

VEHICLE ACCESSIBILITY MODIFICATIONS PROTOCOL

A. Criteria for Vehicle Accessibility Modifications

1. Is the requested modification one of the following specific exclusions in the waiver service definition:

a. Replacement of tires or brakes, oil changes; **OR**

b. Other vehicle maintenance or repair?

If **YES**, stop and deny as a **non-covered service** based on the waiver service definition.

In addition, deny as a **non-covered service** any portion of the requested amount of Vehicle Accessibility Modifications which *exceeds* the waiver service limit of \$20,000 per service recipient per five (5)-program year period.

If **NO**, proceed to Question #2.

2. Is there documentation that the vehicle to be modified is owned by the service recipient?

If **YES**, skip to Question #4.

If **NO**, proceed to Question #3.

3. Is there documentation that the vehicle to be modified is owned by either the conservator or guardian?

If **YES**, proceed to Question #4.

If **NO**, stop and deny as a **non-covered service** based on the waiver service definition.

In addition, deny as a **non-covered service** any portion of the requested amount of Vehicle Accessibility Modifications which *exceeds* the waiver service limit of \$20,000 per service recipient per five (5)-program year period.

4. Medical necessity review questions:

a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has functional limitations in ambulation and mobility for which the service recipient needs physical modifications to a vehicle in order to increase the service recipient's accessibility for getting in and out of the vehicle or to ensure the transport of the service recipient in a safe manner; **AND**

b. Is there sufficient information in the ISP and/or supporting documentation to show that the proposed modification to the vehicle will be of direct medical or remedial benefit to the service recipient and does not include items or modifications that would be of general utility, **AND**

c. Is the Vehicle Accessibility Modification the least costly alternative that is adequate to meet the needs of the service recipient?

If **YES to all three** criteria specified in “4.a” through “4.c” above, stop and approve the vehicle modification (subject to the waiver service limit of \$20,000 per five (5)-program year period).

Deny as a **non-covered service** any portion of the requested amount of Vehicle Accessibility Modifications which *exceeds* the waiver service limit of \$20,000 per service recipient per five (5)-program year period.

If **NO to any** criterion specified in “4.a” through “4.c” above, stop and deny as **not medically necessary**. All of the unmet medical necessity criteria must be specified in the denial letter.

In addition, deny as a **non-covered service** any portion of the requested amount of Vehicle Accessibility Modifications which *exceeds* the waiver service limit of \$20,000 per service recipient per five (5)-program year period.