



ENVIRONMENTAL MODIFICATION (EM) FUNDS VERIFICATION FORM

Mi Via EM services are not funded through the participant's annual authorized budget. Funding for adaptations is available & limited up to \$5,000 every five (5) years. An individual transferring into Mi Via from a traditional waiver shall carry forward history of EM funding; for a new Mi Via participant, the 5-year time period shall be tracked starting on the date of the first SSP approved & paid EM Payment Request Form (EM PRF). State staff shall verify payments in Omnicaid. This Funds Verification form shall accompany the EM Service Cost Quote Packet for TPA review.

1.) Consultant to complete and **fax** to:

HCA/DDSD Regional Office Mi Via Liaison

Consultant Agency:

FAX:

Phone:

Participant Name:

SS#:

Phone:

Complete address:

Region:

- Which program did the participant enter Mi Via? DD MF
- Has the participant received environmental modification funds in the past? Yes No

2.) DDSD completes this section:

- Date inquiry received:
- History: Has the participant used EM funds prior to, or in, Mi Via? Yes No
- If yes, what modifications did the participant use the funds for? (Include date, list funds authorized, by amount, approved for what item(s) and what company, if billed, if paid, etc.)

Begin/End date of 5-year period:

Funds or balance available: \$

Comments:

HCA/DDSD: _____

Signature/date

2.) Consultant, upon return from the HCA/DDSD, please attach this completed form with SSP & Budget for review by the TPA.

Thank you.