

POLICY AND PROCEDURE

POLICY NAME: Waiver Environmental Modifications Criteria	POLICY ID: ARTC.CC.25
BUSINESS UNIT: Arkansas Total Care	FUNCTIONAL AREA: Care Coordination and Waiver Provider Support Utilization Management
EFFECTIVE DATE: 09/2022	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 09/2022	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:

Arkansas Total Care Waiver Provider Support and Care Coordination. To provide criteria on which to review requests for Arkansas Total Care (ARTC) line of business environmental modification services for CES-Waiver members residing in the community.

PURPOSE:

To provide criteria on which to review requests for the Arkansas Total Care (ARTC) line of business home accessibility adaptation services for CES-Waiver members residing in the community. ARTC's environmental modification services policy supports the utilization management review process for the CES-Waiver benefits and management of service coverage and limitations as described in the current CES-Waiver and ARTC Provider Waiver Services Manual.

SCOPE:

Arkansas Total Care's Care Coordination and Waiver Provider Support "WPS" departments.

POLICY:

Environmental modification services are a covered benefit for ARTC members who have an active CES-Waiver slot when adaptation to the member's home is necessary for the health, welfare and safety of the member. The modification to the home or vehicle must be appropriate for the member and enable the member to function with greater independence in the community. Without the modification, the member would otherwise be institutionalized.

Environmental modifications services must be prior authorized by Arkansas Total Care. These services are covered only for ARTC members with an active CES-Waiver slot on the date(s) the service is provided.

DESCRIPTION OF BENEFITS AND LIMITATIONS:

The following is a description of ARTC CES-Waiver covered environmental modification services, and any applicable limitations covered by this policy:

Benefit:

Environmental Modifications are physical adaptations to the member's home or vehicle that are documented in the member's plan of care and Person-Centered Service Plan (PCSP) which are necessary to ensure the health, welfare and safety of the member or which enable the member to function with greater independence in the community. Without the modification, the member would not be able to remain in the community. Such modifications may include the installation of lifts, ramps, grab-bars, widening of doorways, modifications of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies, which are medically necessary for the welfare of the member.

Exclusions and Limitations:

Exclusions include but are not limited to those adaptations or improvements to the home that are:

- Of general utility and/or aesthetic in nature and are not of direct medical or remedial benefit to the member such as carpeting, or central air conditioning/heat or general maintenance/repair of the home.

- Adaptations which add to the total square footage of the home.
- Adaptions for medical conditions which are temporary in nature i.e., broken bones and recoveries from surgery where member is expected to be back to prior level of functioning after a predetermined period of time.
- Home modifications in a group home, adult family care home, rehabilitation facility, or any other facility in which a member resides.
- If the member resides in a home covered by any federally funded housing assistance program, they are not eligible for home modifications. Under the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973, HUD and HUD-assisted agencies must make reasonable accommodations for the known physical or mental limitations of a qualified applicant. All HUD programs are obligated except for the mortgage insurance and loan guarantee programs.
- Vehicle modifications to leased vehicles (the vehicle must be owned and not leased or be in the process of being purchased and proof of ownership is required).
- Spas, hot tubs, in-ground and above-ground pools are excluded.
- Walk-in tubs are excluded.

The following is a list of limitations:

- All home accessibility adaptions must be provided by qualified, independent, general, residential, or building contractor licensed under applicable Arkansas Statutes and in accordance with applicable state and local building codes as well as the Americans with Disabilities Act "ADA".
- All vehicle modifications must be completed by a qualified professional licensed under applicable Arkansas Statutes and in accordance with applicable state and local building codes as well as the Americans with Disabilities Act "ADA".
- Final determinations and approvals will be for specific cost amounts. Any additional or unexpected costs would need to be submitted for further review and be in alignment with all other aspects outlined in this policy.
- All environmental modification (to home or vehicle) services are limited to the amount, duration and scope of services described in the member's PCSP, plan of care and as authorized by Arkansas Total Care.
- If the member lives in a mobile home or manufactured home construction limitations may prohibit an approved home modification from occurring. The general contractor selected by Arkansas Total Care is the subject matter expert that will be relied upon to determine whether an approved home modification can be completed without causing structural damage to the mobile home or manufactured home.
- The modification(s) must be performed within any applicable Arkansas zoning or coding ordinances.
- Modifications of the same or similar type will only be permitted to occur once every 5 years unless there are extenuating circumstances that are out of the control of the member and member's family/support system such as loss of property due to a natural disaster.
- Annual capitated amount of \$10,000 per member. ARTC reserves the right to approve to allow a "rolling cap" that allows for the incorporation of the upcoming year's capitated amount in situations where justification is provided that the needed modification is medically necessary and will exceed the annual capitated amount.

PROCEDURE:

A. Identification of Need for an Environmental Modification

There are multiple ways that the potential need for an environmental modification (to home or vehicle) exists. Those are described below:

The member and/or an authorized representative may request an environmental modification. In addition, a member's treating physician, medical representative or CES Waiver provider may identify that the member may benefit from covered services, including environmental modifications.

In any of the above situations, the ARTC Care Coordinator "CC" will assist with identifying if the member's current CES Waiver provider is willing to facilitate the prior authorization request process or if a separate provider will need to be identified. The ARTC CC will ensure the provider understands the prior authorization process and assist where appropriate and needed.

B. Coordination of Benefits

The ARTC Care Coordinator will determine if the member has access to any additional benefits, other insurance or community resource that may cover the identified environmental modification services. ARTC will coordinate with member to confirm there is not another source of payment through these sources as CES Waiver is the payer of last resort.

If the member has VA benefits, insurance coverage, or any other benefit plan that provides for home modifications, the ARTC Care Coordinator will direct the member and/or his/her authorized representative to contact that insurance or benefit company to request the identified service. A denial letter from the insurance or benefit company must be submitted to ARTC for the home modification request to be processed.

C. Prior Authorization Request

Prior authorization is required for all environmental modifications (home and vehicle) and must be approved before the modification can begin. Medical necessity must be established for all environmental modification requests. All environmental modification requests are considered “standard” requests for timeliness of decision-making purposes.

Documentation needed:

The following documentation should be submitted with the prior authorization request in order to determine that the member requires the environmental modification service to safely maintain him/her in the home environment and the overall community.

- Justification that the requested modification is needed for safety of the member, which includes the safe entry and exit to the home or vehicle and ability to carry out the activities of daily living.
- Justification the modification to the home or vehicle will enable the member to function with greater independence in the home and community.
- Justification that without the adaptation to the home or vehicle, the member would not be able to remain in the community.
- Applicable assessments of the member’s physical needs indicate that the requested service will safely meet the needs of the member and will support the member in carrying out activities of daily living.
- Documentation of how the modification will increase, maintain or improve functional capabilities if a member to perform daily tasks that would not be possible otherwise.
- For Home Modifications, a proposed sketch of space to be modified and original photos of the site to be modified.
- A total of 3 bids if modification exceeds \$1,000.
- Provide identification of other specifications relative to materials, time for project completion and expected outcomes, labor and materials, and assurance of compliance with local building code.
- If home modification, proof of home ownership or approval from the applicable homeowner.
 - (See Homeowner Verification section).
- If home modification, homeowner association or property owner association (HOA and POA) status as approval from the HOA or POA will be required before modification can begin and is a requirement in order for ARTC to approve and fund home modification.
- If vehicle modification, proof that vehicle is not a leased or company owned vehicle.

1. Review for Medical Necessity

The medical necessity review of any environmental modification service includes consideration of the type of services needed to safely support the member’s ADL and IADL deficits in their home and member’s

established goals. The following criteria must be satisfied to establish medical necessity for environmental modification services:

Functional Needs:

There must be evidence that the member cannot safely perform Activities of Daily Living (ADL).

Bathing or showering

- A written assessment of the member's ability to safely enter and exit a bathtub or shower, including the member's ability to bath themselves independently or with assistance. The assessment is to include any assistive devices used to complete task, and notation of any assistive devices the member attempted to use but were unable to use, with an explanation of why this was unsuccessful.
- Limitation:
 - If a member is bedbound and does not have the physical capacity to safely stand in a shower or to sit in a bathtub with or without assistance of a chair lift or shower seat, a modification related to a bathtub or shower would not be considered medically necessary. This includes shower and/or grab bars.
 - If the home has another bathroom with accessible shower.
 - Walk in tubs are not a covered benefit.

Toileting

- A written assessment of the member's ability to safely enter and exit the bathroom, including how the member is able to transfer onto the toilet from a standing position or from a wheelchair. The assessment is to also note all assistive devices that the member uses and/or has attempted to use with an explanation of why this was successful or unsuccessful.
- Limitation:
 - If member does not access the bathroom to complete toileting tasks due to incontinence or the use of durable medical equipment item(s) or supplies that supports toileting, a bathroom modification would not be considered medically necessary.
 - If the home has another bathroom with accessible toilet.

Transferring / Ambulating / Mobility

- A written assessment of the member's ability to transfer and ambulate in the home. The assessment is to include all assistive devices the member uses and/or has attempted to use with an explanation of why this was successful or unsuccessful.
- Limitation:
 - If the member is currently bedbound or if member is currently able to access the areas in the home where modification is requested, the requested modification would not be considered medically necessary.

Access or egress to the home:

- For requests for modifications to enter or exit the home, written proof is needed that the member uses a mobility device and does not have a safe method to enter or exit his/her home. This includes a power or manual wheelchair. In addition, documentation must demonstrate that the proposed home modification will allow for the needed ramp(s) to be assembled with a safe incline within the confines of the property limits. Evidence that there is not an existing entrance/exit to the home that is accessible to the member is required.

Additional details on approval criteria, qualifying medical conditions, documentation requirements, and design requirements are covered below.

The WPS utilization management staff will obtain and review all information provided in support of the requested environmental modification service(s). If the decision is made by the utilization management and/or medical director that additional information is needed in order to complete the review, Arkansas Total

Care may submit a request for additional information that could include but is not limited to: medical records, a signed letter of medical necessity, a physical therapy or occupational therapy evaluation, or an assessment of the home/property.

Homeowner Verification

Both proof of homeownership and written permission to perform the home modification are required. A prior authorization request will not be approved until this evidence is provided.

ARTC WPS utilization management staff will search the property appraiser's website for the county of the member's address where the home modification must be completed. WPS staff will compare the name on the website with the name provided on the proof of homeownership form.

If the name on the property appraiser's website does not match the name on the proof of homeownership form, then at least one of the following must be provided to show proof of ownership. If these cannot be provided but other documentation can, ARTC will review to see if it suffices for proving homeownership.

- Annual County Property Appraiser Tax Statement (current or previous year) that is paid current, or
- Monthly mortgage statement dated within the past 3 months of current year that is paid current.

Establishing Written Permission

Written permission for the authorized home modification service is established by submission of ARTC form "Permission for Property Modification".

Mobile Home Residents

If the member is residing in a mobile home, the following is required in addition to proof of homeownership and written permission:

- Arkansas Certificate of Title (issued by the State of Arkansas) or a copy of the annual registration tag for the mobile/manufactured home; and
- If the mobile home is located in a mobile home park community and the home modification includes changes to, the outside of the member's mobile home then a copy of the rental/lease agreement that states the member may make changes to the outside of their home without prior permission from the mobile home community park owner.

Homeowners Association (HOA) & Property Owners Association (POA)

The member must disclose if the member owns a house or is renting in a community that has a HOA or POA, when requesting home modification that affect the outside of their home. In these cases, prior to initiation of the home modification, the general contractor selected must determine if there are any restrictions pertaining to the proposed home modifications documented in the HOA/POA agreement. If the HOA/POA does not permit the approved home modifications, ARTC cannot cover the applicable home accessibility adaption service.

If additional fees are charged by the HOA, POA, etc., ARTC nor its contractors are responsible for covering additional fees. The member, or authorized representative or homeowner must address with HOA/POA or complex directly to manage additional costs. ARTC is not responsible for cost of home modification if the project moves forward prior to HOA/POA approval or is outside the scope of HOA/POA approval.

Bid Requests

A minimum of three (3) bids will be requested from participating vendors for all projects over \$1,000 in order to perform an evaluation and provide a proposal bid to Arkansas Total Care (note: exceptions can be made on a case-by-case basis to the three (3) bid minimum requirement).

Bids are submitted with the prior authorization request to Arkansas Total Care's WPS utilization management department for review. Bids for home modification requests that exceed \$1,000 must be reviewed by the Arkansas Total Care medical director.

If response from contractor/home modification vendor states that the home is not structurally sound to accommodate requested modifications or preexisting home repairs need to be completed in the home prior to home modification completion, the utilization management staff, and medical director will review and issue the Notice of Adverse Benefit Determination letter as needed within seven (7) calendar days of the final vendor response.

Selection of the vendor will be communicated in the prior authorization disposition if the request is approved.

REFERENCES:

ARTC Provider Waiver Manual
Permission for Property Modification Form

ATTACHMENTS: https://www.arkansastotalcare.com/content/dam/centene/artotalcare/pdfs/508_ARTC22-H-037_Permission%20for%20Property%20Modification%20Letter%20Fillable508.pdf

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.