IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Environmental Accessibility Adaptations (Home Modifications)	**Guideline #**	UM_CSS 07
		Original Effective Date	1/1/2022
Section	Community Support Services	**Revision Date**	12/27/2023

COVERAGE POLICY

Environmental Accessibility Adaptations (EAAs, also known as Home Modifications) are physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the Member, or enable the Member to function with greater independence in the home: without which the participant would require institutionalization.

A. IEHP Members who are at risk for institutionalization in a nursing facility are eligible for Environmental Accessibility Adaptations (Home Modifications). Examples of EAAs include:
   1. Ramps and grab-bars to assist Members in accessing the home;
   2. Stair Lifts;
   3. Making a bathroom and shower wheelchair accessible (e.g., constructing a roll-in shower).
   4. Door Widening for Members who require a wheelchair;
   5. Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the Member; and
   6. Installation and testing of a Personal Emergency Response System (PERS) for Members who are alone for significant parts of the day without a caregiver and who otherwise require routine supervision (including monthly service costs, as needed).
      a. The services are available in a home that is owned, rented, leased, or occupied by the Member. 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.).

B. Eligibility Requirements for Home Modifications (include the following):
   1. Clinical Documentation from the Member's current primary care physician or other health professional specifying the requested equipment or service;
   2. Documentation from the provider of the equipment or service describing how the equipment or service meets the medical needs of the Member, including any supporting documentation describing the efficacy of the equipment where appropriate. Brochures will suffice in showing the purpose and efficacy of the equipment; however, a brief written evaluation specific to the Member describing how and why the equipment or service meets the needs of the Member will still be necessary.
   3. 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 evaluation should typically come from an entity with no connection to the provider of the requested equipment or service. The physical or occupational therapy evaluation and report should contain at least the following:

a. An evaluation of the Member and the current equipment needs specific to the Member, describing how/why the current equipment does not meet the needs of the Member;
b. An evaluation of the requested equipment or service that includes a description of how/why it is necessary for the Member and reduces the risk of institutionalization. This should also include information on the ability of the Member and/or the primary caregiver to learn about and appropriately use any requested item, and
c. A description of similar equipment used either currently or in the past that has demonstrated to be inadequate for the Member and a description of the inadequacy.

4. If possible, a minimum of two bids from appropriate providers of the requested service, which itemize the services, cost, labor, and applicable warranties; and
5. That a home visit has been conducted to determine the suitability of any requested equipment or service.

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.

C. Active IEHP Membership.

COVERAGE LIMITATIONS AND EXCLUSIONS

A. If another State Plan service such as Durable Medical Equipment, is available and would accomplish the same goals of independence and avoiding institutional placement, that service should be used.
B. EAAs must be conducted in accordance with applicable State and local building codes.
C. EAAs are payable up to a total lifetime maximum of $7,500. The only exceptions to the $7,500 total maximum are if the Member's place of residence changes or if the Member's condition has changed so significantly those 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.
D. EAA's may include finishing (e.g., drywall and painting) to return the home to a habitable condition, but do not include aesthetic embellishments.
E. Modifications are limited to those that are of direct medical or remedial benefit to the Member and exclude 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).
F. Before commencement of a physical adaptation to the home or equipment that is physically installed in the home (e.g., grab bars, chair lifts, etc.), the managed care plan must provide the owner and beneficiary with written documentation that the modifications are permanent, and the State is not responsible for maintenance or repair of

any modification nor for removal of any modification if the Member ceases to reside at the residence.

G. 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.
H. Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance
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ADDITIONAL INFORMATION

Providers must have experience and expertise with providing these unique services. The following list is an example of the types of providers Medi-Cal managed care plans may choose to contract with, but it is not an exhaustive list of providers who may offer the services:

A. Area Agencies on Aging (AAA)
B. Local health departments
C. Community-based providers and organizations

CLINICAL/REGULATORY RESOURCE

California Advancing and Innovating Medi-Cal Proposal (CalAIM) is an initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, programmatic, and payment system reforms. A key feature of CalAIM is the introduction of a menu of Community Supports , that offer medically appropriate and cost-effective alternatives to services covered under the State Plan. Federal regulation allows states to permit Medicaid managed care organizations to offer Community Supports as an option to Members (Code of Federal Regulations).

DEFINITION OF TERMS

Environmental Accessibility Adaptations (EAA): are physical adaptations to a home (also known as Home Modifications) that are necessary to ensure the health, welfare, and safety of the Member, or enable the Member to function with greater independence in the home: without which the Member would require hospitalization.

Personal Emergency Response System (PERS): an electronic device designed to allow the user to summon help in an emergency. A PERS has three components: a small radio transmitter (help button carried or worn by the user), a console connected to the user's telephone and an emergency response center that monitors calls.

REFERENCES

1. Riverside County Network of Care. 2021. Safety Signal Systems, Emergency Alert System with Monitoring Device. https://riverside.networkofcare.org/aging/assistive/list.aspx?indexingterms=emergency-alert-system. Accessed December 2, 2021.
2. State of California-Health and Human Services Agency, Department of Health Care Services, July 2023. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. -Community Supports Services-Service Definitions.

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.