

Lilia Teninty

**Authorized Signature**

**Number:** APD-PT-16-037

**Issue date:** 9/30/2016

**Topic:** Developmental Disabilities

**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                | <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 type="checkbox"/> Stabilization and Crisis Unit (SACU)                                                           |
| <input type="checkbox"/> ODDS Children's Residential Services  | <input checked="" type="checkbox"/> Other (please specify): Service Coordinators and Brokerage Managers/Personal Agents |
| <input type="checkbox"/> Child Welfare Programs                |                                                                                                                         |

Policy/rule title:	Assistive Devices and Technology		
Policy/rule number(s):		Release no:	
Effective date:	10/01/16	Expiration:	
References:	ODDS Assistive Devices and Assistive Technology Worker Guide		
Web address:			

**Discussion/interpretation:** As part of the ODDS funding process, a denial for OHP funding must be obtained prior to considering whether or not to use K-Plan or Waiver funding for Assistive Devices, Assistive Technology or Specialized Supplies. The intent of the Oregon Health Benefits Inquiry Request Form ([MSC0373](#)) is to streamline the process for individuals enrolled in DD services and receiving medical insurance benefits through the Oregon Health Plan- OPEN Card to obtain the necessary prior authorization decision from the Health Systems Division.

For those individuals enrolled in DD services and who receive their OHP benefit through a Coordinated Care Organization (CCO), they must contact their CCO to find out their particular process for obtaining prior authorization denials. Since they have access to discretionary funds particular to their CCO, some CCOs may or may not cover a particular requested item.

For individuals dually enrolled with OHP (Open Card or CCO) and a private insurance provider, a prior authorization denial must be obtained from both OHP and the private insurance providers before authorizations may be made by the case manager for the requested item(s).

**Implementation/transition instructions:** The Case Management Entity (CME) must only complete the information in the unshaded areas of the form. As indicated on the form, the shaded areas are for Health Systems Division (HSD) staff only. For durable medical equipment (DME) requests, the HCPC codes can be obtained from the original order sent from the doctor. If the HCPC code is unknown, please contact the DME vendor to obtain the HCPC code or follow this link to look up a particular item's HCPC at Find-A-Code: [Find-A-Code](#). For those items that do not have a HCPC code, write "N/A" in the appropriate areas of the form. Please refer to this link to the [DME rule book](#) to determine if an item requires a PA. If you cannot find an item, write "No" in the appropriate areas of the form.

The CME must submit Form MSC0373 to HSD via secure-email to the following: [ODDS-HSD.benefitingquiry@state.or.us](mailto:ODDS-HSD.benefitingquiry@state.or.us). If the CME does not have a secure email system, please email HSD to request a secure email link.

Once HSD has received the Oregon Health Benefits Inquiry Request, they will take up to 72 hours to return the completed inquiry form to the CME with a decision. If HSD decides that the requested item may be covered under OHP, the CME shall notify the individual or the individual's designated representative that the requested item may be authorized through OHP and to follow the procedures outlined by OHP to obtain the item. If HSD denies the requested item for payment through OHP and the individual does not have a secondary health insurance plan, then the CME may consider authorization through the process outlined by the ODDS expenditure guidelines.

**Training/communication plan:**

APD-IM-15-082

October 15, 2015:

ODDS Assistive Devices and Assistive Technology Worker Guide

**Local/branch action required:**

**Central office action required:**

**Field/stakeholder review:**     Yes     No

**If yes, reviewed by:**    Katie Rose and Sara Jane Owens

**Filing instructions:**

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

<b>Contact(s):</b>	Michael Harmon		
<b>Phone:</b>	541-974-4445	<b>Fax:</b>	
<b>Email:</b>	michael.a.harmon@state.or.us		

OBSOLETE