K Ancillary Services Guidance

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Chore Services

OAR 411-035-0040
Payment System: AATH System, Mainframe
Procedure Code(s): OR501
Procedure Name: Chore Service
Assessment Process: Narration in Oregon ACCESS must clearly describe why the Chore Service is necessary to ensure the health and safety of the consumer. If feasible, three bids are required from companies or vendors who provide Chore Services. Narration must indicate the reason when three bids are unobtainable.
Prior Authorization: Services must be prior authorized and approved by the local manager. Services exceeding $1,000 must be submitted to Central Office, kplan.requests@state.or.us, for approval.
Provider Type: Medicaid-enrolled providers. Providers must also be a registered business, bonded and insured.
Provider Enrollment Process: Standard Medicaid provider enrollment process through the APD Provider Services.
Service Description:

- Chore services are used to restore a hazardous or unsanitary situation to a clean, sanitary, and safe environment in a consumer's home. Chore Services

include heavy household chores, removing unsanitary debris, repairing loose carpet and tiles, and moving heavy items of furniture for safe access and egress.

- Chore Services may include yard or home-entry hazard abatement to ensure the outside of the home is safe for the consumer to traverse and enter and exit the home.
- Chore Services are tasks involving heavy physical labor aimed at achieving basic cleanliness and safety that may then be maintained over a reasonable period of time by routine housekeeping and maintenance.

Limitations:

- Services may only be paid for if:
    - No one else is responsible to perform or pay for the services;
    - 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 (if not preventable, documentation must support why not).
    - The consumer must sign a written agreement to have the home cleaned, remove hazardous debris, or to have items that may pose a health and safety risk hauled off.
    - Chore Services are meant to be a one-time service that will allow HCWs or In-Home Care Agencies to provide on-going housekeeping support.
- 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.
    - It is not a routine expense associated with moving residence, (e.g. moving furniture and belongings, cleaning apartment to obtain cleaning deposit).
    - Ongoing home maintenance and housekeeping services or lawn and yard maintenance.

Service Setting Limitation:

- In-Home only.

Assistive Technology; Alarms, Sensors

OAR 411-035-0030

Payment System: Central Office
Procedure Code(s): W0 (Zero)
Procedure Name(s): Alarms/Sensors
Assessment Process: The Supplemental Assessment Form must be submitted via email to kplan.requests@state.or.us.
Prior Authorization: Central Office authorization.
Provider Type: Various as approved by Central Office.
Provider Enrollment Process: Central Office to enroll.
Service Description:

- Assistive Technology to provide additional security and replace the need for direct interventions to allow self-direction of care and maximize independence such as motion/sound sensors, two-way communication systems, automatic faucets and soap dispensers, incontinent and fall sensors, wandering sensors, or other electronic backup systems. Monthly maintenance, fees, or service charges are covered.
- Data plans, software, warranties, accessories, etc.

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. The purchase must increase independence or lessen the need for other paid support. Service plan goals in support of the use of this service must describe how these conditions will be met.
- 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 that may have 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 Community Based Care.

Assistive Technology; Other

OAR 411-035-0030

Payment System: Central Office.
Procedure Code(s): W1
Procedure Name(s): Assistive Technology
Assessment Process: The Supplemental Assessment Form must be submitted to at kplan.requests@state.or.us.
Prior Authorization: Central Office authorization.
Provider Type: Various as determined by Central Office.
Provider Enrollment Process: Central Office.
Service Description:

- Assistive Technology provides additional support and reduces the need for human assistance while enabling the consumer to function with greater independence. Assistive Technology may include specialized walkers, reachers/grabbers, lift chairs, etc.

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 other paid support. Service plan goals in support of the use of this service must describe how these conditions will be met.
- Medical equipment already covered by DMAP or Medicare will not be approved.
- 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 that may have on cost effectiveness. Repair or replacement more than one time in a year requires prior authorization from Central Office.

Service Setting Limitation:

- In Home.

Transition Services

OAR 411-035-0070

Payment System: SPL1, Special Cash Payment system through the 437 process.
Procedure Code(s) and Names:

- **W3 – Move-In Costs**: Application fees, payment for background and credit checks, cleaning and security deposits, utilities, extra locks and keys.
- **W4 – Household Purchases**:
  - Goods: Cookware, tableware, trash bags, garbage cans, bedding, linens, basic cleaning supplies. Limited to $500.
  - Furnishings: Beds, mattresses, dressers, couches, chairs. Limited to $1,000.
  - Food: Pantry staples, perishable food, canned or boxed food; not otherwise available to the consumer through SNAP or to meet the consumer's needs until SNAP benefits are issued. Limited to $200.
  - Clothing: Basic clothing not already available to the consumer. Limited to $100.
- **W5 – Moving Costs**: Besides the actual moving costs to a moving company, this includes moving items out of storage.
- **W6 – CBC and In-Home visits**: 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.

Assessment Process: All Transition Services must be clearly narrated in Oregon ACCESS.
Prior Authorization: Services must be prior authorized and approved by a local manager. Expenses over any of the limits need to be submitted to Central Office, kplan.requests@state.or.us, for approval.
Provider Type: Various.
Provider Enrollment Process:
Service Description:

- This service covers transition costs such as rent and utility deposits, first and last month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for a consumer to make the transition from a nursing facility, state hospital, or intermediate care facility to a Community-Based

Facility or home setting where the consumer will reside. Financial assistance will be limited to:

- Moving and move-in costs including; movers, cleaning and security deposits, payment for background/credit check (related to housing), initial deposits for heating, lighting and phone;
- Payment of previous utility bills that may prevent the individual from receiving utility services, and
- Basic household furnishing (e.g. bed, sofa, chair, etc.) and other items necessary to re-establish a home.
- Basic kitchen stocking.

Limitations:

- These expenditures are limited to individuals transitioning from a nursing facility or the Oregon State Hospital to a home or Community-Based Care setting where the consumer will reside. For consumers being diverted from nursing facility care, please use funds through Special Need; Diversion and Transition Services; OAR 461-155-0710.
- These services are available to MAGI and OSIP/OSIPM consumers. MAGI consumers are not eligible for Special Need; Diversion and Transition Services; OAR 461-155-0710.
- Total expenses may be approved from the date of authorization up to thirty days after a consumer discharges from a nursing facility or the Oregon State Hospital.
- Individuals will be able to access the benefit no more than twice annually; however, basic household furnishing and other items will be limited to authorization one time per year.

Extended Emergency Response Systems

OAR 411-035-0025

Payment System: MMIS

Procedure Code(s) and Names:

- **A9280-Enhanced ERS**: Fall detector, GPS/wandering device and wireless/cell phone capability
- **S5185-Medication reminder/dispenser**: Unlocked dispenser and locked dispenser
- **A9279-Cell phone only**: Basic ERS with cell phone capability

Assessment Process: Case manager must document the need in the CAPS Assessment comments and in narration.

Prior Authorization: Local offices prior authorize through CMS

Provider Type: Approved ERS providers

Provider Enrollment Process: Existing Providers

Service Description:

Electronic devices required by consumers to secure help in an emergency for safety in the home and the community. Services are limited to people who:

- Live alone, or
- Are alone for significant parts of the day and would otherwise require extensive routine supervision or would otherwise require an attendant when out in the community.
- Services include ERS, GPS systems, and medication dispensers.

Limitations:

- Not for general telephone services or service plans.
- Not for cell phone services.

Service Setting Limitation:

- In Home only.

Environmental Modifications

OAR 411-035-0055

Payment System: Central Office.
Procedure Code(s): TBD by Central Office.
Procedure Name(s): Home Modifications.
Assessment Process: The Supplemental Assessment Form must be submitted via email to kplan.requests@state.or.us.
Prior Authorization: Services must be prior authorized by Central Office
Provider Type: Licensed, bonded and insured contractors that have enrolled as a Medicaid provider.
Provider Enrollment Process: Standard provider enrollment process.
Service Description:

- Environmental Modifications allow a consumer to remain in their home or their families' home. Environmental Modifications must be tied to supporting ADLs, IADLs and health-related tasks as identified in the service plan. The modification must be necessary to ensure the health, welfare, and safety of the consumer in the home, or which enables the consumer to function with greater independence in the home or to assist the consumer in exiting the home safely.
- Expenditures must relate to a need identified in the consumer's person-centered service plan that increases the consumer's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.
- Environmental modifications are not for home maintenance and repairs. Homes must be in good repair and have the appearance of sound structure. For homes in need of repair, please refer to Special Need; Home Repair, OAR 461-155-0600.
- Services must be the minimum necessary to meet the need. Upgrades, such as marble, tile, hard wood floors, hand crafted items, and aesthetic design request (i.e., matching existing cabinetry) are not allowed.
- Services may include:
    - Installation of ramps and grab-bars;
    - Installation of electric door openers;
    - Adaptation of kitchen cabinets/sinks;

- Widening of doorways, handrails, modification of bathroom facilities;
- Installation of non-skid surfaces;
- 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.
- Repair or maintenance of environmental modifications may be included in this service. The service does not include repairs that are general home repairs that any home owner is likely to incur.

Limitations:

- Modifications over $500 must be completed by a state licensed contractor.
- Any modification requiring a permit must be inspected and be certified as in compliance with local codes by local inspectors and filed in provider file prior to payment.
- Environmental Modifications must be made within the existing square footage of the residence, except for external ramps, and cannot add to the square footage of the building.
- Environmental Modifications are limited to $5,000 per modification. Case managers may request approval for additional expenditures through the Central Office prior to expenditure.
- Three estimates for all work must be obtained and the least costly accepted.
- Payment to the contractor is to be withheld until the work meets specifications.
- Funds may not be used as a deposit.

Service Setting Limitation:

- In Home – may be owned or rented with landlord permission.