Environmental Accessibility Adaptations (Home Modifications) Approval Request Form

The Alameda Alliance for Health (Alliance) Environmental Accessibility Adaptations (Home Modifications) Approval Request Form is confidential. Filling out this form will help us better serve our members.

If you believe that your patient may be appropriate for environmental accessibility adaptations services (home modifications), please complete the form below. Approvals are based on member eligibility.

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Attach a clinical summary and/or supporting documentation (eg.g, clinic notes, hospital discharge summary, etc.), to justify environmental accessibility adaptations (home modifications) services.
3. Please fax or email the completed form to the Alliance Community Supports Department at **1.510.995.3726** or **CSDept@alamedaalliance.org**.

For questions, please call the Alliance Case Management Department at **1.510.747.4512**.

PLEASE NOTE: Handwritten or incomplete forms may be delayed. Forms submitted without supporting information may also be delayed.

SECTION 1: REQUESTING PROVIDER INFORMATION

Full Name: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Office Contact Name: _____ Date of Request: _____

SECTION 2: MEMBER INFORMATION

Last Name: _____ First Name: _____

Date Of Birth (MM/DD/YYYY): _____ Alliance Member ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ ☐ Home ☐ Cell

Primary Diagnosis Requiring Environmental Accessibility Adaptations (Home Modifications) (including ICD-10 Code):

☐ Confirm (to the best of your knowledge) that the member is not receiving duplicative support from other state, local, or federally funded programs, and these programs have been considered first before using Medi-Cal funding.

Member's Qualifying Condition:

☐ Member is at risk for institutionalization in a nursing facility

Supporting Documentation Checklist (all must be selected and submitted):

☐ Homeowner written consent for physical adaptations

☐ Order from the member's current PCP (or other healthcare professional) specifying the requested equipment or service and justification for the member to avoid institutionalization in a nursing facility

☐ Documentation from the provider of the equipment or service describing how the equipment or service meets the medical needs of the member, including any supporting documentation describing the efficacy of the equipment where appropriate

☐ Physical therapy or occupational therapy evaluation and report to evaluate the medical necessity of the requested equipment or service, which contains (all must be selected and submitted):

- ☐ An evaluation of the member and current equipment needs, describing how/why the current equipment does not meet the needs of the member
- ☐ An evaluation of the requested equipment or service, describing how/why it is necessary for the member and reduces the risk of institutionalization
- ☐ A description of similar equipment used that has been demonstrated to be inadequate

☐ If possible, a minimum of two (2) bids from appropriate providers of the requested service, which itemize the services, cost, labor, and applicable warranties

☐ Confirmation that a home visit has been conducted to determine the suitability of any requested equipment or service

Requesting Service(s) (please select all that apply):

- ☐ Ramps and grab bars
- ☐ Doorway widening
- ☐ Stairlift
- ☐ Update the bathroom and/or shower to be wheelchair accessible (e.g., constructing a roll-in shower)
- ☐ Install specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the member
- ☐ Install and test a Personal Emergency Response System (PERS) for the member who is alone for significant parts of the day without a caregiver and who otherwise requires routine supervision (including monthly service costs, as needed)

Rendering Provider:

- ☐ East Bay Innovations (EBI) (NPI Number: 1699002634)