



## Senior & Long Term Care Division Community Services Bureau Big Sky Waiver Policy Manual

**Title:** BSW 711  
**Section:** SERVICES  
**Subject:** Environmental Accessibility Adaptions  
**Reference:** ARM: 37.40.1485; Big Sky Waiver Application (01/01/2018)  
**Supersedes:** BSW 711 (01/01/2018)

---

### DEFINITION

Environmental Accessibility Adaptations are those physical adaptations to the home, required by the member's service plan, which are necessary to ensure the health, welfare and safety of the member, or which enable the member to function with greater independence in the home, and without which the member would require institutionalization. The procedure code for this service also includes reimbursement for consultation.

### GENERAL SERVICE

#### REQUIREMENTS

When providing this service, the Case Management Team (CMT) must always take into account the nature of the member's disease or disability. If there is a reasonable expectation that the member's condition will deteriorate, this factor must be taken into account when making the modification. Requirements for consideration of Environmental Accessibility Adaptations include:

1. The service must be medically necessary and relate specifically to the member's medical diagnosis. This must be documented in the member's service plan;
2. The service must be based on a reasonable expectation that the item will improve the member's functional abilities and without such the member would require institutionalization;
3. The service must provide a direct medical or remedial benefit to the member;
4. The service must be an approved service listed in the BSW application;
5. A prior authorization for service cannot be authorized or given to the provider prior to the member receiving the service; the service must be received by the member prior to payment by Big Sky Waiver. An Environmental Accessibility Adaption cannot be separated into multiple referrals or multiple prior

authorizations; all supplies and labor costs for one Environmental Accessibility Adaption must be included in one referral and one prior authorization;

6. The service must provide for the member's accessibility, increased independence or safety in the home, and without which the member would require institutionalization;
7. The service plan must include specific documentation supporting that the service is the most cost-effective option to meet the needs of the member;
8. The service may include the installation of specialized electrical and plumbing systems to accommodate the medical equipment and supplies that are necessary for the welfare of the member;
9. The service is limited to a one-time purchase;  

**NOTE:** The Department at its discretion may authorize an exception to this limit. Any such exception must be prior authorized.
10. The service cannot include general housing or appliance maintenance, including but not limited to plumbing, heating systems, and leisure items;
11. The service cannot include the construction of more than one ramp in a residence;
12. The service cannot include those adaptations or improvements to the home which are not of direct medical or remedial benefit to the waiver member, such as carpeting, roof repair, central air conditioning, etc.;
13. The service shall be provided in accordance with applicable state and local building codes;
14. The service shall meet Americans with Disabilities Act (ADA) and American National Standard Institute (ANSI) standards and specifications when feasible; and

The CMT must pursue all other potential third-party sources of coverage (including, but not limited to: natural supports, Medicare,

**Title:** BSW 711  
**Section:** SERVICES  
**Subject:** Environmental Accessibility Adaptions  
**Reference:** ARM: 37.40.1485; Big Sky Waiver Application (01/01/2018)  
**Supersedes:** BSW 711 (01/01/2018)

---

Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Community First Choice (CFC) and Medicaid State Plan). All third-party sources must be evaluated and exhausted prior to the authorization of services; documentation that needed items are not coverable by another payer source must be present in the member's case record.

The following products are not covered by EPSDT; an EPSDT denial is not required for the following:

1. Environmental Accessibility Adaptions;
2. Vehicle Modifications; and
3. Service Animals.

#### **PRIOR AUTHORIZATION REQUIREMENTS**

Environmental Accessibility Adaptations in excess of \$5,000 must be prior authorized by the Regional Program Officer (RPO); refer to BSW 403. The prior authorization must include at least two estimates or bids. All bids must include an estimate of the costs to include a detailed list of the amount of materials, the amount of labor (number of hours to complete the project and amount charged per hour) and other miscellaneous costs; these estimates should accompany the prior authorization. Provider costs of submitting an estimate or bid are not payable by the Big Sky Waiver program. The lowest bid must be accepted; however, a bid that is within 10% difference of the lowest bid may be accepted at the member's choice. If two bids cannot be obtained, documentation must be present to show what efforts were made to secure multiple bids. Situations involving one bid require review and approval by the Regional Program Officer.

A prior authorization for Environmental Accessibility Adaptions cannot be authorized or given to the provider prior to the member receiving the service; the service must be received by the member prior to payment by Big Sky Waiver.

#### **INSTITUTIONAL STAY**

Under certain circumstances, adaptations may be completed while an individual is still in the hospital or nursing home. In those instances, if the member is unable to return to the residence (e.g., death or alternate placement), payment for

**Title:** BSW 711  
**Section:** SERVICES  
**Subject:** Environmental Accessibility Adoptions  
**Reference:** ARM: 37.40.1485; Big Sky Waiver Application (01/01/2018)  
**Supersedes:** BSW 711 (01/01/2018)

---

services provided prior to hospital discharge can be reimbursed by Medicaid. However, the CMT must have completed a Service Plan (DPHHS-SLTC 135) or Service Plan Short Form (DPHHS-SLTC-135B) prior to the commencement of such services for reimbursement to be approved. Contact the RPO for approval and process. Payment for this service may be made to legally responsible individuals, if program criteria are met. Refer to BSW 604-1.