

Vehicle Modifications: T2039

Vehicle Modifications are devices, service or controls that enable beneficiaries to increase their independence or physical safety by enabling their safe transport in and around the community. The installation, repair, maintenance, and training in the care and use of these items are included. The waiver beneficiary or his/her family must own or lease the vehicle. The vehicle must be covered under an automobile insurance policy that provides coverage sufficient to replace the adaptation in the event of an accident. Modifications do not include the cost of the vehicle or lease. There must be a written recommendation by an appropriate professional that the modification will meet the needs of the beneficiary. The recommendation must contain information regarding the rationale for the selected modification. All items must meet applicable standards of manufacture, design, and installation. Installation must be performed by the adaptive equipment manufacturer's authorized dealer according to the manufacturer's installation instructions, National Mobility Equipment Dealer's Association, Society of Automotive Engineers, National Highway and/or Traffic Safety Administration guidelines. Evaluation by an adapted vehicle supplier with an emphasis on safety and "life expectancy" of the vehicle in relationship to the modifications must be included with the request.

Medical necessity must be documented by the physician, physician assistant, or nurse practitioner, for every item provided/billed regardless of any requirements for approval. A letter of medical necessity written and signed by the physician, physician assistant, or nurse practitioner, or other licensed professional permitted to perform those tasks and responsibilities by their NC state licensing board, may be submitted along with the Certificate of Medical Necessity/Prescription. Note: the Certificate of Medical Necessity/Prescription still must be completed and signed by the physician, physician assistant, or nurse practitioner.

Repair of equipment is covered for items purchased through the waiver or purchased prior to waiver participation, as long as the item is identified within this service definition and the cost of the repair does not exceed the cost of purchasing a replacement piece of equipment.

Covered Modifications are:

- a. Door handle replacements
- b. Door modifications
- c. Installation of raised roof or related alterations to existing raised roof system to approve head clearance
- d. Lifting and/or lowering devices
- e. Devices for securing wheelchairs or scooters
- f. Adapted steering, acceleration, signaling, and breaking devices only when recommended by a physician and a certified driving evaluator for people with disabilities, and when training in the installed device is provided by certified personnel
- g. Handrails and grab bars
- h. Seating modifications
- i. Lowering of the floor of the vehicle.
- j. Modifications for accessibility

Exclusions

- a. Vehicle Modifications are only available to an individual who receives Residential Supports, or who live in licensed residential facility, when the vehicle belongs to the individual and can transition to other settings with the individual.
- b. The cost of renting/leasing a vehicle with adaptations; service and maintenance contracts and extended warranties; and adaptations purchased for exclusive use at the school/home school are

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| not covered. | |
| c. Items that are not of direct or remedial benefit to the beneficiary are excluded from this service. | |
| Limits on amount, frequency, or duration | |
| The service is limited to expenditures of \$20,000 over the life of the waiver. | |
| Service Delivery Method | <input checked="" type="checkbox"/> Provider Directed <input type="checkbox"/> Individual/Family Directed |
| Specify whether the service may be provided by (check all that apply): | <input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian |
| Provider Type | |
| Specialized Vendors | |
| License | |
| Applicable state/local business license | |
| Certification | |
| | |
| Other Standard | |
| Meets applicable state and local requirements for type of device that the vendor is providing | |
| Provider Type | |
| Commercial/Retail Businesses | |
| License | |
| Applicable state/local business license | |
| Certification | |
| | |
| Other Standard | |
| Meets applicable state and local requirements for type of device that the vendor is providing | |