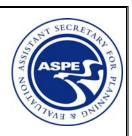


U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy



COMPENDIUM OF HOME MODIFICATION AND ASSISTIVE TECHNOLOGY POLICY AND PRACTICE ACROSS THE STATES

VOLUME II: STATE PROFILES

October 2006

Office of the Assistant Secretary for Planning and Evaluation

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the Department of Health and Human Services (HHS) on policy development issues, and is responsible for major activities in the areas of legislative and budget development, strategic planning, policy research and evaluation, and economic analysis.

ASPE develops or reviews issues from the viewpoint of the Secretary, providing a perspective that is broader in scope than the specific focus of the various operating agencies. ASPE also works closely with the HHS operating divisions. It assists these agencies in developing policies, and planning policy research, evaluation and data collection within broad HHS and administration initiatives. ASPE often serves a coordinating role for crosscutting policy and administrative activities.

ASPE plans and conducts evaluations and research--both in-house and through support of projects by external researchers--of current and proposed programs and topics of particular interest to the Secretary, the Administration and the Congress.

Office of Disability, Aging and Long-Term Care Policy

The Office of Disability, Aging and Long-Term Care Policy (DALTCP), within ASPE, is responsible for the development, coordination, analysis, research and evaluation of HHS policies and programs which support the independence, health and long-term care of persons with disabilities--children, working aging adults, and older persons. DALTCP is also responsible for policy coordination and research to promote the economic and social well-being of the elderly.

In particular, DALTCP addresses policies concerning: nursing home and community-based services, informal caregiving, the integration of acute and long-term care, Medicare post-acute services and home care, managed care for people with disabilities, long-term rehabilitation services, children's disability, and linkages between employment and health policies. These activities are carried out through policy planning, policy and program analysis, regulatory reviews, formulation of legislative proposals, policy research, evaluation and data planning.

This report was prepared under contract #HHS-100-03-0008 between HHS's ASPE/DALTCP and Abt Associates, Inc. For additional information about this subject, you can visit the DALTCP home page at http://aspe.hhs.gov/_/office_specific/daltcp.cfm or contact the ASPE Project Officers, Gavin Kennedy and Hakan Aykan, at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. Their e-mail addresses are: Gavin.Kennedy@hhs.gov and Hakan.Aykan@hhs.gov.

COMPENDIUM OF HOME MODIFICATION AND ASSISTIVE TECHNOLOGY POLICY AND PRACTICE ACROSS THE STATES

Volume II: State Profiles

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Abt Associates, Inc.

October 27, 2006

Prepared for
Office of Disability, Aging and Long-Term Care Policy
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
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The opinions and views expressed in this report are those of the authors. They do not necessarily reflect the views of the Department of Health and Human Services, the contractor or any other funding organization.

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Profiles of each state's Medicaid policies and practices with regard to assistive technology (AT) and home modifications (HM) were developed based upon the review and synthesis of Medicaid coverage policies obtained, to the extent possible, via the internet in the form of Medicaid Provider Manuals, Home and Community-Based Services (HCBS) Waiver Provider Manuals, state web sites, and state statutes and regulations. Profiles are included for all states and for the District of Columbia. The first page of each profile starts with an Overview of the state's Medicaid coverage for AT and HM, and then describes the state plan coverage in detail. The profiles are arranged alphabetically, by state.

A state profile legend is provided below to describe each field of the state profile.

State Profile Legend

Overview	A brief description	of AT and LIMA	amica a offersal by	, the a Mardianial C	tota Dian and	4b = -4-4-2-		
Overview	A brief description of AT and HM services offered by the Medicaid State Plan and the state's relevant HCBS waivers. (This section appears only on the first page of the profile.)							
Program Nam		,	,,,	, ,	<u>, </u>	,		
Agency Name	Agency that administers the program.							
Phone	Phone number for	general informa	ntion.					
Web site	Web site for genera							
Summary of State Plan Coverage	For the state plan, this section describes AT and HM services that are available and the benefit categories under which these services are covered. For the HCBS waivers, this section							
Populations Served	Individuals who qua populations served	summarizes the waiver's services. Individuals who qualify for services. The phrase "Medicaid-eligible individuals" refers to the populations served by the Medicaid State Plan, as this study did not collect data on each state's criteria for Medicaid eligibility.						
Terminology for HM and AT	Terminology that is covered types of A		ite's Medicaid reg	ulations and/or p	orovider manu	als to refer to		
Examples of Covered HM and AT Services	Examples of items	that are covere	d, within the differ	rent types of AT	and HM.			
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	√	√	√	, V	√			
	required in order to obtain services; and N/A indicates that the data was not available or not verified by the state. Note that √ in a box indicates that at least one type but not necessarily all types of AT/HM meet the criteria for inclusion. The data fields are defined as follows: Service Coordination/Case Manager. A person, such as a case manager, assesses a client's overall health care needs, may design a service plan, and coordinates services.							
	MD Order Required. A physician or other licensed medical provider (e.g., physician's assistant, nurse practitioner) must write a prescription or order for an AT/HM service.							
	Assessment by other health professional. A specialized therapist (such as a physical, occupational or speech-language) must perform an assessment before an item can be covered.							
	Medical Necessity Required . The state's Medicaid regulations state that the AT/HM service must be medically necessary in order to be covered.							
	PA (Prior Authorization) Required . An AT/HM service must receive prior authorization from the program in order to be covered.							
	Bids Required . A case manager, service coordinator or consumer must obtain one or more bids from an equipment supplier/vendor for an AT/HM service.							
Benefit Limits	Cost caps or service limits that the program imposes.							
Training on Use	The availability of training on the use of AT/HM*. Coverage for repair of AT/HM*.							
and Repairs NOTE: * When codi			It these services w	vere covered if t	hev were hund	tled with the		

NOTE: * When coding these services, we indicated that these services were covered if they were bundled with the equipment cost (and were not a separate charge.) We also included training and repairs that were billed separately.

SOURCE: Abt Associates review of Medicaid State Plan and HCBS waiver coverage policies, June 2005-February 2006.

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¹ This investigation of waiver coverage policies was limited to those waivers identified by the WGMD file extracts obtained for the project from Medstat that reportedly offer AT and/or HM services.

ALABAMA

Overview	Alabama covers augmentative communication devices through the Medicaid State Plan durable medical equipment benefit. Alabama also has one waiver specifically designed to provide assistive technology, and three additional waivers that provide assistive technology							
	and/or home modifications benefits. In addition, the state participates in the Robert Wood							
	Johnson Foundation Cash and Counseling Demonstration.							
Medicaid State	Plan Coverage							
Agency Name	Alabama Medicaid	Agency						
Phone	334-293-5504							
Web site	http://www.medicaid	d.alabama.gov/A	DMIN Code/5-A-1	3-				
	AdmCode.Ch13.Su	pplies.Appliance	es.and.Durable.Equ	<u>iipment.pdf</u>				
Summary of State	The Alabama Medic	The Alabama Medicaid State Plan covers augmentative communication devices under the						
Plan Coverage	durable medical equ	durable medical equipment benefit.						
Populations Served	Medicaid-eligible in	Medicaid-eligible individuals.						
Terminology for HM and AT	Augmentative comm	Augmentative communication devices (ACD).						
Examples of	ACD: Portable elec	tronic or non-ele	ectronic aids, devic	es, or systems	determined to	be		
Covered HM and AT Services	necessary to assist speech-language in							
	not expected to be							
Process to	Service		Assessment by	Medical				
Access Benefit	Coordination/ Case Manager	MD Order Required	Other Health Professional	Necessity Required	PA Required	Bids Required		
		√	√	, √	V			
Benefit Limits	There are some ind	ividual cost cap						
Training on Use and Repairs								
I	Repairs: yes.							

Home and Com	munity-Based	Waiver fo	r Persons wi	th Mental	Retardatio	n (0001)	
Agency Name	Alabama Medicaid Agency, in conjunction with the Alabama Department of Mental Health and Mental Retardation						
Phone	334-293-5504						
Web site	http://www.medicaid	.alabama.gov	/programs/long_te	erm_care/ltc_w	vaiver_services	.aspx?tab=4&	
0		<u>m=b_a</u> or individuals with mental retardation. To provide personal care, respite care, behavior					
Summary of State							
Plan Coverage	management, habilitation (residential, day, prevocational, and supported employment),						
	environmental accessibility adaptations, skilled nursing, medical supplies, companion services, assistive technology, crisis intervention, community specialist, speech-language therapy,						
	physical therapy, an			specialist, spe	ecii-language	шегару,	
Populations Served	Mentally retarded in			d conditions w	ho without thes	e services	
opulations derveu	would require service						
Terminology for HM	Environmental acces	ssibility adapta	ations (EAA), spec	cialized medica	al equipment ar	nd supplies	
and AT	(SMES), assistive te	chnology (AT).				
Examples of	EAA: Installation of	ramps and gr	ab-bars, widening	of doorways,	modification of	bathroom	
Covered HM and AT	facilities, or installati	on of specializ	zed electric and pl	umbing syster	ns.		
Services							
	SMES: Devices, controls, or appliances specified in the plan of care that enable recipients to						
	increase their abilitie						
	communicate with the environment in which they live. Also includes items necessary for life						
	support, and ancillary supplies and equipment necessary to the proper functioning of such						
	items, and durable and non-durable medical equipment and supplies not available under the						
	Medicaid State Plan.						
	AT: Devices and pieces of equipment or products that are modified or customized and are						
	used to increase, maintain, or improve functional capabilities of individuals with disabilities. It						
	also includes any service that directly assists an individual with a disability in the selection,						
	acquisition, or use o						
	evaluation and acqu	isition, selecti	on, design, fitting,	customizing,	adaptation, app	lication, etc.	
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required	
	Case Manager	•	Professional	Required	·		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ 	√	\ \ \	√ √		
Benefit Limits	EAA: Information N	/A.					
	OMEO: #5 000		dal				
	<u>SMES</u> : \$5,000 per y	ear, per indiv	riduai.				
	A.T. #000.0000 ::						
	AT: \$20,000 per clie	ent.					
Training on Use and Repairs	Training: yes.						
	Repairs: no.						

(0204)					itarry itata	rded
(0391)						
	Alabama Medicaid Agency, in conjunction with the Alabama Department of Mental Health and Mental Retardation					
11131	-293-5504					
		alahama qov/pr	ograme/long_term	care/waiver	living at hom	ne acny2tab=
	tp://www.medicaid.alabama.gov/programs/long_term_care/waiver_living_at_home.aspx?tab= ⊂=1					
Plan Coverage sup	p provide personal care, respite care, habilitation (residential, day, prevocational services, apported employment), environmental accessibility adaptations, skilled nursing, specialized edical equipment and supplies, physical therapy, occupational therapy, speech and language erapy, behavior therapy, community specialist, and crisis intervention.					
Populations Served Mer	entally retarded individuals aged three and over.					
	Environmental accessibility adaptations (EAA), specialized medical equipment and supplies SMES).					
Examples of EAA	EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom					
Covered HM and AT facil Services	facilities, or installation of specialized electric and plumbing systems.					
incr with equ lang	SMES: Devices, controls, or appliances, specified in the plan of care, that enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This includes durable and non-durable medical equipment and supplies not available under the Medicaid State Plan. Examples include language computers, environmental control devices, augmentative communication device, and page-turners.					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	V	√	N/A	
Benefit Limits EAA	<u>\</u> : \$5,000 per yea	ar, per individual				
SMI	<u>ES</u> : \$5,000 per y	ear, per individu	al.			
Training on Use and Train Repairs	ning: no.					
Rep	airs: no.					

Agency Name Alabama Medicaid Agency Phone 334-293-5504 Web site http://www.medicaid.alabama.gov/programs/long_term_care/waiver_technology_assisted.aspx ?tab=4⊂=1 Summary of State Plan Coverage To provide private duty nursing, personal care/personal attendant, medical supplies and appliances, and assistive technology for individuals who receive private duty nursing benefits under Early and Periodic Screening, Diagnosis, and Treatment and will no longer be eligible upon turning 21. Populations Served Terminology for HM and AT Examples of Covered HM and AT Medical supplies and appliances: Devices, controls, or appliances specified in the Plan of Care, not presently covered under the Medicaid State Plan, that enable individuals to increase
Phone 334-293-5504 Web site http://www.medicaid.alabama.gov/programs/long_term_care/waiver_technology_assisted.aspx ?tab=4⊂=1 To provide private duty nursing, personal care/personal attendant, medical supplies and appliances, and assistive technology for individuals who receive private duty nursing benefits under Early and Periodic Screening, Diagnosis, and Treatment and will no longer be eligible upon turning 21. Populations Served Terminology for HM and AT Examples of Medical supplies and appliances: Devices, controls, or appliances specified in the Plan of
Web site http://www.medicaid.alabama.gov/programs/long_term_care/waiver_technology_assisted.aspx
Summary of State To provide private duty nursing, personal care/personal attendant, medical supplies and appliances, and assistive technology for individuals who receive private duty nursing benefits under Early and Periodic Screening, Diagnosis, and Treatment and will no longer be eligible upon turning 21. Populations Served Physically disabled individuals age 21 and above.
Summary of State Plan Coverage To provide private duty nursing, personal care/personal attendant, medical supplies and appliances, and assistive technology for individuals who receive private duty nursing benefits under Early and Periodic Screening, Diagnosis, and Treatment and will no longer be eligible upon turning 21. Populations Served Terminology for HM and AT Examples of Medical supplies and appliances: Devices, controls, or appliances specified in the Plan of
appliances, and assistive technology for individuals who receive private duty nursing benefits under Early and Periodic Screening, Diagnosis, and Treatment and will no longer be eligible upon turning 21. Populations Served Physically disabled individuals age 21 and above. Terminology for HM and AT Examples of Medical supplies and appliances: Devices, controls, or appliances specified in the Plan of
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Terminology for HM and AT Examples of Medical supplies and appliances: Devices, controls, or appliances specified in the Plan of
and AT Examples of Medical supplies and appliances: Devices, controls, or appliances specified in the Plan of
Covered HM and AT Care, not presently covered under the Medicaid State Plan, that enable individuals to increase
Services their abilities to perform activities of daily living, or to perceive, control, or communicate with the
environment in which they live.
AT: Includes wheel chairs and communication devices.
Process to Service MD Order Assessment by Medical PA Bids
Access Benefit Coordination/ Dequired Other Health Necessity Peguired Required
Case Manager Professional Required
Benefit Limits Medical supplies and appliances: \$1,800 per client, per waiver year.
A.T. 200 000 I'. I
<u>AT</u> : \$20,000 per client.
Training on Use and Training: no. Repairs
Repairs: no.

State of Alabam	na Independent	Living (S	AIL) Waiver	(0241)				
Agency Name	Alabama Medicaid A Services	Agency, in cor	junction with the A	Alabama Depa	rtment of Reha	bilitation		
Phone	334-293-5504	4-293-5504						
Web site	http://www.medicaid tab=4⊂=1	.alabama.gov	/programs/long_te	rm_care/waiv	er_independen	t_living.aspx?		
Summary of State Plan Coverage	response, assistive t	o provide case management, personal care, medical supplies, personal emergency sponse, assistive technology (installation, repair, and evaluation), personal assistance, and ovironmental adaptations to individuals aged 18 and above with severe and chronic physical sabilities						
Populations Served	+	lividuals aged 18 and above with severe and chronic physical disabilities.						
Terminology for HM and AT	Environmental acces	vironmental accessibility adaptations/environmental adaptations (EAA), personal nergency response systems (PERS), medical supplies, assistive technology (AT).						
Examples of Covered HM and AT Services	facilities, or installati	EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom acilities, or installation of specialized electric and plumbing systems. PERS: An electronic device that enables a person to secure help in an emergency.						
	(e.g., egg crate mattress, lift sling, over-the-bed table, shower chair). AT: Devices, pieces of equipment, or products that are modified or customized and are used to increase, maintain, or improve functional capabilities of individuals with disabilities. Also includes any service that directly assists an individual with disability in the selection, acquisition, or use of an assistive technology device (e.g., needs evaluation, acquisition, selection design, fitting, customizing, adaptation, application).							
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	√	√	√	√	√			
Benefit Limits	EAA: \$5,000 per received. PERS: None. Medical supplies: \$2 technology. AT: \$2,000 per recipe waiver.	2,300 annuall						
Training on Use and Repairs	Training: yes.							
	Repairs: yes.							

ALASKA

Overview	medical equipment Information was no	laska covers a broad range of environmental accessibility adaptations and specialized nedical equipment and supplies through three home and community-based waivers. Information was not available on Medicaid State Plan coverage of assistive technology or ome modification services.					
Medicaid State F	Plan Coverage	•					
Agency Name	Department of Hea	Ith Services, D	ivision of Health C	are Services			
Phone	907-465-3347	7-465-3347					
Web site	http://www.hss.stat	p://www.hss.state.ak.us/commissioner/medicaidstateplan/default.htm - TOC					
Summary of State Plan Coverage	Information N/A.			·			
Populations Served	Medicaid-eligible in	Medicaid-eligible individuals.					
Terminology for HM and AT	Information N/A.	nformation N/A.					
Examples of Covered HM and AT Services	Information N/A.						
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	N/A	√	N/A	- V	V	N/A	
Benefit Limits	Information N/A.						
Training on Use and Repairs	Information N/A.						

Older Alaskans	(0261)						
Agency Name	Division of Senior a	and Disability S	ervices				
Phone	907-465-3372						
Web site	http://www.hss.stat	e.ak.us/dsds/d	ocs/HCBOA waive	er.pdf			
Summary of State	For individuals 65 a	and older. To pi	ovide case manaç	gement, respite	care, adult da	y health	
Plan Coverage	care, environmenta						
		nd supplies, chore services, meal services, residential supported living arrangements, and					
	 	pecialized private duty nursing.					
Populations Served	Those over 65 who						
Terminology for HM	Environmental acco					ie	
and AT	modifications (HM)						
Examples of Covered HM and AT Services		•	•	•			
HIM and AT Services		athroom facilities, or installation of special electric and plumbing systems needed to					
		accommodate the medical equipment and supplies that are necessary for the welfare of the					
	individual.						
	01450 5 :						
	SMES: Devices, c						
	to increase their ab						
	necessary for life s						
	functioning of such						
	under the Medicaid						
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	MD Order Required	Other Health	Necessity	Required	Required	
	Case Manager	Nequireu	Professional	Required	Required	Required	
	√	N/A	√ √	√	√ √	√ √	
Benefit Limits	EAA/HM: \$10,000	every three year	ars.				
	SMES: Information	n N/A.					
Training on Use and	Training: yes.						
Repairs							
	Repairs: yes.						
		·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·	·	

People with Men	tal Retardatio	n and Dev	elopmental D	Disabilities	(0260)	
Agency Name	Division of Senior a	and Disabilities	Services		•	
Phone	907-465-3372					
Web site	http://www.hss.stat	e.ak.us/dsds/dd	ocs/HCBMRDD w	aiver.pdf		
Summary of State	For persons with m	ental retardation	n or development	al disabilities. P	rovides case	
Plan Coverage	management, resp	ite care, residei	ntial and day habil	itation, supporte	ed employmer	nt,
	educational service					
	specialized medica					vices,
		tensive active treatment/therapies, and specialized private duty nursing. ersons diagnosed with developmental disability or as mentally retarded.				
Populations Served						
Terminology for HM and AT	Environmental accomedical equipment	, ,	, ,,	onmental modi	fications, spec	cialized
Examples of Covered						
HM and AT Services	facilities, or installa	tion of specializ	ed electric and plu	umbing systems	s needed to a	ccommodate
	the medical equipment and supplies that are necessary for the welfare of the individual.					
	<u>SMES</u> : Devices, controls, or appliances, specified in the plan of care, that enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid state plan.					
Process to	Service		Assessment by	Medical		
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids
	Case Manager	Required	Professional	Required	Required	Required
	V	N/A	√	V	V	√
Benefit Limits	EAA: \$10,000 eve	ry three years.				
	SMES: Information	n N/A.				
Training on Use and Repairs	Training: yes.					
	Repairs: yes.					

Adults with Phys	sical Disabiliti	es (0262)					
Agency Name	Division of Senior a	ivision of Senior and Disabilities Services					
Phone	907-465-3372						
Web site	http://www.hss.stat	e.ak.us/dsds/dd	ocs/HCBAPD wai	ver.pdf			
Summary of State	For individuals age		•				
Plan Coverage	care, environmenta						
	1	nd supplies, chore services, meal services, residential supported living arrangements, and					
	 	ecialized private duty nursing. sysically disabled individuals aged 21-64 who meet the nursing facility level of care criteria.					
Populations Served							
Terminology for HM and AT	Environmental accion (SMES).	essibility adapta	ations (EAA), spec	ialized medical	equipment an	id supplies	
Examples of Covered	EAA: Installation of	f ramps and gra	ab-bars, widening	of doorways, m	odification of	bathroom	
HM and AT Services	facilities, or installa	tion of specializ	ed electric and plu	umbing systems	needed to a	commodate	
	the medical equipment and supplies that are necessary for the welfare of the individual. <u>SMES</u> : Devices, controls, or appliances, specified in the plan of care, that enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid state plan.						
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/ Case Manager	Required	Other Health Professional	Necessity Required	Required	Required	
	Case Manager	N/A	√ V	Nequired	√	\ \ \	
Benefit Limits	EAA: \$10,000 eve		l v	·	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Deligiit Lillits	<u>-701</u> . \$10,000 eve	iy tilice years.					
	SMES: Information	n N/A.					
Training on Use and Repairs	Training: yes.						
	Repairs: yes.						

ARIZONA

Overview	Arizona covers a ra	ange of services	s through the Ariza	na Health Care	Cost Contain	ment			
	System and Arizon								
	technology, person	al emergency r	esponse systems,	and specialize	d medical equ	ipment.			
Medicaid State I	lan Coverage								
Agency Name	Arizona Departmer	rizona Department of Health Services							
Phone	602-417-4000	502-417-4000							
Web site	http://www.ahcccs.	state.az.us/							
Summary of State	The Arizona Health								
Plan Coverage		ledicaid State Plan services (e.g., durable medical equipment, home health care) through repaid, capitated health plans under a 1115 waiver. The Arizona Long Term Care System is							
	a statewide manag								
Danielatiana Camad	home and commun								
Populations Served	The Arizona Long individuals who need					disabled			
Terminology for HM	Personal emergen					e (HM)			
and AT	augmentative com								
	equipment.	manifold of a	addionio dinaron do	, (000 (, (0D), op	ooianzoa moa				
Examples of Covered		nic device that	enables a person t	o secure help ir	n an emergen	CV.			
HM and AT Services			•	•	J	,			
	HM: Installation of								
	facilitate barrier-fre								
	member in a wheel								
	bathroom; and mod								
	independence in ba								
	within the bathroon					movement			
	Within the bathloon	ii, and opeoidiiz	ed tolloto to dilow	ioi caoici trano	.010.				
	ACD: Upgrades/ch	nange of device	s and accessories	are allowed wh	nen document	ation			
	supports the medic								
	mounts, and switch	es are provide	d when necessary	to allow commi	unication acro	ss all			
	environments.								
	Specialized medica	al equipment: I	nformation N/Δ						
Process to	Service		Assessment by	Medical					
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids			
Access Delicit	Case Manager	Required	Professional	Required	Required	Required			
	√	√	V	•	√	V			
Benefit Limits	PERS: Information	N/A.							
	HM: One HM proje	ect.							
	100	N1/A							
	ACD: Information	N/A.							
	Specialized medica	al equipment: I	nformation N/A						
Training on Use and	Training: yes.	2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d							
Repairs									
	Repairs: yes.								

ARKANSAS

Overview	Arkansas covers a Medicaid State Pla			gies and home	modifications	through the	
Medicaid State F	Plan Coverage						
Agency Name	Arkansas Division	of Medical Serv	ices, Department	of Human Servi	ices		
Phone	501-682-2441						
Web site	http://www.medicai	d.state.ar.us/					
Summary of State Plan Coverage		le Arkansas Medicaid State Plan covers durable medical equipment and assistive chnologies under the Prosthetics Services benefit.					
Populations Served	Medicaid-eligible in	icaid-eligible individuals.					
Terminology for HM and AT		ecialized rehabilitative equipment, durable medical equipment (DME), mobility-enhancing uipment, augmentative communicative devices (ACD).					
Examples of Covered HM and AT Services	DME/Mobility-enha cushions and supp	ME/Mobility-enhancing equipment: Includes wheelchairs, wheelchair batteries, tires, shions and supplies, automobile hand controls. CD: Telecommunication and speech devices.					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	$\sqrt{}$	√	V	√		
Benefit Limits		ACD: \$7,500 lifetime cap. Other: There are caps on individual items per year.					
Training on Use and Repairs	Training: Informati Repairs: yes.	on N/A.					

Alternatives for	Adults with P	hysical Dis	abilities (031	2)			
Agency Name	Division of Aging a	ivision of Aging and Adult Services					
Phone	501-682-2441						
Web site	http://www.medicai	d.state.ar.us					
Summary of State Plan Coverage		o provide environmental accessibility adaptations/adaptive equipment and attendant care to hysically disabled persons aged 21-64.					
Populations Served	Adults with chronic	or severe phys	ical disabilities ag	ed 21-64.			
Terminology for HM and AT	Environmental acco	Environmental accessibility adaptations/adaptive equipment (EAA).					
Examples of Covered EAA: Installation and/or regular repair of ramps and grab-bars, widening of doorways,							
HM and AT Services	modification of bathroom facilities, and installation of specialized electric and plumbing						
	systems or vehicle	modifications the	nat are necessary	for the welfare	of the individu	al.	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	N/A	√	\checkmark	√	√	
Benefit Limits	\$7,500 per person,	per the life-of-t	he-waiver.				
Training on Use and	Training: yes.						
Repairs	Repairs: no.						

Alternative Com	munity Service	e (0188)					
Agency Name	Division of Develop	mental Disabili	ties				
Phone	501-682-8689						
Web site	http://www.medicai	d.state.ar.us/					
Summary of State	For individuals with	mental retarda	tion and developn	nental disabilitie	es. To provide	case	
Plan Coverage	management, resp						
		ccessibility adaptations, transportation, specialized medical needs, companion and activities					
		nerapy, crisis intervention, supplemental support services, and waiver coordination services.					
		ntermediate Care Facility for the Mentally Retarded residents are given priority to enter this					
Danislatiana Cansad	waiver.		una matal alia alailituu				
Populations Served	Persons of any age						
Terminology for HM and AT	Environmental accomodifications and s						
aliu Al	(ACD).	specialized med	licai supplies, ariu	augmentative (Communication	i devices	
Examples of Covered EAA: Installation of ramps and grab-bars, widening of doorways, and modification of							
HM and AT Services							
	accommodate medical equipment and supplies.						
	accommodate med	iloai equipinient	and supplies.				
	ACD: Computers,	communication	hoards and spec	ializad madical	equipment si	ich as	
	devices, controls, o						
	communicate with				5170, 00111101, 0	•	
Process to	Service	MDO	Assessment by	Medical		D. I.	
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids	
	Case Manager	Required	Professional	Required	Required	Required	
	√	$\sqrt{}$	√	V	√	√	
Benefit Limits	EAA: The annual r						
	also receiving envi	ronmental modi	fication services, t	he combined a	nnual expendi	ture cannot	
	exceed \$7,500.						
	A O D	N1/A					
	ACD: Information	N/A.					
Training on Use and	Training: yes.						
Repairs	Repairs: yes.						

CALIFORNIA

Overview	California covers assistive technology and home modifications through the Medicaid State Plan and seven waivers.						
Medicaid State F	Plan Coverage	.					
Agency Name	Medical Care Servi	edical Care Services, Department of Human Services					
Phone	916-636-1980						
Web site	http://www.dhs.ca.g	ttp://www.dhs.ca.gov/mcs/					
Summary of State Plan Coverage		ne California Medicaid State Plan, Medi-Cal, covers assistive technology and specialized quipment through the durable medical equipment benefit.					
Populations Served	Medi-Cal eligible in	edi-Cal eligible individuals.					
Terminology for HM and AT	Specialized equipm devices.	Specialized equipment, augmentative or alternative communication and speech-generating devices.					
	operated vehicles.	Lugmentative or alternative communication: Communication board, speech-generating					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	N/A	√	\ \ \	ν	√	N/A	
Benefit Limits	None.						
Training on Use and Repairs	Training: N/A. Repairs: yes.						

In-Home Medica	I Care Waiver	(Disabled	Individuals)	(0348)		
Agency Name	Medi-Cal Operation	Medi-Cal Operations Division, Medi-Cal In-Home Operations Section				
Phone	916-552-9105 in Sa	acramento				
	213-897-6774 in Lo	os Angeles				
Web site	http://www.dhs.ca.g	gov/mcs/mcod/i	hos/default.htm			
Summary of State	This waiver allows					
Plan Coverage	a minimum of 90 da					
	hospitalization. Per					
	dependent on med					
	offered by this waiv			certified home h	ealth aide ser	vices, minor
<u> </u>	home modifications	· · · · · · · · · · · · · · · · · · ·				
Populations Served	Individuals enrolled					d are
T	dependent on med					
Terminology for HM and AT	Minor home modifie	cations (HIVI), p	ersonai emergend	y response sys	tems (PERS).	
	LIM: Internal remo	o widoning doc	vrugua for whoolek	noir aggagg		
Examples of Covered HM and AT Services	PERS: An electror				on omorgon	2) (
Process to	Service	iic device triat e	Assessment by	Medical		5y. │
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids
Access Delietti	Case Manager	Required	Professional	Required	Required	Required
	√ √	N/A	N/A		√	N/A
Benefit Limits	HM: Lifetime cap of				,	1071
		, 40,000.				
	PERS: Information	N/A				
Training on Use and	Training: yes.					
Repairs	Training. yee.					
	Repairs: Information	on N/A.				
	-					

Nursing Home F	acility A/B Wa	aiver (Inpat	ient Nursina	Facility) (0	139)	
Agency Name	Medi-Cal Operation					
Phone	916-552-9105 in Sa	acramento				
	213-897-6774 in Lo	os Angeles				
Web site	http://www.dhs.ca.g	gov/mcs/mcod/i	hos/default.htm			
Summary of State	This waiver allows					
Plan Coverage	365 days to remain	living at home	and in the commu	ınity. Services c	offered under t	his waiver
	include personal ca					
Populations Served	Physically disabled					
	level B for a minim					
	assistance with eith	ner personal ca	re and/or have sor	me needs for sk	illed nursing o	are.
Terminology for HM	Minor home modifie	cations (HM), p	ersonal emergenc	y response syst	tems (PERS).	
and AT						
Examples of Covered		•	•			
HM and AT Services	PERS: An electror	nic device that e	nables a person t	o secure help ir	an emergen	cy.
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required
	Case Manager	rtequired	Professional	Required	rtequired	required
	√	N/A	N/A	√	√ √	N/A
Benefit Limits	HM: Lifetime cap of	of \$5,000.				
	PERS: Information	n N/A.				
Training on Use and	Training: yes.	raining: yes.				
Repairs						
	Repairs: Information	on N/A.				

Nursing Facility	Subacute Wa	iver (Physi	cally Disable	ed) (0384)		
Agency Name	Medi-Cal Operation	ns Division, Me	di-Cal In-Home Op	perations Section	n	
Phone	916-552-9105 in S					
	213-897-6774 in Lo	os Angeles				
Web site	http://www.dhs.ca.	gov/mcs/mcod/i	hos/default.htm			
Summary of State Plan Coverage	criteria for a minimum this waiver typically technology to supp	his waiver allows physically disabled persons who meet the subacute nursing level of care riteria for a minimum of 180 days to remain living at home and in the community. Persons in his waiver typically have a significant illness or injury and are dependent upon some medical echnology to supplant or assist major organ function. Services offered by this waiver include: rivate duty nursing, certified home health aide services, minor home modifications, and				
Populations Served	Physically disabled minimum of 180 da injury and are dependent of the function.	ys. Individuals	enrolled in this wa	iver typically ha	ive a significa	nt illness or
Terminology for HM and AT	Minor home modifi	cations (HM), p	ersonal emergenc	y response sys	tems (PERS).	
Examples of Covered HM and AT Services	HM: Internal ramp	s, widening doc	rways for wheelch	nair access.		
	PERS: An electror	nic device that e	enables a person t	o secure help ir	an emergen	cy.
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		N/A	N/A	V	√	N/A
Benefit Limits		HM: Lifetime cap of \$5,000. PERS: Information N/A.				
Training on Use and Repairs	Training: yes. Repairs: Information	on N/A.				

Multipurpose Se	nior Service F	Program (D	isabled Frail	Elderly Wa	aiver) (014	l1)	
Agency Name	California Departme	California Department of Aging					
Phone	800-510-2020						
Web site	http://www.aging.ca	a.gov/html/prog	rams/mssp.html				
Summary of State Plan Coverage	This waiver allows home and in the co housing assistance transportation.	mmunity. Servi	ices offered under	this waiver incli	ude: adult day	care,	
	area, be able to be management servi	Clients eligible for the program must be 65 years of age or older, live within a site's service area, be able to be served within the waiver's cost limitations, be appropriate for care management services, be currently eligible for Medi-Cal, and be certified or certifiable for blacement in a nursing facility.					
	Physical home ada devices and comm			sponse systems	(PERS), assi	stive	
Examples of Covered HM and AT Services	Home adaptations:	Ramps, grab-	bars, minor home	improvements.			
	PERS: An electror	ic device that e	enables a person t	o secure help ir	n an emergen	cy.	
	Assistive devices a	nd communica	tions services: Tra	anslation and in	terpretive serv	vices.	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	N/A	N/A	N/A	√		
Benefit Limits	Information N/A.						
Training on Use and Repairs	Training: no. Repairs: no.						

Home and Comr	munity-Based	Services V	Vaivor for Po	reone with	Develonn	nental
Disabilities (MR/		Sei vices v	valvei ioi i e	130113 WILLI	Developii	IGIILAI
-		as Division Mor	nitoring and Overs	ight Costion		
Agency Name	Medi-Cal Operation	is Division, Moi	illoring and Overs	igni Section		
Phone	916-552-9105					
Web site	http://www.dhs.ca.g	gov/mcs/mcod/r	mos/default.htm			
Summary of State	This waiver allows	persons with m	ental retardation/c	levelopmental d	lisability who r	meet the
Plan Coverage	Intermediate Care	Facility for the N	Mentally Retarded	level of care cri	teria to remai	n living at
	home and in the co	mmunity. Servi	ces offered under	this waiver incli	ude: transport	ation, adult
	residential care, da	y habilitation, a	nd respite service	S.		
Populations Served	Disabled beneficial	ries who would	otherwise require	institutional care	е.	
Terminology for HM	Physical home ada	ptations, perso	nal emergency res	sponse systems	(PERS), assi	stive
and AT	devices and comm			. ,	, ,,	
Examples of Covered	Home adaptations:	Ramps, grab-	bars, minor home	improvements.		
HM and AT Services						
	PERS: An electror	nic device that e	nables a person t	o secure help ir	n an emergen	CV.
				₋	3	- ,
	Assistive devices a	nd communicat	ions services: Tra	anslation and in	terpretive serv	vices.
Process to	Service	MP.O. I	Assessment by	Medical		D. I.
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids
	Case Manager	Required	Professional	Required	Required	Required
	√	N/A	N/A	N/A	√	
Benefit Limits	Information N/A.					
Training on Use and	Training: no.					
Repairs						
-	Repairs: no.					

AIDS Waiver (HI	V/AIDS Waive	r) (0183)					
Agency Name	Demonstration Pro	Demonstration Project Unit of the Medi-Cal Policy Division					
Phone	916-552-9634						
Web site	http://www.dhs.ca.g	gov/mcs/mcpd/l	RDB/DPU/Links/O	ffice of AIDS M	edi.doc		
Summary of State	This waiver allows	persons who ai	re cognitively and	functionally imp	aired with syn	nptomatic	
Plan Coverage	HIV disease or AID						
	institutional care. S				al case manag	gement,	
	attendant care, hor						
Populations Served	Persons with a diag						
	Deficiency Syndror				elated to HIV o	disease or	
	HIV disease treatm				(01.150)		
Terminology for HM and AT	Minor home adapta	itions, specializ	ed medical equipr	nent and suppli	es (SMES).		
Examples of Covered							
HM and AT Services	to the home require						
	individual to function						
	would require instit			es, "home" mea	ans a place of	residence	
	where the client sp	ends the majori	ity of time.				
	SMES: Devices, c	ontrole or appli	ances specified in	the plan of car	e that enable	individuale	
	to increase their ab						
	with the environme		ir daily dollvilloo of	1 to porcorro, oc		namouto	
Process to	Service	MD Onder	Assessment by	Medical	DA	Dista	
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids	
	Case Manager	Required	Professional	Required	Required	Required	
	√	V	N/A	V	√	√	
Benefit Limits	Home adaptations:		lendar year, per cl	lient.			
	SMES: \$1,000 per	year.					
Training on Use and	Training: yes.						
Repairs							
	Repairs: Information	on N/A.					

Assisted Living	Waiver (0431)					
Agency Name	Medi-Cal Operation	ns Division, Hor	me and Communit	y-Based Service	es Branch	
Phone	916-552-9105					
Web site	http://www.dhs.ca.g	gov/mcs/mcod/i	mos/default.htm			
Summary of State Plan Coverage	This waiver provide in Residential Care projects, to age in p	Facilities for th	e Elderly, or in pu	blicly funded se	nior and disat	oled housing
Populations Served	Aged and/or disable level of care and we				teria for Nursii	ng Facility
Terminology for HM and AT	Environmental acce	essibility adapta	ations (EAA), indiv	idual response	systems (IRS)).
Examples of Covered HM and AT Services	EAA: Installation of facilities, or installa the medical equipm	tion of specializnent and supplie	ed electric and plo es that are necess	umbing systems ary for the welfa	s needed to ac are of the clier	ccommodate nt.
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
Danielli Lindia	V	N/A	N/A	N/A	√	ν
Benefit Limits	General: \$1,500 pc EAA: Information N IRS: Information N	\ /A.	duration of the wa	ilver.		
Training on Use and Repairs	Training: no. Repairs: no.					

COLORADO

Acces Panelit (Coordination/ Coordination/ C	Overview	modifications. Spe the Medicaid State	Of Colorado's eight home and community-based service waivers, five cover home modifications. Speech augmentation devices and assistive technology are available under the Medicaid State Plan. Colorado's Single Entry Point process ensures that all beneficiaries have a case manager, and that all services are provided through the Single Entry Point process.					
Phone 303-866-3513 or 1-800-221-3943 Web site http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp Summary of State Plan Coverage The Colorado Medicaid state plan covers assistive technology under the Durable Medica Equipment Prosthetics and Orthotics benefit. There is no coverage of home modification under the state plan. Populations Served Medicaid-eligible individuals. Terminology for HM and AT Speech augmentation devices, assistive technology. Examples of Covered HM and AT Services Speech augmentation devices: Covered under the state Durable Medical Equipment Prosthetics and Orthotics benefit. Assistive technology: Opener, adaptive eating utensils. Wheelchairs, sip-and-puff controls for wheelchair, electronic door opener, adaptive eating utensils. Process to Access Benefit Service Coordination/Case Manager MD Order Required Professional PA Required Req	Medicaid State I	Plan Coverage	•					
Web site http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp Summary of State Plan Coverage The Colorado Medicaid state plan covers assistive technology under the Durable Medica Equipment Prosthetics and Orthotics benefit. There is no coverage of home modification under the state plan. Populations Served Terminology for HM and AT Medicaid-eligible individuals. Examples of Covered HM and AT Services Speech augmentation devices: Covered under the state Durable Medical Equipment Prosthetics and Orthotics benefit. Assistive technology: Wheelchairs, sip-and-puff controls for wheelchair, electronic door opener, adaptive eating utensils. Assessment by Other Health Professional Required Required Required PA Required Required Required Bic Required Required Required Benefit Limits None. Training on Use and Training: no.	Agency Name	Colorado Departme	ent of Health Ca	are Policy and Fina	ancing (HCPF)			
The Colorado Medicaid state plan covers assistive technology under the Durable Medical Equipment Prosthetics and Orthotics benefit. There is no coverage of home modification under the state plan. Populations Served Medicaid-eligible individuals. Terminology for HM and AT Examples of Covered HM and AT Services Prosthetics and Orthotics benefit. Speech augmentation devices, assistive technology. Prosthetics and Orthotics benefit. Assistive technology: Wheelchairs, sip-and-puff controls for wheelchair, electronic door opener, adaptive eating utensils. Process to Access Benefit Service Coordination/ Case Manager Required Professional Required Required Required Professional Required R	Phone	303-866-3513 or 1	-800-221-3943					
Equipment Prosthetics and Orthotics benefit. There is no coverage of home modification under the state plan. Populations Served Terminology for HM and AT Examples of Covered HM and AT Services Prosthetics and Orthotics benefit.	Web site	http://www.chcpf.st	ate.co.us/ACS/	Provider_Services	/provider_servi	ces.asp		
Terminology for HM and AT Examples of Covered HM and AT Services Speech augmentation devices: Covered under the state Durable Medical Equipment HM and AT Services Prosthetics and Orthotics benefit. Assistive technology: Wheelchairs, sip-and-puff controls for wheelchair, electronic door opener, adaptive eating utensils. Process to Access Benefit Service Coordination/ Case Manager Nequired Professional Required Required Professional Required Req		Equipment Prosthe	tics and Orthot					
and AT Examples of Covered Speech augmentation devices: Covered under the state Durable Medical Equipment HM and AT Services HM and AT Services Assistive technology: Wheelchairs, sip-and-puff controls for wheelchair, electronic door opener, adaptive eating utensils. Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Required Medical Necessity Required PA Required Bic Required Benefit Limits None. Training on Use and Training: no.	Populations Served	Medicaid-eligible in	idividuals.					
HM and AT Services Assistive technology: Wheelchairs, sip-and-puff controls for wheelchair, electronic door opener, adaptive eating utensils. Process to Access Benefit		Speech augmentat	ion devices, as	sistive technology				
Access Benefit Coordination/ Case Manager None. Coordination/ Case Manager None. Coordination/ Case Manager None. Coordination/ Required Other Health Professional Required Necessity Required Necessity Required Training on Use and Training: no.		Prosthetics and Or Assistive technolog	thotics benefit. <u>ay</u> : Wheelchair					
Training on Use and Training: no.		Service Coordination/	Service Coordination/ Case Manager Required Professional Required Professional Required					
	Benefit Limits	None.						
Repairs: yes.	• • • • • • • • • • • • • • • • • • •							

Home and Com	munity-Based	Services f	or the Elderly	, Blind, an	d Disable	d (EBD)	
(0006)							
Agency Name	Colorado Departme	ent of Health Ca	are Policy and Fina	ancing (HCPF)			
Phone	303-534-0146						
Web site	http://www.chcpf.st	ate.co.us/ACS/	Provider_Services	s/provider_servi	ces.asp		
Summary of State	For disabled individ						
Plan Coverage	include homemake						
	accessibility adapta care facilities, and i			nergency respo	nse systems,	alternative	
Populations Served	Any person with a 1 18-64).			ons, or physical	y disabled pe	rsons (aged	
Terminology for HM and AT	Home modifications monitoring.	s (HM), person	al emergency resp	onse systems	(PERS), electr	onic	
Examples of Covered HM and AT Services	HM: Installations of approved by Medic bathroom facilities, PERS/electronic memergency, or a memory.	aid as medicall installation of sonitoring: Elec	y necessary, wide specialized electric tronic devices that	ning of doorwa	ys, modificationsystems.	ons of	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	N/A	√	√	√	√	
Benefit Limits	HM: There is a life PERS: Information	HM: There is a lifetime cap of \$10,000 per client.					
Training on Use and Repairs	Training: no.						
	Repairs: yes.						

Home and Comi (0268)	munity-Based	Services f	or Persons w	vith Major N	lental IIIn	ess
Agency Name	Colorado Departme	ent of Health C	are Policy and Fina	ancing (HCPF)		
Phone	303-534-0146					
Web site	http://www.chcpf.st	ate.co.us/ACS/	Provider_Services	s/provider_servi	ces.asp	
Summary of State Plan Coverage	To provide homem environmental mod mentally ill individu	lifications, trans	sportation, and alte	ernative care fac	cilities to chro	
Populations Served	Individuals with a n	najor mental illr	ness 18 and over.			
Terminology for HM and AT	Home modifications monitoring.	s (HM), person	al emergency resp	onse systems	(PERS), electi	ronic
Examples of Covered HM and AT Services	approved by Medic bathroom facilities, accommodate the interpretation of the period of	aid as medicall installation of s medical equipm onitoring: Elec	ly necessary, wide specialized electric nent and supplies r tronic devices that	ning of doorwa and plumbing necessary for th	ys, modification systems need ne welfare of the	ons of led to he recipient.
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	V	√	√
Benefit Limits		HM: There is a lifetime cap of \$10,000 per client. PERS: Information N/A.				
Training on Use and Repairs	Training: no. Repairs: yes.					

Home and Comr	nunity-Based	Services for	or the Develo	pmentally	Disabled	(0007)
Agency Name	Colorado Departmo	ent of Human S	ervices			
Phone	303-866-5700					
Web site	http://www.cdhs.sta	ate.co.us/				
Summary of State	To provide habilitat					
Plan Coverage	transportation, sup					
	adults and children					a peer
	companion home.					
Populations Served	Mentally retarded a					
Terminology for HM	Personal emergen			ctronic monitori	ng, environme	ental
and AT	engineering, assist					
Examples of Covered				enable a perso	n to secure h	elp in an
HM and AT Services	emergency, or a m	edication monit	oring device.			
	Environmental eng					
	control switches for					
	provisions for acce					
	move around, inclu	uing wheelchai	is (general use an	ia customizea)	anu van auap	lations.
	AT: Expressive an	d recentive con	munication augm	entation includ	ina electronic	
	communication box					
	response systems,					
	needs.		,			
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required
	Case Manager	rtequired	Professional	Required	Required	rtequired
	√ √	√	N/A			√ √
Benefit Limits	Costs caps are dep		ne amount of annu	al funding giver	n to the comm	unity center
	boards from the wa	iver authority.				
Training on Use and	Training: Informati	on N/A.				
Repairs						
	Repairs: Information	on N/A.				

Home and Comi	munity-Based	Services f	or Persons w	ith Brain I	njury			
Agency Name	Colorado Departme	ent of Health C	are Policy and Fina	ancing (HCPF)				
Phone	303-534-0146		-					
Web site	http://www.chcpf.st	tp://www.chcpf.state.co.us/ACS/Provider Services/provider services.asp						
Summary of State	For disabled individ	luals ages16-6	4. To provide pers	onal care, resp	te care, envir	onmental		
Plan Coverage	accessibility (home							
	and supplies, perso							
	day services, trans			unseling, menta	al health coun	seling,		
	behavior programm		ation.					
Populations Served		oled individuals ages 16-64.						
Terminology for HM	Environmental acce					MES),		
and AT	personal emergence							
Examples of Covered								
HM and AT Services	approved by Medic		•	•	•			
	bathroom facilities,		•	, ,	•			
	accommodate the	medical equipm	nent and supplies r	necessary for th	ne welfare of t	ne recipient.		
	SMES: Cognitive of							
	checkbook, car find							
	queuing watches, t	•		s, spellchecker	s, memory pho	one, info		
	databases, and tex	t outlining prog	rams.					
	PERS: Electronic		able a person to se	ecure help in a	n emergency,	or a		
	medication monitor	ing device.			1	1		
Process to	Service	MD Order	Assessment by	Medical	PA	Bids		
Access Benefit	Coordination/	Required	Other Health Professional	Necessity Required	Required	Required		
	Case Manager	N/A	FIOIESSIONAL	Required	V	√		
Benefit Limits	EA: There is a lifet		000 per client	V	l v	V		
Denent Linits	EA. THERE IS A HIEL	ine cap or \$10	,000 per client.					
	CMES: Information	. NI/Λ						
	SMES: Information	I IN/A.						
	PERS: Information	NI/A						
Training on Use and		I IN/A.						
Repairs	Training: no.							
Nepalis	Repairs: yes.							
	i topano. yes.							

Agency Name Colorado Department of Human Services, Developmental Disabilities Services and Colorado Department of Health Care Policy and Financing (HPCF) Phone 303-534-0146 Web site http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp Summary of State Plan Coverage Supported Living Services are provided as an alternative to institutional placement for individuals with developmental disabilities, and include personal assistant services, habilitation services, environmental engineering, professional services, and dental services. Populations Served Terminology for HM and AT Examples of Covered HM and AT Services HM and AT Services At Services Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit Access Manager Access Manager Access Manager Coordination/ Case Manager Access Manager Access Manager Access Manager Access Manager Access Manager Access Manager Coordination/ Case Manager Access Manager Access Manager Access Manager Access Manager Access Manager Coordination Maccessity Pofessional Required Pofessional Required Required Pofessional Required Required Pofessional								
Colorado Department of Health Care Policy and Financing (HPCF) Phone 303-534-0146 Web site http://www.chcpf.state.co.us/ACS/Provider Services/provider services.asp Summary of State Plan Coverage Supported Living Services are provided as an alternative to institutional placement for individuals with developmental disabilities, and include personal assistant services, habilitation services, environmental engineering, professional services, and dental services. Individuals 18 and older with a developmental disability. Environmental engineering (includes home modifications and assistive technology). Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit Coordination/ Case Manager Colordination/ Case Mana	Supported Living	g Services (SI	LS) (0293)					
Phone 303-534-0146 Web site http://www.chcpf.state.co.us/ACS/Provider Services/provider services.asp Summary of State Plan Coverage Supported Living Services are provided as an alternative to institutional placement for individuals with developmental disabilities, and include personal assistant services, habilitation services, environmental engineering, professional services, and dental services. Populations Served Individuals 18 and older with a developmental disability. Environmental engineering (includes home modifications and assistive technology). Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Necessity Required Required Required Required				•		es Services ar	nd	
Neb site http://www.chcpf.state.co.us/ACS/Provider Services/provider Services.asp		Colorado Departme	olorado Department of Health Care Policy and Financing (HPCF)					
Summary of State Plan Coverage Supported Living Services are provided as an alternative to institutional placement for individuals with developmental disabilities, and include personal assistant services, habilitation services, environmental engineering, professional services, and dental services. Populations Served Individuals 18 and older with a developmental disability. Environmental engineering (includes home modifications and assistive technology). Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit Supported Living Services, and include personal assistant services, and dental services, and include personal assistant services, and dental services. Individuals with developmental disability. Environmental engineering, professional services, and dental services. Provices, and include personal assistant services, and dental services. Provices, and include personal assistant services, and dental services. Provices, and dental services. Provices, and dental services. Provices, and dental services. Provices, and dental services. Provices. Provices. Provices. Populations developmental disability. Environmental engineering (includes home modifications and assistive technology). Provices to showers and evelopment and supplies. Provices to help people move around, including security or emergency response systems, the cost is above and beyond that of	Phone	303-534-0146	03-534-0146					
individuals with developmental disabilities, and include personal assistant services, habilitation services, environmental engineering, professional services, and dental services. Populations Served Individuals 18 and older with a developmental disability. Environmental engineering (includes home modifications and assistive technology). Examples of Covered Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit PA Bids Required Required	Web site	http://www.chcpf.st	ate.co.us/ACS/	Provider_Services	s/provider_servi	ces.asp		
habilitation services, environmental engineering, professional services, and dental services. Populations Served Individuals 18 and older with a developmental disability. Terminology for HM and AT Examples of Covered Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit	Summary of State	Supported Living S	ervices are pro	vided as an altern	ative to institution	onal placemer	nt for	
Individuals 18 and older with a developmental disability. Terminology for HM and AT	Plan Coverage	individuals with dev						
Terminology for HM and AT Examples of Covered HM and AT Services HM and AT Services Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit Environmental engineering (includes home modifications and assistive technology). Adaptations to showers and recipient modifications to showers and toilets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including security of emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment and supplies. Process to Access Benefit MD Order Required Other Health Necessity Required Required Required Required		habilitation services	bilitation services, environmental engineering, professional services, and dental services.					
Examples of Covered Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit MD Order Required MD Order Required Assessment by Medical Necessity Required PA Required Required Required	Populations Served	Individuals 18 and	older with a dev	elopmental disab	ility.			
Examples of Covered HM and AT Services HM and AT Services Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit	Terminology for HM	Environmental eng	ineering (includ	es home modifica	tions and assist	ive technolog	y).	
and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit MD Order Required MD Order Required Other Health Pofessional Required Required Required Required	and AT							
for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit MD Order Required MD Order Required Other Health Pofessional Required Required Required Required	Examples of Covered	Environmental eng	ineering: Adap	tations to living qu	arters, including	g adaptations	to showers	
around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit MD Order Required MD Order Required Other Health Necessity Required Required Required Required								
expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Necessity Required Required Required			or accessibility such as ramps and railings; and mobility devices to help people move					
boards; and safety enhancing supports, including security or emergency response systems, the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager MD Order Required MD Order Required Other Health Professional Required Required Description: PA Required Required Required Required								
the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Necessity Required PA Required Required Required								
equipment, and non-durable medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager MD Order Required MD Order Required Assessment by Other Health Professional Necessity Required PA Required Required Required								
Process to Access Benefit Service Coordination/ Case Manager Service Required Assessment by Other Health Professional Assessment by Necessity Required PA Required Required Required						ses. Specializ	ed medical	
Access Benefit Coordination/ Case Manager Coordination/ Case Manager Coordination/ Case Manager Coordination/ Professional Other Health Professional Required Required Required Required Required			n-durable medi			ı		
Access Benefit Coordination/ Case Manager Required Other Health Necessity Professional Required Required Required	Process to		MD Order	, ,		PA	Bids	
Case Manager Professional Required	Access Benefit				,			
$\begin{vmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $		Case Manager	· .	Professional	Required	rtoquilou	rtoquilou	
		√	N/A	√	√	√ √	√ √	
Benefit Limits Limited to a maximum of \$10,000 per individual within the duration of this waiver.	Benefit Limits	Limited to a maxim	um of \$10,000	per individual with	in the duration	of this waiver.		
Training on Use and Training: no.	Training on Use and	Training: no.						
Repairs	Repairs							
Repairs: yes.		Repairs: yes.						

CONNECTICUT

Overview	customized wheeld	Connecticut covers wheelchairs and accessories for all clients who live at home, and sustomized wheelchairs for clients in Intermediate Care Facilities for the Mental Retarded through the Medicaid state plan. In addition, the state offers four waivers that cover a range of					
	assistive technolog				iivers triat cov	ci a range or	
Medicaid State I	-	-					
Agency Name	Connecticut Depar		Services				
Phone	1-800-842-1508						
Web site	http://www.ct.gov/d	<u>lss</u>					
Summary of State Plan Coverage	live at home, and of Facilities for the Me	The Connecticut Medicaid State Plan covers wheelchairs and accessories for all clients who we at home, and customized wheelchairs for clients in nursing facilities or Intermediate Care facilities for the Mental Retarded under the Medical Equipment, Devices, and Supplies enefit. There is no coverage of home modifications under the state plan.					
Populations Served	Medicaid-eligible in	Medicaid-eligible individuals.					
Terminology for HM and AT	Medical equipment	, devices, and s	supplies (MEDS).				
Examples of Covered	MEDS: Wheelchai	rs and accesso	ries, including mo	torized wheelch	airs and powe	er-operated	
HM and AT Services	vehicles; customize Intermediate Care		•	•	ents in nursing	facilities or	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
		√	V	· √	√		
Benefit Limits	None.						
Training on Use and Repairs	Training: yes.						
	Repairs: yes.						

Connecticut Ho	me Care Progi	ram for Eld	ers (0140)			
Agency Name	Connecticut Depar	Connecticut Department of Social Services, Alternate Care Unit				
Phone	1-800-445-5394					
Web site	http://www.ct.gov/d	ss/cwp/view.as	p?a=2353&q=305	<u>170</u>		
Summary of State Plan Coverage	health care, respite	o provide to seniors: case management, homemaker services, visiting nurse care, home ealth care, respite care, adult day health care, transportation, help with chores, personal mergency response systems, companion services, minor home modifications, and adult				
Populations Served	Medicaid recipients	who are over	65 and meet nursi	ng home level c	of care criteria	
Terminology for HM and AT	Home modification					
Examples of Covered HM and AT Services		HM: Ramps, grab-bars in the bathroom, and stair glides. PERS: An electronic device that enables a person to secure help in an emergency.				
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√ V	V		•	√	√
Benefit Limits	HM: There is no cost cap for individuals per year, although the program has a monthly cost cap and will give prior authorization only if funds are available. PERS: None.					
Training on Use and Repairs	HM: Training: yes. PERS: Training: ye	·	S.			

Comprehensive	Supports Wai	ver (0153)					
Agency Name	Connecticut Depart		Retardation				
Phone	860-418-6000						
Web site	+	http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hcbswaiver.pdf					
Summary of State		For people with mental retardation/developmental disabilities. To provide licensed residential					
Plan Coverage							
J		rvices (community living, training, and assisted living), residential and family support rvices (supported living, personal support, adult companion services, respite care, personal					
	emergency and res						
	services (supported						
	services (behavior						
	transportation, indiv						
Populations Served	Medicaid recipients Retarded level of ca	•	older who meet Ir	termediate Car	e Facility for t	he Mentally	
Terminology for HM	Home (environmen	tal) modification	ns (HM), vehicle m	odifications (VI	M), personal e	mergency	
and AT	response systems						
Examples of Covered							
HM and AT Services	facilities, or installa	tion of specializ	ed electric and plu	umbing systems	needed to a	ccommodate	
	medical equipment	and supplies.	•				
	VM: Alterations ma	ade to a vehicle	that is the individ	ual's primary m	eans of transp	ortation,	
	including wheelcha						
			_				
	PERS: An electronic device that enables a person to secure help in an emergency.						
	SMES: Adaptive e	ating equipmen	t, adaptive techno	logy for speech	, sensory inte	gration	
	equipment and sup	plies, standing	tables.				
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required	
	Case Manager	rtequireu	Professional	Required	rtequired	Required	
	√		$\sqrt{}$		√ √	√	
Benefit Limits	HM and VM: Up to	\$10,000 for ho	me modifications	and up to \$10,0	000 for vehicle	!	
	modifications, over	a three-year pe	eriod.				
	PERS: None.						
	SMES: The waiver						
	specified in the Indi	vidual Plan). W	ith prior approval,	this benefit car	reach \$3,000	per three	
	years.						
Training on Use and	HM and VM: Train	ing: yes. Repaii	s: yes.				
Repairs							
	PERS: Training: ye	es. Repairs: yes	3.				
	SMES: Training: ye	es. Repairs: ye:	3.				

Acquired Brain	Injury (0302)						
Agency Name		onnecticut Department of Social Services, Division of Social Work and Prevention					
Phone	860-424-5373	·					
Web site	http://www.ct.gov/d	ss/cwp/view.as	p?a=2353&q=305	236			
Summary of State Plan Coverage	For disabled individed management, homo prevocational, suppospecialized medical systems, companiod meals, independent programs, and transpecial meals.	or disabled individuals with acquired brain injury, aged 18-64. To provide case nanagement, homemaker services, personal care, respite care, habilitation (day, revocational, supported employment), environmental adaptations, transportation, pecialized medical equipment and supplies, chore services, personal emergency response systems, companion services, family training, community living support, home-delivered neals, independent living skill training, intensive behavior programs, substance abuse rograms, and transitional living services.					
Populations Served	of care criteria. Red Security Income, lic	ople aged 18-64 who are disabled by acquired brain injuries and meet nursing home level care criteria. Recipients must have monthly income less than 300 percent of Supplemental curity Income, liquid assets of \$1,600 or less, and meet all other Medicaid requirements.					
Terminology for HM and AT	Environmental acce (PERS), specialize	d medical equip	ment and supplie	s (SMES), vehi	cle modification	ons (VM).	
Examples of Covered	I <u>EAA</u> : Ramp install	ations, bathrooi	m modifications, a	nd door widenir	ng to accomm	odate	
HM and AT Services	PERS: An electron SMES: Devices, conception activities on in which they live, a items include communications maincluding ramp install.	PERS: An electronic device that enables a person to secure help in an emergency. SMES: Devices, controls, or appliances that enable individuals to increase their abilities to perform activities of daily living or to perceive, control, or communicate with the environment in which they live, and that are not covered by the Medicaid State Plan. Assistive technology items include communication devices, computers, and personal digital assistants. VM: Alterations made to a vehicle that is the individual's primary means of transportation, including ramp installation and modification to accommodate wheelchairs.					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√		√		√	√	
Benefit Limits	EAA: Limited to \$10,000 per year. PERS: The waiver has a set rate for reimbursement. SMES: Limited to \$10,000 per year. VM: Limited to \$10,000 per year.						
Training on Use and Repairs	Training: yes. Repairs: yes.	,					
	, -p j						

Individual and F	amily Support	Independ	ence Plus (04	426)			
Agency Name	Connecticut Depart						
Phone	860-418-6000						
Web site	 	http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hcbswaiver.pdf					
Summary of State		For people with mental retardation/developmental disabilities. To provide residential and					
Plan Coverage		amily support services (supported living, personal support, individual habilitation, companion					
· ······ oo ··o······go		rvices, respite care, personal emergency response systems, home and vehicle					
	modifications, famil						
	day, individual day)						
	specialized equipm						
	This waiver provide			nodifications and	d assistive ted	hnology as	
	the Comprehensive						
Populations Served	Medicaid recipients		older who meet Ir	ntermediate Car	e Facility for t	he Mentally	
	Retarded level of c						
Terminology for HM	Home (environmen						
and AT	response systems						
Examples of Covered			•	•			
HM and AT Services	facilities, or installa		ed electric and plu	umbing systems	s needed to a	ccommodate	
	medical equipment	and supplies.					
	VM: Alterations ma				eans of transp	ortation,	
	including wheelcha	ir lift, wheelcha	ir tie downs, and g	ırab-bars.			
	PERS: An electronic device that enables a person to secure help in an emergency.						
	SMES: Adaptive e			logy for speech	n, sensory inte	gration	
	equipment and sup	plies, standing					
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required	
	Case Manager		Professional	Required	/ / /	·	
	V		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\ \ \	\ \ \	
Benefit Limits	HM and VM: Up to			and up to \$10,	000 for vehicle	9	
	modifications, over	a three-year pe	eriod.				
	PERS: None.						
	SMES: The waiver						
	specified in the Indi	ividual Plan). W	/ith prior approval,	this benefit car	n reach \$3,000	per three	
	years.						
Training on Use and Repairs	HM and VM: Train	ing: yes. Repai	rs: yes.				
	PERS: Training: ye	es. Repairs: ye	S .				
	SMES: Training: ye	es. Repairs: ye	S.				

DELAWARE

Overview	Delaware covers selected adaptive and assistive equipment through its Medicaid state plan. In addition, the state offers a mental retardation/developmental disability waiver that covers environmental modifications and an Elderly/Disabled waiver that covers emergency response systems.						
Medicaid State I	Plan Coverage	•					
Agency Name	Delaware Health a	elaware Health and Social Services (DHHS), Division of Medicaid and Medical Assistance					
Phone	1-800-372-2022						
Web site	http://www.dhss.de	laware.gov/dhs	s/dss/medicaid.ht	<u>ml</u>			
Summary of State Plan Coverage	The Delaware Med augmentative/altern benefit. There is no	native commun	ication devices un	der the Durable	Medical Equi	pment	
Populations Served	Medicaid-eligible in	dividuals.					
Terminology for HM and AT	Customized wheel	chairs, augmen	tative/alternative o	communication ((AAC) devices	, DME.	
HM and AT Services	client can use it. The customized if the way AAC devices and so a person to overcomeaningful particip communication devamplifiers; and electron and	Customized wheelchairs: A wheelchair that has been customized so that only the individual client can use it. The Delaware Medicaid State Plan does not consider a wheelchair to be customized if the wheelchair and all adaptations can be coded with HCPCS procedure codes. AAC devices and services: Electronic or non-electronic aids, devices, or systems that assist a person to overcome or ameliorate communication limitations that preclude or interfere with meaningful participation in current and projected daily activities. Augmentative/alternative communication devices include communication boards or books; electrolarynxes; speech amplifiers; and electronic devices that produce speech and/or written output. Augmentative/alternative communication services include treatment by a speech-language bathologist to help a person improve his or her communication ability.					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	√	V	. 1	√	N/A	
Benefit Limits		Customized wheelchairs: None. AAC devices and services: None.					
Training on Use and Repairs	Customized wheeld						

Mental Retardat	ion and Other	Developm	ental Disabil	ities Home	and Com	munity-
Based Waiver (M	/IR/DD Waiver	(0009)				
Agency Name	Delaware Health a	nd Social Servi	ces, Division of De	velopmental Di	sabilities Serv	rices
Phone	302-744-9600					
Web site	http://www.dhss.de	laware.gov/dhs	s/dss/homeandc.h	<u>ntml</u>		
Summary of State	To provide case ma					
Plan Coverage	support services, p					and
	environmental mod	•		ment to people	with mental	
	 	ardation/developmental disabilities.				
Populations Served		edicaid recipients with mental retardation/developmental disabilities who meet Intermediate are Facility for the Mentally Retarded level of care criteria.				
Torminalamy for UM						
Terminology for HM and AT	Environmental mod	illications, adap	nations, and equip	ment.		
Examples of Covered	Environmental mod	difications, adap	tations, and equip	ment: Installat	ion of externa	l and
HM and AT Services	internal ramps, gra					
	doorways/passage					ation of
	bathroom facilities;					
	equipment/beds/wh					
	modifications; floor					
	devices and system					
	auditory, vibratory, devices; stationary,					g/mobility
	entrances/exits.	built-iii tilerape	ulic lable, wealine	i protective mo	unications for	
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required
	Case Manager	rtequired	Professional	Required	rtequired	rtequired
	√	√	 √		√ √	N/A
Benefit Limits	The total cost of en		odifications to a re	cipient in one ye	ear cannot ex	ceed \$2,000,
	with a lifetime cap	of \$7,000.				
Training on Use and	Information N/A.					
Repairs						

Elderly and Disa	abled Home ar	d Commu	nity-Based W	aiver (013	6)		
Agency Name	Delaware Health an Disabilities	nd Social Servi	ces, Division of Se	rvices for Aging	g and Adults w	ith Physical	
Phone	1-800-223-9074						
Web site	http://www.dhss.de	laware.gov/dhs	s/dss/homeandc.h	<u>ntml</u>			
Summary of State Plan Coverage		o provide case management, homemaker, adult day care, respite care, personal emergency esponse systems, medical equipment and supplies, and appliances to people who are					
Populations Served	Medicaid recipients of care criteria.	Medicaid recipients who are elderly or physically disabled and who meet nursing home level of care criteria.					
Terminology for HM and AT	Personal emergend	Personal emergency response systems (PERS).					
Examples of Covered HM and AT Services	PERS: An electror	ic device that e	enables a person t	o secure help in	n an emergen	cy.	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	N/A	N/A	N/A	V	N/A	
Benefit Limits	Information N/A.						
Training on Use and Repairs	Training: yes.						
	Repairs: yes.						

DISTRICT OF COLUMBIA

Overview	The District of Colu	imbio covere co	mo occiativo toch	nology through	the Medicaid	State Dlan		
Overview		ne District of Columbia covers some assistive technology through the Medicaid State Plan urable Medical Equipment benefit, and offers a range of assistive technology and home						
	modification service			ige of assistive	teerinology ar	id Home		
B4 - 1' ' 1 O(- (- F	,		e waivers.					
Medicaid State F	rian Coverage	•						
Agency Name	District of Columbia	a (DC) Medical	Assistance Admin	istration				
Phone	202-671-4200							
Web site	http://www.dhs.dc.g	gov/dhs/site/det	ault.asp					
Summary of State	The District of Colu	ımbia Medicaid	State Plan is a ful	ly capitated ma	naged care pl	an and		
Plan Coverage	offers coverage of	some assistive	technology service	es through the	durable medic	al		
_	equipment benefit.							
Populations Served	Medicaid-eligible in	idividuals.						
Terminology for HM	Assistance technol	ssistance technology (AT), personal emergency response systems (PERS).						
and AT								
Examples of Covered	AT: Sound amplifie	ers, TTY device	s, Braille devises,	learning toys.				
HM and AT Services								
	PERS: An electror	nic device that e	enables a person t	o secure help ir	n an emergen	CV.		
			'	•	· ·	,		
	Adaptive equipmen	nt: Information	N/A.					
Process to	Service		Assessment by	Medical				
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids		
Access Benefit	Case Manager	Required	Professional	Required	Required	Required		
	N/A	N/A	V	N/A	N/A	N/A		
Benefit Limits	Information N/A.							
Training on Use and	Information N/A.							
Repairs								

Mental Retardat	ion and Devel	opmental E	Disabilities W	/aiver		
Agency Name	Mental Retardation				MRDDA), Dist	trict of
	Columbia Departm	olumbia Department of Human Services				
Phone	202-673-4500					
Web site	http://mrdda.dc.gov	//services.asp?i	d=service			
Summary of State	This waiver allows					
Plan Coverage	Intermediate Care					
	home and in the co					
	physical and occup					e systems,
Denulations Convad	companion service					thor
Populations Served	Adults, including ag developmental disa		olumbia citizens,	with mental reta	iruation and o	uiei
Terminology for HM		daptive equipment, personal emergency response systems (PERS), assistive technology				
and AT		AT), augmentative communication devices (ACD).				
Examples of Covered	Adaptive equipmer	nt: Information I	N/A.			
HM and AT Services						
	PERS: An electror	nic device that e	enables a person t	o secure help ir	an emergen	cy.
	AT/ACD: Sound a					
	computer software	and other cust			cing equipmer	nt.
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health Professional	Necessity	Required	Required
	Case Manager N/A	√ √	1	Required N/A	N/A	N/A
Benefit Limits	Information N/A.	V	\ \ \	IN/A	IN/A	IN/A
Training on Use and Repairs	Training: N/A.					
Repairs	Repairs: yes.					
	плорана. уса.					

Elderly and Phys	sical Disabiliti	es Waiver					
Agency Name	Department of Hea	epartment of Health					
Phone	202-671-5000						
Web site	http://doh.dc.gov/do	oh/site/default.a	asp				
Summary of State Plan Coverage	level of care criteria	his waiver allows physically disabled adults aged 18 and above who meet nursing facility well of care criteria to remain living at home and in the community. Services offered under is program include: personal care aide, respite care, homemaking, and personal emergency sponse systems.					
Populations Served	Adults, including th	dults, including the aged, with physical disabilities.					
Terminology for HM and AT	Personal emergend	Personal emergency response systems (PERS).					
Examples of Covered HM and AT Services	PERS: An electror	nic device that e	enables a person t	o secure help ir	an emergen	cy.	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	N/A	N/A	√	V	N/A	N/A	
Benefit Limits	Information N/A.						
Training on Use and Repairs	Information N/A.						

HIV/AIDS Waive	r (0317)						
Agency Name	Department of Hea	Department of Health					
Phone	202-671-5000						
Web site	http://doh.dc.gov/do	oh/site/default.a	asp				
Summary of State Plan Coverage		nis waiver provides water purification systems and replacement filters to persons with IV/AIDS who otherwise would need institutionalization in a hospital.					
Populations Served	Adult residents, inc	dult residents, including the aged, with HIV.					
Terminology for HM and AT	Specialized medica	Specialized medical equipment.					
Examples of Covered HM and AT Services	Specialized medica	al equipment: \	Vater purification s	ystems.			
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	N/A	N/A	N/A	N/A	N/A	N/A	
Benefit Limits	Information N/A.						
Training on Use and Repairs	Information N/A.						

FLORIDA

Overview	Medicaid State Pla emergency respon	Florida covers a range of assistive technologies and home modifications through the Medicaid State Plan and nine waivers; these include augmentative communication, emergency response systems, specialized medical equipment and supplies, vehicle						
	adaptations, and he		ons.					
Medicaid State I	Plan Coverage	•						
Agency Name	Agency for Health	Care Administra	ation (AHCA)					
Phone	850-488-2520							
Web site	http://www.fdhc.sta	ite.fl.us/Medica	d/flmedicaid.shtm					
Summary of State	Under the Florida	Medicaid State	Plan, durable med	ical equipment	and medical s	upplies are		
Plan Coverage	covered in an effor							
	disability, or a disa	bling condition.						
Populations Served	Medicaid-eligible in	idividuals.						
Terminology for HM	Augmentative and	alternative com	munication systen	ns (AACs). Cus	tomization/mo	torization of		
and AT	wheelchairs.		•	, ,				
HM and AT Services	American Speech- attempts to compe expressive commu writing impairments Non-dedicated sys special software. Customization/mot constructed (K0008	Customization/motorization of wheelchairs: Customized wheelchairs that are specially						
Process to	Service	MD Order	Assessment by	Medical	PA	Bids		
Access Benefit	Coordination/ Case Manager	Required	Other Health Professional	Necessity Required	Required	Required		
	√ V	√	√	· √	√	N/A		
Benefit Limits	AACs: Medicaid w	rill reimburse fo	one alternative c	ommunication s	ystems every	five years		
	per recipient, and a				,	•		
	Customization/mot		<u>eelchairs</u> : Informa	tion N/A.				
Training on Use and	Training: Informati	on N/A.						
Repairs								
	Repairs: yes.							

Developmental S		e and Com	munity-Base	d Services	Waiver (N	/IR/DD		
Waiver) (0010b.9								
Agency Name	Florida Agency for	Persons with D	isabilities					
Phone	888-419-3456							
Web site	http://apd.myflorida							
Summary of State Plan Coverage	Intermediate Care I living at home and including: support of habilitation therapy	This waiver allows persons with mental retardation/developmental disability who meet the ntermediate Care Facility for the Developmentally Disabled level of care criteria to remain iving at home and in the community. Thirty-four services are offered under this waiver, including: support coordination, adult day training, consumable medical supplies, residential nabilitation therapy, transportation, and personal care assistance.						
Populations Served	meet the level of ca Developmentally D	fledicaid-eligible individuals with mental retardation and/or developmental disability must neet the level of care criteria for placement in an Intermediate Care Facility for the levelopmentally Disabled. Recipients of developmental disability waiver services must need and receive support coordination services.						
Terminology for HM and AT	Specialized medica vehicle adaptations	s, augmentative	communication d	evices (ACD).				
Examples of Covered HM and AT Services Process to	Medicaid State Plane EAA: Portable ram inaccessible, struct Vehicle adaptations family owned or ince ACD: Adaptive switches and approximately continuous and acceptable acceptable and acceptable acceptable and acceptable acce	SMES: Wheelchairs, to the extent that they are medically necessary and not covered by the Medicaid State Plan. EAA: Portable ramps, when the recipient requires access to more than one, otherwise naccessible, structure. Vehicle adaptations: Van adaptations, including lifts, tie downs, and raised roof or doors in a ramily owned or individually owned full-size van. ACD: Adaptive switches and buttons to operate equipment, communication devices, and environmental controls, such as heat, air conditioning, and lights, for a recipient living alone or who is alone without a caregiver for a major portion of the day.						
Access Benefit	Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	√	N/A	√	V	√	√		
Benefit Limits	SMES: Information N/A. EAA: Minor adaptations: under \$3,500. Major adaptations: \$3,500 and over. Total environmental accessibility adaptations cannot exceed \$20,000 during a five-year period. Vehicle adaptations: Information N/A. ACD: Information N/A.							
Training on Use and Repairs	Training: no. Repairs: yes.							

Channeling Serv	vices for Frail	Elders (Fra	ail Elders Wa	iver) (0116.	.90.R3)		
Agency Name	Agency for Health	Care Administra	ation	•			
Phone	850-487-2618						
Web site	http://www.ahca.m	yflorida.com/					
Summary of State	This waiver allows	residents from	Dade or Broward	counties who m	eet the nursin	g facility	
Plan Coverage	level of care criteria						
	community. Service		•	•	, personal car	е	
	assistance, and co		• • • • • • • • • • • • • • • • • • • •				
Populations Served	Elderly individuals						
Terminology for HM and AT	Environmental acci (PERS).	essibility adapta	ations (EAA), pers	onal emergency	response sy	stems	
Examples of Covered	Examples of Covered EAA: Installation of ramps and grab-bars, widening of doorways, and modifications of						
HM and AT Services	bathroom facilities	or installation o	f specialized elect	ric and plumbin	g systems.		
	PERS: An electror	nic device that e	enables a person t	o secure help ir	n an emergen	cy.	
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/ Case Manager	Required	Other Health Professional	Necessity Required	Required	Required	
	V	N/A	N/A	N/A	N/A	N/A	
Benefit Limits	EAA: \$2,000 per c	alendar year, p	er recipient.				
	PERS: Information	n N/A.					
Training on Use and Repairs	Training: yes.						
·	Repairs: yes.						

Agency Name	Elderly and Disa	abled Waiver (Elderly and	d Disabled) (0)010a)			
Web site http://ahca.myflorida.com/ Summary of State Plan Coverage This waiver allows physically disabled persons aged 18 and above who meet nursing facility level of care criteria to remain living at home and in the community. Services include: adult day health care, attendant care, case management, homemaker assistance, personal care services, and home-delivered meals. Other services include: adult companion services, chore services, consumable medical supplies, counseling, environmental accessibility adaptation, escort, family training, financial risk reduction, health support, nutrition, personal emergency response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. Terminology for HM and AT Personal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services. Examples of Covered HM and AT Services PERS: An electronic device that enables a person to secure help in an emergency. EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager MD Order Required Ned Nicessity Required Required Required PA Required Required Required PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for m	Agency Name	Agency for Health	Care Administra	ation				
This waiver allows physically disabled persons aged 18 and above who meet nursing facility level of care criteria to remain living at home and in the community. Services include: adult day health care, attendant care, case management, homemaker assistance, personal care services, and home-delivered meals. Other services include: adult companion services, chore services, consumable medical supplies, counseling, environmental accessibility adaptation, escort, family training, financial risk reduction, health support, nutrition, personal emergency response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. Personal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services. Examples of Covered HM and AT Services PERS: An electronic device that enables a person to secure help in an emergency. EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager N/A	Phone	888-419-3456	888-419-3456					
level of care criteria to remain living at home and in the community. Services include: adult day health care, attendant care, case management, homemaker assistance, personal care services, and home-delivered meals. Other services include: adult companion services, chore services, consumable medical supplies, counseling, environmental accessibility adaptation, escort, family training, financial risk reduction, health support, nutrition, personal emergency response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria.	Web site	http://ahca.myflorid	a.com/					
day health care, attendant care, case management, homemaker assistance, personal care services, and home-delivered meals. Other services include: adult companion services, chore services, consumable medical supplies, counseling, environmental accessibility adaptation, escort, family training, financial risk reduction, health support, nutrition, personal emergency response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. Terminology for HM and AT (EAA), home modification services. Examples of Covered HM and AT Services HM and AT Services EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager ND Order Required Necessity PA Required Necessity Required Necessity Required Required Required Necessity Required Required Necessity Required Required Necessity Required Required Required Necessity Required Required Required Required Required Required	Summary of State	This waiver allows	physically disal	oled persons aged	18 and above	who meet nur	sing facility	
services, and home-delivered meals. Other services include: adult companion services, chore services, consumable medical supplies, counseling, environmental accessibility adaptation, escort, family training, financial risk reduction, health support, nutrition, personal emergency response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. Terminology for HM and AT Services Personal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services. Examples of Covered HPERS: An electronic device that enables a person to secure help in an emergency. EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Service Coordination/ Case Manager MD Order Required PA Required PA Required PA Required PA Required Required P	Plan Coverage							
services, consumable medical supplies, counseling, environmental accessibility adaptation, escort, family training, financial risk reduction, health support, nutrition, personal emergency response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. Personal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services. Examples of Covered HM and AT Services EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Service Coordination/ Case Manager MD Order Required Professional Required Required Professional Required Required Required Personal Required Required Required Required Required Required Required Required Personal Required Required Required Required Required Required Required Required Personal Required R								
escort, family training, financial risk reduction, health support, nutrition, personal emergency response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. Populations Served								
response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. Terminology for HM and AT Personal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services. Examples of Covered PERS: An electronic device that enables a person to secure help in an emergency. HM and AT Services EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A N/A N/A N/A N/A N/A Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.								
Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. Terminology for HM and AT Examples of Covered HM and AT Services EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A N/A N/A Benefit Limits Populations Served Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. Personal emergency response systems (PERS), environmental accessibility adaptations of secure help in an emergency. HM and AT Services EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A N/A N/A Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.								
Populations ServedElders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria.Terminology for HM and ATPersonal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services.Examples of Covered HM and AT ServicesPERS: An electronic device that enables a person to secure help in an emergency.HM and AT ServicesEAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies.Process to Access BenefitService Coordination/ Case ManagerMD Order Required Professional Required Professional Required Professional Required Required Required Required Professional Required Required Required Professional Required Required Required Professional Required Required Required Professional Required Requi							care, skilled	
Terminology for HM and AT Personal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services. Examples of Covered HM and AT Services EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A N/A N/A N/A Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.	Populations Served				<u> </u>		ility level of	
Examples of Covered HM and AT Services EMA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Required Medical Necessity Required PA Required Bids Required Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.	· opaialiono con roa	' '	y alcabica poi	como agoa ro ana	above who me	or maroning had		
Examples of Covered HM and AT Services EMA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Required Medical Necessity Required PA Required Bids Required Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.	Terminology for HM	Personal emergence						
HM and AT Services EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A N/A N/A Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.						, ,		
EAA: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A N/A N/A Benefit Limits PA Bids Required PA Required Necessity Required N/A N/A N/A N/A N/A N/A N/A N/	Examples of Covered	PERS: An electror	nic device that e	enables a person t	o secure help ir	n an emergen	cy.	
Facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Process to Access Benefit	HM and AT Services							
equipment and supplies. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A N/A N/A Required PA Bids Required Required Required Required Required Required N/A N/A N/A N/A N/A N/A N/A N/A								
Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Necessity Required PA Bids Required N/A N/A N/A N/A N/A Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.				red electric and plu	umbing systems	s to accommo	date medical	
Access Benefit Coordination/ Case Manager √ N/A N/A N/A N/A N/A N/A N/A N		 ' ' ' 	plies.			T		
Case Manager Required Professional Required Required N/A			MD Order			PA	Bids	
√ N/A N/A N/A N/A Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.	Access Benefit		Required		,	Required	Required	
Benefit Limits PERS: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.		√ √	NI/Δ	+	•	N/A		
maintenance of the system.	Renefit Limits	PERS: \$95 per ins					r day for	
	Donom Linno		•			, απα ψ 1.00 pc	n day loi	
EAA: Five jobs per year at \$1,000, per job or \$5,000 per year.		mamionanoo or the	oyotom.					
<u>=</u>		FAA: Five jobs per	vear at \$1,000), per job or \$5,000) per vear.			
Training on Use and Training: yes (family).	Training on Use and			., per jes er 40,000	, po. , our.			
Repairs Repairs: Information N/A.	•							

Project AIDS Ca	re (AIDS Waiv	er) (0194)					
Agency Name	Agency for Health	Care Admin.					
Phone	888-419-3456						
Web site	http://www.fdhc.sta	ttp://www.fdhc.state.fl.us/index.shtml					
Summary of State	This waiver allows	persons who ha	ave a diagnosis of	AIDS and who	are at risk of		
Plan Coverage	institutionalization i						
		n the community. Services offered under this waiver include: case management, home-					
		elivered meals, homemaker services, massage therapy, and education and support					
Danielatiana Camard	services.	. 1 20 115 // 617	20				
Populations Served	Individuals diagnos			- (OMEO)		4:	
Terminology for HM and AT	Specialized medica equipment, enviror				icai and adap	tive	
Examples of Covered					e, that enable	recipients	
HM and AT Services	to increase their ab						
	communicate with						
	operate equipment			and locks or ba	th or shower of	chair when	
	medically indicated	l; and wheelcha	irs.				
	Madical and adapti	vo oquinment:	Faa arata naddin	a for a bad wha	a madiaally in	diagtad and	
	<u>Medical and adaptive equipment</u> : Egg crate padding for a bed when medically indicated and prescribed by a physician, or single-room air purifier with documented medical reason such						
	as pulmonary disea		e-100111 all puriller	with document	eu medicai rea	ason such	
	as pullifolially disea	as c .					
	EAA: Ramps, wide	aning doors and	l modifying bathro	om facilities to s	accommodate	wheelchaire	
	and other assistive						
	necessary to accor				idinibilig dyote	1110	
Process to	Service	·	Assessment by	Medical	D.4	D: I	
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids	
	Case Manager	Required	Professional	Required	Required	Required	
	√	N/A	N/A	V	√ √		
Benefit Limits	SMES: Information	n N/A.					
	Medical and adapti	ve equipment:	Information N/A.				
	EAA: Information I	NI/A					
Training on Use and	Training: yes.	W/A.					
Repairs	Trailling. yes.						
Repairs	Repairs: yes.						
	,, j.c						

Nursing Home D	iversion (031	5.90.04)				
Agency Name	Department of Elde	er Affairs				
Phone	850-414-2308; 888	-419-3456				
Web site	http://elderaffairs.st	tate.fl.us/doea/e	english/longtermca	ared.html		
Summary of State Plan Coverage	This waiver allows persons aged 65 and above who are residents of specific counties, who neet the nursing facility level of care and are dually eligible for Medicaid and Medicare Parts & & B, to remain living at home and in the community. Long-term care waiver services offered neclude adult companion services; adult day health; assisted living; case management; chore services; homemaker services; escort; family training; financial assessment and risk eduction; home-delivered meals; nutritional assessment and risk reduction; personal care; personal emergency response systems; respite care; occupational, physical, and speech herapies; home health care; nursing facility services; and consumable medical supplies. Acute care waiver services offered include mental health services; dental, hearing, and visual services; physicians; independent laboratory and x-ray; inpatient hospital and outpatient hospital/emergency; and prescribed drugs (not covered by Medicare Part D).					
Populations Served	Persons aged 65 a	Persons aged 65 and above who are residents of specific counties who meet the nursing facility level of care criteria and who are dually eligible for Medicaid and Medicare.				
Terminology for HM and AT	Environmental acco	essibility adapta				
Examples of Covered HM and AT Services	EAA: Grab-bars fo PERS: An electror		•	•		
Process to Access Benefit	Service Coordination/ Case Manager √	MD Order Required N/A	Assessment by Other Health Professional N/A	Medical Necessity Required	PA Required	Bids Required
Benefit Limits	Information N/A.					
Training on Use and Repairs	Training: yes. Repairs: yes.					

Family and Sup	ported Living	Waiver (Dis	sabilities Wa	iver) (0294.	90.R1.01)	
Agency Name	Agency for Persons					
Phone	850-414-2308; 888					
Web site	http://apd.myflorida	.com/				
Summary of State	This waiver allows					
Plan Coverage	above who meet th					
	criteria to remain liv					
	include: adult day t		e support services	s, supported livir	ng coaching, s	supported
Danulations Comused	employment and tr			h:::::::::::::::::::::::::::::::::::::		
Populations Served	Persons with menta Intermediate Care					meet the
Terminology for HM	Environmental acc					rgency
and AT	response systems		ations/nome moun	ications (LAA),	personal eme	rgericy
Examples of Covered	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		ab-bars, widening	of doorways, m	odification of	bathroom
HM and AT Services						
		·	·	0 ,		
	PERS: An electror	nic device that e		o secure help ir	an emergen	cy.
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required
	Case Manager	·	Professional	Required	,	•
	٧	N/A	N/A	٧	√ √	√
Benefit Limits	General: The over	all spending lim	it for the waiver is	\$14,282.		
	ΓΛΛ: Maximum on	anual dallar ame	ount: 62 000			
	EAA: Maximum ar	iriuai dollar arric	Juni. \$2,000.			
	PERS: Maximum a	annual dollar ar	nount: \$300.			
Training on Use and	Training: no.	dai donai di				
Repairs						
-	Repairs: no.					

Home and Com	munity-Based	Services V	Vaiver for Tra	aumatic Bra	ain Injury	and	
Spinal Cord Inju	ries (TBI/Spin	al Injury) (0342.90.02)				
Agency Name	Florida Departmen			I Injury Program	n (BSCIP)		
Phone	850-245-4045; 1-8	66-875-5660					
Web site	http://www.doh.sta	te.fl.us/Workfor	ce/BrainSC/Medic	aid/medicaidho	<u>me.html</u>		
Summary of State Plan Coverage	above who meet th Brain and Spinal C community. Service attendant care, beh consumable medic	his waiver allows persons with traumatic brain injury and spinal cord injury aged 18 and bove who meet the nursing facility level of care criteria and have been referred to the state's rain and Spinal Cord Injury Program Central Registry to remain living at home and in the ommunity. Services provided include: adaptive health and wellness, assistive technologies, ttendant care, behavior programming, community support coordination, companion care, onsumable medical supplies, environmental accessibility adaptations, life skills training,					
Populations Served	Florida residents, 1 cord injury, or both	personal adjustment counseling, personal care, and rehabilitation engineering evaluation. Florida residents, 18 or older, who meet the state definition of traumatic brain injury, spinal cord injury, or both; are medically stable; meet at least the Level II nursing home level of care criteria; and are financially eligible for Florida Medicaid.					
Terminology for HM and AT	Environmental acc	Environmental accessibility adaptations (EAA), assistive technology (AT).					
Examples of Covered HM and AT Services	<u>EAA</u> : Installation of facilities. <u>AT</u> : Adaptive switch devices.			•			
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
		N/A	√	$\sqrt{}$			
Benefit Limits	Specific reimburse being established.	ment rates and	maximum limits p	er recipient for e	each waiver s	ervice are	
Training on Use and Repairs	Training: yes. Repairs: Information	on N/A.					

Adult Cystic Fib							
Agency Name	Agency for Health Adult CF	Care Administra	ation, operated by	the Departmen	t of Health-BS	CIP/	
Phone	850-487-2618 (Age			on)			
	850-345-4045 (Dep		lth BSCIP)				
Web site	http://www.ahca.m						
Summary of State	This waiver allows						
Plan Coverage	who are at risk of h						
	provided include ad						
	ervices, durable medical equipment, exercise therapy, homemaker services, massage						
		erapy, nutritional consultation, personal care, personal emergency response, physical					
		perapy, prescribed drugs, respiratory therapy, respite care (home), skilled nursing, pecialized medical equipment and supplies, transportation, and vitamins and nutritional					
	supplements for ad			ortation, and vit	amins and nu	nuonai	
Populations Served	Individuals 18 year			is of cystic fibro	sis and a nee	d for	
r opulations served							
		services provided by the waiver, who, but for the provision of home and community-based services, would require hospital level of care, and are eligible for Florida Medicaid.					
Terminology for HM	<u> </u>	Specialized medical equipment and supplies (SMES), personal emergency response systems					
and AT	(PERS).			,, p = 1 = 1 = 1 = 1 = 1		,	
Examples of Covered	SMES: Vest and li	ke products des	signed for airway o	learance, devic	es, controls,	or	
HM and AT Services	appliances to incre	•	•				
					, ,		
	PERS: An electror	nic device that e	enables a person t	o secure help ir	an emergen	cv.	
Process to	Service		Assessment by	Medical			
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids	
	Case Manager	Required	Professional	Required	Required	Required	
	V	N/A	N/A	V	√		
Benefit Limits	Specific reimburser	ment rates and	maximum limits po	er recipient for e	each waiver s	ervice are	
	under developmen	t.	·	-			
Training on Use and	SMES: Training: y	es. Repairs: no	t in the first year o	f service.			
Repairs		-	-				
	PERS: Training: yes. Repairs: information N/A.						

1915(c) Alzheim	er's Disease F	rogram (0	418)					
Agency Name	Agency for Health	Care Administra	ation					
Phone	888-419-3456	88-419-3456						
Web site	http://ahca.myflorid	ttp://ahca.myflorida.com/						
Summary of State	To provide case ma	anagement, pe	rsonal care, respite	e care, adult da	y health care,			
Plan Coverage	environmental mod							
		anderer identification and location program, behavioral assessment and intervention, and						
	pharmacy review to							
Populations Served	Individuals aged 60							
Terminology for HM and AT	Wanderer alarm sy adaptations (EAA).	stem, wandere	r identification sys	tem, environme	ntal accessibi	lity		
Examples of Covered	Wanderer alarm sy	stem: Alert pa	nels, voice alarms	electromagnet	ic door locks,	perimeter		
HM and AT Services	alarms and transmi	tter alarms.		· ·		•		
	Wanderer identifica	ition system: Ir	ndividuals are regis	stered with a na	tional databas	se and wear		
	a bracelet or neckla	ace with an ide	ntity number and a	toll-free "hotling	e" to contact i	f the person		
	is missing and whe	s missing and when found.						
	EAA: Installation o							
	facilities or installat		ed electric and plu	mbing systems	to accommod	late the		
Process to	medical equipment Service	and supplies.	Assessment by	Medical		T		
Access Benefit	Coordination/	MD Order	Assessment by Other Health	Necessity	PA	Bids		
Access Delient	Case Manager	Required	Professional	Required	Required	Required		
	√ √	N/A	N/A	N/A	N/A	N/A		
Benefit Limits	Wanderer alarm sy	stem: \$1,200 r	per vear.					
		 · · ·	•					
	Wanderer identifica	tion system: \$	100 per year.					
		<u> </u>	. ,					
	EAA: Five jobs of S	\$1,000 per job	or \$5,000 per year					
Training on Use and	Training: yes (fami	ly).						
Repairs								
	Repairs: Information	on N/A.						

GEORGIA

Overview	benefit. In addition,	Georgia covers selected types of assistive technologies through the Medicaid state plan DME benefit. In addition, Georgia offers four waivers that cover a range of assistive technology, home modification, vehicle adaptations, and personal emergency response systems.					
Medicaid State I	*	•	itions, and persona	al emergency re	esponse syste	1115.	
Agency Name	Division of Medical		d Georgia Health F	Partnership			
Phone	866-211-0950	7.00.010.100 0.11	<u></u>	а. и. о. о. пр			
Web site	http://dch.georgia.d	iov/00/channel	title/0.2094.31446	6711 31944826	6.00.html		
Summary of State Plan Coverage	The Georgia Medic devices through the	aid state plan	covers wheelchairs	and augmenta		cation	
Populations Served	Medicaid-eligible in	dividuals.					
Terminology for HM and AT	Custom wheeled m	obility, augmer	ntative and alterna	tive communica	ation.		
Examples of Covered	Custom wheeled m	obility: Power	wheelchairs, custo	mized wheelch	nairs.		
HM and AT Services							
	Augmentative and						
	devices as well as			e been adapted	d for use as th	e member's	
	communication dev	/ices (e.g., spe	T ' I		1		
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	N/A	N/A	N/A	$\sqrt{}$	V	N/A	
Benefit Limits	Custom wheeled m	obility: Informa	ation N/A.				
	Augmentative and	alternative com	munication. Inform	mation N/A			
Training on Use and Repairs	Training: Informati		<u></u>	11000111071			
	Repairs: yes.						

Mental Retardat	ion Waiver Pro	ogram (MR	/DD Waiver)	(0175)			
Agency Name	Department of Hum Addictive Diseases	nan Resources,			pmental Dise	ases and	
Phone	404-657-5737						
Web site	http://www.commur publications/home	nityhealth.state comm service	ga.us/department s.pdf	s/dch/v4/top/sha	ared/medicaio	<u>1/</u>	
Summary of State	This waiver allows	mentally retard	ed/developmental	y disabled pers	ons who mee	t the	
Plan Coverage	Intermediate Care I home and in the co habilitation and sup medical equipment	mmunity. Servi ported employ and supplies.	ces include: servionment, residential to	ce coordination, raining and sup	respite care, ervision, and s	day specialized	
Populations Served	People who have medevelopmental disa as cerebral palsy, e provided in an Inter	bility includes r pilepsy, autism	mental retardation n, or neurological p	or other closely problems that re	related cond	itions such	
Terminology for HM	Assistive technolog	y (AT), emerge	ncy response sys	tems (PERS), s			
and AT	equipment and sup	plies (SMES),	vehicle adaptation	s, environmenta	al modification	s (EM).	
Examples of Covered HM and AT Services	AT: Scanning com system electronic c					cy response	
	PERS: An electron SMES: Information Vehicle adaptations	ı N/A. <u>s</u> : Hydraulic lift	s ramps, special s	eats.	·		
	EM: Installation of facilities, or installation					athroom	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	N/A	√ -	<u> </u>	N/A	√ √		
Benefit Limits	AT: Information N/A. PERS: Information N/A. SMES: \$13,474.76 per member, per lifetime. Vehicle adaptations: \$3,120 per member lifetime. Limit: one unit per year (up to but not to exceed lifetime maximum). EM: \$10,000 per member, per lifetime. Limit: one unit per year (up to but not to exceed						
Training on Use and Repairs	Training: yes.						
	Repairs: yes.						

Community Hab	ilitation and S	upport Sei	rvices				
Agency Name	Department of Hun Addictive Diseases	nan Resources,		l Health Develo	pmental Dise	ases and	
Phone	800-766-4456						
Web site	https://www.ghp.ge	orgia.gov/wps/	portal				
Summary of State	This waiver allows			ly disabled pers	ons who mee	t the	
Plan Coverage	Intermediate Care home and in the coservices.						
Populations Served	People who have n developmental disa as cerebral palsy, e provided in an Inter	ibility includes r epilepsy, autism	mental retardation n, or neurological p	or other closely problems that re	related cond equire the leve	itions such	
Terminology for HM	Emergency respon	se systems (PE	RS), specialized	medical equipm	ent and suppl	ies (SMES),	
and AT	vehicle adaptations						
Examples of Covered HM and AT Services	PERS: An electror	ic device that e	enables a person t	o secure help ir	n an emergen	cy.	
	SMES: Environme amplifier, control so assist members with operating a wheelch whicle adaptations modifications. EAA: Installation of facilities, or installation.	vitch or electror th mobility, seat hair, locks, or d s: Hydraulic lift f ramps and gra	nic control unit; de ting, bathing, trans loor openers. s ramps, special s ab-bars, widening	vices, assessm ferring, security eats, and other of doorways, m	ent, or training, or other skill interior vehicle	g needed to is such as e	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√ V	N/A	N/A	· √	√	N/A	
Benefit Limits	PERS: Information N/A. SMES: \$5,200 per member, per year. Vehicle adaptations: Information N/A. EAA: \$6,273.28 per member per year.						
Training on Use and Repairs	Training: yes.						
	Repairs: yes.						

Independent Ca	re Waiver Prod	aram (ICW)	D)			
Agency Name	Division of Medical			Partnorchin		
Phone	866-483-1044; 866		d Georgia i lealtii i	artificiship		
Web site	https://www.ghp.ge		nortal			
				including traus	actic broin ini	uni agad 01
Summary of State Plan Coverage	This waiver allows 64 who meet the nu					
i iaii ooverage	in the community. S					
	equipment and sup				. o, opooiao	
Populations Served	Independent Care i				re physical dis	abilities, are
•	between the ages of					,
	Capable of directions	cting their own	services (individua	als with a traum	atic brain iniu	v do not
	have to meet thi					,
	Have a severe p					
			iving and requires			
	Medically stable because community		n a hospital or nur oport services are			ment
	Certified for a le		•			acility
Terminology for HM	Specialized medica					
and AT	technology (AT), du					
	(HM), personal eme				,	
Examples of Covered					d other interio	r vehicle
HM and AT Services	modifications or de	vices to allow a	iccess into and ou	t of the vehicle,	for driving the	vehicle if
	appropriate, and for	r security while	the vehicle is mov	ving.		
	AT: Special needs					
	speech amplifiers, of devices.	control switches	s, electronic contr	oi units, and ele	ctronic comm	unication
	devices.					
	Adaptive equipmen	t: Locks, door	openers, mechan	ical feeders.		
	LIM. Dansa and a		- 41			
	HM: Ramps and m	odilication to b	athrooms.			
	PERS: An electron	ic device that e	· · · · · · · · · · · · · · · · · · ·	o secure help ir	an emergen	çy.
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required
	Case Manager	N/A	Professional	Required N/A	√	
Benefit Limits	SMES/Vehicle adap		nor voor	IN/A	l v	N/A
Denent Linits	SiviES/ Verilcle ada	<u> </u>	per year.			
	AT: \$1,026 per mo	nth				
	<u>711</u> . \$1,020 poi mo					
	Adaptive equipmen	<u>t</u> : \$1,026 per r	nonth.			
	<u>HM</u> : \$8,000 per me	ember, per lifeti	ime.			
	DEDC: Installation	and tacting #7	5 por rocidonos: ~	onitoring \$25 :	oor month	
Training on Use and	PERS: Installation Training: no.	and testing \$7:	o per residence; fr	ioriitorii iy, \$25	Jei IIIUIIIII.	
Repairs	Trailing. 110.					
- It	Repairs: no.					
	•					

HAWAII

Medicaid State Plan Coverage Agency Name Hawaii Department of Human Services, Med-QUEST Division Phone 808-586-5390 Web site http://www.med-quest.us/ http://www.state.hi.us/dhs Summary of State Plan Coverage The Hawaii Medicaid State Plan covers wheelchairs and augmentative communication devices under the Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies benefit. Populations Served Medicaid-eligible individuals. Augmentative communication devices (ACD); Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies (DMEPOS). Examples of Covered HM and AT Services ACD: Information N/A. Process to Access Benefit Service Coordination/ Case Manager N/A MD Order Required Professional Required Repairs N/A	Overview	Hawaii covers augmentative communication devices, customized wheelchairs, and wheelchair ramps through its Medicaid State Plan. In addition, the state offers a range of home modification and assistive technology services through three waivers.						
Phone 808-586-390 Web site http://www.med-quest.us/ http://www.med-quest.us	Medicaid State I	Plan Coverage	•	<u>.</u>				
Web site http://www.med-quest.us/ http://www.state.hi.us/dhs Summary of State Plan Coverage The Hawaii Medicaid State Plan covers wheelchairs and augmentative communication devices under the Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies benefit. Populations Served And Medicaid-eligible individuals. Medicaid-eligible individuals. Terminology for HM and AT Medicaid-eligible individuals. Examples of Covered HM and AT Services ACD: Information N/A. Process to Access Benefit Service Customized wheelchairs/wheelchair ramps: Specialized seating systems, motorized wheelchairs and scooters. Process to Access Benefit Service Coordination/ Case Manager N/A Amager MD Order Required Professional Required PA Required Required Professional Required PA Required Professional Required PA Required Professional Required PA Required PA Required Professional PA Required PA	Agency Name	Hawaii Departmen	t of Human Ser	vices, Med-QUES	T Division			
Summary of State Plan Coverage The Hawaii Medicaid State Plan covers wheelchairs and augmentative communication devices under the Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies benefit. Medicaid-eligible individuals. Terminology for HM and AT Augmentative communication devices (ACD); Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies (DMEPOS). Examples of Covered ACD: Information N/A. HM and AT Services Customized wheelchairs/wheelchair ramps: Specialized seating systems, motorized wheelchairs and scooters. Process to Access Benefit Service Coordination/ Case Manager N/A V MD Order Required PA Bids Required PA Required Required PA Required	Phone	808-586-5390						
Plan Coverage devices under the Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies benefit. Populations Served Medicaid-eligible individuals. Terminology for HM and AT Augmentative communication devices (ACD); Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies (DMEPOS). Examples of Covered HM and AT Services ACD: Information N/A. Process to Access Benefit Service Costomized wheelchairs/wheelchair ramps: Access Health Professional Required N/A Assessment by Other Health Professional Required Repairs PA Required Requir	Web site							
Terminology for HM and AT Augmentative communication devices (ACD); Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies (DMEPOS). Examples of Covered HM and AT Services Customized wheelchairs/wheelchair ramps: Specialized seating systems, motorized wheelchairs and scooters. Process to Access Benefit Service Coordination/ Case Manager Required PA Required Professional PA Required Professional Required Professional Required Professional Required Required PA Required Required PA Required Required PA Required Required PA		devices under the l						
and AT Orthotic Devices, and Medical Supplies (DMEPOS). Examples of Covered HM and AT Services ACD: Information N/A. Customized wheelchairs/wheelchair ramps: Specialized seating systems, motorized wheelchairs and scooters. Process to Access Benefit Service Coordination/ Case Manager N/A MD Order Required Professional PA Required Professional Required Professional Required Professional Required Required Professional Repairs PA Required PA Required Professional Repairs Training on Use and Repairs Orthotic Devices, and Medical Supplies (DMEPOS). ACD: Information N/A. Assessment by Other Health Professional Repairs None. Necessity Required PA Required Professional Repairs None. Training on Use and Repairs	Populations Served	Medicaid-eligible in	idividuals.					
HM and AT Services Customized wheelchairs/wheelchair ramps: Specialized seating systems, motorized wheelchairs and scooters. Process to Access Benefit Service Coordination/ Case Manager N/A N/A Necessity Professional Required N/A Nequired Required PA Required Required Required N/A N/A N/A N/A N/A N/A N/A N/A					le Medical Equ	ipment, Prost	netic and	
Access Benefit Coordination/ Case Manager N/A Cose Manager N/A ACD: None. Customized wheelchairs/wheelchair ramps: None. Training on Use and Repairs Coordination/ Case Manager N/A Necessity Required Necusity Required Necusity Required None. PA Required None. None.		Customized wheel	chairs/wheelch	air ramps: Special	ized seating sy	rstems, motori	zed	
Benefit Limits ACD: None. Customized wheelchairs/wheelchair ramps: None. Training on Use and Repairs ACD: Training: yes. Repairs: yes.		Coordination/		Other Health	Necessity	1	Bids Required	
Customized wheelchairs/wheelchair ramps: None. Training on Use and Repairs ACD: Training: yes. Repairs: yes.		N/A	V	√	V	√	N/A	
Repairs	Benefit Limits		chairs/wheelch	air ramps: None.				
	_		ACD: Training: yes. Repairs: yes.					

Developmentally	y Disabled/Me	ntally Reta	rded (0013)				
Agency Name	Hawaii State Depa	rtment of Health	n, Developmental	Disabilities Divis	sion		
Phone	808-586-5840						
Web site	http://www.hawaii.g	gov/health/disab	oility-services/deve	elopmental/inde	x.html		
Summary of State	For people with me	ntal retardation	/developmental di	sabilities who m	neet Intermed	iate Care	
Plan Coverage	Facility for the Men						
	employment, adult						
	transportation, spe				I accessibility		
	adaptations, and co						
Populations Served	Medicaid recipients		o meet Intermedia	te Care Facility	for the Menta	lly Retarded	
Terminology for HM	Specialized enviror		ihility adaptations	(SEAA) person	al emergency	/ response	
and AT	systems (PERS), s					response	
Examples of Covered						removal of	
HM and AT Services	other architectural					Torrio var or	
		g					
	PERS: An electror	nic device that e	enables a person t	o secure help ir	an emergen	CV.	
		PERS: An electronic device that enables a person to secure help in an emergency.					
	SMES: Adaptive e	quipment or su	pplies that the stat	te plan does not	cover.		
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	MD Order Required	Other Health	Necessity	Required	Required	
	Case Manager	Required	Professional	Required	Required	Required	
	√	N/A	N/A		√ √	√	
Benefit Limits	SEAA: None.						
	PERS: None.						
	SMES: None.						
Training on Use and Repairs	SEAA: Training: ye	es. Repairs: yes	3.				
	PERS: Training: ye	es. Repairs: yes	3.				
	SMES: Training: y	es. Repairs: ye	S				
	•						

Hawaii Department of Human Services, Adult and Community Care Services Branch (ACCSB) Phone	Nursing Home V	Vithout Walls	(0057)					
S86-5584 (other islands) http://www.hawaii.gov/dhs/protection/social_services/adult_services/healthpgms - top Summary of State Plan Coverage To provide case management, personal assistance, respite care, adult day health care, environmental accessibility adaptations, non-medical transportation, specialized medical equipment and supplies, personal emergency response systems, private duty nursing, counseling and training, moving assistance, home-delivered meals, and home maintenance to individuals who are aged or disabled. Populations Served Medicaid recipients of all ages who meet nursing home level of care criteria. Terminology for HM and AT Environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. Examples of Covered HM and AT Services Examples of Covered HM and AT Services MD Order Access Benefit Service Coordination/ Case Manager N/A MD Order Required N/A N/A N/A N/A N/A Required Required Required Training on Use and Repairs Repairs Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.	Agency Name		t of Human Ser	vices, Adult and C	Community Care	Services Bra	nch	
To provide case management, personal assistance, respite care, adult day health care, environmental accessibility adaptations, non-medical transportation, specialized medical equipment and supplies, personal emergency response systems, private duty nursing, counseling and training, moving assistance, home-delivered meals, and home maintenance to individuals who are aged or disabled. Populations Served Terminology for HM and AT Environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. Examples of Covered HM and AT Services Examples of Covered HM and AT Services PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Service Coordination/ Case Manager N/A N/A N/A N/A Required	Phone							
Plan Coverage environmental accessibility adaptations, non-medical transportation, specialized medical equipment and supplies, personal emergency response systems, private duty nursing, counseling and training, moving assistance, home-delivered meals, and home maintenance to individuals who are aged or disabled. Populations Served Medicaid recipients of all ages who meet nursing home level of care criteria. Terminology for HM environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. Examples of Covered HM and AT Services architectural barriers, and modifications to the telephone system. PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A N/A Required Required Required Professional Required Repairs: None. SMES: None. SMES: None. SMES: None. PERS: Training: yes. Repairs: yes.	Web site	http://www.hawaii.g	gov/dhs/protecti	on/social service	s/adult services	s/healthpgms	- top	
equipment and supplies, personal emergency response systems, private duty nursing, counseling and training, moving assistance, home-delivered meals, and home maintenance to individuals who are aged or disabled. Populations Served Medicaid recipients of all ages who meet nursing home level of care criteria. Environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. Examples of Covered EAA: Installation of ramps and handrails, widening of doorways, removal of other architectural barriers, and modifications to the telephone system. PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A Required PA Bids Required PA Required Required N/A Required Required Required PA Required Required Required Required Required PA Required Required Required Required PA Required	Summary of State							
counseling and training, moving assistance, home-delivered meals, and home maintenance to individuals who are aged or disabled. Populations Served Medicaid recipients of all ages who meet nursing home level of care criteria. Environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. Examples of Covered HM and AT Services Bers: May include adaptive equipment or supplies that the state plan does not cover. Process to Service Coordination/ Case Manager Coordination/ Case Manager N/A N/A N/A N/A N/A Required EAA: None. Examples of Covered HM and AT Services Bids Required Requi	Plan Coverage							
Training on Use and Repairs Medicaid recipients of all ages who meet nursing home level of care criteria. Medicaid recipients of all ages who meet nursing home level of care criteria. Medicaid recipients of all ages who meet nursing home level of care criteria. Medicaid recipients of all ages who meet nursing home level of care criteria. Medicaid recipients of all ages who meet nursing home level of care criteria. Medicaid recipients of all ages who meet nursing home level of care criteria. Medicaid recipients of all ages who meet nursing home level of care criteria. Medicaid recipients of service supplies (SMES), home maintenance. Examples of Covered HM and AT Services EAA: Installation of ramps and handrails, widening of doorways, removal of other architectural barriers, and modifications to the telephone system. PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Access Benefit Service Coordination/ Case Manager N/A N/A N/A N/A Medicaid PA Bids Required Required Necessity Required Nequired Nequired Nequired Nequired Required Nequired N/A N/A N/A N/A N/A PA Required Required N/A N/A N/A PERS: None. SMES: None. EAA: Training: yes. Repairs: yes.								
Populations Served Medicaid recipients of all ages who meet nursing home level of care criteria. Terminology for HM and AT Environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. Examples of Covered HM and AT Services EAA: Installation of ramps and handrails, widening of doorways, removal of other architectural barriers, and modifications to the telephone system. PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional PA Required Bids Required Benefit Limits EAA: None. N/A N/A N/A V √ Training on Use and Repairs EAA: Training: yes. Repairs: yes.					lelivered meals,	and home ma	aintenance	
Terminology for HM and AT Environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. Examples of Covered EAA: Installation of ramps and handrails, widening of doorways, removal of other architectural barriers, and modifications to the telephone system. PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Access Benefit Service Coordination/ Case Manager Required PA Required Professional PA Required Professional Required Required Professional Required N/A N/A N/A N/A N/A N/A N/A Required PA Requi								
and AT personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. Examples of Covered HM and AT Services EAA: Installation of ramps and handrails, widening of doorways, removal of other architectural barriers, and modifications to the telephone system. PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Access Benefit								
Examples of Covered HM and AT Services PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover.								
Examples of Covered EAA: Installation of ramps and handrails, widening of doorways, removal of other architectural barriers, and modifications to the telephone system. PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Service Coordination/ Case Manager Required Professional Required Professional Required Required Parallel Paralle	and AI			stems (PERS), spe	ecialized medica	al equipment a	and supplies	
## Arcess Benefit ## Arcess Benefit ## EAA: None. PERS: None. PERS: None. PERS: None.		1				1 6 11		
PERS: An electronic device that enables a person to secure help in an emergency. SMES: May include adaptive equipment or supplies that the state plan does not cover.						moval of othe	r	
SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Access Benefit Service Coordination/ Case Manager N/A	HIVI and AT Services	architectural barrie	rs, and modifica	ations to the telepi	none system.			
SMES: May include adaptive equipment or supplies that the state plan does not cover. Process to Access Benefit Service Coordination/ Case Manager N/A								
Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Medical Necessity Required PA Required Bids Required Benefit Limits EAA: None. N/A N/A N/A √ √ Training on Use and Repairs EAA: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.		PERS: An electror	<u>PERS</u> : An electronic device that enables a person to secure help in an emergency.					
Process to Access Benefit Service Coordination/ Case Manager MD Order Required Assessment by Other Health Professional Medical Necessity Required PA Required Bids Required Benefit Limits EAA: None. N/A N/A N/A √ √ Training on Use and Repairs EAA: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.								
Access Benefit Coordination/ Case Manager N/A Necessity Required Nequired Required Required Required Nequired Required			e adaptive equi	·		olan does not	cover.	
Access Benefit Coordination/ Case Manager Required Other Health Professional Required Necessity Required Required Required J N/A N/A N/A N/A Required Required Required Required N/A N/			MD Order			PA	Bids	
Case Manager	Access Benefit				,			
Benefit Limits EAA: None. PERS: None. SMES: None. Training on Use and Repairs PERS: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.		Case Manager	•		Required	· .	1104000	
PERS: None. SMES: None. Training on Use and Repairs PERS: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.		√	N/A	N/A		√ √	√ √	
SMES: None. Training on Use and Repairs PERS: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.	Benefit Limits	EAA: None.						
SMES: None. Training on Use and Repairs PERS: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.								
Training on Use and Repairs EAA: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.		PERS: None.						
Training on Use and Repairs EAA: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.								
Repairs PERS: Training: yes. Repairs: yes.		SMES: None.						
PERS: Training: yes. Repairs: yes.		EAA: Training: yes	s. Repairs: yes.					
SMES: Training: yes. Repairs: yes.	-	PERS: Training: ye	es. Repairs: yes	S.				
		SMES: Training: y	es. Repairs: ye	s				

HIV Community	Care Program	n (0182)				
Agency Name	Hawaii Department (ACCSB)	t of Human Ser	vices, Adult and C	ommunity Care	Services Bra	nch
Phone	808-586-5541 or co	ontact the local	ACCSB			
Web site	http://www.hawaii.g	gov/dhs/protecti	on/social_services	s/adult_services	healthpgms -	- HCCP
Summary of State Plan Coverage	To provide case many environmental access equipment and suppose counseling and trait to individuals with a	essibility adapta oplies, personal ning, moving as a diagnosis of A	ations, non-medica emergency respo ssistance, home-d NDS or conditions	al transportation nse systems, pi elivered meals, associated with	, specialized r rivate duty nur and home ma n HIV infection	rsing, aintenance
Populations Served	Medicaid recipients hospital level of car		n a diagnosis of H	IV/AIDS who me	eet nursing ho	ome or
Terminology for HM	Environmental acco					
and AT	(PERS), specialize					
Examples of Covered HM and AT Services	architectural barries PERS: An electror SMES: May include	rs, and modifica	ations to the telephenables a person tipment or supplies	none system. o secure help in that the state p	n an emergend	су.
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A	N/A	√	√
Benefit Limits	EAA: None. PERS: None. SMES: None.					
Training on Use and	EAA: Training: yes. Repairs: yes. PERS: Training: yes. Repairs: yes.					
Repairs	PERS: Training: your same services of the serv					

IDAHO

Overview		he Idaho Medicaid State Plan covers select durable medical equipment such as lifts and ommunication devices. The state also offers a broad range of assistive technology and						
	home modifications	s through three	waivers.					
Medicaid State I	Plan Coverage	•						
Agency Name	Idaho Department	of Health and V	Velfare, Division of	f Medicaid				
Phone	208-334-5500							
Web site	http://www.healthai	ndwelfare.idaho esktopDefault.a		Rainbow/lang	<u>en-</u>			
Summary of State Plan Coverage	The Idaho Medical cover non-medical	d State Plan off	ers durable medic		overage, but d	oes not		
Populations Served		edicaid-eligible individuals.						
Terminology for HM and AT	 	Durable medical equipment (DME), communication devices.						
Examples of Covered HM and AT Services		tub; or a lift med nounted chairs ls for wheelcha	chanism for a chai that lift persons up	r; but excludes of and down stail	devices attach rs. Hand held	ned to motor showers,		
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
		N/A	N/A	V	√			
Benefit Limits	None.							
Training on Use and Repairs	Training: yes.							
	Repairs: yes.							

Aged and Disab								
Agency Name	Idaho Department	of Health and W	/elfare, Division o	f Medicaid				
Phone	208-334-5500							
Web site	http://www.healthai	ndwelfare.idaho	.gov/portal/alias	Rainbow/lang	en-			
	US/tabID 3438/D							
Summary of State Plan Coverage	To provide case management and sup- equipment and sup- services, attendant psychiatric consulta	ess adaptations pplies, chore ser care, adult resi	, skilled nursing carvices, personal endential care, hom	are, transportation mergency respo e-delivered mea	on, special me onse systems, als, consultatio	edical companion		
Populations Served	Aged, disabled ove	er 18.						
Terminology for HM and AT	Environmental acceequipment and suptechnology (AT).	pplies (SMES), p	personal emergen	cy response sys	stems (PERS)	, assistive		
HM and AT Services	modification of bath accommodate the inscription of samples and inscription of samples are samples and inscription of samples are samples	EAA (including home modifications): Installation of ramps and lifts, widening of doorways, modification of bathroom facilities, installation of electrical or plumbing systems necessary to accommodate the medical equipment needed for the welfare of the participant. SMES: Any item, piece of equipment, or product system beyond the scope of the Medicaid State Plan, whether acquired off the shelf or customized, that is used to increase, maintain, or improve the functional capability of the participant. PERS: An electronic device that enables a person to secure help in an emergency. AT: Assistive technology can range from something as simple as a reacher, a cane, or a bathroom grab-bar to something as complex as life-support, supplies and equipment to support such systems, adaptive computer key board, augmentative communication device, or						
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	√ √	N/A	N/A		√ √	√ √		
Benefit Limits	Information N/A.							
Training on Use and Repairs	Training: yes.							
	Repairs: yes.							

Developmentally	y Disabled Wa	iver				
Agency Name	Idaho Department	of Health and V	Velfare, Division of	f Medicaid		
Phone	208-334-5500					
Web site	http://www.healtha	ndwelfare.idaho	o.gov/portal/alias	Rainbow/lang	en-	
	US/tabID 3438/D	esktopDefault.a	<u>aspx</u>			
Summary of State	For mentally retard					
Plan Coverage	provide respite car					
	accessibility adapta					
	supplies (includes					
Denulations Convod	systems, home-eliv					uit day care.
Populations Served	Mentally retarded a					
Terminology for HM and AT	Specialized medica			*	inology (AT),	
	environmental acce				ial comitoe pla	n The
Examples of Covered HM and AT Services					•	
Tilvi aliu Al Selvices	equipment and sup control and commu					
						•
	support, ancillary s		•		•	
	and durable and no	on-durable med	icai equipment no	t avallable unde	r the state pla	ın.
			a). Imptallation of	ramana and lifta		
	EAA (including hor modification of bath					borways,
Process to	Service	noom lacintics,	Assessment by	Medical	ing systems.	
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids
Access Delient	Case Manager	Required	Professional	Required	Required	Required
	√ V	N/A	N/A	√ V	√	√
Benefit Limits	Information N/A.					
Training on Use and	Training: yes.					
Repairs						
	Repairs: yes.					
	· · · · · · · · · · · · · · · · · · ·					

Traumatic Brain	Injury Waiver						
Agency Name	Idaho Department	of Health and W	/elfare, Division of	f Medicaid			
Phone	208-334-5500						
Web site	http://www.healthar	ndwelfare.idaho	.gov/portal/alias	Rainbow/lang	en-		
	US/tabID 3438/D	esktopDefault.a	<u>ispx</u>		·		
Summary of State	The Traumatic Brai						
Plan Coverage	care, supported em						
		ersonal emergency response systems, personal care services, home-delivered meals, pecialized medical equipment and supplies (includes assistive technology), extended state					
	plan services (phys adults who have su					ices, to	
	institutionalized wit			oi 22 and woul	a need to be		
Populations Served	Adults who have su			of 22.			
Terminology for HM	Specialized medica				ations (HM), r	personal	
and AT	emergency respons			,,	,,,		
Examples of Covered	SMES: Devices, co	ontrols, or appli	ances, specified in	n the individual	service plan, t	hat enhance	
HM and AT Services	the participants' da	ily living, and er	nable them to con	trol and commu	nicate within t	heir	
	environment. This a	also includes ite	ems necessary for	life support, an	cillary supplies	s, and	
	equipment necessa				urable and no	n-durable	
	medical equipment	not available u	nder the state plai	n.			
	HM: Interior or exte						
	identified on the pa	•	•	•			
	welfare, and safety						
	lifts, widening of do						
	plumbing systems	necessary to ac	commodate the m	nedical equipme	ent needed for	the welfare	
	of the participant.						
	DEDO 4 1 1						
	PERS: An electror	lic device that e			n an emergend	Cy	
Process to	Service Coordination/	MD Order	Assessment by Other Health	Medical	PA	Bids	
Access Benefit	Case Manager	Required	Professional	Necessity Required	Required	Required	
	√ √	N/A	N/A	√	√	√	
Benefit Limits	Information N/A.	14// (14// (•	,	· · · · · · · · · · · · · · · · · · ·	
Training on Use and	Training: yes.						
Repairs							
•	Repairs: yes.						

ILLINOIS

Overview	Illinois covers a range of assistive technologies and home modifications through the Medicaid State Plan and six waivers. Covered services include augmentative communication devices, wheelchairs, emergency home response systems, specialized medical equipment and supplies, and environmental accessibility adaptations.					
Medicaid State Plan Coverage						
Agency Name	Illinois Department of Healthcare and Family Services					
Phone	800-843-6154					
Web site	http://www.hfs.illinois.gov/medical/					
Summary of State Plan Coverage	The Illinois Medicaid State Plan covers augmentative communication devices and wheelchairs under the durable medical equipment benefit.					
Populations Served	Medicaid-eligible individuals.					
Terminology for HM and AT	Durable medical equipment (DME).					
Examples of Covered Augmentative communication devices, wheelchairs (including power and customized). HM and AT Services						
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	√	√	√ √	
Benefit Limits	Information N/A.					
Training on Use and Repairs	Training: Information N/A.					
	Repairs: yes.					

Waiver for Perso	ons with Brian I	njury (BI)	(0329)					
Agency Name	Department of Huma			tation Services				
Phone	217-557-1868	217-557-1868						
Web site	http://www.hfs.illinois	http://www.hfs.illinois.gov/hcbswaivers/bi.html						
Summary of State Plan Coverage	supported employme adaptations, specialized	o provide homemaker services, personal assistance services, adult day care, habilitation, upported employment services, assistive equipment, environmental accessibility daptations, specialized medical equipment and supplies, and personal emergency home esponse systems to persons of any age with brain injury who meet nursing facility level of are criteria.						
Populations Served	Persons with brain in	jury of any ag	je who meet nursi	ng facility level	of care criteria	l.		
Terminology for HM and AT	Assistive equipment, equipment and suppl	ies (SMES), p	oersonal emergen	cy response sys	stems (PERS)			
Examples of Covered								
HM and AT Services	home. EAA: Home and veh construction (widenin accommodate medic SMES: Devices, con to increase their ability communicate with the ancillary supplies and	ndividual's independence and capability to perform household and personal care tasks at						
Process to	PERS: An electronic Service		Assessment by	o secure neip in Medical				
Access Benefit	Coordination/ Case Manager	MD Order Required	Other Health Professional	Necessity Required	PA Required	Bids Required		
	√	N/A	N/A	N/A	√ √	√		
Benefit Limits	\$18,000 per year ma	ximum for all	services.					
Training on Use and Repairs	Assistive equipment: Training: Information N/A. Repairs: yes. EAA: Information N/A. BMES: Information N/A. PERS: Training: yes. Repairs: yes.							

Supportive Livir	ng Waiver (Age	ed and Dis	abled) (0326)				
Agency Name	Department of Hea	Department of Healthcare and Family Services (HFS), Bureau of Long Term Care					
Phone	217-524-7245		•				
Web site	http://www.hfs.illinc	ois.gov/hcbswa	vers/slf.html				
Summary of State Plan Coverage	promotion and exe	To provide personal care, intermittent nursing, housekeeping, transportation, health promotion and exercise programming, and personal emergency response systems to persons with physically disabilities aged 22 and over who meet the nursing facility level of care criteria.					
Populations Served		ndividuals with disabilities 22 years and over or individuals 65 years and over who meet the nursing facility level of care criteria.					
Terminology for HM and AT	Personal emergend	Personal emergency response systems (PERS).					
Examples of Covered HM and AT Services	PERS: An electror	nic device that	enables a person t	o secure help in	n an emergen	cy.	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	N/A	N/A	N/A	N/A	N/A	N/A	
Benefit Limits	Information N/A.						
Training on Use and Repairs	Training: no.						
	Repairs: no.						

Elderly Waiver (0143)						
Agency Name	Illinois Department	on Aging					
Phone	217-557-1868						
Web site	http://www.hfs.illinc	is.gov/hcbswa	ivers/elderly.html				
Summary of State	To provide homem	aker, emergen	cy response, and a	dult day care s	ervices to per	sons aged	
Plan Coverage	60 and older who n	neet the nursin	g facility level of ca	are criteria.			
Populations Served	Individuals 60 year	s of age or olde	er who meet the nu	ırsing facility le	vel of care crit	eria.	
Terminology for HM	Emergency home r	Emergency home response system (EHRS).					
and AT							
Examples of Covered	EHRS: An electror	nic device that	enables a person t	o secure help i	n an emergen	су.	
HM and AT Services							
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	N/A	N/A	N/A	√		
Benefit Limits	Provider service ra	tes are establis	shed by the state.				
Training on Use and Repairs	Training: yes.						
	Repairs: Information	on N/A.					

Home and Comi			Vaiver for Pe	rsons Diag	nosed wit	th
Agency Name	Department of Hun	nan Services (E	HS), Division of R	Rehabilitation Se	ervices	
Phone	217-557-1868	,	,			
Web site	http://www.hfs.illinc	ois.gov/hcbswai	vers/hiv.html			
Summary of State	To provide persona					
Plan Coverage	transportation for e					
		adaptations, specialized medical equipment and supplies, and personal emergency response systems to persons of any age diagnosed with HIV/AIDS who meet the hospital level of care				
	criteria.	s of any age dia	ignosed with HIV/	AIDS wno meet	the nospital is	evel of care
Populations Served	Persons diagnosed	l with Human Ir	nmune Deficiency	Virus (HIV), or	Acquired Imm	nune
	Deficiency Syndror					
Terminology for HM	Environmental acco				equipment ar	nd supplies
and AT	(SMES), personal e					
Examples of Covered						nstruction
HM and AT Services	(widening doorway		•	rical or plumbing	g systems to	
	accommodate med	lical equipment).			
	OMEO D	((. (1 1 6		
	SMES: Devices, c					
	to increase their ab	•	•	• .		
	supplies, and equip				y ioi ille supp	ort, ariciliary
	supplies, and equip	ment not cove	red under the state	pian.		
	PERS: An electror	nic device that	enables a person t	o secure help ir	an emergen	Cy.
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required
	Case Manager	•	Professional	Required	•	· ,
	V	N/A	N/A	N/A	√ √	√ √
Benefit Limits	\$18,000 per year n		services.			
Training on Use and	EAA: Information I	N/A.				
Repairs	OMEO. Testeries en in	.f 11/A	Danaina			
	SMES: Training: ir	normation N/A.	Repairs: yes.			
	PERS: Training: ye	es Renairs ve	e			
	<u>r ERO</u> . Hairing, y	co. repairo. ye	J.			

Home and Community-Based Services Waiver for Persons with Physical Disabilities (NF Waiver) (0142)							
Agency Name	Department of Hun		NHS) Division of F	Pehabilitation Se	nvices		
Phone	217-557-1868	ian ocivices (E	7110), DIVISION OF I	CHabilitation oc	ZI VICCS		
Web site	http://www.hfs.illing	ois.gov/hcbswai	vers/disabilities.ht	ml			
Summary of State Plan Coverage	To provide persona accessibility adapta response systems,	To provide personal assistance services, homemaker services, adult day care, environmental accessibility adaptations, specialized medical equipment and supplies, personal emergency response systems, and home-delivered meals to persons with physical disabilities (including ventilator dependent adults), aged 59 and younger who meet the nursing facility level of care					
Populations Served	adults), who meet t	ndividuals with physical disabilities, from the ages of 0-59 (including ventilator dependent adults), who meet the nursing facility level of care criteria. Also, those 60 or older, who began services before age 60, may choose to remain in this waiver.					
Terminology for HM and AT	Environmental acc (SMES), personal				equipment an	d supplies	
HM and AT Services	EAA: Home and vehicle modifications including ramps, grab-bars, porch lifts, construction (widening doorways, installation of specialized electrical or plumbing systems necessary to accommodate medical equipment). SMES: Devices, controls, or appliances, specified in the plan of care, that enable individuals to increase their abilities to perform activities of daily living or to perceive, control, or communicate with the environment. Also includes items necessary for life support, ancillary supplies, and equipment not covered under the state plan. PERS: An electronic device that enables a person to secure help in an emergency.						
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	N/A	N/A	N/A	√ √	√	
Benefit Limits	\$18,000 per year n		services.				
Training on Use and Repairs	EAA: Information N/A. SMES: Training: information N/A. Repairs: yes. PERS: Training: yes. Repairs: yes.						

Home and Composite of the Composite of t			Vaiver for Ad	ults with D	evelopme	ental		
Agency Name	Department of Hun		HS), Division of D	Developmental [Disabilities Se	rvices		
Phone	217-557-1868	,	,,	'				
Web site	http://www.hfs.illing	ois.gov/hcbswai	vers/dd.html					
Summary of State Plan Coverage	adaptive equipmen response systems	o provide residential habilitation, day habilitation, home-based support services, therapies, daptive equipment, minor home and vehicle modifications, and personal emergency esponse systems to mentally retarded/developmentally disabled persons aged 18 and older, tho meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.						
Populations Served		dividuals with developmental disabilities or mental retardation, 18 years or older, who meet e Intermediate Care Facility for the Mentally Retarded level of care criteria.						
Terminology for HM and AT		daptive equipment, minor home modifications (HM), minor vehicle modifications (VM), ersonal emergency response systems (PERS).						
HM and AT Services	their ability to perform environment in whin the month of the individual of the indi	Adaptive equipment: Devices, controls, and appliances that enable individuals to increase their ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. Minor HM: Physical adaptations to the home that are necessary to ensure the health, welfare, and safety of the individual as it relates to the person's developmental disability, or that enable the individual to function with greater independence in the home. Minor VM: Vehicle adaptations such as lifts, door or seating modifications, and safety/security modifications. PERS: An electronic device that enables a person to secure help in an emergency.						
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	√ √	N/A	N/A	N/A	√	√		
Benefit Limits	Adaptive equipmer individual over five		ehicle modification	s are limited to	no more than	\$15,000 per		
Training on Use and Repairs	Training: yes. Repairs: Information	-						

INDIANA

Overview	Indiana covers a range of assistive technologies and home modifications through the Medicaid State Plan and five waivers. Covered services include emergency response systems, environmental and home modifications, vehicle modifications, adaptive aids and devices, and specialized medical equipment.						
Medicaid State I	· · · · · · · · · · · · · · · · · · ·		equipment.				
Agency Name	Indiana Family and		s Administration				
Phone	800-457-4584						
Web site	http://www.in.gov/fs	ssa/healthcare/					
Summary of State Plan Coverage		he Indiana Medicaid State Plan covers selected items under the durable medical equipment enefit, including customized wheelchairs and augmentative communication devices.					
Populations Served		Medicaid-eligible individuals.					
Terminology for HM and AT	Durable medical ed	Durable medical equipment, augmentative communication devices (ACD).					
Examples of Covered HM and AT Services	Customized wheel	chairs: Wheelc	hairs that are cust	omized to meet	a client's spe	cial needs.	
	ACD: Speech aug	mentation device	ces for individuals	who require the	m to commur	icate.	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	V	N/A	N/A	V	√		
Benefit Limits	Information N/A.						
Training on Use and Repairs	Training: no.						
	Repairs: no.						

Aged and Disab	led Waiver							
Agency Name	Indiana Family and	Social Service	s Administration, (Office of Medica	id Policy and	Planning		
Phone	800-986-3505	800-986-3505						
Web site	http://www.in.gov/fs	http://www.in.gov/fssa/elderly/medicaid/						
Summary of State Plan Coverage	attendant services, modifications, and	To provide adaptive aids and devices/specialized medical equipment, adult day services, attendant services, case management, homemaker services, respite care, environmental modifications, and personal emergency response systems to physically disabled persons who meet the nursing facility level of care criteria.						
Populations Served	Physically disabled level of care criteria		r those aged 65 a	nd older who me	eet the nursin	g facility		
Terminology for HM	Environmental mod		• •		ıs (PERS),			
and AT	adaptive aids and o	levices/speciali	zed medical equip	ment (SME).				
Examples of Covered HM and AT Services	and grab-bars, wide specialized electric equipment and sup PERS: An electror Adaptive aids and operform activities of in which they live, and durable and no	ening of doorwa and plumbing s plies. iic device that e devices/SME: I f daily living, or Includes device	enables a person to tems that enable in to perceive, contress, controls, applia	o secure help in ndividuals to incol, or communic nces, items nec	lities, and instommodate man emergend crease their acted with the ecessary for life	allation of edical cy. bilities to environment e support,		
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	V	N/A	N/A	N/A	√	N/A		
Benefit Limits	The total cost of services cannot exceed the cost of institutional care. Environmental modifications: \$15,000 lifetime cap, plus \$500 annually for repair, replacement, or an adjustment to an existing modification. PERS: Information N/A.							
Training on Has and	Adaptive aids and o	devices/SME: I	None.					
Training on Use and Repairs	Information N/A.							

Waiver for Perso	ons with Trau	natic Brain	Injury (TBI \	Waiver) (40	197)		
Agency Name	Indiana Family and					Planning	
Phone	800-986-3505	800-986-3505					
Web site	http://www.in.gov/fs	http://www.in.gov/fssa/elderly/medicaid/					
Summary of State	To provide persona	al care, adult co	mpanion services	, case manager	ment, environr	mental	
Plan Coverage	modifications, pers	onal emergency	y response systen	ns, specialized r	medical		
	equipment/supplies				g skills training	to persons	
	 	rith brain injury who meet the nursing facility level of care criteria.					
Populations Served	Persons with brain						
Terminology for HM and AT	Environmental mod medical equipment			esponse system	ns (PERS), sp	ecialized	
Examples of Covered	Environmental mod	difications: Insta	allation of ramps a	ınd grab-bars, v	videning of do	orways,	
HM and AT Services	modification of bath	nroom facilities,	and installation of	f specialized ele	ectric and plun	nbing	
	systems to accomm	nodate medical	equipment and su	upplies.			
	PERS: An electror	nic device that e	enables a person t	o secure help ir	n an emergen	cy.	
	SMES: Devices, controls, appliances, items necessary for life support, ancillary supplies and						
	equipment necessa				urable and no	n-durable	
	medical equipment	not available u	nder the Medicaid	State Plan.			
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required	
	Case Manager	· .	Professional	Required		<u> </u>	
	√	N/A	N/A	N/A	√ √	N/A	
Benefit Limits	The total cost of se	rvices cannot e	xceed the cost of	institutional car	e.		
	Environmental mod		• • •		ally for repair,		
	replacement, or an	adjustment to a	an existing modific	cation.			
	PERS: Information	n N/A.					
	SMES: None.						
Training on Use and	Information N/A.						
Repairs							

Waiver for Perso				MR/DD Wai	iver) (0378	3)	
Agency Name	Indiana Family and	Social Service	s Administration				
Phone	317-233-9525	317-233-9525					
Web site	http://www.in.gov/fs	nttp://www.in.gov/fssa/elderly/medicaid/					
Summary of State	To provide homem	o provide homemaker assistance, chore aides, personal care aides, therapy, skilled nursing,					
Plan Coverage	environmental mod	espite care, specialized medical equipment, personal emergency response systems, and environmental modifications to adults with mental retardation/developmental disabilities who neet the Intermediate Care Facility for the Mentally Retarded level of care criteria.					
Populations Served	Adults with mental Facility for the Men				the Intermedia	ate Care	
Terminology for HM	Specialized medica				se systems (F	PERS),	
and AT	environmental mod				•		
Examples of Covered	SME: Devices, cor	ntrols, appliance	es, items necessa	ry for life suppo	rt, ancillary su	pplies and	
HM and AT Services	equipment necessa	ary to the prope	r functioning of su	ch items, and d	urable and no	n-durable	
	medical equipment	not available u	nder the Medicaid	State Plan.			
	Environmental mod modification of bath	PERS: An electronic device that enables a person to secure help in an emergency. Environmental modifications: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, and installation of specialized electric and plumbing systems to accommodate medical equipment and supplies.					
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/ Case Manager	Required	Other Health Professional	Necessity Required	Required	Required	
	√	N/A	N/A	N/A	√	N/A	
Benefit Limits	The total cost of se	rvices cannot e	xceed the cost of	institutional care	e.		
	SMES: None. PERS: Information N/A.						
	Environmental mod				ally for repair,		
Tankakan an Hannak	replacement, or an	adjustment to a	an existing modific	ation.			
Training on Use and Repairs	Information N/A.						

Support Service	s for Mental R	etardation	/Developmer	ntal Disabil	ity		
Agency Name	Indiana Family and	ndiana Family and Social Services Administration					
Phone	800-986-3505						
Web site	http://www.in.gov/fs	ssa/elderly/med	licaid/				
Summary of State	To provide commu	nity habilitation,	respite care, adu	It day services,	specialized m	edical	
Plan Coverage	equipment, therapi retarded/developm Mentally Retarded	entally disabled					
Populations Served	Mentally retarded/o		•	who require ar	n Intermediate	Care	
Terminology for HM and AT	Personal emergend	cy response sys	stem (PERS), spe	cialized medica	l equipment (S	SME).	
HM and AT Services	SME: Devices, corequipment necessar	PERS: An electronic device that enables a person to secure help in an emergency. SME: Devices, controls, appliances, items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	N/A	N/A	N/A	√	N/A	
Benefit Limits	The total cost of services cannot exceed the cost of institutional care. PERS: Information N/A. SMES: None.						
Training on Use and Repairs	Information N/A.						

Autism Waiver								
	Indiana Familia and	0	- A -liitti					
Agency Name	†	Indiana Family and Social Services Administration						
Phone		317-232-1726						
Web site	http://www.in.gov/fs							
Summary of State	To provide adult da							
Plan Coverage		upported employment, personal assistance, assistive technology, personal emergency						
		sponse systems, and respite care to persons with a diagnosis of autism.						
Populations Served	Persons with a diag		n who meet the Int	ermediate Care	Facility for the	ne Mentally		
	Retarded level of c							
Terminology for HM	Assistive technolog	ıy (AT), environ	mental modificatio	ns, personal er	nergency resp	oonse		
and AT	systems (PERS).							
Examples of Covered	AT: Information N/	A.						
HM and AT Services								
	Environmental mod	lifications: Inst	allation of ramps a	nd grab-bars, w	videning of do	orways,		
	modification of bath	room facilities,	and installation of	specialized ele	ectric and plun	nbing		
	systems to accomn	nodate medical	equipment and su	ipplies.		•		
		.,Janania da anta anta magasa adaleman anta asebanas.						
	PERS: An electror	nic device that e	enables a person to	o secure help in	n an emergen	CV.		
Process to	Service		Assessment by	Medical				
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids		
7.00000 20110111	Case Manager	Required	Professional	Required	Required	Required		
	√ √	N/A	N/A	N/A	√	N/A		
Benefit Limits	The total cost of se	rvices cannot e	exceed the cost of	institutional care	e.			
	AT: None.							
	<u>/ (</u>							
	Environmental mod	lifications: \$15	000 lifetime can r	due \$500 annu	ally for repair			
	replacement, or an				any for repair,			
	replacement, or all	aujustinent to	an existing mound	auon.				
	DEDC: Information	. N1/Δ						
	PERS: Information	I IN/A.						
Training on Use and Repairs	Information N/A.							

IOWA

Overview		owa covers a range of assistive technologies and home modifications through the Medicaid State Plan and six waivers. Covered services include augmentative communication systems,					
	emergency respon- adaptations, and he	se systems, spe	ecialized medical				
Medicaid State F	Plan Coverage	•					
Agency Name	Iowa Department o	f Human Servic	es, Iowa Medicaio	d Enterprise			
Phone	515-725-1003 or 8	00-338-8366					
Web site	http://www.ime.stat	e.ia.us/					
Summary of State Plan Coverage	The Iowa Medicaid sickroom supplies,			al equipment, p	rosthetic devi	ces, and	
Populations Served	Medicaid-eligible in	dividuals.					
Terminology for HM and AT	Durable medical ed (ACD).	quipment (DME), prosthetic device	es, augmentativ	e communica	tion systems	
Examples of Covered	Examples of Covered Specialized equipment: Shower commode chairs and bedside rails.						
HM and AT Services	.						
	ACD: Tracheotom Augmentative compersons unable to language. Coverage for the mentally ret	munication syst communicate the is allowed for	ems are consider eir basic needs the recipients in nurs	ed prosthetic de rough oral spee	vices and are ech or manual	covered for sign	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
		√	√	√	√	N/A	
Benefit Limits	Information N/A.						
Training on Use and Repairs	Training: Informati	on N/A.					
	Repairs: yes.						

Mental Retardati	ion Waiver (02	(42)						
Agency Name	lowa Department o		es, Iowa Bureau	of Long-term Ca	are			
Phone	515-281-5233	•						
Web site	http://www.ime.stat	http://www.ime.state.ia.us/HCBS/help_ownhome.html						
Summary of State Plan Coverage	and vehicle modific developmentally dis	To provide supported community living, consumer directed attendant care, respite care, home and vehicle modifications, and personal emergency response systems to mentally retarded/developmentally disabled persons who are moving from Intermediate Care Facilities for the Mentally Retard or nursing homes into the community.						
Populations Served		idividuals with mental retardation/developmental disabilities who meet the Intermediate Care acility for the Mentally Retarded level of care criteria.						
Terminology for HM and AT	Home and vehicle i	ome and vehicle modifications, personal emergency response system (PERS).						
HM and AT Services	ovens; bathtubs an showerheads, wate handrails; turnarour fire safety alarm eq activated, motion a vehicle lifts, driver salready installed in vehicle door; speciareplacement for glaenclose open stairs telecommunications opening; pocket do conditioning and air opening to accommend to accomm	come and vehicle modifications: Physical modifications to the home and/or vehicle including: tchen counters, sink space, cabinets, and special adaptations to refrigerators, stoves, and vens; bathtubs and toilets to accommodate transfer, special handles and hoses for nowerheads, water faucet controls, and accessible shower and sink areas; grab-bars and andrails; turnaround space adaptations; ramps, lifts, and door, hall and window widening; the safety alarm equipment specific for disability; voice activated, sound activated, light ctivated, motion activated, and electronic devices directly related to consumer's disability; whice lifts, driver specific adaptations, remote start systems, including such modifications aready installed in a vehicle; keyless entry systems; automatic opening device for home or exhicle door; special door and window locks; specialized doorknobs and handles; plexiglass uplacement for glass windows; modification of existing stairs to widen, lower, raise, or inclose open stairs; motion detectors; low pile carpeting or slip resistant flooring; lecommunications device for people who are deaf; exterior hard surface pathway; new door bening; pocket doors; installation or relocation of controls, outlets, and switches; air and inditioning and air filtering if medically necessary; heightening of existing garage door bening to accommodate modified van; bath chairs.						
Process to	Service	MD Order	Assessment by	Medical	PA	Bids		
Access Benefit	Coordination/ Case Manager	Required	Other Health Professional	Necessity Required	Required	Required		
	√ Vase Wanager	N/A	√ \		V			
Benefit Limits	Home and vehicle	modifications: S		lifetime benefit.	,			
Training on Use and	Training: no.							
Repairs	Repairs: no.							

Traumatic Brain	Injury (TBI) W	/aiver (029	9)					
Agency Name	Iowa Department o	f Human Servic	ces, Iowa Bureau o	of Long-term Ca	are			
Phone	515-725-1150							
Web site	http://www.ime.state.ia.us/HCBS/help_ownhome.html							
Summary of State Plan Coverage	To provide case ma living, respite care, and specialized me Care Facility for the nursing facility leve	home and vehical equipmer Mentally Reta	icle modifications, nt to persons with I rded, intermediate	personal emero orain injury who	gency respons meet the Inte	se systems, rmediate		
Populations Served	one of the following	ndividuals with brain injury between one month and 64 years old who meet the criteria for one of the following levels of care: Intermediate Care Facility for the Mentally Retarded, ntermediate care facility, nursing facility, or skilled nursing facility.						
Terminology for HM and AT	Home and vehicle i medical equipment	(SME).						
Examples of Covered HM and AT Services	kitchen counters, si ovens; bathtubs an showerheads, wate handrails; turnarour fire safety alarm eq activated, motion a vehicle lifts, driver salready installed in vehicle door; speciareplacement for gla enclose open stairs telecommunication: opening; pocket do conditioning and air opening to accommend to accommendation to accommend to accommendation to accommend to accommendation to accommend to accommendation to accommendat	ink space, cabind toilets to account for faucet controlled space adapt full purpose and elspecific adaptate a vehicle; keyleal door and wings windows; most motion detects device for persons; installation or filtering if mediate modified the device that else and organiz	nets, and special as permodate transfells, and accessible tations; ramps, lifts ic for disability; voi ectronic devices ditions, remote start ess entry systems; dow locks; special odification of exist tors; low pile carpe uple who are deaf; or relocation of colically necessary; he wan; bath chairs.	adaptations to re- r, special handle shower and sin s, and door, hall ce activated, so irectly related to systems, include automatic oper ized doorknobs ing stairs to wide exterior hard so partrols, outlets, neightening of each o obtain help in	efrigerators, sies and hoses and window vound activated oconsumer's ding such modning device for and handles; len, lower, rais stant flooring; urface pathwa and switches; existing garage an emergence	toves, and for -bars and widening; I, light disability; lifications r home or plexiglass se, or ay; new door air e door		
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	√	N/A	│	√	√			
Benefit Limits	Home and vehicle modifications: \$500 per month not to exceed \$6,000 per year. If the amount of the modification is allocated monthly, the monthly amount must be included in the \$2,650 monthly dollar cap. PERS: 12 months of service per state fiscal year. SME: \$500 per month not to exceed \$6,000 per year.							
Training on Use and Repairs	Training: Information							
	Repairs: yes.							

Physically Disab	led Waiver (0	345)					
Agency Name	Iowa Department of	owa Department of Human Services, Iowa Bureau of Long-term Care					
Phone	515-725-1150	515-725-1150					
Web site	http://www.ime.stat	e.ia.us/HCBS/h	nelp ownhome.htm	<u>1</u>			
Summary of State	To provide consum	er-directed atte	endant care, emerg	jency response	, home and ve	ehicle	
	modifications, and			persons with p	hysical disabi	lities who	
	meet the nursing fa						
	Individuals aged 18					acility level	
	of care criteria and						
	Home and vehicle r		ersonal emergend	y response sys	tems (PERS)	, specialized	
	medical equipment	·					
Examples of Covered							
	with the health, safe	ety, and welfare	e needs of the con	sumer and to in	crease or ma	ıntaın	
	independence.						
	DEDC: An alastran	ia daviaa that a	nablas a naraan t	a aggura hala in	an amargan	n. /	
ŀ	PERS: An electron	iic device triat e	enables a person u	secure neip ii	i ali elllergeri	Ју .	
	SME: Electronic ai	ds and organiz	ers medicine-disn	ensina devices	communicati	ion devices	
	bath aids, and non-				, communicati	on acvices,	
Process to	Service Service		Assessment by	Medical			
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA .	Bids	
Access Benefit	Case Manager	Required	Professional	Required	Required	Required	
	√ V	N/A	V	√ √	V		
Benefit Limits	Home and vehicle r	modifications:	\$500 per month no	ot to exceed \$6.	000 per vear.		
			, ,	,	, , , , , , , , , , , , , , , , , , , ,		
	PERS: 12 months	of service per s	state fiscal year.				
	SME: \$500 per mo	nth not to exce	ed \$6,000 per yea	ır.			
	Total cost of all wai	ver services ca	nnot exceed \$621	/month.			
Training on Use and	Training: Information	on N/A.					
Repairs							
	Repairs: yes.						

III and Handicap	ped Waiver (N	lon-Elderly	Disability) (4111)				
Agency Name	lowa Department o				are			
Phone	515-725-1146	515-725-1146						
Web site	http://www.ime.stat	http://www.ime.state.ia.us/HCBS/help_ownhome.html						
Summary of State Plan Coverage	To provide consum homemaker service to persons with me skilled nursing facil	o provide consumer-directed attendant care, counseling, home-delivered meals, omemaker services, emergency response, home and vehicle modifications, and respite care o persons with mental retardation/developmental disabilities who meet the nursing facility, killed nursing facility, or Intermediate Care Facility for the Mentally Retarded level of care						
Populations Served		dividuals of all ages with mental retardation/developmental disabilities who meet the irsing facility, skilled nursing facility, or Intermediate Care Facility for the Mentally Retarded						
Terminology for HM and AT	Home and vehicle	modifications, p	ersonal emergen	cy response sys	stems (PERS)			
Examples of Covered HM and AT Services	Home and vehicle kitchen counters, s ovens; bathtubs an showerheads, water handrails; turnarour fire safety alarm equactivated, motion a vehicle lifts, driver smodifications alreation home or vehicle plexiglass replacen raise, or enclose of telecommunication opening; pocket do conditioning and ai opening to accommended.	ink space, cabind toilets to account faucet controlled adaption of the control of	nets, and special and special	adaptations to refer, special handle shower and sires, and door, halice activated, so directly related to start systems, in entry systems; a ocks; specialized tion of existing spile carpeting or; exterior hard sontrols, outlets, heightening of existing of existing sontrols, outlets,	efrigerators, sees and hoses as and hoses as and hoses as areas; grabal, and window bund activated to consumer's including such automatic operated doorknobs as atairs to widen, ar slip resistant urface pathwal and switches; existing garage	toves, and for -bars and widening; I, light disability; ning device and handles; , lower, flooring; ay; new door air e door		
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	√	N/A	√	√	√ V			
Benefit Limits	If the amount of the in the monthly dollar	Home and vehicle modifications: \$500 per month not to exceed \$6,000 per year. If the amount of the modification is allocated monthly, the monthly amount must be included in the monthly dollar cap according to the dollar amount established for the level of care. PERS: 12 months of service per state fiscal year.						
Training on Use and Repairs	Training: no. Repairs: no.	or convice per c	nato noon your.					

Elderly Waiver (4155)						
Agency Name	Iowa Department o	f Human Servic	es, Iowa Bureau	of Long-term Ca	ire		
Phone	515-725-1147	515-725-1147					
Web site	http://www.ime.stat	e.ia.us/HCBS/h	elp ownhome.htr	<u>nl</u>			
Summary of State Plan Coverage	To provide emerge services, and physiolder who meet nur	cal modification	ns to the home an	d/or vehicle for p	persons aged		
Populations Served	care criteria.	dividuals who are 65 and older who meet the nursing home or skilled nursing facility level of are criteria.					
Terminology for HM and AT	Physical modification (PERS).	/sical modifications to the home and/or vehicle, personal emergency response system ERS).					
· · · · · · · · · · · · · · · · · · ·	kitchen counters, sovens; bathtubs an showerheads, water handrails; turnarour fire safety alarm equactivated, motion a vehicle lifts, driver salready installed in vehicle door; speciareplacement for glaenclose open stairs telecommunication opening; pocket do conditioning and ai	ome and vehicle modifications: Physical modifications to the home and/or vehicle including: tchen counters, sink space, cabinets, and special adaptations to refrigerators, stoves, and vens; bathtubs and toilets to accommodate transfer, special handles and hoses for nowerheads, water faucet controls, and accessible shower and sink areas; grab-bars and andrails; turnaround space adaptations; ramps, lifts, and door, hall and window widening; se safety alarm equipment specific for disability; voice activated, sound activated, light ctivated, motion activated and electronic devices directly related to consumer's disability; ehicle lifts, driver specific adaptations, remote start systems, including such modifications ready installed in a vehicle; keyless entry systems; automatic opening device for home or ehicle door; special door and window locks; specialized doorknobs and handles; plexiglass eplacement for glass windows; modification of existing stairs to widen, lower, raise, or inclose open stairs; motion detectors; low pile carpeting or slip resistant flooring; lecommunications device for people who are deaf; exterior hard surface pathway; new door bening; pocket doors; installation or relocation of controls, outlets, and switches; air and onditioning and air filtering if medically necessary; heightening of existing garage door bening to accommodate modified van; bath chairs.					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√ √	N/A	N/A	V	√		
Benefit Limits	Home and vehicle PERS: Information	_	\$1,000 maximum	lifetime benefit.			
Training on Use and	Training: no.						
Repairs	Repairs: no.						

KANSAS

Overview	Kansas offers some					
	four waivers.	istive teemiolog	gy, nome mounica	dons, and verne	ic modification	is unough
Medicaid State F	Plan Coverage	•				
Agency Name	Kansas Departmer	nt of Social and	Rehabilitation Ser	vices		
Phone	785-296-3959					
Web site	http://www.srskans	as.org/				
Summary of State	The Kansas Medic	aid State Plan o	covers patient lifts	and augmentati	ive communic	ation
Plan Coverage	devices through the	e durable medic	al equipment ben	efit.		
Populations Served	Medicaid-eligible in	idividuals.				
Terminology for HM	Augmentative com	munication devi	ices (ACD), durab	le medical equip	oment (DME),	personal
and AT	emergency respon					
Examples of Covered	ACD: Includes nor	n-electronic aug	mentative or alter	native communi	cation device	, speech-
HM and AT Services	generating device,	speech softwar	e program.			
	DME: Patient lifts	(movable from ı	room to room with	disassembly ar	nd reassembly	γ), includes
	all components/acc	cessories.				
	PERS: An electror	nic device that e	enables a person t	o secure help in	n an emergen	cy.
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required
	Case Manager	required	Professional	Required	required	required
		√	√	√	√ √	
Benefit Limits	None.					
Training on Use and	Training: Informati	on N/A.				
Repairs						
	Repairs: no.					

Traumatic Brain	Injury Waiver	(4164)					
Agency Name	Department of Soci	al and Rehabili	tation Services				
Phone	785-296-3959	785-296-3959					
Web site	http://www.srskans	http://www.srskansas.org/					
Summary of State Plan Coverage	personal services, (physical, occupation	o provide personal emergency response systems and installation, assistive services, personal services, transitional living skills, sleep cycle support, and six rehabilitation therapies physical, occupational, speech, behavioral, cognitive, and drug and alcohol therapies) to additiously age 16-64 with traumatically acquired brain injury.					
Populations Served	Individuals age 16-	64 with traumat	ically acquired bra	ain injury.			
Terminology for HM and AT	Personal emergend (HM), environmental						
Examples of Covered HM and AT Services	Assistive services: electronic door ope system). HM: Ramps, lifts, r modifications, bath and bidet adaptatio accessibility/safety	PERS: An electronic device that enables a person to secure help in an emergency. Assistive services: Augmentative communication devices, wheelchair controls, palm pilots, electronic door openers, environmental control systems (control temperature, lights, security					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√ V	N/A	√ V		√	√	
Benefit Limits	PERS: \$25 per month (if rental), and a twice a year installation cost of \$53. Assistive services/HM: There is a lifetime individual cost cap of \$7,500 for HM and assistive services combined. Assistive services/assistive technology funded by other waiver programs is calculated into the lifetime maximum. VM: Information N/A.						
Training on Use and Repairs	Training: yes. Repairs: Information	on N/A.					

Mental Retardat	ion/Developm	entally Dis	abled (MR/DI	D) Waiver (0224)				
Agency Name		Department of Social and Rehabilitation Services, Health Care Policy Division							
Phone	785-296-3959	785-296-3959							
Web site	http://www.srskans	nttp://www.srskansas.org/							
Summary of State Plan Coverage	modifications, med screening, supporti	To provide communication devices, day services, family/individual supports, home modifications, medical alert-rental, night support, residential services, respite care-overnight, screening, supportive home care, van lifts, wellness monitoring, and wheelchair modifications o individuals aged five and over except those with severe emotional disabilities.							
Populations Served	Individuals with me	dividuals with mental retardation or a developmental disability, aged five and over.							
Terminology for HM and AT	modification service	ersonal emergency response systems (PERS), home modifications (HM), housing odification services, communication devices, van lifts, vehicle modifications (VM).							
Examples of Covered HM and AT Services	PERS: An electror	nic device that e	enables a person t	o secure help ir	an emergend	cy.			
	HM: Ramps, lifts (porch or stair, hydraulic, manual, or other electronic lifts), modifications/additions of bathroom facilities (roll-in showers, sink modifications, bathtub modifications, toilet modifications, water faucet controls, floor urinal and bidet adaptations, plumbing modifications, turnaround space adaptations), specialized accessibility/safety adaptations/additions (door-widening, electrical wiring, grab-bars and handrails, automatic door openers/doorbells, voice activated, light activated, motion activated, and electronic devices, fire safety adaptations, necessary air filtering devices, medically necessary heating/cooling adaptations, medically necessary modifications as identified by recipient's physician). Communication devices: Available to Medicaid beneficiaries who are 18 years of age or older and do not meet Medicaid State Plan durable medical equipment criteria; these include non-electronic augmentative or alternative communication device speech-generating device, speech software programs.								
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required			
	√	N/A	V	•	√	√			
Benefit Limits	None.								
Training on Use and Repairs	Training: yes.								
	Repairs: yes.								

Frail Elderly Wa	iver						
Agency Name	Kansas Departmen	t on Aging					
Phone	785-296-4986						
Web site	http://www.agingka	nsas.org/index	htm				
Summary of State	To provide nursing						
Plan Coverage	personal emergend	y response sys	stems, wellness mo	onitoring, medic	cation reminde	er, and	
	attendant care to a	ged individuals.					
Populations Served	Individuals aged 65	and older.					
Terminology for HM	Assistive technolog	y (AT), home n	nodifications (HM),	housing modif	ications, acce	ssibility	
and AT	adaptations, persor			(PERS).			
Examples of Covered	AT: Ramps, door v	videning, some	remodeling.				
HM and AT Services							
	HM: Ramps, lifts (* *		•			
	modifications, bath	tub modificatior	ns, toilet modification	ons, water fauc	et controls, tu	rnaround	
	space adaptations)	, specialized ac	cessibility adaptat	ions (door-wide	ening, grab-ba	irs and	
	handrails).						
	PERS: An electror	nic device that e		secure help ir	an emergen	cy.	
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required	
	Case Manager	<u>'</u>	Professional	Required	rtoquirou	rtoquirou	
	√	N/A	√		√ √	√	
Benefit Limits	AT: Lifetime maxin			assistive techr	nology funded	by other	
	waiver programs in	cluded in this n	naximum.				
	HM: Information N	/A.					
-	PERS: Limited to r		month, and a one-	time installation	cost of \$53.		
Training on Use and	Training: Informati	on N/A.					
Repairs							
	Repairs: no.						

Physically Disak	oled Waiver (3	04)					
Agency Name		Department of Social and Rehabilitation Services, Health Care Policy Division					
Phone	785-296-3959				•		
Web site	http://www.srskans	as.org/					
Summary of State	To provide persona	al care services	, independent livin	g counseling, a	nd assistive s	ervices to	
Plan Coverage	physically disabled	adults.					
Populations Served	Medicaid-eligible co	onsumers aged	16-64 who are ph	ysically disable	d.		
Terminology for HM and AT	Assistive services, modifications.	Assistive services, adaptive equipment, assistive technology (AT), environmental modifications.					
Examples of Covered	Examples of Covered Assistive services/AT: Ramps, lifts, modifications to bathrooms and kitchens specifically						
HM and AT Services	related to accessib	ility, specialized	I safety adaptation	s, assistive tec	hnology that in	mproves	
	mobility or commur	nication.					
	[Note: Environmer	ital modification	s may be purchas	ed only in rente	ed apartments	or homes	
	when the landlord						
	three years and wil						
Process to	Service	MD Order	Assessment by	Medical	DA	Dida	
Access Benefit	Coordination/		Other Health	Necessity	PA	Bids	
	Case Manager	Required	Professional	Required	Required	Required	
	√	N/A	√		√	√	
Benefit Limits	Lifetime maximum	of \$7,500 per ir	ndividual, with ass	istive technolog	y funded by o	ther waiver	
	programs included	in this maximul	m.		-		
Training on Use and	Training: yes.						
Repairs							
	Repairs: Information	on N/A.					

KENTUCKY

Overview	The Kentucky Medicaid State Plan covers assistive devices through the durable medical equipment benefit and a range of assistive technology and home modification services through three waivers.						
Medicaid State I	Plan Coverage)					
Agency Name	Kentucky Departme	ent of Medicaid	Services				
Phone	502-564-7704						
Web site	http://www.chfs.ky.	gov/dms/					
Summary of State	The Kentucky Med	icaid State Plai	n offers limited ass	istive technolog	gy services thr	ough the	
Plan Coverage	durable medical eq	uipment benefi	t.				
Populations Served	Medicaid-eligible in	Medicaid-eligible individuals.					
Terminology for HM and AT	Durable medical ed	Durable medical equipment (DME), speech-generating devices.					
Examples of Covered HM and AT Services	DME: Power-opera	ated vehicles, s	speech-generating	devices and ac	ccessories.		
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
		N/A	√	$\sqrt{}$	V		
Benefit Limits	None.						
Training on Use and Repairs	Training: yes.						
	Repairs: yes.						

Home and Comi (Aged/Disabled)		Waiver for	Elderly and	Disabled In	ndividuals			
Agency Name	Kentucky Departme	ent of Medicaid	Services					
Phone	502-564-7540, 502	2-564-5198						
Web site	http://chfs.ky.gov/d	ms/hcb.htm						
Summary of State Plan Coverage	aged or disabled a	nis waiver provides necessary medical services to Medicaid-eligible individuals who are ged or disabled and who would otherwise require nursing facility level of care to remain ing at home and in the community. Services include: case management, homemaker ervices, personal care services, and adult day health services.						
Populations Served	Individuals who are admitted to a nursi		ed, and who migh	t otherwise, with	nout these ser	vices, be		
Terminology for HM and AT	Minor home adapta	ations.						
Examples of Covered HM and AT Services	Minor home adapta					extenders,		
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
			√		√	√		
Benefit Limits	\$500 per recipient	per calendar ye	ar.					
Training on Use and Repairs	Training: no.							
	Repairs: no.							

Supports for Co	Supports for Community Living Waiver (0314)							
Agency Name	Kentucky Departme	Kentucky Department of Mental Health/Mental Retardation, Division of Mental Retardation						
Phone	502-564-7702, 502	-564-5198, 502	2-564-5560, 502-5	64-7540				
Web site	http://www.mhmr.k	y.gov/mr/sclhm	pg.asp?sub1 sub1	<u>4</u>				
Summary of State	This waiver allows	mentally retard	ed/developmental	ly disabled pers	ons who mee	t the		
Plan Coverage	Intermediate Care							
	home and in the co			e: supported co	ordination, co	mmunity		
	habilitation, behavi		•					
Populations Served		dividuals with mental retardation or developmental disabilities who meet the Intermediate						
	,	are Facility for the Mentally Retarded level of care criteria, and who meet other Medicaid						
	requirements.							
Terminology for HM and AT	Specialized medica	al equipment an	d supplies (SMES	5).				
Examples of Covered	SMES: May be co	vered when una	available through t	he Kentucky sta	ate plan durab	le medical		
HM and AT Services	equipment, vision,	or dental progra	ams. Examples are	e not available.				
Process to	Service	MD Order	Assessment by	Medical	PA	Bids		
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required		
	Case Manager	rtequired	Professional	Required	rtequired	Required		
	√	\checkmark	√	V	√	√		
Benefit Limits	Information N/A.							
Training on Use and	Information N/A.							
Repairs								

Brain Injuries W	aiver (0333)						
Agency Name	Kentucky Departme	ent of Mental H	ealth/Mental Reta	rdation, Divisior	of Substance	e Abuse	
Phone	502-564-3615						
Web site	http://chfs.ky.gov/d	ms/mhmr.htm					
Summary of State Plan Coverage	The Acquired Brain based services to i so that the individu	ndividuals with	a brain injury as a	n alternative to	nursing facility		
Populations Served	the nursing facility	ndividuals with an acquired brain injury between the ages of 21 and 65 years old that meet he nursing facility level of care criteria, that are expected to benefit from waiver services, and are financially eligible for Medicaid services.					
Terminology for HM and AT	Environmental mod	lifications, spec	ialized medical ed	uipment and su	ipplies (SMES	6).	
Examples of Covered HM and AT Services	ensure the health, function with greate remedial benefit. SMES: Including dappliances or ancil plan of care and er or to perceive, continued to the continued to the plan of care and error to perceive, continued to the plan of care and error to perceive, continued to the plan of care and error to perceive, continued to the plan of care and error to perceive, continued to the plan of care and error to perceive.	SMES: Including durable and nondurable medical equipment, devices, controlsand appliances or ancillary supplies, devices, controls, or appliancesthat are specified in the plan of care and enable recipients to increase their abilities to perform activities of daily living for to perceive, control, or communicate with the environment in which they live. This excludes tems that are not of direct medical or remedial benefit to the recipient, and are not essential					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√	√		√	√	│	
Benefit Limits	Environmental mod SMES: Information		00 per recipient pe	er six months.			
Training on Use and Repairs	Training: yes. Repairs: yes.						

LOUISIANA

Overview	Louisiana covers special wheelchairs and adaptive hygiene equipment through its Medicaid State Plan. In addition, the state offers two waivers that cover a range of assistive technology and environmental accessibility modification services.							
Medicaid State F	Plan Coverage	•						
Agency Name	Louisiana Departm	ent of Health a	nd Hospitals, Bure	au of Health Se	rvices Financ	ing		
Phone	225-342-5774							
Web site	http://www.dhh.lou	isiana.gov/offic	es/?ID=92					
Summary of State Plan Coverage	Coverage for select equipment, appliant	• •	• • • • • • • • • • • • • • • • • • • •	is available und	ler the medica	al		
Populations Served	Medicaid-eligible in	Medicaid-eligible individuals.						
Terminology for HM and AT	Medical equipment	Medical equipment, appliances and supplies.						
Examples of Covered HM and AT Services	Adaptive hygiene e	_						
	rails.		I		I	T		
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
	N/A	N/A	N/A	√	N/A	N/A		
Benefit Limits	Information N/A.							
Training on Use and Repairs	Information N/A.							

Elderly and Disa	abled Adult Wa	aiver (0257))				
Agency Name	Louisiana Departm	ent of Health ar	nd Hospitals, Bure	au of Communi	ty Supports a	nd Services	
Phone	877-456-1146						
Web site	http://www.dhh.loui	siana.gov/office	es/page.asp?ID=9	2&Detail=4123			
Summary of State	To provide case ma	anagement, hou	usehold supports	(homemaker), p	ersonal care,		
Plan Coverage	environmental acce	nvironmental accessibility adaptations, personal emergency response systems, day and					
	 	ght supervision, and adult companion services to disabled adults and aged persons.					
Populations Served	Medicaid recipients nursing home level			ed adults 21 or o	older, who me	et the	
Terminology for HM	Environmental mod			enonee evetem	ne (DEDS)		
and AT	Liviolinental mod	mications, pers		Saponae ayalen	13 (1 LIXO).		
Examples of Covered	Environmental mod	lifications: Mod	lifications to the he	ome to enable a	person to fur	nction with	
HM and AT Services	greater independer						
	facilities such as ro	II-showers, sink	modifications, ba	thtub modificati	ons, toilet mo	difications,	
	water faucet contro	ls, floor urinal a	and bidet adaptation	ons, plumbing m	nodifications, a	and	
	turnaround space a	adaptations. Sp	ecialized accessil	bility/safety ada	ptations includ	le door	
	widening, electrical	wiring, grab-ba	ars, handrails, auto	omatic door ope	ners/doorbells	3,	
	voice/light/motion a	ctivated electro	nic devices, fire s	afety adaptatior	ns, air filtering	devices,	
	and heating/cooling	g adaptations.					
	PERS: An electror	nic device that e	enables a person t	o secure help ir	n an emergeno	CV.	
Process to	Service		Assessment by	Medical			
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA	Bids	
	Case Manager	Required	Professional	Required	Required	Required	
	√	$\sqrt{}$	N/A	\checkmark	√		
Benefit Limits	Environmental mod	lifications: \$3,0	000 lifetime cap pe	er recipient.			
	PERS: None.						
Training on Use and	Training: yes.						
Repairs							
	Repairs: yes.						

New Opportunit	ies Waiver I	ndepender	nce Plus Wai	ver (0401-IF	P)		
Agency Name	Louisiana Departm					nd Services	
	'' '	in conjunction with Office for Citizens with Developmental Disabilities)					
Phone	800-660-0488						
Web site	http://www.dhh.lou	siana.gov/offic	es/page.asp?ID=9	2&Detail=4124			
Summary of State Plan Coverage	employment-relate specialized medica residential care (ac development, profe	o provide respite care, habilitation (residential, day, supported employment and mployment-related training), environmental accessibility adaptations, skilled nursing, pecialized medical equipment and supplies, personal emergency response systems, adult esidential care (adult foster care), individualized and family support, community integration evelopment, professional services, professional consultation, one-time transitional xpenses, and transitional professional support services for people with mental					
		stardation/developmental disabilities.					
Populations Served	Medicaid recipients	Medicaid recipients who are three years or older with mental retardation or developmental disabilities, and who meet the Intermediate Care Facility for the Mentally Retarded level of					
Terminology for HM and AT	Environmental accespecialized medica				port systems ((PERS),	
Examples of Covered HM and AT Services	PERS: An electror SMES: Information	nic device that e			n an emergen	су.	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	N/A	N/A	N/A	N/A	N/A	N/A	
Benefit Limits	Information N/A.						
Training on Use and Repairs	Information N/A.						

MAINE

Overview	Maine's Medicaid State Plan and waivers fall under the MaineCare Services. Assistive technology is covered under the state plan, and four waivers cover assistive technologies and home and vehicle modifications.							
Medicaid State F	Plan Coverage)						
Agency Name	Maine Department	of Health and H	Human Services, C	Office of MaineC	Care Services			
Phone	207-624-7539							
Web site	http://www.maine.g	ov/sos/cec/rule	es/10/ch101.htm					
Summary of State	The Maine Medical	d State Plan co	overs assistive tecl	nnology under t	he durable me	edical		
Plan Coverage	equipment benefit.							
Populations Served	Medicaid-eligible b	Medicaid-eligible beneficiaries.						
Terminology for HM and AT	Durable medical ed	Durable medical equipment (DME) (assistive technology).						
Examples of Covered	DME (assistive tec	hnology): Whe	elchairs, low and r	nedium technic	al devices, au	gmentative		
HM and AT Services	communication dev					nd-puff		
	controls for wheelc	hairs if they car	be proven to be	medically neces	sary.			
Process to	Service	MD Order	Assessment by	Medical	PA	Bids		
Access Benefit	Coordination/ Case Manager	Required	Other Health Professional	Necessity Required	Required	Required		
		$\sqrt{}$	√	V	√			
Benefit Limits	Information N/A.							
Training on Use and Repairs	Training: yes.							
	Repairs: yes.							

Physically Disab	oled Waiver (0	127)					
Agency Name	Maine Department	Maine Department of Health and Human Services, Office of MaineCare Services					
Phone	207-624-7539						
Web site	http://www.maine.g	ov/sos/cec/rule	es/10/ch101.htm				
Summary of State Plan Coverage		o provide personal care attendant services, personal emergency response systems, and ase management/consumer direction for individuals aged 18 and older with physical isabilities.					
Populations Served	Individuals aged 18	and older with	physical disabilitie	es.			
Terminology for HM and AT	Personal emergend	Personal emergency response system (PERS).					
Examples of Covered HM and AT Services	PERS: An electror	nic device that o	enables a person t	o secure help ir	n an emergen	cy.	
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
	√ √		√	N/A	√		
Benefit Limits	There is a \$35 per	month leasing	cap per consumer	for PERS.			
Training on Use and Repairs	Training: yes.	_					
	Repairs: no.						

Mental Retardat	ion Waiver (01	59)					
Agency Name	Maine Department	of Health and H	Human Services, (Office of MaineC	Care Services		
Phone	207-624-7539	207-624-7539					
Web site	http://www.maine.g	http://www.maine.gov/sos/cec/rules/10/ch101.htm					
Summary of State	To provide day hab	ilitation, reside	ntial training, pers	onal supports, c	risis intervent	ion,	
Plan Coverage		upported employment, environmental modifications, adaptive aids, communication aids,					
	respite care, consu				mmunication		
	· ·	essment, and non-traditional communication consultation.					
Populations Served		evelopmentally disabled individuals. Information about whether there is an age restriction on					
	waiver eligibility co						
Terminology for HM		nvironmental modification services, adaptive aids/specialized medical equipment and					
and AT	supplies (SMES), o				L L	P . P6.	
Examples of Covered HM and AT Services							
HIVI and AT Services	widening of doorwa	•			•		
	electric and plumbi	ng systems to a	accommodate med	dicai equipment	and supplies.		
	A -1 +1: : -1 - /ONAT	0. 1:4	: f t-/ t-t		1:64 -1	-4	
	Adaptive aids/SME		•			•	
	boards; frames; sta					•	
	reclining wheelchai		•			•	
	controls, and adapt						
	activities of daily liv	•			•	• •	
	and durable and no			at is not otherwis	se covered for		
	reimbursement und	der the MaineCa	are state plan.				
	Camananiaatian aia	la. Direct calco	tion alabaa aa				
	Communication aid communicators; an					covered	
	under other section				ioi oinei wise i	Jovered	
Process to	Service		Assessment by	Medical			
Access Benefit	Coordination/	MD Order	Other Health	Necessity	PA .	Bids	
Aloocoo Bononi	Case Manager	Required	Professional	Required	Required	Required	
	√	√	√	. 1	√	N/A	
Benefit Limits	The total amount a	llowable for the	se services is limit	ted to a maximu	ım expenditur	e of \$10,000	
	every five-year per						
	\$300 per year, per			nd replacement	of previously	installed	
	modifications, or fo		difications.				
Training on Use and	Training: Informati	on N/A.					
Repairs	D						
	Repairs: yes.						

Disabled Adults	Under 60 (027	76)				
Agency Name	Maine Department	of Health and H	Human Services, (Office of MaineC	Care Services	
Phone	207-624-7539					
Web site	http://www.maine.g	ov/sos/cec/rule	s/10/ch101.htm			
Summary of State	To provide case ma					
Plan Coverage	adult day health ca					
	emergency respons					
D 1.11 0 1	therapies (physical			nd language) to	adults with di	sabilities.
Populations Served	Adults with disabilit				<u> </u>	
Terminology for HM and AT	Environmental accessystems (PERS).					
Examples of Covered						
HM and AT Services	member's place of		•	•		
	modifications include			•		•
	adaptations. Kitche				•	•
	adjustments, door v			oice activation, I	ight/motion de	vices, fire
	safety, air safety de	evices, and smo	ooth flooring.			
	PERS: An electror	ic device that e	·	· · · · · · · · · · · · · · · · · · ·	an emergeno	cy.
Process to	Service	MD Order	Assessment by	Medical	PA	Bids
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required
	Case Manager	·	Professional	Required		-/
Benefit Limits			lina hama madifia	-tiana), #2,000	V	
Benefit Limits	Environmental acce	essibility (includ	ling nome modifica	ations): \$3,000	per consumer	, per year.
	DEDC: \$40 man ma					
Training on Healand	PERS: \$48 per mo	min, per consu	illei.			
Training on Use and Repairs	Training: yes.					
Nepalis	Repairs: yes.					
	ricpano. Joo.					

Elderly Waiver (0088)						
Agency Name	Maine Department	Maine Department of Health and Human Services, Office of MaineCare Services					
Phone	207-624-7539						
Web site	http://www.maine.g	ov/sos/cec/rule	es/10/ch101.htm				
Summary of State	For individuals age	d 60 and older.	To provide case r	management, a	dult day healt	h care,	
Plan Coverage	personal care, tran						
		are/home health, respite care, environmental accessibility adaptations, and independent					
	living assessment f		aired individuals.				
Populations Served	Adults age 60 and						
Terminology for HM	Environmental acco		, , ,	des home mod	ifications), pei	rsonal	
and AT	emergency respon						
Examples of Covered			•		-	-	
HM and AT Services	for porch and stairs						
	urinals, and turnard	•	•				
	turnaround space,						
	activation, light/mo	tion devices, fir	e safety, air safety	devices, and s	mooth flooring	g.	
	PERS: An electror	nic device that e	enables a person t	o secure help ir	n an emergen	cy.	
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required	
	Case Manager	- toquilou	Professional	Required		rtoquirou	
	√		√	√	√	√	
Benefit Limits	EAA: \$3,000 per c	onsumer, per y	ear.				
	PERS: \$48 per mo	onth, per consu	mer.				
Training on Use and	Training: yes.						
Repairs							
	Repairs: yes.						

MARYLAND

Overview	Maryland covers selected types of assistive technology through the Medicaid State Plan's disposable medical supplies/durable medical equipment benefit. In addition, Maryland offers four waivers that cover a range of assistive technology, environmental modifications, and personal emergency response systems.						
Medicaid State	Plan Coverage	•					
Agency Name	Maryland Departm	ent of Health ar	nd Mental Hygiene	(DHMH)			
Phone	410-767-1739						
Web site	http://www.dhmh.s	tate.md.us/mma	<u>a</u>				
Summary of State Plan Coverage		Certain categories of assistive technology are covered under the disposable medical supplies/durable medical equipment benefit. Home modifications are not covered.					
Populations Served	Medicaid-eligible in	Medicaid-eligible individuals.					
Terminology for HM and AT	Disposable medica	Il supplies/dura	ble medical equipr	nent (DMS/DM	E).		
Examples of Covered HM and AT Services	Non-electronic comprosthetic devices, for use in the recip	patient lifts, ga					
Process to Access Benefit	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required	
		√	N/A	√	\ \ \		
Benefit Limits	None.						
Training on Use and Repairs							
	Repairs: yes.						

Waiver for Olde	r Adults (265)							
Agency Name	Maryland Departme	Maryland Department of Health and Mental Hygiene (DHMH) and Maryland Department of						
	Aging	Aging						
Phone	1-800-AGE-DIAL, o	or any local Are	a Agency on Agin	g (AAA)				
Web site	http://www.dhmh.st	tate.md.us/mma	a/waiverprograms/	pdf/olderadultfa	ıq.pdf			
Summary of State	For aged/disabled	For aged/disabled persons 50 years and older. To provide personal care, respite care, adult						
Plan Coverage	day health care, se							
	adaptations, assist							
	training, assisted living, behavior consultation, home-delivered meals, and dietitian/nutr							
Denviotione Conved	services.		t la act EO vicera al	d and magatibes	mim ar fa ailite	. lavial af		
Populations Served	Low-income individual care criteria.	iuais wno are a	t least 50 years of	a and meet the	nursing facility	y level of		
Terminology for HM	Assistive devices,	anvironmental c	ecocomonte onvi	ronmontal acco	scibility adapt	ations		
and AT	(EAA), personal en				ssibility adapt	alions		
Examples of Covered					hed rail exte	nders to		
HM and AT Services	assist with reaching			ii, silowei seat,	bea rail, exte	110013 10		
	acciot with roadining	g or arocoming an	ia goriatiro oriani.					
	Environmental asse	essments: On-	site environmenta	l assessments o	of the participa	ant's home		
	or residence, include				or the participe			
		9 a						
	EAA: Physical ada	ptations to the	home, including a	licensed assist	ed living facili	v. Mav		
	include installation							
	facilities, and instal							
	medical equipment		·	0 ,				
	PERS: An electror	nic device that e	enables a person t	o secure help ir	n an emergen	cy.		
Process to	Service	MD Order	Assessment by	Medical	PA	Bids		
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required		
	Case Manager	•	Professional	Required	•	· .		
	√	N/A	N/A	N/A	√ √	√ √		
Benefit Limits	Assistive devices:	\$1,000 per par	ticipant, per year.					
	Environmental aca		0					
	Environmental asse	essments. Job	o per assessment	•				
	EAA: For modifica	tiona thora is a	\$10,000 per perti	ainant lifatima li	mit			
	EAA. FOI IIIOUIIICA	uons, mere is a	φισ,σου per parti	странт шешне п	IIIIL.			
	PERS: \$1,000 for	nurchase and i	netallation: \$45/m/	onth for mainter	ance			
Training on Use and	Assistive devices:			onti ioi maintei	iarice.			
Repairs	Assistive devices.	Trailing. No. K	epairs. 110.					
repairs	Environmental asse	accmente: Info	rmation N/A					
	LITVII OI II I CI I (a) a SSI	coomento. IIIIO	mauon N/A.					
	EAA: Training: info	ormation N/Δ P	enairs: ves					
	<u>L.7 V.1</u> . Training. IIII	Amadon N/A. IN	opans. yes.					
	PERS: Training: ye	es Renairs ve	2					
	<u>. L. C.</u> . Halling. y	co. repairs. yes	<i>.</i> .					

community C	hoices (0353))				
tment of Health ar	nd Mental Hygiene	(DHMH)				
h.state.md.us/mm	a/commchoic/inde	x.html				
ing for attendant c ency response sys nsumer training an	stems, family traini	ing, environmer	ntal accessibili	ty		
physical disabilitie eria.						
ology (AT), environ oonse systems (PE		ty adaptations ((EAA), person	al		
AT: Aids for daily living and self-help aids used in activities such as eating, bathing, cooking, dressing, toileting, and home maintenance; augmentative communication and communication-enhancement devices; environmental control units for participants' homes to allow spontaneous or programmed control of household appliances and other home devices; equipment needed to adapt the participant's or family's automotive vehicle for personal transportation; personal computers, software, and computer accessories that enable participants to function more independently. EAA: Visual fire alarms; lifts; ramps; grab-bars or handrails; stair glides; widening of doorways; modification of bathroom or kitchen facilities to make them physically accessible; lock, buzzer, or other device on a doorway to prevent or stop wandering; home modifications to help a participant identify the physical environment; and specialized electrical and plumbing systems to accommodate medical equipment and supplies.						
tronic device that e MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required		
N/A	N/A	N/A	V	V		
N/A N/A N/A N/A √ √ N/A AT and EAA: \$6,024 every 12 months. Only two residences may be modified for a participant every three consecutive years. PERS: \$1,095 per unit of service. However, up to \$1,314 is allowed for a system with a motion detector.						
es. Repairs: yes. no. Repairs: no.	s					
j :	yes. Repairs: ye	yes. Repairs: yes.	yes. Repairs: yes.	yes. Repairs: yes.		

Waiver for Indiv	iduals with Me	ental Retard	dation/Devel	opmental D	isabilities	5		
Community Path	nways (0023)							
Agency Name	Maryland Departme Administration (DD		nd Mental Hygiene	, Developmenta	al Disabilities			
Phone	410-767-5600 or co	ontact one of th	e DDA Regional C	Offices				
Web site	http://ddamaryland	.org/waiver.htm						
Summary of State Plan Coverage	For individuals with developmental disabilities. To provide case management (resource coordination), respite, habilitation (residential, day, prevocational, supported employment), accessibility adaptations, transportation, personal support, family and individual support services, assistive technology and adaptive equipment, behavioral support and transition services.							
Populations Served	Individuals with developmental disabilities of any age who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.							
Terminology for HM and AT	Assistive technolog	Assistive technology and adaptive equipment, accessibility adaptations.						
Examples of Covered	Assistive technolog	y and adaptive	equipment: Com	munication dev	ices, equipme	nt needed to		
HM and AT Services	adapt the participal	nt's or family's v	ehicle, any piece	of technology of	r equipment t	hat enables		
	an individual to live	more independ	dently.					
	Accessibility adaptations: Widening of doorways, installation of grab-bars, construction of access ramps and railings, installation of chair glides along stairways, installation of detectable warning on walking surfaces, installation of visible fire alarms for individuals who have a hearing impairment.							
Process to Access Benefit	Service Coordination/ Case Manager	Service MD Order Coordination/ Required Other Health Necessity Required Required						
		N/A	√	N/A	√	√		
Benefit Limits	None.							
Training on Use and	Training: yes.							
Repairs	Repairs: yes.							

Waiver for Indiv	iduals with Me	ental Retard	dation/Devel	opmental D	isabilities	New		
Directions (0424								
Agency Name	Maryland Departme		d Mental Hygiene	, Developmenta	al Disabilities			
Phone	410-767-5569 or co	ontact one of the	e DDA Regional C	Offices				
Web site	http://ddamaryland	.org/waiver.htm						
Summary of State Plan Coverage	To provide support support, transporta assistive technolog	tion, accessibili	ty adaptations, far					
Populations Served	Individuals with developmental disabilities who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria, who already receive funding from the Developmental Disabilities Administration, and who wish to self-direct their services. This is an Independence-Plus Demonstration program; enrollment is capped at 100 for the first year with an additional 100 in each of the next two years for a total of 300.							
Terminology for HM and AT	Assistive technology and adaptive equipment, accessibility adaptations (also called environmental modifications).							
HM and AT Services	Assistive technology and adaptive equipment: Communication devices, equipment needed to adapt the participant's or family's vehicle, any piece of technology or equipment that enables an individual greater ability to live independently. These services shall be reimbursed only if approved in the plan of care and not otherwise available under the Medicaid State Plan or through other resources. Accessibility adaptations: Widening of doorways, installation of grab-bars, construction of access ramps and railings, installation of chair glides along stairways, installation of detectable warning on walking surfaces, installation of visible fire alarms for individuals who have a hearing impairment.							
Process to Access Benefit	Service Coordination/ Case Manager	Service MD Order Coordination/ Required Other Health Necessity Required Required						
	√ 	N/A	V	N/A	√ √	√		
Benefit Limits	None.							
Training on Use and Repairs	Training: yes. Repairs: yes.							

MASSACHUSETTS

Overview	Massachusetts covers augmentative communication devices, specialized medical equipment and supplies, special adaptive mobility systems, and personal emergency response systems through MassHealth, the Medicaid State Plan. In addition, Massachusetts operates three waivers that cover environmental modifications, assistive devices, and specialized equipment.						
Medicaid State F							
Agency Name	MassHealth						
Phone	800-531-2229						
Web site	http://www.mass.go	ov/?pageID=eol	nhs2agencylandin	a&L=4&L0=Hor	ne&L1=Gove	rnment&L2=	
	Departments+and+	Divisions&L3=I	MassHealth&sid=E	eohhs2			
Summary of State	MassHealth provide	es an array of h	ome and commur	nity-based servi	ces to match t	he needs of	
Plan Coverage	individual consume						
	devices, durable m				are attendant	services,	
-	hospice care, and e						
Populations Served	Individuals who are	eligible for Ma	ssHealth and for v	vhom the servic	es are medica	ally	
	necessary.						
	Mobility systems, s						
and AT	(ACD), personal en	nergency respo	nse systems (PEF	RS), specialized	equipment, a	ssistive	
Examples of Covered	technology (AT).						
HM and AT Services	Includes made-to-order equipment to meet specific needs of patients. Special adaptive mobility systems: Customized mobility and seating equipment that is designed to meet the needs of a specific individual. This benefit is also available to nursing home residents, although the nursing home must pay the first \$500.						
	ACD: Communicate produce speech or		ooks, speech amp	olifiers, and elec	tronic devices	s that	
	PERS: An electror	ic device that e	enables a person t	o secure help ir	an emergend	cy.	
	Specialized equipm	nent: Pressure-	reducina support	svstems and ed	uipment to me	eet bath and	
	shower needs, suc				•		
	AT: Devices and s environment.	ervices that hel			trol over his o	r her	
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required	
	Case Manager		Professional	Required	·	rtoquirou	
		V	√	√	N/A		
Benefit Limits	Information N/A.						
Training on Use and Repairs	Training: yes.						
	Repairs: yes.						

Home and Comr	nunity Based	Services for	or Elders (Ag	ed and Dis	abled 60	and	
Older Waiver) (0	<u> -</u>		` `				
Agency Name	Executive Office of	Elder Affairs					
Phone	800-243-4636, 617	-727-7750					
Web site	http://www.mass.go	ov/?pageID=eld	lershomepage&L=	1&L0=Home&s	id=Eelders		
Summary of State	To provide homema	aker services, l	nome-delivered me	eals, respite car	e, personal ca	are, assistive	
Plan Coverage	devices, environme communication dev				ugmentative		
Populations Served	Individuals aged 60 years of age and older who meet nursing or residential facility level of care criteria.						
Terminology for HM	Specialized equipment/assistive devices, environmental modifications, augmentative						
and AT	communication dev	rices (ACD).					
Examples of Covered	Environmental mod	<u>lifications</u> : Wid	ening of doorways	, leveling of thre	esholds, bathı	room	
HM and AT Services	modifications, other	r minor internal	structural modifica	ations, and spec	cialized electri	ical	
	equipment.						
	Specialized equipm	nent/assistive d	evices: Wheelcha	ir ramp/porch li	ft, grab-bars,	raised	
	toilet/seat, custom	electrical equip	ment.				
	ACD: Specialized state plan.	augmentative o	communication dev	rices other than	those provide	ed for in the	
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/ Case Manager	Required	Other Health Professional	Necessity Required	Required	Required	
	√	N/A	N/A		√	√	
Benefit Limits	Capped at the aver	age per-persor	n expenditure in the	e previous year			
Training on Use and	Information N/A.						
Repairs							
Kepairs							

Mental Retardat	ion/Developm	ental Disab	oility Waiver	(0064)				
Agency Name	Division of Mental I			(0001)				
Phone	617-427-5608							
Web site	http://mass.gov/?pa Departments+and+							
Summary of State Plan Coverage	environmental mod developmentally di	To provide residential services, employment supports, transportation, adult day services, environmental modifications, assistive devices/specialized equipment to mentally retarded/developmentally disabled persons who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.						
Populations Served		Mentally retarded/developmentally disabled persons who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.						
Terminology for HM and AT	Environmental modifications, specialized equipment/assistive devices.							
Examples of Covered HM and AT Services	Environmental modifications: Widening of doorways, leveling of thresholds, bathroom modifications, other minor internal structural modifications, and specialized electrical equipment. Specialized equipment/assistive devices: Wheelchair ramp/porch lift, grab-bars, raised toilet/seat, custom electrical equipment.							
Process to Access Benefit	Service Coordination/ Case Manager N/A N/A Service Required Nother Health Professional Nedical Necessity Required Required Nequired N/A N/A N/A N/A N/A							
Benefit Limits	Capped at the aver			e previous vear	· '	· · · · · · · · · · · · · · · · · · ·		
Training on Use and Repairs	Information N/A.	<u>ago po: po:oor</u>	. oxponantion in th	o providuo your				

Traumatic Brain	Injury						
Agency Name		Massachusetts Rehabilitation Commission					
Phone	617-204-3852						
Web site	http://www.mass.go	ov/?pageID=eo	hhs2agencylandin	g&L=4&L0=Hoi	me&L1=Gove	rnment&L2=	
	Departments+and+	Divisions&L3=	Massachusetts+Re	ehabilitation+Co	ommission&si	d=Eeohhs2	
Summary of State	To provide resident	tial habilitation,	respite care, supp	ortive employm	nent, environm	nental	
Plan Coverage	adaptations, specia						
	devices to individua	als with brain in	jury who meet the	specialized nur	rsing facility le	vel of care	
	criteria.						
Populations Served	·	Individuals aged 22 and older with externally caused traumatic brain injuries.					
Terminology for HM	Environmental mod		cialized equipment	/assistive devic	es, augmenta	tive	
and AT	communication dev						
Examples of Covered			-	-			
HM and AT Services	modifications, othe	r minor internal	structural modifica	ations, and spe	cialized electri	ical	
	equipment.						
	Specialized equipm	<u>nent/assistive d</u>	<u>evices</u> : Wheelcha	ir ramp/porch li	ft, grab-bars,	raised	
	toilet/seat, custom	electrical equip	ment.				
	ACD: Specialized	augmentative o	communication dev	ices other than	those provide	ed for in the	
	state plan.						
Process to	Service	MD Order	Assessment by	Medical	PA	Bids	
Access Benefit	Coordination/	Required	Other Health	Necessity	Required	Required	
	Case Manager	<u>'</u>	Professional	Required	,		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N/A	N/A		ν	\ \ \	
Benefit Limits	Capped at the aver	age per-persor	n expenditure in the	e previous year			
Training on Use and Repairs	Information N/A.						

THE REMAINDER OF STATE PROFILES ARE AVAILABLE IN SEPARATE FILES AT:

Alabama through Massachusetts

http://aspe.hhs.gov/daltcp/reports/2006/HM-ATII.pdf

Michigan through Texas

http://aspe.hhs.gov/daltcp/reports/2006/HM-ATII2.pdf

Utah through Wyoming

http://aspe.hhs.gov/daltcp/reports/2006/HM-ATII3.pdf

The entire Volume II is also available as two HTML files at:

Alabama through Missouri

http://aspe.hhs.gov/daltcp/reports/2006/HM-ATII.htm

Montana through Wyoming

http://aspe.hhs.gov/daltcp/reports/2006/HM-ATII2.htm