

Purpose of form

Form 02CB031E, Environmental Modification Decision Tool, documents information acquired by the *ADvantage* member's service team which is used to evaluate a request for an environmental modification (EM).

Instructions

Member name: Enter the member's name as it appears on the Oklahoma Department of Human Services (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.

SERVICE TEAM REQUEST FOR ENVIRONMENTAL MODIFICATION

Enter the member's specific EM need.

Enter how the requested modification will ensure the health, safety, and welfare of the member, promote independence, and prevent premature institutionalization.

Enter the name of the homeowner.

Enter the name of the property owner and/or land owner.

Check all alternative pay sources explored.

Document the outcome of the investigation of alternative pay sources. Available alternative pay sources must be used prior to consideration of *ADvantage* funds.

Enter the pay source of any previously completed EMs. Formal pay sources include, but are not limited to, private or public organizations, charities, and governmental agencies. Informal pay sources include family, friends, and acquaintances.

SERVICE TEAM JUSTIFICATION OF NEED FOR EM

Enter the member's current method of functioning without the proposed EM.

Enter options other than an EM explored to meet member's need. These options may include, but are not limited to, durable medical equipment and support of another person.

Enter descriptions of all alternative entrances and exits to the home including any adaptive modifications which have been made to those entrances and exits.

Enter the method the member currently would use to evacuate the home without the EM.

Describe all types of assistance necessary for member to enter and exit the home.

Enter the number and description of alternative bathrooms in the home if the EM request is for a bathroom modification. Photographs are also required for any request for bathroom modification.

Environmental Modification Decision Tool

Check yes if the member lives alone. Check no if others live in the home with the member.

Check yes if the member requires uninterrupted supervision 24 hours a day. Check no if the member does not require this supervision.

Check yes if the member intends to stay indefinitely at the current residence. Check no if the member is planning to move from the current residence.

List and describe all other equipment and assistive devices currently used by the member.

Describe how the member's health, safety, and welfare will be promoted following the completion of the EM.

Describe how the member will be able to function with greater independence following completion of EM.

Describe how the member will avoid premature institutionalization following completion of EM.

Routing

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

ADvantage Administration, PO Box 50550, Tulsa, OK 74150-0550.

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