



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	

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 individual, or enable the individual 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
2. Lifts, i.e., porch or stair lifts
3. Modifications to bathrooms, e.g., roll in showers, wheelchair turnaround space
4. Door Widening
5. Installation of grab bars and/or handrails.
6. Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies of the Member.
7. 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).

B. The following is required for authorizing EAA:

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 participant, including any supporting documentation describing the efficacy of the equipment where appropriate.
3. A physical or occupational therapy evaluation and report to evaluate the medical necessity 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 participant and the current equipment needs specific to the participant, describing how/why the current equipment does not meet the needs of the participant.
 - b. An evaluation of the requested equipment or service that includes a description of how/why it is necessary for the participant and reduces the risk of institutionalization. This should also include information on the ability of the

- participant and/or the primary caregiver to learn about and appropriately use any requested item.
- c. A description of similar equipment used either currently or in the past that has demonstrated to be inadequate for the participant and a description of the inadequacy.
 4. Documentation of a home visit conducted to determine the suitability of any requested equipment or service
 5. A minimum of two bids from appropriate providers of the requested service, which itemize the services, cost, labor, and applicable warranties.
 6. 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.
 7. EAAs must be conducted in accordance with applicable State and local building codes.
- C. 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
 - D. 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 participant ceases to reside at the residence.

COVERAGE LIMITATIONS AND EXCLUSIONS

- A. Under Community Supports, Members are eligible for a lifetime maximum to \$7,500.00 of EAA.
 1. The only exceptions to the \$7,500.00, total maximum are if the beneficiary's place of residence changes or if the beneficiary's condition has changed so significantly that additional modifications are necessary to ensure the health, welfare and safety of the beneficiary, or are necessary to enable the beneficiary to function with greater independence in the home and avoid institutionalization or hospitalization.
- B. The services are available in a home that is owned, rented, leased, or occupied by the individual. For a home that is not owned by the individual, the individual must provide written consent from the owner for physical adaptations to the home or for equipment that is physically installed in the home.
- C. Modifications are limited to those that are of direct medical or remedial benefit to the beneficiary 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).
- D. All EAAs that are physical adaptations to a residence must be performed by an individual holding a California Contractor's License with the exception of a PERS installation, which may be performed in accordance with the system's installation requirements.
- E. Members may not be receiving duplicative support from other State, local or federally funded Programs, which should always be considered first, before using Medi-Cal or IEHP funding.

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. A key feature of CalAIM is the introduction of a menu of In Lieu of Services (ILOS), 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 ILOS as an option to Members (Code of Federal Regulations).

DEFINITION OF TERMS

Environmental Accessibility Adaptations (EAA):

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

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.

State of California-Health and Human Services Agency, Department of Health Care Services, 2021. Medi-Cal In Lieu of Services (ILOS) Policy Guide, III. In Lieu of Services-Service Definitions.

DISCLAIMER

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