



Health First Colorado Home Modification Evaluation Form

To be completed by a licensed OT/PT or other Department approved Professional

Directions for completion: Sections A and I must be filled out for all Home Modification Evaluations. Professionals must then only fill out the corresponding section for which the modification is applicable. Please submit the entire Home Modification Evaluation Form to the designated case management agency upon completion. If a section does not need to be filled out, please cross it out prior to submission to the case management agency.

Section A - Member Information

Section B - Primary Egress (ramp, EZ step, VPL)

Section C - Emergency Egress (emergency ramp, EZ step, VPL)

Section D - Exterior Steps/Stairs

Section E - Interior Steps/Stairs (stair glide, railing)

Section F - Accessible Bathrooms (walk-in shower, roll-in shower, ADA toilet, walk-in tubs, grab bars)

Section G - Widening Doors/Flooring

Section H - Other

Section I - Signature Pages

The Home Modification Look Book is available at hcpf.colorado.gov/home-modification-benefit under Home Modification Training, Look Book, and Specifications. The Home Modification Look Book is designed to provide basic information about the most common types of home modifications for people with disabilities and can be a valuable tool when completing the Home Modification Professional Recommendation.



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Section A

Date: _____ Time In: _____ Time Out: _____

Member Information

Name: _____	State ID/SSN: _____	DOB: _____
Address: _____		
Phone: _____	Alternate Phone: _____	
This evaluation is: <input type="checkbox"/> A New Evaluation <input type="checkbox"/> An Addendum to a Previous Evaluation		
Date of initial evaluation (if applicable): _____		

1. Is this modification necessary to ensure the health, welfare, and safety of the client?

Yes No

If yes, please explain: _____

2. Will this modification enable the member to function with greater independence in the home?

Yes No

If yes, please explain: _____

3. Will this modification prevent institutionalization or support deinstitutionalization of the member?

Yes No

If yes, please explain: _____

4. Is this modification required because of the member's illness, impairment, or disability?

Yes No

If yes, please explain: _____

5. Will this modification lead to a decrease in waiver services on a long-term basis?



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Yes No

If yes, please explain: _____

6. Has the member fallen in the past 6 months? Yes No

If yes, please explain: _____

7. Has the member been hospitalized in the past 6 months? Yes No

If yes, please explain: _____

8. If the member has previously had a home modification completed using HCBS waiver funding, the member's needs changed since the initial home modification was completed? Yes No

If yes, please explain: _____

Please provide a general statement of the member's diagnoses and comorbidities that impact function and safety: _____

Height: _____ Weight: _____

Use of Assistive Devices

Does the member use any mobility devices? Yes No

If yes: Manual Wheelchair Electric Wheelchair Walker Cane

Other: _____

Describe the extent of use for each assistive device used:



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Section B: Primary Egress

B. What is the current setup and mode to enter/exit home?

1. Does the client need an accessible primary entrance/exit? Yes No

If yes, where: FRONT SIDE REAR GARAGE

Other location:

2. What adaptation would be most appropriate to make the primary egress more accessible?

Ramp EZ Steps Vertical Platform Lift Other: _____

Please explain why this is the most appropriate adaptation: _____

2a. Ramp only: As much as possible, please describe the design of the ramp including, but not necessarily limited to: where does the ramp need to start and end, what does the rise of the ramp need to be, is there an existing porch/deck/landing, is there a material preference? (ex. wood ramp should come off of existing 5 x 10 porch, go down 5 feet then switch back 10 feet towards the existing driveway). _____

2b. EZ Steps only: How tall, deep and wide do the steps need to be for this member? (for example, 3 concrete steps that are 5 inches tall, 12 inches deep, and 3 feet wide) _____

3. Does the member need a railing for steps, porch, etc.? Yes No

If yes, please explain where the railing needs to be installed and why: _____

4. Provide pictures/drawing in Appendix A for primary/emergency egress-what view front/looking out/birds eye.



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5. Is the **door and/or threshold** for this entrance/exit accessible for the client? Yes No
- 4a. If no, does the door and/or threshold need to be modified? Yes No
- 4b. If yes to 4a, please provide more detail surrounding the necessary modifications: _____

- 4c. Is there an **existing** storm door? Yes No
6. If it appears that there **will not be enough room for a ramp**, can a Vertical Platform Lift (VPL), Stair Glide or Wheelchair Incline Lift be installed? Yes No Unsure
- 5a. Are there adequate mount and dismount areas? Yes No
7. Please provide any additional justification that was not already addressed above: _____

Section C: Emergency Egress

- C. What is the current setup and mode to enter/exit home in case of an emergency?

1. Does the member need to modify an existing second exit or egress? If yes, where?
 1. Front Side Rear Garage Other: _____
2. Is the existing door/threshold for this emergency egress accessible for the member? Yes No
3. Is there an existing storm door? Yes No



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4. Does the member need a ramp, EZ Steps, or VPL for this emergency egress? If yes, please explain:

5. Does the member need a railing for steps, porch, etc.? Yes No
If yes, please explain where the railing needs to be installed and why: _____

Section D: Ceiling Track

- D. What is the current setup and mode to ambulate throughout the home?

1. Is the ceiling track necessary for the sole purpose of transferring? Yes No
If yes, can a portable unit be used? Yes No

2. Does the sling need to lower all the way to the floor? Yes No
Please provide an explanation for the above selection: _____

3. Please identify any special features required to make the ceiling track accessible: _____

4. How many straight and/or curved ceiling tracks are needed, where do they need to be installed, and why? _____

5. Is there room for the member to mount and dismount at the beginning and end? Yes No

If no, please explain what is needed to mount and dismount: _____

Please describe how member will transfer out of ceiling track: _____

6. Are grab bars/railings needed to assist with transfer? Yes No



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If yes, please describe the location and why: _____

Section E: Interior Steps/Stairs

E. What is the current setup and method of going up/down steps and stairs? _____

7. Is the member able to ambulate safely between multiple levels of the home?
 Yes No

If no, please explain: _____

Considerations for a stair glide.

8. What size and features are needed for the seat?

- Standard or Bariatric
 Seat Belt Adjustable Seat Swivel Seat Flip up arms
 Other: _____

If special features are needed, please explain: _____

How many straight and/or curved stair glides are needed, where do they need to be installed, and why? _____

9. Is there room for the member to mount and dismount at the top and bottom?
 Yes No

If no, please explain what is needed to mount and dismount: _____

Please describe how member will transfer out of stair glide: _____

10. Are grab bars/railings needed to assist with transfer? Yes No

Considerations for Railing for Existing Interior Steps

11. Does the member need an additional or new railing? Yes No

If yes, please describe: _____

12. Where are the stairs located? Please provide justification as to why access is needed to this location: _____



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Section F: Accessible Bathroom

Please include any additional drawings/photographs in Appendix A

Bath

What is the current set up and method for bathing? _____

1. Indicate which bathroom needs to be modified (please note, only one bathroom can be modified): _____
2. Does the member need an accessible shower? Yes No
If yes, what type? Roll-in Walk-in
If larger shower is needed, please explain why: _____

2a. Roll-in additional questions

1. Is a collapsible water barrier or dam needed? Yes No
2. Ramped entry Zero entry

2b. Walk-in additional question

1. What is the threshold height maximum (standard is 4")? _____
3. Will the current shower/bathtub need to be removed? Yes No
4. Will other bathroom items/fixtures need to be removed/relocated and why (flooring, window, closet, shower faucet, etc.)?

5. Are grab bars needed in/surrounding the bathing area? Yes No
If yes, please identify how many, the location, and size of needed grab bars: _____

6. Is shower bench/chair required? Yes No
If yes, can portable shower chair be used? Yes No
Please explain: _____



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*All accessible showers come standard with single lever anti-scald faucet, a permanently attached curtain rod & weighted curtain, standard length shower hose, wall mounted soap dish and wall mounted shelf.

7. If additional/different accessories are required, please provide justification:

Toilet

What is the current setup and toileting method? _____

1. Does the member need an ADA toilet? Yes No
If a taller toilet is needed, what height? _____
2. Will the current toilet need to be relocated? Yes No
If yes, why and where? _____
3. Does DME or other specialized toileting accessories need to be installed for toilet use (mounted fold down bars, etc.)? Yes No
If yes, please explain: _____

Sink and Vanity

What is the current setup and method for grooming? _____

1. Does the member need an accessible bathroom sink/vanity? Yes No
If yes, explain: _____
2. Will the sink/vanity need to be relocated? Yes No
If yes, why and where? _____
3. What type of faucet is needed?
 Single Lever Dual Lever Motion Activated
 If motion activated, please explain: _____
4. What type of sink is needed by the member?



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Wall hung W/C accessible sink/counter Tall Sink/Vanity

Please provide additional information surrounding clearance requirements, height from floor, can current vanity be raised to meet need? _____

Walk-in Tub

What is the current setup and method for bathing? _____

1. Is a walk-in tub needed? Yes No
- Soaker Laying Down

Are jets needed? Yes No

Please explain: _____

2. Would using a hydraulic bath seat and/or a tub cut be a viable alternative to a walk-in tub? Yes No

If no, please explain: _____

3. What is the minimum width of the door of the walk-in tub? _____

4. What is the maximum height of the threshold of the walk-in tub? _____

5. Is a bariatric tub needed? Yes No

If yes, what is the minimum seat size the member can use? _____

6. Can the member reach the tub faucets from a seated position? Yes No

7. Will the member be able to close the tub door once inside the tub? Yes No

8. Will the member need to transfer from a wheelchair into the walk-in tub? Yes No

If yes, please explain how they will accomplish transfer and be able to open and close the tub door. _____

9. Are there any contraindications that would impact the member's health when using a walk-in tub? Yes No

If yes, please explain: _____



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For Walk-In Tubs only: Please have the member initial next to the following statements to acknowledge understanding.

- * I understand that I will need to sit and wait for the tub to fill and drain. _____
- * Medicaid funding cannot be used to replace/repair/upgrade the water heater. _____

Section G: Widening Doors/Flooring

Door widening: For each door that needs to be widened, please provide the location, new width, type of door handle, if switch/outlet needs to be moved, and the reason for the door widening.

Location	New Width and/or Clear Swing Hinges	Handle Type Door Type	Move Outlet or Switch (Yes or No)	Reason



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Flooring: Please indicate if new floor covering is needed, where, how much, type and reason.

What is the current condition of flooring and how does it impact safety and mobility?

Location	Quantity	Flooring Type	Move Furniture	Reason as it relates to safety and accessibility

Section H: Other

Please identify any additional home modifications that have not been already addressed in this evaluation. Please make sure the include information surrounding why the modification is needed and what considerations need to be in place (such as dimensions, weight considerations, etc.):



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Section I: Signature Page

In order of necessity, please briefly list the proposed modifications to the home.

- 1.
- 2.
- 3.
- 4.

Contact Information

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Professional Name (Print)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Professional Phone #
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Agency Name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Professional Email
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Case Manager Name (Print)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Case Manager Phone #
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Case Management Agency	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Case Manager Email

Please review this evaluation with the member and ensure that the member understands that this evaluation does not guarantee approval and completion of the requested home modification. All home modifications anticipated to exceed \$2500 must be reviewed and approved by the State.

 Professional Signature

 Date

 Member/Guardian Signature

 Date



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Appendix A

This page has been intentionally left blank to allow space for any applicable drawings or photographs of spaces to be modified.

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