

# Policy Transmittal Developmental Disabilities Services



Lilia Teninty  
**Authorized signature**

**Number:** DD-PT-22-006  
**Issue date:** 1/14/2022

**Topic:** Developmental Disabilities

**Due date:**

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other:

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All ODHS Employees                              | <input type="checkbox"/> County Mental Health Directors                                  |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}           | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Aging and People with Disabilities              | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                       | <input checked="" type="checkbox"/> ODDS Children’s Intensive In Home Services           |
| <input checked="" type="checkbox"/> County DD Program Managers           | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors  | <input checked="" type="checkbox"/> Other (please specify): ODDS Residential Providers   |
| <input checked="" type="checkbox"/> ODDS Children’s Residential Services |  |
| <input type="checkbox"/> Child Welfare Programs                          |  |

<b>Policy/rule title:</b>	Implementing OHA’s Interim Healthcare Isolation and Quarantine Guidance		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>		<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

Effective immediately, to preserve workforce capacity and prevent further shortages, ODDS is allowing residential providers and licensors to follow the Oregon Health Authority (OHA) [Interim Healthcare and Isolation Guidance](#) issued on December 30, 2021. “Residential providers” means ODDS adult foster homes and 24-hour residential settings for children and adults. “Licensors” means ODDS Licensors and Community Developmental Disability Program (CDDP) Licensors.

### **Residential Providers Guidance:**

This Guidance should only be followed if necessary, to preserve minimum staffing levels in the 24-hour residential setting or Adult Foster Home.

#### **Providers who have tested positive for COVID-19 and experienced COVID-19 symptoms may return to work when:**

- At least 7 days have passed since symptoms first appeared if provider had a negative test within 48 hours prior to returning to work: **or**,
- 10 days have passed if testing is not performed or if provider had a positive test at day 5 through 7: **and**,
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and symptoms (e.g., cough, shortness of breath) have improved.

#### **Providers who have tested positive for COVID-19 and have NOT experienced COVID-19 symptoms may return to work when:**

- At least 7 days have passed since the date of provider's first positive test if the provider had a negative test within 48 hours prior to returning to work; **or**,
- 10 days have passed if testing is not performed, or a positive test occurred on day 5 through 7.

### **Licensors Guidance:**

Licensors should follow timelines outlined above for providers in order to complete licensing activities only if:

- It has been a year or longer since face to face has occurred.
- There is protective service involvement related to abuse or neglect
- There are concerns reported in CAM or medical incidents in Collective Medical
- There is a current complaint about the provider

More information can be found in the OHA [Interim Healthcare and Isolation Guidance](#), including exposure guidance and additional crisis strategies.

#### **Implementation/transition instructions:**

Residential providers and licensors may begin using the [Interim Healthcare and Isolation Guidance](#) immediately. Questions on this guidance should be directed to the OHA.

#### **Training/communication plan:**

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to [ODDS.Questions@dhs.ohio.gov](mailto:ODDS.Questions@dhs.ohio.gov).

The Monthly Transmittal Reviews are held the second Wednesday of every month at 2

pm using the Zoom platform. Please register in advance for these meetings:

<https://www.zoomgov.com/meeting/register/vJlsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4>

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live captioning will be provided. To request other accommodations or languages, please send an email to [ODDS.Questions@dhsosha.state.or.us](mailto:ODDS.Questions@dhsosha.state.or.us) at least three business days prior to the meeting.

**Local/branch action required:** NA

**Central office action required:** NA

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

**Filing instructions:**

*If you have any questions about this policy, contact:*

Contact(s): ODDS Staff	
Phone:	Fax:
Email: <a href="mailto:ODDS.Questions@dhsosha.state.or.us">ODDS.Questions@dhsosha.state.or.us</a>	