



# Oregon

Kate Brown, Governor

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The Honorable Representative Sanchez, Chair  
The Honorable Representative Ron Noble, Vice-Chair  
The Honorable Representative Anna Williams, Vice-Chair  
House Committee on Human Services  
900 Court Street NE  
Salem, OR 97301-4048



Re: Follow up questions and answers – Part 2

## Food Security

*Q: It was noted during the ELD presentation that many childcare providers have closed, and we expect them to remain closed even after the pandemic has passed. The state's emergency payments to many providers have helped keep these low-margin services open, but some providers have reported to me that ERDC has not continued payments with the same consistency.*

Starting March 13th, temporary rules were put into place that have allowed providers to bill DHS for up to one full month of care if a child was scheduled to be in care but were absent because of COVID-19. Temporary changes also allow providers to bill for temporary closures related to COVID-19 for days and times children were scheduled to be in their care. For both changes, ERDC can only make payments to approved providers that are connected to ERDC eligible families. Providers have up to 60 days to submit these billing forms for payment.

*Q: I have long had an interest in working with ERDC to improve access to this funding stream for working families, and I have noticed how well SSP has adjusted to covid-19 with flexibility in terms of eligibility and payment methods. I wonder, are SSP and ELD coordinating on ERDC payments? If not, what can the Governor's office do to help facilitate alignment between these programs which are intimately tied together but administered by very different agencies?*

ERDC has been coordinating and working in collaboration with ELD throughout the state of emergency and beforehand as ELD is the lead agency for childcare programs and the conduit for federal funds.

*Q: How difficult is it to apply to be an emergency provider, and are there resources to help our Childcare Centers to apply to be an emergency provider?*

Childcare centers should contact ELD for the application to be an emergency care provider (ECC). License-exempt providers are providers who are approved by DHS and were not required to close or apply to be an ECC provider per Executive Order. License-exempt providers continue to be open and serve many ERDC families at this time. In addition, many ECC providers provide care to ERDC eligible families as well.

**“Assisting People to Become Independent, Healthy and Safe”**

## Child Welfare

*Q: What Child Welfare programs are at risk of closing because of cuts pre-COVID-19?*

The DHS Child Welfare program had a number of budget asks in the 2020 Legislative Session that did not make it through the process, the two requests impacting programs were the Strengthening, Preserving and Reunifying Families (SPRF) and Behavior Rehabilitative Services (BRS) rate increases. Certain SPRF and BRS programs are at risk of closing.

*Q: How many new children have been referred to the foster care system since the start of the pandemic?*

### Children Entering into Foster Care Jan-May 2020

Month	Jan	Feb	Mar	Apr	May
Number of Children	247	250	248	174	128

\*Source: ROM Reports CM.18; Data pulled 5.29.2020

*Q: What is the delta between previous years of reporting and during the pandemic for cases of child abuse?*

### Difference in Total Calls and Assigned Reports from 2019-2020

Years	2019	2020	Difference
Total Calls	32,808	15,971	16,837
Total Assigned Reports	8389	5063	3326

\*Source: ORCAH Open Scape Data; current as of 5/29/2020;  
only includes months of April & May

## Long-term Care Facilities

*Q: I appreciate the effort currently underway with the Governor and DHS to establish and require baseline testing of all residents and staff in long-term care facilities.*

*Moving forward:*

- *What additional testing protocols will be put in place to quickly identify and stop potential outbreaks?*
- *Will Oregon implement daily testing for all new individuals (staff and/or residents) who come onsite, and retesting for returning individuals who enter the facility?*

With increased availability of COVID-19 tests, OHA and DHS are actively evaluating how the state's testing guidelines should evolve for larger long-term care facilities – nursing, assisted living and residential care.

Currently under Oregon's guidelines, people who live or work in residential care facilities—and who have symptoms consistent with COVID-19—are prioritized for testing. OHA and DHS will be expanding on those guidelines as part of their planning to

put additional protections in place for residents of long-term care facilities as the state reopens. OHA and DHS will provide updates as soon as they are available.

*Q: I understand that DHS/APD has directed long-term care facilities to “provide guidance and technical solutions for virtual visits” for residents to communicate with family and friends. What actions is APD proactively taking to ensure this is being carried out by all facilities? For example, has APD required facilities to document technology/equipment available to residents on a daily basis for communication and engagement purposes (and if not, might they)?*

DHS has been in regular contact with long-term care facilities throughout the pandemic to emphasize the importance of accommodating residents’ needs to communicate with family and friends. The Department has not required documentation of this effort. However, residents and their families may express concerns about lack of accommodation to the Long-term Care Ombudsman or DHS.

Providing connection to family and friends is crucial, but technology does not work in all instances. For example, it can be ineffective with some residents who are living with dementia or other cognitive impairments. In these cases, facilities have developed other ways to meet this need such as providing individuals with dedicated time to see a loved one through large windows in common areas.

*Q: What recovery programs are available for senior citizens, as Medicare does not cover this service?*

We are not aware of a specific program dedicated to COVID-19 recovery for older adults. However, there are resources available that could help depending on an individual’s specific circumstances. We recommend that anyone in need of additional support or resources reach out to the state’s Aging and Disability Resource Connection: [www.adrcforegon.org](http://www.adrcforegon.org), 1-855-ORE-ADRC, or [ADRC.WebMessages@state.or.us](mailto:ADRC.WebMessages@state.or.us) The counselors available can help individuals navigate state programs as well as community resources available to meet their needs.

### **Office of Developmental Disabilities Services (ODDS)**

*Q: How has COVID-19 impacted IDD/DD persons, access to needed services, rights, safety?*

ODDS, our contracted case management entities and providers acted quickly to ensure the health and safety of people with IDD. We know that this pandemic has been difficult for the people we serve and their families. ODDS issued guidance to ensure people with IDD will continue to have access to services during the pandemic. Many services shifted to remote platforms to ensure there would still be appropriate contact and support, while also maintaining social distancing.

ODDS also issued guidance on medical rights for people with IDD and their families. This guidance provides stresses the fact that people with disabilities have the same right to medical care and treatment options as anyone else.

*Q: How is ODDS continuing to provide vital services in this climate?*

ODDS issued more than 60 policies and resources in the past two months to give guidance to case managers and providers on how to continue providing services during the COVID-19 pandemic. This includes shifting to virtual case management check-ins and other remote services. In addition, ODDS hosts weekly calls with case management entities to answer questions.

ODDS created a Staffing Support response to help providers shift staff resources to needed areas to provide critical services for health and safety (for instance, employment staff shifted to residential settings).

ODDS expanded the family support program to allow families to purchase needed tools or assistive technology for individuals to stay connected. We also extended 'summer hours' for in-home services for children and have allowed overtime for Personal Support Workers (PSWs) who may be covering more than one shift in a home.

*Q: Do you have any insights into how improved wages and benefits for caregivers might reduce turnover at facilities with the issues around understaffing and employee errors?*

Direct Support Professionals, Personal Support Workers and other frontline workers who provide direct care to people with I/DD are the backbone of our service system. These workers ensure people with intellectual and developmental disabilities have the necessary supports that enable them to live, work, and enjoy life in their community. Workers also go into people's homes and help them with their support needs, which may include delegated nursing tasks such as intravenous injections, ventilator care, dialysis care, and more.

There is a great deal of staff turnover in this field, often associated with the lower wages and difficulty of the work. High turnover has a negative impact on people who receive services and the quality of their care. We are grateful for this workforce and especially for those that continue to provide direct care to people with IDD, during this challenging time.

For additional information please contact:

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