

Title of Rule: Revision to the Home and Community Based Services Home Modification Rule for Persons with Brain Injury Waiver, Community Mental Health Supports Waiver, Spinal Cord Injury Waiver, and Elderly, Blind, and Disabled Waiver, Section 8.493

Rule Number: MSB 16-01-30-A

Division / Contact / Phone: LTSS / Diane Byrne / 303-866-4030

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The rules set forth at 10 CCR 2505-10 Section 8.493 are being revised to allow the Department to incorporate changes significant changes developed over the last year to the home modification benefit available to clients on the four adult Long Term Services and Supports (LTSS) waivers. The cornerstone of these changes has been the interagency agreement with the Division of Housing, Department of Local Affairs (DOH) and monthly stakeholder meetings. With our new DOH partners, we have focused on ways to increase the quality of home modifications done throughout the state and reduce the difficulties encountered by clients during the home modification process. The main areas of change have been 1), reducing miscommunication and shortening timeframes by creating standard forms and processes; 2), increased physical inspections by DOH to promote consistently high quality work; and 3), provider billing guidelines to protect the tax payers from overpayment and reduce the possibility of fraud. We established and have met with the Home Modification Stakeholder Workgroup monthly since January 2015 for input and recommendations on these changes.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or
 for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

42 U.S.C. §1396n(c)

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2015);

C.R.S. 25.5-6-307, C.R.S. 25.5-6-606, C.R.S. 25.5-6-704, C.R.S. 25.5-6-1303

Initial Review

05/13/16

Final Adoption

06/10/16

Proposed Effective Date

08/30/16

Emergency Adoption

DOCUMENT #01

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Persons who utilize the Home Modification benefit in the Elderly, Blind, and Disabled waiver, the Brain Injury waiver, the Community Mental Health Supports waiver, and the Spinal Cord Injury waiver will benefit from increase the quality of home modifications done throughout the state and reduce the difficulties encountered by clients during the home modification process. There is no cost to the Department.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

This rule will have a positive impact on the safety, quality of life, and independence of persons who choose to use the Home Modification benefit. All persons who use the Home Modification should benefit from an increase the quality of home modifications done throughout the state and reduce the difficulties encountered by clients during this process.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

There is no cost to the Department or any other agency.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The Department will increase the quality of home modifications done throughout the state, decrease the number of complaints received, and possibly lower the average cost of home modifications due to decreased mis-billing and fraud from increased oversight. The costs of inaction include a continuation of miscommunication, lack of oversight, and possible mis-billing and fraud. There is no benefit to inaction.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

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This rule revision does not increase the cost to the Department for providing the Home Modification benefit. There is no less intrusive method to increase communication, project quality oversight, and clarity related to billing.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

Alternative methods considered included the dedication of more Department staff to this benefit. This method was rejected as inadequate to provide clarity to the program, integrate the expertise gained from the partnership with the Division of Housing, and costly to implement.

8.493 HOME MODIFICATION

8.493.1 DEFINITIONS

Case Management Agency (CMA) means an agency within a designated service area where an applicant or client can obtain Case Management services. CMAs include Single Entry Points (SEP), Community Centered Boards (CCB), and private case management agencies.

Case Manager means an individual employed by a CMA who is qualified to perform the following case management activities: determination of an individual client's functional eligibility for the Home and Community Based Services (HCBS) waivers, development and implementation of an individualized and person-centered care plan for the client, coordination and monitoring of HCBS waiver services delivery, evaluation of service effectiveness, and the periodic reassessment of such client's needs.

Department means the Department of Health Care Policy and Financing.

The Division of Housing (DOH) is a State entity within the Department of Local Affairs that is responsible for approving Home Modification PARs, oversight on the quality of Home Modification projects, and inspecting Home Modification projects, as described in 10 CCR 2505-10 section 8.493.

Eligible Client means a client who is enrolled in the following Home and Community-Based Services (HCBS) waivers: Brain Injury, Spinal Cord Injury, Community Mental Health Supports, or Elderly, Blind and Disabled.

Home Modification means specific modifications, adaptations or improvements in an Eligible Client's existing home setting which, based on the client's medical condition:

1. Are necessary to ensure the health, welfare and safety of the client, and
2. Enable the client to function with greater independence in the home, and
3. Are required because of the client's illness, impairment or disability, as documented on the ULTC-100.2 form and the care plan; and
4. Prevents institutionalization or supports the deinstitutionalization of the client.

Home Modification Provider means a provider agency that has met all the standards for Home Modification described in 10 CCR 2505-10 section 8.493.5.B and is an enrolled Medicaid provider.

Person-Centered Planning as applies to Home Modifications means that Home Modifications shall be agreed upon through a process that is driven by the individual client and can include people chosen by the client, as well as the appropriate health care professionals, providers, and appropriate state and local officials or organizations. The home modification process provides necessary information, support, and choice to the client to ensure that the client directs the process to the maximum extent possible. Client choice shall be documented throughout according to Department prescribed processes and procedures.

8.493.2 BENEFITS

8.493.2.A. Home Modifications, adaptations, or improvements may include but are not limited to the following:

1. Installing or building ramps.
2. Installing grab-bars and installing other Durable Medical Equipment (DME) as part of a larger Home Modification project if such installation cannot be performed by a DME supplier.
3. Widening doorways.
4. Modifying bathrooms.
5. Modifying kitchen facilities.
6. Installing specialized electric and plumbing systems that are necessary to accommodate medically necessary equipment and supplies.
7. Installing stair lifts or vertical platform lifts.

8. Modifying an existing second exit or egress window for emergency purposes.

a. The modification of a second exit or egress window must be approved by the Department or its agent as recommended by an occupational or physical therapist (OT/PT) for the health, safety, and welfare, of the client.

8.493.2.B. Previously completed hHome m-Modifications, regardless of original funding source, shall be eligible for maintenance or repair within the client's remaining lifetime cap allotment while remaining subject to 8.493.3, Exceptions and Restrictions.

8.493.2.C. There shall be a lifetime cap of \$14,000 per client. The Department may authorize funds in excess of the client's lifetime cap if there is:

1. An immediate risk of the client being institutionalized; or
2. A significant change in the client's needs since a previous home modification.

8.493.3 EXCEPTIONS AND RESTRICTIONS

8.493.3.A. Home Modifications must be a direct benefit to the client as defined in 10 CCR 2505-10 Section 8.493.1 and not for the benefit or convenience of caregivers, family members, or other residents of the home. Modifications to an existing home that are not a direct medical or remedial benefit to the client are not a benefit.

8.493.3.B. Duplicate adaptations, improvements, or modifications as a part of new construction costs are not a benefit. This includes, but is not limited to, multiple bathrooms, egress windows, or exits within the same home.

8.493.3.C. Adaptations, improvements, or modifications as a part of new construction costs are not a benefit.

8.493.3.D. The purchase of Durable Medical Equipment (DME) is not a benefit.

8.493.3.E. The Department may deny requests for Home Modification projects that exceed usual and customary charges or do not meet local building requirements, the LTSS Home Modification Benefit Construction Specifications developed by the Division of Housing (DOH), or industry standards. The LTSS Home Modification Benefit Construction Specifications (2016) are hereby incorporated by reference. The

incorporation of these guidelines excludes later amendments to, or editions of, the referenced material. The 2016 LTSS Home Modification Benefit Construction Specifications can be found on the Department website. Pursuant to §24-4-103(12.5), C.R.S., the Department maintains copies of this incorporated text in its entirety, available for public inspection during regular business hours at: Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver Colorado 80203. Certified copies of incorporated materials are provided at cost upon request.

8.493.3.~~F.D.~~ Home Modification projects are not a benefit in any type of certified or non-certified congregate facility, as defined in 10 CCR 2505-10 ~~S~~section 8.485.50.F and G.

~~8.493.3.E. — There shall be a lifetime cap of \$14,000 per client. The increase in the lifetime cap available to a client is contingent and shall not be in effect until approved by the Centers for Medicare and Medicaid Services (CMS). Until approved by CMS, the lifetime cap shall be \$10,000 per client.~~

8.493.3.~~G.F.~~ Volunteer work on a Home Modification project approved by the Department shall be completed under the supervision of the Home Modification Provider as stated on the bid.

1. Volunteer work performed by Department-approved organizations must be described according to Department prescribed processes and procedures. A list of these organizations can be found on the Department website.

2. Work performed by an unaffiliated party, such as, but not limited to, volunteer work performed by a friend or family member, or work performed by a private contractor hired by the client or family, must be described and agreed upon, in writing, by the provider responsible for completing the home modification, according to Department prescribed processes and procedures.

8.493.3.H. If a client lives in a property where adaptations, improvements, or modifications as a reasonable accommodation through federally funded assisted housing are required by the Fair Housing Act, the client's Home Modification funds may not be used unless reasonable accommodations have been denied. The Fair Housing Act (42 U.S.C. § 3601, et seq.)(1995) is hereby incorporated by reference. The incorporation of this Act excludes later amendments to, or editions of, the referenced material. Pursuant to §24-4-103(12.5), C.R.S., the Department maintains copies of this incorporated text in its entirety, available for public inspection during regular business hours at: Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver Colorado 80203. Certified copies of incorporated materials are provided at cost upon request.

8.493.4 ~~SINGLE ENTRY POINT~~CASE MANAGEMENT AGENCY RESPONSIBILITIES

8.493.4.A. The ~~SEP-c~~Case ~~M~~anager shall consider alternative funding sources to complete the Home Modification, including, but not restricted to those sources identified and recommended by the Department and DOH on the Department website. These alternatives and the reason they are not available shall be documented in the case record.

1. The Case Manager must confirm that the client is unable to receive the proposed adaptations, improvements, or modifications as a reasonable accommodation through federally funded assisted housing as required by the Fair Housing Act.

8.493.4.B. The Case Manager may approve Home Modification projects estimated at less than \$2,500 without prior authorization, contingent on client authorization and confirmation of Home Modification fund availability.

8.493.4.CB. The ~~SEP~~eCase ~~m~~Manager shall obtain prior approval by submitting a Prior Authorization request form (PAR) to the Department for Home Modification projects estimated at between ~~\$12,500.00~~ and \$14,000. ~~The increase in the lifetime cap available to a client is contingent and shall not be in effect until approved by the Centers for Medicare and Medicaid Services (CMS). Until approved by CMS, the lifetime cap shall be \$10,000 per client.~~

1. The Case Manager must submit the required PAR and all supporting documentation for the PAR according to Department prescribed processes and procedures. The Department may decline to authorize PARs. Home Modifications submitted with improper documentation are not authorized.

2. The Case Manager and CMA are responsible for retaining and tracking keeping and checking internal all documentation related to a client's home modification lifetime cap use and communicating that information to the client and providers. The Case Manager may request confirmation of a client's home modification lifetime cap use from the Department, its fiscal agent, or DOH.

~~8.493.4.C. The SEP case manager may approve Home Modification projects estimated at less than \$1,500.00 without prior authorization.~~

~~8.493.4.D. The Department may conduct on-site visits or any other investigations deemed necessary prior to approving or denying the Home Modification request.~~

8.493.4.DE. Home Modifications estimated to cost ~~\$12,500.00~~ or more shall be evaluated according to the following procedures:

1. An occupational or physical therapist (OT/PT) shall assess the client's needs and the therapeutic value of the requested Home Modification. When an ~~occupational therapist~~OT/PT with experience in Home Modification is not available, a Department-approved ~~physical therapist or other~~ qualified individual may be substituted. An ~~evaluation report~~ specifying how the Home Modification would contribute to a client's ability to remain in or return to his/her home, and how the Home Modification would increase the individual's independence and decrease the need for other services, shall be completed before bids are solicited. This evaluation shall be submitted with the PAR.

2. The ~~occupational therapist~~evaluation services may be provided by a home health agency or other qualified and approved OT/PT and billed to through Medicaid Home Health consistent with Home Health rules set forth in 10 CCR 2505-10 Section 8.520, including physician orders and plans of care.

a. A Case Manager may initiate the OT/PT evaluation process before the client has been approved for waiver services, as long as the client is Medicaid eligible.

b. A Case Manager may initiate the OT/PT evaluation process before the client physically resides in the home to be modified, as long as the current property owner agrees to the evaluation.

3. The ~~SEP-eCase m~~Manager and the ~~occupational therapist~~OT/PT shall consider less expensive alternative methods of addressing the client's needs. The ~~eCase m~~Manager shall document these alternatives in the client's case file.
- 8.493.4.EF. The ~~SEP-eCase m~~Manager shall ~~follow a bid process solicit bids~~ according to the following procedures:
1. The ~~SEP-eCase m~~Manager shall solicit ~~and receive~~ bids from at least two Home Modification Providers.
 - a. The Case Manager must verify that the provider is an enrolled Home Modification Provider.
 - b. The bids must be submitted according to Department prescribed processes and procedures as found on the Department website.
 2. The bids shall include a breakdown of the costs of the project including:
 - a. Description of the work to be completed.
 - b. Description and Estimate of the materials and labor needed to complete the project. Material costs should include price per square foot for materials purchased by the square foot. Labor costs should include price per hour.
 - c. Estimate for building permits, if needed.
 - d. Estimated timeline for completing the project.
 - e. Name, address and telephone number of the Home Modification Provider.
 - f. Signature of the Home Modification Provider.
 - g. Signature of the client or other indication of approval.
 - h. Signature of the home owner or property manager if applicable.
 3. Home Modification Providers have a maximum of thirty (30) days to submit a bid for the Home Modification project after the ~~SEP-eCase m~~Manager has solicited the bid.
 - ~~4. The SEP case manager shall submit copies of the bid(s) and the occupational therapist's evaluation with the PAR to the Department. The Department shall authorize payment to the lowest bidder.~~
 - ~~5. The SEP case manager may request approval of bid that is not the lowest by submitting a written justification or explanation to the Department with the PAR. use of a bid which is not the lowest bid is not approved by the Department~~
 - a6. If the ~~SEP-eCase m~~Manager has made three attempts to obtain a written bid from a Home Modification Providers and the Home Modification Providers ~~has~~ not responded within thirty (30) calendar days, the ~~eCase M~~anager may accept request approval of one bid.

Documentation of the ~~contacts attempts~~ and ~~an explanation of these attempts~~ shall be attached to the PAR.

5. The Case Manager shall submit copies of the bid(s) and the OT/PT evaluation with the PAR to the Department. The Department shall authorize the lowest bid that complies with the requirements of Section 8.493 and the recommendations of the OT/PT evaluation.
 - a. If a client or home owner requests a bid that is not the lowest of the submitted bids, the Case Manager shall request approval by submitting a written explanation with the PAR.
67. A revised PAR and Change Order bid-request shall be submitted according to the procedures outlined in this Section for any changes from the original approved PAR according to Department prescribed processes and procedures.
8. ~~Home Modification projects shall be initiated within 60 days of signed approval from the Department.~~

8.493.4.FG. If a property to be modified is not owned by the client ~~or the client's family~~, the ~~SEP Case Manager~~ shall obtain signatures from the home owner or property manager on the submitted bids authorizing the specific modifications described therein.

~~a letter from the owner of the property authorizing modifications to the property prior to initiation of the project and allowing the client to leave the modification in place if the property is vacated by the client.~~

1. Written consent of the home owner or property manager, as evidenced by the above mentioned signatures, is required for all projects that involve permanent installation within the client's residence or installation or modification of any equipment in a common or exterior area.
2. If the client vacates the property, these signatures evidence that the home owner or property manager agrees to allow the client to leave the modification in place or remove the modification as the client chooses. If the client chooses to remove the modification, the property must be left equivalent or better to its pre-modified condition. The home owner or property manager may not hold any party responsible for removing all or part of a home modification project.

8.493.4.G. ~~If the CMA deviates from~~ does not comply with the process described above; resulting in a problematic increased cost for a home modification and/or a payment issue, the Department may hold the CMA financially liable for the increased cost.

8.493.4.H. The Department or its agent may conduct on-site visits or any other investigations deemed necessary prior to approving or denying the Home Modification request.

8.493.5 PROVIDER RESPONSIBILITIES

8.493.5.A. Home Modification Providers shall conform to all general certification standards and procedures set forth in 10 CCR 2505-10 section 8.487.11.

8.493.5.B. Home Modification Providers shall be licensed in the city or county in which they propose to provide Home Modification services to perform the work proposed, if required by that city or county.

8.493.5.C. Home Modification Providers shall begin work within sixty (60) days of signed approval from the Department. Extensions of time may be granted by DOH or the Department for circumstances outside of the provider's control upon request by the provider. Requests must be received within the original deadline period and be supported by documentation, including client notification. Reimbursement may be ~~withheld~~ reduced for delays ~~as described below~~ in accordance with ~~s~~Section 8.493.6.F.

1. ~~If Any changes to the approved scope of work are made without Department authorization, and result in increased cost, the increased cost~~ the cost of those changes will not be reimbursed.

2. ~~Projects shall be completed within thirty (30) days of beginning work. Extensions of time may be granted by DOH or the Department for circumstances outside of the provider's control upon request by the provider. Requests must be received within the original deadline period and be supported by documentation, including client notification. Reimbursement may be withheld~~ reduced for delays ~~as described below~~ in accordance with ~~in~~ sSection 8.493.6.F.

8.493.5.~~DC~~. The Home Modification Provider shall provide a one-year written warranty on materials and labor from date of final inspection on all completed work ~~and perform work covered under that warranty at their expense.~~

8.493.5.~~ED~~. The Home Modification Provider shall ~~assure that the project complies~~ comply with the LTSS Home Modification Benefit Construction Specifications developed by the DOH, which can be found on the Department website, ~~and with~~ with local, ~~and/or~~ state building codes. ~~In areas where there is no building authority, the Home Modification Provider shall assure that the project complies with the appropriate provisions of the 2003 edition of the International Residential Code and the accessibility provisions contained within the 2003 edition of the International Building Code. The Home Modification project shall also comply with the Colorado Plumbing Code as adopted by the Colorado Examining Board of Plumbers and the National Electrical Code as adopted by the Colorado Electrical Board, effective July 1, 2005. The International Residential Code (2003), the accessibility provisions within the International Building Code (2003), and the Colorado Plumbing Code (2005) are hereby incorporated by reference. The incorporation of these materials exclude later amendments to, or editions of, the referenced material. Pursuant to C.R.S. section 24-4-103(12.5), the Department maintains copies of this incorporated text in its entirety, available for public inspection during regular business hours at: Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver Colorado 80203. Certified copies of incorporated materials are provided at cost upon request.~~

8.493.5.~~FE~~. All Home Modification projects ~~within a Department-established sampling threshold~~ shall be inspected ~~and approved~~ upon completion by DOH, a state, local or county building inspector or a licensed engineer, architect, contractor or any other person as designated by the Department. ~~Home Modification projects may be inspected by DOH upon request by the client at any time determined to be reasonable by DOH or the Department. Clients must provide access for inspections.~~

1. ~~DOH shall perform an inspection within fourteen (14) days of receipt of notification of project completion or receipt of a client's reasonable request.~~

2. ~~DOH shall produce a written inspection report within three (3) days of performing an inspection that notes the client's specific complaints. The inspection report shall be sent to the client, Case Manager, and p~~Provider.

3. Home Modification pProviders must repair or correct any noted deficiencies within twenty (20) days or the time required by the inspection, whichever is shorter. Extensions of time may be granted by DOH or the Department for circumstances outside of the provider's control upon request by the provider. Requests must be received within the original deadline period and be supported by documentation, including client notification. Reimbursement may be reduced for delays as described below in accordance with Ssection 8.493.6.D.

8.493.5.GF. Copies of building permits and inspection reports shall be submitted to ~~the SEP case manager and all problems noted on inspections shall be corrected before the Home Modification Provider submits a final invoice for the payment.~~DOH. In the event that a permit is not required, the Home Modification Provider shall formally attest in their initial bidsubmit to the SEP case manager a signed statement indicating that a permit is not required. Incorrectly attesting that a permit is not required shall be justification for recovery of payment by the Department.

8.493.6 REIMBURSEMENT

8.493.6.A. Payment for Home Modification services shall be the prior authorized amount or the amount billed, whichever is lower.~~lower of the billed charges or the prior authorized amount.~~ Reimbursement shall be made in two payments per Home Modification.

8.493.6.B. The Home Modification Provider may submit a claim for an initial payment of no more than fifty percent of the project cost for materials, permits, and initial labor costs.

8.493.6.C. The Home Modification Provider may submit a claim for Ffinal payment shall be madewhen the Home Modification project has been completed satisfactorily as shown by the submission of the documentation below to DOH; and the SEP agency has in the client's file copies of:

1. Signed lien waivers for all labor and materials, including lien waivers from sub-contractors;~~;~~
2. Required permits;~~;~~
3. One year written warranty on parts materials and labor; and;
4. Final inspection documentation verified by the SEP case manager and Ddocumentation in the client's file that the Home Modification has been completed satisfactorily through:
 - a. ~~Contact with~~Receipt of inspection report approving work from the building inspector or other inspector as referenced at 10 C.C.R. 2505-10, Section 8.493.5.FE; ~~or~~
 - b. ~~Contact with~~Approval by the client, representative, or other designee; ~~or~~
 - c. ~~Contact with~~Approval by the family member or responsible party; orhome owner or property manager;
 - d. By conducting an on-site inspectionvisit; or
 - e. DOH acceptance of photographs taken both before and after the Home Modification.

8.493.6.D.- If DOH notifies a Home Modification Provider that an additional inspection is required, the Home Modification Provider may not submit a claim for final payment until DOH has received documentation of a satisfactory inspection report for that additional inspection.

8.493.6.~~ED~~. The Home Modification Provider shall only be reimbursed for materials and labor for work that has been completed satisfactorily and as described on the approved Home Modification Provider Bid form or Home Modification Provider Change Order form. ~~If another Home Modification Provider is required to complete the work, the original Home Modification Provider shall be paid only the difference between the amount paid originally to the Home Modification Provider and the amount needed to complete the Home Modification paid to the second Home Modification Provider, up to the \$14,000.00 maximum lifetime cap. The increase in the lifetime cap available to a client is contingent and shall not be in effect until approved by the Centers for Medicare and Medicaid Services (CMS). Until approved by CMS, the lifetime cap shall be \$10,000 per client.~~

1. All recommended repairs noted on inspections shall be completed before the Home Modification Provider submits a final claim for reimbursement.
2. If a Home Modification Provider has not completed work satisfactorily, DOH shall determine the value of the work completed satisfactorily by the Provider during an inspection. The Provider shall only be reimbursed for the value of the work completed satisfactorily.
 - a. A Home Modification Provider may request DOH perform one (1) redetermination of the value of the work completed satisfactorily. This request may be supported by an independent appraisal of the work, performed at the Provider's expense.

8.493.6.~~FE~~. Reimbursement may be ~~withheld~~ reduced at a rate of 1% (one percent) of the total project amount for every seven (7) calendar full days beyond the deadlines required for project completion, including or to become compliant with correction of all noted deficiencies inspection deficiencies.

1. Extensions of time may be granted by DOH or the Department for circumstances outside of the provider's control upon request by the provider. Requests must be received within the original deadline period and be supported by documentation, including client notification.
2. The home modification reimbursement reduced pursuant to this subsection shall be incorporated into the computation of the client's remaining lifetime cap.

8.493.6.G. The Home Modification Provider shall not be reimbursed for the purchase of durable medical equipment DME available as a Medicaid state plan benefit to the client. ~~The Home Modification Provider may be reimbursed for the installation of DME if such installation is outside of the scope of the client's DME benefit, unless the purchase and installation of the equipment is part of a larger Home Modification project.~~