

CCW Environmental Modification Request Worksheet



Participant Name:

Submission Date:

Is this request being made to support the participant's transition from a nursing facility? Yes No

S5165 NU Environmental Modification (New) S5165 Environmental Modification (Repair)

T1018 Environmental Modification (Assessment)

Environmental modification request shall be functionally necessary and shall:

<ul style="list-style-type: none"> Contribute to a person's ability to remain in or return to their home and out of an institution 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Be necessary to ensure the person's health, welfare, and safety 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of the environmental concern or need:

Explanation of how addressing the environmental concern will: 1) Contribute to the participant's ability to remain in, or return to, their home; 2) Increase the participant's independence; 3) Address the participant's accessibility concerns; and 4) Address health and safety needs of the participant.

Attach quote from a licensed entity (Division may require the case manager to obtain an additional quote)

<ul style="list-style-type: none"> Detailed description of the work to be completed, including drawing or pictures, when appropriate 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> An itemized estimate of the material and labor needed to complete the job, including costs for clean up 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> An estimate for the building permit, if needed 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> An estimated timeline for completing the job 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Name, address, and telephone number of the provider 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Signature of the provider 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional documentation:

● Proof of ownership of the residence, if applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No
● Written approval from the homeowner, if applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No
● Signed assessment from the occupational or physical therapist		<input type="checkbox"/> Yes <input type="checkbox"/> No
List of previous environmental modifications purchased through the waiver		<input type="checkbox"/> N/A
Year Approved	Total Amount	Description of Modification

Additional Information:

Third Party Liability

<ul style="list-style-type: none">● Team has confirmed that no other funding source is available as the Waiver is the payor of last resort.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">● Third Party Liability Form is complete.	<input type="checkbox"/> Yes <input type="checkbox"/> No

** Environmental Modification Services are not considered complete, and cannot be claimed until the first day the participant has transitioned from the nursing facility and is an active CCW participant.*

*** By federal law (42 CFR §433 Subpart D, §433.138, and 433.139), third parties that are responsible for payment of services must be identified. The CCW is considered the payer of last resort. The case manager attests that no other insurer or program, such as the Department of Workforce Services or Division of Vocational Rehabilitation, Department of Education, Medicaid State Plan, Medicare, Division of Aging, state and federal grants, private insurers, or other available programs, is responsible for the cost or part of the cost of the services outlined on this form.*

Participant signature: _____

Printed name of case manager: _____

Case manager signature: _____

Date: _____