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TO: Providers of the Home Modification service under the Aged and Disabled and Traumatic Brain Injury Medicaid Waivers and Money Follows the Person (MFP) Programs And Care Managers

FROM: Leslie Huckleberry, Director – Division of Aging

SUBJECT: Home Modification Procedural Guidance

DATE: June 30, 2023

The purpose of this memorandum is to provide guidance for participants, care managers, and providers on the Home Modification service under the Indiana Medicaid Waiver and Money Follows the Person Aged and Disabled and Traumatic Brain Injury programs. This memorandum supersedes any previous conflicting guidance regarding Home Modification procedures.

Before Home Modification Work Begins

The following steps should be followed before a project is started:

- The SPEC and the EXAM added to the service plan at the same time so that after the project is completed the participant and provider do not experience delays while the EXAM is added to the service plan.

- The SPEC provider should do a thorough review of the home's structure to ensure that the project can be done within the lifetime cap amount. The home modification service is not designed to remediate structural issues. The SPEC provider must clearly outline all structural issues that will need to be addressed and discuss these with the homeowner. The homeowner must pay for the remediation of these issues outside of the home mod waiver service.

- In very rare circumstances, it may be necessary to exceed the $20,000 lifetime cap for home modifications. Separate guidance is being issued for care managers on when that may be necessary. If the lifetime cap must be exceeded in order to complete the project, the care manager must send that request to the Division of Aging before the

project commences. The Division of Aging Director of Provider Relations must approve the request before any work can begin.

- If the project is to include relocating a bathroom to a place in the house where there was no bathroom previously, the participant must ensure, at their own expense, that walls, plumbing, electrical, and other rough-ins are completed before the provider begins work. The home modification service definition does not allow modifications that create facilities where they did not previously exist; therefore all set up must be completed prior to the project beginning and at the homeowners expense.

- Participants should be included in the creation of specifications and should be given a list of options which will suit their needs, including but not limited to which type of bathtub or shower they want, and should be consulted on finishes and design, as a market project client would be. If a specific item the client wants is on backorder, the client should be given that information and should have an option whether they want to wait or choose something else. If the provider does not recommend something but the homeowner is adamant about that item, the item should be installed at the homeowner's risk. The homeowner and provider will sign off that they recognize this is not the preferred component and they assume all risk, except the 12 month warranty, for the item.

- If components are installed but later the participant realizes they do not want those components, often that requires a request to exceed the cap, and there is no guarantee that request will be approved, as changing their mind is not sufficient reason to exceed the lifetime cap without other circumstances. Participants should carefully consider their needs and preferences before installation occurs and should communicate clearly with their care manager and the home modification provider. The Care manager and home modification provider should also ensure they are providing full and accurate information to the participant regarding the pros and cons of different options, so that the participant can make an informed decision. One specific example of this would be walk-in tubs. These are often ordered without taking into account the possible need for a bariatric tub. The provider, care manager, and individual should review all components and the individual's needs carefully before purchasing and installing any component.

- The home modification service includes builder grade materials except where specific materials are needed (such as but not limited to a special type of toilet, shower, or bathtub). If a participant has a special request related to materials such as but not limited to specific tiling, flooring, etc., the participant is responsible to make up the difference in cost. If necessary, a physician can provide information on the need for a particular material to be used (i.e., heavy duty flooring due to a wheelchair in the shower).

- In all situations where permits are required, the provider must ensure that permits are in place before work begins.

- Providers must call 811 before the dig on projects where any part of the scope is outside, including ramps.

- Ramps must be constructed to Americans with Disabilities Act (ADA) standards. This means ramps must have a 1:12 inch ratio for height/length. If the ramp will vary from this, there must be cause (i.e., not enough space for the ramp to exist in the 1:12 ratio). In those cases, the work must be signed off on by the participant and reviewed with the care manager prior to work beginning.

- Ramps can have landings, but the home modification service does not allow for building porches, decks, sitting areas, etc.

- Per the HCBS provider manual, if a land survey is required, that is in the scope of the home mod provider and should be built into the bid.

During the Home Modification Project

- Providers should only complete work that is outlined in the SPEC. Any additional work should be done in agreement with the participant, at the participant's expense. If the install provider wishes to do something not in the SPEC but that they feel will benefit the project, the provider must update the SPEC and get care manager and homeowner approval.

- Participants cannot demand a particular crew unless there have been specific concerns. In these cases, the care manager should communicate with the Division of Aging and the provider.

- In some instances, during the demo process, a provider will uncover issues that require more resources due to structural factors or code issues. In those cases, the provider should communicate immediately with the care manager and the Division of Aging at fssa.daresponseteam@fssa.in.gov. In very rare circumstances, exceeding the lifetime cap may be necessary to complete the job. A request to exceed the cap should be submitted to the Division of Aging by the care manager. After demo has occurred, structural and code issues must be remediated as part of the home modification project., usually at the homeowner's expense. For this reason, it is important for the SPEC provider as well as the home modification provider to review the home thoroughly before work begins.

- During some projects, issues will develop, and the participant will not be comfortable continuing with their initial home modification provider. The care manager should do their best to resolve issues between the provider and the participant so that the initial provider can complete the project. The ideal scenario is that the initial provider be

allowed to remediate quality issues. This must be done at the provider's expense.

- In the event that a participant refuses to allow the initial home modification provider back into the home to complete work despite best efforts from the care manager, a new SPEC should be done, and a new provider should be brought in to complete the work.

- Damage that is done by the provider will need to be remediated at the provider's expense.

- If conflicts arise between the participant and the provider, immediately contact the participant's care manager to help mediate the conflict.

After Home Modification Work is Completed

- Once the work is completed, the job is subject to a final inspection carried out by an independent third party per the waiver provider manual. The inspection should be attended by the exam provider and the Medicaid waiver participant and/or their representatives. We suggest that care managers attend whenever possible to help mediate any issues that arise and so they understand what next steps will be. A punch list is generated, and the provider will fix all items on the punch list before the job is submitted for payment.

- If the participant has initially agreed to all materials and components (including but not limited to bathtubs and showers) but after the work is finished is later unhappy with those items, the participant must discuss this with their care manager. The care manager will discuss these issues with the provider and the Division of Aging, and the Division of Aging will determine whether or not it will approve the replacement of any components. the participant should carefully consider their needs before installation occurs and the care manager should ensure the participant has all necessary information in order to make a well-informed decision.

- Quality issues must be remediated by the provider before the participant is required to sign off on completion. If issues are found after the work has been signed off on and paid for, those repairs will fall under the one year warranty required by the program.

- Participants must sign off on the home modification work. Every attempt should be made by the care manager to ensure that the participant signs off. This is the participant's opportunity to voice any concerns they might have. If after two weeks of project completion the participant has not responded to requests to sign off on the project, the project will be considered complete, and the provider may submit a claim for reimbursement. If the participant requires more time to sign off on the project, a request for additional time may be submitted by the care manager to the Division of

Aging at fssa.daresponseteam@fssa.in.gov.

- If the provider does the work on the house and needs to be paid, but the Medicaid plan was interrupted due to the participant's health status, the care manager should work with the Division of Aging to select a date when the work was performed to bill so that the provider can be reimbursed in a timely manner. This also applies if the Medicaid waiver participant dies before the project is complete.

If Services Are Terminated Prior To Job Completion

- If, for any reason, Medicaid waiver services are terminated prior to the job being completed or paid for, immediately contact the Division of Aging to receive guidance on next steps to ensure the provider is paid for work completed and the home is left in habitable condition.

For questions, please contact Lauren Perry, Director of Provider Relations, at (317) 232-7132 or via email at lauren.perry@fssa.in.gov.