

Supplemental Support Documentation for K Plan Services

For any of the services listed below, all the listed conditions must be present to authorize the service. Other conditions described in OAR or Expenditure Guidelines still apply. Additional authorizations of these services require a new support documentation using this form.

Individual Name:

Personal Agent/Services Coordinator Name:

Date:

Environmental Modifications:

Addresses an assessed ADL/IADL need or health related task. Please identify the need being addressed and describe how this need will be met through the modification:

The modification will be made within the square footage of the residence, or is an external ramp.

The modification will increase the individual's independence or substitute for human assistance, to the extent that expenditures would otherwise be made for the human assistance.

Assistive Devices:

Private insurance, OHP and other likely resources have been ruled out.

Purchase of the equipment will reduce other costs in another area such as the reduction in hours of needed support staff. Describe the need and how this need is met without the device:

The item is a medical/disability related necessity and is not for convenience.

The item is the basic item at the minimum cost that meets the individual's needs.

Chore Services:

no one else is responsible to perform or pay for the services

The conditions are unsanitary or hazardous. Please describe:

Three cost estimates were obtain or provide an explanation for how the service is the least costly available:

Assistive Technology:

Addresses an assessed ADL/IADL need or health related task. Please identify the need being addressed and describe how this need will be met through the technology:

The technology will increase the individual's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.

The individual has demonstrated the ability to use the technology to meet the need.

The support represents the most cost effective way to meet the identified need.

Things to consider when weighing cost effectiveness:

- On going costs (data plans, monthly fees, etc.)
- What amount, if any, of human assistance is required to set up, maintain, reprogram, etc., the item and is the assistance reliably available every time it is needed.

Please describe less costly alternative strategies considered (including "low tech" strategies) and the reasons they were unsuitable:

Emergency Response System

Individual lives in their own home and is alone, or is alone for significant parts of the day.

The individual requires extensive routine supervision or would require an attendant when out in the community.

Please describe how the service will meet the identified support need: