Neighborhood Health Plan OF RHODE ISLAND™

Clinical Medical Policy

Environmental/Home Modifications & Special Medical Equipment- # 080

Last reviewed: 08/19/26

Application

Application of this Medical Policy applies to:
RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), INTEGRITY for Duals (FIDE),
Application Excluded for:
Commercial (HBE), Duals CONNECT (CO-DSNP), Extended Family Planning (EFP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

This policy addresses the following:

Property owners must understand and agree that Environmental/Home Modifications & Special Medical Equipment:

1. Are for the use of the member and will be removed when the member no longer resides in the dwelling.
2. Neighborhood will not fund any costs associated with restoring the dwelling to the original condition.
3. Are considered the property of the Medicaid recipient

Environmental and Home Modifications

Environmental Modifications (also known as home modifications) are defined as those physical adaptations to the private residence of the member or the member's family that are necessary to ensure the health, welfare and safety of the member and/or enable the member to attain or retain capability for independence or self-care in the home and to avoid institutionalization and are not covered or available under any other funding source. Such adaptations may include the installation of:

- Modular ramps
- Grab-bars
- Vertical platform lifts
- Stair lifts

Coverage Determination

Environmental Modifications may be covered when **all** the following criteria are met:

1. The modification has been determined to not be the legal responsibility of the property owner or landlord; **and**
2. Proof of home ownership and/or written approval from the homeowner is received in the form of a completed and signed Homeowner Property Agreement – Authorization for Home Modifications/Special Medical Equipment must be obtained from the property owner or landlord prior to the service being approved; **and**
3. The member would be unable to access and/or reside in their home without the adaptations; **and**
4. Member has mobility impairments that prevent safe stair use such as weakness or balance deficits resulting from a permanent injury or medical condition; **and**
5. The modification must be reasonable and necessary, and the most cost-effective way to ensure the health, welfare and safety of the individual, or to enable the individual to attain or retain capability for independence or self-care in the home, and to avoid institutionalization; **and**
6. The modification is being made to the member's primary residence, including rented apartments or houses (with written permission of the owner/landlord, when applicable); and

7. The modification must be installed in accordance with applicable State or local building codes; **and**
8. The provider installing the modification must be qualified to perform the service in accordance with applicable State or local building codes and comply with any applicable registration or licensure requirements; **and**
9. The item should be of a nature that they are transferable if a member moves from his/her place of residence; **and**
10. The member and/or their caregiver have the ability to understand the safe use of the item; **and**
11. A specially trained and certified rehabilitation professional has assessed the location of the intended modification and recommends the requested item. Specially trained and certified rehabilitation professionals include:
    a. Licensed Physical and Occupational Therapists experienced in Home and Community Based services.
    b. Assistive Technology Professionals (ATP), certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA - An assistive technology professional is a service provider who analyzes the needs of individuals with disabilities, assists in the selection of the appropriate equipment, and trains the consumer on how to properly use the specific equipment.)

    AND
12. All criteria specific to the actual item are met (see item criteria below).

Modular Ramps

Ramps enable a member who requires a wheelchair for mobility (or has limited ambulation skills) to enter/exit their home. Ramps come in a variety of sizes to accommodate the height/width of the stairs. Ramps may be covered when **all** the following criteria are met:

1. Member will be able to enter/exit the home in their wheelchair, with or without assistance, if a ramp were present; and
2. Member has mobility impairments impacting safe egress/ingress due to physical illness such as weakness or balance deficits resulting from permanent injury or medical condition, including:
    a. Member is wheelchair dependent and unable to enter/exit their home without assistance; **and/or**
    b. Member has decreased ambulation skills and is unable to climb stairs; **and/or**
    c. Member is only able to leave home via ambulance and/or stretcher.

Stair Lifts

A stair lift is a mechanical device with a seat that transports members up and down stairs. It enables members with mobility impairments who are unable to safely climb stairs access to their home. Stair lifts may be covered when **all** the following criteria are met:

1. The member has mobility impairments that prevent safe stair use due to physical illness such as weakness or balance deficits resulting from permanent injury or medical condition; **and**
2. The member is motivated and capable of using the system; **and**
3. For interior stair lifts:
    a. The first floor of the home does not have any toilet facilities; **and**
    b. The home is unable to be modified to enable access to toilet facilities without the use of a stair lift (i.e., relocate bedroom to same level as bathroom, enter home through an alternate entry).
4. For exterior stair lifts:
    a. The member can only exit their home by ambulance transport or requires extensive assistance from 1 or more people; **and**
    b. The vertical barrier is unable to be ramped due to inadequate acreage available to install a ramp that meets state and local building codes or the physical topography of the site precludes the installation of a ramp; **or**
    c. The cost of the required ramp is more than the cost of the stair lift.

Vertical Platform Lifts

A vertical platform lift, also known as a wheelchair lift, is a powered device that enables a member who requires a wheelchair for mobility to overcome a vertical barrier such as stairs. They can be vertical or inclined (travel along the grade of the stairway) and enable members to enter/exit their home in their wheelchair. They are supplied for members when a wheelchair ramp is unable to be used or when the cost of the platform lift is less than the ramp that would be required for the barrier. Vertical Platform Lifts may be covered when **all** the following criteria are met:

1. The member is wheelchair dependent, unable to enter/exit their home with assistance, and is unable to transfer onto a less costly stairlift; **and**
2. The member is only able to leave home via ambulance and stretcher or require extensive assistance from 1 or more people; **and**
3. The member is motivated to utilize this system in order to leave their residence for community related daily activities and medical appointments; **and**
4. Vertical barrier is unable to be ramped due to inadequate acreage available to install a ramp that meets state and local building codes or the physical topography of the site precludes the installation of a ramp; **or**
5. The cost of the required ramp is more than the cost of the platform lift.

Special Medical Equipment

Special Medical Equipment is intended to address member functional limitations and enable members to increase their ability to perform activities of daily living. Allowable items include:

- Ceiling or Wall Mounted Patient Lifts
- Track Systems
- Tub slider systems
- Rolling/Customized shower chairs
- Automatic Door Openers

Coverage Determination

Special Medical Equipment may be covered when **all** the following criteria are met:

1. The equipment has been determined to not be the legal responsibility of the property owner or landlord; **and**
2. Proof of home ownership and/or written approval from the homeowner is received in the form of a completed and signed Homeowner Property Agreement – Authorization for Home Modifications/Special Medical Equipment must be obtained from the property owner or landlord prior to the service being approved; **and**
3. Member has mobility impairments that prevent safe stair use such as weakness or balance deficits resulting from a permanent injury or medical condition; **and**
4. The equipment must be reasonable and necessary, and the most cost-effective way to ensure the health, welfare and safety of the individual, or to enable the individual to attain or retain capability for independence or self-care in the home, and to avoid institutionalization; **and**
5. The item should be of a nature that they are transferable if a member moves from his/her place of residence; **and**
6. The member and/or their caregiver have the ability to understand the safe use of the item; **and**
7. The item meets applicable standards of manufacture, design and installation; **and**
8. If applicable, the modification is being made to the member's primary residence, including rented apartments or houses (with written permission of the owner/landlord, when applicable); and
9. If applicable, the modification must be installed in accordance with applicable State or local building codes; **and**
10. If applicable, the provider installing the modification must be qualified to perform the service in accordance with applicable State or local building codes and comply with any applicable registration or licensure requirements; **and**
11. A specially trained and certified rehabilitation professional has assessed the location of the intended modification and recommends the requested item. Specially trained and certified rehabilitation professionals include:
    a. Licensed Physical and Occupational Therapists experienced in Home and Community Based services.
    b. Assistive Technology Professionals (ATP), certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA - An assistive technology professional is a service provider who analyzes the needs of individuals with disabilities, assists in the selection of the appropriate equipment, and trains the consumer on how to properly use the specific equipment.)

AND

12. All criteria specific to the actual item are met (see item criteria below).

Ceiling or Wall Mounted Patient Lift and Track Systems

Ceiling or wall-mounted patient lift and track systems are overhead transfer systems that move patients safely between a bed, wheelchair, toilet, or bath without manual lifting. They consist of a permanently installed track, a motorized lifting unit, and a supportive sling. Ceiling or wall-mounted patient lift and track systems may be covered when **all** the following criteria are met:

1. Transfer between bed and a chair, wheelchair, or commode is required and, without the use of a lift, the member would be bed confined; **and**
2. The information provided attests to a diagnosis that prevents the member from transferring without assistance or that requires more than one person to assist for transfer; **and**
3. The Patient Lift is for use in one bedroom and/or one bathroom; **or**
4. The Track System is to connect one bedroom and one bathroom.

Tub Slider Systems and Rolling Shower Chairs

A tub slider system is a specialized mobility aid that safely transfers individuals with limited mobility over a bathtub wall without dangerous manual lifting or multiple transfers. It acts as a combination of a rolling shower chair, a commode, and a bathtub transfer system. The system typically consists of three main components: a mobile rolling base, a bridge, and a tub base.

Rolling Shower Chairs (rehab shower chairs) are a specialized mobility aide that combines a wheelchair, commode, and shower chair. They may include additional seating and positioning components and accessories to help with positioning when the member cannot support themselves.

Tub Slider Systems or Rolling Shower Chairs may be covered when the member meets **all** following criteria:

1. Unable to sit safely on a conventional commode or in a bathtub or on a conventional bath bench or tub chair, or on a conventional shower chair or bench; **and**
2. Unable to stand for the duration of the bath/shower, unable to get in/out of bath/shower, or needs support while sitting or toileting**; and**
3. Has had a successful trial of the requested equipment, or a close simulation of that equipment; **and**
4. Requires supportive seating to enable safe and effective bathing and toileting due to a documented medical condition, such as:
    a. Extensive weakness, contractures, or abnormal tone
    b. A neurological disease
    c. An orthopedic condition

Seating and positioning components and accessories may be covered when the following criteria are met:

1. The components/accessories contribute to the therapeutic function of the chair and are not primarily for caregiver convenience; **and**
2. The criteria specific to the actual item are met (see item criteria below).
    a. Accessories such as bath/shower chair lateral supports, chest or pelvic straps, headrest, foot plates, wedge, and/or pommel cushions are considered medically necessary when the member requires additional support to maintain the head, lateral thigh, knee, or lateral trunk in proper alignment or to maintain the member safely on the bath/shower while bathing.
    b. Tilt/Recline features are considered medically necessary when the member:
        i. Has extensive weakness, contractures, or abnormal tone requiring full body support; **or**
        ii. Cannot maintain head control in the upright position even with head support cushions; **or**
        iii. Has a medical need that requires the tilted or reclined position when upright; **or**
        iv. Requires pressure relief at all times when sitting (such as for prevention or treatment of pressure sores).
    c. Elevating leg rests are considered medically necessary when the member:
        i. Has a musculoskeletal condition which prevents 90-degree flexion of the knee; **or**
        ii. Meets medical necessity for the tilt/recline feature.

    d. Lift mechanisms are considered medically necessary when the member meets medical necessity criteria for seat lift mechanisms within InterQual®.
    e. Extra wide/heavy duty devices may be appropriate for members who meet the above criteria and weigh more than 300 pounds.

Automatic Door Openers, Adapted Switches and Buttons

Automatic door openers, adapted switches and buttons to operate equipment and environmental controls, such as heat, air conditioning and lights may be covered when the following criteria are met:

1. The member:
    a. Has a documented medical condition (e.g., severe arthritis, ALS, muscular dystrophy, or spinal cord injury) that impairs their hands, arms, or overall mobility; **and**
    b. Lives alone; **or**
    c. Is without a caregiver for a major portion of the day.

Repairs and Modifications

1. Repairs and modifications to covered modifications and/or equipment are allowable when:
    a. The original equipment/home modification and the repair or modification is ordered by a physician; and
    b. The equipment/home modification continues to be medically necessary; and
    c. The repair/modification is medically necessary to make the equipment serviceable, and the cost of repair is comparable to replacing.

Documentation checklist for prior authorizations (submit all)

- ✓ Prescription/order.
- ✓ Completed and signed Homeowner Property Agreement – Authorization for Home Modifications/Special Medical Equipment (when applicable).
- ✓ Assessment by a specially trained and certified rehabilitation professional (as defined above) of the member and location of the intended equipment/home modification with recommendation for the requested item.
- ✓ Cost comparison of alternative ways to meet the member's needs and barriers to using the less costly alternatives.
- ✓ Recent clinician note (90 days) with diagnosis and safety rationale.

Exclusions and Limitations:

1. Re-modeling, construction, or structural changes to the home, i.e. (changes in load bearing walls or structures) that would require a structural engineer, architect and /or certification by a building inspector.
2. Adaptations that add to the total square footage of the home are excluded from this benefit.
3. Exterior access modifications are limited to one ingress/egress route.
4. Repair, removal, construction or replacement of decks, patios, sidewalks and fences are not covered.
5. Home Modifications do not include those adaptations or improvements to the home that are considered to be standard housing obligations of the owner or tenant. Such as adaptations which are required by law to be made by a landlord or other third-party.
6. Relocation of plumbing and/or bathroom fixtures.
7. Installation, repair, or modification to driveways, decks, patios, hot tubs, central heating and air conditioning, raised garage doors, standard home fixtures (i.e., sinks, tub, stove, refrigerator, etc.), raised counter tops, roll- in-showers or tub cut.
8. Environmental modifications and equipment for secondary residences or dwellings.
9. Environmental modifications and equipment for the convenience of the member and/or caregiver(s).
10. Adaptations to bring a substandard dwelling up to minimum standards or to make improvements to a residence that are of general utility, and are not of direct medical or remedial benefit to the participant including, but not limited to:
    a. new carpeting

b. roof repairs
c. installation/updates to central air conditioning or heating systems
d. pave driveways or walkways
e. deck or fence installation
f. repair or replacement of pre-existing structure or condition g. remediation of any pre-existing condition (e.g. electrical, plumbing, asbestos, lead, or mold)

11. Requests for which there is a less costly alternative to meet member's needs (e.g. ramp vs. vertical platform, relocating bedroom to same level as bathroom vs. stair lift; entering home through an alternate entry vs ramp, vertical platform lift or stairlift).
12. Home accessibility adaptations to a residential habilitation site, group home, or other provider-owned and - operated residential setting.
13. The cost of maintenance, upkeep, or an improvement to a member's place of residence.
14. Items considered unsafe, unreasonable, or unnecessary for member (e.g. installation of swimming pool, hot tub, whirlpool, steam bath or sauna for either indoor or outdoor use, renovating or building rooms for the use of physical therapy equipment).
15. Services requested for the benefit of an individual other than the member.
16. The removal and/or remediation of existing home accessibility adaptations and/or any installed equipment if and when member is no longer in need of it.
17. Purchase of extended service and/or maintenance contract(s).
18. The member already has equipment that is able to meet their needs and is in good working order.
19. Requests that are covered by or available under any other funding source.
20. The equipment cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness or injury.
21. Home and Environmental Modifications and Special Medical Equipment are also subject to all the coverage requirements, exclusions, and limitations in Neighborhood Clinical Medical Policy #018 Durable Medical Equipment where applicable.

Stair lift Limitations/Exclusions:

1. Member cannot safely transfer onto/off the seat of the stairlift.
2. Member cannot independently maintain their seated balance when using the stairlift.
3. Member cannot independently operate the controls of the stair lift safely.

Ceiling or Wall Mounted Patient Lift and Track Systems Exclusions:

1. Only one type of lift will be covered unless medical documentation can show a need for two lifts.
2. Patient lifts and/or track systems to connect multiple rooms/bathrooms.

References

- Rhode Island Executive Office of Health & Human Services (EOHHS): Rhode Island Medicaid Coverage Guidelines, Medicaid Provider Manual: Durable Medical Equipment
- Rhode Island Executive Office of Health & Human Services (EOHHS): Rhode Island Medicaid Coverage Guidelines, Environmental Modifications (GW-EM).
- Rhode Island Executive Office of Health & Human Services (EOHHS): Rhode Island Medicaid Coverage Guidelines, Special Medical Equipment (GW-SM).
- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025.
- Contract- Agreement between the State of Rhode Island Executive Office of Health and Human Services and Neighborhood Health Plan of Rhode Island Medicaid Managed Care Fully Integrated Dual Special Needs Plan, Effective January 1, 2026.
- Rhode Island Executive Office of Health & Human Services (EOHHS): Homeowner Property Agreement – Authorization for Home Modifications/Special Equipment (GW-HM).

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Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.