

## Environmental Modifications

### Service Definition

A. Environmental Modifications are physical modifications to the participant's home based on an assessment designed to support the participant's efforts to function with greater independence or to create a safer, healthier environment.

B. Environmental Modifications include:

1. The following types of Environmental Modifications:

- a. Installation of grab bars;
- b. Construction of access ramps and railings;
- c. Installation of detectable warnings on walking surfaces;
- d. Alerting devices for participant who has a hearing or sight impairment;
- e. Adaptations to the electrical, telephone, and lighting systems;
- f. Generator to support medical and health devices that require electricity;
- g. Widening of doorways and halls;
- h. Door openers;
- i. Installation of lifts and stair glides (with the exception of elevators), such as overhead lift systems and vertical lifts;
- j. Bathroom modifications for accessibility and independence with self-care;
- k. Kitchen modifications for accessibility and independence;

## Environmental Modifications

1. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; **plexiglass**, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the participant;

**m. Smart home devices that require attachment to the home, such as voice activated door openers, blinds and shade openers.**

2. Training on use of modification; and

3. Service and maintenance of the modification.

C. Environmental Modifications do not include:

1. Improvements to the residence that:

a. Are of general utility;

b. Are not of direct medical or remedial benefit to the participant or otherwise meets the needs of the participant as defined in Sections A-B above;

c. Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to the participant's access to the participant's primary residence; or

d. Are required by local, county, or State law when purchasing or licensing a residence;

2. A generator for use other than to support the participant's medical and health devices that require electricity for safe operation; or

3. An elevator.

### SERVICE REQUIREMENTS:

A. If an Environmental Assessment is required prior to authorization of Environmental Modification services, then it must be completed as per the **Environmental Assessment Waiver** services requirements.

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1. If the estimated cost of the requested Environmental Modification is equal to or greater than \$2,000, then the participant must receive an Environmental Assessment, performed in a reasonable amount of time prior to installation of an Environmental Modification.
2. If the estimated cost of the requested Environmental Modification is less than \$2,000, then an Environmental Assessment is not required.
- B. ~~Unless otherwise approved by the DDA,~~ If the requested Environmental Modification is estimated to cost over \$2,000 over a 12-month period, then the participant must provide at least 3 bids. ~~The DDA may accept less than 3 bids due to lack of contractors.~~
- C. If the requested Environmental Modification restricts the participant's rights, as set forth in Title 7 of the Health-General Article of the Maryland Annotated Code or Code of Maryland Regulations Title 10, Subtitle 22, then the need for the restriction must be set forth in the participant's Behavior Support Plan in accordance with applicable regulations and policies governing restrictions of participant rights, Behavior Support Plans, and positive behavior supports.
- D. For a participant to be eligible to receive Environmental Modification services funded by the ~~Medicaid w~~Waiver program, either:
  1. The participant is the owner of the primary residence; or
  2. If the participant is not the owner of the primary residence, the property manager or owner of the primary residence provides in writing:
    - a. Approval for the requested Environmental Modification; and
    - b. Agreement that the participant will be allowed to remain in the primary residence for at least 1 year.
- E. Deliverable Requirements:
  1. Prior to installation, the provider must obtain any required permits or approvals from State or local governmental units for the Environmental Modification.
  2. The provider must provide this ~~Medicaid w~~Waiver program service in accordance with a written schedule that:

## Environmental Modifications

- a. The provider provides to the participant and the Coordinator of Community Services prior to commencement of the work; and
  - b. Indicates an estimated start date and completion date.
3. The provider must provide progress reports regarding work to the participant, the Coordinator of Community Services, the Financial Management and Counseling Services provider, and, ~~if applicable,~~ the property owner, ~~if applicable.~~
  4. The provider must perform all work in accordance with applicable laws and regulations, including, but not limited to, the Americans with Disabilities Act and State and local building codes.
  5. The provider must obtain any final inspections and ensure work passes required inspections.
  6. Upon delivery to the participant (including installation) or maintenance performed, the Environmental Modification must be in good operating condition and repair in accordance with applicable specifications.
- F. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the ~~Medicaid w~~Waiver program, either directly or indirectly, to provide this ~~Medicaid w~~Waiver program service.
- G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources ~~which may include, as applicable, private insurance, including those~~ services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), ~~and~~ Department of Human Services (DHS), ~~and or~~ any other federal or State government funding program, must be explored and exhausted to the extent applicable.
1. These efforts must be documented in the participant's file.
  2. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts and reasons that these services do not meet the participant's needs shall be documented in the participant's ~~file~~ ~~PCP~~.
  3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the ~~Medicaid w~~Waiver Program.

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H. Environmental Modifications to support participants with new accessibility needs (e.g., grab bars, ramp, stair glide, etc.) to support health, safety, access to the home, and independence are available to participants receiving support services in residential models including Community Living—Enhanced Supports and Community Living-Group Home services.

I. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of **receiving community based services and** avoiding institutionalization.

**J. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.**

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Cost of services must be customary, reasonable, and may not exceed a total of \$50,000 every 3 years ~~unless otherwise authorized by the DDA.~~

Service Delivery Method (check each that applies):

☒ Participant-directed as specified in Appendix E

☒ Provider managed

**NONE CHECKED Remote/via Telehealth**

Specify whether the service may be provided by (check each that applies):

**NONE CHECKED**

☐ Legally Responsible Person

☐ Relative

☐ Legal Guardian

## Environmental Modifications

Provider Category(s) (check one or both):
X Individual. List types:
Environmental Modifications Professional
X Agency. List the types of agencies:
Organized Health Care Delivery System Provider
Provider Type:
Environmental Modifications Professional
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Individual must complete the <del>MDH DDA</del> provider application and be <del>approved</del> <del>certified</del> based on compliance with meeting the following standards:</p> <p><del>1. Be at least 18 years old;</del></p> <p>1. Have a current license with the Maryland Home Improvement Commission <del>Be a licensed home contractor</del> or be a Division of Rehabilitation Services approved vendor;</p> <p><del>3. Be properly licensed or certified by the State;</del></p>

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- ~~4. Obtain and maintain Commercial General Liability Insurance;~~
- ~~5. Obtain and maintain worker's compensation insurance sufficient to cover all employees, if any;~~
- ~~6. Be bonded as is legally required;~~
- ~~7. Complete required orientation and training designated by DDA;~~
- ~~8. Have 3 professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;~~
- ~~9. Demonstrate financial integrity through Internal Revenue Service, Department, and Medicaid Exclusion List checks;~~
2. Complete and sign any agreements required by the Maryland Department of Health (MDH) or DDA; and
3. Have a signed Medicaid Provider Agreement.

### ~~Environmental Modification Professional shall:~~

- ~~1. Ensure all staff, contractors and subcontractors meet required qualifications including verifying the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection;~~
4. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and
5. Submit a provider renewal application at least 60 days before expiration of its existing approval. The renewal license is good for up to a 3 year period.
- ~~3. Ensure all home contractors and subcontractors of services shall:~~
  - ~~a. Be properly licensed or certified by the State;~~

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- ~~b. Be in good standing with the State Department of Assessments and Taxation to provide the service;~~
- ~~e. Maintain Commercial General Liability Insurance; and~~
- ~~d. Obtain and maintain worker's compensation insurance sufficient to cover all employees, if required by law and~~
- ~~e. Be bonded as is legally required.~~

Provider Type:

Organized Health Care Delivery System provider

License (specify)

Certificate (specify)

Other Standard (specify)

Agencies must meet the following standards:

1. Be ~~approved~~ ~~certified or licensed~~ by the DDA to provide at least 1 Medicaid Waiver service; and
2. Complete the ~~MDH DDA~~ provider application to be an Organized Health Care Delivery System provider.

Organized Health Care Delivery System providers shall ensure the following requirements and verify the licenses, credentials, and experience of all professionals with whom they contract or employ and have a copy of the same available upon request including:

1. ~~Have a current license with the Maryland Home Improvement Commission~~ ~~Be a licensed home contractor~~ or be a Division of Rehabilitation Services approved vendor;



## Environmental Modifications

~~2. All staff, contractors and subcontractors meet required qualifications including verifying the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection;~~

2. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and

~~4. All home contractors and subcontractors of services shall:~~

~~a. Be properly licensed or certified by the State;~~

~~b. Be in good standing with the State Department of Assessments and Taxation to provide the service;~~

~~c. Obtain and maintain Commercial General Liability Insurance; and~~

~~d. Obtain and maintain worker's compensation insurance sufficient to cover all employees, if required by law;~~

~~e. Be bonded as is legally required.~~

Verification of Provider Qualifications

Provider Type:

Environmental Modifications Professional

Entity Responsible for Verification:

1. ~~MDH DDA~~ for approval of the ~~certified~~-Environmental Modifications professional.

2. Financial Management and Counseling Services providers, as described in Appendix E, for participants self-directing services.

Frequency of Verification

## Environmental Modifications

1. <del>MDH DDA</del> – Initially and at least every 3 years.
2. Financial Management and Counseling Services provider – <del>Prior</del> to service delivery and continuing thereafter.
Provider Type:
Organized Health Care Delivery System provider
Entity Responsible for Verification:
1. <del>MDH DDA</del> for approval of the Organized Health Care Delivery System.
2. Organized Health Care Delivery System provider for <del>verification approval</del> of the contractors and subcontractors to meet required qualifications.
Frequency of Verification
1. <del>MDH DDA</del> – Initially and at least every 3 years.
2. Organized Health Care Delivery System – Contractors and subcontractors prior to service delivery and continuing thereafter.