

Member Guide for Environmental Modifications (EM) and Assistive Technology (AT)

NOTE: An individual must be a Medicaid waiver participant in the Commonwealth Coordinated Care (CCC) Plus Waiver in order to receive EM or AT services.

Environmental Modifications (EM)

Medically needed physical changes to an individual's primary home or vehicle, to ensure their health, welfare, and safety by providing ease of accessibility and greater independence.

Description:

- Examples of home and vehicle modifications: Installing a wheelchair ramp, widening doorways, bathroom modifications, adding grab-bars, vehicle modifications, etc.
- EMs are to change or modify, not furnish new additions to the home, or make general improvements to the home. EM's shall be shared when two or more waiver individuals live within the same home. EM's are not covered for general leisure or recreational or diversion items or for behavioral supports.
- Medicaid will pay a maximum of up to \$5,000 per household starting each July 1. This amount cannot be rolled over into the next year.

How to receive EM services:

- Fee for Service (FFS) waiver members (who are not in a managed care health plan) can select an EM provider from the provider list on the DMAS website located at:
<https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/>
- Managed Care Health Plan members – Speak with your Care Coordinator
- Once an EM provider is chosen, the provider will assess the individual's needs, complete the necessary paperwork, request service authorization, complete the work to be done on the home or vehicle, and bill for the services provided once the work is satisfactorily completed.

Assistive Technology (AT)

Specialized medically needed portable equipment and supplies; including those devices, controls or appliances which will help an individual increase their ability to perform daily activities, or to assess, control or communicate within their living environment and community.

Description:

- Examples of Assistive Technology Devices: Organizational devices, computer/software or communication device, orthotics (such as braces for hands, arms, feet, legs, etc.), support chairs, specialized toilets, specially designed utensils for eating, weighted blankets/vests, etc.
- An independent, professional evaluation is required for each AT request. This may include an evaluation by a physical or occupational therapist, speech-language pathologist, rehabilitation engineer or a rehabilitation specialist.
- Medicaid will pay a maximum of up to \$5,000 per individual starting each July 1. This amount cannot be rolled over into the next year. Individuals receiving AT services in the same home shall share AT devices/items, when possible.
- AT is not covered for purposes of convenience for a caregiver, or for recreation, leisure, or for an outlet for behavioral supports, or for educational purposes.
- NOTE: Individuals younger than 21 years of age shall access any needed AT items through the EPSDT benefit.

How to receive AT services:

- Fee for Service (FFS) waiver members (who are not in a managed care health plan) can select an AT provider from the provider list on the DMAS website located at:
<https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/>
- Managed Care Health Plan members – Speak with your Care Coordinator
- Once an AT provider is chosen, professional evaluations will be conducted, the provider will complete the necessary paperwork, request service authorization, provide the necessary AT devices/items, and bill for the services provided once the work is satisfactorily completed.