



Environmental Modification and Adaptive Devices WPA-002

Iowa Medicaid Program	Prior Authorization	Effective Date	09/06/2011
Revision Number	8	Last Reviewed	01/16/2026
Reviewed By	Medicaid Medical Director	Next Review	01/15/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	01/16/2015

Descriptive Narrative

Environmental modification and adaptive devices are medically necessary items installed or used within the member’s home that are used by the member to address specific documented health, mental health, or safety concerns. Environmental modification and adaptive devices are inclusive within the definition of allowable items set forth in the Iowa Administrative Code (IAC) as it pertains to the Children’s Mental Health (CMH) waiver.

Criteria

Prior authorization is required.

Environmental modifications and adaptive devices may be considered medically necessary when **ALL** the following are met:

1. Member is eligible for the CMH waiver that designates environmental modification and adaptive devices as an allowable service option; **AND**
2. Services shall be provided under the recommendation and direction of the mental health professionals that are on the member’s interdisciplinary team; **AND**
3. Environmental modifications and adaptive devices will meet the documented health, mental health, or safety concerns of the member and are for reasons other than the convenience of the member or the member’s practitioner or caregiver; **AND**
4. Services are the least costly type of service that would reasonably meet the documented health, mental health, or safety concerns of the member; **AND**
5. Each environmental modification and adaptive device request must fall within the definition of allowable items set forth in the IAC as it pertains to CMH waiver; **AND**
6. Above requirements are evidenced by documentation that includes:

- a. Completed Certificate of Medical Necessity form; **AND**
- b. Three competitive bids from Medicaid providers; **AND**
- c. InterRAI assessment; **AND**
- d. Comprehensive person-centered service plan for the member; **AND**
- e. Recommendation from a mental health professional or medical professional; **AND**
- f. Denial for state plan durable medical equipment, if applicable.

Exclusions

Exclusions include those modifications or devices:

- a. Necessary or desirable without regard to the member's health, mental health, or safety needs; **OR**
- b. Ordinarily covered by Medicaid; **OR**
- c. Funded by educational or vocational rehabilitation programs; **OR**
- d. Provided by voluntary means; **OR**
- e. Repair and maintenance of items purchased through the waiver; **OR**
- f. Fencing.

Coding

NA

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

IAC 441-78.52(249A).

IAC 441-78.52(1).

IAC 441-78.52(2).

IAC 79.1(2)27.

HHS Informational letter No. 1035 and No. 1039.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			
Change Date	Changed By	Description of Change	Version
01/16/2026	CAC	Annual Review. References updated.	8
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/17/2025	CAC	Annual Review.	7
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/19/2024	CAC	Annual Review	6
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Annual Review.	5
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/21/2022	CAC	Annual review. Formatting changes.	4
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/15/2021	CAC	Enhanced criteria section.	3
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/16/2015	CAC	Added last paragraph in References.	2
Signature			
C. David Smith, MD 			
Change Date	Changed By	Description of Change	Version
12/11/2013	Medical Director	Formatting changes.	1
Signature			

CAC = Medicaid Clinical Advisory Committee