

Program Element #65: Communicable Disease Response (Tribes)

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to operate a Communicable Disease prevention and control program in Tribe's service area that includes any of the following components: (a) epidemiological investigations that report, monitor and control Communicable Disease, (b) diagnostic and consultative Communicable Disease services, (c) early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases, (d) appropriate immunizations for human and animal target populations to control and reduce the incidence of Communicable Diseases, and (e) collection and analysis of Communicable Disease and other health hazard data for program planning and management.

Communicable Diseases affect the health of individuals and communities throughout Oregon. Disparities exist for populations that are at greatest risk, while emerging Communicable Diseases pose new threats to everyone. The vision of the foundational Communicable Disease Control program is to ensure that everyone in Oregon is protected from Communicable Disease threats through Communicable Disease and Outbreak reporting, investigation, and application of public health control measures such as isolation, post-exposure prophylaxis, education, or other measures as warranted by investigative findings.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Communicable Disease Response

- a. **Case:** A person who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a particular disease, infection, or condition as described in OAR 333-018-0015, or whose illness meets defining criteria published in the OHA's Investigative Guidelines.
- b. **Case Coordination:** Communication, information sharing, and collaboration with case management and other staff serving a client within and between agencies in the community.
- c. **Case Investigation:** The process of identifying and interviewing confirmed or presumptive cases to identify close contacts who may have also been exposed to disease.
- d. **Close Contact:** Please see [Investigative Guidelines](#) for definition for a particular disease.
- e. **Communicable Disease:** A disease or condition, the infectious agent of which may be transmitted to and cause illness in a human being.
- f. **Contact:** A person identified as having close contact with a confirmed or presumptive case.
- g. **Contact Tracing:** The process of connecting daily with people who have been in close contact to cases to determine if these contacts develop symptoms consistent with a communicable disease.
- h. **Isolation:** Separation of an ill person from other people in order to prevent further spread of illness.
- i. **Outbreak:** A significant or notable increase in the number of Cases of a disease or other condition of public health importance (ORS 431A.005).
- j. **Quarantine:** Separation of people without apparent illness because they were exposed to an infectious person.
- k. **Reportable Disease:** Any of the diseases or conditions specified in Oregon Administrative Rule 333-018-0015.

3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](#), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>							
<i>X = Other applicable foundational programs</i>												
Epidemiological investigations that report, monitor and control Communicable Disease (CD).	*						X		X			X
Diagnostic and consultative CD services.	*								X			
Early detection, education, and prevention activities.	*						X		X		X	
Appropriate immunizations for human and animal target populations to reduce the incidence of CD.	*				X		X					
Collection and analysis of CD and other health hazard data for program planning and management.	*						X		X	X		X

b. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:**

Not applicable

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Tribe agrees to conduct activities in accordance with the following requirements:

- a.** For Tribes conducting disease investigation, the Tribe should use all reasonable means to investigate in a timely manner all reports of Reportable Diseases, infections, or conditions. To identify possible sources of infection and to carry out appropriate control measures, the Tribal Health Administrator or his/her designee must investigate each report following procedures outlined in OHA's [Investigative Guidelines](#) or other tribal procedures. OHA may provide assistance in these investigations. Investigative guidelines are available at:

<http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx>.

For Tribes not conducting disease investigation, to the extent possible, the Tribe must work with the Local Public Health Authority or Local Public Health Authorities in their region to coordinate disease investigation activities.

- b.** As part of its Communicable Disease control program, Tribe should, within its service area, investigate the Outbreaks of Communicable Diseases, institute appropriate Communicable Disease control and prevention education measures, and submit required information regarding the Outbreak to OHA in Orpheus as prescribed in OHA CD Investigative Guidelines available at:

<http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx>

- c. 65-01 COVID-19 Communicable Disease Response:** Tribe must conduct activities related to public health COVID-19 response in accordance with procedural and operational requirements in this Program Element.

d. 65-02 COVID-19 Active Monitoring Outreach, Education and Implementation

Tribe must conduct outreach and education for active monitoring in a manner that fulfills the needs and priorities of Tribal members and the Tribal community.

- (1) Provide outreach and education for Tribal members, patients served at a Tribal Health Clinic, and others associated with the Tribe.
- (2) Maintain ongoing coordination with the local public health authority and other organizations as needed to ensure the needs of Tribal members and others associated with the Tribe are met.

In coordination with OHA, the Northwest Portland Indian Health Board (NPAIHB), and the local public health authority, Tribe must ensure that Tribal members have access to COVID-19 testing, case investigation, contact tracing, and isolation and quarantine locations and wraparound supports.

(1) Testing

- (a) Provide access to testing through a Tribal Health Clinic or maintain ongoing coordination with the local public health authority to ensure access for Tribal members, patients of Tribal Health Clinics, and others associated with the Tribe.

(2) Contact Tracing and Case Investigation

- (a) Ensure access to case investigation and contact tracing for Tribal members, patients served at a Tribal Health Clinic, and others associated with the Tribe through one of the following models: Tribe provides case investigation and contact tracing, Tribe provides contact tracing and defers case investigation to

NPAIHB or the LPHA, or Tribe defers both contact tracing and case investigation to NPAIHB or the LPHA.

- i. If Tribe provides contact tracing, maintain capacity to provide contact tracing for Tribal members, patients served at Tribal Health Clinics and other associated with the Tribe, including during a surge in new cases.
- ii. If Tribe provides contact tracing, ensure all contact tracing staff are trained in accordance with OHA Investigative Guidelines and data entry protocols.
- iii. If Tribe provides case investigation and contact tracing, follow up with 95% of cases within 24 hours of notification.
- iv. If Tribe provides case investigation and contact tracing, enter all case investigation and contact tracing data in Orpheus and ARIAS, as directed by OHA.
- v. If Tribe provides case investigation, conduct case investigations and monitor outbreaks among Tribal members, patients served at a Tribal Health Clinic, and others associated with the Tribe.
- vi. If Tribe defers case investigation and/or contact tracing to NPAIHB or the LPHA, regularly communicate to ensure ongoing coordination and that requirements for case investigation and contact tracing are met.

(3) Isolation, Quarantine and Wraparound Services

- (a) Demonstrate that a quarantine location is identified and ready to be used. The Tribe may identify a location for Tribal members and others associated with the Tribe, or the Tribe may coordinate with the local public health authority.
- (b) Facilitate efforts to ensure isolation and quarantine housing, transportation, health care supplies, meals, telecommunications and other supports needed for Tribal members and others associated with the Tribe who have a financial or physical need. The Tribe will utilize existing resources when possible such as covered case management benefits, WIC benefits, etc. Provision of supports and services can be provided through coordination with the local public health authority.
- (c) Tribe must ensure social services referral and tracking processes are developed and maintained for all Tribal members and others associated with the Tribe for whom the Tribe is providing wraparound services.

e. **PE65-02 Budget and Budget Narrative.** Tribe must submit a budget and budget narrative for approval by OHA within 30 days of receiving amendment. Refer to Tribal COVID-19 PE65 -02 Budget Guidance document for terms and conditions. OHA will provide Budget Narrative Template, Budget Guidance document, and any other applicable documents that OHA may identify.

5. **General Revenue and Expense Reporting.** Tribe must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30

All funds received under a PE or PE-sub-element must be included in the quarterly Revenue and Expense reports. Funding under PE65-02 includes three components: a) base funding, b) active monitoring fee for cases payment, and c) active monitoring isolation and quarantine and wrap around services.

- a. Base Funding – Award will be issued FY20 June 2020. Funds can be used from March 27, 2020-December 30, 2020. Unspent funds during FY20 are eligible for carry forward to FY21 once FY20 Q4 R/E reports are submitted.
- b. COVID-19 Active Monitoring Fee for Cases payment – a fee-for-cases payment will be paid for each case or contact per OHA guidance. Tribes utilizing fee-for-cases payment must submit invoices to receive these funds for the period of March 27-December 30, 2020. Unless federally required to be earlier, final invoice due no later than January 31, 2021. OHA will amend the PE monthly upon receipt of the invoice. Payment will be made once the OHA accepts the invoice. Tribe must submit an invoice no less than quarterly to OHA. Invoice amounts must be reported on the R/E reports.
- c. COVID -19 Active Monitoring Isolation and Quarantine and wraparound services – Tribes must also submit invoices for isolation and quarantine-related expenses per OHA guidance. Tribe must submit invoices to receive these funds for the period of March 27-December 30, 2020. Unless federally required to be earlier, final invoice due no later than January 31, 2021. OHA will amend the PE monthly upon receipt of the invoice. Payment will be made once the OHA accepts the invoice. Tribe must submit an invoice no less than quarterly to OHA. Invoice amounts must be reported on the R/E reports.

6. Reporting Requirements. Not applicable.

7. Performance Measures.

Not applicable.