

# Policy Transmittal Aging and People with Disabilities



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**Authorized signature**

**Number:** APD-PT-21-010

**Issue date:** 4/1/2021

**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: Type 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                        |   |

<b>Policy/rule title:</b>	HCW Transportation for Individuals to Access Vaccines		
<b>Policy/rule number(s):</b>		<b>Release number:</b>	
<b>Effective date:</b>		<b>Expiration date:</b>	
<b>References:</b>			
<b>Web address:</b>			

**Discussion/interpretation:**

**This transmittal has been updated to reflect additional information on eligibility to receive this service.**

During the COVID-19 emergency, the following tasks are permitted by HCWs and IHCA's while providing services to individuals receiving in-home services or State Plan Personal Care:

- Transportation to and from the vaccination site or clinic
- Staying with the individual for the entire process

Eligibility

In-home services: Individuals must have the Transportation service need identified as part of their service plan.

SPPC: OAR 411-034-0020 excludes transportation as a service option. However, case managers may identify this service need by documenting it in Oregon Access.

The individual’s currently authorized hours should be utilized to complete the above tasks. However, if an exception is required to meet this need, local offices may authorize no more than 3 hours for the service period with Tier 2 rights. If a Tier 3 approval is needed, submit the request to [spd.exceptions@dhsosha.state.or.us](mailto:spd.exceptions@dhsosha.state.or.us) with the subject line “COVID VACCINE EXCEPTION”. Provide the information needed to approve the exception. No additional forms are required for this one-time exception.

Mileage may be authorized if the HCW or IHCA is providing the transportation in the provider’s vehicle. Any additional mileage authorization should be reasonable for this appointment.

**Local/branch action required:** Inform individuals of the above available tasks if the HCW is transporting the individual to a vaccine appointment. Approve exceptions as needed.

**Central office action required:** Approve exceptions as needed.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

**Filing instructions:**

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

Contact(s): <a href="mailto:APD.MedicaidPolicy@dhsosha.state.or.us">APD.MedicaidPolicy@dhsosha.state.or.us</a>	
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