HSCSN Order for Home Assessment for Modification(s) or Adaptations

THE HSC HEALTH CARE SYSTEM
Health Services for Children with Special Needs, Inc.

Home Ownership or Consent by Owner is required for Home Modifications or evaluation by a Rehabilitation Engineer or Contractor. Additionally, the member must be an independent adult or have a legal guardian and they must attest to intent to reside in the home for 3 or more years. Minor home adaptations, specialized medical equipment and supplies, assistive equipment, and personal emergency response systems that do not require modifications to the home can be covered under the DME benefit.

This form must be completed by a treating practitioner. Fax this form and supporting documents to HSCSN Utilization Management at **Fax: 202-721-7190** or email: **UM@hschealth.org**.

IMPORTANT TO NOTE: This application is considered incomplete and will not be processed unless it includes all of the below items.

DATE OF ORDER:	
PROVIDER	**MEMBER**
Ordering Provider (MD or NP):	**Member Name:** **Gender Identity: ☐ Male ☐ Female ☐ Trans Man** **☐ Trans Woman ☐Genderqueer/Non-binary ☐Other:**
Provider NPI #:	**Member ID:** **DOB:**
Provider Phone #: **Fax #:**	**Primary Diagnosis: (Include ICD-10 code)**
Provider Email:	**Other Diagnoses:**

Reason(s) for Home Assessment to consider modifications, adaptations, safety devices or specialized equipment due to a disability or medical condition of the member (choose any that apply):

☐ Limited mobility/ambulation
☐ Cognitive and/or behavioral issues affecting safety
☐ Blind/visual impairment
☐ Deaf/hearing impairment
☐ Other

☐ Assess entry/access to home
☐ Assess access to second floor
☐ Assess bathroom used by member
☐ Assess movement from one room to another
☐ Other

Date of Last Visit with Ordering Provider (must be within 6 months of order):
☐ Submit Last Visit Note with Order.

Additional Information, Reason for Assessment or suggestions for home modifications or devices:

PRACTITIONER ORDER (please choose one):

☐ Evaluation by a **rehabilitation engineer or contractor** to assess home for accessibility and probable need for structural home modifications (requires proof of home ownership or consent of owner with request).

☐ Evaluation by a **rehabilitation technician** to assess home environment and accessibility, and to make recommendations for appropriate adaptive/rehab equipment and/or home modifications.

☐ Evaluation by a **home care nurse** to assess home environment for safety and to make recommendations for devices or special equipment that can be used to improve safety/environment.

☐ Home evaluation by an **Occupational Therapist** and/or **Physical Therapist** to assess mobility and activities of daily.

Ordering Provider Signature: Date:

Ordering Provider Printed Name: