

<b>To:</b>	Division of Participant Enrollment and Service Review Division of Clinical Support
<b>From:</b>	Chief, Division of Clinical Support, Office of Long Term Services and Supports
<b>Re:</b>	Standard Operating Procedure – Environmental Adaptations/Technology

**PURPOSE:**

The purpose of this communication is to standardize policy and procedures for the Office of Long Term Services and Supports (OLTSS) when reviewing plans of service (POS) with requests for environmental adaptations and/or technology for applicants/participants of the Community First Choice (CFC), Home and Community-Based Options Waiver (HCBOW) and Increased Community Supports (ICS) programs.

**BACKGROUND:**

The CFC program provides several home and community-based services (HCBS) to individuals who require an institutional level of care and meet other technical and financial eligibility requirements. Participants in the HCBOW and ICS programs may also receive CFC services. HCBS programs provide an opportunity for Medicaid recipients to receive services and supports in their own homes or communities rather than in institutions. Included in these services are items that increase an individual’s independence and substitute for human assistance, to the extent that expenditures would otherwise be made for the human assistance. Environmental adaptations and technology are considered items that substitute for human assistance and must increase an individual’s independence.

Technology is defined under COMAR 10.09.84.18E and includes environmental controls for the home/automobile, computers, software or accessories and augmentative communication devices. Technology items must be pre-authorized by the Maryland Department of Health (MDH) in the applicant/participant’s POS and explicitly increase an individual’s independence in addition to substituting for human assistance.

Environmental adaptations are defined under COMAR 10.09.84.19 and 10.09.84.23 and include modifications to a participant’s residence to increase the participant’s independence and substitute for human assistance. Environmental adaptations must be pre-authorized by the MDH in the applicant/participant’s POS and stem from one or more recommendations from an environmental assessment (EA), which is performed by a licensed occupational therapist (OT) and also authorized by the MDH through the POS. An EA must *precede* an environmental adaptation. The EA is a significant tool in identifying adaptations that will increase an

individual's independence and substitute for human assistance with respect to activities of daily living (ADL) and instrumental activities of daily living (IADL). The EA includes an evaluation of environmental factors in the applicant/participant's home and an assessment of the applicant/participant's ability to perform ADL /IADL, including strength, range of motion and endurance and the need for assistive devices and equipment. Accordingly, the OT's recommendations must relate to ADL/IADL and be specific to the applicant/participant's functional status. The EA also includes an evaluation of all habitable areas in an applicant/participant's home or facility.

#### **ELIGIBILITY:**

Environmental adaptations and technology items must be pre-authorized by the MDH in the applicant/participant's POS. Environmental adaptations must also stem from one or more recommendations from an EA, which precedes the adaptation. Environmental adaptations and technology items must be determined by the MDH as medically necessary, necessary to prevent institutionalization and must increase a participant's independence and substitute for human assistance.

The MDH has established a maximum allowable cost of \$15,780.00 for environmental adaptations and technology items over a three-year period,<sup>1</sup> which cannot be combined with a participant's budget from any other Medicaid HCBS program that also covers environmental adaptations and/or technology.

#### **PROCEDURES:**

1. Upon initial review of an applicant/participant's POS, Division staff should review the most recent EA completed for the location in which the applicant/participant is requesting adaptations and match the recommendations from the EA with the requested technology item(s) and/or environmental adaptation(s) listed under the "Non-Flexible Services" section of the POS.
  - a. For technology items over \$300.00, the item(s) may be listed on the EA *or* the applicant/participant's recommended plan of care (POC), completed by the Local Health Department (LHD) as part of the medical eligibility assessment. Assistive technology items costing \$300.00 or less may be considered by the reviewer without one of these recommendations.
  - b. If a participant requests a new EA for the same location for which an EA was already completed, determine if there has been a change in the participant's functional status or some other rationale prior to approving another EA for the same location.

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[https://health.maryland.gov/mmcp/provider/Documents/Transmittals\\_FY2025/PT%2003-25%20Fiscal%20Year%202025%20Rates%20for%20CFC%20and%20CPAS.pdf](https://health.maryland.gov/mmcp/provider/Documents/Transmittals_FY2025/PT%2003-25%20Fiscal%20Year%202025%20Rates%20for%20CFC%20and%20CPAS.pdf)

- c. If a participant requests a repair or replacement of a previously completed adaptation and that adaptation was captured on a previous EA as an existing adaptation to the home, a new EA is not needed. This often happens when a previous adaptation to a participant's residence was initially found to be in good order, but later requires repair/replacement.
2. Determine whether the technology item(s) and/or environmental adaptation(s) requested: **1. directly relate to an ADL or IADL, 2. substitute for human assistance, 3. increase the applicant/participant's independence, 4. is/are medically necessary<sup>2</sup> and 5. is/are necessary to prevent institutionalization.**<sup>3</sup>
3. Determine whether the requested technology item(s) and/or environmental adaptation(s) is/are covered by the Medicaid State Plan benefit of Disposable Medical Supplies (DMS)/Durable Medical Equipment (DME). If covered by DMS/DME, the request should be included as "DMS/DME" under the "Non-Flexible Service(s)" section on the POS.
4. Determine if the participant has used any of the three-year maximum allowable amount for technology and/or adaptations. In order to determine this, review information related to paid claims for procedure codes W5513 (adaptations) and W5514 (technology) in the Medicaid Management Information System (MMIS2).<sup>4</sup>
  - a. The MDH does not limit the number of locations where a participant may receive environmental adaptations; however, the maximum allowable amount over a three-year period still applies (e.g., if a participant moves to a different address during his/her enrollment). *If the participant's location changes, a new EA is needed prior to the request for adaptations.*
5. Determine whether the POS also includes at least two (2) quotes for any individual items or adaptations with a cost greater than \$1,000.00, except when the request is for repair of a stair glide, in which case the threshold for two quotes is \$1,500.00.
  - a. Items and adaptations should be listed on the POS with itemized descriptions and costs as indicated on the quote(s), if applicable. The quote(s) should include detailed information; for example, location and dimensions of the adaptation(s), manufacturer(s) and model number(s).
  - b. If a participant requests a repair or replacement of a previously completed adaptation, the quote(s) should include a clear and detailed description of the repair/replacement.

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<sup>2</sup> COMAR 10.09.84.02B(17)

<sup>3</sup> COMAR 10.09.84.18B

<sup>4</sup> Review current *and* archived claims on screen 5

6. Considering all information gathered in steps 1-5 above, determine whether to approve or deny the applicant/participant's request for technology item(s) and/or environmental adaptation(s) or return the POS to the assigned Supports Planner for more information (i.e., clarification request). If the request is denied:
  - a. Prepare the denial letter for the applicant/participant using one or more of the following COMAR references for CFC and accompanying denial language:
    - i. *Items that Substitute for Human Assistance (10.09.84.23) – Changes the exterior of the home*
    - ii. *Items that Substitute for Human Assistance (10.09.84.23) – Is of general maintenance to the home*
    - iii. *Items that Substitute for Human Assistance (10.09.84.24) – Is more than the average cost(s) of similar or alternative item(s)*
    - iv. *Items that Substitute for Human Assistance (10.09.84.18) – Is not covered under the program<sup>5</sup>*
    - v. *Items that Substitute for Human Assistance (10.09.84.23) – Is more than the limit of \$15,780 over a three-year period for environmental adaptations and/or technology*
    - vi. *Items that Substitute for Human Assistance (10.09.84.18) – Does not substitute for human assistance*
    - vii. *Items that Substitute for Human Assistance (10.09.84.18) – Does not comply with the policies and procedures defined by the Department*
    - viii. *Items that Substitute for Human Assistance (10.09.84.18) – Does not increase your independence*
    - ix. *Items that Substitute for Human Assistance (10.09.84.18) - Does not specifically relate to activities of daily living or instrumental activities of daily living*

In addition to any of the above denial reasons, staff may include this denial language as well:  
“COMAR 10.09.84.13 / 10.09.20.08 – Services not necessary to prevent institutionalization.”

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<sup>5</sup> Use this denial language if an applicant/participant requests technology items and/or environmental adaptations that are covered by DMS/DMS.