



ADvantage Program
ENVIRONMENTAL MODIFICATION DECISION TOOL

Form with fields: Member last name, First name, Middle initial, Medicaid number, Street address, City, County, State OK, Zip

SERVICE TEAM REQUEST FOR ENVIRONMENTAL MODIFICATION (EM)

EM needed:

Anticipated member outcome/benefit from EM:

Home owner: \_\_\_\_\_

Property/land owner: \_\_\_\_\_

- Explore alternative pay sources: [ ] Family [ ] Homeowner [ ] Veteran's Association [ ] Vocational Rehabilitation [ ] Community Agency [ ] Indian Health Services [ ] Other \_\_\_\_\_

Outcome/result of explored alternative pay sources and solutions:

Pay source of any previous EM (formal or informal): \_\_\_\_\_

SERVICE TEAM JUSTIFICATION OF NEED FOR EM

How is the member currently functioning without the proposed EM?

Identify all options explored to meet member's needs:

Member or legal agent initials Date

Member last name	First name	Middle name	Medicaid number
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Describe alternative entrances and exits to the home:

Describe the member's current evacuation plan:

Describe any human or mechanical assistance required for member to enter and exit the home:

Describe alternative bathroom(s) in the home (as applicable):

Does the member live alone?  Yes  No

Does the member require 24-hour supervision?  Yes  No

Does the member intend to remain at the current residence?  Yes  No

What other durable medical equipment and assistive devices are currently used?

How will the EM meet the current health, welfare, and safety needs of the member?

How will the EM enable the member to function with greater independence?

How will the EM reduce the member's current risk for premature institutionalization?

\_\_\_\_\_  
Signature of member or legal agent \_\_\_\_\_  
Date  
If member signs with a mark, two witnesses are required

\_\_\_\_\_  
Signature of witness Date Signature of witness \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of case manager \_\_\_\_\_  
Date