



L.A. Care
HEALTH PLAN®

For All of L.A.

L.A. Care Environmental Accessibility Adaptations (EAA), also known as Home Modifications

Return form to L.A. Care MLTSS Dept.: Fax 213.985.1835

SECTION I: Member information

Member/ Patient information

Member Name: _____

Member DOB: _____

Medi-Cal ID#: _____

Member Address: _____

Member Telephone #: _____

Preferred Language: _____

SECTION II: Clinical information

Diagnosis:

EAA Request:

Note: *Must not be covered under Durable Medical Equipment (DME) benefit*

- Custom made grab bars
- Custom made wheel chair ramp(s)
- Doorway widening (internal or external doors)
- Mechanical stair lifts
- Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower).
- Installation of specialized electric systems that are necessary to accommodate the medical equipment and supplies
- Personal Emergency Response Systems (PERS)
- Other

*Modifications are limited to those that are of direct **medical or remedial benefit to the Member** and exclude adaptations or improvements that are of general utility to the household.*

PL1468 1222

Specify how the requested equipment or service meets the medical needs of the Member:

Include any supporting documentation describing the purpose and efficacy of the equipment. Brochures will suffice; however, a brief written evaluation specific to the Member describing how and why the equipment or service meets the needs of the Member will still be necessary.

Additional Comments:

Physician Address:	
Physician Phone#:	Physician Fax#:
Professional License Number:	Licensing Authority:
Physician Signature:	Date:

By signing this form, I certify that I am licensed in the state of California and all information provided above is correct.