POLICY

It is the policy of the AHCCCS administration to cover Home Modifications for ALTCS members that enable the member to function with greater independence in the home and have a specific adaptive purpose and are medically necessary. This requires a careful assessment by the case manager, physician, and other qualified professionals keeping the member’s needs in mind. General maintenance, home improvements, repairs, and items that do not provide a direct medical benefit to the member are not covered.

MEDICAL NECESSITY

While Home Modifications cannot be expected to alleviate all risk of injury or make every task easier the adaptations must have a direct medical benefit to the member and maximize independence. Other more cost effective means, such as DME, must be considered before a Home Modification is requested or approved.

PROCEDURE

- Case Manager must meet with the member, reviews needs, and complete “Home Modification Request/Justification Form, Exhibit 1240-4 (AMPM)” and forward to physician.
- The completed Form (lines 1-7 completed except for bid costs) is sent via fax to 602.254.2426 within 14 calendar days of the receipt physician’s signature on the “Home Modification Request/Justification Form, Exhibit 1240-4 (AM/PM), the Service Assessment, and the Uniform Assessment Tool (UAT) Exhibit 1620-3 (AMPM).
- The physician’s signature on the “Home Modification Request/Justification Form, Exhibit 1240-4 (AM/PM)” serves as the physician’s order and must be dated within the last 90 days.
- These forms may be completed in conjunction with another qualified medical professional such as a Physical or Occupational Therapist or a Certified Environmental Access Consultant (CEAC).
- Submitted forms are reviewed by the Division of Fee-For-Service Management (DFSM).
DFS will then send it out for bid (preferably to 2 contractors) that must be able to complete the work within 90 days of being awarded.

- The contractors will submit completed bids to DFSM for review within 30 days of receipt of request via fax 602.254.2426 or email to homemodifications@azahcccs.gov.
- DFSM will notify the contractor of bid being accepted or rejected.
- The member's AHCCCS ID and Date of Birth will be provided to the awarded contractor only for billing purposes.
- A letter will be sent to the case manager showing the awarded bid and amount along with the signed Justification Form within 30 days of the awarded bid.
- DFSM will enter a “pending” authorization number and the case manager will also enter on service plan using a “dummy code 029108”
- DFSM will require the awarded contractor to do a “walk through” with the member or family member to sign a release stating that the project and the work was completed and accepted.
- DFSM is also requiring before and after pictures of the project to be sent via fax 602.254.2426 or email to homemodifications@azahcccs.gov.
- Signed Release and completed pictures of the project must be sent to DFSM to unpend the PA.
- Payment will be withheld until project completed to the member’s and AHCCCS’ satisfaction and notify contractor.
- It is the responsibility of the provider to notify AHCCCS of an overpayment by submitting an adjustment to the paid claim (ARS R9-22-713).