



Environmental Modifications

Environmental Modifications are defined as those physical adaptations to the home of the member or the member's family as required by the member's service plan, that are necessary to ensure the health, welfare and safety of the member or that enable the member to attain or retain capability for independence or self care in the home and to avoid institutionalization, and are not covered or available under any other funding source. A completed home assessment by a specially trained and certified rehabilitation professional is also required. Such adaptations may include the installation of modular ramps, grab-bars, vertical platform lifts and interior stair lifts. Excluded are those adaptations that are of general utility, are not of direct medical or remedial benefit to the member. Excluded are any re-modeling, construction, or structural changes to the home, i.e. (changes in load bearing walls or structures) that would require a structural engineer, architect and /or certification by a building inspector.

Adaptations that add to the total square footage of the home are excluded from this benefit. All adaptations shall be provided in accordance with applicable State or local building codes and prior approval on an individual basis by EOHHS, Office of Long Term Services and Supports is required.

Items should be of a nature that they are transferable if a member moves from his/her place of residence.

A. Home Modifications Limitations:

- * All items require Prior Authorization and do not require a physician's order.
- * All items must be recommended by an appropriately trained and certified rehabilitation professional.
- * The Home Modification must be documented as the most cost-effective to meet the member's needs for accessibility within the home.
- * Items must be necessary to ensure the health, welfare and safety of the individual, or to enable the individual to attain or retain capability for independence or self care in the home, and to avoid institutionalization.
- * Home Modifications shall be made only to the member's primary residence, including rented apartments or houses (with written permission of the owner/landlord, when applicable).
- * Exterior access modifications are limited to one ingress/egress route into and out of the home.
- * Repair, removal, construction or replacement of decks, patios, sidewalks and fences are not covered.
- * Home Modifications do not include those adaptations or improvements to the home that are considered to be standard housing obligations of the owner or tenant.
- * Relocation of plumbing and/or bathroom fixtures is not covered.
- * Repairs or modifications to equipment purchased under this definition are an allowable expense.

- * Examples of items not covered include driveways, decks, patios, hot tubs, central heating and air conditioning, raised garage doors, standard home fixtures (i.e., sinks, tub, stove, refrigerator, etc.), raised counter tops, roll-in-showers or tub cuts.
- * Excluded are any re-modeling, construction, or structural changes to the home, i.e. (changes in load bearing walls or structures) that would require a structural engineer, architect and /or certification by a building inspector.
- * Requirements for Modifications to rental property include:
 - o Prior to any modification a determination should be made as to what, if anything, is the legal responsibility of the property owner or landlord.
 - o Written approval must be obtained from the property owner or landlord prior to the service being approved.
- * Ramps may be covered only if:
 - o They meet ADA compliance, and
 - o Meet all applicable State and local building code requirements and permits as required.
 - o Ramp should be of a nature that it is readily transferable to another dwelling.
- * Vertical Platform Lifts may be covered only if:
 - o There is not adequate acreage available to install a ramp that meets state and local building codes.
 - o The physical topography of the site precludes the installation of a ramp.
- * Interior Stairway Lifts (stair glides) may be approved only if:
 - o The first floor of the home does not have any toilet facilities.

B. Special Considerations:

An Assessment for Home Modifications is required to determine the most appropriate and cost-effective service requested.

This assessment must be completed by a specially trained and certified rehabilitation professional. Individuals conducting such assessments may include:

- * Licensed Physical, and Occupational Therapists experienced in Home and Community Based services
- * Assistive Technology Professionals (ATP), certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA - An assistive technology professional is a service provider who analyzes the needs of individuals with disabilities, assists in the selection of the appropriate equipment, and trains the consumer on how to properly use the specific equipment.)

C. Limitation on Service(s):

Each Medicaid member requiring Special Medical Equipment and/or Home Modifications totaling more than \$20,000 combined over a five-year period will be subject to second level EOHHS review. Five-year period is determined from the date of the initial funded service.

This is only available to Medicaid members on Core HCBS.

- * This service is billable under HCPCS Code S5165.