

Policy Transmittal Aging and People with Disabilities



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Number: APD-PT-18-047

Issue date: 11/27/2018

TEMPORARY CORRECTION

Topic: Long Term Care

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 checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children’s Residential Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	K-State Plan Ancillary Services		
Policy/rule number(s):	411-035-0025(4)	Release number:	
Effective date:	11/1/2018	Expiration date:	
References:			
Web address:	http://www.dhs.state.or.us/policy/spd/rules/411_035.pdf		

Discussion/interpretation:

The purpose of this transmittal is to provide clarification concerning approval of Assistive Technology including Durable Medical Equipment. OAR 411-035-0025(4), states: Expenditures over \$500 must be approved by the Department.

Clarification has been made that the rule’s reference to “the Department” means Central office. Therefore, expenditures for Assistive Technology including Durable Medical Equipment under \$500 may be approved by local APD/AAA managers and supervisors. The OAR and accompanying K-Plan Ancillary Services Guide is currently being updated to reflect this clarification, both of which can be found on the Case

Management Tools website [K-Plan Ancillary Services](#) page.

If a consumer needs more than 1 of the same item, the total cost must be under \$500.

For example: Local approval is acceptable if a consumer needs 3 transfer poles which each cost \$99 making the total \$297.

If the transfer poles cost \$199 the total would come to \$597 and be over the local approval limit. In this situation the Diversion/Transition Coordinator or Case Manager would need to submit a K-Plan request to Central Office via email to kplan.requests@state.or.us.

Any Emergency Response Systems or items associated with this rule that are billed through MMIS will continue to utilize that billing process.

Implementation/transition instructions:

Effective 11/1/2018 local offices may approve Assistive Devices or Durable Medical Equipment under \$500 using the 437 process and code W1. **Due to W1 system functionality issues not resolved prior to the dissemination of the original PT, managers will submit a completed and signed (requested by and authorized by sections) MSC 0437 form via email to KPlan.Requests@state.or.us for payment. The Pay Reason Code will remain W1. AAA's shall send all requests via secure email.**

In the subject line please write, "437 W1 payment only" to indicate it is a locally approved item under \$500 and NOT a standard KPlan request. Central Office will then process payment. Central Office will not be reviewing these payment requests for eligibility purposes. Authorization that the consumer is eligible for the purchase remains the responsibility of the local office.

The eligibility criteria have not changed. Field staff and leadership will be responsible for documenting that the item cannot be obtained through the consumer's insurance and confirming that the consumer meets the criteria for the purchase through the K-Plan Ancillary Services. Detailed description of eligibility criteria can be found in the K-Plan Ancillary Services Guide which can be found on the CM Tools website on the [K Plan Ancillary Services](#) page.

Training/communication plan: Local management shall share this information with their team and discuss implementation specific to their local processes.

Local/branch action required: Implementation of this change using guidelines found in OAR 411-035-0025 and the KPlan Ancillary Services Guide.

Central office action required: Quality Assurance review and follow up of all W1 purchases for a 6-month period to ensure proper local implementation and identify training gaps. **A final corrected PT will be issued once the W1 system functionality issue has been resolved.**

Field/stakeholder review: Yes No

If yes, reviewed by: Ops Committee

Filing instructions:

If you have any questions about this policy, contact:

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