

Policy Transmittal Developmental Disabilities Services



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Number: APD-PT-20-079
Issue date: 6/24/2020

Topic: Developmental Disabilities

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

Policy/rule title:	COVID-19 and CAM Reporting		
Policy/rule number(s):		Release number:	
Effective date:	06/30/2020	Expiration date:	NA
References:			
Web address:			

Discussion/interpretation: The Oregon Department of Developmental Disabilities Services (ODDS) acknowledges the need to track data related to the correlation between serious incidences and the COVID-19 pandemic. The Centralized Abuse Management system (CAM) can be used to collect this data. The following naming conventions are required.

Implementation/transition instructions: When entering any serious incident into CAM the correlation to COVID-19 should be documented within the summary section using the required naming convention as follows:

- When there is a confirmed **POSITIVE** COVID-19 test result, the following text must be within the summary section of the CAM entry:
 - “Reported by XX that they have positive COVID-19 testing results. Positive test result for COVID-19 are attached.”
- When there is **PRESUMPTIVE** COVID-19, the following text must be within the summary section of the CAM entry:
 - “Reported by XX that the medical practitioner XX told XX that they are presumptive positive for COVID-19 (no test completed).”
- When there is a **SUSPECTED** case of COVID-19 and **PENDING** test result, the following text must be within the summary section of the CAM entry:
 - “Reported by XX that they are suspected to have COVID-19 (pending test results).”
 - The serious incident CAM entry should not be “closed” until the suspected test result has been received. COVID-19 testing results are expected within a 7-day window. If the results have not been reported to the case management entity, follow-up should occur. If the results of the COVID-19 testing are not available within the 30-day window, the serious incident entry can be closed. When results are received the case management entity should notify *IncidentMgmt.TechAssistance@dhsosha.state.or.us* to update the closed entry with the results of the pending or presumptive test. The email should be sent securely and include only the results and the SI entry number.
- When entering any death, it is required to indicate if a postmortem COVID-19 test was requested.

Training/communication plan: Managers and Directors are to review this policy with all CDDP or brokerage staff who enter serious incidents into CAM.

If you have any questions about this policy transmittal, contact: Kirsten.G.Collins@state.or.us
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This transmittal will be discussed during the Weekly COVID-19 Webinar. These meetings are held Wednesday at 10:00 am.
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