Effective January 1, 2019 and pursuant to the newly aligned service specifications and provider requirements set forth in Rule 5160-44-13 of the Administrative Code, "Home Modifications" are defined as environmental adaptations to the private residence(s) of an individual required by the individual's person-centered services plan, that are necessary to ensure the health, welfare and safety of the individual or that enable the individual to function with greater independence in the home.

Adaptations include, but are not limited to, the installation of ramps and grab bars, widening of doorways, modification of bathroom or kitchen facilities, or the installation of specialized electrical and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual. Home modifications also include replacement of previous modifications when it is determined they cannot be repaired through another resource.

The process for requesting a home modification is set forth in OAC 5160-44-13, and the cost cannot exceed $10,000 in a calendar year per individual. The Ohio Department of Medicaid (ODM) or its designee is required to approve the lowest cost alternative that meets the individual's assessed needs. The date of service is the date of job completion.

Home modifications do not include:

- Adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the individual including, but not limited to, carpeting, roof repair and central air conditioning.

- Adaptations that add to the total square footage of the home, except when necessary to complete the adaptation (e.g., to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
Waiver Alignment Update

- New, replacement home modifications or repair of previously approved home modifications that have been damaged because of apparent misuse, abuse or negligence.

**Policy Guidance Regarding Customization of New Builds**

Home modifications are not intended to cover the general construction, materials and labor associated with the building of a new home (i.e., putting up walls, electrical work, and plumbing, etc.). However, there may be some instances in which it is more prudent and cost effective to permit the use of the service to cover expenses related to the installation of ramps and grab bars, customization of doorways to accommodate wheelchairs, customization of bathroom or kitchen facilities (e.g., walk-in baths, roll-in showers, lowered counters), or the installation of specialized electric and plumbing systems and certain kinds of equipment otherwise acceptable under the service. In such instances, labor and materials above and beyond that required for a typical build may be covered. Funds will not be used to pay for items/materials that are of general utility or are intended to enhance a home’s appearance.

Authorization of home modifications as part of a new build shall be based on the individual’s assessed need as determined by the case management agency. It is recommended that an evaluation by an appropriately qualified professional be conducted to determine the suitability of the immediate environment where the home modification will occur. This could include a review of blueprints.

The fixed cost proposal for a home modification involving a new build must include all the following:

- The items required in OAC 5160-44-13;
- An original price list of items needed for a typical build, including labor costs; and
- A second price list for the recommended adaptations, including labor costs.

The home modification service will fund the lowest cost alternative that meets the individual’s assessed needs, or the difference between typical building costs and the modification costs, whichever is less. The date of service is the new home’s closing date, and that date will drive the calendar year from which to credit home modification funds.