

Environmental Assessment

Service Definition
<p>A. An Environmental Assessment is an on-site assessment with the participant at their primary residence to determine if Environmental Modifications or Assistive Technology may be necessary in the participant's home.</p> <p>B. Environmental Assessment includes:</p> <ol style="list-style-type: none">1. An evaluation of the participant;2. Environmental factors in the participant's home;3. The participant's ability to perform activities of daily living;4. The participant's strength, range of motion, and endurance;5. The participant's need for Assistive Technology and or environmental modifications; and6. The participant's support network including family members' capacity to support independence.
<p>SERVICE REQUIREMENTS:</p> <p>A. The assessment must be conducted by an Occupational Therapist licensed in the State of Maryland or a Division of Rehabilitation Services approved environmental assessment vendor.</p> <p>B. The Occupational Therapist must complete an Environmental Assessment Service Report to document findings and recommendations based on an onsite Environmental Assessment of a home or residence (where the participant lives or will live) and interviews the participant and their support network (e.g., family, direct support staff, delegating nurse/nurse monitor, etc.).</p> <p>C. The report shall:</p>

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1. Detail the Environmental Assessment process, findings, and specify recommendations for the home modification and Assistive Technology that are recommended for the participant;

2. Be typed; and

3. Be completed within 10 business days of the completed assessment and forwarded to the participant and their Coordinator of Community Service in an accessible format.

D. 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 Waiver Program.

E. 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.

F. Children have access to any medically necessary preventive, diagnostic, and treatment services under Early and Periodic Screening, Diagnostic, and Treatment services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Support provided by this Waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

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G. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this ~~Medicaid w~~Waiver program service.

H. 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:

The Environment Assessment is limited to 1 assessment annually, per plan year, ~~unless otherwise authorized by the DDA.~~

Service Delivery Method (check each that applies):

☒ Participant-directed as specified in Appendix E

☒ Provider managed

☐ DO NOT CHECK Remote/via Telehealth

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

NONE CHECKED

☐ Legally Responsible Person

☐ Relative

☐ Legal Guardian

Provider Category(s)
(check one or both):

☒ Individual. List types:

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Environment Assessment Professional
X Agency. List the types of agencies:
Organized Health Care Delivery System Provider
Provider Type:
Environment Assessment Professional
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Individual must complete the MDH DDA provider application and be approved certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Be a licensed Occupational Therapist by the Maryland Board of Occupational Therapy Practice or a Division of Rehabilitation Services approved vendor; 3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;

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4. Have Commercial General Liability Insurance;
5. ~~Satisfactorily complete~~**Complete** required orientation and training designated by the DDA;
6. ~~Satisfactorily complete~~**Complete** necessary pre/in-service training based on the Person-Centered Plan;
7. Have 3 professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's ~~policy values~~ in Annotated Code of Maryland, Health General, Title 7;
8. Demonstrate financial integrity through Internal Revenue Services, **Maryland** Department **of Health**, and Medicaid Exclusion List checks;
9. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA; and
10. Have a signed Medicaid Provider Agreement.

Environmental Assessment Professional shall:

- 1. Be properly licensed by the State;**
- 2. Be in good standing with the State Department of Assessments and Taxation to provide the service;**
- 3. Maintain Commercial General Liability Insurance;**
- 4. Obtain and maintain worker's compensation insurance sufficient to cover all employees, if required by law; and**
- 5. Be bonded as is legally required.**

Provider Type:

Organized Health Care Delivery System **Provider**

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License (specify)
Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Be approved certified or licensed by the MDH DDA to provide at least one Medicaid Waiver service; and 2. Complete the MDH DDA provider application to be an Organized Health Care Delivery System provider. <p>Organized Health Care Delivery System providers shall:</p> <ol style="list-style-type: none"> 1. Verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request; and 2. Obtain Workers Compensation if required by applicable law. <p>Environmental Assessment Professional requirements:</p> <ol style="list-style-type: none"> 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 approved vendor.

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Verification of Provider Qualifications
Provider Type:
Environmental Assessment Professional
Entity Responsible for Verification:
<ol style="list-style-type: none"> 1. MDH DDA for approval of the certified Environmental Assessment Professional. 2. Financial Management and Counseling Services provider, as described in Appendix E, for participants self-directing services.
Frequency of Verification
<ol style="list-style-type: none"> 1. MDH DDA – Initially and at least every 3 years. 2. Financial Management and Counseling Services provider, as described in Appendix E, for participants self-directing services.
Provider Type:
Organized Health Care Delivery System Provider
Entity Responsible for Verification:
<ol style="list-style-type: none"> 1. MDH DDA - for approval of the Organized Health Care Delivery System. 2. Organized Health Care Delivery System provider will verify for verification of Occupational Therapist (OT) License and Division of Rehabilitation Services approved vendor.
Frequency of Verification
<ol style="list-style-type: none"> 1. MDH DDA – Initially and at least every 3 years. 2. Organized Health Care Delivery System - Prior to service delivery and continuing thereafter.

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Proposal