

AT, E-Mod, V-Mod Guidance and Review Sheet	
To be Completed by the DDRO	
Name:	
TABS ID:	
CIN:	
DOB:	
County of Residence:	
HCBS Waiver Enrollment Date:	
LCED Date:	
DDRO Office and Contact:	
AT, V-Mod or E-Mod (specify)	
State Specific Request:	
Additional Amount as Needed:(examples: Architect Fee, V-Mod eval)	
Date DDRO Received Request:	
If Denial by DDRO State Reason:	
Date of DDRO Conceptual Approval:	
Date of DDRO Scope Approval:	
Date DDRO Approved to Proceed with Bidding:	
Date DDRO Reviewed Bids with Scope:	
Bids and Amounts:	
Date Request for Service Application Submitted to DPPD:	
To be Completed by DPPD/OPWDD Central Office	
Date of Completed Review of Service Request Application:	
Status: Date of Approval to Proceed for Projects Exceeding \$15,000	

Application Review for All Service Requests

Confirm information is included in the Service Request Application.

Insert Check Mark and Include comments where applicable.

Consult Information on Specific Type of Request as Needed

Information	DDRO Review	DPPD Documentation Review	DPPD Justification Review	Comments
<p>Individual Resides in Non-Certified HCBS Setting</p> <p>Individuals who reside in a certified HCBS setting may qualify for Assistive Technology. E-mods and V-mods cannot be billed to Medicaid for individuals who live in certified settings. (Note: OPWDD will use this document to review and authorize E-Mods funded with non-Medicaid funds for certified Family Care Homes).</p>				
<p>Service Request is Related to an Assessed Need and Documented in the Life Plan</p> <p>The most recent Life Plan must be submitted and include documentation of the need for the requested service.</p>				
<p>Medical Necessity Provided by a Physician</p> <p>A signed letter dated within a year of request (on formal letterhead), that demonstrates an association between the medical need and requested modification.</p>				
<p>Clinical Justification from Clinician(s) working within his/her scope of practice that includes:</p> <p>Signed letter dated within a year of request (on formal letterhead) from a clinician that demonstrates:</p> <ul style="list-style-type: none"> • Comprehensive assessment of request to address a person’s need for support that includes an assessment of the environment where the modification or technology will be used. • Clear outline of all available options meeting the individual’s need and identifies the least costly option. • If applicable, documents why less costly options do not meet individual’s need. 				

<ul style="list-style-type: none"> • Outlines what would be necessary to meet the needs if the individual. 				
<p>Other Funding Sources Are Not Available (e.g., Private Insurance, Medicare, Medicaid/Durable Medical Equipment (DME), ACCES-VR)</p> <p>The HCBS Waiver is the payor of last resort therefore there must be a record of denial from other applicable payors that may include: Primary Insurance, Medicare, Medicaid DME, Medical Indemnity Fund, ACCES-VR, NYS Commission for the Blind and Visually Handicapped Assistive Technology Resources Center (CBVH), Justice Center Client Assistance Program (CAP) or Technology-Related Assistance for Individuals with Disabilities (TRAID), other community resources/Local agencies.</p> <p>If denial letters cannot be obtained, the Care Manager must attest in writing that other options were pursued and must identify the other sources that were accessed and found to be unavailable. OPWDD will evaluate such submission and advise the Care Manager if further evidence is required.</p> <p>Resources:</p> <ul style="list-style-type: none"> • DME: www.emedny.org under 'Provider Manuals" • NYS Department of Education (ACCES-VR) http://www.acces.nysed.gov/vr • CBVH - https://ocfs.ny.gov/main/cb/ • Independent Living Centers https://ocfs.ny.gov/main/cbvh/Independent Living Centers.asp • (CAP) TRAID http://www.justicecenter.ny.gov/services-supports/assistive-technology-traid 				
<p>For requests for repair, modification, or replacement of a previously completed request, routine maintenance was provided by the individual</p> <p>Such requests must include a confirmation that routine maintenance was provided. The full authorization process should be followed.</p>				

<p>Scope of Work/Project Explanation and/or an Evaluation</p> <p>Project description that details:</p> <ul style="list-style-type: none"> • The payor of each aspect of the project (e.g., Medicaid vs. the individual/parent/family). • How each aspect of the project is based on the clinically assessed need of the individual. • If the Scope of Work must be modified, due to unforeseeable circumstances that occur during project completion, the revised scope must be submitted to the DDRO explaining the reason for the modification and the associated cost. 				
<p>Other Economical Alternatives Were Explored with Justification as to Why Such Options Would Not Be Sufficient to Meet the Individual's Health and Safety Needs</p> <p>May be explained within medical and/or clinical justification.</p>				
<p>Services/Devices Selected Through a Standardized Bid Process Following the Rules Established by the NYS Comptroller</p> <p>After issuance of conditional letter of support, demonstrate good faith effort to solicit three bids and include copies of bids. Any use of sole source must be thoroughly justified. Sole source Assistive Technology requests must include evidence that a request for the product was submitted to the DOH Prior Approval Unit for consideration as an item under the Durable Medical Equipment benefit.</p>				

<p align="center">Assistive Technology Only Application Information and Guidance Confirm information is included in the Service Request Application. Insert Check Mark and Include Comments Where Applicable.</p>				
Information	DDRO Review	DPPD Documentati on Review	DPPD Justification Review	Comments
<p>For Individuals living in Certified Residence, Confirmation that Service is Not Directly Related to the Provision of Residential</p>				

<p>Habilitation or the Residential Habilitation Provider Rate (If Applicable)</p> <p>DDRO confirms and ensures the record documents that the use of the AT is not associated with certified residential services.</p>				
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Examples/Exclusions for Assistive Technology

- Adaptive strollers may be funded when a wheelchair is not clinically recommended and justified. Adaptive strollers will not be funded for the purposes of restraint.
- Specialty adaptive locks or specialized locks may be funded if clinically justified for the individual's use based on disability. Regular locks are the responsibility of the individual or family.
- Guide dogs, hearing dogs, service dogs (as defined in New York Civil Rights Law Article 4-B) and simian aids (capuchin monkeys or other trained simians that perform tasks for persons with limited mobility) may be funded. The clinical evaluation must be written by a person who is not affiliated with a vendor of such animals. The application must include the credentials of the vendor who will train the service animal. Therapy animals/pets, emotional support animals (i.e., those that are not trained to do work or perform specific tasks) or animals used exclusively for medical alert purposes (e.g., seizures) and the costs of training a pet will not be funded. The cost of animal food and veterinary care is the responsibility of the individual and or family.
- Computer hardware and software used to assist with improving communication and or adaptive skills (e.g., adaptive keyboard or mouse, accessibility software) may be funded.
- Personal computers, electronic tablets will not be funded.
- Portable generators may be funded when the person has life-sustaining medical equipment that must remain operable in the event of an electrical power outage. If the life-sustaining medical equipment has a back-up battery, then a generator will not be funded. Specific medical equipment manufacturer guidance should be consulted for information about type/size generator will best support the medical equipment. Whole house generators or generators for items other than life sustaining medical equipment will not be funded.

Environmental Modifications Only
Application Information and Guidance
Confirm information is included in the Service Request Application.
Insert Check Mark and Include Comments Where Applicable.

Information	DDRO Review	DPPD Documentation Review	DPPD Justification Review	Comments
<p>Proof of Home Ownership or Identification of Rental Property with Approval of Property Owner</p> <p>Include a deed or statement of taxes for owned property. Include lease documenting landlord responsibilities and written approval from landlord for rentals.</p>				

<p>Confirm Use of "Construction Grade" Materials (i.e., Materials of Good Quality that will Accomplish the Job at an Average Cost)</p> <p>Confirm costs included in the Scope of Work are related to the person's needs and eligible for Medicaid funding. Medicaid funds the use of construction grade materials not custom grade or designer or luxury grade materials.</p>				
<p>Review architects drawing (ensure there are no items in the plan that are not covered by the Scope of work)</p>				

Exclusions/Examples for Environmental Modifications

- Modifications to common space in a rental will not be funded.
- Material upgrades required by the municipality for historic homes or homes in a historic district will not be funded.
- Widening of hallways will not be funded.
- Requests that add to the total square footage of the home or include any items of general utility, which are ordinary components of a home, will not be funded.
- Air Conditioning: A single air conditioning unit may be funded with clinical documentation that the individual requires a consistent room or home temperature. Central air conditioning will not be funded.
- Basements & newly created living space: Modifications to basements and access to and from a basement will not be funded. Modifications to the lower level of a home or other area where living space is newly created (e.g., conversion of a garage) may be funded if the area is a legal, livable space. A Certificate of Occupancy is required documenting the area as living space. There should be no open permits (unless related to the modification itself).
- Bidets will not be funded.
- Egress: One accessible egress (e.g., ramp, widened external doorway, outside lift) may be funded if no other accessible egress exists. The creation of an entranceway for egress or egress from a bedroom or kitchen or other place in the home where an exit does not currently exist will not be funded unless the home's existing entranceway cannot be modified (e.g., the location of the existing entranceway does not allow the addition of a ramp or lift).
- Elevators: An elevator will not be funded unless there is no other means for an individual using a wheelchair to access the home, a bedroom or bathroom.
- Fencing: Fencing may be funded to enclose an outdoor area to increase an individual's safety in the area. Clinical justification must include a documented history of safety concerns such as elopement from the residence. Fences are not to be used in lieu of supervision of the individual. Fences to enclose pools, bodies of water or other areas will not be funded. The removal of old fencing will not be funded. Fencing is limited to:
 - a. Maximum of 200 linear feet of fencing
 - b. Height: 5 feet (unless local codes preclude this; 6 foot maximum)
 - c. Construction grade wooden stockade only; dog-eared top

- d. One gate allowed; maximum 4 feet wide; safety latches included.
- e. Excludes chain link
- Flooring: Installation, repair, or replacement flooring may be funded, with clinical justification, when the need for the flooring is part of a modification project. Flooring may be funded, with clinical justification, to address safe ambulation related to emergency evacuation.
- Modifications for a Safer Environment: Modifications that promote a safer environment for people with challenging behaviors may be funded. Clinical justification must be conducted by a Psychologist/Behavioral Intervention Specialist working with the individual in the home to address the behavior(s). Behavioral intervention strategies should be included within the clinical justification. Modifications that may be used to isolate or restrain the individual will not be funded.
- Pools, hot tubs, and lifts for accessing a pool or hot tub are not funded.

Vehicle Modifications Only Application Information and Guidance Confirm information is included in the Service Request Application. Insert Check Mark and Include Comments Where Applicable				
Information	DDRO Review	DPPD Documentation Review	DPPD Justification Review	Comments
Proof of Title or Vehicle Purchase/Ownership				
Verification that the Vehicle is Under 5 Years Old or Under 50,000 Miles				
<u>Exclusions/Examples for Vehicle Modifications</u> <ul style="list-style-type: none"> • <u>Replacements, Repairs, Upgrades, or Enhancements</u> made to existing equipment will be paid if documented as an assessed need in the Life Plan and approved by the DDRO • Pre-modified leased or purchased vehicles cannot be funded <p>Consult National Mobility Equipment Dealers Association (NMEDA) for most recent guidance on vehicle conversions and vendors. https://nmeda.org/consumer-resources/safety-reviewed-vehicles-components/safety-reviewed-vehicle-conversions/</p>				