

Listed in this table is a brief summary of policies enacted in response to the COVID-19 public health emergency, and what those policy topics will look like after it is over. **Updated April 27, 2023**

Policy during the COVID-19 PHE	Policy as of May 11, 2023	Provider action	CME action
<p>Providers are required to wear masks; face masks for visitors to 24-hour and foster homes required; CME staff required to wear masks when conducting home visits</p>	<p>Mandatory masking requirements for health care settings was lifted April 4, 2023. Masks and other basic precautions against disease should be employed when a resident of a home is known to have a contagious disease and are required when a person requests a provider to wear one.</p>	<p>Assure DSPs and substitute care givers understand the circumstances under which a mask would be required.</p>	<p>Any person from a CME or ODDS conducting official business in a home with a known respiratory disease outbreak present must wear a mask and take basic precautions against disease.</p> <p>Masks must be worn at the request of residents of a home.</p> <p>CME and Department staff must offer to wear a mask prior to entering a service setting and must comply with requests to wear a mask.</p>

Policy during the COVID-19 PHE	Policy as of May 11, 2023	Provider action	CME action
Report positive COVID-19 cases for individuals to ODDS, CME, and LPHA	Reporting positive cases to ODDS is no longer be required.	Report positive cases of any serious contagious disease to the CME and LPHA.	Reschedule visits or take appropriate precautions when attempting to make an in person visit to a setting with an outbreak of a serious contagious disease
Annual training requirement for In-Home agencies, 24-hour and Adult Foster Care paused	All staff are subject to all training requirements immediately following the end of the PHE, including 12 hours of annual continuing education.	All staff after the PHE: Any employee who is subject to the 12 hour continuing education requirement must have 12 hours of training no later than 4/30/2024.	
Annual training hours for CME staff temporarily reduced to 10 per year.	All case managers following the end of the PHE are subject to all training requirements as described in OAR 411-415-0040(2) immediately.		Any employee who is subject to continuing education requirement must have the required training no later than 4/30/2024.

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<p>Portions of the core competency trainings for DSPs who previously worked in 24-hour, adult foster care or supported living are waived or delayed.</p>	<p>New hires and existing DSPs following the end of the PHE are subject to all core competency training requirements and timelines that existed pre-pandemic. DSPs who deferred training must complete required core competency modules within six months of the end of the PHE.</p>	<p>Assure all new hires following the end of the PHE meet the complete core competency trainings on schedule.</p> <p>Assure that DSPs who deferred core competency trainings complete the missed modules within six months of the end of the PHE.</p>	
<p>Nonessential visits paused when there is a confirmed outbreak of COVID-19 in 24-hour residential and foster homes</p>	<p>Policy set by Local Public Health Authority</p>	<p>Recommend continue to follow the guidance from the LPHA</p>	<p>Recommend continue to follow the guidance from the LPHA</p>
<p>24-hour and foster home tours pause during outbreak</p>	<p>ODDS will not limit or prohibit tours, however LPHA policy in place locally should be followed.</p>	<p>Recommend follow LPHA guidance.</p>	<p>Recommend follow LPHA guidance.</p>

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The Adult Foster Home Basic Test is suspended in some counties.	New adult foster care providers who have not taken the AFH Basic Test must complete it within three months of the end of the PHE. Following the end of the PHE, all newly licensed AFH providers must complete the test.	AFC providers who have not completed the AFH Basic Test must do so by August 30, 2023.	CDDPs must resume offering the AFH Basic Test to new providers no later than the end of the PHE. CDDPs must get untested providers tested within three months of the end of the PHE.
In-person contact by a SC/PA is allowed, with precautions. An individual getting in-home or supported living services has been able to refuse a home visit out of concern for risk of COVID-19 exposure.	Home visit refusal due to COVID concerns ends with PHE. Annual home visits are required during the year beginning with the individual's next plan renewal following the end of the PHE.		Conduct home visits no later than during the first ISP year that begins after the end of the PHE.

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Violations of HIPAA will not trigger penalties	Once PHE ends neither providers nor CMEs may use noncompliant communication technology when conveying protected health information (PHI).	Verify that technology is compliant with privacy laws. Assure staff are aware of requirements.	Verify that technology used to convey PHI is compliant with federal and state privacy laws and requirements. Examples of secure technology include phone calls, secure email, and HIPAA Zoom licenses. Assure that SC/PAs are aware of privacy law requirements. Questions about whether a CME's communication is compliant with privacy laws and guidance should be directed to the CME's counsel.
A visual observation for the ONA is required, but may be completed virtually, remotely, or face to face.	There must be a face to face component to the assessment. COVID will no longer be a reason for an approval of an exception to the face to face requirement.		Completing an ONA must include an in person, face to face component. It may occur from a distance.

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Summer hours for children may be used during the school months	No change		Summer hours will continue to be available, when necessary, during the school year through the end of the Maintenance of Effort requirements from the American Rescue Plan Act.
Exceptions for the use of attendant care during remote school activities	Use of attendant care during remote school activities must end with PHE. No exceptions.		Previously approved exceptions expire with the PHE and person must follow existing rules regarding the use of attendant care. Attendant care may be used during the day for absences from school, temporary sicknesses, and alternate school schedules, but not for home schooling. This type of use of attendant care does not require an exception.

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ISP meetings may be conducted remotely.	ISP meeting must be conducted in person. In the event of a federal, state, or local emergency ODDS will communicate when remote ISPs may be conducted.		Creating an ISP must include a face to face meeting.
An ISP end date may be extended once for up to an additional year	All ISPs must renew annually once the PHE ends. No extensions.		All ISPs must be renewed annually on the expiration date of the ISP.
ISPs may be revised retroactively	ISP revisions may not be retroactively approved.		Revisions to ISPs must be prior approved.
Documented verbal agreement can substitute for a written signature on all documents required by ODDS	Written signatures are required. Verbal agreement may not be used in lieu of a written signature.	Written signatures required. Verbal authorization is not sufficient.	Wet or statutorily compliant electronic signature required. Relevant statute is ORS 84.019. DocuSign is allowed.

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For in-home services, previously approved monthly hour exceptions must be extended and do not require additional approval from ODDS.	Due to the on-going injunction prohibiting most reductions for in home attendant care hours, the policy of not requiring exception renewals will continue until further notice.		CMEs can continue to extend previously ODDS-approved in-home hour exceptions.



<p>Individuals requiring a monthly waived service to maintain Medicaid eligibility will not lose Medicaid if the waived service is not delivered.</p>	<p>Individuals who were kept open at a CME for being in the 300% group become ineligible for all services, including case management, on the first day after the end of the PHE.</p>		<p>No later than May 1, 2023, the CME will send a NOPA to affected individuals with an effective date of May 11, 2023, and end service eligibility in eXPRS on the same date.</p> <p>The NOPA should describe why they are being terminated. Be specific to their particular situations.</p> <p>The most common reasons are, and the rules to cite are:</p> <ul style="list-style-type: none"> <li>• Failure to participate in ISP development (411-415-0030(5)(b)(F))</li> <li>• Failure to participate in required assessment activities (411-425-0055(2)(e)(A)),</li> <li>• No longer DD eligible (411-415-0030(5)(b)(C))</li> </ul> <p>Include that it is happening now, and not at the time that it normally would have, due</p>
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			to the CARES act. The CARES act required the state to keep people enrolled to Medicaid during the PHE ended. They were not terminated when they would have been because they needed a monthly waiver service to continue to stay enrolled in Medicaid. Now that the PHE is over, they must be exited from DD services.
Assistive technology may be purchased to help people communicate with case managers and other providers remotely.	No change is needed. The related policy is applicable outside the context of a pandemic.		Assistive Technology can continue to be authorized when it is needed for a person to access services.

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Parents are allowed to be paid providers for children needing high levels of support.	Parents will no longer be eligible to be paid providers for a minor child after the end of the PHE. No exceptions.	DSPs may no longer be assigned to support their minor child after the end of the PHE.	Service Prior Authorizations for parent PSWs should be ended effective the last day of the PHE. Assist families with arranging supports as needed. The last day a parent can be paid to support their minor child is May 11, 2023.  NOPAs are not required
PSW timesheets can be approved without an employer's signature for COVID-19 related reasons	COVID-19 will no longer be a reason for an employer not to sign a timesheet.		Time sheets will require the employer's signature except as allowed in the current Collective Bargaining Agreement.
Portions of the Discovery process may be offered remotely	The portions of Discovery that can be remote can continue after the end of the PHE	Follow guidance in the Workers Guide on Remote Employment and DSA Services.	Follow guidance in the Workers Guide on Remote Employment and DSA Services.
With ODDS approval, job coaches can support a person in a residential setting.	Assistance from a PSW job coach for a work from home job can continue to occur in a residential setting.	Allow PSW job coaches to assist residents with Job Coaching inside the home.	

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<p>With ODDS approval, PSW job coaches can support a person who lives in a residential setting (previously people in residential had to use an agency).</p>	<p>A person who lives in a residential setting can continue to choose a PSW for a job coach. ODDS must grant approval.</p>		<p>Request ODDS approval before authorizing. See ODDS Worker’s Guide regarding Job Coaching.</p>
<p>Job coaching may be provided remotely; individual may return to a higher level of job coaching support.</p>	<p>The team may make this determination if the job has changed significantly. If the job has not changed significantly, but a higher level of support is needed, then an ODDS-approved exception is required. See the Worker’s Guide on Remote Employment and DSA Services.</p>	<p>Remote Job Coaching can continue. More information about remote employment services is available in the ODDS Worker’s Guide for Remote Employment and DSA Services.</p>	<p>Authorize the higher level of job coaching if it is needed because of a significant change to the job. Request an exception to return to a higher level of job coaching if a person needs increased support on the job for other reasons.</p>

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Employment path and DSA may be provided remotely.	Remote Employment Path and DSA may continue under requirements outlined in the Worker’s Guide on Remote Employment and DSA Services. Rates at the Community Rate until the end of the PHE MOE period. After the PHE rates will be at an established rate for Remote Employment Path and DSA Services.		Assess for appropriateness of remote Employment Path and DSA.  Update plans to document the person made an informed choice regarding remote services.
For DSA the requirement for 12 hours of annual training is paused and CPR/First Aid renewals can be postponed.	New hires and existing DSPs following the end of the PHE are subject to all core competency training requirements and timelines that existed pre-pandemic. DSPs who deferred training must complete required core competency modules within six months of the end of the PHE.	All staff after the PHE: Any employee who is subject to the 12 hour continuing education requirement must have 12 hours of training no later than 4/30/2024.	

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Temporary allowance for CME staff to work in Residential Settings under provider agencies and employers	COVID policy ends when PHE ends. IM-21-083 will become obsolete.	Provider agencies may not utilize case managers as DSPs.	CME to ensure CME staff are aware.
Presumed Eligibility Policy	The revised presumed eligibility policy will continue		Follow ODDS' guidance around presumptive eligibility.
Attendant care in a hospital setting	This has been added to the K plan and is a permanent policy	Continues	Continues
Civil penalties and COVID-19 APD-IM-20-084	This policy will remain in place indefinitely.	Comply with COVID-related directives or face civil penalties.	Report violations of COVID policies to ODDS.
COVID-19 and CAM Reporting for abuse investigations and death reviews	There will be no change to this policy after the PHE. The policy stated in APD-PT-20-083 will remain in effect.		Complete COVID related CAM entries as described in <a href="#">PT-20-083</a>