

Topic:	Case Management Activities During COVID-19
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Overview

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

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

Introduction

COVID-19 continues to present a risk in our communities and threatens older adults, those with underlying health conditions, and those with intellectual and developmental disabilities (I/DD). This worker guide is for activities conducted by Case Management Entities (CMEs).

June 5, 2020 Updates:

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

July 8, 2020 Updates:

- Added runny nose, diarrhea, and abdominal pain to list of COVID-19 symptoms

August 18, 2020 Updates:

- Summer Children's Needs Assessment hours extended until further notice
- Attendant care use is not restricted based on the hours of the "school day"
- Exceptions required for youth to access DSA services

September 14, 2020 Update:

- Spit guards are not an acceptable face covering.

September 29, 2020 Update:

- Voluntary exits are allowed following standard processes. Exits due to a person's death are allowed following standard processes.

October 26, 2020 Update:

- Annual required CME staff training hours reduced to 10 hours per year. Appropriate training topics are broad and can be met through any combination of formats.
- Timely renewals of ONAs to resume no later than January 1, 2021

November 12, 2020 Update:

- Oregon OSHA issued new regulations effective November 16, 2020. The new Oregon OSHA COVID rules apply to nearly all workplaces, including residential setting homes, in-home settings where services are delivered by a provider agency, and sites where DD services may be delivered.

November 16, 2020 Update:

- The Governor has issued travel restrictions which limit travel and recommend a 14-day quarantine following out-of-state travel.

December 2, 2020 Update:

- "Phases" replaced with references to county risk levels.
- Reductions allowed in cases of erroneous eligibility determinations and presumed eligibility determinations that are later determined ineligible

January 12, 2021 Update:

- Information on temporary option for parents of children with significant needs to become PSWs.

January 14, 2021 Update:

- Information related to vaccine distribution.

January 19, 2021 Update:

- Temporary option for parents of children with significant needs to become PSWs expanded to include option for agency DSPs

March 4, 2021 Update:

- In-person visits for significant health and safety concerns.
- Information on service terminations and reductions.
- Nursing delegation for parent providers

April 26, 2021 Update:

- Implementing rate reductions when needs have decreased.
- Ending certain COVID related exceptions.

June 29, 2021 Update:

- Governor's Update: most restrictions to be lifted June 30, 2021
- Phased return to in-person monitoring
- County risk level framework removed
- Reduced training hours for SC/PA extended for 2021

August 6, 2021 Update:

Masks are now required for providers when providing care within six feet of an

individual in the following settings:

- Adult foster homes
- 24-hour group homes
- Supported living
- Group day support and employment services

Note: Resident adult foster home providers are encouraged, but not required, to wear a mask when within six feet of an individual receiving services.

This requirement is effective August 6, 2021 and will remain in place until further notice.

- Removed reference to obsoleted transmittal APD-PT-20-071.

August 25, 2021 Update:

Annual in person monitoring visit requirements are paused. Except for concerns related to health and safety, all case management activities must be conducted remotely. Case manager training requirements have been updated.

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In-Person Contact Restricted

Section updated September 25, 2021. Updates are in bold text below, significant deletions shown in strikethrough.

Most case management activities, including routine monitoring, planning, assessment and referral, **must** be completed remotely. **The requirement an annual in-person monitoring visit is suspended until ODDS guidance is refined.**

~~Beginning July 1, 2021, there is an important change: All children and adults enrolled whose ISPs renew on or after July 1, 2021 must have at least one face-to-face in-person monitoring visit with their SC/PA during their plan year, unless:~~

- ~~• The person and/or guardian/designee refuses due to risk of COVID-19 exposure because:

 - ~~○ They are unvaccinated; or,~~
 - ~~○ They are immunocompromised.~~~~
- ~~• They have already been seen in person and there are no ongoing or new health or safety concerns.~~

~~If the visit cannot occur due to one of the above reasons, case managers must describe this in a progress note. It is expected that case managers will request an in-person visit again through the course of regular monitoring.~~

~~This face-to-face in-person visit satisfies the annual contact requirement for 2021. A case management home visit or site visit is not required, but is allowed. It is expected that case managers will prioritize seeing individuals on their caseloads according to their unique needs and circumstances, such as:~~

- ~~• People that have requested an in-person visit~~
- ~~• People with more significant support needs~~
- ~~• People living in congregate settings~~
- ~~• People at increased risk for social isolation~~
- ~~• Any other factors according to the case manager’s professional judgment~~

See FAQs below for additional information on in person monitoring visits.

Frequently Asked Questions:

~~Q: Is one visit the minimum? Would more face-to-face contacts per person be preferred?~~

~~A: Not necessarily. Case managers are expected to use their professional judgment and respond to the preferences of people on their caseload.~~

~~Q: Do case managers need to see the interior of an individual's home?~~

~~A: No. Outdoor visits are allowed.~~

~~Q: What if a case manager has a pre-existing condition and/or cannot get vaccinated due to health risks?~~

~~A: Another case manager from the CME could volunteer for the face-to-face visit, or the case manager could arrange for a short, outdoor, socially distant visit. Follow the relevant policies in place at your case management entity.~~

~~Q: Can I require an individual and members of the household be vaccinated before an in-person visit?~~

~~A: No. You can ask if a person/household is vaccinated, but they must be informed of their right to not disclose this information. Vaccination status may be a deciding factor in a person refusing an in-person visit. This is allowed and should be documented in a progress note.~~

~~Q: Do I have to disclose my vaccination status if an individual will only meet with me if I am vaccinated?~~

~~A: No, you do not have to disclose this information, but we strongly encourage you to do so. Regardless, an individual has the right to decline an in-person visit if you do not disclose or you are unvaccinated.~~

~~Q: If I have already met with a person face-to-face this year, do I need to see them in-person again between July 1 and December 31, 2021?~~

~~A: No, unless there are health and safety concerns that arise, or the person and/or guardian requests an in-person contact over a planned virtual contact.~~

Violations of HIPAA will not trigger penalties during the emergency per direction from Health and Human Services, allowing for the use of platforms such as Skype, FaceTime, and Zoom. However, when HIPAA-compliant technology is available, it should be used as a preferred method

In-person adult protective services activities must occur as directed by OTIS (see [APD-AR-20-042](#)). In-person monitoring activities by the CME must occur to keep people healthy and safe. "Health and safety concerns" means anything that leads a case manager to believe that a person is or may be experiencing health and safety risks that may be confirmed or mitigated by

an in-person visit. All other case management and assessment-related activities must be completed remotely. This is for the protection of the individuals we serve, their families, and our essential provider and case management workforce. For requirements related to licensing activities, see the [licensors reopening guide](#).

When in-person visits are necessary, specific health-related assurances must be made in advance, including the use Personal Protective Equipment (PPE) and COVID-19 screenings. CME employees must wear masks during indoor visits. Case managers and other CME staff are strongly encouraged to wear single-use N95 or Kn95 masks for the duration of their visit and to wear other PPE including face shields or goggles and gloves.

When a CME employee has an in-person visit, the employee must screen themselves as described below:

- Has the employee had signs or symptoms of COVID-19?
- Has the employee had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or is being treated for COVID-19?
- Has the employee they been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?

If the employee indicates 'yes' to any of the above, another employee will be screened and identified to complete the task or it should be rescheduled.

End of August 25, 2021 update for this section.

Before an in-person visit with a person, family, or ISP team, it is recommended that CME employees ask the following questions:

- Has anyone in the home (staff, household members or supported individuals) had signs or symptoms of COVID-19?
- Has anyone in the home (staff, household members or supported individuals) had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or is being treated for COVID-19?
- Has anyone in the home (staff, household members or supported individuals) been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?

If there is a confirmed or presumed positive case of COVID-19 in the home (staff, household member or individual), the in-person visit should be rescheduled if possible. If there is an urgent issue requiring an in-person visit from a CME employee while a confirmed or presumed case is in the home, the following PPE

and sanitization supplies must be provided to the employee to wear for the duration of the or visit:

- Gloves
- Gown, if accessible
- N-95 mask or surgical mask
- Face shields or protective eye wear

Spit guards are not an acceptable face covering and are not considered masks.

The following sanitization supplies must be provided for the employee to use before, during, and after the visit:

- Hand Sanitizer
- Surface Disinfectant

The Governor issued a travel advisory effective November 13, 2020, updated June 4, 2021. This advisory recommends that people limit travel. 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: [OHA 2351R Statewide Recommendations for Travel](#).

CMEs need to be aware of the travel advisory and consider it when making decisions about assigning staff to conduct an in-person monitoring visit. If CMEs have questions about how to follow the guidance or whether it is advisable for a staff to have in-person contact with individuals following travel, they may consult their local public health authority.

COVID-19 Reporting

The actions an agency must take when an individual or employee has or may have COVID-19 can be found in this [scenarios document](#).

COVID-19 Testing

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

COVID-19 Vaccinations

Individuals should be supported in accessing the COVID-19 vaccine, and in consulting with their primary care physician or medical team with any questions.

CME staff and providers should not be directing an individual's choice to receive vaccination. However, providing support and reliable information is appropriate.

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-Information.aspx>

Planning and Service Authorizations

Contact:

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

Timelines:

For ISPs that expired before 3/31/21, when a remote ISP meeting could be arranged before an ISP expired, the ISP can remain in effect with no reduction in services for up to one year beyond the current end date. The month of expiration will remain the same. For example, if an ISP that expired in January 2021 was extended, the ISP will expire January 2022 regardless of when the delayed ISP meeting occurred. The delayed meeting did not restart the annual renewal clock.

Reminder: ISPs that expire 3/31/21 and later must be renewed timely.

Signatures:

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

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

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

New to service:

Initial ISPs should be prioritized. However, circumstances may prevent an initial ISP from being authorized within 90 days of a completed application. If this occurs,

document all attempts to schedule the ISP meeting in progress notes and explain any delays. ODDS will not enforce compliance penalties if this occurs as long as it is documented.

Reductions:

Previously approved monthly hour exceptions must be extended and do not require additional approval from ODDS. Individuals requiring a monthly waived service to maintain Medicaid eligibility will not lose Medicaid if the service is not delivered.

All rate exception approvals require annual review to be extended.

Service reductions and terminations may occur as they did prior to the pandemic*, with some exceptions. Individuals who are subject to reductions and terminations may have all services terminated, consistent with pre-pandemic practices, except as noted.

Members of these groups may only experience limited reductions and terminations:

- Individuals in the 300% group.
- Children who are eligible through PMDDT and are not categorically eligible or MAGI eligible for OSIP-M.

Members of these groups may have all services terminated if they establish residency outside of Oregon, voluntarily withdraw from services, or upon their death.

Members of these groups who would be terminated for another reason should have all K plan services terminated, but retain waiver services, including case management (this will preserve their Medicaid medical coverage, as Oregon is required to do).

Before making a reduction or termination of waiver services, the CME must confirm that the individual may have waiver service terminated without jeopardizing OSIP-M eligibility. Each CME will be sent a monthly spread sheet containing the names of individuals ODDS is able to confirm should not have waiver services terminated. It should not be considered a complete list. If a CME is planning to terminate waiver services for someone who is not on the list, contact the eXPRS Technical Assistance Unit at DD-Eligibility.ENROLLMENT@dhsosha.state.or.us to confirm the individual's Medicaid will not be impacted by the termination from DD services.

NOPAs are required for these termination or reductions, with at least 10 days'

notice, but typical timelines may be used. Reasons to end or reduce services include:

- Voluntary withdrawal from services (411-415-0030(5)(b)(A)),
- Failure to participate in ISP development (411-415-0030(5)(b)(F)),
- Failure to participate in required assessment activities (411-425-0055(2)(e)(A)),
- Less or no direct nursing services needed (411-380-0030(1)(f) or (2)),
- No longer a need or have eligibility for a service (various OAR), or
- No longer DD eligible (411-415-0030(5)(b)(C)), see PT-21-008 for additional information about eligibility determinations.

When an ONA cannot be completed for reasons directly related to COVID, an exception to extend it will be required, as noted in this guide. All ISPs must be reauthorized, or services must be terminated upon the expiration date. An ISP may no longer be extended due to COVID. ISPs that were extended during the first year of the pandemic must be reauthorized no later than two years from the date of the current authorization. For example, an ISP originally authorized to begin 5/1/19 that was extended due to the pandemic must be reauthorized to restart no later than 5/1/21.

ISP reauthorizations do not require an in-person meeting. The services in an ISP that was extended during the public health emergency may be terminated prior to the end date of the ISP if the individual is not engaged with the CME, however this is not required.

Terminations and reductions should occur for people who have already met one of the criteria or when one of them is met. CMEs should manage any backlog in reductions or terminations in a reasonable manner considering available resources and workload through April 30, 2021. Newly arising situations should be handled at the time they occur.

*We still may not make reductions to in home hours.

Backup Plans:

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

1. What might need to change in a person's daily routine and/or services if they are exposed to COVID-19?
2. Where would a person isolate if they become sick with COVID-19? Do they need additional support to monitor symptoms?

3. What kind of support would the person need if they were hospitalized? Who will accompany them, if needed, during an emergency or inpatient hospital stay?
4. What safeguards are in place in case a person's paid or unpaid support providers are unavailable, exposed, or sick with COVID-19?

These conversations may be uncomfortable or traumatic for people and their families. Please see tips from this [trauma informed conversation guide related to COVID-19](#).

Other relevant resources:

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

Purchasing Personal Protective Equipment (PPE) for Individuals and PSWs:

CMEs may also purchase gloves and masks for individuals supported by a CDDP or Brokerage upon receipt of an invoice. Invoices must be sent to the ODDS Contracts unit at CAU.Invoice@dhsosha.state.or.us. Any retail vendor is an appropriate source for masks and gloves.

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

Provider Enrollment and Overtime:

Preliminary hires:

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

Criminal History Checks (CHCs) and Provider Enrollment Application Agreements (PEAAs):

CHCs and PEAAs that expired between March 1, 2020 and May 31, 2020 expiring Criminal History Checks were extended by 90 days. As of June 1, 2020, no new extensions will be granted.

PSW Overtime:

Temporary PSW overtime allowances will continue. CMEs may only authorize exceptions to PSW hour limits in the following circumstances:

- One or more of an individual's regularly scheduled PSWs or DSPs is unable to report to work due to the COVID-19 pandemic;
- Before the COVID-19 pandemic, an individual regularly attended a day support activity (DSA) site or worksite that is now closed

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

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

PSW Payment Processing:

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

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

Electronic Signatures:

A Common Law Employer (CLE) may sign a timesheet through Adobe or similar technology only if the system requires an original signature from the CLE each time hours are approved.

Technology that allows for the electronic signing of a document assures that each signature is uniquely tied to the individual signer using a unique digital certificate, personal identification number and is encrypted for security. The CLE must not allow another person to use their e-signature account to approve time for a PSW. Photocopied CLE signatures are not valid.

Approving timesheets without a CLE signature:

Generally, a CME may only process an unsigned timesheet when the PSW also submits their resignation for working with the individual due to unsafe or threatening working conditions.

Individual exceptions may be granted on a case-by-case basis when a CLE signature cannot be obtained. These situations do not require the PSW to terminate the working relationship:

- CLE has passed away;
- CLE has been hospitalized and condition prevents them from signing;
- CLE has been incarcerated or detained by law enforcement; and/or,
- CLE is out of the area due to a verifiable emergency.

COVID-19 Exception:

If the CLE has been exposed to, or shows symptoms of, COVID-19, the PSW can submit a timesheet without a CLE signature. This exception is only valid one-time when:

- The PSW or the CLE has notified the CME of potential exposure or symptoms; and
- Either the CLE or PSW is self-isolating or quarantining.

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

Using the Collective:

CME staff may notice COVID-19 diagnoses are starting to appear in Collective (formerly PreManage) encounter data, as some people become seek medical care. Collective data may be used for appropriate business purposes only. This includes:

- Assessment preparation
- Case monitoring
- Service planning
- Risk monitoring & mitigation
- Information & Referral
- Information to contact consumers
- Verification of payment accuracy
- Protective Services and Serious Incident Programs

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

Choice Advising

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

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

Additional resources:

ODDS [Reopening Powtoon](#)

ODDS Discussion Guide for [Returning to Work and Community](#)

[COVID-19 Information for Self-Advocates](#) from SARTAC

ODDS Reopening [Guidance for Employment and Day Support Activities](#)

Assessments

Needs assessments:

All Oregon Needs Assessments must be conducted prior to their expiration (and according to the rules of conducting ONA assessments). The visual observation (face-to-face observation) should be completed remotely until further notice.

All assessments conducted remotely must include a visual observation whenever possible. A phone or email conversation does not meet the criteria. ODDS will consider exceptions to the visual observation requirement on a case-by-case basis. To request an exception to the visual observation requirement CMEs must send a secure email with the subject line "Face to Face exception" to

ODDS.FundingReview@dhsosha.state.or.us. In the body of the email include:

- The full name and prime of the individual
- The name of the CME and the individual's county of residence
- The reason the face-to-face observation can't be completed.

If an ONA can't be completed due to COVID related issues, then the CME may request an exception to not complete the ONA on time.

Monitoring

Monitoring activities must continue to include assessment of a person's overall physical and mental health, safety (including risk of abuse, neglect, and exploitation), provider accessibility and involvement, and other concerns or challenges presented as a result of COVID-19. Monitoring activities must be completed remotely except as noted above for health and safety concerns.

Mandatory Reporting

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

Case management entity staff are required to report suspected abuse of:

- Children
- Adults age 65 and over
- Adults with developmental disabilities
- Adults with mental illness, and
- Residents of nursing facilities

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

Staffing Support Line

The ODDS Staffing Support Line is still available throughout Oregon's reopening and can assist with identifying replacement providers. Instructions for accessing this resource [can be found here](#).

Rate Exceptions

Effective May 1, 2021 all exception requests, including COVID-19-related exceptions, must be submitted using the DHS 0514DD Form and sent to ODDS.FundingReview@dhsosha.state.or.us. The "COVID-19 Related Temporary Residential Setting Rate Exception Request" form will no longer be available for use. It will not be accepted beginning May 1, 2021. Exception requests submitted

on or after May 1, 2021 on it will be returned.

Residential rates that were previously extended during the pandemic emergency to avoid a reduction must be updated to reflect the service rate based on the individual's most current needs assessment or rate setting tool.

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.

Service rates extended under the pandemic policy that should have otherwise been reduced, based on the most recent assessment or rate setting tools (occurring prior to May 1, 2021), must have the rate updated in eXPRS to reflect the lower rate effective no later than July 1, 2021.

- ODDS will identify 24-Hour Residential Setting Rates that were extended and update eXPRS. ODDS will notify the providers of the rate changes.
- CDDPs will identify foster care setting rates that were extended, make the payment system updates (no sooner than 10 days after notifying), and provide notification to the providers.

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

When a Services Coordinator is aware of a situation where a COVID-related exception is no longer needed (such as pandemic-related, challenging behavior has decreased; or the individual has returned to work), or the rate needs to be updated to reflect the individual's support needs, the following actions should be taken:

- Services Coordinator gathers information and meets with the support team as needed to identify the individual's current support needs
- When the exception appears to no longer be needed, the SC will send an email ODDS Funding Review with the individual's name and prime, the provider, the date the exception ended and a brief explanation of why the exception is no longer needed.
- If the request is for an adjustment to a rate (as opposed to ending a rate exception) to a COVID-19-related exception, then the SC will submit an updated exception request reflecting the current exceptional support needs to ODDS Funding Review.
- ODDS Funding Review will make a determination and issue notification.

Children's Services

Parents of children as paid PSWs or DSPs

In anticipation of an extension of the federal Public Health Emergency declaration, ODDS is moving forward with a temporary option for parents of to work as Personal Support Workers (PSWs) or seek employment via an ODDS in-home provider agency as a Direct Support Professional (DSPs) for their children with significant support needs. For the purpose of this temporary option, "significant support needs" means a child qualifies for at least 240 summer attendant care hours and/or meets criteria for any of the Children's Intensive In-home Services waivers.

All standard provider qualifications, requirements, and enrollment processes for PSWs and DSPs apply to parents who choose to participate in this temporary option. The possible exception to this is regarding nursing delegation. A parent PSW does not require delegation of nursing tasks. The Department does not require a parent DSP to be delegated, but it may be required by the agency that is employing the parent.

Parents who choose the PSW route cannot begin working as PSWs until they receive a notification from ODDS that their PSW and Employer records are processed. Parents who choose to seek employment from an agency must complete all required employment processes prior to working. Hours and payments cannot be adjusted retroactively for parent PSWs or DSPs. In addition, ODDS recognizes the uniqueness of this situation and has compiled important considerations below. Please review these with parents of qualifying children when discussing this option:

This option for parents of minors is temporary and tied specifically to the duration of the federal public health emergency related to the COVID-19 pandemic. This is not a long-term employment solution. It is intended to support parents in minimizing the risks associated with contact between members of different households during COVID-19 and to ensure children receive all needed supports.

Parents are not able to multi-task while working as PSWs/DSPs in the same ways they might while providing natural support.

- PSWs/DSPs cannot provide paid support while also providing educational, homeschooling, or general childcare services.
- PSWs/DSPs cannot be solely responsible for caring for siblings of a child with I/DD while 'on the clock'.
- Additionally, PSWs/DSPs cannot work two jobs simultaneously: a parent currently working from home during the hours of 8AM to 5PM, for example, may not also log hours as a PSW/DSP during that time.

Parents who work as PSWs will have to sign a Service Agreement and will be expected to provide the supports identified within it, consistent with the child's

Individual Support Plan (ISP).

- Provider agencies that hire parents as DSPs for a parent's minor child must terminate the employment relationship between the parent and minor child when this temporary option ends. Failure to terminate this relationship may result in civil penalties and other sanctions, up to and including the revocation of their Medicaid provider number.
- Parents of multiple qualifying children may want to consider group attendant care. This change, if desired, should be made with the participation of the children's Designated Representative(s), if applicable.
- In two-parent households, both parents may enroll as temporary providers for a qualifying child, within the child's monthly hour limits and the individual parent-PSW/DSP's weekly cap.
- Once enrolled as PSWs/DSPs, parents may choose to support other children and/or adults receiving in-home services. The option for parents to work with their own minor children is temporary, but their provider numbers and background checks will be valid just like any other PSW.
- All provisions related to overtime and other exceptions for PSWs during COVID-19 apply to parents enrolled in this temporary option.
- Parent-PSWs/DSPs are expected to comply with all standard Electronic Visit Verification (EVV), timesheet, and progress notes requirements.
- Parents of qualifying children should consider the potential impact this additional family income may have on a child's Medicaid, Supplemental Security Income, and other public benefits. Services Coordinators should refer parents with questions about this to benefits counseling services.

Summer Hours: Summer hours listed on Children's Needs Assessments (CNAs) are in effect **until further notice** for children receiving in-home services. Plans of care must be updated manually for individual children by each CME to reflect this extension.

Using Attendant Care: Attendant care hours may be used at any time of day as determined by the child's parent/guardian. Attendant care may be used for any ADL, IADL, health-related, or behavior support tasks identified in the child's ISP. Attendant care cannot be used solely for the purpose of educational activities or homeschooling.

Day Support Activities for Youth: There are no changes to DSA policy for children and youth as a result of COVID-19. Children and young adults eligible for

special education services authorized under the Individuals with Disabilities Education Act (IDEA) are not eligible for Day Support Activities (DSA) or Employment Path services without an exception from the Department. In order to utilize an Employment Path service for an individual less than 21 who is eligible for IDEA transition services (e.g., if they did not graduate with a standard diploma) an exception must be in place. In order to utilize DSA for a student 18 or younger, an exception must be in place. In the event that someone 18-21 who is still eligible for IDEA services chooses to access DSA, it must be documented in the person's ISP that this is outside of school services or any service authorized in a student's Individual Education Program as outlined in OAR 411-450. DSA for individuals age 18-21 cannot be facility-based.

Employment Path Community – Benefits Counseling: There are no changes to this policy as a result of COVID-19. Benefits counseling is allowed without exception for individuals age 16 and older.

Quality Assurance Reviews

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

Resuming Quality Assurance Reviews July 1, 2020:

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

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

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

CMEs with current Corrective Action Plans (Draft or Final status):

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

For CMEs that cannot accommodate a full remote review, the following

guidelines must be followed:

1. Elements of review that can be completed electronically and remotely will be.
2. All state and local health authority requirements will be followed at all times.
3. ODDS will provide necessary PPE and sanitization supplies

Case Manager Training

Requirements for SC/PA Core Competency training and initial ISP training described in OAR 411-415(2)(b) and (c) have not changed.

Because the 2020 SC/PA Conference was canceled, required annual professional development hours described in administrative rules for case managers, supervisors, assessors, abuse investigators and eligibility specialists have been reduced to ten (10) hours for 2020 and 2021. Any combination of online (pre-recorded or live) or in-person trainings can satisfy these requirements. Relevant topics to I/DD case management entity services are broad and include but are not limited to:

Person-centered practices, self-determination, guardianship and alternatives, mental health, race and racism, trauma-informed practices, sexual-social development, special education, transition to adulthood, COVID-19 topics, abuse prevention, emergency preparedness, conflict resolution, and community resources.

QA Practices:

Section updated September 25, 2021.

When annual training is tracked at a CME by calendar year, ODDS will be looking for at least 10 hours of training per case manager in 2020 and 2021 to meet this new standard. For CMEs that track by fiscal year or by another schedule, ODDS will look for a total of 10 hours for the 2019-2020 and 2020-2021 periods, and 30 hours for the and 2021-2022 years combined.

End of August 25, 2021 update for this section.

OSHA COVID Regulations:

Oregon OSHA issued a new set of regulations which take effect on November 16, 2020. These regulations include requirements for workplace settings to address employee safety. The new Oregon OSHA COVID rules apply to nearly all workplaces, including residential setting homes, in-home settings where services are delivered by a provider agency, and other sites where DD services may be delivered.

OSHA is a separate regulatory authority not affiliated with ODDS. It is not the role of a case manager to monitor for or make determinations of compliance or non-compliance of OSHA rules.

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. ODDS COVID policies continue to apply.

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

For questions related to the new OSHA regulations, providers are encouraged to contact OSHA directly or utilize provider community resources available to them, including provider organizations for further support in this area.

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