HOME MODIFICATION

Home Modifications are those physical adaptations to the private residence of the participant or the participant's family that are necessary to ensure the health, welfare, and safety of the participant, and/or are necessary to enable the participant to function with greater independence in their own participant-directed private home (not provider operated or controlled) or in the family's home, if living with his/her family.

Home Modifications are provided within the current foundation of the residence. Such modifications include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Adaptations that add to the total square footage of the home are excluded 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). Approvable adaptations do not include adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. The participant's home must not present a health and safety risk to the participant other than that corrected by the approved home adaptations. Home Modifications will not be approved to adapt living arrangements for a residence that is owned or leased by a provider of waiver services.

Scope and Limitation

- Combined Home Modification and Vehicle Modification has a budget cap of $30,000 for participants under age 18 and live in the family home
- Combined Home Modification and Vehicle Modification has a budget cap of $30,000 for participants ages 18 and older and live independently.
- A critical health or safety service request that exceeds the lifetime cap is subject to available funding and approval by the Division.
- The Division may require an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate Medicaid enrolled professional providers. The Division may use a third party to assess the proposed modification and need for the adaptation to ensure cost effectiveness and quality of product.
- The amount of prior authorized services is based on the participant's need as documented in the service plan, and within the participant's approved annual budget.
- Home Modifications shall not overlap with, supplant, or duplicate other services provided through Medicaid State plan services.
- Proof of renter's insurance or Homeowner's Insurance may be requested.
- Evidence of application to secure government-subsidized housing through U.S. Department of Housing and Urban Development or other Economic Assistance programs may be requested.
- Providers shall not exceed their charges to the general public when billing the waiver. A provider who offers a discount to certain individuals (for example, students, senior citizens, etc.) shall apply the same discount to the participants who would otherwise qualify for the discount.

DRAFT