



# **K Plan Ancillary Services Guidance**

APD Medicaid LTC Systems | July 20, 2017

## Contents

Purpose.....	2
Eligibility .....	2
Non-covered Services .....	2
Local versus Central Office Approval.....	3
Submitting Requests .....	3
Overarching Expectations .....	3
Bid Requirements .....	4
Approved and Enrolled Providers .....	4
Approvals and Denials .....	5
Assistive Technology; Alarms, Sensors.....	5
Assistive Technology; Other.....	6
Chore Services .....	8
Environmental Modifications.....	10
Extended Emergency Response System.....	12
Transition Services.....	14

## Purpose

OAR: [411-035-0000](#)

- To ensure individuals served by the Department of Human Services, Aging and People with Disabilities through the K-State Plan are able to maximize independence, empowerment, dignity, and human potential through the provision of flexible, efficient and suitable services.
- To ensure equal access to individuals who are eligible for the services provided through this program.
- Payments for the services listed are limited to the lowest possible cost which will adequately meet the individual's minimum necessary needs.

This guide is intended to provide an overview of K Ancillary Services and how local offices can access these services for eligible consumers. For each service, the guide defines:

• OAR Reference	• Prior Authorization Requirements
• Payment System	• Approved Provider Types
• Procedure Code(s)	• Provider Enrollment Process
• Procedure Name(s)	• Service Description
• Documentation Requirements	• Limitations
• Consent Form Requirements	• Service Setting Limitations

## Eligibility

- Eligibility is limited to OSIPM and MAGI eligible individuals who meet SPL 1-13.
- K Ancillary Services are not available for SPPC or non-service eligible individuals.
- See [APD-PT-14-004](#) for Intensive Housekeeping for SPPC consumers.

## Non-covered Services

Please note that the following requests are not allowed:

- Vehicle Modifications;
- Vehicle Purchases;
- Home Repairs;
- Appliance, air conditioners and furnace purchases; and
- Appliance, air conditioners and furnace repairs.

If you are not sure if the request is allowed, please submit the request/question prior to getting bids.

## Local versus Central Office Approval

The following services are approved locally:

- Emergency Response Systems (ERS);
- Enhanced Emergency Response Systems (Enhanced ERS); and
- Transition Services (please note that transition services do NOT include assistive devices, chore services or environmental modifications).
  - Please remember that moving costs require at least 3 bids.

All other services K Ancillary Services are approved at Central Office. Please do not give providers verbal authorization to begin work until you have received notification from Central Office.

## Submitting Requests

The [Supplemental Assessment Form \(3406\)](#) must be submitted via email to [kplan.requests@state.or.us](mailto:kplan.requests@state.or.us).

Assessment comments and synopsis in Oregon ACCESS must clearly describe why the K Ancillary Service is necessary to:

- Meet an assessed ADL or IADL;
- Ensure the health and safety of the consumer;
- Increase the individual's independence; or
- Replace the need for human assistance.

Review this guidance document to determine if other forms (such as consent forms) are required.

You may submit questions prior to getting bids to receive preliminary approval. However, final approval will not be given without bids and consent forms (if necessary). Do not approve providers to work until you have received authorization from central office via an email from KPlan Requests.

## Overarching Expectations

- All requests should be described fully on forms and match the most current assessment. The request should fully describe the need being addressed by the request.
- Discrepancies between the request and the assessment may lead to a denial.
  - E.g. asking for a wheelchair ramp indicating the consumer is wheelchair dependent but the most recent assessment says the consumer is independent in ambulation with no documentation of a wheelchair in the assessment comments.
- The assessment should be no more than 6 months old.

- All services must be **prior** authorized before services begin.
- If the consumer is Medicaid eligible, do not use [437](#) (59) funds for services allowed in OAR [Chapter 411, Division 035](#).
- Services must be the most-cost effective and minimal necessary to meet the need.
- Photos for chore services and environmental modifications are very useful but are not required. If a Case Manager or Transition Coordinator cannot take photos, we can accept them from the providers submitting the bids. Photos can be submitted with the request.

## Bid Requirements

Bids are required for:

- Assistive Technology;
- Chore Services;
- Environmental Modifications; and
- Transition Services – Moving Costs.

If feasible, 3 bids are required from companies or vendors. A bid does not include comparative pricing through the Internet. Consumers and Case Managers may solicit bids from providers who are not on the enrolled provider list. However, if the provider is not enrolled, they must be enrolled prior to them starting any work. If three bids are not feasible, justification must be submitted with the initial request.

Bids are different than enrollment processes. Consumers and case managers can use the K Ancillary Services Provider list to see providers that are already enrolled. However, bids can be solicited from other providers. If a non-enrolled provider is approved to provide services, they must enroll prior to performing any work.

## Approved and Enrolled Providers

Enrolled providers are required for:

- Chore Services – List of Enrolled Providers (see below)
- Environmental Modification – List of Enrolled Providers
- ERS and Extended ERS providers – Enrolled in MMIS only

Local offices may solicit bids from non-enrolled providers to increase the pool of enrolled providers and to increase consumer's access to services. If you have questions on how to solicit bids, please email KPlan Requests. Please remember non-enrolled providers may not perform any work until they are enrolled. Providers must also receive consent to perform the specific task or service prior to beginning work.

Non-enrolled providers are allowed for:

- Assistive Technology (including DME)
  - Providers must be approved by Central Office. Bids are required.
- Transition Services – Local offices may select providers but must receive bids for moving costs.

## Approvals and Denials

For services that require Central Office approval, decisions will be sent via email. Case managers must notify the provider that they can begin services. If Central Office denies the request, please provide the consumer a notice using the [SDS 0540](#) Notification of Planned Action. Central Office will provide suggested language for the denial notice.

## Assistive Technology; Alarms, Sensors

- **OAR:** [Chapter 411, Division 035](#)
  - 411-035-0025: Eligibility for Consumer Electronic Back-up Systems and Assistive Technology;
  - 411-035-0030: Eligible Electronic Back-up Systems and Assistive Technology Services; and
  - 411-035-0035: Provider Qualifications for Electronic Back-up Systems and Assistive Technology.
- **Payment System:** By Central Office only
- **Procedure Code(s):** Central Office
- **Procedure Name(s):** Alarms/Sensors
- **Documentation:** Narration and the assessment in Oregon ACCESS must clearly describe why an alarm or sensor is necessary to ensure the health and safety of the consumer.
- **Consent Forms:** Consent forms are not required.
- **Prior Authorization:** Central Office authorization.
- **Provider Type:** Various providers as approved by Central Office.
- **Provider Enrollment Process:** Standard Medicaid provider enrollment process through Central Office APD Provider Services or exceptions approved by Central Office.
- **Service Description:**
  - Assistive Technology is intended to provide additional security and replace the need for human assistance to allow self-direction of care and maximize independence such as:
    - Motion sensors;
    - Sound sensors;
    - Alert systems;

- Incontinent sensors;
  - Fall detectors without notifications to entities outside the home; and
  - Toilet flushing sensors.
- Monthly maintenance, fees, data plans, software, warranties, accessories or service charges may be covered.
- **Limitations:**
  - When multiple purchases are required to fulfill an identified support need, such as hardware and software purchased separately, the costs should be considered together.
  - Any purchase made from this category must be directly related to a support need of the consumer. It must increase independence or lessen the need for human assistance and improve the health and safety of the individual. The Case Manager must describe how the use of the service will meet the consumer's service plan goals in the [Supplemental Assessment Form \(3406\)](#).
  - Damage, loss and theft will happen from time to time. Funds may be used for repair or replacement of an item, no more than one time per year. However, the supplemental support documentation must consider the likelihood of the same thing happening again and any impacts on cost-effectiveness.
    - Repair or replacement more than one time in a year will require special prior authorization from Central Office.
- **Service Setting Limitation:** In-Home and Community Based Care.
- **Note:** Case Managers should consider reducing appropriate hours for In-Home consumers.

## Assistive Technology; Other

- **OAR:** [Chapter 411, Division 035](#)
  - 411-035-0025: Eligibility for Consumer Electronic Back-up Systems and Assistive Technology
  - 411-035-0030: Eligible Electronic Back-up Systems and Assistive Technology Services
  - 411-035-0035: Provider Qualifications for Electronic Back-up Systems and Assistive Technology
- **Payment System:** by Central Office only
- **Procedure Code(s):** Central Office
- **Procedure Name:** Assistive Technology

- **Documentation:** Request must clearly describe how the Assistive Technology will increase the consumer's independence, assist in ADL and IADL tasks or replace the need for human assistance. The need must match the assessment comments.
- **Consent Forms:** Consent forms are not required.
- **Prior Authorization:** Central Office authorization.
- **Provider Type:** Various providers as approved by Central Office.
- **Provider Enrollment Process:** Providers are not enrolled but must be approved by Central Office on a case-by-case basis. Providers may or may not be listed on the K Plan Provider list. Local offices should submit proposed providers with bids or proposals.
- **Service Description:**
  - Assistive Technology is intended to provide additional support and reduce the need for human assistance while enabling the consumer to function with greater independence. Assistive Technology may include, but is not limited to:
    - Specialized Mechanisms or DME such as:
      - Specialized walker;
      - Reacher/Grabber;
      - Lift chair;
      - Grab bars;
      - Transfer pole;
      - Speaking assistive device;
      - Specialized eating utensils;
      - Bath/sliding chair;
      - Automatic faucets;
      - Soap dispensers; and
      - Two-way communication systems.
    - Other electronic systems, which must be approved on a case-by-case basis with Central Office approval.
- **Limitations:**
  - Any purchase made from this category must be directly related to an ADL/IADL support need of the consumer. It must increase independence or lessen the need for human assistance, and staff must describe how the use of the service will meet the consumer's service plan goals.
  - The request must match an assessed need in the most recent assessment.
  - Medical equipment or technology covered by OHA-OHP or Medicare where the consumer meets criteria; items will not be approved. Formal denials from OHP, CCOs, Medicare or Medicaid Advantage plans are not required if the item is not



covered in OAR (DME) or when the consumer does not meet the criteria for a covered item. Doctor's orders are not required as long as documentation submitted in request to KPlan supports the service needs of the consumer.

- Requests for lift chairs do not need to have accompanying Medicare or Medicaid denial because it is more cost-effective for APD to fund the full cost of the chair.
- Damage, loss and theft will happen from time to time. Funds may be used for repair or replacement of an item one time per year. However, the supplemental support documentation must consider the likelihood of the same thing happening again and any impacts on cost-effectiveness.
  - Repair or replacement more than one time in a year requires prior authorization from Central Office.
- **Service Setting Limitation:** In-Home and CBC facilities on a case-by-case basis.
- **Note:** Case Managers should reduce appropriate hours for In-Home consumers.

## Chore Services

- **OAR:** [Chapter 411, Division 035](#)
  - 411-035-0040: Eligibility Criteria for Chore Services
  - 411-035-0045: Eligible Chore Services
  - 411-035-0050: Chore Service Provider Qualifications
- **Payment System:** Mainframe
- **Procedure Code(s):** For use by Central Office only.
- **Procedure Name:** Chore Service
- **Documentation:** Assessment comments and synopsis in Oregon ACCESS must clearly describe why the Chore Service is necessary to ensure the health and safety of the consumer.
- **Consent Forms:** Consent forms are required from the consumer.
- **Prior Authorization: Chore must be approved by Central Office.**

Local managers must send all Chore Service requests to [kplan.requests@state.or.us](mailto:kplan.requests@state.or.us) for Central Office Approval.
- **Provider Type:** Various Medicaid enrolled providers with insurance and bonding regardless of the amount. Individuals who are not insured and not incorporated as a business are not allowed. HCWs may not provide this service.
- **Provider Enrollment Process:** Standard Medicaid provider enrollment process through Central Office APD Provider Services.
- **Service Description:** Chore Services are intended to ensure the consumer's home is safe and allows for independent living. In order to ensure the consumer's home is safe, services may be authorized for, but not limited to:

- Heavy housecleaning to ensure the consumer and care providers can safely navigate in the home. This may include:
  - Removal of hazardous debris or dirt from the home
  - Heavy household chores
  - Intensive cleaning (May also include intensive cleaning when a consumer moves to facilitate their ability to stay in a home and community based setting)
  - Repairing loose carpet or tiles that pose a specific hazard
  - Moving heavy furniture or items for safety and egress
  - Treatment of infestations
- Removal of yard hazards to ensure the outside of the home is safe for the consumer to enter and exit the home through their primary entrance.
- Removal of excess items and/or garbage that impact the individual's ability to live safely in the home.
- **Limitations:** OAR [411-035-0040\(3\)](#)
  - Chore Services are meant to be a one-time service which will allow HCWs or In-Home Care Agencies to provide ongoing housekeeping support and are not part of the consumer's ongoing service plan.
  - Consumer must sign an agreement to have the home cleaned, removal of hazardous debris, or to have items that may pose a health and safety risk removed. [Click here](#) for the Chore Services Consent form.
  - Chore Services can only be funded if no one else is responsible to perform or pay for the services.
  - If the service is done in a rental location, the service must be a service that is not required of the landlord under applicable landlord-tenant law.
  - The conditions prior to the service are unsanitary or hazardous specifically to the consumer or prevent us from safely assigning a HCW or In-Home Care Agency; and
  - The issue that led to the hazardous or unsanitary situation is addressed in the ongoing service plan. If the issue cannot be addressed, a plan to mitigate reoccurrence must be narrated in Oregon ACCESS and documented in the request.
  - Services DO NOT include:
    - Pet washing and grooming
    - Washing vehicles
    - Normal household cleaning and cleaning supplies
    - Remodeling or new construction in and around the home

- Routine expenses associated with moving (e.g. moving furniture and belongings, cleaning apartment to obtain cleaning deposit)
  - Ongoing home maintenance
  - Lawn and yard maintenance
  - Home repairs
- **Service Setting Limitation:** In-Home only

## Environmental Modifications

- **OAR:** [Chapter 411, Division 035](#)
  - 411-035-0055: Eligibility for Consumer Environmental Modifications
  - 411-035-0060: Eligible Environmental Modification Services
  - 411-035-0065: Environmental Modification Provider Qualifications
- **Payment System:** Mainframe
- **Procedure Code(s):** TBD by Central Office
- **Procedure Name:** Home Modifications
- **Documentation:** The assessment, assessment summaries, Assessment comments and synopsis in Oregon ACCESS must clearly describe how the environmental modification will support ADL and IADL needs, replace the need for human assistance or increase the consumer's independence.
- **Consent Forms:** Consent forms are required from the consumer. The following forms must be completed and submitted via email to [kplan.requests@state.or.us](mailto:kplan.requests@state.or.us):
  - [Supplemental Assessment Form 3406](#)
  - [Consumer Environmental Modification Consent Form](#)
  - [Contractor Environmental Modification Consent Form](#)
  - [Landlord Owner Environmental Modification Consent Form](#)
  - Pictures prior to the modification (if possible).
- **Prior Authorization:** Central Office Authorization
- **Provider Type:** Various licensed, bonded and insured Medicaid contractors as approved by Central Office.
- **Provider Enrollment Process:** Standard Medicaid provider enrollment process through Central Office APD Provider Services.
- **Service Description:**
  - Environmental Modifications allow consumers to remain in their home or their family's home and must support their assessed ADLs, IADLs and health-related tasks as identified in their service plan.

- The modification must be necessary to ensure the health, safety and welfare of the consumer in their home and enable the consumer to function with greater independence in their home or with exiting the home.
- The modification must relate to a need identified in the consumer's person-centered service plan which increases their independence or substitutes the need for human assistance.
- Modifications are intended to adequately meet the consumer's minimum necessary needs, must be appropriate and cost-effective.
- Services/modifications may include but are not limited to:
  - Installation of:
    - Ramps;
    - Grab bars;
    - Handrails;
    - Non-skid surfaces;
    - Transfer poles;
    - Electric door openers; and
    - Stair lifts.
  - Adaptation of kitchen cabinets/sinks;
  - Widening of doorways;
  - Modification of bathroom facilities for the safety and well-being of the individual;
  - Overhead track systems to assist with lifting or transferring;
  - Specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the consumer; and
  - Repair or maintenance of environmental modifications may be included in this service.
- **Limitations:**
  - As indicated in OAR [411-035-0055](#):
    - A consumer must not be receiving community-based care in a licensed care setting.
    - Environmental modifications in rental locations must not be for services that are required of the landlord under applicable landlord-tenant law.
    - Modifications are limited to \$5000 per environmental modification.
      - Exceptions to the \$5000 limitation may be granted by Central Office, if the consumer has service needs that warrant an exception for

payment and no alternative is available to meet the needs of the consumer.

- If feasible, 3 bids are required from companies or vendors. A bid is not comparative pricing through the Internet. Case Managers may solicit bids from providers who are not on the enrolled provider list.
- Environmental modifications are not for home maintenance and repairs.
- Homes must be in good repair and have the appearance of sound structure as determined by the Case Manager. This is a common sense analysis. Is the home falling apart? Are there holes in the ceiling, walls or floors? Is there rot?
- For homes in need of repair, please refer to Special Need; Home Repair OAR [461-155-0600](#).
- Unless there are legitimate reasons, upgrades such as tile, hardwood floors, hand crafted items, and aesthetic design requests (i.e., matching existing cabinetry) will not be allowed. Services must be the most cost-effective to meet the need of the consumer.
- Modifications over \$500 must be completed by a state licensed contractor.
- Modifications requiring a permit must be inspected and certified, by an inspector, to ensure compliance with local codes.
- No material upgrades or supplemental payments to the provider are allowed by landlords or informal supports.
- No monetary funds shall be released to the provider until the work is finished and the Case Manager has confirmed that the work has been completed.
- If additional issues are discovered or additional costs will be incurred, the contractor must stop work and contact DHS or the AAA.
- Modifications must be within the existing square footage of the building structure, and must not add to the square footage of the building, except for external ramps needed to enter or exit the home.
- DHS nor local offices do not pay deposits, sign contracts or recommend that the consumer sign a contract.
- **Service Setting Limitation:** In-Home – may be owned or rented with landlord permission.

## Extended Emergency Response System

- **OAR:** [Chapter 411, Division 035](#)
  - 411-035-0025: Eligibility for Consumer Electronic Back-up Systems and Assistive Technology

- 411-035-0030: Eligible Electronic Back-up Systems and Assistive Technology Services
- 411-035-0035: Provider Qualifications for Electronic Back-up Systems and Assistive Technology
- **Payment System:** MMIS
- **Procedure Code(s) and Names:**
  - A9280 – Enhanced ERS
  - S5185 – Medication Reminder/Dispenser:
    - Unlocked dispenser
    - Locked dispenser
  - A9279 – Cell phone only ERS
  - S5161- Basic ERS without cell phone capability
- **Documentation:** Assessment comments and synopsis in Oregon ACCESS must clearly describe why the ERS is necessary to ensure the health and safety of the consumer.
- **Consent Forms:** Consent forms are not required.
- **Prior Authorization:** Local offices prior authorize through MMIS.
- **Provider Type:** MMIS enrolled ERS providers
- **Provider Enrollment Process:** Standard Medicaid provider enrollment process through Central Office APD Provider Services.
- **Service Description:** Electronic devices are intended to provide additional support and reduce the need for human assistance while enabling the consumer to function with greater independence and securing help in an emergency for safety in the home and the community.
- **Enhanced ERS include:**
  - Fall detector with notifications to emergency responders;
  - GPS locator services; or
  - Wandering sensor and wireless.
- **Medication Reminder/Dispenser include:**
  - Unlocked dispenser;
  - Locked dispenser;
  - Medication reminders; or
  - Vital Sign monitoring and Alerts.
- **Cell Phone Only ERS:**
  - Cell phone only ERS is only for individuals without a landline.
  - Basic ERS with cell phone capability (if the individual needs location finder or wandering alerts, please use Enhanced ERS).
- **Limitations:**

- Any purchase made from this category must be directly related to a support need of the consumer. It must increase independence or lessen the need for human assistance, and staff must describe how the use of the service will meet the consumer's service plan goals.
- Enhanced ERS Services are limited to people who:
  - Live alone or with others who cannot safely respond in an emergency;
  - Are alone for significant parts of the day and would otherwise require extensive routine supervision or would otherwise require a provider when out in the community;
  - Would otherwise require extensive routine supervision or would otherwise require a provider; or
  - May be a danger to themselves without the additional supports.
- Medicaid Reminders are limited to individuals who need cognitive supports to remember to take their medications appropriately or timely.
- Not for general telephone services or service plans.
- Not for cell phone services or Wi-Fi.
- **Service Setting Limitation:** In-Home only.
- **Note:** Case Managers should consider reducing appropriate hours for In-Home consumers.

## Transition Services

- **OAR:** [Chapter 411, Division 035](#)
  - 411-035-0070: Eligibility for Consumer Transition Services
  - 411-035-0075: Eligible Transition Services
  - 411-035-0080: Transition Services Provider Qualifications
- **Payment System:** SPL1 – Special Cash Payment system through the [437](#) process. Use appropriate codes as documented below.
- **Procedure Code(s) and Names:**
  - W3 – Move-In Costs
  - W4 – Household Purchases
  - W5 – Moving Costs
  - W6 – CBC and In-Home Visits
- **Move-In Costs**
  - Services include but are not limited to:
    - Housing application fees;
    - Payment for background and credit checks related to housing;
    - Cleaning deposits;

- Security deposits;
- Initial deposits for heating, lighting, and land line phone services;
- Payment of previous utility bills that prevent a consumer from receiving utility services;
- Extra locks and keys; and
- Past due utility bills that prevent the consumer from transitioning into a private home or apartment.
- **Household Purchases**
  - **Limits are per category for each transition;**
    - Services include but are not limited to:
      - **Goods** – Limited to \$500:
        - Cookware;
        - Tableware;
        - Trash bags;
        - Garbage cans;
        - Toilet paper;
        - Bedding;
        - Linens; and
        - Basic cleaning supplies.
      - **Furnishings** – Limited to \$1,000:
        - A bed;
        - A mattress;
        - Dresser
        - A couch or chairs; and
        - Tables.
      - **Food** – Limited to \$200 (benefit is limited to situations where other resources are not available to the consumer through SNAP or local food security resources or until SNAP benefits are issued):
        - Pantry staples;
        - Perishable food; and
        - Canned or boxed food.
      - **Clothing** – Limited to \$100 per transition:
        - Basic clothing not already available to the consumer.
- **Moving Costs** –
  - Limited to \$1,000 per transition.
  - Providers must be insured and bonded movers.
  - Services include:



- Actual moving costs to a moving company;
  - Moving items out of storage; and
  - Movers from former residence to new.
  - Local offices should receive 3 bids and choose the most cost-effective.
- **CBC and In-Home Visits:**
  - Services include:
    - Transportation for visiting potential CBC facilities and an In-Home service setting.
    - Private vehicle mileage when used to transport a consumer to a lower level of service is reimbursable under this code.
- Other services or purchases not listed above should be submitted to Central Office prior to purchase(s).
- **Documentation:** Assessment comments and synopsis in Oregon ACCESS must clearly describe the need for transition services.
- **Consent Forms:** Consent forms are not required.
- **Prior Authorization:** Services must be prior authorized and approved by a local Manager. Expenses over any of the limits listed must be submitted to Central Office via email at [kplan.requests@state.or.us](mailto:kplan.requests@state.or.us) for approval prior to ANY expenditures being made.
- **Provider Types:** Various
- **Provider Enrollment Process:** None needed. Providers of moving services must be bonded and insured.
- **Service Description:** Transition Services are intended to provide services and supports necessary for a consumer to transition from a nursing facility or the Oregon State Hospital to a community-based care or in-home setting.
- **Limitations:** Payment is for individuals transitioning from a **Nursing Facility** or **State Hospital only**.
  - Consumers transitioning from an acute care hospital directly to a community-based or in-home program are not eligible for transition services.
    - Consumers being diverted from nursing facility care, please use funds through Special Need; Diversion and Transition Services rule [461-155-0710](#).
    - MAGI consumers are not eligible for Special Need; Diversion and Transition Services rule [461-155-0710](#).
  - Total expenses for transition services and supports covered under this rule may be approved up to 60 days before the consumer transitions and up to thirty (30) days after a consumer discharges from a nursing facility or the Oregon State Hospital on a permanent basis and may include more than one item.

- Total purchases for furnishings are limited to no more than twice annually. If an individual is transitioning frequently, Central Office may consider storage costs as a cost-effective solution.
- Purchases for individuals transitioning to Community Based Care may not include W3 (move-in costs) and W4 (goods and food).
- Furnishing (W4) may only be purchased if licensing rules do not require the provider to supply the furnishings.