

Medical/Vision Unit  
 300 SW 29th ST.  
 PO Box 12021  
 Topeka KS 66601-2021  
 Mark A. Burghart, Secretary



PH: (785) 368-8971  
 FAX: (785) 296-5857  
 www.ksrevenue.gov  
 Laura Kelly, Governor

## KANSAS REHABILITATION DRIVING PROGRAMS

Program Contact Information	Program Requirements
<p><b>AVENUES DRIVING/PAM HEALTH REHABILITATION HOSPITAL OF OVERLAND PARK</b>            5100 Indian Creek Parkway            Overland Park, KS 66207            Phone # (913) 967-5245            Fax # (913) 499-6349</p>	<ul style="list-style-type: none"> <li>• Needs script from doctor</li> <li>• Valid Permit or Driver's License</li> <li>• 16 and older</li> <li>• Clinical Evaluation</li> <li>• Behind the Wheel Evaluation</li> <li>• Medically at risk</li> <li>• Adaptive driving</li> </ul>
<p><b>BREWSTER PLACE</b>            1205 SW 29<sup>th</sup> St.            Topeka, KS 66611            Phone # (785) 274-3337            Fax # (785) 266-5782</p>	<ul style="list-style-type: none"> <li>• Needs script from doctor</li> <li>• Valid Permit or Driver's License</li> <li>• 65 and older</li> <li>• Clinical Evaluation</li> <li>• Behind the Wheel Evaluation</li> <li>• Adaptive driving</li> </ul>

## MISSOURI REHABILITATION DRIVING PROGRAMS

Program Contact Information	Program Requirements
<p><b>NORTH KANSAS CITY HOSPITAL</b>            2800 Clay Edwards Dr.            North Kansas City, MO 64116 Phone # (816) 691-1795            Fax # (816) 346-7795</p>	<ul style="list-style-type: none"> <li>• Needs script from doctor</li> <li>• Valid Permit or Driver's License</li> <li>• 16 and older</li> <li>• Clinical Evaluation</li> <li>• Medically and visually at risk</li> <li>• Behind-the-wheel, in-vehicle drive testing is referred on to ABILITY KC</li> </ul>
<p><b>ABILITY KC Main Campus</b>            3011 Baltimore Ave.            Kansas City, MO 64108            Phone # (816) 751-7782            Fax # (816) 751-7984</p>	<ul style="list-style-type: none"> <li>• Needs doctor script, include patient's fact sheet, medical history/diagnosis/current therapy notes</li> <li>• Valid Permit or Driver's License</li> <li>• 16 and Older</li> <li>• Clinical Evaluation</li> <li>• Behind the Wheel Evaluation</li> <li>• Medically at risk</li> <li>• Adaptive driving</li> <li>• Completes behind-the-wheel, in-vehicle drive test for other providers (that complete the clinical evaluation only)</li> </ul>

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## NEBRASKA REHABILITATION DRIVING PROGRAMS

Program Contact Information	Program Requirements
<p><b>METHODIST HOSPITAL</b>            8303 Dodge St.            North Tower, 2<sup>nd</sup> floor            Omaha, NE 68114            Phone # (402) 354-4670            Fax # (402) 354-3226</p>	<ul style="list-style-type: none"> <li>• Needs script from doctor</li> <li>• Valid Permit or Driver's License</li> <li>• 16 and older</li> <li>• Clinical Evaluation</li> <li>• Behind the Wheel Evaluation</li> <li>• Medically and Visually at risk</li> <li>• Adaptive driving</li> </ul>
<p><b>CHI HEALTH            IMMANUEL REHABILITATION INSTITUTE, MAIN            CAMPUS</b>            6901 N. 72<sup>nd</sup> St.            Omaha, NE. 68122            Phone # (402) 572-3055            Fax # (402) 572-2829</p>	<ul style="list-style-type: none"> <li>• Needs script from doctor (must include medical diagnosis &amp; demographic sheet from doctor)</li> <li>• Valid Permit or Driver's License</li> <li>• 16 and Older</li> <li>• Clinical Evaluation</li> <li>• Behind the Wheel Evaluation</li> <li>• Medically at risk</li> <li>• Adaptive driving</li> </ul>

## TEXAS REHABILITATION DRIVING PROGRAM

Program Contact Information	Program Requirements
<p><b>STROWMATT REHABILITATION SERVICES, INC.</b>            10690 Shadow Wood Dr.            Suite 113            Houston, TX 77043            Phone # (713) 722-0667            Fax # (713) 722-0669</p>	<ul style="list-style-type: none"> <li>• Needs script from doctor</li> <li>• Valid Permit or Driver's License</li> <li>• 16 and Older</li> <li>• Clinical Evaluation</li> <li>• Behind the Wheel Evaluation</li> <li>• Medically at risk</li> <li>• Adaptive driving</li> <li>• Specializes in spinal cord injuries</li> <li>• Travels to patient</li> </ul>

## **REHABILITATION DRIVING ASSESSMENT REQUIREMENTS FOR THE STATE OF KANSAS: REQUIRED TESTING/ SCORING**

When a driving rehabilitation assessment appointment is scheduled, the driving rehabilitation provider is required to fax the date of the appointment, start time, and end time for each appointment to (785) 296-5857 in order for the Medical/Vision Unit to verify the patient's driving privileges are valid or update their privileges to valid for the testing window(s) listed on the fax. It is not legal to participate in a driving rehabilitation assessment when driving privileges are revoked. The appointment information may also be emailed to [KDOR\\_Medical.VisionUnit@ks.gov](mailto:KDOR_Medical.VisionUnit@ks.gov) for processing.

**Appointment information is required a minimum of two (2) business days prior to appointment date. All driving rehabilitation assessment forms must contain the following and the assessment provider must specify if the skill is satisfactory, unsatisfactory or impaired for driving and what the actual test scores or results are for the following:**

### **Motor Skills Testing (includes screening for range of motion/strength/muscle tone):**

- Upper Extremities (if satisfactory, unsatisfactory, or impaired for driving)
- Lower Extremities (if satisfactory, unsatisfactory, or impaired for driving)
- Cervical Range of Motion (if satisfactory, unsatisfactory, or impaired for driving)
- Trunk Control/Balance Mobility (if satisfactory, unsatisfactory, or impaired for driving)
- Gas/Brake Reaction Times (if able to complete the test, if satisfactory, unsatisfactory, or impaired for driving and the number of seconds to complete action, testing using the RT-4500 Reaction Timer)

### **Vision & Visual Perceptual Skills (testing on Stereo Optical 5000):**

- Peripheral Vision (listed in degrees for total Horizontal Field of Vision, using both eyes)
- Contrast Sensitivity (if satisfactory, unsatisfactory, or impaired for driving and if night driving is approved)
- Acuity (list acuity as 20/\_\_\_ for each eye)
- Depth Perception (if satisfactory, unsatisfactory, or impaired for driving and correct number out of 9 (5 out of 9 is acceptable and 7 out of 9 is normal)
- Color Discrimination (if satisfactory, unsatisfactory, or impaired for driving and correct number out of 8 (5 out of 8 is acceptable and 8 out of 8 is normal)
- Visual Perception (if satisfactory, unsatisfactory, or impaired for driving and correct number out of 36 and exact reading, in seconds, testing using the Motor Free Visual Perceptual Test – if another test is used – it must be specified)

### **Cognitive Function:**

- Reading Comprehension (if satisfactory, unsatisfactory, or impaired for driving)
- Traffic Sign Knowledge (if satisfactory, unsatisfactory, or impaired for driving and actual percentage score on test)
- Processing Speed (if satisfactory, unsatisfactory, or impaired for driving, score in seconds and number or errors to complete the Trails Making A test looking at sustained attention and processing speeds)

**Cognitive Function cont.:**

- Divided/Selective Attention (if satisfactory, unsatisfactory, or impaired for driving, score in seconds and number of errors to complete the Trail Making B test looking at simultaneous attention and processing speeds)
- Memory (if satisfactory, unsatisfactory, or impaired for driving, number correct out of 30, using the St. Louis University Mental State Exam looking at orientation, concentration, and memory) – if another test is used – it must be specified)
- Rules and Regulation (if satisfactory, unsatisfactory, or impaired for driving and actual percentage score on test) – passing score is 80% and above
- Auditory Comprehension/Expression (if satisfactory, unsatisfactory, or impaired for driving and number of errors during testing)

**Behind the Wheel, In-Vehicle Results:**

- Type of vehicle used
- Adaptive Equipment (type used or none needed)
- Driving Conditions that day
- Detailed Behind the Wheel Observations (narrative listing actions taken while driving and the results)
- Overall Steering Control (if satisfactory, unsatisfactory, or impaired for driving and if central lane position was maintained)
- Acceleration (if satisfactory, unsatisfactory, or impaired for driving and if drove within posted speed limits)
- Braking (if satisfactory, unsatisfactory, or impaired for driving and if good generalization of brake and gas pedals or adaptive equipment)
- Residential Traffic (speed limits up to 30 mph, if satisfactory, unsatisfactory, or impaired for driving and if drove within posted speed limits safely etc.)
- Commercial Traffic (multi-lane complex traffic with speeds up to 45 mph, if satisfactory, unsatisfactory, or impaired for driving and if drove within posted speed limits safely etc.)
- Highway/Interstate Driving (speeds up to 70 mph, if satisfactory, unsatisfactory, or impaired for driving and if drove within posted speed limits safely etc.)
- Parking Skills (if satisfactory, unsatisfactory, or impaired for driving and if able to correctly park in a head-in parking space)

**Recommendations:**

- Is the driving evaluation and all testing completed?
- Is the driver approved to continue driving?
- Is modification equipment needed on the vehicle? If yes, please list what type is to be installed on the report (ex: hand controls).
- If modification equipment is required, has it been installed in their personal vehicle? Please clarify on the report.
- Are driving restrictions needed on the driver's license based on the driving rehabilitation assessment? If yes, please list on the report.