



Home and Vehicle Modification WPA-003

Iowa Medicaid Program	Waiver Prior Authorization	Effective Date	10/21/2011
Revision Number	7	Last Reviewed	01/17/2025
Reviewed By	Medicaid Medical Director	Next Review	01/16/2026
Approved By	Medicaid Clinical Advisory Committee	Approved Date	11/18/2020

Criteria

Home and vehicle modification (HVM) may be medically necessary when **ALL** the following are met:

1. Member is eligible for a Home and Community-Based Services waiver that designates HVM as an allowable service option; **AND**
2. Physical modifications to the home and/or vehicle must directly address the member’s medical or remedial need when eligible for any waiver; **AND**
3. Modifications must be necessary to provide for the health, welfare, or safety of the member and enable the member to function with greater independence in the home and/or vehicle; **AND**
4. Each HVM request must fall within the definition of allowable items set forth in the Iowa Administrative Code (IAC) as it pertains to each individual waiver; **AND**
5. The total amount of the requested item must fall within the allowable costs of each individual waiver; **AND**
6. HVM will meet the direct medical needs of the member and be completed for reasons other than the convenience of the member or the member’s practitioner or caregiver; **AND**
7. Medical need cannot be met by a service or item available through the state plan; **AND**
8. Services are the least costly type which would reasonably meet the medical need of the member; **AND**
9. Above requirements are evidenced by documentation that includes **ALL** the following:
 - a. Completed Certificate of Medical Necessity form; **AND**
 - b. Three competitive bids from Medicaid providers that include a line item and cost for each of the following:
 - 1) Scope of work to be performed; **AND**
 - 2) Time to complete the work; **AND**

- 3) Labor cost(s); **AND**
- 4) All supply required diagrams, if applicable; **AND**
- c. Current core standardized member assessment; **AND**
- d. Comprehensive Person-Centered Service Plan for the member.

Exclusions

Exclusions include modifications:

- a. Necessary or desirable without regard to the member's medical or remedial need.
- b. Expected to increase the fair market value of the home or vehicle, such as furnaces, fencing, or adding square footage to the residence.
- c. Not specifically identified within IAC.
- d. Purchasing or leasing of a motorized vehicle.
- e. Home and vehicle repairs unless authorized by Iowa Medicaid.

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 441-78.34(9)

IAC 441-78.37(9)

IAC 441-78.43(5)

IAC 441-78.41(4)

IAC 441-78.46(2)





IAC 441-79.1(2)9.

IAC 79.1(17).

HHS Informational Letters No. 951, 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
01/17/2025	CAC	Annual Review. 9c of Criteria, removed SIS or interRAI, replaced with Current Core Standardized member assessment.	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
01/21/2023	CAC	Annual review. Updated IAC references.	5
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/20/2022	CAC	Annual review. Formatting changes.	4
Signature			
William (Bill) Jagiello, DO 			

Criteria Change History

Change Date	Changed By	Description of Change	Version
10/16/2020	CAC	Updated criteria. Revised References.	3

Signature

William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
10/30/2015	Policy	Criterion #2 replaced "Intellectual Disability waiver" with "any waiver". Criterion #13 replaced "social worker" with "service worker". Criterion #14 added home and vehicle repairs "unless authorized by the department".	2

Signature

Jason Kessler, MD



Change Date	Changed By	Description of Change	Version
10/16/2015	CAC	Removed criteria #2, #6, #5. Added last paragraph in References.	1

Signature

CAC = Medicaid Clinical Advisory Committee