

Environmental Accessibility Modifications Protocol Checklist

Service Recipient's Name _____ Date of Birth _____
(Last, First)

Reviewer's Name _____ Date Request Submitted _____
(Last, First)

Technical Review

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If YES, continue to Question #1.</p> <p>If NO and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1.</p> <p>If NO based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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A. Criteria for Environmental Accessibility Modifications

<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the requested modification one of the following specific exclusions in the waiver service definition? (A1)</p> <ul style="list-style-type: none"> a. Any adaptation or modification of the home which is of general utility and is not of direct medical or remedial benefit to the enrollee; OR b. Any adaptation or modification which is considered to be general maintenance of the residence; OR c. Any physical modification to the exterior of the enrollee's place of residence or lot (e.g., driveways, sidewalks, fences, decks, patios, porches) that is not explicitly listed in the waiver service definition as being covered; OR d. Any physical modification to garage doors for entry of vehicles; OR e. Any item that meets the waiver service definition of Specialized Medical Equipment, Supplies, and Assistive Technology; OR f. Construction of an additional room or modification of an existing room which increases the total square footage of the residence; OR g. A second or additional wheelchair ramp when the enrollee has a functional wheelchair ramp for one entrance into the enrollee's resident; OR h. Installation, repair, replacement, or painting of ceilings, walls, or floors or installation, repair, or replacement of carpet or other flooring except: <ul style="list-style-type: none"> (1) When the need for such is directly related to and necessitated by another approved environmental accessibility modification (e.g., flooring, or carpet repair when a doorway is widened); AND
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	<p>(2) When the cost of such is included in the cost of the other approved environmental accessibility modification; OR</p> <p>i. Furniture; OR</p> <p>j. Water purifiers; OR</p> <p>k. Air conditioning or heating systems or units or the installation, repair, or replacement of air conditioning or heating systems or units; OR</p> <p>l. Stairway lifts or elevators or the installation, repair, or replacement of such; OR</p> <p>m. Lights or lighting systems or the installation, repair, or replacement of lights or lighting systems, except for the installation or replacement of lights when the need for such is directly related to and necessary in order to complete another approved environmental accessibility modification.</p> <p>If YES, stop and deny as a non-covered service based on the waiver service definition.</p> <p><i>In addition, deny as a non-covered service any portion of the requested amount of Environmental Accessibility Modifications which exceeds the waiver service limit of \$15,000 per service recipient per two (2)-program year period.</i></p> <p>If NO, proceed to Question #2.</p>
<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the requested modification one of the following: (A.2)</p> <p>a. A physical modification to the interior of an enrollee's place of residence to increase the enrollee's mobility and accessibility within the residence; OR</p> <p>b. A physical modification to an existing exterior doorway of the enrollee's place of residence to increase the enrollee's mobility and accessibility for entrance into and exit from the residence; OR</p> <p>c. A wheelchair ramp and modifications directly related to, and specifically required for, the construction or installation of the ramp; OR</p> <p>d. Hand rails for exterior stairs or steps to increase the enrollee's mobility and accessibility for entrance into and exit from the residence; OR</p> <p>e. Replacement of glass window panes with a shatterproof or break-resistant material?</p> <p>If YES, proceed to Question #3</p> <p>If NO, stop and deny as a non-covered service based on the waiver service definition.</p> <p><i>In addition, deny as a non-covered service any portion of the requested amount of Environmental Accessibility Modifications which exceeds the waiver service limit of \$15,000 per service recipient per two (2)-program year period.</i></p>
<p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions: (A.3)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to show that the service recipient has functional limitations involving ambulation, mobility, or other activities of daily living or</p>

	<p>safety needs and that such limitations or safety needs would be mitigated by one or more of the following:</p> <ul style="list-style-type: none"> (1) Physical modifications to the interior of an enrollee's place of residence to increase the enrollee's mobility and accessibility within the residence; OR (2) Physical modifications to an existing exterior doorway of the enrollee's place of residence to increase the enrollee's mobility and accessibility for entrance into and exit from the residence; OR (3) A wheelchair ramp and modifications directly related to, and specifically required for, the construction or installation of the ramp; OR (4) Hand rails for exterior stairs or steps to increase the enrollee's mobility and accessibility for entrance into and exit from the residence; OR (5) Replacement of glass window panes with a shatterproof or break-resistant material (when medically necessary based on a history of destructive behavior by the enrollee); AND <p>b. Is there documentation that the requested Environmental Accessibility Modifications have been recommended by a qualified health care professional (e.g., physician, occupational therapist, physical therapist) based on an assessment of the service recipient's functional limitations and capabilities involving ambulation, mobility, and other activities of daily living and the service recipient's safety needs; AND</p> <p>c. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to show that the Environmental Accessibility Modifications would be of direct medical or remedial benefit to the service recipient rather than being a modification to the home that would be of general utility; AND</p> <p>d. Is the Environmental Accessibility Modification the least costly alternative that is adequate to meet the needs of the service recipient?</p> <p>If YES to all four criteria specified in "3.a" through "3.d" above, stop and <u>approve</u> the modification (subject to the waiver service limit of \$15,000 per two (2)-program year period).</p> <p><u>Deny</u> as a non-covered service any portion of the requested amount of Environmental Accessibility Modifications which exceeds the waiver service limit of \$15,000 per service recipient per two (2)-program year period.</p> <p>If NO to any criterion specified in "3.a" through "3.d" above, stop and deny as <u>not medically necessary</u>. All of the unmet medical necessity criteria must be specified in the denial letter.</p> <p><i>In addition</i>, deny as a non-covered service any portion of the requested amount of Environmental Accessibility Modifications which exceeds the waiver service limit of \$15,000 per service recipient per two (2)-program year period.</p>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	