

Environmental Accessibility Adaptations (EAA) 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 the completed referral via secure fax to: (800) 811-4804.

Eligibility Criteria:

Molina Enrollment: ☐ Medi-Cal with Molina

☐ Member owns home ☐ Member rents/leases home (landlord written consent required)

All the following criteria must be satisfied:

☐ Member is at risk for institutionalization in a nursing facility.

☐ Another State Plan service, such as Durable Medical Equipment, is **not** available and would accomplish the same goals of independence and avoiding institutionalization placement.

☐ Physician request and documentation (attach EAA Physician Request Form) included.

☐ Member had a physical or occupational therapy evaluation and report to show medical necessity of EAA (if applicable). When available, the evaluation and report must be included.

☐ Member has not previously received EAA through Community Supports or qualifies for an exception due to one of the following:

☐ Member's place of residence changed or

☐ Member's condition has changed so significantly that additional modifications are necessary to ensure the health, welfare, and safety or

☐ EAA/Home Modifications are necessary to enable the member to function with greater independence in the home and avoid institutionalization or hospitalization

☐ Member consented to EAA (Home Modifications) referral and acknowledges the once in a lifetime restriction.

Type of Home Modification(s) Requested: Click or tap here to enter text.

Requestor Information:

Referrer: ☐ Hospital/SNF ☐ PCP/Clinic ☐ IPA ☐ ECM ☐ Molina CM/Internal ☐ Member (self-referral or Member Services) ☐ 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.

Member Address: Click or tap here to enter text.

Alternate Contact Name/Number: Click or tap here to enter text.