

Action Request Transmittal Developmental Disabilities Services



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Number: APD-AR-20-024

Issue date: 3/12/2020

Topic: Developmental Disabilities

Due date: 3/25/2020

Subject: COVID 19 high risk population assessment

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS 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 type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Reason for action:

COVID 19 has shown to have more significant symptoms for individuals who have pre-existing conditions (including, but not limited to: chronic lung conditions, diabetes, and chronic heart conditions). At this time ODDS is asking that each CME put together a list for the CME and ODDS to assess who at your CME may be at high risk for a few different reasons. Specifically:

- individuals who live alone without family support;
- individuals who reside at a residential setting which may have limited staff; and
- individuals who have pre-existing conditions or are 60 or older.

Upon review, ODDS is asking that each CME review the back-up plan in each of the identified individual's ISPs and document the date in which the plan was reviewed and updated if needed, on the attached spreadsheet before returning to ODDS. This is to help ensure the safety of high-risk or potentially vulnerable individuals.

ODDS is requesting this information to ensure that in the event that someone who is high-risk or potentially vulnerable to COVID-19 has a presumed positive case of COVID-19, or someone who lives with limited staff available will be cared for in the event that staff have a presumed positive case of COVID-19. ODDS is available to provide technical assistance, as needed. For technical assistance, contact your Field

Liaison or ODDS directly through the ODDS.FieldLiaison@dhsosha.state.or.us.

Action required:

Each case management entity must complete the attached spreadsheet with a list of all high risk or potentially vulnerable individuals, as well as review a risk mitigation or back-up plan for each individual, and send the spreadsheet back via secured email to ODDS.Questions@dhsosha.state.or.us no later than March 25, 2020.

Overall, ODDS is asking that each CME:

1. Identify by name, prime, Service Coordinator/Personal Agent, and provider those who are at high-risk;
2. Identify what makes the individual at high-risk (if there are multiple reasons, list up to two and make any additional risk notations in the “notes” section);
3. Review the individual’s back-up plan in their ISP, or other plans that have been made to help ensure the individuals health and safety during this time in response to COVID-19 and provide a date of review in the “contingency plan” section of the attached spreadsheet.

The Assessment Spreadsheet can also be found at:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx> under “Case Managers” and “COVID-19-High-Risk-list.”

After opening the assessment spreadsheet, look at the “legend” tab to understand all the columns and what information is expected to be entered. On the “info” tab complete all requested information for individuals in your caseload who are identified as “high risk.”

ODDS has also created a checklist titled “In-Home Check List” that can assist a Case Management Entity in reviewing or outlining a back-up plan. This can be found at:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/COVID-19-In-Home-Check-In-Guidance-Tool.pdf>

Field/stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

| | |
|---|------|
| Contact(s): Andre Harboe for questions re: spreadsheet | |
| Phone: | Fax: |
| Email: andre.r.harboe@dhsosha.state.or.us | |