

# Action Request Transmittal Developmental Disabilities Services



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**Number:** APD-AR-20-049

**Issue date:** 5/21/2020

**UPDATED #3**

**Topic:** Developmental Disabilities

**Due date:** Ongoing

**Subject:** Information to report to ODDS re: individual and paid providers with suspected or positive case of COVID-19 or quarantine due to exposure

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

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                               | <input type="checkbox"/> County Mental Health Directors                                  |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}           | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Aging and People with Disabilities              | <input checked="" 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 checked="" type="checkbox"/> County DD program managers           | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                            |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors  | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): ODDS Providers      |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services |  |
| <input type="checkbox"/> Child Welfare Programs                          |  |

**Action required:**

Updated 5/21/2020 to include requirements about reporting for Personal Support Workers (PSWs) and clarify details, such as what address to report. ODDS is no longer requiring the name of agency staff with suspected or confirmed case.

If an individual has a suspected or positive case of COVID-19, or has been advised to quarantine due to exposure to someone who has a positive case of COVID-19, the notification procedures outlined in the [ODDS Scenarios Tool](#), ([AR-20-031](#)) must be followed. This AR clarifies what information must be included in that notification to ODDS.

For people who are eligible for ODDS Services:

**If an individual has been told by a physician that it is likely that they have COVID-19 (and to stay home and self-isolate), or the individual is being tested for COVID-19, the following information must be submitted to ODDS. PSWs notify Case Management Entities (and Case Management Entities notify ODDS). Case Management Entities and Provider Agencies notify ODDS at:**

1. The name and birth date of the individual who has a suspected or confirmed case of COVID-19;
2. If the individual has been tested, and the date testing was completed;
3. The plan to notify or update ODDS when test results are received;
4. The type of setting (i.e., In-Home, Supported Living, Foster Care or 24-Hour Group Home) where the individual lives
5. Total number of individuals with I/DD who reside in the same setting (if applicable)
6. If the individual resides with one or more other individuals who also have I/DD, the number of people in the residential setting who have a suspected or confirmed case of COVID-19;
7. Name of the provider agency if the person uses services from a provider agency;
8. Address of the home, unless the individual lives in their own home or family home (it is important that the home address not the agency's administrative address is provided)
9. Number of staff available to deliver services within the residential setting or in the individual's own home;
10. The plan to isolate or quarantine as required in the [ODDS Scenarios Tool](#), and also as directed by federal, state, or local public health officials.
11. Results of test and date results were shared, when this is completed;
12. Whether the provider is in need of: PPE, Staffing Support, Epidemiology Support, Infection Control Supplies or Support;
13. Whether LPHA has been notified and are doing contact tracing;
14. Has the individual been hospitalized and if so, can they have a visitor and what is the plan for patient advocacy;
15. Does the individual have a Guardian or Health Care Advocate; and
16. Does the individual have a POLST/Advanced Directive/DNR-DNI?

For Provider Agencies:

**If a Provider Agency has staff who has been told by a physician that it is likely they have COVID-19 (and to stay home and self-isolate), or the staff is being tested for COVID-19, then following information must be submitted to ODDS at: [ODDS.FieldLiaison@dhsosha.state.or.us](mailto:ODDS.FieldLiaison@dhsosha.state.or.us).**

1. Name of the Provider Agency;
2. Provider Endorsement Type applicable to the report (e.g. 24 hour residential, CLS In-Home Agency). If provider agency has several endorsements, only identify the one where the staff person was working);
3. Address of the home (or homes) where the staff works;
4. Case Management Entity or Entities;
5. Provider contact information;

6. Date tested or told by a physician that they likely have COVID-19;
7. Test result (if tested);
8. Date of test result;
9. Confirmation that local Public Health was notified;
10. The plan for isolation or to be away from supported individuals;
11. Last date for which the provider last had contact with the supported individual;
12. Is the provider in need of PPE, Staffing Support, Epidemiology Support or Infection Control or supplies; and
13. Is LPHA doing contact tracing.

For PSWs:

**If a PSW has been told by a physician that it is likely they have COVID-19 (and to stay home and self-isolate), or the PSW is being tested for COVID-19, then the PSW must notify the CME, and the CME must provide the following information to ODDS at: [ODDS.FieldLiaison@dhsosha.state.or.us](mailto:ODDS.FieldLiaison@dhsosha.state.or.us)**

1. Name and contact information for Case Management Entity;
2. PSW name, and contact information;
3. Names of individuals PSW has worked with;
4. Address of the home (or homes) where the PSW works;
5. Date received positive result for COVID-19 test, or told by a physician that they likely have COVID-19;
6. Date tested (if applicable); or the plan to notify or update ODDS when test results are received; and
7. The plan to isolate or quarantine as required in the [ODDS Scenarios Tool](#), and also as directed by federal, state, or local public health officials.

**Training/communication plan:**

Email questions to: [odds.questions@dhsosha.state.or.us](mailto:odds.questions@dhsosha.state.or.us).

- Responses will be posted on the DD Staff Tools page under FAQs here: <http://www.dhs.state.or.us/spd/tools/dd/cm/>

Providers questions will be addressed during the monthly webinar:

- ODDS Monthly Webinar: Provider Expectations and Responsibilities Around COVID-19:  
June 18, 2020 at 2PM

<https://attendee.gotowebinar.com/register/2711857874977573134>

Case Management questions will be addressed during regularly scheduled weekly webinars for CMEs and COVID-19.

More resources can also be found via the links below (Subscribe to receive information update alerts for these websites when it is available):

- OHA COVID-19 website: <https://govstatus.egov.com/OR-OHA-COVID-19>
- ODDS COVID-19 website: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>
- ODDS Scenarios Tool: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Scenarios-ODDS-Services-Related-COVID-19.pdf>
- PT-015 (published 03/16/2020):  
<http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20015.pdf>
- AR-20-031 (published 03/18/2020):  
<https://www.dhs.state.or.us/policy/spd/transmit/ar/2020/ar20031.pdf>

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

Contact(s): ODDS COVID-19 team	
Phone:	Fax:
Email: ODDS.Questions@dhsoha.state.or.us	