Department of Health and Hospitals

Office for Citizens with Developmental Disabilities

**ENVIRONMENTAL ACCESSIBILITY ADAPTATION JOB COMPLETION FORM**

Instructions: This form is to be used for all requests for Environmental Accessibility Adaptations. The Support Coordinator will complete **Section 1** and submit with the Plan of Care or Revision Request to the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District. **Section 2** will be completed by the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District. **Section 3** will be completed by the enrolled service provider/contractor. **Section 4** will be completed by the Support Coordinator and signed by the recipient/family/guardian. All signatures are mandatory.

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|  **SECTION 1 – COMPLETED BY SUPPORT COORDINATOR** |
| Recipient’s Name: SSN #: |
| Address:  |
| Support Coordination Agency: Phone #: ( ) Fax #: ( )  |
| Provider Agency: Phone #: ( )  |
| Address: Provider #: |

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| Description of Requested Services: Requested Amount: $ |
| Anticipation Completion Date: Date Modification Needs to be Completed by:  |
| Funds Available? 🞏 Yes 🞏 No  |
| Has this equipment been requested through the Medicaid DME Program or Medicaid State Plan? 🞏 NO Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 YES Was request denied? 🞏 NO 🞏 YES (Notice of denial must be attached)  |
| Provider Agency Agreement Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Providers/contractors are NOT to complete the purchase without having received the Prior Authorization for the purchase***  |
| **Support Coordination Agency Agreement Signature:** Date: |
| **Recipient/Family Agreement Signature:** Date: |

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|  **SECTION 2 - WAIVER OFFICE - AGREEMENT AND PRIOR APPROVAL DETAILS****(To be completed by OCDD Regional/Authority/District Waiver Staff and forwarded to SRI for PA)** |
| Description of Approved Service: |
| Procedure Code: Approved Amount:$ |
| **Waiver Office Prior Approval Signature:** Date of Prior Approval: |

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|  **SECTION 3 – ENROLLED SERVICE PROVIDER/CONTRACTOR - VERIFICATION OF JOB COMPLETION****(To be completed by the provider and contractor then forwarded to the Support Coordinator)** |
| Description of Completed Job: Does Job Meet All State and Local Requirements? 🞏 Yes 🞏 No  |
| Date Job Began: Date Job Completed:  |
| Has Recipient Received A Certificate of Warranty For All Labor and Installation and All Manufacturers’ Warranties? 🞏 Yes 🞏 No  |
| **Provider Agency Signature: Date: Contactor’s Signature: Date:** |
| **Recipient/Family Signature: Date**: |

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|  **SECTION 4 – FINAL VERIFICATION OF JOB COMPLETION****(To be completed by the support coordinator and forwarded to OCDD Regional/Authority/District Waiver Staff)** |
| Date Completed Job Verified: Job Acceptable? 🞏 Yes 🞏 No |
| Comments: |
| **Support Coordinator’s Signature:** Date:  |
| **Recipient/Family Acceptance Signature**: Date:  |
| **Waiver Staff Final Approval Signature:** Date of Final Approval: |

**Environmental Accessibility Adaptation Job Completion Form Instructions**

This form is to be used for all requests for Environmental Accessibility Adaptations included in the OCDD approved Plan of Care (POC) or Revision Request. Support Coordinator (SC) completes **Section 1**, obtain proper signatures and a written itemized detailed bid, which includes the drawing with the dimensions of the existing and proposed plans related to the modification, from the service provider/contractor, and send along with the POC or Revision to OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District. **Section 2** will be completed by the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District and if approved, forwarded to SRI with the POC budget pages if it is requested an initial or annual or revision request for PA and then send back to the SC who will forward it to the service provider/contractor. **Section 3** will be completed by the service provider/contractor and returned to SC as soon as the job is completed. **Section 4** will be completed by the SC, signed by the recipient/family/guardian and the support coordinator to indicate that they have accepted the job, and submitted to the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District for their signature and final approval, who will forward the approval to SRI for issuance of the Post Authorization (payment). All signatures are mandatory. ***All work is to be performed and completed in the current approved POC year. Enough time should be allowed for completion of job before the end of the POC year.***

**Section 1:** After the POC or revision request is approved and the family has agreed upon a service provider/contractor for the job, this information shall be completed by the SC. The SC will then obtain signatures of service provider/contractors and recipient/family member to indicate agreement of all parties involved. The SC will ensure that the service provider/contractor is aware of any applicable vendor standards and/or requirement for delivery and installation of environmental accessibility adaptations. The service provider/contractor will bear the burden of liability with all applicable local and state building codes and licensing/certification requirements in effect for the area of the state in which the work is being performed.

Recipient’s identifying information: The recipient’s full legal name, SSN, and address.

SC Agency’s identifying information: The SC agency’s name, phone and fax #.

Provider Agency’s identifying information: The provider agency’s name, address, phone # and the provider number.

Description of Requested Service: SC will describe the requested environmental accessibility adaptation.

Anticipated Completion Date: SC will enter the anticipated completion date of job as indicated by service provider/contractor.

Date Job Must be Completed By: The job must be within the POC year.

Requested Amount: SC will enter the amount requested for the environmental accessibility adaptation.

Funds Available: Shows that the recipient does have available funds. SC will contact appropriate OCDD personnel to verify whether or not the recipient has funds available. The SC should also check their records to determine if anything has been previously requested, as not all services may have been billed/paid. It is the SC’s responsibility to track this, and the family’s responsibility to know if they have utilized their funding.

Procedure Code: SC will indicate appropriate procedure code for the environmental accessibility adaptation.

Denial from Medicaid/State Plan: Indicate whether this equipment has been requested through Medicaid DME or Medicaid State Plan and provide documentation of this.

Agreement Signatures: Signatures in this section validate that the environmental accessibility adaptation is a new need of the recipient and that the environmental accessibility adaptation has not already been completed or in the process of completion.

Provider Agreement Signature: Presence of a signature of service provider/contractor indicates agreement to provide the service, cost, and anticipated completion date.

Support Coordination Agency Agreement Signature: Presence of a signature of SC Agency representative indicates agreement with the need of the service, cost, and anticipated completion date.

Recipient/Family Agreement Signature: Presence of a signature indicates approval of the service provider/contractor, and agreement with the cost and anticipated completion date.

**After Section 1 has been completed by SC, the job completion form with the revision request or budget pages if at annual or initial certification, will be forwarded to OCDD Regional/Authority/District Waiver Office for review and completion of Section 2.**

**Section 2:** OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District staff will enter the approved environmental accessibility adaptation, procedure code of the approved service, and the dollar amount approved. Presence of signature in section labeled “Waiver Office Agreement and Prior Approval” indicates authorization of the requested service and dollar amount payable to contractor for environmental accessibility adaptation job completion. OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District staff will enter the date of the approval for the environmental accessibility adaptation and then forwards approved Environmental Accessibility Adaptation form and Revision Request form to Statistical Resources, Inc., for issuance of Prior Authorization (PA). The approval of the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District does not override any limits the participant has already met.

Description of Approved Service: Waiver Office/Authority/District staff will describe the waiver service that has been approved.

Procedure Code: Waiver Office/Authority/District staff will indicate appropriate procedure code for the environmental accessibility adaptation.

Approved Amount: Waiver Office/Authority/District staff will enter the approve amount for the environmental accessibility adaptation.

Waiver Office/Authority/District Prior Approval Signature: Signature of the waiver staff that authorized prior approval.

Date of Prior Approval: Waiver Office/Authority/District staff will indicate the date that prior approval was given.

After Section 2 has been completed by the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District, the form will be returned to the Support Coordinator. The SC notifies the service provider/contractor by forwarding the prior authorization form along with the revision request/budget pages if an annual or initial, to the service provider/contractor for completion of Section 3.

**Section 3:** The selected service provider/contractor will complete the following after the environmental accessibility adaptation is completed:

Description of Completed Job: Description of environmental accessibility adaptation completed.

Does Job Meet all State and Local Requirements: Check yes or no.

Date Job Began: Actual date environmental accessibility adaptation job began.

Date Job Completed: Actual date environmental accessibility adaptation job completed.

Provider Agency and Contractor’s Signature: Presence of signature(s) indicates the environmental accessibility adaptation has been completed by service provider agency and contractor as agreed upon.

Recipient/Family Signature: Presence of a signature verifies that the environmental accessibility adaptation was completed.

**After Section 3 has been completed by the service provider, the form will be forwarded to the SC Agency for final approval. This form can be faxed to the Support Coordinator to expedite the process, but the original needs to be mailed immediately to the S.C.**

**Section 4:** Upon receipt of this form the Support Coordinator shall complete this section, with the SC’s signature and obtain signature of recipient/family member indicating approval/agreement, and send a copy of the form to the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District via fax or mail, who will sign this once final approval is given for payment. The completed form must be mailed or faxed to the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District within ten (10) working days of the date of the actual environmental accessibility adaptation completion.

Date Completed Job Verified: Enter the date the S.C viewed the completed job with the

 recipient/family.

Job Acceptable: Indicate whether or not the completed job is acceptable to recipient/family. If not considered acceptable the SC shall negotiate with the provider/contactor in accordance with

 established policy.

Comments: Enter any comments made by the recipient/family/SC.

Signatures: Obtain signatures of the SC and the recipient/family.

(SC and recipient/family)

The completed form must be mailed or faxed by the SC to the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District within ten (10) working days of the date of the actual job completion.

Waiver Office/Authority/District Staff Signature: Waiver Office/Authority/District staff must sign the job completion form indicating final approval of the job for issuance of post authorization (release of payment).

**Once a final determination is made the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District will submit the job completion form to the SC and data contractor (i.e. SRI).**

Reimbursement for this service shall require prior and final approval by the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District staff.

Reimbursement shall not be authorized until verification has been received that the job has been completed in accordance with the prior approved agreement and the family is satisfied with the adaptation.

After the completed form is received in the OCDD Regional Waiver Supports and Services Office or the Human Services Authority or District, it is then forwarded to Statistical Resources, Inc., for issuance of Post Authorization allowing for release of payment.