

FAMILY SUPPORTS WAIVER

Service Type: Other Service

Service (Name):

Alternative Service Title: **ENVIRONMENTAL ASSESSMENT**

Service Definition:

- A. An environmental assessment is an on-site assessment with the individual at their primary residence to determine if environmental modifications or assistive technology may be necessary.
- B. Environmental assessment can support individuals and families with all of their complexity, strengths and unique abilities to achieve self –determination, interdependence, productivity, integration and inclusion in all facets of community life across the lifespan. They support individuals and families as they focus on life experiences that point the trajectory toward a good quality of life across the lifespan. They are important to a good quality of life, including daily life, safety and security in their own home. They can help to promote self-determination, community living, building social capital, and economic sufficiency to achieve individually defined life outcomes.
- C. Environmental assessment includes:
 1. an evaluation of the individual;
 2. environmental factors in the home;
 3. the individual's ability to perform activities of daily living;
 4. the individual's strength, range of motion, and endurance;
 5. the individual's need for assistive technology and or modifications; and
 6. the individual's support network including family members' capacity to support independence.

SERVICE REQUIREMENTS:

- A. The assessment must be conducted by a licensed Occupational Therapist.
- B. The Occupational Therapist must complete an Environmental Assessment Service Report to documents findings and recommendations based on an onsite environmental assessment of a home or residence (where the individual lives or will live) and interviews with the individual and their support network (e.g. family, direct support staff, delegating nurse/nurse monitor, etc.).

The report shall:

1. Detail the environmental assessment process, findings, and specify recommendations for the home modification and assistive technology that are recommended for the individual;
2. Be typed; and

3. Be completed with 10 business days of the completed assessment and forwarded to the individual and their coordinator of community service in a reader friendly format.
- C. An environmental assessment may not be provided before the effective date of the individual's eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.
- D. An environmental assessment may not be provided in facility based employment.
- E. The assessment will not be covered if available under the individual's private insurance, Medicare, the Medicaid State Plan (including EPSDT benefits), private or public educational services, the Rehabilitation Act, other waiver services, or through other resources.
- F. If Medicare covers the environmental assessment for the individual, Medicaid State Plan will pay the Medicare co-payments or deductible.
- G. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

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

Environment assessment is limited to one (1) assessment annually and is capped at current fiscal year established rate unless otherwise approved by the DDA.

Service Delivery Method (check each that applies)

- Participant Directed as specified in Appendix E
- Provider Managed

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Individual or Vendor– For Self-Directed Services
Agency	DDA Certified Organized Health Care Delivery System Provider

Provider Specifications for Services

Provider Category: Individual

Provider Type: Individual or Vendor - For self-directing services

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

1. The following minimum standards are required:
 - a. Employ a staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or
 - b. Contract with a Division of Rehabilitation Services (DORS) approved vendor
2. Individuals in self-directing services, as the employer, may require additional staffing requirements based on their preferences.

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Services (FMS)

Frequency of Verification:

- FMS - prior to initial services

Provider Category: Agency

Provider Type: DDA Certified Organized Health Care Delivery System Provider

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

DDA certified Organized Health Care Delivery Providers as per COMAR 10.22.20 that may:

1. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or
2. Contract with a Division of Rehabilitation Services (DORS) approved vendor

Other Standard (specify):

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of the OHCDS certification
- OHCDS provider will verify Occupational Therapist (OT) license and DORS approved vendor

Frequency of Verification:

- OHCDS certification annually
- OT license and DORS approved vendor prior to service delivery

Family Supports Waiver Draft Proposal