

WORK Assistive Services Request Form

Consumer Name:

Date:

Definition:

Assistive Services includes any item, piece of equipment, product system, or environmental modification, which is used to increase, maintain, or improve independence and/or employment. Purchase or rent of new or used assistive technology is limited to those items not covered by Medicaid under the State Plan. Examples include, but are not limited to, ramps, lifts, home modifications in order to increase access, and assistive technology that improves communication and/or mobility in the home and work place. Assistive services have an annual limit of \$7,500.

Assistive Services also includes any service that directly assists an individual with a disability in the selection, acquisition, or use of assistive technology. Consumers may choose, and designate payment for, the provider of their choice. Such services may not include any services already covered by Medicaid under the State Plan. Environmental modifications may be purchased in rented apartments or homes.

Examples of assistive services include, but are not limited to:

- dentures;
- home modifications to increase access, including ramps, grab bars, reducing counter tops, widening doors;
- environmental control units;
- lifts;
- communication devices;
- hearing aids and batteries;
- low vision aids;
- specialty beds (such as hospital), specialty mattresses, mattress covers, bed rails;
- insulin pumps and pump supplies;
- cost of obtaining and replacing service dogs and other service animals;
- motorized wheelchairs or scooters, and repairs;
- emergency alert devices (installation and monthly fees); and
- vehicle adaptations (adaptations only).

Items exempted include, but are not limited to:

- appliances such as blenders, microwaves, refrigerators, washers, dryers;
- home renovations not related to accessibility;
- household items such as air conditioners, humidifiers/de-humidifiers, air purifiers, water purifiers,
- heating pads, heat lamps, vaporizers;
- water beds;
- hot tubs, whirlpools;
- exercise equipment, indoor exercise pools; and
- vehicles

The assistive service(s) authorized will be based on the individual and his/her situation, must be medically necessary, and do at least one of the following: increase the consumer's ability to live independently and maintain employment, improve the consumer's health and safety, or prevent nursing home or other institutional placement

Justification:

Justification is required to attain approval for the use of Assistive Service Funds.

Please list below the services requested and provide a brief description of how the service will increase the consumer's ability to live independently and maintain employment, improve the consumer's health and safety, or prevent nursing home or other institutional placement:

Medical Necessity

A letter of Medical Necessity is required from the individual's medical provider.

The medical provider will need to state the functional limitations as a result of the medical condition, and a justification for the services or equipment. This justification should include how independence and employability are impacted without the service or equipment, and how the service or equipment would improve the individual's ability to live independently and be more employable.

Medical necessity refers to a health intervention that meets the following guidelines:

- recommended by the treating physician or other appropriate licensed professional (a medical practitioner cannot establish medical necessity outside his/her area of expertise);
- has the purpose of treating a medical condition;
- provides the most appropriate level of service, considering potential benefits and harms to the individual;
- is known to be effective in improving health outcomes; and
- cost-effective for the condition being treated when compared to alternative interventions (the usual and customary rate is used when approving assistive services).
- The medical provider will need to state the functional limitations as a result of the medical condition, and a justification for the services or equipment (Assistive

Services). This justification should include how independence and employability are impacted without the service or equipment, and how the service or equipment would improve the individual's ability to live independently and be more employable.

Bids:

This form must accompany at least two (2) bids for the requested services or equipment.

Billing for the Service/Equipment:

Billing for an approved Assistive Services claim will only be allowed for enrolled WORK providers. Please note who will be providing the billing for the approved service/equipment and the date that the service will be billed.

Home Modifications:

If the request is for a home modification, please include a note of approval for the modification of the property from the owner/landlord and a note from the consumer indicating that they intend to remain at the modified property.

Prior Authorization:

Assistive Services requires the prior authorization of the Program Manager. Consumers will be free to choose any vendor enrolled as a Medicaid provider and licensed to, or capable of, providing that service. Prior authorization must be approved before the purchase of service or equipment. If the request is not approved and the consumer disagrees, he/she may appeal the decision through the KHPA appeal process.

Future Support Needs:

Use of Assistive Service funds for equipment or modifications designed to increase independence may result in the reduction of hours of support on future WORK budgets and assessments.

Submit to:

Nancy Scott
WORK Program Manager
Kansas Health Policy Authority
900 SW Jackson, Suite 9N
Topeka, KS 66612

(785) 291-3461 Office

(785) 291-3723 Fax