

Home Modifications

The service definition and limits outlined below do not include all details and requirements. For the service standards, limitations, provider types and qualification, and reimbursement information, refer to the appropriate Medicaid HCBS AD/TBI Waivers.

Service Definitions

Home Modifications are services for adults and children on the HCBS Waiver for Aged and Adults and Children with Disabilities (AD) and the Traumatic Brain Injury (TBI) Waiver. Home Modifications are physical changes made to the participant's private home or family's home when living with their family. Home Modifications are needed to ensure the health, welfare, and safety of the participant. Home Modifications can also allow the participant to live with more independence in their own home and not depend on as much assistance from paid or natural supports.

Conditions of Provision

- A. A participant chooses each service based on their assessed needs.
 - 1. Services should increase independence and community integration; and
 - 2. The chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).
- B. Home Modifications includes:
 - 1. Consultation, assessment, and determination of available options for Home Modifications are provided, and costs are covered by an administrative contract with the Assistive Technology Partnership (ATP) within the Nebraska Department of Education.
 - 2. Improvements that do not add to the existing square footage of the home.
 - a. Unless required for the adaption, like a ramp.
- C. Examples of Home Modifications include but are not limited to:
 - 1. Ramps;
 - 2. Bathroom alterations, such as accessible baths or shower;
 - 3. Widening doors; or
 - 4. Specialized electrical or plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the participant.
- D. Support or modifications must be a direct medical or physical benefit to the participant.
 - 1. The participant's home cannot present a health and safety risk to the participant other than what is being corrected by the approved home adaptation.
- E. When modifications are needed for a home under construction that requires special adaptation to the plan (such as a roll-in shower), the funds may be used to cover the difference between the standard fixture and the modification required to accommodate the participant's need.
- F. All items and assistive equipment must meet applicable standards of manufacture, design, and installation.

- G. All general contractors must meet all applicable federal, state, and local laws and regulations, including maintaining appropriate licenses and certifications.
- H. Home modifications will be provided in accordance with applicable local and state building codes.
- I. If the home is rented or leased, the property owner's permission must be secured before the participant can get approval for the modification.
- J. Home Modifications may be self-directed.
- K. Home Modifications may be provided by a relative or legal guardian, but not a legally responsible individual.


Limitations

- A. The services under AD and TBI waivers are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.
- B. Home Modifications have a budget cap of \$10,000 per five-year period.
 - 1. If the Participant's needs cannot be met within this budget, the participant may request more funds through DDA Central Office.
 - 2.. The participant may request additional funds through DDA Central Office up to a maximum of \$20,000
- C. Home Modifications will not be approved to adapt living arrangements for a residence owned or leased, operated, or controlled by a provider of waiver services, or for participants residing in a licensed foster care setting.
- D. Items excluded from eligibility for Home Modifications:
 - 1. General utility and home repairs;
 - 2. Standard housing obligations;
 - 3. Carpeting;
 - 4. Roof repair;
 - 5. Sidewalks;
 - 6. Storage and organizers;
 - 7. Hot tubs;
 - 8. Whirlpool tubs;
 - 9. Landscaping;
 - 10. General construction costs in a new home or additions to a home purchased after enrollment in the waiver;
 - 11. Adaptations that add to the total square footage of the home except when necessary to complete an adaptation, such as, to improve entrance or egress to a residence or to configure a bathroom to accommodate a wheelchair;
 - 12. Improvements exclusively required to meet local building codes;
 - 13. Adaptations to assisted living apartments; and
 - 14. Modifications to facility provider settings.

Provider Requirements

The information outlined below does not include all provider requirements. It is intended to be general information about providers of this specific service.

- A. All providers of waiver services must:
 - 1. Be a Medicaid provider;
 - 2. Comply with all applicable Titles of the Nebraska Administrative Code and Nebraska State Statutes;

- 
3. Comply with all applicable federal, state, and local laws and regulations, including maintaining appropriate licenses and certifications.
 4. Modifications must be completed in accordance with local and state codes and professional practice standards.
 1. All modifications must be made or overseen by appropriately licensed or certified professionals.
 5. All items and equipment must meet applicable standards for manufacture and design.