

Environmental Modifications/Adaptive Equipment

To be used for all individuals in DDP Waiver Services

Name:	Effective Date of Plan:
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Environmental Modifications/Adaptive Equipment Guide

The decisions of a planning team to request the purchase of Environmental Modifications/Adaptive Equipment are based on the specific needs of the individual in services. Such requests do not set precedent in the sense that other individuals are “automatically eligible” for the same modification or equipment. For example, the purchase of a fence under this service category is not appropriate for a three year old waiver recipient, because three year old kids require constant supervision and therefore, the fence is not disability related. The purchase of a fence for an adult waiver recipient who runs into the street without warning may be appropriate, if the fence is not covered under any other source. In this event, the concern is related to a developmental disability. Many such other examples exist, but the bottom line is that every modification or equipment purchased under this waiver category must be specific to the disability needs of the individual and all such purchases must be prior authorized in accordance with the language in the approved plan of care. All modifications and equipment purchased in this category must be defensible and have a clear audit trail in the purpose and use of funds used.

✓ This form must be used for all unduplicated Environmental Modifications/Adaptive Equipment requests within the current fiscal year.

✓ Approved EM/AD requests must be reimbursed in the same fiscal year that the item or service is utilized. For example it is not permissible to request that a ramp be reimbursed in April when it won't actually be built until August. In this example you have ICP dollars expended in one fiscal year and the work being completed in a different fiscal year. The ramp could be purchased in April but the cost plan could not reimburse until after the ramp was completed.

✓ When providing supporting documentation, attach information as a separate document or copy and paste into this document.

✓ All requests for approval sent to a QIS or Regional Manager must be submitted electronically. If sent through regular email, only include the AWACS ID and omit the individual's name for HIPPA compliance.

✓ All requests denied by the Regional Manager will be submitted to DDP Central Office for final review.

✓ When the Environmental Modifications/Adaptive Equipment Request for approval form is completed, print and include with the Plan of Care as supporting documentation for monitoring purposes.

✓ Clear audit trail means that the item or service is clearly listed and approved in the plan of care and individual cost plan. After the purchase there is a clear receipt for the purchase, which includes the packing slip for online/delivery orders. An order form/confirmation does not constitute receipt of an item or service.

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0208, 1037 Waiver and 0667 Children's Autism Waiver

Environmental Modifications/Adaptive Equipment Request for Approval

Environmental Modifications:

Those physical adaptations to the home, required by the individual's plan of care, 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 home, 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.

In addition to the above, environmental modifications services are measures that provide the individual with accessibility and safety in the environment so as to maintain or improve the ability of the individual to remain in community settings and employment. Environmental modifications may be made to a individual's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the individual.

Adaptive Equipment:

Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided. Adaptive equipment as needed to enable family members or other care givers to provide the care needed by the individual.

A comprehensive list is not possible because sometimes items are created (invented) to meet the unique adaptive needs of the individual, for example, an adult-sized "changing table" to enable a care giver to diaper and dress a person who has severe physical limitations; or specially designed switches that an individual with physical limitations can use to accomplish other tasks.

***An environmental modification or adaptive equipment provided to a person must be prior authorized by the DDP if the cost of the project may exceed \$4,000.**

***Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.**

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Environmental Modifications/Adaptive Equipment must meet the following criteria

***An environmental modification or adaptive equipment provided to a person must be prior authorized by the DDP Regional Manager if the cost of the project may exceed \$4,000.**

Environmental Modifications:

Those physical adaptations to the home, required by the individual's plan of care, 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 home, and without which, the individual would require institutionalization.

Adaptive Equipment:

Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided

(If marked **Yes** to all questions then proceed)

Yes	No	Please mark yes or no to the following questions.
		1. The environmental modification or adaptive equipment is primarily useful for a person who has a disability.
		2. The modification or equipment is not something that a family would normally be expected to provide for a non-disabled family member
		3. The modification or equipment is not in the form of room and board or general maintenance
		4. The modification or equipment meets the specifications, if applicable, set by the American National Standards Institute (ANSI).

If you answered yes to question 2 and 3, please explain. Also, explain what the modification or equipment is and how it is related to the individual's disability and how it meets the above criteria if applicable.

Provide **documentation** of the cost of the item/items, and provide a **prescription** or **letter** from the professional recommending these purchase/purchases. Also provide documentation of sources of denial. **(These items need to be attached to the PSP document and need to be present before purchase of the service requested) (All receipts and/or packing slips need to accompany the purchase.**

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Case Manager	<input type="checkbox"/> yes <input type="checkbox"/> no	Name of Case Manager:		Date:	
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Regional Manager Approval over \$4,000:	<input type="checkbox"/> yes <input type="checkbox"/> no	Name of Regional Manager:		Date:	
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If Regional Manager is declining request explain why:

<i>Section VIII. Outcomes</i>		
<i>Vision Statement:</i>		
<i>Outcome:</i> <i>Written to answer this question, "What do I want to do this year?"</i>		
<i>Assessment tool/s used:</i>		
<i>Actions (Approach):</i> <i>How do I get there? How will this be accomplished? Include name of provider agency and title of responsible person.</i>	<i>Start Date/Completion Date</i>	<i>Status/Progress</i>