

E – MOD / ADAPTIVE DEVICE REQUEST / V - MOD

To: **opwdd.sm.region2.emods@opwdd.ny.gov**

From: _____

Date: _____

For: _____

(name of person)

Adaptive Equipment
 Environmental Modification
 Vehicle Modification

Documentation	Adaptive Equipment		Environmental Modification		Vehicle Modification	
	Required	Included	Required	Included	Required	Included
Application	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Current LCED	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
⁽¹⁾ Current Life Plan and/or Addendum showing unmet need	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
⁽²⁾ Clinical Assessment (OT/PT or BIS) for ALL requests	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
⁽³⁾ Letter of Medical Necessity on formal letterhead needed for ALL requests (MD, DO, PA) No NP	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Documents of Eligibility	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
⁽⁴⁾ Copy of Deed/Lease	No	No	Yes	<input type="checkbox"/>	No	No
Vehicle Modification requires copy of Title/Registration	No	No	No	No	Yes	<input type="checkbox"/>
⁽⁵⁾ Denials from Private Insurance and Medicaid for Durable Medical Equipment (DME) must be secured by the CM before application is submitted for review	Yes	<input type="checkbox"/>	Yes (if applicable)	<input type="checkbox"/>	No	No

Note(s):

- ⁽¹⁾ Life plan must describe need for EMOD / AT / VMOD in detail as related to the individual's disability. The life plan MUST reference the Assistive Technology Program as the source sought for funding.
- Both ⁽²⁾ **Clinical Assessment** and ⁽³⁾ **Doctor's Letter of Medical Necessity** MUST be attached at time of application.
- ⁽⁴⁾ A mortgage statement will not be accepted for Proof of Home Ownership. If the home is leased, **all 3** of the following must be submitted: Deed or tax record, current lease agreement and a letter signed by landlord stating they agree with modification requested.
- ⁽⁵⁾ If denial letters cannot be obtained, the Care Manager must attest in writing that other options were pursued and must identify the other sources that were accessed and found to be unavailable OPWDD will evaluate such submission and advise the Care Manager if further evidence is required.

The Assistive Technology (AT) Program requires a list of community resources that were sought to fund each request, DME, E-MOD, and V-MOD. AT also requires insurance denials from Medicaid, Medicare and/or Private Insurance for items that may be funded by insurance, such as Durable Medical Equipment (DME). If the community resources are not listed and if insurance denials for DME are not included with this application it cannot be considered for HSBC Waiver funding and will be returned.

Resources:

- DME: www.emedny.org under "Provider Manuals"
- NYS Department of Education (ACCES-VR): <http://www.acces.nysed.gov/vr/>
- CBVH: <https://ocfs.ny.gov/main/cb/>
- Independent Living Centers: https://ocfs.ny.gov/main/cbvh/Independent_Living_Centers.asp
- (CAP)