This policy has been updated effective 7/21/2021. Updates include:

- Removed requirement that air quality is poor before purchase is authorized
- Removed the requirement that the personal air purifier increase the individual’s ability to participate in ADL/IADLs
- Added requirement that the individual has an assessed need impacted by poor air quality
Discussion/interpretation:

Poor air quality may impact the physical conditions of individuals with intellectual or developmental disabilities. Case managers may authorize the purchase of personal air purifier for people with an assessed need that would be impacted by poor air quality. The purchase of a personal air purifier can be authorized in anticipation of poor air quality conditions.

Implementation/transition instructions:

A single personal air purifier may be authorized for an individual when the individual has an assessed need that would be impacted by poor air quality. One replacement filter per plan year may be authorized. The assessed need must be identified in the individual’s Oregon Needs Assessment (ONA).

➢ Whole home air purifiers will not be authorized.
➢ Duplicate 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:

• The assessed need and an explanation of how poor air quality impacts the assessed need must be documented in the ISP or on an ISP change form.
• Documentation must clarify how the item being purchased is the most cost effective to meet the individual's need and why less expensive air purifiers will not meet the need.
• When entering the SPA in eXPRS, the case manager must select “generic” provider and add “personal air purifier” in the “Generic Provider Name” field.

Limitations:

• Items under $1200 may be authorized by the CME.
• Items over $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.
Training/communication plan: Directors and Managers to share will all who are interested in authorizing specialized medical supplies.

Local/branch action required: NA

Central office action required: NA

Field/stakeholder review: ☐ Yes ☒ No

If yes, reviewed by:

If you have any questions about this policy transmittal, contact: Kirsten.G.Collins@dhsoha.state.or.us

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@dhsoha.state.or.us.