



COLORADO

Department of Health Care
Policy & Financing

OPERATIONAL MEMO

OPERATIONAL MEMO NUMBER: HCPF OM 19-019

TITLE: GUIDANCE ON HOME ACCESSIBILITY ADAPTATIONS REQUESTS FOR CES AND SLS WAIVERS

SUPERSEDES NUMBER: N/A

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DIVISION AND OFFICE: BENEFITS AND SERVICES DIVISION, OFFICE OF COMMUNITY LIVING

PROGRAM AREA: HOME ACCESSIBILITY ADAPTATIONS BENEFIT

APPROVED BY: BONNIE SILVA

KEY WORDS: HOME ACCESSIBILITY ADAPTATIONS, HOME MODIFICATIONS

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Purpose and Audience:

The purpose of this Operational Memo is to inform case management agencies of operational instructions for the Department of Health Care Policy & Financing's (Department) requirements for the approval of all funding under the Home Accessibility Adaptations benefit under the Home and Community-Based Services (HCBS) Children's Extensive Supports (CES) and Supported Living Services (SLS) waivers.

Background:

This Operational Memo rescinds all previous guidance issued by the Department on the Home Accessibility Adaptations benefit for the CES and SLS waivers.

The Department is in the process of engaging with stakeholders through regular meetings to improve the function of the Home Accessibility Adaptations benefit and revise regulations. In the course of this engagement, Community Centered Boards (CCBs) requested additional guidance on process for the administration of this benefit. The Department also found inconsistencies in the administration of this benefit between CCBs across the state.

Information/Procedure:

Case managers at CCBs must follow the direction in this Operational Memo in addition to the requirements found in regulation at [10 CCR 2505-10 § 8.500.94.B.6](#) and [10 CCR 2505-10 § 8.503.40.A.5](#).

Case Managers at CCBs must follow the direction in this Operational Memo for the approval of the Home Accessibility Adaptations benefit at any funding level to ensure the consistency and integrity of the benefit for CES and SLS waiver members.

Case Management Responsibilities

Case managers shall review professional evaluations and bids keeping the Home Accessibility Adaptations benefit rules and guidance top of mind and advise all parties involved on the requirements and limitations of the benefit. Case managers must advise members, families, professionals writing evaluations, and providers on the requirement for cost effectiveness, including finding and utilizing other funding sources. Case managers shall also assist members and families in coordinating and communicating with evaluators and providers. While members and families may prefer to lead communications, case managers shall participate in communication to ensure all parties retain the same understanding of the scope of work being requested to be approved under the Home Accessibility Adaptations benefit.

Case managers are encouraged to involve the Department by contacting Diane Byrne (contact information below) and other relevant parties in the process of requesting funding as early as possible. This is important for all requests, and especially so for CES waiver members within the last year of eligibility to ensure benefits may be accessed.

Professional Evaluations

Professional evaluations are required for the approval of the cumulative use of funds over \$2,500 through the Home Accessibility Adaptations benefit. Professional recommendations are strongly recommended for the use of Home Accessibility Adaptation benefit funds under \$2,500.

If a professional evaluation of need and recommendation is used, it must be the first step in the process to access the Home Accessibility Adaptations benefit. This is required to ensure funding is based on professional judgment and expertise. Requests with professional evaluations dated later than bids will be returned to the CCB for correction. Correction may require a new evaluation or new bids.

Professional evaluations must be conducted by a professional qualified to evaluate the member's needs and make recommendations, within the scope of their practice, based on the physical setting of the home. For example, an Occupational Therapist is qualified by professional licensure to assess the need for a ramp and make recommendations. A Speech Language Pathologist is not qualified to make the same assessment and recommendations without additional training.

Professional evaluations must propose the most cost-effective solution that will meet the member's need and explain in detail how each aspect of a modification meets a specific need. Each need should be identified, along with barriers in the home, and their

proposed solutions. If the member needs a modification that is costlier than the typical modification, the evaluation must specify which less costly solutions have been tried and why they would not meet the member's needs. Items for caregiver convenience are not allowed.

Evaluations must be conducted in the home to be modified, with the member present. Without assessing the member in the setting, professionals may not have enough information to make the most appropriate recommendation. Exceptions may be made if the member is not able access the home to be modified, however, the professional must still evaluate the member and home. If the member is unable to enter the home without the modification, the professional may evaluate the member in their current setting and visit the home to be modified separately. The evaluation must address why the home and member were not evaluated together.

Bids and Project Standards

The Department requires three competitive bids be obtained for the cumulative use of Home Accessibility Adaptations benefit funding over \$2,500. All proposed work must be based off the recommendations from the professional evaluation or explained as necessary due to the physical requirements of the home. Bids are considered competitive when they are for the same scope and quality of work. Differences in methodology or product brand are allowed. For example, if the professional evaluation recommends a stair lift so the member can access bathing facilities on the second floor, the bids should all propose the most cost-effective stair lift that will meet the need. If one bid proposes an upgraded stair lift, they would not be considered competitive. Bids should explain the need for all ancillary items associated with the recommended modification. For example, a stair lift may require backing support or specific electrical wiring, which should be detailed in the bid.

The Department will make exceptions to the number of bids required if accompanied by documentation from the CCB that at least three bids were solicited. If the case manager has made three attempts to obtain a written bid and has not received responses within 30 calendar days, fewer bids will be accepted. Documentation of the dates and methods of contacts should accompany the exception request.

Bids must delineate costs by project component and distinguish between material and labor costs. For example, if the proposed project includes a ramp, roll-in shower, wall-hung sink, and ADA-height toilet, the bid should break down the total cost by the material and labor costs of each component.

Projects will be approved for the most cost-effective quality of materials and size required to meet the need. For example, if a fence is needed to ensure the safety of a member with wandering or elopement behaviors, the fence may be approved for up to the size of a typical yard or 150 linear feet. Requests for fencing larger than that size

should include specific justification, either from the provider detailing why the physical layout requires additional fencing length and why reducing the length of fencing is not advised, or from the professional detailing why the specific safety need is unable to be met with the standard amount of fencing.

The Home Accessibility Adaptations benefit may not be used in new construction. The use of this benefit in new construction does not comply with the requirements for cost-effectiveness. The Home Accessibility Adaptations benefit may be used to modify an existing home that is purchased by the member or family once the purchase of the home is complete.

Bids must include a one-year warranty on materials, install, and labor. Providers must deliver 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. Providers that fail to honor required warranties are at risk of payment recoupment.

Members and families may have separate agreements with providers to perform additional work not included in the project and not to be funded by the Home Accessibility Adaptations benefit. Bids must separate these items and mark them specifically as the responsibility of another payer source. The Department is unable to assist members or families in the resolution of complaints related to separate agreements with providers.

Durable Medical Equipment (DME)

Durable Medical Equipment (DME) may not be funded through the Home Accessibility Adaptations benefit. Individuals under age 21 may be able to access additional items through DME under an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) exception. Items that are denied for medical necessity under the state plan DME benefit may be funded under the Home Accessibility Adaptations benefit if accompanied by documentation of the final agency decision following appeal and meet all other requirements of the benefit. The installation of DME items may be provided through the Home Accessibility Adaptations benefit if not included with the provision of the items through DME and meet all other requirements of the benefit.

Attachments:

None

Department Contact:

Diane Byrne

Diane.byrne@state.co.us