

HOME ACCESSIBILITY AND ADAPTATION

NC Medicaid Medicaid and Health Choice
Community Alternatives Program Clinical Coverage Policy No: 3K-1
For Children (CAP/C) Amended Date: July 1, 2021

Home accessibility and adaptation provides equipment and physical adaptations or minor modifications, as identified during an assessment, to enhance the CAP/C beneficiary's mobility, safety, and independence in the primary private residence. This service often plays a key role in preventing institutionalization.

An assessment must be reviewed by the multidisciplinary team including a Physical Therapist (PT), Occupational Therapist (OT), Rehabilitation Engineer, or Assistive Technology Professional (for ECUs/EADLs) certifying necessity. A copy of the assessment must be submitted with the request for Home Modifications (with the exception of floor coverings, air filters, and generators). A physician's signed order may be request to certify that the requested adaptation is necessary. The physician's order and the assessment of need completed by the multidisciplinary team must be on file with the case manager's records. **When feasible, there must be at least one competitive quote for home modifications to determine the most efficient method to complete the request. An appropriate professional shall provide the modifications or adaptations to the primary private residence.**

Construction and installation must be completed according to state and local licensure regulations and building codes when applicable. All items must meet applicable standards of manufacture, design and installation.

The vendor or CME* shall file a claim to Medicaid upon the receipt of an invoice to receive reimbursement for this service. The original invoice must be retained in the beneficiary's health record.

Home modifications can be provided only in the following settings:

- a. A primary private residence where the CAP/C beneficiary resides that is owned by the beneficiary or his or her family;
- b. A rented residence when the modifications are portable;

Approval for floor coverings, air filtration, and generators must be based on RN assessment and MD certification.

The following are the only covered home accessibility and adaptation modifications:

- a. Wheelchair ramps, stationary or portable, and wheelchair ramps with landing pads;
- b. Threshold ramps, used to allow wheelchairs to move over small rises such as doorways or raised landings;
- c. Grab bars or safety rails mounted to wall
- d. Modification of an existing bathroom to improve accessibility for a disabled beneficiary, such as : installation of roll in shower, sink modifications (raised, lowered, pedestal, pedal specific for beneficiary), water faucet controls, tub modifications, toilet modifications (such as raised seat or rails), floor urinal adaptations, turnaround space modifications for wheelchair and stretcher bed access, and required plumbing modifications that are necessary for the modifications listed above;
- e. Widening of doorways for wheelchair access, turnaround space modifications for wheelchair access;
- f. Bedroom modifications to widen turnaround space to accommodate hospital beds, larger or bulky equipment and wheelchairs (ex. removing a closet to add space for the bed or wheelchair);
- g. Lift systems and elevators that are used inside a beneficiary's private primary residence and are not otherwise covered under DME;
- h. Porch stair lifts;
- i. Floor coverings, when existing floor coverings contributed to documented falls, resulting in injury as evidenced by hospital and emergency room visits, or when those floor coverings are contributing to asthma exacerbations, documented in the health record, requiring repeated emergency room or

hospital treatment;

j. Driving surfaces, when existing driving surfaces leading to the primary private residence pose an access to care issue to the beneficiary with documented gaps in service provision or documented inability to render emergency services contributing to impassable path;

k. Portable or whole house air filtration system and filters under the following circumstances:

1. For a beneficiary with severe allergies or asthma, when all other preventive measures such as removal of the allergen or irritant, removal of carpeting and drapes have been attempted, and the beneficiary's asthma remains classified as moderate persistent or severe persistent, and a physician has certified that air filtration is of benefit. Ozone generators and electronic or electrostatic or other air filters which produce ozone.
2. For a beneficiary susceptible to infection, when adequate infection control measures are already in place, yet the beneficiary continues to acquire airborne infections, and when a physician has certified that air filtration is of benefit in preventing infection, a germicidal air filter (with UV light) may be provided.
3. The smallest unit that meets the beneficiary's needs is covered; if a beneficiary spends most of his or her time confined to a specific area of the house, then a whole-house system is not covered.
- l. Portable back-up generator for a ventilator, when the beneficiary uses the ventilator more than eight hours per day, and in the event of a power outage, the beneficiary requires hospitalization, if not for the presence of the portable generator.

The home accessibility and adaptation service consists of the following:

1. **Technical assistance in device selection;**
2. **Training in device use by a qualified assistive technology professional;**
3. **Purchase, necessary permits and inspections, taxes, and delivery charges;**
4. **Installation;**
5. Assessment of modification by the case manager and by any applicable inspectors to verify safety and ability to meet beneficiary's needs;
6. Repair of equipment, as long as the cost of the repair does not exceed the cost of purchasing a new piece of equipment, and only when not covered by warranty. The CAP/C beneficiary or his or her family shall own any equipment that is repaired; and
7. The move of modification or adaptation from one primary private residence to another. An evaluation of the cost for labor and costs of moving modification or adaptation must be approved prior to the move.

The CME authorizes the services through a service authorization and verifies training, technical assistance, permits, inspections, safety and ability to meet beneficiary's needs.

Note: Medicaid shall assume no liability related to use or maintenance of the equipment and assumes no responsibility for returning the private primary residence to its pre-modified condition. Home modifications may not be furnished to renovate living arrangements.

Limits, Amount and Frequency

Home accessibility and adaptation provides a combined vehicle modification and assistive technology budget of \$28,000 per beneficiary per the cycle of the CAP/C waiver, which is renewed every five years from the date of its latest approval. When the maximum utilization limit is reached, requests for home modification are denied. The CME shall track all costs of home accessibility and adaptation aids billed and paid, in order to avoid exceeding the \$28,000 limit over the cycle of CAP/C (five years).

Those items that are not of direct medical or remedial benefit to the beneficiary are excluded and not authorized by the CME.

The service under the waiver's Home accessibility and adaptation is limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with CAP/C objectives of

avoiding institutionalization.

Items that are covered through DME, orthotics and prosthetics and home health supplies are obtained through the respective programs prior to requesting from CAP/C. CAP/C does not cover items that are covered by one of these programs but were denied for that particular CAP/C beneficiary for lack of medical necessity.

Home modification **excludes** the following:

- a. home modifications that add to the total square footage of the home;
- b. home improvements, renovations, or repairs;
- c. homes under construction;
- d. a dwelling where the owner refuses the modification;
- e. the modification in a rented residence when the requested modification is not portable;
- f. purchase of locks;
- g. service agreements, maintenance contracts, insurance, and extended warranties;
- h. roof repair, central air conditioning;
- i. swimming pools, hot tubs; spas, saunas, or any equipment, modification or supply related to swimming pools, hot tubs, spas, or saunas;
- j. items that have general utility to a non-disabled beneficiary;
- k. replacement of equipment that has not been properly used, has been lost or purposely damaged;
- l. computer desk and other furniture;
- m. plumbing, other than the plumbing described under the covered items in letter(d);
- n. approved vendor shall not be the spouse, parent, primary caregiver or legal guardian of the CAP/C beneficiary; and
- o. Air filtration that is less than or equal to 50 parts per billion ozone by-products.

Medicaid is the payer of last resort; if the beneficiary has private insurance that covers the item, the CME shall verify and document the insurance coverage. The item must be billed through the private insurance payer. Funding for CAP/C services available through CAP/C must be shared to meet the needs of the household. Equipment, technology and modification are shared when the disabilities of two or more CAP/C beneficiaries living in the same household are similar.

The total budget for home accessibility and adaption services is planned per CAP/C beneficiary and the total budget must be shared between the two parents when a shared custody order is in effect.

A CAP/C beneficiary who resides in foster care is eligible to receive a home modification when the modification is portable.

A CAP/C beneficiary who is in a permanent foster care placement, ordered by the court and the placement is intended to last more than three (3) years, is eligible to receive a permanent home modification.

Qualified Provider(s)

The Case Management Entity (CME) shall verify and approve Medicaid providers who have the capacity to provide items and services of sufficient quality to meet the need for which they are intended.

CME* = Case Management Entity (Holland Management LLC)

Effective 4/15/23



Purchasing Division
PO Box 608
Pittsboro, NC 27312
Phone 919-545-8821
purchasing@chathamcountync.gov

Date of Application

5/23/2023

Company/Firm Name as shown on Federal Tax Return

Safe Living Solutions

Alternate Name If applicable (doing business as)

Corporation Individual LLC Partnership Non-Profit Foster Care

Federal ID Number (SSN if Foster Care)

46-058-4679

Phone number

336-781-3303

Contact Name

Jesse Lee

Email for Contact Person

jesse@safelivingsolutionsllc.com

Corporate Address (must match W-9)

Line 1

3980 Premier Dr Suite 110

Line 2

City

High Point

State

NC

Zip

27265

Address for Remittance Same

Line 1

Line 2

City

State

Zip

What specific products and/or services will you be providing to Chatham County?

Do you have a Certificate of Insurance (COI)? Yes No Provide copy of COI.

If you are a HUB vendor registered with the statewide vendor database (SWUC), please mark your classification and attach your certification.

Minority Disadvantage Disabled Female

I hereby affirm that all information is true and accurate to the best of my knowledge and belief, and I bear the responsibility of any error or mistake in data.

Signature

[Handwritten Signature]

Date

5/23/2023

Title

Director of Project Management

Internal Use Only Date Initials Vendor ID# Dept Approval-Products/Services
Checklist Completed _____

Effective 4/15/23



Electronic Funds Transfer (EFT) Authorization

Chatham County allows vendors a more secure way to receive payments. Vendors can sign up for electronic payments through ACH. When a payment is processed, an e-mail or paper notification with detailed payment information including payment number, invoice number, amount and a brief description of the payment is sent. The account designated must be a checking account. Payments are posted to your bank account within 1 to 2 banking days. Please note that the first payment is always made with a check and electronic payments will follow with subsequent invoices.

If there is a change in your bank, bank account number, or e-mail address we need you to notify us immediately in writing. Please note that failure to notify us of these changes will delay payment.

EFT Banking Information

Bank Name

Alegacy Federal Credit Union

Bank Account Name

Safe Living Solutions, LLC

Bank Account Number

10004245429

Bank Routing Number

25317787

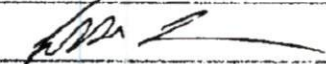
Bank Address

3015 E River Way
High Point, NC 27265

Bank Phone

336-774-3400

Signature



Date

5/23/2023

Title

Director of Project Manager