

## ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA) FORM

Name of Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Personal Representative (if applicable): \_\_\_\_\_

Name of SCA: \_\_\_\_\_ Phone # of SCA: \_\_\_\_\_

Name of SC: \_\_\_\_\_

*The following has been approved and Prior Authorization(s) (PAs) can be released for payment:*

**I. EAA Basic Assessment (Z0640)** Amount authorized: \$600.00

Date of Assessment: \_\_\_\_\_ EAA needed?  Yes  No

**II. EAA Complex Assessment (Z0642)** Amount authorized: \$150.00

Date of Final Inspection: \_\_\_\_\_

Job passed inspection of EAA Assessor?:  Yes  No

**III. Home Health Agency:**  \_\_\_\_\_ (Therapist Evaluation/Re-evaluation)

Name of SMT Provider: \_\_\_\_\_ Phone#: \_\_\_\_\_

**IV. EAA Provider:**  Z0060  Z0061  Z0062  Z0063

Name of EAA Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Amount authorized for EAA job: \$ \_\_\_\_\_ (Amount should be verified by EAA assessor.)

Did EAA assessor verify EAA job?  Yes  No If **yes**, date verified: \_\_\_\_\_

Signature of Support Coordinator: \_\_\_\_\_

SC Supervisor Final Determination Signature & Date: \_\_\_\_\_