

GUIDELINES FOR ENVIRONMENTAL ACCESSIBILITY MODIFICATIONS FOR ADULTS WITH DEVELOPMENTAL DISABILITIES (2009)

PLAN DEVELOPERS AND DEPARTMENT STAFF

- Environmental accessibility modifications are interior or exterior physical adaptations to the home, identified as a need that would promote the health, welfare, and safety of the participant. They also enable the participant to function with greater independence in the home, and without which, the participant would require institutionalization.
- Permanent modifications are limited to a principal residence owned either by the participant or the participant's non-paid family.
 - Family members that are paid providers must meet the Certified Family Home requirements to accommodate the needs of the participant before they can provide services.
- Portable or non-stationary modifications may be made to rental units when such modifications can follow the participant to the next place of residency or be returned to the Department.
- Requests for environmental modifications will be submitted to the Care Manager in each region.
 - Such adaptations may include:
 - Installation of ramps and lifts
 - Widening of doorways
 - Modification of bathroom and kitchen facilities
 - Installation of electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the participant
 - Carpet replacement is only allowed from the area it was removed for modification purposes.

EXCLUSIONS

- Adaptations or improvements to the home which are not of direct medical or remedial benefit to the participant, such as:
 - Carpeting for full rooms or hallways for aesthetic purposes
 - Repairs (roof, plumbing, electrical, etc)

- Air conditioning

GUIDELINES

- The participant's Person Centered Planning (PCP) team and Plan Developer should identify the need for the modification and document attempts to find other funding or natural supports.
- Documentation should be specific enough to validate that the environmental modification seems reasonable to increase the participant's independence in accessing their living area.
 - Documentation should also validate the decrease on paid and non-paid supports.
- The Department may cover the cost of an occupational therapist (OT) or other qualified professionals to assist in assessment and final project approval.
 - If Department funds are used for this purpose, it will not go against the cost effectiveness cap for individual plans.
- The Plan Developer should locate a vendor and obtain a quote. The quote must include:
 - The description of work to be done
 - The total cost which includes itemized labor costs by expected hours
 - Supply costs shall be itemized with small items less than \$50 grouped together and items over \$50 also grouped together.
 - The following are additional criteria to assist when reviewing bids:
 - In the bid, identify some quality standard for supplies, e.g., supplies are new and meet mid-level or higher quality standard
 - The provider has:
 - A satisfactory record of integrity and business ethics
 - The necessary equipment and facilities to complete the work
 - A satisfactory performance record
 - The amount of time required to complete the job and their rates are considered
 - Knowledge of ADA standards to meet the needs of the participant, when applicable

- For modifications under \$500, Plan Developers/participants should make a good faith effort to obtain a quote from three (3) available vendors to assure they are receiving the most cost-effective price.
- For modifications over \$500, obtain three written bids.
- All modifications must be made in accordance with applicable state and local building codes.
- It is the contractor's responsibility to provide regions with a copy of building permits and will require completed inspection reports.
- Usual and customary fees for construction are paid up to Medicaid allowances.
- The Care Manager may prior authorize a portion of the payment up front when there is documentation or receipts that validate the services have actually been provided (this could include supplies or building permits)
- The remaining balance is authorized upon completion of the job including all required inspections.
- The Care Manager must assure the service is cost-effective to meet the needs of the participant before prior authorization. The cost may be pro-rated over a maximum of five (5) years to allow for cost-effectiveness. In addition, there must be an assurance that the participant will live in the home for time pro-rated on the plan.