

# Information Memorandum Transmittal Aging and People with Disabilities



Mat Rapoza

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**Number:** APD-IM-21-075

**Issue date:** 8/9/2021

**Topic:** Long Term Care

**Due date:**

**Subject:** New Vaccination/Testing Requirement not Applicable to HCWs

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

- |   |   |
|---|---|
| <input type="checkbox"/> All DHS employees                                | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Types A and B | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities    | <input 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 type="checkbox"/> County DD program managers                       | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input 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                           |   |

**Message:**

Governor Kate Brown is directing the Oregon Health Authority to develop rules that require health care workers to be either vaccinated or be regularly tested for COVID-19.

This requirement will not be applicable to homecare workers (HCWs) when providing care to individuals receiving Long Term Services and Supports, State Plan Personal Care, or Oregon Project Independence.

The Oregon Home Care Commission has provided a resource for providers that are interested in learning more about the Covid-19 vaccine or options of where to be vaccinated on their [website](#).

*If you have any questions about this information, contact:*

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