

FOR OCCUPATIONAL THERAPISTS | BILLABLE HOME ASSESSMENT TOOL

Home Assessment Walkthrough Checklist

Environmental Accessibility Adaptation (S5165-UC) | Specialized Medical Equipment | OT Billable Assessment

Use during your home assessment visit to document observations and identify available modification and equipment options. All clinical decisions are entirely yours. Your assessment visit is billable under NOW/COMP Adult OT Services.

Client Name: _____	Date of Assessment: _____	OT Name / License #: _____
Diagnosis / ICD-10: _____	Waiver Type: <input type="checkbox"/> NOW <input type="checkbox"/> COMP Home Type: <input type="checkbox"/> Own <input type="checkbox"/> Rental	Support Coordinator: _____

Your Assessment Visit is Billable — NOW/COMP Adult OT Service Codes

OT Evaluation – Low (97165-UC) Max \$71.98 1x/year	OT Eval – Moderate (97166-UC) Max \$71.98 1x/year	OT Eval – High (97167-UC) Max \$71.98 1x/year	OT Sensory Integrative (97533-GO/UC) Max \$26.19/15min 4 units/day
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Annual therapy limit: \$10,800 across all NOW/COMP therapy services. Document ISP goal alignment for each billed unit.

How to Use This Checklist

1. Walk through each room and check any observations that apply to this client
2. Review the available E-Mod services (green columns) and SME items (purple columns) for each checked observation
3. Check any services or items you clinically determine may address the observed need — these are available options, not recommendations
4. Use your checked items to inform your Letter of Medical Necessity and ISP goal documentation
5. Return this form to us — we will build the Scope of Work and coordinate with the support coordinator for prior authorization

Legend:

E-Mod Services (S5165-UC)
Physical modifications to the home. Up to \$15,000 every 5 years.

SME Items (Specialized Medical Equipment)
Devices and equipment. Separate code, separate budget. Requires OT prescription.

Site Preparation (within E-Mod scope)
Pre-installation prep directly tied to a specific modification. Included in E-Mod SOW.

SECTION 1 — Visual Processing & Lighting

	Clinical Observation	Available E-Mod Services (S5165-UC)	Available SME Items (if not in E-Mod scope)
<input type="checkbox"/>	Client avoids or shows distress in rooms with fluorescent or bright overhead lighting	<ul style="list-style-type: none"> <input type="checkbox"/> Dimmable LED lighting system <input type="checkbox"/> Warm-spectrum bulb replacement <input type="checkbox"/> Smart lighting controls 	<ul style="list-style-type: none"> <input type="checkbox"/> Light sensitivity goggles/glasses (prescription) <input type="checkbox"/> Tinted lens visor for indoor use
<input type="checkbox"/>	Client seeks very dim or dark environments to regulate	<ul style="list-style-type: none"> <input type="checkbox"/> Blackout roller shades (tension — renter safe) <input type="checkbox"/> Blackout curtains on adjustable rod <input type="checkbox"/> Glare-reducing window film 	<ul style="list-style-type: none"> <input type="checkbox"/> Sleep mask (therapeutic, if OT documented)
<input type="checkbox"/>	Client is dysregulated by visual clutter or high-contrast patterns	<ul style="list-style-type: none"> <input type="checkbox"/> Visual boundary panels / room dividers <input type="checkbox"/> Concealed storage installation <input type="checkbox"/> Neutral wall treatment 	<ul style="list-style-type: none"> <input type="checkbox"/> Visual schedule display board <input type="checkbox"/> Color-overlay sensory tool
<input type="checkbox"/>	Client shows seeking behavior toward specific light sources	<ul style="list-style-type: none"> <input type="checkbox"/> Targeted lighting redirection design <input type="checkbox"/> Controlled natural light treatment <input type="checkbox"/> Glare control film 	<ul style="list-style-type: none"> <input type="checkbox"/> Light therapy lamp (therapeutic use, OT prescribed) <input type="checkbox"/> Fiber optic light strand (sensory tool)
<input type="checkbox"/>	Room lacks adequate lighting for safe navigation	<ul style="list-style-type: none"> <input type="checkbox"/> Layered lighting design (ambient + task + accent) <input type="checkbox"/> Motion-sensor night lighting installation 	<ul style="list-style-type: none"> <input type="checkbox"/> Wearable LED safety light <input type="checkbox"/> Illuminated pathway guide strips

OT Notes — Visual / Lighting:

SECTION 2 — Auditory Processing & Sound

	Clinical Observation	Available E-Mod Services (S5165-UC)	Available SME Items (if not in E-Mod scope)
<input type="checkbox"/>	Client covers ears, vocalizes distress, or melts down due to ambient home sounds	<ul style="list-style-type: none"> <input type="checkbox"/> Acoustic wall panel installation (fabric-wrapped, velcro — renter safe) 	<ul style="list-style-type: none"> <input type="checkbox"/> Noise-canceling headphones (therapeutic, OT prescribed) <input type="checkbox"/> Earmuffs (sensory processing rated)

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		<ul style="list-style-type: none"> <input type="checkbox"/> Door seal and acoustic threshold installation <input type="checkbox"/> Heavy window treatment for sound dampening 	<ul style="list-style-type: none"> <input type="checkbox"/> White noise / sound machine
<input type="checkbox"/>	Client is distressed by sounds from adjacent rooms or outside traffic	<ul style="list-style-type: none"> <input type="checkbox"/> Acoustic treatment on shared walls <input type="checkbox"/> Mass-loaded underlayment under flooring <input type="checkbox"/> Sealed door threshold installation 	<ul style="list-style-type: none"> <input type="checkbox"/> Personal sound-blocking earbuds <input type="checkbox"/> Weighted ear muffs
<input type="checkbox"/>	Client seeks loud or repetitive sounds for self-regulation	<ul style="list-style-type: none"> <input type="checkbox"/> Designated sound-safe zone with acoustic dampening <input type="checkbox"/> Sensory retreat room design 	<ul style="list-style-type: none"> <input type="checkbox"/> Therapeutic music player / vibrating pillow <input type="checkbox"/> Sensory sound station (OT guided)
<input type="checkbox"/>	Client cannot sleep due to environmental noise	<ul style="list-style-type: none"> <input type="checkbox"/> Bedroom acoustic panel treatment <input type="checkbox"/> Heavy blackout + acoustic curtains <input type="checkbox"/> Window seal and gap treatment 	<ul style="list-style-type: none"> <input type="checkbox"/> White noise machine <input type="checkbox"/> Weighted sleep headphones (therapeutic)
<input type="checkbox"/>	Echoey or reverberant rooms contribute to dysregulation	<ul style="list-style-type: none"> <input type="checkbox"/> Ceiling-mounted acoustic baffles <input type="checkbox"/> Soft goods and textile wall treatments <input type="checkbox"/> Area rug over hard flooring 	<ul style="list-style-type: none"> <input type="checkbox"/> Personal sound diffusion tool (therapeutic)

OT Notes — Auditory / Sound:

SECTION 3 — Tactile & Proprioceptive Processing

	Clinical Observation	Available E-Mod Services (S5165-UC)	Available SME Items (if not in E-Mod scope)
<input type="checkbox"/>	Client has adverse reaction to current flooring texture (carpet, tile, hardwood)	<ul style="list-style-type: none"> <input type="checkbox"/> Sensory-appropriate interlocking foam flooring (renter safe) <input type="checkbox"/> Seamless vinyl or rubber flooring installation <input type="checkbox"/> Area rug installation over existing floor 	<ul style="list-style-type: none"> <input type="checkbox"/> Therapeutic textured foot mat <input type="checkbox"/> Anti-fatigue sensory mat
<input type="checkbox"/>	Client seeks deep pressure or proprioceptive input throughout the day	<ul style="list-style-type: none"> <input type="checkbox"/> Sensory swing installation on ceiling mount or freestanding frame <input type="checkbox"/> Sensory retreat space with pressure features <input type="checkbox"/> Padded corner seating / floor cushion zone 	<ul style="list-style-type: none"> <input type="checkbox"/> Weighted blanket (OT prescribed — specific weight) <input type="checkbox"/> Weighted vest (OT prescribed) <input type="checkbox"/> Compression garment (OT prescribed) <input type="checkbox"/> Body sock / proprioceptive tool
<input type="checkbox"/>	Client engages in self-injurious behavior during dysregulation (head banging, falling, throwing self)	<ul style="list-style-type: none"> <input type="checkbox"/> Padded wall panel installation in designated safe zone <input type="checkbox"/> Impact-absorbing foam flooring in safe room <input type="checkbox"/> Furniture edge and corner padding 	<ul style="list-style-type: none"> <input type="checkbox"/> Crash pad / body pillow (therapeutic) <input type="checkbox"/> Sensory mat for fall zone <input type="checkbox"/> Impact helmet (if OT/medical prescribed)

<input type="checkbox"/>	Client is hypersensitive to touch from surfaces, fabrics, or textures in the home	<ul style="list-style-type: none"> <input type="checkbox"/> Smooth-surface wall treatment (replaces textured walls) <input type="checkbox"/> Non-scratchy flooring material installation <input type="checkbox"/> Seamless wall-to-floor transition 	<ul style="list-style-type: none"> <input type="checkbox"/> Sensory-safe bedding kit (OT documented) <input type="checkbox"/> Seamless compression clothing (OT prescribed)
<input type="checkbox"/>	Client requires a structured space for movement-based regulation	<ul style="list-style-type: none"> <input type="checkbox"/> Freestanding sensory swing frame installation <input type="checkbox"/> Safe room buildout with movement zone <input type="checkbox"/> Trampoline enclosure or movement mat area 	<ul style="list-style-type: none"> <input type="checkbox"/> Mini trampoline (therapeutic, enclosed) <input type="checkbox"/> Balance board (OT prescribed) <input type="checkbox"/> Therapy ball

OT Notes — Tactile / Proprioceptive:

SECTION 4 — Behavioral Regulation, Safety & Elopement

	Clinical Observation	Available E-Mod Services (S5165-UC)	Available SME Items (if not in E-Mod scope)
<input type="checkbox"/>	Client has elopement history or current risk of leaving home unsafely	<ul style="list-style-type: none"> <input type="checkbox"/> Door alarm sensor system installation <input type="checkbox"/> High-mounted door lock installation (above reach) <input type="checkbox"/> Perimeter safety gate installation <input type="checkbox"/> Sliding door security bar installation 	<ul style="list-style-type: none"> <input type="checkbox"/> Home security system <input type="checkbox"/> Door alarm chime system (plug-in, no install)
<input type="checkbox"/>	Client lacks a designated safe de-escalation space	<ul style="list-style-type: none"> <input type="checkbox"/> Purpose-built sensory retreat room design <input type="checkbox"/> Calming corner installation (panels, lighting, flooring) <input type="checkbox"/> Padded safe space construction in existing room 	<ul style="list-style-type: none"> <input type="checkbox"/> Pop-up sensory tent (freestanding) <input type="checkbox"/> Canopy / privacy canopy for existing bed
<input type="checkbox"/>	Transitions between spaces in the home trigger dysregulation	<ul style="list-style-type: none"> <input type="checkbox"/> Visual transition cue installation (floor markers, signage) <input type="checkbox"/> Environmental boundary design between spaces <input type="checkbox"/> Hallway calming design treatment 	<ul style="list-style-type: none"> <input type="checkbox"/> Visual schedule display board <input type="checkbox"/> Transition timer device (OT prescribed)
<input type="checkbox"/>	Client has a history of property destruction during behavioral episodes	<ul style="list-style-type: none"> <input type="checkbox"/> Impact-resistant surface treatment in high-risk areas <input type="checkbox"/> Padded wall coverage in primary meltdown zone <input type="checkbox"/> Breakage-resistant fixture upgrades 	<ul style="list-style-type: none"> <input type="checkbox"/> Therapeutic chew tool / fidget (OT prescribed) <input type="checkbox"/> Sensory break kit box
<input type="checkbox"/>	Home contains unsecured hazards accessible to client (cabinets, appliances, windows)	<ul style="list-style-type: none"> <input type="checkbox"/> Secured cabinet installation (child-safe / behavioral locks) <input type="checkbox"/> Window safety stop installation <input type="checkbox"/> Stove knob cover installation <input type="checkbox"/> Cord management and concealment 	<ul style="list-style-type: none"> <input type="checkbox"/> Cabinet lock kit (temporary, renter safe) <input type="checkbox"/> Appliance lock strap

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OT Notes — Behavioral Regulation / Safety:

SECTION 5 — Sleep Environment

	Clinical Observation	Available E-Mod Services (S5165-UC)	Available SME Items (if not in E-Mod scope)
<input type="checkbox"/>	Client's sleep is disrupted by light entering the bedroom	<ul style="list-style-type: none"> <input type="checkbox"/> Blackout roller shades (tension — renter safe) <input type="checkbox"/> Blackout curtains on adjustable rod <input type="checkbox"/> Door light seal installation 	<ul style="list-style-type: none"> <input type="checkbox"/> Sleep mask (therapeutic) <input type="checkbox"/> Blackout canopy over bed
<input type="checkbox"/>	Client's sleep is disrupted by noise from inside or outside the home	<ul style="list-style-type: none"> <input type="checkbox"/> Bedroom acoustic panel treatment <input type="checkbox"/> Door threshold seal <input type="checkbox"/> Window acoustic treatment 	<ul style="list-style-type: none"> <input type="checkbox"/> White noise machine <input type="checkbox"/> Weighted sleep headphones
<input type="checkbox"/>	Client's sleep environment lacks sensory support for regulation	<ul style="list-style-type: none"> <input type="checkbox"/> Sensory-informed bedroom design (holistic) <input type="checkbox"/> Low-stimulation color and material install <input type="checkbox"/> Calming lighting transition system (dimmer) 	<ul style="list-style-type: none"> <input type="checkbox"/> Weighted blanket (OT prescribed weight) <input type="checkbox"/> Pressure mattress pad <input type="checkbox"/> Sensory-safe pillow (contour/weighted)
<input type="checkbox"/>	Client's bed or sleeping surface is unsafe or inappropriate	<ul style="list-style-type: none"> <input type="checkbox"/> Bed enclosure or safety rail installation <input type="checkbox"/> Floor-level sleeping platform construction <input type="checkbox"/> Padded flooring around bed zone 	<ul style="list-style-type: none"> <input type="checkbox"/> Bed rail padding set <input type="checkbox"/> Safety enclosure canopy for existing bed <input type="checkbox"/> Therapeutic positioning pillow

OT Notes — Sleep Environment:

SECTION 6 — Physical Accessibility (IDD / Physical Disability)

	Clinical Observation	Available E-Mod Services (S5165-UC)	Available SME Items (if not in E-Mod scope)
<input type="checkbox"/>	Client has difficulty safely accessing the bathroom (transfers, surfaces)	<ul style="list-style-type: none"> <input type="checkbox"/> Grab bar installation (toilet, shower, tub) <input type="checkbox"/> Non-slip flooring treatment in bathroom <input type="checkbox"/> Handheld showerhead installation <input type="checkbox"/> Roll-in shower modification 	<ul style="list-style-type: none"> <input type="checkbox"/> Bath seat / shower chair (OT prescribed) <input type="checkbox"/> Grab bar padding <input type="checkbox"/> Long-handled hygiene aids
<input type="checkbox"/>	Client has difficulty navigating flooring transitions or stairs safely	<ul style="list-style-type: none"> <input type="checkbox"/> Non-slip transition strip installation <input type="checkbox"/> Stair tread and nosing installation 	<ul style="list-style-type: none"> <input type="checkbox"/> Non-slip sock / footwear (therapeutic)

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		<input type="checkbox"/> Level threshold between rooms	<input type="checkbox"/> Stair climbing assist device (OT prescribed)
<input type="checkbox"/>	Client requires ramp access to enter or exit home	<input type="checkbox"/> Portable or permanent ramp installation <input type="checkbox"/> Threshold ramp at doorways	<input type="checkbox"/> Portable threshold ramp (removable — renter safe)
<input type="checkbox"/>	Client has difficulty safely accessing furniture or floor level	<input type="checkbox"/> Step stool with handle installation <input type="checkbox"/> Floor-level seating platform construction <input type="checkbox"/> Furniture height modification	<input type="checkbox"/> Bed rail with assist strap <input type="checkbox"/> Furniture riser set <input type="checkbox"/> Transfer board

OT Notes — Physical Accessibility:

SITE PREPARATION — How It's Covered Within the E-Mod Scope

Site preparation activities that are directly required to complete a specific installation can be included as a line item within the Environmental Accessibility Adaptation Scope of Work (S5165-UC). These are billed as part of the modification — not as a standalone cleaning or organizing service.

COVERED (Within E-Mod SOW)	NOT COVERED (Cannot be billed under E-Mod)	ALTERNATE PATHWAY (For non-installation prep)
<ul style="list-style-type: none"> • Clearing wall surface area required for acoustic panel installation • Moving furniture to access floor for sensory flooring installation • Removing existing window treatments to install sensory-appropriate blackout system • Patching and preparing wall surface prior to panel mounting • Clearing doorframe area for safety lock or sensor installation • Removing and disposing of existing flooring prior to replacement 	<ul style="list-style-type: none"> • General household cleaning unrelated to a specific modification • Deep cleaning or sanitation services • Decluttering unrelated to installation access • Ongoing organization or home management services • Moving or storing furniture unrelated to installation 	<ul style="list-style-type: none"> • Community Living Support (CLS) — covers light housework and daily living support. If client has CLS in ISP, their CLS provider can assist with pre-installation organizing • Natural Support Training (NOW only) — can train family members in organizing/maintaining sensory-adapted spaces

OT Clinical Note: If you identify that environmental clutter or disorganization significantly contributes to the client's sensory dysregulation, document this in your assessment. This supports the clinical justification for both the modification AND, if applicable, a referral to CLS services.

ISP Goal Alignment — Connecting Your Findings to the Service Plan

For prior authorization approval, all Environmental Accessibility Adaptation services must be tied to an active ISP goal. Use the table below to identify the ISP goal areas that align with your clinical observations. Include these connections in your Letter of Medical Necessity.

ISP Goal Area	Clinical Connection	Modifications Supported	Check If Applicable
Reduce frequency/intensity of challenging behaviors	Environmental triggers drive behavioral episodes at home	Acoustic, lighting, safe room, elopement prevention	<input type="checkbox"/>
Increase independence in daily living	Inaccessible or unsafe environment limits self-directed activity	Accessibility mods, grab bars, non-slip flooring	<input type="checkbox"/>
Improve sleep and daily routine	Sensory barriers in sleep environment prevent restorative rest	Bedroom blackout, acoustic, lighting redesign	<input type="checkbox"/>
Maintain health and safety at home	SIB or elopement risk in current environment	Padded surfaces, door safety, secured hazards	<input type="checkbox"/>
Increase community participation	Home not a stable, regulated base for community reentry	Sensory room, calming space, regulation support	<input type="checkbox"/>
Improve sensory regulation and self-management	Sensory dysregulation limits functional performance at home	Sensory-informed environment design, SME tools	<input type="checkbox"/>

Letter of Medical Necessity — What to Include

Your Letter of Medical Necessity is the clinical backbone of the prior authorization. Medicaid reviewers need to understand why these modifications are medically necessary for this specific client. Here is what to include:

Required Elements

- Client diagnosis and DSM-5 / ICD-10 code
- Functional limitations directly caused by the diagnosis that affect safety and daily living in the home
- Specific description of how the current home environment contributes to dysregulation, unsafe behavior, or functional limitation — reference your observations from this checklist

- Specific modifications recommended and the clinical rationale for each (reference our completed Scope of Work)
- Connection to at least one active ISP goal (use table above)
- Statement that the modifications are medically necessary to maintain the individual safely in the community setting
- For SME items: statement that the equipment is medically necessary, not available through other sources, and prescribed specifically for this client
- Your OT license number, signature, and date

Next Steps — Return This Form to Us

Once you complete your assessment, return this checklist to us. We will build the Scope of Work, itemized cost estimate, and prior auth package — aligned to your clinical selections — and deliver it to the support coordinator ready to submit.

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