

# Scenarios and reporting requirements for Oregon Developmental Disabilities Services (ODDS) Agency Providers, Personal Support Workers, Case Management Entities and individuals related to COVID-19

## Helpful Resources

[Oregon Health Authority \(OHA\)](#)

[Center for Disease Control \(CDC\)](#)

[Office of Developmental Disabilities Services](#)

The June 11, 2020 version of the Scenario reporting requirements has streamlined the reporting expectations and incorporated the [Notification Requirements](#) and COVID-19 [Exposure notification requirements](#) from previous transmittals. New definitions are included and highlighted below.

This document is intended to be used as a Guide for Agency Providers, Personal Support Workers (PSW), Case Management Entities (CME) and the Office of Developmental Disabilities Services (ODDS) in response to the care and health of individuals receiving services and supports through ODDS. This guide should be used when there is a concern that someone may have, or may have been exposed, to COVID-19. It is presumed that Agency providers and case management entities will continue to collaborate and work directly with the Local Public Health Authorities (LPHA) and follow direction provided from both LPHA and licensed medical providers.

## Definitions

Agency Provider means any 24-Hour Group Home, Foster Care provider, Supported Living provider, Community Living Services In-Home provider, and Employment or Day Support Activities (DSA) provider.

Case Management Entity (CME) means the entity providing case management services which may be a Community Developmental Disabilities Program (CDDP), a Support Service Brokerage (Brokerage) or Children's Intensive In-Home Services (CIIS).

Close Contact means being within 6 feet of a person with confirmed COVID-19 for a prolonged period of time. OHA defines "prolonged," as  $\geq 15$  minutes. Close contact can include caring for, living with, visiting, or sitting within 6 feet

of a person with confirmed COVID-19; or having direct contact with infectious secretions of a person with confirmed COVID-19 for any amount of time (e.g., being coughed on, providing direct care with hygiene).

Health Care Representative / Advocate (HCA) means a health care representative as defined in ORS 127.505 or a person who has authority to make health care decisions for an individual under the provisions of OAR chapter 411, division 390.

Individual means a child or an adult who is eligible and receiving case management services from either a CDDP or a Brokerage.

Isolate means separating people who are ill from those who are not. When someone tests positive or if they have a suspected or presumptive case of COVID-19, they need to be isolated the whole time they are contagious, so they don't spread the virus.

Negative case of COVID-19 means there has been a test for COVID-19 that returned a negative or not detected result. The reason for getting a test does not matter (routine for medical care or due to illness symptoms).

Personal Support Worker (PSW) means a person who is hired or selected by an individual or their representative to provide attendant care or direct care supports to the individual.

Positive case of COVID-19 means there has been a test for COVID-19 that returned a positive result.

Presumptive case of COVID-19 means that an individual has symptoms similar to COVID-19, has had testing that is pending and is told by a licensed medical provider that they are presumed to have COVID-19 and to stay home and isolate.

Quarantine means separating people who have been exposed to the virus to see whether they get sick. People quarantine in case they are sick but don't have symptoms yet because the virus can spread before symptoms begin. Quarantining is typically done for 14 days when related to COVID-19.

Staff means a person who works for an Agency Provider who provides attendant care or direct care supports to an individual (includes caregivers of a foster care home).

Suspected case of COVID-19 means that an individual has symptoms similar to COVID-19 and is told by a licensed medical provider that it is suspected they have COVID-19 and to stay home and isolate. No COVID-19 testing is done.

<b>Index:</b>	<b>Page #:</b>
<a href="#">Scenario #1</a> Individual supported by an Agency Provider	5
<a href="#">Scenario #2</a> Individual supported by a Personal Support Worker (PSW) or natural support	8
<a href="#">Scenario #7</a> Individual without a provider (case management only)	10
<a href="#">Scenario #4</a> Individual has a fever or reports illness at work	11
<a href="#">Scenario #5</a> Agency Provider staff requirements	12
<a href="#">Scenario #6</a> Personal Support Worker (PSW) requirements	13
<a href="#">Scenario #7</a> Case Management Entity staff requirements	14
<a href="#">Notification Requirements</a> for Individuals (Agency Providers, CMEs, PSWs)	15
<a href="#">Notification Requirements</a> for Staff of Agency Providers with a staff who has a COVID-19 positive test result.	16
<a href="#">Notification Requirements</a> for PSWs who have a COVID-19 positive test result	16
<a href="#">COVID-19 Exposure notification</a>	17
Sample letter links to template letters on website	18

**Scenario #1: Individual supported by an Agency Provider**

ODDS Response	CME Response	Agency Provider Response
<ul style="list-style-type: none"> <li>• Communicate with agency provider and CME - follow OHA /County rules</li> <li>• Refer agency provider to <a href="#">public health website</a></li> </ul> <p>If individual has <a href="#">suspected</a> or <a href="#">presumptive</a> case of COVID-19 or a positive COVID-19 test result:</p> <ul style="list-style-type: none"> <li>• Confirm no new entry for foster and group home – communicate to CME no new entry</li> <li>• Work with CME and Agency provider to identify alternative services, exceptions or agency providers, if needed</li> <li>• Monitor situations where supported individual is hospitalized</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure ODDS is notified by Agency Provider</li> <li>• Notify ODDS if needed according to the Agency Provider <a href="#">Notification Requirements</a></li> <li>• Notify LPHA, or verify LPHA has been notified by the physician or agency provider</li> <li>• Work with the agency providers or family and ODDS to identify alternative services or agency providers if needed</li> <li>• Ensure planning is in place and there is regular communication with the Agency providers</li> </ul> <p><b>If individual has <a href="#">suspected</a> or <a href="#">presumptive</a> case of COVID-19 or a positive COVID-19 test result:</b></p> <ul style="list-style-type: none"> <li>• Enforce no new entry until the test results indicate no COVID-19</li> </ul>	<p><b>If individual is in <a href="#">quarantine</a> due to potential exposure to COVID-19:</b></p> <ul style="list-style-type: none"> <li>• Notify CME <ul style="list-style-type: none"> <li>• If Agency provider is a 24-hour group home for children, <u>also</u> notify State Residential Services Coordinator</li> </ul> </li> <li>• Provide notification of potential exposure according to the <a href="#">COVID-19 Exposure notification</a> process</li> <li>• Support individual in remaining in their own room or move individual to another room</li> <li>• Encourage individual to wear face covering or surgical mask</li> <li>• Support individual in electronic communication for family and friends</li> </ul> <p><b>If an individual is experiencing COVID-19 like symptoms, and the Agency provider is following up with medical practitioner and/or the individual is going to have a COVID-19 test completed.</b></p> <ul style="list-style-type: none"> <li>• Notify CME <ul style="list-style-type: none"> <li>• If Agency provider is a 24-hour group home for children, <u>also</u> notify State Residential Services Coordinator</li> </ul> </li> <li>• Notify ODDS and CME of COVID-19 test result or of <a href="#">suspected</a> COVID-19, according to the <a href="#">Notification Requirements</a></li> </ul>

	<ul style="list-style-type: none"> <li>• If the individual is hospitalized, coordinate with agency provider on support for individual's choices in medical decisions and facilitate communication with hospital staff; clarify whether there is an advance directive, POLST or DNR/DNI order</li> </ul>	<ul style="list-style-type: none"> <li>• If Agency provider is a 24-hour group home for children, <u>also</u> notify State Residential Services Coordinator</li> </ul> <p><b>If individual has <u>suspected</u> case of COVID-19 or a positive COVID-19 test result:</b></p> <ul style="list-style-type: none"> <li>• Notify staff and others the individual may have been in close contact with according to the <a href="#">COVID-19 Exposure notification process</a></li> <li>• Notify legal guardian or HCA if applicable</li> <li>• Mandatory consult with LPHA or Emergency Management – must follow all public health guidance (state or local)</li> <li>• Confirm whether LPHA will do contact tracing and share log of all non-residents who had contact with individual</li> <li>• Foster and group homes: <ul style="list-style-type: none"> <li>• Implement isolation and move resident to their own room until symptoms cease for 72 hours, and/or at the guidance of the individual's physician or LPHA, or</li> <li>• Move residents to other group homes or settings/sites, <i>if consistent with public health guidance</i></li> <li>• Maintain log of all non-residents who interact with the resident who is isolated (including staff)</li> <li>• Restrict internal group activities to prevent exposure – this includes meals, recreation, etc.</li> <li>• Provide information to all staff and residents on heightened precautions</li> </ul> </li> </ul>
--	---	--

		<ul style="list-style-type: none"><li>• Facilitate electronic communication for family and friends</li><li>• No new entries to group or foster homes until test results indicate no COVID-19</li><li>• Follow Physician guidance on keeping medical appointments</li><li>• Encourage individuals to wear a face covering or surgical mask as appropriate</li><li>• Follow all requirements given by ODDS</li><li>• Require and provide Personal Protective Equipment (PPE) for staff. A provider should make it clear to LPHA that they have a positive, high risk case and they need priority PPE. If they are not able to get required PPE at any time, communicate with LPHA and CDDP and document actions taken to gain PPE</li><li>• If individual is hospitalized, notify ODDS, coordinate with CME to facilitate support for individual's choices in medical decisions and facilitate communication with hospital staff; clarify whether there is an advance directive, POLST or DNR/DNI order and include this information in notification to ODDS.</li></ul>
--	--	---

**Scenario #2:** Individual supported by a Personal Support Worker (PSW) or natural support

ODDS Response	CME Response	PSW and natural support Response
<ul style="list-style-type: none"> <li>Available for technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>Verify or notify ODDS according to <a href="#">Notification Requirements</a></li> </ul> <p><b>If individual has <a href="#">suspected</a> case of COVID-19 or a <a href="#">positive</a> COVID-19 test result:</b></p> <ul style="list-style-type: none"> <li>Notify LPHA, or verify LPHA has been notified by the physician or PSW and follow public health guidance               <ul style="list-style-type: none"> <li>Confirm whether LPHA will do contact tracing</li> <li>Ensure PSW and family have the <a href="#">in-home worker guidance</a> published by OHA</li> <li>Ensure and help the individual to coordinate necessary care, medications and food for isolation period</li> <li>Review and update individual’s back-up plan and implement as necessary</li> <li>Coordinate with local Designated Referral Contact (DRC) and ODDS on alternative setting if care cannot be delivered in their home</li> <li>Encourage PPE for PSWs and natural supports.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Notify CME and employer if individual is experiencing COVID-19-like symptoms and the PSW is following up with medical practitioner and/or the individual is going to have a COVID-19 test completed.</li> <li>Notify ODDS, CME and employer of test outcome according to <a href="#">Notification Requirements</a></li> <li>Notify ODDS, CME and employer if medical practitioner identified suspected case of COVID-19 according to <a href="#">Notification Requirements</a></li> <li>Natural support notifies CME</li> <li>Follow Public Health/Oregon Health Authority direction and <a href="#">OHA guidance for in-home workers</a></li> </ul> <p><b>If individual has <a href="#">suspected</a> or <a href="#">presumptive</a> case of COVID-19 or a <a href="#">positive</a> COVID-19 test result:</b></p> <ul style="list-style-type: none"> <li>Follow all physician requirements for supported individual and PSW who has had contact with individual, including isolation</li> <li>Follow physician guidance on keeping medical appointments</li> <li>Support individual in limiting/ restricting visitors other than those necessary to</li> </ul>

July 1, 2020 **Note:** This is general guidance, please check with your local public health authority (LPHA) for specific guidance for your county [here](#).



	<ul style="list-style-type: none"> <li>• Encourage unpaid caregivers to get training as needed</li> <li>• If individual is hospitalized, facilitate support for individual’s choices in medical decisions and facilitate communication with hospital staff; clarify whether there is an advance directive, POLST or DNR/DNI order.</li> </ul>	<p>ensure care as directed by physician or LPHA</p> <ul style="list-style-type: none"> <li>• Use Personal Protective Equipment (PPEs) while supporting the individual <ul style="list-style-type: none"> <li>• A PSW or Employer works with the local APD office (with the assistance of the CME) to access PPE as outlined in <a href="#">IM 20-041</a>. If the PSW is not able to get required PPE at any time, they must document this in progress notes</li> </ul> </li> <li>• Encourage the individual to wear a face covering or surgical mask</li> <li>• Support individual with gathering needed supplies for isolation period</li> <li>• Support individual with moving to alternative setting if applicable</li> <li>• Support individual with keeping a log of all persons who interact with individual (including other PSWs, family members, etc.)</li> <li>• Support individual in using electronic communication for family and friends as appropriate.</li> </ul>
--	---	---

**Scenario #3:** Individual without a provider (case management only)

ODDS Response	CME Response	N/A
<ul style="list-style-type: none"> <li>Require CME to review and implement individual's back up plan as needed</li> </ul>	<ul style="list-style-type: none"> <li>Notify ODDS according to <a href="#">Notification Requirements</a></li> </ul> <p><b>If individual has <a href="#">suspected</a> or <a href="#">presumptive</a> case of COVID-19 or a <a href="#">positive</a> COVID-19 test result:</b></p> <ul style="list-style-type: none"> <li>Notify LPHA, or verify LPHA has been notified by the physician and follow public health guidance</li> <li>Coordinate and ensure the individual has the necessary care, medications and food for isolation period</li> <li>Review and update individual's back-up plan and implement as necessary</li> <li>Coordinate with local DRCs and ODDS on alternative setting if care cannot be delivered in their home</li> <li>Encourage unpaid caregivers to get training as needed</li> <li>If individual is hospitalized, facilitate support for individual's choices in medical decisions and facilitate communication with hospital staff; clarify whether there is an advance directive, POLST or DNR/DNI order and include this information in notification to ODDS.</li> </ul>	

**Scenario #4:** Individual has a fever or reports illness at work

ODDS Response	CME Response	Employment Provider Response
<ul style="list-style-type: none"><li>• ODDS will be available for technical assistance</li></ul>	<ul style="list-style-type: none"><li>• Notify LPHA and follow all public health direction</li><li>• Communicate with residential or in-home provider (or family)</li></ul>	<ul style="list-style-type: none"><li>• Notify CME if individual reports fever or illness at work</li><li>• Send the individual home and work with their residential provider or family to notify their doctor</li><li>• Residential provider, in-home agency, or family should follow all steps outlined in the first two scenarios<ul style="list-style-type: none"><li>○ <a href="#">Agency Providers</a></li><li>○ <a href="#">PSWs or Family Members</a></li></ul></li></ul>

## Scenario #5: Agency Provider requirements

ODDS Response	CME Response	Agency Provider Response
<ul style="list-style-type: none"> <li>• Include CME on any correspondence with the agency</li> <li>• Connect agency provider with options for alternative resources for staffing as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Verify the agency provider notified ODDS according to <a href="#">Notification Requirements</a></li> <li>• If the agency provider identifies anyone with I/DD who had contact with the staff:               <ul style="list-style-type: none"> <li>• Ensure the agency provider or family is aware;</li> <li>• Review and update the agency provider's back up plans for the home as needed, including verification of continued needed staffing levels;</li> <li>• Increase remote/ electronic monitoring</li> </ul> </li> <li>• Verify whether the employee had any contact with the local CME or case managers</li> </ul>	<ul style="list-style-type: none"> <li>• Notify CME if staff is experiencing COVID-19-like symptoms and the staff is following up with medical practitioner and/or going to have a COVID-19 test completed.</li> <li>• Notify ODDS and CME according to <a href="#">Notification Requirements</a></li> <li>• Notify CME that individual(s) and/or case manager(s) may have been exposed by a staff</li> <li>• Send exposure letters according to the <a href="#">COVID-19 Exposure notification</a> process</li> <li>• Notify and follow public health guidance on how and who to notify</li> <li>• Confirm whether LPHA is doing contact tracing</li> <li>• Ensure using heightened precautions at all agency offices, facilities, etc.</li> <li>• Follow Agency Provider emergency plan</li> <li>• Restrict employee from returning to work until directed by a physician and/or for at least 14 days after symptom onset AND at least 72 hours with no symptoms</li> <li>• Work collaboratively with LPHA</li> <li>• Clean any work site as directed by LPHA</li> <li>• For foster and group homes, accept no new admissions until it's verified that no other occupants or staff in the home are pending test results, presenting with symptoms, or quarantined</li> </ul>

## Scenario #6: Personal Support Worker (PSW) requirements

July 1, 2020 **Note:** This is general guidance, please check with your local public health authority (LPHA) for specific guidance for your county [here](#).

ODDS Response	CDDP/Brokerage Response	PSW Response
<ul style="list-style-type: none"> <li>• Identify other individuals case managed in other CMEs PSW may have worked with in past 14 days</li> <li>• Notify all CMEs with individuals supported by PSW</li> <li>• Notify individuals that they may have been exposed according to the <a href="#">COVID-19 Exposure notification</a> process</li> <li>• Support CME as needed to assist individual to access other staffing supports in absence of PSW</li> </ul>	<ul style="list-style-type: none"> <li>• Verify ODDS was notified according to <a href="#">Notification Requirements</a></li> <li>• Discuss with employer and individual(s) on need to implement a backup plan</li> <li>• If PSW <u>does not live</u> with the individual: <ul style="list-style-type: none"> <li>• Advise employer that PSW should not continue to provide supports</li> <li>• Coordinate with employer and individual on backup planning for continued supports in the absence of the PSW</li> </ul> </li> <li>• If PSW <u>lives</u> with individual: <ul style="list-style-type: none"> <li>• Identify if the PSW plans to isolate or continue to work, and</li> <li>• Discuss with PSW the ability for the PSW to work and support the individual according to ISP</li> <li>• Coordinate with employer and individual on backup planning for continued supports if PSW is isolating</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Notify CME if experiencing COVID-19 like symptoms and will be seeking a COVID-19 test</li> <li>• Notify ODDS, CME and employer according to <a href="#">Notification Requirements</a></li> <li>• If PSW <u>does not live</u> with individual supported: <ul style="list-style-type: none"> <li>• Do not return to work until directed by a Physician and/or for at least 14 days after positive COVID-19 test result and at least 72 hours with no symptoms</li> </ul> </li> <li>• If PSW <u>lives</u> with individual: <ul style="list-style-type: none"> <li>• Consider implementing plan for isolation within the home</li> <li>• Coordinate with employer and CME on backup planning for continued supports if PSW is isolating</li> </ul> </li> </ul>

**Scenario #7:** Case Management Entity (CME) staff requirements

ODDS Response	CDDP/Brokerage Response	Staff Response
<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Notify ODDS according to <a href="#">Notification Requirements</a></li> <li>Notify LPHA and follow all directions</li> <li>Follow internal HR procedures</li> <li>Identify individuals or families, and agency providers who had contact with case manager as directed by Public Health</li> <li>Notify agency providers if CME Staff was at residence or program, at guidance of Public Health</li> <li>Notify others the case manager may have been in close contact with by following the <a href="#">COVID-19 Exposure notification</a> process as well as internal human resource requirements</li> <li>Follow Emergency / Continuity of Operations Plan</li> <li>Ensure implementation of heightened precautions at any utilized offices</li> <li>Clean worksite as directed by Public Health</li> </ul>	<ul style="list-style-type: none"> <li>Follow all LPHA guidance <ul style="list-style-type: none"> <li>Do not return to work until directed by a Physician and/or for at least 14 days after positive COVID-19 test result and at least 72 hours with no symptoms</li> </ul> </li> </ul>

## **NOTIFICATION REQUIREMENTS:**

Agency Providers, CMEs and PSWs must report the following identified requirements to ODDS at [ODDS.COVID-19ScenarioReport@dhsosha.state.or.us](mailto:ODDS.COVID-19ScenarioReport@dhsosha.state.or.us).

Agency Providers and PSWs must include the CME representative on the email when notifying ODDS.

### **I. Agency Providers, PSWs and CMEs reporting information on Individuals with a **suspected, negative or positive** case of COVID-19:**

1. First and Last Name,
2. Date of Birth,
3. Prime number,
4. The date test was taken,
5. The date test result was given to Agency provider OR physician told individual they suspected have COVID-19;
6. Name of the Agency provider
  - a. The type of setting (i.e., In-Home, Supported Living, Foster Care or 24-Hour Group Home) where the individual lives
    - i. For group home or foster homes: address of the home (it is important that the home address be listed; not the agency's administrative address))
  - b. Agency Provider contact information
7. The plan to isolate or quarantine as directed by federal, state, or local public health officials,
8. Name of a Child Welfare guardian, if applicable,
9. Whether the individual was hospitalized (and COVID-19 test is administered),
10. Does the individual have a POLST/Advanced Directive/DNR-DNI, and
11. OHA Outbreak number if assigned (generally if there are 2 or more individuals or staff at same location)

## **II. Agency Providers and CMEs reporting a Staff positive COVID-19 test result:**

1. Name of the Agency provider;
2. Agency Provider contact information;
3. Agency Provider License/certificate/endorsement Type applicable to the report (e.g. 24-hour residential, foster care, CLS In-Home Agency, Supported living). If agency provider has several endorsements, only identify the one where the staff person was working);
4. Staff unique identifier (agency provider/CME can determine how to create; ex Staff #1, #2 or AA, AB, AC etc. Do not provide staff name)
5. Address of the home (or homes) where the staff works;
6. Case Management Entity or Entities;
7. The date that the positive test result was received
8. The plan for isolation or to be away from supported individuals;
9. OHA Outbreak number if assigned (generally if there are 2 or more individuals or staff at same location)

## **III. PSWs reporting a positive COVID-19 test:**

1. First and Last name of PSW
2. Contact information of PSW
3. Name of Case Management Entity(s) for the individual(s) who are supported by the PSW;
4. Name(s), date of birth(s) and prime number(s) of individual(s) the PSW has worked with in last 14 days;
5. Date positive test result for COVID-19 was given to PSW
6. The plan for the PSW to isolate or quarantine as directed by federal, state, or local public health officials.



## **COVID-19 Exposure notification process:**

In order to ensure the health and safety of individuals with Intellectual or Developmental Disabilities, their families and the staff who support them, ODDS is requiring that Provider Agencies issue notification of those who may have come in contact with a supported individual or staff who has a suspected or positive case of COVID-19.

### **I. Individual supported by an Agency provider:**

Provider agencies must provide written notification to individuals and guardians/HCA when an individual or staff have a suspected case or positive test result of COVID-19 and an individual may have been exposed to COVID-19. Provider agencies must:

1. Notify anyone who was in close contact (defined above) with a staff or individual who has a suspected or positive case of COVID-19. Notification must be provided using either the written template notification or a similar written notification developed by the Agency provider;
2. Ensure that if applicable, guardians/HCA are provided written notification when an individual was in close contact with a person who has a suspected or confirmed case of COVID-19, and
3. Ensure all written notifications are sent as soon as possible but at least within 24 hours of being made aware that the individual was potentially exposure.

### **II. Individuals supported by a Personal Support Worker who does not live with them:**

The Office of Developmental Disabilities Services will notify individuals supported by a personal support worker in the event that PSW has a positive case of COVID-19 and does not live with the individual they support.

III. Sample letters links to template letters on website

1. [Letter for an Individual;](#)
2. [Letter for an individual less than 18;](#)
3. [Letter for a Provider;](#)
4. [Letter for a Personal Support Worker](#)