

SUPPORTS WAIVER

Environmental Modification Service Cost Quote Packet Checklist

To the Participant: First, speak with your Community Support Coordinators (CSC) to verify and establish your Environmental Modification (EM) budget. Your CSC will send a Supports Waiver Funds Verification Form to the state. Please wait to speak with a contractor until you have received notice of your available funds.

All Supports Waiver EMs must go through the ISP & Budget approval process.

This form is a checklist to help you get the necessary information for your Environmental Modification Service Cost Quote Packet. The Service Cost Quote Packet is a key piece for review and approval of your Supports Waiver Environmental Modification benefit. Please provide a copy of this checklist to your selected contractor or business so that they may prepare the cost estimate properly. You may also review this checklist to make sure they have supplied all the information before you turn it over to your CSC for the review and approval process. Your CSC can help you understand and complete the paperwork. Please attach this completed checklist along with the completed packet and return to your CSC for review and approval by the Third Party Assessor (TPA).

The Environmental Modification Service Cost Quote Packet shall include each of the following:

Assessment of Need: description of functional/medical need for EM in order to ensure health and safety or to enhance Participant's level of independence

Brief description of work to be done (e.g. build ramp to front entrance, modify shower)

Itemized cost for equipment and materials

Description and cost of labor

Total Environmental Modification Service Cost Quote, **including all applicable taxes**, approved and signed by the Participant and the Property Owner (if not the same) and the Contractor

Permission Signature of Property Owner

Building Permit, if required

Assurance that project will comply with Americans with Disabilities Act (ADA) guidelines, as relevant

Assurance that project will comply with all relevant building codes

Warranty period on parts and labor (minimum of 1 year)

Projected Start Date and Projected Completion Date

2 copies of EM Providers License, or appropriate certification to perform the work described (1 for CSC to submit to TPA, For Participant Directed: 1 for FMA w/ PRF)

2 copies of Contractor's liability/insurance (1 for CSC to submit to TPA, For Participant Directed: 1 for FMA w/ PRF)

All attachments and information necessary attached.

Agreement: By signing this document, I agree the above conditions will be met for this Environmental Modification.

Participant _____ Property Owner _____
(Signature) (If not the same as SW Participant)

Contractor _____
(Signature)

NOTES: _____