I. PURPOSE

This Policy applies to ALTCS/EPD, DES DDD Contractors, and Fee-For-Services (FFS) Tribal ALTCS as delineated within this policy and establishes guidelines for home modifications for ALTCS members.

II. DEFINITIONS

ACTIVITIES OF DAILY LIVING

Activities a member must perform daily for the member’s regular day-to-day necessities, including but not limited to mobility, transferring, bathing, dressing, grooming, eating and toileting.

HOME

A residential dwelling that is owned, rented, leased, or occupied by a member, at no cost to the member, including a house, a mobile home, an apartment, or other similar shelter. A home is not a facility, a setting or an institution, or a portion on any of these that is licensed or certified by a regulatory agency of the state as a:

1. Health care institution under A.R.S. §36-401,
2. Residential care institution under A.R.S. §36-401,
3. Community residential setting under A.R.S. §36-551, or
4. Behavioral health facility under 9 A.A.C. 20, Articles 1, 4, 5 and 6.

HOME MODIFICATIONS

A service that provides physical modification to the home setting that enables the member to function with greater independence and that has a specific purpose.

III. POLICY

AHCCCS covers physical modifications to the home as determined through an assessment of the ALTCS member’s needs and identified in the member’s care plan. Home modifications must be medically necessary with the purpose of deterring the risk of an increase in existing home and community based services or institutionalization. The modifications must have a specific adaptive purpose enabling the member to function with greater independence in the home.
A. General Home Modification Standards

1. Home modifications may be provided to members residing in a home as defined in 9 A.A.C. 28, Article 1. (“A residential dwelling that is owned, rented, leased or occupied by a member…A home is not a facility, a setting or an institution or a portion of any of these that is licensed or certified by a regulatory agency of the State…”).
   a. If the member does not own the home, the owner of the home must approve the modifications, and
   b. No Title XIX funds may be used to return a home to its pre-modification state.

2. Alternatives should be considered prior to the authorization of a home modification. Alternatives considered must be those that would assist in maximizing independence. For instance, giving the member bed baths in lieu of making the bathroom accessible is not an acceptable alternative to home modification. Examples of acceptable alternatives include:
   a. Use of another accessible bedroom, bathroom or entry if the current arrangement is inaccessible for the member,
   b. Use of durable medical equipment (e.g., transfer bench), and
   c. Use of Community resources.

The member’s needs must be met in a timely manner consistent with AHCCCS standards, even when an alternative option is utilized and/or when there are other payers for the provision of this service.

B. Assessment of Need for Home Modifications

1. An assessment and documentation of the member’s needs for home modifications must include the following, as appropriate:
   a. PCP or attending physician order,
   b. Documentation to support medical necessity, including an assessment of the home modification’s impact on the member’s ability to independently perform Activities of Daily Living (ADLs). If the home modification will also assist a caregiver in meeting the ADL needs of the member, this documentation must be included,
   c. Documentation to support cost-effectiveness, including the permanency of the member’s residence, longevity of previous residential history and the prior provision of home modifications (if applicable),
   d. An assessment by a qualified professional, usually an occupational or physical therapist. An assessment by a Certified Environmental Access Consultant (CEAC) can be used in lieu of an assessment from an occupational or physical therapist. In the absence of assessment by a qualified professional, the Contractor’s Medical Director or physician designee must review the request,
   e. At least two competitive bids (cost estimates) from qualified providers/building contractors for each home modification project for comparison of costs and project options are recommended,
   f. FFS case managers must also submit the completed Home Modification Request/Justification Form to AHCCCS Administration/Division of Fee for Service Management/Care Management Systems Unit (CMSU). Refer to AMPM 1240-I, Attachment A for a copy of the required form, and
g. Home modifications have limited benefits and are not intended to alleviate all risk of injury or make every ADL task easier or more convenient.

2. Under 42 CFR 438.210, the Contractor must approve or deny requests for home modifications within 14 calendar days of the request.
   a. The Contractor may extend an additional 14 calendar days when there is justification that additional information is necessary for the determination of the request and the extension is in the member’s best interest, absent extenuating circumstances. The Contractor must notify the member of the intent to extend the timeframe, or
   b. Denial of a home modification must be signed by the Contractor Medical Director or physician designee.

3. Requests for approval of home modifications for ALTCS FFS members must be submitted to the AHCCCS Division of Fee-for-Service Management, Care Management Systems Unit (CMSU), and prior authorized by the Manager of the CMSU Unit or designee. A written decision regarding approval or denial of the service may be expected within 30 days from receipt of a properly completed request.

C. APPROVED HOME MODIFICATIONS

1. Home modifications must be performed by a residential contractor as defined in A.R.S. §32-1101 et seq, and in accordance with applicable State or local building codes. Tribal Contractors may use a building contractor who has been certified by the Tribal Authority for home modifications on the reservation. All residential or building contractors must be registered AHCCCS providers.

2. Examples of modifications that may be covered include, but are not limited to:
   a. Installation of one ramp, including handrails, and necessary threshold modification, to facilitate barrier-free member access to his or her home,
   b. Widening of doorways to allow a member in a wheelchair access to essential areas of their home,
   c. Modification of one bathroom to allow member access and/or increased independence in bathing and toileting functions. For example, roll-in showers, wall-hung or other wheelchair accessible sinks, re-positioning of existing fixtures for adequate movement within the bathroom, and specialized toilets to allow for easier transfers, and
   d. Removal of flooring cover for ease of access and replacement with suitable flooring. This does not include removal of carpet for hygiene purposes.

3. The cost of home modifications may include refinishing the area, such as drywall finishing and painting, and general cleanup of construction debris from the site after completion of the project. This does not include items for aesthetic purposes. If the building contractor must travel a distance of more than 60 miles one way to the member’s home in order to complete the project, mileage expenses may also be included in the cost of the service. Associated costs such as those noted in this paragraph must be within reasonable limits.
4. The Contractor /AHCCCS Administration may not exceed 90 days from the date of the approval for finalizing the specifications and completing the project.

D. EXCLUSIONS

1. Examples of specific exclusions for the provision of home modifications include, but are not limited to:
   a. Modifications of the home that are of general utility to the household, or that are not of direct medical benefit to the member, and
   b. General maintenance, home improvements or home repair. These are considered to be the responsibility of the homeowner and are not covered by AHCCCS.