



# MACOMB COUNTY

## COMMUNITY MENTAL HEALTH

Subject: <b>Utilization Management</b>	Procedure: <b>Environmental Modifications, Specialized Medical Equipment, and Vehicle Modifications</b>	
Last Updated: <b>2/13/2025</b>	Owner: <b>Managed Care Operations</b>	Pages: <b>5</b>

### I. PURPOSE:

To provide procedural and operational guidance to direct and contract providers of MCCMH on requesting environmental modifications, durable medical equipment, and vehicle modifications for Medicaid beneficiaries.

### II. DEFINITIONS:

#### Medical Necessity:

Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person’s diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of service.

\*Refer to the [Michigan Medicaid Provider Manual](#) for current definitions and service specific coverage criteria for environmental modifications, specialized medical equipment, and vehicle modifications.

### III. PROCEDURE:

- A. When a beneficiary notifies their primary provider of a need for a modification or equipment, the primary provider shall:
  1. Identify if this is a treatment need for the individual per the guidelines in the Medicaid Manual specific to the request and for Medical Necessity.
  2. Refer the beneficiary to an appropriate, independent professional to complete a comprehensive assessment with recommendations for **ALL** appropriate modifications or equipment to meet the assessed needs of the beneficiary.
    - a. This is typically an evaluation from an occupational therapist (OT), physical therapist (PT), or speech-language pathologist (SLP).
    - b. The evaluation must be specific to what items are being requested and include all technical specifications.

- c. There must be documentation that the requested item is the most cost-effective alternative to meet the beneficiary's needs and that other sources of coverage have been explored.
  3. If it is an appropriate need, add the service to the Person-Centered Plan (PCP).
    - a. The goal must address the need for the modification or equipment.
    - b. The goal must state how the modification or equipment will increase the beneficiary's productivity, independence, and/or community inclusion.
    - c. For CWP and HAB Waiver beneficiaries, the plan must document that, as a result of the treatment and its associated equipment or adaptation, institutionalization of the beneficiary will be prevented.
  4. Assist the beneficiary in obtaining an original physician's prescription for the requested item(s).
    - a. The prescription must include all requirements as detailed in the Michigan Medicaid Provider Manual.
    - b. The prescription must be specific to the items being requested.
- B. For environmental modifications, the primary provider assists the beneficiary's family in arranging a licensed and insured contractor to evaluate the requested modification and develop a quote for work based on the Home Modification's Scope of Work Guide.
  1. With the support of their provider, the beneficiary's support system coordinates a licensed and insured contractor to conduct an initial evaluation.
  2. The contractor completes a modification plan that details the scope of work needed and submits it to the provider for review.
- C. The beneficiary's family obtains a minimum of three bids/quotes for the modification or equipment, with the primary provider's support as needed.
  1. Bids must meet the following requirements:
    - a. All bids/quotes must be for identical off the shelf items.
    - b. All bids/quotes for environmental modifications must be generated from the same project specification sheet and developed by the case manager/supports coordinator, agency, and family based on the script
    - c. All bids must be for the exact specifications determined in the professional bid's narrative.
    - d. Include all costs associated with the item including tax, shipping, installation, etc. All work and materials shall be warrantied for a minimum of 2 years.

- e. Include the necessary training of the beneficiary and family on the equipment.
  - f. Quotes for durable medical equipment may be generated from the internet, but must be for similar items, be complete and legible, and include all associated costs.
2. Authorizations will be for the best option to meet the beneficiary's needs.
- D. The primary provider submits a completed packet to Managed Care Operations (MCO) through the designated email alias: [MCORRequests@mccmh.net](mailto:MCORRequests@mccmh.net). The packet must include the following items (incomplete packets will be returned to the primary provider):
1. Cover sheet that identifies the specific items being recommended, including quantity, model number, price (with shipping and tax, if applicable), and vendor.
  2. Original physician prescription for all requested items.
  3. Comprehensive assessment from an appropriate, independent professional with recommendations for all appropriate modifications or equipment to meet the beneficiary's assessed needs.
  4. Copy of the Person-Centered Plan (PCP) with a goal that addresses the need for the modification or equipment.
  5. Disclaimer provided to the beneficiary and support system/family stating that the beneficiary/family understands and agrees to the proposed modification and will not hold MCCMH or the primary provider liable for any unanticipated results.
  6. If the beneficiary resides in a rental property, there must be a written agreement from the landlord consenting to the environmental modification or installation of the durable medical equipment. The agreement must indicate that the landlord will not hold MCCMH responsible to return the property to the previous condition.
  7. Denial from private insurance coverage(s), if applicable.
    - a. Medicaid is the payor of last resort. There must be a denial from Medicare, all private insurance policies, and/or Children's Special Health Care Services (CSHCS), if applicable.
    - b. Denials must be in writing; verbal denials cannot be accepted.
    - c. If the insurance company refuses to issue a denial prior to purchase and/or installation, then the following will be accepted:
      - i. The beneficiary or legal guardian must sign a written agreement indicating that they will bill their insurance upon completion.
      - ii. The beneficiary will submit the denial letter to MCCMH upon receipt.

- iii. The beneficiary will submit any money received from their insurance company to MCCMH as reimbursement of the Medicaid funds utilized for this purpose.
  8. Documented denials from three (3) appropriate funding sources. Denials from other sources may include community organizations, churches, family ability to pay, housing commission grants, and/or community block development grants.
  9. A minimum of three bids/quotes for the modification or equipment.
  10. Documentation to support that the best warranty coverage (e.g., the most coverage for the least cost, per industry standards) was obtained for the item at the time of purchase.
  11. For requests to repair a previously authorized modification:
    - a. Any applicable warranties and insurance coverages must be sought first and denied.
    - b. Documentation must be submitted to show that the repair is the most cost-effective solution when compared with replacement or purchase of a new item.
    - c. If the item requires repair due to misuse or abuse, there must be documentation of training in the use of the equipment to prevent future incidents.
- E. When MCO staff receive a completed standard request, they have fourteen (14) calendar days to make a determination.
  1. MCO consults with the MCCMH Facilities Administrator to review the specifications of the item requested to ensure that it is the most appropriate and cost-effective alternative to meet the needs of the beneficiary.
  2. MCO makes a medical necessity determination for the requested item.
    - a. When the request is approved:
      - i. The determination is communicated to the primary provider;
      - ii. MCO provides the primary provider with a written letter of approval for the vendor; and
      - iii. MCO generates an authorization in FOCUS for the item.
    - b. When the request is denied:
      - i. The determination is communicated to the primary provider; and
      - ii. Notice of Adverse Benefit Determination is sent by MCO to the beneficiary/guardian.

- F. MCCMH contract providers and directly operated providers coordinate with the vendor on the establishment of a business associate agreement (BAA), as needed, service delivery, and payment.
- G. The primary provider works collaboratively with the beneficiary and vendor to ensure the modification is completed in a timely manner.
- H. The primary provider obtains evidence of completion and uploads it to the beneficiary’s electronic medical record and in the case of home modifications, contacts MCCMH Facilities Administrator for review. The MCCMH Facilities Administrator must complete an in-person inspection of the completed work prior to the final payment being made to the contractor.
- I. The handling of disputes that may arise with vendors regarding job completion and fund recovery will be redirected to individuals for resolution.

**IV. REFERENCES:**

None.

**V. RELATED POLICIES**

MCCMH MCO Policy 12-004, “Service Authorizations”

**VI. EXHIBITS:**

- A. Home Modification Scope of Work Guide
- B. Home Modification Scope of Work Template

**Annual Review Attestation / Revision History:**

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	12/1/2022	Creation of Procedure.	MCCMH MCO Division
2	12/12/2023	Revision of Procedure	MCCMH MCO Division
3	2/13/2025	Revision of Procedure	MCCMH MCO Division

# Home Modification Scope of Work Guide

*This document must be signed by the person served prior to a home modification review.*

## Purpose:

To outline the materials, procedures, and payment that all support or coordinating agencies, contractors, and persons served/legal guardians must follow when proposing, quoting, and/or constructing an In-Home Modification (IHM).

## Abstract:

The contractor requires permits, licensure, insurance, Business Associate Agreement (BAA), and W-9 forms. Such documents must be obtained and on file *prior* to commencement of the home modification. No project will be considered without these items being on file.

No upgrades to home modifications will be considered or paid for by MCCMH. Any upgrades or additional work requested by the person must be in writing and detailed prior to commencement of the job and paid for by the person or another party. Any work outside of the scope of work requires pre-authorization. Any add-on paid for by the person should not hold up any progress. Any arrangement made between the person and the contractor remains outside of MCCMH's scope of work.

All work shall meet current ADA guidelines, when applicable, and current local building codes.

The scope of work is to be confined to work defined. Any work exceeding the scope detailed will be paid for by the person served. This includes any life safety systems or improvements sought by inspectors.

---

## Work Phases and Materials

---

### I. Demo:

- A. Remove and keep all fixtures and hardware in a safe place for re-use. MCCMH will only pay for modification components that cannot be re-used. It is not the intention of MCCMH to replace any item not needed or required. Toilets, cabinets, sinks, faucets, lights, towel bars, cover plates etc., can and should be set aside for re-use. Items will be re-used regardless of color, style, or age.
- B. All components to be re-used must be stored in a safe place to prevent damage, until they can be re-installed. The person served will need to provide space for storage of these items. *Should be defined in the scope of work.*
  - \*Provide a list of items to be re-used. *Should be listed in the scope of work.*
- C. Any items removed for the intent of re-use that are damaged during removal will be re-negotiated. *Identified as soon as possible.*
- D. Disconnect all power, water, or mechanicals that will need to be addressed in the modification process. Power, water, and heat should be shut off by the person served/homeowner and locked out by the contractor.
- E. Remove any wall, floor, or ceiling covering (drywall, paneling, tile, wallpaper) that must be removed for the specific modification.
- F. Any discovery during demo of pre-existing condition(s), mold, previous workmanship, etc., must be paid for by the person/homeowner. *Identified as soon as possible.*
- G. In-Home Modifications must be contained and remain free of trash at the close of business each day. Person's served homes must remain sealed off from the workspace when possible. All professional etiquette should be shown and adhered to when working within the person's home.

### II. Framing:

- A. Framing should adhere to all local and ADA compliant guidelines. Grab bars require backing.
- B. Install headers, doorways, pockets, or any framing to accommodate the new modification.

- C. All framing must be 16" on-center. Use standard grade lumber 2x4 construction unless otherwise noted.
- D. Ramps for exterior work shall be constructed with appropriate lumber and slope practice.

### III. Mechanicals:

- A. All mechanicals should be designed, built, and installed to meet the person's needs, not the wishes or designs of the homeowner.
- B. Mechanicals must be installed according to permit and subject to inspection by the local authority.
- C. Permits must be obtained prior to commencement and kept for inspection and payment purposes.

### IV. Insulation:

- A. Standard batt insulation.
- B. Follow local rules for R-values in walls and ceilings.

### V. Wall/Trim Finishes:

- A. All finishes must be spelled out in the scope without deviation.
  - 1. Paint color
  - 2. Trim style
- B. Wall coverings should be drywall with taped seams and corners, filled, mudded, sanded without deviation. Painted (2) coats.
- C. Green board in wet areas.
- D. Trim should be standard and painted to finish. Nail holes should be filled and sanded.

### VI. Tile:

- A. Should be no larger than 2x2 sq non-slip flooring for shower, 12 x 12 non-slip for floor, and 4 x 4 for wall.
- B. Tile shall be ceramic for the floor and wall. Corners should be bullnosed or finished edge.



- C. Thresholds called out.
- D. ¼" per foot slope standard.
- E. A floor drain must be considered for "roll in" applications.

## VII. Finishing Fixtures:

- A. Grab bars must be specified in the script.
- B. Soap dish or seat must be specified in scope.
- C. Square drain.
- D. Cabinets must be off shelf and standard size. NO CUSTOM ORDERS
- E. Doors are hollow core, unless specified.
- F. Handles must be ADA approved.
- G. Light fixtures shall be standard placement and off shelf.
- H. Fans shall be vented to exterior and off shelf. Window negates fan installation
- I. All fixtures and handles shall be off "the shelf" and be either chrome, brushed nickel, gold, or bronze to match existing décor. NO CUSTOM ORDER unless required in script and detail.

Note\*\*\* Should any custom order by the person served hold up the work. That work/time will be billed by the contractor and paid for by the person served.

## VIII. Inspections:

- A. Demo (if required), rough frame, insulation, rough plumbing, rough electrical, mechanical, plumbing, electrical, mechanical finals.
- B. All work needs to be inspected by local governing authority for permitting and inspected by MCCMH for payment approval to contractor (see below payments). Must be inspected by SC for person's use.

## IX. Payments:

- A. Initial = 50%
- B. Rough framing, Electrical, plumbing, mechanicals = 25%
- C. Final inspections = 25%

X. Warranty:

- A. Workmanship should be warranted for 2 years.
- B. Call backs should be answered in an expeditious manner.
- C. Materials should be warranted for 1 year or greater.
- D. All fixture or device warranties must be kept in a folder for minimum of 3 years with the person served.

XI. Notes:

- A. Persons served must agree and sign off to this procedure prior to any initial review and prior to writing of "scope of work". Signatures are coordinated by the Supports Coordinating (S/C) agency at initial meeting.
- B. Requirements spelled out in MCO procedural outline must be met prior to MCCMH's Facilities review and writing of a detailed Scope of Work.
- C. Once the scope is completed, it will be turned over to the S/C agency for solicitation of contractor bids. Bids should be held and reviewed in coordination with MCCMH Facilities.
- D. Any contractor questions can be supported by the MCCMH Facilities Administrator by calling (586) 463-8527 or emailing [buildingservices@mccmh.net](mailto:buildingservices@mccmh.net).
- E. Off shelf installation of Durable Medical Equipment i.e., gantry mounts, lifts, chair lifts, ramps etc., should be completed by authorized installers of the manufacturer of the equipment and in coordination with any contractor being used in conjunction with the IHM.

Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_