

## PA HEALTH AND WELLNESS HOME MODIFICATION & DME/SME PROCESS

### Home Modifications

Home modifications are defined as environmental interventions aiming to support activity performance in the home. More specifically, home modifications often are changes made to the home environment to help people with functional disability or impairment to be more independent and safe in their own homes and reduce any risk of injury to themselves or their caregivers.

**Examples of Home Modifications include:** Grab bars, stair glide, walk-in shower, ramp, VPL, door widening, handrails, railings.

### **Process:**

- Service Coordinator (“SC”) receives a request from the participant and completes the following:
  - Proof of Home Ownership assist (POHO), if the participant is the owner. The SC is responsible for assisting the participant with obtaining the needed POHO in order to be eligible for Modifications. Types of valid POHO are as follows:
    - Mortgage statement, Annual property Tax Statement, and/or Warranty Deed.
    - If multiple names are on the POHO document or the participant has a landlord, then a notarized letter is needed.
    - This letter must include: Relationship to the participant, address of the home, and grant permission.
    - This letter must explicitly give PHW permission to complete a home modification and should NOT specify the exact modification being requested.
    - The SC is required to follow-up on a weekly basis with the participant until the POHO has been received.
    - Upload POHO to Envolve under document upload, document category: "long term services and supports", document type: "POHO".
      - Send POHO to [Home\\_Adaptations@pahealthwellness.com](mailto:Home_Adaptations@pahealthwellness.com)
  - **Letter of Consent.**
    - When to do an LOC form:
      - If the participant is the only homeowner then an LOC form does NOT need to be done.
      - If the participant owns the home with another person(s) then an LOC form needs to be done.
      - If someone other than the participant owns the home, then an LOC form needs to be done.

- How to do an LOC form:
  - The SC should send the participant an LOC form prior to the home mod request and ensure that it is uploaded to Envolve once completed.
  - The participant will also receive a copy of the LOC form mailed to them directly from PHW when a home mod is requested (if it was already completed and we have a copy it does not need to be done again).
  - All sections of the LOC form need to be filled out correctly
    - Signature of ALL homeowners must be present;
    - Appropriate boxes need to be checked off;
    - Address must be listed in full;
- The LOC form MUST be checked by the SC to ensure it has been filled out correctly prior to uploading it to Envolve.
- Example of when Home is owned by someone other than participant:

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**Permission from Home Owner for Home Adaptation**

I, Joseph Smith  
(Full name of landlord/property owner(s))

own the property at 123 Walnut Street, Philadelphia, PA 19111  
(Enter full address, city, and zip)

I will let PA Health & Wellness (PHW) make changes to the house at the above address. The changes are to help the tenant Betsy Smith to be more independent in the home.  
(Participant's name)

The tenant's lease ends 12/31/2022 (date).  
 I reside at the home mentioned above, but I am not a tenant.  
 The homeowner gives a copy of one of the following.  
 1) A home loan statement dated within the last 3 months.  
 2) A yearly property tax statement from this year or last year.  
 3) Warranty Deed.  
 4) Pennsylvania Motor Vehicle Registration (for mobile homes).

This letter allows PHW to make changes to my home. All owners listed on the home need to sign.  
 I understand PHW will not return the home back to how it was.  
 If the renter/participant passes away, I understand that PHW will bring the construction to appropriate completion ensuring safety of the premises. If the renter/participant enters a hospital or nursing home, PHW will finish contracted work. PHW will not remove any work already done.  
 As the landlord, I understand that I cannot increase rent because of the adaptation.

Homeowner's signature [Handwritten Signature] Date 03/25/2022  
 Homeowner's name (Print) Joseph Smith

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- Example of when Home is owned by participant AND another person:

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**Permission from Home Owner for Home Adaptation**

I, Joseph Smith and Betty Smith  
(Full name of landlord/property owner(s))

own the property at 123 Walnut Street, Philadelphia, PA 19111  
(Enter full address, city, and zip)

I will let PA Health & Wellness (PHW) make changes to the house at the above address. The changes are to help the tenant Betty Smith to be more independent in the home.  
(Participant's name)

The tenant's lease ends \_\_\_\_\_ (date).  
 I reside at the home mentioned above, but I am not a tenant.  
 The homeowner gives a copy of one of the following.  
 1) A home loan statement dated within the last 3 months.  
 2) A yearly property tax statement from this year or last year.  
 3) Warranty Deed.  
 4) Pennsylvania Motor Vehicle Registration (for mobile homes).

This letter allows PHW to make changes to my home. All owners listed on the home need to sign.  
 I understand PHW will not return the home back to how it was.  
 If the renter/participant passes away, I understand that PHW will bring the construction to appropriate completion ensuring safety of the premises. If the renter/participant enters a hospital or nursing home, PHW will finish contracted work. PHW will not remove any work already done.  
 As the landlord, I understand that I cannot increase rent because of the adaptation.

Homeowner's signature [Signature] + [Signature] Date 03/25/2022  
 Homeowner's name (Print) Joseph Smith and Betty Smith

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- Once POHO and the letter of consent has been received, the SC schedules a change event visit and adds the request to the care plan.
- The following Home modifications require a script from the PCP PRIOR to the request being made: Stair glide, Metal Ramps, Wheelchair Lifts, Ceiling Track Lifts.
- InterRAI must be completed accurately.
  - i.e. participant requests a stair glide but section InterRAI shows participant needs limited assistance climbing stairs, and does not indicate that the participant does not need assistance maneuvering through rooms, then the request will be denied.
- Signed PCSP with the Home Modification request in the Service Plan.
  - Provider- TBD, Amount- 1 Unit
- Complete Service Request Tool (SRT)
  - SRT should indicate the exact modification being requested.
- If an HA request is denied due to a lack of information and then the information is received after the denial letter was sent the SC should consider this to be a NEW REQUEST and submit a NEW SRT indicating the NEW DATE the request is being submitted.

**NOTE: PAHW will carry out the rest of the process in regards to evaluations and installation quotes. Building new rooms is EXCLUDED as well as improvements to the home or general maintenance.**

### **Home Modification Repairs**

If the SC has been informed from the participant that they need a repair of any kind to a previously installed modification:

- The SC should confirm with the participant who the provider was.
- The SC should reach out to the provider to confirm if the installation is still under warranty.
  - If the installation is under warranty, the provider should be notified of the repair that is needed so they can schedule to go to the participants home and evaluate.
- If the installation is no longer under warranty, the SC is required to confirm the make and model number of the modification.
- The SC can add this service to the PCSP, including the make and model number.
- SRT is required.

### **Durable Medical Equipment/ Specialized Medical Equipment**

**Examples of DME: (Reusable)** wheelchair, recliner, hoier lift, scooter, hospital bed, cane, commode, etc.

**Examples of SME: (Disposable)** wet wipes, barrier cream, gloves, incontinence supplies such as diapers, pads and liners.

### **Process:**

#### **If the Participant is requesting SME or DME:**

- SC receives the request and assists the participant with obtaining a script from their Primary Care Physician.
  - The PCP should send the script to the chosen provider.
  - If the PCP sends the script directly to the SC, the SC may send the script with request to the chosen provider.
    - It is recommended that the SC inquire if the item being requested is covered by the chosen provider prior to sending the documents.
- All DME items **SHOULD** be listed on the PCSP and do not require an SRT.
- If an authorization is needed, the DME provider will submit a prior auth to PHW and it will be reviewed.
- If an authorization is not needed, the DME provider should be able to supply.

#### **Information regarding Recliners:**

- Dual eligible participants are required by Medicare to have a face to face visit with their ordering physician and the physician should be initiating that request by writing a script for the item.
- If a script, InterRAI, PCSP and SRT is provided to PHW, they will send the request to a provider for Medicare processing.

- If a script, InterRAI, PCSP and SRT is provided for a non-dual ptp, they will send the script to a provider for a quote.
- The Service Coordinator has the ability and it is preferred that they send the script, demographics, primary insurance info to a provider directly. A current PCSP, SRT, InterRAI must be on file.
- If Medicare denies, PHW will need an SRT on file which is within 48 hours of receiving a quote when Medicare denies.

- **Diagnosis:**

- Items will require a specific diagnosis
- Participants may not always be eligible for what they are requesting.

- **Order of Mobility with DME items:**

- A participant who is requesting a walker and a wheelchair will need to decide which is more pertinent to their needs.
  - i.e. If the participant already has a wheelchair, they cannot receive a walker, if they have a walker already, they cannot receive a cane. If they start with a cane then they ARE allowed to receive a walker, and then a wheelchair but this cannot go in reverse order.
- If you have additional questions that have not been answered within the policy, please refrain from calling into PHW, direct them to the AVP who will verify this with the AM.