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.
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In-Person Contact Restricted
For counties deemed Lower, Moderate, High, and Extreme Risk, in-person contact remains restricted. However, adult protective services activities, as well as monitoring and licensing activities related to potentially significant health or safety concerns are essential tasks and must occur in order to keep people healthy and safe, even if it means an in-person visit is necessary. Any 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. 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.

Adult protective service and investigation activities, as well as monitoring and licensing activities related to potentially significant health and safety concerns may be completed in-person. Specific health-related assurances must be made in advance, including the use Personal Protective Equipment and COVID-19 screenings. For more information on abuse investigation activities, please see this updated Action Request from the Office of Training, Investigations and Safety (OTIS) and ODDS. For licensing and certifier staff at CMEs, please see this Worker Guide.

When it is necessary for a CME employee to be in-person in order to conduct an essential task, the employee must first be asked these questions:

- Has the employee had signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, sore throat unrelated to seasonal allergies, runny nose unrelated to seasonal allergies, nausea, diarrhea, or abdominal pain?
• 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.

Once an employee is identified, they will contact the setting where the task will occur and complete the following screening:
• Has anyone in the home (staff, household members or supported individuals) had signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, sore throat unrelated to seasonal allergies, runny nose unrelated to seasonal allergies, nausea, diarrhea, or abdominal pain?
• 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 supported individual) the following PPE and sanitization supplies must be provided to the employee to wear for the duration of the task:
• 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
Social distancing should be maintained for the duration of the task, as appropriate. CMEs should refer to their internal policies or the Centers for Disease Control (CDC) for instructions on the proper use of PPE.

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

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

The PPE provided to the assigned employee will be worn for the entirety of the visit. The employee will be onsite for the minimal amount of time needed to conduct the portions of the task that cannot be completed off site. Social distancing will be practiced, and the employee will stay at least six feet away from others and ask those present to remain six feet apart while completing the task.

Continuing to ensure the health and safety of children and adults with I/DD should remain the top case management priority during reopening. This includes consideration of potential effects of prolonged social isolation, increased stress and anxiety, and the loss of usual routines and community access. Case managers can authorize K-Plan assistive technology purchases for individuals in order to participate in case management or communicate with others outside their home. Please see PT-20-071 for more information and requirements.

The Governor issued a travel advisory effective November 13, 2020 and until further notice, asking people to limit travel whenever possible and only travel for essential business such as school 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=53708

CMEs need to be aware of the travel advisory and consider it when making decisions about assigning staff to conduct an in-person visit due to a health and safety issue. 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
Oregon has established an order of priority for vaccination that accounts for many members of the I/DD community early in the distribution process, the “phase 1a groups.” You can see the order here. CMEs should be aware that persons necessary for the administration of the vaccine must be allowed entry to a 24 hour residential home or foster care home as an essential person.

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. 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

Links to the ODDS COVID-19 Vaccine documents include:

Phase 1a FAQs in all languages (under Individuals/Resources): https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx

Oregon’s Phase 1a Vaccine Sequencing Plan: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3527.pdf


All languages: 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:
If a remote ISP meeting cannot be arranged before an ISP expires, 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 is set to expire in July 2020 is extended, the ISP will expire July 2021 regardless of when the delayed ISP meeting occurred. The delayed meeting does not restart the annual renewal clock.

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

Signatures:
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.

Retroactive changes:
ISPs may be revised retroactive to a documented date of request for a service change when the service is needed to mitigate risk related to COVID-19. Provider enrollment will not be retroactive.

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 waivered service to maintain Medicaid eligibility will not lose Medicaid if the service is not delivered.

ODDS has made the decision to extend residential rate exceptions without review until further notice. Employment and DSA rate exception approvals do require annual review to be extended.

Effective immediately, 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@dhsoha.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 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@dhsoha.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:
Beginning January 1, 2021, 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 during COVID.

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@dhsoha.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. Consider the following questions during routine or increased remote monitoring:

1. Does the individual appear safe in their current environment? Consider concerns related to mental health and social connections, in addition to immediate physical health and safety.
2. What supports and services (paid and unpaid) is the individual currently receiving?
   a. Has this changed due to COVID-19? If so, are the person’s needs being met?
   b. What is the backup plan if caregivers are unavailable or become sick? Does the backup plan need to be updated?
3. Does the individual have any current health concerns?
   a. Are they currently experiencing COVID-19 symptoms?
   b. Have they been exposed to someone with COVID-19?
   c. Do they understand the importance of handwashing, wearing a mask in public, and continued social distancing?
   d. Have they experienced any other illnesses or injury?
   e. Are they facing difficulties with staying home?
4. Does the individual have the necessary essential supplies, including groceries?
   a. If not, what supports might help?
5. Does the person or family need information on what to do if they become sick and/or need to be hospitalized?
   a. What is the individual’s plan for medical treatment and support if they were to need to be hospitalized for COVID-19?
   b. What supports would in they need in getting to the hospital? What would they need to take with them?
   c. Would they like to have a conversation to document their preferences for medical treatment?
d. Is there someone they trust that they’d like to have this conversation with?

e. What kind of forms do they think they would need to sign if hospitalized?

How would they get help if they did not understand the forms?

6. What supports does the individual need to understand and prevent the spread of COVID-19?

a. Contacting medical providers, case manager, others

b. Wearing a mask, hygiene, and social distancing practices

c. Any other needs

Individuals with I/DD at Higher Risk:

Individuals with preexisting conditions, including an I/DD diagnosis, chronic lung conditions, diabetes, and heart conditions are at higher risk of complications due to COVID-19. People who live alone or in group residential settings, and individuals age 60 and older are also at higher risk. Some questions to consider during monitoring activities for people with high risk include:

1. What medical, behavioral, and/or environmental needs does the individual have that put them at high risk of complications from COVID-19?

2. Do the person’s back-up plans address these needs?

   a. What changes are needed, if not?

3. Does the individual have end-of-life plans in place?

   a. If so, are there any modifications that need to be made at this time?

   b. If not, what supports does the individual need to establish a plan?

Additional Questions-Medical Risks:

1. What conditions does the individual have that create a heightened risk for complications due to COVID-19? Are these being addresses and mitigated?

2. Does the person have a medical provider that helps them manage these conditions?

3. Have they had conversations with their medical providers about COVID-19 related risks? Do these risks create immediate concerns around health and safety (e.g., diagnosis of severe asthma with a history of needing intubation or diabetes with a history of blood sugars becoming dangerously unstable due to unstable glucose levels)?

4. Are any medications, treatments, equipment, or supports needed in place due to these conditions and risks? How often do they come, and is there a contingency plan should one of these not be available?

Additional Questions-Behavioral Risks:

1. What behavioral concerns does the individual have that place them at a heightened risk for infection and complications due to COVID-19?

2. When was the last time the individual saw their therapist, psychiatrist, and/or behavior professional as applicable? Do they need more frequent appointments? Can they access these providers via telehealth?
3. Does the individual have a positive behavior support plan (PBSP)?
   a. If so, does the PBSP meet the individual’s needs? Is there a need for a revision? Have all paid and unpaid care providers been trained on its implementation?
4. Are the medications, treatments, equipment, or supports specific to the behavioral/psychiatric conditions available? How often do they come, and is there a contingency plan should one of these not be available?

Additional Questions-Other Risks:
1. What about the individual’s current living arrangement places them at elevated risk due to COVID-19?
2. Does the individual have daily housing?
   a. What support does the individual need in accessing housing resources?
   b. What referrals/resources can you provide to the individual?
3. How far away is the person’s home from a hospital?
4. Does the individual have access to transportation to get to and from the doctor? Do they have access to transportation to get to the pharmacy?
5. Are there medications, treatments, supports, or medical appointments/care that the individual has been unable to obtain because of distance from the closest medical provider or because of the impact of homelessness and/or poverty?
   a. What referrals/resources can you provide to the individual?

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

CMEs can continue submitting COVID-19 rate exceptions using this form when a person residing in an ODDS licensed or certified foster home or 24-hour residential setting requires additional support as a result of COVID-19 circumstances.

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@dhsoha.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.

End of section update April 26, 2021.

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-
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, due to the unique nature of this school year. 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. 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:

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 to meet this new standard. For CMEs that track by fiscal year or by another schedule, ODDS will look for a total of 30 hours for the 2019-2020 and 2020-2021 years combined.

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.

Frequently Asked Questions:
N/A

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