WEST VIRGINIA I/DD WAIVER REQUEST FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATION (EAA) and/or GOODS AND SERVICES (G&S)

(To be completed by the Case Manager)

| Name of Person Who Receives Services | | | Date | | |
|--|-----|--|-----------------------------|-----|-----------------|
| Medicaid Number | | | Type of Residence (✓) | | Natural Family |
| CM Agency | | | | | SFCH |
| CM Name | | | | | Unlicensed Res. |
| CM Phone # | | | | | Group Home |
| EAA for Home (Must be prior-authorized by UMC) Rental Property? Yes ☐ or No ☐ EAA for Vehicle (Must be prior-authorized by UMC) Who owns the vehicle? How many vehicles does the family own? Is the request for the primary vehicle utilized for transport of the person who receives services? Yes ☐ or No ☐ Goods & Services (Must be prior-authorized by the UMC or Personal Options Vendor) Brief description of the EAA or G&S Needed (Invoice including itemization of materials and services on contractor letterhead must be attached): | | | | | |
| Total Amount Requested EAA or G&S \$ EAA and G&S combined cannot exceed \$1,000 per service year | | | | | |
| Vendor Information | | | | | |
| Vendor Name: | | | | | |
| Vendor Address: | | | | | |
| Vendor Phone #: Vendor | | | | | |
| Qualifications: | | | | | |
| A copy of the following documentation must be attached for processing and determination: IPP recommendations detailing need for this EAA or G&S The invoice detailing costs and description for the EAA or G&S If approved, receipts for the EAA or G&S must accompany this form and be attached to the clinical record on CareConnection© Signature/Name of Person Date | | | | | |
| Who Receives Services | | | | | |
| Representative Signate | ure | | | ate | |
| Case Manager Signatu | re | | | ate | |