



What do I do if I need  
an adaptive aid (AA), medical supplies,  
or a minor home modification (MHM)?

- 1) The first step is to recognize that this process does not happen overnight – there are rules that must be followed, and all of it takes time. On average, it takes about 3 months from start to finish but may take longer with MHMs or AAs that are difficult to acquire.
- 2) The next step is to discuss this with your case manager (CM). If your CM agrees that there is a defined need for this item, he or she will discuss whether any other sources exist which will pay for it. CLASS is a “payor of last resort.” This means that if you are covered by private insurance, Medicaid CCP or have access to any other program which might pay for this item, then denial from these sources must first be obtained. You will need to assist your case manager with this.
- 3) If other payment sources are eliminated, the CMA will start the process by providing you with a form called the 3660 – “Request for Adaptive Aids, Medical Supplies, or Minor Home Modifications.” The 3660 is completed by several people involved in helping you, including you or your family, your CM, the program director (PD) at DSSW, and the appropriate medical professional. Sometimes, a therapist or other professional must complete part of this form to justify the need for the item. Your CM or DSSW will let you know whether you need to assist in this part of the process. DSSW may need to request that your CM add funds to your Individual Service Plan (ISP- form 3621) for the cost of this evaluation.
- 4) Once the 3660 form is completed, it is reviewed by DSSW and approved or denied. If denied, you may appeal the denial. If approved, DSSW will check to see if the item needed is on the approved list as published by the CLASS Program. If it is not on the approved list, your CM and DSSW will discuss the options that are available. If it is on the approved list, then the agency will initiate the bidding process.
- 5) When the bidding process is complete, your PD requests that the CM place funds in your ISP. This requires the case manager to complete both the form 3593A (an addendum to the Individual Program Plan, or IPP) and a revised ISP. Both forms will need to be signed by all parties before being sent to the CLASS program consultant for the final sign off. If this item will push you over the cost ceiling (what is known as the CAP), a form 6509 will also need to be completed by the CMA and sent to the CLASS program consultant for authorization along with documentation supporting the necessity for going over the CAP.

- 6) When the funds are authorized by the CLASS program consultant and DSSW can verify access to the funding through the DADS database, DSSW will complete the purchase and verify with you that the item is acceptable.

Important to remember:

- CLASS will not reimburse the client or the vendor for any adaptive aid or minor home modification purchased or completed before the ISP is authorized by the state.
- A 3660 is good for one year from the date of the last person to sign the form. After that a new 3660 needs to be completed.
- The case manager or the direct service agency has the right to deny CLASS funding on any items that are not covered by Medicaid. The case manager and the direct service agency are required to determine that the item is a medical necessity. If they do not believe it is medical necessity, they must deny CLASS funding. Additionally, the case manager and the direct service agency must assure that adaptive aids, medical supplies, or minor home mods are cost-effective, associated with the related condition, and necessary to avoid institutionalization.
- Whatever the reason for the denial by the case manager or the direct service agency, you have the right to appeal.

