

## COMMUNITY FIRST CHOICE OPTION GUIDELINES FOR AUTHORIZING VEHICLE MODIFICATIONS

These guidelines outline the process for authorizing vehicle modifications under Community First Choice Option (CFCO) as a covered State Plan service. Vehicle modifications (V-Mods) are adaptations made to a vehicle that are intended to enhance the individual's independence and inclusion in the community and substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance. V-Mod expenditures must be related to an assessed Activity of Daily Living (ADL), Instrumental Activity of Daily Living (IADL), or health-related need and must be tied to a goal reflected in an individual's person-centered Plan of Care (POC). The scope of vehicle modifications may include the performance of necessary assessments to determine the type(s) of modifications that are necessary. V-Mods may be only made to one vehicle that is the primary means of transportation for the individual. This primary means of transportation may be owned by the individual, or a family member or non-relative who provides primary, long-term support and/or transportation for the individual. Routine maintenance and repairs related to the vehicle itself are not covered under CFCO. Payment may not be made to adapt vehicles that are owned or leased by paid Medicaid providers.

### ***Examples of V-Mods include, but are not limited to:***

- Adaptive equipment to enable an individual to operate the vehicle, including:
  - Hand controls, deep dish steering wheel, spinner knobs, wheelchair lock downs, parking brake extensions, foot controls, wheelchair lifts (including maintenance contracts), and left foot gas pedals.
- Additionally, changes to the structure and internal design of the existing equipment including:
  - Floor cut-outs, replacement of a roof with a fiberglass top, extension of steering column, raised door, repositioning of seats, wheelchair floor, and dashboard adaptations.

For a driver to be eligible for a V-Mod, the individual, as the driver, is expected to have a current valid driver's license that lists restrictions related to their disability. If the license was obtained prior to onset of disability, the individual must obtain an updated license which lists the individual's restrictions. The individual must be functionally able to drive a vehicle and have unrestricted access to the vehicle. In addition, the covered changes must be necessary for the individual to drive the vehicle.

For a non-driving individual to be eligible for a V-Mod, the modification must be essential to ensure his/her safe travel and access into and out of the vehicle. The individual (and/or family member) is expected to assume the cost of the vehicle purchase and all optional equipment available from the dealer through factory installation, i.e., air conditioning, sound systems. A van can only be considered for modification if a car cannot be modified to meet the individual's needs.

Contracts for V-Mods cannot exceed \$15,000 per year without prior approval from the New York State Department of Health (Department). The Department of Health may delegate this responsibility to Medicaid Managed Care Organizations (MCO) for their enrollees. The Local Departments of Social Services (LDSS) must contact the Department of Health to obtain this approval. In all cases, service limits are soft limits that may be exceeded due to medical necessity. If the individual's needs cannot be met within the established limits, an individual may request to exceed the limit by providing sufficient medical justification.

Modifications made to vehicles become the responsibility of the owner to maintain and repair. Removing modifications or returning property to its original state is not the responsibility of the MCO, LDSS, or Developmental Disabilities Regional Office (DDRO). Additional items beyond those deemed necessary by the LDSS, MCO or DDRO are the responsibility of the individual.

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The modification of used vehicles or the cost of modifications in a used vehicle will only be considered if the vehicle meets the following additional criteria:

- The vehicle must pass New York State inspection, and be registered and insured (for liability, comprehensive, and collision);
- The vehicle must be structurally sound, without need of mechanical repairs and able to support/accommodate the needed adaptation;
- The vehicle must not have any rust or deficiencies in the areas to be modified or in the areas already modified; and
- The vehicle must be less than five years old or register less than 50,000 miles on the vehicle's odometer.

Used adaptive equipment and modification devices are sometimes available for purchase. To ensure the greatest safety and performance, used equipment will only be approved if it is purchased from licensed businesses dealing in the sale of vehicles or adaptive equipment.

### Providers of Vehicle Modifications

V-Mods must be completed by individuals who are qualified and/or licensed to comply with State and or local rules. The V-Mod provider must arrange for a mandatory comprehensive evaluation of the individual's needs for adaptive equipment or comprehensive vehicle modifications by an ACCES-VR approved Certified Driver Rehabilitation Specialist or V-Mod vendors approved under the Quality Assurance Program of the National Mobility Dealers Association are listed at <http://www.nmeda.com/locate-dealer/search-by-state/?state=NY>. The evaluation must specify the most cost effective and least complicated vehicle modification that will ensure safe transportation, and exit from and entrance into the vehicle for the participant. The evaluation must also include a dated and detailed scope of work and specifications. When arranging for the evaluation, the V-Mod provider must also arrange for a post-modification evaluation. Any not-for-profit or proprietary health and human services agency may provide V-Mods. The role of the V-Mod vendor is to provide vehicle modifications in accordance with the bid specifications. Vehicle modifications must be completed by individuals who are qualified and/or licensed to comply with State and local rules. The V-Mod provider is responsible for obtaining the necessary bids from entities approved by ACCES-VR to provide vehicle modifications. The lowest bid among substantially equivalent bids that conform to the approved pre-evaluation must be selected.

Agencies may also be approved to provide V-Mods by the Office for People with Developmental Disabilities (OPWDD). In addition, an organization that has both the personnel and expertise to complete the V-Mod and is an approved Medicaid provider may also be approved by the Department to provide these services. LDSS, DDRO, State Agencies and MCOs are encouraged to vet providers to ensure adequate capacity.

### Procedure for Authorizing V-Mods:

1. Through the person-centered planning process, during a POC meeting, the care/case manager, individual, and anyone involved in the development of the POC will determine if a V-Mod is necessary to assist and enhance the individual's independence in performing ADLs, IADLs, and/or health related tasks and/or will substitute for human assistance (to the extent that expenditures would otherwise be made for human assistance).
2. Once a V-Mod has been requested, the care/case manager on behalf of the individual seeks a clinical justification from the appropriate clinician (e.g., Occupational Therapist, Speech Language Pathologist,

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clinician from Article 16 or 28 clinic, Physical Therapist, or other licensed professional) and/or service specialist to assess the individual's need for the requested V-Mod.

3. The care/case manager and the individual will explore potential payment sources for the identified V-Mod including private insurance, community resources, and other State/federal programs before a request for payment under CFCO will be considered.
4. Following the completion of the clinical justification, the care/case manager must submit the *Community First Choice Option (CFCO) Environmental Modification and Vehicle Modification Description and Cost Projection Form* requesting the service or device to the MCO, LDSS, or DDRO for an authorization determination. In addition, the care/case manager will also submit a copy of the clinical justification and the individual's POC to the MCO, LDSS, or DDRO for review. The documentation submitted by the care/case manager must detail the need and intended purpose of the V-Mod to support the request.
5. The MCO, LDSS, or DDRO should notify the care/case manager and individual of its determination and begin the bid procurement and selection process.
6. Following the authorization determination, the MCO, LDSS, or DDRO (or designee) will initiate the bidding process. The MCO, LDSS, or DDRO is responsible for obtaining the number of required bids (depending on the needed V-Mod) and for selecting the vendor to provide the V-Mod based on the lowest bid that meets the assessed need. Items that cost up to \$1,000 require one bid; those over \$1,000 require three bids. Reasonable efforts must be made to obtain three bids. If not possible to obtain the three required bids without jeopardizing the individual's care, health and/or safety, the LDSS, MCO or DDRO may make the determination to proceed with fewer than three bids.
  - Payment for an assessment completed by the V-Mod provider, for helping select a specific modification, or for training in the use of any equipment, must be included in the cost of the V-Mod if the expertise needed for assessing, selecting and training is NOT available as part of a Medicaid State Plan service (e.g., clinic), or through other sources that are already involved with the individual (such as home health agencies, etc.).
7. The MCO, LDSS, or DDRO will notify the care/case manager, the individual, and the selected V-Mod provider of its determination. MCOs will follow notification requirements in the Managed Care model contracts. The DDRO or LDSS will issue a Notice of Decision (NOD) to the individual and care/case manager when they authorize a FFS individual for services.
  - If the provider finds that changes/additional work are necessary while completing the V-mod that will result in a cost difference from the original projected cost, the provider must obtain approval of the changes before proceeding, or risk non-payment for such changes.
8. Upon completion of the V-Mod, the V-Mod provider must submit a completed *Uniform Community First Choice Option (CFCO) Assistive Technology (AT), Environmental Modification (E-Mod), Vehicle Modification (V-Mod), and Community Transitional and Moving Services Final Cost Form* to the MCO, LDSS or DDRO including a description of the V-Mod purchased and the final cost.
9. The MCO, LDSS, or DDRO will review the requested form and validate the completion of the specification of the bid/V-Mod service, and, if necessary, request more information. Once all requested information has been obtained, the MCO, LDSS, or DDRO will notify the V-Mod provider that they may submit a claim for payment.
10. Upon completion of the V-Mod, the provider must submit a *Uniform Community First Choice Option (CFCO) Final Cost Form* to the LDSS or MCO that includes a description of the V-Mod completed and the final cost.
11. The LDSS or MCO will review the *Uniform Community First Choice Option (CFCO) Assistive Technology (AT), Environmental Modification (E-Mod), Vehicle Modification (V-Mod), and Community Transitional and Moving Services Final Cost Form* and notify the provider that they may submit a claim for payment.

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### **Services and Supports Not Included Under Vehicle Modification**

CFCO will not fund services/items/devices that are not for an assessed need including, but not limited to the following:

- Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual; and
- Adaptations that exceed the vehicle's Current Market Value (e.g., Kelley Blue Book).