Home Modification Referral Form

Environmental Accessibility Adaptations (Home Modifications) are physical adaptations to a home that are necessary to ensure the health, welfare and safety of the Member, or enable the Member to function with greater independence in the home: without which the Member would require institutionalization.

Home Modifications

Request Type

☐ Initial Request ☐ Extension ☐ Member consented to home modification referral form

Member's First Name:	Last Name:	Phone Number:	IEHP Number:

Member's Address:	Zip Code:

Gender:	DOB:	Primary Language:	Responsible Party:
☐ Male ☐ Female ☐ Other: _____ Preferred pronoun:	Age:	☐ English ☐ Spanish ☐ Other: _____	Self ☐ Yes ☐ No Power of Attorney ☐ Yes ☐ No Public Guardian ☐ Yes ☐ No Advance Directive ☐ Yes ☐ No Responsible Party Name and Contact:

Diagnosis (required):	ICD-Code:

Eligibility Criteria

Member must meet ALL the following criteria:

☐ At risk of institutionalization in a nursing facility
☐ Signed Landlord Consent for the requested equipment/service
☐ Clinical Documentation from the Member's current primary care physician or other health professional specifying the requested equipment or service;
☐ Documentation from the provider of the equipment or service describing how the equipment or service meets the medical needs of the Member to prevent institutionalization
☐ A physical or occupational therapy evaluation and report to evaluate the medical necessity of the requested equipment or service unless the managed care plan determines it is appropriate to approve without an evaluation
☐ That a home visit has been conducted to determine the suitability of any requested equipment or service.

*Please note, if box is **NOT** checked, **STOP**. Member does **not** meet eligibility criteria.*

Clinical and Supporting Attachments:

Supporting medical documentation should include:

1. A physical or occupational therapy evaluation and report to evaluate the medical necessity of the requested equipment or service unless the MCP determines it is appropriate to approve without an evaluation. This should typically come from an entity with no connection to the provider of the requested equipment or service. The physical or occupational therapy evaluation and report should contain at least the following:
   - ☐ An evaluation of the Member and the current equipment needs specific to the Member, describing how/why the current equipment does not meet the needs of the Member
   - ☐ An evaluation of the requested equipment or service that includes a description of how/why it is necessary for the Member *and reduces the risk of institutionalization*. This should also include information on the ability of the Member and/or the primary caregiver to learn about and appropriately use any requested item, and
   - ☐ A description of similar equipment used either currently or in the past that has demonstrated to be inadequate for the Member and a description of the inadequacy
2. That a home visit has been conducted to determine the suitability of any requested equipment or service.
3. Home Modification Property Owner Consent Form: English, Spanish, Chinese, Vietnamese

IEHP | Community Supports

Please submit supporting documentation with the referral form.

Home Modification Request

Select all that apply:

☐ Ramps to assist Member in accessing the home
☐ Grab bars installation
☐ Doorway widening for Members who require a wheelchair
☐ Stair Lifts installation
☐ Making a bathroom and shower wheelchair accessible (e.g. constructing a roll-in shower)
☐ Installation of specialist electric or plumbing system that is necessary to accommodate the member's medical equipment/supplies
☐ Other_____

Personal Emergency Response System (PERS)

Homebound: ☐ Yes ☐ No
Lives alone: ☐ Yes ☐ No
Hours alone at home: _____
Does the member have cognitive issues where they would not use the PERS appropriately? ☐ Yes ☐ No