



State of New Jersey  
Department of Human Services  
Division of Disability Services

# NEWSLETTER

Volume 15 No. 2

March 2005

**TO:** Case Management Agencies for the Community Resources for People with Disabilities (CRPD) and Traumatic Brain Injury (TBI) Waiver Programs – **For Action**

**SUBJECT:** Requests for Environmental/Vehicular Modifications

**EFFECTIVE:** Immediately, for services provided on or after November 1, 2004

**PURPOSE:** To notify CRPD and TBI case management agencies of required procedures for processing requests for environmental or vehicular modifications which are necessary to prevent institutionalization and to ensure the health, welfare and safety of the beneficiary or enable the beneficiary to function with greater independence in the home or community.

**BACKGROUND:** Currently, the only way a CRPD or TBI waiver beneficiary may request an environmental or vehicular modification is through the waiver case management site, which would have to pay the approved vendor for the modification and then submit claims for reimbursement. The maximum monthly reimbursement for this service is \$5,000. The majority of our case management providers are located in non-profit agencies and are unable to absorb this initial cost.

**ACTION:** Effective November 1, 2004, the Division of Disability Services' Office of Home and Community Services shall accept requests for environmental/vehicular modifications submitted from case management agencies on behalf of beneficiaries under the CRPD and TBI Waiver Programs. Case managers must complete a request form (see attachment 1) and submit the form to the Office of Home and Community Services for all requests for environmental or vehicular modifications. Upon review and approval, the Office shall forward requests to a fiscal intermediary agency under contract with the State to handle transactions and purchases and billing for Medicaid reimbursement. A new procedure code S5165 shall be used for all environmental/vehicular modification requests.

The case manager will complete a follow-up review to ensure that the environmental/vehicle modification has been completed in accordance with approved specifications and will complete an authorization for payment form (see attachment 2) to be submitted to the fiscal intermediary to enable payment to be made to the vendor.

**NOTE:** The procedure code S5165 has a billing limitation for environmental/vehicular modifications of \$5,000 per month per client. **Modifications will not be granted as a stand-alone service and as such, will require beneficiaries to have an on-going need for home and community-based waiver services.**

If you have any policy questions concerning this Newsletter, please do not hesitate to contact the Division of Disability Services, Office of Home and Community Services at (609) 588-2621.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**

NEW JERSEY DEPARTMENT OF HUMAN SERVICES - DIVISION OF DISABILITY SERVICES  
OFFICE OF HOME AND COMMUNITY SERVICES  
HOME AND COMMUNITY BASED WAIVERS

**ENVIRONMENTAL / VEHICULAR MODIFICATION REQUEST**

Beneficiary Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medicaid ID# \_\_\_\_\_ Waiver Program (Check One): CRPD \_\_\_\_\_ TBI \_\_\_\_\_

Case Management Agency \_\_\_\_\_

Case Manager \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Modification Type (Check One): Environmental \_\_\_\_\_ Vehicular \_\_\_\_\_

Description of Modification/Purchase: **(PLEASE ATTACH COPIES OF WORK ORDERS)**

\_\_\_\_\_  
\_\_\_\_\_

Action Taken to Modify Care Plan to Stay Within Waiver Cap: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cost of Modification/Purchase: \$ \_\_\_\_\_

**(PLEASE ATTACH THREE BIDS)**

I am requesting the purchase of an environmental/vehicular modification as described above, and understand the impact this will have on the services I receive under the waiver program and agree to modify my current plan of care in order to stay within the cost CAP limitations allowed under the program.

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date

I have reviewed the request for an environmental/vehicular modification and certify that it is necessary and appropriate to meet the beneficiary's needs and have modified the current plan of care with the beneficiary's permission to ensure that the costs are maintained within the monthly CAP.

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Representative Approval

\_\_\_\_\_  
Date

FD-408 (03/05)

NEW JERSEY DEPARTMENT OF HUMAN SERVICES - DIVISION OF DISABILITY SERVICES  
OFFICE OF HOME AND COMMUNITY SERVICES  
HOME AND COMMUNITY BASED WAIVERS

ENVIRONMENTAL/VEHICULAR MODIFICATION - AUTHORIZATION FOR PAYMENT

Case Management Agency \_\_\_\_\_

Case Manager \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Modification Type (Check One):      Environmental \_\_\_\_\_      Vehicular \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medicaid ID# \_\_\_\_\_ Waiver Program (Check One): CRPD \_\_\_\_\_ TBI \_\_\_\_\_

Name of Vendor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Person \_\_\_\_\_

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By my signature, I certify that the performance of the environmental/vehicle modification has been completed to my satisfaction.

\_\_\_\_\_  
Beneficiary Signature

\_\_\_\_\_  
Date

I have reviewed the environmental/vehicular modification performed on behalf of the beneficiary and certify that the work has been completed in accordance with bid specifications and authorize the fiscal intermediary agency to make payment to the above vendor.

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date