

<b>Topic:</b>	Supported Living agency COVID-19 policy guide V.2
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## Overview

**Description:** Temporary policies related to the delivery of supported living services 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.

## Procedure(s) that apply:

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

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

**ODDS asks people to continue to stay home and stay safe as much as possible even as Oregon begins the phased reopening county by county.** Individuals 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 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.
- Explanation about requirements to wear a mask and maintain physical distancing when individuals are in the community and assistance to access a mask or face coverings.
- Encouragement to stay home and isolated when not feeling well, regardless of the cause.

In “Extreme Risk” counties or places under a “Freeze” order, people should not be going out except for essential business. Providers should be supporting individuals to limit the need for individuals to leave the home for essential business. Support may include providers making grocery trips or completing errands in the community on behalf of the individual or utilizing home delivery or pick up options for purchasing groceries or other items.

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

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

Residential providers may not prohibit a resident of a home from leaving the home, nor can a provider deny re-entry to the home. Providers may not use intimidation or coercion to make residents stay home or to remain away from the home if individuals have chosen to leave.

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

## **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 with COVID-19, an N95 mask is recommended.
    - Spit guards are not an acceptable face covering and are not considered masks.
    - Masks must cover the mouth and nose.
    - There is also additional mask guidance designed to help explain these requirements, which can be found here: [ODDS COVID-19 Mask Guidance](#). A direct support professional (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](https://www.osha.gov/video/respiratory_protection/fittesting_transcript.html) and here: <https://osha.oregon.gov/Pages/re/covid-19.aspx>.
- 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 ensure that individuals have access to a mask anytime they must leave their home (which should be discouraged). If an individual cannot or will not wear a mask, offer alternatives such as face shields, masks made of different material, and masks that have a screen and allow individuals to still see lips/mouths. Document efforts and outcomes in the individual's record.
- Inform all individuals of safety precautions and encourage them not to have non-essential people come into the home. Help individuals to understand the risk of being in public and encourage them to minimize time away from home. Assist individuals with asking the screening questions (below) when they are home without staff. Encourage individuals to wash their hands and to change and wash their clothing after returning from an independent community activity.
- 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.
- **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." This includes people receiving supported living services and the staff who support them. You can see the order [here](#).**

**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. 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://sharesystems.dhsoha.state.or.us/DHSForms/Served/le3527.pdf>

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

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

- 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](#).
- 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.

- All employees of the agency are mandatory reporters of abuse and must continue to report all suspected abuse.
- When an individual is known to be ill or demonstrating symptoms of illness, the residential setting provider has a responsibility to communicate with other service providers supporting the individual, including employment or day support activities providers. Communication must occur when there are:
  - Concerns of persons in the household or caregivers displaying symptoms of COVID;
  - Outbreaks in the household or among staff supporting the household;
  - Medical or health department-directed quarantine;
  - Positive COVID testing; or
  - Pending COVID testing results.
- Please note: *Providers are expected to utilize use the exposure notification letter when there is a known outbreak, but calling and other communication is recommended as an additional precaution.*

## **Provider Owned and Controlled Settings**

- Masks or face coverings are to be worn when there are visitors to the home (when agency employees are present). This includes caregivers, residents, and visitors.
- Restrict entry of non-essential persons (when agency employees are present).
- Screen all Essential Persons who are allowed to enter the home. Providers must ask the Essential Person the following questions:
  - Have you had signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat unrelated to seasonal allergies? Have you had signs or symptoms abdominal pain including nausea or diarrhea?
  - Have you had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19 outside of the providers agency or home?
  - Have you been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?
  - Have you traveled internationally within the last 14 days to countries with sustained community transmission.? For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- Staff must be screened by using the screening questions by a manager or program coordinator prior to starting their shift.
- An essential person is:
  - Agency staff who provide care, including program coordinators, and prospective staff seeking employment;

- Emergency Personnel;
  - Adult Protective Services;
  - Services Coordinators;
  - Residential Facilities Ombudsman Deputies (not volunteers);
  - Office of State Guardian and other guardians when they have concerns about the health and safety of a protected person;
  - Licensing staff;
  - Friends or family members visiting during end-of-life stages;
  - Office of Training, Investigations, and Safety (OTIS) staff or CDDP delegates;
  - Outside medical and behavioral health personnel, including nursing services providers;
  - Behavior Professionals when necessary for health and safety and telecommunication methods are insufficient;
  - Vendors for critical supplies.
  - **Persons, such as healthcare workers, who are necessary to administer COVID-19 vaccinations.**
  - Family Members; (Low, Moderate, and High Risk only)
  - other Guardians; (Low, Moderate, and High Risk only) and
  - Close, personal friends. (Low, Moderate, and High Risk only)
- Maintain documentation of all screenings.
  - A setting shall implement the following protocol for visitors:
    - Settings having visitors must be "COVID-free", meaning that living there has or suspected to have COVID-19, including demonstrating symptoms associated with COVID-19 that are not attributed to other causes. COVID-19 symptoms include:
      - Fever
      - New or worsening cough
      - Difficulty breathing
      - Chills or repeated shaking with chills
      - Muscle pain
      - Headache
      - Sore throat
      - New loss of taste or smell
      - Runny nose (not due to season allergies)
      - Nausea
      - Diarrhea
      - Abdominal Pain
    - Hospice staff will not count towards the two visitor limit in an end of life situation.
    - Visitors must be screened prior to entering the home (see screening questions below).
    - Visitors are expected to wear face covering or masks and PPE and wash hands upon entry and as requested.

- Visitors, individuals, providers, and staff are to maintain physical distancing (at least six feet) to the degree reasonably possible.
- Any areas of the home where visitors spent time must be cleaned immediately afterwards.
- Providers may request that visitation by personal visitors, behavior professionals and vendors is pre-arranged. This is only for the purpose of ensuring there are not more than two visitors at a time in the home and there is adequate time to clean between visitors.

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

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

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

### **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.
- DSP Minimum Training (valid until further notice ~~through 10/31/20~~):
  - 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.
  - A new hire who has worked in a 24 hour residential home or supported living program in Oregon within the past two years and who had completed the training to work unassisted may work unassisted at a specific site following the local training portions of the following core competencies, including the physical

and oral demonstration (as applicable), at any site where they will work unassisted:

- 107. Health: Medical Information
- 108. Health: Understanding Common, Serious Health Risks
- 109. Health: Adaptive Equipment
- 110. Health: Required Infection Control Techniques
- 111. Health: Medication Administration and Documentation
- 116. Safety: Safety Equipment
- 117. Safety: Safe Equipment Operation
- 119. Safety: Responding to Emergency Situations
- 121. Planning: Become Familiar with each ISP
- 122. Planning: Support Documents
- 124. Planning: Court Restrictions
- 127. Organizational Mission and Policies: Incident Report Requirements
- In addition:
  - Be given nursing delegation and OIS training required to implement a PBSP, when applicable.
  - Instruction on reporting requirements defined in OAR 411-323-0063.
- Before working unassisted, other new hires must complete, in addition to the requirements listed above, the local training portions of the following core competencies, including the physical and oral demonstration (as applicable):
  - 102. Rights: Mandatory Abuse Reporting
  - 104. Rights: Confidentiality Standards
  - 106. Value: Dignity, Respect, and Person-Centered Language
  - 118. Safety: Environmental Modifications For Safety
  - These new hires must also:
    - Be given information about rights for people who receive I/DD services (may be iLearn lesson 103 or in person by a supervisor)
    - Be informed of the agency's policy on emergency physical restraint
    - Instructed on documentation requirements
  - The remainder of tier 1 core competencies and the online portions of those listed above can occur on tier 2 timelines (within three months of the start date of work).
- The agency is urged to continue to update the [Staffing Support Availability Workbook](#) weekly and send it to [ODDS.StaffingSupport@dhsosha.state.or.us](mailto:ODDS.StaffingSupport@dhsosha.state.or.us). NOTE: ODDS can NOT open from general email boxes such as this one any secure emails that originate from other entities. The workbooks should not contain PHI; however, for those who choose to send the workbook by secure email, follow this procedure: Send an unsecure email to: [ODDS.StaffingSupport@dhsosha.state.or.us](mailto:ODDS.StaffingSupport@dhsosha.state.or.us) with the subject line "SEND SECURE EMAIL". No need to include a message in the body of the email. ODDS will respond with a secure autoreply email. Open the secure email, click to reply, attach your completed workbook, and send the email to the address above. Follow this



procedure for emailing weekly updated workbooks. Staff should be notified when they are included on the workbook.

- To request assistance with staffing shortages, see [AR-20-037](#).
- An agency with a Supported Living endorsement does not require an endorsement to OAR chapter 411, division 450 to deliver Community Living Supports. The provider number attached to 93-943 provider record can be used for authorization in Plan of Care.
- Beginning March 1, 2020, expiring criminal history checks have been extended for one year.
- 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.
- 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 the following information, via the secure email within one week of being notified of the review. The email must contain all documents listed below:
    - Environmental Checklist
    - Personnel
    - Fire drills
    - Emergency Plan
    - Medications Checklist
  - For agencies that do not use Therap, the licensing review will be postponed through June 30, 2020. For licenses 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](mailto: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.

### **Frequently Asked Questions:**

n/a

### **Contact(s):**

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