## **Policy Transmittal Aging and People with Disabilities**



Mike McCormick		Number: APD-PT-21-010	
Authorized signature		<u>Issue date</u> : 4/1/2021	
<b>-</b> 0		-	UPDATED
<u>Topic</u> : Long Term Care		<u>Due date</u> :	
Transmitting (check the box that best applies):			
New policy ☐ Policy change ☐ Policy clarification ☐ Executive letter			
Administrative Rule  Manual update  Other:			
Amplica to Laborate all that ample A.			
Applies to (check all that apply):			
All DHS employees		County Mental Health Directors	
Area Agencies on Aging: Type B		☐ Health Services	
□ Aging and People with Disabilities		Office of Developmental	
Self Sufficiency Programs		Disabilities Services (ODDS)	
☐ County DD program managers		ODDS Children's Intensive In	
☐ Support Service Brokerage Directors		Home Services	
ODDS Children's Residential Services		Stabilization and Crisis Unit (SACU)	
☐ Child Welfare Programs		Other (please specify):	
Policy/rule title:	HCW Transportation for	ICW Transportation for Individuals to Access Vaccines	
Policy/rule number(s):			Release number:
Effective date:			Expiration date:
References:			
Web address:			

## **Discussion/interpretation:**

This transmittal has been updated to reflect additional information on eligibility to receive this service.

During the COVID-19 emergency, the following tasks are permitted by HCWs and IHCAs while providing services to individuals receiving in-home services or State Plan Personal Care:

- Transportation to and from the vaccination site or clinic
- Staying with the individual for the entire process

## **Eligibility**

In-home services: Individuals must have the Transportation service need identified as part of their service plan.

SPPC: OAR 411-034-0020 excludes transportation as a service option. However, case managers may identify this service need by documenting it in Oregon Access.

The individual's currently authorized hours should be utilized to complete the above tasks. However, if an exception is required to meet this need, local offices may authorize no more than 3 hours for the service period with Tier 2 rights. If a Tier 3 approval is needed, submit the request to <a href="mailto:spd.exceptions@dhsoha.state.or.us">spd.exceptions@dhsoha.state.or.us</a> with the subject line "COVID VACCINE EXCEPTION". Provide the information needed to approve the exception. No additional forms are required for this one-time exception.

Mileage may be authorized if the HCW or IHCA is providing the transportation in the provider's vehicle. Any additional mileage authorization should be reasonable for this appointment.

Local/branch action required: Inform individuals of the above available tasks if the HCW is transporting the individual to a vaccine appointment. Approve exceptions as needed.

Central office action required: Approve exceptions as needed.

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

Filling instructions:

If you have any questions about this policy, contact:

Contact(s): APD.MedicaidPolicy@dhsoha.state.or.us

Phone: Fax:

Email: