SDS EMOD Review Checklist

***This Checklist is provided as a Guide to Assist Recipients/Guardians,
Care Coordinators, & Contractors with E-Mod Planning***

1. ☐**Yes** ☐**No** **Was a digital photograph provided as part of the E-Mod project request?** *(An SDS E-alert dated 12.1.09 noticed that a picture of the area to be modified is now required to help ensure the scope of work proposed is appropriate and consistent with regulatory guidelines & best practices.)*

2. ☐**Yes** ☐**No** **Does the proposed E-Mod meet a recipient's current and chronic needs opposed to only temporary needs or a disability not yet realized?** *(Example #1: Recipient's mobility is reduced only short term as part of normal recovery time for knee surgery. Example #2: Recipient uses a cane for assistance but is expected to "someday" be completely wheelchair bound)*

3. ☐**Yes** ☐**No** **Is the E-Mod requested for a home that is considered the primary residence of the recipient?** *(Example: Requesting a ramp or bathroom modification for a vacation home or friend's home based on the recipient visiting there occasionally would not be authorized.)*

4. ☐**Yes** ☐**No** **Is the proposed E-Mod project included as part of new construction to the recipient's residence or any other renovation planned or in progress?**

5. ☐**Yes** ☐**No** **Does the proposed E-Mod project increase the square footage of the residence?** *(Example: A bathroom is made larger to facilitate access by extension into a garage, carport, or outside space not considered current living area.)*

6. ☐**Yes** ☐**No** **Does the proposed E-Mod project contain what could be considered** general utility adaptations, modifications, or improvements to the existing residence? *(Example: general utility adaptations include routine maintenance or improvements, including flooring and floor coverings; bathroom furnishings, carpeting, roof repair, central air conditioning, heating system or sewer system replacement, appliances, cabinets, and shelves.)*

7. ☐**Yes** ☐**No** **Does the proposed E-Mod project include any work or improvement to outbuildings, yards, driveways, or fences?**

8. ☐**Yes** ☐**No** **Does the proposed E-Mod project include any improvements to the exterior of the residence not directly related to the need for access?**

9. ☐**Yes** ☐**No** **Does the proposed E-Mod project include any additional work that is not part of the SDS sponsored project scope regardless of how funded?** *(Example: A recipient wants the contractor to tile his/her bathroom walls and floor as part of a roll-in shower installation. The tile work would be considered private work requested/contracted by the recipient and therefore cannot be combined with the SDS E-Mod project.)*

10. ☐**Yes** ☐**No** **Does the proposed E-Mod project include any feature or material upgrades that exceed what would be considered routine construction grade materials?** *(Example: The entrance door to a residence is widened to permit wheelchair access and thereby must be replaced. A standard exterior grade door would be appropriate whereas a custom ordered cherry wood door with a decorative stained glass window would not.)*

11. ☐**Yes** ☐**No** **Does the proposed E-Mod project include installation of privately purchased equipment or materials?**

12. ☐**Yes** ☐**No** **Could the proposed E-Mod project be considered a duplication regardless of funding?** *(Example #1: A bathroom was modified in the recipient's residence to meet all mobility needs by a grant and a second bathroom is now being requested for modification under the waiver E-Mod program. Example #2: The recipient has a ramp to their front door and wants another ramp to extend from the back or side door.)*

13. ☐**Yes** ☐**No** **Does the proposed E-Mod project include installation or repair of prohibited items such as elevators, hot tubs, saunas, or hydrotherapy devices?**

14. ☐**Yes** ☐**No** **Is the proposed E-Mod project intended for a waiver recipient whose residence is licensed as an assisted living home?**

15. ☐**Yes** ☐**No** **Does the proposed E-Mod project contain only estimate documents that are SDS sponsored?** *(private contractor bid or estimate forms in addition to, or used instead of the appropriate SDS sponsored project estimate forms are not authorized. (Only SDS approved project forms are accepted for waiver funded E-mod projects.) Examples of all SDS project estimate forms can be found online:* http://dhss.alaska.gov/dsds/Pages/info/approvedforms.aspx

16. ☐**Yes** ☐**No** **Is Provider with the lowest estimate (that is being awarded the project) completed fully?** *(Example: All project estimate forms should be completed entirely or stated as N/A where appropriate. This includes a full list of proposed materials, labor, permits, and special fees where applicable).*

17. ☐**Yes** ☐**No** **Are all submitted E-Mod project estimates similar in the scope of work to be accomplished?** *(All E-Mod projects should be estimated independently wherever the specific SDS project form exists. Example: Do not combine a ramp installation project on the same estimate form for a stair-lift).*

18. ☐**Yes** ☐**No** **Was a calculation made to ensure recipient is eligible for the proposed E-Mod project that does not exceed $18,500 in any 3-year period starting July 1, 2013?** *(Keep in mind that the rolling 3-year period is the same for all waiver recipients regardless of waiver start date).*

19. ☐**Yes** ☐**No** **Is the Property Owners Consent complete without any missing or required information?** *(Note: This form cannot be signed by anyone other than the registered property owner. Exception: a valid Power of Attorney or other court document that establishes another individual to make decisions for the property owner can be acceptable but may need legal review for that determination. The completed form should be signed with the contractor's name or business included that represents the lowest submitted estimate.)*

Checklist Key: If any items on this checklist are answered with a red highlighted response for **Yes** or **No**, the proposed E-Mod project will not likely meet regulatory/policy guidelines. If you need further assistance regarding an unusual circumstance, contact the appropriate case-responsible waiver unit or Health Program Manager.