



Environmental Accessibility Adaptations (EAA)



Non-Provider Lead for Program Participation

Fax to 1-213-985-1835

L.A. Care Health Plan offers Environmental Accessibility Adaptations (EAAs, also known as Home Modifications) for eligible members to ensure their health, welfare, and safety at home. MD order required.

External or Internal Lead Information for participation in program

External Source Lead

*NPI Required

Hospital* (Part of Discharge Plan)	Skilled Nursing Facility* (Part of Discharge Plan)	ECM Provider*
Community Based Adult Services*	Community Based Organization*	MLTSS Vendor*
Community Supports Provider*	Member's PPG/MSO	Other

Please Specify: [Grid]

If you Marked a box with an (*) asterisk above you must enter NPI below. If you do not have an NPI fill out rest of the information.

NPI*: [Grid] Fax Number: [Grid]

Contact Name: [Grid]

Contact Phone Number: [Grid] Email Address: [Grid]

Checking this box attests that Program Eligibility for Extra benefits & Services have been discussed and have received "Member Consent" to collect necessary clinical & supportive documentation from qualified clinical practitioner with direct knowledge and treatment responsibility.

Internal L.A.Care Source Lead

Behavioral Health	Care Management*	Customer Solution Center
Safety Net Initiatives/CalAIM	Social Services	Utilization Management
Managed Long Term Services & Supports(MLTSS)		

*Is this referral a result of Care Management Interdisciplinary Care Team (ICT) meeting? Yes No

If Yes, Date of ICT: [M M / D D / Y Y]

Member information

Member Number	Member DOB	Member Phone
[Grid]	[M M / D D / Y Y Y Y]	[Grid]

Member's Address & Language preference are on file with L.A.Care and will be used to process this request. Any updates must be completed by contacting Customer Service 24 hours a day-7days a week

Caregiver Contact information & Official Designation Title

First Name	Last Name
[Grid]	[Grid]
Phone Number	Title/Relationship
[Grid]	[Grid]

Requesting Provider or Member's PCP Information

Requesting Provider or Member's PCP NPI	Phone	Fax
[Grid]	[Grid]	[Grid]

Requesting Provider or Member's PCP Name [Grid]

Requesting Provider or Member's PCP Address [Grid]

Requesting Provider or Member's PCP City	Zip	LAC Provider ID
[Grid]	[Grid]	[Grid]

An In-Network Provider NPI & Provider ID are required to complete this form. Find these at: <https://www.lacare.org/find-doctor-or-hospital>



Environmental Accessibility Adaptations (EAA)



Non-Provider Lead for Program Participation

Fax to 1-213-985-1835

Member's General Condition (check all that apply):

Ambulation:	Steady Gait	Ambulatory with assistance	Confined to wheelchair
	Ambulatory with assistive device (cane, walker)		Incontinent
	History of falls	Most recent fall date:	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y
	Medications with side effect that increases the risks for falls		
	Supervision/Assistance with 2 or more ADL's/IADL's (i.e. hygiene, med management, etc.)		
	Other(Specify)	<input type="text"/>	

Current Social Supports (check all that apply):

None	Lives alone, but has outside support
Alone for significant parts of the day and requires extensive routine supervision	
Lives with Partner/Spouse/Family	If yes, able/available to provide support <input type="checkbox"/> Yes <input type="checkbox"/> No
Has unpaid Caregiver assistance	If yes, how many hours per day? <input type="text"/> Hours/Day
Other (specify)	<input type="text"/>

Summary of member issue(s), need(s), and concern(s):

Clinical and Supporting Attachments

Applicable supporting medical documentation should include:

- MD order must be attached.
- If this is a part of a discharge plan from an acute facility or SNF, please attach H&P and DC Plan.
- Latest MD visit notes with diagnoses, conditions, medications, treatment orders.
- PT/OT/DME evaluation documenting safety needs.
- Any assessments documenting member's physical needs and identification of need for EAA services or equipment.
- If recently discharged from Hospital, Skilled Nursing or Long Term Care, Please attach DC summary.