

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number: APD-PT-20-065**

**Issue date: 9/1/2021**

**UPDATED #2**

**Topic:** Long Term Care

**Due date:**

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" 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 type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input 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                        |   |

<b>Policy/rule title:</b>	COVID-19 Recovery Units		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>	Immediately	<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**This transmittal has been updated. Updates are throughout the PT to provide additional clarity. Significant changes are in red.**

**Discussion/interpretation:**

In response to the COVID-19 pandemic, in April 2020, Aging & People with Disabilities designated existing licensed care facilities as Emergency Health Care Centers (EHCC) in Oregon. Each EHCC was designed to provide long term care services to individuals who have tested positive for COVID-19. Admission to an EHCC allows an individual to recover in an environment which focuses on COVID-19 recovery while also meeting the individual's existing service needs.

With the additional surge of the COVID-19 virus the Department has designated additional facilities as COVID-19 Recovery Units. These COVID-19 Recovery Units are located throughout Oregon to meet the needs of all Oregonians. COVID-19 Recovery Units are located within licensed long term care facilities. Most are in skilled nursing facilities however, to meet the needs of those individuals diagnosed with dementia who have tested positive for COVID -19, the Department has provided a contract with memory care facilities as well.

### **Currently approved facilities:**

Pacific Health and Rehab – Tigard – Capacity 70  
Rose Haven – Roseburg – Capacity 20  
Avamere Three Fountains – Medford – Capacity 30  
Bend Transitional Care – Bend – Capacity 20  
Salem Transitional Care – Salem – Capacity 16  
Avamere Riverpark – Eugene – Capacity 21  
The Springs at Willowcreek – Salem – Capacity 16 (Memory Care)  
The Pearl at Kruse Way – Lake Oswego – Capacity 45

### **Admissions Process:**

- Referrals to the COVID-19 Recovery Units can be made directly by hospitals, other facilities, APD Central Office or other avenues to the [APD.covidadmissions@dhsosha.state.or.us](mailto:APD.covidadmissions@dhsosha.state.or.us)
- Once the COVID-19 Recovery Unit has reviewed and accepted a referral, they will request admission approval from APD Central Office.
- APD Central Office will document the decision in Oregon ACCESS if applicable.
- The COVID-19 Recovery Unit will contact the hospital or sending facility to arrange transportation.

**Note – the COVID-19 Recovery Unit is only an option for individuals to consider. There is no mandate or requirement for individuals who are diagnosed with COVID-19 to be admitted to these facilities.**

### **Case Manager or Diversion/Transition actions:**

Staff at each facility will provide appropriate level of care, regardless of payor source for the individual. When an individual enters a COVID-19 Recovery Unit facility their placement should be treated as if they were in a hospital setting. This means:

- If the individual is a Long-Term Services and Supports (LTSS) consumer the case manager continues to hold the individual case (do not transfer the case)
- **The current service plan, pay-ins, and any payment authorizations must be ended.**
- In Oregon ACCESS keep the benefit part ongoing and end the service plan.

- There is no liability or room and board payment to the COVID Recovery facilities
- There is no payment authorization (i.e. no 512 or MMIS POC)
- The individual remains eligible for LTSS
- Provide ongoing Direct/Indirect contacts as appropriate – this should include coordination with the COVID Recovery facility to determine discharge.
- Complete re-assessments as appropriate.

Individuals who are private pay may decide to apply for benefits before or after admitting into a COVID Recovery facility. Please follow processes as described in other [COVID-19 related transmittals](#) as appropriate.

Individuals residing in a COVID Recovery facility will be considered an acute care setting as described in OAR 461-135-0745. Please use the ACS coding if needed and all eligibility conditions are met.

**Training/communication plan:**

Hospital discharge planners and licensed care facilities have been given this information as a resource for discharge individuals and decompression of facilities.

Any complaints of abuse must be referred to the appropriate unit NFSU or local APS for investigation under relevant rules.

**Local/branch action required:** Actions are indicated in this transmittal.

**Central office action required:** Approve placements to COVID Recovery Unit Facilities. Provide technical assistance as needed.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

**Filing instructions:**

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

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