



K-State Plan and OPI-M Ancillary Services Guidance

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Purpose

OARs: [411-015](#) and [411-016](#)

- To ensure individuals served by the Oregon Department of Human Services (ODHS), Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) through the K-State Plan and OPI-M Ancillary Services can 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 these programs.
- 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 and OPI-M Ancillary Services and how local offices can access these services for eligible individuals. 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

Definitions

OARs: [411-035-0010](#) and [411-016-0005](#)

- K Ancillary Services include:
 - **Assistive Technology** means equipment that provides additional security and support to an individual and replaces the need for human interventions. Assistive technologies enable an individual to self-direct their care and maximize their independence.
 - **Chore Services** means specific services intended to ensure the individual's home is safe and allows for independent living.
 - **Environmental Modifications** means the changes made to adapt living spaces to meet specific service needs of eligible individuals with physical limitations to maintain their health, safety, and independence.
 - **Transition Services** means those services and supports necessary for an individual to transition from a nursing facility or the Oregon State Hospital to a community-based care or in-home setting.
- OPI-M Ancillary Services include:
 - **Assistive Technology** means any item, piece of equipment, technology, system, whether acquired commercially, modified, or customized, that is

used to achieve, increase, maintain, or improve the functional capabilities of an individual, that provides additional security and support to an individual, replaces the need for human interventions or enables an individual to self-direct their care and maximize their independence. Training on using the technology should be offered to the individual.

- **Chore Services** means assistance such as heavy housework, yard work, or sidewalk maintenance provided on an intermittent or one-time basis to assure health and safety.
- **Home Modifications** mean the changes made to adapt living spaces to meet specific service needs of eligible individuals with physical limitations to maintain their health, safety, and independence.
- **Special Medical Equipment** means durable medical equipment that is used to achieve, increase, maintain, or improve the functional capabilities of an individual and can withstand repeated use.
- **Medical Supplies** means items that help an individual care for themselves and are disposed of once used.

Eligibility

- Eligibility for K Ancillary Services is limited to OSIP-M and MAGI eligible individuals who meet SPL 1-13.
 - K Ancillary Services are not available for SPCC or non-service eligible individuals.
 - K Ancillary Services include Assistive Technology, Chore Services, Home/Environmental modifications, and Transition Services.
- Eligibility for OPI-M Ancillary Services is available to OPI-M recipients who meet SPL 1-18.

Non-covered Services

Please note that the following requests are not allowed:

- Vehicle modifications and vehicle purchases;
- Hearing aids, glasses, and dentures;
- Home repairs (unless the repair is directly related to increasing an individual's ADL/IADL independence); and
- Appliance, air conditioners and furnace purchases or repairs.

If you are unsure if the request is allowed, submit the question to kplan.requests@odhsoha.oregon.gov prior to getting bids.

Local versus Central Office Approval

The following services are approved locally:

- Emergency Response Systems (ERS);
- Transition Services (Note: transition services do not include assistive devices, chore services or environmental modifications and are available for K Ancillary Services only); and
- Assistive Technology purchases under \$500 may be approved by local office management without CO review or approval for K Ancillary Services only.
 - Please remember moving costs and Assistive Technology purchases must be cost effective and require obtaining three (3) bids, when possible, even when being approved at the local office management level.

All other K Ancillary or OPI-M Ancillary Services must be prior authorized by Central Office (CO). Please do not give providers verbal authorization to begin work until you have received notification from CO.

Submitting Requests

The [Request for K Plan Ancillary Services \(SDS 3406\)](#) must be submitted via email to kplan.requests@odhsoha.oregon.gov.

Assessment comments and synopsis in Oregon ACCESS (OA) or the Person Led Assessment and Notice (PLAN) must clearly describe why the K Ancillary Service or OPI-M Ancillary Service is necessary to:

- Meet an assessed ADL or IADL;
- Ensure the health and safety of the individual;
- 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 services must be prior authorized before services begin.
- Services must be cost effective and minimal necessary to meet the need.
- Photos for chore services are required and are highly encouraged for home/environmental modifications. If a case manager (CM) or transition coordinator (TC) cannot take photos, we can accept them from the providers submitting the bids. Photos should be submitted with the request.

K Ancillary:

- Requests should be described fully on forms and must be supported by the 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.
 - For example, asking for a wheelchair ramp but the most recent assessment says the individual is independent in ambulation with no documentation of a wheelchair in the comments.
- The assessment should be no more than six-months old for K Ancillary requests.

OPI-M Ancillary:

- Requests should be described fully on forms and must be supported by the most recent PLAN.
 - An additional page may be attached to the PLAN if more space is needed.
 - Discrepancies between the request and the PLAN may lead to a denial.
 - Please make sure to select the 'Yes' box indicating OPI-M services on the Request for K Plan Ancillary Services Form (3406).
- The assessment may be up to 24-months old for OPI-M Ancillary requests only due to Continuous Eligibility requirements.
 - Current OPI-M Ancillary needs must be updated in the PLAN and support the need being addressed by the request.
 - Discrepancies between the request and the PLAN may lead to a denial.

Bid Requirements

Bids are required for:

- Assistive technology;
- Chore services;
- Environmental modifications;
- Special Medical Equipment (Durable Medical Equipment (DME)); and
- Transition services – moving costs. (K Ancillary Services only)

If feasible, three (3) bids are required from companies or vendors. A bid does not include comparative pricing through the internet. Individuals and CMs 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 starting any work. If three (3) bids are not feasible, justification must be submitted with the request.

Bids are different than enrollment processes. Individuals and CMs 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 – refer to list of enrolled providers (see below)
- Environmental modification – refer to list of enrolled providers
- 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 access to services. If you have questions on how to solicit bids, please email KPlan Requests. 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.

Providers do not have to be enrolled for the following:

- Assistive technology (including durable medical equipment (DME))
- Transition services (K Ancillary only)

Approvals and Denials

For services that require CO approval, decisions will be sent via email. CMs must notify the provider that they can begin services. If CO denies the request, please provide the individual a notice using the [SDS 0540](#) Notification of Planned Action (Not the OPI-M Decision Notice). CO will provide suggested language for the denial notice.

Completion of Work or Delivery of Item

When work is complete or item is delivered to the consumer, CM obtains and sends the following to kplan.requests@odhsoha.oregon.gov:

- Final invoice; and
- [Assistive Technology Acceptance of Delivery](#) or [Consumer Confirmation of Job Completed to Their Satisfaction](#).
 - CM requests provider to obtain [Assistive Technology Acceptance of Delivery](#) for:
 - Assistive Technology; and
 - Special Medical Equipment (DME).
 - CM requests [Consumer Confirmation of Job Completed to Their Satisfaction](#) from consumer for:
 - Chore Services; and
 - Home/Environmental modifications.

Assistive Technology; Alarms, Sensors

- OARs: [411-035](#) and [411-016](#)

- 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
- 411-016-0110: Assistive Technology, Emergency Response Systems and Provider Qualifications.
- **Payment system:** By CO only
- **Procedure code(s):** N/A
- **Procedure name(s):** Alarms/Sensors
- **Documentation:** Narration and the assessment in OA or the PLAN (OPI-M) must clearly describe why an alarm or sensor is necessary to ensure the health and safety of the individual.
- **Consent forms:** Consent forms are not required.
- **Prior authorization:** Yes, by CO.
- **Provider type:** Various providers as approved by CO.
- **Provider enrollment process:** Standard Medicaid provider enrollment process through APD Provider Services.
- **Service description:**
 - Alarms and sensors are intended to provide additional security and replace the need for human assistance and maximize independence. Examples include:
 - Motion sensors;
 - Sound sensors;
 - Alert systems;
 - Incontinent sensors;
 - Fall detectors without notifications to entities outside the home; and
 - Toilet flushing sensors.
- **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.
 - If feasible, three (3) bids are required from companies or vendors. A bid is not comparative pricing through the Internet. CMs may solicit bids from providers who are not on the enrolled provider list.
 - 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.

- **Service setting limitation:** In-Home Care (IHC) and Community Based Care (CBC).
- **Note:** CMs should consider reducing appropriate hours for IHC individuals.

Assistive Technology; Other

- **OARs:** [411-035](#) and [411-016](#)
 - 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
 - 411-016-0110: Assistive Technology, Emergency Response Systems and Provider Qualifications
- **Payment system:** by CO only
- **Procedure code(s):** N/A
- **Procedure name:** Assistive technology
- **Documentation:** Request must clearly describe how the assistive technology will increase the individual's independence, assist in ADL and IADL tasks or replace the need for human assistance. The need must match assessment comments or the PLAN (OPI-M).
- **Consent forms:** Consent forms are not required.
- **Prior authorization:** Yes, by CO.
- **Provider type:** Various providers as approved by CO.
- **Service description:**
 - Assistive technology is intended to provide additional support and reduce the need for human assistance while enabling the individual to function with greater independence. Assistive technology may include, but is not limited to:
 - Specialized equipment or DME such as:
 - Specialized walker;
 - Reacher/grabber;
 - Lift chair;
 - Grab bars (this is typically a part of an environmental modification and not a standalone purchase);
 - Transfer pole;
 - Specialized eating utensils;

- Bath/sliding chair;
 - Automatic faucets;
 - Automatic soap dispensers; and
 - Two-way communication systems.
- Other electronic systems, which must be approved on a case-by-case basis with CO approval.
- **Limitations:**
 - Any purchase made from this category must be directly related to an ADL/IADL support need of the individual. It must increase independence or decrease the need for human assistance, and staff must describe how the use of the service will meet the individual's service plan goals.
 - The request must match an assessed need in the most recent assessment or PLAN (OPI-M).
 - If feasible, three (3) bids are required from companies or vendors. A bid is not comparative pricing through the Internet. CMs may solicit bids from providers who are not on the enrolled provider list.
 - Medical equipment or technology covered by OHP or Medicare where the individual meets medical necessity criteria, 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 individual does not meet the medical necessity criteria for a covered item. Doctor's orders are not required if documentation is submitted to the K Plan email box, and it supports the service needs of the individual.
 - Requests for lift chairs do not need to be submitted for Medicare funding, or a Medicare 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 CO.
- **Service setting limitation:** IHC and CBC facilities on a case-by-case basis.
- **Note:** CMs should consider reducing appropriate hours for IHC individuals.

Chore Services

- **OARs:** [411-035](#) and [411-016](#)
 - 411-035-0040: Eligibility Criteria for Chore Services
 - 411-035-0045: Eligible Chore Services

- 411-035-0050: Chore Service Provider Qualifications
- 411-016-0140 Chore Services and Provider Qualifications
- **Payment system:** Mainframe
- **Procedure code(s):** N/A
- **Procedure name:** Chore service
- **Documentation:** Assessment comments and synopsis in OA or the PLAN (OPI-M) must clearly describe why chore services are necessary to ensure the health and safety of the individual. Pictures are required.
- **Consent forms:** Consent forms are required from the individual.
- **Prior authorization:** Yes, by CO.
- **Provider type:** Various Medicaid enrolled providers with insurance and bonding regardless of the amount of the service. Individuals who are not insured and not incorporated as a business are not eligible. HCWs may not provide this service.
- **Provider enrollment process:** Standard Medicaid provider enrollment process through APD Provider Services.
 - **Service description:** Chore services are intended to ensure the home is safe for the individual and/or a HCW to provide care. To ensure the individual's home is safe, services may be authorized for, but not limited to:
 - Heavy housecleaning to ensure the individual 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;
 - Repairing loose carpet or tiles that pose a specific hazard;
 - Moving heavy furniture or items for safety and egress; and
 - Treatment of infestations.
 - Removal of yard hazards to ensure the outside of the home is safe for the individual 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 individual's ongoing service plan.
 - Individual 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.

- If feasible, three (3) bids are required from companies or vendors. A bid is not comparative pricing through the Internet. CMs may solicit bids from providers who are not on the enrolled provider list.
- 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 not be the responsibility of the landlord under applicable landlord-tenant law.
- The conditions prior to the service are unsanitary or hazardous specifically to the individual or prevent APD or AAA from safely assigning a HCW or In-Home Care Agency; and
- Services DO NOT include:
 - Pet washing and grooming;
 - Washing vehicles;
 - Normal household cleaning and cleaning supplies;
 - Clean up related to 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; and
 - Home repairs.

- **Service setting limitation:** IHC only

Home/Environmental Modifications

- **OARs:** [411-035](#) and [411-016](#)
 - 411-035-0055: Eligibility for Consumer Environmental Modifications
 - 411-035-0060: Eligible Environmental Modification Services
 - 411-035-0065: Environmental Modification Provider Qualifications
 - 411-016-0180: Home Modification and Provider Qualifications
- **Payment system:** Mainframe
- **Procedure code(s):** N/A
- **Procedure name:** Environmental modification
- **Documentation:** The assessment, assessment summaries, assessment comments, and synopsis in OA or the PLAN (OPI-M) must clearly describe how the environmental modification will support ADL and IADL needs, replace the

need for human assistance or increase the individual's independence. Pictures and/or diagrams are strongly encouraged. CO may require these items to make a determination.

- **Consent forms:** Consent forms are required. The following forms must be completed and submitted via email to kplan.requests@odhsoha.oregon.gov:
 - [Request for K Plan Ancillary Services Form \(SDS 3406\)](#)
 - [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:** Yes, by CO
- **Provider type:** Various licensed, bonded, and insured contractors as approved by CO.
- **Provider enrollment process:** Standard Medicaid provider enrollment process through APD Provider Services.
- **Service description:**
 - Home/Environmental modifications allow individuals to remain in their home (including rentals) 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 individual in their home and enable the individual to function with greater independence in their home or with exiting the home.
 - The modification must relate to a need identified in the individual's person-centered service plan which increases their independence or substitutes for the need for human assistance.
 - Modifications are intended to adequately meet the individual's minimum necessary needs and must be appropriate and cost-effective.
 - Services/modifications may include but are not limited to:
 - Installation of:
 - Grab bars;
 - Ramps;
 - Handrails;
 - Non-skid surfaces;
 - Transfer poles;
 - Electric door openers; and
 - Stair lifts.
 - Adaptation of kitchen cabinets/sinks;
 - Widening of doorways;

- Modification of bathroom facilities to enable greater access by the individual in support of ADL care;
 - 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 individual; and
 - Repair or maintenance of home/environmental modifications may be included in this service.
- **Limitations:**
 - As indicated in OAR [411-035-0055](#):
 - An individual must not be in a licensed care setting.
 - Home/Environmental modifications in rental locations must not be for services that are required of the landlord under applicable landlord-tenant law.
 - If feasible, three (3) bids are required from companies or vendors. A bid is not comparative pricing through the Internet. CMs may solicit bids from providers who are not on the enrolled provider list.
 - Home/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 CM. This is a commonsense analysis. 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 individual.
 - 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. This is the responsibility of the contractor.
 - 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 CM 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 ODHS or the AAA for approval to proceed.
 - 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.
 - ODHS and local offices do not pay deposits, sign contracts, or

recommend that the individual sign a contract.

- **Service setting limitation:** IHC – may be owned or rented with landlord permission.

Transition Services (K Ancillary Only)

Transition Services are only for consumers moving from a nursing facility or Oregon State Hospital.

- **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:** Medical Related Payment (MRP) in the ONE System.
- **Procedure code(s) and names:**
 - W3 – Move-In Costs
 - W4 – Household Purchases
 - W5 – Moving Costs
 - W6 – CBC and IHC 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 an individual from receiving utility services;
 - Extra locks and keys; and
 - Past due utility bills that prevent the individual 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 individual 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 individual.
- **Moving costs –**
 - Limited to \$1,000 per transition.
 - Movers must be insured and bonded.
 - Local offices should receive three (3) bids whenever possible and choose the most cost-effective bid.
 - Services include:
 - Actual moving costs to a moving company;
 - Moving items out of storage; and
 - Move from former residence to new.
- **CBC and IHC visits:**
 - Services include:
 - Transportation for visiting potential CBC facilities or an IHC service setting.
 - Private vehicle mileage when used to transport an individual to a lower level of service is reimbursable under this code.
- Other services or purchases not listed above should be submitted to CO prior to purchase(s).
- **Documentation:** Assessment comments and synopsis in OA must clearly describe the need for transition services.
- **Consent forms:** Not applicable.
- **Prior authorization:** Services must be prior authorized and approved by a local office manager. Expenses over any of the limits listed must be submitted to the K

Plan policy analyst or kplan.requests@odhsoha.oregon.gov 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 an individual to transition from a nursing facility or the Oregon State Hospital to a CBC or IHC setting.
- **Limitations:** Payment is for individuals transitioning from a Nursing Facility or Oregon State Hospital only. Not available for OPI-M Ancillary Services.
 - Individuals transitioning from an acute care hospital directly to a CBC or IHC program are not eligible for transition services.
 - Individuals being diverted from nursing facility care, please use funds through Special Need; Diversion and Transition Services rule [461-155-0710](#).
 - MAGI individuals 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 individual transitions and up to thirty (30) days after an individual 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.
 - Purchases for individuals transitioning to CBC may not include W3 (move-in costs) and W4 (goods and food).
 - Furnishings (W4) may only be purchased if licensing rules do not require the provider to supply the furnishings.

Special Medical Equipment and Medical Supplies (OPI-M Ancillary Only)

- **OAR:** [Chapter 411, Division 016](#)
 - 411-016-0200: Special Medical Equipment and Supplies
- **Payment system:** By CO only
- **Procedure code(s):** CO
- **Procedure name(s):** Determined by CO.
- **Documentation:** Narration and the assessment in OA or the PLAN must clearly describe why the Special Medical Equipment and/or Medical Supplies is necessary to ensure the health and safety of the individual. An additional page may be attached if more space is needed.

- **Consent forms:** Consent forms are not required.
- **Prior authorization:** Yes, by CO.
- **Provider type:** Various providers as approved by CO.
- **Service description:**
 - Special Medical Equipment or DME: Equipment which can withstand repeated use, such as:
 - Walker;
 - Cane;
 - Wheelchair;
 - Bedside Commode;
 - Hospital bed;
 - Hoyer lift;
 - Reacher/grabber;
 - Lift chair;
 - Transfer pole;
 - Specialized eating utensils; and
 - Bath/sliding chair.
 - Medical Supplies: Items that help a consumer care for themselves and are disposed of once used, such as:
 - Incontinence Supplies;
 - Gloves;
 - Wipes;
 - Chux pads; and
 - Wound care supplies.
 - Note: Bids are not required for medical supplies only.
 - Note: For medical supplies, CMs must indicate the anticipated length of time the medical supplies will be needed in the request. Medical supplies may be approved by CO for ongoing needs of up to 12-months without requiring a new request. SCMs must obtain a monthly invoice, ensure the medical supplies are still necessary, and forward the monthly invoice to kplan.requests@odhsoha.oregon.gov for monthly payment to the provider.
- **Limitations:**
 - Individuals may be eligible for specialized or DME and/or medical supplies if no other payer such as Medicare, Medicaid medical benefits or other insurance is paying for the equipment or supplies.
 - Any purchase made from this category must be directly related to a support need of the individual. The CM must describe how the use of the service will meet the individual's service plan goals or improve the individual's health or wellbeing in the [Request for K Plan Ancillary Services \(SDS](#)

[3406](#)).

- Special medical equipment or supplies must be necessary to support the consumer's health or well-being. Special medical equipment is not assistive technology as defined in OAR [411-016-0005](#) and is not a replacement or substitute for caregiver or unpaid caregiver services.
- To be considered an eligible request, when possible, three (3) bids are required from providers for Special Medical Equipment or DME. Consumers should work with their Services Case Manager to obtain bids. Bids may not include comparative pricing through the internet.