



Community Supports – Approval Request Form (for Environmental Accessibility Adaptations (Home Modifications))

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

If you believe your patient may be appropriate for environmental accessibility adaptation services (home modifications), please complete the form below. Approval is based on member eligibility.

INSTRUCTIONS

1. Please print clearly or type in all the fields below.
2. Attach a clinical summary and/or supporting documentation (e.g., clinic notes, hospital discharge summary, etc.) for 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(s)):

- ☐ Confirm (to the best of your knowledge) 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.

Is an interpreter needed?

- ☐ Yes

If yes, what is the preferred language? _____

- ☐ No

Member's Qualifying Condition:

- ☐ The 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 for 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 (please select only one (1)):

- ☐ East Bay Innovations (EBI) (NPI Number: 1699002634)
- ☐ Omatochi (NPI Number: 1669058558)