

Community Pathways Waiver – **Revised Draft Proposal**

Service Type: Other Service

Service (Name):

Alternative Service Title: **ENVIRONMENTAL MODIFICATIONS**

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. Environmental modifications are physical modifications to the participant's home based on an assessment designed to support the participant's efforts to function with greater independence or to create a safer, healthier environment.
- B. Environmental Modifications include but are not limited to:
1. Installation of grab bars;
 2. Construction of access ramps and railings;
 3. Installation of detectable warnings on walking surfaces;
 4. Alerting devices for participant who has a hearing or sight impairment;
 5. Adaptations to the electrical, telephone, and lighting systems;
 6. Generator to support medical and health devices that require electricity;
 7. Widening of doorways and halls;
 8. Door openers;
 9. Installation of lifts and stair glides, such as overhead lift systems and vertical lifts;
 10. Bathroom modifications for accessibility and independence with self-care;
 11. Kitchens modifications for accessibility and independence;
 12. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; Plexiglas, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the participant;
 13. Training on use of modification; and
 14. Service and maintenance of the modification.
- C. Not covered under this service are improvements to the home, such as carpeting, roof repair, decks, and central air conditioning, which:
1. Are of general utility;
 2. Are not of direct medical or remedial benefit to the participant; or

3. Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to accessibility needs of the participant.

SERVICE REQUIREMENTS:

- A. An environmental assessment must be completed as per the environmental assessment waiver services requirements.
- B. Environmental Modifications recommended by the team that cost up to \$2,000 does not require a formal assessment.
- C. If the modification is estimated to cost over \$2,000 over a 12-month period, at least three bids are required (unless otherwise approved by DDA).
- D. All restrictive adaptive measures such as locked windows, doors, and fences must be included in the participants approved behavior plan as per DDA's policy on positive behaviors supports.
- E. All modifications shall be approved by the property manager or owner of the home, if not the participant, who agrees that the participant will be allowed to remain in the residence at least one year.
- F. When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); services may be billed to Medicaid as an administrative cost.
- G. Environmental modifications services provided by a family member or relative are not covered.
- H. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
- I. Not covered under this service is the purchase of a generator for use other than to support medical and health devices used by the participant that require electricity.
- J. 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.
- K. 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.

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

Cost of services must be customary, reasonable, and may not exceed a total of \$15,000 every three years.

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 – for self-directed services
Agency	DDA Approved Organized Health Care Delivery System Provider

Provider Specifications for Services

Provider Category: Individual

Provider Type: Individual for self-directed services

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Other Standard (specify):

FMS must ensure the individual or entity performing the service meets the qualifications noted below and have a copy of the same available upon request.

1. Be licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors.
2. All staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection;
3. Be in accordance with Department of Labor and Licensing requirements, a Home Improvement License may be required to complete some projects where an existing home structure is modified (such as a stair glide); and
4. All home contractors and subcontractors of services shall:
 - a. Be properly licensed or certified by the State;

- b. Be in good standing with the Department of Assessment and Taxation to provide the service;
- c. Be bonded as is legally required;
- d. Obtain all required State and local permits;
- e. Obtain final required inspections;
- f. Perform all work in accordance with ADA, State and local building codes;
- g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and
- h. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule.

Verification of Provider Qualifications Entity

Responsible for Verification:

- Fiscal Management Service providers for verification of participant specific qualifications

Frequency of Verification:

- Fiscal Management Services - prior to service delivery

Provider Category: Agency

Provider Type: DDA Approved Organized Health Care Delivery System Provider

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Other Standard (specify):

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

OHCDS must ensure the individual or entity performing the service meets the qualifications noted below and have a copy of the same available upon request:

1. Be licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors;
2. All staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection;
3. Be in accordance with Department of Labor and Licensing requirements, a Home Improvement License may be required to complete some projects where an existing home structure is modified (such as a stair glide); and
4. All home contractors and subcontractors of services shall:

- a. Be properly licensed or certified by the State;
- b. Be in good standing with the Department of Assessment and Taxation to provide the service;
- c. Be bonded as is legally required;
- d. Obtain all required State and local permits;
- e. Obtain final required inspections;
- f. Perform all work in accordance with ADA, State and local building codes;
- g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and
- h. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule.

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of the OHCDS
- Organized Health Care Delivery System provider for verification of the contractors and subcontractors to meet required qualifications

Frequency of Verification:

- OHCDS annually
- Contractors and subcontractors prior to service delivery