Authorization Guide for Environmental Accessibility Adaptations (Home Modifications)

Environmental Accessibility Adaptations (EAAs), also known as Home Modifications, are physical home modifications that are necessary to ensure the health, welfare and safety of the individual or enable the individual to function with greater independence in the home, who would otherwise require institutionalization.

Members must meet the following criteria to qualify for Authorization Guide for Environmental Accessibility Adaptations (Home Modifications):

Program overview

The services are available in a home that is owned, rented, leased or occupied by the member.

Service includes:

- Provide the owner and member with written documentation stating that the modifications are permanent and that the state is not responsible for maintenance or repair of any modification or for removal of any modification if the member ceases to reside at the residence.
- For a home that is not owned by the member, the member must provide written consent from the owner for physical adaptations to the home or for equipment that is physically installed in the home (e.g., grab bars, chair lifts, etc.).
- All EAAs that are physical adaptations to a residence must be performed by an individual holding a California Contractor's License except for a PERS installation, which may be performed in accordance with the system's installation requirements.

Examples of environmental accessibility adaptations:

- Ramps and grab bars to assist members in accessing the home.
- Doorway widening for members who require a wheelchair.
- Stair lifts.
- Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower).
- Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the member.

Required documentation

- **Provider order** specifying the requested equipment or service. *The order can be submitted from the member's current primary care physician or other health professional (medical doctor, physician assistant or nurse practitioner).*
- **A physical or occupational therapy evaluation and report** to evaluate the medical necessity of the requested equipment or service unless the managed care plan determines it is appropriate to approve without an evaluation. *This should typically come from an entity with no connection to the provider of the requested equipment or service.*

Required documentation, *continued*

- **Bids or cost estimates** for the requested service, including itemized list of services, cost, labor, and applicable warranties. *If possible, a minimum of two bids from appropriate providers.*
- **Home visit** to determine the suitability of requested equipment or service.

Eligibility

Individuals at risk for institutionalization in a nursing facility.

Authorization

Initial authorization

Community Support (CS) provider has 90 days to conduct the initial assessment and begin modifications. The service is covered until the lifetime maximum of $7,500 is met.

Reauthorization

If a service extension is needed, the provider must submit a new authorization. Required information Includes verification of the work performed to date and the reason for the extension (i.e., more time is required to receive documentation of homeowner consent, or the individual receiving the service requests a longer time frame).

Restrictions	State services to be avoided
• Member is part of a duplicative home remediation program. • Must be conducted in accordance with applicable state and local building codes. • May include finishing (e.g., drywall and painting) to return the home to a habitable condition but does not include aesthetic embellishments. • Limited to those that are of direct medical or remedial benefit to the member and excludes adaptations or improvements that are of general utility to the household. Adaptations that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). • The assessment and authorization for EAAs must take place within a 90-day time frame beginning with the request for the EAA, unless more time is required to receive documentation of homeowner consent, or the individual receiving the service requests a longer time frame. • Another state plan service, such as Durable Medical Equipment, is available and would accomplish the same goals of independence and avoids institutional placement, that service should be used. • EAAs must be conducted in accordance with applicable state and local building codes.	State Plan services to be avoided include, but are not limited to, nursing facility services, inpatient and outpatient hospital services, emergency department services and emergency transport services.

Codes
• S5165 Home modifications, U6; Deposit, U1 **Unit of service:** Per service
Total lifetime maximum
The total lifetime maximum is $7,500. **Exception** to the limit of $7,500 total maximum is if the member's place of residence changes or member's condition has changed so significantly that additional modifications are necessary to ensure the health, welfare and safety of the member, or are necessary to enable the member to function with greater independence in the home and avoid institutionalization or hospitalization.
Eligible providers
Allowable CS providers must have experience and expertise with providing these unique services.[1]

[1]**Examples of possible providers**: area agencies on aging, local health departments, community-based providers and organizations.