This guide:

- Applies to all assistive devices and assistive technology for individual and/or representatives receiving K-Plan services.
- Serves as the single point of direction about assistive devices and assistive technology for Services Coordinators and Personal Agents.
- Contains hyperlinks. Click on an underlined word to be linked to either a place within this guide or a location on the internet that gives further clarification.
- Is searchable by using the search feature on a computer as well as by clicking within the Table of Contents.

If you have a recommendation to improve this document, please contact the ODDS Subject Matter Expert.
The ODDS Guide to Assistive Devices and Assistive Technology
# The Guide to Assistive Devices and Assistive Technology

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Chapter 1 Rules and References

- **OAR 411-435** outlines assistive devices and assistive technology.
- Action Request regarding Funding Review and Exceptions: [APD-AR-18-053](#)
- [Community First Choice K-plan](#)
- [Expenditure Guidelines](#)

This worker guide replaces the following guide and sunsets the following transmittals:

- [Assistive Devices and Technology Worker Guide](#)
- [Policy Transmittal 16-041 - Assistive Devices and Assistive Technology Worker Guide – Amendment](#)
- [Policy Transmittal 16-037 - ODDS Assistive Devices and Assistive Technology Worker Guide](#)
- [Informational Memorandum 15-082 – ODDS Assistive Devices and Assistive Technology Worker Guide](#)
Chapter 2 Definitions

**Assistive Device**: an ancillary service that makes available devices, aids, controls, supplies, or appliances necessary which enable an individual to increase the ability of the individual to perform ADL/IADLs, health related tasks, or to communicate in the home and community. Assistive Devices are durable medical equipment, mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance an individual's independence in performing any activity of daily living or instrumental activity of daily living. Coverage is limited to devices and technology not covered by other programs and must be based on an assessed need of the individual. ([OAR 411-435-0020(3)](http://www.dhs.state.or.us/policy/spd/transmit/im/2019/im19015.pdf))

**Assistive Technology**: an ancillary service that makes available devices, aids, controls, supplies, or appliances to provide support for an individual and replace the need for direct interventions or to increase independence. Assistive Technology allows the individual to self-direct their care while maximizing independence. Coverage is limited to devices and technology not covered by other Medicaid programs (such as the Oregon Health Plan) and is limited to the least costly option necessary to meet the individual’s assessed need. ([OAR 411-435-0020(4)](http://www.dhs.state.or.us/policy/spd/transmit/im/2019/im19015.pdf))

**Assistive Technology Hardware**: means any item, piece of equipment, or system that is used to increase, maintain, or improve the functional capabilities of an individual.

**Assistive Technology Software**: means any programs or other operating system used with assistive technology hardware to increase, maintain, or improve the functional capabilities of an individual.

**Assistive Technology Installation**: means the necessary installation of an any emergency response system. Any installation that is attached to the home structure is a home modification. See The Guide to Home Modifications for further information about technology installed attached to the home structure: [http://www.dhs.state.or.us/policy/spd/transmit/im/2019/im19015.pdf](http://www.dhs.state.or.us/policy/spd/transmit/im/2019/im19015.pdf).

**Assistive Technology Maintenance**: means necessary data plans and the services of a company to monitor emergency response systems.

**ADL/IADL**: (Activities of Daily Living/Instrumental Activities of Living) are basic personal everyday activities that a person engages in as a part of maintaining health and community living. ADL/IADL support needs are identified in an individual’s needs assessment. The OAR definitions can be found in Oregon Administrative Rule Chapter 411, Division 317-(411-317-0000(6));(411-317-0000(103)). See Appendix B for examples of ADLs and IADLs.
Alternate Resources: are sources of funding or assistance that must be attempted to be accessed prior to requesting K-plan funding for Assistive Devices or Assistive Technology. Alternate resources include but are not limited to the individual’s health insurance provider, the Oregon Public Utilities Commission, philanthropic organizations, an individual’s own personal resources, such as a trust, or other natural supports that may provide funding or assistance to access an Assistive Device or Assistive Technology.

Cost Effective: is the most efficient and economical service, product, material and/or solution that will address the stated health, safety, or independence need of the individual.

Durable Medical Equipment: is equipment which is usually used to serve a medical purpose. DME must be able to withstand repeated use. DME is appropriate for use in any non-institutional setting in which routine community living activities take place. Examples include wheelchairs, crutches, and hospital beds. Durable medical equipment extends to supplies and accessories that are necessary for the effective use of covered durable medical equipment. (410-122-0010(4)).

Funding Review and Exceptions Request: is a formal request submitted to ODDS using form 0514DD when the cost, type, or use of an item or service falls outside the scope what can be authorized by the local case management entity. The process for submitting a request and review for authorization can be found in the Expenditure Guidelines listed in the “Resources” section. Additional information about the state review process can be found in APD-AR-18-053.

Health Related Tasks: are specific tasks related to the needs of an individual’s physical health, which can be delegated or assigned by licensed health-care professionals under State law to be performed by an attendant or caregiver.

Personal Emergency Response Systems: are devices that allow an individual living independently to call for help in an emergency. Personal Emergency Response Systems may also be known as Medical Emergency Response Systems.
The term “assistive devices” refers to:

- Devices
- Aids
- Controls
- Supplies
- Appliances

Which enable an individual to increase their ability to:

- Perform ADLs or IADLs more independently
- OR
- Communicate in the home and community

Assistive Devices are Durable Medical Equipment (DME), mechanical apparatus, electrical appliance, or instrument of technology used to assist and enhance an individual's independence in performing any activity of daily living or instrumental activity of daily living.

Assistive devices are intended to:

- Increase the individual’s ability to accomplish an assessed need with ADL/IADLs, health related tasks, or to communicate in the home and community. See Appendix B for examples.
- Enable the individual to function with greater independence in the home, work, or community; and/or
- Replace or decrease direct human assistance.
- Be for the direct benefit of the individual.
  - Assistive devices are not intended to meet the needs of a caregiver or for the convenience of the caregiver.

Example: An individual requires full assistance with hygiene. The caregivers are requesting a device that would make clean-up easier. Since the individual would still require full assistance with hygiene, the requested item is for caregiver convenience.

The need for the assistive device must be assessed by a Functional Needs Assessment. Assistive devices are funded through the K-Plan and may be purchased with Department funds when the intellectual or developmental disability of an individual otherwise prevents or limits the independence of the individual in areas identified in a functional needs assessment. Department funding for assistive devices is limited to devices and technology not covered by other programs.
The Guide to Assistive Devices and Assistive Technology

What are Assistive Devices?

Assistive devices include, but are not limited to:

- **Bath chair**: to increase an individual's ability to more independently meet their hygiene needs.
- **Adaptive switches, such as a light switch**: to assist in an individual who cannot reach or manipulate a traditional light switch.
- **Adaptive utensils, such as specialized silverware**: to allow a person with tremors to more independently feed themselves.
- **Prosthetic devices, such as specialized shoes**: to allow an individual to maintain balance and mobility and decrease falls.
- **Mobility aids, such as a cane**: to allow an individual to maintain balance and mobility and decrease falls.
- **Cognitive aids, such as a timer**: to help with memory, attention, or other challenges with thinking skills.
- **Weight transfer devices, such as a transfer board**: To help an individual more independently transfer from one seat to another.
- **Seat lifts**: to allow an individual to more independently enter or exit a chair or toilet.
- **Standing aids (also known as sit-to-stand devices/lifts)**: to assist an individual to move more independently between two seated postures.
- **Raised Toilet Seat**: to assist an individual more independently transfer to the toilet seat.
- **Seat belt extender**: when the seatbelt does not reach across the individual’s lap safely.
Assistive Devices Exclusions

OAR 411-435-0050 (2)(g) states that assistive devices exclude:

- Any reimbursement to an individual for expenses related to an assistive device.
- Any item that may be obtained by the individual or the individual’s family.
- Any advance payment to an individual for expenses related to an assistive device. For example, a warranty cannot be funded for an assistive device as this is an advance payment for services to an assistive device.
- Any item that is illegal or may be used for an illegal purpose.
- Any item that is not generally accepted by the relevant mainstream professional or academic community as an effective means to address the identified support need.
- Any item that is experimental.
- Assistive devices are **not** intended to meet the needs of a caregiver or for the convenience of the caregiver.
  - Example: An individual requires full assistance with hygiene. The caregivers are requesting a device that would make clean-up easier. Since the individual would still require full assistance with hygiene, the requested item is for caregiver convenience.
- Any item that is intended to restrain the individual.
  - As vehicle restraints are legally required, a specialized car seat or seat belt extender is necessary to restrain an individual safely in a vehicle may be considered.
  - Example: A wheelchair harness is needed to assist an individual who lacks the necessary core strength to remain safely upright in the wheelchair. This item would qualify as an assistive device. If the intended use of the wheelchair harness is to restrain the individual and keep them from leaving the wheelchair this would be potentially abusive and not permitted.
  - Strollers, backpack leashes and other devices specifically intended to restrain an individual are excluded from assistive devices.
- Any item that may be used to abuse an individual.
- Any item that has been determined unsafe, such as a trampoline.
- Any item that is not necessary to allow an individual to more independently achieve an ADL, IADL, health-related task, or to communicate in the home and community.
  - Example: An individual requires a mobility device for ambulation. The individual chose to receive a power wheelchair funding through their health insurance provider. The individual desires an all-terrain mobility device to participate in a specific chosen community activity. This secondary device cannot be purchased using Department funds because it is a secondary device.
- Any item that it not the most cost-effective means of assisting the individual to more independently achieve an ADL, IADL, health-related task, or to communicate in the community.
The Guide to Assistive Devices and Assistive Technology

What are Assistive Devices?

home and community.
- Any item that may be obtained through alternate resources.
- Any item that may be used for a purpose other than to meet the assessed need as agreed upon in an ISP.
- Upgrades in items or services that are not directly related to the assessed health and safety needs of the individual.
- Warranties
- When the individual resides in a foster care, 24-hour Residential, Host Home, or Supported Living setting the assistive technology purchased by the Department cannot duplicate support that the provider is responsible to provide as part of the service setting rate.

Damage, Loss, Repairs to Assistive Devices
Damage, loss and theft will happen from time to time, therefore Department funds may repair or replace an item one time per plan year. However, service planning must consider the likelihood of the same thing happening again and account for any impacts that may have on cost-effectiveness. If the item is being replaced due to theft, the individual must report the theft to the police. Documentation of the strategy to keep the Assistive Devices solution cost effective may be requested by ODDS. Repair or replacement more than one time in a plan year requires prior authorization from ODDS via the Funding Review process.
Assistive technology is available through the K-Plan. Assistive technology is intended to

- Meet an assessed need for assistance with ADL/IADL or health related tasks as identified in the functional needs assessment. See Appendix B for examples. AND
- Enable the individual to function with greater independence in the home, work, or community; and/or replace or decrease direct human assistance.

<table>
<thead>
<tr>
<th>Assistive Technology includes but it not limited to:</th>
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<tr>
<td>Motion sensors, such as an automatic light, which may increase an individual's independence moving through their home.</td>
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<tr>
<td>Audio alarm to announce when the phone is ringing, or someone has rung the doorbell.</td>
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<tr>
<td>Sound amplification systems for individual who are hearing impaired.</td>
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<tr>
<td>Automatic faucet and soap dispensers when it will increase the individual's ability to more independently meet their hygiene needs.</td>
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<tr>
<td>Toilet flush sensors when an individual can use the toilet independently.</td>
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<tr>
<td>Reminders and alert systems for ADL or IADL supports, such as software which is medication reminders when these reminders will allow the individual to independently perform the ADI/IADL.</td>
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### Assistive Technology includes but is not limited to:

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<th>Icon</th>
<th>Description</th>
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<tr>
<td>📍</td>
<td>GPS guidance software to enable an individual to be safer and more independent in the community when an individual has time in the community without supports.</td>
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<td>📡</td>
<td>Minimally necessary data plans and the services of a company to monitor emergency response systems.</td>
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<tr>
<td>📡</td>
<td>Augmentative communication devices when the device available through the individual's health insurance provider is not able to meet their communication needs.</td>
</tr>
<tr>
<td>🙅</td>
<td>Fall sensors to alert caregivers that an individual has fallen when the addition of the device will decrease the need for human assistance to monitor the individual.</td>
</tr>
<tr>
<td>🖥</td>
<td>Ergonomic keyboards when the individual uses their computer to meet their ADL/IADL needs but lacks the dexterity to function with a traditional keyboard.</td>
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<tr>
<td>🔊</td>
<td>Voice recognition so that an individual can use words to activate necessary devices to more independently perform ADL/IADLs.</td>
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| 📞 | Personal Emergency Response Systems or people who:  
  - Do not live in a residential program; AND  
  - Live alone or are alone for significant parts of the day and would otherwise require extensive routine supervision OR  
  - Would otherwise require an attendant while out in the community.  

Personal Emergency Response Systems are intended to be used by the individual to summon paid and unpaid support providers in non-life-threatening emergencies whereby the individual required immediate assistance.  

Personal Emergency Response Systems are not intended to replace devices to access 911 services, such as a cell or landline phone.  

Personal Emergency Response Systems are not intended as a home security system. |
The Guide to Assistive Devices and Assistive Technology

What is Assistive Technology?

Assistive Technology Exclusions

Assistive technology excludes:

- Any reimbursement to an individual for expenses.
- Any item that may be reasonably obtained by the individual or the individual’s family.
  ➢ Example: A family is requesting duct tape to create a visual identifier. This item can be purchased very inexpensively by the individual or the individual’s family and is a commonly purchased household product.
- Any advance payment to an individual for expenses related to assistive technology.
  ➢ Example, a warranty cannot be funded for assistive technology as this is an advance payment for services to assistive technology.
- Any item that is illegal or may be used for an illegal purpose.
- Any item that is not generally accepted by the relevant mainstream professional or academic community as an effective means to address the identified support need.
- Any item that is experimental.
- At this time ODDS does not have CMS permissions to use any assistive technology that includes video monitoring as a means of providing attendant care.
- Any devices used for video recording of the individual.
- Assistive technology is not intended to meet the needs of a caregiver or for the convenience of the caregiver.
  ➢ Example: A door alarm that is meant to contain the individual in a specific space. If the alarm is used to keep the individual from wanting to leave because the loud noise is upsetting, making it easier for the caregiver to manage the individual, this would be considered for the provider’s convenience.
- Any item that is intended to restrain the individual.
- Any item that may be used to abuse an individual.
- Any item that has been determined unsafe for the individual to use.
- Any item that is not necessarily to allow an individual to more independently achieve an ADL, IADL, health-related task, or to communicate in the home and community.
- Any item that is not the most cost-effective means of assisting the individual to more independently achieve an ADL, IADL, health-related task, or to communicate in the home and community.
- Any item that may be obtained through alternate resources.
- Any item used for a purpose other than to meet the assessed need as agreed upon in an ISP.
- Upgrades in items, devices, or services that are not directly related to the assessed health and safety needs of the individual.
What is Assistive Technology?

- Items which will increase the independence of the individual residing in a Foster Care, 24-Hour Residential, Host Home, or Supported Living setting such as an augmentative communication device, may be considered.
- Electricity or batteries
- General household appliances or services such as a home security system or service

Damage, Loss, Repairs to Assistive Technology

Damage, loss and theft will happen from time to time, therefore Department funds may repair or replace an item one time per plan year. However, service planning must consider the likelihood of the same thing happening again and account for any impacts that may have on cost effectiveness. Documentation of the strategy to keep the Assistive Technology cost effective may be requested by ODDS. When technology is believed to have been stolen, the individual (or their representative) must report the theft to law enforcement. The report must occur and be documented prior to authorization of a replacement of a stolen item or device. Repair or replacement more than one time in a plan year requires prior authorization from ODDS.
Chapter 5 Eligibility

A Services Coordinator or Personal Agent may authorize funding for an assistive device or technology when:

1) The individual must be Medicaid Community First Choice (K-Plan) eligible.
2) The assistive device or technology must be necessary based on an assessed ADL/IADL/health-related task need specific to the individual. The need must be documented in the ISP.
3) The Services Coordinator or Personal Agent must ensure that the requested device or technology meets Oregon Administrative Rule requirements and is allowable in accordance with the standards set in the ODDS Expenditure Guidelines.
4) The Services Coordinator or Personal Agent must evaluate if the requested device or technology is the most cost-effective method to meet the need, including the most cost-effective product or service option.
5) Other resources must be explored and denied or ruled out prior to requesting funding through DD services. Documentation of this effort is required prior to service authorization. This includes but is not limited to a denial from the individual’s health insurance provider as well as the Oregon Public Utilities Commission (see the chapter on Alternate Resources for additional information).

The Services Coordinator or Personal Agent may not authorize funding and must issue a Notice of Planned Action when the requested item:

- Does not meet rule requirements;
- Does not adhere to the Expenditure Guidelines;
- Does not meet an assessed ADL, IADL, or health-related task support need of the individual; or is outside of the parameters of ODDS services.
Chapter 6 Locally-Approved Funding and Exceptional Funding

When a Services Coordinator or Personal Agent reviews the request for an assistive device or assistive technology, they should document the following with supporting documentation.

<table>
<thead>
<tr>
<th>Individual's Name</th>
<th>Assistive Device or Assistive Technology</th>
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<td>__________________</td>
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assessed ________ need(s) and this need is identified in the ISP. It is 

ADL/IADL/Health Related Task/Communication

anticipated to increase independence or decrease the need for human assistance by _________________. 

Explain how the requested item will decrease the need for human assistance.

The following alternatives have been attempted and do not meet the need: ___________________. 

Explain all other things that have been tried to meet the need

have been explored and the requested device is not available through

Other funding resources have been explored

alternate funding sources. A **denial** has been received from the individual’s health insurance provider.

Explain how your research shows that the requested item is the most cost-effective item: __________

Identify the research to show that this is the most cost-effective

meeting the assessed need of ________ at a cost of $ _________________.

ADL/IADL/Health Related Task/Communication The cost of the requested item

When a requested item meets rule and the Expenditure Guidelines the item can be approved locally. Progress or case notes should clearly document the required information. If the item financially exceeds the limits the Service Coordinator or Personal Agent must request exceptional funding through the exceptions process outlined in **APD-AR-18-053**

A process map can be found in **Appendix C**.
Chapter 7 Most Cost-Effective

When considering a requested item, it is essential that the Services Coordinator or Personal Agent work with the individual and relevant professional to identify if other items may meet the same identified, assessed need in a more cost-effective way. This includes when a viable option is available through an alternate funding source.

Example: The individual has requested an iPad and software to learn to schedule and plan their activities. However; a paper calendar meets the assessed need in a much more cost-effective manner.

Specific items, such as a particular brand or manufacturer’s product, might be suggested by a relevant professional or desired by the individual or their care provider. However, sometimes there are comparable products or services available by a different manufacturer or vendor at a lower price. The Services Coordinator or Personal Agent should work with the individual and the individual’s team to determine if the product being requested is the lowest cost option for the type of product or service being requested. The Services Coordinator or Personal Agent should work with relevant professionals or care providers to identify other, more cost-effective options, including lower cost product alternatives.

When a specific product brand, model, vendor, or manufacturer requested by the individual is not the apparent lowest cost option, there must be specific documented justification from a relevant professional on why the specific device or technology requested is the only sufficient item or service that can meet the individual’s unique need. Documentation should identify the specific features of the requested item or service and tie them clearly to the identified, assessed need. The desired features cannot be due to caregiver convenience or to meet the needs of a caregiver.

Example: the individual’s doctor has recommended a specific pressure-reducing mattress to alleviate bed sores. However; other available mattresses can meet the need of alleviating bed sores and these alternatives are more cost-effective. The Personal Agent or Services Coordinator should work with the physician to identify the specific features of the requested mattress and how these features are required to meet the identified, assessed need.

A new recommendation from a relevant professional must be received each ISP year when the requested device or technology is part of the individual’s service plan funding.
Chapter 8 Alternate Resources

ODDS funding for supports and services are considered a resource of last resort.

All alternative options must be explored and exhausted, denied, or ruled out prior to authorizing DD funding for a product or service.

It is very important that the Personal Agent/Services Coordinator document the alternate resources attempted when authorizing funding or initiating an exception request on behalf of an individual. It is the role of the Services Coordinator/Personal Agent to educate individuals about the process and expectations related to requesting funding for support, products, or services.

The individual (or their representative) are expected to be part of the process of exploration of alternate resources. This includes making requests to the individual’s health plan coverage, applying for grants, or identifying local community resources. The Services Coordinator or Personal Agent should help the individual with exploring resources and efforts related to exploration of other funds should be documented in progress notes.

The individual or his/her designated representative will first discuss with the individual’s ISP team and when appropriate, a clinician, the need for the requested item. The request needs to include the name of the relevant professional who has recommended the requested item and who has provided professional clinical documentation supporting the efficacy of the item must be obtained, as well as submitting referrals to the Health Authorities to obtain written denials. A new recommendation from a relevant professional must be received each ISP year.

Natural Resources
Each Personal Agent and Services Coordinator should discuss how natural resources could assist in the acquisition of the requested item.

A good conversation starter is to ask the individual, their family, the professional making the recommendation and friends how the item might be accessed if ODDS funding was not available.
Health Insurance Provider(s)
The Services Coordinator or Personal Agent should ask the individual to identify all health insurance providers. The Services Coordinator or Personal Agent should assist the individual to request the item from their health insurance provider. This includes the Oregon Health Plan as well as any private insurance.

The individual’s health insurance provider must issue a written denial for the item.

PUC
The Public Utilities Commission of Oregon has two programs which may be able to provide assistive technology.

Oregon Lifeline is a federal and state government program that reduces the monthly cost of phone or broadband service for qualifying low-income Oregon households.

The Telecommunication Devices Access Program (TDAP) is a program that loans specialized communications equipment at no cost and with no income guidelines to eligible Oregon residents who have a disability.

Charitable or philanthropic organizations
Each case management entity should partner with local charitable and philanthropic organizations as well as be knowledgeable of other organizations. Assisting an individual to access the requested item or funding for the requested item from charitable or philanthropic organizations may serve to broaden the individual’s sphere of support.
Chapter 9 Medical need versus ADL/IADL

If the need for the requested item is due to medical necessity, is needed as the result of a medical issue or is intended to alleviate a medical concern, then funding for the requested item should be pursued through the individual’s health insurance provider.

If the requested item is needed to meet an ADL, IADL, or health related task; then Department funds may be pursued, when all other rule requirements are met and all other funding options have been exhausted.

This distinction between a medical and ADL/IADL need is essential to focus the attention of the request to either the individual’s health insurance provider or to pursue Department funding. The Services Coordinator or Personal Agent should support the individual to work with the relevant professional who is recommending the requested item to document the reasons why the specific features of the requested item are medically necessary. A recommendation from the relevant professional must be renewed each ISP year.

Example: An individual requests a pressure relieving mattress to alleviate bed sores. The mattress was denied by the individual’s health insurance provider as not medically necessary. The mattress cannot be purchased with Department funds as the need for the mattress is both due to a medical issue and is intended to alleviate a medical concern.

If the requested item is denied but is identified as medically necessary, the Personal Agent or Services Coordinator should assist the individual in seeking an appeal or hearing.
Chapter 10 Working with Health Insurance Providers

Each case management entity should develop relationships with their local Coordinated Care Organizations (CCO). Building relationships with your CCO will create a path for partnership. Each CCO has discretion over how they use their “flexible funding”. Case Management Entities and Coordinated Care Organizations should create a collaborative relationship to best meet the needs of the individuals being served.

It is important that the Personal Agent or Services Coordinator know that there is no exclusion list. If the requested item is medically necessary the health insurance provider should consider the purchase and issue a written denial if they are rejecting payment of the item.

2020-2024 Coordinated Care Contracts
A list of current Coordinated Care Contract awardees and the areas they serve can be found here: https://www.oregon.gov/oha/ERD/Pages/Oregon-Health-Authority-Awards-2020-2024-Coordinated-Care-Contracts.aspx

A list of CCOs can be found here: https://www.oregon.gov/oha/HSD/OHP/Pages/Coordinated-Care-Organizations.aspx

Each CCO employs coordinated care nurse managers. This position may be known as an Intensive Care Manager (ICM), an Intensive Needs Care Coordinator (INCC), or an Exceptional Needs Care Coordinator (ENCC). The CCO employee in this role can assist the individual in problem solving around the requested item, finding more cost-effective means of meeting the medical need, and navigating through the health insurance denial and appeals process.
Chapter 11 Denials

If the individual has more than one health insurance provider (such as private insurance as well as coverage through the Oregon Health Plan) then a denial must be received from each health insurance provider.

A verbal denial is insufficient because it doesn’t give the individual hearing rights. A written denial must be received from the health insurance provider. When a denial is received for an item that is being requested due to medically necessary, as the result of a medical issue, or is intended to alleviate a medical concern, the Personal Agent or Services Coordinator should assist the individual through the health insurance provider’s appeals process. The assistance should include working with the relevant medical professional to document the medical necessity of each feature of the requested device as well as to identify if any other item, which is covered by the health insurance provider, would suffice to meet the needs of the individual.

If the denial is due to the item lacking a HCPCS code and the item is not related to a medical need then the denial may be sufficient to seek Department funding. However; if the requested item is needed due to a medical issue or to meet a medical need then the Services Coordinator or Personal Agent should assist the individual to work with the health insurance provider to identify another item, which does have a HCPCS code that will meet the medical need.

Example: A relevant professional has recommended an iPad to meet the communication needs of an individual. The iPad was denied by the individual’s health insurance provider due to iPads lacking an HCPCS code. The Services Coordinator or Personal Agent should assist the individual to work with the relevant professional to identify other augmentative communication devices, which do have HCPCS codes.

The denial for the requested item must be within 12 months of the request for ODDS funding. If the denial was issued prior to 12 months a new request to the health insurance provider must be made.
Chapter 12 Plan of Care

<table>
<thead>
<tr>
<th>POC Name</th>
<th>POC Code</th>
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<tbody>
<tr>
<td>Assistive Technology</td>
<td>OR321 - AT Purchase – Hardware OR322 - AT purchase – Software OR323 - AT Installation OR325 - AT Maintenance OR528 - Personal Emergency Response System</td>
</tr>
<tr>
<td>Assistive Devices</td>
<td>OR380 - Specialized Medical equipment and supplies (Kplan) OR518 – Individual Directed Goods and Services (CIIS Only)</td>
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All procedure codes noted above have a unit type in eXPRS as either “each” or “event”, meaning the purchase.

CME users authorize the number of sum total purchases (events/each) for the expected, not to exceed, sum amount of that single purchase (or series of purchases, such as 1 purchase/month for monthly supplies, etc) in a Plan Line, and then in a Service Prior Authorization (SPA) using the “generic provider”.

When purchased, the CME then submits the SD billing entry for the actual cost (not to exceed the authorized amount). The SD billing entry, once aggregated into a POC claim will be paid back to the CME as reimbursement. The CME then forwards the funds to the vendor the purchase was made from or keeps the funds as reimbursement for any funds they used for the purchase.

Once the Services Coordinator or Personal Agent has identified and documented how the assistive technology or assistive device meet rule eligibility and criteria, the Plan Line and Service Prior Authorization for the assistive device or assistive technology must be entered into the individual’s Plan of Care in eXPRS.

The SPA should be set up as “generic provider” and in the text field identify the specific vendor and item being purchased.

The date range of the Plan Line/SPA cannot exceed the Plan of Care date range.
Please read the Expenditure Guidelines for details on each.
http://www.dhs.state.or.us/spd/tools/dd/cm/ODDS-Expenditure-Guidelines.pdf

If the cost of the assistive device or assistive technology exceeds that which is able to be locally approved, then a copy of the ODDS funding approval memo must be attached to the Plan of Care, if not already uploaded by ODDS. Instructions can be found here:
https://apps.dhs.state.or.us/exprsDocs/HowToAddPOCAssociations.pdf

Once the SD is in approved status, the system will generate a payment for the actual rate/not to exceed amount and issue these funds to the CME. The case management entity can now purchase the requested item.
Chapter 13 Augmentative Communication Devices

iPads are not covered by OHP. The reason iPads are not covered is because they are not considered by the FDA as a medical device and do not meet the definition of durable medical equipment (DME). Because they are not a medical device, they are not assigned a HCPCS billing code. Therefore, when you get a denial from a health insurance provider you need to check and make sure that the reason for the denial is not due to the lack of a HCPCS code. If this is the reason for the denial, the Services Coordinator or Personal Agent should work with a Speech and Language Pathologist to identify if the augmentative communication devices that have been designated as DME will meet the individual’s communication needs.

The Tobii Dynavox SC tablets and Abletalk tablet have been designated as a medical device by the FDA and CMS has assigned HCPCS code E2510. These manufacturers have teamed up with Apple to develop these iOS-based speech generating devices for the sole purpose of meeting an individual’s speech and augmentative communication needs. These particular products may be covered by OHP if the individual meets specific communication criteria in the rule because they are medical devices, intended to meet a medical need, and have been assigned a HCPCS code.

The Service Coordinator or Personal Agent should help the individual work with their Speech and Language Pathologist to determine if either of these devices can meet the assessed need. If one of the aforementioned devices can meet the assessed communication need then the SLP should submit a PA request to the health insurance provider for the equipment. If neither of the aforementioned devices can meet the need then the SLP should document clearly and specifically why neither device can meet the assessed communication need and Department funding for the augmentative communication device may be considered.
Chapter 14 Subject Matter Experts

<table>
<thead>
<tr>
<th>SME for Assistive Devices &amp; Assistive Technology</th>
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<tbody>
<tr>
<td><strong>Name:</strong> Shelly Hannah (Reed)</td>
</tr>
<tr>
<td><strong>Phone:</strong> 503-569-3347</td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:Shelly.M.Reed@state.or.us">Shelly.M.Reed@state.or.us</a></td>
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</tbody>
</table>
Examples of when and how to issue a Notice of Planned Action (NOPA). Please also consult the worker guide for issuing a Notice of Planned Action.

1. If this is a child who is receiving family support:
   - Issue a NOPA citing OAR411-435-0030(1)(h). “A child receiving direct assistance funds under family support as described in OAR 411-305-0120 is not eligible to receive ancillary services.”

2. If the requested item is not needed to complete an ADL, IADL, health related task, or to communicate in the home and community:
   - Issue a NOPA citing:
     - OAR 411-435-0020(3). “Assistive Devices are devices, aids, controls, supplies, or appliances necessary to enable an individual to increase the ability of the individual to perform ADLs and IADLs or to communicate in the home and community.”
     - OAR 411-435-0040(3)(k) “Department funds may not be used for services or supports that are not necessary.”

3. If the requested item is not the most cost-effective means of meeting the assessed need:
   - Issue a NOPA citing:
     - OAR411-435-0040(3)(k) “Department funds may not be used for services or supports that are not necessary or cost-effective.”
     - OAR411-435-0050(2)(e) “Devices must be limited to the least costly option necessary to meet the assessed need of an individual.”

4. If requested item will not enable the individual to increase their ability to perform and ALD/IADL or communicate in the home and community:
   - Issue a NOPA citing:
     - OAR411-435-0040(3)(m) “Department funds may not be used for services that do not meet the description of ancillary services as described these rules.”
     - OAR 411-435-0020(3) "Assistive Devices" means the ancillary service that makes available devices, aids, controls, supplies, or appliances necessary to enable an individual to increase the ability of the individual to perform ADLs and IADLs or to communicate in the home and community. Assistive devices are available through the Community First Choice state plan.

5. If the requested item is, or should be, available through other avenues:
   - Issue a NOPA citing:
     - OAR411-435-0040(3)(m) “Department funds may not be used for services, activities, materials, or equipment that may be obtained by the individual through other available means, such as private or public insurance, philanthropic organizations, or other governmental or public services.”
6. If the requested item will not address the need:
   • Issue a NOPA citing OAR 411-435-0040(2)(g)(A). “Assistive devices exclude items that do not address the underlying current need for the device.”

7. If the requested item is not going to reduce the need for human assistance:
   • Issue a NOPA citing 411-435-0050(2) “Assistive devices may be reasonably expected to reduce the need for human assistance or increase the independence of an individual with meeting an identified support need related to the completion of an ADL, IADL, or health-related task.”

8. If the requested item is not accepted by the relevant mainstream professional or academic community:
   • Issue a NOPA citing OAR 411-435-0040(3)(o) “Department funds may not be used to purchase anything that is not generally accepted by the relevant mainstream professional or academic community as an effective means to address an identified support need.”
   • OAR 411-435-0040(3)(p) Department funds may not be used for services, supplies, or supports that are experimental.

9. If the requested item is not needed primarily as a result of the individual’s intellectual or developmental disability:
   • Issue a NOPA citing OAR 411-435-0050(2)(b) “Assistive devices may be purchased with Department funds when the intellectual or developmental disability of an individual otherwise prevents or limits the independence of the individual in areas identified in a functional needs assessment.”

10. If the request is for health and medical costs:
    • Issue a NOPA citing OAR 411-435-0040(3)(g)(A-G) “Department funds may not be used for health and medical costs that the general public normally must pay, including medications, health insurance co-payments, mental health evaluation and treatment, dental treatments and appliances, medical treatments, dietary supplements, or treatment supplies not related to nutrition, incontinence, or infection control.”

11. If the request includes reimbursement to someone for a previously purchased item:
    • Issue a NOPA citing OAR 411-435-0040(3)(a) “Department funds may not be used for a reimbursement to an individual, or the legal or designated representative or family of the individual, for expenses related to ancillary services.”

12. If the requested item is illegal or intended to be used to something illegal:
13. If the requested item is potentially abusive:
   • Issue a NOPA citing OAR411-435-0040(3)(d) “Department funds may not be used for services or activities that are carried out in a manner that constitutes abuse as defined in OAR 407-045-0260.”

14. If the requested item is potentially unsafe:
   • Issue a NOPA citing OAR411-435-0040(3)(e) “Department funds may not be used for materials or equipment that has been determined unsafe for the general public by recognized consumer safety agencies.”

15. If the requested item is intended to be used in a nursing facility, correctional institution, or hospital:
   • Issue a NOPA citing OAR411-435-0040(3)(q) “Department funds may not be used for services provided in a nursing facility, correctional, institution, or hospital.”

16. If there is sufficient evidence to indicate fraud or misuse of the requested item:
   • Issue a NOPA citing OAR411-435-0040(3)(s) “Department funds may not be used for services when there is sufficient evidence to believe that an individual or legal representative, or a provider chosen by an individual, has engaged in fraud or misrepresentation, failed to use resources as agreed upon in an ISP, refused to accept or delegate record keeping required to document use of Department funds.”

17. If the requested item is not customarily used to meet the identified ADL, IADL, health-related task or to communicate in the home and community:
   • Issue a NOPA citing 411-435-0050(2) “Assistive devices are primarily and customarily used to meet an ADL, IADL, or health-related support need. An individual may access this service when the assistive device may be reasonably expected meet an identified support need related to the completion of an ADL, IADL, or health-related task.”

18. If the requested item is intended for the convenience of the caregiver or to meet the needs of a caregiver:
   • Issue a NOPA citing OAR411-435-0050(2)(c) “Assistive devices that may be purchased with Department funds when the intellectual or developmental disability of an individual otherwise prevents or limits the independence of the individual in areas identified in a functional needs assessment and must be of direct benefit to the individual.”
19. If the requested item is a toy, play equipment, or a device intended to be used for recreation:
   • Issue a NOPA citing:
     • OAR 411-435-0050(2)(g)(D). “Assistive Devices exclude toys of outdoor play equipment.”
     • OAR 411-435-0040(3)(k) “Services or supports that are not necessary or cost-effective.”

20. If the requested item is an appliance, furniture, or other general household equipment:
   • Issue a NOPA citing:
     • OAR 411-435-0040(3)(k) “Services or supports that are not necessary or cost-effective.”

21. If the requested item is not in accordance with the expenditure guidelines:
   • Issue a NOPA citing OAR 411-435-0040(2) “All ancillary services purchased must be in accordance with the Expenditure Guidelines.”

22. If the requested item is intended to restrain an individual or will result in the restraint of an individual:
   • Issue a NOPA citing OAR 411-004-0020(1) “All home and community-based settings must ensure individual rights to freedom from coercion and restraint.”

23. If the identified, assessed need is not included in the Individual’s Support Plan (ISP) then the Personal Agent or Services Coordinator should work with the Individual to complete a change form and update the ISP.
## ADLs
- Dressing
- Transferring and Positioning Mobility
- Eating and Tube Feeding
- Elimination
- Showering and Bathing
- Oral Hygiene
- General Hygiene
- ADL Equipment

## IADLs
- Housework
- Meal Preparation
- Laundry
- Transportation
- Money Management
- Light Shopping

## BEHAVIOR SUPPORTS
- Injurious to Self
- Aggressive or Combative
- Injurious to Animals
- Aggressive Towards Others, Verbal Socially
- Unacceptable Behavior Sexual
- Aggression/Assault
- Property Destruction:
  - Major Property Destruction: Minor Leaving
  - Supervised Area
- Pica/Non-edible Objects in Mouth
- Difficulties
- Regulating Emotions
- Refusing
- ADL/IADL/Medical Care
- Rapid Ingestion of Food or Liquids
- Withdrawal
- Intrusiveness
- Susceptibility to Victimization
- Legal Involvement
- Other Behavior Issues
- Intervention frequency

## TREATMENTS / THERAPIES FOR MEDICAL SUPPORTS
- Alzheimer’s Disease or Other Dementia
- Arthritis or Rheumatoid Arthritis
- Asthma
- Cancer or Malignant Neoplasm of Any Kind
- Cerebral Palsy
- Chronic Bronchitis
- Chronic Chest Congestion
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Heart Disease
- Congestive Heart Failure
- Dysphagia
- Emphysema
- Gastroesophageal Reflux Disorder (GERD)
- Glaucoma
- Gout, Lupus, or Fibromyalgia
- Heart Attack (Myocardial Infarction)
- High Blood Pressure or Hypertension
- Hydrocephalus
- Intellectual or Developmental Disabilities
- Fetal Alcohol/drug affected Syndrome (FAS)
- Serious Mental health diagnosis
- Kidney Disease
- Macular Degeneration
- Multiple Sclerosis, Parkinson’s, Epilepsy
- Osteoporosis
- Muscular Dystrophy
- Other Heart Condition or Heart Disease
- Traumatic Brain Injury (TBI)
- Partial or Total Paralysis
- Persistent cough
- Pneumonia (in last year)
- Rattling when breathing
- Spasticity
- Spinal Cord Injury
- Stroke
Appendix C: Assistive Devices and Assistive Technology Flow Chart

Can the individual be more independent with an ADL, IADL, health-related task, or to communicate with the requested device? Will the requested device result in less reliance on human assistance?

The item is not being requested to meet a caregiver need or for caregiver convenience?

A recommendation has been made by a relevant professional such as an Occupational Therapist, Physical Therapist, or Speech and Language Pathologist.

Is there documentation of all alternate sources that have been explored to fund the requested item?

A denial has been received from the individual’s health plan insurance provider(s).

Is the need for the requested item due to a medical condition or to meet a medical need?

The requested item can be considered for Department Funding

Issue NOPA

See appendix #2, #4, #7

The SC/PA should assist the individual to work with a relevant professional to identify the most cost-effective means of meeting the need

The SC/PA should assist the individual in exploring other funding resources. These should be documented.

The SC/PA should assist the individual in appealing the insurance denial.

Documentation

The requested item will be funded by the individual's health insurance provider.

The SC/PA should assist the individual in exploring other funding resources. These should be documented.

The requested item will be funded by the individual's health insurance provider.

The SC/PA should assist the individual in appealing the insurance denial.

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The SC/PA should assist the individual in exploring other funding resources. These should be documented.

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The SC/PA should assist the individual in appealing the insurance denial.

Documentation

The requested item will be funded by the individual's health insurance provider.
Appendix C: Assistive Devices and Assistive Technology Flow Chart

1. The individual is not a child receiving direct assistance funds under family support?
   - If No, Issue NOPA, See appendix #1
   - If Yes, Is the requested item directly associated with an assessed need identified in the Functional Needs Assessment?
     - If No, Is there documentation indicating that the requested item will meet the underlying, assessed need?
       - If No, Has the requested item been generally accepted by the relevant mainstream professional or academic community as an effective means to address the identified, assessed need?
         - If No, The requested item is not to pay for health or medical costs nor is it to pay for remaining cost for an item that exceeds what insurance covers.
           - If No, The request is not a reimbursement or an advance payment of funds?
             - If No, The requested item is not something illegal.
               - If No, The request is not a potential harmful?
                 - If No, The requested item not a toy or play equipment?
                   - If No, The requested item not a furniture or an general household appliance?
                     - If No, Does the cost of the requested item (or combination of items to meet the same identified, assessed need exceed the amount allowable in the Expenditure Guidelines?
                       - If No, The requested item is not potential harmful?
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