



Reanimations

Service Authorization Request
Vehicle Modification Services

Name:
SAR #:

ID#:
SAR PC ID:

DOB:
SAR Submit Date:

Met	Not Met	N/A	Criteria to Approve Service— Add-On Budget Service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The vehicle to be modified is owned by the Member or his/her family.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The individual does not receive Residential Supports or live in a licensed residential facility <u>unless</u> the vehicle belongs to the individual and can transition to other settings with the individual.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The requested Vehicle Modification will enable the Member to increase their independence or physical safety by enabling their safe transport in and around the community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request only includes the installation, repair, maintenance, and training in the care and use of these items.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request includes only items that are of direct or remedial benefit to the participant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request includes proof the vehicle is covered under an automobile insurance policy that provides coverage sufficient to replace the adaptation in the event of an accident.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request does not include the cost of renting/leasing a vehicle with adaptations, service and maintenance contracts or extended warranties.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request is for a new lift on a vehicle being purchased and only the price of the new lift is requested.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request may be for a used lift on a vehicle that is being purchased the following must be present: <ul style="list-style-type: none"> <input type="checkbox"/> Price of the used lift on the used vehicle has been assessed. <input type="checkbox"/> Current value of the used lift (not replacement value) is being requested. <input type="checkbox"/> Member or family has not taken possession of the lift prior to approval
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required: Request includes a Letter of Medical Necessity (LMN)/ <u>assessment</u> written and signed by a physical therapist, occupational therapist specializing in vehicle modification, a rehabilitation engineer, or a vehicle adaptation specialist. The written assessment is less than one calendar year old from receipt date of the request and must contain the following information: <ul style="list-style-type: none"> <input type="checkbox"/> The rationale for the selected modification; <input type="checkbox"/> Information about the Member’s needs and how the adaptation will meet those needs; <input type="checkbox"/> Information about the condition and life expectancy of the vehicle in relation to the modifications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required: The request must include a Certificate of Medical Necessity (CMN)/ <u>prescription</u> signed by a physician, physician assistant, or nurse practitioner for the requested Vehicle Modifications regardless of any other approval requirements. The physician’s signature is less than one calendar year old on the date the request was submitted. Note: A physician’s statement is not required for repairs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required: Evaluation by an adapted vehicle supplier with an emphasis on safety and “life expectancy” of the vehicle in relationship to the modifications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A pre-driving assessment of the Member who will be driving the vehicle is included if the Member will be driving the vehicle.



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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request includes three (3) separate, comparable quotes that are less than 90-days old on the date the request was submitted. Two (2) separate quotes may be submitted with explanation present. Note: One quote (1) required for repairs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request indicates the estimated life of the equipment as well as the length of time the Member is expected to benefit from the equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covered Modifications may only include: a. Door handle replacements b. Door modifications c. Installation of raised roof or related alterations to existing raised roof system to approve head clearance d. Lifting and/or lowering devices e. Devices for securing wheelchairs or scooters f. Adapted steering, acceleration, signaling, and braking devices only when recommended by a physician and a certified driving evaluator for people with disabilities, and when training in the installed device is provided by certified personnel g. Handrails and grab bars h. Seating modifications i. Lowering of the floor of the vehicle. j. Modifications for accessibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requested items meet applicable standards of manufacture, design, and installation and safety codes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The service request includes long-range outcomes related to training needs associated with the Member's or family's utilization and procurement of the requested adaptations as appropriate. Note: If the request is only for labor and costs of moving devices or equipment from one vehicle to another vehicle, training on the use of the device is not required.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repairs Only: Item was purchased through the waiver or purchased prior to waiver participation, as long as the item is identified within the service definition.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repairs Only: Cost of the repair does not exceed the cost of purchasing a replacement piece of equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The request does not include adaptations purchased for exclusive use at the school or home school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The requested Vehicle Modifications will not exceed \$20,000 over the life of the waiver.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The requested service is individualized, specific, and consistent with symptoms or confirmed diagnosis under treatment, and not in excess of the member's needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The requested service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The requested service is furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or the provider.
Initial Review:			



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All Criteria Met: ☐ YES – Review with Clinical Reviewer for Approval ☐ NO (Send to Clinical Reviewer)

Note: All Vehicle Modification requests must be reviewed by a Clinical Reviewer.

UM Reviewer Name, Credentials:

Date:

Comments:

Clinical Review:



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☐ Approved ☐ Send to Peer Review

Clinical Reviewer Name, Credentials:

Date:

Comments:

IMPORTANT NOTE:

- Once you've completed and signed this form, please send it to info@reanimations.org. To verify your service approval, please email mcastro@reanimations.org
- In evaluating requests for prior authorization, the need for treatment or services will be considered from the standpoint of medical necessity only. An approval of this request does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish eligibility at the time of service.
- For auto repair, maintenance services, and even used car sales not funded by Medicaid/Medicare, please also contact us at info@reanimations.org. We will have special prices for you, and we can negotiate. A portion of your payment for these services will be used by Reanimations to provide services to uninsured individuals, even to pay for services not covered by Medicaid for its beneficiaries.