Department of Intellectual & Developmental Disabilities

Katie Beckett, Part B Health Reimbursement Account (HRA)
Letter of Medical Necessity (LOMN)

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement under this service when your doctor or other licensed health care practitioner (i.e., MD, RN, LPN, FNP, PA, Therapist) certifies that they are medically necessary. Your provider must indicate the specific diagnosis, the specific treatment needed, and how this treatment will alleviate the medical condition.

DIDD has developed this letter to assist you and your health care provider in providing the information needed in order for Inspira to process your claim under the HRA service. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all the information on this form.

If you will have more than one claim for the same service or product, you will only need to submit the LOMN with the first claim. This LOMN is only valid for one year from the date written unless otherwise indicated below. Note: The LOMN is not a guarantee that you will receive reimbursement for the expense. If Inspira does not receive the LOMN, they will deny the claim.

PLEASE PRINT CLEARLY

Section A- Child/Member Information

Child's Name	
HRA Cardholder's Name *(Parent/Guardian)*	
Child's SSN:	
Employer Name:	DIDD Katie Beckett Program, Part B

Section B- Treatment Recommendation (To be completed by Health Care Provider)

Describe the diagnosed medical condition being treated or provide a statement that a medical condition is being treated.

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Recommended Treatment (select all that apply)

The items with an asterisk require additional detail as indicated below.

- ☐ ** Sensory Items *(Items must be individually specified if not listed on designated websites)*
- ☐ ** Non-Traditional Therapy such as swimming, horseback, music, gymnastics. *(Each type of recommended therapy must be listed)*
- ☐ ** Supplements and/or Vitamins *(Each item must be specified)*
- ☐ ** Home Modifications *(a capital expense worksheet may also be required)*
- ☐ ** School Tuition, tutoring and education materials. *(materials/supplies must be specified)*
- ☐ Standard car seat or stroller (non-adaptive)
- ☐ Tablet or Laptop
- ☐ Formula, nutritional supplement drinks
- ☐ Incontinence Supplies *(diapers/wipes, etc.)*
- ☐ Specialty Clothes and Shoes
- ☐ Therapeutic Camp
- ☐ Other: List Below

If all items cannot fit in the below box, please attach additional document with all items listed. **Any attachments must be on the healthcare professional's letterhead or bear the signature of the healthcare professional on each page.**

This LOMN is valid: (check one)

- ☐ For one year from date of authorization
- ☐ For the duration of the time the child is receiving Katie Beckett, Part B services

Healthcare Professional's Name	
Healthcare Professional's Address	
*I certify that this service or product is medically necessary**. It is to treat the specific medical condition described above. It is not for general health or cosmetic reasons. If the treatment is a food or a form of food or drink, I certify the treatment is not a general diet product and does not satisfy normal nutritional needs.*	
Healthcare Professional's Signature	**Date**

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"Medically necessary" as defined by the Katie Beckett Program means the service, including the type, amount, frequency and duration must meet one or more of the following:

i. Be of direct therapeutic or ameliorative benefit to the child's medical needs or disabilities;
ii. Support the child's full integration and participation in the community;
iii. Help to prepare the child for transition to employment and community living, with as much independence as possible;
iv. Support and sustain the family's ability to meet the child's medical, physical, behavioral, functional, and other support needs and reduce or prevent the risk of out-of-home placement.

(Rule 1200-13-01-.32)