

Purpose of form

Form 02CB032E, Environmental Modification Permission and Verification, verifies the owner of the *ADvantage* member's home, documents that the owner is giving permission for a permanent modification to the home, documents and verifies that the permanent modification was completed to the property, and that the modification meets the member's need.

Instructions

Member name: Enter the member's name as it appears on the OKDHS case. (No nicknames.)

Last name; first name; middle initial

Medicaid number: Enter the nine digit Client ID # assigned by OKDHS.

Address: Enter the member's street address, city, county, and zip code.

PROPERTY OWNERSHIP: Indicate whether the property is owned by the member by checking yes or no.

Environmental modification provider name: Enter the name of the *ADvantage* certified provider who will be making the permanent modifications to the property.

PROPERTY MODIFICATIONS: Enter a description of the proposed permanent modifications to be made to the property.

Signatures: The property owner signs and dates in the property owner signature space. Type or print the name of the property owner below.

The case manager signs and dates the form in the case manager's signature space. Type or print the case manager's name below.

VERIFICATION OF SERVICE DELIVERY: Enter the *ADvantage* certified provider agency name, provider number, and the date(s) of the service delivery.

The member or legal agent signs and dates that the modification was made to the property by the documented provider and that the form was presented and explained to the member by the *ADvantage* case manager. If member signs with a mark, two witness signatures are required.

Enter the date of the home modification needs assessment completed by the physical or occupational therapist.

Signatures: The case manager signs and dates that the modification(s) to the property by the documented provider have been reviewed and the modifications meet the member's need(s). Type or print the case manager's name below.

The physical or occupational therapist signs and dates that the modification(s) to the property by the documented provider have been reviewed and the modifications meet

the member's need(s). Type or print the physical or occupational therapist's name below.

Routing

The case manager keeps original for the case file and forwards a copy to:

AD*van*tage Administration, PO Box 50550, Tulsa, OK 74150-0550.

A copy is given to each service team member.

A copy of the completed form is placed and scanned into the member file at AD*van*tage Administration Unit (AAU).