

# Next Steps

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[Click Here to See the Request Process Flow Chart](#)



Once it has been identified you are eligible to proceed with Medicaid funding ([click here to see if you are eligible](#))

The process for a request begins by choosing a service provider; if you elect to use Ability Unlimited as your provider, we will need the Provider Choice form; Release of Information form and your Identifying Information, completed and signed by you:



## Step 1

Click here to go to our [Intake Forms Page](#) and complete all the questions listed, **or you can complete paper forms by accessing the pdf links located at the bottom of this page.**



## Step 2

You must speak with your Therapist about what types of AT might benefit you or the individual in need of AT.

***\*\* Ability Unlimited does not suggest the types of devices/accessories for anyone; these recommendations must come from a professional who is familiar with the patient's needs and the device/s being recommended.***

□Ability Unlimited can request the evaluation for assistive technology from your indicated therapist on the intake form, when we request the evaluation the following specific guidelines set in place by DMAS, must be included, as stated below.

**Proving medical necessity for a device is imperative to Assistive Technology requests. Keep that in mind as your therapist completes your request.**

**ALL of the following items MUST be included in a written referral:**

- Details on device's or app's (make/model/specifics) that will fit the individual's medical need. Include ALL devices including cases, carrying cases, etc. if a need for them has been discussed.
- Describe other alternatives tried or explored and describe the success or failure of these alternative, in detail.
- List any therapeutic interventions tried or ongoing.
- Describe, in detail, how the assistive technology will treat the member's medical condition and is the best option for treatment.
- Describe the individual's functional limitation (Need for help in ADL's/IADL's) and its relationship to the

requested assistive technology (how AT will help improve functional need).

- Describe any conjunctive treatment related to the use of the item.
- Describe how the need was previously met. If not met, explain why and how the device will help meet medical needs.
- Identify any changes that have occurred which necessitate the assistive technology request.
- Has the requested assistive technology been trialed successfully? Describe the benefit and use.
- Very important to explain why this assistive technology device is medically justified over other less expensive devices.
- If the individual has an IEP and uses the device in school, explain why this device would benefit them in the home environment as well. If the IEP does not include this AT, have their school write a letter to explain why it is not included.
- Include any therapy notes/pictures/medical history important for justifying the medical need.
- Make sure to Sign and Date your referral letter.
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[View an Example Written referral from a therapist here.](#)

**Who should write the request? See Guide below:**

**Who should write the request? See Guide below in PDF:**

<b>Examples of Assistive Technology Devices (not a comprehensive list)</b>	<b>Professional Evaluation Required</b>
Organizational Devices	Occupational Therapist, Psychologist, or Psychiatrist
Computer Software or Communication Device	Speech Language Pathologist or Occupational Therapist
Orthotics, such as Braces for Hands, Arms, Feet, Legs, etc.	Physical Therapist, Physician, or Orthotist
Writing Orthotics	Occupational Therapist or Speech Language Pathologist
Support Chairs	Physical Therapist or Occupational Therapist
Specialized Toilets	Occupational Therapist or Physical Therapist
Other Specialized Devices/Equipment	Physician, Speech Language Pathologist, Behavioral Consultant, Psychologist, Psychiatrist, Physical Therapist or Occupational Therapist, depending on the Device or Equipment
Specially Designed Utensils for Eating	Occupational Therapist or Speech Language Pathologist
Weighted Blankets or Vests	Physical Therapist, Occupational Therapist, Psychologist, or Behavioral Consultant

[View PDF](#)

**Note: Your primary doctor can write the Letter of Medical Necessity if you are requesting an environmental modification.**



## **Step 3**

Once your therapist has sent us the written evaluation for the recommended assistive technology, Ability Unlimited will request a DMAS-352 form from your primary care doctor, we will ask your doctor that they review the evaluation, complete the form, sign and date at the bottom of the form, as well as on the evaluation *below the therapist's signature in agreement of medical necessity.*

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[Certificate of Medical Necessity DMAS 352 signed by your Doctor.](#)



## **Step 4**

Once we have all documents signed and returned, the request is packaged and a clinical aligned with the DMAS regulations is written prior to submission.



## **Step 5**

Is the submission to a DMAS authorized agency for review and an approved authorization or denial?

If you are assigned an MCO it will be sent to your chosen

one.

- MCO – one of the six approved MCOs
- Aetna Better Health of Virginia
- Anthem Healthkeepers Plus
- Magellan Complete Care
- Optima Health Community Plan
- United Healthcare Community Plan
- Virginia Premier Elite Plus

If you are not in an MCO and enrolled in a program such as HIPPP; your request are sent to:

- KePro – for those NOT enrolled with an MCO (such as HIPPP)

For the DD Comprehensive recipients, the request is sent to

- DBHDS – for those who are recipients of one of the DD Comprehensive waivers (BI/CL/FIS)

There can be a 30-90-day turn-around time for potential funding (as determined by DMAS or your MCO). It is possible that we will need to request more information from your doctor or therapist if the authorization agency requires it during the review process.

For info on appeals and if you have other questions, please do not hesitate to reach out by [contacting us!](#)

## PDF Links

- [Release of Information filled out by you.](#)
- [Provider Choice form filled out by you.](#)
- [Demographic Intake Form](#)

These forms can be uploaded here on our website: [File Upload](#)

[Page](#) or faxed back to us at: [\(800\) 704-6216](tel:8007046216). These forms will allow us to work with all parties involved in processing your request for assistive technology.

## Testimonials

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I cannot thank you all enough. It is so great to be able to feed our guy the same food we eat and to help him feel included in our meal times.

My son and I are currently learning and working with our new device and I hope it will help tremendously in furthering his ability to speak.

I just wanted to thank you again for your promptness and assistance with supporting this family. You've been great!

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