CS Environmental Accessibility Adaptations (Home Modifications) All Counties

Environmental Accessibility Adaptations (EAAs also known as Home Modifications) are physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home: without which the Member would require institutionalization. Individuals are directly responsible for paying their own living expenses.

Send completed referral via secure email: MHC_CS@MolinaHealthcare.com or fax to: (833) 908-4424.

Eligibility Criteria:
Molina Enrollment: ☐ Only Medi-Cal ☐ Partial Duals Only: Medi-Cal with Medicare Part B and/or D
☐ **Member must meet all the following criteria:** • Member is at risk for institutionalization in a nursing facility.
☐ There is not another State Plan service such as Durable Medical Equipment, available and would accomplish the same goals of independence and avoiding institutionalization placement.
☐ EAA has been conducted in accordance with applicable State and local building codes.
☐ Member has had a physical or occupational therapy evaluation and report provided to show medical necessity of EAA.
☐ Member has had a home visit conducted to determine the suitability of requested equipment or service.
Type of Home Modification(s) Requested: Click or tap here to enter text.
☐ Member has not received EAA through Community Supports previously.
☐ Member consented to Environmental Accessibility Adaptations (Home Modifications) referral and acknowledges the once in a lifetime restriction.

Requestor Information:	
Referrer: ☐ Hospital/SNF ☐ PCP/Clinic ☐ IPA ☐ ECM ☐ Molina CM ☐ Other: Click or tap here to enter text.	
Referrer Organization Name: Click or tap here to enter text.	
Referrer Name: Click or tap here to enter text.	Title: Click or tap here to enter text.
Referrer Phone Number: Click or tap here to enter text.	Fax Number: Click or tap here to enter text.

Member Information:	
Member Name: Click or tap here to enter text.	DOB: Click or tap to enter a date.
Medi-Cal ID: Click or tap here to enter text.	Preferred Language: Click or tap here to enter text.
Cell Phone Number: Click or tap here to enter text.	
Current SNF Name: Click or tap here to enter text.	
Current SNF Address: Click or tap here to enter text.	
SNF Contact Name: Click or tap here to enter text.	Title: Click or tap here to enter text.
Phone Number: Click or tap here to enter text.	Fax Number Click or tap here to enter text.

If member has previously received Home Modifications Community Supports services, please include information explaining if the member's place of residence changed or if the member's condition has changed so significantly that additional modifications are necessary to ensure the health, welfare, and safety of the member, or are necessary to enable the member to function with greater independence in the home and avoid institutionalization or hospitalization.