

# Policy Transmittal Developmental Disabilities Services



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**Authorized signature**

**Number: APD-PT-20-067**

**Issue date: 4/29/2020**

**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: COVID-19 Related Policy

**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 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): CME organizations and DD advocacy organizations |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services |   |
| <input type="checkbox"/> Child Welfare Programs                          |   |

<b>Policy/rule title:</b>	COVID-19 Testing Requests for Individuals with I/DD		
<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:** The Office Developmental Disabilities Services (ODDS), in collaboration with the Oregon Health Authority (OHA), has made available a letter template that may be provided to individuals with COVID-19 symptoms to assist them in requesting COVID-19 testing from a healthcare provider.

Case Management Entities (CMEs) and providers may complete and give the letter to an individual when the individual has COVID-19 like symptoms and is seeking healthcare.

## Implementation/transition instructions:

CMEs and providers are expected to use prudence in issuing the letters. The letters should only be issued to individuals when the individual is symptomatic.

Each CME shall establish a plan for supporting individuals in getting access to the COVID-19 testing request letter. This may be achieved by having services coordinators or personal agents issue the letter on an individual basis or by establishing a point person at the CME for determining if issuing a letter is appropriate and completing, signing, and issuing the letter to the individual.

CMEs may also be asked to help a provider supporting an individual get access to and complete a COVID-19 testing request letter.

Providers supporting an individual may also complete and issue a letter to an individual when the individual is demonstrating COVID-19 like symptoms.

An individual or their guardian should not issue a letter to themselves.

The letter template may be found on the ODDS COVID-19 Information webpage: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Letter-High-Risk-IDD-Healthcare-Testing.docx>

The letter requesting testing is NOT to be issued as a preventative measure nor when an individual has not reported COVID-19 like symptoms.

The following are examples of when and when not to issue a letter:

**YES**

An individual has developed symptoms as identified by the CDC as symptoms associated with COVID-19, including a dry cough and fever.

*It is appropriate for the CME to issue a letter requesting priority in COVID-19 testing because the individual is symptomatic.*



A residential setting provider is concerned about an individual exposing the household to COVID-19 because despite the stay home order, the individual does leave the home to visits friends and family in the community. The individual does not appear to be showing symptoms of illness, however, the provider wants to be sure that the individual has not brought the virus into the home.

*It is not appropriate for an individual to be issued a letter to request testing as the individual is not symptomatic.*

\*\*In addition to providing the individual with the COVID-19 testing request letter, CMEs and providers are to report the suspected case of COVID-19 to ODDS in accordance with AR 20-049: Information to Report to ODDS Regarding Individuals with Suspected or Positive Case of COVID-19. The Action Request transmittal may be found at the following link:

<http://www.dhs.state.or.us/policy/spd/transmit/ar/2020/ar20049.pdf>

**Training/communication plan:**

**Please register for the ODDS May Provider Expectations Webinar on the Covid-19 Virus, May 21, 2020 at 2pm:**

<https://attendee.gotowebinar.com/register/9174809212972542221>

After registering, you will receive a confirmation email containing information about joining the webinar. Please send questions in advance to:

[ODDS.INFO@dhsosha.state.or.us](mailto:ODDS.INFO@dhsosha.state.or.us)

Questions from provider may be sent to [ODDS.Questions@dhsosha.state.or.us](mailto:ODDS.Questions@dhsosha.state.or.us)

Question from Case Management Entities may be sent to

[ODDS.FieldLiaison@dhsosha.state.or.us](mailto:ODDS.FieldLiaison@dhsosha.state.or.us)

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

Contact(s): ODDS COVID-19 Team	
Phone:	
Email: see above	