

Policy Transmittal Developmental Disabilities Services



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Number: DD-PT-21-056
Issue date: 7/14/2021

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify): |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	Purchasing Personal Air Purifiers through OR 562		
Policy/rule number(s):		Release number:	
Effective date:	07/01/2021	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

As a result of Oregon wildfires, air quality conditions may impact the health of individuals who experience intellectual or developmental disabilities. This may reduce an individual's ability to perform activities of daily living (ADL) or instrumental activities of daily living (IADL).

Implementation/transition instructions:

A personal air purifier and one replacement filter per year may be purchased for an individual when:

- They live in an area with air quality that is not good or moderate as shown on the Oregon Department of Environmental Quality – Air Quality Monitoring Data: <https://oraqi.deq.state.or.us/home/map>; and
 - The air quality is affecting their ability to complete ADL/IADL tasks.
- Whole home air purifiers will not be authorized.
- Duplicate personal air purifiers will not be authorized.
- Multiple replacement filters within a plan year will not be authorized.

A case management entity may authorize the most cost-effective personal air purifier for an individual as a specialized medical supply (OR562) through the following process:

- Ensure that the authorization of the air purifier is included in the individual’s ISP or on a change form.
- Documentation should indicate that the Case Management Entity has verified that the individual resides in an area identified as unsafe for sensitive groups by the Oregon Department of Environmental Quality – Air Quality Monitoring Data: <https://oraqi.deq.state.or.us/home/map> prior to authorizing the purchase of a personal air purifier.
- Documentation must outline how the individual’s ability to engage in ADL/IADLs is being negatively impacted due to smoke or air quality issues.
- Documentation must clarify how the item being purchased is the most cost effective to meet the need and why less expensive air purifiers will not meet the need.
- When entering the SPA in eXPRS must use a “generic” provider must add “air purifier due to air quality conditions” in the Generic Provider Name field as depicted below:

The screenshot displays the eXPRS system interface. The top section shows a table with columns: *SE, *Procedure Code, *Modifier, *Units, *Dates, Status, and Total. A row is highlighted for SE 49, Procedure Code OR562 - Spec Med Supply, Modifier NA, Units 14 per Year, Dates 9/1/2020 - 9/30/2020, Status Draft, and Total \$0.00. Below this table is a form for adding a provider. The form includes a dropdown menu for 'Generic Provider' (set to 'Generic Provider'), a text field for 'Generic Provider Name' containing 'Amazon, air purifier due to wildfi', and fields for 'Units' (1), 'Rate' (\$89.95), and 'Dates' (9/1/2020 - 9/30/2020). There are 'Save' and 'Cancel' buttons. The bottom section shows the updated table with the same row now having Status Accepted and Total \$89.95. Below this is another table with columns: Auth Id, *Provider, *Units, *Rate, Pay-To Provider, *Dates, Review?, Status, and Amount. A row is highlighted for Auth Id 39060423, Provider '(Generic) Amazon, air purifier due to wildfires', Units 1, Rate \$89.95, Pay-To Provider 'Baker County 49 Comp in Home Supp Services', Dates 9/1/2020 - 9/30/2020, Review? No, Status Accepted, and Amount \$89.95.

*SE	*Procedure Code	*Modifier	*Units	*Dates	Status	Total
49	OR562 - Spec Med Supply	NA	14 per Year	9/1/2020 - 9/30/2020	Draft	\$0.00

Provider: Generic Provider
Generic Provider Name: Amazon, air purifier due to wildfi
Units: 1
Rate: \$89.95
Dates: 9/1/2020 - 9/30/2020

*SE	*Procedure Code	*Modifier	*Units	*Dates	Status	Total
49	OR562 - Spec Med Supply	NA	14 per Year	9/1/2020 - 9/30/2020	Accepted	\$89.95

Auth Id	*Provider	*Units	*Rate	Pay-To Provider	*Dates	Review?	Status	Amount
39060423	(Generic) Amazon, air purifier due to wildfires	1	\$89.95	Baker County 49 Comp in Home Supp Services	9/1/2020 - 9/30/2020	No	Accepted	\$89.95

Authorization of air purifiers:

- Less than \$1200 may be authorized by the CME
- More than \$1200 should be requested through the exceptions process. The request should include the required documentation noted above.
- General fund purchases for individuals receiving case management only should be requested through the exceptions process.

Communication/training:

This transmittal will be discussed during the next Monthly Transmittal Review. These meetings are held the second Wednesday of every month at 2 pm using the TEAMS platform. The link to participate is here: [Join Microsoft Teams Meeting](#), or you can call 971-277-2343 using conference ID: 468 508 153# to hear only the audio portion of the meeting. Please send questions in advance to ODDS.Questions@dhsosha.state.or.us.

Local/branch action required: NA

Central office action required: NA

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

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

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