

# Tutorial: OPI-M Ancillary Services

## Service Case Managers

### **Purpose:**

To Assist and Empower eligible individuals, to help them increase their independence, to maximize their dignity and to help them reach their full human potential.

The following Ancillary Services are **Approved** and **Processed** by the State's Central Office.

- Assistive Technology
- Home/Environmental Modification
- Chore Services
- Special Medical Equipment and Supplies

**Payment is limited to the lowest possible cost which will adequately meet the individual's minimum necessary needs.**

### Service PLAN

#### Assistive Technology

Step 1. Select a Provider

Step 2. Requests Bids

Step 3. Submit Request to Central Office

Step 4. Receive Approval from Central Office

Step 5. Order Assistive Technology

Step 6. After Delivery of Assistive Technology

Step 7. Upload Assistive Technology forms to UCR

Step 8. Narrate in Oregon Access.

#### Home/Environmental Modification

Step 1. Select a Provider

Step 2. Requests Bids

Step 3. Complete Consent Form

Step 4. Submit Request to Central Office

Step 5. Receive Approval from Central Office

Step 6. Home/Environmental Modifications Begins

Step 7. Home/Environmental Modifications Completed

Step 8. Upload Home/Environmental Modification documents to UCR

Step 9. Narrate in Oregon Access

#### Chore Services

Step 1. Select a Provider

[Step 2. Requests Bids](#)

[Step 3. Complete Consent Form](#)

[Step 4. Submit Request to Central Office](#)

[Step 5. Receive Approval from Central Office](#)

[Step 6. Chore Service Begins](#)

[Step 7. Chore Service Completed](#)

[Step 8. Upload Chore Service Forms to UCR](#)

[Step 9. Narrate in Oregon Access](#)

[Special Medical Equipment and Medical Supplies](#)

[Step 1. Select a Provider](#)

[Step 2. Requests Bids](#)

[Step 3. Submit Request to Central Office](#)

[Step 4. Receive Approval from Central Office](#)

[Step 5. Order the Equipment or Supplies](#)

[Step 6. After Delivery of Equipment or Supplies](#)

[Step 7. Upload Specialized Medical Equipment and Medical Supplies documents to UCR.](#)

[Step 8. Narrate in Oregon Access.](#)

## Service PLAN

The PLAN document must clearly describe why the OPI-M Ancillary Service is necessary to:

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

**If more space is needed in the PLAN, an additional page may be attached**

## Assistive Technology

Equipment or items that can increase a consumer's independence or decrease the need for assistance from another person. Providers for Assistive Technology are not required to be a Medicaid Provider.

Examples of Assistive Technology	
<ul style="list-style-type: none"> <li>● Motion Sensors</li> </ul>	<ul style="list-style-type: none"> <li>● Incontinent Sensors</li> </ul>
<ul style="list-style-type: none"> <li>● Sound Sensors</li> </ul>	<ul style="list-style-type: none"> <li>● Toilet Flushing Sensors</li> </ul>
<ul style="list-style-type: none"> <li>● Alert Systems</li> </ul>	<ul style="list-style-type: none"> <li>● Fall Detectors - without notifications to entities outside the home</li> </ul>

### Step 1. Select a Provider

Review the provider list from the OPI-M Resources and Service Provider List

- For Assistive Technology, the provider does not need to be enrolled in order to secure a bid, but **MUST** be agreeable to the OPI-M Ancillary process: including, receiving payment from Central Office after the item is delivered to the Consumer.
  - **Local medical supply stores or furniture stores (for lifts) are usually willing to agree to the OPI-M Ancillary Process**
  - Big companies like Walmart or Walgreens are usually not willing to agree to the OPI-M Ancillary process.

### Step 2. Requests Bids

Three (3) bids are required for the proposed item.

- A bid does **not** include comparative pricing through the internet.
- If three (3) bids are not possible:
  - An explanation must be submitted when the request is sent to the Central Office (CO) for approval.
- Requests **MUST** be prior approved by the Central Office (CO) before supplies are ordered.

### Step 3. Submit Request to Central Office

The Service Case Manager must submit the following via email to [KPlan.Requests@odhsoha.oregon.gov](mailto:KPlan.Requests@odhsoha.oregon.gov):

1. Request for K Plan Ancillary Services Form 3406
  - "Yes" next to OPI-M Services

**DHS** | Oregon Department of Human Services  
AGING & PEOPLE WITH DISABILITIES

### Request for K Plan Ancillary Services

Consumer's name: [redacted]      Consumer's prime number: [redacted]  
 Case manager's name: [redacted]      Branch number: [redacted]  
 Approving manager's name: [redacted]      Date: [redacted]

Bids are attached:  Yes     No      Pictures are attached:  Yes     No

This request is for a consumer receiving OPI-M services:  Yes     No

**Service Type:**

Electronic back-up systems and assistive technology OAR 411-035-0030  
 Chore service OAR 411-035-0040

- o Clearly summarize why the request is necessary, the assessed need that will be met and the expected outcome for the individual in the Form 3406

Describe the reason the service is necessary, the assessed need that will be met and the expected outcome for the individual.

---

Submit this form and all documentation to: [KPlan.Requests@dhsosha.state.or.us](mailto:KPlan.Requests@dhsosha.state.or.us)

2. The most recent Service PLAN

- o Service PLAN must clearly state why the service is necessary, the assessed need that will be met and the expected outcome for the individual.  
*Discrepancies between the PLAN and the Request may result in a denial.*

3. Bids Received

Step 4. Receive Approval from Central Office

Receive Approval via email from [KPlan.Requests@odhsosha.oregon.gov](mailto:KPlan.Requests@odhsosha.oregon.gov).

**Note: If request is Denied:**

- Service Case Manager must send an APD 540 Notification of Planned Action to the consumer.
  - o The Central Office will provide rule language and denial rationale.

#### Step 5. Order Assistive Technology

1. Order the Assistive Technology from provider
2. Notify Consumer
3. Schedule Delivery.
4. Provider must complete K-Plan Assistive Technology Acceptance of Delivery form with the consumer upon delivery.

#### Step 6. After Delivery of Assistive Technology

The Service Case Manager sends the following to [KPlan.Requests@odhsoha.oregon.gov](mailto:KPlan.Requests@odhsoha.oregon.gov):

- Final Invoice
- Completed and Signed: K-Plan Assistive Technology Acceptance of Delivery form

#### Step 7. Upload Assistive Technology forms to UCR

Upload the following Assistive Technology documents to UCR:

- Request for K Plan Ancillary Services Form 3406
  - Naming Convention: **3406\_PRIME\_Date.pdf**
- K-Plan Assistive Technology Acceptance of Delivery Form
  - Naming Convention: **Delivery\_PRIME\_Date.pdf**

#### **If Denied:**

- SDS 540 Notification of Planned Action
  - Naming Convention: **540\_PRIME\_Date.pdf**

#### Step 8. Narrate in Oregon Access.

## Home/Environmental Modification

Home or Environmental Modifications are services that adapt the living space to meet specific service needs. Primarily for consumers with physical limitations, but can include modifications to address cognitive needs as well. Providers for Home or Environmental Modifications are required to be a Medicaid Provider.

### Examples of Home/Environmental Modifications

Installation of:	Modifications
<ul style="list-style-type: none"> <li>● Grab Bars</li> </ul>	<ul style="list-style-type: none"> <li>● Adaptation of Kitchen Cabinets</li> </ul>
<ul style="list-style-type: none"> <li>● Ramps</li> </ul>	<ul style="list-style-type: none"> <li>● Widening of Doorways</li> </ul>
<ul style="list-style-type: none"> <li>● Handrails</li> </ul>	<ul style="list-style-type: none"> <li>● Modify Bathroom Facilities</li> </ul>
<ul style="list-style-type: none"> <li>● Non-Skid Surfaces</li> </ul>	<ul style="list-style-type: none"> <li>● Overhead Track System to Assist with Lifting and Transferring</li> </ul>
<ul style="list-style-type: none"> <li>● Transfer Poles</li> </ul>	<ul style="list-style-type: none"> <li>● Repair or Maintenance of Home/Environmental Modifications</li> </ul>
<ul style="list-style-type: none"> <li>● Electric Door Openers</li> </ul>	
<ul style="list-style-type: none"> <li>● Stair Lifts</li> </ul>	

### Step 1. Select a Provider

Review the provider list from the OPI-M Resources and Service Provider List

### Step 2. Requests Bids

Three (3) bids are required for the proposed service.

- A bid does **not** include comparative pricing through the internet.
- If three (3) bids are not possible:
  - An explanation must be submitted when the request is sent to the Central Office (CO) for approval.
- Requests **MUST** be prior approved by the Central Office (CO) before work may begin.

### Step 3. Complete Consent Form

The Service Case Manager must coordinate with the contractor, consumer and/or landlord to obtain signatures **prior to approval** for the following forms:

- K-Plan Contractor Environmental Modification Consent Form:

- Must be signed by:
  - Contractor
  - Service Case Manager
- K-Plan Landlord/Owner & Consumer Environmental Modifications Consent Form:
  - Must be signed by:
    - Landlord/Owner
    - Consumer
    - Service Case Manager

Step 4. Submit Request to Central Office

The Service Case Manager must submit the following via email to [KPlan.Requests@odhsosha.oregon.gov](mailto:KPlan.Requests@odhsosha.oregon.gov):

1. Request for K Plan Ancillary Services Form 3406
  - "Yes" next to OPI-M Services

**DHS** | Oregon Department of Human Services  
AGING & PEOPLE WITH DISABILITIES

### Request for K Plan Ancillary Services

Consumer's name: [redacted] Consumer's prime number: [redacted]  
Case manager's name: [redacted] Branch number: [redacted]  
Approving manager's name: [redacted] Date: [redacted]

Bids are attached:  Yes  No Pictures are attached:  Yes  No

**This request is for a consumer receiving OPI-M services:**  Yes  No

**Service Type:**

- Electronic back-up systems and assistive technology OAR 411-035-0030
- Chore service OAR 411-035-0040
- Environmental modifications [redacted] OAR 411-035-0055
- Consumer transition services, any type, if over financial limits specified in rule OAR 411-035-0070

- Clearly summarize why the request is necessary, the assessed need that will be met and the expected outcome for the individual in the Form 3406



Describe the reason the service is necessary, the assessed need that will be met and the expected outcome for the individual.

---

Submit this form and all documentation to: [KPlan.Requests@dhsosha.state.or.us](mailto:KPlan.Requests@dhsosha.state.or.us)

2. The most recent Service PLAN
  - a. Service PLAN must clearly state why the service is necessary, the assessed need that will be met and the expected outcome for the individual.  
*Discrepancies between the PLAN and the Request may result in a denial.*
3. Signed: K-Plan Contractor Environmental Modification Consent Form
4. Signed: K-Plan Landlord/Owner & Consumer Environmental Modifications Consent Form
5. Bids received
6. Pictures are strongly encouraged for Home/Environmental Modifications.

#### Step 5. Receive Approval from Central Office

Receive Approval via email from [KPlan.Requests@odhsosha.oregon.gov](mailto:KPlan.Requests@odhsosha.oregon.gov).

#### **Note: If request is Denied:**

- Service Case Manager must send an APD 540 Notification of Planned Action to the consumer.
  - The Central Office will provide rule language and denial rationale.

#### Step 6. Home/Environmental Modifications Begins

1. Service Case Manager advises provider they may begin work
2. Notify the consumer

#### Step 7. Home/Environmental Modifications Completed

When the work is completed, the Service Case Manager obtains and sends the following to [KPlan.Requests@odhsosha.oregon.gov](mailto:KPlan.Requests@odhsosha.oregon.gov):

- Final Invoice
- Completed and Signed: Chore Services or Environmental Modifications K-State Plan Consumer Confirmation of Job Completed to Their Satisfaction form.



Step 8. Upload Home/Environmental Modification documents to UCR

Upload Home/Environmental Modification documents to UCR

- Request for K Plan Ancillary Services Form 3406
  - Naming Convention: **3406\_PRIME\_Date.pdf**
- K-Plan Contractor Environmental Modification Consent Form
  - Naming Convention: **ContractorConsent\_PRIME\_Date.pdf**
- K-Plan Landlord/Owner & Consumer Environmental Modification Consent Form
  - Naming Convention: **ModificationConsent\_PRIME\_Date.pdf**
- K-State Plan Consumer Confirmation of Job Completed to Their Satisfaction Form
  - Naming Convention: **JobComplete\_Prime\_Date.pdf**

**If Denied:**

- SDS 540 Notification of Planned Action
  - Naming Convention: **540\_PRIME\_Date.pdf**

Step 9. Narrate in Oregon Access

## Chore Services

Chore Services are intended to help the consumer live safely and independently in their own home. Chore services are meant to be a **one time service** and not part of an ongoing Plan.

Examples of Chore Services	
<p>Removal of Yard Debris</p> <ul style="list-style-type: none"> <li>● To ensure the outside of the home is safe for individuals to enter and exit the home through the primary entrance.</li> </ul>	<p>Removal of Excess Items</p> <ul style="list-style-type: none"> <li>● Removal of excess items or garbage that impact the individual's ability to live safely in the home.</li> </ul>
<p>Heavy House Cleaning</p> <ul style="list-style-type: none"> <li>● Removal of Hazardous Debris</li> <li>● Heavy Household Chores</li> <li>● Intensive Cleaning</li> <li>● Repairing loose carpet or tiles</li> <li>● Moving heavy furniture</li> <li>● Treatment of infestations</li> </ul>	

Step 1. Select a Provider

Review the provider list from the OPI-M Resources and Service Provider List

## Step 2. Requests Bids

Three (3) bids are required for the proposed service.

- A bid does **not** include comparative pricing through the internet.
- If three (3) bids are not possible:
  - An explanation must be submitted when the request is sent to the Central Office (CO) for approval.
- Requests **MUST** be prior approved by Central Office (CO) before the Chore Service can begin.

## Step 3. Complete Consent Form


The Service Case Manager must coordinate with the consumer to obtain signatures **prior to approval** for the following form:

- K-Plan Chore Services Consumer Consent form.
  - Must be signed by:
    - Consumer
    - Service Case Manager

## Step 4. Submit Request to Central Office

The Service Case Manager must submit the following via email to [KPlan.Requests@odhsoha.oregon.gov](mailto:KPlan.Requests@odhsoha.oregon.gov):

1. Request for K Plan Ancillary Services Form 3406
  - "Yes" next to OPI-M Services



**DHS** Oregon Department  
of Human Services  
AGING & PEOPLE WITH DISABILITIES

### Request for K Plan Ancillary Services

⊕ Consumer's name:

Case manager's name:

Approving manager's name:

Bids are attached:  Yes  No

This request is for a consumer receiving OPI-M services:

**Service Type:**

Electronic back-up systems and assistive technology OAR 411-035-0030

Chore service OAR 411-035-0040

Environmental modifications (*over \$500 must be completed by licensed contractor*) OAR 411-035-0055

Consumer transition services, any type, if over financial limits specified in rule OAR 411-035-0070

Consumer's prime number:


Branch number:

Date:

Pictures are attached:  Yes  No

Yes  No

- Clearly summarize why the request is necessary, the assessed need that will be met and the expected outcome for the individual in the Form 3406

 Describe the reason the service is necessary, the assessed need that will be met and the expected outcome for the individual.

---

Submit this form and all documentation to: [KPlan.Requests@dhsosha.state.or.us](mailto:KPlan.Requests@dhsosha.state.or.us)

2. The most recent Service PLAN
  - a. Service PLAN must clearly state why the service is necessary, the assessed need that will be met and the expected outcome for the individual.

*Discrepancies between the PLAN and the Request may result in a denial.*
3. Completed and Signed: K-Plan Chore Services Consumer Consent form.
4. Bids received
5. Pictures are required for Chore Services

#### Step 5. Receive Approval from Central Office

Receive Approval via email from [KPlan.Requests@odhsosha.oregon.gov](mailto:KPlan.Requests@odhsosha.oregon.gov).

#### **Note: If request is Denied:**

- Service Case Manager must send an APD 540 Notification of Planned Action to the consumer.
  - The Central Office will provide rule language and denial rationale.

#### Step 6. Chore Service Begins

1. Service Case Manager advises provider they may begin work
2. Notify the consumer

#### Step 7. Chore Service Completed

When the work is completed, the Service Case Manager obtains and sends the following to [KPlan.Requests@odhsosha.oregon.gov](mailto:KPlan.Requests@odhsosha.oregon.gov):

- Final Invoice
- Completed and Signed: Chore Services or Environmental Modifications K-State Plan Consumer Confirmation of Job Completed to Their Satisfaction form.

## Step 8. Upload Chore Service Forms to UCR

### Upload Chore Service documents to UCR

- Request for K Plan Ancillary Services Form 3406
  - Naming Convention: **3406\_PRIME\_Date.pdf**
- K-Plan Chore services Consumer Consent Form
  - Naming Convention: **ChoreConsent\_PRIME\_Date.pdf**
- K-State Plan Consumer Confirmation of Job Completed to Their Satisfaction Form
  - Naming Convention: **JobComplete\_PRIME\_Date.pdf**

### If Denied:

- SDS 540 Notification of Planned Action
  - Naming Convention: **540\_PRIME\_Date.pdf**

## Step 9. Narrate in Oregon Access

## Special Medical Equipment and Medical Supplies

Special Medical Equipment or Durable Medical Equipment (DME) which can withstand repeated use such as walkers, canes, hospital beds and wheelchairs. Medical supplies are defined as items that help a consumer care for themselves and are disposed of once used, such as gloves, wipes and incontinence supplies.

### Examples of Specialized Equipment and Medical Supplies:

Specialized Medical Equipment (DME)	Medical Supplies
<ul style="list-style-type: none"> <li>● Walker</li> <li>● Cane</li> <li>● Wheelchair</li> <li>● Bedside Commode</li> <li>● Hospital Bed</li> <li>● Hoyer Lift</li> <li>● Reacher/Grabber</li> <li>● Lift Chair</li> <li>● Transfer Pole</li> <li>● Special Eating Utensils</li> <li>● Bath/Sliding Chair</li> </ul>	<ul style="list-style-type: none"> <li>● Incontinence Supplies</li> <li>● Gloves</li> <li>● Wipes</li> <li>● Chux Pads</li> <li>● Wound Care Supplies</li> </ul>

## Step 1. Select a Provider

Review the provider list from the OPI-M Resources and Service Provider List

- For Special Medical Equipment (DME) the provider does not need to be enrolled in order to secure a bid, but **MUST** be agreeable to the OPI-M Ancillary process: including, receiving payment from Central Office after the item is delivered to the Consumer.

- **Local medical supply stores or furniture stores (for lifts) are usually willing to agree to the OPI-M Ancillary Process**
- Big companies like Walmart or Walgreens are usually not willing to agree to the OPI-M Ancillary process.
- **No Bids are required for Medical Supplies.**

Step 2. Requests Bids


Three (3) bids are required for **Special Medical Equipment or (DME)**

- A bid does **not** include comparative pricing through the internet.
- If three (3) bids are not possible:
  - An explanation must be submitted when the request is sent to the Central Office (CO) for approval.
- Requests **MUST** be prior approved by the Central Office (CO) before equipment is ordered.

Step 3. Submit Request to Central Office

The Service Case Manager must submit the following via email to [KPlan.Requests@odhsoha.oregon.gov](mailto:KPlan.Requests@odhsoha.oregon.gov):

1. Request for K Plan Ancillary Services Form 3406
  - "Yes" next to OPI-M Services



### Request for K Plan Ancillary Services

⊕ Consumer's name: [redacted] Consumer's prime number: [redacted]  
 Case manager's name: [redacted] Branch number: [redacted]  
 Approving manager's name: [redacted] Date: [redacted]

Bids are attached:  Yes  No      Pictures are attached:  Yes  No

This request is for a consumer receiving OPI-M services:  Yes  No

**Service Type:**

Electronic back-up systems and assistive technology OAR 411-035-0030

Chore service OAR 411-035-0040

- Clearly summarize why the request is necessary, the assessed need that will be met and the expected outcome for the individual in the Form 3406



Describe the reason the service is necessary, the assessed need that will be met and the expected outcome for the individual.

---

Submit this form and all documentation to: [KPlan.Requests@dhsosha.state.or.us](mailto:KPlan.Requests@dhsosha.state.or.us)

2. The most recent Service PLAN
  - Service PLAN must clearly state why the service is necessary, the assessed need that will be met and the expected outcome for the individual.  
*Discrepancies between the PLAN and the Request may result in a denial.*
3. Bids received (**Specialized Medical Equipment and DME ONLY**)
4. **Medical Supplies:** Indicate in the Service PLAN the anticipated length of time the medical supplies will be needed. Medical supplies may be approved by the Central Office for ongoing needs of up to 12 months without requiring a new request.

#### Step 4. Receive Approval from Central Office

Receive Approval via email from [KPlan.Requests@odhsosha.oregon.gov](mailto:KPlan.Requests@odhsosha.oregon.gov).

**Medical Supplies:** For Medical Supplies approved by Central Office for ongoing need of up to 12 months:

- Obtain a monthly invoice from the provider
- Ensure the supplies are still necessary
- Forward the monthly invoice to: [KPlan.Requests@odhsosha.oregon.gov](mailto:KPlan.Requests@odhsosha.oregon.gov) for monthly payment to the provider

#### **Note: If request is Denied:**

- Service Case Manager must send an APD 540 Notification of Planned Action to the consumer.
  - The Central Office will provide rule language and denial rationale.

#### Step 5. Order the Equipment or Supplies

5. Order the Specialized Medical Equipment or Medical Supplies
6. Notify Consumer
7. Schedule Delivery (Specialized Medical Equipment).
8. Provider must complete K-Plan Assistive Technology Acceptance of Delivery form with the consumer upon delivery.

#### Step 6. After Delivery of Equipment or Supplies

The Service Case Manager sends the following to [KPlan.Requests@odhsoha.oregon.gov](mailto:KPlan.Requests@odhsoha.oregon.gov):

- Final Invoice
- Completed and Signed: K-Plan Assistive Technology Acceptance of Delivery form

#### Step 7. Upload Specialized Medical Equipment and Medical Supplies documents to UCR.

Upload Specialized Medical Equipment and Medical Supplies documents to UCR

- Request for K Plan Ancillary Services Form 3406
  - Naming Convention: **3406\_PRIME\_Date.pdf**
- K-Plan Assistive Technology Acceptance of Delivery Form
  - Naming Convention: **Delivery\_PRIME\_Date.pdf**

#### If Denied:

- SDS 540 Notification of Planned Action
  - Naming Convention: **540\_PRIME\_Date.pdf**

#### Step 8. Narrate in Oregon Access.