

L.A. Care Environmental Accessibility Adaptations (EAA), also known as Home Modifications

Return form to L.A. Care MLTSS Dept.: Fax 213.985.1835

SECTION I: Member information

Member/ Patient information	
Member Name:	
Member DOB:	
Medi-Cal ID#:	
Member Address:	
Member Telephone #:	
Preferred Language:	

SECTION II: Clinical information

Diagnosis:

EAA Request:
Note: Must <u>not</u> be covered under Durable Medical Equipment (DME) benefit
Custom made grab bars
Custom made wheel chair ramp(s)
Doorway widening (internal or external doors)
Mechanical stair lifts
□ Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower).
□ Installation of specialized electric systems that are necessary to accommodate the medical equipment and supplies
Personal Emergency Response Systems (PERS)

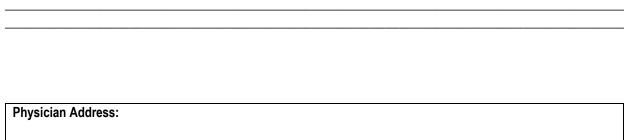
□ Other

Modifications are limited to those that are of direct **medical or remedial benefit to the Member** and exclude adaptations or improvements that are of general utility to the household.

Specify how the requested equipment or service meets the medical needs of the Member:

Include any supporting documentation describing the purpose and efficacy of the equipment. Brochures will suffice; however, a brief written evaluation specific to the Member describing how and why the equipment or service meets the needs of the Member will still be necessary.

Additional Comments:



Physician Phone#:	Physician Fax#:
Professional License Number:	Licensing Authority:
Physician Signature	Date:
	Datoi
Physician Signature:	Date:

By signing this form, I certify that I am licensed in the state of California and all information provided above is correct.