Assistive Devices and Technology

Navigating the Funding Process
Introductions

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Durable Medical Equipment
Prosthetics Orthotics and Supplies
(DMEPOS)

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Definitions

**Durable Medical Equipment:**
Equipment that can withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to an individual in the absence of illness or injury; and is appropriate for use in the home. (Wheelchairs, hospital beds, walkers, etc)

**Medical supplies** are non-reusable items used in the treatment of illness or injury. (Diabetic supplies, ostomy supplies, incontinence supplies.)
DMEPOS Process Overview
Orders (OAR 410-122-0020)

All durable medical equipment, prosthetics, orthotics and supplies require a written order signed and dated from the client’s prescribing practitioner which includes the following:

– Client name
– Name of practitioner
– Description of the item
– Start date of the order
– Primary diagnosis for which the item is requested
DMEPOS Provider Responsibility

- DMEPOS provider receives written order and must do the following:
  - Verify client eligibility & determine if client is enrolled in a CCO or FFS
  - Determine if prior authorization (PA) is required
  - Gather documentation needed to support requested service

Note: *DMEPOS provider is responsible for gathering all documentation to support that the item is medically appropriate for the individual and that coverage criteria are met, prior to submitting PA and/or billing for the service.*
Note: If client chooses to switch DMEPOS provider, the prior authorization process starts over. The new DMEPOS provider must have the appropriate documentation (new order, clinical documentation, etc) to submit the request for prior authorization.
Coverage Conditions for DME (OAR 410-122-0080)

✓ Has been approved by FDA as medical device
✓ Is reasonable and medically appropriate for the individual client
✓ Is primarily and customarily used to serve a medical purpose
✓ Is generally not useful in the absence of illness or injury
✓ Is appropriate for use in a client’s home
✓ Meets coverage guidelines in DMEPOS rules
✓ Is for a funded condition
✓ Is included in the client’s benefit package
The Division will **NOT** cover items that are:

- For personal comfort or convenience of client or caregiver
- Not primarily medical in nature
- A self-help device
- Not FDA approved as a medical device/item
- Not classified as durable medical equipment (OAR 410-122-0010)
Examples of items not covered by DMAP

- Household items such as appliances, furnishings, eating and cooking utensils, bedding, linens, deodorizers, air conditioners, air purifiers, air cleaners, dehumidifiers, geriatric lift/positioning chairs, telephones
- Clothing (except orthopedic shoes and compression stockings)
- Personal Hygiene items such as deodorant, feminine hygiene products, toothbrushes, Kleenex, toilet tissue, bath scales, showerheads, waterpiks
- Sports equipment
- Hot tubs, Whirlpools, Spas, Jacuzzis
- Medical alert bracelets, identification tags
- Beds, other than medically appropriate hospital beds (i.e., age-specific beds, enclosed bed systems, metal-caged beds, water beds, youth beds)
Examples of items not covered cont’d

- Safety enclosures for use with bed – no restraints
- Mattresses (other than the pressure-reducing mattresses identified in DMEPOS rules)
- Overbed tables
- Cradles, cribs, bassinettes
- Home modifications including ceiling tracks for lifts, elevators, ramps, etc.
- Telephone alert systems
- Generators
- Vans, hand-controls for vehicles, tie-downs for wheelchairs
- Car seats
Appeal and Hearing Rights

If a client disagrees with a decision made by DMAP, their CCO or managed care plan, to deny coverage for a DME item or supplies, they can request an appeal and/or administrative hearing (OAR 410-120-1860, OAR 410-120-1865, OAR 410-141-0260 through 410-141-0265).

These rules describe the process for requesting an expedited hearing, and the process for requesting continuation of benefits (when entitled to continuation of benefits) pending the outcome of a hearing.

This process works well. DMAP hearing staff gather all the documentation to review the case and determine if it was denied appropriately. They resolve most cases prior to hearing by working with CCOs, managed care plans, and clients.
This committee includes DMAP staff with clinical experience and often includes policy staff for policy interpretation. The purpose of the committee is to provide an individual medical appropriateness review of cases in which an exception to rule has been requested. This committee reviews requests for fee-for-service clients only.

CCOs must have a similar process.
Buy-Ups OAR 410-120-1350

Buy-ups are not allowed.

Examples of buy-ups include:

- A Group 3 power wheelchair has been approved, however the client would like a Group 4 power wheelchair. DMEPOS provider may not accept payment from OHP for a Group 3 and bill the client for the difference for the Group 4.

- Client would like a gold crown (non-covered) instead of a stainless steel crown (covered) on a posterior (back) tooth. The gold crown is not covered so the client is responsible for full payment.

If a client wants to purchase a non-covered service or item, the client is responsible for full payment.
Other DMEPOS Resources

❖ Blanche Fischer Foundation is a private non-profit charitable organization founded through a trust established by the late Blanche Fischer. The foundation provides grants on behalf of Oregonians with physical disabilities. To be considered for a grant an individual must demonstrate Oregon residency, financial need, and have a disability of a physical nature. Information about the application process and additional resources can be found at www.bff.org.

❖ Access Technologies, Inc administers Oregon’s Statewide Assistive Technology Program in Salem and Portland. They have durable medical equipment and assistive devices for loan or purchase.
  
  Website: www.accesstechologiesinc.org

❖ Local DME Loan Closets

❖ DME Repurposing Pilot Program – Clearview Mediation and Disability Resource Center in Pendleton
Taking It From Here
Funding Assistive Technology / Devices Through ODDS

Next Step After MAP/OHP or Private Insurance has Denied Funding the Item
Assistive Technology means the devices, aids, controls, supplies that are purchased to provide support for an individual and replace the need for direct interventions to enable self-direction of care and maximize independence of the individual.
Assistive Devices mean the devices, aids, controls, supplies, or appliances that are necessary to enable an individual to increase the ability of the individual to perform ADL and IADLs or to perceive, control, or communicate with the home and community environment in which the individual lives.
Step 1: Identify Needs

- Ask questions to explore areas where the person wants more independence.
- What ADL/IADL/Behavioral assessed support need does the item meet?
- Does it Increase Independence (Not necessarily making the individual completely independent)?
- Does it Decrease the need for human assistance (Not necessarily eliminate the need for human assistance)?
Step 2: Explore Options

- Research available Assistive Tech/Assistive Device that meets the identified need.
- Explore available resources and share your findings.
Step 3: Make a Decision

- If the person decides to acquire an AT/AD, define the desired outcome of the chosen product.

Step 4: Obtain and Implement

- Make agreements about how to acquire and implement the product.
Step 5: Evaluate Effectiveness

Review the results after implementing the product. Ask what is working and not working about the product and take action where needed.
Assistive Technology Discussion Tool

http://oregonisp.org/at/

Developed by the Oregon Technical Assistance Corporation
Exceptions, eh? Wow that sounds really boring.

When An Exceptions Approval From ODDS Is Needed
General Points to Consider

Case-Specific

Bundling
Assistive Technology and Devices

Exceptions Requests
Drafting the Request Form

Link to Form 0515DD on the DHS FORMS Webpage

https://aix-xweb1p.state.or.us/es_xweb/FORMS/index.cfm?fuseaction=FORMS.noBindGrid
# Request for Funding Review or Exception

**Individual's name:**

Provider (if provider rate requested): [ ]

CDDP/Brokerage enrolled: [ ]

Prime no.: [ ]

DOB: [ ]

Services coordinator/personal agent (SC/PA): [ ]

SC/PA phone: [ ]

SC/PA email: [ ]

**Note:** This form may contain personal information. If you return the form by email there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, please see these secure email instructions.

This form must be completed electronically. See form instructions. Incomplete forms will be returned.

Today's date: [ ]

Reviewed by (supervisor name): [ ]

Supervisor email: [ ]

**Purpose of requested funds:** (select one)

- Brief explanation of service need: [ ]

Type of request: [ ]

- New request
- Renewal request

Continuing previous service? [ ]

- Yes
- No

If yes, service end date: [ ]

Date request received: [ ]

Requested effective date: [ ]

**Individual's service setting:**

- [ ]

**Individual's living environment:** (Select one)

- [ ]

**Most recent assessment date:** [ ]

Assessment tool: [ ]

**What supporting documents have you submitted with this request to identify the need and service considerations?** (Check all that apply.)

- [ ] ANA/CNA
- [ ] ISP
- [ ] Risk tracking record
- [ ] Summary of behavioral data
- [ ] Mileage documentation (distance)
- [ ] Medical/professional evaluation

# Summary of service need

1. Describe the individual's need for support and how it will be met with this request: [ ]
Requests Submitted for ODDS Funding Review
Why Was the Request Approved?

- Insurance Denial
- Funding Request Narrative
- Most Cost-Effective Solution
- Supporting Documentation
- Other Reasons
Why Was the Request Denied?

• No Insurance Denial Documented
• Missing or Sparse Supporting Documentation
• No Documentation Support Cost-Effective Solution
• Other Reasons
Comparing and Contrasting
ODDS Form  0515DD
https://aix-xweb1p.state.or.us/es_xweb/FORMS/index.cfm?fuseaction=FORMS.noBindGrid

OTAC Assistive Devices Resource Page
http://oregonisp.org/at/

In-Home Expenditure Guide
http://www.dhs.state.or.us/spd/tools/dd/cm/ss%20exp%20guide%20v3.pdf
Contact Information

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