

# MONEY, MONEY, MONEY!

Demystifying  
the ODDS Funding Review Process

Developmental Disability Conference  
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Mariah Forrest & Chelas Kronenberg

# Outline-Money, Money, Money!

- Overview
- Funding Process
- Funding Review Committee
- Funding Requests
- Supporting Documentation
- Decisions
- Steps following Decision

# Overview

## -Implementation-

- Implementation with [APD-AR-14-019](#)
- New process effective March 28, 2014

# Overview

## -Purpose-

- For ODDS to monitor expenditures and assure fiscal accountability by reviewing high cost items/services
- For ODDS to approve/deny exception requests for funding

# Overview

## -Funds Requiring Review-

- Use of General Funds
- Services in excess of assessed need
- Exceeding Expenditure Guideline limitations
- Service rates over ODDS published rate limit
- Transportation over \$350/month
- SPPC exceptions per [APD-PT-14-005](#)

# Overview

## -Requests Not Sent to Funding Review Committee-

- Children's 24 hour residential
- CIIS Exceptions
- Tier 7 reviews
- General Fund Children's Long term Support Services plans

# Funding Process

## -Actions-

- PA/SC receives request from individual
- PA/SC obtains supportive documentation
- PA/SC submits request with documentation
- Upon receipt, ODDS review scheduled
- Committee review (weekly) & decision made
- Decision written
- Decision signed by ODDS management
- Decision e-mailed to PA/SC

# Funding Process

## -Timelines-

- Request Received by e-mail
- Request reviewed at next Committee meeting  
– usually one week, maximum two weeks
- Decision made at meeting
- Decision written- within one week of meeting
- Manager Signs & Decision sent – few days

# Funding Process

## -Role of PA/SC-

- Assess need of individual
- Review options and resources to address need
- Research cost-effectiveness of service options
- Choose best alternative to meet need
- Gather documentation to support decision
- Submit funding request -completely and accurately
- Notify individual – approval or NOPA (denial)

# Funding Process

## -Role of ODDS staff-

- Process requests in a timely manner
- Make fair and consistent funding decisions
- Write decision & Notify PA/SC
- Provide technical assistance
  - process
  - specific requests
- Follow up with field staff

# Funding Review Committee

- Weekly meetings - minimum
- Composition
  - three ODDS staff
  - technical input from SME on occasion
  - CDDP & Brokerage representative offered
- Case discussion of documentation submitted
- Consensus decision
- Manger approval of decision

# Funding Requests

## -Request for Funding form-

ODDS form must be used to submit a request

- ❖ Pilot form found on [Staff Tools web page](#)
- ❖ Form soon to be found on [DHS Forms](#) page

Instructions posted nearby

# Request for Funding Form

See handout and following slides

Form Instructions

located on the [DD staff tools](#) web page



# Request for Funding

## Review or Exception

Individual's Name: [REDACTED]		
Provider (if provider rate request): [REDACTED]		
CDDP/Brokerage Enrolled: [REDACTED]	Prime #: [REDACTED]	DOB: [REDACTED]
Services Coordinator/Personal Agent (SC/PA): [REDACTED]		
SC/PA phone: [REDACTED]	SC/PA e-mail: [REDACTED]	

Today's Date: [REDACTED]

Reviewed by Supervisor (name): [REDACTED] Supervisor e-mail: [REDACTED]

### ITEM/SERVICE

Item/Service/Rate Requested: [REDACTED]

Type of request to ODDS:  New Request  Renewal Request

Continuing Previous Service?  Yes  No If yes, service end date: [REDACTED]

Date Request Received: [REDACTED] Requested effective Date: [REDACTED]

The request is for what type of service?

Choose an item.

Reviewed by Supervisor (name):

Supervisor e-mail:

### ITEM/SERVICE

Item/Service/Rate Requested:

Type of request to ODDS:  New Request  Renewal Request

Continuing Previous Service?  Yes  No If yes, service end date:

Date Request Received: Requested effective Date:

The request is for what type of service?

Choose an item.

In what type of service setting does the individual reside?

Choose an item.

Living environment: Individual resides

Choose an item.

Most recent assessment date:

Assessment tool:

Supporting documents submitted with this request identifying the need and service considerations:

## SUMMARY of SERVICE NEED

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

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2. Describe how the item/service prevents a crisis or displacement:

3. Identify the Oregon Administrative Rule(s), Policy, Transmittal, or regulation limiting access to the requested item or service:

4. Identify the ISP goal associated with the request:

5. If this request is for equipment, how is the use of the equipment guaranteed and how will utilization be monitored?

## RESOURCE CONSIDERATIONS

6. Describe other resource or service options considered and state the outcome:

5. If this request is for equipment, how is the use of the equipment guaranteed and how will utilization be monitored? [REDACTED]

### RESOURCE CONSIDERATIONS

6. Describe other resource or service options considered and state the outcome: [REDACTED]

7. Describe natural supports and individual/family contribution considered and state the outcome: [REDACTED]

8. If additional staff support is being requested, describe assistive devices explored to replace paid assistance and state the outcome: [REDACTED]

### COST JUSTIFICATION and ANALYSIS

9. Describe the outcome of research done for the possible items and services which could meet the service need, the availability of those items, and the costs: [REDACTED]

10. Identify the method used for determining the appropriate item/service relative to the cost/rate for the requested item or service: [REDACTED]

11. Identify the results of price comparisons (when no rate is established by ODDS): [REDACTED]

# Submission of Requests

Forms must be submitted electronically to:

[ODDS.FundingReview@state.or.us](mailto:ODDS.FundingReview@state.or.us)

All supporting documentation should be submitted with the request

(Matrix under development)

# Supporting Documentation

## -Examples-Individual-

- Description of need & situation-  
assessment, behavioral data
- Description of goal to be met-  
ISP, BSP
- Description of alternatives to address need  
professional evaluation, reports
- Description - how independence will increase
- Description -how human support will  
decrease

# Supporting Documentation

## -Examples-Financial-

- Denial from health insurance
- Web page showing travel distance
- Research - devices/methods addressing need
- Research - cost comparisons
- Scope of Work for construction
- Three quotes/bids for item/service

# Reminders for Request

- Completely fill out request form
- Follow form instructions
- Be able to substantiate request
- Submit all supportive documentation
- Thoroughly research alternatives
- Provide cost comparisons
- Use appropriate language in request

# Committee Decisions

Based upon:

- Individual need per assessment
- Service availability through K-plan or waivers
- Lack of alternative methods to achieve goal
- Lack of alternative resources to achieve goal
- Documentation supports service provision
- Least cost alternative to meet need
- Likelihood need will be met satisfactorily

# Written Decisions

- Notify PA/SC of approval or denial
- List conditions of approval, if any
- Identify reason for Committee decision
- Instruct staff to give NOPA, if appropriate
- Identify OARs supporting a denial decision

# PA/SC Follow-up

- Notification to individual, family
- Prompt purchase of approved service/item
- Monitor purchases and results of service
- Request continuation of funding, if needed

# Acronyms

- BSP- Behavior Support Plan
- ISP- Individual Support Plan
- NOPA- Notice of Planned Action
- ODDS- Office of Developmental Disability Services
- OAR- Oregon Administrative Rules
- PA- Personal Agent
- SC- Services Coordinator

# Contact Information

Mariah Forrest

Office of Developmental Disability Services

500 Summer Street NE, E-09

Salem, Oregon 97301

503-945-1105

Fax: 503-945-6219

[mariah.forrest@state.or.us](mailto:mariah.forrest@state.or.us)

**Request for  
 Funding  
 Review or Exception**

Individual's Name: <b>Example</b>		
Provider (if provider rate request):		
CDDP/Brokerage Enrolled:	Prime #:	DOB:
Services Coordinator/Personal Agent (SC/PA): Skyler Whitley		
SC/PA phone: 503-232-2289 x113	SC/PA e-mail: swhitley@inclusioninc.org	

Today's  
 Date: 05/06/2014

Reviewed by Supervisor (name): Mitzi Sugar  
 Supervisor e-mail: msugar@inclusioninc.org

**ITEM/SERVICE**

Item/Service/Rate Requested: GewaTel 200 Speaker Phone - \$1115 (\$1095 + \$20 S&H)

Type of request to ODDS:  New Request  Renewal Request

Continuing Previous Service?  Yes  No If yes, service end date:

Date Request Received: 04/24/2014 Requested effective Date: 06/16/2014

The request is for what type of service? In-Home

In what type of service setting does the individual reside? In-Home

Living environment: Individual resides with Family

Most recent assessment date: 01/09/2014  
 Assessment tool: ANA

Supporting documents submitted with this request identifying the need and service considerations: Supplemental Support Documentation, Progress Notes, ANA assessment

## SUMMARY of SERVICE NEED

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

This individual has significant physical impairments due to disability (cerebral palsy). He needs full physical assistance in order to dial a phone, and is unable to text or use e-mail independently due to physical impairments. He also needs assistance speaking on the phone (in the form of interpretation, someone speaking for him usually) as it is extremely difficult and sometimes impossible to effectively determine what he is saying over the phone. This individual lives with his mother, but her ability to provide natural supports has been effectively compromised due to her declining physical and mental health (she suffers from dementia and physical limitations due to age). She is also often not in the home. This individual needs a way to be able to call 911 or other individuals in case of emergency, and in order to effectively communicate his support needs (scheduling sessions with providers, calling personal agent), etc. This individual owns a dyanvox assistive communication device and uses it independently. He can effectively express himself through the dynavox device. The dyanvox as a stand alone device has no ability to make or receive calls. The GewaTel 200 would interface wirelessly with the dynavox in order to allow the individual to make and receive phone calls. He could use the dynavox buttons to communicate his needs to others without the need for human assistance to interpret or repeat what he is trying to communicate.

2. Describe how the item/service prevents a crisis or displacement:

This individual currently has no way to independently and effectively communicate with emergency responders or other individuals regarding an emergency or coordinating his day to day needs. This device would allow the individual to remain in his home by enabling him to contact emergency personnel and others independently and effectively. Without such a device, a fire or other emergency in the home would create a significant health and safety risk. The individual does require physical assistance in order to evacuate during a fire or other emergency due to his disability.

This device would also enable the individual to contact PA and support providers in order to effectively coordinate supports.

3. Identify the Oregon Administrative Rule(s), Policy, Transmittal, or regulation limiting access to the requested item or service: Transmittal: APD-AR-14-019 . This item meets criteria of "services exceeding limitations in the Expenditure Guidelines ." In current brokerage expenditure guidelines issued via APD-AR-14-007, under assistive technology (CMPS code 737): "Any device or assistance costing more than \$500 in a play year must be approved by ODDS."

4. Identify the ISP goal associated with the request: Plan revision to add corresponding goal is pending review of request for funding. This is not being addressed during plan renewal (plan renewed 2/1/14). It would require a mid-year revision to the plan. The goal (to be added via revision) is for the customer to be able to have the assistive technology necessary to be able to make and receive calls independently. Currently he relies on provider assistance to make all calls on his behalf.
  
5. If this request is for equipment, how is the use of the equipment guaranteed and how will utilization be monitored? PA has had several discussions with Dynavox representative. Through these conversations, PA has learned that the GewaTel 200 is one of only two products on the market that can interface wirelessly with the customer's dynavox, doesn't require the user to press any buttons in addition to those on the dynavox in order to use it for phone communication, and enables the user to use dynavox buttons to communicate over the phone. This has been supported by internet searches conducted by PA. The individual has demonstrated his ability to use the dynavox to communicate effectively.
  - Customer's desire/interest: Individual has expressed to PA several times, through conversations relayed by his providers, that there have been instances in which he wishes to contact his PA or providers, and has been unable to do so. He recently has had a problem with a provider cancelling or not showing up for scheduled sessions, and he had no way to communicate his dissatisfaction to his provider's supervisor or to PA.
  - Customer's skills: Customer has demonstrated proficiency using his dynavox to express his needs and desires in person. He wishes to be able to use the device to communicate with others via phone as well.
  - Support necessary to incorporate requested equipment: The individual's in home care provider has agreed to help with initial setup of the device, and she has demonstrated her capability to do so. Provider has attended numerous dynavox trainings in order to effectively assist customer with the device, and has had conversations with dynavox rep to determine that she is capable of assisting with GewaTel 200 setup. Apart from initial setup, the device would require very limited outside assistance in order for the individual to be able to use it effectively.
  - Monitoring: Utilization will be monitored by customer, PA and customer's provider via conversations, progress notes and invoices, etc. PA will complete monthly call with customer for the first three months after the device has been set up in order to have direct contact with customer. PA will complete quarterly check in calls thereafter and will encourage customer to call PA as needed between scheduled check-ins.

## RESOURCE CONSIDERATIONS

6. Describe other resource or service options considered and state the outcome:

Other options that have been considered:

- MedAlert or other emergency response systems: PA consulted with a MedAlert device vendor. Vendor helped PA determine that these systems do not meet the need of the individual. Emergency response systems come in two forms: (Type 1): The individual would need to be able to speak and have a conversation with emergency personnel for certain types of ERSs. This is not feasible due to the individual's communication support needs. (Type 2): The individual would press a button that would page emergency personnel, and they would be immediately dispatched to the individual's home address. This is also not feasible. This does not address the individual's need to contact a non-911 caregiver to coordinate and schedule support services, etc. This also does not allow the individual to contact law enforcement for non-emergency reasons. There is currently no emergency response system on the market that meets the communication needs of this individual.

- "Phoneit" or other dyanvox communication accessory: The individual previously privately purchased a "Phoneit" device. This device must be plugged into the telephone wall socket, into a power source, and into the dynavox before it can be used to make calls. Because the customer needs to be able to move around with the dynavox and use it in the community, and because the customer is physically unable to independently plug the Phoneit into all three required areas (phone jack, power source, dynavox), this device is not able to meet the communication needs of the individual. The GewaTel 200 does not require the individual to plug anything in. He would be able to bring his dynavox home from community use and immediately use the dynavox to make a call if he was home alone.

- Increased natural/paid supports around communication: This individual lives with his mother. However, his mother is unable to provide necessary natural support due to significant physical and mental health issues. She is also often not at home. Therefore, during the vast majority of time, no one is present or capable of assisting the individual with contacting emergency personnel or other individuals if there is a need. The individual receives paid brokerage supports from an in-home care provider four times per week for approximately 8 hours/week. They are not able to provide communication support if they are not present with the individual. It has been a struggle for the individual to communicate with his providers when they are not present with him in order to change, cancel or reschedule support sessions due to his communication support needs. At this time, the individual is not able to receive sufficient natural or paid supports in order to ensure that he could contact 911 or others in case of emergency, or other support needs. The GewaTel would alleviate this issue.

- Health insurance coverage of the device: Provider has assisted individual with calling all health insurance providers. They have been informed that this type of device is not covered by his health insurance.

7. Describe natural supports and individual/family contribution considered and state the outcome: See above under "increased natural/paid supports."
8. If additional staff support is being requested, describe assistive devices explored to replace paid assistance and state the outcome: Purchase of this device would decrease the individual's support need in the ANA under the category of "phone & alternative communication systems" from "partial assist" to "independent," and would therefore decrease his eligibility for ANA support hours.

### COST JUSTIFICATION and ANALYSIS

9. Describe the outcome of research done for the possible items and services which could meet the service need, the availability of those items, and the costs:

As previously mentioned, there are only two devices on the market that would meet the customer's communication needs and allow him to remain independent in his home. They are: GewaTel 200 & Possum Sero AAC. The Possum Sero AAC retails from \$1300 - \$1400 on various store sites. The GewaTel 200 (the requested device) is currently available on zygo-usa.com for \$1095 + \$20 S&H.

10. Identify the method used for determining the appropriate item/service relative to the cost/rate for the requested item or service: This individual needs to be able to effectively contact emergency personnel in case of a fire or other emergency. They also need the ability to communicate with their PA & other care providers in order to coordinate needed support services. Currently, this individual is able to do neither of these independently.

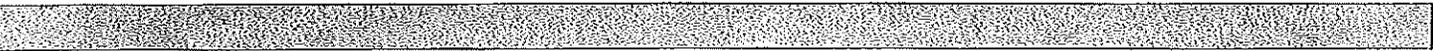
- There are less costly assistive technology devices (see Phoneit & med alert devices in question #6). However, these devices do not meet the full range of communication needs for this individual. He has a Phoneit device that was purchased privately, and this device is not being used due to the fact that he is not capable of physically using the device independently.

- Purchase the GewaTel 200: This is the most feasible and cost-effective method to allow the individual to remain independent in his home while meeting communication needs. The individual is able to independently use this device because it operates wirelessly (as opposed to other less costly devices which require plug-in, manual keystrokes, etc.).

11. Identify the results of price comparisons (when no rate is established by ODDS):

- Appropriate devices: The Possum Sero AAC retails from \$1300 - \$1400 on various store sites. The GewaTel 200 is currently available on zygo-usa.com for \$1095 + \$20 S&H. There is no on-going cost related to this device.

- Innapropriate devices: There are multiple emergency response systems that retail at between \$100-\$200. Many of these services also require a monthly service fee. As indicated previously, med alert type devices do not meet the communication needs of this individual, as they do not allow for the individual to verbally communicate with PA and providers (or anyone other than 911 dispatch). Many of the devices also require the individual to speak verbally to report a situation, or to press several small buttons, both of which are not feasible due to the individual's communication support needs and physical limitations.



E-mail exception requests to: [ODDS.Exceptions@state.or.us](mailto:ODDS.Exceptions@state.or.us)

In the text, include up to 3 e-mail addresses of those to receive the review decision

For Office Use Only

Review Date:

Notes:

## Supplemental Support Documentation for K Plan Services

For any of the services listed below, all the listed conditions must be present to authorize the service. Other conditions described in OAR or Expenditure Guidelines still apply. Additional authorizations of these services require a new support documentation using this form.

### Chore Services:

- no one else is responsible to perform or pay for the services
- The conditions are unsanitary or hazardous. Please describe:
- Three cost estimates were obtain or provide an explanation for how the service is the least costly available:

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### Assistive Technology:

- Addresses an assessed ADL/IADL need or health related task. Please identify the need being addressed and describe how this need will be met through the technology: Refer to Request for funding form.
- The technology will increase the individual's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.
- The individual has demonstrated the ability to use the technology to meet the need.
- The support represents the most cost effective way to meet the identified need. Things to consider when weighing cost effectiveness:
  - On going costs (data plans, monthly fees, etc.)
  - What amount, if any, of human assistance is required to set up, maintain, reprogram, etc., the item and is the assistance reliably available every time it is needed.

Please describe less costly alternative strategies considered (including "low tech" strategies) and the reasons they were unsuitable:

Refer to Request for funding form.

Date/Type	Progress Notes	Initials
05/08/2014 PhoneCall	PA spoke to customer service at zygo.com (vendor of desired GewaTel 200 device), and was informed that shipping and handling for the device would be \$20.  PA will submit documentation and funding request for the item to ODDS today, and will await a response.	SW
05/06/2014 PhoneCall	The emergency response system vendor that PA spoke with was: The Electronic Caregiver (agency name) Tony Hart (salesperson name) 541-228-8045 ahart@uoregon.edu	SW
05/06/2014 PhoneCall	PA spoke with vendor of emergency response system devices to discuss whether any available products would be able to meet Steve's communication support needs. Vendor informed PA that there are currently no emergency response system devices that meet all of the following qualifications: - Able to communicate with 911 and other individuals involved in customer's care (PA, providers, etc.) - Able to be used without physically dialing phone numbers, plugging into power source, phone line or dyanvox - Able to use automated, pre-programmed responses, or able to broadcast the dynavox button-based communication into a phone call	SW
05/01/2014 PhoneCall	PA spoke with Steve's dynavox rep, Ellen Witham, regarding assistive technology devices. Ellen confirmed to PA that there are only two devices on the market that would meet Steve's communication needs: the GewaTel 200 (retails at \$1100), and the Possum Sero AAC (retails at \$1300).	SW
05/01/2014 PhoneCall	PA called Steve's provider to discuss the assistive technology device that Steve has requested, and to monitor and coordinate support services. Steve would like to purchase a GewaTel 200 speaker phone with his brokerage funds. This device would allow Steve to make and receive incoming and outgoing phone calls with the use of his Dyanvox machine. PA and Deb discussed the conditions that need to be met in order for PA to request brokerage funding for the item: - Addresses an assessed ADL/IADL need or health related task: This device is directly related to Steve's "telephone & alternative communication systems" support need as identified in the ANA assessment. - The technology will increase the individual's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance: Purchase of this device would likely reduce his ANA support need in this category from "partial assist" to "independent" as he would have the capability to make all incoming and outgoing calls through his dynavox machine.  -The individual has demonstrated the ability to use the technology to meet the need: Once the device has been set up with assistance from his provider, Steve would be fully able to use the device, as the entire interface process would occur through use of the dynavox machine, with which he is already familiar.  - The support represents the most cost effective way to meet the identified need: This device represents the most cost effective way to increase Steve's independence around telephone and alternative communication systems. As a standalone device, the dynavox is not able to make or receive phone calls. Steve is alone during significant portions of the day, and his mother [REDACTED]'s experiencing health issues that interfere with her ability to provide natural supports. Steve needs a way to make outgoing and incoming calls independently. Steve currently has a different device that he purchased privately. The other device needs to be physically plugged into his dynavox, and buttons need to be pushed for it to be effective. Steve is physically unable to use the current device due to his physical limitations. An emergency response system would not be effective either, as that would only allow Steve to page 911 for assistance, and wouldn't allow him to make outgoing calls to other individuals for assistance. In addition, emergency response systems do not interface with his dynavox, and Steve is often very difficult to understand over the phone. If an emergency dispatch called Steve in response to his use of an emergency response system, he likely would not be able to effectively report his address or the situation verbally to dispatch, rendering the emergency response system useless. PA has also been informed by Steve's provider [REDACTED] that, after calling both of his insurance plans, they have been informed that this device is not covered under Steve's current health insurance. PA also called 211 to inquire about any possible public assistance programs that could assist with the purchase of the device. PA was told to call "Open Arms & Helping Hands" who informed PA that they do not help with funding such devices.  PA will follow up by completing and submitting supplemental support documentation to ODDS, and will process a plan revision to include purchase of the device.	SW
04/24/2014 PhoneCall	PA received call from [REDACTED] his provider through [REDACTED]. PA monitored for quality and effectiveness of support services. Steve reports that his other provider through Home and Community Support [REDACTED] and Steve also discussed alternative communication devices with PA. Steve's dynavox machine has no ability to make outgoing phone calls without an add-on device. Steve has an add-on device that does not work for him because he is not physically able to plug the add-on into the dynavox, and it would be useless for him in case of an emergency. [REDACTED] informed PA that she is aware of a different dynavox add-on that doesn't require Steve to plug it in, and it would likely meet his needs of being able to place a phone call when he needs to. Deb will look into the name of the device and will e-mail PA with the information. She will also assist Steve in calling his insurance to ask whether they could cover the purchase of the device. PA informed Steve and [REDACTED] that, due to the fact that the dynavox add-on device is more expensive than emergency response system such as a med-alert, it's possible that the state will deny the use of brokerage funds for the more expensive item. PA informed them that PA will look into the options when PA receives more info about the name of the desired device.	SW

# Funding Review Request- Form Instructions

## GENERAL INFORMATION

A funding review request form is completed and submitted to ODDS when an individual requests services or supports in excess of assessed need or service funding limitations. One form should be used for each item or service unless they are related and used to achieve the same goal.

The form may be completed electronically or printed and completed by hand.

- Manual- Be aware of the content choices of the drop-down boxes in the Item/Service section. Add information on separate sheets of paper any time space is insufficient on the printed form, being sure to number the responses.
- Electronic- The form will scroll to allow sufficient information to be entered

Responses should be clear but brief, with sufficient information provided in supporting documentation. It is expected attachments will be sent to support the statements on the form and to justify the funding request.

## SPECIFIC FORM INSTRUCTIONS

Complete the identifying information at the top right on the form. Please do not use nick-names or aliases.

TODAY'S DATE: Enter the date the form is completed.

SUPERVISOR NAME: Enter the name of the supervisor who has reviewed the request

SUPERVISOR E-MAIL: Enter the e-mail address of the supervisor who reviewed the request

### Item/Service section

ITEM/SERVICE/RATE REQUESTED: Briefly identify the specific service or item for which ODDS funding approval is requested.

NEW REQUEST TO ODDS: Check this box if the request has not previously been approved by ODDS. A new request would include continuation of services now required to be approved by ODDS, though previously authorized by a Services Coordinator/CDDP or Personal Agent/Brokerage and identified in the most recent plan.

RENEWAL REQUEST: Check the box if the item or service has been approved by ODDS prior to this request and continuation is requested upon expiration of the approved timeframe.

CONTINUING SERVICE: Check the “yes” box if the individual has been receiving the service as part of a current Individual Support Plan (ISP). The item may now need approval from ODDS when approval may not have been required previously. If “yes” is checked, enter the date the current plan will expire. Check the “no” box if the request is for a new service/item to be added to the ISP.

DATE REQUEST RECEIVED: Enter the date the individual requested the service. The date may be the date of assessment or an ISP meeting, although there may have been a telephone or written request. Enter the date the Services Coordinator or Personal Agent received the request.

REQUESTED EFFECTIVE DATE: Enter the date the service is requested to start. The date identified should allow adequate time for the funding review process, usually at least one month.

TYPE OF SERVICE: Use the drop-down selection to identify the type of service to which the request applies, and click on it to make the selection. The request may be associated with employment, alternatives to employment, or community inclusion, rather than the home environment.

**TYPE OF SERVICE SETTING:** Use the drop-down selection to identify the type of service setting in which the individual resides, and click on it to make the selection. The individual does not have to be receiving “residential services” as they may receive brokerage services or other supports.

**LIVING ENVIRONMENT:** Select the most appropriate choice from the drop-down menu to identify whether the individual lives alone, with family, or with others. Living with others may be in a group home or other type of congregate living or may include roommates, related or not.

**ASSESSMENT DATE:** Enter the date of the most recent I/DD assessment completed by CDDP, brokerage, regional, or DHS staff.

**ASSESSMENT TOOL:** Enter the ODDS assessment tool used to determine support needs. The tool identified should be the most recent assessment tool completed and completed on the date entered as the previous response on this form.

**DOCUMENTS SUBMITTED SUPPORTING NEEDS AND SERVICE REQUEST:** List the documents to be attached to the request upon submission. Documents could include assessments or assessment summaries, medical reports, clinical evaluations, treatment records, provider staffing schedules, etc. The Individual Support Plan document need not be submitted, though it may be attached to support the request if it provides information not presented in other records submitted. Documentation supporting the need and identified service must be provided so the committee can effectively review the request. Lack of sufficient documentation or information may delay the committee’s work and could result in an unfavorable decision.

### Summary of Service Need section

1. **INDIVIDUAL’S NEED AND PROPOSED SUPPORT:** Explain the support need based upon the individual’s intellectual or developmental disability and what the requested service or item will do or change to meet the identified need. Include

sufficient information about the situation or background to provide a picture of the situation.

2. PREVENTING CRISIS OR DISPLACEMENT: Provide an explanation of how the requested support will prevent the individual from experiencing a crisis, deterioration, placement of a child outside their home, a move to a more restrictive environment, or a catastrophic event. If this item does not apply to the individual's situation, enter "NA" or not applicable. An explanation should be provided for General Fund requests as they may be denied without such information.

3. OAR/POLICY/REGULATION LIMITING ACCESS TO DESIRED SUPPORT: Identify the basis of why the request is being submitted. What rules, regulations or policy guidelines prevent implementation prior to ODDS authorization?

4. ISP GOAL: Explain what goal is or will be identified on the ISP in connection with the requested service. There should be a clear connection between what is identified as a need on an assessment and how the support requested will assist in meeting a goal of the individual.

5. EQUIPMENT USAGE: Although an item can provide support for an individual, it is important they can and will use the item. Explain how it is known the individual has the desire, interest, skills and support necessary to incorporate the requested equipment into their life activities. Describe the monitoring planned for assuring the item is addressing the individual's needs and meeting their expectations.

#### Resource Considerations section

6. ALTERNATIVE RESOURCES: Alternative methods of addressing the supports need must be identified and considered. Other possible appropriate ways to meet the need should be listed and why each of them was ruled out as a viable option.

7. NATURAL SUPPORTS: Describe the available natural supports considered, which natural supports will and will not be utilized to meet the identified need, and how natural supports will reduce the support required for the identified need.

8. ASSISTIVE DEVICES: Additional staff may not be needed if a device might provide a similar level of support. Identify assistive devices considered to meet the individual's need and why they are not acceptable or sufficient to replace staff time.

#### Cost Justification and Analysis section

9. RESEARCH: Identify the items or services considered to meet the individual's need, state whether or not they are readily available, and list general costs for the different options. Complete costs, to include shipping and handling or fees, should be included in this section or with the price comparisons below.

10. ITEM/SERVICE SELECTION: Identify how the specific item or service requested was chosen as the best option to meet the individual's need. Specify why the item/service was selected if it is not the least cost item/service and justify the choice.

11. PRICE COMPARISONS: For items or services not having a rate or rate range established by ODDS, state the results of the cost comparison for each of the items/services which would meet the individual's need. Include three price quotes or, if they are not provided, an explanation of why they are not provided with this request. Include expenses for shipping and handling and fees. Note if there are any ongoing costs associated with an equipment purchase.

#### Submission of request and documents

Funding Requests must be submitted electronically to ODDS at [ODDS.FundingReview@state.or.us](mailto:ODDS.FundingReview@state.or.us) using the DHS secure e-mail system. First,

send an e-mail to the address above to request a secure e-mail. In the subject line, identify your CDDP or Brokerage and the client initials. You will receive an automatic reply. The request and documentation can be submitted securely as a reply to the automated response. Be sure the confidential information is inside the secure part of the message. Include in the body of the message up to three e-addresses to receive the decision result. You will receive a confirmation reply for receipt of your secure information.

# Request for Funding Review or Exception

Individual's Name:		
Provider (if provider rate request):		
CDDP/Brokerage Enrolled:	Prime #:	DOB:
Services Coordinator/Personal Agent (SC/PA):		
SC/PA phone:	SC/PA e-mail:	

Today's Date:
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Reviewed by Supervisor (name):	Supervisor e-mail:
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### ITEM/SERVICE

Item/Service/Rate Requested:

Type of request to ODDS:  New Request  Renewal Request

Continuing Previous Service?  Yes  No If yes, service end date:

Date Request Received: Requested effective Date:

The request is for what type of service? Choose an item.

In what type of service setting does the individual reside? Choose an item.

Living environment: Individual resides Choose an item.

Most recent assessment date: Assessment tool:

Supporting documents submitted with this request identifying the need and service considerations:

### SUMMARY of SERVICE NEED

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

2. Describe how the item/service prevents a crisis or displacement:
3. Identify the Oregon Administrative Rule(s), Policy, Transmittal, or regulation limiting access to the requested item or service:
4. Identify the ISP goal associated with the request:
5. If this request is for equipment, how is the use of the equipment guaranteed and how will utilization be monitored?

### RESOURCE CONSIDERATIONS

6. Describe other resource or service options considered and state the outcome:
7. Describe natural supports and individual/family contribution considered and state the outcome:
8. If additional staff support is being requested, describe assistive devices explored to replace paid assistance and state the outcome:

### COST JUSTIFICATION and ANALYSIS

9. Describe the outcome of research done for the possible items and services which could meet the service need, the availability of those items, and the costs:
10. Identify the method used for determining the appropriate item/service relative to the cost/rate for the requested item or service:
11. Identify the results of price comparisons (when no rate is established by ODDS):

E-mail exception requests to: [ODDS.FundingReview@state.or.us](mailto:ODDS.FundingReview@state.or.us)

In the text, include up to 3 e-mail addresses of those to receive the review decision

For Office Use Only

Review Date:

Notes: