

GUIDELINES FOR AUTHORIZING ENVIRONMENTAL MODIFICATIONS

These guidelines outline the process for authorizing Environmental Modifications (EMods) under the 1915(c) Home and Community Based Services (HCBS) Children's Waiver. EMods are internal and external physical adaptations to the home, which are necessary to assure the health, welfare, and safety of the individual; enable the individual to function with greater independence; and prevent institutionalization. EMods must be related to an assessed Activity of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), or health-related need and be tied to a goal reflected in the individual's written person-centered Plan of Care (POC). EMods are intended to increase an individual's independence or substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance.

EMods outlined in these guidelines are for children and youth up to the age of 21 years old, who are found HCBS eligible and enrolled in the Children's Waiver. HCBS participants must have an annual HCBS Level of Care (LOC) Eligibility Determination to remain eligible and enrolled in the Children's Waiver. Eligible and enrolled Children's Waiver participants are noted on the participants Medicaid R/RE: K-code and can be served through Medicaid Fee-for-Service (FFS) or a Medicaid Managed Care Plan (MMCP).

FFS Participants – the County's Local Department of Social Services (LDSS) collaborates with the participant, family, and HHCM/C-YES to establish the authorization and payment for the EMod.

MMCP Participants– the MMCP collaborates with the participant, family, HHCM/C-YES, and other providers to establish the authorization, approval, and payment for the EMod.

Examples of EMods include, but are not limited to:

- Ramps
- Lifts that require modifications to the home: hydraulic, manual or electric
- Widened doorways
- Roll-in showers and/or accessible tubs
- Cabinet and shelving adaptations
- Installation of handrails, grab bars
- Automatic or manual door openers and doorbells
- Water faucet controls
- Electrical and plumbing accommodations for new equipment

Service Limitations

Children/youth who are members of the Medical Indemnity Fund (MIF) must consult with a MIF care manager regarding requests for EMods.

EMods may only be provided in the individual's primary residence. Homes that are owned or leased by paid Medicaid providers are not eligible for EMods. EMods cannot cover home improvements such as central air conditioning, new carpet, roof repair, etc. that are unrelated to the child/youth's identified medical needs and indicated in their POC. All materials must be construction grade.

The performance of necessary assessments to determine the types of needed modifications is included in the scope of home accessibility modifications.

Environmental modifications become the responsibility of the owner to maintain and repair service contracts and maintenance for regular wear and tear of modifications are not reimbursable costs under the Children's Waiver.

Removing modifications or returning property to its original state is not the responsibility of the MMCP or

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LDSS. Additional items beyond those deemed necessary by the LDSS or MMCP are the responsibility of the individual.

EMod requests may not exceed a \$15,000 soft cap per calendar year without prior approval from the New York State Department of Health (NYSDOH). In all cases, service limits are soft limits that may be exceeded due to medical necessity. NYSDOH may delegate this responsibility to Medicaid Managed Care Plans (MMCPs) for their enrollees. The Local Departments of Social Services (LDSS) must contact NYSDOH to obtain this approval.

Services and Supports Not Included Under Environmental Modifications

The Children's Waiver will not fund services/items/devices that are not for an assessed need including, but not limited to, the following:

- Adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the individual
- Adaptations that exceed the necessity of the service (e.g. roll-in showers or accessible tubs will not be provided if a shower chair will meet the need)
- Adaptations that add to the total square footage of the home

Providers/Contractors of Environmental Modifications

All EMod providers must have a contract or an agreement with the LDSS or the MMCP. Providers of EMods must also adhere to any State and local safety standards pursuant to Article 18 of the New York State Uniform Fire Prevention and Building Code Act, as well as local building codes. LDSS, State agencies, and MMCPs are encouraged to identify providers in advance of service requests to ensure adequate capacity.

Evaluators of Environmental Modifications

LDSS and MMCPs are strongly encouraged to use evaluators to ensure that projects are completed safely and effectively but are not required to do so.

All EMod evaluators must have a contract or an agreement with the LDSS or the MMCP.

Procedure for Authorizing Environmental Modifications

If a child/youth is enrolled in Fee-for-Service (FFS) Medicaid and is eligible for Children's Waiver HCBS, the child is able to request an EMod that addresses an identified need and goal on their person-centered Plan of Care (POC) by following the *Procedure for Authorizing Environmental Modifications for FFS Members*.

If the child/youth is enrolled in a Medicaid Managed Care Plan (MMCP) and is eligible for Children's Waiver HCBS, the child is able to request an EMod that addresses an identified need and goal on their person-centered Plan of Care (POC) by following the *Procedure for Authorizing Environmental Modifications for MMCP Members*. The two distinct processes are outlined below:

Procedure for Authorizing Environmental Modifications for FFS Members

1. Through the person-centered planning process, the Health Home Care Manager (HHCM)/C-YES, individual, and all care team (multi-disciplinary team) members involved in the development of the POC will determine the need for an EMod to assist and enhance the individual's independence in performing ADLs, IADLs, and/or health related tasks and/or will substitute for human assistance (to the extent that expenditures would otherwise be made for human assistance).
2. Within seven (7) business days of updating the POC, the HHCM/ C-YES will notify NYSDOH of the intent to request an EMod by sending a secure email to EModVModAT@health.ny.gov. The notification should include:
 - Child's/youth's name

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- Child's/youth's CIN #
 - Type of request: AT, EMod, or VMod
 - The LDSS County the request will be submitted to
 - Brief summary of the request
 - HHCM agency and HHCM/C-YES contact information
 - For HHCMs, the Lead HH should be cc'd on the email
3. The HHCM/C-YES will obtain a physician's order stating the need for assistance. This may be an approved form requesting the EMod such as:
- A letter on physician's letterhead,
 - A written prescription,
 - M11Q used by NYC's Human Resources Administration, or
 - Form 4539 used by the rest of the state

The POC must be consistent with the details of the physician's order.

4. Identify the individual's residence where the EMod is being requested. Residential information must include the name of the homeowner or landlord and their written permission for the modifications/adaptations. Only an individual's primary residence will be eligible for an EMod.
5. Seek a clinical justification from the appropriate clinician (e.g. Occupational Therapist, Speech Language Pathologist, clinician from Article 16 or 28 clinic, Physical Therapist, or other licensed professional) and/or service specialist to assess the individual's specific medical need for the requested EMod.
6. The HHCM/C-YES and the individual/family will explore potential payment sources for the identified EMod including private insurance, community resources, and other Local/State/Federal programs before a request for payment under the Children's Waiver will be considered. Medicaid should only be used as the payor of last resort.
7. The HHCM/C-YES will obtain a scope of project and/or pre-project evaluation if necessary.
- If a scope of project or pre-project evaluation is completed, the HHCM/C-YES will submit a **Pre-Project Evaluation Payment Request Form** to the LDSS within five (5) business days of evaluation completion. The submission should also include a copy of the pre-project evaluation or evaluation invoice. Additional information on the **Pre-Project Payment Request Form** can be found [here](#).
 - The cost of a pre-project evaluation is covered by the NYS Special Project Vouchering (SPV) fund regardless of project completion.
8. The HHCM/C-YES should obtain the requested number of bids (one bid for EMods less than \$1,000, three bids for EMods of \$1,000 or more) and submit them to the LDSS. Reasonable efforts must be made to obtain three bids. If not possible to obtain the three required bids, the HHCM/C-YES may proceed with fewer than three bids with sufficient justification documented in the case file and a written statement submitted to the LDSS.
- The LDSS is responsible for evaluating bids and selecting the vendor to provide the EMod

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based on the bid that meets the assessed need.

- Payment for an assessment completed by the EMod provider/contractor, for helping select a specific modification, or for training in the use of any equipment, must be included in the cost of the EMod if the expertise needed for assessing, selecting and training is NOT available as part of a Medicaid State Plan service, or through other sources that are already involved with the individual. The cost of a pre-project evaluation is covered by the NYS Special Project Vouchering (SPV) fund regardless of project completion.
9. The HHCM/C-YES must submit a complete **Service Request Packet** to the LDSS to initiate the authorization process. The documentation submitted by the HHCM/C-YES must detail the need and intended purpose of the EMod to support the request. The HHCM/C-YES will put the **Service Request Packet** together to submit everything at the same time – individual items and documents should not be submitted separately to the LDSS to initiate the authorization process. The HHCM/C-YES will submit supporting documentation, including:
- A completed **Description and Cost Projection Form**, signed by all necessary parties, including documentation of Medicaid as the payor of last resort
 - **Physician's Orders** for the request
 - **Clinical justification** for the request
 - The child/youth's most recent **Plan of Care (POC)**
 - **Any necessary evaluations** for the project/equipment*
 - A screenshot of the child/youth's **R/RE codes proving HCBS eligibility**
 - **Three bids** for the project/equipment or a justification as to why three bids could not be obtained

*When accompanied by a **Pre-Project Evaluation Payment Request Form**, pre-project evaluations may be submitted prior to submission of the **Service Request Packet**.

10. On the day of receipt, The LDSS will date stamp the **Service Request Packet**. From the date stamped receipt of the EMod **Service Request Packet**, the LDSS will have five (5) business days to review the submitted packet for completeness. A request may be deemed incomplete if it is missing any of the following items:
- A completed **Description and Cost Projection form**, signed by all necessary parties, including documentation of Medicaid as the payor of last resort
 - **Physician's Orders** for the request
 - **Clinical justification** for the request
 - The child/youth's most recent **Plan of Care (POC)**
 - **Any necessary evaluations** for the project/equipment
 - A screenshot of the child/youth's **R/RE codes proving HCBS eligibility**
 - **Three bids** for the project/equipment or a justification as to why three bids could not be obtained

11. If the above items are missing, then the LDSS **MUST** successfully contact the submitting entity no later than five (5) business days after receiving the **Service Request Packet** to indicate that the

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submitted request is incomplete and to explain what is needed.

- A. If all the required documents within the **Service Request Packet** are turned in, then the LDSS has ten (10) business days from receipt to completely review the request materials. If the **Service Request Packet** is deemed incomplete or if additional information is needed, the LDSS will communicate this information to the HHCM/C-YES within the first five (5) business days of the ten (10) total business days that the LDSS is given to complete their review. The LDSS will make a determination if it will be:
- Authorized and submitted to NYSDOH with the approved bid **OR**
 - Denied. If denied, a Notice of Decision (NOD) will be sent within three (3) business days to the HHCM/C-YES, member/family, and provider (if applicable).
12. The completed, LDSS approved **Service Request Packet** will be submitted to NYSDOH for review. Within seven (7) business days from receipt of the **Service Request Packet**, NYSDOH will issue a letter to the LDSS supporting the project/product and submit the SPV fund request to the Office of Temporary and Disability Assistance (OTDA) on behalf of the LDSS for project/product funding. The State may also request additional information from the LDSS within seven (7) business days of request receipt.
13. The LDSS will notify the HHCM/C-YES, the individual and family, and the selected EMod provider of its determination by issuing a Notice of Decision (NOD) within three (3) business days of receipt of decision from NYSDOH. The LDSS will issue a NOD to the individual and HHCM/C-YES when they authorize or deny a request for Environmental Modification(s).
14. The EMod provider/contractor will be responsible for coordination of the project, including the following tasks:
- provide a detailed description of the project including estimated material and labor costs
 - secure and maintain necessary permits
 - provide detailed expenditures/receipts
 - ensure compliance with all state and local construction and building codes and ADA requirements
 - ensure compliance with safety issues in Article 18 of the NY State Uniform Fire Prevention and Building Code
 - complete necessary inspections
 - maintain sufficient insurance and bond requirements
 - secure licensed personnel, where applicable, to complete the required work
 - determine the beginning and end dates of the project
 - ensure the satisfactory completion of the project in accordance with bid specifications
 - obtain approval of any changes before proceeding if determined that changes/additional work are necessary that will result in a cost difference from the original projected cost; if approval is not received before proceeding, the EMod provider may risk non-payment for such changes
15. Within seven (7) business days of EMod completion, the HHCM/C-YES must submit a **Final Cost Form** to the LDSS that includes a description of the final project cost and invoices. If a post-project evaluation is completed, a copy should be submitted to the LDSS as part of the **Final Cost Form** submission.
16. The LDSS will date stamp the **Final Cost Form** upon receipt. The LDSS will review the **Final Cost Form** within five (5) business days of receipt.

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17. The LDSS must submit the completed **Final Cost Form** to NYSDOH to reconcile payment and for tracking/reporting purposes. If overage on the final cost of the EMod exceeds 10% of the original requested amount, additional documentation is required.
18. NYSDOH will review the **Final Cost Form** within five (5) business days of receipt. If additional funds are requested, NYSDOH will submit a request for funding to OTDA. Funds will be issued by OTDA to the County treasurer in the month following the month of request submission.
19. Payment to the EMod contractor will be made by the LDSS within thirty (30) business days of fund receipt from OTDA.

Procedure for Authorizing Environmental Modifications for MMCP Members

1. Through the person-centered planning process, the Health Home Care Manager (HHCM)/C-YES, individual, and all care team (multi-disciplinary team) members involved in the development of the POC will determine the need for an EMod to assist and enhance the individual's independence in performing ADLs, IADLs, and/or health related tasks and/or will substitute for human assistance (to the extent that expenditures would otherwise be made for human assistance).
2. A physician's order stating the need for assistance (this may be an approved form requesting home care such as the M11Q used by NYC's Human Resources Administration, Form 4539 used by the rest of the State, or a letter on physician's letterhead stating the need for assistance) must be obtained. The POC must be consistent with the details of the physician's order.
3. The HHCM/C-YES, on behalf of the individual, seeks a clinical justification from the appropriate clinician (e.g. Occupational Therapist, Speech Language Pathologist, clinician from Article 16 or 28 clinic, Physical Therapist, or other licensed professional) and/or service specialist to assess the individual's need for the requested
4. The HHCM/C-YES must submit the **Description and Cost Projection Form** requesting the service or device to the MMCP to initiate the authorization process. The HHCM/C-YES will also submit supporting documentation, including:
 - a copy of the physician's order,
 - clinical justification,
 - scope of project,
 - permission of owner to modify property, and
 - the individual's POC

The documentation submitted by the HHCM/C-YES must detail the need and intended purpose of the EMod to support the request. The HHCM/C-YES is encouraged to contact the child/youth's MMCP for specific application requirements.

5. MMCPs will review all documents.
6. Please note that MMCPs are NOT required to obtain bids for EMod projects. MMCPs may choose to contract with evaluators and providers/contractors or use a bidding process.
7. If the project exceeds the \$15,000 soft cap, approval from the MMCP's Medical Director is required. The \$15,000 soft cap may be exceeded if deemed medically necessary.

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8. The MMCP will notify the HHCM/C-YES, the individual, and the selected EMod provider of its determination. MMCPs will follow notification requirements in the Managed Care model contracts.
9. Upon completion of the EMod, the provider/contractor must submit a **Final Cost Form** to the MMCP that includes a description of the completed EMod and the final project cost.
10. The MMCP will review the **Final Cost Form** and notify the provider that they may submit a claim for payment.

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