

Lilia Teninty

Authorized Signature

Number: APD-PT-16-041
Issue date: 10/21/2016

Topic: Developmental Disabilities

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other: _____

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children’s Residential Services | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Service Coordinators and Brokerage Managers/Personal Agents |
| <input type="checkbox"/> Child Welfare Programs | |

| | | | |
|------------------------|---|-------------|--|
| Policy/rule title: | Assistive Devices and Assistive Technology Worker Guide – Amendment | | |
| Policy/rule number(s): | | Release no: | |
| Effective date: | 10/14/16 | Expiration: | |
| References: | ODDS Assistive Devices and Assistive Technology Worker Guide, APD-PT-16-037 | | |
| Web address: | | | |

Discussion/interpretation: The Assistive Devices and Technology worker’s guide has been updated to reflect the changes articulated in [APD-PT-16-037](#). In addition, the Frequently Asked Questions at the end of the guide have been updated.

Implementation/transition instructions: Refer to APD-PT-16-037 which articulates the process for obtaining prior authorization decisions for individuals who have OHP-Open Card. All other policies regarding the case management entity’s role in

determining whether a requested assistive device or technology is appropriate has not changed.

Training/communication plan:

APD-PT-16-037

[Assistive Devices and Technology Worker Guide](#) – Amendment to October 15, 2015.

Local/branch action required:

Central office action required:

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

| | | | |
|--------------------|------------------------------|-------------|--|
| Contact(s): | Michael Harmon | | |
| Phone: | 541-974-4445 | Fax: | |
| Email: | michael.a.harmon@state.or.us | | |