



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.

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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](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](mailto:Gavin.Kennedy@hhs.gov) and [Hakan.Aykan@hhs.gov](mailto: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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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

<b>Overview</b>	A brief description of AT and HM services offered by the Medicaid State Plan and the state's relevant HCBS waivers. <sup>1</sup> (This section appears only on the first page of the profile.)					
<b>Program Name</b>						
<b>Agency Name</b>	Agency that administers the program.					
<b>Phone</b>	Phone number for general information.					
<b>Web site</b>	Web site for general information.					
<b>Summary of State Plan Coverage</b>	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 summarizes the waiver's services.					
<b>Populations Served</b>	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.					
<b>Terminology for HM and AT</b>	Terminology that is used in the state's Medicaid regulations and/or provider manuals to refer to covered types of AT and HM.					
<b>Examples of Covered HM and AT Services</b>	Examples of items that are covered, within the different types of AT and HM.					
<b>Process to Access Benefit</b>	<i>Service Coordination/Case Manager</i>	<i>MD Order Required</i>	<i>Assessment by Other Health Professional</i>	<i>Medical Necessity Required</i>	<i>PA Required</i>	<i>Bids Required</i>
	√	√	√	√	√	√
	<p>In these fields, the symbol √ is used to indicate that the program requires this process in order for the recipient to receive the service; a blank indicates that the process or procedure is not 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:</p> <p><b>Service Coordination/Case Manager.</b> A person, such as a case manager, assesses a client's overall health care needs, may design a service plan, and coordinates services.</p> <p><b>MD Order Required.</b> 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.</p> <p><b>Assessment by other health professional.</b> A specialized therapist (such as a physical, occupational or speech-language) must perform an assessment before an item can be covered.</p> <p><b>Medical Necessity Required.</b> The state's Medicaid regulations state that the AT/HM service must be medically necessary in order to be covered.</p> <p><b>PA (Prior Authorization) Required.</b> An AT/HM service must receive prior authorization from the program in order to be covered.</p> <p><b>Bids Required.</b> A case manager, service coordinator or consumer must obtain one or more bids from an equipment supplier/vendor for an AT/HM service.</p>					
<b>Benefit Limits</b>	Cost caps or service limits that the program imposes.					
<b>Training on Use and Repairs</b>	The availability of training on the use of AT/HM*. Coverage for repair of AT/HM*.					
<p><b>NOTE:</b> * 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.</p> <p><b>SOURCE:</b> Abt Associates review of Medicaid State Plan and HCBS waiver coverage policies, June 2005-February 2006.</p>						

<sup>1</sup> 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

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Alabama Medicaid Agency					
<b>Phone</b>	334-293-5504					
<b>Web site</b>	<a href="http://www.medicaid.alabama.gov/ADMIN_Code/5-A-13-AdmCode.Ch13.Supplies.Appliances.and.Durable.Equipment.pdf">http://www.medicaid.alabama.gov/ADMIN_Code/5-A-13-AdmCode.Ch13.Supplies.Appliances.and.Durable.Equipment.pdf</a>					
<b>Summary of State Plan Coverage</b>	The Alabama Medicaid State Plan covers augmentative communication devices under the durable medical equipment benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Augmentative communication devices (ACD).					
<b>Examples of Covered HM and AT Services</b>	ACD: Portable electronic or non-electronic aids, devices, or systems determined to be necessary to assist a Medicaid-eligible recipient to overcome or ameliorate severe expressive speech-language impairments/limitations that are due to medical conditions in which speech is not expected to be restored. These devices enable the recipient to communicate effectively.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	√	√	√	
<b>Benefit Limits</b>	There are some individual cost caps.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

## Home and Community-Based Waiver for Persons with Mental Retardation (0001)

<b>Agency Name</b>	Alabama Medicaid Agency, in conjunction with the Alabama Department of Mental Health and Mental Retardation					
<b>Phone</b>	334-293-5504					
<b>Web site</b>	<a href="http://www.medicaid.alabama.gov/programs/long_term_care/ltc_waiver_services.aspx?tab=4&amp;sm=b_a">http://www.medicaid.alabama.gov/programs/long_term_care/ltc_waiver_services.aspx?tab=4&amp;sm=b_a</a>					
<b>Summary of State Plan Coverage</b>	For individuals with mental retardation. To provide personal care, respite care, behavior 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, and occupational therapy.					
<b>Populations Served</b>	Mentally retarded individuals or persons with related conditions who, without these services, would require services in an Intermediate Care Facility for the Mentally Retardation.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES), assistive technology (AT).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems.</p> <p><u>SMES</u>: 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. 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.</p> <p><u>AT</u>: 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 of an assistive technology device. Such services may include needs evaluation and acquisition, selection, design, fitting, customizing, adaptation, application, etc.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	
<b>Benefit Limits</b>	<p><u>EAA</u>: Information N/A.</p> <p><u>SMES</u>: \$5,000 per year, per individual.</p> <p><u>AT</u>: \$20,000 per client.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: no.</p>					



## Home and Community-Based Living at Home Waiver for the Mentally Retarded (0391)

<b>Agency Name</b>	Alabama Medicaid Agency, in conjunction with the Alabama Department of Mental Health and Mental Retardation					
<b>Phone</b>	334-293-5504					
<b>Web site</b>	<a href="http://www.medicaid.alabama.gov/programs/long_term_care/waiver_living_at_home.aspx?tab=4&amp;sub=1">http://www.medicaid.alabama.gov/programs/long_term_care/waiver_living_at_home.aspx?tab=4&amp;sub=1</a>					
<b>Summary of State Plan Coverage</b>	To provide personal care, respite care, habilitation (residential, day, prevocational services, supported employment), environmental accessibility adaptations, skilled nursing, specialized medical equipment and supplies, physical therapy, occupational therapy, speech and language therapy, behavior therapy, community specialist, and crisis intervention.					
<b>Populations Served</b>	Mentally retarded individuals aged three and over.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems.</p> <p><u>SMES</u>: 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.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	N/A	
<b>Benefit Limits</b>	<p><u>EAA</u>: \$5,000 per year, per individual.</p> <p><u>SMES</u>: \$5,000 per year, per individual.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: no.</p>					

## Home and Community-Based Services for Individuals Under the Technology Assisted Waiver for Adults (0407)

<b>Agency Name</b>	Alabama Medicaid Agency					
<b>Phone</b>	334-293-5504					
<b>Web site</b>	<a href="http://www.medicaid.alabama.gov/programs/long_term_care/waiver_technology_assisted.aspx?tab=4&amp;sub=1">http://www.medicaid.alabama.gov/programs/long_term_care/waiver_technology_assisted.aspx?tab=4&amp;sub=1</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Physically disabled individuals age 21 and above.					
<b>Terminology for HM and AT</b>	Medical supplies and appliances, assistive technology (AT).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Medical supplies and appliances:</u> Devices, controls, or appliances specified in the Plan of Care, not presently covered under the Medicaid State Plan, 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.</p> <p><u>AT:</u> Includes wheel chairs and communication devices.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	√
<b>Benefit Limits</b>	<p><u>Medical supplies and appliances:</u> \$1,800 per client, per waiver year.</p> <p><u>AT:</u> \$20,000 per client.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: no.</p>					

## State of Alabama Independent Living (SAIL) Waiver (0241)

<b>Agency Name</b>	Alabama Medicaid Agency, in conjunction with the Alabama Department of Rehabilitation Services					
<b>Phone</b>	334-293-5504					
<b>Web site</b>	<a href="http://www.medicaid.alabama.gov/programs/long_term_care/waiver_independent_living.aspx?tab=4&amp;sub=1">http://www.medicaid.alabama.gov/programs/long_term_care/waiver_independent_living.aspx?tab=4&amp;sub=1</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, personal care, medical supplies, personal emergency response, assistive technology (installation, repair, and evaluation), personal assistance, and environmental adaptations to individuals aged 18 and above with severe and chronic physical disabilities.					
<b>Populations Served</b>	Individuals aged 18 and above with severe and chronic physical disabilities.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations/environmental adaptations (EAA), personal emergency response systems (PERS), medical supplies, assistive technology (AT).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>Medical supplies</u>: Supplies and medications that are not covered in the Medicaid State Plan (e.g., egg crate mattress, lift sling, over-the-bed table, shower chair).</p> <p><u>AT</u>: 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).</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	
<b>Benefit Limits</b>	<p><u>EAA</u>: \$5,000 per recipient.</p> <p><u>PERS</u>: None.</p> <p><u>Medical supplies</u>: \$2,300 annually per waiver recipient, including \$500.00 for minor assistive technology.</p> <p><u>AT</u>: \$2,000 per recipient annually and \$15,000 per waiver recipient over the lifetime of the waiver.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

# ALASKA

<b>Overview</b>	Alaska covers a broad range of environmental accessibility adaptations and specialized medical equipment and supplies through three home and community-based waivers. Information was not available on Medicaid State Plan coverage of assistive technology or home modification services.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Department of Health Services, Division of Health Care Services					
<b>Phone</b>	907-465-3347					
<b>Web site</b>	<a href="http://www.hss.state.ak.us/commissioner/medicaidstateplan/default.htm">http://www.hss.state.ak.us/commissioner/medicaidstateplan/default.htm</a> - TOC					
<b>Summary of State Plan Coverage</b>	Information N/A.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Information N/A.					
<b>Examples of Covered HM and AT Services</b>	Information N/A.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Information N/A.					

## Older Alaskans (0261)

<b>Agency Name</b>	Division of Senior and Disability Services					
<b>Phone</b>	907-465-3372					
<b>Web site</b>	<a href="http://www.hss.state.ak.us/dsds/docs/HCBOA_waiver.pdf">http://www.hss.state.ak.us/dsds/docs/HCBOA_waiver.pdf</a>					
<b>Summary of State Plan Coverage</b>	For individuals 65 and older. To provide case management, respite care, adult day health care, environmental accessibility adaptations, transportation, specialized medical equipment and supplies, chore services, meal services, residential supported living arrangements, and specialized private duty nursing.					
<b>Populations Served</b>	Those over 65 who qualify for nursing home level of care.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), environmental modifications, home modifications (HM), specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA/HM</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom 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.</p> <p><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.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	<p><u>EAA/HM</u>: \$10,000 every three years.</p> <p><u>SMES</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

<b>People with Mental Retardation and Developmental Disabilities (0260)</b>						
<b>Agency Name</b>	Division of Senior and Disabilities Services					
<b>Phone</b>	907-465-3372					
<b>Web site</b>	<a href="http://www.hss.state.ak.us/dsds/docs/HCBMRDD_waiver.pdf">http://www.hss.state.ak.us/dsds/docs/HCBMRDD_waiver.pdf</a>					
<b>Summary of State Plan Coverage</b>	For persons with mental retardation or developmental disabilities. Provides case management, respite care, residential and day habilitation, supported employment, educational services, and environmental access. Also provides adaptations, transportation, specialized medical equipment and supplies, chore and other services, meal services, intensive active treatment/therapies, and specialized private duty nursing.					
<b>Populations Served</b>	Persons diagnosed with developmental disability or as mentally retarded.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), environmental modifications, specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies that are necessary for the welfare of the individual.</p> <p><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.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	<p><u>EAA</u>: \$10,000 every three years.</p> <p><u>SMES</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

<b>Adults with Physical Disabilities (0262)</b>						
<b>Agency Name</b>	Division of Senior and Disabilities Services					
<b>Phone</b>	907-465-3372					
<b>Web site</b>	<a href="http://www.hss.state.ak.us/dsds/docs/HCBAPD_waiver.pdf">http://www.hss.state.ak.us/dsds/docs/HCBAPD_waiver.pdf</a>					
<b>Summary of State Plan Coverage</b>	For individuals aged 21-64. To provide case management, respite care, adult day health care, environmental accessibility adaptations, transportation, specialized medical equipment and supplies, chore services, meal services, residential supported living arrangements, and specialized private duty nursing.					
<b>Populations Served</b>	Physically disabled individuals aged 21-64 who meet the nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies that are necessary for the welfare of the individual.</p> <p><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.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	<p><u>EAA</u>: \$10,000 every three years.</p> <p><u>SMES</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

# ARIZONA

<b>Overview</b>	Arizona covers a range of services through the Arizona Health Care Cost Containment System and Arizona Long Term Care System, including home modifications, assistive technology, personal emergency response systems, and specialized medical equipment.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Arizona Department of Health Services					
<b>Phone</b>	602-417-4000					
<b>Web site</b>	<a href="http://www.ahcccs.state.az.us/">http://www.ahcccs.state.az.us/</a>					
<b>Summary of State Plan Coverage</b>	The Arizona Health Care Cost Containment System managed care program delivers Medicaid State Plan services (e.g., durable medical equipment, home health care) through prepaid, capitated health plans under a 1115 waiver. The Arizona Long Term Care System is a statewide managed care system that delivers both acute and long-term care services (e.g., home and community-based services) through prepaid, capitated program contractors.					
<b>Populations Served</b>	The Arizona Long Term Care System program is for aged (65 and over), blind, or disabled individuals who need ongoing services at a nursing facility level of care.					
<b>Terminology for HM and AT</b>	Personal emergency response system (PERS), physical modifications to the home (HM), augmentative communication evaluations and/or devices (ACD), specialized medical equipment.					
<b>Examples of Covered HM and AT Services</b>	<p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>HM</u>: Installation of one ramp, including handrails, and necessary threshold modification, to facilitate barrier-free access to their homes for members; widening of doorways to allow a member in a wheelchair one access route to his or her home, and one bedroom, and/or one bathroom; and modification of bathroom facilities to allow members access and/or increased independence in bathing and toileting functions. For example, roll-in showers, wall-hung or other wheelchair-accessible sinks, re-positioning of existing fixtures for adequate movement within the bathroom, and specialized toilets to allow for easier transfers.</p> <p><u>ACD</u>: Upgrades/change of devices and accessories are allowed when documentation supports the medical need for the change. Accessories such as software, wheelchair mounts, and switches are provided when necessary to allow communication across all environments.</p> <p><u>Specialized medical equipment</u>: Information N/A.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√		√	√
<b>Benefit Limits</b>	<p><u>PERS</u>: Information N/A.</p> <p><u>HM</u>: One HM project.</p> <p><u>ACD</u>: Information N/A.</p> <p><u>Specialized medical equipment</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					



# ARKANSAS

<b>Overview</b>	Arkansas covers a broad range of assistive technologies and home modifications through the Medicaid State Plan and two waivers.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Arkansas Division of Medical Services, Department of Human Services					
<b>Phone</b>	501-682-2441					
<b>Web site</b>	<a href="http://www.medicaid.state.ar.us/">http://www.medicaid.state.ar.us/</a>					
<b>Summary of State Plan Coverage</b>	The Arkansas Medicaid State Plan covers durable medical equipment and assistive technologies under the Prosthetics Services benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Specialized rehabilitative equipment, durable medical equipment (DME), mobility-enhancing equipment, augmentative communicative devices (ACD).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Specialized rehabilitative equipment:</u> Grab-bars and handrails.</p> <p><u>DME/Mobility-enhancing equipment:</u> Includes wheelchairs, wheelchair batteries, tires, cushions and supplies, automobile hand controls.</p> <p><u>ACD:</u> Telecommunication and speech devices.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	
<b>Benefit Limits</b>	<p><u>ACD:</u> \$7,500 lifetime cap.</p> <p><u>Other:</u> There are caps on individual items per year.</p>					
<b>Training on Use and Repairs</b>	<p>Training: Information N/A.</p> <p>Repairs: yes.</p>					

<b>Alternatives for Adults with Physical Disabilities (0312)</b>						
<b>Agency Name</b>	Division of Aging and Adult Services					
<b>Phone</b>	501-682-2441					
<b>Web site</b>	<a href="http://www.medicaid.state.ar.us">http://www.medicaid.state.ar.us</a>					
<b>Summary of State Plan Coverage</b>	To provide environmental accessibility adaptations/adaptive equipment and attendant care to physically disabled persons aged 21-64.					
<b>Populations Served</b>	Adults with chronic or severe physical disabilities aged 21-64.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations/adaptive equipment (EAA).					
<b>Examples of Covered HM and AT Services</b>	EAA: Installation and/or regular repair of ramps and grab-bars, widening of doorways, modification of bathroom facilities, and installation of specialized electric and plumbing systems or vehicle modifications that are necessary for the welfare of the individual.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	\$7,500 per person, per the life-of-the-waiver.					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: no.</p>					

<b>Alternative Community Service (0188)</b>						
<b>Agency Name</b>	Division of Developmental Disabilities					
<b>Phone</b>	501-682-8689					
<b>Web site</b>	<a href="http://www.medicaid.state.ar.us/">http://www.medicaid.state.ar.us/</a>					
<b>Summary of State Plan Coverage</b>	For individuals with mental retardation and developmental disabilities. To provide case management, respite care, supported living services, supported employment, environmental accessibility adaptations, transportation, specialized medical needs, companion and activities therapy, crisis intervention, supplemental support services, and waiver coordination services. Intermediate Care Facility for the Mentally Retarded residents are given priority to enter this waiver.					
<b>Populations Served</b>	Persons of any age with a developmental disability.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), including adaptive equipment, environmental modifications and specialized medical supplies, and augmentative communication devices (ACD).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, and modification of bathroom facilities or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies.</p> <p><u>ACD</u>: Computers, communication boards, and specialized medical equipment, such as devices, controls, or appliances, that will enable the person to perceive, control, or communicate with the environment in which he or she lives.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	√
<b>Benefit Limits</b>	<p><u>EAA</u>: The annual maximum for adaptive equipment is \$7,500 per person. If the person is also receiving environmental modification services, the combined annual expenditure cannot exceed \$7,500.</p> <p><u>ACD</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: yes.					

# CALIFORNIA

<b>Overview</b>	California covers assistive technology and home modifications through the Medicaid State Plan and seven waivers.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Medical Care Services, Department of Human Services					
<b>Phone</b>	916-636-1980					
<b>Web site</b>	<a href="http://www.dhs.ca.gov/mcs/">http://www.dhs.ca.gov/mcs/</a>					
<b>Summary of State Plan Coverage</b>	The California Medicaid State Plan, Medi-Cal, covers assistive technology and specialized equipment through the durable medical equipment benefit.					
<b>Populations Served</b>	Medi-Cal eligible individuals.					
<b>Terminology for HM and AT</b>	Specialized equipment, augmentative or alternative communication and speech-generating devices.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Specialized equipment</u>: Commode chair, bathtub wall rail, transfer bench, side rails, power-operated vehicles.</p> <p><u>Augmentative or alternative communication</u>: Communication board, speech-generating device.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	N/A	√	√	√	√	N/A
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: N/A. Repairs: yes.					

<b>In-Home Medical Care Waiver (Disabled Individuals) (0348)</b>						
<b>Agency Name</b>	Medi-Cal Operations Division, Medi-Cal In-Home Operations Section					
<b>Phone</b>	916-552-9105 in Sacramento 213-897-6774 in Los Angeles					
<b>Web site</b>	<a href="http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm">http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows physically disabled individuals who meet the acute level of care criteria for a minimum of 90 days to remain living at home and in the community as an alternative to hospitalization. Persons in this waiver typically have a catastrophic illness or injury and are dependent on medical technology to replace or supplant major organ systems. Services offered by this waiver include: private duty nursing, certified home health aide services, minor home modifications, and therapies.					
<b>Populations Served</b>	Individuals enrolled in this waiver typically have a catastrophic illness or injury and are dependent on medical technology to replace or supplant major organ systems.					
<b>Terminology for HM and AT</b>	Minor home modifications (HM), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	HM: Internal ramps, widening doorways for wheelchair access. PERS: An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	HM: Lifetime cap of \$5,000. PERS: Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: Information N/A.					

<b>Nursing Home Facility A/B Waiver (Inpatient Nursing Facility) (0139)</b>						
<b>Agency Name</b>	Medi-Cal Operations Division, Medi-Cal In-Home Operations Section					
<b>Phone</b>	916-552-9105 in Sacramento 213-897-6774 in Los Angeles					
<b>Web site</b>	<a href="http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm">http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons who meet the criteria for skilled nursing care for a minimum of 365 days to remain living at home and in the community. Services offered under this waiver include personal care and skilled nursing.					
<b>Populations Served</b>	Physically disabled persons who would otherwise require skilled nursing care at level A or level B for a minimum of 365 days. Individuals enrolled in this waiver typically require assistance with either personal care and/or have some needs for skilled nursing care.					
<b>Terminology for HM and AT</b>	Minor home modifications (HM), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	HM: Internal ramps, widening doorways for wheelchair access. PERS: An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	HM: Lifetime cap of \$5,000. PERS: Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: Information N/A.					

## Nursing Facility Subacute Waiver (Physically Disabled) (0384)

<b>Agency Name</b>	Medi-Cal Operations Division, Medi-Cal In-Home Operations Section					
<b>Phone</b>	916-552-9105 in Sacramento 213-897-6774 in Los Angeles					
<b>Web site</b>	<a href="http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm">http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows physically disabled persons who meet the subacute nursing level of care criteria for a minimum of 180 days to remain living at home and in the community. Persons in this waiver typically have a significant illness or injury and are dependent upon some medical technology to supplant or assist major organ function. Services offered by this waiver include: private duty nursing, certified home health aide services, minor home modifications, and personal care services.					
<b>Populations Served</b>	Physically disabled persons who would otherwise require subacute nursing care for a minimum of 180 days. Individuals enrolled in this waiver typically have a significant illness or injury and are dependent upon some medical technology to supplant or assist major organ function.					
<b>Terminology for HM and AT</b>	Minor home modifications (HM), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>HM</u>: Internal ramps, widening doorways for wheelchair access.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p><u>HM</u>: Lifetime cap of \$5,000.</p> <p><u>PERS</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: Information N/A.</p>					

### Multipurpose Senior Service Program (Disabled Frail Elderly Waiver) (0141)

<b>Agency Name</b>	California Department of Aging					
<b>Phone</b>	800-510-2020					
<b>Web site</b>	<a href="http://www.aging.ca.gov/html/programs/mssp.html">http://www.aging.ca.gov/html/programs/mssp.html</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons aged 65 and over who are medically fragile to remain living at home and in the community. Services offered under this waiver include: adult day care, housing assistance, chore and personal care services, respite care, meal services, and transportation.					
<b>Populations Served</b>	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 placement in a nursing facility.					
<b>Terminology for HM and AT</b>	Physical home adaptations, personal emergency response systems (PERS), assistive devices and communications services.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Home adaptations:</u> Ramps, grab-bars, minor home improvements.</p> <p><u>PERS:</u> An electronic device that enables a person to secure help in an emergency.</p> <p><u>Assistive devices and communications services:</u> Translation and interpretive services.</p>					
<b>Process to Access Benefit</b>	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	√	
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: no.					
	Repairs: no.					

### Home and Community-Based Services Waiver for Persons with Developmental Disabilities (MR/DD) (0336)

<b>Agency Name</b>	Medi-Cal Operations Division, Monitoring and Oversight Section					
<b>Phone</b>	916-552-9105					
<b>Web site</b>	<a href="http://www.dhs.ca.gov/mcs/mcod/mos/default.htm">http://www.dhs.ca.gov/mcs/mcod/mos/default.htm</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons with mental retardation/developmental disability who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria to remain living at home and in the community. Services offered under this waiver include: transportation, adult residential care, day habilitation, and respite services.					
<b>Populations Served</b>	Disabled beneficiaries who would otherwise require institutional care.					
<b>Terminology for HM and AT</b>	Physical home adaptations, personal emergency response systems (PERS), assistive devices and communications services.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Home adaptations:</u> Ramps, grab-bars, minor home improvements.</p> <p><u>PERS:</u> An electronic device that enables a person to secure help in an emergency.</p> <p><u>Assistive devices and communications services:</u> Translation and interpretive services.</p>					
<b>Process to Access Benefit</b>	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	√	
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: no.					
	Repairs: no.					

## AIDS Waiver (HIV/AIDS Waiver) (0183)

<b>Agency Name</b>	Demonstration Project Unit of the Medi-Cal Policy Division					
<b>Phone</b>	916-552-9634					
<b>Web site</b>	<a href="http://www.dhs.ca.gov/mcs/mcpd/RDB/DPU/Links/Office_of_AIDS_Medi.doc">http://www.dhs.ca.gov/mcs/mcpd/RDB/DPU/Links/Office_of_AIDS_Medi.doc</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons who are cognitively and functionally impaired with symptomatic HIV disease or AIDS to remain living at home and in the community as an alternative to institutional care. Services offered under this waiver include: medical case management, attendant care, homemaker services, and transportation.					
<b>Populations Served</b>	Persons with a diagnosis of Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) with signs, symptoms, or disabilities related to HIV disease or HIV disease treatment, as an alternative to institutionalized care.					
<b>Terminology for HM and AT</b>	Minor home adaptations, specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Home adaptations</u>: "Minor physical adaptations to the home" are those physical adaptations to the home required by the individual's service plan that are necessary to enable the individual to function with greater independence in the home, and without which the individual would require institutionalization. For waiver purposes, "home" means a place of residence where the client spends the majority of time.</p> <p><u>SMES</u>: Devices, controls, or appliances specified in the plan of care that enable individuals to increase their abilities to perform daily activities or to perceive, control, or communicate with the environment.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	N/A	√	√	√
<b>Benefit Limits</b>	<p><u>Home adaptations</u>: \$1,000 per calendar year, per client.</p> <p><u>SMES</u>: \$1,000 per year.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: Information N/A.</p>					

<b>Assisted Living Waiver (0431)</b>						
<b>Agency Name</b>	Medi-Cal Operations Division, Home and Community-Based Services Branch					
<b>Phone</b>	916-552-9105					
<b>Web site</b>	<a href="http://www.dhs.ca.gov/mcs/mcod/mos/default.htm">http://www.dhs.ca.gov/mcs/mcod/mos/default.htm</a>					
<b>Summary of State Plan Coverage</b>	This waiver provides services that enable low-income, Medi-Cal eligible persons who reside in Residential Care Facilities for the Elderly, or in publicly funded senior and disabled housing projects, to age in place when they might otherwise require in-patient Nursing Facility care.					
<b>Populations Served</b>	Aged and/or disabled individuals (age 21 or older) who meet the criteria for Nursing Facility level of care and without the services would be in a nursing facility.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), individual response systems (IRS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies that are necessary for the welfare of the client.</p> <p><u>IRS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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	√	√
<b>Benefit Limits</b>	<p><u>General</u>: \$1,500 per client for the duration of the waiver.</p> <p><u>EAA</u>: Information N/A.</p> <p><u>IRS</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: no.</p>					



# COLORADO

<b>Overview</b>	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 agency.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Colorado Department of Health Care Policy and Financing (HCPF)					
<b>Phone</b>	303-866-3513 or 1-800-221-3943					
<b>Web site</b>	<a href="http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp">http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp</a>					
<b>Summary of State Plan Coverage</b>	The Colorado Medicaid state plan covers assistive technology under the Durable Medical Equipment Prosthetics and Orthotics benefit. There is no coverage of home modifications under the state plan.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Speech augmentation devices, assistive technology.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Speech augmentation devices</u>: Covered under the state Durable Medical Equipment Prosthetics and Orthotics benefit.</p> <p><u>Assistive technology</u>: Wheelchairs, sip-and-puff controls for wheelchair, electronic door opener, adaptive eating utensils.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: no.					
	Repairs: yes.					

## Home and Community-Based Services for the Elderly, Blind, and Disabled (EBD) (0006)

<b>Agency Name</b>	Colorado Department of Health Care Policy and Financing (HCPF)					
<b>Phone</b>	303-534-0146					
<b>Web site</b>	<a href="http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp">http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp</a>					
<b>Summary of State Plan Coverage</b>	For disabled individuals 18-64 that meet the nursing facility level care criteria. Services include homemaker, personal care, respite care, adult day health care, environmental accessibility adaptations, transportation, personal emergency response systems, alternative care facilities, and in-home support.					
<b>Populations Served</b>	Any person with a functional impairment, blind persons, or physically disabled persons (aged 18-64).					
<b>Terminology for HM and AT</b>	Home modifications (HM), personal emergency response systems (PERS), electronic monitoring.					
<b>Examples of Covered HM and AT Services</b>	<p><b>HM:</b> Installations of ramps, installation of grab-bars and other durable medical equipment if approved by Medicaid as medically necessary, widening of doorways, modifications of bathroom facilities, installation of specialized electric and plumbing systems.</p> <p><b>PERS/electronic monitoring:</b> Electronic devices that enable a person to secure help in an emergency, or a medication monitoring device.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	<p><b>HM:</b> There is a lifetime cap of \$10,000 per client.</p> <p><b>PERS:</b> Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: yes.</p>					

## Home and Community-Based Services for Persons with Major Mental Illness (0268)

<b>Agency Name</b>	Colorado Department of Health Care Policy and Financing (HCPF)					
<b>Phone</b>	303-534-0146					
<b>Web site</b>	<a href="http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp">http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp</a>					
<b>Summary of State Plan Coverage</b>	To provide homemaker assistance, personal care, respite care, adult day health care, environmental modifications, transportation, and alternative care facilities to chronically mentally ill individuals 18 and over needing nursing facility level of care.					
<b>Populations Served</b>	Individuals with a major mental illness 18 and over.					
<b>Terminology for HM and AT</b>	Home modifications (HM), personal emergency response systems (PERS), electronic monitoring.					
<b>Examples of Covered HM and AT Services</b>	<p><b>HM:</b> Installations of ramps, installation of grab-bars and other durable medical equipment if approved by Medicaid as medically necessary, widening of doorways, modifications of bathroom facilities, installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies necessary for the welfare of the recipient.</p> <p><b>PERS/electronic monitoring:</b> Electronic devices that enable a person to secure help in an emergency, or a medication monitoring device.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	<p><b>HM:</b> There is a lifetime cap of \$10,000 per client.</p> <p><b>PERS:</b> Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: yes.</p>					

## Home and Community-Based Services for the Developmentally Disabled (0007)

<b>Agency Name</b>	Colorado Department of Human Services					
<b>Phone</b>	303-866-5700					
<b>Web site</b>	<a href="http://www.cdhs.state.co.us/">http://www.cdhs.state.co.us/</a>					
<b>Summary of State Plan Coverage</b>	To provide habilitation services (day, prevocational, residential, supported employment), transportation, supported living, home modifications, and assisted technology to MR/DD adults and children. The beneficiary would otherwise be living in a group home or a peer companion home. Community center boards administer this waiver.					
<b>Populations Served</b>	Mentally retarded and developmentally disabled adults 18 and older.					
<b>Terminology for HM and AT</b>	Personal emergency response systems (PERS), electronic monitoring, environmental engineering, assisted technology (AT).					
<b>Examples of Covered HM and AT Services</b>	<p><b>PERS/electronic monitoring:</b> Electronic devices that enable a person to secure help in an emergency, or a medication monitoring device.</p> <p><b>Environmental engineering:</b> Adaptations to living quarters including to showers and toilets; control switches for the home; kitchen equipment for the preparation of special diets; and provisions for accessibility such as ramps and railings. Also, mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations.</p> <p><b>AT:</b> Expressive and receptive communication augmentation, including electronic communication boards; and safety-enhancing supports, including security or emergency response systems, if the cost is above and beyond that of normal expenses for personal needs.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	N/A			√
<b>Benefit Limits</b>	Costs caps are dependent upon the amount of annual funding given to the community center boards from the waiver authority.					
<b>Training on Use and Repairs</b>	<p>Training: Information N/A.</p> <p>Repairs: Information N/A.</p>					

<b>Home and Community-Based Services for Persons with Brain Injury</b>						
<b>Agency Name</b>	Colorado Department of Health Care Policy and Financing (HCPF)					
<b>Phone</b>	303-534-0146					
<b>Web site</b>	<a href="http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp">http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp</a>					
<b>Summary of State Plan Coverage</b>	For disabled individuals ages 16-64. To provide personal care, respite care, environmental accessibility (home modification), non-medical transportation, specialized medical equipment and supplies, personal emergency response/electronic monitoring, adult day treatment, adult day services, transitional living, substance abuse counseling, mental health counseling, behavior programming, and education.					
<b>Populations Served</b>	Disabled individuals ages 16-64.					
<b>Terminology for HM and AT</b>	Environmental accessibility (EA), specialized medical equipment and supplies (SMES), personal emergency response systems (PERS), electronic monitoring.					
<b>Examples of Covered HM and AT Services</b>	<p><u>EA</u>: Installations of ramps, installation of grab-bars and other durable medical equipment if approved by Medicaid as medically necessary, widening of doorways, modifications of bathroom facilities, installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies necessary for the welfare of the recipient.</p> <p><u>SMES</u>: Cognitive orthotics and memory prostheses, lifeline and med monitoring, electronic checkbook, car finder, paging systems, timing devices, sounding devices, security systems, queuing watches, tape recorders, telememo watches, spellcheckers, memory phone, info databases, and text outlining programs.</p> <p><u>PERS</u>: Electronic devices that enable a person to secure help in an emergency, or a medication monitoring device.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	<p><u>EA</u>: There is a lifetime cap of \$10,000 per client.</p> <p><u>SMES</u>: Information N/A.</p> <p><u>PERS</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: yes.</p>					

## Supported Living Services (SLS) (0293)

<b>Agency Name</b>	Colorado Department of Human Services, Developmental Disabilities Services and Colorado Department of Health Care Policy and Financing (HPCF)					
<b>Phone</b>	303-534-0146					
<b>Web site</b>	<a href="http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp">http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Individuals 18 and older with a developmental disability.					
<b>Terminology for HM and AT</b>	Environmental engineering (includes home modifications and assistive technology).					
<b>Examples of Covered HM and AT Services</b>	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, if the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	Limited to a maximum of \$10,000 per individual within the duration of this waiver.					
<b>Training on Use and Repairs</b>	Training: no. Repairs: yes.					

# CONNECTICUT

<b>Overview</b>	Connecticut covers wheelchairs and accessories for all clients who live at home, and customized 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 technology and home modification services.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Connecticut Department of Social Services					
<b>Phone</b>	1-800-842-1508					
<b>Web site</b>	<a href="http://www.ct.gov/dss">http://www.ct.gov/dss</a>					
<b>Summary of State Plan Coverage</b>	The Connecticut Medicaid State Plan covers wheelchairs and accessories for all clients who live 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 benefit. There is no coverage of home modifications under the state plan.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Medical equipment, devices, and supplies (MEDS).					
<b>Examples of Covered HM and AT Services</b>	MEDS: Wheelchairs and accessories, including motorized wheelchairs and power-operated vehicles; customized wheelchairs when medically necessary for clients in nursing facilities or Intermediate Care Facilities for the Mentally Retarded.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	√	√	√	
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

## Connecticut Home Care Program for Elders (0140)

<b>Agency Name</b>	Connecticut Department of Social Services, Alternate Care Unit					
<b>Phone</b>	1-800-445-5394					
<b>Web site</b>	<a href="http://www.ct.gov/dss/cwp/view.asp?a=2353&amp;q=305170">http://www.ct.gov/dss/cwp/view.asp?a=2353&amp;q=305170</a>					
<b>Summary of State Plan Coverage</b>	To provide to seniors: case management, homemaker services, visiting nurse care, home health care, respite care, adult day health care, transportation, help with chores, personal emergency response systems, companion services, minor home modifications, and adult residential care.					
<b>Populations Served</b>	Medicaid recipients who are over 65 and meet nursing home level of care criteria.					
<b>Terminology for HM and AT</b>	Home modifications (HM), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	HM: Ramps, grab-bars in the bathroom, and stair glides.					
	PERS: An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√			√	√
<b>Benefit Limits</b>	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.					
<b>Training on Use and Repairs</b>	HM: Training: yes. Repairs: no.					
	PERS: Training: yes. Repairs: yes.					



<b>Comprehensive Supports Waiver (0153)</b>						
<b>Agency Name</b>	Connecticut Department of Mental Retardation					
<b>Phone</b>	860-418-6000					
<b>Web site</b>	<a href="http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hcbswaiver.pdf">http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hcbswaiver.pdf</a>					
<b>Summary of State Plan Coverage</b>	For people with mental retardation/developmental disabilities. To provide licensed residential services (community living, training, and assisted living), residential and family support services (supported living, personal support, adult companion services, respite care, personal emergency and response systems, home and vehicle modifications), vocational and day services (supported employment, group and individualized day care), and specialized support services (behavior and nutrition consultation, specialized equipment and supplies, interpreter, transportation, individual directed goods and services, and family and individual support).					
<b>Populations Served</b>	Medicaid recipients age three and older who meet Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Home (environmental) modifications (HM), vehicle modifications (VM), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>HM</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems needed to accommodate medical equipment and supplies.</p> <p><u>VM</u>: Alterations made to a vehicle that is the individual's primary means of transportation, including wheelchair lift, wheelchair tie downs, and grab-bars.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: Adaptive eating equipment, adaptive technology for speech, sensory integration equipment and supplies, standing tables.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√		√		√	√
<b>Benefit Limits</b>	<p><u>HM and VM</u>: Up to \$10,000 for home modifications and up to \$10,000 for vehicle modifications, over a three-year period.</p> <p><u>PERS</u>: None.</p> <p><u>SMES</u>: The waiver allows \$750 per year with no prior approval (as long as items are specified in the Individual Plan). With prior approval, this benefit can reach \$3,000 per three years.</p>					
<b>Training on Use and Repairs</b>	<p><u>HM and VM</u>: Training: yes. Repairs: yes.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p> <p><u>SMES</u>: Training: yes. Repairs: yes.</p>					

<b>Acquired Brain Injury (0302)</b>						
<b>Agency Name</b>	Connecticut Department of Social Services, Division of Social Work and Prevention					
<b>Phone</b>	860-424-5373					
<b>Web site</b>	<a href="http://www.ct.gov/dss/cwp/view.asp?a=2353&amp;q=305236">http://www.ct.gov/dss/cwp/view.asp?a=2353&amp;q=305236</a>					
<b>Summary of State Plan Coverage</b>	For disabled individuals with acquired brain injury, aged 18-64. To provide case management, homemaker services, personal care, respite care, habilitation (day, prevocational, supported employment), environmental adaptations, transportation, specialized medical equipment and supplies, chore services, personal emergency response systems, companion services, family training, community living support, home-delivered meals, independent living skill training, intensive behavior programs, substance abuse programs, and transitional living services.					
<b>Populations Served</b>	People aged 18-64 who are disabled by acquired brain injuries and meet nursing home level of care criteria. Recipients must have monthly income less than 300 percent of Supplemental Security Income, liquid assets of \$1,600 or less, and meet all other Medicaid requirements.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), vehicle modifications (VM).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Ramp installations, bathroom modifications, and door widening to accommodate wheelchairs.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: 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.</p> <p><u>VM</u>: Alterations made to a vehicle that is the individual's primary means of transportation, including ramp installation and modification to accommodate wheelchairs.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√		√		√	√
<b>Benefit Limits</b>	<p><u>EAA</u>: Limited to \$10,000 per year.</p> <p><u>PERS</u>: The waiver has a set rate for reimbursement.</p> <p><u>SMES</u>: Limited to \$10,000 per year.</p> <p><u>VM</u>: Limited to \$10,000 per year.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

## Individual and Family Support Independence Plus (0426)

<b>Agency Name</b>	Connecticut Department of Mental Retardation					
<b>Phone</b>	860-418-6000					
<b>Web site</b>	<a href="http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hcbswaiver.pdf">http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hcbswaiver.pdf</a>					
<b>Summary of State Plan Coverage</b>	For people with mental retardation/developmental disabilities. To provide residential and family support services (supported living, personal support, individual habilitation, companion services, respite care, personal emergency response systems, home and vehicle modifications, family training); vocational and day services (supported employment, group day, individual day); and specialized and support services (behavior and nutrition counseling, specialized equipment and supplies, interpreter, transportation, family and individual support). This waiver provides the same coverage for home modifications and assistive technology as the Comprehensive Supports Waiver.					
<b>Populations Served</b>	Medicaid recipients age three and older who meet Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Home (environmental) modifications (HM), vehicle modifications (VM), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>HM</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems needed to accommodate medical equipment and supplies.</p> <p><u>VM</u>: Alterations made to a vehicle that is the individual's primary means of transportation, including wheelchair lift, wheelchair tie downs, and grab-bars.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: Adaptive eating equipment, adaptive technology for speech, sensory integration equipment and supplies, standing tables.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√		√		√	√
<b>Benefit Limits</b>	<p><u>HM and VM</u>: Up to \$10,000 for home modifications and up to \$10,000 for vehicle modifications, over a three-year period.</p> <p><u>PERS</u>: None.</p> <p><u>SMES</u>: The waiver allows \$750 per year with no prior approval (as long as items are specified in the Individual Plan). With prior approval, this benefit can reach \$3,000 per three years.</p>					
<b>Training on Use and Repairs</b>	<p><u>HM and VM</u>: Training: yes. Repairs: yes.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p> <p><u>SMES</u>: Training: yes. Repairs: yes.</p>					

# DELAWARE

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Delaware Health and Social Services (DHHS), Division of Medicaid and Medical Assistance					
<b>Phone</b>	1-800-372-2022					
<b>Web site</b>	<a href="http://www.dhss.delaware.gov/dhss/dss/medicaid.html">http://www.dhss.delaware.gov/dhss/dss/medicaid.html</a>					
<b>Summary of State Plan Coverage</b>	The Delaware Medicaid State Plan covers customized wheelchairs and augmentative/alternative communication devices under the Durable Medical Equipment benefit. There is no coverage of home modifications under the state plan.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Customized wheelchairs, augmentative/alternative communication (AAC) devices, DME.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Customized wheelchairs</u>: 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.</p> <p><u>AAC devices and services</u>: 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 pathologist to help a person improve his or her communication ability.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	N/A
<b>Benefit Limits</b>	<p><u>Customized wheelchairs</u>: None.</p> <p><u>AAC devices and services</u>: None.</p>					
<b>Training on Use and Repairs</b>	<p><u>Customized wheelchairs</u>: Training: yes. Repairs: yes.</p> <p><u>AAC devices and services</u>: Training: yes. Repairs: yes.</p>					

## Mental Retardation and Other Developmental Disabilities Home and Community-Based Waiver (MR/DD Waiver) (0009)

<b>Agency Name</b>	Delaware Health and Social Services, Division of Developmental Disabilities Services					
<b>Phone</b>	302-744-9600					
<b>Web site</b>	<a href="http://www.dhss.delaware.gov/dhss/dss/homeandc.html">http://www.dhss.delaware.gov/dhss/dss/homeandc.html</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, residential habilitation, day habilitation, respite care, clinical support services, pre-vocational training, supported employment, transportation, and environmental modifications, adaptations, and equipment to people with mental retardation/developmental disabilities.					
<b>Populations Served</b>	Medicaid recipients with mental retardation/developmental disabilities who meet Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental modifications, adaptations, and equipment.					
<b>Examples of Covered HM and AT Services</b>	<u>Environmental modifications, adaptations, and equipment:</u> Installation of external and internal ramps, grab-bars, handrails, level handles and fixtures; widening of doorways/passageways; opening living space areas for maneuverability; modification of bathroom facilities; bedroom modifications to accommodate special equipment/beds/wheelchairs; modification of kitchen facilities; shatterproof windows; lighting modifications; floor covering modifications; vertical platform lifts; environmental control devices and systems; specially designed appliances; alarm systems/alert systems, including auditory, vibratory, and visual; stair mobility devices; barrier-free lift/pulley/tracking/mobility devices; stationary/built-in therapeutic table; weather protective modifications for entrances/exits.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√		√	N/A
<b>Benefit Limits</b>	The total cost of environmental modifications to a recipient in one year cannot exceed \$2,000, with a lifetime cap of \$7,000.					
<b>Training on Use and Repairs</b>	Information N/A.					

<b>Elderly and Disabled Home and Community-Based Waiver (0136)</b>						
<b>Agency Name</b>	Delaware Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities					
<b>Phone</b>	1-800-223-9074					
<b>Web site</b>	<a href="http://www.dhss.delaware.gov/dhss/dss/homeandc.html">http://www.dhss.delaware.gov/dhss/dss/homeandc.html</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, homemaker, adult day care, respite care, personal emergency response systems, medical equipment and supplies, and appliances to people who are elderly or disabled.					
<b>Populations Served</b>	Medicaid recipients who are elderly or physically disabled and who meet nursing home level of care criteria.					
<b>Terminology for HM and AT</b>	Personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	PERS: An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

# DISTRICT OF COLUMBIA

<b>Overview</b>	The District of Columbia covers some assistive technology through the Medicaid State Plan Durable Medical Equipment benefit, and offers a range of assistive technology and home modification services through three waivers.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	District of Columbia (DC) Medical Assistance Administration					
<b>Phone</b>	202-671-4200					
<b>Web site</b>	<a href="http://www.dhs.dc.gov/dhs/site/default.asp">http://www.dhs.dc.gov/dhs/site/default.asp</a>					
<b>Summary of State Plan Coverage</b>	The District of Columbia Medicaid State Plan is a fully capitated managed care plan and offers coverage of some assistive technology services through the durable medical equipment benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Assistance technology (AT), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	AT: Sound amplifiers, TTY devices, Braille devises, learning toys.					
	PERS: An electronic device that enables a person to secure help in an emergency.					
	Adaptive equipment: Information N/A.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Information N/A.					

<b>Mental Retardation and Developmental Disabilities Waiver</b>						
<b>Agency Name</b>	Mental Retardation and Developmental Disabilities Administration (MRDDA), District of Columbia Department of Human Services					
<b>Phone</b>	202-673-4500					
<b>Web site</b>	<a href="http://mrdda.dc.gov/services.asp?id=service">http://mrdda.dc.gov/services.asp?id=service</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows adults with mental retardation/developmental disabilities who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria to remain living at home and in the community. Services include: homemaker, chore aides, personal care aides, physical and occupational therapy, skilled nursing, personal emergency response systems, companion services, family training, dental services, and respite care.					
<b>Populations Served</b>	Adults, including aged District of Columbia citizens, with mental retardation and other developmental disabilities.					
<b>Terminology for HM and AT</b>	Adaptive equipment, personal emergency response systems (PERS), assistive technology (AT), augmentative communication devices (ACD).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Adaptive equipment</u>: Information N/A.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>AT/ACD</u>: Sound amplifiers, TTY devices, Braille devices, learning toys, talking calculators, computer software, and other customized or modified barriers-reducing equipment.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: N/A.					
	Repairs: yes.					

<b>Elderly and Physical Disabilities Waiver</b>						
<b>Agency Name</b>	Department of Health					
<b>Phone</b>	202-671-5000					
<b>Web site</b>	<a href="http://doh.dc.gov/doh/site/default.asp">http://doh.dc.gov/doh/site/default.asp</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows physically disabled adults aged 18 and above who meet nursing facility level of care criteria to remain living at home and in the community. Services offered under this program include: personal care aide, respite care, homemaking, and personal emergency response systems.					
<b>Populations Served</b>	Adults, including the aged, with physical disabilities.					
<b>Terminology for HM and AT</b>	Personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<u>PERS</u> : An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Information N/A.					



## HIV/AIDS Waiver (0317)

<b>Agency Name</b>	Department of Health					
<b>Phone</b>	202-671-5000					
<b>Web site</b>	<a href="http://doh.dc.gov/doh/site/default.asp">http://doh.dc.gov/doh/site/default.asp</a>					
<b>Summary of State Plan Coverage</b>	This waiver provides water purification systems and replacement filters to persons with HIV/AIDS who otherwise would need institutionalization in a hospital.					
<b>Populations Served</b>	Adult residents, including the aged, with HIV.					
<b>Terminology for HM and AT</b>	Specialized medical equipment.					
<b>Examples of Covered HM and AT Services</b>	Specialized medical equipment: Water purification systems.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Information N/A.					

# FLORIDA

<b>Overview</b>	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 home modifications.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Agency for Health Care Administration (AHCA)					
<b>Phone</b>	850-488-2520					
<b>Web site</b>	<a href="http://www.fdhc.state.fl.us/Medicaid/flmedicaid.shtml">http://www.fdhc.state.fl.us/Medicaid/flmedicaid.shtml</a>					
<b>Summary of State Plan Coverage</b>	Under the Florida Medicaid State Plan, durable medical equipment and medical supplies are covered in an effort to promote, maintain, or restore health and minimize the effects of illness, disability, or a disabling condition.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Augmentative and alternative communication systems (AACs). Customization/motorization of wheelchairs.					
<b>Examples of Covered HM and AT Services</b>	<p><u>AACs</u>: Are designed to allow individuals the capability to communicate. As defined by the American Speech-Language Hearing Association, an alternative communication systems attempts to compensate for the impairment and disability patterns of individuals with severe, expressive communication disorders (i.e., individuals with severe speech-language and writing impairments). Dedicated systems are designed specifically for a disabled population. Non-dedicated systems are commercially available devices such as laptop computers with special software.</p> <p><u>Customization/motorization of wheelchairs</u>: Customized wheelchairs that are specially constructed (K0008, K0013, K0014).</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	N/A
<b>Benefit Limits</b>	<p><u>AACs</u>: Medicaid will reimburse for one alternative communication systems every five years per recipient, and a software upgrade every two years, if needed.</p> <p><u>Customization/motorization of wheelchairs</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: Information N/A.</p> <p>Repairs: yes.</p>					

## Developmental Services Home and Community-Based Services Waiver (MR/DD Waiver) (0010b.91.R4)

<b>Agency Name</b>	Florida Agency for Persons with Disabilities					
<b>Phone</b>	888-419-3456					
<b>Web site</b>	<a href="http://apd.myflorida.com/">http://apd.myflorida.com/</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons with mental retardation/developmental disability who meet the Intermediate Care Facility for the Developmentally Disabled level of care criteria to remain living at home and in the community. Thirty-four services are offered under this waiver, including: support coordination, adult day training, consumable medical supplies, residential habilitation therapy, transportation, and personal care assistance.					
<b>Populations Served</b>	Medicaid-eligible individuals with mental retardation and/or developmental disability must meet the level of care criteria for placement in an Intermediate Care Facility for the Developmentally Disabled. Recipients of developmental disability waiver services must need and receive support coordination services.					
<b>Terminology for HM and AT</b>	Specialized medical equipment (SMES), environmental accessibility adaptations (EAA), vehicle adaptations, augmentative communication devices (ACD).					
<b>Examples of Covered HM and AT Services</b>	<p><u>SMES</u>: Wheelchairs, to the extent that they are medically necessary and not covered by the Medicaid State Plan.</p> <p><u>EAA</u>: Portable ramps, when the recipient requires access to more than one, otherwise inaccessible, structure.</p> <p><u>Vehicle adaptations</u>: Van adaptations, including lifts, tie downs, and raised roof or doors in a family owned or individually owned full-size van.</p> <p><u>ACD</u>: 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.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	√
<b>Benefit Limits</b>	<p><u>SMES</u>: Information N/A.</p> <p><u>EAA</u>: Minor adaptations: under \$3,500. Major adaptations: \$3,500 and over. Total environmental accessibility adaptations cannot exceed \$20,000 during a five-year period.</p> <p><u>Vehicle adaptations</u>: Information N/A.</p> <p><u>ACD</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: yes.</p>					

<b>Channeling Services for Frail Elders (Frail Elders Waiver) (0116.90.R3)</b>						
<b>Agency Name</b>	Agency for Health Care Administration					
<b>Phone</b>	850-487-2618					
<b>Web site</b>	<a href="http://www.ahca.myflorida.com/">http://www.ahca.myflorida.com/</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows residents from Dade or Broward counties who meet the nursing facility level of care criteria and are aged 65 and above to remain living at home and in the community. Services include: case management, caregiver training, personal care assistance, and consumable medical supplies and equipment.					
<b>Populations Served</b>	Elderly individuals residing in Broward and Dade counties.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	EAA: Installation of ramps and grab-bars, widening of doorways, and modifications of bathroom facilities or installation of specialized electric and plumbing systems.  PERS: An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	EAA: \$2,000 per calendar year, per recipient.  PERS: Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes.  Repairs: yes.					

## Elderly and Disabled Waiver (Elderly and Disabled) (0010a)

<b>Agency Name</b>	Agency for Health Care Administration					
<b>Phone</b>	888-419-3456					
<b>Web site</b>	<a href="http://ahca.myflorida.com/">http://ahca.myflorida.com/</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Personal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services.					
<b>Examples of Covered HM and AT Services</b>	<p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>EAA</u>: 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.</p>					
<b>Process to Access Benefit</b>	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	
<b>Benefit Limits</b>	<p><u>PERS</u>: \$95 per installation, limited to three installations in a lifetime and \$1.30 per day for maintenance of the system.</p> <p><u>EAA</u>: Five jobs per year at \$1,000, per job or \$5,000 per year.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes (family).</p> <p>Repairs: Information N/A.</p>					

## Project AIDS Care (AIDS Waiver) (0194)

<b>Agency Name</b>	Agency for Health Care Admin.					
<b>Phone</b>	888-419-3456					
<b>Web site</b>	<a href="http://www.fdhc.state.fl.us/index.shtml">http://www.fdhc.state.fl.us/index.shtml</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons who have a diagnosis of AIDS and who are at risk of institutionalization in a nursing facility or placement in a hospital to remain living at home and in the community. Services offered under this waiver include: case management, home-delivered meals, homemaker services, massage therapy, and education and support services.					
<b>Populations Served</b>	Individuals diagnosed with HIV/AIDS.					
<b>Terminology for HM and AT</b>	Specialized medical equipment and supplies services (SMES), medical and adaptive equipment, environmental accessibility adaptations (EAA).					
<b>Examples of Covered HM and AT Services</b>	<p><u>SMES</u>: 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. Adaptive switches and buttons to operate equipment including adaptive door openers and locks or bath or shower chair when medically indicated; and wheelchairs.</p> <p><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 disease.</p> <p><u>EAA</u>: Ramps, widening doors and modifying bathroom facilities to accommodate wheelchairs and other assistive devices, installation of specialized electrical or plumbing systems necessary to accommodate required medical equipment.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A	√	√	
<b>Benefit Limits</b>	<p><u>SMES</u>: Information N/A.</p> <p><u>Medical and adaptive equipment</u>: Information N/A.</p> <p><u>EAA</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

<b>Nursing Home Diversion (0315.90.04)</b>						
<b>Agency Name</b>	Department of Elder Affairs					
<b>Phone</b>	850-414-2308; 888-419-3456					
<b>Web site</b>	<a href="http://elderaffairs.state.fl.us/doea/english/longtermcared.html">http://elderaffairs.state.fl.us/doea/english/longtermcared.html</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons aged 65 and above who are residents of specific counties, who meet the nursing facility level of care and are dually eligible for Medicaid and Medicare Parts A & B, to remain living at home and in the community. Long-term care waiver services offered include adult companion services; adult day health; assisted living; case management; chore services; homemaker services; escort; family training; financial assessment and risk reduction; home-delivered meals; nutritional assessment and risk reduction; personal care; personal emergency response systems; respite care; occupational, physical, and speech therapies; 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).					
<b>Populations Served</b>	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.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), personal emergency response systems (PERS), assistive devices.					
<b>Examples of Covered HM and AT Services</b>	EAA: Grab-bars for bathrooms and stairways and doorway modifications for wheelchairs. PERS: An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A		√	
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: yes.					

## Family and Supported Living Waiver (Disabilities Waiver) (0294.90.R1.01)

<b>Agency Name</b>	Agency for Persons with Disabilities					
<b>Phone</b>	850-414-2308; 888-419-3456					
<b>Web site</b>	<a href="http://apd.myflorida.com/">http://apd.myflorida.com/</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons with mental retardation/developmental disability aged 18 and above who meet the Intermediate Care Facility for the Developmentally Disabled level of care criteria to remain living at home and in the community. Services offered under this waiver include: adult day training, in-home support services, supported living coaching, supported employment and transportation.					
<b>Populations Served</b>	Persons with mental retardation/developmental disability aged 18 and above who meet the Intermediate Care Facility for the Developmentally Disabled level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations/home modifications (EAA), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities or installation of specialized electric and plumbing systems.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A	√	√	√
<b>Benefit Limits</b>	<p><u>General</u>: The overall spending limit for the waiver is \$14,282.</p> <p><u>EAA</u>: Maximum annual dollar amount: \$2,000.</p> <p><u>PERS</u>: Maximum annual dollar amount: \$300.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: no.</p>					



## Home and Community-Based Services Waiver for Traumatic Brain Injury and Spinal Cord Injuries (TBI/Spinal Injury) (0342.90.02)

<b>Agency Name</b>	Florida Department of Health, Brain and Spinal Cord Injury Program (BSCIP)					
<b>Phone</b>	850-245-4045; 1-866-875-5660					
<b>Web site</b>	<a href="http://www.doh.state.fl.us/Workforce/BrainSC/Medicaid/medicaidhome.html">http://www.doh.state.fl.us/Workforce/BrainSC/Medicaid/medicaidhome.html</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons with traumatic brain injury and spinal cord injury aged 18 and above who meet the nursing facility level of care criteria and have been referred to the state's Brain and Spinal Cord Injury Program Central Registry to remain living at home and in the community. Services provided include: adaptive health and wellness, assistive technologies, attendant care, behavior programming, community support coordination, companion care, consumable medical supplies, environmental accessibility adaptations, life skills training, personal adjustment counseling, personal care, and rehabilitation engineering evaluation.					
<b>Populations Served</b>	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.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), assistive technology (AT).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and grab-bars; widening of doorways; modification of bathroom facilities.</p> <p><u>AT</u>: Adaptive switches to operate equipment, environmental controls, and communication devices.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	
<b>Benefit Limits</b>	Specific reimbursement rates and maximum limits per recipient for each waiver service are being established.					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: Information N/A.</p>					

<b>Adult Cystic Fibrosis Waiver (0392)</b>						
<b>Agency Name</b>	Agency for Health Care Administration, operated by the Department of Health-BSCIP/ Adult CF					
<b>Phone</b>	850-487-2618 (Agency for Health Care Administration) 850-345-4045 (Department of Health BSCIP)					
<b>Web site</b>	<a href="http://www.ahca.myflorida.com/">http://www.ahca.myflorida.com/</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows individuals 18 years of age and older and diagnosed with cystic fibrosis who are at risk of hospitalization to remain living at home and in the community. Services provided include acupuncture, case management, chore services, counseling, dental services, durable medical equipment, exercise therapy, homemaker services, massage therapy, nutritional consultation, personal care, personal emergency response, physical therapy, prescribed drugs, respiratory therapy, respite care (home), skilled nursing, specialized medical equipment and supplies, transportation, and vitamins and nutritional supplements for adults disabled with cystic fibrosis.					
<b>Populations Served</b>	Individuals 18 years of age and older with a diagnosis of cystic fibrosis and a need for 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.					
<b>Terminology for HM and AT</b>	Specialized medical equipment and supplies (SMES), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>SMES</u>: Vest and like products designed for airway clearance, devices, controls, or appliances to increase recipients' abilities to perform activities of daily living.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A	√	√	
<b>Benefit Limits</b>	Specific reimbursement rates and maximum limits per recipient for each waiver service are under development.					
<b>Training on Use and Repairs</b>	<p><u>SMES</u>: Training: yes. Repairs: not in the first year of service.</p> <p><u>PERS</u>: Training: yes. Repairs: information N/A.</p>					

<b>1915(c) Alzheimer's Disease Program (0418)</b>						
<b>Agency Name</b>	Agency for Health Care Administration					
<b>Phone</b>	888-419-3456					
<b>Web site</b>	<a href="http://ahca.myflorida.com/">http://ahca.myflorida.com/</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, personal care, respite care, adult day health care, environmental modification, family training, incontinence supplies, wanderer alarm system, wanderer identification and location program, behavioral assessment and intervention, and pharmacy review to individuals aged 60 and above with Alzheimer's disease.					
<b>Populations Served</b>	Individuals aged 60 and above with Alzheimer's disease, living at home with a caregiver.					
<b>Terminology for HM and AT</b>	Wanderer alarm system, wanderer identification system, environmental accessibility adaptations (EAA).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Wanderer alarm system</u>: Alert panels, voice alarms, electromagnetic door locks, perimeter alarms and transmitter alarms.</p> <p><u>Wanderer identification system</u>: Individuals are registered with a national database and wear a bracelet or necklace with an identity number and a toll-free "hotline" to contact if the person is missing and when found.</p> <p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p><u>Wanderer alarm system</u>: \$1,200 per year.</p> <p><u>Wanderer identification system</u>: \$100 per year.</p> <p><u>EAA</u>: Five jobs of \$1,000 per job or \$5,000 per year.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes (family).</p> <p>Repairs: Information N/A.</p>					

# GEORGIA

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Division of Medical Assistance and Georgia Health Partnership					
<b>Phone</b>	866-211-0950					
<b>Web site</b>	<a href="http://dch.georgia.gov/00/channel_title/0,2094,31446711_31944826,00.html">http://dch.georgia.gov/00/channel_title/0,2094,31446711_31944826,00.html</a>					
<b>Summary of State Plan Coverage</b>	The Georgia Medicaid state plan covers wheelchairs and augmentative communication devices through the durable medical equipment (DME) benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Custom wheeled mobility, augmentative and alternative communication.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Custom wheeled mobility</u>: Power wheelchairs, customized wheelchairs.</p> <p><u>Augmentative and alternative communication</u>: Dedicated voice output communication devices as well as computer-based devices that have been adapted for use as the member's communication devices (e.g., speech aids).</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p><u>Custom wheeled mobility</u>: Information N/A.</p> <p><u>Augmentative and alternative communication</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: Information N/A.</p> <p>Repairs: yes.</p>					

<b>Mental Retardation Waiver Program (MR/DD Waiver) (0175)</b>						
<b>Agency Name</b>	Department of Human Resources, Division of Mental Health Developmental Diseases and Addictive Diseases					
<b>Phone</b>	404-657-5737					
<b>Web site</b>	<a href="http://www.communityhealth.state.ga.us/departments/dch/v4/top/shared/medicaid/publications/home_comm_services.pdf">http://www.communityhealth.state.ga.us/departments/dch/v4/top/shared/medicaid/publications/home_comm_services.pdf</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows mentally retarded/developmentally disabled persons who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria to remain living at home and in the community. Services include: service coordination, respite care, day habilitation and supported employment, residential training and supervision, and specialized medical equipment and supplies.					
<b>Populations Served</b>	People who have mental retardation or a developmental disability. A diagnosis of developmental disability includes mental retardation or other closely related conditions such as cerebral palsy, epilepsy, autism, or neurological problems that require the level of care provided in an Intermediate Care Facility for the Mentally Retarded.					
<b>Terminology for HM and AT</b>	Assistive technology (AT), emergency response systems (PERS), specialized medical equipment and supplies (SMES), vehicle adaptations, environmental modifications (EM).					
<b>Examples of Covered HM and AT Services</b>	<p><u>AT</u>: Scanning communicator, speech amplifier, control switch, personal emergency response system electronic control unit, a wheelchair, locks, and door openers.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: Information N/A.</p> <p><u>Vehicle adaptations</u>: Hydraulic lifts ramps, special seats.</p> <p><u>EM</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	N/A	√	√	N/A	√	
<b>Benefit Limits</b>	<p><u>AT</u>: Information N/A.</p> <p><u>PERS</u>: Information N/A.</p> <p><u>SMES</u>: \$13,474.76 per member, per lifetime.</p> <p><u>Vehicle adaptations</u>: \$3,120 per member lifetime. Limit: one unit per year (up to but not to exceed lifetime maximum).</p> <p><u>EM</u>: \$10,000 per member, per lifetime. Limit: one unit per year (up to but not to exceed lifetime maximum).</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

## Community Habilitation and Support Services

<b>Agency Name</b>	Department of Human Resources, Division of Mental Health Developmental Diseases and Addictive Diseases					
<b>Phone</b>	800-766-4456					
<b>Web site</b>	<a href="https://www.ghp.georgia.gov/wps/portal">https://www.ghp.georgia.gov/wps/portal</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows mentally retarded/developmentally disabled persons who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria to remain living at home and in the community. Participants choose a single Medicaid provider for a package of services.					
<b>Populations Served</b>	People who have mental retardation or a developmental disability. A diagnosis of developmental disability includes mental retardation or other closely related conditions such as cerebral palsy, epilepsy, autism, or neurological problems that require the level of care provided in an Intermediate Care Facility for the Mentally Retarded.					
<b>Terminology for HM and AT</b>	Emergency response systems (PERS), specialized medical equipment and supplies (SMES), vehicle adaptations, environmental accessibility adaptations (EAA), home modifications (HM).					
<b>Examples of Covered HM and AT Services</b>	<p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: Environmental control such as a computer, scanning communicator, speech amplifier, control switch or electronic control unit; devices, assessment, or training needed to assist members with mobility, seating, bathing, transferring, security, or other skills such as operating a wheelchair, locks, or door openers.</p> <p><u>Vehicle adaptations</u>: Hydraulic lifts ramps, special seats, and other interior vehicle modifications.</p> <p><u>EAA</u>: Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p><u>PERS</u>: Information N/A.</p> <p><u>SMES</u>: \$5,200 per member, per year.</p> <p><u>Vehicle adaptations</u>: Information N/A.</p> <p><u>EAA</u>: \$6,273.28 per member per year.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

## Independent Care Waiver Program (ICWP)

<b>Agency Name</b>	Division of Medical Assistance and Georgia Health Partnership					
<b>Phone</b>	866-483-1044; 866-483-1045					
<b>Web site</b>	<a href="https://www.ghp.georgia.gov/wps/portal">https://www.ghp.georgia.gov/wps/portal</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows persons with physical disabilities, including traumatic brain injury, aged 21-64 who meet the nursing facility or hospital level of care criteria to remain living at home and in the community. Services include: service coordination, respite care, specialized medical equipment and supplies, counseling, and home modification.					
<b>Populations Served</b>	<p>Independent Care is for eligible Medicaid recipients who have severe physical disabilities, are between the ages of 21 and 64 when they apply, and meet the criteria below:</p> <ul style="list-style-type: none"> <li>• Capable of directing their own services (individuals with a traumatic brain injury do not have to meet this criterion);</li> <li>• Have a severe physical impairment and/or traumatic brain injury that substantially limits one or more activities of daily living and requires the assistance of another individual;</li> <li>• Medically stable but currently in a hospital or nursing facility or at risk of placement because community-based support services are not available; and</li> <li>• Certified for a level of care appropriate for placement in a hospital or nursing facility.</li> </ul>					
<b>Terminology for HM and AT</b>	Specialized medical equipment and supplies (SMES)/vehicle adaptations, assistive technology (AT), durable medical equipment (DME), adaptive equipment, home modifications (HM), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>SMES/Vehicle adaptations</u>: Hydraulic lifts ramps, special seats, and other interior vehicle modifications or devices to allow access into and out of the vehicle, for driving the vehicle if appropriate, and for security while the vehicle is moving.</p> <p><u>AT</u>: Special needs computers, direct selection communicators, scanning communicators, speech amplifiers, control switches, electronic control units, and electronic communication devices.</p> <p><u>Adaptive equipment</u>: Locks, door openers, mechanical feeders.</p> <p><u>HM</u>: Ramps and modification to bathrooms.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p><u>SMES/Vehicle adaptations</u>: \$225 per year.</p> <p><u>AT</u>: \$1,026 per month.</p> <p><u>Adaptive equipment</u>: \$1,026 per month.</p> <p><u>HM</u>: \$8,000 per member, per lifetime.</p> <p><u>PERS</u>: Installation and testing \$75 per residence; monitoring, \$25 per month.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: no.</p>					

# HAWAII

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Hawaii Department of Human Services, Med-QUEST Division					
<b>Phone</b>	808-586-5390					
<b>Web site</b>	<a href="http://www.med-quest.us/">http://www.med-quest.us/</a> <a href="http://www.state.hi.us/dhs">http://www.state.hi.us/dhs</a>					
<b>Summary of State Plan Coverage</b>	The Hawaii Medicaid State Plan covers wheelchairs and augmentative communication devices under the Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Augmentative communication devices (ACD); Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies (DMEPOS).					
<b>Examples of Covered HM and AT Services</b>	<u>ACD</u> : Information N/A.  <u>Customized wheelchairs/wheelchair ramps</u> : Specialized seating systems, motorized wheelchairs and scooters.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	N/A	√	√	√	√	N/A
<b>Benefit Limits</b>	<u>ACD</u> : None.  <u>Customized wheelchairs/wheelchair ramps</u> : None.					
<b>Training on Use and Repairs</b>	<u>ACD</u> : Training: yes. Repairs: yes.  <u>Customized wheelchairs/wheelchair ramps</u> : Training: yes. Repairs: yes.					



<b>Developmentally Disabled/Mentally Retarded (0013)</b>						
<b>Agency Name</b>	Hawaii State Department of Health, Developmental Disabilities Division					
<b>Phone</b>	808-586-5840					
<b>Web site</b>	<a href="http://www.hawaii.gov/health/disability-services/developmental/index.html">http://www.hawaii.gov/health/disability-services/developmental/index.html</a>					
<b>Summary of State Plan Coverage</b>	For people with mental retardation/developmental disabilities who meet Intermediate Care Facility for the Mentally Retarded level of care criteria. To provide habilitation, supported employment, adult day health care, respite care, personal assistance, skilled nursing, transportation, specialized services team, specialized environmental accessibility adaptations, and consumer directed personal assistance.					
<b>Populations Served</b>	Medicaid recipients of all ages who meet Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Specialized environmental accessibility adaptations (SEAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>SEAA</u>: Installation of sidewalks and ramps, widening of doorways and corridors, removal of other architectural barriers, enlargement of the bath facility.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: Adaptive equipment or supplies that the state plan does not cover.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A		√	√
<b>Benefit Limits</b>	<p><u>SEAA</u>: None.</p> <p><u>PERS</u>: None.</p> <p><u>SMES</u>: None.</p>					
<b>Training on Use and Repairs</b>	<p><u>SEAA</u>: Training: yes. Repairs: yes.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p> <p><u>SMES</u>: Training: yes. Repairs: yes.</p>					

## Nursing Home Without Walls (0057)

<b>Agency Name</b>	Hawaii Department of Human Services, Adult and Community Care Services Branch (ACCSB)					
<b>Phone</b>	808-586-5584 (Oahu) 586-5584 (other islands)					
<b>Web site</b>	<a href="http://www.hawaii.gov/dhs/protection/social_services/adult_services/healthpgms-top">http://www.hawaii.gov/dhs/protection/social_services/adult_services/healthpgms-top</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Medicaid recipients of all ages who meet nursing home level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance.					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and handrails, widening of doorways, removal of other architectural barriers, and modifications to the telephone system.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: May include adaptive equipment or supplies that the state plan does not cover.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A		√	√
<b>Benefit Limits</b>	<p><u>EAA</u>: None.</p> <p><u>PERS</u>: None.</p> <p><u>SMES</u>: None.</p>					
<b>Training on Use and Repairs</b>	<p><u>EAA</u>: Training: yes. Repairs: yes.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p> <p><u>SMES</u>: Training: yes. Repairs: yes.</p>					

## HIV Community Care Program (0182)

<b>Agency Name</b>	Hawaii Department of Human Services, Adult and Community Care Services Branch (ACCSB)					
<b>Phone</b>	808-586-5541 or contact the local ACCSB					
<b>Web site</b>	<a href="http://www.hawaii.gov/dhs/protection/social_services/adult_services/healthpgms - HCCP">http://www.hawaii.gov/dhs/protection/social_services/adult_services/healthpgms - HCCP</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, personal care, 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 with a diagnosis of AIDS or conditions associated with HIV infection.					
<b>Populations Served</b>	Medicaid recipients of all ages with a diagnosis of HIV/AIDS who meet nursing home or hospital level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance.					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Installation of ramps and handrails, widening of doorways, removal of other architectural barriers, and modifications to the telephone system.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: May include adaptive equipment or supplies that the state plan does not cover.</p>					
<b>Process to Access Benefit</b>	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	√	√
<b>Benefit Limits</b>	<p><u>EAA</u>: None.</p> <p><u>PERS</u>: None.</p> <p><u>SMES</u>: None.</p>					
<b>Training on Use and Repairs</b>	<p><u>EAA</u>: Training: yes. Repairs: yes.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p> <p><u>SMES</u>: Training: yes. Repairs: yes.</p>					

# IDAHO

<b>Overview</b>	The Idaho Medicaid State Plan covers select durable medical equipment such as lifts and communication devices. The state also offers a broad range of assistive technology and home modifications through three waivers.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Idaho Department of Health and Welfare, Division of Medicaid					
<b>Phone</b>	208-334-5500					
<b>Web site</b>	<a href="http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3438/DesktopDefault.aspx">http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3438/DesktopDefault.aspx</a>					
<b>Summary of State Plan Coverage</b>	The Idaho Medicaid State Plan offers durable medical equipment coverage, but does not cover non-medical equipment and supplies and related services.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Durable medical equipment (DME), communication devices.					
<b>Examples of Covered HM and AT Services</b>	DME: Electric or hydraulic lift devices designed to transfer a person to and from bed to wheelchair or bathtub; or a lift mechanism for a chair; but excludes devices attached to motor vehicles and wall-mounted chairs that lift persons up and down stairs. Hand held showers, sip-and-puff controls for wheelchairs, and communication devices are considered durable medical equipment.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		N/A	N/A	√	√	
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

<b>Aged and Disabled Waiver</b>						
<b>Agency Name</b>	Idaho Department of Health and Welfare, Division of Medicaid					
<b>Phone</b>	208-334-5500					
<b>Web site</b>	<a href="http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3438/DesktopDefault.aspx">http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3438/DesktopDefault.aspx</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, homemaker services, respite care, adult day health care, environmental access adaptations, skilled nursing care, transportation, special medical equipment and supplies, chore services, personal emergency response systems, companion services, attendant care, adult residential care, home-delivered meals, consultation, and psychiatric consultation to aged adults or disabled adults aged 18 and older.					
<b>Populations Served</b>	Aged, disabled over 18.					
<b>Terminology for HM and AT</b>	Environmental access adaptations (EAA), home modifications, specialized medical equipment and supplies (SMES), personal emergency response systems (PERS), assistive technology (AT).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u> (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.</p> <p><u>SMES</u>: 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.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>AT</u>: 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 durable and non-durable medical equipment.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A		√	√
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

<b>Developmentally Disabled Waiver</b>						
<b>Agency Name</b>	Idaho Department of Health and Welfare, Division of Medicaid					
<b>Phone</b>	208-334-5500					
<b>Web site</b>	<a href="http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3438/DesktopDefault.aspx">http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3438/DesktopDefault.aspx</a>					
<b>Summary of State Plan Coverage</b>	For mentally retarded persons and those with related conditions, aged 18 and older. To provide respite care, habilitation (residential, supported employment), environmental accessibility adaptations, skilled nursing care, transportation, special medical equipment and supplies (includes assistive technology), chore services, personal emergency response systems, home-delivered meals, behavior consultation/crisis management, and adult day care.					
<b>Populations Served</b>	Mentally retarded and developmentally disabled, aged 18 and older.					
<b>Terminology for HM and AT</b>	Specialized medical equipment and supplies (SMES), assistive technology (AT), environmental accessibility adaptations (EAA), home modifications.					
<b>Examples of Covered HM and AT Services</b>	<p><b>SMES/AT:</b> Devices, controls, or appliances, specified in the individual service plan. The equipment and supplies must enhance the participants' daily living, and enable them to control and communicate within their environment. This 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 state plan.</p> <p><b>EAA</b> (including home modifications): Installation of ramps and lifts, widening of doorways, modification of bathroom facilities, installation of electrical or plumbing systems.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A	√	√	√
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

<b>Traumatic Brain Injury Waiver</b>						
<b>Agency Name</b>	Idaho Department of Health and Welfare, Division of Medicaid					
<b>Phone</b>	208-334-5500					
<b>Web site</b>	<a href="http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3438/DesktopDefault.aspx">http://www.healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3438/DesktopDefault.aspx</a>					
<b>Summary of State Plan Coverage</b>	The Traumatic Brain Injury Waiver provides residential habilitation, chore services, respite care, supported employment, skilled nursing, non-medical transportation, home modifications, personal emergency response systems, personal care services, home-delivered meals, specialized medical equipment and supplies (includes assistive technology), extended state plan services (physical, occupational, and speech therapies), and day rehab services, to adults who have suffered a brain injury after the age of 22 and would need to be institutionalized without this waiver.					
<b>Populations Served</b>	Adults who have suffered a brain injury after the age of 22.					
<b>Terminology for HM and AT</b>	Specialized medical equipment and supplies (SMES), home modifications (HM), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><b>SMES:</b> Devices, controls, or appliances, specified in the individual service plan, that enhance the participants' daily living, and enable them to control and communicate within their environment. This 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 state plan.</p> <p><b>HM:</b> Interior or exterior physical adaptations to the home owned or rented by the participant, identified on the participant's individual service plan, and necessary to ensure the health, welfare, and safety of the individual. Such adaptations may include: installation of ramps and lifts, widening of doorways, modification of bathroom facilities, and installation of electrical or plumbing systems necessary to accommodate the medical equipment needed for the welfare of the participant.</p> <p><b>PERS:</b> An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A	√	√	√
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

# ILLINOIS

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Illinois Department of Healthcare and Family Services					
<b>Phone</b>	800-843-6154					
<b>Web site</b>	<a href="http://www.hfs.illinois.gov/medical/">http://www.hfs.illinois.gov/medical/</a>					
<b>Summary of State Plan Coverage</b>	The Illinois Medicaid State Plan covers augmentative communication devices and wheelchairs under the durable medical equipment benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Durable medical equipment (DME).					
<b>Examples of Covered HM and AT Services</b>	Augmentative communication devices, wheelchairs (including power and customized).					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	√	√	√	
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: Information N/A. Repairs: yes.					



## Waiver for Persons with Brian Injury (BI) (0329)

<b>Agency Name</b>	Department of Human Services, Division of Rehabilitation Services					
<b>Phone</b>	217-557-1868					
<b>Web site</b>	<a href="http://www.hfs.illinois.gov/hcbswaivers/bi.html">http://www.hfs.illinois.gov/hcbswaivers/bi.html</a>					
<b>Summary of State Plan Coverage</b>	To provide homemaker services, personal assistance services, adult day care, habilitation, supported employment services, assistive equipment, environmental accessibility adaptations, specialized medical equipment and supplies, and personal emergency home response systems to persons of any age with brain injury who meet nursing facility level of care criteria.					
<b>Populations Served</b>	Persons with brain injury of any age who meet nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Assistive equipment, environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Assistive equipment</u>: Devices or equipment either purchased or rented to increase an individual's independence and capability to perform household and personal care tasks at home.</p> <p><u>EAA</u>: Home and vehicle modifications including ramps, grab-bars, porch lifts, and construction (widening doorways, installation of specialized electrical or plumbing systems to accommodate medical equipment).</p> <p><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 their environment. Also includes items necessary for life support, and ancillary supplies and equipment not covered under the state plan.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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	√	√
<b>Benefit Limits</b>	\$18,000 per year maximum for all services.					
<b>Training on Use and Repairs</b>	<p><u>Assistive equipment</u>: Training: Information N/A. Repairs: yes.</p> <p><u>EAA</u>: Information N/A.</p> <p><u>SMES</u>: Information N/A.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p>					

<b>Supportive Living Waiver (Aged and Disabled) (0326)</b>						
<b>Agency Name</b>	Department of Healthcare and Family Services (HFS), Bureau of Long Term Care					
<b>Phone</b>	217-524-7245					
<b>Web site</b>	<a href="http://www.hfs.illinois.gov/hcbswaivers/slf.html">http://www.hfs.illinois.gov/hcbswaivers/slf.html</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Individuals with disabilities 22 years and over or individuals 65 years and over who meet the nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	PERS: An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: no. Repairs: no.					

<b>Elderly Waiver (0143)</b>						
<b>Agency Name</b>	Illinois Department on Aging					
<b>Phone</b>	217-557-1868					
<b>Web site</b>	<a href="http://www.hfs.illinois.gov/hcbswaivers/elderly.html">http://www.hfs.illinois.gov/hcbswaivers/elderly.html</a>					
<b>Summary of State Plan Coverage</b>	To provide homemaker, emergency response, and adult day care services to persons aged 60 and older who meet the nursing facility level of care criteria.					
<b>Populations Served</b>	Individuals 60 years of age or older who meet the nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Emergency home response system (EHRS).					
<b>Examples of Covered HM and AT Services</b>	EHRS: An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	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	√	
<b>Benefit Limits</b>	Provider service rates are established by the state.					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: Information N/A.					

## Home and Community-Based Services Waiver for Persons Diagnosed with HIV/AIDS (HIV/AIDS Waiver) (0202)

<b>Agency Name</b>	Department of Human Services (DHS), Division of Rehabilitation Services					
<b>Phone</b>	217-557-1868					
<b>Web site</b>	<a href="http://www.hfs.illinois.gov/hcbswaivers/hiv.html">http://www.hfs.illinois.gov/hcbswaivers/hiv.html</a>					
<b>Summary of State Plan Coverage</b>	To provide personal assistance services, skilled nursing, therapies, respite care, transportation for employment, home-delivered meals, environmental accessibility 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.					
<b>Populations Served</b>	Persons diagnosed with Human Immune Deficiency Virus (HIV), or Acquired Immune Deficiency Syndrome (AIDS), of any age, who meet the hospital level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES), personal emergency response system (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Home and vehicle modifications including ramps, grab-bars, porch lifts, construction (widening doorways, installation of specialized electrical or plumbing systems to accommodate medical equipment).</p> <p><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 their environment. Also includes items necessary for life support, ancillary supplies, and equipment not covered under the state plan.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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	√	√
<b>Benefit Limits</b>	\$18,000 per year maximum for all services.					
<b>Training on Use and Repairs</b>	<p><u>EAA</u>: Information N/A.</p> <p><u>SMES</u>: Training: information N/A. Repairs: yes.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p>					

## Home and Community-Based Services Waiver for Persons with Physical Disabilities (NF Waiver) (0142)

<b>Agency Name</b>	Department of Human Services (DHS), Division of Rehabilitation Services					
<b>Phone</b>	217-557-1868					
<b>Web site</b>	<a href="http://www.hfs.illinois.gov/hcbswaivers/disabilities.html">http://www.hfs.illinois.gov/hcbswaivers/disabilities.html</a>					
<b>Summary of State Plan Coverage</b>	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 criteria.					
<b>Populations Served</b>	Individuals 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.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: 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).</p> <p><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. Also includes items necessary for life support, ancillary supplies, and equipment not covered under the state plan.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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	√	√
<b>Benefit Limits</b>	\$18,000 per year maximum for all services.					
<b>Training on Use and Repairs</b>	<p><u>EAA</u>: Information N/A.</p> <p><u>SMES</u>: Training: information N/A. Repairs: yes.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p>					

## Home and Community-Based Services Waiver for Adults with Developmental Disabilities (MR/DD Waiver) (0350)

<b>Agency Name</b>	Department of Human Services (DHS), Division of Developmental Disabilities Services					
<b>Phone</b>	217-557-1868					
<b>Web site</b>	<a href="http://www.hfs.illinois.gov/hcbswaivers/dd.html">http://www.hfs.illinois.gov/hcbswaivers/dd.html</a>					
<b>Summary of State Plan Coverage</b>	To provide residential habilitation, day habilitation, home-based support services, therapies, adaptive equipment, minor home and vehicle modifications, and personal emergency response systems to mentally retarded/developmentally disabled persons aged 18 and older, who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Populations Served</b>	Individuals with developmental disabilities or mental retardation, 18 years or older, who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Adaptive equipment, minor home modifications (HM), minor vehicle modifications (VM), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Adaptive equipment:</u> 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.</p> <p><u>Minor HM:</u> 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.</p> <p><u>Minor VM:</u> Vehicle adaptations such as lifts, door or seating modifications, and safety/security modifications.</p> <p><u>PERS:</u> An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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	√	√
<b>Benefit Limits</b>	Adaptive equipment, home, and vehicle modifications are limited to no more than \$15,000 per individual over five years.					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: Information N/A.</p>					

# INDIANA

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Indiana Family and Social Services Administration					
<b>Phone</b>	800-457-4584					
<b>Web site</b>	<a href="http://www.in.gov/fssa/healthcare/">http://www.in.gov/fssa/healthcare/</a>					
<b>Summary of State Plan Coverage</b>	The Indiana Medicaid State Plan covers selected items under the durable medical equipment benefit, including customized wheelchairs and augmentative communication devices.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Durable medical equipment, augmentative communication devices (ACD).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Customized wheelchairs</u>: Wheelchairs that are customized to meet a client's special needs.</p> <p><u>ACD</u>: Speech augmentation devices for individuals who require them to communicate.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A	√	√	
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: no.</p>					

<b>Aged and Disabled Waiver</b>						
<b>Agency Name</b>	Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning					
<b>Phone</b>	800-986-3505					
<b>Web site</b>	<a href="http://www.in.gov/fssa/elderly/medicaid/">http://www.in.gov/fssa/elderly/medicaid/</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Physically disabled persons and/or those aged 65 and older who meet the nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental modifications, personal emergency response systems (PERS), adaptive aids and devices/specialized medical equipment (SME).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental modifications</u>: Home and vehicle modifications, including installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, and installation of specialized electric and plumbing systems that are necessary to accommodate medical equipment and supplies.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>Adaptive aids and devices/SME</u>: Items 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. Includes devices, controls, appliances, items necessary for life support, and durable and non-durable medical equipment not available under the Medicaid State Plan.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p>The total cost of services cannot exceed the cost of institutional care.</p> <p><u>Environmental modifications</u>: \$15,000 lifetime cap, plus \$500 annually for repair, replacement, or an adjustment to an existing modification.</p> <p><u>PERS</u>: Information N/A.</p> <p><u>Adaptive aids and devices/SME</u>: None.</p>					
<b>Training on Use and Repairs</b>	Information N/A.					

<b>Waiver for Persons with Traumatic Brain Injury (TBI Waiver) (40197)</b>						
<b>Agency Name</b>	Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning					
<b>Phone</b>	800-986-3505					
<b>Web site</b>	<a href="http://www.in.gov/fssa/elderly/medicaid/">http://www.in.gov/fssa/elderly/medicaid/</a>					
<b>Summary of State Plan Coverage</b>	To provide personal care, adult companion services, case management, environmental modifications, personal emergency response systems, specialized medical equipment/supplies, homemaker assistance, and independent living skills training to persons with brain injury who meet the nursing facility level of care criteria.					
<b>Populations Served</b>	Persons with brain injury who meet the nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental modifications, personal emergency response systems (PERS), specialized medical equipment/supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental modifications</u>: 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.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: 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.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p>The total cost of services cannot exceed the cost of institutional care.</p> <p><u>Environmental modifications</u>: \$15,000 lifetime cap, plus \$500 annually for repair, replacement, or an adjustment to an existing modification.</p> <p><u>PERS</u>: Information N/A.</p> <p><u>SMES</u>: None.</p>					
<b>Training on Use and Repairs</b>	Information N/A.					



## Waiver for Persons with Developmental Disabilities (MR/DD Waiver) (0378)

<b>Agency Name</b>	Indiana Family and Social Services Administration					
<b>Phone</b>	317-233-9525					
<b>Web site</b>	<a href="http://www.in.gov/fssa/elderly/medicaid/">http://www.in.gov/fssa/elderly/medicaid/</a>					
<b>Summary of State Plan Coverage</b>	To provide homemaker assistance, chore aides, personal care aides, therapy, skilled nursing, respite care, specialized medical equipment, personal emergency response systems, and environmental modifications to adults with mental retardation/developmental disabilities who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Populations Served</b>	Adults with mental retardation/developmental disabilities who meet the Intermediate Care Facility for the Mental Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Specialized medical equipment (SME), personal emergency response systems (PERS), environmental modifications.					
<b>Examples of Covered HM and AT Services</b>	<p><u>SME</u>: 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.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>Environmental modifications</u>: 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.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p>The total cost of services cannot exceed the cost of institutional care.</p> <p><u>SMES</u>: None.</p> <p><u>PERS</u>: Information N/A.</p> <p><u>Environmental modifications</u>: \$15,000 lifetime cap, plus \$500 annually for repair, replacement, or an adjustment to an existing modification.</p>					
<b>Training on Use and Repairs</b>	Information N/A.					

<b>Support Services for Mental Retardation/Developmental Disability</b>						
<b>Agency Name</b>	Indiana Family and Social Services Administration					
<b>Phone</b>	800-986-3505					
<b>Web site</b>	<a href="http://www.in.gov/fssa/elderly/medicaid/">http://www.in.gov/fssa/elderly/medicaid/</a>					
<b>Summary of State Plan Coverage</b>	To provide community habilitation, respite care, adult day services, specialized medical equipment, therapies, transportation, and personal emergency response systems to mentally retarded/developmentally disabled persons who require an Intermediate Care Facility for the Mentally Retarded level of care.					
<b>Populations Served</b>	Mentally retarded/developmentally disabled persons who require an Intermediate Care Facility for the Mentally Retarded level of care.					
<b>Terminology for HM and AT</b>	Personal emergency response system (PERS), specialized medical equipment (SME).					
<b>Examples of Covered HM and AT Services</b>	<p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SME</u>: 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.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p>The total cost of services cannot exceed the cost of institutional care.</p> <p><u>PERS</u>: Information N/A.</p> <p><u>SMES</u>: None.</p>					
<b>Training on Use and Repairs</b>	Information N/A.					

<b>Autism Waiver</b>						
<b>Agency Name</b>	Indiana Family and Social Services Administration					
<b>Phone</b>	317-232-1726					
<b>Web site</b>	<a href="http://www.in.gov/fssa/elderly/medicaid/">http://www.in.gov/fssa/elderly/medicaid/</a>					
<b>Summary of State Plan Coverage</b>	To provide adult day services, environmental modifications, family and caregiver training, supported employment, personal assistance, assistive technology, personal emergency response systems, and respite care to persons with a diagnosis of autism.					
<b>Populations Served</b>	Persons with a diagnosis of autism who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Assistive technology (AT), environmental modifications, personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p>AT: Information N/A.</p> <p><u>Environmental modifications</u>: 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.</p> <p>PERS: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	<p>The total cost of services cannot exceed the cost of institutional care.</p> <p>AT: None.</p> <p><u>Environmental modifications</u>: \$15,000 lifetime cap, plus \$500 annually for repair, replacement, or an adjustment to an existing modification.</p> <p>PERS: Information N/A.</p>					
<b>Training on Use and Repairs</b>	Information N/A.					

# IOWA

<b>Overview</b>	Iowa covers a range of assistive technologies and home modifications through the Medicaid State Plan and six waivers. Covered services include augmentative communication systems, emergency response systems, specialized medical equipment and supplies, vehicle adaptations, and home modifications.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Iowa Department of Human Services, Iowa Medicaid Enterprise					
<b>Phone</b>	515-725-1003 or 800-338-8366					
<b>Web site</b>	<a href="http://www.ime.state.ia.us/">http://www.ime.state.ia.us/</a>					
<b>Summary of State Plan Coverage</b>	The Iowa Medicaid State Plan covers durable medical equipment, prosthetic devices, and sickroom supplies, subject to state requirements.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Durable medical equipment (DME), prosthetic devices, augmentative communication systems (ACD).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Specialized equipment</u>: Shower commode chairs and bedside rails.</p> <p><u>ACD</u>: Tracheotomy speaking valves and communication device wheelchair attachments. Augmentative communication systems are considered prosthetic devices and are covered for persons unable to communicate their basic needs through oral speech or manual sign language. Coverage is allowed for recipients in nursing facilities, intermediate care facilities for the mentally retarded, and private homes.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	√	√	√	N/A
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: Information N/A.					
	Repairs: yes.					

<b>Mental Retardation Waiver (0242)</b>						
<b>Agency Name</b>	Iowa Department of Human Services, Iowa Bureau of Long-term Care					
<b>Phone</b>	515-281-5233					
<b>Web site</b>	<a href="http://www.ime.state.ia.us/HCBS/help_ownhome.html">http://www.ime.state.ia.us/HCBS/help_ownhome.html</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Individuals with mental retardation/developmental disabilities who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Home and vehicle modifications, personal emergency response system (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Home and vehicle modifications:</u> Physical modifications to the home and/or vehicle including: kitchen counters, sink space, cabinets, and special adaptations to refrigerators, stoves, and ovens; bathtubs and toilets to accommodate transfer, special handles and hoses for showerheads, water faucet controls, and accessible shower and sink areas; grab-bars and handrails; turnaround space adaptations; ramps, lifts, and door, hall and window widening; fire safety alarm equipment specific for disability; voice activated, sound activated, light activated, motion activated, and electronic devices directly related to consumer's disability; vehicle lifts, driver specific adaptations, remote start systems, including such modifications already installed in a vehicle; keyless entry systems; automatic opening device for home or vehicle door; special door and window locks; specialized doorknobs and handles; plexiglass replacement for glass windows; modification of existing stairs to widen, lower, raise, or enclose open stairs; motion detectors; low pile carpeting or slip resistant flooring; telecommunications device for people who are deaf; exterior hard surface pathway; new door opening; pocket doors; installation or relocation of controls, outlets, and switches; air conditioning and air filtering if medically necessary; heightening of existing garage door opening to accommodate modified van; bath chairs.</p> <p>PERS: An electronic device that enables a person to obtain help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	
<b>Benefit Limits</b>	<p><u>Home and vehicle modifications:</u> \$5,000 maximum lifetime benefit.</p> <p>PERS: 12 months of service per state fiscal year.</p>					
<b>Training on Use and Repairs</b>	Training: no.					
	Repairs: no.					

<b>Traumatic Brain Injury (TBI) Waiver (0299)</b>						
<b>Agency Name</b>	Iowa Department of Human Services, Iowa Bureau of Long-term Care					
<b>Phone</b>	515-725-1150					
<b>Web site</b>	<a href="http://www.ime.state.ia.us/HCBS/help_ownhome.html">http://www.ime.state.ia.us/HCBS/help_ownhome.html</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, consumer directed attendant care, supported community living, respite care, home and vehicle modifications, personal emergency response systems, and specialized medical equipment to persons with brain injury who meet the Intermediate Care Facility for the Mentally Retarded, intermediate care facility, skilled nursing facility, or nursing facility level of care criteria.					
<b>Populations Served</b>	Individuals 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, intermediate care facility, nursing facility, or skilled nursing facility.					
<b>Terminology for HM and AT</b>	Home and vehicle modifications, personal emergency response systems (PERS), specialized medical equipment (SME).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Home and vehicle modifications:</u> Physical modifications to the home and/or vehicle including: kitchen counters, sink space, cabinets, and special adaptations to refrigerators, stoves, and ovens; bathtubs and toilets to accommodate transfer, special handles and hoses for showerheads, water faucet controls, and accessible shower and sink areas; grab-bars and handrails; turnaround space adaptations; ramps, lifts, and door, hall and window widening; fire safety alarm equipment specific for disability; voice activated, sound activated, light activated, motion activated, and electronic devices directly related to consumer's disability; vehicle lifts, driver specific adaptations, remote start systems, including such modifications already installed in a vehicle; keyless entry systems; automatic opening device for home or vehicle door; special door and window locks; specialized doorknobs and handles; plexiglass replacement for glass windows; modification of existing stairs to widen, lower, raise, or enclose open stairs; motion detectors; low pile carpeting or slip resistant flooring; telecommunications device for people who are deaf; exterior hard surface pathway; new door opening; pocket doors; installation or relocation of controls, outlets, and switches; air conditioning and air filtering if medically necessary; heightening of existing garage door opening to accommodate modified van; bath chairs.</p> <p><u>PERS:</u> An electronic device that enables a person to obtain help in an emergency.</p> <p><u>SME:</u> Electronic aids and organizers, medicine-dispensing devices, communication devices, bath aids, and non-covered environmental control units.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	
<b>Benefit Limits</b>	<p><u>Home and vehicle modifications:</u> \$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.</p> <p><u>PERS:</u> 12 months of service per state fiscal year.</p> <p><u>SME:</u> \$500 per month not to exceed \$6,000 per year.</p>					
<b>Training on Use and Repairs</b>	<p>Training: Information N/A.</p> <p>Repairs: yes.</p>					

## Physically Disabled Waiver (0345)

<b>Agency Name</b>	Iowa Department of Human Services, Iowa Bureau of Long-term Care					
<b>Phone</b>	515-725-1150					
<b>Web site</b>	<a href="http://www.ime.state.ia.us/HCBS/help_ownhome.html">http://www.ime.state.ia.us/HCBS/help_ownhome.html</a>					
<b>Summary of State Plan Coverage</b>	To provide consumer-directed attendant care, emergency response, home and vehicle modifications, and specialized medical equipment to persons with physical disabilities who meet the nursing facility level of care criteria.					
<b>Populations Served</b>	Individuals aged 18-64 who meet the intermediate care facility or skilled nursing facility level of care criteria and have the ability to manage personal care attendants.					
<b>Terminology for HM and AT</b>	Home and vehicle modifications, personal emergency response systems (PERS), specialized medical equipment (SME).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Home and vehicle modifications:</u> Physical modifications to the home and/or vehicle to assist with the health, safety, and welfare needs of the consumer and to increase or maintain independence.</p> <p><u>PERS:</u> An electronic device that enables a person to secure help in an emergency.</p> <p><u>SME:</u> Electronic aids and organizers, medicine-dispensing devices, communication devices, bath aids, and non-covered environmental control units.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	
<b>Benefit Limits</b>	<p><u>Home and vehicle modifications:</u> \$500 per month not to exceed \$6,000 per year.</p> <p><u>PERS:</u> 12 months of service per state fiscal year.</p> <p><u>SME:</u> \$500 per month not to exceed \$6,000 per year.</p> <p>Total cost of all waiver services cannot exceed \$621/month.</p>					
<b>Training on Use and Repairs</b>	<p>Training: Information N/A.</p> <p>Repairs: yes.</p>					

<b>Ill and Handicapped Waiver (Non-Elderly Disability) (4111)</b>						
<b>Agency Name</b>	Iowa Department of Human Services, Iowa Bureau of Long-term Care					
<b>Phone</b>	515-725-1146					
<b>Web site</b>	<a href="http://www.ime.state.ia.us/HCBS/help_ownhome.html">http://www.ime.state.ia.us/HCBS/help_ownhome.html</a>					
<b>Summary of State Plan Coverage</b>	To provide consumer-directed attendant care, counseling, home-delivered meals, homemaker services, emergency response, home and vehicle modifications, and respite care to persons with mental retardation/developmental disabilities who meet the nursing facility, skilled nursing facility, or Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Populations Served</b>	Individuals of all ages with mental retardation/developmental disabilities who meet the nursing facility, skilled nursing facility, or Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Home and vehicle modifications, personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Home and vehicle modifications:</u> Physical modifications to the home and/or vehicle including: kitchen counters, sink space, cabinets, and special adaptations to refrigerators, stoves, and ovens; bathtubs and toilets to accommodate transfer, special handles and hoses for showerheads, water faucet controls, and accessible shower and sink areas; grab-bars and handrails; turnaround space adaptations; ramps, lifts, and door, hall, and window widening; fire safety alarm equipment specific for disability; voice activated, sound activated, light activated, motion activated, and electronic devices directly related to consumer's disability; vehicle lifts, driver specific adaptations, and remote start systems, including such modifications already installed in a vehicle; keyless entry systems; automatic opening device for home or vehicle door; special door and window locks; specialized doorknobs and handles; plexiglass replacement for glass windows; modification of existing stairs to widen, lower, raise, or enclose open stairs; motion detectors; low pile carpeting or slip resistant flooring; telecommunications device for people who are deaf; exterior hard surface pathway; new door opening; pocket doors; installation or relocation of controls, outlets, and switches; air conditioning and air filtering if medically necessary; heightening of existing garage door opening to accommodate modified van; bath chairs.</p> <p><u>PERS:</u> An electronic device that enables a person to obtain help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	√	√	
<b>Benefit Limits</b>	<p><u>Home and vehicle modifications:</u> \$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.</p> <p><u>PERS:</u> 12 months of service per state fiscal year.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: no.</p>					



<b>Elderly Waiver (4155)</b>						
<b>Agency Name</b>	Iowa Department of Human Services, Iowa Bureau of Long-term Care					
<b>Phone</b>	515-725-1147					
<b>Web site</b>	<a href="http://www.ime.state.ia.us/HCBS/help_ownhome.html">http://www.ime.state.ia.us/HCBS/help_ownhome.html</a>					
<b>Summary of State Plan Coverage</b>	To provide emergency response, homemaker services, home-delivered meals, assistive services, and physical modifications to the home and/or vehicle for persons aged 65 and older who meet nursing home or skilled nursing facility level of care criteria.					
<b>Populations Served</b>	Individuals who are 65 and older who meet the nursing home or skilled nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Physical modifications to the home and/or vehicle, personal emergency response system (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><b>Home and vehicle modifications:</b> Physical modifications to the home and/or vehicle including: kitchen counters, sink space, cabinets, and special adaptations to refrigerators, stoves, and ovens; bathtubs and toilets to accommodate transfer, special handles and hoses for showerheads, water faucet controls, and accessible shower and sink areas; grab-bars and handrails; turnaround space adaptations; ramps, lifts, and door, hall and window widening; fire safety alarm equipment specific for disability; voice activated, sound activated, light activated, motion activated and electronic devices directly related to consumer's disability; vehicle lifts, driver specific adaptations, remote start systems, including such modifications already installed in a vehicle; keyless entry systems; automatic opening device for home or vehicle door; special door and window locks; specialized doorknobs and handles; plexiglass replacement for glass windows; modification of existing stairs to widen, lower, raise, or enclose open stairs; motion detectors; low pile carpeting or slip resistant flooring; telecommunications device for people who are deaf; exterior hard surface pathway; new door opening; pocket doors; installation or relocation of controls, outlets, and switches; air conditioning and air filtering if medically necessary; heightening of existing garage door opening to accommodate modified van; bath chairs.</p> <p><b>PERS:</b> An electronic device that enables a person to obtain help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A	√	√	
<b>Benefit Limits</b>	<p><b>Home and vehicle modifications:</b> \$1,000 maximum lifetime benefit.</p> <p><b>PERS:</b> Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: no.</p> <p>Repairs: no.</p>					

# KANSAS

<b>Overview</b>	Kansas offers some assistive technology devices through its Medicaid State Plan. In addition, the state offers assistive technology, home modifications, and vehicle modifications through four waivers.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Kansas Department of Social and Rehabilitation Services					
<b>Phone</b>	785-296-3959					
<b>Web site</b>	<a href="http://www.srskansas.org/">http://www.srskansas.org/</a>					
<b>Summary of State Plan Coverage</b>	The Kansas Medicaid State Plan covers patient lifts and augmentative communication devices through the durable medical equipment benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Augmentative communication devices (ACD), durable medical equipment (DME), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>ACD</u>: Includes non-electronic augmentative or alternative communication device, speech-generating device, speech software program.</p> <p><u>DME</u>: Patient lifts (movable from room to room with disassembly and reassembly), includes all components/accessories.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	√	√	√	
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: Information N/A. Repairs: no.					

## Traumatic Brain Injury Waiver (4164)

<b>Agency Name</b>	Department of Social and Rehabilitation Services					
<b>Phone</b>	785-296-3959					
<b>Web site</b>	<a href="http://www.srskansas.org/">http://www.srskansas.org/</a>					
<b>Summary of State Plan Coverage</b>	To 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 individuals age 16-64 with traumatically acquired brain injury.					
<b>Populations Served</b>	Individuals age 16-64 with traumatically acquired brain injury.					
<b>Terminology for HM and AT</b>	Personal emergency response systems (PERS), assistive services, home modifications (HM), environmental control systems, adaptive equipment, vehicle modifications (VM).					
<b>Examples of Covered HM and AT Services</b>	<p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>Assistive services</u>: Augmentative communication devices, wheelchair controls, palm pilots, electronic door openers, environmental control systems (control temperature, lights, security system).</p> <p><u>HM</u>: Ramps, 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 bidet adaptations, plumbing modifications, turnaround space adaptations).</p> <p><u>VM</u>: Van lifts, vehicle changes (e.g., hand controls, roll-in access, tie downs).</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√		√	√
<b>Benefit Limits</b>	<p><u>PERS</u>: \$25 per month (if rental), and a twice a year installation cost of \$53.</p> <p><u>Assistive services/HM</u>: 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.</p> <p><u>VM</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: Information N/A.</p>					

<b>Mental Retardation/Developmentally Disabled (MR/DD) Waiver (0224)</b>						
<b>Agency Name</b>	Department of Social and Rehabilitation Services, Health Care Policy Division					
<b>Phone</b>	785-296-3959					
<b>Web site</b>	<a href="http://www.srskansas.org/">http://www.srskansas.org/</a>					
<b>Summary of State Plan Coverage</b>	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 to individuals aged five and over except those with severe emotional disabilities.					
<b>Populations Served</b>	Individuals with mental retardation or a developmental disability, aged five and over.					
<b>Terminology for HM and AT</b>	Personal emergency response systems (PERS), home modifications (HM), housing modification services, communication devices, van lifts, vehicle modifications (VM).					
<b>Examples of Covered HM and AT Services</b>	<p><b>PERS:</b> An electronic device that enables a person to secure help in an emergency.</p> <p><b>HM:</b> 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).</p> <p><b>Communication devices:</b> 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.</p> <p><b>VM:</b> Van lifts provided for safe transfer and transportation to enhance community integration.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√		√	√
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

<b>Frail Elderly Waiver</b>						
<b>Agency Name</b>	Kansas Department on Aging					
<b>Phone</b>	785-296-4986					
<b>Web site</b>	<a href="http://www.agingkansas.org/index.htm">http://www.agingkansas.org/index.htm</a>					
<b>Summary of State Plan Coverage</b>	To provide nursing evaluation visit, assistive technology, adult day care, sleep cycle support, personal emergency response systems, wellness monitoring, medication reminder, and attendant care to aged individuals.					
<b>Populations Served</b>	Individuals aged 65 and older.					
<b>Terminology for HM and AT</b>	Assistive technology (AT), home modifications (HM), housing modifications, accessibility adaptations, personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>AT</u>: Ramps, door widening, some remodeling.</p> <p><u>HM</u>: Ramps, lifts (stair), modifications of bathroom facilities (roll-in showers, sink modifications, bathtub modifications, toilet modifications, water faucet controls, turnaround space adaptations), specialized accessibility adaptations (door-widening, grab-bars and handrails).</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√		√	√
<b>Benefit Limits</b>	<p><u>AT</u>: Lifetime maximum of \$7,500 per individual, with assistive technology funded by other waiver programs included in this maximum.</p> <p><u>HM</u>: Information N/A.</p> <p><u>PERS</u>: Limited to rental, \$25 per month, and a one-time installation cost of \$53.</p>					
<b>Training on Use and Repairs</b>	<p>Training: Information N/A.</p> <p>Repairs: no.</p>					

## Physically Disabled Waiver (304)

<b>Agency Name</b>	Department of Social and Rehabilitation Services, Health Care Policy Division					
<b>Phone</b>	785-296-3959					
<b>Web site</b>	<a href="http://www.srskansas.org/">http://www.srskansas.org/</a>					
<b>Summary of State Plan Coverage</b>	To provide personal care services, independent living counseling, and assistive services to physically disabled adults.					
<b>Populations Served</b>	Medicaid-eligible consumers aged 16-64 who are physically disabled.					
<b>Terminology for HM and AT</b>	Assistive services, adaptive equipment, assistive technology (AT), environmental modifications.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Assistive services/AT</u>: Ramps, lifts, modifications to bathrooms and kitchens specifically related to accessibility, specialized safety adaptations, assistive technology that improves mobility or communication.</p> <p>[Note: Environmental modifications may be purchased only in rented apartments or homes when the landlord agrees in writing to maintain the modifications for a period of not less than three years and will give first rent priority to tenants with physical disabilities.]</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√		√	√
<b>Benefit Limits</b>	Lifetime maximum of \$7,500 per individual, with assistive technology funded by other waiver programs included in this maximum.					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: Information N/A.</p>					

# KENTUCKY

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Kentucky Department of Medicaid Services					
<b>Phone</b>	502-564-7704					
<b>Web site</b>	<a href="http://www.chfs.ky.gov/dms/">http://www.chfs.ky.gov/dms/</a>					
<b>Summary of State Plan Coverage</b>	The Kentucky Medicaid State Plan offers limited assistive technology services through the durable medical equipment benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Durable medical equipment (DME), speech-generating devices.					
<b>Examples of Covered HM and AT Services</b>	DME: Power-operated vehicles, speech-generating devices and accessories.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		N/A	√	√	√	
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: yes.					

<b>Home and Community-Based Waiver for Elderly and Disabled Individuals (Aged/Disabled) (0144)</b>						
<b>Agency Name</b>	Kentucky Department of Medicaid Services					
<b>Phone</b>	502-564-7540, 502-564-5198					
<b>Web site</b>	<a href="http://chfs.ky.gov/dms/hcb.htm">http://chfs.ky.gov/dms/hcb.htm</a>					
<b>Summary of State Plan Coverage</b>	This waiver provides necessary medical services to Medicaid-eligible individuals who are aged or disabled and who would otherwise require nursing facility level of care to remain living at home and in the community. Services include: case management, homemaker services, personal care services, and adult day health services.					
<b>Populations Served</b>	Individuals who are aged or disabled, and who might otherwise, without these services, be admitted to a nursing facility.					
<b>Terminology for HM and AT</b>	Minor home adaptations.					
<b>Examples of Covered HM and AT Services</b>	Minor home adaptations: Bathtub rails, commode railings, grab-bars, commode extenders, step railings, bathtub seat, ramps, etc., including labor and necessary supplies.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√		√		√	√
<b>Benefit Limits</b>	\$500 per recipient per calendar year.					
<b>Training on Use and Repairs</b>	Training: no. Repairs: no.					

## Supports for Community Living Waiver (0314)

<b>Agency Name</b>	Kentucky Department of Mental Health/Mental Retardation, Division of Mental Retardation					
<b>Phone</b>	502-564-7702, 502-564-5198, 502-564-5560, 502-564-7540					
<b>Web site</b>	<a href="http://www.mhmr.ky.gov/mr/sclhmpg.asp?sub1 sub14">http://www.mhmr.ky.gov/mr/sclhmpg.asp?sub1 sub14</a>					
<b>Summary of State Plan Coverage</b>	This waiver allows mentally retarded/developmentally disabled persons who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria to remain living at home and in the community. Services offered include: supported coordination, community habilitation, behavioral services, and respite care.					
<b>Populations Served</b>	Individuals with mental retardation or developmental disabilities who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria, and who meet other Medicaid requirements.					
<b>Terminology for HM and AT</b>	Specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	SMES: May be covered when unavailable through the Kentucky state plan durable medical equipment, vision, or dental programs. Examples are not available.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	√
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Information N/A.					



<b>Brain Injuries Waiver (0333)</b>						
<b>Agency Name</b>	Kentucky Department of Mental Health/Mental Retardation, Division of Substance Abuse					
<b>Phone</b>	502-564-3615					
<b>Web site</b>	<a href="http://chfs.ky.gov/dms/mhmr.htm">http://chfs.ky.gov/dms/mhmr.htm</a>					
<b>Summary of State Plan Coverage</b>	The Acquired Brain Injury Waiver program provides rehabilitative home and community based services to individuals with a brain injury as an alternative to nursing facility services, so that the individual can return to the community with existing resources.					
<b>Populations Served</b>	Individuals with an acquired brain injury between the ages of 21 and 65 years old that meet the nursing facility level of care criteria, that are expected to benefit from waiver services, and are financially eligible for Medicaid services.					
<b>Terminology for HM and AT</b>	Environmental modifications, specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental modifications</u>: Those physical adaptations to the home that are necessary to ensure the health, welfare, and safety of the individual, or that enable the individual to function with greater independence in the home. Modifications must have direct medical or remedial benefit.</p> <p><u>SMES</u>: Including durable and nondurable medical equipment, devices, controls--and appliances or ancillary supplies, devices, controls, or appliances--that are specified in the plan of care and 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 excludes items that are not of direct medical or remedial benefit to the recipient, and are not essential to the rehabilitation and retraining of the individual.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√		√	√	√
<b>Benefit Limits</b>	<p><u>Environmental modifications</u>: \$1,000 per recipient per six months.</p> <p><u>SMES</u>: Information N/A.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

# LOUISIANA

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Louisiana Department of Health and Hospitals, Bureau of Health Services Financing					
<b>Phone</b>	225-342-5774					
<b>Web site</b>	<a href="http://www.dhh.louisiana.gov/offices/?ID=92">http://www.dhh.louisiana.gov/offices/?ID=92</a>					
<b>Summary of State Plan Coverage</b>	Coverage for selected types of assistive technology is available under the medical equipment, appliances and supplies benefit.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Medical equipment, appliances and supplies.					
<b>Examples of Covered HM and AT Services</b>	<u>Special wheelchairs:</u> Customized wheelchairs with special attachments or construction.  <u>Adaptive hygiene equipment:</u> Elevated toilet seats, bath or shower stools, and safety guard rails.					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Information N/A.					

<b>Elderly and Disabled Adult Waiver (0257)</b>						
<b>Agency Name</b>	Louisiana Department of Health and Hospitals, Bureau of Community Supports and Services					
<b>Phone</b>	877-456-1146					
<b>Web site</b>	<a href="http://www.dhh.louisiana.gov/offices/page.asp?ID=92&amp;Detail=4123">http://www.dhh.louisiana.gov/offices/page.asp?ID=92&amp;Detail=4123</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, household supports (homemaker), personal care, environmental accessibility adaptations, personal emergency response systems, day and night supervision, and adult companion services to disabled adults and aged persons.					
<b>Populations Served</b>	Medicaid recipients who are 65 and older, or disabled adults 21 or older, who meet the nursing home level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental modifications, personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental modifications:</u> Modifications to the home to enable a person to function with greater independence and safety. Modifications include changes/additions to bathroom facilities such as roll-showers, sink modifications, bathtub modifications, toilet modifications, water faucet controls, floor urinal and bidet adaptations, plumbing modifications, and turnaround space adaptations. Specialized accessibility/safety adaptations include door widening, electrical wiring, grab-bars, handrails, automatic door openers/doorbells, voice/light/motion activated electronic devices, fire safety adaptations, air filtering devices, and heating/cooling adaptations.</p> <p><u>PERS:</u> An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	N/A	√	√	
<b>Benefit Limits</b>	<p><u>Environmental modifications:</u> \$3,000 lifetime cap per recipient.</p> <p><u>PERS:</u> None.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

<b>New Opportunities Waiver -- Independence Plus Waiver (0401-IP)</b>						
<b>Agency Name</b>	Louisiana Department of Health and Hospitals, Bureau of Community Supports and Services (in conjunction with Office for Citizens with Developmental Disabilities)					
<b>Phone</b>	800-660-0488					
<b>Web site</b>	<a href="http://www.dhh.louisiana.gov/offices/page.asp?ID=92&amp;Detail=4124">http://www.dhh.louisiana.gov/offices/page.asp?ID=92&amp;Detail=4124</a>					
<b>Summary of State Plan Coverage</b>	To provide respite care, habilitation (residential, day, supported employment and employment-related training), environmental accessibility adaptations, skilled nursing, specialized medical equipment and supplies, personal emergency response systems, adult residential care (adult foster care), individualized and family support, community integration development, professional services, professional consultation, one-time transitional expenses, and transitional professional support services for people with mental retardation/developmental disabilities.					
<b>Populations Served</b>	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 care criteria.					
<b>Terminology for HM and AT</b>	Environmental accessibility modifications, personal emergency support systems (PERS), specialized medical equipment and supplies (SMES).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental accessibility modifications</u>: Information N/A.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>SMES</u>: Information N/A.</p>					
<b>Process to Access Benefit</b>	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
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Information N/A.					

# MAINE

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Maine Department of Health and Human Services, Office of MaineCare Services					
<b>Phone</b>	207-624-7539					
<b>Web site</b>	<a href="http://www.maine.gov/sos/cec/rules/10/ch101.htm">http://www.maine.gov/sos/cec/rules/10/ch101.htm</a>					
<b>Summary of State Plan Coverage</b>	The Maine Medicaid State Plan covers assistive technology under the durable medical equipment benefit.					
<b>Populations Served</b>	Medicaid-eligible beneficiaries.					
<b>Terminology for HM and AT</b>	Durable medical equipment (DME) (assistive technology).					
<b>Examples of Covered HM and AT Services</b>	DME (assistive technology): Wheelchairs, low and medium technical devices, augmentative communication devices, orthotics, prosthetics, hearing aids, vision devices, sip-and-puff controls for wheelchairs if they can be proven to be medically necessary.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	√	√	√	
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: yes.					

<b>Physically Disabled Waiver (0127)</b>						
<b>Agency Name</b>	Maine Department of Health and Human Services, Office of MaineCare Services					
<b>Phone</b>	207-624-7539					
<b>Web site</b>	<a href="http://www.maine.gov/sos/cec/rules/10/ch101.htm">http://www.maine.gov/sos/cec/rules/10/ch101.htm</a>					
<b>Summary of State Plan Coverage</b>	To provide personal care attendant services, personal emergency response systems, and case management/consumer direction for individuals aged 18 and older with physical disabilities.					
<b>Populations Served</b>	Individuals aged 18 and older with physical disabilities.					
<b>Terminology for HM and AT</b>	Personal emergency response system (PERS).					
<b>Examples of Covered HM and AT Services</b>	<u>PERS</u> : An electronic device that enables a person to secure help in an emergency.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√		√	N/A	√	
<b>Benefit Limits</b>	There is a \$35 per month leasing cap per consumer for PERS.					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: no.					

<b>Mental Retardation Waiver (0159)</b>						
<b>Agency Name</b>	Maine Department of Health and Human Services, Office of MaineCare Services					
<b>Phone</b>	207-624-7539					
<b>Web site</b>	<a href="http://www.maine.gov/sos/cec/rules/10/ch101.htm">http://www.maine.gov/sos/cec/rules/10/ch101.htm</a>					
<b>Summary of State Plan Coverage</b>	To provide day habilitation, residential training, personal supports, crisis intervention, supported employment, environmental modifications, adaptive aids, communication aids, respite care, consultation services, transportation, non-traditional communication assessment, and non-traditional communication consultation.					
<b>Populations Served</b>	Developmentally disabled individuals. Information about whether there is an age restriction on waiver eligibility could not be obtained.					
<b>Terminology for HM and AT</b>	Environmental modification services, adaptive aids/specialized medical equipment and supplies (SMES), communication aids.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental modification services:</u> Installation of ramps and grab-bars, hydraulic lifts, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems to accommodate medical equipment and supplies.</p> <p><u>Adaptive aids/SMES:</u> Lifts such as van lifts/adaptations for vehicles; lift devices; standing boards; frames; standard wheelchairs; pediatric wheelchairs; "hemi" chairs; tilt-in-space and reclining wheelchairs; control switches/pneumatic switches and devices such as sip-and-puff controls, and adaptive switches or devices that increase the member's ability to perform activities of daily living; environmental control units; other devices necessary for life support; and durable and non-durable medical equipment that is not otherwise covered for reimbursement under the MaineCare state plan.</p> <p><u>Communication aids:</u> Direct selection, alphanumeric, scanning and encoding communicators; and speech amplifiers, aids and assistive devices not otherwise covered under other sections of the MaineCare Benefits Manual.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	√	√	√	√	N/A
<b>Benefit Limits</b>	The total amount allowable for these services is limited to a maximum expenditure of \$10,000 every five-year period per member. Once that cap is reached, an additional maximum of \$300 per year, per member, is allowable for repair and replacement of previously installed modifications, or for additional modifications.					
<b>Training on Use and Repairs</b>	<p>Training: Information N/A.</p> <p>Repairs: yes.</p>					

## Disabled Adults Under 60 (0276)

<b>Agency Name</b>	Maine Department of Health and Human Services, Office of MaineCare Services					
<b>Phone</b>	207-624-7539					
<b>Web site</b>	<a href="http://www.maine.gov/sos/cec/rules/10/ch101.htm">http://www.maine.gov/sos/cec/rules/10/ch101.htm</a>					
<b>Summary of State Plan Coverage</b>	To provide case management, homemaker, home health aide, personal care, respite care, adult day health care, environmental accessibility, skilled nursing, transportation, personal emergency response systems, independent living assessment, home health care, and therapies (physical, occupational, speech, hearing and language) to adults with disabilities.					
<b>Populations Served</b>	Adults with disabilities aged 18-60.					
<b>Terminology for HM and AT</b>	Environmental accessibility (includes home modifications), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental accessibility (including home modifications)</u>: Physical modifications to the member's place of residence. May include ramps, and lifts for porch and stairs. Bathroom modifications include: roll-in showers, sink, faucets, floor urinals, and turnaround space adaptations. Kitchen modifications include: sinks, faucets, turnaround space, cabinetry adjustments, door widening, grab-bars, handrails, voice activation, light/motion devices, fire safety, air safety devices, and smooth flooring.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√		√	√	√	√
<b>Benefit Limits</b>	<p><u>Environmental accessibility (including home modifications)</u>: \$3,000 per consumer, per year.</p> <p><u>PERS</u>: \$48 per month, per consumer.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					

<b>Elderly Waiver (0088)</b>						
<b>Agency Name</b>	Maine Department of Health and Human Services, Office of MaineCare Services					
<b>Phone</b>	207-624-7539					
<b>Web site</b>	<a href="http://www.maine.gov/sos/cec/rules/10/ch101.htm">http://www.maine.gov/sos/cec/rules/10/ch101.htm</a>					
<b>Summary of State Plan Coverage</b>	For individuals aged 60 and older. To provide case management, adult day health care, personal care, transportation, homemaker/chore services, emergency response, home care/home health, respite care, environmental accessibility adaptations, and independent living assessment for hearing-impaired individuals.					
<b>Populations Served</b>	Adults age 60 and older.					
<b>Terminology for HM and AT</b>	Environmental accessibility adaptations (EAA) (includes home modifications), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>EAA</u>: Physical modifications to the member's place of residence. May include ramps and lifts for porch and stairs. Bathroom modifications include: roll-in showers, sinks, faucets, floor urinals, and turnaround space adaptations. Kitchen modifications include: sinks, faucets, turnaround space, cabinetry adjustments, door widening, grab-bars, handrails, voice activation, light/motion devices, fire safety, air safety devices, and smooth flooring.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√		√	√	√	√
<b>Benefit Limits</b>	<p><u>EAA</u>: \$3,000 per consumer, per year.</p> <p><u>PERS</u>: \$48 per month, per consumer.</p>					
<b>Training on Use and Repairs</b>	<p>Training: yes.</p> <p>Repairs: yes.</p>					



# MARYLAND

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	Maryland Department of Health and Mental Hygiene (DHMH)					
<b>Phone</b>	410-767-1739					
<b>Web site</b>	<a href="http://www.dhmh.state.md.us/mma">http://www.dhmh.state.md.us/mma</a>					
<b>Summary of State Plan Coverage</b>	Certain categories of assistive technology are covered under the disposable medical supplies/durable medical equipment benefit. Home modifications are not covered.					
<b>Populations Served</b>	Medicaid-eligible individuals.					
<b>Terminology for HM and AT</b>	Disposable medical supplies/durable medical equipment (DMS/DME).					
<b>Examples of Covered HM and AT Services</b>	Non-electronic communication devices, wheelchairs (including customized adaptations), prosthetic devices, patient lifts, gait trainers, and other equipment that is medically necessary for use in the recipient's home.					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	N/A	√	√	
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

## Waiver for Older Adults (265)

<b>Agency Name</b>	Maryland Department of Health and Mental Hygiene (DHMH) and Maryland Department of Aging					
<b>Phone</b>	1-800-AGE-DIAL, or any local Area Agency on Aging (AAA)					
<b>Web site</b>	<a href="http://www.dhmh.state.md.us/mma/waiverprograms/pdf/olderadultfaq.pdf">http://www.dhmh.state.md.us/mma/waiverprograms/pdf/olderadultfaq.pdf</a>					
<b>Summary of State Plan Coverage</b>	For aged/disabled persons 50 years and older. To provide personal care, respite care, adult day health care, senior center plus, environmental assessments, environmental accessibility adaptations, assistive devices, personal emergency response systems, family or consumer training, assisted living, behavior consultation, home-delivered meals, and dietitian/nutritionist services.					
<b>Populations Served</b>	Low-income individuals who are at least 50 years old and meet the nursing facility level of care criteria.					
<b>Terminology for HM and AT</b>	Assistive devices, environmental assessments, environmental accessibility adaptations (EAA), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Assistive devices</u>: Door alarm, portable "help" button, shower seat, bed rail, extenders to assist with reaching or dressing and geriatric chair.</p> <p><u>Environmental assessments</u>: On-site environmental assessments of the participant's home or residence, including a licensed assisted living facility.</p> <p><u>EAA</u>: Physical adaptations to the home, including a licensed assisted living facility. May include 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.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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	√	√
<b>Benefit Limits</b>	<p><u>Assistive devices</u>: \$1,000 per participant, per year.</p> <p><u>Environmental assessments</u>: \$350 per assessment.</p> <p><u>EAA</u>: For modifications, there is a \$10,000 per participant lifetime limit.</p> <p><u>PERS</u>: \$1,000 for purchase and installation; \$45/month for maintenance.</p>					
<b>Training on Use and Repairs</b>	<p><u>Assistive devices</u>: Training: no. Repairs: no.</p> <p><u>Environmental assessments</u>: Information N/A.</p> <p><u>EAA</u>: Training: information N/A. Repairs: yes.</p> <p><u>PERS</u>: Training: yes. Repairs: yes.</p>					

<b>Living at Home: Maryland Community Choices (0353)</b>						
<b>Agency Name</b>	Maryland Department of Health and Mental Hygiene (DHMH)					
<b>Phone</b>	410-767-7479					
<b>Web site</b>	<a href="http://www.dhmh.state.md.us/mma/commchoic/index.html">http://www.dhmh.state.md.us/mma/commchoic/index.html</a>					
<b>Summary of State Plan Coverage</b>	To provide funding for attendant care, nursing supervision of attendants, assistive technology, personal emergency response systems, family training, environmental accessibility adaptations, consumer training and transition services to individuals with physical disabilities.					
<b>Populations Served</b>	Individuals with physical disabilities, aged 18 years and older, who meet the nursing home level of care criteria.					
<b>Terminology for HM and AT</b>	Assistive technology (AT), environmental accessibility adaptations (EAA), personal emergency response systems (PERS).					
<b>Examples of Covered HM and AT Services</b>	<p><b>AT:</b> 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.</p> <p><b>EAA:</b> 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.</p> <p><b>PERS:</b> An electronic device that enables a person to secure help in an emergency.</p>					
<b>Process to Access Benefit</b>	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	√	√
<b>Benefit Limits</b>	<p><b>AT and EAA:</b> \$6,024 every 12 months. Only two residences may be modified for a participant every three consecutive years.</p> <p><b>PERS:</b> \$1,095 per unit of service. However, up to \$1,314 is allowed for a system with a motion detector.</p>					
<b>Training on Use and Repairs</b>	<p><b>AT:</b> Training: yes. Repairs: yes.</p> <p><b>EAA:</b> Training: no. Repairs: no.</p> <p><b>PERS:</b> Training: yes. Repairs: yes.</p>					

## Waiver for Individuals with Mental Retardation/Developmental Disabilities -- Community Pathways (0023)

<b>Agency Name</b>	Maryland Department of Health and Mental Hygiene, Developmental Disabilities Administration (DDA)					
<b>Phone</b>	410-767-5600 or contact one of the DDA Regional Offices					
<b>Web site</b>	<a href="http://ddamaryland.org/waiver.htm">http://ddamaryland.org/waiver.htm</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Individuals with developmental disabilities of any age who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Assistive technology and adaptive equipment, accessibility adaptations.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Assistive technology and adaptive equipment:</u> Communication devices, equipment needed to adapt the participant's or family's vehicle, any piece of technology or equipment that enables an individual to live more independently.</p> <p><u>Accessibility adaptations:</u> 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.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	N/A	√	√
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

## Waiver for Individuals with Mental Retardation/Developmental Disabilities -- New Directions (0424-IP)

<b>Agency Name</b>	Maryland Department of Health and Mental Hygiene, Developmental Disabilities Administration (DDA)					
<b>Phone</b>	410-767-5569 or contact one of the DDA Regional Offices					
<b>Web site</b>	<a href="http://ddamaryland.org/waiver.htm">http://ddamaryland.org/waiver.htm</a>					
<b>Summary of State Plan Coverage</b>	To provide support brokerage, respite care, day habilitation-supported employment, personal support, transportation, accessibility adaptations, family and individual support services, assistive technology and adaptive equipment.					
<b>Populations Served</b>	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.					
<b>Terminology for HM and AT</b>	Assistive technology and adaptive equipment, accessibility adaptations (also called environmental modifications).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Assistive technology and adaptive equipment:</u> 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.</p> <p><u>Accessibility adaptations:</u> 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.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	√	N/A	√	√
<b>Benefit Limits</b>	None.					
<b>Training on Use and Repairs</b>	Training: yes. Repairs: yes.					

# MASSACHUSETTS

<b>Overview</b>	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.					
<b>Medicaid State Plan Coverage</b>						
<b>Agency Name</b>	MassHealth					
<b>Phone</b>	800-531-2229					
<b>Web site</b>	<a href="http://www.mass.gov/?pageID=eohhs2agencylanding&amp;L=4&amp;L0=Home&amp;L1=Government&amp;L2=Departments+and+Divisions&amp;L3=MassHealth&amp;sid=Eeohhs2">http://www.mass.gov/?pageID=eohhs2agencylanding&amp;L=4&amp;L0=Home&amp;L1=Government&amp;L2=Departments+and+Divisions&amp;L3=MassHealth&amp;sid=Eeohhs2</a>					
<b>Summary of State Plan Coverage</b>	MassHealth provides an array of home and community-based services to match the needs of individual consumers and their families. These services include certain assistive technology devices, durable medical equipment, home health aides, personal care attendant services, hospice care, and early intervention and therapy services.					
<b>Populations Served</b>	Individuals who are eligible for MassHealth and for whom the services are medically necessary.					
<b>Terminology for HM and AT</b>	Mobility systems, special adaptive mobility systems, augmentative communication devices (ACD), personal emergency response systems (PERS), specialized equipment, assistive technology (AT).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Mobility systems</u>: Manual or motorized wheelchair or wheeled device and its modifications. Includes made-to-order equipment to meet specific needs of patients.</p> <p><u>Special adaptive mobility systems</u>: 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.</p> <p><u>ACD</u>: Communication boards or books, speech amplifiers, and electronic devices that produce speech or written output.</p> <p><u>PERS</u>: An electronic device that enables a person to secure help in an emergency.</p> <p><u>Specialized equipment</u>: Pressure-reducing support systems and equipment to meet bath and shower needs, such as shower chairs and transfer benches.</p> <p><u>AT</u>: Devices and services that help to maximize an individual's control over his or her environment.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
		√	√	√	N/A	
<b>Benefit Limits</b>	Information N/A.					
<b>Training on Use and Repairs</b>	Training: yes.					
	Repairs: yes.					

## Home and Community Based Services for Elders (Aged and Disabled 60 and Older Waiver) (0059)

<b>Agency Name</b>	Executive Office of Elder Affairs					
<b>Phone</b>	800-243-4636, 617-727-7750					
<b>Web site</b>	<a href="http://www.mass.gov/?pageID=eldershomepage&amp;L=1&amp;L0=Home&amp;sid=Eelders">http://www.mass.gov/?pageID=eldershomepage&amp;L=1&amp;L0=Home&amp;sid=Eelders</a>					
<b>Summary of State Plan Coverage</b>	To provide homemaker services, home-delivered meals, respite care, personal care, assistive devices, environmental modifications, specialized equipment, and augmentative communication devices to frail persons who are 60 and older.					
<b>Populations Served</b>	Individuals aged 60 years of age and older who meet nursing or residential facility level of care criteria.					
<b>Terminology for HM and AT</b>	Specialized equipment/assistive devices, environmental modifications, augmentative communication devices (ACD).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental modifications</u>: Widening of doorways, leveling of thresholds, bathroom modifications, other minor internal structural modifications, and specialized electrical equipment.</p> <p><u>Specialized equipment/assistive devices</u>: Wheelchair ramp/porch lift, grab-bars, raised toilet/seat, custom electrical equipment.</p> <p><u>ACD</u>: Specialized augmentative communication devices other than those provided for in the state plan.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A		√	√
<b>Benefit Limits</b>	Capped at the average per-person expenditure in the previous year.					
<b>Training on Use and Repairs</b>	Information N/A.					

<b>Mental Retardation/Developmental Disability Waiver (0064)</b>						
<b>Agency Name</b>	Division of Mental Retardation					
<b>Phone</b>	617-427-5608					
<b>Web site</b>	<a href="http://mass.gov/?pageID=eohhs2agencylanding&amp;L=4&amp;L0=Home&amp;L1=Government&amp;L2=Departments+and+Divisions&amp;L3=Department+of+Mental+Retardation&amp;sid=Eeohhs2">http://mass.gov/?pageID=eohhs2agencylanding&amp;L=4&amp;L0=Home&amp;L1=Government&amp;L2=Departments+and+Divisions&amp;L3=Department+of+Mental+Retardation&amp;sid=Eeohhs2</a>					
<b>Summary of State Plan Coverage</b>	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.					
<b>Populations Served</b>	Mentally retarded/developmentally disabled persons who meet the Intermediate Care Facility for the Mentally Retarded level of care criteria.					
<b>Terminology for HM and AT</b>	Environmental modifications, specialized equipment/assistive devices.					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental modifications</u>: Widening of doorways, leveling of thresholds, bathroom modifications, other minor internal structural modifications, and specialized electrical equipment.</p> <p><u>Specialized equipment/assistive devices</u>: Wheelchair ramp/porch lift, grab-bars, raised toilet/seat, custom electrical equipment.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A		√	√
<b>Benefit Limits</b>	Capped at the average per-person expenditure in the previous year.					
<b>Training on Use and Repairs</b>	Information N/A.					



## Traumatic Brain Injury

<b>Agency Name</b>	Massachusetts Rehabilitation Commission					
<b>Phone</b>	617-204-3852					
<b>Web site</b>	<a href="http://www.mass.gov/?pageID=eohhs2agencylanding&amp;L=4&amp;L0=Home&amp;L1=Government&amp;L2=Departments+and+Divisions&amp;L3=Massachusetts+Rehabilitation+Commission&amp;sid=Eeohhs2">http://www.mass.gov/?pageID=eohhs2agencylanding&amp;L=4&amp;L0=Home&amp;L1=Government&amp;L2=Departments+and+Divisions&amp;L3=Massachusetts+Rehabilitation+Commission&amp;sid=Eeohhs2</a>					
<b>Summary of State Plan Coverage</b>	To provide residential habilitation, respite care, supportive employment, environmental adaptations, specialized equipment, assistive devices, and augmentative communication devices to individuals with brain injury who meet the specialized nursing facility level of care criteria.					
<b>Populations Served</b>	Individuals aged 22 and older with externally caused traumatic brain injuries.					
<b>Terminology for HM and AT</b>	Environmental modifications, specialized equipment/assistive devices, augmentative communication devices (ACD).					
<b>Examples of Covered HM and AT Services</b>	<p><u>Environmental modifications</u>: Widening of doorways, leveling of thresholds, bathroom modifications, other minor internal structural modifications, and specialized electrical equipment.</p> <p><u>Specialized equipment/assistive devices</u>: Wheelchair ramp/porch lift, grab-bars, raised toilet/seat, custom electrical equipment.</p> <p><u>ACD</u>: Specialized augmentative communication devices other than those provided for in the state plan.</p>					
<b>Process to Access Benefit</b>	Service Coordination/ Case Manager	MD Order Required	Assessment by Other Health Professional	Medical Necessity Required	PA Required	Bids Required
	√	N/A	N/A		√	√
<b>Benefit Limits</b>	Capped at the average per-person expenditure in the previous year.					
<b>Training on Use and Repairs</b>	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>