

Community Pathways Waiver – **Revised Draft Proposal**

Service Type: Other Service

Service (Name):

Alternative Service Title: **ENVIRONMENTAL ASSESSMENT**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition:

- A. An environmental assessment is an on-site assessment with the ~~individual participant~~ individual participant at ~~their~~ his or her primary residence to determine if environmental modifications or assistive technology may be necessary in the participant's home.
- B. Environmental assessment includes:
- ~~an~~ An evaluation of the ~~individual participant~~ individual participant;
 - ~~environmental~~ Environmental factors in the participant's home;
 - ~~the~~ The ~~individual participant's~~ individual participant's ability to perform activities of daily living;
 - The ~~individual participant's~~ individual participant's strength, range of motion, and endurance;
 - ~~the~~ The ~~individual participant's~~ individual participant's need for assistive technology and or modifications; and
 - ~~the~~ The ~~individual participant's~~ individual participant's support network including family members' capacity to support independence.

SERVICE REQUIREMENTS:

- A. The assessment must be conducted by a licensed Occupational Therapist in the State of Maryland.
- B. The Occupational Therapist must complete an Environmental Assessment Service Report to document findings and recommendations based on an onsite environmental assessment of a home or residence (where the ~~individual participant~~ individual participant lives or will live) and interviews ~~with the~~ individual participant and their support network (e.g. family, direct support staff, delegating nurse/nurse monitor, etc.).
- The report shall:
- Detail the environmental assessment process, findings, and specify recommendations for the home modification and assistive technology that are recommended for the ~~individual participant~~ individual participant;
 - Be typed; and

3. Be completed with 10 business days of the completed assessment and forwarded to the individual participant and ~~their his or her~~ coordinator Coordinator of ~~community~~ Community service Service in an ~~accessible~~ reader friendly format.
- C. An environmental assessment may not be provided before the effective date of the individual participant's eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.
- ~~D. An environmental assessment may not be provided in facility based employment.~~
- D. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted. These efforts must be documented in the participant's file.
- ~~E. The assessment will not be covered if available under the individual's private insurance, Medicare, the Medicaid State Plan (including EPSDT benefits), private or public educational services, the Rehabilitation Act, other waiver services, or through other resources.~~
- ~~F. If Medicare covers the environmental assessment for the individual, Medicaid State Plan will pay the Medicare co-payments or deductible.~~
- E. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- ~~G. This waiver service is only provided to individuals age 21 and over. All medically necessary environmental assessment services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.~~

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Environment assessment is limited to one (1) assessment annually ~~and is capped at current fiscal year established rate unless otherwise approved by the DDA.~~

Service Delivery Method (check each that applies)

- Participant Directed as specified in Appendix E
- Provider Managed

Specify whether the service may be provided by (check all that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Individual or Vendor– For Self-Directed Services
Agency	DDA Certified <u>Approved</u> Organized Health Care Delivery System Provider

Provider Specifications for Services

Provider Category: Individual

Provider Type: Individual or Vendor - For self-directing services

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

The FMS verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request including:

1. The following minimum standards are required:

- a. Employ a staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or
- b. Contract with a Division of Rehabilitation Services (DORS) approved vendor

~~— Individuals in self directing services, as the employer, may require additional staffing requirements based on their preferences.~~

~~Individual Self Directing Services may:~~

- ~~1. Employ a staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or~~
- ~~2. Contract with a Division of Rehabilitation Services (DORS) approved vendor~~

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Services (FMS)

Frequency of Verification:

- FMS - prior to ~~initial~~ services delivery

Provider Category: Agency

Provider Type: DDA ~~Certified~~ Approved Organized Health Care Delivery System Provider

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

~~DDA certified Organized Health Care Delivery Providers as per COMAR 10.22.20 that may:~~

~~1. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or~~

~~2. Contract with a Division of Rehabilitation Services (DORS) approved vendor~~

Other Standard (specify):

DDA Approved Organized Health Care Delivery Providers as per COMAR Title 10, Subtitle 22.

OHCDS provider shall verify the licenses, credential, and experience of all professional with whom they contract or employ and have a copy of the same available upon request.

OHCDS must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:

1. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or

2. Contract with a Division of Rehabilitation Services (DORS) approved vendor

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of the OHCDS ~~certification~~
- OHCDS provider will verify Occupational Therapist (OT) license and DORS approved vendor

Frequency of Verification:

- OHCDS ~~certification~~ annually
- OT license and DORS approved vendor prior to service delivery