



Questions about continuing education credits

If you have any questions regarding your continuing education credits received from Optum webinars, please contact rosters@ceuinstitute.net.

This course has been approved for 1-hour of CE for the following license types: Pre-approved Adjuster (AL, CA, DE, FL, GA, ID, IN, KY, LA, MS, NC, NH, NM, NV, OK, OR, TX, UT, WV, WY); National Certified Case Manager (CCM); National Nurse; Certified Disability Management Specialists (CDMS), and Certified Rehabilitation Counselor (CRC) for CE accreditation. For states that do not require prior approval, the adjuster is responsible for submitting their attendance certificate to the appropriate state agency to determine if continuing education credits can be applied.

Pre-approved Adjuster credits for AK have been denied.

Certified Medicare Secondary Payer (CMSP) credits are still pending.

CE credits are only available for those who qualify during the LIVE version of this webinar held on 08/04/2021 from 2:00-3:00 p.m. ET



Disclosure

No planner, presenter or content expert has a conflicting interest affecting the delivery of this continuing education activity. Optum does not receive any commercial advantage nor financial remittance through the provided continuing education activities.

Medical disclaimer

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, new treatment options and approaches are developed. The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at time of publication.

However, in view of the possibility of human error or changes in medical sciences, neither Optum nor any other party involved in the preparation or publication of this work warrants the information contained herein is in every respect accurate or complete, and are not responsible for errors or omissions or for the results obtained from the use of such information. Readers are encouraged to confirm the information contained herein with other sources.

This educational activity may contain discussion of published and/or investigational uses of agents that are not approved by the Food and Drug Administration (FDA). We do not promote the use of any agent outside of approved labeling. Statements made in this presentation have not been evaluated by the FDA.

Disclaimer

The display or graphic representation of any product or description of any product or service within this presentation shall not be construed as an endorsement of that product by the presenter or any accrediting body. Rather, from time to time, it may facilitate the learning process to include/use such products or services as a teaching example.

Accreditation of this continuing education activity refers to recognition of the educational activity only and does not imply endorsement or approval of those products and/or services by any accrediting body.

CE credits for this course are administered by the CEU Institute. If you have any issues or questions regarding your credits, please contact rosters@ceuinstitute.net.



Presenters



Kelly Yambor BSN, RN, CCM
Clinical Review Nurse



Dr. Robert HallMedical Director



Learning objectives

- Describe home accessibility and the approaches to consider when making a home accessible.
- Discuss the necessary components of home modification.
- Review potential home and vehicle modifications based on specific types of injuries and illnesses.

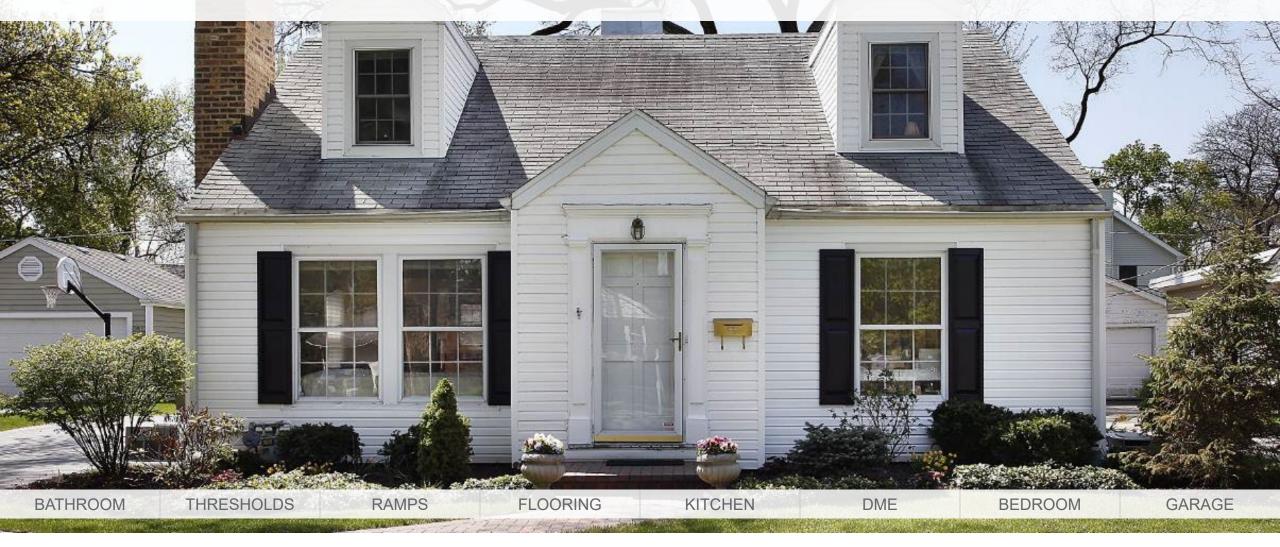


Reference guide included at the end of the presentation





What can be done to make a home accessible?





Durable medical equipment

- Walker
- Power mobility device
- Prosthetic limb
- Lift system
- Activities of daily living (ADL) devices
 - Bedside commode
 - Shower bench
 - Grab bars
 - Hospital bed



https://www.caregiverproducts.com/utensil-hand-clip.html



Modification program objectives

- Improve independence and aid to activities of daily living (ADL) skills
- Remove architectural and mobility barriers
- Improve quality of life
- Provide comprehensive and cost effective solutions for barrier removal
- Eliminate risk and liability exposure with only reasonable and necessary modifications





Accessible design

Accessible design generally refers to houses or dwellings that meet specific requirements for the accessibility of the disabled. These requirements are found in state, local, and building codes and regulations

Accessibility of public buildings and facility standards are regulated by the Americans with Disabilities Act (ADA)

A home modification to meet an injured person's medical, physical or cognitive needs as it related to the workers' comp. injury does not mean building an elaborate home costing thousands of dollars.

It does mean providing a home where the injured person can be as independent as possible and function safely to the best of his or her physical ability.





Seven components of home modification

1



Prescription / Letter of medical necessity

2



Team organization and preparation

3



Assessment and recommendations

4



Goal clarification

5



Plan development

6



Authorizations from payer source

7



Project activity, completion, inspection and invoicing



Team members and their responsibilities



FIRST STEP

- Injured person
- Family
- Doctor
- Case manager
- Adjuster
- Physical or Occupational therapist
- General contractor



- Define the disabilities and abilities of the injured person
- Identify current and future medical needs
- List the durable medical equipment used and needed
- Determine the other residents of the home
- Discuss plans for necessary modifications



Assessment and recommendations



- Physical, cognitive and emotional status
- Evaluate current, temporary, and long-term needs



- What can be done to make the home accessible?
- What can be modified to improve independence?
- What is the age and condition of the home?
- Does the injured person own or rent the home?
- Who should the evaluation involve?





MEET JOE

Meet Joe

Joe is a 44-year-old high school teacher who fell and sustained a traumatic brain injury, which resulted in:

- Right-sided weakness
- Decrease balance and coordination
- Cognitive deficits





Joe's Team

- Joe
- Spouse
- Physician
- Nurse case manager
- Claims examiner
- Physical and occupational therapists
- General contractor





Joe's treatments and DME

PHYSICIAN ORDERS FOR:

- Home health aide
- Physical, occupational, and speech therapy.
- A wheelchair, grab bars, shower chair, hand-held shower, reacher
- Front door ramp

HOME THERAPY TREATMENTS WILL FOCUS ON:

- Therapeutic exercises
- Range of motion/strength/flexibility
- Self-care/home management
- Safety awareness and fall prevention
- Modalities and education on a home exercise program
- Cognitive and organizational training

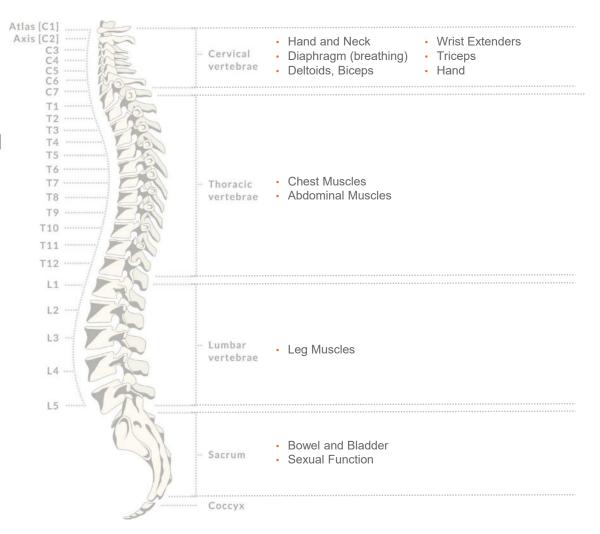




INJURY TYPES

Spinal cord injury

- Injury to the spinal cord that results in deficits below the level of the injury, including weakness, sensory loss, and bowel/bladder/sexual dysfunction
- Modifications will depend on the level of the injury and remaining function
- Higher level spinal cord injuries (i.e., cervical spine)
 can lead to more DME and modifications





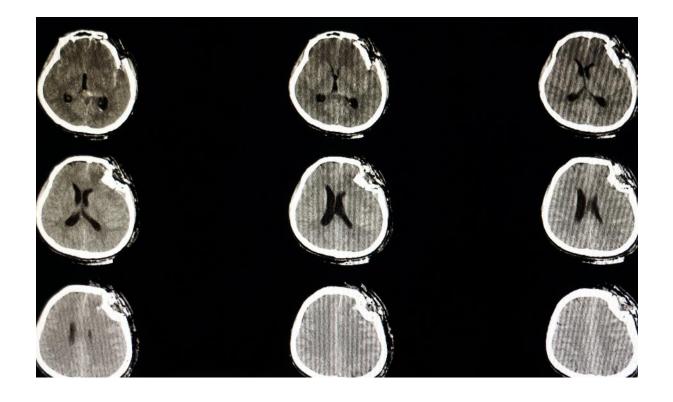
Possible, clinically-appropriate modifications

HOME MODIFICATIONS	VEHICLE MODIFICATIONS
• Ramp access	Wheelchair accessibility
Doorframe widening	• Lift or ramp
 Additional space for wheelchair turning 	Hand controls
 Raised sinks and countertops 	Automatic doors
Lift system	Seat modifications
 Generator (if mechanical ventilator) 	



Traumatic brain injury

- Most common causes of traumatic brain injury are falls, motor vehicle accidents and assaults
- Possible deficits may include:
 - Cognitive impairment
 - Weakness
 - Decreased balance and coordination
 - Bowel and/or bladder dysfunction
- Modifications will depend on the degree of physical and cognitive deficits





Possible, clinically-appropriate modifications

HOME MODIFICATIONS	VEHICLE MODIFICATIONS
Wheelchair-related modifications	Driver safety evaluation (occupational therapist)
 Fall prevention (e.g., flooring, lighting, handrails) 	• Lift system
Grab bars	Hand controls
 Alarms, warnings and reminders 	Accelerator for left foot
	Spinner knobs



Amputation

- Level of amputation is determined by the location of the limb injury
- Surgeons attempt to preserve limb length for improved function
- Modifications will depend on function and mobility achieved with a prosthesis





Possible, clinically-appropriate modifications

HOME MODIFICATIONS	VEHICLE MODIFICATIONS
 Mobility device-dependent (i.e., prosthesis, wheelchair, walker, etc.) Ramp Handrails Lighting Door knob extenders Electrical outlets 	 Accessibility Hand controls Left foot accelerator Spinner knob Lower limb steering system



Respiratory

- COPD
- Asthma
- Interstitial lung disease
- COVID-19





Possible, clinically-appropriate modifications

HOME MODIFICATIONS	VEHICLE MODIFICATIONS
 Respiratory devices (i.e., CPAP, BiPAP, ventilator) 	• Risks vs. benefits
Electrical outlets	State laws, rules, and guidelines
Generator	Travel oxygen concentrator
 Energy conservation (first-level floor plan) 	Energy conservation



Other injury types and their concerns

Heart disease



Energy conservation

Osteoarthritis



- Mobility
- Shorter distances
- First-floor vs. stair lift

Kidney failure



- Fall risk
- Home dialysis

Depression and anxiety



- Pain
- Fear
- Isolation



Summary

- Evaluation by multidisciplinary team early in the process to assess injured person's needs
- Discuss with injured person/significant other and insurance representative
- Planning for homecoming
- Determine if caregiver training or other support is needed
- Referrals to home health care agency, physical therapy and occupational therapy
- Arrange all durable medical equipment, supplies, specialty items, home evaluations, home/vehicle modifications, transportation, education, etc.



Thank you! Questions?

You will receive an email from the CEU Institute on our behalf approximately 24 hours after the webinar. This email will contain a link that you will use to submit for your CE credits.

You must complete this task within 72 hours.

Register for additional Continuing Education opportunities http://www.workcompauto.optum.com/resources/continuing-education

CE credits for this course are administered by the CEU Institute. If you have any issues or questions regarding your credits, please contact rosters@ceuinstitute.net.



HOME AND VEHICLE MODIFICATIONS REFERENCE GUIDE



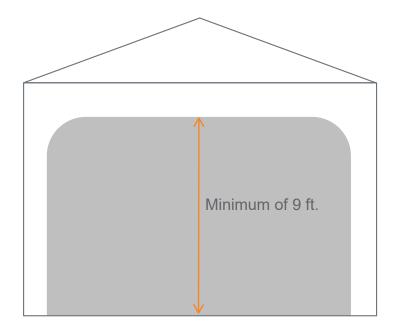


Garage and carport

- Should be larger than standard garages and carports
- Parking area is based on:
 - Vehicle dimension
 - Number of vehicles to be parked
 - Access aisle width of five feet
- Overhead clearance
 - Assess the height of the garage door opening when raised
 - The height of the garage door opening should be nine feet or more
 - Full-sized vans and some mini vans with raised roofs will often times not fit a standard overhead clearance
 - Allow at least six inches clearance from the top of the van
- Handicapped parking spaces should be at least 12' x 6' wide and have at least 48" of clearance on one side for loading and unloading wheelchairs.

Concrete garage slabs can be modified

- · Ramp access into the home
- · Garage floor gradually slopes to the entrance
- Some building codes require garage floor levels be several inches below the house floor level where it is attached

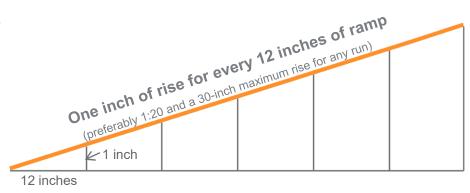


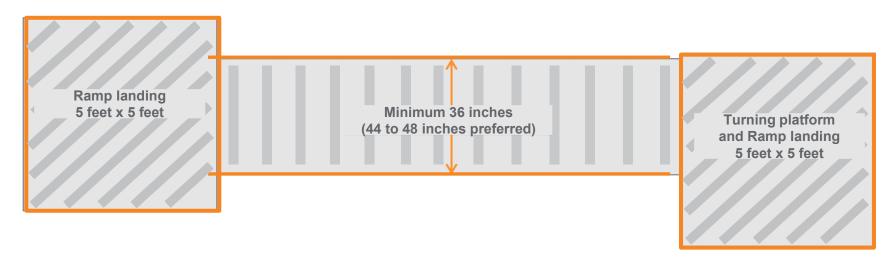
ONE-VEHICLE GARAGE		TWO-VEHICLE GARAGE	
Door clearance height	9 ft +	Door clearance height	9 ft +
Door opening width	9 ft	Door opening width	22 ft
Access aisle	5-8 ft	Access aisle	6 ft
Total garage width	9 ft +	Total garage width	28 ft



United Disabilities Services: https://udservices.org/blog/home-accessibility-checklist/

Ramp specifications





- The walkways between your front door and parking areas / garages should be 48" wide
- Ramp length or run should not exceed 30 feet without landings, and use the least slope possible.
- Wood ramps are easier and faster to construct, are inexpensive, but require maintenance, while only lasting a few years.
- Concrete is the preferred material, as it has greater longevity and requires little or no maintenance.
- · All ramps must have a slip resistant surface.
- All ramps and porches must have secure handrails.
- Weather protection strongly suggested



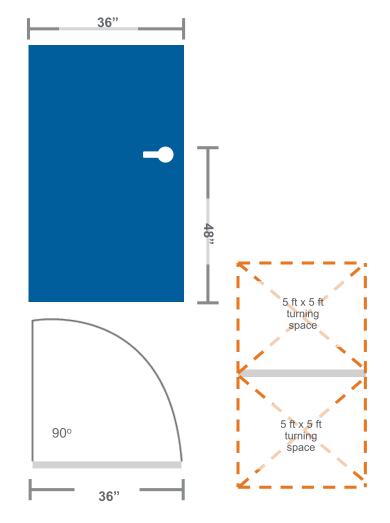
United Disabilities Services: https://udservices.org/blog/home-accessibility-checklist/

Entrances, doors and doorways

- Width 36 inches (minimum 32 inches)
- Lever door handle at 48 inch max. height
- 1/4 to 1/2 inch max. threshold height
- Doors open to 90 degrees
- External doors require a covering
- Entry Automatic, Push Button, Key Lock
- 5 8 pound max force to open
- Clearance 1 foot 6 inches on the latch side (allows for the door to swing away from the user)
- Turning Space
 - Level surface
 - Inside and outside each entrance
 - Surface area 5 feet X 5 feet

Doorbell and Mailbox

- The doorbell should be chair height, which is 48".
- The doorbell should be loud enough to be heard throughout your home.
- Install LED flashing lights (in addition to doorbells) for the hearing impaired.
- The mailbox or mail slot should be chair height.

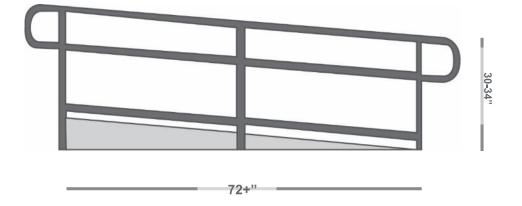




United Disabilities Services: https://udservices.org/blog/home-accessibility-checklist/

Handrails

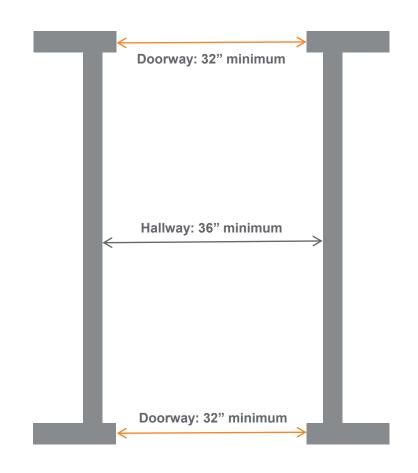
- Needed for ramps rise greater than six inches
- Horizontal projection greater than 72 inches
- Placed on both sides of the ramp
- Height 30 inches to 34 inches above the ramp
- Extend one foot beyond the top and bottom of the ramp
- Shape must be continuous surface for easy gripping





Hallways – Wheelchair access and passage

- Doorways minimum 32 inches wide
- Hallways minimum 36 inches wide
 - Preferably 48 inches
- 18 24 inches on the side of the door near the door handle
- Narrow interior doorways
 - Install pocket doors
 - Take the door off
 - Replace hinges with swing clear hinges (these hinges can make the doorway 1 ½ inches to 1 ¾ inches wider)



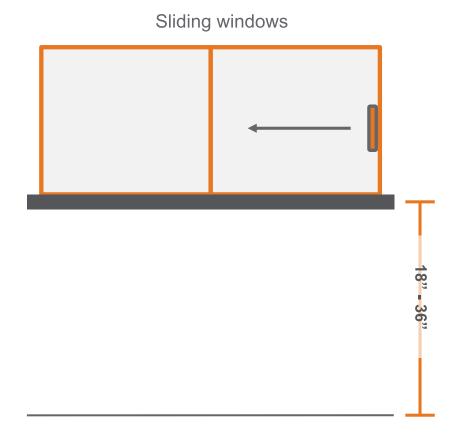


Windows

- Clear floor space
 - Wheelchair users 2 feet 6 inches x 4 feet
 - Perpendicular or parallel to the window
- Window lock
- Height of 18 inches to 36 inches above floor

Ease of Operation:

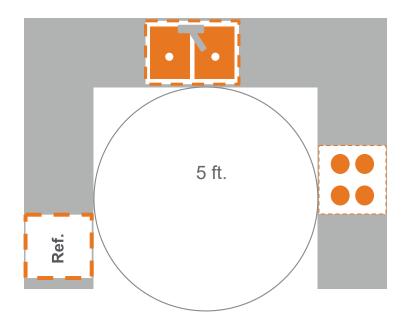
- One hand
- Handle within reach
- Lock within reach
- No more than five pounds of force to operate
- Sliding and casement windows are easiest
- Power operators available for casement and awning windows

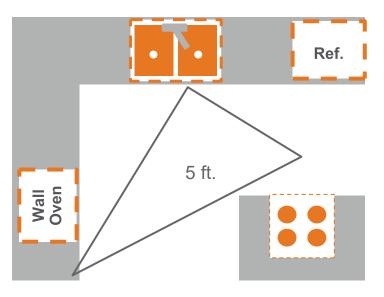




Kitchen - Define the work pattern

A 5-foot diameter is required to provide a 360-degree turning radius







Kitchen Modifications for Accessibility

CABINETS	COUNTERTIOPS & SINKS	APPLIANCES	OTHER
The lowest shelves of the upper cabinets should be no higher than	Include leg room under countertops and sink for wheelchair accessibility.	The appliances and sink should be operable from chair height.	Keep knob turners, push-pullers, and tongs handy for easy access.
 48". The upper cabinets should be mounted 15" above the countertop. 	L- or U-shaped countertops work best because they're easy to maneuver around.	The dishwasher should be mounted at least 6" from the floor. The dishwasher should be mounted at least 6" from the floor. The dishwasher should be mounted at least 6" from the floor.	 Mount the kitchen exhaust fan control switch at the front of the counter.
The lower cabinets should have full- extension drawers and fixed	There should be 30" of counter space around the cooktop and sink.	 The dishwasher should have a pull- out drawer-style opening, rather than a hinged door. 	ocumon.
shelves (no doors).	The kitchen faucet should be single lever and high-arc with a pull-out spray head.	Microwaves should be installed below countertop height for wheelchair accessibility.	
	Include pullout cutting boards in the lower cabinets.	Wall-mounted ovens should be installed so that the controls are around 48" from the floor.	
		Wall switches and wall outlets must be 32-36" from the finished floor.	



Bedroom modifications

- The bedroom door at least 32" wide.
- The bedroom door handle: easy-to-grasp, single lever, and operable with one hand.
- There should be a 36" pathway on each side of the bed and at the foot of the bed.
- The mattress should be no higher than 22" from the floor.
- The ceilings should be reinforced to accommodate pulleys for lifting mechanisms (if applicable).
- All thermostats, drapery wands, and lamp controls should be within 48" of the floor.

Closet

- Use slide doors or bi-fold doors with a minimum front clearance of 48" of clear space from the opened door's edge.
- Swing or bi-fold doors require a maneuvering space that's the same width as the door opening when extended 48" minimum perpendicular to the doorway.
- The closet rods and shelving should be within 48" of the floor.
- The closet shelves should be no more than 18" deep.
- The closet doors should be bi-fold or slide models for easy opening.

	Minimum Space Required	Preferred Space Needed
Maneuverability	3 ft between walls and furniture	90° turn requires 3 ft 6 in space
Lateral Transfer Space	Clear floor space of 3 ft accessible	3 ft 6 in
Forward Transfer Space	3 ft x 4 ft floor space	4 ft x 4 ft or 5 ft x 5 ft floor space



Bathroom modification options

- The bathroom door should be at least 32" wide.
- The bathroom door handle should be easy-to-grasp, single lever, and operable with one hand.
- The bathroom walls should be reinforced to accommodate grab bars and wall-mounted shower seats.
- All grab bars should be able to support at least 250 pounds.

TOILET	SINK	SHOWER	BATHTUB
The toilet should be mounted 33-36" from the floor.	The toilet should be mounted 33-36" from the floor.	The shower seat should be 17-19" from the floor for roll-in showers.	The faucet and controls should be centered on the longest side of the
 The toilet seat should be 17-19" from the floor. 	 The toilet seat should be 17-19" from the floor. The path to the toilet should be at 	 Roll-in showers should be free of doors, curbs, or lips at their entrance. 	 bathtub. Each side of the bathtub should have horizontal grab bars that are at
 The path to the toilet should be at least 36" wide. 	least 36" wide. • The grab bar behind the toilet	 The handheld shower spray unit should have a hose that's at least 	least 24" long.
 The grab bar behind the toilet should be 24" long. 	should be 24" long. • The grab bar beside the toilet	60" long. The faucet controls and handheld	
The grab bar beside the toilet should be 32" long.	should be 32" long.	spray unit should be on the wall next to the shower seat. • All shower stall units must have 32" clearance at their entry	



Miscellaneous modifications

- If home is on more than one level, consider investing in a stair lift.
- All doorway thresholds should be no higher than ½".
- Avoid carpet wherever possible. If you do have carpet, it should be low pile and backed by a 1/4" pad.
- All door handles should be mounted at 36" high.
- All interior doors should open easily with no more than five pounds of force.
- All interior hallways should be at least 42" wide.
- All window sills should be no more than 30" from the floor.
- All window controls should be no more than 24" from the floor.
- All electrical outlets should be grounded and mounted 12-16" from the floor.
- All light switches should be illuminated, rocker style, and mounted 42" from the floor.



Lifts

TYPES	CONSIDERATIONS
Platform – vertical	Ease of operation
• Elevator	Lift height
Incline – platform lift	Weight capacity (wheelchair plus user)
Stair lift	Emergency power source (manual/battery)
• Ceiling:	Tamperproof switch
- Portable	
- Fixed	
- Track	
Transfer devices	



Additional home modification considerations

SAFETY	COMMUNICATION AND CONTROL SYSTEMS	EQUIPMENT AND POWER
Temperature regulator for water faucets	Telephone	Electrical Outlets
Smoke Alarms	Light Switches	- Height of 18" from the floor
Carbon Monoxide Sensors	Emergency Call Button	- Installed at the head and side of the bed
Fire Extinguishers	 Environmental Aids to Assist Activities of 	 Power Wheelchair or Scooter
Hardware	Daily Living (EADLs)	Power Lifts
 Flooring 		Adjustable Beds
• Generators		Therapeutic Mattresses
		Oxygen Concentrators
		• EADLs
		Clocks, Lamps, Radios



Vehicle Modification Program

MODIFICATION OPTIONS	DRIVING ASSESSMENT BY QUALIFIED REHABILITATION SPECIALIST
Steering devices (Knobs, cuffs, grips)	Clinical evaluation of physical functioning
• Hand/Foot controls	Visual, perceptive and cognitive screening
• Drop floors	Wheelchair and seating assessment
• Raised roofs	On-the-road driving evaluation using adaptive equipment
• Ramps, remote entry	Total fitting and operational assessment
Vehicle lifts	
Turning automobile seats	





About Optum Worker's Comp and Auto No-fault Solutions

Optum Workers' Comp and Auto No-fault Solutions collaborates with clients to lower costs while improving health outcomes for the claimants we serve. Our comprehensive pharmacy, ancillary and managed care services, including settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure claimants receive safe, efficacious and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.

Optum and its respective marks are trademarks of Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2021 Optum, Inc. All Rights Reserved. CEU-21-803