

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 there is a recommendation to improve this document, please contact the [ODDS Subject Matter Expert](#).

The ODDS Guide to Assistive Devices and Assistive Technology

WORKER GUIDE

The Guide to Assistive Devices and Assistive Technology

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Rules and References

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](#)

The Guide to Assistive Devices and Assistive Technology

Definitions

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\(3\)](#))

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\(4\)](#))

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: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Transmittals/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.

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Definitions

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.
[OAR 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.

Relevant Professional: A relevant professional is person who possesses distinctive qualifications to make the recommendation for the requested item. For example – if the requested item is intended to meet sensory needs to enable the individual to more independently complete an ADL/IADL or health related need the relevant professional would be an Occupational Therapist. Occupational Therapists have specific education and training in sensory processing disorders.

The Guide to Assistive Devices and Assistive Technology

What are Assistive Devices?

Chapter 3 What are Assistive Devices?

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 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 more independently transfer 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

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What are Assistive Devices?

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 when the individual is a minor child.
- 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. If the intended use of the wheelchair harness is for the convenience of the caregiver this could not be funded with Department funds.
 - Strollers, backpack leashes and other devices are used to to restrain an individual and are for the convenience of the caregiver and therefore 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.

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What are Assistive Devices?

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 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.

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What is Assistive Technology?

Chapter 4 What is Assistive Technology?







“Assistive technology”

includes the use of electronic equipment or services to provide support to an individual in more independently completing ADL and IADL tasks and replaces the need for direct interventions.

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.

Assistive Technology includes but it not limited to:

	Motion sensors, such as an automatic light, which may increase an individual's independence moving through their home.
	Audio alarm to announce when the phone is ringing, or someone has rung the doorbell.
	Sound amplification systems for individual who are hearing impaired.
	Automatic faucet and soap dispensers when it will increase the individual's ability to more independently meet their hygiene needs.
	Toilet flush sensors when an individual can use the toilet independently.
	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.

The Guide to Assistive Devices and Assistive Technology

What is Assistive Technology?

Assistive Technology includes but it not limited to:	
	<p>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.</p>
	<p>Minimally necessary data plans and the services of a company to monitor emergency response systems.</p>
	<p>Augmentative communication devices when the device available through the individual's health insurance provider is not able to meet their communication needs.</p>
	<p>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.</p>
	<p>Ergonomic keyboards when the individual uses their computer to meet their ADL/IADL needs but lacks the dexterity to function with a traditional keyboard.</p>
	<p>Voice recognition so that an individual can use words to activate necessary devices to more independently perform ADL/IADLs.</p>
	<p>Personal Emergency Response Systems or people who:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Personal Emergency Response Systems are not intended to replace devices to access 911 services, such as a cell or landline phone.</p> <p>Personal Emergency Response Systems are not intended as a home security system.</p>

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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: An individual is requesting duct tape to create a visual identifier. This item can be purchased very inexpensively by the individual or the individual's family if the individual is a minor child 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.
- 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 necessary 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.

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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

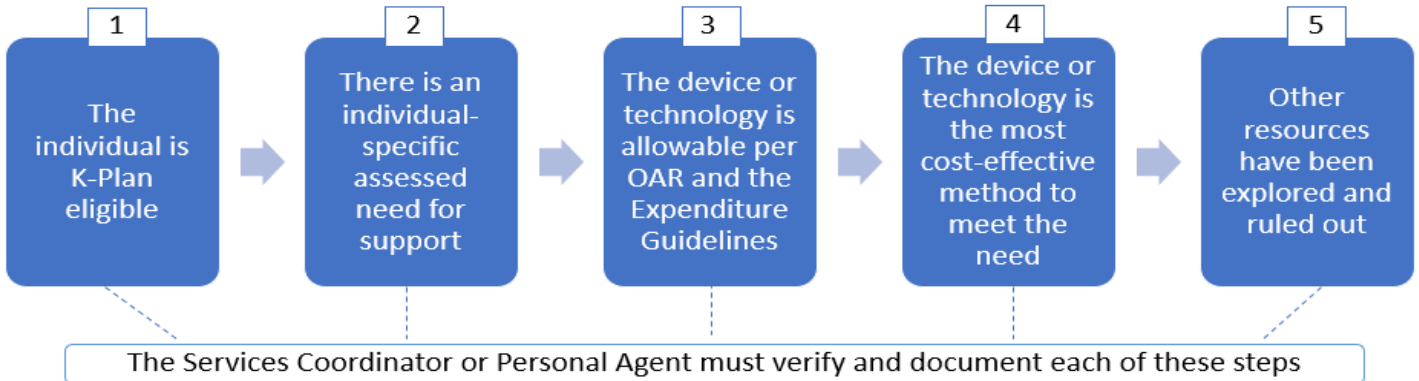
[Damage, Loss, Repairs to Assistive Technology](#)

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.

The Guide to Assistive Devices and Assistive Technology Eligibility

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 obtain documentation from a relevant professional supporting the efficacy of the requested item.
- 5) 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.
- 6) 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).

When an assistive device or assistive technology is purchased for an individual, the device or technology becomes the property of the individual.

The device or technology may not be transferred possession or ownership, nor may it be sold.

The Guide to Assistive Devices and Assistive Technology

Eligibility

The Services Coordinator or Personal Agent 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.

The Guide to Assistive Devices and Assistive Technology

Locally-Approved Funding and Exceptional Funding

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 be able to document the following statement and have supporting documentation on file before considering Department funds for the requested item. If the item financially exceeds the limit outlined in [OAR 411-435](#), the Services Coordinator or Personal Agent must request exceptional funding through the exceptions process outlined in [APD-AR-18-053](#). This information and supporting documentation should be included with the request.

A process map can be found in [Appendix C](#).

_____ is requesting a _____ <small>Individual's Name</small> <small>Assistive Device or Assistive Technology</small>
to meet the assessed _____ need(s). <small>ADL/IADL/Health Related Task/Communication</small>
The need has been identified in the functional needs assessment and documented in the current ISP.
It is anticipated to:
<input type="checkbox"/> Increase independence as evidenced by: _____ <small>OR</small> <small>Explain how the requested item will increase independence</small>
<input type="checkbox"/> Decrease the need for human assistance as evidenced by _____ <small>Explain how the requested item will decrease the need for human assistance</small>
The following alternatives have been attempted and do not meet the need: _____ <small>Explain all other things that have been tried to meet the need</small>
The following alternative funding sources have been explored _____. <small>Other funding resources have been explored</small>
One of the following is documented:
<input type="checkbox"/> A denial has been received from the individual's health insurance provider
<input type="checkbox"/> Written notification has been received from the individual's health insurance provider that the item is not DME, therefore not a covered item.
<input type="checkbox"/> The item is listed in in The ODDS Guide to Assistive Devices or Assistive Technology as not requiring a denial or written notice.
This research demonstrates that the requested item is the most cost-effective means of meeting the need: _____. <small>Documentation outlining how the requested device is the most cost effective</small>

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Most Cost-Effective

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.

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 there is another request for funding the device or technology as part of the individual's service plan funding, to support the on-going need. A new recommendation from a relevant professional must be received with each repeated request.

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Alternate Resources

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 with each repeated request.

Natural Resources

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

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Alternate Resources

A good conversation starter is to ask the individual, their family if the individual is a minor child, the professional making the recommendation and friends how the item might be accessed if ODDS funding was not available.

[ABLE Accounts](#)

The Services Coordinator or Personal Agent should have a conversation with the individual and their family if the individual is a minor child, to discover if the individual could budget to fund the requested item or if there are other personal resources, or family resources when the individual is a minor child, that could be accessed to fund the requested item.

For example, [ABLE accounts](#) may be used to pay a variety of expenses related to maintaining the Eligible Individual's health, independence and quality of life. Examples of Qualified Disability Expenses include, but are not limited to:

- Assistive technology and related services
- Basic living expenses
- Education
- Employment training and support
- Expenses for oversight and monitoring
- Financial management and administrative services
- Funeral and burial
- Health
- Housing
- Legal fees
- Prevention and wellness
- Transportation

[Health Insurance Provider\(s\)](#)

The Services Coordinator or Personal Agent should ask the individual to identify all health insurance providers. This includes the Oregon Health Plan as well as any private insurance. The Services Coordinator or Personal Agent should assist the individual to request the item from their health insurance provider. This usually occurs through the relevant professional who is recommending the requested item or through the Durable Medical Equipment Vendor.

The relevant professional who is recommending the requested item should identify if the requested item is Durable Medical Equipment and has an HCPCS code.

- When the requested item is durable medical equipment, the individual's health insurance provider must issue a written [denial](#) for the item.
- If the requested item is not durable medical equipment (DME) see the chapter providing more information when the [requested items is not durable medical equipment \(DME\)](#).

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Alternate Resources

Public Utilities Commission

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

If the requested item is available through the Public Utilities Commission the Personal Agent or Services Coordinator should assist the individual to access the item. Prior to considering Department funds for the requested item the Services Coordinator or Personal Agent must document why the PUC could not deliver the requested item.

Charitable or philanthropic organizations

Each case management entity may 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. Prior to considering Department funds for the requested item the Services Coordinator or Personal Agent must document all charitable or philanthropic organizations that were considered and why the requested item could not be funded.

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Medical need versus ADL/IADL

Chapter 9 Medical need versus ADL/IADL

The Oregon Health Plan and private insurance companies are responsible for coverage of medical needs which include durable medical equipment for medical reasons. The 1915(k) State Plan Amendment is intended for attendant care supports. This includes all supports necessary to support a person's ADL/IADL and health related tasks.

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 must be pursued through the individual's health insurance provider. All appeal processes should also be pursued.

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. Often these items are not DME and do not have an HCPCS code. In these cases there will not be a denial from the health insurance provider but a written notification that the item is not covered. This is not a denial and does not come with hearing rights but is sufficient documentation to consider Department funding for the requested device when it meets all other rule requirements for funding.

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 if the request for funding persists.

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 has been identified as medically necessary by a relevant medical professional, the Personal Agent or Services Coordinator should assist the individual in seeking an appeal or hearing.

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Working with Health Insurance Providers

Chapter 10 Working with Health Insurance Providers

Building relationships with a 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 for Durable Medical Equipment (DME) through the Oregon Health Authority health plan. Oregon Health Plan coverage for the requested item cannot be considered without a Prior Authorization (PA) from the DME supplier. 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. If the requested item is not medically necessary but required to assist the individual in more independently completing an ADL/IADL or health related task, then see the chapter explaining medical need versus ADL/IADL. Often the items necessary for ADL/IADL or health related tasks are not DME and do not have a HCPCS code. In these cases, there will not be a denial from the health insurance provider but a written notification that the item is not covered. This is not a denial and does not come with hearing rights but is sufficient documentation to consider Department funding for the requested device when it meets all other rule requirements for funding.

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.

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Denials

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 written denial must be received from each health insurance provider.

A verbal denial is insufficient because it does not 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 medical necessity, 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 may 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.

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.

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Requested Items That Are Not Durable Medical Equipment

Chapter 12 Requested Items That Are Not Durable Medical Equipment

Sometimes the requested item is not [Durable Medical Equipment \(DME\)](#). This most often occurs when the requested item is not medically necessary but will assist the individual to more independently complete an ADL/IADL or Health Related Task. When the relevant professional recommending the item indicates that the item is not DME and does not have an HCPCS code the Personal Agent or Services Coordinator will request information from the [CCO](#) when the individual is enrolled in the CCO or by using the Benefits Inquiry Form from Health Services Division when the individual has an “[open card](#)” or is Fee for Service. The Services Coordinator or Personal Agent will receive either notification that the item is, in fact, covered, or they will receive a notification that the item is not covered. This is not a denial and does not have hearing rights. This written notice is sufficient documentation to consider Department funds when all other rule requirements are met for funding of the requested item.

The following items are frequently requested assistive devices or assistive technology and are documented as not being Durable Medical Equipment (DME). If the requested item is listed below the Services Coordinator or Personal Agent does not need to seek a denial from the health insurance provider.

[Adaptive Car seats](#)

Adaptive Car Seats for reasons other than positioning are not durable medical equipment and therefore are not covered by the individual’s health plan. If the need for the car seat is due to a medical issue and is medically necessary, then the seat should be covered. It is essential to assure that the seat is the most cost-effective means of meeting the need and the requested seat must be identified by the Centers for Medicaid and Medicare Services to assure that the individual maintains safe positioning. An insurance denial for a car seat as a safety measure is not necessary to consider Department funding when the requested item meets all other requirements for funding.

[Adaptive Utensils](#)

Adaptive utensils are not durable medical equipment and therefore are not covered by the individual’s health plan. An insurance denial for adaptive utensils is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering the funding of an adaptive utensil: OAR 411-435-0040(3)(r) prohibits using Department funds for equipment that may be obtained by the individual or the individual's family (when the individual is a minor) through alternative resources or natural supports. The Services Coordinator or Personal Agent should be able to document that the cost of the adaptive utensils would create a hardship for the individual or the family of a minor child to purchase.

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Requested Items That Are Not Durable Medical Equipment

Cleaning Supplies

Cleaning supplies are not durable medical equipment and therefore are not covered by the individual's health plan and an insurance denial for cleaning supplies is not necessary when the requested item meets all other requirements for funding.

- Purchase of cleaning supplies must be for the direct medical or remedial benefit of the Individual and not used for general household purposes.
- Purchase of cleaning supplies that are needed to address circumstances specific to the individuals' assessed ADL/IADL needs and health related tasks.
- Purchase of cleaning supplies may only be in the amount needed to address the Individual's needs that exceed the amount considered to be common personal use.
- Cleaning supplies authorized may only be the most cost-effective means of meeting the need.

GPS Tracking Devices

GPS tracking device are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for a GPS device is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering the funding of a GPS tracking device: The individual requesting the GPS guidance software in order to be more independent in the community must be able to be in the community without supports or a history of leaving supervised settings. The Personal Agent or Services Coordinator must document the supervision requirements of the individual.

Headphones

Headphones are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for headphones is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering the funding of a headphones: OAR 411-435-0040(3)(r) prohibits using Department funds for equipment that may be obtained by the individual or the individual's family (when the individual is a minor) through alternative resources or natural supports. The Services Coordinator or Personal Agent should be able to document that the cost of the headphones would create a hardship for the individual or the family of a minor child to purchase. OAR 411-435-0050(2) identify assistive devices as things that will meet an ADL, IADL, or health related support need. The Personal Agent or Services Coordinator must be able to document how the use of the headphones will 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.

iPads

iPad - refer to chapter regarding [Augmentative Communication](#)

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Requested Items That Are Not Durable Medical Equipment

Medication Dispensers

Medication Dispensers are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for a medication dispenser is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering the funding of a medication dispenser: OAR 411-435-0040(3)(r) prohibits using Department funds for equipment that may be obtained by the individual or the individual's family (when the individual is a minor) through alternative resources or natural supports. The Services Coordinator or Personal Agent should be able to document that the cost of the medication dispenser would create a hardship for the individual or the family of a minor child to purchase.

Oral Sensory Devices

Oral sensory devices are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for oral sensory devices is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering the funding of an oral sensory device: OAR 411-435-0040(3)(r) prohibits using Department funds for equipment that may be obtained by the individual or the individual's family (when the individual is a minor) through alternative resources or natural supports. The Services Coordinator or Personal Agent should be able to document that the cost of the oral sensory devices would create a hardship for the individual or the family of a minor child to purchase.

Padding

Padded Mats are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for a padded mat is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering the funding of a padding: If the padding needs to be attached to the home it becomes a Home Modification – see [The Guide To Home Modifications](#) for further information.

Phones

Phones are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for a phone is not necessary to consider Department funding when the requested item meets all other requirements for funding. See the chapter on [Alternative Resources](#) for further information about the [Public Utilities Commission's](#) telephone assistance programs.

Safety Latches and Door Alarms

Safety latches and door alarms are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for safety latches is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering Department funding for safety latches: OAR 411-435-0040(3)(r)

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Requested Items That Are Not Durable Medical Equipment

prohibits using Department funds for equipment that may be obtained by the individual or the individual's family (when the individual is a minor) through alternative resources or natural supports. The Services Coordinator or Personal Agent should be able to document that the cost of the safety latches would create a hardship for the individual or the family of a minor child to purchase. If the requested item needs to be hard wired into the home it becomes a Home Modification – see [The Guide To Home Modifications](#) for further information.

Sensory Manipulatives

Sensory manipulatives, such as fidgets, are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for sensory manipulatives is not necessary to consider Department funding when the requested item meets all other requirements for funding. The use of sensory manipulatives must be recommended by a relevant professional, such as an Occupational Therapist and the Personal Agent or Services Coordinator must document the direct connection between the use a sensory manipulative and the Individual's increased independence with ADL/IADLs or health related tasks.

Therapy or Sensory Swings

Therapy or Sensory Swings are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for a therapy or sensory swing is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering Department funding for therapy or sensory swings: the recommending professional (usually an Occupational Therapist) must attest that a free-standing swing is safe for the individual to use and will not tip or fold if the individual is using the swing for sensory stabilization. If the therapy or sensory swing needs to be attached to the home it becomes a Home Modification – see [The Guide To Home Modifications](#) for further information.

Weighted Blankets

Weighted blankets are not durable medical equipment and therefore are not covered by the individual's health plan. An insurance denial for weighted blankets is not necessary to consider Department funding when the requested item meets all other requirements for funding. Things to keep in mind when considering the funding of weighted blankets: OAR 411-435-0040(3)(r) prohibits using Department funds for equipment that may be obtained by the individual or the individual's family (when the individual is a minor) through alternative resources or natural supports. The Services Coordinator or Personal Agent should be able to document that the cost of the weighted blanket would create a hardship for the individual or the family of a minor child to purchase. OAR 411-435-0050(2) identify assistive devices as things that will meet an ADL, IADL, or health related support need. The Personal Agent or Services Coordinator must be able to document how the use of the weighted

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Requested Items That Are Not Durable Medical Equipment

blanket will 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.

Wipes

Personal hygiene wipes are not durable medical equipment and therefore are not covered by the individual's health plan. Purchase of personal hygiene wipes may only be in the amount needed to address the Individual's exceptional needs. An insurance denial for personal hygiene wipes is not necessary to consider Department funding when the requested item meets all other requirements for funding.

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Fee For Service (FFS) / Open Card

Chapter 13 Fee For Service (FFS) / Open Card

When an individual has an “open card” or “fee for service”, the relevant professional recommending the item must indicate that the requested item is not Durable Medical Equipment (DME) and a Benefits Inquiry form must be completed and returned to the Services Coordinator or Personal Agent. The Personal Agent or Services Coordinator must then submit the Benefits Inquiry form through a secure email to ODDS-HSD.BenefitInquiry@state.or.us email box. The Services Coordinator or Personal Agent will receive written notification identifying if the requested item is a covered item or if the item is not covered. This acknowledgement that the requested item is not covered is sufficient to submit with a request for exceptional ODDS funding. This acknowledgement must be kept in the individual’s file.

The request and the subsequent response identifying if the requested item are for internal use only.

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Chapter 14 Plan of Care

POC Name	POC Code
Assistive Technology	OR321 - AT Purchase – Hardware OR322 - AT purchase – Software OR323 - AT Installation OR325 - AT Maintenance OR528 - Personal Emergency Response System
Assistive Devices	OR380 - Specialized Medical equipment and supplies (Kplan) OR518 – Individual Directed Goods and Services (CIIS Only)

All procedure codes noted above have a unit type in eXPRS as either “each” or “event”, meaning 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.

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.

Please read the Expenditure Guidelines for details on each. <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Documents/ODDS-Expenditure-Guidelines.pdf>

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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/HowToAddPOCAttachments.pdf>

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Augmentative Communication Devices

Chapter 15 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 a denial from a health insurance provider is received, the Services Coordinator or Personal Agent should check to 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 Services Coordinator or Personal Agent should help the individual work with their Speech and Language Pathologist (SLP) 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 will write the report and fill out the specifics on recommended equipment. The SLP will send a copy of the report to the client's Primary Care Provider who will submit to the vendor of the equipment, who then, work directly with the insurance provider.

If the durable medical equipment cannot meet the communication needs of the individual, then the SLP should document clearly and specifically identify and Department funding for the augmentative communication device may be considered.

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Subject Matter Expert

Chapter 16 Subject Matter Expert

SME for Assistive Devices & Assistive Technology
Name: Kirsten Collins
Email: Kirsten.G.Collins@dhsoha.state.or.us

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Appendix A: NOPA

Appendix A: NOPA

Examples of when and how to issue a Notification of Planned Action (NOPA). Please also consult the worker guide for issuing a Notification of Planned Action.

1. If this is a child who is receiving family support:
 - Issue a NOPA citing OAR 411-435-0030(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:
 - OAR 411-435-0040(3)(k) “Department funds may not be used for services or supports that are not necessary or cost-effective.”
 - OAR 411-435-0050(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 the enable the individual to increase their ability to perform and ALD/IADL or communicate in the home and community:
 - Issue a NOPA citing:
 - OAR 411-435-0040(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:
 - OAR 411-435-0040(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.”

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Appendix A: NOPA

- OAR 411-435-0040(r) “Department funds may not be used for services, activities, materials, or equipment that may be obtained by the individual or Individual's family through alternative resources or natural supports.”
 - OAR 411-435-0050(2)(g)(B) “Assistive devices exclude items intended to supplant similar items furnished under Medicaid Title XIX, private insurance, or alternative resources.”
6. If the requested item will not address the need:
 - Issue a NOPA citing OAR 411-435-0050(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 OAR 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:

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Appendix A: NOPA

- Issue a NOPA citing OAR 411-435-0040(3)(c) “Department funds may not be used for services, materials, or activities that are illegal.”
 - OAR 411-435-0040(3)(n) “Department funds may not be used for services or activities for which the legislative or executive branch of Oregon government has prohibited use of public funds.”
 - OAR 411-435-0040(3)(p) Department funds may not be used for services, supplies, or supports that are illegal, experimental, or determined unsafe for the general public by recognized child or consumer safety agencies.”
13. If the requested item is potentially abusive:
- Issue a NOPA citing OAR 411-435-0040(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 OAR 411-435-0040(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 OAR 411-435-0040(3)(q) “Department funds may not be used 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 OAR 411-435-0040(3)(s) “Department funds may not be used to 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 OAR 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 OAR 411-435-0050(2)(b) “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.”

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Appendix A: NOPA

19. If the requested item is a toy, play equipment, or a device intended to be used for recreation such as a special mobility device to access the beach or trails:
 - 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 411-435-0050(2)(g)(E). “Assistive devices exclude equipment and furnishings of general household use.
 - 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.

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Appendix B: Examples of Assessed ADLs, IADLs, Behavior and Medical Supports

Appendix B: Examples of Assessed ADLs, IADLs, Behavior and Medical Supports

<u>ADLs</u>
Dressing
Transferring and Positioning Mobility
Eating and Tube Feeding Elimination
Showering and Bathing Oral Hygiene
General Hygiene
ADL Equipment

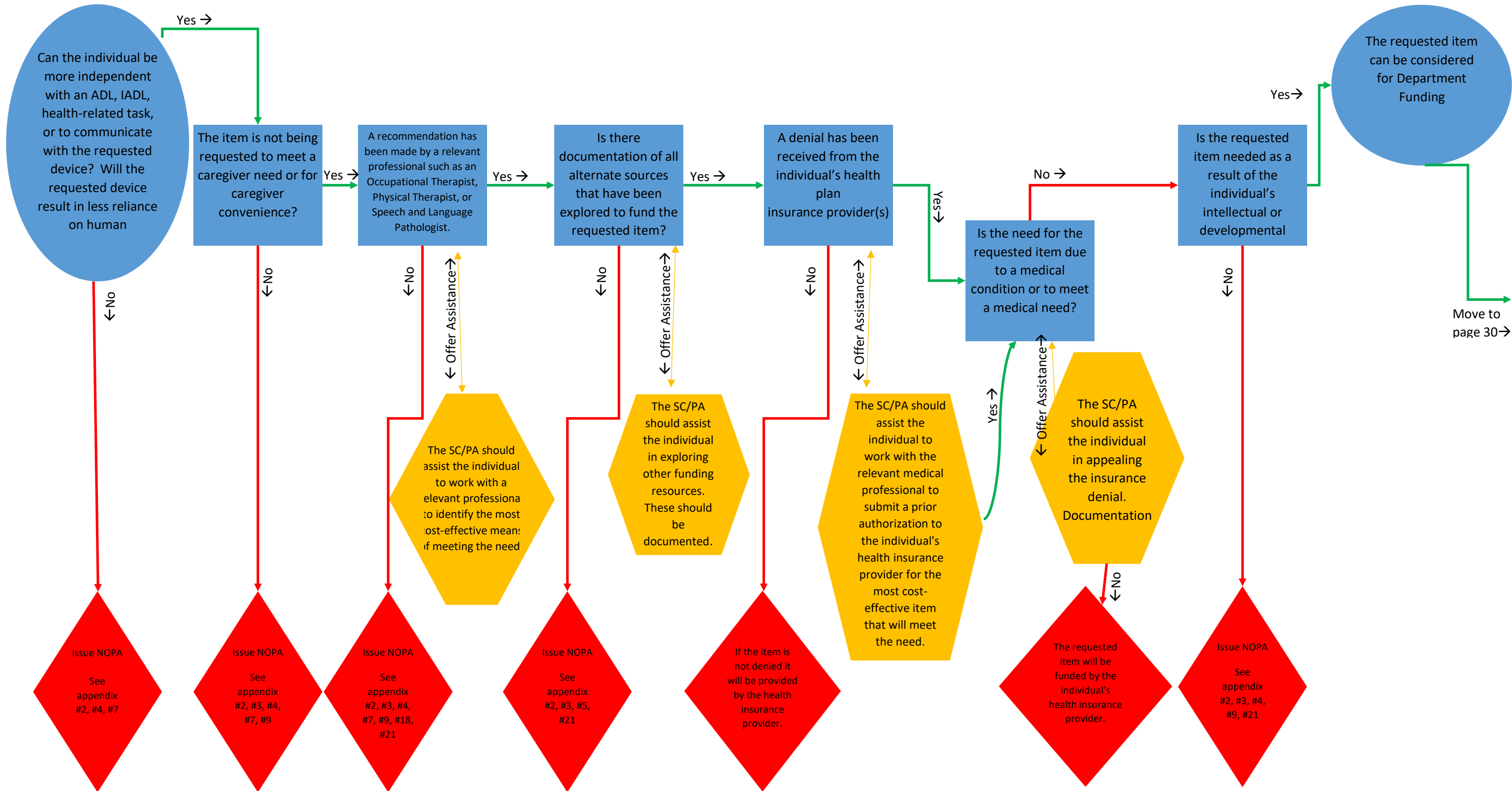
<u>IADLs</u>
Housework
Meal Preparation
Laundry
Transportation
Money Management
Light Shopping

<u>BEHAVIOR SUPPORTS</u>
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

<u>TREATMENTS / THERAPIES FOR MEDICAL SUPPORTS</u>
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

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 Appendix C: Assistive Devices and Assistive Technology Flow Chart

Appendix C: Assistive Devices and Assistive Technology Flow Chart



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 Appendix C: Assistive Devices and Assistive Technology Flow Chart

