

Topic:	In Home agency COVID-19 policy guide	
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Overview

Description: Temporary policies related to the delivery of in home services (hourly attendant care) by an agency provider during the COVID-19 pandemic are contained in this guide. It will be updated as needed. **Updates from the previous version appear in red.**

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.

Updates include:

***Effective November 18, a Governor-directed "Freeze" order is in effect statewide. The "Freeze" order places all of Oregon under baseline operations, regardless of what county phase is designated. The "Freeze" order includes:

- A request that people limit gatherings to a maximum of six people with guests limited to one other household.
- Limiting community activity with outings limited to essential errands.
- Telework whenever possible, which may result in providers assisting individuals to have virtual contact with their personal agent or services coordinator.
- Additionally, the Governor has issued travel restrictions which limit travel and recommend a quarantine following out-of-state travel Oregon OSHA COVID Rules
- Effective November 16, 2020 prescribe additional standards for employers to implement in workplace settings. In-home service settings where individuals receive agency supports may be impacted by the new OSHA regulations.
- Providers have a responsibility to communicate with other service providers, including employment and DSA providers, when there is a concern of outbreak or infection exposure.

Procedure(s) that apply:

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 getting services from ODDS are considered at high risk of long term adverse consequences from COVID-19. If individuals who use ODDS services 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 or personal agent as needed. Individuals must be given:

- Alternative options available to meet their needs and interests.
- The benefit of staying home.
- Encouragement to wear a mask and maintain physical distancing if they can't be persuaded to stay home and to thoroughly wash their hands when they return. The individual's case management entity can get masks for them.
- An opportunity to develop a plan to reduce related risks for both themselves and others.
- Assistance in understanding the Governor's directive, including limiting in-person socialization with people outside one's household.

While the "Freeze" order is in effect, people should not be going out except for essential business. 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 suggest home delivery or pick up options for purchasing groceries or other items.

The Governor's "Freeze" order does direct telework option be available whenever possible-providers may need to work with individuals to explore how telework may occur.

Providers are expected to help individuals to be aware of and understand the "Freeze" order, so they may comply with community living expectations.

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.

Agency Service Requirements:

- Employees 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 within six feet of the individual.
 - When individuals are non-symptomatic, a cloth face mask is sufficient.
 - When an individual is symptomatic or confirmed positive, an N95 mask is recommended.
 - Masks or face coverings must be worn to cover the nose and mouth.
 - Use of a face shield alone should only be done on very limited basis. Face shields are not considered as effective of a protection as masks or face coverings. Face shields should be limited to situations where no other more protective option is available or appropriate, such as:

- When a person has a medical condition that makes them unable to wear a mask or face covering
 - When a person needs to see mouth or tongue motions in order to communicate
 - When a person is speaking to an audience for a short period of time and clear communication is otherwise not possible.
 - Spit guards are not an acceptable face covering and are not considered masks.
 - There is also additional mask guidance designed to help explain these requirements, which can be found here: [ODDS COVID-19 Mask Guidance](#).
 - A DSP who can document a medical need not to wear a mask is exempt.
 - 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 of in-home services are permitted to deliver services indirectly (i.e. without the person present) when an individual cannot or chooses not to enter the community. When cues are the only type of support necessary for an individual to complete and ADL/IADL task, they may be given over the phone or text if it will be effective.
 - Implement a policy for tracking the health of each employee and other essential personnel 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 at least 72 hours have passed since symptoms disappear. Agencies whose employees do not follow this requirement will be subject to sanctions.
 - 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.
 - Inform all individuals and families of safety precautions and encourage them not to have non-essential people come into the home. Encourage individuals to wash their hands and to change and wash their clothing after returning from an independent community activity. Assist individuals and families with asking the screening questions when they are home without staff.

- 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>
- The actions an agency must take when an individual or employee has or may have COVID-19 can be found in this [scenarios document](#).
 - If an individual has symptoms of COVID-19, [this letter](#) can be given to the health care provider so expedited testing will be considered.
 - Written signatures are preferred. However, ISPs and Service agreements do not need to be signed by any member of the ISP team in order to be valid. When signatures aren't being gathered, an agency should expect to 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.

Reporting Requirements:

- 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](#).
- When an individual is known to be ill or demonstrating symptoms of illness, the provider should communicate with other service providers supporting the individual, when they are known, including employment or other community living supports 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.*
- All employees of the agency are mandatory reporters of abuse and must continue to report all suspected abuse.

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 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. 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.

Providers are asked to support individuals in taking precautionary measures to the extent possible following travel, 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; and
- Monitoring closely for symptoms of illness.

Agency Operations:

- A new employee may work unsupervised on a preliminary basis pending a final fitness determination from BCU for up to 90 days. The agency should determine if working unsupervised is appropriate on a case by case basis.
- 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 are being granted.
- The need for fingerprint based background checks is postponed. They will be required later for those that were postponed.

- **OAR 411-450-0080(26) has been amended to allow an agency provider to assign an employee of the agency (typically a “DSP”) who is the parent of a child in in-home services (SE 151 or SE 145) to the child under limited circumstances. The provider must confirm the child’s eligibility with the services coordinator prior to the assignment. The child must meet the eligibility criteria for a CIIS program or have a summer service level of at least 240 hours.**

A parent hired and assigned as a DSP must have all the qualifications, required training and orientation that any other DSP would require, with the exception of nursing delegation. Family members, even while acting as a DSP, do not require delegation. They are required to maintain MARs, write progress notes, use EVV, and meet every other requirement of a DSP.

This is a TEMPORARY option. A provider who assigns a parent to a child who is not eligible for this option, or who fails to end a parent’s assignment to their minor child at the end of the federal public health emergency, is subject to civil penalties and administrative sanctions on their endorsement or certificate as described in OAR 411-323-0030 and OAR 411-323-0035, up to and including revocation of the provider’s certificate.

- DSP Training (valid until further notice):
 - The requirement for 12 hours of annual training may be paused.
 - CPR/First Aid renewals can be postponed.
 - 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.
- Beginning March 1, 2020, expiring criminal history checks have been extended for one year. The need for fingerprint based background checks is postponed. They will be required later for those that were postponed.
- Any service, including camps, which congregate two or more individuals with intellectual and developmental disabilities (who do not already reside together) must have a reopening plan. This is applicable even if the service being utilized for a Camp is Respite Care. The service may only be delivered in a congregate setting if the county is in Phase 2, to individuals who reside in the same or nearby county that is also in Phase 2. A reopening plan is required to be approved before congregate services may begin. See the [Employment and DSA reopening guide](#) for additional information.
- When an employee who has contact with individuals reports symptoms of COVID-19, [this letter](#) may be used to alert a health care provider or local public health authority to consider prioritized testing for the employee.

- Any agency that chose to use eXPRS as their EVV system must begin to use it no later than 10/1/20.
- With few exceptions for urgent concerns, certification/endorsement reviews will be conducted remotely with three days' notice.
 - The following Therap items will not be reviewed:
 - Individual Summary Sheet
 - ISP – apart from the Risks
 - ISP goal tracking
 - Personal Property Record
 - Functional Assessments
 - Financial Records
 - The assigned licensor will send a secure email and ask you to complete and submit required information, via the secure email within one week of being notified of the review.
 - For agencies that do not use Therap, the licensing review will be postponed through June 30, 2020. For certifications/endorsements that require extensions the licensing unit will work with the eXPRS unit to grant needed extensions. Until June 30, 2020, if an agency without Therap would like to volunteer to send in the requested records, they will need to send a formal request to DD.Licensing@dhsosha.state.or.us. The request will then be forwarded onto your assigned licensor. On the morning of the scheduled review, if an agency has requested to have their review completed, the assigned licensor will contact the agency, who will then be asked to submit (via secure email and when applicable) the following information, which must be submitted the same day:
 - Medical protocols
 - Identified risks
 - Behavior protocols
 - Functional Assessments
 - PBSPs
 - IBLs
 - Health Monitoring tracking
 - Health care provider visits and documentation
 - Medication management
 - Medication Administration records
 - Physician orders
 - Nursing services
 - Incident reports
 - Staffing
 - Progress Notes/t-logs
 - The assigned licensor will ask you to complete and submit the following information (when applicable) within one week of being notified of the review:
 - Environmental Checklist
 - Personnel
 - Fire drills

- Emergency Plan
- Medications Checklist
- All documentation must be securely submitted to the licensor on the same day.

Oregon OSHA 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 in-home settings where services are delivered by a provider agency and other sites where DD services may be delivered. The employers that are subject to OSHA rules include agency providers and businesses where there are employees with worker's compensation coverage.

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 community resources available to them, including provider organizations 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. 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>

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