

Policy Transmittal Developmental Disabilities Services



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Number: APD-PT-20-028

Issue date: 3/26/2020

UPDATED #3

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 DHS employees | <input checked="" 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 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 type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (please specify): DD 24-hour group homes; DD supported living POCO |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	DD Residential and Adult Foster Home Setting Visitation Restriction		
Policy/rule number(s):		Release number:	V3
Effective date:	Upon release	Expiration date:	May 31, 2020
References:	CMS Ref: QSO-20-14-NH; Executive Order No. 20-03		
Web address:	https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf https://www.oregon.gov/gov/Documents/executive_orders/eo_20-03.pdf https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html ODDS COVID-19 Information Webpage		

Version 1 was posted on 03/16/2020

Version 2 is posted to include Adult Foster Home providers. This policy transmittal obsoletes the prior policy for AFH providers ([APD-PT-20-027](#)).

Version 3 includes Nurses as Essential Persons and limiting group activities per the Executive Order 20-12.

This policy applies to Developmental Disabilities 24-hour residential, Adult Foster Home and Supported Living provider owned, controlled and operated settings who are either licensed or endorsed under the following rules;

- 24 Hour Residential, OAR 411-325:
<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDSRules/411-325.pdf>
- Adult Foster Home, OAR 411-360:
<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDSRules/411-360.pdf>
- Supported Living, OAR 411-328:
<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDSRules/411-328.pdf>

Oregon has recently seen COVID-19 cases in people without high-risk exposures (i.e., travel to affected regions or contact with known cases). Community-wide measures like hand hygiene and staying home when ill are essential to decrease further community spread. The CDC indicates that some people are at higher risk of getting very sick from this illness. This includes older adults and people who have serious chronic medical conditions like heart disease, diabetes, lung disease, and people who are immunocompromised. This policy direction is being implemented immediately to prevent the spread of COVID-19 to some of the most vulnerable community members in Oregon.

In consultation with the Oregon Health Authority, based on its public health recommendations and under the authority of [Executive Order 20-03 issued by the Governor on March 8, 2020](#), the Oregon Department of Human Services, Office of Developmental Disabilities is adopting policies to:

- Restrict non-essential persons in 24-hour residential group homes licensed under OAR 411-325, adult foster home under OAR 411-360 and Supported Living settings endorsed under OAR 411-328 when the setting is provider owned, controlled and operated;
- Require screening of all Essential Persons who are allowed to enter the homes;
- Require providers to have documentation of screening procedures for all

allowable Essential persons;

- Cancel all in-person meetings or hold meetings via phone or other source of technology;
- Limit community activities that include large gatherings of people; and
- Restrict group community activities when there is a risk of congregating in the area of the activity.

These extraordinary actions are being taken to limit potential for individuals' exposure to the novel Coronavirus (COVID-19). 24-hour residential, adult foster home and Supported living provider owned, controlled and operated agencies should apply infection control principles used to manage respiratory infections and outbreaks to COVID-19 for the individuals who live in the homes.

ODDS encourages all residential and adult foster home providers to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).

AUTHORITY

Governor Brown's [Executive Order 20-03 dated March 8, 2020](#).

• APPLICATION

This policy applies to all 24-hour residential settings licensed under OAR 411-325, adult foster home licensed under OAR 411-360 and Supported Living homes that are provider owned, controlled and operated endorsed under OAR 411-328.

These actions are in place until May 31, 2020 with the understanding that guidance from the Department of Human Services and the Office of Developmental Disabilities Services may change as more information is provided by the CDC, Governor Brown and the Oregon Health Authority.

• RATIONALE

The Office of Developmental Disabilities Services strives to keep people with Intellectual and Developmental Disabilities (I/DD) healthy and safe. This policy restricting visitation to the homes of people with I/DD is written to providers with the intent to have a uniform policy for residential, adult foster and supported living settings to prevent and contain the spread of the COVID-19.

• DEFINITIONS

Essential Persons are people who need to be in the home to provide care or respond to an individual's urgent health and safety needs. Essential Persons include the following and must be screened prior to entering the home (see screening guidance below):

- Residential staff, caregivers and prospective staff seeking employment;
- Alternate caregivers, employees and volunteers who provide care;
- Emergency Personnel;
- Child and Adult Protective Services;
- Residential Facilities Ombudsman Deputies (not volunteers);
- Licensing staff for urgent health and safety concerns only;
- Friends or family members visiting during end-of-life stages;
- Office of Training, Investigations, and Safety (OTIS) staff or CDDP delegates;
- Outside medical and behavioral health personnel;
- Behavior Specialists;
- Direct Nursing Service providers; and
- Vendors for critical supplies

Screening means the evaluation of every individual entering the home according to the screening criteria used by the provider(s). Supported living providers, see section below.

Limiting means not being allowed in the home except for certain situations.

Restricting means not being allowed in the homes at all.

- **SCREENING CRITERIA:**

Providers must ask the Essential person the following questions:

- Have you had signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat unrelated to seasonal allergies?
- Have you had contact in the last 14 days with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19 outside of the providers agency or home?
- Have you been quarantined by public health or been advised to self-isolate by a physician within the last 14 days?
- Have you traveled internationally within the last 14 days to countries with sustained community transmission.? For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

*****Essential persons shall only enter the home if they respond 'no' to every screening criteria question above*****

Supported Living in provider owned, controlled and operated settings:

For supported living provider owned, controlled and operated settings, staff must report to a manager or the Program Coordinator prior to starting shift. Manager or Program Coordinator must ask the screening questions identified above under the

SCREENING SECTION. Supported Living providers must develop a policy for tracking the health of each employee and other Essential Person before they begin a shift or enter the home.

If there is a supported living provider staff with the individual when a visitor or non-essential person comes to the door, the staff must instruct that the visitor or non-essential person may not enter the home per this policy.

If there is not a supported living provider staff with the individual when a visitor or non-essential person comes to the door, the staff must remind the individual of safety precautions. Supporting living providers must inform all individuals of safety precautions and encourage them not to have people come into the home during times when there is not a staff present in the home. Assist individuals with asking the screening questions when they are home alone or home with their housemates

IV. POLICY:

Effective immediately, Developmental Disabilities residential and adult foster home providers must:

- Restrict visitation of non-essential persons;
- Screen every Essential Person prior to entry into the home consistent with SCREENING CRITERIA;
- Prohibit entry to any Essential Person who responds 'yes' to any SCREENING CRITERIA;
- Require that all Essential Persons who enter the home, wash their hands immediately upon entering the home;
- Limit entry to the home of Essential Persons to as-needed only;
- Maintain a log of all Essential Persons who enter the home while this policy is effective;
- Maintain a log of all people that individuals leave the home with or is known to be within the community;
- Limit community activities;
- Require all house members and staff to immediately wash hands when returning from an independent community activity
- Encourage individuals to change and wash their clothing after returning from an independent community activity;
- Restrict group community activities when there is a risk of congregating in the area of the activity;
- Require all house members and staff to immediately wash hands upon returning from an independent community activity
- Assist the individual and ISP team regarding choice to continue to attend employment or DSA programs that remain open following direction in [APD-PT-20-024](#);

- Provide information to the individual and ISP team around potential exposure when going into the community and if going to work;
- Limit surfaces touched; and use appropriate personal protective equipment (PPE) – gown, gloves and mask as appropriate;

All Essential persons must:

- Use good infection control practices: before entering room, wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer, avoid touching face; and
- Use good respiratory etiquette: cover cough or sneeze into elbow
- All screenings must be documented in a log. Screening documentation must be maintained and made available for inspection by ODDS;
- Post signage clearly summarizing the residential or adult foster home providers policy on visits, and
- Restrict visitors who do not fall into the definition of an Essential Person;
- Facilitate electronic communication (Skype/Facebook/other) for family and friends in any area of the home including the individuals' private space.

If a residential provider operates a home where there is a suspected, presumptive, or confirmed COVID-19 household member, the home must:

- Consult with local public health immediately and follow all recommendations and guidance;
- Isolate the person from other household members;
- Notify the Office of Developmental Disabilities Services per [APD- PT 20-015](#)
ODDS.FieldLiaison@dhsosha.state.or.us;
- Restrict community group activities, to prevent infection exposure to other household members per state and local authority;
- Implement Self-Isolation and move resident to their own room;
- Move residents to other group homes or settings/sites, if consistent with Public Health;
 - Consider if a change in capacity or a home variance may be necessary
- Follow public health guidance on keeping medical appointments;
- Follow all requirements given by ODDS;
- Restrict internal group activities to prevent exposure;
- Limit group meals to prevent exposure;
- Provide info to all staff and residents on heightened precautions;
- Require and provide Personal Protective Equipment (PPE) for staff;
- Facilitate electronic communication (Skype/Facebook/other) for family and friends in any area of the home including the individuals' private space;
- Initiate required enhanced training and protocol review with DSPs or other direct providers.

V. RECOMMENDATIONS:

Residential and adult foster home providers are encouraged to consider:

- Offering alternative means of communication for people who would otherwise visit the home, such as virtual communications;
- Creating a virtual communication plan for families and friends;
- Assigning specific staff as the contact to families for regular contact and updates

VI. INDEPENDENT COMMUNITY ACCESS:

Individuals still have the right to access the community independently or with family and/or friends. Providers must encourage the individual to limit the community especially in areas where there are many people congregating. When individuals return to their home from an independent community activity, they must immediately wash their hands and change into clean clothing.

VII. EMPLOYMENT PATH AND DAY SUPPORT ACTIVITIES

In the event that an individual attends a Day Support Activities or Employment Path program that supports 10 or fewer individuals, there should be a discussion with the person, their guardian (if applicable) and their team about the potential risks of exposure, particularly if the individual has chronic heart disease, lung disease, diabetes or is over the age of 60. If the individual wants to continue to attend, they should be made aware of the risk of exposure.

In the event that an individual works in a community setting, there should also be a discussion with the person, their guardian (if applicable) and their team about potential risks of exposure, particularly if the individual has chronic heart disease, lung disease, diabetes or is over the age of 60. Things that should be discussed include:

- How many other people does the individual interact with at work?
- What other potential risks are there (using public transportation to get to/from work)?
- Then the team should work through ways to mitigate these risks along with the employment provider including utilizing a different form of transportation, asking the employer for accommodations such as the ability to work from home or work in an environment with fewer people. In the event that the individual does not want to go to work, the team (with the job coach) should help the person inform the employer.

This policy may be updated as additional information is released by the OHA and Public Health.

CDDP action required:

Services coordinators should only be entering the home as absolutely necessary and they must contact the provider to discuss the screening criteria ahead of time. There may be times when an in-person visit needs to be delayed.

Services Coordinators should ensure that access to family and friends is available for individuals. Discussing creative solutions that providers have established with family and friends is strongly encouraged.

Central office action required:

ODDS will update this policy as applicable and reassess the need for an extension no later than May 31, 2020.

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): ODDS COVID-19 team	
Phone:	Fax:
Email: ODDS.Questions@dhsosha.state.or.us	