

# Action Request Transmittal Developmental Disabilities Services



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**Authorized signature**

**Number: APD-AR-20-072**

**Issue date: 7/16/2020**

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** COVID-19 points of contact at ODDS Case Management Entities

**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 checked="" 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 type="checkbox"/> Other ( <i>please specify</i> ):                                |
| <input type="checkbox"/> ODDS Children's Residential Services           |  |
| <input type="checkbox"/> Child Welfare Programs                         |  |

**Action required:** Each Case Management Entity (CME) must submit the information identified below for a primary point of contact in their respective office. In CMEs where a secondary point of contact can be identified as a back up person, identification of that person's contact information is also necessary.

The point of contact(s) must be able to make decisions, have the authority to delegate tasks and responsibilities, ability to coordinate efforts with other community programs, make recommendations and decisions related to the CME and COVID-19 activities and effectively communicate with Local Public Health Authority's (LPHA) and the Office of Developmental Disabilities Services (ODDS) on behalf of the respective CME.

No later than **July 22, 2020**, each CME must submit the following information to [ODDS.Info@dhsosha.state.or.us](mailto:ODDS.Info@dhsosha.state.or.us):

- CME Name
- Counties Served
- Primary Contact Name
  - Primary contact direct phone number
  - Primary contact email address
- Secondary Contact Name (if applicable)
  - Secondary contact direct phone number

- Secondary contact email address
- Availability of office hours (24/7; typical hours; Mon – Thur; etc.)
- Use the subject line; “Covid CME Contact (your location)”

ODDS is communicating with Oregon Health Authority (OHA) in order to coordinate a similar effort with the LPHA’s and is hopeful that an expectation for both entities to meet and discuss communication preferences before the end of July can occur. If a CME has a contact in LPHA, it is requested that the CME reaches out in an effort to meet and identify a plan for communication when a person is suspected of having an intellectual or developmental disability.

It is understood that there may be concerns around sharing of protected health information, this is a barrier that ODDS and OHA are actively addressing. More information may come out regarding this topic.

**Reason for action:** ODDS is coordinating a communication process between the developmental disabilities (DD) CME and the LPHA for coordination and collaboration related to the COVID-19 pandemic which may also be a resource for future collaborative needs.

The intent is for these persons to be the point of contact for LPHA to reach out to when there is a COVID-19 positive person who is suspected of having an intellectual or developmental disability so that the CME may provide wrap around supports and potentially support the LPHA with contact tracing efforts.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** CDDP and Brokerage representatives

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

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