

## **Private Vehicle Modifications**

**Definition:** Private Vehicle Modifications are modifications to a privately owned vehicle used to transport the participant and any equipment which are necessary to make the vehicle accessible to the participant. Modifications to government subsidized vehicles are not permitted. Private Vehicle Modifications may include:

- consultation and assessment to determine the specific modifications/equipment,
- follow-up inspection after modifications are completed,
- training in use of equipment,
- repairs to previously installed equipment not covered by warranty, and
- replacement of parts or equipment.

This service may not be used to make general repairs to a vehicle used by the participant.

**Providers:** Consultations/Assessments may be completed Licensed Occupational or Physical Therapists, Rehabilitation Engineering Technologists, Assistive Technology Practitioners and Assistive Technology Suppliers certified by the Rehabilitation Engineering Society of North American (RESNA), Medicaid enrolled Environmental Access/Consultants/contractors certified by Professional Resource in Management (PRIME) or by vendors whose qualification have been verified by the case manager.

**Arranging for the Service:** Once the participant's need for a Private Vehicle Modification has been identified and documented in the Plan, the scope of the modification/specifications must be determined. This should be done in consultation with the participant / representative and vehicle owner and should define the expected modification as clearly as possible. There are two ways to accomplish this task:

1. The expected modification can be defined by meeting with the participant/representative/vehicle owner, reviewing the modifications that are needed, and developing parameters / specifications. This is a crucial step to ensure that all requested bids are based on similar expectations;

**OR**

2. The expected modifications can be defined by obtaining a Private Vehicle Modification Consultation. A Consultation is highly recommended when multiple modifications are needed and the participant / representative / vehicle owner is unsure how to proceed or unable to clearly articulate the specifications. The cost for the consultation will be deducted from the annual cost limit.

If the project specifications will be defined using a professional, Private Vehicle Modifications - Consultation should be secured by offering the participant / representative choice of providers and issuing the *State Funded Community Supports (PVM-C)* form. The cost of a consultation will vary but would not be expected to exceed \$600.00 per consultation.

When Private Vehicle Modifications – Installation is needed, the *State Funded Community Supports (PVM -I)* form should be used. The specifications for the project must be noted. If a consultation has been secured, the specification from the consultant should be attached. The MAXIMUM amount allowed for the Private Vehicle Modification must be included. The Case Manager will secure bids if needed.

The **Private Vehicle Modification Project Agreement (PVM 2)** must be provided to the vehicle owner and signature agreeing to its terms obtained.

The maximum amount allowed for the modification must be added to the State Funded Community Supports Budget Calculator. Under no circumstances may the annual cost limit of the State Funded Community Supports be exceeded.

**Note:** If the participant/representative or vehicle owner desires Private Vehicle Modifications above the SFCS maximum amount allowed, they can **privately** contract with and pay the same professional/contractor who is completing the SFCS project. However, any additional work funded by the family or other outside resources cannot be a part of the authorization and will not be the responsibility of the Case Manager or DDSN.

The need for Vehicle Modifications must be documented in the Support Plan and the plan must be approved by DDSN before services can be authorized.

**Monitoring:** The plan, which includes Private Vehicle Modifications, should be monitored in accordance with DDSN Case Management Standards.

**Reduction or Termination of Services:** When the Private Vehicle Modification service is being reduced or terminated the Notice of Reduction or Termination (SFCS Form 4) must be used to notify the participant/representative, the provider and DDSN-SURB.

**S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

**STATE FUNDED COMMUNITY SUPPORTS  
Private Vehicle Modifications Project Agreement**

**Participant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Terms:**

I understand that the requested private vehicle modification(s) is/ are being funded with public money.

I have seen and agreed to the specifications for the private vehicle modification(s).

I understand that only the listed specifications will be provided and funded as part of this project.

I understand that under South Carolina State Procurement Law, if the requested private vehicle modification project costs more than \$2500.00, the project must be awarded to the lowest qualified bidder.

I agree that I will not request or instruct the provider to change any of the approved specifications after the project is awarded.

I understand that any additional work performed by the provider and/or any work separately negotiated with the provider will solely be my financial responsibility as the vehicle owner.

I agree to work cooperatively with the provider to insure a positive working relationship during the course of the project.

I agree to be available during the project should the provider need to take measurements or ask questions to insure modifications will be correct and beneficial.

I understand that I must notify the Case Manager immediately if any problems occur during the project.

**I, \_\_\_\_\_, as owner of the vehicle to be modified, have read, understand, and agree to each of the above terms. I also understand that the requested private vehicle modification project cannot proceed without my signature below.**

Signature of Vehicle Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_