

PROVIDER BULLETIN

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Developmental Disabilities Waivers

CONTENTS

- **Environmental Accessibility Adaptations-Home/Vehicle Modification**
 - **Provider Requirements**
 - **Billing Information**
 - **Service Documentation**
-

Environmental Accessibility Adaptations-Home/Vehicle Modification

Effective immediately, the service definition for Environmental Accessibility Adaptations (EAA)-Home/Vehicle Modification has been modified. The requirement for the physical and occupational therapist responsible for the recommendation and assessment to have no affiliation with the provider chosen by the individual or guardian to complete the construction has been deleted from the service definition

Those physical adaptations required by the Individual Support Plan, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the community and, without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual, but shall exclude adaptations or improvements to the home which are not of direct medical or remedial benefit to the waiver individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation. Adaptations may be approved for living arrangements (houses, apartments, etc.) where the individual lives, owned or leased by the individual, their family or legal guardian. These modifications can be to the individual's home or vehicle. This service is not available for homes or vehicles owned by providers.

The following vehicle adaptations are specifically excluded in this waiver: Adaptations or improvements to the vehicle that are of a general utility, and are not of direct medical or remedial benefit to the individual; purchase or lease of a vehicle; and regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modification.

All adaptations must be recommended by an occupational or physical therapist. Plans for installation must be coordinated with the therapist to ensure adaptations will meet the needs of the individual as per the recommendation. The service provider must document the identity of the PT or OT, including full name and Missouri license number. All services shall be provided in accordance with applicable state or local building codes.

For environmental accessibility adaptations and specialized medical equipment and supplies a flat rate is not used. Bids or estimates of cost for a job, equipment, or supplies are obtained from two or more providers the individual chooses. A dollar amount is authorized for the provider with the lowest and best price if the price is reasonable based on the purchase experience of the regional office of similar jobs, equipment or supplies and does not exceed the annual maximum allowed for the service.

Costs are limited to \$7,500 per year, per individual for the Comprehensive, Support, Autism, MOCDD and PfH Waivers. This cost includes both the construction and the cost of the PT/OT assessment. The annual limit corresponds to the waiver year, which begins July 1 and ends June 30 for the Comprehensive, Support, and Autism Waivers. The annual limit corresponds to the waiver year which begins October 1 and ends September 30 each year for MOCDD and PfH Waivers.

The PT/OT component of the service will be authorized and reimbursed separately from the completion of the job, reimbursed in 15 minute increments at a price not to exceed the Medicaid Maximum Allowable for DD Waiver PT/OT in effect on the date of service, but paid under the DD Waiver procedure code for EAA.

If an individual's needs cannot be met with the limit, an exception may be approved by the Regional Director and DD Deputy/Assistant Director to exceed the limit if this will result in a decreased need of one or more other services.

Provider Requirements

Must have applicable business license and meet applicable building codes and an active DMH Contract. An agency contractor must have a current, valid business license and are qualified to provide the EAA service as described in the service definition, and provide evidence they are qualified to meet all applicable state and local building codes and construction standards for structures. For vehicle modifications to allow for individual's increased vehicle access and use, a qualified provider is an agency contractor possessing a current, valid business license and must provide evidence they are qualified to meet all required safety and construction standards associated with vehicle modifications.

Billing Information

Medicaid procedure code—

- Environmental Accessibility Adaptations: S5165
 - Unit of Service: 1 job
 - Maximum Units of Service: 1/month – job completion
- Environmental Accessibility Adaptation, PT/OT component: S5165
 - Units of service: 15 minutes. Price not to exceed the lesser of the MO HealthNet maximum allowable rate for PT/OT, or provider's contracted rate. Maximum units PT/OT component: 8/day.

Service Documentation

Occupational and Physical Therapy providers conducting assessments/recommendations, as required for the environmental accessibility adaptations, must maintain documentation as per Section C of the Developmental Disabilities Waivers Manual. OT and PT Providers must maintain detailed progress notes per date of service. Written data shall be submitted to DMH authorizing staff as required.

The EAA provider must maintain all documentation as per the requirements set forth in Section C of this manual. Environmental Accessibility Adaptations documentation includes but is not limited to itemized invoices documenting the items purchased, prior to billing. The recommendation/assessment by the qualified PT or OT must be kept on file to document the need for the service. The date of service used should be the completion date of the adaptation/modification. At that time, the adaption/modification should have properly met the individual's needs.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**