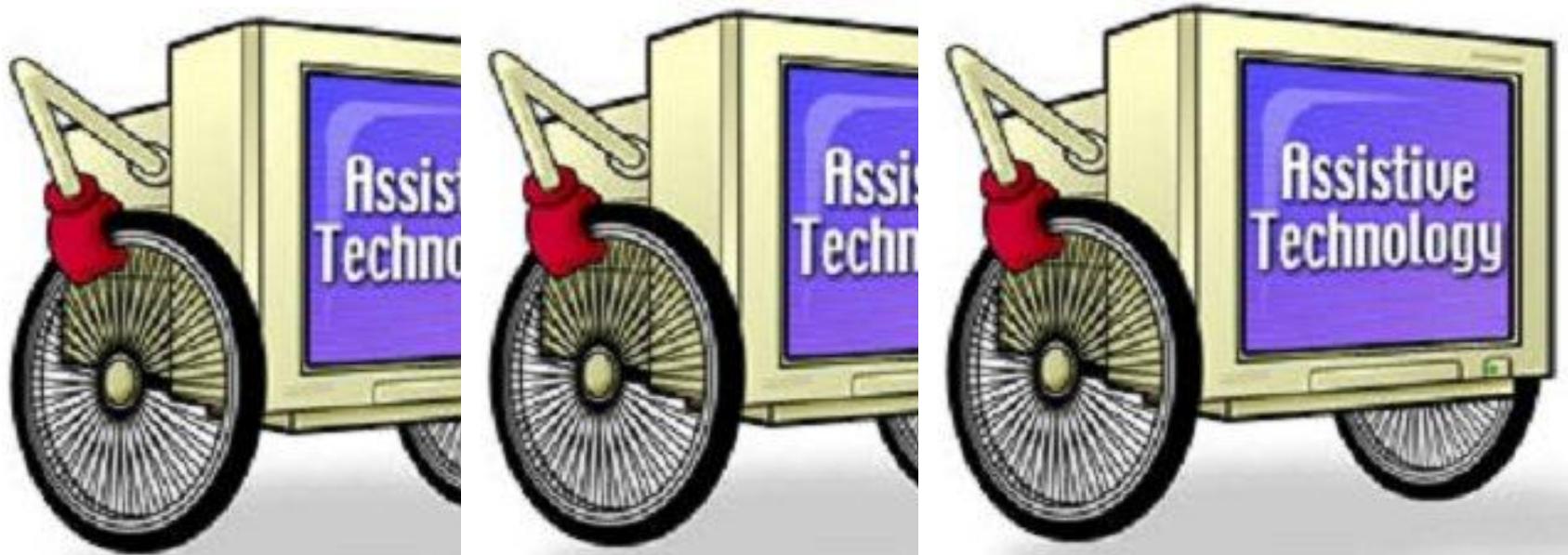
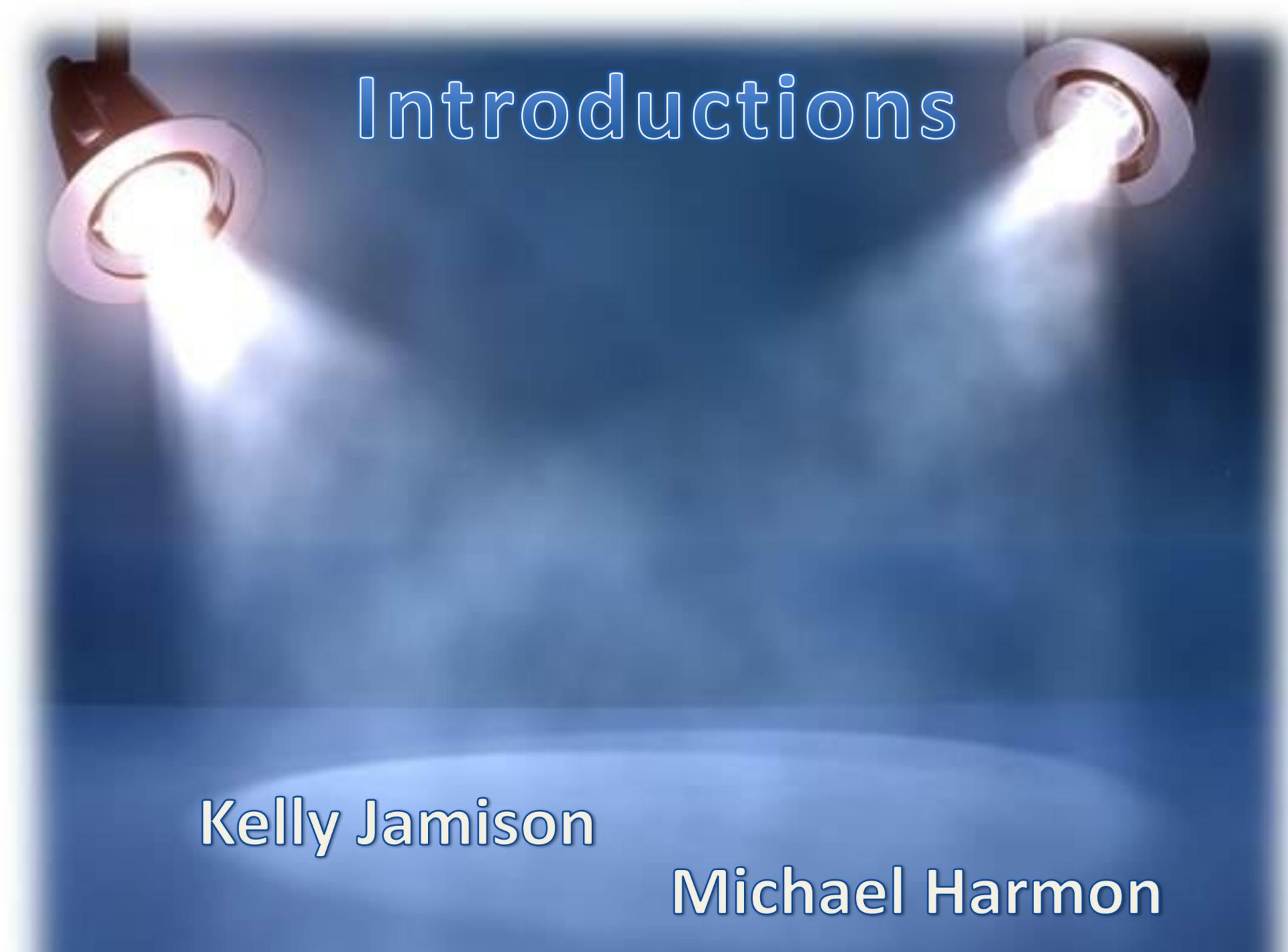


Assistive Devices and Technology



**Navigating the Funding
Process**

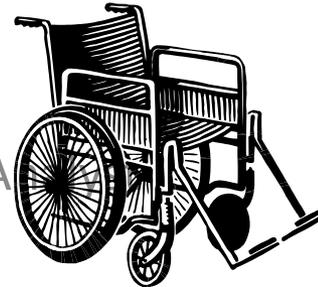
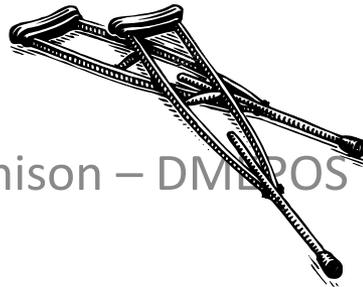
The background of the slide is a dark blue stage with two spotlights at the top. The spotlights are shining down, creating two bright, circular pools of light on the floor. The word "Introductions" is written in a white, outlined font at the top center of the slide.

Introductions

Kelly Jamison

Michael Harmon

Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS)



Kelly Jamison – DMEPOS Policy A

Definitions

Durable Medical Equipment:

Equipment that can withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to an individual in the absence of illness or injury; and is appropriate for use in the home. (Wheelchairs, hospital beds, walkers, etc)

Medical supplies are non-reusable items used in the treatment of illness or injury. (Diabetic supplies, ostomy supplies, incontinence supplies.

DMEPOS Process Overview



Orders (OAR 410-122-0020)

➤ All durable medical equipment, prosthetics, orthotics and supplies require a written order signed and dated from the client's prescribing practitioner which includes the following:

- Client name
- Name of practitioner
- Description of the item
- Start date of the order
- Primary diagnosis for which the item is requested

MEDICAL CENTER

NAME _____ AGE _____

ADDRESS _____ DATE _____

Rx

LABEL

REUR

PRI

SIGNATURE _____

DMEPOS Provider Responsibility

- DMEPOS provider receives written order and must do the following:
 - ✓ Verify client eligibility & determine if client is enrolled in a CCO or FFS
 - ✓ Determine if prior authorization (PA) is required
 - ✓ Gather documentation needed to support requested service

Note: DMEPOS provider is responsible for gathering all documentation to support that the item is medically appropriate for the individual and that coverage criteria are met, prior to submitting PA and/or billing for the service.

DMEPOS Provider Responsibility cont'd

- Note: If client chooses to switch DMEPOS provider, the prior authorization process starts over. The new DMEPOS provider must have the appropriate documentation (new order, clinical documentation, etc) to submit the request for prior authorization.

Coverage Conditions for DME (OAR 410-122-0080)

- ✓ Has been approved by FDA as medical device
- ✓ Is reasonable and medically appropriate for the individual client
- ✓ Is primarily and customarily used to serve a medical purpose
- ✓ Is generally not useful in the absence of illness or injury
- ✓ Is appropriate for use in a client's home
- ✓ Meets coverage guidelines in DMEPOS rules
- ✓ Is for a funded condition
- ✓ Is included in the client's benefit package

The Division will NOT cover items that are:

- ⊘ For personal comfort or convenience of client or caregiver
- ⊘ Not primarily medical in nature
- ⊘ A self-help device
- ⊘ Not FDA approved as a medical device/item
- ⊘ Not classified as durable medical equipment (OAR 410-122-0010)

Examples of items not covered by DMAP

- ❖ Household items such as appliances, furnishings, eating and cooking utensils, bedding, linens, deodorizers, air conditioners, air purifiers, air cleaners, dehumidifiers, geriatric lift/positioning chairs, telephones
- ❖ Clothing (except orthopedic shoes and compression stockings)
- ❖ Personal Hygiene items such as deodorant, feminine hygiene products, toothbrushes, Kleenex, toilet tissue, bath scales, showerheads, waterpiks
- ❖ Sports equipment
- ❖ Hot tubs, Whirlpools, Spas, Jacuzzis
- ❖ Medical alert bracelets, identification tags
- ❖ Beds, other than medically appropriate hospital beds (i.e., age-specific beds, enclosed bed systems, metal-caged beds, water beds, youth beds)

Examples of items not covered cont'd

- ❖ Safety enclosures for use with bed – no restraints
- ❖ Mattresses (other than the pressure-reducing mattresses identified in DMEPOS rules)
- ❖ Overbed tables
- ❖ Cradles, cribs, bassinets
- ❖ Home modifications including ceiling tracks for lifts, elevators, ramps, etc.
- ❖ Telephone alert systems
- ❖ Generators
- ❖ Vans, hand-controls for vehicles, tie-downs for wheelchairs
- ❖ Car seats

Appeal and Hearing Rights

If a client disagrees with a decision made by DMAP, their CCO or managed care plan, to deny coverage for a DME item or supplies, they can request an appeal and/or administrative hearing (OAR 410-120-1860, OAR 410-120-1865, OAR 410-141-0260 through 410-141-0265).

These rules describe the process for requesting an expedited hearing, and the process for requesting continuation of benefits (when entitled to continuation of benefits) pending the outcome of a hearing.

This process works well. DMAP hearing staff gather all the documentation to review the case and determine if it was denied appropriately. They resolve most cases prior to hearing by working with CCOs, managed care plans, and clients.

Medical Management Committee

This committee includes DMAP staff with clinical experience and often includes policy staff for policy interpretation. The purpose of the committee is to provide an individual medical appropriateness review of cases in which an exception to rule has been requested. This committee reviews requests for fee-for-service clients only.

CCOs must have a similar process.

Buy-Ups OAR 410-120-1350

Buy-ups are not allowed.

Examples of buy-ups include:

- ❖ A Group 3 power wheelchair has been approved, however the client would like a Group 4 power wheelchair. DMEPOS provider may not accept payment from OHP for a Group 3 and bill the client for the difference for the Group 4.
- ❖ Client would like a gold crown (non-covered) instead of a stainless steel crown (covered) on a posterior (back) tooth. The gold crown is not covered so the client is responsible for full payment.

If a client wants to purchase a non-covered service or item, the client is responsible for full payment.

Other DMEPOS Resources

- ❖ Blanche Fischer Foundation is a private non-profit charitable organization founded through a trust established by the late Blanche Fischer. The foundation provides grants on behalf of Oregonians with physical disabilities. To be considered for a grant an individual must demonstrate Oregon residency, financial need, and have a disability of a physical nature. Information about the application process and additional resources can be found at www.bff.org.
- ❖ Access Technologies, Inc administers Oregon's Statewide Assistive Technology Program in Salem and Portland. They have durable medical equipment and assistive devices for loan or purchase.
Website: www.accesstechnologiesinc.org
Telephone: 503-361-1201.
- ❖ Local DME Loan Closets
- ❖ DME Repurposing Pilot Program – Clearview Mediation and Disability Resource Center in Pendleton

Taking It From Here

Funding Assistive Technology / Devices Through ODDS



Next Step After
MAP/OHP or Private
Insurance has Denied
Funding the Item

THE
CONSIDER
11. **DEFINITION.**—A
thing which induces a p
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Assistive Technology means the devices, aids, controls, supplies that are purchased to provide support for an individual and replace the need for direct interventions to enable self-direction of care and maximize independence of the individual.

THE
CONSIDER
11. **DEFINITION.**—A
thing which induces a p
It is the subst
erties t

Assistive Devices mean the devices, aids, controls, supplies, or appliances that are necessary to enable an individual to increase the ability of the individual to perform ADL and IADLs or to perceive, control, or communicate with the home and community environment in which the individual lives.

Field Review



Step 1: Identify Needs

- Ask questions to explore areas where the person wants more independence.
- What ADL/IADL/Behavioral assessed support need does the item meet?
- Does it Increase Independence (Not necessarily making the individual completely independent)?
- Does it Decrease the need for human assistance (Not necessarily eliminate the need for human assistance)?

Step 2: Explore Options

- Research available Assistive Tech/Assistive Device that meets the identified need.
- Explore available resources and share your findings.

Step 3: Make a Decision

- If the person decides to acquire an AT/AD, define the desired outcome of the chosen product.

Step 4: Obtain and Implement

- Make agreements about how to acquire and implement the product.

Step 5: Evaluate Effectiveness

Review the results after implementing the product. Ask what is working and not working about the product and take action where needed.

Assistive Technology Discussion Tool

<http://oregonisp.org/at/>

**Developed by the Oregon Technical Assistance
Corporation**



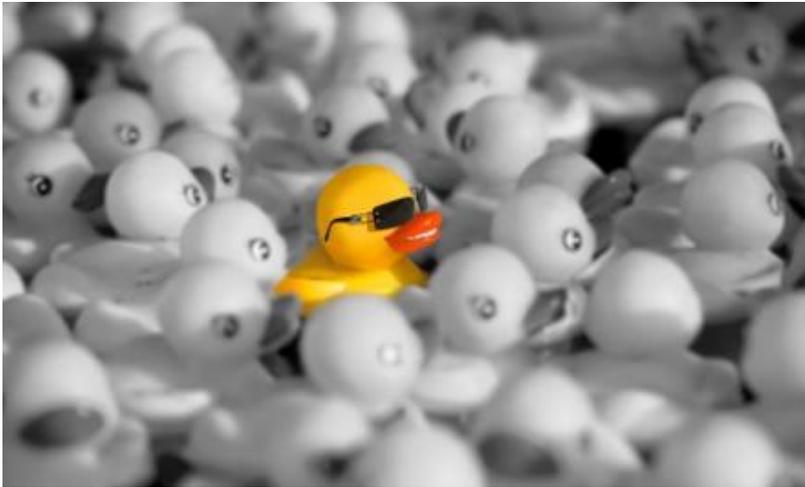
Exceptions, eh? Wow that sounds really boring.

When An Exceptions Approval From ODDS Is Needed

General Points to Consider

Bundling

Case-Specific



Assistive Technology and Devices

Exceptions Requests



Drafting the Request Form

Link to Form **0515DD** on the DHS FORMS Webpage

https://aix-xweb1p.state.or.us/es_xweb/FORMS/index.cfm?fuseaction=FORMS.noBindGrid



DHS
Oregon Department of Human Services
Office of Developmental Disability Services

Request for Funding Review or Exception

Individual's name: [redacted]		
Provider (if provider rate requested): [redacted]		
CDDP/Brokerage enrolled: [redacted]	Prime no.: [redacted]	DOB: [redacted]
Services coordinator/personal agent (SC/PA): [redacted]		
SC/PA phone: [redacted]	SC/PA email: [redacted]	

Note: This form may contain personal information. If you return the form by email there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email please see [these secure email instructions](#).

This form must be completed electronically. See [form instructions](#). Incomplete forms will be returned.

Today's date: [redacted]	Reviewed by (supervisor name): [redacted]	Supervisor email: [redacted]
--------------------------	---	------------------------------

Item/Service			
Purpose of requested funds: (Select one)	Rate requested: \$ [redacted] / (Units)		
Brief explanation of service need: [redacted]			
Type of request: <input type="checkbox"/> New request <input type="checkbox"/> Renewal request			
Continuing previous service? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, service end date: [redacted]		
Date request received: [redacted]	Requested effective date: [redacted]		
Individual's service setting: (Select one)			
Individual's living environment: (Select one)			
Most recent assessment date: [redacted]	Assessment tool: [redacted]		
What supporting documents have you submitted with this request to identify the need and service considerations? (Check all that apply.)			
<input type="checkbox"/> ANA/CNA	<input type="checkbox"/> ISP	<input type="checkbox"/> Risk tracking record	<input type="checkbox"/> Summary of behavioral data
<input type="checkbox"/> Mileage documentation (distance)	<input type="checkbox"/> Medical/professional evaluation		

The Correct Form And Information

Summary of service need

1. Describe the individual's need for support and how it will be met with this request:

[redacted]



**Requests
Submitted for
ODDS Funding
Review**





Why Was the Request Approved?

- Insurance Denial
- Funding Request Narrative
- Most Cost-Effective Solution
- Supporting Documentation
 - Other Reasons

Why Was the Request Denied?



- No Insurance Denial Documented
- Missing or Sparse Supporting Documentation
- No Documentation Support Cost-Effective Solution
 - Other Reasons

Comparing and Contrasting





ODDS Form **0515DD**

https://aix-xweb1p.state.or.us/es_xweb/FORMS/index.cfm?fuseaction=FORMS.noBindGrid

OTAC Assistive Devices Resource Page

<http://oregonisp.org/at/>
In-Home Expenditure Guide
<http://www.dhs.state.or.us/spd/tools/d/d/cm/ss%20exp%20guide%20v3.pdf>

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Health Systems Division

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