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 | ADMINISTRATIVE DIRECTIVE |
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TRANSMITTAL: 93 ADM-18

TO: Commissioners of Social Services

DIVISION: Health and
 Long Term Care

DATE: July 28, 1993

SUBJECT: Care At Home Medicaid Model Waiver
 Home Adaptations

SUGGESTED
 DISTRIBUTION:

Directors of Medical Assistance
 Director of Administrative Services/
 Accounting Supervisors
 Care At Home Coordinators
 Staff Development Coordinators

CONTACT
 PERSON:

Ronita Heller at 1-800-342-3715 extension 4-0664
 (USER ID AX8480)

ATTACHMENTS:

Care At Home Adaptation Approval Form (DSS-4400)
 (Not Available On-Line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
86 ADM-4			SSL 366.6	Fiscal	
90 ADM-20				Reference	
89 LCM-106				Manual	
89 LCM-129				Vol. 2,	
90 LCM-57				Chpt. 3	

I. PURPOSE

This Administrative Directive advises social services districts of procedures to be followed in the approval and payment under Medical Assistance (MA) of home adaptations for the Care At Home (CAH) I and II Medicaid Model Waiver program.

II. BACKGROUND

The Care at Home (CAH) I and II Medicaid Model Waivers permit certain physically disabled children to be cared for at home. Sometimes modifications are necessary to assure the child's safety, to permit access to the home, or to provide the child access within the home and the community.

Chapter 170 of the Laws of 1989 amended paragraphs (f) and (i) of subdivision 6 of Section 366 of Social Services Law to permit additional services, including home adaptations, to be provided to CAH I and II Medicaid Model Waiver participants.

The MA program will pay for the costs of the minimum adaptation necessary for the child in the CAH I or II Program to move within the home, to have access to and from the home and community, or to insure that movement can occur safely.

III. PROGRAM IMPLICATIONS

There will be some additional costs to the Social Services District, since CAH I and II costs are 25 percent District responsibility.

There will be additional responsibilities for the CAH Coordinator.

The CAH Coordinator will need to interact with the District's third-party insurance staff to assure payments.

Examples of home adaptation services include but are not limited to:

- o Modification to a parent owned vehicle to accommodate the CAH child;
- o Purchase of backup generator for medical equipment;
- o Installation of wheelchair ramps;
- o Door widening; and
- o Modifications to permit independent use of a bathroom or modifications to facilitate bathroom use with assistance.

Home adaptation services are NOT to be used to:

- o Build room extensions or build additional rooms or spaces expanding the exterior area of a dwelling;
- o Purchase swimming pools or hot tubs either indoors or outdoors;
- o Purchase equipment such as televisions, VCR's, radios, CD's, etc; or
- o Purchase items that primarily benefit members of the household other than the CAH participants.

The home adaptation expenses should account for "contractor grade" materials in all instances. Most companies make items which are suitable for new construction as standard features. MA will not pay for add-ons or upgrades. Neither will MA pay for work beyond that which is necessary to reasonably accommodate the medical needs of the recipient and to "finish" the alterations (e.g. molding, trim, primer, and finish coat of paint). If a family wishes to use higher than contractor grade material, they must pay for the upgraded item themselves. When Medicaid pays for an item, Medicaid is considered payment in full. Additional items may be paid for by the family beyond the MA determined necessities.

IV. REQUIRED ACTION

The CAH coordinator will have the following responsibilities in providing home adaptation services for CAH I and II participants:

- o Include the need for home adaptation in the child's plan of care;
- * o Obtain a written statement from the physician that the home adaptation is medically necessary and retain in district file;
- o Where there is a rehabilitative evaluating agency available (United Cerebral Palsy, Project Open House, Independent Living) CAH will pay for the evaluation. The cost of the evaluation should be negotiated between the districts and the evaluating agency prior to the consultation. It will be claimed on the Schedule E (DSS-157);
- * o Request estimates of three contractors. The district may waive the three estimate requirement at their discretion (e.g. geographic limitations);
- * o Require that the contractor base the bid on "contractor grade" materials;
- * o Obtain written permission of the building owner (for rental property) for the planned adaptations and retain in district file;

- o Select a contractor;
- o Require that the actual contract for building which can be either between the contractor and district or the parent stipulate that all work comply with applicable building and zoning codes and that before final payment is made to the contractor, the contractor will show that the work has been approved/inspected by either the parent or the local municipal branch of government that issued the initial permit;
- * o Require before construction begins that the contractor submit verification that he/she will comply with local building and zoning codes and maintain appropriate and adequate insurance coverage;
- * o Divide the total adaptation into the 12 month budget for the CAH child and assure that it is within the allowable CAH level cap (CAH I cap = \$7,500/month, CAH II cap = \$14,500/month, currently). This is done even though payments actually may be made in a lump sum or in payments throughout the adaptation process;
- o Complete and forward attached DSS-4400 (CAH Home Adaptation Approval Form) to the Department's DSS CAH Program for approval. Send to Ms. Janice Tricarico, NYS Department of Social Services, 40 North Pearl Street, Albany, New York 12243;
- o Provide this rationale for why this bid was selected (e.g. cost, prior experience of the Long Term Home Health Care Program (LTHHCP) or the Developmental Disability Service Organization (DDSO) with a particular contractor);
- o Notify the Department of any denials and include the rationale for that denial;
- o Notify family of the denial using standard Department notice for family notification; and
- o Notify family and case manager of the Departments approval when obtained.

* [These tasks may be delegated to the case manager.]

The district claims these costs on the Schedule E for reimbursement from the State in the following manner: Expenditures for participants in the CAH Program are claimed on line 20 of the Schedule E (Fiscal Reference Manual Vol. 2, Chapter 3). These expenditures should be authorized in WMS with a pay type of P9 and special claiming categories of V for federally participating (column 7, All Other), R for federally non-participating (column 11, All Other), and N for Non-Reimbursable (column 12).

V. SYSTEMS IMPLICATIONS

None

VI. EFFECTIVE DATE

The provisions of this Administrative Directive are effective August 1, 1993.

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care