

GUIDELINES FOR AUTHORIZING VEHICLE MODIFICATIONS

These guidelines outline the process for authorizing Vehicle Modifications (VMods) under the Children's Home and Community Based Services (HCBS) 1915(c) Waiver (Children's Waiver) as a covered State Plan service. VMods are adaptations made to a vehicle that are intended to enhance the individual's independence and inclusion in the community and substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance. VMod expenditures must be related to an assessed Activity of Daily Living (ADL), Instrumental Activity of Daily Living (IADL), or health-related need and must be tied to a goal reflected in an individual's written person-centered Plan of Care (POC).

VMods 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 must be enrolled in the Children's Waiver. Eligible and enrolled Children's Waiver participants are noted on the participant's 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 VMod.

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

Examples of VMods include, but are not limited to:

- Adaptive equipment to enable an individual to operate the vehicle, including:
 - Hand controls, deep dish steering wheel, spinner knobs, wheelchair lock downs, parking brake extensions, foot controls, wheelchair lifts (including maintenance contracts), and left foot gas pedals
- Changes to the structure and internal design of the existing equipment including:
 - Floor cut-outs, replacement of a roof with a fiberglass top, extension of steering column, raised door, repositioning of seats, wheelchair floor, and dashboard adaptations

Service Limitations

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

VMods may be made to only one vehicle that is the primary means of transportation for the individual. This primary means of transportation may be owned by the individual, a family member, or non-relative who provides primary, long-term support and/or transportation for the individual. Routine maintenance and repairs related to the vehicle itself are not covered under the Children's Waiver. Payment may not be made to adapt vehicles that are owned or leased by paid Medicaid providers.

For an individual to qualify for a VMod that allows him/her to drive the vehicle, he/she must be functionally able to drive the vehicle and possess a current, valid driver's license that lists restrictions related to his/her disability. If the license was obtained prior to onset of disability, the individual must obtain an updated license which lists the individual's restrictions. The individual must have unrestricted access to the vehicle proposed for modification. Approved modifications must be necessary for the individual to drive the vehicle.

For an individual to be eligible for a VMod as a passenger of the modified vehicle, the modification must ensure his/her safe travel and access in and out of the vehicle.

The individual (and/or family member) is expected to assume the cost of the vehicle purchase and all optional equipment available from the dealer through factory installation, i.e., air conditioning, sound systems. A van can only be considered for modification if a car cannot be modified to meet the individual's needs.

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Agreements for VMods cannot 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.

Modifications made to vehicles become the responsibility of the owner to maintain and repair. However, repairs for a modification made to a vehicle may be covered if authorized prior to repair. Removing modifications or returning property to its original state is not the responsibility of the MMCP or LDSS. Additional items beyond those deemed necessary by the LDSS or MMCP are the responsibility of the individual.

The cost of modification in used vehicles will only be considered if the vehicle meets the following additional criteria:

- The vehicle must pass New York State inspection, be registered, and be insured for liability, comprehensive, and collision
- The vehicle must be structurally sound, without need of mechanical repairs, and able to support/accommodate the needed adaptation
- The vehicle must not have any rust or deficiencies in the areas to be modified or in the areas already modified
- The vehicle must be less than five years old and register less than 50,000 miles on the vehicle's odometer

Used adaptive equipment and modification devices are sometimes available for purchase. To ensure the greatest safety and performance, used equipment will only be approved if it is purchased from licensed businesses dealing in the sale of vehicles or adaptive equipment. Consumer to consumer sales will not be approved for reimbursement.

Services and Supports Not Included Under Vehicle Modification

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 vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual
- Adaptations that far exceed the vehicle's Current Market Value

Providers of Vehicle Modifications

VMods must be completed by individuals who are qualified and/or licensed to comply with State and/or local rules. The HHCM/C-YES must arrange for a mandatory comprehensive evaluation of the individual's needs for adaptive equipment or comprehensive vehicle modifications by an ACCES-VR approved Certified Driver Rehabilitation Specialist (if the individual is working toward employability) or a VMod vendor approved under the Quality Assurance Program of the National Mobility Dealers Association. These are listed at <http://www.nmeda.com/locate-dealer/search-by-state/?state=NY>.

The evaluation must specify the most cost effective and least complicated vehicle modification that will ensure safe transportation and exit from and entrance into the vehicle for the participant. The evaluation must also include a dated and detailed scope of work and specifications.

LDSS, State Agencies, and MMCPs are encouraged to identify providers in advance of service requests to ensure adequate capacity.

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Procedure for Authorizing Vehicle Modifications

If a child/youth is enrolled in Fee-for-Service (FFS) Medicaid and receives HCBS as part of the Children's Waiver, the child is eligible to apply for a VMod following the *Procedure for Authorizing Vehicle Modifications for FFS Members*.

If the child/youth is enrolled in a Medicaid Managed Care Plan (MMCP) and receives HCBS as part of the Children's Waiver, the child is eligible to apply for a VMod following the *Procedure for Authorizing Vehicle Modifications for MMCP Members*. The two distinct processes are outlined below:

Procedure for Authorizing Vehicle Modifications for FFS Members:

1. During a POC meeting through the person-centered planning process, the Health Home Care Manager (HHCM)/C-YES, individual, and anyone involved in the development of the POC will determine if a VMod is necessary 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). This should be consistent with a physician's order stating the need for assistance (this may be a letter on physician's letterhead stating the need for service(s) or a formal written prescription from a physician).
2. The HHCM/C-YES will notify NYSDOH of the identified need and the anticipated request for a VMod within seven (7) business days of updating the POC and starting the application process. The HHCM/C-YES will send an email to EModVModAT@health.ny.gov with the following information:
 - Child's/youth's name
 - Child's/youth's CIN #
 - Type of request: AT, EMod, or VMod
 - The LDSS County the VMod request will be submitted to
 - Brief summary of the VMod 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 a VMod 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. The HHCM/C-YES will verify vehicle information including the name of the vehicle owner and their written permission for the modifications/adaptations.
5. The HHCM/C-YES, on behalf of the individual, will 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 need for the VMod request.
6. The HHCM/C-YES and the individual/family will explore potential payment sources for the identified VMod 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.

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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 VMods less than \$1,000, three bids for VMods 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 VMod based on the bid that meets the assessed need.
 - Payment for an assessment completed by the VMod 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 VMod 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.

9. The HHCM/C-YES must submit the **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 VMod 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 date of receipt, the LDSS will date stamp the **Service Request Packet**. From the date stamped receipt of the VMod **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:

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- 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 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 via secure email. 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 more information from the LDSS within seven (7) business days of request receipt.
13. The LDSS will notify the HHCM/C-YES, the individual, and the selected VMod provider of its determination. The LDSS will issue a Notice of Decision (NOD) within three (3) business days of receipt of decision from NYSDOH to the individual and family, the HHCM/C-YES, and the selected VMod provider when they authorize or deny a request for Vehicle Modification(s).
14. The VMod provider will be responsible for the 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 vehicle regulations and ADA requirements
 - 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 VMod provider may risk non-payment for such changes

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15. Within seven (7) business days of VMod completion, the HHCM/C-YES must submit a **Final Cost Form** to the LDSS that includes a description of the completed VMod, the final cost, and all 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.
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 VMod 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 of Vehicle Modifications for MMCP Members

1. During a POC meeting through the person-centered planning process, the Health Home Care Manager (HHCM)/C-YES, individual, and anyone involved in the development of the POC will determine if a VMod is necessary 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 a letter on physician's letterhead stating the need for service(s) or a formal written prescription from a physician) should be obtained.
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 VMod.
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 vehicle, and
 - The individual's POC

The documentation submitted by the HHCM/C-YES must detail the need and intended purpose of the VMod 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.

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6. Please note that MMCPs are NOT required to obtain bids. MMCPs may choose to use contracted evaluators and providers 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.
8. The MMCP will notify the HHCM/C-YES, the individual, and the selected VMod provider of its determination. MMCPs will follow notification requirements in the Managed Care model contracts.
9. Upon completion of the VMod, the provider must submit a **Final Cost Form** to the MMCP that includes a description of the completed VMod and the final 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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