

Office of Developmental Disabilities Services

COVID-19 Providers Frequently Asked Questions (FAQ)

The Oregon Health Authority (OHA) has identified presumptive positive cases of the virus that causes COVID-19. COVID-19 is spread from person-to-person through droplets in the air and on surfaces that people touch.

This guidance is developed for the Office of Developmental Disabilities Services' Providers and will be updated on a regular basis with additional answers to questions that are submitted. Separate FAQs for [Case Management Entities](#) and on [Day Support Activities/employment](#) are online. We encourage you to refer to these FAQs as well for additional guidance.

For providers, or individuals and family members of someone living in a residential setting, questions can be submitted to ODDS.Questions@dhsoha.state.or.us

Please note that ODDS has compiled most COVID-19 transmittal guidance and expectations into policy guides. These guides replace the individual transmittals that previously described COVID-19 expectations and operations. These guides can be found on the ODDS COVID-19 webpage: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

New or updated information and guidance will be in **RED**
Changes in information or guidance will be ~~crossed through~~.

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Accommodation for Webinar

Question: Will there be ASL accommodations made for the webinars?

Answer: Please send all request for accommodations to the organizer of the webinar. Please visit the [ODDS COVID-19 website](#) for the FAQs from the webinars.

Agency Policies and Procedures

Question: What other emergencies should we create policies and procedures for?

Answer: It is required that providers include responses for all natural and man-made disasters that could potentially arise. Some examples include but are not limited to fires, earthquakes, pandemics, etc.

Question: Besides standard precautions infection control and prevention and hand hygiene, what are we as providers and staff required to provide besides gloves for handling soiled linens, and or tissues, and infected garbage?

Answer: ODDS encourages providers to use their best judgement. If you can increase precautionary methods and practices that is encouraged.

Question: Beyond the standard actions given to take when someone has COVID-19, would it be reasonable to have all other residents leave the home for a 24-hour period while the house is sanitized?

Answer: This seems like a practical response to take, which should be include within the provider emergency plan. If all individuals could have their needs supported fully in an alternate setting and this is explained to them. The individuals' case managers must be notified in these situations.

Question: Are we allowed to take some or all the residents to employee homes as long as everyone in the home is healthy?

Answer: This is not an option that should be explored, there are several risks. There is no way to confirm the overall health and safety of the home of the employee and that the home can meet the needs of the individual. Additionally, there is no way to ensure that those living in the employee's home have not been exposed to the virus.

CARES Act & Tax Credit

Question: Will individuals I support receive the tax credit and is there anything that I need to do to support them?

Answer: Individuals will receive the tax credit. Up to date information is available at <https://www.irs.gov/coronavirus>

Question: If individuals receive the stimulus payment/recovery rebate/tax credit, will it impact their eligibility for services or other benefits?

Answer: As a tax credit, these *payments do not count as income or resources for means-tested programs*. So, receiving a rebate will not interfere with someone's eligibility for SSI, SNAP, Medicaid, ACA premium credits, TANF, housing assistance, or other income-related federal programs, if spent within 12 months it will not count as a resource.

Childcare Support for Staff

Question: Is there any childcare support available for direct support professionals so they can continue to work while their children are out of school due to COVID-19?

Answer: Yes, DSPs fall under the “essential worker” category of “workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals.” Additional information:

- School districts are currently being asked to open schools and provide childcare for essential workers. Other options:
 - DSPs can call 2-1-1 and they will direct “essential workers” to childcare providers who are designated to prioritize and save space to meet the childcare needs of essential workers. Wait for the CHILDCARE prompt for an expedited process. DSPs can also email: children@211info.org
 - DSPs are encouraged to sign up for the emergency childcare subsidy. The state has increased the income eligibly for this program and waived all family co-pay requirements so parents who qualify will receive fully subsidized childcare. There is also a process to get their current childcare provider qualified (and paid by the State).

ERDC Temporary Income Limits	
Number in Family	Gross income limit
2	\$4,012
3	\$4,956
4	\$5,899
5	\$6,843
6	\$7,787
7	\$8,259
8 or above	\$9,192

Apply online: <https://apps.state.or.us/onlineApplication/>. While this application appears to only be for the Supplemental Nutrition Assistance Program (SNAP) it will cover ERDC and when the eligibility worker calls to verify the application the worker needs to note they are interested in ERDC.

Criminal History Checks and PEAA

Update 7/2020: Criminal history check and PEAA processes have resumed. Both criminal history checks and PEAs are expected to be up-to-date and in accordance with pre-COVID pandemic expectations. Waivers and allowances for criminal history checks and PEAs to be extended due to COVID-19 have been ended. Routine (non-pandemic) operations have resumed.

Question: If someone already has an appointment scheduled for fingerprints, should they still complete this and will they be reimbursed? Should we disregard emails requesting fingerprints?

Answer: ~~At this point there are no fingerprint locations open. All requirements for fingerprints are temporarily suspended. Subject Individuals will need to submit a new background check, including fingerprints once the state of emergency ends.~~ For background checks and fingerprinting services please consult your local vendor for COVID-19 specific instructions.

Question: Regarding APD-PT-20-038, what is required to ensure we are in compliance with not doing fingerprints?

Answer: ~~All other processes related to the Criminal History Check need to be followed. All appropriate OARs still need to be followed for record keeping of employees. The only change will be foregoing the fingerprinting~~

~~for the duration of the state of emergency. Once the state of emergency is ended, individuals hired during this time will need a new background check to be submitted to the Background Check Unit, including fingerprinting.~~ **APD-PT-20-038 is obsolete. For background checks and fingerprinting services please consult your local vendor for COVID-19 specific instructions.**

Question: Will the Background Check Unit automatically process the applications that have already been flagged and notified the individual needs fingerprinted? Or is there something we need to do to expedite the process?

Answer: The Background Check Unit is processing all applications that have been flagged as needing fingerprints.

Question: We are concerned about the very long wait (6-8 weeks) of having a criminal history processed. Do we have to wait for approval of the criminal history before staff can work alone?

Answer: After submitting a background check request to the to the Background Check Unit, the agency or provider may immediately hire the subject individual on a preliminary basis pending the completed background check. These individuals may work unsupervised for up to 90 days, if the agency or certified/licensed provider determine this is appropriate. Expedited CHCs can be sent to BCU.INFO@dhsosha.state.or.us. *(This does not apply to PSWs at this time)*

Question: Will a new background check need to be completed for staff that had their criminal history check renewed during the state of emergency?

Answer: ~~The need for a new criminal history check after the state of emergency is lifted is only essential for those that require fingerprints. Submission of the new background checks shall take place over a period of time to be determined at the end of the state of emergency.~~ **Those staff that had their criminal history background checks (fitness determination) extended due to the COVID-19 state of emergency need to have their background checks renewed as this service is available. Providers are expected to pursue updated criminal history checks in a timely manner for those staff who were covered under the state of emergency extensions.**

Question: The Background Check Unit (BCU) gave a year extension to people who are on the Long-Term Care Registry (LTCR) but one of the

transmittals said they had 60 days to renew after the restriction is lifted. This is confusing. What is the expectation?

Answer: Individuals that our on the LTCR that had their CHC extended by a year by the BCU will need to renew when that year is over. The BCU is handling this process.

Question: Are PEAA dates updated in eXPRS on their credential page as well as reports?

Answer: Yes, the provider record is being updated in eXPRS.

Crisis or Exceptional Funding

Question: Will there be additional funding to Providers to compensate those employees who are not allowed back to the programs due to a quarantine, without requiring them to use sick time or if they do not have sick time to use?

Answer: Please consult with your agency's Human Resources department or the foster homes own policy and procedures around sick time.

Question: Will there be additional funding to providers who need to implement a quarantine in order to compensate staff the unexpected overtime that will be a result?

Answer: If additional funding is needed, the agency provider will need to work with the services coordinator to ask for a rate exception. ODDS is prioritizing rate exception reviews related to COVID-19. **Additionally, providers may pursue business resources outside of ODDS programs, including local small business grants and federal CARES Act resources, such as the Paycheck Protection Program (PPP). *Providers of day support activities (DSA) or employment services receiving ODDS contingency funding must report if they have applied or received PPP assistance.**

Question: Will exceptions be made for capacity limits in residential settings if an agency needs to move someone?

Answer: Capacity changes need be submitted to DD.Licensing@dhsosha.state.or.us prior to any moves. DD licensing will be considering fire codes and other safety factors prior to any capacity change approvals. **Capacity changes may be requested in response to temporary COVID-19-related situations as well as routine increases in capacity as desired by a provider. Please reference the ODDS Residential Settings**

Reopening Guide for further information:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/24-Hour-Residential-Foster-Care-Reopening-Worker-Guide.pdf>

Question: For residential providers in supported living and 24-hour, would an option to have remote services be an option as long as supports are being provided?

Answer: At this time providers must continue to deliver services as outlined in the ISPs.

Question: If a resident goes home with their family, and the provider agency has staff available as “stand by staffing” can the provider bill for the day of service?

Answer: Sustainability payments are available to I/DD Child Foster Home Providers for up to 21 days when a child is absent from the foster home overnight due to one of two conditions as detailed in the [ODDS Residential Settings Reopening Guide \(formerly PT-20- 50\)](#).

Otherwise, there are no changes to the rule criteria around billing for service when an individual is home with family. This is generally referred to as ‘Day of Service’. 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) are met. A minimum threshold of service delivery applies, and services provided must be consistent with the individual’s ISP- limitations apply.

Question: With the continuation of children being out of school due to the COVID-19 pandemic, are there going to be any extra compensation to foster families?

Answer: Rate exceptions are covered in the [ODDS Residential Settings Reopening Guide \(formerly PT-20-044\)](#). The lack of school resources is not, by itself, a reason to approve an exception. However, if, for example, the change in routine triggers more frequent or intense challenging behaviors, then it could be.

Question: A 10% increase was provided for 24-hour residential providers, will this be extended to additional providers?

Answer: This funding was provided through the Oregon State Legislature with money given from the federal government. The money was given

specifically for long-term care facilities on the APD side and was later allocated to only 24-hour child and adult residential providers on the ODDS side. **Please note that this was a temporary funding increase for 24-hour residential setting providers and the COVID-19 specific funding increase ended on 6/30/2020. Providers are receiving a legislatively approved rate increase effective 7/1/2020 not specific to the COVID-19 state of emergency.**

Governor Executive Order 20-12

Question: Will I need to provide a letter for my agency's Direct Support Professionals stating that they are an essential employee and include their position description?

Answer: Some agencies have chosen to create a letter describing why their staff are essential, but this is not a requirement at this time. The Superintendent of the State Police has given guidance to local law enforcement agencies on how to support our communities in response the Governor's executive order. Employees do not need to carry any formal documentation indicating they are an "essential worker." If you have an employee who was asked to provide proof of being an "essential worker" please reach out to ODDS.QUESTIONS@dhsosha.state.or.us

Question: Are there any concerns or restrictions regarding moving an individual from one home to another with the Stay at Home order in place?

Answer: We know moves were/are planned and will need still to happen. ODDS is not restricted moves at this point. New entries to group homes and foster homes are still permitted. Providers should implement precautions and ensure that individuals in the moving transition. **Tours and placement screening should be offered through telecommunication or other methods, including meeting potential residents outside of the home. Individuals being referred for a service setting are not considered an essential visitor and should only be offered tours in homes where there are no current individual residents.**

Hospitalization

Question: If we have an individual that is admitted to the hospital, can we advocate to be with the individual for their well-being as well as the safety of the medical staff?

Answer: ~~This is at the hospital's discretion; we invite you to work with public health, the hospital and medical professionals to understand the situation/circumstances to make informed decisions.~~ **Update, this is a legally protected option for the individual to have a support person present with them as an accommodation. The Oregon Legislature passed this protection during the June 2020 special session.**

Question: If an individual is hospitalized at this time and we are not allowed into the hospital, can we support the person indirectly (via phone, email, text, etc.)? What about with indirect supports while they are hospitalized (e.g., taking care of their pets, paying bills, cleaning the home, buying groceries, picking up prescriptions, etc.?)

Answer: **Update, this is a legally protected option for the individual to have a support person present with them as an accommodation. The Oregon Legislature passed this protection during the June 2020 special session.** As indicated below in the [Indirect or Virtual Supports](#) section, if the support need is identified in the individual's ISP it may be appropriate to deliver it indirectly.

- In the case of the individual that is hospitalized, this would be contingent on the health of the individual. It would not be appropriate to ask medical staff to support the individual with communicating via phone, email, text, or other technological methods. ~~Generally, we should not be providing support to the person while they are in the hospital, virtual or otherwise.~~
- If an individual is hospitalized related to COVID-19, a provider can provide indirect incidental activities of daily living (IADLs) such as grocery shopping, picking up medications and supplies or cleaning a home prior to an individual returning from a hospital if necessary. The supports should be identified on the individuals' ISP and Service Agreement if this is the support needed by the individual.

Indirect and Virtual Supports

Question: Can ODDS give further guidance around the delivery and use of indirect and virtual supports? Does the provider need direct approval, verbally or via an ISP/SA, from the case manager in order to provide indirect supports to individuals? What are the limits to the types and amounts of indirect support?

Answer: Indirect supports include attendant care delivered remotely. If attendant care, including DSA, is authorized on an ISP and the specific desired outcome can be met remotely, remote delivery is appropriate and requires no additional authorization. If a service had been appropriate to deliver in person, and the individual chooses to have it delivered remotely at this time, then this would be okay - assuming the support is effective. Individuals, providers and case managers will have to work creatively to find effective ways to provide support in ways that maximize physical separation.

Question: Should providers be providing direct and indirect supports if the individual lives with their family or should natural supports be providing supports at this time?

Answer: In-home staff are essential staff and should continue to provide support to individuals. This should be done in collaboration with the individual and their family, finding the appropriate ways to support the individual in achieving their ADL and IADL related goals and tasks. Services and supports should continue as unhindered as possible within the guidelines from government and public health officials. Natural supports cannot be compelled if paid supports are available.

Question: If a provider chooses not to enter the community and provide direct supports because they are concerned about putting people at risk (even if they show no symptoms), are organizations/PSW's still able to provide indirect supports? The transmittal leaves many of us to believe the customer needs to be the individual choosing to not be in the community in order to receive indirect supports.

Answer: Provider convenience is not a reason for the individual being absent from the activity during the delivery of an IADL support. If there is a health concern to the individual participating in the activity, efforts should be made to mitigate and support them to safely participate. The health and safety of individuals and staff are of utmost importance.

Masks and Face Coverings

Update 7/2020- Per Oregon Governor order, masks are required for all persons in indoor public settings. Some exceptions may apply as accommodation for persons with disabilities.

Question: What if the individual being served reads lips for communication? Does the provider need to wear a mask or face covering?

Answer: If it would negatively impact the individual, a provider can document why they are not able to wear a mask when delivering direct care. That being said, there are masks that have a vinyl window that allow an individual to see a person's lips to read lips, read facial expressions, etc. There are templates online for this process, such as the one you can find here: <https://www.instructables.com/id/Face-Mask-Adapted-for-Deaf-DeafBlind-and-Hard-of-H/>. **Another option to consider is the use of a face shield to minimize potential exposure or transmission.**

Question: What if the provider has a medical condition that makes wearing a mask unsafe or unhealthy?

Answer: If a provider cannot wear a mask due to a medical condition, this needs to be documented. It may also be considered if there is something else that would be safe such as a face shield, a different type of mask, etc. **Provider also should consider enlisting help of staffing or making caregiver arrangements that limit their exposure to individuals when the provider is unable to wear a mask and is unable to socially distance themselves.**

Question: Do providers need a letter from a medical professional to avoid wearing a mask or face covering?

Answer: This would be a great thing to include in the documentation as to why someone cannot wear a mask, or cloth face covering. **The provider should explore using a face shield if a mask or face covering are not an available option for them.**

Question: What if wearing a mask causes the provider anxiety? Do they still need to wear the mask?

Answer: Again, if someone cannot wear a mask for any reason, this should be documented. **The provider needs to explore alternative face covering options, including a face shield to minimize potential exposure or transmission.**

Question: The transmittal talks about DSPs and Job Coaches required to wear a mask. What about Foster Providers and PSWs?

Answer: Anyone who provides direct care to an individual with I/DD and will be within 6 feet of that individual to deliver care, should wear a mask. The exception is for PSWs, or Foster Providers, or in-home agency providers who hire family members that live with the person, that a mask may not have to be worn. For PSWs, at this time, it is a *strong recommendation* that a mask is worn during the provision of direct care. However, if the person providing service lives with the individual, it is not required.

Question: If the individual doesn't want the provider to wear a mask does the provider have to wear one?

Answer: This should be documented in the individual's file.

Mandatory COVID-19 Infection and Exposure Reporting

Question: How do we get someone we support tested? Can we get expedited results?

Answer: If someone you support is showing signs or symptoms of COVID-19, please contact the local Public Health Authorities and inform them that someone in a high-risk population needs a COVID-19 test. You will need to work with the individual's health care provider on how testing will be done. Once the test is complete, local Public Health Authorities will send the test to the Oregon Public Health State Laboratory for expedited testing.

Individuals may be provided with a letter to give their health care provider that identifies the need for and requests prioritization in testing. Please see the [ODDS Residential Settings Reopening Guide](#) for information about testing letters. The letter is posted on line and can be found following links on the ODDS COVID-19 Information webpage:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Letter-High-Risk-IDD-Healthcare-Testing.docx>

Question: How do we get staff tested?

Answer: ODDS has worked with OHA to create a letter template that may be used by a provider to request prioritization of COVID-19 testing for a Direct Support Professional (DSP) or caregiver in a 24-hour residential or Foster Care setting. The letter should only be used when an employee is

reporting COVID-19 like symptoms **AND** works with populations at higher risk for severe COVID-19 complications. ~~Further details can be found in [PT-20-058](#).~~ Please see the [ODDS Residential Settings Reopening Guide](#) for further information on testing requests. A template for the letter a provider may issue to staff is found by following the link from the ODDS COVID-19 webpage: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Symptomatic-DSP-Caregiver-COVID-Testing-Letter.pdf>

Question: Do the results of an Individual who is in the process of becoming assessed for ODDS services, and is not yet receiving services through ODDS, need to be reported?

Answer: No. Only the COVID-19 testing results for individuals who are eligible to receive services through ODDS need to be reported in alignment with the scenarios document.

Question: What is the most expedient way to get a staff tested who is showing signs so that we know whether or not the residents have been exposed to COVID-19?

Answer: ODDS does not have a process to expedite the testing completed by medical professionals for staff. It is encouraged to notify the medical provider that you are an essential person who provides direct care to high risk individuals.

Question: If one client has confirmed COVID 19 and the rest not. Who do we have to evacuate from the house the healthy client or the sick client and how long does the relocation need to happen? What strategies do we have to follow if staff and client are sick at the same time? After cleaning and disinfecting the sick person's bathroom, how long do you have to wait to use it?

Answer: ODDS encourages providers to use their best judgement and follow the guidance given from public health officials. ~~Use of screenings and increased precautionary methods (handwashing, sanitizing, cleaning, etc.) are encouraged.~~ An individual who has COVID-19 or is presumed positive for COVID-19 should be isolated from other members of the household to minimize risk of transmission. Staffing support should also be strategically arranged to minimize sharing of staff whenever possible. Infection control practices, including the use of PPE and cleaning also must be implemented.

Question: What should we do if an employee is exposed to someone, they provide services to who has a pending or confirmed COVID-19 test? How do we staff a person within the home or program without exposing residents or other employees?

Answer: Please continue to use your best judgment, consult with a medical professional and follow and guidance given by your **local public health agency (LPHA)**. **Providers may also contact ODDS Regional Liaisons for guidance should providers need support in addition to the contact with their LPHA.**

Question: When following notification policies for COVID-19 and sending a message to odds.fieldliaison@dhsosha.state.or.us ODDS.COVID-19ScenarioReport@dhsosha.state.or.us what should a provider expect in return?

Answer: ODDS is sharing the information with the Department's Agency Operations Center and tracking outcomes of providers and individuals who are having testing completed. Currently, ODDS appreciates the reporting and requires providers to report outcomes. No additional follow up is needed. We appreciate your patience. **Please note: The email for reporting and correspondence related to positive COVID-19 cases has been updated to: ODDS.COVID-19ScenarioReport@dhsosha.state.or.us**

Question: If an agency identifies that one of their employees COVID-19 tests came back negative and believes that the case manager has made the report in alignment with the scenarios document does the agency also need to make that report?

Answer: Yes, the agency must make the report, unless they can **verify** that a case manager made the report. If the agency was included on the email report to ODDS, this would be sufficient. If the agency does not have written evidence that a report was made to ODDS, the agency must make a report in alignment with the scenarios document with regards to their employees COVID-19 testing results. An agency should not assume that the report was made accurately by a case management entity.

Question: Do 3rd person exposures need to be reported? (i.e. the care provider has had close contact with someone who had close contact with someone who has tested positive)

Answer: No.

Question: Please provide clarification with regards to settings where a care provider has been in proximity but not close contact with a person who has tested positive.

Answer: We are asking for reports of close contact. We do not anticipate that an exact measurement of 6 feet occurs. Some good guidance to consider is if direct care was delivered. Was there extended contact with someone that was close to 6 feet of distance? It is better to over report than under report, so if there is a potential risk – report it.

Question: If a physician orders a care provider or individual to self-isolate but the care provider or individual is asymptomatic does this need to be reported?

Answer: Yes, this would be a quarantine and the quarantine procedures should be followed.

Question: Is a care provider required to receive a release from a physician prior to returning to work?

Answer: This is an HR question for each agency, though this would always be best practice. Otherwise, it needs to be at least 72 hours without symptoms.

Question: Does a report need to be made when the care provider or individual receives a positive result or upon receiving a test?

Answer: ~~Both—upon receiving a test and with the result of the test.~~ Refer to the Scenarios Document: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Scenarios-ODDS-Services-Related-COVID-19.pdf> In summary: Only report staff with positive test results. Report both negative and positive testing results for Individuals. Pending testing results do not need to be reported.

Question: Do negative test results need to be reported?

Answer: Yes.

Question: What is the requirement to notify an Individual or other care providers when that a care provider has symptoms?

Answer: This would be considered a “suspected” case. ~~and it should be reported as outlined in AR 20-59.~~ Please refer to the [scenarios document](#) for specifics.

Question: What is the requirement to notify an Individual or other care providers that a provider has a positive test result?

Answer: Please follow the [scenarios document](#). and ~~AR-20-59~~.

Question: Is it required to report the care provider or individual's name with the test results?

Answer: Please reference the [scenarios document](#) for the most updated guidance.

Question: Can you provide additional information around the recent transmittal ([IM-20-040](#)) reminding about mandatory reporting?

Answer: ~~IM-20-040 has been made obsolete. The transmittal simply reminded our service field of their mandatory abuse reporting requirements per Oregon Administrative Rule.~~ All providers are mandatory reporters and the purpose of this transmittal was to remind them to be vigilant of their role to keep people safe. We rely on our providers to be the eyes and ears during the COVID-19 pandemic in ensuring that individuals are free from abuse, neglect, and exploitation. If you suspect abuse, you have an obligation to report it. The SafeLine number to report abuse and neglect is: **1-855-503- SAFE (7233)**.

Medicaid and SNAP Benefits

Question: What future changes might be in store for people who get SNAP or TANF to allow staff to use this on their behalf, without the person present?

Answer: SNAP benefits may be used online

Nurses

Question: Given the complexity of hands-on nursing delegation for new staff and alternate personnel, could we consider a prerecorded video-based training in cases of extreme emergency?

Answer: The Oregon State Board of Nursing has recently updated its guidance to nurses regarding delegation during the Covid-19 pandemic. It now allows for the use of electronic modalities to assess and supervise

delegation based on the RN's own assessment and the RN's continuing appropriate documentation. The RNs should follow the guidance being given by the Oregon Board of Nursing.

Question: Can you speak to RN delegations? Is there the ability to defer when a delegation may expire? This would reduce the amount of essential personnel in the home.

Answer: See above. Discuss the options with the nurse whether agency or LTCCN.

Question: Can nurses do RN assessments to update nursing care plans via video chat on phone, or through electronic means, or if nurses still need to go to the homes for in person assessments?

Answer: While recognizing that nurses are considered essential personnel for entry into a home, communication should guide conversations between the nurses, supervisors and the homes on how visits should proceed. Clearly minimizing contacts, or rearranging schedules where possible can reduce the risk of transmission. The Oregon State Board of Nursing has recently updated its guidance to Nurses regarding during the Covid-19 Pandemic. This means that the RN may assess their client, via an electronic modality, if deemed appropriate using their professional judgement. The RN must continue to generate thorough, clear, accurate and timely documentation of these processes and outcomes. If the RN is unsure when it would be appropriate to use telehealth, they should contact the Oregon Board of Nursing to clarify. ODDS encourages agencies to use their best judgment and ensure PPE is available and used for any home visits.

For additional information for nurses please see OSBN's COVID-19 page https://www.oregon.gov/osbn/Pages/Crisis_Nursing.aspx

ODDS Licensing

Question: When the fire extinguishers in a residential setting need require annual testing during COVID-19, does the testing company personnel qualify as an "essential person"?

Answer: ODDS asks that, if possible, these checks and tests be delayed. If they cannot due to fire bureau requirements and/or healthy and safety concerns, then we ask that the residential agency all follow the screening

criteria guidance put out and ensure that the appropriate precautions are taken.

Question: How can we obtain a 30-day supply of medication?

Answer: Please work with current physicians and pharmacies. ODDS does not have regulation over this.

Question: If providers have two homes, one being the foster and the other one family home, can the second home be added as relocation resource?

Answer: ODDS encourages providers to work with Public Health and medical physicians if people need to be isolated apart from others. All on-site licensing reviews have been suspended at this time. If an emergency situation arises, please contact your licensor to discuss the situation. **With temporary or alternate housing arrangements provided in licensed or certified settings, licensed or certified capacity does apply. Please work with your licensor or certifier if an increase in capacity is needed.**

Question: Should we continue to send in Medicaid Agency Endorsement Applications?

Answer: Currently there are no restrictions on these submissions. Licensing has suspending opening new homes currently, unless a health and safety concern arises. You may continue to submit applications during this time.

Question: When the home's capacity is increased, will that adversely affect the person's funding?

Answer: ODDS had determined that should the capacity of a home be increased due to a COVID-19 related situation, the smaller capacity rates will be honored for up to 30 days/one month. This will be handled on a case by case basis working with both the DD licensing team and the provider enrollment unit within ODDS. **Please see the [ODDS Residential Settings Reopening Guide](#) for more information.**

Question: Regarding the recent transmittal on licensing reviews, can you send out the required forms?

Answer: The DD Lead Licensor will contact your agency on the morning of your review and will be sending you the forms at that time for you to complete. Please work with your licensor on any accommodations needed at that time.

Question: As a provider agency which submitted licensing renewal documents prior to the pandemic, how will we be notified of our standing and follow-up expectations?

Answer: DD Licensing has suspended all on site reviews during this pandemic, this includes follow-up reviews. Remote reviews will continue to take place. **Please see the [ODDS Licensing Reopening Guide](#) for more information.** ~~via Therap; if your agency does not use Therap the review will be postponed.~~ If there are immediate health and safety concerns, please contact your assigned licensor.

Question: Are licensing reviews going be postponed?

Answer: Licensing has suspended the following activities during this time: licensing new homes (unless specific action is needed to follow quarantine direction from a medical professional or public health), 120-day reviews and follow-up reviews unless there are significant concerns with health and safety. Walk-throughs will be considered on a case-by-case basis.

Lensors may conduct on-site reviews when there are health and safety concerns and may also elect to conduct on-site reviews when there are no residents in the home. Please see the [ODDS Licensing Reopening Guide](#) for more information.

Question: If an agency license is expiring, will extensions be granted?

Answer: If the review can be conducted remotely, the assigned lead licensor will contact you to discuss this process. In the event the review is not able to be complete remotely, or the agency license requires an extension, the licensing unit will coordinate with the appropriate units to work on license extensions as they arise.

Question: With staffing hardships, can we combine staffing and homes?

Answer: Providers need to make sure individuals are safe. Keep in mind that some people will have increased behaviors so moving them may not make sense. It might not make sense to have staff go from one home to another and use precautions. Use your best judgement.

Question: Regarding HIPAA and required forms that need to be kept on sight for screening people, are there changes we need to be aware of?

Answer: Currently there are no changes in terms of agencies keeping papers on site, and HIPAA requirements still needs to be maintained.

Question: If I am able to get additional medication for my residents and “stockpile” them, will I later run the risk of a licensing citation?

Answer: If a physician is willing to write a prescription for more than 30 days of medication and a pharmacy is willing to provide the medication, this will not be a licensing citation especially during the COVID-19 pandemic.

Question: For someone whose ISP goal is community visits, should we document why the person cannot go into the community or complete this ISP goal in order to remain in compliance?

Answer: Document activities and supports provided in the home. ODDS recognizes that people should only be leaving their homes for **essential reasons** ~~no one should be leaving their homes~~ **and some counties are in various phases of reopening. Individuals receiving services from ODDS are considered high-risk and extra caution should be taken to limit potential exposure, including limiting community access where appropriate.** Staying in the home will not be considered non-compliance with an ISP. **Individuals do have the right to choose to leave their home but should be provided with support to make an informed choice about the risks of exposure and to implement precautions such as wearing a mask, physical distancing, handwashing, etc. to minimize risk of exposure.**

OIS Certification

Question: How does a person with a certification that is expiring or a person who has not yet been trained become certified in the ODDS-approved behavior intervention curriculum?

Answer: Contact an instructor. They have been given direction on how to proceed during COVID-19. An instructor may a.) hold class as usual but follow safety precautions, b.) hold class virtually and have OIS students also attend one of the presentations of the Safeguarding Interventions which OIS calls Protective Physical Interventions.

Personal Protective Equipment (PPE)

Updates 7/2020 - Per Oregon Governor order:

- **Masks are required for all persons in indoor public settings. Some exceptions may apply as accommodation for persons with disabilities.**

- Masks or face coverings are required for all outdoor spaces when physical distancing can not be maintained. Some exceptions may apply as accommodation for persons with disabilities.

Question: Will there be any N95 masks available for care providers if a client who needs support services is COVID19 positive?

Answer: ODDS encourages providers to notify the medical provider that they are an essential person who provides direct care to high risk individuals. Please work with medical distribution companies for PPE requests.

Question: Are providers being required to follow OSHA's requirements, specifically their respiratory protection plan and mask fit testing requirement, for training when using masks?

Answer: We are asking that providers be proactive and follow guidelines from government and public health entities, including OSHA to protect individuals and staff.

Question: As providers we do always not have enough masks for all residents and staff to wear. Who should we ensure wears a mask?

Answer: Please ensure that masks and other PPE is utilized when working with an individual who has a COVID-19 case or is feeling ill. If the individual who is feeling ill is willing to wear a mask, that would be a priority as well.

Face coverings are also appropriate when masks are not available.

Question: Staff want to wear homemade masks during their shifts, is that okay?

Answer: Per CDC guidance, people can choose to wear homemade masks or face coverings and is recommended in public. This is an individual decision for each worker.

Question: If a resident has a homemade mask and wants to wear it, is that okay?

Answer: Per the CDC guidance, people can choose to wear homemade masks or face coverings and are encouraged to wear them if they go out for any reason. If the resident chooses to wear a homemade mask, staff should help them launder the mask regularly. If the individual is ill or has a case of COVID-19, they should be prioritized for PPE.

- For more information around the use of cloth face coverings, please review the CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>
- The CDC has also updated their guidance around how to protect yourselves and others, found here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- The Oregon Health Authority also has some guidance regarding masks, which can be found here: <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Emerging%20Respiratory%20Infections/COVID-19-Interim-Infection-Control-Guidance-Home-Care-Workers.pdf>

Question: Are there any resources to help providers obtain personal protective equipment (PPE) such as face masks and gloves when they are not available in stores or online?

Answer: ODDS understands the demand for PPE has drastically increased. Please work with your local county emergency managers. If providers are having issues (such as county emergency managers not prioritizing them or refusing to give them PPE that they have) please let ODDS know.

Residential Settings Billing

Question: When an individual residing in a residential setting decides to stay away from the residential setting and remain with family during the COVID 19 situation, can the provider bill for the days the individual is away or get an exception payment?

Answer: A provider can bill if the conditions under [OAR 411-325-0490](#) Provider Eligibility for Medicaid Service Payment (for 24-hour settings) or [OAR 411-360-0200](#) Adjustment, Suspension, or Termination of Payment (for adult foster care settings) allowing for service billing when the individual is supported away from the home are met. For those days away from the home that don't meet the conditions for service billing in a 24-hour residential setting, the provider may also receive up 21 days (total per year)

of bed hold payment. Bed hold payments are not available for adult foster home settings and the absences from the home must be reported. An individual is still responsible for and is expected to pay for room and board during the time they are away from the home as there are still ongoing housing expenses and maintenance being incurred. Exceptions for general fund bed hold payments are not being granted by ODDS at this time.

Self-Isolation or Quarantines

Question: In the event of outbreak in home, could staff choose to stay in home under quarantine with clients? Or will healthy staff need to be rotated?

Answer: ODDS encourages providers to use your best judgement and consult with public health. Follow any guidance given by public health.

Question: What do we do if the home is quarantined – does this mean staff have to stay for 14 days? What is the formal on how to quarantine individuals at home?

Answer: If an individual must be quarantined at home, consult with your local Public Health Agency or the individual's physician for guidance. They will tell you who can stay in the home and who cannot.

Screening and Restrictions

Question: What is the time frame we are asking staff to consider if they have had a sore throat, cough, fever, etc.?

Answer: ~~This will be up to your agency. Continue to follow any advice from medical professionals or public health.~~ **The symptom screening questions should be used. If a staff is reporting an illness, then precautions need to be taken and the staff is not to be permitted to have access to individuals while symptomatic. If there is concern that a staff has COVID-19 or been exposed to COVID-19, please follow the [scenarios guide](#) for reporting.**

Question: What is the guidance for providers to protect staff who are primary caregivers of their own family members or have other characteristics of life that would make it impossible for them to stay at a program that is under quarantine?

Answer: ODDS encourages providers to use their best judgement. We ask that screenings and extra precautions take place, if needed please consult with a medical professional. **Providers should be directing staff to use masks, face coverings, and other PPE as appropriate, as well as practicing physical distancing whenever possible to minimize potential transmission or exposure.**

Question: When screening staff, many have symptoms related to allergies. How should we proceed if they are experiencing mild symptoms related to allergies similar to COVID-19?

Answer: ODDS encourages providers to use their best judgement and to consult with medical professionals if necessary.

Question: In a children's foster home are the visiting restrictions applicable? We are limiting visitors and family, is this ok?

Answer: ODDS is not issuing any policies for child foster homes at this time, we are asking that they use precautions. ODDS supports foster providers choosing to restrict visitors **as necessary and appropriate.** **Providers are expected to help individuals maintain contact with persons who are important to them through alternate means such as telecommunications technology or having visitation away from the home setting, especially in locations where physically distancing can be achieved.**

Question: Do we need to screen staff coming in daily? For any outing?

Answer: You can screen your staff at any point, **with daily being a minimal standard for staff reporting to work on that day.** Make sure to use precautions when you come in from outside. Use professional judgement and follow public health guidance.

Question: Can children be in the group home if staff need to bring them to their shift?

Answer: **No.** ~~Children under 12 are not allowed to be in the home. Kids that are over the age of 12 should still not come to work with a parent, especially if they need support themselves. However, ODDS suggests that agencies rely on their own policies and procedures about children in the workplace and encourages the agency to use their best judgement. We need to ensure health and safety of the individuals we support.~~ **It is not permissible or appropriate for staff to bring their children or others in their (residing outside of the home) to work with them.**

Question: For foster providers who have children under 12 themselves that live in the home with them, can they be in the home?

Answer: Yes, if children live in the home then the policy does not apply to that situation.

Question: What are we to do when staff are out sick and return to work after 15 days – does a doctor have to release them?

Answer: There are no requirements currently in place. Providers can issue their own policies and we encourage you work with Human Resources if you have. **If a staff has been out of work due to a confirmed or presumed positive case of COVID-19, they should have a medical release to return to work whenever possible. The provider may consult with the Local Public Health Agency about when a staff should resume work that includes direct contact with individuals.**

Question: Are maintenance staff considered essential and able to work in the home?

Answer: They need to be screened. If they pass, they can come into the home. If they are there to complete maintenance, and it is not an emergency it may be beneficial to reschedule. If they are going to filling in as a staff, they will need to be trained on the individuals they will be supporting.

Question: What if essential person has a negative COVID-19 test but they can't answer no to all screening questions?

Answer: Continue to use your best judgement and increase precautionary methods. **If a staff is non-symptomatic but has been exposed to a person who has tested positive or is awaiting testing result and presumed positive for COVID-19, then the provider should consult with their local public health agency on guidance for having that staff work.**

Question: We have some parents with children in voluntary placements (along with Child Welfare involvement) demanding visits within the child foster home. Will there be any official guidance similar to APD-PT-20-027?

Answer: At this time, children's foster care should be treated essentially the same as a family home with respect to visitors. Please review the [In home guidance](#) posted on the [ODDS COVID-19 website](#) on March 17, 2020. Child welfare guardians will be following guidance from their office and DD providers should cooperate with them. **Family members should work with the provider and the individual's team to explore the option of**

having visitation away from the home setting, especially in locations such as a parks where physically distancing can be achieved, to minimize potential risk to the individual and the household.

Question: A children’s foster provider has a job outside the home that puts him in contact with many people. Even with attempts to be cautious, maintaining physical distance between him and the child is nearly impossible. Should he refrain from going to work?

Answer: All people who enter the home should practice heightened precautions each day, maintain distance, wash hands, clean surfaces, etc. Whether this person and home should self-isolate should be a decision made by the providers. Discussions with case managers, individuals, families and guardians could also be a strategy for decision making.

Whenever a household member finds it necessary to leave the home for work (or essential business, etc.), there should be prevention measures in place for the return to the home including handwashing, changing clothing up return to the home, and other hygiene practices as reasonable and appropriate (such as showering).

Question: Are legal guardians no longer considered essential visitors?

Answer: Except for during end-of-life stage situation, this is true. It is encouraged that providers and families find alternative methods to facilitate visits electronically. For homes that are in “stay home” or phase 1 of reopening, a guardian may be considered an essential visitor when there is a health and safety concern. In homes that are in counties in phase 2 of reopening, a guardian is considered an essential visitor- specific conditions apply to the visit. Please see the [ODDS Residential Settings Reopening Guide](#) for more information.

Staffing Support (ODDS COVID-19)

Question: Is there a way to share openings at homes with vocational staff being laid off?

Answer: ODDS has a COVID-19 Staffing Support team where providers may identify additional DSPs who may be available to other agencies or to provide services in people’s own homes. If the staff member is trained accordingly, staff can be reassigned as needed to help with staffing shortages. See [AR-20-036](#) and [AR-20-037](#).

Question: Can a DSP work as PSW?

Answer: DSA agencies are endorsed the same as in-home agencies so could they provide in home services. Agencies DSP's are not restricted at this time from also being a PSW if they are enrolled as a PSW through ODDS. **Please note: A DSP may not also be hired as a PSW to simultaneously support the same individual.**

Question: Is the information of employees going to be shared with all other agencies in my area or across Oregon?

Answer: Information will be shared with requesting agencies within your area as well as across Oregon depending on the preference shared in the workbooks. We are matching by zip codes where support is needed and zip codes where workers say they will go to work in. It will be up to each requesting agency and the DSA provider agency to discuss DSPs who will be available to work for the requesting agency.

Question: If a staff states that they are not available to work, should I still put them in the staffing support spreadsheet?

Answer: No, please only put staff that are available on the spreadsheet. However, Employment and DSA agencies receiving contingency will need to report the activities of ALL employees on the second tab. Information regarding available staff are reported on the first tab of their workbook.

Question: Is this a resource for our in-home comp people needing staff?

Answer: Yes, this is available across residential settings looking for DSPs. For PSWs, individuals and providers can refer to the SEIU web page and the **(Oregon Home Care Commission)** OHCC webpage for leads. If someone chooses to hire a PSW as a PSW, they need to follow the usual process. If an agency chooses to hire a PSW as a DSP, they need to be sure the employee is not working for the same individual in both those roles.

Question: If a staff member says they are available to work, are they required to work for whoever requests them to work and in whatever capacity they have stated they can work?

Answer: It is important that both sides – the provider (including the staff) and the individual and/or their team – make sure that it is a good match, including appropriateness and readiness for the job. The DSA provider may determine whether the DSP is required to work or not.

Question: If the DSP agrees to work for another person/company, are they free to work as many hours as they can get? What if they work more than 40 hours combined with our company and the other company, will they receive overtime?

Answer: The individual can work the hours they are able. It is imperative that the staff member, as well as providers, be aware of the hours to avoid burnout and fatigue to ensure quality care of individuals. If an individual is working for two different agencies than they can work 40 hours for each. The paying provider entity sets the wage. Wage and hour laws apply.

Please note: A DSP may not serve as a PSW or a DSP under another agency and simultaneously support the same individual.

Staff Training

Question: Has there been any changes to required staff training besides OIS? It's hard to teach First Aid/CPR without being in someone's personal space.

Answer: During the state of emergency, First Aid and CPR renewals are being postponed as are the requirement for new hires to have this training. Further guidance regarding changes to staff training requirements can be found in the [reopening guides](#) (formerly [PT-20-049](#)).

Question: Are we able to hire AFH staff who are in the process of getting licensed and have done everything but take and pass the basic test?

Answer: All newly hired staff must read the AFH Training manual as part of any on-the-job training. The newly hired staff will have 60 days from the end date of the temporary policy adjustment to take and pass the basic test. Newly hired staff may work assisted and supervised without CPR and First Aid certification as well and will have the same 60 day to complete and pass the training for that certification as well. Please consult with your local AFH licenser to coordinate onboarding to ensure you have everything in place for staff beginning. [Further guidance can be found in the ODDS Residential Settings Reopening Guide](#) (information formerly found in [PT-20-052](#)).

Question: Are there any online trainings available for staff?

Answer: Beyond the normal online trainings that are available for core competencies, there are some online trainings that are available online for staff. OIS instructors are providing some portions of the training online and then conducting in-person trainings that meet social distancing guidelines. Certain training requirements are and suspended at this time as outlined in the [ODDS Residential Settings Reopening Guide \(formerly PT-20-049 and PT-20-052\)](#). If you have questions about a specific training, you are encouraged to reach out to ODDS.

Support with School Tasks

Question: Are DSPs and PSWs allowed to support children with school related tasks and schoolwork during COVID-19 due to the change to distance learning?

Answer: Supports should be focused on ADL, IADL, health, and behavioral supports related to the child's disability related needs. Attendant care staff should be focused on these supports, even if they may relate to a support that was previously provided by the school. Parents are encouraged to reach out to the school for support with specific academic related questions and needs.

Question: If the school has assigned a student an assignment that focuses on independent living skills, would this be appropriate for a DSP or PSW to support the child with?

Answer: This could be an appropriate support for attendant care service. ADL, IADL, and/or disability health or behavior related support needs that were appropriate to provide prior to the COVID-19 pandemic would continue to be appropriate now, even if it was assigned by the school. The distinguishing factor is the attendant care staff should not be homeschooling the child nor focused solely on academic/educational outcomes.

Visits, Leaving the Home, and Individual Rights

Question: Can a residential provider take an individual (s) on vacation?

Answer: Providers must exercise extreme caution and honor personal choice while working with the ISP team when making decisions regarding travel including considering arrangements that don't expose individuals to unnecessary risk. **Please consider and plan for accessing services and**

support such as food, lodging, accessing restrooms, and recreation in a manner that does not unnecessarily expose the individual or others if time is spent outside of the home. Informed decision-making in this area is weighing the desire to spend time outside of the home with the potential risk of exposure to the virus. The expectation is that all providers are adhering to the governor's orders, ODDS guidance, local public health authority directives.

Question: If residents leave the group or foster home for an extended time and come back sick with fever and cough, should the provider allow the resident to re-enter the home? Are there precautions providers are required to take other than general precautions? Can the provider limit the individual's access to parts of the home when the individual is symptomatic?

Answer: Individuals must be allowed to return home. When there is a confirmed positive or pending presumptive positive COVID-19 test result, providers may support the individual in a physical isolated situation that keeps them from potentially exposing other household members to the virus. Providers must take all precautions necessary to keep individual and other residents safe in the event it is suspected that the returning individual may have encountered someone who has or had the virus. **Precautionary measures include encouraging the individual to use a mask or face covering, frequent handwashing, changing clothing and personal hygiene (such as showering) upon return to the home, and practicing physical distancing in the home.**

Question: How do we balance the rights of the individual with community time and the need to protect the other individuals in the home?

Answer: ODDS understands that at this time there are restrictions being implemented to ensure health and safety of the individuals we support. We encourage providers to think creatively when supporting individuals with their daily routine. **The expectation is that everyone is adhering to the governor's orders, ODDS guidance, local public health authority directives. Providers and teams should be supporting individuals to make informed choices about leaving the home, offering alternatives so the individual does not need to leave the home for essential purposes, and providing support around hygiene and precautionary measures to take if the individual chooses to leave the home.**

Question: Should there be an order to shelter in place, are one-to-one sight and sound ISP requirements of our clients considered to be reasonable and determined as essential duty for our staff to continue work?

Answer: Each agency must identify the essential duty staff. ISP staffing guidelines that are in place for health and safety needs still need to be maintained. Please consult with your Services Coordinator on specific ISP staffing questions.

Question: For adults who are independent in the community and don't want to follow guidelines issued – what do we do?

Answer: We encourage you to communicate the importance of the information and educate the people who live in your home. Help them make choices about where they go and using the precautions when they come home.

Question: Can you give any guidance on safe visits with families?

Answer: Help the family to know signs and symptoms and how to take precautions. The restrictions are not permanent and will be lifted as soon as we are able to safely do so. Use video chat or other virtual ways to stay in contact. Reassure the individual and family that they will see each other soon.

Question: Should I be restricting or not honor a resident's request to leave the facility, aka restrict preferred activities in the community, and whether an IBL is needed for restricting access to the community?

Answer: On March 23, 2020, Governor Brown issued a "Stay at Home" Executive Order 20-12. Providers may use this as guidance for their approach to supporting individuals at this time until such order is lifted. Providers should use proactive strategies in helping individuals to understand and follow the orders. Providers are expected to support people to stay in the home. Individuals need to be supported to understand that the order applies to all people in Oregon and failure to follow the Governor's order can result in law enforcement action and may include up to a misdemeanor charge. **Even as local municipalities enter into phases of re-opening, careful consideration of risk to the individual must be considered as a part of informed decision-making. Providers are encouraged to help individual access services and supports in a manner that limits exposure and the need to leave the home for essential purposes.**

Question: When a child is voluntarily placed in a Child Foster Home by the parent, and the parent wants to bring the child home to visit with family while schools are closed, who makes the decision on a child visiting family/friends outside of the Child Foster Home? What if the foster provider is concerned about controlling COVID-19 exposure and wonders whether he/she may restrict the child from returning to the foster home if the child is exhibiting signs of COVID-19 or has potentially been exposed while visiting family?

Answer: If parents want to visit with their children, visitation via video chat or other forms of technology should be recommended and encouraged. However, a parent may choose to have their child visit in the family home. In accordance with Oregon Administrative Rule 41-346-0180(4)(a) & (b), the foster provider must support the child's relationship with their family members and assist the Community Developmental Disability Program (CDDP) staff in planning visits with child and the child's family members.

When a child will be visiting with family in the family home, ODDS recommends the following to ensure precautions are taken to prevent the spread of COVID-19:

- Prior to arranging the family visit, the provider, parent and the child's CDDP Services Coordinator should have a conversation about the following:
- Precautions the child's family will be taking, such as whether family members have been assessed for symptoms, whether there will be other family members or friends visiting the family home, whether those visitors will be screened for symptoms of COVID-19, what social distancing practices will be followed, and plans to address illness or suspected illness in the family home.
- Anticipated duration of the child's visit with family and plans for the provider and parent to routinely check-in during the child's visit.
- Plan for the child to return to the foster home, including a back-up plan if the child becomes ill while in the family home.

ODDS does not allow providers to restrict an individual from returning to the foster home after a family visit. If a provider has concerns about potential exposure to COVID-19, the provider should share their concerns with the parent.

The provider may request the parent delay the child's return and extend the child's stay in the family home; however, if the parent declines the request,

the provider must support the child's return to the foster home. Upon return to the foster home, if the child has symptoms of COVID-19 (fever, cough, shortness of breath, sore throat), the provider should immediately contact the child's healthcare provider and the local health department and follow their guidance.

Question: For adult clients who refuse to follow the "stay at home" order, what can providers do to protect themselves? What will be the protocol if a client starts to show symptoms or tests positive and refuses to follow quarantine or to avoid other household members?

Answer: Providers may not refuse re-entry for a person and must make best efforts to be responsive to the potential health risks. The provider needs to make efforts to help everyone in the house be safe, including support to others to avoid contact with the person who is not practicing socially and health acceptable practices.

Question: While family members can no longer come into residential and foster homes, many are wanting to take individuals out of residence. We are concerned about this, especially as they are not enforcing social distancing. What restrictions can be put in place regarding individuals going to visit with their family?

Answer: Providers are not permitted to restrict individuals from leaving with their families at this time. Individuals have the choice to leave the home and visit their family if they choose. ODDS encourages providers to provide on-going education about pre-cautions to both individuals and families, as well as by modeling appropriate social distancing practices. Additionally, we encourage providers to work with individuals and families to facilitate visits via electronic means to maintain social connections.

Providers may also support the individual with hygiene upon returning to the home such as handwashing, changing clothing and showering/bathing, if appropriate.

Question: I am working with an Individual who struggles to understand and comply with the Stay Home-Saves Lives executive order. What can I do to keep this Individual and the others in the home safe from infection?

Answer: Behavior Professionals around Oregon have been sharing resources to help an Individual better understand the reasons for and the consequences of non-compliance with the Stay Home-Save Lives executive order. Talk with the Individual's Personal Agent or Services Coordinator to have Professional Behavior Services Authorized for the

Individual. ODDS has created some PowToons Videos to help inform individuals about expectations, risks, and individual responsibilities related to the COVID-19 pandemic. The PowToons may be access on the ODDS COVID-19 Information page: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

Question: An Individual I work with was doing well with the schedule that had been set in place for them. With the Stay Home-Save Lives executive order this Individual has been displaying some challenging behaviors.

Answer: Professional Behavior Services can be delivered using telecommunications technology. Talk with the Individual's Personal Agent or Services Coordinator to have Professional Behavior Services Authorized for the Individual.

Question: Our 24-Hour Residential home serves adults. Prior to the Stay Home-Save Lives executive order the individuals in the home were not exhibiting challenging behaviors. With the significant changes to everyone's schedule, disruptions with family visits, and changes in staff availability, we are seeing challenging behaviors that did not exist before the pandemic.

Answer: Adults who reside in a 24-Hour Residential services setting have Professional Behavior Services bundled into the set of services that paid for within the tier payment. Therefore, it is the responsibility of the 24-hour agency to deliver Professional Behavior Services to the Individual(s) who are displaying challenging behaviors. If the 24-Hour agency doesn't have a qualified Behavior Professional on staff, they can contract with a Behavior Professional. Enrolled/endorsed Behavior Professionals can be found here: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/consultants.aspx>

Individuals residing in foster care settings and children in 24-hour residential settings may also be eligible to access Professional Behavior Services. The provider, individual, SC, and team should consult to identify if the service is appropriate. The SC may then update the plan and authorize the service. The team should also consider strategies and creative solutions for addressing the individual's need and change in routine that may not necessitate additional services.