Policy Transmittal  
Developmental Disabilities Services

Lilia Teninty  
**Authorized signature**

**Number:** APD-PT-20-018  
**Issue date:** 5/1/2020  
**UPDATED #2**

**Topic:** Developmental Disabilities

**Transmitting (check the box that best applies):**
- [x] New policy  
- [ ] Policy change  
- [ ] Policy clarification  
- [ ] Executive letter  
- [ ] Administrative Rule  
- [ ] Manual update  
- [ ] Other:

**Due date:**

**Applies to (check all that apply):**
- [ ] All DHS employees  
- [ ] Area Agencies on Aging: {Select type}  
- [ ] Aging and People with Disabilities  
- [ ] Self Sufficiency Programs  
- [x] County DD program managers  
- [x] Support Service Brokerage Directors  
- [x] ODDS Children’s Residential Services  
- [ ] Stabilization and Crisis Unit (SACU)  
- [ ] Other (please specify):

<table>
<thead>
<tr>
<th>Policy/rule title:</th>
<th>DD Field offices (CDDP and Brokerages) invoice gloves and masks for PSWs</th>
</tr>
</thead>
</table>
| Policy/rule number(s): | [ ] Release number: v3  
| Effective date: | 03/04/2020  
| Expiration date: | TBA  
| References: | http://www.dhs.state.or.us/policy/spd/transmit/im/2014/im14049.pdf |
| Web address: | [ ] |

Version 1 was effective 03/04/2020 and was specific to CDDPs and Brokerages purchasing gloves for PSWs.

Version 2 includes an update that CDDPs and Brokerages shall purchase masks in addition to gloves for PSWs as needed and additional detail is added to what must be included in the itemized invoice that is submitted to ODDS.
Version 3 refers PSWs to another, preferred option for getting PPE and permits CMEs to provide PPE to individuals served. See Red text below

**Discussion/interpretation:**

The Oregon Health Authority has confirmed cases of COVID-19, or the Coronavirus, in Oregon. Coronavirus is spread from person-to-person through droplets in the air and on surfaces that people touch, very similar to how influenza spreads.

Individuals who are in contact with populations that are particularly vulnerable to the coronavirus should take extra precautions to prevent the spread of illness, including at the workplace.

Health officials continue investigating as they urge good hand hygiene, covering coughs and staying home if you are sick.

*Personal Protective Equipment (PPE) is available to PSWs from local AAA/APD offices who need to be able to safely provide services. Information on this process is found in IM-20-041.*

*While access to PPEs through AAA/APD offices should be prioritized, in instances where that is not a viable option, ODDS authorizes Case Management Entities (CME’s) to purchase additional gloves and masks for Personal Support Workers (PSWs), if needed, to support individuals supported through CDDPs or Brokerages.*

This process differs from *APD-IM-14-049.*

*CMEs may also purchase gloves and masks for individuals supported by a CDDP or Brokerage.*

Starting March 4, 2020 and until further notice, ODDS will reimburse CME’s for the purchase of gloves and masks upon receipt of an invoice.

Invoices must be sent to the ODDS Contracts unit at CAU.Invoice@dhsoha.state.or.us.

Any retail vendor is an appropriate source for masks and gloves.

**Implementation/transition instructions:**

**Training/communication plan:**
Discussed during the weekly CME webinars. Schedule can be found here: https://www.oregon.gov/DHS/SENIORS-
Local/branch action required:
Submit invoices to ODDS Contracts Unit CAU.Invoice@dhsoha.state.or.us including an itemized receipt identifying what was purchased and the quantity of items purchased.

ODDS requires that invoices be sent in once a month for reimbursement on attached invoice template with a copy of the purchase receipt.

Central office action required: Process and pay invoices when itemized purchase receipt is attached.

Field/stakeholder review:  ☒ Yes  ☐ No
If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Chelas Kronenberg
Phone: 971-600-7892  Fax:
Email: chelas.a.kronenberg@dhsoha.state.or.us
## 2019-2021 DHS DD CME Glove and Mask Reimbursement (COVID-19)

Email completed invoice to: CAU.Invoice@state.or.us

<table>
<thead>
<tr>
<th>Contract #</th>
<th>Provider #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Email Address: |
| (Contact email address) |

| Address: |
| (CDDP/Brokerage Address) |

| Phone # |
| (Contact phone number) |

### Accounting Codes

| Index: | 35121 |
| PCA:   | 38196 |
| Object: | 4889 |

### Service Period:

From Month/Year Through Month/Year

### SERVICES RENDERED:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glove Reimbursement</td>
<td>$-</td>
</tr>
<tr>
<td>Mask Reimbursement</td>
<td>$-</td>
</tr>
</tbody>
</table>

INVOICE TOTAL: $-

### CERTIFICATION:

Provider certifies that the individuals and expenses covered by this invoice have met the requirements as detailed in the DD57 Service Element Standards and Procedures and OAR 411-320.

Signature of Provider | Date

### COMPLETED BY DEPARTMENT OF HUMAN SERVICES:

<table>
<thead>
<tr>
<th>Certification</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Analyst Signature</td>
<td>Date</td>
</tr>
<tr>
<td>CAU Manager/DHS Authorized Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

**Certification:** Invoice has been analyzed and is in compliance with the DD 57 Special Projects Standards and Procedures.

**Certification:** Program approves payment for services authorized.