

Office of Developmental Disabilities Services

COVID-19 Frequently Asked Questions (FAQ) for Case Management Entities

If you have questions related to Case Management Entities and COVID-19, please send them to: ODDS.Fieldliaison@dhsosha.state.or.us

The Oregon Health Authority (OHA) has identified presumptive positive cases of the virus that causes COVID-19. COVID-19 is spread from person-to-person through droplets in the air and on surfaces that people touch.

This guidance is developed for the Developmental Disabilities Services' Case Management Entities (CMEs) and will be updated on a regular basis with additional answers to questions that are submitted. Separate FAQs for [providers](#) and on [Day Support Activities/employment](#) are online.

ODDS has been working with OHA and Centers for Medicare and Medicaid Services (CMS) to adjust policies that have been shaped by the 1915(c) waivers and the K plan. ODDS has implemented changes to some of them as described in PT-20-029, mostly relating to expectations around face to face contacts.

Situations that are still being considered with OHA and CMS include:

- How to accommodate situations where an individual or someone in their living situation has been identified by Public Health as someone with a presumptive positive COVID-19 test result.
- How to accommodate situations when a case management entity has lost staffing capacity due to COVID-19 and is needing to implement a Continuity of Operations Plan.

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Residential Services:

Question: What will happen at the end of a 30-day exit notice period if we don't have any options yet due to providers not wanting to allow new placements? Our local shelter is not even accepting new clients. Can you please give us advice on any steps that we should be expected to take in this situation?

Answer: Providers will continue to be required to give exit notices that come with appeal rights, which may be exercised and may be able to delay an exit. If it becomes necessary, work with the ODDS COVID-19 staffing triage unit, [see AR-20-037](#).

New questions April 1, 2020

Question: If someone goes into crisis (unrelated to COVID) and living in a 24 hr residential setting, can the provider proceed with exit or eviction?

Answer: Involuntary exit notices may only be given under certain criteria noted in [PT-20-037](#)

Question: With many DSA services ended, should those hours be added back into SLP budgets? Would there need to be a change form to exit from DSA for the time being?

Answer: DSA is just suspended, no exits are taking place due to the suspension of those services. Change forms are not necessary. If the individual requires additional supports from the support living agency, additional hours can be put into the budget.

New questions April 8, 2020

Question: Are clients able to make moves of choice?

Answer: It is still an option if there is a vacancy and no COVID concerns. There are no restrictions at this time. Providers CAN restrict having someone come into their home.

Question: If person has increased medical needs not due to COVID, and a new provider won't take them at the current tier rate, can this get exceptional funding?

Answer: If submitted as a request, it would be reviewed and considered.

Question: Could you discuss the parameters for exceptional funding for group homes? Some seem to think extra support from loss of DSA should be enough. That was not my understanding. Could you clarify?

Answer: Residential rate exceptions are covered in PT-20-044. The loss of day or employment services is not, by itself, a reason to approve an exception. However, if,

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for example, the change in routine from the loss of DSA triggers more frequent or intense challenging behaviors, then it could be.

Question: When an adult in a 24 hour home has exceeded 21 days in a year away from their residence because the adult went to stay with family, does the provider continue to bill when they are only making sure the person has their medications, or do they just not bill and he can return home when the pandemic is over?

Answer: If they are not providing supports to the individual, they need to use an absence modifier for the days the individual is out of the home. The DD50 services is still monthly, but there would be a pro-rated reduction in payment for the days where no service

New questions April 15, 2020

Question: Has the Residential Ombudsman office been informed of PT-20-056 waiving HCBS rights?

Answer: Yes.

New Question May 6, 2020

Question: Can a provider require COVID-19 testing prior to admission?

Answer: ODDS does not have the authority to prohibit such a requirement, though we do not believe to be necessary in most cases. If a provider insists on testing it is important that it not become a barrier to a person getting services when they need them. The individual's physician should be approached about the test, with the information that the individual will be receiving services in a congregate setting with vulnerable individuals. If the physician can't or won't conduct the testing, contact public health. If needed, contact ODDS who can work with the state's emergency coordination team.

Background Check Unit:

Question: We require that our criminal check see people's face in order to renew their criminal background check. Will there be the ability to extend people's expiration dates in eXPRS so they can continue working?

Answer: There is not a requirement for face to face encounters to renew a criminal background check. While doing so is a good practice, we recommend adjusting your requirements for this as needed. Each entity can determine how to accomplish the identification verification process, your agency may choose to receive required documents by fax, email or other methods.

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Question: Why is the long term care registry extending credentials for a year but PSWs are 90 days?

Answer: 90 days is what was agreed to in the recent LOA – at the end of 90 days we will reassess.

Provider Restriction on Visitors:

Question: What to do if a client is non-compliant with the rules and enters the community? Many providers want to refuse them back into the home or evict them.

Answer: An individual's ISP team and everyone providing care should be making every effort to educate around the importance of social distancing, hand hygiene, etc. [This video](#) was created to assist. However, we cannot force someone to stay in the home. Doing so is a clear rights violation. A provider cannot stop a person who has left their home from returning.

Question: We have a couple of entries into foster in process, including one individual with high medical needs. Given the current situation with the coronavirus, please advise if we should go through with foster placements and this foster placement in particular.

Answer: Providers and individuals or their guardians must consider if any placement is appropriate and safe. There are no restrictions for new entries into foster care currently.

Question: What do we do when a family refuses to follow the guidelines of no visitors in group homes? Is it the case managers responsibility to contact the family to inform them of the no visitor policy?

Answer: Providers have to follow the direction given in [PT-20-028](#) to restrict visitors. These are challenging circumstances; they require these drastic measures. Family members can associate, preferably remotely, but individuals may go to their family members away from the home. They should follow appropriate hand washing and take necessary precautions when they return. Case managers and providers need to help educate family members about precautions as well as the Departments restrictions to visitors.

Emergency Management Plans:

Question: I would like guidance from ODDS regarding case managers working from home. Our office has established protocols so our staff can maintain social distance at work, however it seems that other case management offices are enacting tele-work options. Should we insist on working remotely or can we continue with other precautions? We have not been advised by CDC or local public health to close services or offices.

Answer: Each case management office is implementing portions of their emergency response plan differently. As case management offices implement portions of their plan, they should report changes to ODDS. Ensure individuals and families are informed and that they can still do the necessary and critical work functions. Ask what are backup plans in the event staff need to be out?

Question: Does the Oregon Home Care Commission Collective Bargaining Agreement (CBA) for PSWs says that the case management office must be open during business hours on the 3 business day following the 15th and last day of the month? If the case management office is closed to the public, can we tell PSWs that they cannot drop off paper timesheets?

Answer: This aspect of the CBA is still in force. This does not mean that a personal support worker needs to come into the office to drop off a timesheet. A CME could set up a drop box for timesheets if possible, but CMEs must continue to be able to accept timesheets.

Question: Community Emergency Plans from Providers are being directed to ODDS. How does the local community get these to have for our local EOC as a reference?

Answer: If a case management entity would like copies of the emergency plans from providers in their area, a request for specific provider plans can be submitted to ODDS.Questions@dhsosha.state.or.us with the providers name, house address or employment site address. Plans will be emailed if available.

Question: Can ODDS share a list of local emergency management contacts?

Answer: This information is on the [ODDS COVID-19 website](#).

New question as of March 25, 2020

Question: Is there an expectation that we review and add the requirements ODDS is issuing to our essential functions and is there guidance on how we prioritize the new work being asked of as we continue to review our operations daily? Will there be guidance to us on how we are supposed to designate staff as essential?

Answer: Report to ODDS when emergency plan implementation changes, essential work is described in PT-20-036.

New questions as of April 1, 2020

Question: Previous guidance instructed CME's to notify public health of cases of COVID-19, but it sounds like we don't need to do since the testing agency does this, will you clarify?

Answer: Please verify that public health has been notified. Supports individuals to report to correct entities.

Question: Many of the providers who have asked for letters identifying them as essential thus far have language/cultural barriers, so there is an increased fear about interacting with police. Can the CME give out letters?

Answer: Please ask essential workers, if stopped by police, ask for the officer's name and inform ODDS, who will work with law enforcement. A CME can produce what is needed to help people to get to work.

New questions April 8, 2020

Question: Are case managers considered essential employees for back up childcare services?

Answer: Consult your own HR and attorneys.

Impact to Case Management:

Question: Given that the individuals we serve are the most vulnerable, any physical contact or proximity creates risk. In order to ensure individual's safety, will we be ending any in person contact, including monitoring, home visits, licensing visits, etc.?

Answer: All our current guidance has been in the interest of protecting individual health and safety. We will continue to follow the advice of the public health authorities. [PT-20-029](#) describes changes to expectations for in person contact, including allowing use of telehealth systems.

Question: Vocational Rehabilitation (VR) is still requiring face to face meetings with individuals. Will there be guidance around this to VR?

Answer: Vocational Rehabilitation issued guidance on March 18, 2020 to suspend all face to face meetings.

Question: Will ODDS approve Skype/face time in lieu of face to face for ONA Assessment?

Answer: There is a link to a Health and Human Services document in [PT-20-029](#) that individual CMEs can reference in deciding how to find substitutes for face to face contact.

Question: If an individual or family does not want a case manager to be in their home, how should the case manager respond?

Answer: The case manager should discuss creative alternatives to meeting in a home to complete required activities. If individuals or families choose not to have providers enter their home, alternatives and back-up planning to ensure that the individuals' care needs are being met should occur.

Question: If an individual or family cancels required assessments, such as the Oregon Needs Assessment (ONA), how should the CMEs respond?

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Answer: Individuals have the right to not have people come into their home. Case management entities should discuss meeting in locations other than the individuals' home and completing as much of an assessment on the phone as possible to limit or reduce the in-person time.

New question as of March 25, 2020

Question: Regarding transmittal PT-20-029, the transmittal doesn't address home site visits. Can that be done with a phone call or telehealth system (with a visual component) as well?

Answer: Home visits are included under OAR 411-415-0090(3) referenced in the transmittal. "Site visits required under OAR 411-415-0090(3) and facility-based employment path service monitoring may be conducted remotely, over the phone, via email or other methods that allow for the monitoring function to be fulfilled."

New question as of April 1, 2020

Question: How do we review individual support needs to inform the ISP when we cannot or expected to not complete an ONA? We are able to complete the majority of the ONA, but not just the face to face component.

Answer: As noted in PT-20-043, ODDS will consider exceptions to the face-to-face requirement for critical assessments on a case by case basis. CMEs may request the exception by sending a secure email with the heading "Face to Face exception" to ODDS.FundingReview@dhsosha.state.or.us

New questions as of April 8, 2020

Question: Can verbal agreement be used to appoint a health care advocate and to confirm they took training?

Answer: Although it does not represent best practice the language in the HCA rule does not prohibit obtaining signatures verbally on a HCA appointment form. Personal agents and services coordinators would be responsible for also obtaining and documenting verbal confirmation from the potential HCA that they have reviewed the training packet and are aware of the authorities and limitations of the HCA role. The training packet is available on the [forms server](#), form #2635, and can be emailed to potential HCAs. The HCA appointment form is also formatted to allow for digital signatures. Case managers will be responsible for obtaining physical signatures on HCA appointment forms with verbal approvals due to COVID when social distancing orders are no longer in place.

Question: Will you please clarify the expectations for the face to face component of the ONA. Is ODDS' stance that every ONA must have at least a video conference component? In addition- what would allowable exceptions to this be?

Answer: Yes, unless there is an approved exception, every ONA conducted when required as described in PT-20-043 must have some level of visual observation of the individual, either in-person face to face (from a distance) or through telehealth. Exceptions will be considered if there is no reasonable way for either to occur.

Question: Regarding the ONA extension: Does this mean that we could potentially "skip" an annual ONA (completing at the 2021 ISP renewal)? Or does there still need to be one completed at some time during the plan year?

Answer: Critical assessments noted in PT-20-043 must be completed when the circumstances arise. ONAs that are not critical have an expiration date extended by 12 months, so in some cases a person may go 24 months between completed ONAs. This does not represent a good practice and to the extent reassessments can be completed, they should be.

Residential Staff or resident COVID-19 testing:

Question: What guidance do you have regarding a situation when a foster care provider is showing symptoms of COVID-19, but is not hospitalized and recovering at the home?

Answer: This will be a case-by-case decision. Back-up plans should identify how to address the unavailability of the licensee. Services coordinators and the certifier (for Children's foster care) or licenser (for adult foster care) should be notified if circumstances change.

Question: As individuals are admitted to hospitals for COVID-19, do you want this reported via CAM?

Answer: Yes. Unplanned hospitalization is a serious incident and should be entered into CAM.

New questions as of April 8, 2020

Question: How can we get someone I support tested? And is there a way to get expedited results?

Answer: If someone you support is showing signs or symptoms of COVID-19, contact the local Public Health Authorities and inform them that someone in a high risk population needs a COVID-19 test. You will need to work with the individual's health care provider on how testing will be done. Once the test is taken, local Public Health Authorities will send the test to the Oregon Public Health State Laboratory for expedited testing.

Employment, DSA or Job Coaching:

Question: If a person needs a job coach, can the job coach work remotely?

Answer: Based on the need to protect the individual or the job coach, but not for the sake of convenience, remote job coaching may be appropriate.

New questions as of April 8, 2020

Question: Can we authorize Waiver-funded Job Development (OR 401/Supported Employment – Job Development) during the COVID-19 pandemic, instead of following the “typical” process of going to VR? We are hearing from local VR offices that they will not schedule intake appointments during the COVID crisis.

Answer: VR not taking new intakes. We cannot provide this unless VR goes into order of selection. Reach out to regional employment specialists for assistance as needed. If the provider is getting contingency funding, looking for jobs, filing for unemployment, etc. are acceptable uses of these funds. ODDS is in close contact with VR and working with them and anticipate more guidance is coming.

New questions as of April 15, 2020

Question: In order to continue maintenance job coaching service at the end of a current approval, does the CME need to get the form completed or can it be extended without the form?

Answer: If it is possible to complete the form, that would always be ideal. Especially since that can be done remotely. If it is not possible but the individual continues to need maintenance job coaching, please confirm via email or phone and document the extension just as you would for any other ISP extension or renewal at this time and as outlined in PT 20-042.

New Question as of July 1, 2020

Question: How do we handle a situation where an individual is participating in remote DSA, but needs attendant care supports in the home at the same time?

Answer: For instances of overlap like this that occurred in April, ODDS is managing them internally. Subsequent instances require an exception approval.

Access to medication:

Question: If a person needs to access more than 30 days of medications, can ODDS help to get these additional resources?

Answer: The individual, family or provider needs to work with their prescriber and the insurance agency to request additional medications.

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Question: How can CMEs support an individual accessing a greater supply of medication or supplies?

Answer: Public Health has indicated that medications and supplies should be ordered by regular schedule. Pharmacies are not scheduled to close.

DD Licensing:

Question: Is there a transmittal coming out regarding Foster Care licensing/certification? Specifically allowing licenses to be extended for the next few months?

Answer: Foster care licensing and certification is suspended until further notice per [APD-PT-20-031](#). There will be extensions for any foster care provider who expires during this situation. Providers need to submit their application packets electronically to the licensors/certifiers and pay their fee on time to make sure they can still get paid. If they do not have the capability to send documents electronically, they need to mail them in to the licensor or certifier prior to the expiration date.

Question: Are services coordinators and foster care licensors/certifiers no longer going into the homes?

Updated March 25, 2020: Answer: Who is and who is not considered “essential” with respect to Adult Foster Homes and group homes can be found in [PT-20-028](#). This information is subject to revision, please watch for communications from ODDS.

Question: Will foster provider licenses/certificates be extended past their dates since licensors and certifiers will not be going into homes? If renewals lag, we want to assure that payment doesn't lapse.

Answer: Foster care providers who have submitted reapplication materials prior to the expiration date of their license/certificate will have their license/certificate extended in order to be allowed to continue to receive payment for services delivered.

New questions as of April 8, 2020

Question: I know Licensing has given the directive they will not support development at this time (unless it is in the final stages) but we feel we can continue to do much of the ‘leg work’ while navigating all of the COVID-19 impact. We also have concerns surrounding capacity and potential impact if individuals must move. Can we still have potential Licensees take the test? Will the State be grading test? Or is it all shut down?

Answer: Transmittal APD-PT-053 addresses the AFH licensing activities that have been limited by the COVID-19 emergency. While staying in touch with potential applicants for local AFH development is important, the department must be mindful of limiting exposure and following the Governors “Stay Home and Stay Safe” Executive

Order-EO 20-12. These limits affect local offices ability to proctor tests, inspect homes and complete the licensing process. Where people have taken the AFH tests the ODDS licensing office will grade any tests that are sent to them.

ODDS COVID-19 Staffing Support team:

Question: Can the ODDS COVID-19 staffing triage team work with all agencies DSA providers/employment providers to coordinate these individuals to work in people's homes?

Answer: We are looking at strategies to add flexibility across agency types to fill staffing shortages.

Question: Can agencies have some flexibility in how agencies are able to “triage” staff. May need to redirect staff from non-essential services such as DSA to essential activities such as life-sustaining in-home care. Many agencies will probably do this anyway, but it may conserve our collective energy to acknowledge that there may be disruptions in non-essential services while our community weathers this storm.

Answer: This may be something that agencies will need to do. Public Health will be critical in terms of how agencies are directed to support someone who has life-sustaining needs in the home. This suggestion remains on our list of changes to consider.

New Question March 25, 2020

Question: If a client has symptoms or is diagnosed with COVID-19 and their in-home provider agency states they won't be able to work under quarantine conditions, does ODDS have guidance other than to look for a back-up provider who might still be willing to assist someone in-home should this happen?

Answer: Provider agencies should be reminded of their agreements to provide services. Unless public health directs otherwise, a provider is expected to continue services. DSPs should take all necessary precautions. Involuntary notice requirements and timelines remain. ODDS is establishing a unit to assist with staffing crisis (see AR-20-037) and taking steps to widen the availability of providers.

In Home Services and PSWs:

Question: Can parents of minor children become PSWs for their child given the current crisis where many parents are being laid off from jobs and children are home from school? Many parents have reported that PSWs and DSPs are no longer working for them.

Answer: Oregon's restriction on allowing parents of minors to be directly hired Personal Support Workers or Direct Support Professionals for agencies, follows longstanding CMS guidance. We have submitted our initial requests to OHA for

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emergency relief from CMS in the face of this public health crisis. At this point, we have not requested changes that would allow parents to be paid caregivers for minor children.

Question: Can Personal Support Workers bring their children to work?

Answer: ODDS does not encourage this, but the decision is left to the Employer of Record. If the presence of the child detracts from the PSW's ability to care for the individual and the child continues to accompany the PSW, action may be taken against the employer or PSW consistent with OAR 411-375.

Question: Will ODDS be providing any new guidance for local approval of Personal Support Worker (PSW) overtime? It would be helpful for case managers to locally approve more than the 24 hours overtime at this time. There are Employers of Record choosing to limit PSWs in the home. Are we able to do a local exception for 50 hours a week for limited PSW's until schools are back in session? Or do we need to do the exceptions form?

Updated March 25, 2020: Answer: Additional guidance about PSW overtime authorizations is in PT-20-035. Case managers may also rely on the existing Worker Guide for approval of overtime as it relates to an Emergent Need.

Question: Can we set up PSWs without the PPL employment link in eXPRS and centralize a process to get these relationships set up after the fact in order to ensure we have PSW's readily available to step into other individuals' homes?

Answer: At this time eXPRS coding won't allow the employer/PSW linkage to be ignored. PPL has committed to establish employer relationships more quickly during this period.

Question: We have PSWs asking to provide Day Support Activities to individuals who have lost this service when facilities closed. If a PSW is at their weekly max of hours, can overtime be approved? Is it okay to allow exceptions for this per situation?

Updated March 25, 2020: Answer: If an individual requires additional attendant care due to the facility that they went to closing, it might be appropriate to approve overtime. Refer to the overtime worker guide category of Emergent Need. Additional guidance on PSW exceptions is in PT-20-035.

Question: It is okay for PSWs to do in-direct supports based on each person's need... correct?

Answer: Yes, [PT-20-029](#) affirms this.

Question: Will we be required to modify wages for PSWs who will not be able to attend to OIS/CPR etc. due to classes being cancelled for social distancing and class size requirements.

Answer: OHCC is going to be addressing the training issue. For those who need to attend a class that is required (in person) they will be allowed to have their credentials “extended.”

Question: Can the Oregon Home Care Commission give guidance to PSWs about actions to take if they see a person who might be ill?

Answer: The Oregon Home Care Commission has guidance to PSWs regarding keeping themselves and individuals safe and actions to take in the event an individual demonstrates signs of illness. The OHCC will be providing information on its website: <https://www.oregon.gov/DHS/SENIORSDISABILITIES/HCC/PSW-HCW/Pages/Health-Safety.aspx>

Question: How can a Personal Support Worker submit a timesheet if they or their Employer of Record is quarantined by Public Health?

Updated on 4/8/20: Answer: If Personal Support Workers or Employers of Record are told by Public Health, including a healthcare provider, that they are quarantined, thus preventing a signature on a time sheet, the case manager should suggest electronic approval via other means such as the Employer of Record validating the timesheet via email or text. The case management entity must document that reason that the timesheet was verified via means other than an original signature. If electronic verification is not possible, the case manager may document the reason for no signature but must verify with both the Personal Support Worker and the Employer of Record that the hours that are submitted are accurate. This must be documented in the individual’s progress notes.

If Personal Support Workers or Employers of Record are self-secluding, they will need to identify alternative strategies for getting their timesheet signed. The Governor’s order “Stay at Home, Save Lives,” Executive Order 20-12 is not a reason for an unsigned timesheet. If a PSW does not get a timesheet submitted by the identified submission date, they can always turn the timesheet in at a later time and will be paid on the payday following that submission.

Question: Can a provider deliver indirect supports if the individual is quarantined by Public Health?

Answer: If an individual is quarantined by Public Health to their own home, or is hospitalized for a reason related to COVID-19, a provider can provide indirect incidental activities of daily living (IADLs) such as grocery shopping, picking up medications and supplies or cleaning a home prior to an individual returning from a hospital if necessary. The supports should be identified on the individuals’ ISP and Service Agreement if this is the support needed by the individual. Under no circumstances would “provider convenience” be an allowable absence for the individual being absent from the activity during the delivery of an IADL support.

Question: How can case managers support individuals who live with parents who may be elderly or more susceptible to acquiring an illness?

Answer: Individuals living with elderly parents may be identified as high-risk should they become quarantined or if the family asks for outsiders to not enter the home. These are the first individuals that case managers should begin discussing back-up plans with. Back-up planning can start with questions such as: Will the individual need to have temporary relief care in another setting? If the individual tests as presumptive positive, will the individual have supports at home or might this individual need to be hospitalized while quarantined? If the parents are ill, who will communicate with the case manager? If the individual is ill, who will help them to contact a physician to discuss symptoms? ODDS has developed a [scenario tool](#) to help with guidance.

Question: Will ODDS be updating eXPRS POCs or are CMEs to manually update the lines for all children/families wanting to use the Summer hours?

Answer: See [PT-20-023](#), plan lines will need to be manually updated at the CME.

Question: Will summer hours be allowed to be authorized if schools close? This is a policy decision that would be helpful to make quickly if the event arises.

Answer: Please refer to [PT-20-023](#) and any updates to it for information on this topic.

Question: Can ODDS generate a supply list to help individuals gather necessary supplies?

Answer: Yes, this is something that ODDS will be collaborating on with other DHS offices and sharing.

New Questions March 25, 2020:

Question: A PSW has asked about some sort of ID that would identify PSWs as “essential personnel” to her clients that would allow her (and other PSWs) to continue working with clients. Has there been discussion about this?

Answer: Caregivers will be deemed essential, no ID cards are necessary. According to Superintendent of State Police, he has worked with the law enforcement community on their response to the Governor’s executive order (EO). Law enforcement will be focused on preventing gatherings in the community, making sure visible retail establishments are complying with the EO and prioritizing education about the EO for Oregonians. Providers do not need to carry a document that indicates they are essential workers and therefore it is ok for them to be traveling to their worksite.

Question: Will there be extra resources for individuals on IEP's that are having to stay home? Primarily, if an outside PSW shouldn't be entering, or the family doesn't want them to enter the home?

Answer: ODDS is exploring ways to support children and families for children at home

Question: Is there going to be any funding available for housing subsidies?

Answer: There are discussions occurring at the state and federal levels around threats to housing due to the impacts of COVID-19. ODDS does not have plans to subsidize rent at this time.

Question: Is ODDS considering making an extension to the EVV exception deadline?

Answer: This has been done for agencies using eXPRS mobile version. There has been an extension with a future start date yet to be determined

Question: Will ODDS temporarily allow PSW claims to go through without pending for approval in eXPRS, such as done for Agencies.

Answer: This will be considered for future changes.

Question: Regarding social distancing/stay at home for people with challenging behavior who are taken into the community for inclusion purposes. Are providers to cease such activities?

Answer: Individuals should be strongly encouraged to stay home and educated about why it's important. Outings of choice should not be accommodated, but if an individual leaves the provider must do what is necessary to protect the individual.

New questions April 1, 2020

Question: Could we consider allowing CMEs to go back to printing our own PPL packets to speed up the process during this crisis?

Answer: PPL packet being made available to print would take a system change, likely with lengthy timelines to make it possible.

Question: Are there additional resources being made available for the provider enrollment unit to process emergency PSW enrollments?

Answer: We are extending PEAA and CHC deadlines by 90 days. Enrollment turnaround time had been 1-2 days, and may become even faster with these extensions.

Question: During the crisis, can PSWs help parents of children with I/DD complete IADL tasks like grocery shopping or picking up meds?

Answer: Parents are currently not able to be paid to provide supports to children.

Question: What are the steps for a current Home Care Worker to be able to work as a Personal Support Worker?

Answer: Due to existing statute there is no difference for a HCW enrolling as a PSW than anyone else.

Question: In the Scenario Tool guidance for in-home service recipients with a presumptive positive COVID-19 case, CMEs are instructed to “require enhanced training and protocol review for all paid providers.” What does this look like for PSWs? What does this look like for DSPs? Where can we secure training? What protocols do you have in mind in this guidance?

Answer: Communicate with provider agencies and employers to assure those working with someone positive for COVID-19 are familiar with measures to prevent the spread of the illness.

Question: Does the provider need direct approval, verbally or via an ISP/SA, from the case manager in order to provide indirect supports to individuals? What are the limits to the types and amounts of indirect support?

Answer: Indirect supports are attendant care delivered remotely. If attendant care, including DSA, is authorized on an ISP and the specific desired outcome can be met remotely, remote delivery is appropriate and requires no additional authorization. If a service had been alright to deliver in person, it’s alright to deliver remotely - assuming the support is effective. Individuals, providers and case managers will have to work creatively to find effective ways to provide support in ways that maximize physical separation. Through their monitoring activities case managers will ask about services, like usual, and should be able to assess the effectiveness of indirect services.

Provider agencies who are receiving contingency funding should not be artificially increasing claims for OR526 when their ability to claim OR542 is removed. If a provider receives contingency funding for OR542 (DSA), then they may not bill for duplicate services under OR 542 or OR 526.

Question: If a provider chooses not to enter the community and provide direct supports because they are concerned about putting people at risk (even if they show no symptoms), are organizations/PSW’s still able to provide indirect supports? The transmittal leaves many of us to believe the customer needs to be the individual choosing to not be in the community in order to receive indirect supports.

Answer: Provider convenience is not a reason for the individual being absent from the activity during the delivery of an IADL support. If there is a health concern to the individual participating in the activity, efforts should be made to mitigate and support them to safely participate. The health and safety of individuals and staff are of utmost importance.

Question: Should providers be providing direct and indirect supports if the individual lives with their family or should their natural supports be providing such supports at this time?

Answer: In-home staff are essential staff and should continue to provide support to individuals. This should be done in collaboration with the individual and their family, finding the appropriate ways to support the individual in achieving their ADL and IADL related goals and tasks. Services and supports should continue as unhindered as possible within the guidelines from government and public health officials.

Question: How are we handling a PSW with expiring credentials?

Answer: ODDS is sending emails to many PSWs about expiring PEAA. ODDS will extend the credential date based on PSW responding to the email. Extended dates will be visible in eXPRS.

New questions as of April 8, 2020

Question: if schools do online learning, does this affect summer hours availability?

Answer: No

Question: We have a mother who the paid provider for her adult child. They are both too high risk to leave the home or allow a PSW in. Does mom have to clock out so another PSW can provide indirect supports like shopping and other errands outside of the home? Or, is it possible to do an exception request for 2:1 supports to accommodate??

Answer: Right now – one person would have to clock out so indirect support can occur. A 2:1 exception approval is needed to allow 2 people to provide services at same time.

Question: For PSWs with legacy rates, is the legacy rate code-specific? If one of these PSWs begins to provide a new service, are they still able to earn the legacy rate?

Answer: Legacy rates still apply. There is no specific code. From the expenditure guidelines (p.3) “Current PSWs in the bargaining unit may not be paid less than their highest hourly rate per service category in place on October 3, 2013 as long as the PSW did not have their provider number inactivated due to not delivering services for more than one year. A provider must show proof of their highest hourly rate and that this rate was established prior to October 3, 2013. There are three service categories and are as follows:

- o PSW hourly services (attendant care and skills training),
- o Job Coaching, and
- o PSW CIIS hourly services (attendant care and skills training).

Question: Is it okay to approve more than one timesheet from PSWs who are not able to secure signatures during this time of crisis? Are we allowed to consider on a base-by-case basis?

Answer: The recent LOA allows for one timesheet to not be signed at this time.

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Question: Regarding PSW OT, if an agency that has been delivering services can't provide a DSP, must the CME rule out all options, including staffing triage unit, before approving PSW OT?

Answer: Do what's necessary to keep the person safe and supported. Continue reasonable efforts to keep PSW OT limited to only what is necessary.

New questions as of April 15, 2020

Question: Will ODDS be extending PSW's service authorizations in POC to align with the 90 day extension of credentialing? Or will CMEs have to monitor that to assure PSWs can input their time?

Answer: ODDS will not be extending the authorizations.

Question: Can funds be used to purchase subscriptions to teleconferencing platforms as an assistive technology. This would be used to allow customers to continue to connect to their providers and otherwise work toward their goals.

Answer: As is always the case with assistive technology, if it can be used to get an ADL/IADL met, and is the most cost effective means, it's allowable.

Question: Can an in-home provider help children with schoolwork?

Answer: No, our services continue to be for the purpose of meeting ADL and IADL support needs. Education services are not appropriate.

New questions as of April 22, 2020.

Question: In CRIMS it appears our PSWs expiration dates are being pushed out a year. In eXPRS, they haven't been extended (so some of ours will soon not be able to enter time), and in APD-PT-20-046 it says they will be extended 90 days if they expire between March 1 and May 31, 2020. How do we handle this?

Answer: We have managed all the expirations for March and April and had hoped to have the remainder pushed out via a script by the OIS staff. That is not possible so we will be manually updating all dates beginning with those that expire the soonest.

QA Activities

New questions as of April 22, 2020.

Question: Will CMEs that have upcoming ODDS QA reviews scheduled be held to the same expectations and rules set in place prior to when COVID-19 actions were established?

Answer: The ODDS QA unit is working collaboratively with many stakeholders to assure a process that reflects the changes established and challenges inherent with

providing case management services in the midst of a pandemic. Here is what CMEs can expect for QA reviews upcoming in the near future:

(A) The ODDS QA unit is tracking all COVID-19 related transmittals and will be adhering to all guidance, timelines and flexibility to current rules outlined in those transmittals. Citations will not be issued for case management entities following the guidance listed in the transmittals.

(B) ODDS QA is working with other ODDS units and OHA to incorporate current policy direction related to COVID-19 into the quality improvement strategies listed in our CMS approved waivers. Additionally, the QA unit will identify ways to minimize the impact of QA reviews once standard operations resume.

Question: If my Case Management Entity has received an onsite visit from the ODDS QA team, but we have paused our QA remediation efforts to focus on the current COVID-19 crisis, how much time will my CME be given to complete remediation activities?

Answer: For those CMEs with QA reviews in active status (i.e., onsite review has been completed, but remediation still needs to be completed), flexibility will be given to allow adequate time to complete all previously identified remediation activities.

Question: If my CME's upcoming QA review has been or will be postponed, when can I expect it to be rescheduled?

Answer: The QA unit will work collaboratively with you to determine a future date the CME QA review can reasonably be completed. It is the stated intent of the QA unit to work collaboratively with CMEs to meet desired outcomes.

Question: If my CME's QA review was postponed or scheduled to occur through June 30, 2020 will the timeframe for documentation be different than the original request for review documents (e.g., LOC/ONA, ISPs, progress notes, etc.)?

Answer: No. They will remain the same. For example, if the CME's initial review was scheduled for April 20, 2020, but the actual review occurs in September 2020, the documentation requested by the ODDS QA team will still be January 1, 2019 through February 29, 2020. This is essential in order to report accurate data to CMS for each waiver year.

Question: If my CME's regularly scheduled review was postponed and rescheduled what month can I expect my next scheduled QA review?

Answer: If your CME's QA review was initially scheduled for March 2020 but had to be rescheduled to August 2020, the next review will occur in March of 2022. Again, we must do this in order to be consistent with our CMS waiver reporting.

New Question 5/6/2020

Question: We have a PSW who needs to go into the DMV office to renew her license, but the DMV is not open for such renewals. Their website indicates there will not be citations issued for expired licenses during timeframe. Will she be reimbursed for mileage during this time?

Answer: We will consider the DMV's position that law enforcement should exercise discretion in their enforcement of driver licenses to mean that an expired license will not disqualify a PSW from being paid mileage during the emergency period. Insurance coverage requirements are not changed.

Other:

New question as of August 27, 2020

Question: What do I do if someone I support ends up in a hospital in another state?

Answer: Many neighboring states have different regulations from Oregon regarding supports and hospital visitation during COVID-19. Here are some resources:

- Idaho Disability Rights has a website dedicated to hospital visitation rights:

<https://disabilityrightsidaho.org/hospital-visitation-rights>

This site says:

a. Patients with disabilities who need a support person for disability related needs should be able to access this support while in the hospital. If you have problems with your support person being allowed into the hospital with you because of COVID-19 visitor limitations, please contact us.

- Washington Disability Rights, COVID-19 Communication Rights Toolkit:

<https://communicationfirst.org/covid-19/> The general website has many COVID

resources: <https://www.disabilityrightswa.org/covid19/>

- Washington State Department of Health website includes links to hospital policies about admission, nondiscrimination and reproductive health.

<https://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/Hospitals/HospitalPolicies>

- The ARC has also released an article June 9, 2020 discussing a Federal Civil Rights Resolution to ensure that patients with disabilities can safely access needed in-person supports during the COVID-19 pandemic.

<https://thearc.org/federal-civil-rights-resolution-makes-clear-hospital-visitor-policies-nationwide-must-accommodate-patients-with-disabilities-during-covid-19-pandemic/>

New questions as of April 8, 2020

Question: We are concerned about instances in which people are hospitalized and are restricted from having access to an essential provider or family support, due to COVID-19 precautions. Is there an opportunity for advocacy with the hospital community on this point? Rigid restriction, in these situations, doesn't really serve anyone: it puts the person in danger, and puts medical staff at risk.

Answer: This is the hospital's decision. Advocate with public health and the hospitals.

Question: Please confirm: If a CME received an email in March from Chris Munn re. client loss of Medicaid and a NOPA was sent, the NOPA has to be rescinded and the client will not lose Medicaid?

Answer: Yes, that is correct.

New questions April 15, 2020

Question: What is the current status of PSWs coming on that require OIS training, but can't get it? Can they come to work? Can they work at the wage level as being trained? Will ODDS allow the family to 'train' them to work with individual, until training resumes/COVID ends?

Answer: Designated Persons, including DSPs, PSWs and natural supports, who hold on OIS certificate will be extended during the Executive Order 20-12 requiring social distancing. Any new provider who has not been trained and does not hold an OIS certificate, must participate in an OIS class prior to utilizing any Safeguarding Intervention – known as Protective Physical Interventions or PPIs in the OIS curriculum. To assist Instructors in being able to comply with the social distancing order, OIS has created a Partial/Temporary certificate. An instructor may choose to continue to hold full OIS classes and PPI practice when necessary to meet the needs of the Individual's served. This new Partial/Temporary certification will allow instructors to choose to hold some portions of the curriculum using telecommunications technology. The student will be required to attend a webinar to watch the proper use of some physical interventions so that in an emergency they can be more safely applied. This does not certify the student and once the social distancing order has been lifted the student will need to become fully certified. Only OIS Instructors may provide curriculum or hands on instruction to a student. A Designated Person may be permitted to work with an Individual with the Partial/Temporary certification. It is recommended that Designated Persons who hold only a Partial/Temporary certification work in conjunction with a fully certified Designated Person when the Individual's Positive Behavior Support Plan indicates the regular use of interventions that have restraining qualities including Safeguarding Interventions and PPIs. Designated Persons should connect with an OIS Instructor to identify when and how classes are being provided. PSWs should connect with The Homecare Commission for this information. Once a PSW has become fully certified they may be eligible for enhanced or exceptional compensation.

New questions for 4/22/2020

Question: How can CME staff get the training necessary for making entries into CAM?

Answer: The CAM training will be available on iLearn by May 1, 2020.

New Question May 6, 2020

Question: Some individuals are having a hard time keeping their resources below \$2000. Are they at risk of losing benefits?

Answer: This is a matter of financial eligibility for Medicaid and outside of the scope of DD services. There are transmittals aimed at APD staff who make Medicaid financial eligibility determinations, PT-20-034 and AR 20-005. They require that no Medicaid terminations are made, with very few exceptions. Excess resources will not cause someone to become ineligible for Medicaid during the emergency. The federal stimulus won't be counted for 12 months. This is outlined in PT 20-062. If there are concerns, this would be a good time to connect with a benefits counselor through the ODDS waiver, Work Incentive Network, or Disability Right Oregon. If the individual is interested in an ABLE account but does not yet have one this would be a good thing to discuss with a benefits counselor, or an ISP team.

New Questions July 7, 2020

Question: Is it required that a case management entity obtain COVID-19 testing results when using CAM to document the correlation between a serious incident and presumptive, pending, positive test results?

Answer: No. If the case management entity has access to the COVID-19 testing results those results can be scanned in and uploaded as an attachment in the centralized abuse management system (CAM).

Question: When an individual is identified as presumed positive, pending results, or tested positive for COVID-19, are two reports required, one into CAM and a separate one to ODDS per the scenario reporting process?

Answer: When an individual experiences a serious incident it must be reported within the centralized abuse management system (CAM). If the individual is also presumed positive, pending results, or tested positive for COVID-19, then that correlation should also be documented when entering the serious incident into the centralized abuse management system (CAM). When an individual is identified as presumptive positive, pending results, or positive for COVID-19, without an associated serious incident, the reporting process outlined in the "scenarios document" is required.