Texas Department of Aging
and Disability Services

Form 3671-D
June 2013-E

Community Based Alternatives

Minor Home Modifications

		(This Space For DADS Use Only)
1. Applicant/Individual Name	2. Medicaid No.	3. Effective Date
4. DADS Case Manager	5. Homeowner	6. Owner's Area Code and Telephone No.
7. Living Arrangement ☐ **1-AFC** ☐ **2-Own Home** ☐ **3-Rented Home** ☐ **4-Relative's Home**		8. Provider Vendor No.

Modifications (maintain copies of any assessment indicating need for minor home modifications):

9. Item/Modification (Indicate if repair)	**10. TPR or Copy for Home Modifications**	**11. Estimated Cost**	**12. Inspection Fee**	**13. Tot. Est. Cost Per Item/Mod.**	**14. Requisition Fee Not Valid**	**15. Specification Fee**
A.	☐ **1-Yes** ☐ **2-No** ☐ **3-Copay**					
B.	☐ **1-Yes** ☐ **2-No** ☐ **3-Copay**					
C.	☐ **1-Yes** ☐ **2-No** ☐ **3-Copay**					
D.	☐ **1-Yes** ☐ **2-No** ☐ **3-Copay**					
E.	☐ **1-Yes** ☐ **2-No** ☐ **3-Copay**					
			Subtotal =	16.		23.
			Previously Authorized this ISP Year +	17.	21.	24.
			Total Estimated Annual Cost =	18.	22.	25.
			Expenses from Prior Waiver Years for Minor Home Modifications (if any) +	19.		
			Minor Home Modification Expenses Through CBA. This Individual in a Lifetime **Cannot Exceed** $6,550 Without an Exception by DADS. If an Exception is Granted, the Total Lifetime Amount Cannot Exceed $7,500 =	20.		

Certification by Interdisciplinary Team Members: The waiver services identified above for this applicant/individual are necessary to prevent nursing facility placement and are appropriate to meet the needs of the applicant/individual in the community.

Signature – HCSSA Nurse Assessor	Date	Signature – Applicant/Individual/Responsible Party	Date
Signature – DADS Case Manager	Date	Signature – HCSSA Contracted Provider Representation (if required)	Date

☐ **Applicant/individual/responsible party and HCSSA representative signatures on Form 3671-2 at initial certification and annual redetermination.**