DDD-1345AFORPF (9-06)

Arizona Department of Economic Security
Division of Developmental Disabilities

HOME MODIFICATIONS MEDICAL JUSTIFICATION

Date:

Dear Dr.:

Your patient, referenced below, is enrolled in the Arizona Long Term Care System (ALTCS) program through the Department of Economic Security's Division of Development Disabilities (DES/DDD). The Individual Service Plan (ISP) process has identified a need for the following services:

Home Modifications recommended for member's home:

- ☐ Curb-less shower in bathroom
- ☐ Roll-under sink in bathroom
- ☐ Grab bar/Handrail in bathroom
- ☐ High-rise, elongated toilet
- ☐ Modify/widen doorway in bathroom
- ☐ Modify/widen doorway in bedroom
- ☐ Entry ramp
- ☐ Other

To provide these Home Modifications, AHCCCS requires a written order from the Primary Care Physician (PCP). This order becomes part of the individual's record and must include the patient's diagnosis (below) and needed Home Modifications (above).

Patient's Name: _____ Date of Birth: _____ AHCCCS ID No.: _____

Mark all diagnosis that apply:

☐ Cerebral Palsy ☐ Autism ☐ Cognitive Disability ☐ Epilepsy ☐ At Risk

Additional diagnoses:
(Must describe physical limitations)

_____

Dependent on adaptive equipment:

☐ Wheelchair ☐ Walker ☐ Cane

If you agree the above recommendations are medically necessary, please sign and fax or mail this letter to me.

PCP's Signature: _____ Phone No.: _____ Date: _____

Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

_____

_____

Your review and response is urgently needed. Please return this form with you signature and phone number within 15 days. Without your timely response, the ALTCS member will be denied the Home Modification services listed above. Our Division will fund these modifications with Medicaid dollars.

Cordially,

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.