



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Clinical Standards Office
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December 29, 2021

MEMORANDUM

MEMO NO.

QI-2134 [Replaces QI-1420]

TO: QUEST Integration (QI) Health Plans

FROM: Judy Mohr Peterson, PhD *JMP*
Med-QUEST Division Administrator

SUBJECT: HOME AND COMMUNITY BASED SERVICES POLICY GUIDANCE FOR ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS/HOME MODIFICATIONS, MOVING ASSISTANCE AND SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES

The purpose of this memorandum is to notify the health plans that this memo replaces QI-1420 which was previously issued on December 17, 2018. The following updated content will apply under the QI contract RFP-MQD-2021-008.

This memorandum provides guidance for the following Home and Community Based Services (HCSB) in the QUEST Integration (QI) program; Environmental Accessibility Adaptations (EAA), Moving Assistance and Specialized Medical Equipment and Supplies (SMES).

Health plans shall implement the authorized service within ninety (90) days after the health plan has approved one of these services through its prior authorization process.

The health plans shall submit a list of all approved EAA, Moving Assistance and SMES services, but not implemented on their quarterly QI Long-Term Services and Supports Report in accordance with Section 6.2.E.2.a.3.c. of the QI RFP.

Section 4.8.C.g.1 defines Environmental Accessibility Adaptations as “those physical adaptations to the member’s home, required by the individual’s health action plan, which are established to

meet Medically Necessity criteria to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, without which, the individual would require institutionalization.”

Section 4.8.C. j. defines Moving Assistance is provided in rare instances when it is assessed by the Health Coordination Team that the Member needs to relocate to a new home.

Section 4.8.C.q. defines Specialized Medical Equipment and Supplies as “items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.”

Environmental Accessibility Adaptations (EAA) Standard

EAA means items provided to give the member mobility, safety and independence in the home. The purpose of an EAA is to improve the member’s quality of life with regard to health and safety and/or to delay or prevent institutionalization.

Environmental accessibility adaptations to a participant’s home may include:

- Installation of ramps and grab-bars;
- Widening of doorways;
- Modification of bathroom facilities;
- Installation of specialized electric and plumbing systems necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the member; and
- Installation of window air conditioners when it is necessary for the health and safety of the member.

Excluded adaptations are adaptations or improvements that are:

- Provided by another agency such as the Division of Vocational Rehabilitation, Department of Health, Developmental Disabilities Division, or the Department of Education;
- Provided by family or community resources;
- Made to the member’s home that are of general utility (to include materials above functional requirements) and are not of direct medical or remedial benefit to the member such as but not limited to carpeting, roof repair, or central air conditioning, etc.;

- Made to the member's home that are required to meet the basic standards for compliance with state regulations for certification or licensure, or for compliance with the American Disabilities Act;
- Add to the total square footage of the home; or
- Made to the member's home when the member is not reasonably expected to remain in the home at least 12 months.

A licensed contractor shall perform all adaptations in accordance with applicable state and county building codes, as appropriate.

The health coordinator shall ensure that the EAA is authorized and included in the health action plan. The health coordinator or other health plan representative shall:

1. Consult with a physical therapist, occupational therapist, and the Disability and Communication Access Board's architectural access committee, as appropriate, to determine the adequacy, appropriateness, and specifications for the adaptations. Consultants should make a home visit and/or be provided photos of the area to be improved for review;
2. Sufficiently detail the scope of services to avoid confusion during construction. A clear definition of scope of services assures few to no change orders that increase the cost of provision of these services;
3. Ensure that the member and/or his/her family authorizes the approval of scope of services;
4. Obtain approval from the landlord, Hawaiian Homestead, etc., prior to any EAA if the home is a rental and/or on leasehold land (i.e., Hawaiian Homestead), if applicable;
5. Follow health plan procurement procedures to solicit quotations for purchases from licensed contractors for the completion of the adaptations;
6. Choose a licensed contractor based upon the quotations for purchases received and arrange for the work to be done. Materials used for the EAA should be the most practical and cost effective without jeopardizing quality. If the choice of licensed contractor is not the lowest quote, document the rationale for not choosing the lowest quote;
7. Maintain documentation of the quotations for purchases information, the supplies purchased, and work performed in the member's record;

8. Record service cost in the member's record; and
9. Monitor installation/construction until completion.

Moving Assistance

The health coordinator shall ensure that the moving assistance is authorized and included in the health action plan. The health coordinator or other health plan representative shall:

1. Perform an assessment of the home and member to authorize the need for this service. Part of the assessment assures that the member's relocation is necessary to prevent a decline in functioning or that failure to relocate might lead to institutionalization;
2. Investigate all options to assure that the member moving to another location is the only option for them and is medically necessary (i.e., a member who could previously walk, but now is in a wheelchair and is living on the third floor of an apartment building without an elevator) or is due to an unresolvable social situation (i.e., there is an infestation of pests that cannot be ameliorated by pest control);
3. Collaborate with other community organizations to assist the member in obtaining housing, as appropriate; and
4. Follow their health plan procurement procedures to solicit quotations for a mover who can perform the services adequately once the location to move is obtained.

Specialized Medical Equipment and Supplies (SME) Standard

Health plans' provision of specialized medical equipment and supplies includes responsibility for the purchase, rental, lease, warranty costs, cost of professional and technical services to assess the member for needed SME, delivery, installation, training, maintenance, repairs, and removal of devices, controls, or appliances, specified in the health action plan. SME shall enable individuals to increase and/or maintain their abilities to perform activities of daily living, or to perceive, control, participate in, or communicate with the environment in which they live.

Health plans shall provide all adaptations by a retail, wholesale or SME supplier that is an accredited organization licensed to do business in the State of Hawaii.

The health coordinator shall ensure that the SME is authorized and included in the health action plan. The health coordinator or other health plan representative shall:

1. Consult with a physical therapist or occupational therapist to determine the specifications for the equipment, if appropriate. Consultants should make a home visit for complex situations;

2. Follow health plan procurement procedures to solicit quotations for purchases from retail, wholesale and DME/SME suppliers for the specifications of the equipment;
3. Choose a retail, wholesale, or DME/SME supplier based upon the detailed quotations for purchases received and arrange for the equipment;
4. Maintain documentation of the quotations for purchases information, the supplies purchased, and work performed in the member's record;
5. Record service cost in the member's record; and
6. Monitor process for obtaining equipment until completion.

SME items shall be in addition to any medical equipment and supplies furnished under the Medicaid State Plan and shall exclude those items that are not of direct medical or remedial benefit to the individual.

If you have any question(s) regarding this memorandum, please contact Jon Fujii via email at jfujii@dhs.hawaii.gov.