

Policy Transmittal Aging and People with Disabilities



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Authorized signature

Number: APD-PT-20-097

Issue date: 9/4/2020

Topic: Other

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 type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type A | <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 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 | |

Policy/rule title:	Oregon Project Independence (OPI) signature requirements during COVID-19		
Policy/rule number(s):	411-032-0020	Release number:	
Effective date:	Upon release	Expiration date:	
References:			
Web address:	https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SPPD/APDRules/411-032.pdf		

Discussion/interpretation:

Effective immediately and until further notice, in an effort to support social distancing and limit contact with our most vulnerable populations due to COVID-19, Type A, AAA OPI Case Managers and Managers/Supervisors may now allow the following for required OPI forms:

- OPI staff may sign any required form with an electronic signature.
- OPI staff may accept a consumer's signature via email, text, or over the phone.

If the consumer signs the form via email, text, or over the phone, complete the following for audit purposes:

- Document “**Signature accepted by email/text/phone on MM/DD/YYYY**” on the signature line on the form.
- Document the accepted signature in Oregon ACCESS.

Important: We currently lack the necessary technology to gather a true telephonic signature, all forms that are signed via email/text/telephone per the instructions above must eventually be signed with a “wet” signature. This can be done at the next annual review.

Implementation/transition instructions:

Training/communication plan:

Local/branch action required: Review this policy update with OPI staff who need to obtain signatures from consumers.

Central office action required: 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:

Contact(s): Brandi Truitt, OPI Policy Analyst	
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Email: OPI.policy@dhsosha.state.or.us	