

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-20-041

Issue date: 4/24/2020

UPDATED

Topic: Long Term Care

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

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 (please specify): |
| <input type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Suspected COVID-19 Cases Impacting In-home Consumer and Providers		
Policy/rule number(s):		Release number:	
Effective date:	3/19/2020	Expiration date:	Until Rescinded
References:			
Web address:			

Updates are in red

Discussion/interpretation:

This transmittal explains the current expectations for local offices, homecare workers (HCWs) and consumers who believe they have been exposed to COVID-19 or who believe they are experiencing COVID-19 symptoms. It also explains local office actions that should be taken to ensure safe service delivery.

Provide the following recommendations to the HCW or consumer based on the scenarios below:

HCWs who believe they have been exposed should:

- Immediately contact their doctor or health care provider;
- Follow their health care provider's instructions;
- Self-quarantine;
- Do not go to the consumer's(s') home(s);
- Contact the case manager(s) (CMs);
- Notify the consumer(s) that they will not be able to provide services for at least two weeks or when their medical provider releases them to work.

Consumers should implement their back-up plans and work with their CM to find other HCWs or initiate services through an In-Home Care Agency (IHCA).

Consumers who believe they have been exposed should:

- Immediately contact their doctor or health care provider;
- Follow their health care provider's instructions;
- Self-quarantine;
- Notify the HCW that they have been exposed and determine if the HCW or IHCA is willing to continue providing services;
- If available, obtain necessary personal protective equipment (PPE) and ensure proper use of the PPE; and
- Contact the CM and discuss service needs.

HCWs who believe they have been exposed who live with their consumer-employer should:

- Immediately contact their doctor or health care provider;
- Follow their health care provider's instructions;
- Self-quarantine with their consumer-employer;
- Contact the CM;
- Discuss with their consumer-employer if they are able or not able to continue to work based their medical provider's instructions; and
 - Follow the [CDC Guidelines](#) for those that live in the same household.

Consumers who believe they have been exposed who live with their HCW(s) should:

- Immediately contact their doctor or health care provider;
- Follow their health provider's instructions;
- Self-quarantine with their HCW(s) if possible;
- If available, obtain necessary PPE and ensure the use of the PPE; and

- Contact the CM to discuss service needs.

Implementation/transition instructions:

If a consumer or HCW contacts the local office in one of the above scenarios, CMs must:

- Narrate any contacts in Oregon ACCESS (OA) including approval of exceptions (see below for guidance on exceptions);
- Discuss service options;
- Confirm that high risk consumers have an adequate back-up plan;
- If needed, generate a referral list from the Registry, to search for those whom might be available on short notice or in an emergency and check the SEIU [website for Respite workers](#); and
- Check the HINQ screens in the Mainframe (MF) to see if the HCW is working for other consumers. If yes, contact those consumers' CMs and supervisors so they can notify the impacted consumer(s).

Local offices may:

- **HOURLY CAP EXCEPTIONS:** Approve an HCW to work more than their current 40- or 50-hour cap if needed due to COVID-19 concerns. This approval may not exceed 16 hours per day. This approval may be allowed through the pay period ending **July 4, 2020**. **Approvals still need to meet OAR 411-030-0072 criteria and fall within one of the four scenarios provided above.**
- **HOURLY CAP EXCEPTIONS FOR MULTIPLE CONSUMERS:** Approve an exception of the 40- or 50-hour cap if the HCW is willing to work for a consumer whose other providers cannot work due to COVID-19, even if the HCW will be working for multiple consumers. This approval may be allowed through the pay period ending **July 4, 2020**. Narrate in OA the exception for each impacted consumer. **Approvals still need to meet OAR 411-030-0072 criteria and fall within one of the four scenarios provided above.**
- **Exceeding Weekly Cap Intent:** Local authorization to exceed the weekly cap is intended to address possible workforce shortages due to COVID-19 and to allow local offices to quickly meet consumer needs if worker shortages occur during the COVID-19 emergency period.
- Approvals to allow HCWs to work over their current 40- or 50-hour cap still need to meet OAR 411-030-0072 (5)(a-f) and not be based on preference.
- **Example when HCW CAP Exception Would not be Appropriate:** The consumer contacts the CM to request all hours be given to HCW A. The CM inquires about one of the 4 scenarios listed above to determine if the consumer or one of the HCWs has potentially been exposed to COVID-19. The CM determines exposure has not occurred. The consumer states he/she is at high

risk of contracting COVID-19 and wants only HCW A to come into the home. This HCW CAP Exception request would be denied because it is based on preference and not a criteria listed above. Other HCWs can continue to provide care while observing good personal hygiene and cleaning habits while in the consumer's home and complete other tasks, such as housekeeping, laundry or meal prep that won't require direct contact with the consumer and/or by engaging in safe practices when providing personal care.

- For all approvals or partial denials/denials a notice must be mailed to the consumer using the SPAN's "Exception to the Homecare Worker cap" page. For partial denials/denials be sure to include hearing rights. A 4105 will also need to be mailed to the HCW. Please ensure copies are scanned into EDMS.
- **EXPEDITED BACKGROUND CHECKS:** Request expedited background checks per: <http://www.dhs.state.or.us/policy/spd/transmit/im/2019/im19022.pdf>

Central Office:

- Central Office will try to keep an updated list of IHCAs that are willing, and have capacity, to serve consumers who are suspected of, or who have tested positive for, COVID-19.
- Central Office will need to complete approvals in Oregon Access for HCWs that will be working more than 50 hours a week for a single Service Plan. Email SPD.Exceptions@dhsosha.state.or.us with 'COVID-19 50-hour cap exception' in the subject line and in the body of the email include:
 - Consumer Name:
 - Consumer Prime:
 - Is the Benefit in OA ready for approval?
- Local Office staff should consult with Central Office for guidance if there are any questions about granting an exception to the 40- or 50-hour cap for HCWs. Central Office may also provide guidance if an exception decision appears to be clearly driven by preference.

Training/communication plan:

Read transmittal [APD-PT-20-040](#) for requirements in the new DHS/SEIU Letter of Agreement for Homecare and Personal Support Workers.

See [here](#) for specific APD COVID 19 information.

Local/branch action required: Review this transmittal during huddles and team meetings.

Central office action required: Technical assistance and guidance as needed.

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): JD Tilford or Bob Weir	
Phone:	Fax:
Email: Jonathan.D.Tilford@dhsosha.state.or.us or Bob.Weir@dhsosha.state.or.us	