

K ANCILLARY SERVICES BASIC PROCESS FLOW

Step 1: Case manager (CM) assesses consumer's need or request for K Ancillary Services.

- Assessment comments and synopsis in Oregon ACCESS must clearly describe why the K Ancillary Service is necessary to:
 - Meet an assessed ADL or IADL need;
 - Ensure the health and safety of the consumer;
 - Increase the individual's independence; or
 - Replace the need for human assistance.

Step 2: CM reviews [approved provider list](#). Enrolled providers are required for:

- Chore Services;
- Environmental Modification;
- [ERS](#) and Extended ERS providers.

Step 3: CM requests bids for the proposed service or item.

- Bids are required for:
 - Assistive Technology;
 - Chore Services;
 - Environmental Modifications; and
 - Transition Services – Moving Costs.
- If feasible, 3 bids are required. A bid does not include comparative pricing through the Internet. Consumers and CMs may solicit bids from providers who are not on the enrolled provider list. If the provider is not enrolled, they must be enrolled prior to starting work. If 3 bids are not feasible, an explanation must be submitted when the request is sent to Central Office (CO).
- Note: Assistive Technology purchases under \$500 may be approved by local office management without CO review or approval.

Step 4: CM obtains consent forms located on the [Case Management Tools website](#) and coordinates with consumer/landlord/contractor to obtain signatures as applicable.

- Chore Services Consent form
- Consumer/Landlord Environmental Modification Consent form
- Contractor Environmental Modification Consent form
- Consumer Confirmation of Job Completed to their Satisfaction

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Step 5: CM submits the following via email to KPlan.Requests@odhsoha.oregon.gov.

- The [Supplemental Assessment Form \(SDS 3406\)](#);
- [Consent forms](#); and
- Bids received.

Step 6: Receive approval via email from KPlan.Requests@odhsoha.oregon.gov.

- If request is denied, CM must send a notice of denial. CO will provide rule language and denial rationale.

Step 7: CO informs CM of provider enrollment (if applicable).

- Reminder: Non-enrolled providers may not perform any work until they are enrolled. All providers must receive consent to perform the specific task or service prior to beginning work.
- Providers of the following services are not required to be enrolled.
 - Assistive Technology (including DME)
 - Moving services

Step 8: CM advises provider to begin work.

Step 9: CM notifies CO when work has been completed and sends an invoice to Central Office.

Step 10: Central Office pays provider.