



Adirondack Health Institute

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## POLICY AND PROCEDURE

**Title:** HHSC Waiver Adaptive and Assistive Equipment, Environmental and Vehicle Modifications

**Department:** Health Home

**Intended Population:** Health Home Serving Children Waiver

**Effective Date:** 7/1/2021

**Date Revised:** 10/1/2022

### Purpose of Policy

This policy provides the authorization and payment process for Environmental Modifications (EMods), Vehicle Modifications (VMods), and Adaptive Assistive Technology (AT). This process must be collaborative between the Local Department of Social Services (LDSS), New York State Department of Health (NYSDOH), Health Home Care Manager (HHCM) 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 during this process is outlined below.

### Scope

1. This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
2. All questions regarding this policy or its implementation may be directed to the AHI Health Home Program Manager.

### Statement of Policy

AHI shall develop, disseminate, and review at least annually a HHSC Waiver Adaptive and Assistive Equipment, Environmental and Vehicle Modifications Policy that addresses purpose, scope, roles and responsibilities, management commitment, coordination among organization entities, and compliance. AHI shall formalize documented procedures to facilitate the implementation of the HHSC Waiver Adaptive and Assistive Equipment, Environmental and Vehicle Modifications Policy.



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### Definitions

**Child:** A person age 21 or younger who is not on AOT (Assisted Outpatient Treatment).

**Health Home Network Partners:** The group of medical, behavioral, social services, and other community-based organizations by which a Health Home Participant receives services to address needs identified in the comprehensive care management plan developed by the Health Home Participant's AHI Health Home Services Provider.

**Health Home Participant:** A Health Home Candidate who is participating in the AHI Health Home and is assigned to an AHI Health Home Services Provider for care management.

**Health Home Service Provider:** An organization that has a fully executed contract (the "Health Home Services Provider Agreement") with the Adirondack Health Institute to provide health home outreach and/or care management services.

**Children and Youth Evaluation Service (C-YES):** C-YES is the State-designated Independent Entity which conducts HCBS/Level of Care (LOC) eligibility determinations and provides Medicaid application assistance for children who are eligible for HCBS not yet enrolled in Medicaid. C-YES also develops an HCBS POC, refers eligible children for HCBS, and monitors access to care for children who opt out of Health Home care management.

**Care Team or Multi-disciplinary Team:** The providers, identified family supports, family members, managed care plan, and other individuals or entities that the child/youth or family identified to be involved in the care coordination and service provision development.

**Family:** Within this document the term "family" is used and defined as the primary caregiving unit inclusive of the wide diversity of primary caregiving units in our society. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

**Home and Community Based Services (HCBS)/Level of Care (LOC) Eligibility Determination:** A tiered assessment where multiple factors must be met for child's HCBS/LOC eligibility to be determined. To access Children's HCBS, a child must meet target population, risk factors, and functional criteria as described in the Children's Waiver. The HCBS/LOC Eligibility Determination is housed within the Uniform Assessment System (UAS).

**Workforce member** means Employees, board members, volunteers, interns, independent contractors, vendors, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.



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### Background

The HHSC Waiver Adaptive and Assistive Equipment, Environmental and Vehicle Modifications Program Policy at AHI is intended to facilitate the effective implementation of the processes necessary to meet the Health Home Program standards and requirements as stipulated by the NYS DOH, federal regulations, and best practices. This policy directs that AHI meet these requirements.

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

The Health Home Care Manager is responsible for ensuring that there is documentation of medical necessity on file for the purposed EMOD, VMOD, or AT. This can be obtained from a Physician's Order or a written letter by a provider explaining the clinical need and how it will help assist the member in obtaining their goals. The HHCM 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 Fee for Service (FFS) and Medicaid Managed Care Plan (MMCP)enrolled children/youth. The HHCM will send this notification by email to [EModVModAT@health.ny.gov](mailto: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 and HHCM contact information for HHCMs, the Lead HH should be cc'd on the email

**NOTE:** For children/youth enrolled in a MMCP HHCMs 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 Fee for Service (FFS) proceed to step B and continue through Step E\*\***

### **B. 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.



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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 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.
  - a. If the form is incomplete, the LDSS will return the form to the HHCM and/or request additional information from the HHCM.
  - 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 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



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f. Three bids for the project/equipment or a justification as to why three bids could not be obtained

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) immediately to the HHCM, 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. 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

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branch of government that issued the initial permit

All estimates must identify the costs of each component of the project (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 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 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, 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.

### **E. Payment**

Since Medicaid is the payor of last resort, HHCM 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 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 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, in order to ensure that the LDSS can obtain funding for these services in advance of reimbursing providers/contractors for LDSS-authorized services.



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### Final Cost Form Submission

Once the technology/equipment purchase or modification is complete, a **Final Cost Form** must be completed by the HHCM (as outlined below) and sent by the LDSS to the NYSDOH Children's Waiver unit at [EModVModAT@health.ny.gov](mailto: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 and submitted to the LDSS within seven (7) business days of project completion. Along with the **Final Cost Form**, the HHCM 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 if necessary. Once complete, the LDSS will send the **Final Cost Form**, claiming information and all supporting documentation 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.



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### **Quality and Performance Improvement**

AHI Health Home will review a selection of cases from each HHSP's member attributions that have had a member with a K Code in e-paces. Each case will be assessed for completeness and adherence to the Health Home Policy. Any record found to not have adequate documentation in the member's Electronic Care Management Record is expected to review this policy with their direct supervisor to ensure future adherence and void all billing claims made in error.

### **Training**

This policy will be disseminated for review and questions before a policy training is given. If more time is needed outside of the initial policy training, a future in-depth training will be developed and/or identified for Health Home Care Managers to gain an understanding of the Children's HCBS and Waiver workflow.

**Contact Person:** Assistant Director, Health Home

**Responsible Person:** Health Home Service Provider

**Approved By:** Director, Care Management and Health Home