

**Individual Options Waiver
Review of Continuing Certification Requirements for Environmental Modifications
Individual/Agency**

Provider Name _____ County _____ ODMR/DD Contract # _____
 Reviewer Name _____ Date of Certification _____ Date of Review _____

Item	Waiver Standards & Assurances	Standard Met S/P/N/NA	Comments
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1.	<p>Does the provider have evidence that they have prior experience in the area of work that is to be modified?</p> <p>Providers of Environmental Modifications must provide proof that they have prior experience in the area of work that is to be modified.</p>		
2.	<p>Did the provider make modifications and/or repairs as identified in the ISP?</p> <p>Did the provider participate in the individual's ISP meeting, if requested by the individual?</p> <p>ISP Compliance:</p> <ul style="list-style-type: none"> ➤ Provide modifications and/or make repairs as authorized by the service plan; ➤ Participate in the consumer's ISP meeting if and when requested by the consumer; 		
3.	<p>Is the provider able to demonstrate that the modifications comply with state and local building codes?</p> <p>Comply with state and local building codes</p>		
4.	<p>Did the provider provide follow-up services, if needed?</p> <p>Provide follow-up services as necessary.</p>		

Legend: S=Substantial Compliance P= Partial Compliance N=Non Compliance NA= Not Applicable