

Action Request Transmittal Developmental Disabilities Services



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Number: APD-AR-20-059

Issue date: 5/19/2020

Topic: Disability Determination

Due date:

Subject: Notification of potential COVID-19 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 checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): DD Provider Agencies |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Reason for action required:

In the event that an individual who is eligible for ODDS services, their guardian, family or staff have been exposed to COVID-19 in a residential setting (including 24 Hour Residential Services, Foster Care, or Supported Living), or an in-home setting utilizing provider agency support, the provider agency must notify those with a potential exposure to protect the health and safety of all involved.

In order to assist with this notification, ODDS has prepared a template that maybe utilized. These templates can be found here: [Letter for an Individual](#); [Letter for an individual less than 18](#); [Letter for a Provider](#); and [Letter for a PSW](#).

For individuals who live in their own home, or family home and are supported by Personal Support Workers (PSWs), in the event that a PSW has a suspected or confirmed case of COVID-19, ODDS will notify the individual the PSW provides services for as well as the individual's Case Management Entities (CMEs).

Action required:

In order to ensure the health and safety of individuals with Intellectual or Developmental Disabilities, their families and the staff who support them, ODDS is

issuing guidance regarding required notification of those who may have come in contact with a supported individual or staff who has a confirmed or suspected case of COVID-19. In the event that an individual who is served by a residential or in-home agency or a staff who supports a resident has a suspected or confirmed case of COVID-19 the provider agency must:

1. Notify anyone who was in close contact with the person who has a suspected or confirmed case of COVID-19, as outlined in the *scenarios* document using the attached template notification or a similar notification developed by the agency;
2. Ensure that if a resident who has a guardian has a suspected or confirmed case, or was exposed to a suspected or confirmed case, that their guardian is notified; and
3. Ensure all notifications are sent as soon as possible but at least within 24 hours of being made aware that there was a potential exposure.

Note: Close Contact means within 6 feet.

Residential Staff have a suspected or confirmed case of COVID-19:

In the event that a staff has a suspected or confirmed case of COVID-19, as outlined in the [ODDS Scenarios for COVID-19](#), residential provider agency, or in-home agency must notify:

- Individuals who have had close contact with that staff; and
- Any other staff who may have had close contact with the person who had a suspected or confirmed case.

Notification must be made *as soon as possible* but within 24 hours of being made aware that the staff has a potential or confirmed case of COVID-19. No individual identifying information about the staff who is presumed or confirmed positive can be shared.

Resident or person supported in their own home by a provider agency have a suspected or confirmed case of COVID-19:

In the event that an individual eligible for ODDS services has a suspected or confirmed case of COVID-19, the residential provider agency, or in-home agency must notify:

- Staff who have had close contact with the individual;
- Any family or others that the agency is aware the person has had recent close contact with. This may also include an individual's employment specialists they may work with if they currently are working; and
- If the individual has a guardian, the provider must notify the guardian, even if the person has not had in-person contact with their guardian.

In the event that the individual wants to share this information with family and friends that they have not had close contact with, the provider does not have to issue the attached notification, but must help the individual share the information with family and friends as requested by the individual.

In-home agency only:

If the individual lives in their family home or own home with family, the in-home agency must ensure the family who lives with the individual is aware of the case. The notification does not need to be used if the family is already aware. However, the attached notification should still go to staff who have had close contact with the individual.

In-home service delivered by a PSW:

In the event that a PSW has a confirmed or suspected case of COVID-19, ODDS will notify the individual that the PSW delivers service to, as well as the CME for the individual. ODDS is requiring that the CME ensure that the notice issued by ODDS goes to the right address and assist ODDS to answer questions or concerns raised by the individual. No identifying information about the person will be shared.

In the event that a person who lives in-home and has a confirmed or suspected case of COVID-19, ODDS will notify the PSWs that have worked with that individual, as well as the CME. ODDS is requiring that the CME ensure that the notice issued by ODDS goes to the right address and assist ODDS to answer questions or concerns raised by the PSW or employer. No identifying information about the PSW will be shared.

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.FieldLiaison@dhsosha.state.or.us	