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| **IMPORTANT INFORMATION** |
| Per Elderly Waiver policy, EW is the payer of last resort.  Correct order of payer is as follows:   * Medicare – Medical benefit (Please note: Medicare **does not** pay for home or vehicle modifications but can potentially cover DME equipment – see EW T2029 DME Payor Determination Guidelines & Checklist for additional information) * Medical Assistance or Medicaid – Medical benefit * MSHO Supplemental Benefits * Elderly Waiver |
| What are environmental accessibility adaptations (EAA)?   * From the CBSM, an EAA is offered under Elderly Waiver (and AC) to make adaptations to a person’s primary home or primary vehicle to ensure the person’s health and safety or enable them to function with greater independence. * EAA funds are for modifications only and cannot be used to purchase a home or vehicle. * Modifications can be completed to homes owned or rented by the member (with written consent from landlord) if it is person’s primary home. * No reimbursement is available to undo modifications. I.E.: If a member moves out of a rental home where an EAA was done, Blue Plus will not pay to undo the modification. * DHS EAA Training through [TrainLink](https://pathlore.dhs.mn.gov/stc/dsd/psciis.dll?linkid=203618&psapi=95) is available, titled *Environmental Accessibility Adaptation (EAA): Home Modification.* |
| Full eligibility criteria can be found in the [CBSM](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_002196) and should be reviewed. Additionally, [DHS’s Frequently Asked Questions](https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/waiver-policy/) webpage also offers helpful, additional information. |
| In general, a person open to Elderly Waiver is eligible to receive EAA if the home or vehicle modification is:   * For the person’s direct and specific benefit. * Necessary to ensure the person’s health and safety or enable them to function with greater independence. * Necessary to meet the person’s assessed needs. |
| Adaptations & modifications are limited to a combined total of $20,600.00 per member waiver year. |
| Combined costs of assessment (if applicable) and adaptations & modifications, including installation, must fit under the $20,600.00 limit.   * Installation includes labor, equipment, materials, devices, and systems. |
| Adaptations & modifications must also fit within the members’ EW Case Mix budget cap.   * Refer to [DHS-3428B](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3428B-ENG) for additional information about how Case Mix is established. * Refer to [DHS-3945](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG) for additional information about budget limits by Case Mix & service rate limits. * If request will **not** fit under the member’s case mix budget cap, existing services should be looked at to see if any reductions can be made. Care Coordinator can submit a Request to Exceed using form *6.27 Request to Exceed Case Mix Cap – Conversion Request* found on our [Care Coordination website](https://carecoordination.bluecrossmn.com/care-coordination/), under EW Prior Authorizations. |
| A modification assessment, completed by a professional that meets DHS’s qualifications detailed within the CBSM, is strongly encouraged.   * An assessment can inform the EAA by evaluating the member’s abilities and needs, as well as the home or vehicle’s specs. * An assessment can mean the difference between modifications that positively impact a member’s health, safety, and independence and those that don’t. * Review the CBSM for detailed information about assessor’s qualifications. * **Greater Minnesota may not have access to qualified assessors. PT/OT can conduct a visit (to be billed under a PT/OT visit) and provide written guidance/suggestions.** |
| EW Specialized Equipment and Supplies (T2029) may also be considered, depending upon the member’s situation and assessed needs.   * Example #1:   + Member reaches out to CC, requesting an electric wheelchair trailer for the back/outside of their vehicle.   + Their primary vehicle already has a hitch and electrical wiring in working order.   + The trailer they are inquiring about can be purchased from a DME provider, specs meet their needs, and the member has informal support (spouse, adult child, etc) who can install the piece of equipment.   Following the process to authorize under T2029 may be the most cost-effective way of meeting this member’s needs.   * Example #2:   + Member reaches out to CC, requesting an electric wheelchair trailer for the back/outside of their vehicle.   + Their vehicle has a hitch but **does not** have electrical wiring. Additionally, the member is not sure what style/type of equipment will meet their needs, and what features they need or are able to utilize.   + Following the process to authorize under EAA, and getting an assessment done before the vehicle mod may be the best option. |

**EAA HOME OR VEHICLE MODIFICATION WORKFLOW**

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|  | **STEPS** | **NOTES** |
|  | **Step 1:**  Evaluate member’s need or request for a potential EAA.   * If the expressed need is documented in the current assessment and/or care plan, **proceed to step 2**. * If current assessment and/or care plan **does not** document the need or request, has member experienced a change in health status? If so, complete a change in condition assessment and then reevaluate EAA. * If need **is not** documented **and** member has **not** experienced a change in health status, follow DTR process and **end process** |  |
|  | **Step 2:**  Could the need be met using MSHO Supplemental Safety Benefit?   * Review information found on Blue Plus’s [MSHO Supplemental Benefits webpage](https://carecoordination.bluecrossmn.com/msho/secureblue-msho-supplemental-benefits/).   Questions? Discuss with your agency’s lead/manager or reach out to your PR Relations Consultant.  **If authorizing under the MSHO Safety Benefit, end process.**  **To review for coverage under EW – T2029 – Specialized Equipment and EAA, move to Step ­­­­3.** | Skipped - Member is MSC+ |
|  | **Step 3:**  Could the need be met under T2029 – Specialized Equipment and Supplies?   * If equipment, including installation that does not require structural modifications to the vehicle or home, can meet the member’s assessed needs, review the following Blue Plus resources found on our [Care Coordination website:](https://carecoordination.bluecrossmn.com/care-coordination/)   + EW T2029 DME Payor Determination Guidelines & Checklist document   + T2029 Guide for Care Coordinators   Questions? Discuss with your agency’s lead/manager or reach out to your PR Relations Consultant.  **If authorizing under EW T2029, end process.**  **To review for coverage under EW – EAA Home or Vehicle Modifications, move to Step ­­­­4.** |  |
|  | **Step 4:**  Review EAA guidelines [CBSM Environmental Accessibility Adaptations (EAA) – Home & Vehicle Modifications](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_002196)   * Clearly communicate to the member/AREP that EAA covers the most cost-effective modification to meet the member’s assessed needs and that EAA does not cover the cost of homeowner’s responsibility (e.g. maintenance, repair, building code compliance). See [DHS’s Q/A](https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/waiver-policy/) for additional info.   + If a member chooses to upgrade item(s) (such as linoleum to tile) with a material that will still meet the assessed need, they must pay out-of-pocket for any cost difference (including installation) associated with the upgraded material. * If home/apartment is a rental, assist member in communicating with landlord and obtaining written consent to proceed with the EAA. * Ensure landlord understands there is no reimbursement to remove or undo modifications.   **Go to Step 5.** |  |
|  | **Step 5:**  Review member’s case mix budget.   * Refer to [DHS-3945](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3945-ENG) for additional information about budget limits by Case Mix & service rate limits. * What is the member’s budget cap? Is there room in the remaining month(s) waiver span to accommodate this request? * Example: Member’s case mix is J - $8,368.00 (eff 7/2023) and their waiver span runs from 11/1/2022 – 10/31/2023. Current monthly services total $4,926.35, leaving $3,441.65 in the budget. There are 4 months remaining in the waiver span, and a rough estimate of the cost of the EAA is $5,000. Divided across the remaining 4 months of the waiver span, the EAA would increase their service total by $1,250.00/month for a new monthly service total of $6,176.35, still below the monthly case mix cap of $8,368.00. * If request will not fit within the member’s remaining waiver budget, Care Coordinator must evaluate current services and discuss with member/AREP potentially reducing services to fit costs within the Case Mix Budget Cap.   + If unable to reduce services to get below cap, Care Coordinator should complete the 6.27 Request to Exceed Case Mix Cap – Conversion Request form and email this for and all documentation to [Partner.Relations@Bluecrossmn.com](mailto:Partner.Relations@Bluecrossmn.com).   **Go to Step 6.** |  |
|  | **Step 6:**  Utilize [MinnesotaHelp.Info](https://www.minnesotahelp.info/Home) to find area EAA Assessors and/or qualified providers to complete the home or vehicle modification(s).   * Filter by location & ensure you’re searching by appropriate service and payment type (EW). * Additionally, Care Coordinators must use an enrolled HCBS provider **OR** your county/agency must have a contract with Blue Plus to act as a billing “pass-through.” * If the provider is an enrolled HCBS provider but is not enrolled in Bridgeview, contact [BridgevewServiceAgreements@bluecrossmn.com](mailto:BridgevewServiceAgreements@bluecrossmn.com). The Bridgeview team will add the provider to Bridgeview and will reach out to them regarding Bridgeview registration. * When an EAA Assessment is not an option due to a lack of local, qualified providers, Care Coordinators should discuss a PT/OT visit with the member and assist as needed in setting this up. * When communicating with PT or OT, explain the need and request a written report from the visit which indicates the PT/OT’s professional opinions about potentially helpful assistive devices and modifications which may benefit the member.   **Go to Step 7.** |  |
|  | **Step 7:**  Best practice is to obtain bids from 2 qualified installers.   * If EAA assessment or PT/OT report was received, provide to installer upon requesting bid. * CCs should make it clear that EAA covers the most cost-effective modifications to meet the member’s needs. If member chooses to upgrade, installers will need to break by material and cost of install on the bid. * Request that provider includes, within bid, the contact information for the staff person who member can reach out to if questions or concerns arise during or after modification has been completed. * Bid should not be shared with other providers. * If unable to obtain 2 bids from qualified installers, clearly document all attempts to meet this requirement, and reasons why 2 bids were not obtained within this checklist or in case notes.   **Go to Step 8.** |  |
|  | **Step 8:**  Bids received should include:   * a brief description of the job * costs itemized by equipment/supplies & labor * equipment specs – Example: the equipment’s dimensions and weight capacity   **Go to Step 9.** |  |
|  | **Step 9:**  When bids are received, CC should verify that they include information necessary to make an informed decision.   * Review bids for items that are the homeowner’s responsibility (i.e. appliances, home repairs) and upgrades to standard items. For additional info, see [DHS’s Q/A Covered & Non-Covered items](https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/waiver-policy/). * If anything is missing, request and note action(s) taken here, in case notes, or on care plan.   **Go to Step 10.** |  |
|  | **Step 10:**  Along with member/AREP, go through the bids.   * Ensure that the member understands the work that will be done, need(s) to be addressed, and assist, as needed, in obtaining answers to any questions the member/AREP may have about this process.   **Go to Step 11.** |  |
|  | **Step 11:**  Coordinate with member/AREP to chosen EAA provider.   * Verify that the work is scheduled and that all parties understand the timeline. * Obtain billing information from the provider. * Will the provider bill a portion up front and the remaining after the work is completed or will this be billed all at once?   **Go to Step 12.** |  |
|  | **Step 12:**  Enter Service Agreement(s) into Bridgeview.   * For assistance, consult the [Bridgeview User Guide](https://carecoordination.bluecrossmn.com/bridgeview/). * Reach out to your PR Consultant with any questions.   **Go to Step 13.** |  |
|  | **Step 13:**  Update member’s care plan and budget worksheet, dividing out the EAA among the remaining waiver span. Copy of updated Care Plan (at minimum budget worksheet) should be sent to member along with Member Service Change Letter for member to sign/date/return. Please refer to Care Coordination guidelines for specific requirements.   * If the member chooses to share a summary or their care plan with a provider, refer to Care Coordination Guidelines, section *Service Provider Signature Requirements for sharing support plan information.*   **Go to Step 14.** |  |
|  | **Step 14:**  Following installation, CC should check in with member/AREP to ensure work has been completed and that they understand how to utilize equipment.   * If additional education is needed, reach out to the installer to coordinate.   **Go to Step 15.** |  |
|  | **Step 15:**  End Process. |  |