

Home Modifications: S5165

Home Modifications are physical modifications to a private residence that are necessary to ensure the health, welfare, and safety of the individual or to enhance the individual's level of independence. Home Modifications are intended to increase the individual's capability to access his/her environment and are of direct or remedial benefit to the individual or in some way related to the individual's disability. A private residence is a home owned by the individual or his/her family (natural, adoptive, or foster family). Items that are portable may be purchased for use by an individual who lives in a residence rented by the individual or his/her family. This service covers purchases, installation, maintenance, and as necessary, the repair of home modifications required to enable individuals to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise. A written recommendation by an appropriate professional will drive the request for the modification, outlining medical necessity and is obtained to ensure that the equipment will meet the needs of the individual.

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.

All Home Modifications requiring a building permit must meet county code to pass inspection.

Items that are not of direct or remedial benefit to the individual are excluded from this service. 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. The individual or his/her family must own any equipment that is repaired.

Covered Modifications may include, but are not limited to:

- a. Ramps and Portable Ramps
- b. Grab Bars
- c. Handrails
- d. Lifts, elevators, manual, or other electronic lifts, including portable lifts or lift systems that are used inside an individual's home
- e. Porch stair lifts
- f. Modifications and/or additions to bathroom facilities
- g. Widening of doorways/hallways, turnaround space modifications for improved access and ease of mobility, installation of pocket doors, swing-clear (recessed) hinges, modification of door swing direction, excluding locks that restrict an individual's rights
- h. The following specific specialized adaptations:
 1. Shatterproof windows
 2. Floor coverings for ease of ambulation for individuals with mobility limitations
 3. Modifications to meet egress regulations directly related to the modification requested
 4. Automatic door openers
 5. Medically necessary portable heating and/or cooling adaptation to be limited to one unit per individual
 6. Installation of rounded counter tops
 7. Lowering of shelves / closet dowel rods / cabinets

<p>8. Protective covering for ramp 9. Wall coverings to prevent damage</p>	
Exclusions	
<p>Individuals who receive Residential Supports may not receive this service.</p> <ul style="list-style-type: none"> a. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). b. Central air conditioning; general plumbing; swimming pools; Jacuzzis; service and maintenance contracts and extended warranties are not covered. c. Locks that are used to restrict an individual's rights are not a covered modification. d. Equipment or supplies purchased for exclusive use at the school/home school are not covered. e. Waiver funding will not be used to replace equipment that has not been reasonably cared for and maintained. f. Home Modifications do not cover new construction, costs associated with building a new home, financing of a new home, and/or down payment of a new home. g. Items that would normally be available to any child, and are ordinarily provided by the family, are not covered. h. Home Modifications exclude adaptations, improvements or repairs to the residence which are of general utility and are not of direct or remedial benefit to the individual or in some way related to the individual's disability. 	
Limits on amount, frequency, or duration	
<p>The service is limited to expenditures of \$50,000 of supports (ATES, Home Modifications) over the duration of the waiver.</p>	
Service Delivery Method	<p><input checked="" type="checkbox"/> Provider Directed <input type="checkbox"/> Individual/Family Directed</p>
Specify whether the service may be provided by (check all that apply):	<p><input type="checkbox"/> Legally Responsible Person <input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian</p>
Provider Type	
Specialized Vendors	
License	
Applicable state/local business license	
Certification	
Other Standard	
<p>All services are provided in accordance with applicable State or local building codes and other regulations. All items must meet applicable standards of manufacture, design, and installation.</p>	
Provider Type	
Commercial/Retail Businesses	
License	
Applicable state/local business license	
Certification	
Other Standard	

All services are provided in accordance with applicable State or local building codes and other regulations.

All items must meet applicable standards of manufacture, design, and installation.