

Subject: In Lieu of Service (ILOS) – Environmental Modification Current Effective Date:

07/01/2021

Status: APPROVED Last Review Date: 06/17/2021

Description

Eligible members may receive up to \$2,500 per year (365 days) for environmental modifications for their place of residence to include pest extermination, mold remediation, temporary housing, and physical home adaptations. This benefit is intended to improve, maximize, or enhance the member's mobility, safety and independence, support integration into the community and delay or avoid long-term facility placement. Benefit includes a PT/OT evaluation when appropriate for physical adaptations.

Clinical Indications

Medically Necessary:

- Member has qualified for and is authorized to receive one of the following LTSS services: PCS, PDN and hospice.
- The member's clinical condition meets requirements for an LTSS service and the
 attending provider attests that the environment modification benefit would help to
 ensure maintenance of health, safety, and welfare of the member at home rather
 than a long-term care facility.
- Must include a PT/OT evaluation for physical home adaptations.

Limitations on Coverage:

- Benefit maximum of \$2500 per year (365 days)
- Benefit is limited to:
 - Pest Extermination; does not include pest control maintenance
 - Mold remediation
 - Physical adaptations to the home environment
- Benefit can only be used when the member lives in a private residence which may be owned or rented; cannot be used in a facility setting

Program Requirements

- Enrollee must be assessed to need an environmental modification.
- Be at risk of requiring facility-based care and would have to placed in custodial long-term care in the absence of a combination of state plan benefit services and the Environmental Modification ILOS.

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- It has been established through assessment that the member has no other means to obtain modifications through alternative programs or community resources.
- If the member lives in a rented home, the property owner's written consent to modifications must be obtained prior to any work being done.

Coding				
Procedure Code	Service Description	Rate	Billing Frequency	
S5165 U1	Environmental Modification	\$2500.00	maximum of \$2500 per 365days	

Discussion/General Information

Eligible Healthy Blue members will be referred to a contracted supplier/provider who will evaluate the work needed including a Physical Therapy (PT) evaluation when appropriate, a written estimate of the work to Blue Cross and Blue Shield of North Carolina for authorization, assign the work to an Americans with Disabilities Act (ADA) approved contractor to provide oversight of the entire environmental modification job. All work will include a one year warranty.

Definitions

In Lieu of Services (ILOS): Services or settings that are not covered under the North Carolina Medicaid State Plan but are a medically appropriate, cost-effective alternative to a State Plan covered service.

Acronyms

LTSS: Long-Term Services and Supports

ILOS: In Lieu of Services **CCP:** Clinical Coverage Policy

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PCS: Personal Care Services



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PDN: Private Duty Nursing

References

North Carolina Clinical Coverage Policy 3K-2, NC Medicaid Community Alternatives Program for Disabled Adults

NC DHHS Approved ILOS Document: BCBS_BCM07^AJ-04_In_Lieu_of_Services_Environmental_Modifications

NC PHP Contract: Revised and Restated RFP 30-190029-DHB; section C., 1. g. In Lieu of services

Websites for Additional Information

https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/community-based-services-clinical-coverage-policies

https://provider.healthybluenc.com/north-carolina-provider/manuals-and-guides

History			
Status	Date	Action	
Draft	06/03/2021	Draft Created	
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Approved	06/17/2021	Approved by MOC	