



## Introduction

The Office of Developmental Disabilities Services (ODDS) has responded rapidly to the COVID-19 pandemic and public health emergency by releasing a series of transmittals and worker guides related to DD services. This guide replaces those previous worker guides and transmittals.

COVID-19 continues to present a risk in our communities and threatens older adults, those with underlying health conditions, and those with intellectual and developmental disabilities (I/DD).

ODDS strives to support choices of individuals and their families by promoting and providing services that are person-centered, self-directed, flexible, community inclusive, and supportive of the discovery and development of everyone's unique gifts, talents, and abilities. This guide focuses on supporting these same values throughout the ongoing pandemic.

Policies and resources for CME, ODDS, and provider staff related to Developmental Disability services during the COVID-19 pandemic are contained within this guide. This guide will be updated as State and Federal requirements change.

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## 1. Definitions

**Face-to-Face contact:** Contact that includes seeing the individual's face. This can be either in-person, via telehealth, or from a distance (such as seeing someone from your car).

**Fully vaccinated:** means having completed a two-dose COVID-19 vaccine series or one dose of a single-dose COVID-19 vaccine and at least 14 days have passed since the individual's final dose.

**HIPAA:** Health Insurance Portability and Accountability Act, a 1996 Federal law that restricts access to individuals' private medical information.

**Individual:** means a child, young adult, or an adult, applying for, or determined eligible for, Department-funded developmental disabilities services.

**In-person contact:** Contact that includes seeing the individual in-person and where some reciprocal interaction takes place. It can be inside or outside of the person's home and with space for social distancing. Observing someone from a far distance or through other means that may restrict observation or interaction does not meet this requirement.

**Local Public Health Authority (LPHA):** Local government agencies that provide public health guidance to local entities, such as providers and CMEs, in coordination with the Oregon Health Authority.

**Oregon Health Authority (OHA):** State government agency that oversees most of Oregon's health-related programs. OHA is responsible for the state's Medicaid program through which developmental disability services are funded.

**Personal Protective Equipment (PPE):** Garments or devices that lower the risk of contracting or spreading COVID-19. Some examples are N95, KN95, cloth, or paper masks, face shields, protective eyewear, spit guards, gloves, and gowns.

**Public Health Emergency:** The period of emergency declared by federal and state authorities with respect to the 2019 Novel Coronavirus, "COVID-19".

**Telehealth:** A means to access health-related services without an in-person visit by using a computer, tablet, or phone.

## **2. Masks and Other Personal Protective Equipment**

**ODDS mask requirements are still in effect and may be more restrictive than requirements in effect for the general public.**

### **2.1 Masks**

**All providers of developmental disabilities case management and other services must wear masks when within six feet of an individual, indoors, outdoors, and while in vehicles.**

**This includes:**

- Personal support workers
- Direct support professionals
- Employment providers
- Case managers, assessors, licensors, and other CME staff
- ODDS case management and licensing staff
- Provider agency and foster home volunteers
- Foster home substitute caregivers
- Independent providers, behavior professionals, and nurses

**The only exceptions to the above mask requirements are as follows:**

- Providers that live in the same home as the person supported are not required to wear a mask. This applies to in-home agency direct support professionals, personal support workers, and child and adult foster providers.
- Providers with a medical or religious exception that follows OHA guidelines are not required to wear a mask.
- If wearing a mask negatively impacts the individual being served due to behavior or other concerns, specific providers may not be required to wear a mask. This exemption must be documented.

**All providers are strongly encouraged to wear N95 or KN95 masks.**

Using masks made of materials containing holes or permeable space such as mesh, lace, or crocheted masks are not permitted and are not compliant with the mask wearing requirement. You can find a quick guide on how wearing a mask can help by following these links: [OHA Mask](#)

[Recommendations & Requirements](#) and [Oregon.gov Here's how to help your mask help you.](#)

Individuals must be supported to follow all public health recommendations and state and local rules related to COVID-19, including wearing masks.

**Masks are required for Employment and DSA Services delivered in a group setting. If an accommodation is needed, it is a 1:1 individualized service.**

## 2.2 Purchasing Personal Protective Equipment (PPE)

**CMEs** may purchase gloves and masks for individuals supported by a CDDP or Brokerage. Invoices with an itemized receipt of what was purchased may be submitted monthly to the ODDS Contracts unit at [CAU.Invoice@dhsosha.state.or.us](mailto:CAU.Invoice@dhsosha.state.or.us) for reimbursement. Any retail vendor is an appropriate source for masks and gloves.

**24-hour group homes, Adult and Children Foster Homes, other provider types & Case Management Entities** should work with their local county emergency managers to obtain needed PPE. Use this link to identify and contact the appropriate emergency manager in your respective counties: [https://www.oregon.gov/oem/Documents/locals\\_list.pdf](https://www.oregon.gov/oem/Documents/locals_list.pdf)

**PSWs** who need PPE may submit a request to the Oregon Home Care Commission (OHCC) by completing an electronic form at <https://seiu503.tfaforms.net/622> or by emailing [OHCC.CustomerRelations@dhsosha.state.or.us](mailto:OHCC.CustomerRelations@dhsosha.state.or.us)

## 2.3 Screening

When a CME employee, licenser, or other provider who does not live in the individual's home has an in-person visit, they must screen themselves for COVID-19 symptoms as outlined by their LPHA before conducting the visit.

If the CME employee, licenser, or other provider who does not live in the individual's home has a presumed or confirmed case of COVID-19 or symptoms of COVID-19, the visit should be rescheduled or completed by another qualified person when appropriate.

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When necessary to conduct abuse investigations and urgent licensing activities in residential settings, CMEs may choose to follow OHA and LPHA crisis guidance for healthcare providers. For more information, see OHA Interim Healthcare Isolation and Quarantine Guidance here: [OHA 2288J\\_R COVID-19 Public Health Recommendations: Clinical Care, and Healthcare Infection Prevention \(oregon.gov\)](#).

Providers who travel out-of-state are asked to consult with the LPHA and OHA for guidance on quarantine recommendations related to travel.

### 2.4 COVID-19 Testing

Providers and case managers must support individuals to understand and access COVID-19 testing in their local area.

Effective November 8, 2021, people who have Oregon Health Plan (OHP) medical coverage may now be eligible for free at home test kits when picked up at the pharmacy. For further information please contact your Coordinated Care Organization (CCO) or OHP Care Coordination.

Additionally, each household may also be eligible for free at home test kits through the mail. Please visit this link to order: [COVIDtests.gov - Free at-home COVID-19 tests](#).

### 2.5 COVID-19 Reporting

Providers must report individuals with a presumed or confirmed case of COVID-19 using this link: [ODDS COVID-19 Positive and Presumptive Reporting Form](#). ODDS has developed a COVID-19 Scenarios Tool that outlines various responses and scenarios related to presumptive, and positive cases of COVID-19. The scenarios tool may be found on the ODD COVID-19 webpage at this link: [COVID-19 Scenarios and reporting requirements for ODDS \(Oregon.gov\)](#).

CME staff and PSWs should refer to Local Public Health Authority (LPHA) for guidance for reporting presumed or positive cases of COVID-19 for provider staff,

ODDS recommends providers, families, and individuals continue to report positive staff and agency COVID-19 outbreaks to their respective CMEs to



continue collaboration and monitoring of all individuals who may be impacted by a provider absence due to COVID-19.

### 2.6 Background Checks

Criminal history background checks and preliminary hires CMEs, Medicaid certified agency providers, certified child foster and licensed adult foster care providers are now able to allow a new hire to work supervised on a preliminary basis pending a final fitness determination from the Background Check Unit (BCU). Preliminary approval is limited to 90 days. The agency or certified/licensed provider may determine if working unsupervised is appropriate on a case-by-case basis. **This does not apply to Personal Support Workers (PSWs).**

Criminal history checks and renewals by the Background Check Unit have resumed. The need for fingerprint-based background checks is still postponed until the public health emergency ends. They will be required later for those that were postponed.

### 2.7 Quarantining and isolating

Providers and CME employees who have confirmed or presumed positive cases of COVID-19 or have been exposed to someone with COVID-19 should refer to LPHA or OHA for current guidelines.

For Employment and DSA services, staff and individuals may return to sites or programs when they've isolated for the timeline specified and under any protocols or guidance given from LPHA. In the event that a provider cannot get a determination from LPHA, they should reach out to their Regional Employment Specialist whose contact information can be found through this link: [oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST](https://oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST)

### 2.8 COVID-19 vaccinations

The COVID-19 vaccine is available to all Oregonians aged five and older. Individuals must be supported in accessing the COVID-19 vaccine. Teams are expected to work with individuals through supported decision making to aid in the decision process.

**Providers may not direct an individual's choice in receiving a vaccine. Providers may not condition services based on someone's vaccine status.**

Please see additional ODDS guidance about the vaccines and vaccine process on the ODDS COVID-19 webpage link: [oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19](https://oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19). For vaccination information by county please visit the OHA COVID-19 vaccination information by county webpage link: [oregon.gov/oha/covid19/Pages/vaccine-information-by-county](https://oregon.gov/oha/covid19/Pages/vaccine-information-by-county).

### **2.9 OSHA COVID-19 regulations:**

Oregon OSHA has issued a set of regulations which include requirements for workplace settings to address employee safety. OSHA is a separate regulatory authority not affiliated with ODDS. Providers are responsible to know if OSHA rules apply to them as an employer and are expected to be aware of and follow OSHA requirements. ODDS COVID-19 policies continue to apply. For information on OSHA regulations and how they may affect your workplace please go to the OSHA website or review the 437-001-0744 Rule Addressing COVID-19 Workplace Risks at this link: [osha.oregon.gov/OSHARules/div1/437-001-0744.pdf](https://osha.oregon.gov/OSHARules/div1/437-001-0744.pdf)

### **3. In-home Agency Providers**

All DSPs who live outside the individual's home must wear masks and use other appropriate precautions when working with the individual.

#### **Training Requirements**

The requirement for 12 hours of annual training may be paused. CPR/First Aid certification will no longer be postponed and must be completed by all staff. 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.

### **4. Personal Support Workers**

All PSWs who live outside the individual's home must wear masks and use other appropriate precautions when working with the individual.

Please refer to OHCC or go to [carewellseiu503.org](https://carewellseiu503.org) for more details on PSW training requirements.

For more information on assessment, individual service planning, and other PSW information please see the [Case Management Entity Activities section](#) of this guide.

### **5. 24-Hour and Adult Foster Home Settings**

All providers who live outside the individual's home must wear masks and use other appropriate precautions when working with the individual.

#### **5.1 24-hour and AFH visitors and individual protections**

Individuals may have visitors in the home. Providers may work with individuals to ensure there is adequate coordination of timing and volume of guests for safe distancing and cleaning between guests to occur.

Visitation may be paused when there is a confirmed or suspected outbreak of COVID-19 in the home. Essential visitation such as a necessary protective service visit to address safety concerns may occur during this paused time. Please refer to your LPHA for additional guidance.

All visitors to a 24-hour residential or adult foster home must wear a face mask, regardless of vaccination status. Please see the [PPE section](#) of this worker guide for more detail.

Providers may decline entry of a visitor who is symptomatic, suspected or confirmed to have COVID-19, or is expected to quarantine due to recent exposure.

Residential providers may not prohibit a resident from leaving the home or deny their re-entry to the home. A provider may not require a COVID-19 negative test for a resident to re-enter 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.

#### **5.2 Tours of Residential Homes**

Tours of residential homes may occur. It is recommended that tour groups be limited to the individual and one attendant when possible. In-person tours may not occur when there is a confirmed or suspected outbreak in the home or if the touring individual or their attendant are symptomatic,

suspected, or positive for COVID-19 or must quarantine due to recent exposure.

Alternatives to in-person tours such as video conferencing tours or meeting outside of the home when possible are encouraged. It is also recommended that tours are scheduled for times when all or most residents are away from the home to limit potential in-person exposure.

All visitors to the home must wear face masks and adhere to other guidance outlined in the visitor and individual protections section above. For further information on PPE and other precautions please see the [PPE section](#) of this worker guide.

### 5.3 Residential Provider and CME Guidance for COVID-19 Staffing Challenges

ODDS supports residential providers in following guidance from OHA for healthcare settings located here: [Interim Guidance for Managing Healthcare Personnel with COVID-19 Infection or Exposure from OHA](#).

For additional staffing shortages that are unable to be mitigated by the above guidance please reach out to the field liaison team at [ODDS.StaffingSupport@dhsoha.state.or.us](mailto:ODDS.StaffingSupport@dhsoha.state.or.us)

### 5.4 Limitations on Notice of Exit

Providers are now permitted to issue a Notice of Exit in accordance with current Oregon Administrative Rule (OAR). A provider shall not provide a notice of exit to an individual based on the individual contracting a communicable disease, such as the COVID-19 virus. Also, a provider may not issue a notice of exit to an individual due to challenges the provider is facing or the provider's decision to change operational practices, including the following situations:

- Provider has limited staffing resources
- Provider desire to self-quarantine
- Provider has limited supplies or supplies are difficult to obtain
- Individuals no longer have alternate community activities to go to during the day such as employment or day services activities
- Provider desire to temporarily relocate

In the event of a medical or behavior situation that meets the administrative rule condition for an exit notice, the provider must make reasonable efforts to explore alternatives to safely support the individual and allow for the maximum amount of time possible for notification and identification of another living situation for the individual.

Individuals who do receive notification of exit from a provider retain the right to dispute the notice and request a hearing in accordance with ORS chapter 183 and OAR 411-318-0030. For further information on licensing please see the [licensing activities section](#) of this worker guide.

### 5.5 Training Requirements

The requirement for 12 hours of annual training may be paused during the period of the public health emergency. CPR/First Aid certification will no longer be postponed and must be completed by all staff.

New hires may work, assisted by a fully trained DSP, without the 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 or supported living agency in Oregon within the past two years and who has completed the training to work unassisted may do so at a specific site following the local training portions of the following core competencies: 107–111, 116, 117, 119, 121, 122, 124, and 127. This local training includes the physical and oral demonstration (as applicable), at any site where the new hire will work unassisted.

In addition, new hires must also be given nursing delegation and OIS training required to implement a positive behavior support plan (PBSP) (when applicable), and Instruction on reporting requirements defined in OAR 411-323-0063.

Before working unassisted, other new hires must complete the local training portions of the following core competencies, including the physical and oral demonstration (as applicable): 102, 104, 106, and 118. These new hires must also be given information about rights for people who receive I/DD services (either through Workday lesson 103 or in person by a supervisor), information about the agency's policy on emergency physical restraint, and instruction 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).

### **5.6 Adult Foster Home Basic Test**

The Adult Foster Home Basic Test is currently suspended in some counties. New AFH provider applicants must communicate with their local AFH Licensor to coordinate the remaining elements of their application process. Until further notice, all new hires must read the AFH Training manual as part of any on-the-job training and arrange the Basic Test with their local CDDP.

All new Adult Foster Home hires who have previously worked in a 24-hour residential or Supported Living agency for a minimum of six months within the last two years and have read the AFH manual will have their testing requirement waived.

## **6. Case Management Entity Activities**

### **6.1 Resuming In-Person Contact with Precautions**

Most case management activities, including routine monitoring, planning, assessment, and referral, may be conducted remotely, or in person with appropriate precautions. Effective November 2021, in-person site visits described in OAR 411-415-0090(3) must resume as follows:

- A CDDP must conduct quarterly site visits at each child or adult foster home, host home, and 24-hour residential program setting.
- A CDDP must conduct an annual visit to each site that is owned, operated, or controlled by an employment or DSA program.
- A CME must conduct at least one visit annually to the home of an individual receiving services in a supported living or in-home setting.

An individual getting in-home or supported living services may refuse a home visit out of concern for risk of COVID-19 exposure. Document this refusal in progress notes.

In addition to site and home visits, all children, and adults whose ISPs renew on or after December 1, 2021 must have at least one in-person case

management contact within their plan year. There are no exceptions to this requirement. This contact may occur outdoors and while maintaining social distancing.

It is recommended that CMEs look to their LPHA for information on COVID-19 surges and use professional judgement to plan, schedule, or reschedule in-person visits. There is flexibility to conduct in-person case management contact visits within the person's ISP year. For additional support please see [Appendix A](#) of this worker guide for questions to ask to assess the need for an in-person visit.

In-person adult protective services activities must occur as directed by OTIS (see APD-AR-20-042).

### 6.2 Privacy

Violations of HIPAA will not trigger penalties during the public health emergency per direction from US. Department of Health and Human Services. This allows for the use of platforms such as texting, Skype, FaceTime, and Zoom for case management activities. However, when HIPAA-compliant technology is available, it should be used as a preferred method.

### 6.3 Needs Assessments

At this time, an ONA end date may be extended once without reassessment for up to an additional year. If an ONA was extended once in the previous year, it must be conducted in full the following year. This extension must be documented in a progress note.

The visual observation (face-to-face contact) is required, but may be completed virtually, remotely, or in person. Requests for in-person assessment should be honored when possible. ODDS will consider exceptions to the visual observation requirement on a case-by-case basis, for a reason related to the COVID-19 pandemic.

**A visual observation must not be skipped for more than one assessment.**

To request an exception to the visual observation requirement CMEs must send a secure email with the subject line "Face-to-Face exception" to

[ODDS.FundingReview@dhsosha.state.or.us](mailto:ODDS.FundingReview@dhsosha.state.or.us) In the body of the email include:

- The full name and prime number of the individual
- The name of the CME and the individual's county of residence
- The reason the face-to-face observation can't be completed.
- Date of ONA expiration.

### **6.4 Summer Hours for Children**

Summer hours listed on the Children's Needs Assessments (CNAs) are in effect until further notice for children receiving in-home services. Plan of care (POC) must be updated manually for individual children by each CME to reflect this extension. Summer hours may be used for attendant care during the school year for activities of daily living (ADL), instrumental activities of daily living (IADL), health-related, or behavior support tasks identified in the child's Individual Support Plan (ISP). This includes cueing, monitoring, reassurance, redirection, set-up, hands-on, standby assistance, and reminding. Attendant care cannot be used solely for the purpose of educational activities or homeschooling and cannot supplant the role of special education services or educational accommodations.

Children and young adults eligible for special education services authorized under the Individuals with Disabilities Education Act (IDEA) are not eligible for Day Support Activities (DSA) or Employment Path services without an exception from the Department. DSA for individuals 18-21 cannot be facility-based.

### **6.5 Individually Based Limitations**

Providers for adults and children who use developmental disability services are expected to continue to support individuals in the least restrictive, most appropriate manner possible and extend any and all freedoms and protections as reasonably possible during this public health emergency.

IBL's may not be required when limitations on the below listed Home and Community Based Services (HCBS) freedoms are in compliance with public health emergency guidance and address infection control in the home setting:

- Residency Agreements (for temporary housing arrangements)



- Visitors
- Control of Schedule and Activities
- Access to Personal Food
- Furnishing and Décor
- Choice in Roommate

### 6.6 Planning and Service Authorizations

#### Contact

A person's annual Individual Support Plan (ISP) meeting, follow-up or mid-year change meetings may be completed remotely or combined with an in-person contact. Please see the resuming in-person contact section and additional questions in [Appendix A](#) of this worker guide for further details.

#### Timelines

An ISP end date may be extended once for up to an additional year. An ISP that had an end date extended once in the previous year must be renewed. **No ISP can be authorized for a period longer than two years.** The extension and the reason for it must be documented in a progress note.

#### Retroactive changes

ISPs may be revised retroactively to a documented date of request for a service change when the service is needed to mitigate a risk related to COVID-19. Examples of this could be increasing hours allotted to attendant care due to closure of someone's DSA program or the addition of behavior services because of increased behaviors due to isolation.

**Provider enrollment will not be retroactive.**

#### Signatures

Written signatures are preferred; however, a documented verbal agreement can substitute for a written signature on all documents required by ODDS. Case managers are encouraged to provide advanced copies of any documents via mail or email. Case managers must review relevant information remotely and document the following in progress notes:

- The document's title and purpose
- The date the document was reviewed
- How the meeting was conducted (phone, email, videoconferencing)

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- Names of people that reviewed the document and their role on the individual's ISP team
- Confirmation that relevant information such as dates, hours, rates, risks, or service limits were understood and acknowledged

It is also recommended that a notation be made of verbal agreement of each person verbally agreeing, to the corresponding document. Maintain and file documents according to the same processes in place before the pandemic. All verbally approved Freedom of Choice forms will require a written signature after the federal PHE ends

### 6.7 Reductions

For in-home services, previously approved monthly hour exceptions must be extended and do not require additional approval from ODDS. All rate exception approvals require annual review by ODDS to be extended.

Individuals requiring a monthly waived service to maintain Medicaid eligibility will not lose Medicaid if the waived service is not delivered. An SC/PA will need to document attempts to provide this service and why it was not able to be provided at that time.

Service reductions and terminations may occur as they did prior to the pandemic, with some exceptions. Before making a reduction or termination of waiver services, a CME must confirm that the individual may have waiver services terminated without jeopardizing Medicaid eligibility. Each CME will be sent a monthly spread sheet containing the names of individuals ODDS is able to confirm must not have waiver services terminated. However, this is not to be considered a complete list. If a CME is planning to terminate waiver services for someone who is not on the list, contact the eXPRS Technical Assistance Unit (TAU) at [DD-Eligibility.ENROLLMENT@dhsosha.state.or.us](mailto:DD-Eligibility.ENROLLMENT@dhsosha.state.or.us) to confirm the individual's Medicaid will not be impacted by the termination from Waiver services. Members of the following groups may only experience reductions and terminations if they establish residency outside of Oregon, voluntarily withdraw from services, or upon their death:

- Individuals in the 300% group.
- Individuals who are eligible through PMDDT and are not categorically eligible or MAGI eligible for OSIP-M.

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Members of these groups who would be terminated for another reason may have all K plan services terminated, but must retain waiver services, including case management, to maintain their Medicaid medical coverage per current federal requirement.

A Notice of Planned Action (NOPA) is required for these terminations or reductions, with at least 10 days' notice. Reasons to end or reduce services include:

- Voluntary withdrawal from services (411-415-0030(5)(b)(A)),
- Failure to participate in ISP development (411-415-0030(5)(b)(F)),
- Failure to participate in required assessment activities (411-425-0055(2)(e)(A)),
- Less or no direct nursing services needed (411-380-0030(1)(f) or (2)),
- No longer a need or have eligibility for a service (various OAR), or
- No longer DD eligible (411-415-0030(5)(b)(C)), see PT-21-008 for additional information about eligibility determinations.

Terminations and reductions must occur for people who have already met one of the above criteria or when one of them is met when doing so will not jeopardize Medicaid eligibility.

**Due to the injunction, we remain unable to reduce ANA/CNA service levels for In-Home hours.**

### 6.8 Exceptions

If a COVID-19 exception is no longer needed the CDDPs will email the ODDS Funding Review Committee with the individual's name, prime, the provider's name, the date the exception ended and a brief explanation of why the exception is no longer needed. If an adjustment to an exception is needed a new exception request will be submitted using the current exception request guidance.

**A provider may not issue a notice of involuntary exit to an individual because of a rate reduction.**

## 6.9 Using Collective Medical

Collective Medical data may be used for appropriate business purposes only. The use of Collective Medical to find individuals or groups of people with any diagnosis, including COVID-19 diagnoses or related medical encounters, for personal or any non-business reason is not allowed. Filtering, searching, or reporting data by diagnosis should be management-approved as appropriate use. Please see APD-IM-20-023 for more details.

## 6.10 Choice Advising

Choice advising is an ongoing process and could happen any time during planning and monitoring of someone's services. During the ongoing pandemic, SCs/PAs must offer choice advising with individuals, families, and ISP teams around COVID-19 topics and concerns. Considerations may include:

- Is the individual affected by social isolation?
- Have there been changes to the person's community access?
- Any changes related to the person's employment?
- Any changes to the individual's home life due to COVID-19?

For further support of this discussion please refer to the link: [Making a Plan for Work and Community Activities](#).

## 6.11 Backup Plans

Providers are encouraged to have robust conversations around backup planning during the COVID-19 pandemic. The following questions may inform backup plans (some of these topics may overlap with provider emergency plans and CME reporting requirements):

- What might need to change in a person's daily routine and/or services if they are exposed to COVID-19?
- Where would a person isolate if they become sick with COVID-19? Do they need additional support to monitor symptoms?
- What kind of support would the person need if they were hospitalized? Who will accompany them (if needed), during an emergency or inpatient hospital stay?
- What safeguards are in place in case a person's paid or unpaid support providers are unavailable, exposed, or sick with COVID-19?

These conversations may be uncomfortable or traumatic for people and their families. Please see tips from this link: [trauma informed conversation guide related to COVID-19](#).

### 6.12 Assistive Technology

When a lack of assistive technology presents a barrier to someone receiving services, including case management, assistive technology purchases may be authorized. When assistive technology is assessed as a need, the SC/PA will need to do the following:

- Add the service to the ISP.
- Document why the assistive technology is the most cost-effective option selected.
- Ensure there is a plan for the person to access connectivity. Many internet providers are temporarily offering free Wi-Fi or cellular internet access. If connectivity will occur utilizing the provider or family's system, the SC/PA should assist in the development of an agreement for the use of the Wi-Fi or Internet.
- Identify if there are risks associated with using assistive technology. If so, address the risks with the ISP team by updating the Risk Management Plan.
- Determine whether the individual will need support to set up or use the technology and create a plan for this support, including the use of any necessary on-site support-staff.

### 6.13 Parent Providers for Children

For the duration of the federal Public Health Emergency, ODDS has received permission from CMS for parents to become paid providers to their own children with significant support needs. For the purpose of this temporary option, "significant support needs" means a child qualifies for at least 240 summer attendant care hours and/or meets criteria for any of the Children's Intensive In-home Services waivers.

All standard provider qualifications, requirements, and enrollment processes for PSWs and DSPs apply to parents who choose to participate in this temporary option. The possible exception to this is regarding nursing delegation. A parent PSW does not require delegation of nursing tasks.

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The Department does not require a parent DSP to be delegated, but it may be required by the agency that is employing the parent.

Parents who choose to work as PSWs cannot begin working until they receive a notification from ODDS that their PSW and Common Law Employer (CLE) records are processed. Parents who choose to seek employment from a provider agency must complete all required employment processes prior to starting work. Hours and payments cannot be authorized retroactively for parent PSWs or DSPs. In addition, ODDS recognizes the uniqueness of this situation and has compiled important considerations below. Please review these with parents of qualifying children when discussing this option:

- **This option for parents of minors is temporary and tied specifically to the duration of the federal public health emergency related to the COVID-19 pandemic.** It is intended to support parents in minimizing the risks associated with contact between members of different households during COVID-19 and to ensure children receive all needed supports.
- Parents are not able to multi-task while working as PSWs/DSPs in the same ways they might while providing natural support.
  - PSWs/DSPs cannot provide paid support while also providing educational, homeschooling, or general childcare services.
  - PSWs/DSPs cannot be the primary care giver for another child at the same time as providing paid support for a child who is in I/DD services.
  - A PSW/DSP cannot work their provider job while also working another job (For example working as a PSW at the same time as working a primary 9 to 5 job from home)
- Parents who work as PSWs will have to sign a Service Agreement and will be expected to provide the supports identified within it, consistent with the child's Individual Support Plan (ISP).
- **Provider agencies that hire parents as DSPs for their minor child must terminate the employment relationship between the parent and minor child when this temporary option ends.** Failure to terminate this relationship may result in civil penalties and other

sanctions, up to and including the revocation of their Medicaid provider number.

- Parents of multiple qualifying children may want to consider group attendant care. This change, if desired, should be made with the participation of the children's Designated Representative(s), if applicable.
- In two-parent households, both parents may enroll as temporary providers for a qualifying child, within the child's monthly hour limits and the individual parent-PSW/DSP's weekly hour cap. In this case a designated representative may need to be appointed for ISP planning, monitoring, and authorization purposes.
- Once enrolled as PSWs/DSPs, parents may choose to support other children and/or adults receiving in-home services. **The option for parents to work with their own minor children is temporary,** but their provider numbers and background checks will remain valid to work with other individuals.
- All provisions related to overtime and other exceptions for PSWs during COVID-19 apply to parents enrolled in this temporary option.
- Parent-PSWs/DSPs are expected to comply with all standard Electronic Visit Verification (EVV), timesheet, and progress notes requirements.
- Parents of qualifying children should consider the potential impact this additional family income may have on a child's Medicaid, Supplemental Security Income, and other public benefits. Services Coordinators should refer parents with questions about this to benefits counseling services.

Attendant care hours may be used at any time of day as determined by the child's parent/guardian/Designated representative. Attendant care may be used for any ADL, IADL, health-related, or behavior support tasks identified in the child's ISP. Attendant care cannot be used solely for the purpose of educational activities or homeschooling.

## 6.14 CME Activities for PSWs and Common Law Employers

### PSW overtime

Temporary PSW overtime allowances will continue. CMEs may only authorize exceptions to PSW hour limits in the following circumstances:

- One or more of an individual's regularly scheduled PSWs or DSPs is unable to report to work due to the COVID-19 pandemic.
- Before the COVID-19 pandemic, an individual regularly attended a day support activity (DSA) site or worksite that is now closed.

PSW overtime approval may not exceed 16 hours per day and efforts to recruit new providers should continue as appropriate, based on the individual's level of risk related to COVID-19.

### Approving Timesheets Without a CLE signature

If the CLE has been exposed to, or shows symptoms of, COVID-19, a PSW can submit a timesheet without a CLE signature. This exception is only valid one-time when:

- The PSW or the CLE has notified the CME of potential exposure or symptoms.
- Either the CLE or PSW is self-isolating or quarantining.

Please see the current Collective Bargaining Agreement (CBA) between the Department of Administrative Services (DAS) and the Service Employees for International Union (SEIU) for PSWs for more information.

## 6.15 CME Training Requirements

Requirements for SC/PA Core Competency training and initial ISP training described in OAR 411-415(2)(b) and (c) have not changed.

For the duration of the pandemic the required annual professional development hours described in administrative rules for case managers, supervisors, assessors, abuse investigators and eligibility specialists has been reduced to 10 hours.

Any combination of online (pre-recorded or live) or in-person trainings that are relevant to I/DD case management entity services can satisfy these requirements.



## 7. Quality Assurance Activities

QA reviews will be completed remotely to the maximum extent possible. This may require a combination of the following approaches:

- Remote access
- Secure thumb drives
- Secure email
- CME-completed personnel reviews with support from ODDS

ODDS will work with each CME individually to determine the best way to complete the review securely while adhering to state and local health authority guidance.

### **Corrective Action Plans**

All remediation activities will be completed electronically.

For CMEs that cannot accommodate a full remote review, the following guidelines must be followed:

- Elements of review that can be completed electronically and remotely will be.
- All state and local health authority requirements will be followed at all times.
- ODDS will provide necessary PPE and sanitization supplies.

### **QA for CME training hours**

When annual training is tracked at a CME by calendar year, ODDS will be looking for at least ten (10) hours of training per case manager in 2020 and 2021 to meet this new standard. For CMEs that track by fiscal year or by another schedule, ODDS will look for a total of ten (10) hours for the 2019-2020 and 2020-2021 periods.

## 8. Licensing Activities

All ODDS and CDDP licensors and licensing staff must wear mask during in-person activities in licensed settings. Please see the [PPE section](#) of this guide for more information.

### 8.1 ODDS Licensing

Beginning January 1, 2022, all in-person licensing activities have resumed in person. When reviewing an agency's personnel records, please note the following:

- Criminal history checks have been extended through 2022 by the Background Check Unit. More information will be available at a later time regarding 2022 renewals.
- ODDS has reinstated modified training requirements due to the COVID-19 pandemic for 24-Hour Residential Program. Please see the provider section of this worker guide for more detail.

In preparation for the on-site visit:

- Documentation can be requested securely and in advance to reduce exposure time during visit.
- The licensor will check the COVID-19 report daily.
- If in this process a positive or suspected COVID-19 case is found in the home the licensor will gather this information and work with the licensing manager to determine how to proceed.
- If this event includes an outbreak the licensor can ask when LPHA anticipates the outbreak case to be closed. Once closed there is no longer a concern with the outbreak.

If an immediate health concern for an individual is reported or discovered, the assigned licensor is to staff this case with the DD Licensing Manager and the QA/QI Manager.

### 8.2 CDDP Licensing

Beginning January 1, 2022, all in-person licensing activities have resumed. While conducting in-person activities such as site visits, licensors and certifiers must wear masks and use precautionary measures, including distancing, and hand washing. Please see the PPE and other precautions section for more detail.

If LPHA guidelines prevent in-person inspections or other licensing activities, the CDDP must contact licensing manager, Jessica Denison at [Jessica.Denison@dhsosha.state.or.us](mailto:Jessica.Denison@dhsosha.state.or.us) as soon as possible to make

alternative arrangements. CDDPs are expected to propose a licensing plan for approval to address the local limitations.

When an on-site visit is scheduled, providers must contact their licensor or certifier to make alternative arrangements if there is a confirmed or suspected outbreak in the home. Depending on the nature of the on-site visit, it may be postponed or conducted with additional precautions.

The licensing and eXPRS units will work together to grant extensions that may be needed due to a lapse in licenses or certifications because of a suspension of these activities during the pandemic. Licenses and certifications will automatically extend when they lapse, and the licensing process is pending. Payment will continue in accordance with the individual's ISP, payment system, or POC for services delivered in these settings.

### **8.3 Licensing and Certification Renewals: Adult and Child Foster Homes**

The licensor or Certifier will obtain any documents (ISP, MAR, incident reports, fire drill) prior to their review - items may be reviewed virtually if the provider agrees - and complete the Health and Safety checklist. To complete the checklist:

- Schedule an on-site, in-person walk through of the home with the provider to complete the checklist.
- The certifier must wear PPE, have sanitization supplies, follow social distancing protocols, and minimize contact with others in the home for the duration of the visit. Please see [PPE and other precautions section](#) of this worker guide.

## **9. Day Support Activities (DSA) and Employment**

### **9.1 Emergency Plan Requirements**

Providers must ensure their emergency plans include protocols required due to the COVID-19 pandemic. The following must be included in each provider's plan:

- A plan for and staff training on safe infectious disease control, screening, and reporting practices.
- A plan to ensure coordination with other providers and that all parties have the correct emergency contact information.
- A plan on how to follow and train staff on the policies for their agency, employer of the individual (in the case of community employment services), and federal, state, and local guidance.
- A plan for addressing individuals' needs, risk mitigation strategies, adequate staffing of individuals and addressing quarantine and isolation.

### 9.2 Closure and Notification Requirements

Employment and DSA providers must consult with LPHA regarding the required protocols and procedures when a person is infectious with COVID-19 in a group setting at a provider site. Providers must retain documentation of approval from LPHA to remain open or reopen. The Employment or DSA provider must give notification of the exposure to those who have used services in the group or facility and follow LPHA guidance regarding isolation, quarantine, and when individuals and staff can return. Please see the [reporting section](#) of this guide and [the COVID-19 Scenarios and reporting requirements document](#) for further detail.

### 9.3 Employment Service Requirements by Service Type

#### Job Coaching

After a period of unemployment due to COVID-19, an individual may need a level of job coaching that is different than the level needed before this period of unemployment. If this is the case, the provider and the individual must work with the individual's SC/PA to request an exception to re-enter a previous level of job coaching.

If an individual was permanently laid off from their job and has found employment with another business, please follow the standard procedure in job coaching worker guide.

If an individual is no longer working, but the provider agency continues to support the individual with seeking and reporting unemployment benefits, job searching, maintaining employment skills, etc., this may be billed as Employment Path Community.

All required job coaching contacts and supports may temporarily be completed remotely (such as over the phone or Zoom) when appropriate.

### **Small Group**

Small group cohorts of up to eight people are allowed with health and safety precautions in place. Services may only be billed for actual hours of service delivered.

### **Discovery**

The following parts of Discovery may be delivered virtually:

- Pre-referral meeting
- Phase I, except for the neighborhood visit
- Informational interviews
- Home visits

For Discovery providers, a virtual home visit can replace the in-person home visit. However, if the individual does not participate in an in-person or virtual in-home visit, the provider is responsible for a fourth Direct Employment Experience, as outlined in the Experiential Components of Discovery guide link: [Discovery-Experiential-Components-Worker-Guide \(Oregon.gov\)](#).

If a person decides to have parts of Discovery delivered virtually, the SC/PA must document in progress notes or the [Pre-Discovery Referral Checklist](#) that the person and the team understand all of the following:

- That receiving parts of Discovery virtually is an option and not a requirement.
- That if the person wants all in-person Discovery, the person may want to wait until after the pandemic to receive Discovery.

When providing parts of Discovery virtually, the provider must:

- Deliver the service in the required order
- Document in the Agenda what parts will be delivered virtually.
  - If part of Phase I will be delivered virtually, the provider must complete and submit the Phase I section of the Agenda to the SC/PA for review and approval.

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- The provider may not deliver those services virtually prior to the SC/PA approval.
- If an Informational Interview in Phase III was planned to be in-person but the provider would like to change it to a virtual interview, they must update the Agenda and submit it to the SC/PA for their review and approval prior to delivering that service.
- Meet the requirements as outlined in the [ODDS Discovery Profile](#), and the following worker guides: [The Discovery Guidelines for Services Coordinators/Personal Agents and Discovery Providers](#), and [The Experiential Components of Discovery](#).

### **VR Job Development and Other Employment Services**

Information on accessing VR services for support to find a job and other employment services during the COVID-19 pandemic is located at this link: [Vocational Rehabilitation Services During the COVID-19 Pandemic document](#).

### **Employment Path Services**

All In-person employment path services are allowed in cohorts of up to eight people with health and safety precautions in place.

Employment Path may also occur remotely such as via telehealth. At this time, providers should bill “Employment Path Community for services delivered remotely. If an individual was receiving an Employment Path Facility service that consisted of classes that are currently being offered remotely, they may be billed as Employment Path Community. Employment classes that occur at a provider site are still Employment Path Facility.

Employment path may also be used for support to navigate unemployment claims. Providers supporting individuals to make a claim for unemployment insurance need to complete the “Third Party Certification” from Oregon’s Employment Department. The third-party certification form can be found through this link: [The third-party certification form](#).

Please go to the state of Oregon employment Department website at: <https://unemployment.oregon.gov/> for more information on unemployment and how to apply.

## 9.4 PSW-Job Coaches in Residential Settings

ODDS may also permit PSW job coaches to support individuals who live in 24-hour residential, foster care, or supported living, with an ODDS-approved exception. These exceptions will be granted based on several factors including a demonstration that:

- The PSW is the best fit
- Whether Job Coach capacity can reasonably be identified
- The Individual has a file open with VR and support from a VRC
- The job meets requirements for community integrated employment.

These requests can be sent to: [odds.fundingreview@dhsosha.state.or.us](mailto:odds.fundingreview@dhsosha.state.or.us)

## 9.5 Requirements for DSAs and Camps

DSA and Camp cohorts of up to eight people are allowed with health and safety precautions in place.

### **DSA Provider Training Requirements**

The requirement for 12 hours of annual training may be paused and 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 also work, assisted by a fully trained DSP, without six hours of pre-service training. The six hours may occur as on-the-job training.

### **DSA Services**

Remote DSA services may occur (such as over the phone, or through virtual platforms) to provide opportunities for individuals to connect with others during this time. Any remote DSA services including online classes, meet-ups, social skill building (including the management of technology), social connections, etc., may be billed as DSA Community. Remote services must continue to meet an individual's needs and goals. Staffing ratios for classes must not exceed a ratio of one staff to 12 individuals, as outlined in current Oregon Administrative Rule for classes.

If DSA in-person service is requested by the individual and outlined in the ISP or Service Agreement as 1:1 DSA, this service may be billed using OR 542-R1. 1:1 DSA must have a specific outcome associated with it and the service must continue to be in alignment with this outcome.

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If a 1:1 DSA service is being delivered remotely, in order to bill OR 542-R1, it must still align with the individual's needs and goals. If it cannot meet the desired outcome for the individual, but connections are still being made, this may be billed as DSA Community.

### **DSA for Youth**

There are no changes to DSA policy for children and youth because of COVID-19. DSA is only available if it can be shown that is not available through the school. ODDS approval is required for individuals under age 18.

For additional guidance please refer to the links: [ODDS Employment Services for Transition-age Individuals and Youth](#) and [COVID-19 guidance regarding student access to attendant care during the school day](#).

### **Camps**

Federal, State, local guidance and all ODDS requirements must be followed when operating camps, whether as DSA or as Relief Care services. Contact ODDS through your Regional Employment Specialist for further guidance regarding overnight camps.

Any service, including camps, which congregate two or more individuals (who do not live in the same home) must have an emergency plan to provide service. This is applicable even if the service being utilized for a camp is Relief Care.

## **10. Additional Resources**

**Questions about this guide should be directed to:**

[ODDS.Questions@dhsosha.state.or.us](mailto:ODDS.Questions@dhsosha.state.or.us) with the subject line "COVID-19 Policy Guide"

### **Resources**

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

OHA COVID-19 Updates: [https://govstatus.egov.com/OR-OHA-COVID-19?gclid=EAlaIqobChMIzqSh5oXL9QIVhBitBh0u0QJTEAAYASAAEgJqeD\\_BwE](https://govstatus.egov.com/OR-OHA-COVID-19?gclid=EAlaIqobChMIzqSh5oXL9QIVhBitBh0u0QJTEAAYASAAEgJqeD_BwE)



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ODDS Worker Guide page: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/ODDS-Worker-Guides.aspx>

ODDS Transmittals page: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/Transmittals.aspx>

Employment First page:  
<https://www.oregon.gov/dhs/EMPLOYMENT/EMPLOYMENT-FIRST/Pages/policy.aspx>

Find Your Regional Employment Specialist:  
<https://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Documents/Map-ODDS-Regional-Employment-Specialists.pdf>

ODDS Medical Rights Resource List:  
<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Covid-Medical-Rights-Resources-Sheet.pdf>

Know Your Rights During COVID-19 from DRO:  
<https://www.droregon.org/covid-19-rights>

COVID-19 Information for Self-Advocates from SARTAC:  
<https://www.selfadvocacyinfo.org/resource/a-self-advocates-guide-to-covid-19/>

Essential Emergency Preparedness from INW:  
<https://independencenw.org/communication/>

ODDS Preferences for Medical Treatment Guide:  
<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/End-of-Life-Guidance.pdf>

Documenting Preferences for Medical Treatment Tool  
<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Sample-Form-Preferences-Medical-Treatment.docx>

**Appendix A: Questions to help assess if an In-Person meeting is needed**

- When was the last time you saw the individual in-person?
- When was the last time you spoke with the individual on the phone or saw them via telehealth?
- Are there others in the person's life that support them to access services and communicate with their case manager?
- Could assistive technology support this person to have better access to services and communication with their case manager?
- Does this person have a history or current risk regarding their health or safety?
- Could these risks be lessened or worsened by an in-person visit?
- Are these risks able to be mitigated by other means - Providers, Community resources – that the person can access easily?
- Does not seeing the individual in-person pose an equity issue in accessing services and resources?
- Has the person requested or declined an in-person check in?
- Does the individual understand and practice safety measures to reduce the risk of COVID19 spread?
- Can you and the individual plan for a safe in-person check in?
- Where would this meeting take place? Is safety and privacy able to be met in this location?