

# Policy Transmittal Developmental Disabilities Services



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**Authorized signature**

**Number: APD-PT-20-083**

**Issue date: 6/30/2020**

**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):**

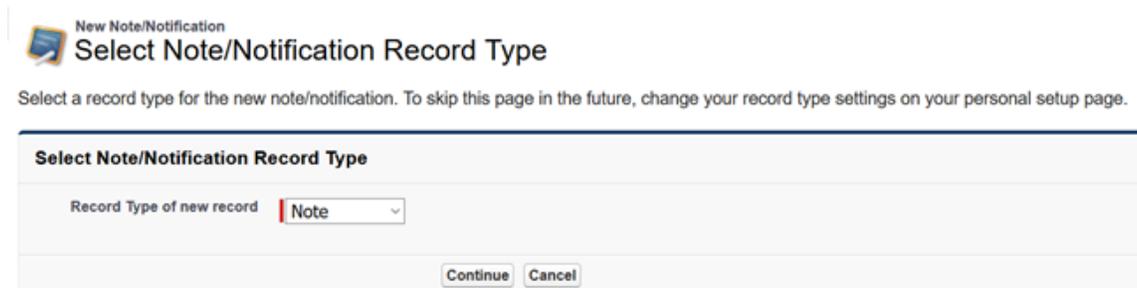
- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                               | <input type="checkbox"/> County Mental Health Directors                                  |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}           | <input type="checkbox"/> Health Services   |
| <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                          |  |

<b>Policy/rule title:</b>	COVID-19 and CAM Reporting for Abuse Investigations and Death Reviews		
<b>Policy/rule number(s):</b>	NA	<b>Release number:</b>	V1
<b>Effective date:</b>	6/30/2020	<b>Expiration date:</b>	NA
<b>References:</b>	NA		
<b>Web address:</b>	NA		

**Discussion/interpretation:** The Oregon Department of Developmental Disabilities Services (ODDS) acknowledges the need to track data related to the correlation between client deaths, abuse screening/investigations, and the COVID-19 pandemic. The Centralized Abuse Management system (CAM) can be used to collect this data. The following process will be used for collecting information on death reviews and abuse investigations that have a correlation to COVID-19.

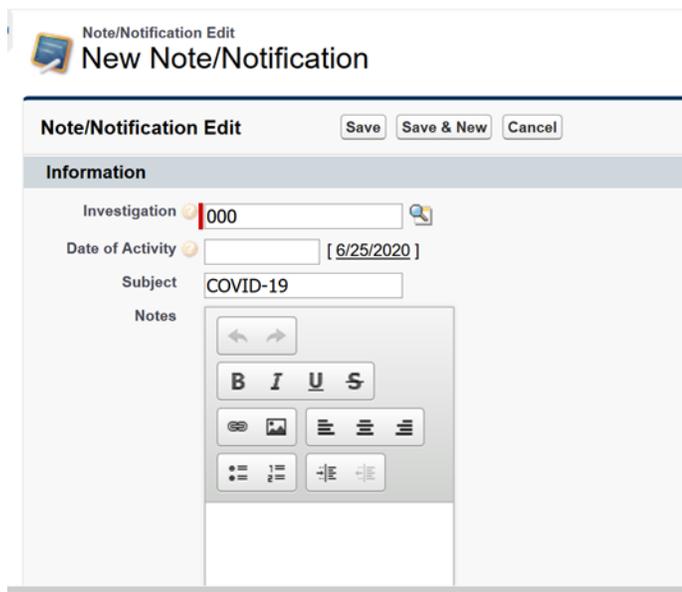
**Implementation/transition instructions:** When entering a death review or abuse screening/investigation results into CAM the correlation to COVID-19 should be documented within the notes section using the required fields and naming convention as follows:

In CAM, select Notes/Notification with the record type as “Note”



The screenshot shows a web interface titled "New Note/Notification" with a sub-header "Select Note/Notification Record Type". Below the sub-header is a text box that says "Select a record type for the new note/notification. To skip this page in the future, change your record type settings on your personal setup page." The main form area has a title "Select Note/Notification Record Type" and a dropdown menu labeled "Record Type of new record" with "Note" selected. At the bottom are "Continue" and "Cancel" buttons.

In the subject line of the note use the exact naming convention “COVID-19”



The screenshot shows a web interface titled "Note/Notification Edit" with a sub-header "New Note/Notification". Below the sub-header are "Save", "Save & New", and "Cancel" buttons. The main form area has a title "Note/Notification Edit" and a section titled "Information". The "Information" section contains several fields: "Investigation" with the value "000", "Date of Activity" with the value "[ 6/25/2020 ]", and "Subject" with the value "COVID-19". Below the "Subject" field is a "Notes" field with a rich text editor toolbar containing buttons for bold, italic, underline, strikethrough, link, unlink, list, and indent.

In the Notes field use the following text convention to indicate COVID-19 status

- When there is a confirmed **POSITIVE** COVID-19 test result, the following text must be within the Notes narrative 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 Notes narrative 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 Notes narrative section of the CAM entry:
  - “Reported by XX that they are suspected to have COVID-19 (pending test

results).”

- When entering a death review and a **POSTMORTEM** COVID-19 test has been requested the following text must be within the Notes narrative section of the CAM entry:
  - “Reported by XX that a postmortem COVID-19 test was requested, and the result were XX” or
  - “Reported by XX that a postmortem COVID-19 test was requested but not completed”

**Training/communication plan: OTIS Abuse Investigation Coordinators (AIC) and OTIS Investigation Managers** are to review this policy with all OTIS and CDDP abuse investigation staff who enter IDD abuse investigation or death reviews into CAM.

If you have any questions about this policy transmittal, contact: Jeanette Herron 541-215-3233 or e-mail [Jeanette.herron@dhsosha.state.or.us](mailto:Jeanette.herron@dhsosha.state.or.us)

This transmittal will be discussed during the Weekly COVID-19 Webinar.  
These meetings are held Wednesday at 10:00 am.