

Topic:	24-Hour Residential and Foster Home Setting Provider COVID-19 Policy Guide	
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Overview

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

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

Introduction:

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

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

Oregon is currently under a leveling system that designates a level of risk for each county depending on outbreak data. Each level has policies specific to COVID-19. The levels include:

- Extreme Risk
- High Risk
- Moderate Risk
- Low Risk

Most policies contained in this re-opening guide continue to apply regardless of county risk designation. Visitation policies will be most impacted by a county's risk status. Please see the "Visitors" section of the guide for more detailed information about policies based on county risk status.

Updates include:

Residential Rate Reduction Suspensions to end beginning 5/1/2021.

New assessments completed on 5/1/2021 or later will have the new rate go into effect in accordance with routine rate change policies and timelines. Rates that should have been reduced based on an assessment prior to 5/1/2021 (and for which there is no new assessment completed 5/1/2021 or later) will need to be identified and updated to reflect the assessment-based rate by 7/1/2021.

COVID-19 related exceptions are to be reviewed as part of the ISP process and updated to reflect the individual's current needs.

Effective 5/1/2021, all exception requests must be on the ODDS Exceptions form (DHS 0514DD form) and the "COVID-19 Related Temporary Residential Setting Rate Exception Request" form will no longer be accepted.

All updates are in **bold** for quick reference.

Procedure(s) that apply:

Beginning December 3, 2020, a new risk-leveling system will be applied to each Oregon county. This risk level system is directed by the Governor and is called "Oregon's Risk and Protection Framework". Providers are expected to be aware of the county status of each home they operate and apply the appropriate policies. The county status may be found on the Governor's webpage: <https://govstatus.egov.com/or-covid-19>

The "Risk Protection Framework" goes into effect following the statewide "Freeze" which is effective from November 18, 2020 through December 2, 2020. Those counties in the "Extreme Risk" category will continue to operate similar to the "Freeze" policies with restrictions prohibiting visitors and limits on activities. Each other designation, including "High Risk", "Moderate Risk" and "Low Risk" will allow for visitation to occur.

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

- Alternative options available to meet their needs and interests.
- Support to understand the benefit of staying home.
- Information about the risk posed by going out.
- Explanation about requirements to wear a mask and maintain physical distancing when individuals are in the community and assistance to access a mask or face coverings.
- An opportunity to develop a plan to reduce related risks for both themselves and others.
- Encouragement to stay home and isolated when not feeling well, regardless of the cause.

In "Extreme Risk" counties or places under a "Freeze" order, people should not be going out except for essential business. Providers are asked to support individuals in taking precautions and limiting risk and exposure in any county risk level. Providers should be supporting individuals to limit the need for individuals to leave the home for essential business. Support

may include providers making grocery trips or completing errands in the community on behalf of the individual or utilizing home delivery or pick up options for purchasing groceries or other items.

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

A Governor's "Freeze" directs telework option be available whenever possible- providers may need to work with individuals to explore how telework may occur. Please refer to the DSA and Employment guide for more information about how specific employment and day services may be affected by a county's risk level. The employment and DSA guide may be found at the following link: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Employment-DSA-Reopening-Worker-Guide.pdf>

Providers are expected to help individuals to be aware of and understand the risk level of the county where they live, so they may comply with community living expectations. However, residential providers may not prohibit a resident of a home from leaving the home, nor can a provider deny re-entry to the home. A provider may not require COVID negative test for a resident to re-enter the home. Providers may not use intimidation or coercion to make residents stay home or to remain away from the home if individuals have chosen to leave.

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

- Require all house members and staff to immediately wash hands when returning from an independent community activity.
- Encourage individuals to change and wash their clothing after returning from an independent community activity.

COVID-19 Vaccinations:

As the COVID vaccine becomes available in Oregon, adult individuals living in residential settings, including 24-hour and foster care, and their caregivers are prioritized to receive the vaccine. See Oregon's [Phase 1A Sequencing Plan](#) for more details.

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3527.pdf>. Also, Oregon Health Authority website: <https://covidvaccine.oregon.gov/>

Individuals must be supported in understanding the benefits and risks of the vaccine. Individuals should be supported in consulting with their primary care physician or medical team about whether the vaccine is a safe or appropriate option for the individual based on the individual's personal health status or medical conditions. Teams are expected to work with individuals through supported decision making to aid in the decision process. Providers may participate as part of the individual's team, but shall not direct an individual's choice in receiving a vaccine. Please see additional ODDS guidance, including fact sheets and an FAQ, about the vaccines and vaccine process on the ODDS COVID webpage:

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

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[Information.aspx](#)

Links to the ODDS COVID-19 Vaccine documents include:

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

All languages under Individuals/Resources:

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

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

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

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

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

Please note: As of this guide update, the Moderna vaccine has not yet been approved for children nor has the Pfizer vaccine been approved for children 15 and younger.

General Requirements for Providers, including DSPs and Caregivers:

- Providers, employees, and volunteers who provide direct care must:
 - Use good infection control practices: upon entering the home wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer, avoid touching face.
 - Use good respiratory etiquette: cover cough or sneeze into elbow.
 - Wear masks when delivering any in-person care to or within six feet of individuals in 24-hour residential settings. This also applies to non-resident caregivers in an adult foster care home. A resident care giver in the foster home is encouraged to wear a face covering, but not required. Child foster home providers may choose to wear masks but are not required to do so.
 - Masks or face coverings must be worn to cover the nose and mouth.
 - When individuals are non-symptomatic, a cloth face mask is sufficient.
 - When an individual is symptomatic or confirmed positive, an N95 mask is recommended.

- Spit guards are not an acceptable face covering.
 - A provider, DSP, or caregiver who can document a medical need not to wear a mask is exempt. Providers need to consider potential risks of not wearing a face covering or mask when assigning work duties, including direct care tasks.
 - There is also additional mask guidance designed to help explain these requirements, which can be found here: [ODDS COVID-19 Mask Guidance](#).
 - If a mask triggers challenging behavior, mask wearing is not required.
 - If masks are unavailable, the agency must document on-going efforts to get them.
 - When utilizing an N95 respirator mask OSHA requires an initial respirator fit test to identify the right model, style and size of a respirator for each worker. Fit tests require a specific fit test kit. If an employer cannot obtain a fit test kit or provide fit testing for all workers who need an N95 respirator mask, OSHA should be contacted for additional guidance. OSHA resources can be found here: https://www.osha.gov/video/respiratory_protection/fittesting_transcript.html and here: <https://osha.oregon.gov/Pages/re/covid-19.aspx>.
- Providers must ensure that individuals have access to a mask anytime they must leave their home (which should be discouraged). If an individual cannot or will not wear a mask, offer alternatives such as face shields, masks made of different material, and masks that have a screen and allow individuals to still see lips/mouths. Document efforts and outcomes in the individual's record.
 - Implement a policy for tracking the health of each employee and other essential persons before they begin a shift or enter the home. Do not allow any employee showing signs of COVID-19 to have contact with individuals until the employee's symptoms have subsided for 72 hours or they are released to work by their doctor. Providers that allow contact to happen are subject to sanctions.
 - The actions an agency must take when an individual or employee has or may have COVID-19 can be found in this [scenarios document](#).
 - Providers must consult with their Local Public Health Authority (LPHA) when there is a non-symptomatic staff who has been potentially exposed to COVID-19 through direct contact with a person who has tested positive to the virus (such as through contact with a co-worker working in the same home or an infected individual) for guidance on whether to allow the staff to work. Providers having exposed staff work may only do so with the guidance of the LPHA and the provider must document the rationale for utilizing the staff.
 - When an individual or other household members are ill or demonstrating symptoms of illness, the residential setting provider has a responsibility to communicate with other service providers supporting the individual, including employment or day support activities providers. Communication must occur when there are:

- Concerns of persons in the household or caregivers displaying symptoms of COVID;
 - Outbreaks in the household or among staff supporting the household;
 - Medical or health department-directed quarantine;
 - Positive COVID testing; or
 - Pending COVID testing results.
- Please note: *Providers are expected to utilize use the exposure notification letter when there is a known outbreak, but calling and other communication is recommended as an additional precaution.*
 - Continue limitations on visitors in adult foster home and 24-hour residential settings. Providers are expected to screen essential persons accessing the home upon entry and require handwashing and PPE as appropriate. Providers of child foster homes are expected to apply caution in allowing visitors in the home and limit potential exposure as much as reasonably possible. The list of allowable essential persons who may visit the home is expanded to include certain types of personal visitors in counties with a “high risk”, “moderate risk”, or “low risk” designation.
 - Help individuals to understand the risk of being in public and encourage them to minimize time away from home. Provide support to individuals to minimize an individual’s need to leave the home such as helping to arrange for delivery of desired food items or medications. Encourage individuals to wash their hands and to change and wash their clothing after returning from an independent community activity.
 - ISPs and Service agreements do not need to be signed by any member of the ISP team in order to be valid, although written signatures are preferred. When signatures aren’t being gathered, a provider may give prior verbal agreement to deliver services based on information given by the case manager that includes effective dates, service limits and relevant known risks.

Governor-Directed Travel Advisory

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

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

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

Individuals in residential settings shall not be restricted from returning to the home following out-of-state travel. Providers are asked to support individuals in taking precautionary measures to the extent possible in the home, suggestions include:

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

Oregon OSHA Regulations

Oregon OSHA issued new COVID rules for workplaces that take effect on November 16, 2020. Many DD Services providers are subject to these rules and will be impacted by the requirements.

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

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

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

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

Reporting Requirements, COVID-19 Testing, and Notification:

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

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

Home and Community-Based Services (HCBS) Requirements

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

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

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

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

Visitors:

The Governor’s “Risk Protection Framework” risk leveling system is currently being used to identify visitor policies in adult foster care and 24-hour settings. The policies, including restrictions on visitors applies to all household members, including the residential setting provider and their family members. Please note that the “Extreme Risk” category will have the same policies as the “Freeze” order. The “High Risk”, “Moderate risk”, and “Low Risk” designations due allow for personal visitors, such as close personal relationships to visit with precautionary measures in place.

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

	Lower Risk	Moderate Risk	High Risk	Extreme Risk
Visitor Policy	Essential persons and personal visitors permitted*- including family and close personal relationships, limited to 2 at a time**	Essential persons and personal visitors permitted*- including family and close personal relationships, limited to 2 at a time**	Essential persons and personal visitors permitted*- including family and close personal relationships, limited to 2 at a time**	Only essential persons; No personal/family visitors; Outdoor visitors with limited numbers and physical distancing

*Masks must be worn when there are visitors and physical distancing maintained as much as possible.

**Staff, providers, and caregivers are not counted against visitation numbers.

To find out the status of a county, check the Governor’s webpage:

<https://govstatus.egov.com/or-covid-19>

"Extreme Risk" Counties or "Freeze" Designated Locations:

Persons visiting the home must be restricted to only essential persons.

- Restrict entry of non-essential persons.
- An essential person is:
 - A DSP, caregiver, or other staff who provides care, including program coordinators, and prospective staff seeking employment;
 - Emergency Personnel;
 - Adult Protective Services and/or Child Protective Services;
 - Residential Facilities Ombudsman Deputies (not volunteers);
 - Office of State Guardian, including the Oregon Public Guardian, and other guardians when they have concerns about the health and safety of a protected person;
 - Licensing staff and case managers when necessary for health and safety;
 - Friends or family members visiting during end-of-life stages;
 - Office of Training, Investigations, and Safety (OTIS) staff or CDDP delegates;
 - Outside medical and behavioral health personnel, including nursing services providers;
 - Behavior Professionals- when necessary for health and safety and telecommunication methods are insufficient;
 - Vendors for critical supplies;
 - A person, such as a healthcare worker, who is necessary for the administration of COVID vaccinations to a resident or caregiver.

Counties in "High Risk", "Moderate Risk", or "Low Risk" Status:

Essential visitors in these status' include family and personal relationships. Even so, providers, individuals, and teams are encouraged to explore alternatives to gathering in the home setting, such as meeting with friends and family in an outdoor setting where social distancing may be more easily maintained.

Regarding access to the home setting, 24-hour and adult foster home providers are expected to implement the following protocol:

- Restrict entry of non-essential persons.
- In counties with a "High Risk", "Moderate Risk", or "Low Risk" designation, an essential person for visitation purposes includes:
 - All those persons who are considered an essential person under the "Extreme Risk" county status or under a "Freeze" order;
 - Family Members;

- Guardians may visit for any reason;
- Close, personal friends.
- Residential Facilities Ombudsmen volunteers

Required Essential Visitor Policies Regardless of Phase or County Status:

- In those counties where the risk level allows for visitation, there is a **maximum of two essential visitors per household at any one time**. DSPs, providers, and caregivers are not considered against the two visitors maximum.
- Masks or face coverings are to be worn when there are visitors to the home. This includes caregivers, staff, providers and their family members, residents, and visitors.
- Homes will implement the following protocol for visitors:
 - Homes having visitors must be "COVID-free", meaning that there are no persons who live in the home with or suspected to have COVID-19, including demonstrating symptoms associated with COVID-19 that are not attributed to other non-contagious causes. COVID-19 symptoms include:
 - Fever
 - New or worsening cough
 - Difficulty breathing
 - Chills or repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Runny nose (not due to season allergies)
 - Nausea
 - Diarrhea
 - Abdominal Pain
 - Hospice staff will not count towards the two visitor limit in an end of life situation.
 - Visitors must be screened prior to entering the home (see screening questions below).
 - Visitors are expected to wear face coverings or masks and wash hands upon entry and as requested.
 - Visitors, individuals, providers, and staff are to maintain physical distancing (at least six feet) to the degree reasonably possible.
 - Any areas of the home where visitors spent time must be cleaned immediately afterwards.
 - Providers may request that visitation by personal visitors (in counties where re-opening status permits personal visitation), behavior professionals, and vendors is pre-arranged. This is only for the purpose of ensuring there are not more than two visitors at a time in the home and there is adequate time to clean between visitors.

- Screen all Essential Persons who are allowed to enter the home. Providers must ask the Essential Person the following questions:
 - Have you had signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat unrelated to seasonal allergies? Have you had signs or symptoms abdominal pain including nausea or diarrhea?
 - Have you had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19 outside of the providers agency or home?
 - Have you been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?
 - Have you traveled internationally within the last 14 days to countries with sustained community transmission.? For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- Staff must be screened by using the screening questions prior to starting a work shift or having direct contact with individuals.

Essential persons and staff may enter the home if they respond 'no' to the screening criteria above

- In situations where a home includes residents who may be considered an exceptionally high risk for infection or complications related to an infection, such as those with immuno-compromised conditions or individuals who are ventilator dependent, a more restrictive visitor policy may be applied. Providers and teams shall work with Services Coordinators to determine the most appropriate protocol for visitation considering the risks to individuals in the home. The modified visitation plan:
 - Must be documented, including why there is a need for a more restrictive policy and describe the visitation plan.
 - May not be less restrictive than the policies for visitation contained in this guide.
 - Must allow for essential visitors to address health and safety concerns, including protective services, licensing, case management and guardians.

Providers not following visitation guidelines or screening procedures for essential persons are at risk of report and investigation by protective services, and/or citation, license or certificate conditions, or civil penalty.

- Maintain documentation of all screenings.

Tours of Residential Homes:

In-person tours for prospective residents in homes, including 24-hour and foster home settings, are not permitted at this time. An exception may be made for in-person tours to take
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place in homes where there are no current residents. Prospective residents are not considered essential visitors.

When considering options for individuals and prospective providers to gather information about the potential new placement, explore creative ways for information to be provided, including:

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

Provider Operations:

Criminal History Background Checks

- A new employee may work unsupervised on a preliminary basis while a final fitness determination from the Background Check Unit is pending for up to 90 days. The provider should determine if working unsupervised is appropriate on a case-by-case basis.
- Beginning March 1, 2020, expiring criminal history checks were extended for one year. A recent extension has been granted to extend the checks for another year, meaning no one should have an expiring criminal history check in 2021. Criminal history checks have been extended until 2022 by the Background Check Unit. More information will come available at later time regarding 2022 renewals.
- The need for fingerprint based background checks is postponed. They will be required later for those that were postponed.

Provider Enrollment Agreements:

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

Staffing Support Reporting & NCI Requirements: 24-Hour Residential Programs

- 24-Hour Residential Setting providers must continue to update the [Staffing Support Availability Workbook](#) weekly and send it to ODDS.StaffingSupport@dhsosha.state.or.us. Staff should be notified when they are included on the workbook.

NOTE: *ODDS can NOT open any secure emails that originate from other entities using the general Staffing Support email box. The workbooks should not contain Protected Health Information (PHI). Those providers choosing to send the workbook by secure email must use the following procedure:*

Send an unsecure email to: ODDS.StaffingSupport@dhsosha.state.or.us with the subject line "SEND SECURE EMAIL". ODDS will respond with a secure autoreply email. Open the secure email, click to reply, attach your completed workbook, and send the email to the address above.

Training Requirements:

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

- Instruction on reporting requirements defined in OAR 411-323-0063.
- Before working unassisted, other new hires must complete, in addition to the requirements listed above, the local training portions of the following core competencies, including the physical and oral demonstration (as applicable):
 - 102. Rights: Mandatory Abuse Reporting
 - 104. Rights: Confidentiality Standards
 - 106. Value: Dignity, Respect, and Person-Centered Language
 - 118. Safety: Environmental Modifications For Safety
 - These new hires must also be:
 - Given information about rights for people who receive I/DD services (may be iLearn lesson 103 or in person by a supervisor)
 - Informed of the agency's policy on emergency physical restraint
 - Instructed on documentation requirements
- The remainder of tier 1 core competencies and the online portions of those listed above can occur on tier 2 timelines (within three months of the start date of work).

- **Adult Foster Home Training Requirements:**

New Staff:

- The Adult Foster Home Basic Test is temporarily suspended. New AFH Provider applicants should communicate with their local AFH Licensor to coordinate the remaining elements of their application process.
- Until further notice, all newly hired staff must read the AFH Training manual as part of any on-the-job training. Newly hired staff will have until further notice to complete and pass the basic test.
- All newly hired staff who have previously worked in an I/DD 24-hour residential agency or Supported Living agency for a minimum of 6 months within the last two years and have read the AFH manual will have their testing requirement waived.
- Newly hired staff may work assisted and supervised without CPR/FA certification during the COVID-19 Emergency.

Mandatory Abuse Reporting:

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

Current Providers and Staff:

- CPR/FA renewal requirements due after March 1, 2020 are suspended until further notice.

- The 12-hour annual training requirement is suspended until further notice for staff and foster care providers who are renewing their license March 1, 2020 or later.
- Child Foster Home Training Requirements
 - There are no changes to current practice. Child foster home providers and their alternate caregivers must continue to meet the training requirements (including Mandatory Abuse Reporting) in [OAR Chapter 411, Division 346](#).

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

24-Hour Residential Settings:

Beginning March 1, 2021, the suspension of licensing activities will be lifted, and a hybrid licensing model will begin where a portion of the review is conducted remote and an on-site inspection will be required. The following reviews will be required to resume March 1, 2021:

- Licensing of new homes
- Licensing renewals
- Walk-throughs

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

- 120-day reviews;
- Follow-up reviews

With few exceptions for urgent concerns, licensing/certification/endorsement reviews will begin the review process with the remote review component. Notice will be provided on the morning of the review. The assigned licensor will contact the agency on the morning of their scheduled review to inform them that the review is starting. During this time, a secure email will be sent to the agency contact for submission of required agency documents (*outlined below*), as well as any communication that includes confidential or sensitive information.

Upon completion of the remote portion of the review, the licensor will notify the agency on the morning they intend to complete the on-site review. Upon arrival at the home but prior to entering the home, the licensor will ask agency personnel the COVID-19 screening questions. This does not negate providers from asking essential persons the screening questions,

meaning that a provider or staff must ask the licensor the required screening questions prior to the licensor entering the home.

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

If a home has an outbreak or positive case of COVID associate with home and a Licensor was in the home during the infectious period, the provider must contact the Licensor to inform them of the exposure.

Effective July 1, 2020 if an agency is not using Therap or has limited information available on Therap, provider agencies will be required to submit all review documentation electronically. The assigned licensor will contact them on the morning of the scheduled review via phone, as well as via secure email. Once provider agencies are notified of the review and the individuals that are being reviewed, the agency will have 24 hours to submit all documentation listed below (via secure email) to the assigned licensor:

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

The following information will be reviewed on-site and does not need to be submitted electronically:

- Individual Summary Sheet
- Personal Property Record
- Financial Records

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

- Environmental Checklist
- Personnel
- Fire drills
- Emergency Plan
- Medications Checklist

If there are extenuating circumstances that prevent an agency from submitting records electronically, the agency must email the assigned licenser and Jessica Denison (Jessica.Denison@dhsosha.state.or.us) to discuss alternative solutions.

The licensing unit will work with the eXPRS Unit to grant needed extensions to ensure that licenses do not lapse during this time.

Foster Care:

Beginning March 1, 2021, the suspension of licensing activities will be lifted, and a hybrid licensing model will begin where a portion of the review is conducted remote and an on-site inspection will be required. The following reviews will be required to resume effective March 1, 2021:

- All licensing and certification renewals for adult and child foster homes;
- Follow-up reviews (when required);
- Health and Safety

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

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

Renewal Process:

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

Follow-Up Process: (reviews started prior to the suspension but required corrections)

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

Foster Care Licensor/Certifier Reviews On-site Inspection:

Children Foster Home:

- Certifier will obtain any documents (ISP, MAR, incident reports, fire drill) prior to the review;
- Certifier to complete the Health and Safety checklist
- On the morning of the onsite site inspection the certifier will call the provider and ask the COVID-19 screening questions prior to going to the home. Provider or caregiving staff must also ask the certifier the required COVID-19 screening questions prior to the certifier entering the home.
- The certifier must wear PPE and have sanitization supplies during the on-site visit.
- Certifiers should follow physical distancing protocols and minimize contact with others in the home.
 - If there is a confirmed or presumed positive case of COVID-19 in the home, an extension will be filed as certifiers should not be going into the home. The exception to this is if there are immediate/severe health and safety issues.

- If a home has an outbreak or positive case of COVID associate with home and a Certifier was in the home during the infectious period, the provider must contact the Certifier to inform them of the exposure.

Adult Foster Home Reviews:

- Licensors will obtain any documents (ISP, medical protocols, PBSP, physician orders, MAR, incident reports, fire drill, staff training, progress notes, financial) prior to the review.
- Licensors to complete Health and Safety checklist
- On the morning of the onsite site inspection the licensor will ask the COVID-19 screening questions. Provider or caregiving staff must also ask the licensor the required COVID-19 screening questions prior to the licensor entering the home.
- The licensor must wear PPE and have sanitization supplies during the on-site visit.
- Licensors should follow physical distancing protocols and minimize contact with others in the home.
 - If there is a confirmed or presumed positive case of COVID-19 in the home, an extension will be filed as licensors should not be going into the home. The exception to this is if there are immediate/severe health and safety issues.
 - If a home has an outbreak or positive case of COVID associate with home and a Licensor was in the home during the infectious period, the provider must contact the Licensor to inform them of the exposure.

Capacity Changes:

Residential setting providers, including 24-hour residential and adult and child foster homes, may request temporary capacity changes to homes in response to the COVID-19 pandemic emergency. Temporary capacity changes will authorize a provider to serve additional individuals in a residential setting and, for 24-hour residential settings, may allow for existing tier funding rates to temporarily remain at their current level reflecting the lower capacity tier.

Provider desiring to change their residential setting capacity must request the change from ODDS licensing by completing and submitting the "ODDS Change in Licensed/Certified Capacity Request" form found on the ODDS COVID-19 Information webpage:
<https://www.oregon.gov/DHS/SENIORSDISABILITIES/DD/ODDS%20Resource%20Library/ODDS-Change-LicensedCapacity-Request-form.docx>

- Facility Requirements:
 - 24-hour homes requesting a temporary increase in capacity that result in 6 or more individuals simultaneously supported in the home must meet the fire safety regulation requirement of an operating 13D residential sprinkler system as defined in the National Fire Protection Association standard in accordance with [OAR 411-325-0270\(1\)\(a\)\(B\)](#). No variances waiving this requirement will be

- granted by ODDS.
- Adult foster care settings may not exceed a capacity of five individuals requiring care. Capacity includes consideration of all individuals receiving services as well children under 10 and other care-dependent persons of any age.
- ODDS-certified child foster care settings may not exceed the capacity limitations as identified in [OAR 411-346-0180\(3\)](#).

Regardless of setting type, each individual must have access to their own bed, and capacity increases may not result in any household member using common areas of the home for their designated sleeping space.

- Impacts to Service Rates:
 - In 24-hour residential settings, temporary capacity changes to accommodate relief care or to support temporarily displaced individuals will not result in a rate change for the current residents of the home, even when under normal circumstances the change in capacity would result in a different SIS payment category.

24-hour residential setting changes in capacity that become long term placements continuing beyond the COVID-19 pandemic emergency situation will result in the rates for residents being adjusted to the new SIS payment categories based on capacity.

- Changes to capacity in foster homes (child or adult) do not result in service rate changes.
- Individual Rights:

When a private room is being converted to a shared room in order to increase capacity, efforts should be made to get consent of the individuals involved, to the extent possible.

Provider Payment and Billing:

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

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

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

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

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

- **24-Hour Residential Settings, if the assessment results in:**
 - **An increase in service payment, the new service rate is effective upon completion of the assessment; and**
 - **A decrease in service payment, the new lower service rate becomes effective 45 calendar days following the individual's tier assignment date the notification sent to the provider.**

- **Adult Foster Care Settings, if the assessment results in:**
 - **An increase in service payment, the new service rate is effective upon completion of the assessment and**
 - **A decrease in service payment, the new lower service rate becomes effective 10 business days from the date the notification is sent to the provider , in alignment with the collective bargaining agreement for Adult Foster Care Settings.**

- **Child Foster Care Settings, if the assessment results in:**
 - **An increase in service payment, the new service rate is effective upon completion of the assessment; and**
 - **A decrease in service payment, the new lower service rate becomes effective 7 calendar days from the date the notification is sent to the provider.**

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

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

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

COVID-19-Related Exceptions:

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

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

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

- **Increased challenging behavior: Additional DSP or Caregiver 1:1 or 2:1 hours to address increase in exclusive focus support needed to support challenging behavior related to COVID-19. With pandemic conditions lasting over a year, there is a possibility that behavior support needs have stabilized. The Services Coordinator should work with the individual's team to evaluate if the individual's most recent ONA reflects the individual's ongoing support needs. This evaluation must occur as part of the individual's annual planning, but may take place any time sooner.**
 - **If the individual continues to have a higher level of support needs than reflected by the most recent ONA, a new Change-in-Need ONA conducted by an assessor should be requested.**
 - **If the individual's support needs have returned to a level similar to their support needs prior to the pandemic (and as reflected in their most recent assessment), there should no longer be an increased need for support and the exception must be discontinued effective the date the individual no longer required the additional support.**
- **Loss of DSA/Employment Services: Additional 1:1 or 2:1 hours are necessary to provide adequate care and maintain safety for individuals who have lost access to their Day Support Activities or Employment services and received 1:1 or 2:1 staffing when participating in DSA or Employment services. Individuals who are able to return to DSA or employment services may no longer have a need for an increased residential rate (specifically granted for the reason of not having the DSA or employment services available due to the pandemic) or may need an adjustment to the exception to reflect the level of services they are able to access. The exception should be updated as soon as the individual experiences a change in services such as the DSA/Employment services becoming available and accessible to the individual.**

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

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

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

- The provider continues to provide the level of exceptional support as indicated in the exceptional funding request

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

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

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

Limitations on Notice of Exit:

During the COVID-19 emergency state, providers are limited in issuing a Notice of Exit except in the case of an emergency medical or behavior situation that "poses an imminent risk of harm to the individual or others and undue delay in moving the individual increases the risk of harm". It is the expectation of ODDS that providers will not issue a notice of exit to individuals unless there is an imminent danger.

A provider shall not provide a notice of exit to an individual on the basis of the individual contracting a communicable disease, such as the COVID-19 virus. The medical emergency must be such that the individual's medical care needs are unable to be safely met in a community living setting.

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

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

Even in the event of an emergency medical or behavior situation posing imminent danger, the provider shall make every effort to explore alternatives to safely support the individual and

allow for the maximum amount of time possible for notification and identification of another living situation for the individual.

Individuals who do receive notification of exit from a provider due to an emergency medical or behavior situation that poses imminent danger retain the right to dispute the notice and request a hearing in accordance with [ORS chapter 183](#) and [OAR 411-318-0030](#).

These emergency declaration limitations on notice of exit conditions are temporary and are specific to COVID-19. ODDS will revert to rule conditions and practices as stated in Oregon Administrative Rules [411-325-0390](#); [411-346-0240](#); and [411-360-0190](#) relating to notification of involuntary exit when it is determined that the emergency declaration is no longer necessary.

Resources:

PPE (Personal Protective Equipment)

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

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

Scenarios Tool:

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

Staffing Support

The Office of Developmental Disabilities Services (ODDS) is coordinating a staffing support team to provide technical assistance and information about available Relief Care and about available Direct Support Professionals (DSPs) to work in residential sites and in the homes of individuals. To request technical assistance or staffing, please following the instructions contained in ODDS transmittal [APD-AR-20-037 "ODDS COVID-19 Staffing Support"](#).

Contact(s):

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