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:

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*: Fax Number:

Contact Name:

Contact Phone Number: Email Address:

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 M M / D D / Y Y Y Y | Member Phone

First Name | Last Name

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

Phone Number | Title/Relationship

Requesting Provider or Member's PCP Information

Requesting Provider or Member's PCP NPI | Phone | Fax

Requesting Provider or Member's PCP Name

Requesting Provider or Member's PCP Address

Requesting Provider or Member's PCP City | Zip | LAC Provider ID

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

LA4916 1222

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Eligibility Criteria (Please check every box applicable)

Active Enrollment in L.A. Care's Medi-Cal HMO Plan; **AND**

Clinical Documentation from Primary Care Physician (PCP) or Specialist which supports Medical necessity required for an EAA Service Authorization Request (SAR); **AND**

If for PERS, Member lacks caregiver support or supervision; **OR**

If for PERS, Home alone or unattended for significant periods of time at home;

If you answered yes to each of the items above and you are able to include clinical documentation at this time, please complete this entire Service Authorization Request (SAR) for EAA services and send via secure fax to the Managed Long Term Services and Supports (MLTSS) department.

Requested Environmental Accessibility & Adaption (EAA) Services

Is requested service a DME Medi-Cal benefit? Yes No If yes, please re-direct this request to PCP or treating doctor

Continuity of Care

Have you had any previous home modifications or PERS approved from other health plans?

Yes Please indicate the Health Plan name:

No

Requested Home Modifications EAA Services require an MD order and supporting documentation relating to Medical Necessity and how EAA will benefit the member.

Custom made ramps to assist Member in accessing the home

Custom made grab bars

Doorway widening (Internal or External doors)

Mechanical Stair lifts

Safeway Step

Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower)

Installation of specialized electric or plumbing systems that are necessary to accommodate the Member's medical equipment/supplies

Other

Other

Other

PERS (Personal Emergency Response System)

Homebound Yes No

Clinical Information

Known Cognitive Impairment: Yes No

Does the member have cognitive issues where they would not use the PERS appropriately? Yes No

Recent change in condition: Yes No

If Yes, Type of Change in Condition: Cognitive decline Functional limitation Increased weakness

Pain Shortness of breath Other

Currently enrolled in L.A. Care Programs? (Check all that apply)

Care Management Program Case Manager Name:

In Home Supportive Services (IHSS) Palliative Care Community Based Adult Services (CBAS)

Multipurpose Senior Services Program (MSSP) Home and Community Based Alternatives (HCBA)

Enhanced Care Management (ECM)

Community Supports Program Name:

Other

Has member recently accessed the Emergency Department, Hospital or a Nursing Home within the last 6 months?

Yes Date of Discharge M M / D D / Y Y No

Home Health services for skilled needs:

PT OT ST Nursing Other

EAA SAR 2022 P1

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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: M M / D D / Y 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)

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 | Yes | No

Has unpaid Caregiver assistance | If yes, how many hours per day? | Hours/Day

Other (specify)

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.