

Links to information

LPHA Program Element 01 -05/-06 budget guidance and related documents:

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Pages/index.aspx>

CBO Community Engagement webpage:

<https://www.oregon.gov/oha/PH/ABOUT/Pages/Community-Engagement.aspx>

Resources for COVID-19 CBO Grantees webpage (New, 9/25):

<https://www.oregon.gov/oha/PH/ABOUT/Pages/CBO-Grantee-Resources.aspx>

ARIAS website: <https://www.oregon.gov/oha/PH/Pages/ARIAS.aspx>

COVID Resources webpage (New, 10/15): <https://govstatus.egov.com/or-dhs-community-resources>

General LPHA-CBO Coordination

Will LPHAs work directly with CBOs? Or will the LPHA go through an OHA staff to coordinate with the CBO?

The LPHA will coordinate referrals for contact tracing and wraparound services directly with the CBO. OHA has provided resources for community engagement, general onboarding and all contact tracing/ARIAS training.

What resources are available to LPHAs to support local coordination across agencies?

OHA recognized that LPHAs would need additional funding/FTE to help coordinate across local agencies. Additional funds (\$1.3 million) were added to the base funding in PE01 -05 before the funding amounts were finalized by JLT for this purpose.

What mechanisms are in place for OHA to coordinate with CBOs on an ongoing basis? (Updated, 10/15)

The Community Engagement Coordinators provide a direct point of contact within OHA for each CBO.

OHA will routinely share information with LPHAs about regular trainings, communications and other touch points with CBOs through emails, meetings and direct communications with the Public Health Systems Consultants.

What expectations exist for LPHAs to convene partners?

PE 01-05 includes a requirement for LPHAs to work with local CBOs including culturally-specific organizations to develop and track progress toward equity goals to maintain equity at the center of the LPHA’s COVID-19 response.

OHA has heard from a number of LPHAs that are using existing mechanisms for convening partners to coordinate the COVID response. Additionally, the OHA Public Health Systems Consultants will help LPHAs convene with their funded CBOs to develop their working relationships and processes.

For the purposes of COVID-19, how are case investigation and contact tracing defined?

Case Investigator: Person designated to connect with confirmed or presumptive cases to interview them and identify close contacts. Case investigators use OPERA.

Contact tracer: Person designated to connect daily with people who have been in close contact with cases to determine if these contacts develop symptoms consistent with COVID-19. Contact tracers use ARIAS. Contact tracers may perform the following tasks, based on local workflows:

- Notify those who have been identified as COVID-19 contacts;
- Communicate quarantine requirements and check in daily during this period to monitor developing symptoms (also known as symptom monitoring); and
- Connect to a case investigator and support services as needed.

How are LPHAs expected to decide which CBO to refer a case/contact to for contact tracing or wraparound services? (Updated, 10/15)

The LPHA should consider the linguistic and cultural preferences of the individual as well as any other needs or preferences identified through the case investigation. CBOs have identified which communities they serve and in what languages. In addition, LPHAs have received information about whether each CBO

is funded for outreach and education, contact tracing, wraparound service provision, or a combination of the three.

If an LPHA is working with a case or contact who has a need that cannot be met by a funded CBO, the LPHA can get in touch with the OHA Community Engagement Coordinator (CEC) for their region.

Please refer to the document titled “Factors for referral decision-making” for additional guidance on factors an LPHA may consider when referring an individual to a CBO. This document is available at:

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Pages/index.aspx>.

How will an LPHA know which wraparound services a CBO can provide? Has OHA compiled a list?

Each LPHA will need to work with funded CBOs to understand which wraparound services each can provide. If there are known gaps, the LPHA and CBOs can work together to decide how needs will be met as they come up.

If a CBO is working with a COVID case or contact to provide wraparound services but cannot meet an identified need, the LPHA and CBO should work together to figure out the best way to meet the individual’s needs.

How will an LPHA know when a CBO is nearing its capacity for providing contact tracing or wraparound services? (New, 10/15)

The LPHA and CBO should set up regular communication channels that will allow a CBO to notify the LPHA when it is nearing its capacity for new referrals.

Will CBOs be expected to follow LPHA procedures? If so, how will this work for CBOs that work in multiple counties? (Updated, 10/15)

The LPHA-CBO Memorandum of Understanding template requires LPHAs and CBOs to work together to develop workflows for contact tracing and wraparound service referrals.

LPHAs can work together to develop consistent workflows for CBOs that work in multiple counties, which will streamline processes for the CBOs, LPHAs and the people served.

What is the expectation for coordinating wraparound services so that resources are not "doubled up" on individuals, or more importantly, someone doesn't fall through the cracks?

Referrals will be made from the LPHA to the CBO for both contact tracing and wraparound services. It is the LPHA's responsibility to monitor which agency is providing services and that an individual's needs are met.

What happens when a CBO becomes aware of an individual who may be a case or contact before the LPHA? (New, 9/25)

An individual may contact a CBO directly to request wraparound supports for a number of reasons.

In these situations, a CBO can initiate a self-referral process. After getting the individual's consent, the CBO will collect information from the individual about reasons why they believe they may need to quarantine or isolate, including exposures to known cases or a recommendation from a health care provider. The CBO will provide this information to the LPHA, which will confirm whether the individual is a case or contact in OPERA. LPHAs and CBOs should work together to develop a process for self-referrals.

It is important that LPHAs work with CBOs to review self-referrals, as the LPHA must ensure that an individual is not receiving duplicative services from more than one CBO.

The CBO will be able to provide wraparound supports for up to five business days while working with the LPHA to confirm the individual's status as a case or contact. If the individual does not meet public health definitions for cases or contacts in OPERA, the person is not eligible to receive wraparound supports for isolation and quarantine. However, the CBO may continue to support the person to connect with safety net services.

The self-referral form and related documents are posted on the CBO Grantee Resources webpage at: <https://www.oregon.gov/oha/PH/ABOUT/Pages/CBO-Grantee-Resources.aspx>.

What required trainings is OHA providing to CBOs? (Updated, 9/25)

Please see information about requirements for contact tracing under the ARIAS section.

Information on additional trainings for CBOs are available on the CBO grantee resource page: <https://www.oregon.gov/oha/PH/ABOUT/Pages/CBO-Grantee-Resources.aspx>.

How should an LPHA share information about a case or contact with a CBO?
(Updated, 10/15)

For contact tracing, the LPHA will share information through ARIAS. The LPHA may also share information through other mechanisms, such as a daily check in phone call with the CBO. ARIAS does not send automatic alerts to CBOs when a contact is referred to their organization for contact tracing.

For wraparound services, the LPHA may choose to share information through a form or document that is shared through secure email. It is incumbent on the LPHA to ensure that data security standards are met and that the CBO knows how to protect information once it is received by the CBO. The LPHA should only share the information necessary for providing wraparound services, which includes begin and end dates for isolation or quarantine.

How will any breaches of PHI confidentiality be handled?

This is addressed in the CBO grant agreement and LPHA-CBO MOU template.

What is included in outreach and education? Will it include working with schools or businesses?

Community engagement, education and outreach may include regular communication with community members (through newsletters, social media, group classes, emails, texting, etc); creating and sharing culturally relevant information; amplifying OHA information by re-posting social media posts; acting as a liaison between the community and public health; or informing the community about where to go for services like testing, health care and social service needs. This is not an exhaustive list. The LPHA and CBO can work together to determine how to best meet the needs of the community.

How will LPHAs and CBOs work together on local media? What are the expectations of CBOs to work with the LPHA?

The LPHA-CBO MOU template requires that the CBO work with the LPHA on any sharing of information with the media or the public related to contact tracing and wraparound services. OHA will continue to make educational materials available, and OHA CECs will work with CBOs who are providing outreach and education to make sure their materials are in alignment with state-level messaging.

In what ways does Public Charge factor into CARES Act funding?

It does not, with the exception of reimbursing for lost wages. Please note that lost wages are not something that OHA’s funds for wraparound services cover, although case managers can work with individuals to apply for other safety net programs.

Additional information about Public Charge is available at:
<https://www.oregon.gov/oha/ERD/Pages/public-charge.aspx>.

CBO roles and responsibilities

Will CBOs perform contact tracing or provide wraparound services to individuals who are not in their demographic target?

We anticipate that CBOs may be open to this, especially within the context of the specific services the CBO can provide. The LPHA can work with CBOs in its jurisdiction to determine what is within scope for each CBO.

Will a CBO provide wraparound services to all people or only the clients they serve?

A CBO is expected to work with the LPHA to provide services to people in their demographic target, which may include people who are not their established clients.

How many contacts will each CBO be able to follow up on? (Updated, 10/15)

The LPHA can work with each CBO to determine how many contacts a CBO can trace, and how many people it can coordinate for wraparound services. The LPHA and CBO should have mechanisms to communicate when a CBO is nearing its capacity to accept referrals.

Are CBOs required to provide contact tracing and wraparound services seven days a week?

Yes.

Will CBOs provide wraparound services for presumptive and confirmed cases? If so, what is the expectation for providing this PHI to CBOs? (Updated, 10/15)

Yes, CBOs may provide wraparound services for presumptive or confirmed cases, or contacts.

Issues related to PHI and data sharing are addressed in the CBO grant agreement and in the LPHA-CBO MOU template.

CBOs that provide contact tracing or wraparound services are required to take the State of Oregon's Information Security and Privacy Training.

OHA has referred to both wraparound services and safety net services. What do these terms mean?

Wraparound services are services provided to a case or contact during the period of isolation and quarantine, in order to support a person to complete isolation and quarantine. Through Program Element 01 -05, some wraparound services are reimbursable.

Many CBOs will also be working with people to connect them to broader services that are available to support the individual and family longer term, or for individuals and families not directly impacted by isolation or quarantine. These safety net services may include WIC or OHP enrollment, wage replacement or unemployment, connection to substance use services, etc.

Are CBOs expected to provide a point of contact within their organization to the LPHA?

Yes, this is included in the MOU template. Likewise, the LPHA is expected to provide a point of contact for CBOs.

Do CBOs need an ARIAS or OPERA case ID number in order to submit an invoice for wraparound service reimbursement?

No. CBOs do not have access to OPERA, and CBOs that only provide wraparound services will not have access to ARIAS. CBOs will not need the ARIAS or OPERA case ID number in order to submit an invoice for wraparound services. CBOs will assign a random person ID to each individual they serve for the purposes of reimbursement.

ARIAS

Will the LPHA be notified when a CBO has access to ARIAS?

Yes, the Active Monitoring Branch will let the OHA CEC know when a CBO is able to do contact tracing through ARIAS. The CEC could set up a coordination call between the LPHA and CBO or simply communicate through email.

What requirements must a CBO meet before having access to ARIAS? (New, 9/25)

Please see the CBO Contact Tracing Checklist at

<https://www.oregon.gov/oha/PH/ABOUT/CETDocuments/Contact-Tracing-Checklist.pdf>. Items on the checklist must be completed before a CBO will be onboarded to ARIAS.

If the LPHA does an initial assessment for a close contact and includes information in the OPERA notes field, can the LPHA assign the contact to a CBO before the information is transferred to ARIAS?

CBOs cannot access information in OPERA. However, the LPHA could communicate with the CBO through other channels, such as a telephone call, to let the CBO know that a contact will be assigned to them in ARIAS and to share basic information.

When questions about the information in ARIAS come up, will the CBO contact the LPHA or OHA for assistance?

Questions may come to the LPHA or OHA depending on what the issue is. For example, if a CBO staff person is locked out of ARIAS, they should contact OHA. If they need to discuss the information in ARIAS for a specific person, they should contact the LPHA.

Will CBOs have access to OPERA?

CBOs who are funded for contact tracing will have access to ARIAS. CBOs will not have access to Orpheus or OPERA.

Who is the ORP responsible for the oversight of ARIAS?

OHA is the ORP for ARIAS.

Will LPHAs be required to do ARIAS data entry for CBOs?

The expectation is that CBOs will enter data into ARIAS on a daily basis. There may be some situations – for example, a CBO whose staff are monolingual – where the CBO will use paper forms for contact tracing, instead of ARIAS. The LPHA and CBO will need to ensure a system for getting contact tracing information into ARIAS, and OHA may also be able to support data entry.

What happens when someone under contact tracing begins developing symptoms?

The CBO staff person is expected to elevate it to their CBO lead, who will then quickly get in touch with the LPHA. If the person is determined to be a suspect or presumptive case, the LPHA resumes responsibility for this individual.

Wraparound services

LPHAs and CBOs use ARIAS for contact tracing referrals and daily monitoring.

What is the system for wraparound referrals and monitoring? (Updated 10/15)

No statewide data system exists for tracking COVID wraparound services. OHA has developed an optional Excel tool that LPHAs and CBOs could use to track referrals and which services are provided to a person. Also, some LPHAs have developed tools to track and coordinate referrals with CBOs. These locally-developed tools are posted on CLHO's COVID Resource Library and can be used or modified.

Per Program Element 01 -05, the LPHA must ensure social services referral and tracking processes are developed and maintained.

What information is the LPHA expected to collect and report for the provision of wraparound services to COVID cases and contacts? (Updated 10/15)

The LPHA needs to collect the information that is needed to submit invoices for reimbursement.

Beginning in October 2020, LPHAs are required to report to OHA monthly on wraparound services provided to cases and contacts. This includes both reimbursable and non-reimbursable services, and those that are provided by the LPHA or a CBO to which a case or contact is referred.

The LPHA will need to be able to provide basic information about the number of clients referred for wraparound services and the wraparound service categories

provided. In addition, it is recommended that LPHAs collect information that shows where gaps exist in availability of resources within the community, so that community partners can come together to develop solutions.

Additional information on LPHA wraparound reporting requirements is available at:

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Pages/index.aspx>.

Are LPHAs required to document what wraparound services a CBO has provided to a COVID case or contact?

LPHAs will need to collect enough information to complete wraparound reporting to OHA.

Will LPHAs be expected to go back in time to report wraparound services?

No.

How does an LPHA or CBO screen individuals for wraparound service needs?

OHA has developed a script for contact tracing and wraparound services. The script includes immediate needs for isolation and quarantine, as well as other “safety net” needs. This script is an option but is not required.

How often are CBOs expected to provide updates for wraparound services for clients that have been assigned to them? What is the mechanism?

LPHAs and CBOs will work together to develop workflows and expectations.

Who is responsible – the LPHA or CBO – for tracking wraparound service referrals?

The LPHA is ultimately responsible for being able to track all referrals for wraparound services. The LPHA will need to collect and report basic information about the number of people served, services provided, etc. CBOs will need to provide information on individuals they are serving to the LPHA.

What are allowable expenses for wraparound services? (New, 10/15)

OHA maintains a list of allowable expenses in the CBO Wraparound Guidance and CBO Wraparound FAQ. Although these documents were developed for CBOs, the allowable expenses are the same for LPHAs. These documents provide detailed

information on topics including access to culturally appropriate food options, allowable payments for bills, and allowable uses of gift cards.

Please refer to these two documents for information on allowable expenses:

CBO Wraparound Guidance:

<https://www.oregon.gov/oha/PH/ABOUT/CETDocuments/Wraparound-Guidance.pdf>

CBO Wraparound FAQ:

<https://www.oregon.gov/oha/PH/ABOUT/CETDocuments/FAQ-Social-Service-Wraparound.pdf>

What options are available for medical transport? (New, 10/15)

An LPHA or CBO can pay for medical transportation if the costs are not covered by insurance. Non-emergency medical transport is a covered benefit for all Medicaid CCO and FFS members.

LPHAs are encouraged to work with their local NEMT brokerages to set up arrangements for accessing NEMT services before they are needed. Similarly, LPHAs are encouraged to work with CBOs to coordinate how NEMT will be accessed and paid for when issues arise.

NEMT resources are available at:

<https://www.oregon.gov/oha/hsd/ohp/tools/Transportation%20Brokerage%20Map.pdf>

<https://www.oregon.gov/oha/HSD/OHP/Tools/Oregon%20Medicaid%20COVID-19%20Provider%20Guide.pdf>.