



ATTENDANT CARE ELIGIBILITY ASSESSMENT

REQUESTOR: Please complete this form providing a clear explanation for each of your responses and attach any documentation that will help us to evaluate your request fairly. Fax the request to **ATTN: Utilization Department (866) 907-1491** or mail to **Utilization Department, PO Box 248, Norton, VA 24273**. Thank you.

- 1. Requestor _____ Title _____ Agency _____
- 2. Phone _____ E-mail _____ @ _____
- 3. Mailing Address _____

A written explanation is required for each question.		
1	What options have been explored to transport client safely?	
2	List any self-injurious behaviors?	
3	Does the client act aggressively towards other individuals? If yes, please explain.	
4	List any destructive behaviors? (Example: Disassembles or breaks things)	
5	List client's inappropriate behaviors in public? If any.	
6	In Reference to questions 2 – 5 list any	

Client Name: _____ Medicaid ID: _____ Date _____
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	triggers or forewarning for the above mentioned behaviors?	
7	How are the client's behavioral outbursts managed? (Example: IPOD, Book, Radio, etc.)	
8	Please list any recent incidents that have taken place during transport? Please provide a brief explanation of the incident along with the date it took place. Was an incident report filed with Modivcare?	
9	On a scale of 1 to 10 Please rate the client's behavioral outbursts? (1 – Not a serious problem; 10 Extremely Serious/Critical) How often does the client have behavioral issues?	
10	How does the client communicate his/her needs?	
11	Additional Comments: Please provide any information you feel will assist us in evaluating your request.	

Requestor's Signature: _____ Title _____ Date _____

Client Name: _____ **Medicaid ID:** _____ **Date** _____
Aug-09



Modivcare Recommendation

Attendant

No Attendant

Reviewed by: Signature _____ Title _____ Date _____

DMAS Final Action

Attendant

No Attendant

Reviewed by: Signature _____ Title _____ Date _____

Reviewer Notes:

Client Name: _____ **Medicaid ID:** _____ **Date** _____
Aug-09