Unit Manager who will determine if another licensor will be screened and may be assigned to the review.*

Once a licensor is assigned, they will contact the agency on the morning of the scheduled review and complete the following screening:

- Has anyone in the home (staff 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? Have you had signs or symptoms abdominal pain including nausea or diarrhea?
• Has anyone in the home (staff 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 or supported individuals) been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?

*If the responses to any of the above questions are ‘yes’ and there is a positive or presumed positive COVID 19 case (staff or supported individual) this will be staffed with the Manager of Licensing and the Manager of QI.*

If there is a confirmed or presumed positive case of COVID 19 in the home (staff or supported individual) or a licensor is visiting more than one home site on a single day, the following PPE and sanitization supplies will be used by the licensor:

• Gloves;
• Gown (if accessible);
• KN-95 Mask (or surgical mask paired with a face shield or protective eye wear);
• Face shields (or protective eye wear);
• Hand Sanitizer; Surface Disinfectant.

If the screening indicates that there is not a presumed positive or confirmed case of COVID 19 the licensor will use the following PPE and sanitization supplies:

• Gloves;
• Surgical mask (non-respirator);
• Hand Sanitizer;
• Surface Disinfectant.

The PPE provided to the assigned licensor must be worn for the entirety of the visit.

• Spit guards are not an acceptable face covering.
• Licensors must wear masks or face coverings which cover the nose and mouth

*If Licensors are unable to wear a mask or face covering for an on-site visit, this information must be brought to their supervisors attention prior to the onsite visit being scheduled.*

The licensor will be on-site for the minimal amount of time needed to conduct the portions of the review that cannot be completed off-site. Social distancing will be practiced, and the licensor will stay at least six feet away from others and ask those present to remain six feet apart while completing the review. If a supported individual needs to be interviewed this will be completed outside of the home (in the yard or porch) where social distancing can be followed.
- Licensors may ask that an agency representative read, show or move items during the on-site visit to reduce the potential for exposure. Any requests should not interfere with the care of an individual.

**Reviewing COVID Screening Logs:**
Effective 12/16/2020, the process for COVID screening logs as part of the licensing reviews will be changed. Licensors will only request the last 30 days of COVID screening logs prior to review notification, to look at as part of their review.

If an agency has had COVID positive cases with persons who receive services or staff, Licensors can also request COVID screening documentation up to 30 days prior for each COVID event. The sole purpose of this request is to determine if an agency has followed the minimum component of the 411-323-0050 rule which is currently worded as:

> An agency must implement all directives related to staffing and operation of the agency to reduce the spread of the Coronavirus (COVID-19) issued by any of the following:
> - Governor’s Executive Order.
> - Written instruction to the agency from the Local Public Health Authority or the Oregon Health Authority Public Health Division.
> - Written guidance directed at the agency through Department policy.

If a Licensor finds missing information, gaps in screening processes or other identifying information to indicate requirements may not have been put in place, a Licensor can ask for additional documentation with the Unit Manager’s approval.

Provider agencies should also be prepared to submit their staffing records as part of the COVID screening review process. Licensors can ask for staffing records to coincide with the same 30 day timeframes listed previously for COVID screening documentation.

The limited scope of the Licensors review is not an indication that agencies do not have to follow record keeping requirements. Agencies must store all COVID screening documentation and be prepared to supply the information at the Licensors request.

**Additional COVID information for Licensors:**

On November 06, 2020 the Governor announced updated information regarding the re-opening status of counties and expectations for pandemic operations. Providers are responsible to be aware of and implement policies based on the status of their county location.

- Licensors/Certifiers can refer to the Residential Setting Worker Guide at the following link for specific guidance for residential setting providers at:
Reviewing Agency Personnel Records:

When reviewing an agency’s personnel records, between March 1 2020 and May 31, 2020 the following was implemented in response to the COVID 19 pandemic:

- A new employee was able to work unsupervised on a preliminary basis pending a final fitness determination from BCU for up to 90 days. The agency was to determine if working unsupervised was 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 an additional year, meaning that 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.

- DSP Training Modifications:
  - The requirement for 12 hours of annual training is paused until further notice during the period of the state of emergency.
  - CPR/First Aid renewals can be postponed until further notice.
  - New hires may work, assisted, without CPR/First Aid certification until further notice.
  - 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.
  
  o 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
  o 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
  o 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).

• Nursing delegations and OIS trainings to implement an individual’s Positive Behavior Support Plan will remain a requirement, when applicable.
**Mandatory Abuse Reporting:**

- It is imperative that all staff who support individuals with Intellectual and Developmental Disabilities understand their obligation to report suspected abuse under Oregon Law. 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).

**Adult Foster Home Licensing and Child Foster Home Certification Activities:**

**Updates for AFH/CFH settings:**

Beginning March 1, 2021, the suspension of Licensing and Certification activities is lifted and an on-site inspection for Adult Foster Homes and Child Foster Homes is required.

**Onsite Visits:**

The following reviews will be required to resume March 1, 2021:

- All Licensing and Certification renewals for adult and child foster homes.
- Follow up reviews, when required.

An on-site inspection (in-person) is required for all licensing and certification renewals for adult and child foster homes. The renewals requiring the on-site review shall apply to licenses or certificates expiring March 1, 2021 or later. Licenses due for renewal in March, April and May 2021 will be automatically extended for a maximum of 90 days to allow adequate time for the licensing process to include the on-site review. In order for the automatic license extension to occur, the provider must have submitted the licensing application fee and signed the provider enrollment agreement.

Although the immediate implementation of the on-site visit component of licensing renewals may place a front-heavy workload impact on licensors, this is necessary to ensure not too great of a time lapse between on-site licensing inspections occurs.

CDDPs are responsible to create and implement a plan to address licenses that were provided an extension prior to March 1, 2021. The licenses must be brought current with a renewal that includes an on-site inspection.
A CDDP Licensor or Certifier shall conduct an on-site review when there is an urgent health and safety concern that requires an in-person visit.

Initial Licensing/Certifying reviews for new adult and child foster homes will be up to the Licensor/Certifier along with their supervisor to determine. Initial licensing/certifying reviews should be resumed as soon as the CME has the capacity to do so.

Foster care providers who were affected by the state of emergency and who received an extension will work with their Licensor/Certifier to complete the Licensing/Certification renewal process for 2021. This worker guide is meant to allow the greatest flexibility during the COVID-19 Pandemic with the understanding that March renewals should be scheduled as soon as possible.

Addressing Urgent Health and Safety Concerns:

Providers, employees, and volunteers who provide direct care must:

- Wear masks when delivering any in-person care to or within six feet of individuals in 24-hour residential settings. This also applies to non-resident caregivers in an adult foster care home. A resident care giver in the foster home is encouraged to wear a face covering, but not required. Child foster home providers may choose to wear masks but are not required to do so.
- Masks or face coverings must be worn to cover the nose and mouth.
- Use of a face shield alone should only be done on very limited basis. Face shields are not considered as effective of a protection as masks or face coverings. Face shields should be limited to situations where no other more protective option is available or appropriate, such as:
  - When a person has a medical condition that makes them unable to wear a mask or face covering
  - When a person needs to see mouth or tongue motions in order to communicate
  - When a person is speaking to an audience for a short period of time and clear communication is otherwise not possible.
- Spit guards are not an acceptable face covering.

A home shall implement the following protocol for visitors:

- There shall be a maximum of two essential visitors per household at any one time.
- Masks or face coverings are to be worn in Adult Foster Care settings when there are visitors to the home- this includes residents, caregivers, and 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

Prior to the licensor or certifier entering the home, they must conduct a self-assessment by answering the following screening questions:

- Have you had signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat unrelated to seasonal allergies? Have you had signs or symptoms abdominal pain including nausea or diarrhea?
- Have you had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19 outside of the provider’s home?
- Have you been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?
- Have you traveled internationally within the last 14 days to countries with sustained community transmission?

The licensor or certifier shall only proceed with an on-site visit if they responded “no” to every screening question. If the licensor or certifier responded “yes” to any of the screening questions, they must coordinate with another licensor or certifier to conduct the on-site visit on their behalf.

The licensor or certifier must first confirm with the provider there is no one in the home (staff or resident) who has a positive, presumed positive or suspected COVID-19 case. If confirmed there are no positive, presumed positive or suspected COVID-19 cases the licensor or certifier must use the following PPE:

- Gloves; and
- Surgical (non-respirator) mask
If a licensor or certifier must visit a home in which someone in the home (staff or resident) has a positive, presumed positive or suspected COVID-19 cases, the licensor or certifier must use the following PPE:

- Gloves;
- Gown (if accessible);
- KN-95 Mask (or surgical mask paired with a face shield or protective eye wear);

During all licensing visits the licensor or certifier must have hand sanitizer available for use after glove removal, and surface disinfectant to use on any surface they come in contact with.

**Mandatory Reporting Guidelines:**

It is imperative that all licensors, certifiers and case management entity staff understand their obligation to report suspected abuse under Oregon law. 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).

**Reviewing COVID Screening Logs:**

Effective 12/16/2020, the process for COVID screening logs as part of the licensing reviews will be changed. Licensors/Certifiers will only request the last 30 days of COVID screening logs prior to review notification, to look at as part of their review.

If an agency has had COVID positive cases with persons who receive services or staff, Licensors/Certifiers can also request COVID screening documentation up to 30 days prior for each COVID event. The sole purpose of this request is to determine if an agency has followed the minimum component of the 411-323-0050 rule which is currently worded as:

> An agency must implement all directives related to staffing and operation of the agency to reduce the spread of the Coronavirus (COVID-19) issued by any of the following:

- Governor’s Executive Order.
Written instruction to the agency from the Local Public Health Authority or the Oregon Health Authority Public Health Division.

Written guidance directed at the agency through Department policy.

If a Licensor/Certifier finds missing information, gaps in screening processes or other identifying information to indicate requirements may not have been put in place, a Licensor/Certifier can ask for additional documentation with the Unit Manager’s approval.

Provider agencies should also be prepared to submit their staffing records as part of the COVID screening review process. Licensors/Certifiers can ask for staffing records to coincide with the same 30 day timeframes listed previously for COVID screening documentation.

The limited scope of the Licensors/Certifiers review is not an indication that agencies do not have to follow record keeping requirements. Agencies must store all COVID screening documentation and be prepared to supply the information at the Licensors/Certifiers request.

**Additional COVID information for Licensors/Certifiers:**

On November 6, 2020 the Governor announced updated information regarding the re-opening status of counties and expectations for pandemic operations. Providers are responsible to be aware of and implement policies based on the status of their county location.

- Licensors/Certifiers can refer to the Residential Setting Worker Guide at the following link for specific guidance for residential setting providers at: [http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20074.pdf](http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20074.pdf)
- Further specific county information can be found on the transmittal webpage located at: [http://www.dhs.state.or.us/policy/spd/transmit/transmit.htm](http://www.dhs.state.or.us/policy/spd/transmit/transmit.htm)
- The governor’s directive and county status information may be found on the following website: [https://coronavirus.oregon.gov/Pages/living-with-covid-19.aspx#countystatus](https://coronavirus.oregon.gov/Pages/living-with-covid-19.aspx#countystatus)

**HCBS Rule Requirements**

**Adult and Children Foster 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 during this public health emergency.
IBL’s may not be required when limitations on the below listed HCBS residential freedoms are in compliance with public health emergency guidance and address infection control in the home setting:

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

**Licensing and Certification Renewal Process:**

**Child Foster Home:**

- Obtain any documents (ISP, MAR, incident reports, fire drill) prior to your review; items may be reviewed virtually if the provider agrees.
- Complete Health and Safety checklist
  - Schedule a virtual walk through with the CFH provider and complete as much of the checklist virtually.
  - Schedule an on-site, in-person walk through of the CFH home with the CFH provider in order to complete the checklist.
  - On the morning of the onsite inspection the certifier will call the provider and ask the following COVID-19 screening questions prior to going to the home:
    - Has anyone in the home (staff 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? Have you had signs or symptoms of abdominal pain including nausea or diarrhea?
    - Has anyone in the home (staff or supported individuals) had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or is being treated for COVID19?
    - Has anyone in the home (staff or supported individuals) been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?
  - The certifier must wear PPE and have sanitization supplies during the on-site visit. The following PPE must be utilized:
- Gloves
- Surgical mask (non-respirator)
- Hand Sanitizer
- Surface Disinfectant

  o Certifiers should follow social distancing protocols and minimize contact with others in the home.

  o If there is a confirmed or presumed positive case of COVID-19 in the home, an extension should be filed. Certifiers should not be going into the home unless there are immediate/severe health and safety issues.

  • 2020 walk throughs will need to be worked into those expiring for 2021.

Adult Foster Home

  • Obtain any documents (ISP, medical protocols, PBSP, physician orders, MAR, incident reports, fire drill, staff training, progress notes, financial) prior to your review, items may be reviewed virtually if the provider agrees.

  • Complete Health and Safety checklist

    o Schedule a virtual walk through with the AFH provider and complete as much of the checklist virtually.

    o Schedule an on-site in person walk through of the AFH home with the AFH provider in order to complete the checklist.

    o On the morning of the onsite site inspection the certifier will ask the following COVID-19 screening questions:

      ▪ Has anyone in the home (staff 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? Have you had signs or symptoms of abdominal pain including nausea or diarrhea?

      ▪ Has anyone in the home (staff or supported individuals) had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or is being treated for COVID19?

      ▪ Has anyone in the home (staff or supported individuals) been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?
The licensor must wear PPE and have sanitization supplies during the on-site visit. The following PPE must be utilized:

- Gloves
- Surgical mask (non-respirator)
- Hand Sanitizer
- Surface Disinfectant

Licensor should follow social distancing protocols and minimize contact with others in the home.

If there is a confirmed or presumed positive case of COVID-19 in the home, an extension should be filed. Licensors should not be going into the home unless there are immediate/severe health and safety issues.

**Licensor/Certifier Requirements for Renewal:**

- Providers are to complete all licensing/certification renewal documents and submit to the licensor/certifier.
- Pay the renewal fees for AFH’s on-line prior to the expiration.
- Providers will need to fax or email (must be secure email) current MARs, medical orders, ISP plans, and any other licensing documents the licensor/certifier request.
- Providers will need to work with their licensor/certifier in scheduling an on-site review (in-person) inspection.
  - In order to reduce the amount of time a licensor/certifier is in the foster care home; part of the review may be completed through a virtual walk through if the foster provider agrees to a virtual visit using technology (multiple virtual visits can occur). *The licensor/certifier must physically be in the home for part of the on-site inspection*
  - At the time of the on-site inspection the foster provider will need to ask the licensor/certifier the COVID-19 screening questions.
  - Patio, porch, or garage reviews maybe completed if the provider and licensor/certifier agree, but it is not a substitute for the onsite inspection.
  - If the provider and individuals want to leave the premises in order to reduce the risk of COVID-19 transmission, they may choose to do so
(i.e. go on a walk or a drive). The provider and licensor/certifier will need to work out the specific details.

- Flexibility will be an important part of the renewal process and there must be communication between the provider and licensor/certifier if breaks are needed.

**Follow up Process:**

- All violations must be corrected, or a mutually agreed plan must be in place indicating when the violation will be fixed (licensor/certifier will need to verify).

An extension may be granted only for 90-days if the following has been submitted before the expiration date: application, PEAA, fee for AFH’s, and an on-site inspection must be completed or scheduled. The licensor/certifier must also provide the reason the extension is needed. The extension is only to allow flexibility during the renewal process due the COVID-19 Pandemic.

**Foster Home Provider Training Requirements:**

**Adult Foster Homes:**

- Local AFH Basic Testing is at the availability of the CDDP. Where CDDP offices are open, offices may determine based on their local policy and in conjunction with local public health departments whether they will proctor AFH Basic Testing and can continue to send testing materials to ODDS dd.licensingfoster@dhsoha.state.or.us where they will be reviewed/graded.

- If testing through the CDDP is not available all newly hired staff have until further notice to complete the test. Until testing is available all newly hired staff must read the AFH Training Manual as part of their on the job training: AFH Basic Training manual

  - Newly hired staff will have their testing requirement waived if they worked previously in an I/DD 24 hour residential agency or supported living agency for a minimum of 6 months within the last two years and has read the manual.

- Providers and staff must continue to meet their Mandatory Abuse Reporting Training requirement which is available online.

- Providers and staff have until further notice to complete the required 12-hours of Annual Training.
Newly hired staff will have *until further notice* to complete their CPR/FA training. Newly hired staff may work assisted and supervised without CPR/FA *until in-person training and testing become available.*

CPR/FA renewal requirements due after March 1, 2020 are *suspended until further notice.* Providers and staff will be required to complete their renewal training *when in-person training and testing become available.*

*Child Foster Homes*

- There are no changes to current practice. Child foster home providers and their alternate caregivers must continue to meet the training requirements in OAR Chapter 411, Division 346.

*Background Screening Requirements:*

A new employee/Subject Individual may work unsupervised on a preliminary basis pending a final fitness determination from BCU for up to 90 days.

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

Beginning March 1, 2020, expiring criminal history checks have been 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.

For providers not on LTCR -there was a 90 day extension for background check.

For Questions related to the policies in this guide:

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