OPI-M Ancillary Services Basic Process Flow

Updated March 3, 2026

This process flow explains how to request, review, approve, and pay for OPI-M ancillary services, including when Local Office (LO) supervisors may approve requests up to $500 and when Central Office (CO) approval is required.

Step 1: Assess need and document in the PLAN

The Services Case Manager (SCM) assesses the consumer's need or request for OPI-M Ancillary Services.

The Person Led Assessment and Notice (PLAN) 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 individual;
- Increase the individual's independence; or
- Replace the need for human assistance.

Note: If additional space is needed, an extra page may be attached to the PLAN.

Step 2: Review provider requirements

The SCM reviews the approved provider list to determine whether an enrolled provider is required.

Enrolled providers are required for:

- Chore Services
- Home/Environmental Modification

SCMs and individuals may request bids from providers not on the enrolled provider list; however, providers must be enrolled before work begins.

- To enroll, providers must complete the State Plan Medicaid Provider Enrollment Agreement.

Enrolled providers are *not* required for:

- Assistive Technology
- Special Medical Equipment and Medical Supplies

Step 3: Request and obtain bids

The SCM or individual requests bids for the proposed service or item.

Three bids are required for:

- Assistive Technology
- Special Medical Equipment
- Chore Services
- Home/Environmental Modifications

A single bid is required for:

- Medical Supplies — items that help an individual care for themselves and are disposed of after use (e.g., incontinence supplies, gloves, wipes, wound care supplies).

Bid requirements:

- Three bids are required when feasible.
- Internet price comparisons do not meet bid requirements.
- If three bids are not feasible, an explanation must be submitted with the request, including the vendors or contractors attempted, if applicable.

Step 4: Determine approval pathway

The SCM determines whether the request qualifies for LO supervisor approval or CO review based on the total cost and service type.

Requests eligible for LO supervisor approval:

- Assistive technology $500 or less
- Special medical equipment and medical supplies $500 or less
    - Incontinence supplies under 200 units (See APD-PT-24-027)
    - Lift chairs up to $1500 (+$300 max delivery and disposal), (See APD-PT-26-001)

Requests requiring CO approval:

- Any other request over $500
- Incontinence supply requests over 200 units (with medical documentation included)
- All other OPI-M ancillary services, including:
    - Chore Services
    - Home/Environmental Modifications

Step 5: Obtain required consent forms (if applicable)

The SCM obtains required consent forms located on the Case Management Tools website and coordinates with the individual, landlord, and/or contractor to obtain signatures as applicable.

Required forms may include:

- Chore Services Consent Form
- Individual/Landlord Environmental Modification Consent Form
- Contractor Environmental Modification Consent Form

Note: All applicable consent forms must be completed and signed prior to service approval.

Step 6: Submit request for approval

For LO Supervisor Approval – Requests $500 or less

The SCM submits the following to the LO supervisor for review and approval:

- Request for K Plan Ancillary Services Form (SDS 3406), with the “Yes” box selected for OPI-M services

- Most recent PLAN
- Required bids (if applicable)
- OA narration documenting alternatives explored and confirmation the item is not covered by another payor

The supervisor submits the Local Supervisor Approval Form.

Note: If the request is for medical supplies, indicate the anticipated length of time the medical supplies will be needed. Medical supplies may be approved for ongoing needs through the end of the current service benefit (no more than 12 months).

For CO review – Requests over $500 or non-eligible services

The SCM submits the complete request via email to: kplan.requests@odhsoha.oregon.gov with "OPI-M request" in the subject line of the email.

Submission must include:

- Request for K Plan Ancillary Services Form (SDS 3406), with the "Yes" box selected for OPI-M services
- Most recent PLAN
- Required consent forms
- Bids received
- Photos (required for chore services; strongly encouraged for home/environmental modifications)

Step 7: Receive approval or denial

- SCM receives approval or denial via email from kplan.requests@odhsoha.oregon.gov.
- If denied, SCM must issue SDS 540 – Not OPI-M Decision Notice).
    - CO will provide applicable rule language and denial rationale.

Note: For medical supplies approved for ongoing needs, SCMs must:

- Obtain monthly invoices,

- Confirm supplies are still necessary, and
- Forward invoices monthly to kplan.requests@odhsoha.oregon.gov with "OPI-M invoice" in the subject line for payment.

Step 8: Authorize work or delivery

After approval, SCM:

- Notifies the provider to begin work or deliver items.
- Notifies the individual of approval.

SCM requests:

- **Assistive Technology Acceptance of Delivery for:**
  - Assistive Technology
  - Special Medical Equipment
- **Consumer Confirmation of Job Completed to Their Satisfaction for:**
  - Chore Services
  - Home/Environmental Modifications

Step 9: Submit final documentation

Once work is complete or items are delivered, SCM submits to kplan.requests@odhsoha.oregon.gov with "OPI-M invoice" in the subject line for payment:

- Final invoice,
- Photos of completed work (if applicable); and
- Required acceptance or completion confirmation forms:
  - Assistive Technology Acceptance of Delivery
  - Consumer Confirmation of Job Completed to Their Satisfaction

Note: All documentation must be uploaded to Laserfiche.

Step 10: Provider payment

- CO processes payment to the provider.
- **Important:** No invoices are to be paid locally.

More information on the OPI-M Ancillary process may be found in the K-State Plan & OPI-M Ancillary Services Guidance document and the K-Plan Ancillary Services page in the Case Management Tools website.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or 503-945-5600. We accept all relay calls.

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