Policy Title: **Children's Waiver Environmental Modifications, Vehicle Modifications, and Adaptive and Assistive Equipment Policy for Health Home Care Managers and C-YES**

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Applicable to: This policy is for Health Home Care Managers (HHCM) and Children and Youth Evaluation Services (C-YES) serving children/youth enrolled in the 1915(c) Children's Waiver of Home and Community Based Services (HCBS). Environmental Modifications (EMods), Vehicle Modifications (VMods), and/or Adaptive and Assistive Technology (AT) are available to Medicaid recipients who meet HCBS eligibility criteria and are enrolled in the 1915(c) Children's Waiver.

This policy is specific for children and youth who are in Fee-for-Service (FFS) Medicaid. For children and youth who are enrolled in a Medicaid Managed Care Plan (MMCP) the HHCM/C-YES will work collaboratively with the MMCP. MMCP, HHCM, and C-YES are encouraged to utilize this policy as a guide to ensure consistency and timely processing of EMods, VMods, and AT for Medicaid Managed Care members.

Purpose: This policy provides the authorization and payment process for EMods, VMods, and AT. This process must be collaborative between the Local Department of Social Services (LDSS), New York State Department of Health (NYSDOH), HHCM/C-YES, and individuals/families to ensure timely authorization and receipt of the AT, EMod, and/or VMod. The LDSS is responsible for the authorization of EMods, VMods, and AT in accordance with the child's/youth's person-centered Plan of Care (POC). The role of the HHCM/C-YES during this process is outlined below.

For the full process that includes the roles of all involved parties and timelines (also in appendix A), reference the LDSS [Administrative Directive (ADM)](.).

Authorization, Review, and Notice of Decision

A. Determination of Need for EMod, VMod, and/or AT:

The HHCM/C-YES will notify NYSDOH of the identified need and the anticipated request for an AT, EMod, and/or VMod within seven (7) business days of adding/updating the POC with the needed AT, EMod, and/or VMod and starting the application process **for both FFS and MMCP** enrolled children/youth. The HHCM/C-YES will send this notification by email to [EModVModAT@health.ny.gov](.) with the following information:

1. Child's/youth's name
2. Child's/youth's CIN #
3. Type of request: AT, EMod, or VMod
4. The County LDSS/MMCP to which the request will be submitted
5. Brief summary of the request
6. HHCM agency name or C-YES and HHCM/C-YES contact information

For HHCMs, the Lead HH should be cc'd on the email

NOTE: For children/youth enrolled in a MMCP HHCMs and C-YES will complete step A. above and then proceed with communicating with the child/youth's MMCP to assist where needed in getting the proposed project completed. It is the MMCPs responsibility to coordinate and facilitate payment to contractors for children/youth enrolled in their plan.

For children/youth in FFS proceed to step B and continue through Step E.

B. Once a Need is Identified:

The HHCM/C-YES will contact the child's/youth's LDSS to notify them of the child's need. If applicable, the HHCM/C-YES will request permission from the LDSS to obtain a pre-project evaluation. The LDSS may request certain documentation prior to granting approval (i.e., Physician's Orders, Plan of Care, etc.).

After permission is granted, the HHCM/C-YES will contact a pre-project evaluator to schedule an evaluation. The pre-project evaluator should not be engaged before the HHCM/C-YES receives approval from the LDSS. When possible, the HHCM/C-YES should be in attendance for the pre-project evaluation.

> ➢ *The HHCM/C-YES will provide the child/youth/family with the appropriate [Parent/Caregiver Information Sheet](#), to assist in understanding the EMod/VMod/AT request process. The HHCM/C-YES will document in the child's/youth's case record that this information has been provided.*

Pre-Project Evaluation Submission and Approval:

The ***Pre-Project Evaluation Payment Request Form*** should be completed to ensure that Evaluators receive payment for their services without having to await payment until the successful completion of the EMod, VMod, and/or AT. Project Evaluators must receive payment for their services even if the project does not move forward to completion.

1. A ***Pre-Project Evaluation Payment Request Form*** along with the Pre-Project Evaluation and/or Pre-Project Evaluation Invoice should be submitted when a Pre-Project Evaluation is completed. This form should be completed by the HHCM/C-YES and submitted to the LDSS within five (5) business days of evaluation completion.
2. The LDSS will review the ***Pre-Project Evaluation Payment Request Form*** within five (5) business days of receipt from the HHCM/C-YES.
   a. If the form is incomplete, the LDSS will return the form to the HHCM/C-YES and/or request additional information from the HHCM/C-YES.
   b. If approved, the LDSS will submit the ***Pre-Project Evaluation Payment Request Form*** along with supporting documentation to NYSDOH.
3. NYSDOH will review the ***Pre-Project Evaluation Payment Request Form*** within five (5) business days of receipt from the LDSS.
   a. If additional information is needed, NYSDOH will contact the submitting LDSS within the five (5) business days.
   b. If all required elements are included, a funding request will be submitted

to Office of Temporary and Disability Assistance (OTDA).
4. OTDA will issue payment to the County Treasurer of the submitting LDSS during the next scheduled check release.
5. The LDSS will pay the Pre-Project Evaluator within thirty (30) Business Days of fund receipt.

C. Completion of the Service Request Packet

The HHCM/C-YES will work with the child/youth/family to obtain the documentation and contractors/evaluators/vendors to secure the information required to complete the *Service Request Packet* to submit to the LDSS. All required documentation should be submitted together as a single packet.

A *Service Request Packet* complete for LDSS submission will include:
a) Completed *Description and Cost Projection Form,* signed by all necessary parties, including documentation of Medicaid as the payor of last resort
b) *Physician's Orders* for the request
c) *Clinical justification* for the request (if applicable)
d) The child/youth's most recent *Plan of Care (POC)*
e) *Any necessary evaluations* for the project/equipment, including Pre-project Evaluation
f) *Three bids* for the project/equipment or a justification as to why three bids could not be obtained.
  i. Medicaid funded projects are exempt from taxes. Bids must be submitted without tax information/cost.

If the HHCM/C-YES is requesting multiple Emods, VMods, and/or AT on behalf of the HCBS enrolled child/youth, the HHCM/C-YES is required to submit a <u>separate</u>, complete **Service Request Packet** for each request (i.e., if the child/youth requires both a stairlift and a bathroom modification, the HHCM/C-YES would submit a complete **Service Request Packet** for the stairlift request, and a separate, complete **Service Request Packet** for the bathroom modification request).

The LDSS will date stamp the **Service Request Packet** on receipt. From the date stamped receipt of the **Service Request Packet**, the LDSS will have ten (10) business days to review the submitted packet.
1. If the required items are missing, or if additional information is needed, the LDSS **MUST** successfully contact the submitting entity no later than five (5) business days after receiving the **Service Request Packet** to indicate that the submitted request is incomplete and to explain what is needed to complete the request.
2. If the Service Request Packet is complete, the LDSS must review the packet to determine if the request will be:
   a) Authorized and submitted to NYSDOH immediately with the approved bid.
   OR
   b) Denied. If denied, the LDSS will send a Notice of Decision (NOD) (Attachment V) immediately to the HHCM/C-YES, member/family, and provider (if applicable).

Next Steps: The LDSS will review the *Service Request Packet* and submit it to NYSDOH for review.

NYSDOH will review the *Service Request Packet* within 7 (seven) business days of receipt from the LDSS. If service request is supported, NYSDOH will issue a Letter of Support to the LDSS supporting the project/product and submit the Special Project Vouchering (SPV) fund request to OTDA on behalf of the LDSS for project/product funding.

If, upon review, NYSDOH is unable to support the *Service Request Packet*, the State may also:
- o Issue a Letter of Waiver Noncompliance, or
- o Request additional information from the LDSS

*Note: NYSDOH will not support **Service Request Packets** that do not comply with the Children's Waiver requirements, this policy (inclusive of the ADM), and/or the child's/youth's identified needs.*

D. Securing bids

Securing bids will be a collaborative effort between the family and the HHCM/C-YES. The LDSS may assist in obtaining bids, if necessary. Bids should be based on the specifications outlined in the approved pre-project evaluation/project scope, project description, and clinical justification (if applicable). The contractor must adhere to the following requirements when preparing a bid:
- o Base the bid on contractor grade materials
- o Stipulate that all work will comply with applicable building and zoning codes
- o Obtain the local municipality's permit to perform the adaptation
- o Provide verification that the work has been inspected by the local municipal branch of government that issued the initial permit

All estimates must identify the costs of each component of the project without tax (e.g., inspections, materials, permits, and labor costs). Verification that appropriate and adequate insurance coverage is maintained must be submitted. The LDSS will identify the preferred bid.

*__*Special Note:__ The LDSS is responsible for the authorization of EMods, VMods, and AT, therefore responsible to ensure project compliance according to all rules and regulations. To address delays and streamline process, some counties may have established contracts with vendors/contractors. HHCM/C-YES should check with the LDSS to ensure that bids are being obtained from appropriate vendors/contractors.*

Projects under $1,000 require one bid. Those projects with an estimated project cost over $1,000 require three bids. If three bids cannot be obtained, the HHCM/CYES must provide justification as to why three bids cannot be secured and include this justification in the *Service Request Packet*.

Notice of Decision (NOD)

Upon receipt of a Letter of Support/Letter of Noncompliance from NYSDOH, the LDSS will issue a NOD within **three (3) business days** to the child/family, the HHCM/C-YES, and the provider/contractor (if identified). If the NOD is for approval, the selected provider/contractor will be notified, and work can be initiated.

A NOD is a written document that notifies the individual of an action being taken by the LDSS, including an explanation of the reasons for the action. The form used is the *Notice of Decision to Authorize or Deny Assistive and Adaptive Technology, Environmental Modification, and Vehicle Modification*.

All NODs are subject to Fair Hearing when requested; this process is explained to the Waiver participant/family by their HHCM/C-YES.

E. Payment

Since Medicaid is the payor of last resort, HHCM/C-YES should conduct due diligence in exploring other payment options first (such as private insurance, grants, community funds or other programs the child/youth is enrolled in that offer modifications). HHCM/C-YES must document that they have determined, to the best of their ability, that Medicaid is the payor of last resort for an EMod or VMod or AT request.

A signed and dated statement by the HHCM/C-YES that they have made diligent attempts and were unable to find and/or secure alternative payment sources will satisfy this requirement for EMod, VMod, and AT applications.

NYSDOH has established a *Special Project Vouchering (SPV) Fund* for the 1915(c) Children's Waiver, to ensure that the LDSS can obtain funding for these services in advance of reimbursing providers/contractors for LDSS-authorized services.

> ➤ *Medicaid funds cannot be directly paid to a member and or their parent/caregiver/family. Therefore, the LDSS is not permitted to issue SPV funds directly to parents/caregivers of Children's Waiver enrolled child/youth. All SPV funds must be issued by the LDSS to a third party such as a contractor, evaluator, or vendor.*

Final Cost Form Submission

Once the technology/equipment purchase or modification is complete, a *Final Cost Form* must be completed by the HHCM/C-YES (as outlined below) and sent by the LDSS to the NYSDOH Children's Waiver unit at EModVModAT@health.ny.gov. This form will be used to reconcile disbursements from the *Special Project Voucher Fund*.

The information requested for inclusion on the *Final Cost Form* includes all documentation necessary to support the costs of the project.

a) The *Final Cost Form* will be completed by the HHCM/C-YES and submitted to

the LDSS within seven (7) business days of project completion. Along with the *Final Cost Form*, the HHCM/C-YES will provide a post-project evaluation (if applicable), and any invoices for the project.

b) The LDSS will review the *Final Cost Form*, post-project evaluation (if applicable) and invoice(s) within five (5) business days of receipt. The LDSS may request additional information from the HHCM/C-YES if necessary. Once complete, the LDSS will send the *Final Cost Form*, including RF17 claiming information and all supporting documentation completed by the LDSS to NYSDOH.

c) NYSDOH will review the *Final Cost Form* and all supporting documentation within five (5) business days of receipt. NYSDOH may request additional information from the LDSS. If complete, NYSDOH will issue a Final Cost Form Acceptance Letter to the LDSS.

d) Any outstanding pre-approved costs identified on the *Final Cost Form* will be paid by *SPV funds* issued by OTDA to the LDSS.

e) The LDSS will have thirty (30) business days to issue final payments to providers/contractors after receipt of final payment.

APPENDIX A

***The table below outlines each step according to the posted <u>ADM</u>**, in order of the AT, EMod, and VMod request process, including application, documentation, review, approval, and payment. Additionally, the steps indicate the required timeframes and the responsible party within the process. Although, there may be times when incomplete information is submitted, the chart does not identify the additional time it might take to bring items into compliance. If additional time is allotted when information is found to be incomplete, please reference the appropriate ADM section and requirements when there is a compliance delay. In the below table, BD refers to Business Days.*

Steps	Submitted By	Submitted To	Timeframe for Submitter
AUTHORIZATION, REVIEW, AND NOTICE OF DECISION			
A. Determination of Need Email	**HHCM/C-YES**	**DOH**	**7 BD from date the need is added to the Plan of Care (POC)**
B. Pre-Project Evaluation Payment Request Form	**HHCM/C-YES**	**LDSS**	**5 BD from the completion of the pre-project evaluation**
Pre-Project Evaluation payment Request Form	LDSS	DOH	5 BD from receipt from HHCM/C-YES
Pre-Project Evaluation Payment Request	DOH	OTDA	5 BDs from receipt from LDSS
Pre-Project Evaluation Payment	OTDA	LDSS	Next check release
Pre-Project Evaluation Payment	LDSS	Contractor	30 BD from receipt of payment from OTDA
C, D, & E. Service Request Packet	**HHCM/C-YES**	**LDSS**	
Review of Service Request Packet submitted by the HHCM/C-YES	LDSS	DOH	10 BD from receipt of complete Service Request Packet from HHCM/C-YES
Review Service Request Packet and LDSS Authorization	DOH	OTDA	7 BD from receipt of complete Request for Service packet from LDSS
Issue Letter of Support	DOH	LDSS	
F. Notice of Decision	**LDSS**	**HHCM/C-YES, Family, Contractor**	**3 BD from receipt of Letter of Support**
PAYMENT			
A. Special Project Vouchering (SPV) Fund Payment Request	**LDSS**	**DOH**	**Submitted along with Service Request Packet**
B, C, & D. Final Cost and Payment	**HHCM/C-YES**	**LDSS**	**7 BD from project completion**
Final Cost Form	LDSS	DOH	5 BD from receipt
Final Cost Form Payment	DOH	OTDA	5 BD from receipt from LDSS
Final SPV Fund Payment, if applicable	OTDA	LDSS	Next check release
Contractor Payment	LDSS	Contractor	30 BD from receipt of funds from OTDA
Project Cost Claiming	**LDSS**	**OTDA**	**The quarter following the LDSS payment to contractor**

LISTING OF ATTACHMENTS and additional documents that accompany the process to request an EMod, VMod, or AT. Each attachment can be found here:

[Environmental Modifications (EMods), Vehicle Modifications (VMods), Adaptive and Assistive Technology (AT), and Non-Emergency Medical Transportation](#)

Attachment I: Guidelines for Authorizing Adaptive and Assistive Technology

Attachment II: Guidelines for Authorizing Environmental Modifications

Attachment III: Guidelines for Authorizing Vehicle Modifications

Attachment IV: Description and Cost Projection Form

Attachment V: Notice of Decision to Authorize or Deny Adaptive and Assistive Technology, Environmental Modifications, Vehicle Modifications

Attachment VI: Final Cost Form

Attachment VII: Requirements for Requesting Special Project Funds

Attachment VIII: Pre-Project Evaluation Payment Request Form

Attachment IX: Guidance on Environmental Modifications to Support Behaviorally Health Challenged Members

Adaptive and Assistive Technology Parent/Caregiver Information Sheet
Environmental Modification Parent/Caregiver Information Sheet
Vehicle Modification Parent/Caregiver Information Sheet

RR/E Children's Waiver K codes

K1: HCBS Level of Care

K2: HCBS Level of Need (not currently in use)

K3: HCBS Diagnostic Group - Serious Emotional Disturbance

K4: HCBS Diagnostic Group - Medically Fragile

K5: HCBS Diagnostic Group - Developmentally Disabled in Foster Care

K6: HCBS Diagnostic Group - Developmentally Disabled Medically Fragile

K7: HCBS Diagnostic Group - Complex Trauma (not currently in use)

KK: Family of One