

WORK Assistive Services Request Form

Please refer to the Assistive Services section of the *WORK* Program Manual before submitting a request for assistive services.

Date Submitted:

Consumer Name:

IL Counselor:

Requests for an assistive service must include the following:

1. Justification for the assistive service request

Consumers must justify the need for assistive services. Letters of justification must include:

- a description of the equipment or modification* requested
- a description of the problem or how the individual currently manages.
- a description of how the assistive service will contribute to health and safety and increase the consumer's ability to maintain employment and live independently.

*If submitting a request for a home modification, please note:

- FHAA reasonable accommodations/modification rights should be explored with property owner/landlord
- you must remain at the modified property for at least two (2) years.
- pictures and diagrams may be requested by the MCO Case Manager

*If submitting a request is for vehicle modifications, please include the following:

- vehicle make and year
- current mileage
- ownership
- whether the vehicle is completely paid for

2. Medical necessity for the assistive service

A letter of medical necessity is required by the treating physician or other appropriate licensed professional in the area of expertise (a medical practitioner cannot establish medical necessity outside his/her area of expertise).

The letter should include the following:

- the medical condition for which the assistive services request is being made
- the functional limitations that result from the medical condition
- how the assistive service offers the most appropriate level of service
- how health and safety will be improved, resulting in the individual maintaining employment and independence

- why this is the most cost-effective option when compared to alternative interventions

3. Bids for the assistive service

A minimum of two (2) bids are required for an assistive service request. Please attach the bids to this form.

4. Other sources for payment

Medicaid is the payor of last resort. Assistive service requests are only considered when other sources have been exhausted. Please document what other funding sources have been explored.

5. Assistive Service Provider

Assistive services claims may only be submitted by providers of *WORK* assistive services. Please indicate who will submit the claim for the approved assistive service.

Medicaid Fraud and Abuse:

Providing fraudulent information when submitting a request for assistive services, or selling items that were purchased with Medicaid funds, is considered Medicaid fraud and abuse and will be reported to the Office of the Kansas Attorney General.