### **Bureau of Managed Care**

### **Managed Care Organizations**

### Policy / Procedures

### **General Contract Monitoring**

## Home Modification: Division of Rehabilitation Services (DRS) Home Service Program (HSP) Waivers

This policy clarifies MCO responsibilities for member home modification. MCOs are responsible for the following:

- 1. **Payment of all home modifications that the MCO authorizes**. If DRS authorizes, DRS is responsible for payment, even if the work is not finished when a member's enrollment begins. Which entity authorizes bids is not relevant to payment responsibility. If the MCO authorizes a home modification and the member returns to FFS, the MCO is still responsible for payment.
- 2. Instruction to members about member responsibility for upkeep, and for construction failures caused by misuse or neglect. Instruction should commence at the start of and continue during the modification process.
- 3. Investigation, on a case-by-case basis, when a member states a home modification was not done correctly, or requires repairs.
- 4. Payment when indicated for reconstruction when a home modification was not done correctly, or requires repairs, even if the member has since disenrolled from the MCO.
- 5. Validation that completed work was done correctly, including written documentation that the member is satisfied with the completed work.

Additional Information:

- 1. If the MCO finds the work satisfactory but the member does not, a third party should be brought in to approve the work or suggest further modifications.
- 2. The final County inspection can be used in instances where a member and the MCO disagree on the satisfaction of the work.
- 3. If a member raises a concern about a modification that was done in the past, the MCO should investigate and check for warranties from the manufacturer for all authorized work. If the work is no longer under warranty, the MCO should work with the State on a case-by-case basis to resolve the issue. The MCO may verify the modification is still needed by requesting confirmation from a physician.

# **Policy History**

### **General Contract Monitoring**

## Home Modification: Division of Rehabilitation Services Home Service Program Waivers

Date April 2018 Action Contract Clarification **Policy Originator** Lauren Tomko

Policy Revisions [revision date] **Revision Approved** [name of person who approved revision]