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:	
Most current LCED Date: (Include copy of most recent LCED	
DDRO Office and Contact:	
AT, V-Mod or E-Mod (specify)	
State Specific Request (Include all aspects of the request):	
Additional Amount as Needed: (examples: Architect Fee, Clinical Fee, V-Mod eval). (Include all invoices)	
Date DDRO Received Request:	
If Denial by DDRO State Reason:	
Date of DDRO Conceptual Approval:	
Date of DDRO Scope Approval: (Include copy of scope of work)	
Date DDRO Approved to Proceed with Bidding:	
Date DDRO Reviewed Bids with Scope:	
All Bids and Amounts: Include copy of Bid Tally Sheet	
Total of lowest bid, plus additional fees: (Do not include Administrative Overhead (AOH) costs on this sheet)	
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**
Individual Resides in Non-Certified HCBS Setting 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).				
Service Request is Related to an Assessed Need and Documented in the Life Plan The most recent Life Plan must be submitted and include documentation of the need for the requested service in Section 1: Assessment Narrative Summary				
Clinical Justification from Clinician(s) working within his/her scope of practice that includes: Signed letter dated within a year of request to DDRO (on formal letterhead) from a clinician that demonstrates: • An association between the medical or behavioral need and requested modification. • 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. • Documents why other economical alternatives (less costly) do not meet the individual's health and safety needs. • Outlines what would be necessary to meet the needs if the individual.				

Other Funding Sources Are Not Available (e.g., Community Resources, Private Insurance, Medicare, Medicaid/Durable Medical Equipment (DME), ACCES-VR) The HCBS Waiver is the payor of last resort therefore there must be a record of denial from other applicable payors that may include: Community Resources, 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 local agencies. 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. The resources should be applicable to the individual's age and needs. <u>Some resources:</u> • DME Fee Schedule: https://www.emedny.org/ProviderManuals/DME/index.aspx • NYS Department of Education (ACCES-VR) https://www.acces.nysed.gov/vr • NYS Commission for the Blind - https://ocfs.ny.gov/programs/nyscb/ • Independent Living Centers Independent Living Centers (ILCs) | New York State Commission for the Blind | Office of Children and Family Services (ny.gov) • Justice Center TRAID https://www.justicecenter.ny.gov/traid-program • NY Connects https://www.nyconnects.ny.gov/				

For requests for repair, modification, or replacement of a previously completed request, routine maintenance was provided by the individual Such requests must include a confirmation that routine maintenance was provided. The full authorization process should be followed.				
Scope of Work/Project Explanation and/or an Evaluation Project description that details: • The payor of each aspect of the project (e.g., HCBS Waiver, 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.				
Services/Devices Selected Through a Standardized Bid Process Following the Rules Established by the NYS Comptroller After issuance of conditional letter of support by the DDRO, demonstrate good faith effort to solicit three bids and include copies of all bids. Any use of sole source Assistive Technology 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.				

Assistive Technology 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**
For Individuals living in Certified Residence, Confirmation that Service is Not Directly Related to the Provision of Residential Habilitation or the Residential Habilitation Provider Rate (If Applicable) DDRO confirms and ensures the record documents that the use of the AT is not associated with certified residential services.				
For portable generators: (see additional information below in Examples/Exclusions): **Proof of Home Ownership or Rental Property Approval by Property Owner is required.** For owned or leased property, include a deed or Property Tax Bill or lease documenting landlord and tenant responsibilities and written approval from property owner/landlord for rental properties. If the request includes changes to property, include the Property Owner Consent Form (POCF) signed by the owner of the property. This includes all home accessibility modifications and installation of equipment.				

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.
- Specialized beds are not allowable; these items are funded by DME.
- 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.
- Back-up 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. Examples of such medical equipment include ventilator, oxygen, continuous infusion of nutrition such as tube feeding, or medication through an electronic pump. 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. Standard approval is for the generator, installation, and transfer switch. Whole house generators or generators for items other than life sustaining medical equipment will not be funded. The justification for a generator must come from the primary care physician, or the physician that ordered the life-sustaining medical equipment. This meets the requirements for a clinical justification.

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**
Proof of Home Ownership or Rental Property Approval by Property Owner Include a deed or Property Tax Bill for owned property. Include lease documenting landlord and tenant responsibilities and written approval from property owner/landlord for rental properties. Property tax information is publicly available and can be obtained from local taxation district/county websites. If the request includes changes to property, include the Property Owner Consent Form (POCF) signed by the owner of the property. This includes all home accessibility modifications and installation of equipment.				
Confirm Use of "Construction Grade" Materials (i.e., Materials of Good Quality that will Accomplish the Job at an Average Cost)				

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.				
Review architect's plans (ensure there are no items in the architect's plan that are not covered by the Scope of Work). The plans should not include items that are not clinically justified. Some home modifications require an architect to be involved in the development of the plans related to the person's needs outlined in the clinical justification and the home itself (examples include ramps and complex bathroom re-configurations). OPWDD does not require architect's plans unless required by local/municipal ordinances. Check with the municipality regarding architect requirements.				

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 first. A Certificate of Occupancy is required documenting the area as legal living space. There should be no open permits (unless related to the modification itself). If the homeowner is adding to the square footage of a home, such as an addition to the home, the new addition must be completed as legal living space prior to any authorization of an E-Mod.
- 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 per one residence.
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

OPWDD adheres to the safety standards of the National Mobility Equipment Dealers Association (NMEDA) Quality Assurance Program (QAP). All vehicle modifications must be completed by a NMEDA QAP accredited Installer/Modifier.

When considering a vehicle modification the following steps **MUST** be completed:

1) Consult with NMEDA for most recent guidance on vehicle conversions and NMEDA-authorized vendors.
2) Verify the vehicle can be modified by a NMEDA-certified vendor.

Please note: Not all vehicle make/model/trim levels can be converted. Before purchasing a vehicle for conversion, consult with a NMEDA mobility dealer or the conversion manufacturer to verify the Vehicle Identification Number (VIN) and confirm that the specific make/model/trim is compatible.

For additional information: VMOD Program Overview and NMEDA Safety Requirements.pptx (convert to HTML page)

Verification that the Vehicle can be modified by a NMEDA QAP dealer				
Proof of Title or Vehicle Purchase/Ownership				
Verification that the Vehicle is Under 5 Years Old or Under 50,000 Miles				

****Copy of NYS Vehicle Registration**				
****Copy of NYS Vehicle Inspection Sticker**				
****Copy of Vehicle Insurance Card**				
If the request includes changes to property, include the **Property Owner Consent Form (POCF)** signed by the owner of the Vehicle.				

Exclusions/Examples for Vehicle Modifications

- Replacements, Repairs, Upgrades, or Enhancements made to existing equipment will be paid if documented as an assessed need in the Life Plan and approved by the DDRO
- The waiver will fund modification to vehicles only, not the purchase of a vehicle. This standard would apply even if the family/individual is purchasing a partially completed vehicle (e.g., pre-modified vehicles).
- Pre-modified leased or purchased vehicles cannot be funded.
- Modifications to leased vehicles cannot be funded
- Vehicle modifications are applicable to one vehicle per individual with the intent that it is the individual's primary means of transportation.
- Vehicle modifications are limited to once in a five (5) year period.

**If this information is not available at the initial approval of the project (i.e., the vehicle is in the process of being modified), DPPD requires this information at the end of the project to close out the V-mod contract/payment.