



**UPDATED: Guidance for Medicaid Managed Care Plans
Regarding Annual Soft Cap Limits for Environmental/Vehicle Modifications
and Assistive/Adaptive Technology Requests**

This guidance is intended to provide information to Medicaid Managed Care Plans (MMCP) on the annual soft cap limits, when soft cap limits may be exceeded, and who makes the determination to exceed these limits. The 1915(c) Children's Waiver for Home and Community Based Services (HCBS) provides Environmental Modifications (EMOD), Vehicle Modifications (VMOD), and Assistive/Adaptive Technology (AT) for children and youth who are HCBS eligible and participating in the Children's Waiver. Each service has a unique authorization process and service providers for Medicaid Managed Care (MMC) or Fee-for-Services (FFS). Authorization criteria and other information can be found on the 1915(c) Children's Waiver webpage under the tab of [Environmental Modifications \(EMOD\), Vehicle Modifications \(VMOD\), Adaptive and Assistive Technology \(AT\) and Non-medical transportation \(NMT\)](#). MMCPs are responsible for coverage and authorization of EMOD, VMOD and AT services for their enrollees participating in the Children's Waiver.

Annual Soft Cap Limits

The \$15,000 annual soft cap limits are available for each of the three (3) services: EMOD, VMOD, and AT requests. An enrollee may have a need for any or all three of the services. Each service has its own annual soft cap limit. Annual soft cap limits are based on the calendar year. For example, an enrollee may request an EMOD for \$12,800, a VMOD for \$10,500, and an AT request for \$11,600 in a single calendar year without exceeding any of the annual soft cap limits.

The MMCP should make reasonable efforts to ascertain what services have been provided in the calendar year through a review of the enrollee's Plan of Care (POC), discussion with their care manager, and any other information available to the MMCP, including the State monthly FFS services report for the enrollee, prior to authorizing a requested EMOD, VMOD, or AT service.

Exceeding Annual Soft Cap Limit Determinations

Upon demonstration of need, an annual soft cap limit may be exceeded by a single project or by adding the costs of the same type of projects in a calendar year together. For example, an enrollee may have an EMOD project approved for \$6,900 in April 2019 and apply for another EMOD totaling \$10,200 in September 2019. While the second EMOD project would exceed the annual EMOD soft cap for that enrollee when added to the cost of the April 2019 project, the second project may be approved, if the need for the EMOD meets the medical necessity criteria for the proposed project.



MMCP Medical Directors Determine Medical Necessity to Exceed Annual Soft Cap Limits

Annual soft cap limits may be exceeded if there is evidence provided to meet medical necessity for the project or request. The MMCP's Medical Director may determine when an annual soft cap limit may be exceeded based on a determination of medical necessity to support the enrollee's needs. An MMCP is **not** required to request NYS DOH approval of the MMCP's determination to move forward with a project or request that exceeds an enrollee's annual soft cap limit.

An MMCP will review, determine, and issue determination notices regarding authorization requests for EMOD, VMOD or AT services in accordance with the Medicaid Managed Care/HIV Special Needs Plan/Health and Recovery Plan Model Contract.

Questions should be directed to the BH.Transition@health.ny.gov mailbox