

Topic:	Assistive Devices, Assistive Technology, and Specialized Medical Supplies
Date Issued/Updated:	1/30/2025

Description: This Guide supplements information available in applicable Oregon Administrative Rules (OAR) chapter 411, divisions 435-Ancillary Services and 317-Definitions.

Purpose/Rationale: To assist service coordinators, personal agents, and other CME staff in understanding, authorizing, and supporting people to receive assistive devices, assistive technology, and specialized medical supplies.

Applicability: Service coordinators, personal agents, and other CME staff.

Update Log: Substantive updates will be listed below in order of newest to oldest. Minor updates such as formatting, or spelling will not be displayed.

Date	Chapter	Section	Summary of Change
1/2025	Chapter 2	Emergency Back-up Devices	Moved to section on Specialized Medical Supplies
1/2025	Chapter 4	Items that are not DME	Table has been updated to clarify coverage for people under 21.
1/2025	Chapter 5	Coordinated Care Contracts	Flex Funding information removed.
1/2025	Chapter 6	FFS/Open Card	Benefits Inquiry form number

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This guide:

- Contains hyperlinks. Click on an underlined word or phrase 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 you have a recommendation to improve this document, please contact the [ODDS policy specialist](#).

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Chapter 1: Definitions

Activities of Daily Living/Instrumental Activities of Living (ADL/IADL): are basic personal everyday activities such as eating, using the restroom, grooming, dressing, bathing, transferring, cooking, housekeeping, and communication that a person engages in as a part of maintaining health and community living.

Assistive Devices and Technology: a portion of the services described in OAR 411-435 that may be authorized as stand-alone services, separate from attendant care, relief care, and skills training, and rates paid to a residential program or a foster care provider. These can be equipment, aids, controls, programs, operating systems, supplies, or appliances which

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enable an individual to increase their ability to perform ADL/IADLs, health related tasks, or to communicate in the home and community.

Assistive Technology Maintenance: means data plans or other ongoing services to operate devices to meet the person's assessed needs.

Coordinated Care Organization (CCO): a network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (OHP), also known as Medicaid.

Durable Medical Equipment (DME): equipment usually covered by OHP or other medical insurance to serve a medical purpose. DME must be able to withstand repeated use. DME is appropriate for use anywhere routine community living activities take place.

Funding Review and Exception Request: is a formal request submitted to ODDS 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 (CME).

Health Related Tasks: 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.

Healthcare Common Procedure Coding System (HCPCS) codes: a collection of standardized codes that represent medical procedures, supplies, products, and services. These codes are used to facilitate the processing of health insurance claims by Medicaid and other insurers.

Personal Emergency Response Systems (PERS): a system that allows a person 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 person who can recommend an item based on their professional experience and qualifications that would meet the person's assessed needs.

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Specialized Medical Supplies: items of direct medical or remedial benefit to an individual that are not available through the state plan or a person's health insurance.

Chapter 2: Assistive Devices, Technology and Specialized Medical Supplies

Assistive devices, technology and specialized medical equipment are ancillary services that may be authorized separately from other services a person may receive. These items can meet a variety of needs and can be viewed in a range from low-tech to high-tech.

Low-tech items such as adaptive jar openers typically do not require batteries or electricity to operate. Mid-tech items such as adaptive keyboards or timers are usually digital or may require a power source to work. High-tech items such as talk to text software are typically computer-based or electronic systems with more advanced or complex features.


What are Assistive Devices?

Assistive devices are equipment or items that support a person to complete a task.







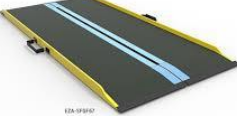
Assistive devices are intended to:

- Increase the ability to perform ADL/IADLs, health related tasks, or to communicate in the home and community.
- Enhance independence.
- Replace or decrease the need for direct human assistance.
- Be for the direct benefit of the individual.


Some examples of assistive devices include **but are not limited to:**

	<p>Adaptive switches such as a light switch: to assist a person who cannot reach or manipulate a traditional switch.</p>
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	<p>Adaptive utensils such as specialized silverware: to allow a person to feed themselves more independently.</p>
	<p>Communication devices: to allow a person to communicate more independently.</p>
	<p>Cognitive aids, such as a timer: to help with memory, attention, and other cognitive skills.</p>
	<p>Weight transfer devices: to help a person more independently transfer from one seat to another or reposition in their seat.</p>
	<p>Seat lifts: to allow a person to more independently sit or rise from a chair or toilet.</p>
	<p>Raised toilet seats: to assist a person to transfer to and from a toilet seat more independently.</p>
	<p>Seat belt extenders: to support a person to ride in a vehicle safely by ensuring their seatbelt fits them securely and comfortably.</p>
	<p>Portable ramps: to assist a person to access a building with one to three steps more independently.</p>

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	<p>adaptive can or jar openers: to allow a person to prepare meals and snacks more independently.</p>
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What is Assistive Technology?








Assistive technology includes the use of electronic equipment or services to provide support to an individual. Assistive technology is intended to:

- Assist with ADL/IADL or health related tasks.
- Enhance independence.
- Decrease the need for direct human assistance.
- Be for the direct benefit of the individual.

Some examples of assistive technology include **but are not limited to:**

	<p>Motion sensors: such as an automatic light, which may increase a person's independence moving through their home.</p>
	<p>Alarms: to announce when the phone is ringing or when someone is at the door.</p>
	<p>Sound amplification system or visual notification system: to support those who are hearing or vision impaired.</p>
	<p>Automatic faucet, soap dispensers: to increase a person's ability to take care of their hygiene needs more independently.</p>

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	<p>Toilet flush sensors: For a person to use the toilet more independently.</p>
	<p>Reminders and alert systems software: such as for medication reminders when these reminders will allow a person to take care of their ADL/IADL needs more independently.</p>
	<p>GPS guidance software: to enable a person to be safer and more independent in the community.</p>
	<p>Minimal data plans, subscriptions or other services: that are required to run a device to meet the person's assessed need.</p>
	<p>Voice recognition software: so that a person can use words to activate necessary devices to preform ADL/IADLs more independently.</p>
	<p>Fall sensors: to alert caregivers that the person has fallen when the addition of the device will decrease the need for human assistance to monitor the person.</p>
	<p>Ergonomic keyboards: when the person uses their computer to meet their ADL/IADL needs and requires support for dexterity that a traditional keyboard does not have.</p>

Augmentative Communication Devices

An augmentative communication device is an electronic device or tablet that helps someone with a speech or language impairment to communicate

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more independently. OHP covers many devices such as those made by: Tobii Dynavox, PRC Saltillo, SmartBox, Ablenet, and Forbes AAC. For the device to be covered by OHP or other medical insurance it must be considered a dedicated speech generating device (SGD) and FDA approved as a medical device. It is then considered durable medical equipment (DME).

A licensed Speech Language Pathologist (SLP) can help a person determine which SGD would work for them and help to request funding from a person's OHP or other medical insurance. If it is determined that a DME SGD cannot meet the communication needs of a person, then the SLP should clearly document this for Department funding of another communication device to be considered.

Personal Emergency Response Systems (PERS)

Personal emergency response systems are electronic systems that let you call for help by pushing a button. A PERS has three components: a small radio transmitter, a console connected to your telephone, and an emergency response center that monitors calls.

People are eligible for a Personal Emergency Response Systems if:

- They do not live in a residential program.
- Live alone or are alone for significant parts of the day and would otherwise require extensive routine supervision.
- Would otherwise require an attendant while out in the community.

Personal Emergency Response Systems are intended to be used by the person to summon paid and unpaid support providers in non-life-threatening emergencies when the individual requires immediate assistance.

Personal Emergency Response Systems are not intended to replace devices to access 911 services, such as a cell or landline phone or as a home security system.

Personal Air Purifiers

When a person has an assessed need that would be impacted by poor air quality, one personal air purifier may be funded for them under specialized

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medical supplies. The person may also receive replacement filters for their purifier up to the maximum of four replacement filters per plan year.

Assistive Technology for Service Access

When a lack of assistive technology presents a barrier to someone receiving services, including case management services, the person's SC or PA may recommend assistive technology based on the person's needs, goals, and preferences. When determining which assistive technology may be supportive the SC/PA may also want to discuss the following with the person and their team:

- A plan for the person to access connectivity. Many internet providers are temporarily offering free Wi-Fi or cellular internet access. If connectivity will occur utilizing the provider or family's system, the SC/PA should assist in the development of an agreement for the use of the Wi-Fi or Internet.
- Any risks associated with using this assistive technology and how the person and their team plan to mitigate those risks.
- Whether the person will need support to set up or use this assistive technology and create a plan for this support, including the use of any necessary support-staff.

This assistive technology request would not need to be made to the person's OHP or other medical insurance prior to requesting department funding and would adhere to the funding limits and exceptions process already in place for assistive technology related to other needs.

The assistive technology must be intended to increase the individual's ability to communicate with those more effectively outside their home for the purpose of accessing services. Department funds cannot be used for any of the following:

- to reimburse for a previously purchased item.
- to purchase warranties.
- to purchase items or devices solely for the convenience of care providers.
- to purchase gaming consoles, or other devices primarily used for purposes other than communication.

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- to purchase technology primarily for distance learning or homeschooling.

What are Specialized Medical Supplies?

Specialized medical supplies are items of direct medical or remedial benefit to an individual that are not covered by health insurance or the state plan. These include:

- Various medical items, such as incontinence wipes, and infection control supplies.
- Supplies necessary for the proper functioning of a person's life supporting equipment.
- Supplies that address a person's physical conditions.
- Supplies necessary for the continued operation of a person's augmentative communication devices or systems.

Some examples of specialized medical supplies include **but are not limited to:**

	Hygiene wipes: For people to clean up after incontinence.
	Feeding tube declogger: To clean a person's feeding tube and keep it in working order.
	Face masks: For caregivers to provide support to a person who is immunocompromised.

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	<p>Bleach or disinfectant supplies: To clean and maintain the proper functioning of someone's life support equipment.</p>
	<p>Disposable gloves: For incontinence hygiene or infection control above the amount that OHP will fund.</p>
	<p>Disposable gowns: For infection control or hygiene support.</p>
	<p>Disposable under pads: For infection control and hygiene around incontinence above the amount that OHP will fund.</p>
	<p>Mattress protectors: For infection control and hygiene around incontinence.</p>

Emergency Back-Up Devices

When people live in areas that are prone to emergency such as areas that experience floods every spring or areas that experience smoke or wildfires every summer, they may be eligible to receive items to assist in pre-planning for an emergency.

Items that would be back up power sources such as gasoline or lithium generators, power inverter, rechargeable batteries and back-up battery packs would be funded as specialized medical supplies if the following criteria is met:

- The person lives in an area that is prone to emergency events.

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- The back-up item being requested pertains to medical equipment not covered under the state plan.
- The item being requested is not cover by the person's OHP or other medical insurance.

Please note that if an emergency back-up device needs to be installed or have an element of it installed into the home it will need to go through the home modification process.

Assistive Device, Technology, and Specialized Medical Supplies Exclusions

Funding for assistive devices, technology, and specialized medical supplies may not be used for:

- Any reimbursement to a person or family for expenses related to an assistive device, technology, or specialized medical supplies.
- Any advance payment to a person or family for expenses related to an assistive device, technology, or specialized medical supplies such as a warranty.
- Any item that is illegal, experimental, or not approved for the requested use, or that would constitute abuse.
- Health and medical costs that would be typical for the public to pay such as mental health treatment or dietary supplements.
- Any items of general utility and not directly related to a person's identified support needs such as general household appliances, furniture, or cleaning supplies.
- Any item for a person residing in a Foster Care, 24-Hour Residential, Host Home, or Supported Living setting that would be considered part of that service rate.
 - Items which will increase the independence of the person such as an augmentative communication device, may be considered.
- Any items solely for the convenience of the caregiver.
- 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 and may be considered.
- Any item that has been determined unsafe by the Department, such as a trampoline.
- Any item that may be obtained through the person's health insurance plans.

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Damage Loss or Repairs to Assistive Devices and Technology

When an item is lost, stolen or becomes damaged to the point it is no longer functioning properly, Department funds may be used to repair or replace that item. This can occur one time during the person's plan year. Repair or replacement more than one time during a person's plan year requires prior authorization from ODDS through the Funding Review process.

For repairs, a new recommendation from a relevant professional would not be needed. If the item being replaced or repaired is within the same ISP year as the original purchase funding from the person's OHP or other health insurance would not need to be requested again.

An item that was initially purchased by another entity such as VR, may be considered for a repair or replacement. The item would need to adhere to ODDS rules and policy for assistive devices, and technology. OHP or other health insurance funding would need to be requested first if applicable.

Chapter 3 Eligibility

A service coordinator (SC) or personal agent (PA) may authorize an assistive device, or technology when:

- The person is Medicaid Community First Choice (Kplan) eligible.
- There is an assessed ADL/IADL/health-related task need specific to the person.
- The requested device, or technology meets Oregon Administrative Rule requirements and is allowable in accordance with the standards set in the [ODDS expenditure guidelines](#).
- When the item does not duplicate service that the person's Foster Care, 24-Hour Residential, Host Home, or Supported Living provider is responsible to provide as part of the service setting rate.
- The requested device, or technology is the most cost-effective method to meet the person's need and is consistent with their goals and preferences.
- When applicable, the device, or technology was recommended by a relevant professional.

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- When applicable, it has been verified in writing that the person's OHP or other health insurance providers do not cover the device or technology.

Expenditures for assistive devices, technology funded through k-plan **exceeding \$5000 per plan year require ODDS approval**. Please see the sections on Case Management Local and ODDS Approval for more details.

A SC or PA may authorize a specialized medical supply when:

- The person is Medicaid 1915(c) Waiver eligible.
- The supply addresses the person's physical condition, incontinence, nutrition, infection control needs or supports the continued operation of their communication device or life supporting equipment.
- The requested supply meets Oregon Administrative Rule requirements and is allowable in accordance with the standards set in the [ODDS expenditure guidelines](#).
- When the item does not duplicate support that the person's Foster Care, 24-Hour Residential, Host Home, or Supported Living provider is responsible to provide as part of the service setting rate.
- The requested supply is the most cost-effective method to meet the person's need and is consistent with their goals and preferences.
- When applicable, the supply was recommended by a relevant professional.
- When applicable, it has been verified in writing that the person's OHP or other health insurance providers do not cover the supply.

If the item or service being requested does not meet requirements for purchase, the SC or PA may not authorize funding and must issue a Notice of Planned Action (NOPA).

Expenditures for specialized medical supplies funded through the Waiver **exceeding \$5000 per plan year require ODDS approval**. Please see the sections on Case Management Local and ODDS Approval for more details.

Case Management Entity (CME) Local Approval

For assistive devices and technology:

- Any single purchase costing less than \$1200 or any combination of items that meet a single assessed need totaling less than \$1200 may

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be purchased through the SC's or PA's local CME approval process. No exception or ODDS approval is needed.

For specialized medical supplies:

- Single authorizations at or below \$500 may be purchased through the SC's or PA's local CME approval process. No exception or ODDS approval is needed.

ODDS Approval

For assistive devices and technology:

- If the item's or total of items' cost exceeds the \$1200 limit for a local CME approval, the SC or PA must request an exception through the ODDS exceptions process outlined in this link:
<https://www.oregon.gov/odhs/providers-partners/idd/workerguides/odds-funding-review-and-exceptions.pdf>

For specialized medical supplies:

- Authorizations over \$500 require an exception request through the ODDS exceptions process outlined in this link:
<https://www.oregon.gov/odhs/providers-partners/idd/workerguides/odds-funding-review-and-exceptions.pdf>

An SC or PA must receive approval by ODDS prior to the purchase of any item or items that are over the CME local approval amount.

Relevant Professional

A relevant professional is determined by their experience and qualifications to recommend an item to fit the person's needs. This person could be a professional that specializes in a specific field relevant to the need such as a speech language pathologist, a general practitioner such as someone's family doctor, or someone who works in the DD field such as a behavior professional, service coordinator or personal agent.

There are times when more than one relevant professional could make a recommendation for an item. In this case, the person may choose the

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relevant professional who will make the recommendation based on their need. Only one recommendation from one relevant professional is needed for an item being requested.

Some items, such as soap dispensers, light switch adapters, incontinence hygiene supplies, or other ADL/IADL aides not related to a medical condition, that are assessed in a person's functional needs assessment may be recommended by a person's service coordinator or personal agent as the relevant professional. If the SC or PA is unsure of which item may best meet the person's need or there are risks or health concerns associated with this need, another relevant professional must make the recommendation.

Please see [Appendix B](#) for some example scenarios and corresponding relevant professionals.

Not all items need a recommendation from a relevant professional. If a person has demonstrated that the item being requested meets their need it may not need a recommendation. A person would demonstrate that the item being requested meets their need for example, by using the item the previous ISP year and the need it addresses has not changed, using the item in another setting, such as school, or by borrowing the item from an assistive device or technology lending lab. This demonstration of use must be documented by the SC or PA prior to the purchase of the item.

Most Cost-Effective

When considering an item, it is recommended that the person and their team work together to identify the item's cost-effectiveness. An item does not need to be the least expensive item but must be the least costly item that can meet the person's need and align with the person's goals and preferences.

When considering the most cost-effective item it is still important to ensure the item is in new or refurbished, like-new condition to ensure the quality and usability of the item.

Chapter 4 Durable Medical Equipment (DME)

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The Oregon Health Plan (OHP) and private insurance companies are responsible for the coverage of medical needs which include durable medical equipment, prosthetics, orthotics, and medical supplies.

If the need for the requested item is medical, then funding for the item must be pursued through the person's OHP or other health insurance providers first. It is important that the personal agent or service coordinator knows there is no item exclusion list. If the requested item is medically necessary, the health insurance provider must consider the purchase and issue a statement in writing if they are rejecting payment of the item.

If the person's OHP or other health insurance rejects payment of the requested item but it is identified as medically necessary, the PA or SC can assist the person in seeking an appeal or hearing regarding this decision.

If the requested item is needed to meet an ADL, IADL, or health related task, then Department funds may be requested without requesting payment from the person's OHP or other health insurance beforehand. Please see the table below for frequently requested items that are not considered DME.

Items that are not DME

Items that are not medically necessary but will assist the person to complete an ADL/IADL or health related task more independently may not be considered DME.

The following table is of items that are frequently requested. **Please review the table to determine if an item needs to seek funding from the person's medical insurance prior to requesting to use Kplan or Waiver funding.**

Please note: If an item is meant to be installed into a home's structure permanently, such as with certain alarm systems, it will need a scope of work request per the home modification process. If the item is meant to be installed temporarily, meaning it can be moved easily and safely, then this item no longer needs to go through the home modification process.

Please see the home modification worker guide linked here for details:
<https://www.oregon.gov/odhs/providers-partners/idd/workerguides/home-modifications.pdf>

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Item	Purpose	3 rd party payer Request Needed	Other considerations
Adaptive car seats	For support during transportation.	Maybe	If there is a medical reason (such as positioning) for the request, then OHP or other health insurance funding must be attempted first.
Adaptive utensils, plates, and mats	For a person to be able to eat more independently	No	People under age 21 may be eligible to receive this through their OHP. Please see Chapter 5 Requesting Funding through OHP or other Health Insurance for more details.
Cleaning supplies	For infection control, cleaning of medical devices and/or for ADL/IADL support.	No	The supplies must be for the direct benefit of the person's disability-related need, not for general household use.
GPS tracking devices	For the person to be more independent in their community.	No	For Kplan funding, the person must be able to be in the community without supports or have a history of leaving supervised settings.
Headphones	For sensory stabilization.	No	
Tablets	For communication	Maybe	OHP or other medical insurances cover SGD DME. If it is determined that an SGD DME would not meet the person's communication needs the SLP may document this and Department funding for another communication device may be considered. Please refer to the section regarding Augmentative Communication Devices for further details.

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Tablets	For other ADL/IADL or health related tasks.	No	
Medication dispensers	To help a person take their medications more independently.	No	People under age 21 may be eligible to receive this through their OHP. Please see Chapter 5 Requesting Funding through OHP or other Health Insurance for more details.
Oral sensory devices	For sensory stabilization.	No	
Padding	For sensory stabilization and other ADL/IADL and health related needs.	No	For Kplan funding, this item no longer needs a request for a home modification scope of work to be installed in the person's home.
Smart phones	For communication or other ADL/IADL or health related needs.	No	
Safety latches, door alarms, and sensors	For a person to be safer and more independent in their home.	No	If the requested item needs to be hard wired into the home, a request for a scope of work through the home modification needs to be submitted.
Personal Emergency Response Systems	For accessing immediate assistance in non-life-threatening emergencies.	No	Please see the section of this worker guide on Personal Emergency Response Systems (PERS) for more details.
Sensory manipulatives	For sensory stabilization.	No	
Therapy or sensory swings	For sensory stabilization.	No	For Kplan funding, this item no longer

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			needs a request for a home modification scope of work to be installed in the person's home.
Weighted blankets and jackets	For sensory stabilization.	No	
Portable Ramps	For mobility and access.	No	Ramps will need to have a non-skid surface and can only be used for thresholds with 1 to 3 steps.
Wipes	For personal hygiene or other ADL/IADL support or health related needs.	No	Purchase of wipes may only be in the amount needed to address the person's exceptional needs.

Chapter 5 Requesting Funding through OHP or other Health Insurance

Items that are determined to be DME or of medical necessity will need to have a request for funding made to the person's OHP or other health insurance before moving forward with a request through Kplan or Waiver funding. If the person has more than one health insurance provider, funding will need to be requested from each health insurance provider.

Making a funding request to a person's health insurance provider usually occurs through the relevant professional who is recommending the device or through the durable medical equipment vendor. The professional who is recommending the item will need to identify if the item is durable medical equipment and has an HCPCS code. If an item does not have a HCPCS code, this does not mean it is not DME or will not be covered by a person's health insurance. If the item does not have a HCPCS code the relevant professional or DME vendor can work with the CMS contractor to determine if a miscellaneous HCPCS code can be used to submit the request to the person's health insurance.

Documentation that a person's health insurance will not cover the requested item must be within 12 months of the request for submission to ODDS for funding.

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Chapter 6 Working with OHP or other Health Insurance Providers

When a person has Medicaid, they may have their health insurance through a coordinated care organization (CCO) or through OHP fee for service (FFS)/Open card.

Early and Periodic Screening Diagnostic and Treatment (EPSDT)

EPSDT benefits include comprehensive preventive health care services for OHP members from birth until they turn age 21. These benefits include:

- Age-appropriate medical exams, screening, and diagnostic services.
- Medically necessary Medicaid-covered services to treat any physical, dental, developmental, and mental health conditions discovered.

If a person has OHP and is under age 21 they may be eligible for an assistive device, technology, or specialized medical supply **through their OHP. Only items listed as not needing 3rd party payer request in the [DME table in Chapter 4](#) do not require a request for payment from a person's OHP** before Kplan or Waiver funding can be requested.

For more information on EPSDT please go to the OHA webpage here: <https://www.oregon.gov/oha/HSD/OHP/Pages/EPSDT.aspx>

Coordinated Care Contracts

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 person in problem solving around the requested item and navigating through the health insurance denial and appeals process.

It is not required that flex funds are denied prior to utilizing developmental disabilities funding.

For more information about CCOs and their contact information please refer to this link: <https://www.oregon.gov/oha/hsd/ohp/pages/coordinated-care-organizations.aspx>

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Fee for Service (FFS)/Open Card

When an individual has an “open card” or “fee for service”, a benefits inquiry form can be completed and submitted to verify if the requested item would be covered by the person’s health insurance. The personal agent or service coordinator must submit the benefits inquiry form through a secure email to: ODDS-HSD.benefitinquiry@odhsoha.oregon.gov

The service coordinator or personal agent will receive an email response identifying if the requested item is covered or not. This response stating that an item would not be covered is sufficient to submit with the ODDS funding review and exception request.

The benefits inquiry form is MSC 0373 and can be found on the DHS Forms webpage: <https://sharedsystems.dhsoha.state.or.us/forms/>

The use of the benefits inquiry email is for CME use only.

If the person is having difficulty understanding or navigating their Medicaid services, they can contact the Oregon Health Authority Ombuds Program. More information about this program can be found here: <https://www.oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx>

Chapter 7 Plan of Care (POC)

The SPA for an assistive device, technology, or medical supply may 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. Please note that OR322 and OR323 are discontinued for use. New purchases that would have previously been made under these codes must now be made under OR321 or OR325.

Please note: Updates to the Expenditure Guidelines reflecting this revision of POC codes will be posted at a future date. Please make sure to use the instructions for POC codes outlined in this worker guide.

Please review the [expenditure guidelines](#) for details on each POC code.

Service	POC Code and Name
Assistive Technology	

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(Kplan)	OR321 Assistive Technology (Formerly named AT Purchase Hardware) OR325 AT Maintenance OR528 - Personal Emergency Response System
Assistive Devices (Kplan)	OR380 – Assistive Devices (Formerly named Specialized Medical equipment)
Specialized Medical Supplies (Waiver)	OR562 - Spec Med Supply
Individual Directed Goods and Services (CIIS Only)	OR518 – Individual Directed Goods and Services

If the cost of the item exceeds that which can 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.state.or.us/exprsWeb/exprsDocs/HowToAddPOCAttachments.pdf>

All procedure codes noted above have a unit type in eXPRS as either “each” or “event”, meaning the purchase. CME users authorize the number of total purchases (events/each) for the expected amount of that single purchase or series of purchases, such as 1 purchase/month for monthly supplies, 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 which is not to exceed the authorized amount already entered in POC. 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

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vendor from whom the purchase was made or keeps the funds as reimbursement for any funds they used to make the purchase.

Chapter 8 Rules References and additional Resources

- [OAR 411-435](#) outlines assistive devices and assistive technology and specialized medical supplies rules.
- Funding review and exceptions worker guide:
<https://www.oregon.gov/odhs/providers-partners/idd/workerguides/odds-funding-review-and-exceptions.pdf>
- Community First Choice Kplan and 1915(c) Waivers:
<https://www.oregon.gov/odhs/providers-partners/seniors-disabilities/Pages/waivers-kplan.aspx>
- ODDS expenditure guidelines:
<https://www.oregon.gov/odhs/providers-partners/idd/Documents/odds-expenditure-guidelines.pdf>

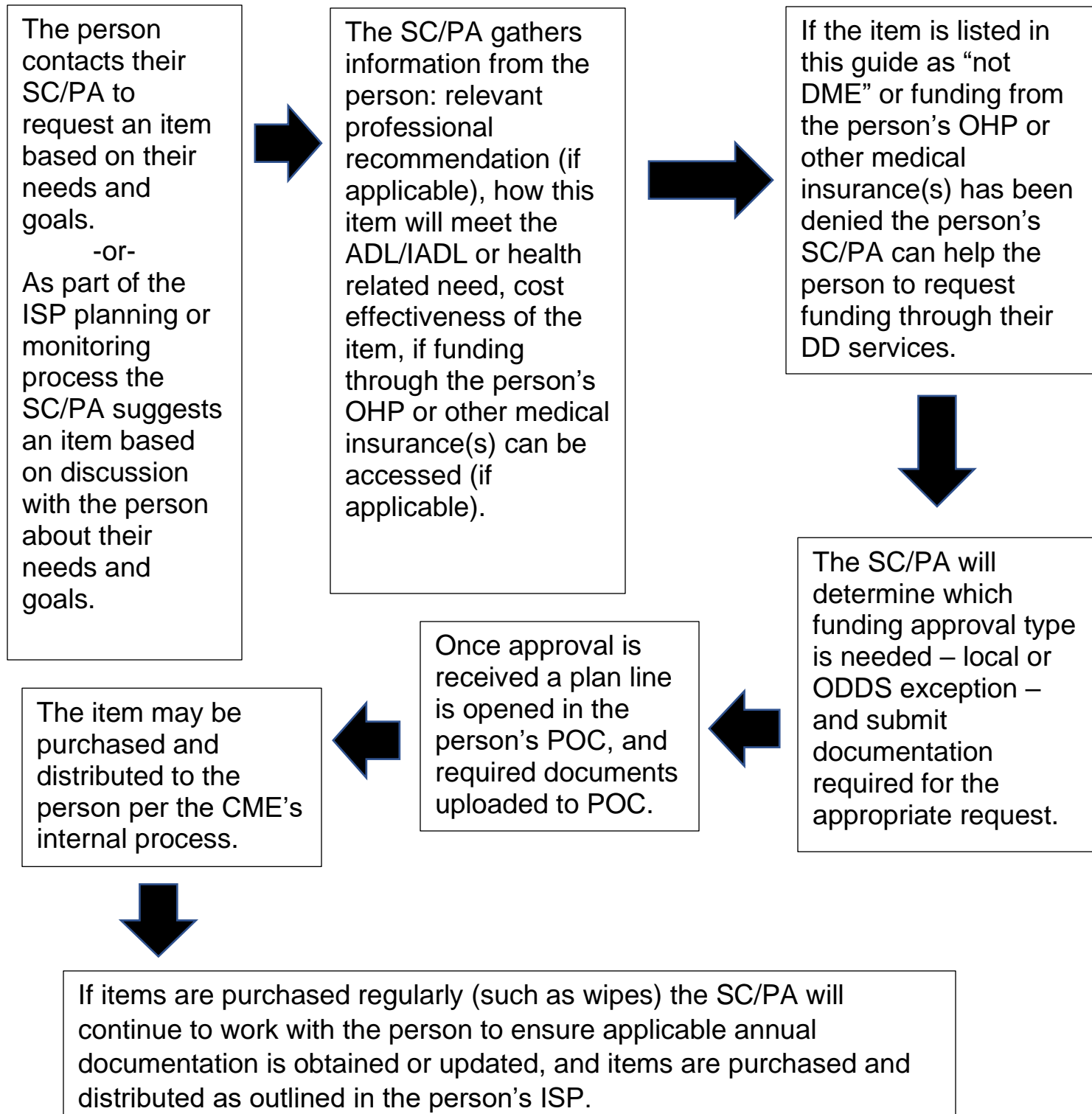
ODDS Policy Specialist

Name: Chrissy Fuchs

Email: chrissy.fuchs@odhs.oregon.gov

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Appendix A: Assistive Devices, Technology, and Specialized Medical Supplies Flow Chart



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Appendix B: Scenarios and Corresponding Relevant Professional.

Below are some request scenarios and the suggested relevant professional who could make a recommendation. This is not an all-inclusive list but meant to give a framework for the relevant professional that could best support the recommendation.

Scenario	Who is a Relevant Professional?
Request for a tablet for communication.	A speech language pathologist (SLP) would be able to help the person identify a communication device that would fit their need and submit a prior authorization to the person's OHP or other health insurance to request funding.
Request for "chewlery" or weighted blanket for sensory needs.	The relevant professional that understands the person's sensory needs could make the recommendation. This could be the person's SLP, doctor, behavior professional, or occupational therapist.
Request for adaptive spoon and fork for the person with eating support needs and no choking risk.	<p>A person's service coordinator or personal agent could be the relevant professional to make this recommendation if this need is outlined in the person's functional needs assessment or ISP.</p> <p>Please note: If the person is under age 21 and OHP or other medical insurance needs to be accessed first it is recommended to work with another relevant professional who can submit a prior authorization to the person's insurance for the item.</p>
Request for adaptive spoon and fork for person with eating support needs and a choking risk.	Because there is a risk that could need medical professional oversight the relevant professional could be the person's doctor or occupational therapist.

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Request for wipes for incontinence hygiene needs.	A person's service coordinator or personal agent could be the relevant professional to make this recommendation if this need is outlined in the person's functional needs assessment or ISP.
Adaptive can opener for a teen or adult who assists in preparing their own meals.	A person's service coordinator or personal agent could be the relevant professional to make this recommendation if this need is outlined in the person's functional needs assessment or ISP.
Request for GPS for elopement risk needs.	Because this is a behavioral need a person's doctor or behavior professional could be the relevant professional making the recommendation.
Request for an adaptive car seat for positioning or other need.	The relevant professional could be a person's doctor or occupational therapist as they could help identify the device that would best meet the need and submit a prior authorization to the person's OHP or other health insurance to request funding.
Request for a calendar or other organizational tool for appointment or task management need.	A person's service coordinator or personal agent could be the relevant professional to make this recommendation if this need is outlined in the person's functional needs assessment or ISP.
An automatic soap dispenser for independent hand washing.	A person's service coordinator or personal agent could be the relevant professional to make this recommendation if this need is outlined in the person's functional needs assessment or ISP.
A bathroom heat lamp for independent drying when there are no safety risks with electronics.	A person's service coordinator or personal agent could be the relevant professional to make this

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	recommendation if this need is outlined in the person's functional needs assessment or ISP.
Infection control items.	The relevant professional would be the person's doctor or medical professional as they would be able to assess and need and make recommendations for specific requirements to address the need.
A mattress protector for incontinence hygiene needs.	A person's service coordinator or personal agent could be the relevant professional to make this recommendation if this need is outlined in the person's functional needs assessment or ISP.

What are Assistive Devices and Technology?

Assistive devices and technology can be equipment, aids, controls, programs, operating systems, supplies, or appliances which enable a person to increase their ability to do their day-to-day tasks, health related tasks, or to communicate in the home and community more independently.

How do I know if I need an assistive device or technology item?

You may find this out in several ways. Perhaps you've used an item in the past that has made it easier for you to complete a certain task yourself. Maybe in talking with your doctor or other healthcare provider they have suggested an item that may help with a health-related need. Or you may have had an assessment with an occupational therapist or speech-language pathologist. If any of this sounds familiar, an assistive device or technology may be helpful for you.

How do I know if I am eligible for an assistive device or technology item?

Talk to your Developmental Disabilities case manager, who may be called a "Services Coordinator" (SC) or "Personal Agent" (PA). If the item you request is related to a medical condition, you may need to request funding through your Oregon Health Plan (OHP) or other health insurance first. Your SC or PA can help!

What is the process to receive an assistive device or technology item?

You will need to contact your SC or PA about your needs that you think assistive devices or technology could help support. You may also need to get a written recommendation from a relevant professional. This could be your speech-language pathologist, doctor, behavior provider or even your SC or PA depending on your needs and the item being requested. Your SC or PA can help you determine if a recommendation or a health insurance request is needed. After these documents are received, your SC or PA will help to make sure this service is in your plan and coordinate getting the item purchased.

How long does it take to receive my assistive device or technology item?

This depends on many factors such as the type of item being requested, what type of funding approval it needs, and if funding needs to be requested from your OHP or other health insurance first. It is recommended that you work with your service coordinator or personal agent to make sure each step in the process is completed and all needed documents and information are documented timely.

Who do I contact to get started?

You can contact your personal agent or service coordinator to learn more about assistive devices and technology.

Name: _____

Contact: _____