

Private Vehicle Modification Assessment/Consultations

Definition: Private vehicle assessment/consultation may be provided once a participant's specific need has been identified and documented in the Support Plan. The scope of the work and specifications must be determined. The criterion used in assessing a participant's need for this service are: 1) The parent or family member cannot transport the individual because the individual cannot get in or out of the vehicle; or 2) the individual can drive but cannot get in or out of the vehicle and a modification to the vehicle would resolve this barrier.

Private vehicle assessment/consultation may include the specific modifications/equipment needed, any follow-up inspection after modifications are completed, training in use of equipment, repairs not covered by warranty, and replacement of parts or equipment. The consultation/assessment does not require submission of bids.

Service Limits: The reimbursement for the Consultation/Assessment may not exceed \$600.00

Providers: Private Vehicle Assessments/Consultations can be completed by Licensed Medicaid enrolled Occupational or Physical Therapists, Medicaid enrolled Rehabilitation Engineering Technologist, Assistive Technology Practitioners and Assistive Technology Suppliers certified by the Rehabilitation Engineering Society of North America (RESNA), Medicaid enrolled Environmental Access/Consultants/contractors certified by Professional Resource in Management (PRIME) or by vendors contracted through the DSN Board to provide the service.

The individual/agency that is performing the consultation/assessment is ineligible to bid on the actual modification.

Arranging for and Authorizing Services: Before proceeding with bid requests, the Private Vehicle Modifications Fact Sheet (Community Supports Info Sheet-3) must be given to the participant/legal guardian. The information included in this fact sheet should be fully explained.

Once the participant's specific need has been identified and documented in the Plan and it is determined that Private Vehicle Modifications is the appropriate service to meet the need, the scope of work/specifications must be developed.

Private Vehicle Modification Consultations are requested to the SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. If the provider of a Board Billed service is not directly enrolled as a Medicaid Provider and is not on the DDSN QPL but will be invoicing the financial manager for services, the "non-shareable" indicator should be selected when authorizing the service and the authorization can be printed and faxed to the provider.

If the provider is a SCDHHS enrolled provider, the service must be direct-billed to SCDHHS. This must be indicated on the authorization.

If the provider is not a SCDHHS enrolled provider, and is contracted through the DSN Board, the service must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on the authorization.

Monitoring Services: The Waiver Case Manager must monitor the completed assessment within two (2) weeks of completion to verify that the work is adequate, and satisfactory to the family.

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.