MACOMB COUNTY
COMMUNITY MENTAL HEALTH

Subject: **Utilization Management**	Procedure: **Environmental Modifications, Durable Medical Equipment, and Vehicle Modifications**	
Last Updated: **10/8/2026**	Owner: **Managed Care Operations**	Pages: **12**

I. PURPOSE:

To provide procedural and operational guidance to direct and contract providers of MCCMH on requesting environmental modifications, durable medical equipment, and vehicle modifications for Medicaid beneficiaries.

II. DEFINITIONS:

Refer to the Michigan Medicaid Provider Manual for current definitions and service specific coverage criteria for environmental modifications, durable medical equipment, and vehicle modifications.

Medical Necessity:
Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of service.

III. PROCEDURE:

A. When a person served notifies their primary case holder of a need for environmental modification, vehicle modification, or durable medical equipment, the primary provider shall:

1. Identify if this is a treatment need for the person served per the guidelines in the Michigan Medicaid Provider Manual specific to the type of request and medical necessity.

2. To be eligible, a person must be on one of the following Medicaid waiver programs: 1915(i) State Plan Amendment (iSPA), Children's Waiver Program (CWP), or Habilitation Supports (HSW). Additional detail may be found in the MDHHS Behavioral Health Code Chart.

3. The request must demonstrate cost-effectiveness and authorization through MCCMH is the funding source of last resort. All applicable funding sources must be explored and applied for such as housing commission grants, MSHDA, and community development block grants.

4. Refer the person served to an appropriate, independent professional to complete a comprehensive evaluation with recommendations for the medically necessary modifications or equipment to meet the assessed needs of the beneficiary.
    a. This is typically an evaluation from an occupational therapist (OT), physical therapist (PT), or speech-language pathologist (SLP).
    b. The evaluation must be specific to what items are being requested and include all relevant technical specifications within the scope of practice of the professional.
    c. There must be documentation that the requested item is the most cost-effective alternative to meet the beneficiary's needs and that other sources of coverage have been explored.

5. If it is an appropriate treatment need, add the service to the Individual Plan of Service (IPOS).
    a. The goal must address the need for the modification or equipment.
    b. The goal must state how the modification or equipment will increase the productivity, independence, and/or community inclusion of the person served.
    c. For CWP and HAB Waiver beneficiaries, the plan must document that, as a result of the treatment and its associated equipment or adaptation, institutionalization of the beneficiary will be prevented.

6. Assist the person served in obtaining an original physician's prescription for the requested item(s).
    a. The prescription must include all requirements as detailed in the Michigan Medicaid Provider Manual.
    b. The prescription must be specific to the items being requested.

B. The person served obtains a minimum of three bids/quotes for the environmental modification or durable medical equipment, with the support of the primary case holder as needed.

1. For environmental modifications, the person served, their legal guardian, and/or their natural supports coordinates with three (3) licensed and insured contractors of their choice for the following:
    a. Evaluate the requested modification and develop a plan and detailed quote for the work based on the MCCMH Home Modification Scope of Work Guide.
    b. All quotes must be for the same specifications/scope of work and meet the treatment needs as determined in the comprehensive evaluation.
    c. All quotes must include a rendering of the project including notations of measurements and other relevant specifications.
    d. All quotes must include the total costs associated with the modification.
    e. All work and materials must be warrantied for a minimum of two (2) years.
    f. The contractor must sign the MCCMH Home Modification Scope of Work Guide indicating agreement with all points contained in this document.

2. For durable medical equipment, the person served, their legal guardian, and/or their natural supports obtains three (3) quotes for the equipment to include the following requirements:
    a. All quotes must be for identical items and meet the treatment needs as determined in the comprehensive evaluation.
    b. All quotes must include the total costs associated with the item including tax, shipping, installation, etc.
    c. There must be documentation that the best value in warranty coverage was obtained for all items.
    d. Include the necessary training of the person served and/or their natural supports on the equipment.
    e. Quotes may be generated from the internet, but must be for identical items, must be complete and legible, and must include all associated costs.

3. For vehicle modifications, the person served, their legal guardian, and/or their natural supports obtains three (3) quotes for the adaptation of the vehicle to include the following requirements:
    a. All quotes must be for identical items and meet the treatment needs as determined in the comprehensive evaluation.
    b. The adaptation must be to an automobile or van that is the primary means of transportation for the person served.
    c. Covered items must meet applicable standards of manufacture, design, and installation.
    d. There must be documentation that the best value in warranty coverage was obtained for all items.
    e. The person served or their natural supports must own the vehicle prior to requesting a modification. For a newly purchased vehicle, there must be evidence that the individual's accessibility needs were considered in the purchase process.
    f. Coverage excludes the purchase or lease of a vehicle, the rental of a vehicle, and the regularly scheduled upkeep/maintenance of a vehicle.

4. For someone on CWP only, fencing may be approved with documentation that supports medically necessary.
    a. Authorization for fencing is for a maximum of 200 feet of standard chain link fence with one gate.
    b. A standard stockade fence may be considered if it is determined that chain link fencing will not meet the child's health and safety needs.

C. The primary case holder submits a completed request packet to the MCCMH Managed Care Operations (MCO) division through the designated email alias: MCORequests@mccmh.net The packet must include the following items (incomplete packets will be returned to the primary case holder):

1. Cover sheet that identifies the specific items being recommended, including quantity, model number, price (with shipping and tax, if applicable), and vendor.

2. Original physician prescription for all requested items.

3. Comprehensive evaluation from an appropriate, independent professional with

recommendations for all appropriate modifications or equipment to meet the beneficiary's assessed needs.

4. Copy of the Individual Plan of Service (IPOS) with a goal that addresses the need for the modification or equipment.

5. Disclaimer provided to the person served and/or their natural supports stating that they understand and agree to the proposed modification or equipment and will not hold MCCMH or the primary provider liable for any unanticipated results.

6. If the person served resides in a rental property, there must be a written agreement from the landlord consenting to the environmental modification or installation of the durable medical equipment. The agreement must indicate that the landlord will not hold MCCMH responsible to return the property to the previous condition.

7. The person served and their natural supports will submit a written agreement that they intend to reside in this home for at least three (3) years.

8. Denial from private insurance coverage(s), if applicable.

    a. Medicaid is the payor of last resort. There must be a denial from Medicare, all private insurance policies, and/or Children's Special Health Care Services (CSHCS), if applicable.
    b. Denials must be in writing; verbal denials cannot be accepted.
    c. If the insurance company refuses to issue a denial prior to purchase and/or installation, then the following will be accepted:
        i. The person served or legal guardian must sign a written agreement indicating that they will bill their insurance upon completion.
        ii. The person served or legal guardian must submit the denial letter to MCCMH upon receipt.
        iii. The person served or legal guardian must submit any money received from their insurance company to MCCMH as reimbursement of the Medicaid funds utilized for this purpose.

9. Documented denials from three (3) appropriate funding sources. Denials from other sources may include community organizations, churches, family ability to pay, housing commission grants, and/or community block development grants. Many of these entities do not issue written denials therefore citing the communications in a Progress Note is acceptable.

10. A minimum of three bids/quotes for the environmental modification or durable medical equipment.

11. Documentation to support that the best warranty coverage (e.g., the most coverage for the least cost, per industry standards) was obtained for the item at the time of purchase.

12. For requests to repair a previously authorized modification or equipment:
    a. If the person served chooses to work with the original vendor for the service

call/repair, then they will not be required to secure three bids/quotes. If they are not working with the original vendor, then three bids/quotes must be obtained.

b. Any applicable warranties and insurance coverage must be sought first and denied.
c. Documentation must be submitted to show that the repair is the most cost-effective solution when compared with replacement or purchase of a new item.
d. If the item requires repair due to misuse or abuse, there must be documentation of training in the use of the equipment to prevent future incidents. Future requests to repair resulting from further misuse or abuse will not be authorized.

D. MCO will review the submitted packet. If any of the required elements are not included, it will be marked as an incomplete request and returned to the primary case holder. Medical necessity determinations cannot be made on incomplete requests.

E. For environmental modification requests, MCO will consult with the MCCMH Facilities Administrator to review the specifications of the environmental modification request to ensure that it is the most appropriate and cost-effective alternative to meet the needs of the person served.
   a. The MCCMH Facilities Administrator will indicate if it is necessary to review the request in-person to make this determination. When this occurs, the primary case holder will coordinate a meeting in the home with the person served/natural supports, primary case holder, potential contractor, and Facilities Administrator.
   b. Once all aspects of the process are complete and an agreement has been reached with the contractor, MCO proceeds with the authorization determination.

F. MCO has seven (7) calendar days from receipt of a completed packet to make a medical necessity determination.

   1. When it is determined that the person served meets medical necessity criteria for the authorization of the durable medical equipment or vehicle modification, MCO generates an authorization in the FOCUS EMR, and an email notification is sent to the primary case holder.

   2. When it is determined that the person does not meet the medical necessity criteria for all or part of the authorization the environmental modification, durable medical equipment, or vehicle modification, an email notification is sent to the primary case holder and MCO sends a Notice of Adverse Benefit Determination to the person served and/or their legal guardian.

G. All service authorizations must be obtained on a prospective basis. If during the course of the work being completed, the cost varies from the previously authorized amount, then a new authorization must be obtained prior to the purchase of any items or the completion of any work.

   1. To obtain this authorization, the primary case holder must submit the following to MCO through the designated email alias: MCORequests@mccmh.net
      a. A revised bid/quote from the authorized vendor detailing the additional costs including .
      b. A detailed explanation of what was changed and why this change was necessary.

2. Authorizations adjustments will not be provided on a retroactive basis.

3. MCO has seven (7) calendar days from the receipt of this authorization request to make a medical necessity determination.

H. The primary case holder coordinates with the contractor (vendor) regarding the modification or durable medical equipment, service delivery, and payment.

I. The primary case holder works collaboratively with the person served and contractor/vendor to ensure the environmental modification is completed or the durable medical equipment is purchased/installed in a timely manner.

J. The primary case holder obtains evidence of completion and uploads it to the FOCUS EMR of the person served and, in the case of home modifications, contacts the MCCMH Facilities Administrator for review. The MCCMH Facilities Administrator must complete an in-person inspection of the completed work prior to the final payment being made to the contractor.

K. The handling of disputes that may arise with vendors regarding job completion and fund recovery will be redirected to the person served and their natural supports for resolution.

IV. REFERENCES

A. Michigan Department of Health & Human Services (MDHHS) Medicaid Provider Manual

B. Michigan Department of Health & Human Services (MDHHS) Behavioral Health Code Charts and Provider Qualifications

V. RELATED POLICIES

A. MCCMH MCO Policy 2-032, "Person Center Planning Training, and the Role of Health and Safety Considerations"

B. MCCMH MCO Policy 4-020, "Medicaid and Non-Medicaid Notice of Adverse Benefit Determination"

C. MCCMH MCO Policy 12-004, "Service Authorizations"

VI. EXHIBITS:

A. Home Modification Scope of Work Guide
B. Home Modification Scope of Work Template

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	12/1/2022	Creation of Procedure.	MCCMH MCO Division
2	12/12/2023	Revision of Procedure	MCCMH MCO Division
3	2/13/2025	Revision of Procedure	MCCMH MCO Division
4	1/16/2026	Revision of Procedure	MCCMH MCO Division
5	3/19/2026	Revision of Procedure	MCCMH MCO Division
6	10/8/2026	Revision of Procedure	MCCMH MCO Division

Home Modification Scope of Work Guide

This document must be signed by the contractor and the person served or their legal guardian prior to a home modification review.

Purpose:

To outline the materials, procedures, and payment that all support or coordinating agencies, contractors, and persons served/legal guardians must follow when proposing, quoting, and/or constructing an In-Home Modification (IHM).

Abstract:

The contractor requires permits, licensure, insurance, Business Associate Agreement (BAA), and W-9 forms. Such documents must be obtained and on file *prior* to commencement of the home modification. No project will be considered without these items being on file.

No upgrades to home modifications will be considered or paid for by MCCMH. Any upgrades or additional work requested by the person must be in writing and detailed prior to commencement of the job and paid for by the person or another party. Any work outside of the scope of work requires pre-authorization. Any add-on paid for by the person should not hold up any progress. Any arrangement made between the person and the contractor remains outside of MCCMH's scope of work.

All work shall meet current ADA guidelines, when applicable, and current local building codes.

The scope of work is to be confined to work defined. Any work exceeding the scope detailed will be paid for by the person served. This includes any life safety systems or improvements sought by inspectors.

Work Phases and Materials

I. Demo:

A. Remove and keep all fixtures and hardware in a safe place for re-use. MCCMH will only pay for modification components that cannot be re-used. It is not the intention of MCCMH to replace any item not needed or required. Toilets, cabinets, sinks, faucets, lights, towel bars, cover plates etc., can and should be set aside for re-use. Items will be re-used regardless of color, style, or age.

B. All components to be re-used must be stored in a safe place to prevent damage, until they can be re-installed. The person served will need to provide space for storage of these items. *Should be defined in the scope of work.*

*Provide a list of items to be re-used. *Should be listed in the scope of work.*

C. Any items removed for the intent of re-use that are damaged during removal will be re-negotiated. *Identified as soon as possible.*

D. Disconnect all power, water, or mechanicals that will need to be addressed in the modification process. Power, water, and heat should be shut off by the person served/homeowner and locked out by the contractor.

E. Remove any wall, floor, or ceiling covering (drywall, paneling, tile, wallpaper) that must be removed for the specific modification.

F. Any discovery during demo of pre-existing condition(s), mold, previous workmanship, etc., must be paid for by the person/homeowner. *Identified as soon as possible.*

G. In-Home Modifications must be contained and remain free of trash at the close of business each day. Person's served homes must remain sealed off from the workspace when possible. All professional etiquette should be shown and adhered to when working within the person's home.

II. Framing:

A. Framing should adhere to all local and ADA compliant guidelines. Grab bars require backing.

B. Install headers, doorways, pockets, or any framing to accommodate the new modification.

C. All framing must be 16” on-center. Use standard grade lumber 2x4 construction unless otherwise noted.

D. Ramps for exterior work shall be constructed with appropriate lumber and slope practice.

III. Mechanicals:

A. All mechanicals should be designed, built, and installed to meet the person’s needs, not the wishes or designs of the homeowner.

B. Mechanicals must be installed according to permit and subject to inspection by the local authority.

C. Permits must be obtained prior to commencement and kept for inspection and payment purposes.

IV. Insulation:

A. Standard batt insulation.

B. Follow local rules for R-values in walls and ceilings.

V. Wall/Trim Finishes:

A. All finishes must be spelled out in the scope without deviation.

1. Paint color
2. Trim style

B. Wall coverings should be drywall with taped seams and corners, filled, mudded, sanded without deviation. Painted (2) coats.

C. Green board in wet areas.

D. Trim should be standard and painted to finish. Nail holes should be filled and sanded.

VI. Tile:

A. Should be no larger than 2x2 sq non-slip flooring for shower, 12 x 12 non-slip for floor, and 4 x4 for wall.

B. Tile shall be ceramic for the floor and wall. Corners should be bullnosed or finished edge.

C. Thresholds called out.

D. ¼" per foot slope standard.

E. A floor drain must be considered for "roll in" applications.

VII. Finishing Fixtures:

A. Grab bars must be specified in the script.

B. Soap dish or seat must be specified in scope.

C. Square drain.

D. Cabinets must be off shelf and standard size. NO CUSTOM ORDERS

E. Doors are hollow core, unless specified.

F. Handles must be ADA approved.

G. Light fixtures shall be standard placement and off shelf.

H. Fans shall be vented to exterior and off shelf. Window negates fan installation

I. All fixtures and handles shall be off "the shelf" and be either chrome, brushed nickel, gold, or bronze to match existing décor. NO CUSTOM ORDER unless required in script and detail.

Note*** Should any custom order by the person served hold up the work. That work/time will be billed by the contractor and paid for by the person served.

VIII. Inspections:

A. Demo (if required), rough frame, insulation, rough plumbing, rough electrical, mechanical, plumbing, electrical, mechanical finals.

B. All work needs to be inspected by local governing authority for permitting and inspected by MCCMH for payment approval to contractor (see below payments). Must be inspected by SC for person's use.

IX. Payments:

A. Initial = 50%
B. Rough framing, Electrical, plumbing, mechanicals = 25%
C. Final inspections = 25%

X. Warranty:

A. Workmanship should be warranted for 2 years.

B. Call backs should be answered in an expeditious manner.

C. Materials should be warranted for 1 year or greater.

D. All fixture or device warranties must be kept in a folder for minimum of 3 years with the person served.

XI. Notes:

A. Persons served must agree and sign off to this procedure prior to any initial review and prior to writing of "scope of work". Signatures are coordinated by the Supports Coordinating (S/C) agency at initial meeting.

B. Requirements spelled out in MCO procedural outline must be met prior to MCCMH's Facilities review and writing of a detailed Scope of Work.

C. Once the scope is completed, it will be turned over to the S/C agency for solicitation of contractor bids. Bids should be held and reviewed in coordination with MCCMH Facilities.

D. Any contractor questions can be supported by the MCCMH Facilities Administrator by calling (586) 463-8527 or emailing buildingservices@mccmh.net.

E. Off shelf installation of Durable Medical Equipment i.e., gantry mounts, lifts, chair lifts, ramps etc., should be completed by authorized installers of the manufacturer of the equipment and in coordination with any contractor being used in conjunction with the IHM.

Contractor Signature: _____ Date: _____

Person Served or Legal Guardian Signature: _____ Date: _____