



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



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

VOLUME II: STATE PROFILES

October 2006

Office of the Assistant Secretary for Planning and Evaluation

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

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

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

Office of Disability, Aging and Long-Term Care Policy

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

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

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

**COMPENDIUM OF HOME MODIFICATION AND
ASSISTIVE TECHNOLOGY POLICY AND PRACTICE
ACROSS THE STATES
Volume II: State Profiles**

Terry Moore, BSN, MPH

Abt Associates, Inc.

October 27, 2006

Prepared for
Office of Disability, Aging and Long-Term Care Policy
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
Contract #HHS-100-03-0008

The opinions and views expressed in this report are those of the authors. They do not necessarily reflect the views of the Department of Health and Human Services, the contractor or any other funding organization.

TABLE OF CONTENTS

ALABAMA

| | |
|---|---|
| Medicaid State Plan Coverage | 3 |
| Home and Community-Based Waiver for Persons with Mental Retardation | 4 |
| Home and Community-Based Living at Home Waiver for the Mentally Retarded..... | 5 |
| Home and Community-Based Services for Individuals Under the Technology Assisted Waiver for Adults..... | 6 |
| Alabama Independent Living Waiver | 7 |

ALASKA

| | |
|---|----|
| Medicaid State Plan Coverage | 8 |
| Older Alaskans..... | 9 |
| People with Mental Retardation and Developmental Disabilities | 10 |
| Adults with Physical Disabilities | 11 |

ARIZONA

| | |
|------------------------------------|----|
| Medicaid State Plan Coverage | 12 |
|------------------------------------|----|

ARKANSAS

| | |
|--|----|
| Medicaid State Plan Coverage | 13 |
| Alternatives for Adults with Physical Disabilities | 13 |
| Alternative Community Service..... | 14 |

CALIFORNIA

| | |
|---|----|
| Medicaid State Plan Coverage | 15 |
| In-Home Medical Care Waiver..... | 16 |
| Nursing Home Facility A/B Waiver | 16 |
| Nursing Facility Subacute Waiver | 17 |
| Multipurpose Senior Service Program | 18 |
| Home and Community-Based Services Waiver for Persons with Developmental Disabilities | 18 |
| AIDS Waiver | 19 |
| Assisted Living Waiver..... | 20 |

COLORADO

| | |
|--|----|
| Medicaid State Plan Coverage | 21 |
| Home and Community-Based Services for the Elderly, Blind, and Disabled | 22 |
| Home and Community-Based Services for Persons with Major Mental Illness..... | 23 |
| Home and Community-Based Services for the Developmentally Disabled..... | 24 |
| Home and Community-Based Services for Persons with Brain Injury..... | 25 |
| Supported Living Services | 26 |

CONNECTICUT

Medicaid State Plan Coverage 27
Connecticut Home Care Program for Elders..... 28
Comprehensive Supports Waiver 29
Acquired Brain Injury..... 30
Individual and Family Support Independence Plus 31

DELAWARE

Medicaid State Plan Coverage 32
Mental Retardation/Developmentally Disabled Home and Community-Based
Waiver 33
Elderly and Disabled Home and Community-Based Waiver 34

DISTRICT OF COLUMBIA

Medicaid State Plan Coverage 35
Mental Retardation and Developmental Disabilities Waiver..... 36
Elderly and Physical Disabilities Waiver 36
HIV/AIDS Waiver 37

FLORIDA

Medicaid State Plan Coverage 38
Developmental Services Home and Community-Based Services Waiver..... 39
Channeling Services for Frail Elders..... 40
Elderly and Disabled Waiver 41
Project AIDS Care..... 42
Nursing Home Diversion 43
Family and Supported Living Waiver 44
Home and Community-Based Services Waiver for Traumatic Brain Injury and
Spinal Cord Injuries 45
Adult Cystic Fibrosis Waiver 46
1915(c) Alzheimer’s Disease Program..... 47

GEORGIA

Medicaid State Plan Coverage 48
Mental Retardation Waiver Program..... 49
Community Habilitation and Support Services 50
Independent Care Waiver Program 51

HAWAII

Medicaid State Plan Coverage 52
Developmentally Disabled/Mentally Retarded 53
Nursing Home Without Walls 54
HIV Community Care Program 55

IDAHO

Medicaid State Plan Coverage 56
Aged and Disabled Waiver 57
Developmentally Disabled Waiver 58
Traumatic Brain Injury Waiver..... 59

ILLINOIS

Medicaid State Plan Coverage 60
Waiver for Persons with Brain Injury 61
Supportive Living Waiver 62
Elderly Waiver..... 62
Home and Community-Based Services Waiver for Persons Diagnosed with
HIV/AIDS 63
Home and Community-Based Services Waiver for Persons with Physical
Disabilities 64
Home and Community-Based Services Waiver for Adults with Developmental
Disabilities 65

INDIANA

Medicaid State Plan Coverage 66
Aged and Disabled Waiver 67
Waiver for Persons with Traumatic Brain Injury 68
Waiver for Persons with Developmental Disabilities 69
Support Services for Mentally Retarded/Developmentally Disabled 70
Autism Waiver..... 71

IOWA

Medicaid State Plan Coverage 72
Mental Retardation Waiver 73
Traumatic Brain Injury Waiver..... 74
Physically Disabled Waiver..... 75
Ill and Handicapped Waiver 76
Elderly Waiver..... 77

KANSAS

Medicaid State Plan Coverage 78
Traumatic Brain Injury Waiver..... 79
Mental Retardation/Developmentally Disabled Waiver 80
Frail Elderly Waiver..... 81
Physically Disabled Waiver..... 82

KENTUCKY

Medicaid State Plan Coverage 83
Home and Community-Based Wavier for Elderly and Disabled Individuals 83
Supports for Community Living Waiver 84
Brain Injuries Waiver..... 85

LOUISIANA

Medicaid State Plan Coverage 86
Elderly and Disabled Adult Waiver 87
New Opportunities Waiver -- Independence Plus Waiver 88

MAINE

Medicaid State Plan Coverage 89
Physically Disabled Waiver 89
Mental Retardation Waiver 90
Disabled Adults Under 60 91
Elderly Waiver 92

MARYLAND

Medicaid State Plan Coverage 93
Waiver for Older Adults 94
Living at Home: Maryland Community Choices 95
Waiver for Individuals with Mental Retardation/Developmental Disabilities --
Community Pathways 96
Waiver for Individuals with Mental Retardation/Developmental Disabilities --
New Directions 97

MASSACHUSETTS

Medicaid State Plan Coverage 98
Home and Community-Based Services for Elders 99
Mental Retardation/Developmental Disability Waiver 100
Traumatic Brain Injury 101

MICHIGAN

Medicaid State Plan Coverage 102
Habilitation Supports Waiver 103
Michigan Choice 104

MINNESOTA

Medicaid State Plan Coverage 105
Elderly Waiver 106
Community Alternatives for Disabled Individuals Waiver 107
Traumatic Brain Injury Waiver 108
Mental Retardation/Related Conditions 109
Community Alternative Care Waiver 110

MISSISSIPPI

Medicaid State Plan Coverage 111
Elderly and Disabled Waiver 111
Independent Living Waiver 112
Mental Retardation/Developmental Disability Waiver 112
Assisted Living for the Elderly Waiver 113
Traumatic Brain Injury Waiver 113

MISSOURI

Medicaid State Plan Coverage 114
Physically Disabled Waiver 115
Mentally Retarded/Developmentally Disabled Waiver 116
Independent Living Waiver 117

MONTANA

Medicaid State Plan Coverage 118
EPH 119
Mentally Retarded/Developmentally Disabled 120
Developmental Disabilities Aged 18 and Older 121

NEBRASKA

Medicaid State Plan Coverage 122
Aged and Disabled Waiver 123

NEVADA

Medicaid State Plan Coverage 124
Home and Community-Based Wavier for the Physically Disabled 125
Waiver for the Frail Elderly 126

NEW HAMPSHIRE

Medicaid State Plan Coverage 127
Home and Community-Based Care for Developmentally Disabled 128
Home and Community-Based Care for the Elderly and Chronically Ill 129
Home and Community-Based Care for Acquired Brain Disorders 130

NEW JERSEY

Medicaid State Plan Coverage 131
Traumatic Brain Injury Waiver 132
Community Resources for People with Disabilities Waiver 133
Personal Preference Program 134
Enhanced Community Options Waiver 135
Community Care Waiver 136

NEW MEXICO

Medicaid State Plan Coverage 137
Elderly and Disabled Waiver 138
Developmental Disabilities Home and Community-Based Waiver 139

NEW YORK

Medicaid State Plan Coverage 140
Aged and Disabled Waiver -- Long Term Home Health Care Program..... 140
Mental Retardation/Developmental Disability Waiver 141
Traumatic Brain Injury Waiver..... 142

NORTH CAROLINA

Medicaid State Plan Coverage 143
Community Alternatives Program for Disabled Adults 144
Community Alternatives Program for Persons with AIDS 145
Community Alternatives Program for Persons with Mental Retardation/
Developmental Disability 146
1915(b)/(c) Consumer Directed Care for Behavioral Health-Innovations and
Piedmont Cardinal Health Plan..... 147

NORTH DAKOTA

Medicaid State Plan Coverage 148
Aged and Disabled Waiver 149
Traumatic Brain Injury 18-64 Waiver..... 150

OHIO

Medicaid State Plan Coverage 151
Ohio Home Care Waiver 152
Transitions Waiver 152
PASSPORT Waiver 153
Choices Waiver..... 154
Independent Options Waiver 154
Level One Waiver 155

OKLAHOMA

Medicaid State Plan Coverage 156
Community Waiver..... 157
Advantage..... 158
In-Home Supports for Adults..... 159
Homeward Bound 160

OREGON

Medicaid State Plan Coverage 161
Waiver for Individuals with Developmental Disabilities 162
Seniors and People with Disabilities 163
Support Services Waiver for Adults 164

PENNSYLVANIA

Medicaid State Plan Coverage 165
Consolidated Waiver for Individuals with Mental Retardation 166
AIDS Waiver 167
OBRA Home and Community-Based Waiver..... 167
Attendant Care Waiver..... 168
Pennsylvania Department of Aging Waiver..... 169
Independence Home and Community-Based Waiver 170
Person/Family Directed Support Waiver 171
COMMCARE Waiver Program..... 172
Michael Dallas Waiver 173
Elwyn Waiver 173

RHODE ISLAND

Medicaid State Plan Coverage 174
Aged/Disabled Waiver 174
Department of Elderly Affairs Waiver..... 175
Mentally Retarded/Developmentally Disabled Waiver 175
People Actively Reaching Independence/Severely Handicapped Waiver..... 176
Assisted Living Waiver 176
Habilitation Waiver 177

SOUTH CAROLINA

Medicaid State Plan Coverage 178
Elderly and Disabled Waiver..... 178
Mental Retardation and Developmental Disabilities Waiver..... 179
Head and Spinal Cord Injury Waiver..... 180
Mechanical Ventilator Dependent Waiver 181
HIV/AIDS Waiver 181
South Carolina Choice Waiver..... 182

SOUTH DAKOTA

Medicaid State Plan Coverage 183
Elderly Waiver..... 183
Intermediate Care Facility for the Mentally Retarded Waiver..... 184
Family Support Program 184

TENNESSEE

Medicaid State Plan Coverage 185
Mental Retarded Waiver 186
Self-Determination Waiver Program 187
Mental Retardation Waiver 188
Elderly and Disabled Waiver 189
Adapt 189
Disabled Individuals over 21 Waiver 190

TEXAS

Medicaid State Plan Coverage 191
Consolidated Waiver Program 192
Home and Community-Based Waiver 193
Community Living Assistance and Supportive Services Program 194
Community-Based Alternatives 195
CBA-STAR+PLUS 196
Waiver for People with Deaf-Blindness and Multiple Disabilities 197
Consolidated Waiver Program 198
Texas Home Living Program 199

UTAH

Medicaid State Plan Coverage 200
Developmental Disabilities/Mental Retardation Waiver 201
Aged Waiver 202
Acquired Brain Injury Waiver 203
Nursing Facility Level of Care Waiver 203

VERMONT

Medicaid State Plan Coverage 204
1115 Vermont Global Commitment Waiver 205
1115 Choices for Care Medicaid Waiver 206

VIRGINIA

Medicaid State Plan Coverage 207
Mental Retardation Waiver 208
Elderly or Disabled with Consumer Direction Waiver Services 209
Individual and Family Developmental Disabilities Support Waiver 210

WASHINGTON

Medicaid State Plan Coverage 211
Medically Needy Residential Waiver..... 212
Medically Needy In-Home Waiver..... 212
Community Options Program Entry System Waiver 213
Basic Waiver 214
Basic Plus Waiver 215
Community Protection Waiver 216
Core Waiver 217

WEST VIRGINIA

Medicaid State Plan Coverage 218
Mentally Retarded/Developmentally Disabled Waiver 218

WISCONSIN

Medicaid State Plan Coverage 219
Community Options Waiver 220
Mentally Retarded/Developmentally Disabled Waiver 221
Aged and Disabled Waiver 222
Traumatic Brain Injury Waiver..... 223
Wisconsin Community Integration Program..... 224

WYOMING

Medicaid State Plan Coverage 225
Adult Developmental Disability Waiver 226
Acquired Brain Injury Waiver 227
Aged and Disabled Waiver 227

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

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

State Profile Legend

| | | | | | | |
|--|--|--------------------------|--|-----------------------------------|--------------------|----------------------|
| Overview | A brief description of AT and HM services offered by the Medicaid State Plan and the state's relevant HCBS waivers. ¹ (This section appears only on the first page of the profile.) | | | | | |
| Program Name | | | | | | |
| Agency Name | Agency that administers the program. | | | | | |
| Phone | Phone number for general information. | | | | | |
| Web site | Web site for general information. | | | | | |
| Summary of State Plan Coverage | For the state plan, this section describes AT and HM services that are available and the benefit categories under which these services are covered. For the HCBS waivers, this section summarizes the waiver's services. | | | | | |
| Populations Served | Individuals who qualify for services. The phrase "Medicaid-eligible individuals" refers to the populations served by the Medicaid State Plan, as this study did not collect data on each state's criteria for Medicaid eligibility. | | | | | |
| Terminology for HM and AT | Terminology that is used in the state's Medicaid regulations and/or provider manuals to refer to covered types of AT and HM. | | | | | |
| Examples of Covered HM and AT Services | Examples of items that are covered, within the different types of AT and HM. | | | | | |
| Process to Access Benefit | <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>Service Coordination/Case Manager. A person, such as a case manager, assesses a client's overall health care needs, may design a service plan, and coordinates services.</p> <p>MD Order Required. A physician or other licensed medical provider (e.g., physician's assistant, nurse practitioner) must write a prescription or order for an AT/HM service.</p> <p>Assessment by other health professional. A specialized therapist (such as a physical, occupational or speech-language) must perform an assessment before an item can be covered.</p> <p>Medical Necessity Required. The state's Medicaid regulations state that the AT/HM service must be medically necessary in order to be covered.</p> <p>PA (Prior Authorization) Required. An AT/HM service must receive prior authorization from the program in order to be covered.</p> <p>Bids Required. A case manager, service coordinator or consumer must obtain one or more bids from an equipment supplier/vendor for an AT/HM service.</p> | | | | | |
| Benefit Limits | Cost caps or service limits that the program imposes. | | | | | |
| Training on Use and Repairs | The availability of training on the use of AT/HM*. Coverage for repair of AT/HM*. | | | | | |
| <p>NOTE: * When coding these services, we indicated that these services were covered if they were bundled with the equipment cost (and were not a separate charge.) We also included training and repairs that were billed separately.</p> <p>SOURCE: Abt Associates review of Medicaid State Plan and HCBS waiver coverage policies, June 2005-February 2006.</p> | | | | | | |

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

ALABAMA

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Overview | Alabama covers augmentative communication devices through the Medicaid State Plan durable medical equipment benefit. Alabama also has one waiver specifically designed to provide assistive technology, and three additional waivers that provide assistive technology and/or home modifications benefits. In addition, the state participates in the Robert Wood Johnson Foundation Cash and Counseling Demonstration. | | | | | |
| Medicaid State Plan Coverage | | | | | | |
| Agency Name | Alabama Medicaid Agency | | | | | |
| Phone | 334-293-5504 | | | | | |
| Web site | http://www.medicaid.alabama.gov/ADMIN_Code/5-A-13-AdmCode.Ch13.Supplies.Appliances.and.Durable.Equipme.pdf | | | | | |
| Summary of State Plan Coverage | The Alabama Medicaid State Plan covers augmentative communication devices under the durable medical equipment benefit. | | | | | |
| Populations Served | Medicaid-eligible individuals. | | | | | |
| Terminology for HM and AT | Augmentative communication devices (ACD). | | | | | |
| Examples of Covered HM and AT Services | 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. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | | √ | √ | √ | √ | |
| Benefit Limits | There are some individual cost caps. | | | | | |
| Training on Use and Repairs | Training: yes. | | | | | |
| | Repairs: yes. | | | | | |

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

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Alabama Medicaid Agency, in conjunction with the Alabama Department of Mental Health and Mental Retardation | | | | | |
| Phone | 334-293-5504 | | | | | |
| Web site | http://www.medicaid.alabama.gov/programs/long_term_care/ltc_waiver_services.aspx?tab=4&sm=b_a | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Mentally retarded individuals or persons with related conditions who, without these services, would require services in an Intermediate Care Facility for the Mentally Retardation. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES), assistive technology (AT). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | √ | √ | |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: no.</p> | | | | | |

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

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Alabama Medicaid Agency, in conjunction with the Alabama Department of Mental Health and Mental Retardation | | | | | |
| Phone | 334-293-5504 | | | | | |
| Web site | http://www.medicaid.alabama.gov/programs/long_term_care/waiver_living_at_home.aspx?tab=4&sub=1 | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Mentally retarded individuals aged three and over. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | √ | N/A | |
| Benefit Limits | <p><u>EAA</u>: \$5,000 per year, per individual.</p> <p><u>SMES</u>: \$5,000 per year, per individual.</p> | | | | | |
| Training on Use and Repairs | <p>Training: no.</p> <p>Repairs: no.</p> | | | | | |

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

| | | | | | | |
|---|--|----------------------|---|----------------------------------|----------------|------------------|
| Agency Name | Alabama Medicaid Agency | | | | | |
| Phone | 334-293-5504 | | | | | |
| Web site | http://www.medicaid.alabama.gov/programs/long_term_care/waiver_technology_assisted.aspx?tab=4&sub=1 | | | | | |
| Summary of State Plan Coverage | To provide private duty nursing, personal care/personal attendant, medical supplies and appliances, and assistive technology for individuals who receive private duty nursing benefits under Early and Periodic Screening, Diagnosis, and Treatment and will no longer be eligible upon turning 21. | | | | | |
| Populations Served | Physically disabled individuals age 21 and above. | | | | | |
| Terminology for HM and AT | Medical supplies and appliances, assistive technology (AT). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | √ | √ | √ |
| Benefit Limits | <p><u>Medical supplies and appliances:</u> \$1,800 per client, per waiver year.</p> <p><u>AT:</u> \$20,000 per client.</p> | | | | | |
| Training on Use and Repairs | <p>Training: no.</p> <p>Repairs: no.</p> | | | | | |

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

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Alabama Medicaid Agency, in conjunction with the Alabama Department of Rehabilitation Services | | | | | |
| Phone | 334-293-5504 | | | | | |
| Web site | http://www.medicaid.alabama.gov/programs/long_term_care/waiver_independent_living.aspx?tab=4&sub=1 | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Individuals aged 18 and above with severe and chronic physical disabilities. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations/environmental adaptations (EAA), personal emergency response systems (PERS), medical supplies, assistive technology (AT). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | √ | √ | |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

ALASKA

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Overview | 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. | | | | | |
| Medicaid State Plan Coverage | | | | | | |
| Agency Name | Department of Health Services, Division of Health Care Services | | | | | |
| Phone | 907-465-3347 | | | | | |
| Web site | http://www.hss.state.ak.us/commissioner/medicaidstateplan/default.htm - TOC | | | | | |
| Summary of State Plan Coverage | Information N/A. | | | | | |
| Populations Served | Medicaid-eligible individuals. | | | | | |
| Terminology for HM and AT | Information N/A. | | | | | |
| Examples of Covered HM and AT Services | Information N/A. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | N/A | √ | N/A | √ | √ | N/A |
| Benefit Limits | Information N/A. | | | | | |
| Training on Use and Repairs | Information N/A. | | | | | |

Older Alaskans (0261)

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Division of Senior and Disability Services | | | | | |
| Phone | 907-465-3372 | | | | | |
| Web site | http://www.hss.state.ak.us/dsds/docs/HCBOA_waiver.pdf | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Those over 65 who qualify for nursing home level of care. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), environmental modifications, home modifications (HM), specialized medical equipment and supplies (SMES). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | <p><u>EAA/HM</u>: \$10,000 every three years.</p> <p><u>SMES</u>: Information N/A.</p> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

| People with Mental Retardation and Developmental Disabilities (0260) | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Division of Senior and Disabilities Services | | | | | |
| Phone | 907-465-3372 | | | | | |
| Web site | http://www.hss.state.ak.us/dsds/docs/HCBMRDD_waiver.pdf | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Persons diagnosed with developmental disability or as mentally retarded. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), environmental modifications, specialized medical equipment and supplies (SMES). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | <p><u>EAA</u>: \$10,000 every three years.</p> <p><u>SMES</u>: Information N/A.</p> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

Adults with Physical Disabilities (0262)

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Division of Senior and Disabilities Services | | | | | |
| Phone | 907-465-3372 | | | | | |
| Web site | http://www.hss.state.ak.us/dsds/docs/HCBAPD_waiver.pdf | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Physically disabled individuals aged 21-64 who meet the nursing facility level of care criteria. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), specialized medical equipment and supplies (SMES). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | <p><u>EAA</u>: \$10,000 every three years.</p> <p><u>SMES</u>: Information N/A.</p> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

ARIZONA

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Overview | 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. | | | | | |
| Medicaid State Plan Coverage | | | | | | |
| Agency Name | Arizona Department of Health Services | | | | | |
| Phone | 602-417-4000 | | | | | |
| Web site | http://www.ahcccs.state.az.us/ | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Personal emergency response system (PERS), physical modifications to the home (HM), augmentative communication evaluations and/or devices (ACD), specialized medical equipment. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

ARKANSAS

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

| | | | | | | |
|--|---|----------------------|---|----------------------------------|----------------|------------------|
| Alternatives for Adults with Physical Disabilities (0312) | | | | | | |
| Agency Name | Division of Aging and Adult Services | | | | | |
| Phone | 501-682-2441 | | | | | |
| Web site | http://www.medicaid.state.ar.us | | | | | |
| Summary of State Plan Coverage | To provide environmental accessibility adaptations/adaptive equipment and attendant care to physically disabled persons aged 21-64. | | | | | |
| Populations Served | Adults with chronic or severe physical disabilities aged 21-64. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations/adaptive equipment (EAA). | | | | | |
| Examples of Covered HM and AT Services | 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. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | \$7,500 per person, per the life-of-the-waiver. | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: no.</p> | | | | | |

| Alternative Community Service (0188) | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Division of Developmental Disabilities | | | | | |
| Phone | 501-682-8689 | | | | | |
| Web site | http://www.medicaid.state.ar.us/ | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Persons of any age with a developmental disability. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), including adaptive equipment, environmental modifications and specialized medical supplies, and augmentative communication devices (ACD). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | √ | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | Training: yes. Repairs: yes. | | | | | |

CALIFORNIA

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

| In-Home Medical Care Waiver (Disabled Individuals) (0348) | | | | | | |
|--|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Medi-Cal Operations Division, Medi-Cal In-Home Operations Section | | | | | |
| Phone | 916-552-9105 in Sacramento 213-897-6774 in Los Angeles | | | | | |
| Web site | http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Minor home modifications (HM), personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | HM: Internal ramps, widening doorways for wheelchair access. PERS: An electronic device that enables a person to secure help in an emergency. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | √ | √ | N/A |
| Benefit Limits | HM: Lifetime cap of \$5,000. PERS: Information N/A. | | | | | |
| Training on Use and Repairs | Training: yes. Repairs: Information N/A. | | | | | |

| Nursing Home Facility A/B Waiver (Inpatient Nursing Facility) (0139) | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Medi-Cal Operations Division, Medi-Cal In-Home Operations Section | | | | | |
| Phone | 916-552-9105 in Sacramento 213-897-6774 in Los Angeles | | | | | |
| Web site | http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Minor home modifications (HM), personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | HM: Internal ramps, widening doorways for wheelchair access. PERS: An electronic device that enables a person to secure help in an emergency. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | √ | √ | N/A |
| Benefit Limits | HM: Lifetime cap of \$5,000. PERS: Information N/A. | | | | | |
| Training on Use and Repairs | Training: yes. Repairs: Information N/A. | | | | | |

Nursing Facility Subacute Waiver (Physically Disabled) (0384)

| | | | | | | |
|---|---|----------------------|---|----------------------------------|----------------|------------------|
| Agency Name | Medi-Cal Operations Division, Medi-Cal In-Home Operations Section | | | | | |
| Phone | 916-552-9105 in Sacramento 213-897-6774 in Los Angeles | | | | | |
| Web site | http://www.dhs.ca.gov/mcs/mcod/ihos/default.htm | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Minor home modifications (HM), personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | √ | √ | N/A |
| Benefit Limits | <p><u>HM</u>: Lifetime cap of \$5,000.</p> <p><u>PERS</u>: Information N/A.</p> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: Information N/A.</p> | | | | | |

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

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | California Department of Aging | | | | | |
| Phone | 800-510-2020 | | | | | |
| Web site | http://www.aging.ca.gov/html/programs/mssp.html | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Physical home adaptations, personal emergency response systems (PERS), assistive devices and communications services. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | N/A | √ | |
| Benefit Limits | Information N/A. | | | | | |
| Training on Use and Repairs | Training: no. | | | | | |
| | Repairs: no. | | | | | |

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

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Medi-Cal Operations Division, Monitoring and Oversight Section | | | | | |
| Phone | 916-552-9105 | | | | | |
| Web site | http://www.dhs.ca.gov/mcs/mcod/mos/default.htm | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Disabled beneficiaries who would otherwise require institutional care. | | | | | |
| Terminology for HM and AT | Physical home adaptations, personal emergency response systems (PERS), assistive devices and communications services. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | N/A | √ | |
| Benefit Limits | Information N/A. | | | | | |
| Training on Use and Repairs | Training: no. | | | | | |
| | Repairs: no. | | | | | |

AIDS Waiver (HIV/AIDS Waiver) (0183)

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Demonstration Project Unit of the Medi-Cal Policy Division | | | | | |
| Phone | 916-552-9634 | | | | | |
| Web site | http://www.dhs.ca.gov/mcs/mcpd/RDB/DPU/Links/Office_of_AIDS_Medi.doc | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Minor home adaptations, specialized medical equipment and supplies (SMES). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | N/A | √ | √ | √ |
| Benefit Limits | <p><u>Home adaptations</u>: \$1,000 per calendar year, per client.</p> <p><u>SMES</u>: \$1,000 per year.</p> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: Information N/A.</p> | | | | | |

| Assisted Living Waiver (0431) | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Medi-Cal Operations Division, Home and Community-Based Services Branch | | | | | |
| Phone | 916-552-9105 | | | | | |
| Web site | http://www.dhs.ca.gov/mcs/mcod/mos/default.htm | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), individual response systems (IRS). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | N/A | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: no.</p> <p>Repairs: no.</p> | | | | | |

COLORADO

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

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

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Colorado Department of Health Care Policy and Financing (HCPF) | | | | | |
| Phone | 303-534-0146 | | | | | |
| Web site | http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Any person with a functional impairment, blind persons, or physically disabled persons (aged 18-64). | | | | | |
| Terminology for HM and AT | Home modifications (HM), personal emergency response systems (PERS), electronic monitoring. | | | | | |
| Examples of Covered HM and AT Services | <p>HM: 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>PERS/electronic monitoring: Electronic devices that enable a person to secure help in an emergency, or a medication monitoring device.</p> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | <p>HM: There is a lifetime cap of \$10,000 per client.</p> <p>PERS: Information N/A.</p> | | | | | |
| Training on Use and Repairs | <p>Training: no.</p> <p>Repairs: yes.</p> | | | | | |

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

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Colorado Department of Health Care Policy and Financing (HCPF) | | | | | |
| Phone | 303-534-0146 | | | | | |
| Web site | http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Individuals with a major mental illness 18 and over. | | | | | |
| Terminology for HM and AT | Home modifications (HM), personal emergency response systems (PERS), electronic monitoring. | | | | | |
| Examples of Covered HM and AT Services | <p><u>HM</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>PERS/electronic monitoring</u>: Electronic devices that enable a person to secure help in an emergency, or a medication monitoring device.</p> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | <p><u>HM</u>: There is a lifetime cap of \$10,000 per client.</p> <p><u>PERS</u>: Information N/A.</p> | | | | | |
| Training on Use and Repairs | <p>Training: no.</p> <p>Repairs: yes.</p> | | | | | |

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

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Colorado Department of Human Services | | | | | |
| Phone | 303-866-5700 | | | | | |
| Web site | http://www.cdhs.state.co.us/ | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Mentally retarded and developmentally disabled adults 18 and older. | | | | | |
| Terminology for HM and AT | Personal emergency response systems (PERS), electronic monitoring, environmental engineering, assisted technology (AT). | | | | | |
| Examples of Covered HM and AT Services | <p><u>PERS/electronic monitoring</u>: Electronic devices that enable a person to secure help in an emergency, or a medication monitoring device.</p> <p><u>Environmental engineering</u>: 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><u>AT</u>: 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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | N/A | | | √ |
| Benefit Limits | Costs caps are dependent upon the amount of annual funding given to the community center boards from the waiver authority. | | | | | |
| Training on Use and Repairs | Training: Information N/A. | | | | | |
| | Repairs: Information N/A. | | | | | |

| Home and Community-Based Services for Persons with Brain Injury | | | | | | |
|--|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Colorado Department of Health Care Policy and Financing (HCPF) | | | | | |
| Phone | 303-534-0146 | | | | | |
| Web site | http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Disabled individuals ages 16-64. | | | | | |
| Terminology for HM and AT | Environmental accessibility (EA), specialized medical equipment and supplies (SMES), personal emergency response systems (PERS), electronic monitoring. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: no.</p> <p>Repairs: yes.</p> | | | | | |

Supported Living Services (SLS) (0293)

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Colorado Department of Human Services, Developmental Disabilities Services and Colorado Department of Health Care Policy and Financing (HPCF) | | | | | |
| Phone | 303-534-0146 | | | | | |
| Web site | http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp | | | | | |
| Summary of State Plan Coverage | Supported Living Services are provided as an alternative to institutional placement for individuals with developmental disabilities, and include personal assistant services, habilitation services, environmental engineering, professional services, and dental services. | | | | | |
| Populations Served | Individuals 18 and older with a developmental disability. | | | | | |
| Terminology for HM and AT | Environmental engineering (includes home modifications and assistive technology). | | | | | |
| Examples of Covered HM and AT Services | Environmental engineering: Adaptations to living quarters, including adaptations to showers and toilets; provision of kitchen equipment for the preparation of special diets; modifications for accessibility such as ramps and railings; and mobility devices to help people move around, including wheelchairs (general use and customized) and van adaptations. Also, expressive and receptive communication augmentation, including electronic communication boards; and safety enhancing supports, including security or emergency response systems, if the cost is above and beyond that of normal personal needs expenses. Specialized medical equipment, and non-durable medical equipment and supplies. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | Limited to a maximum of \$10,000 per individual within the duration of this waiver. | | | | | |
| Training on Use and Repairs | Training: no. Repairs: yes. | | | | | |

CONNECTICUT

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Overview | 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. | | | | | |
| Medicaid State Plan Coverage | | | | | | |
| Agency Name | Connecticut Department of Social Services | | | | | |
| Phone | 1-800-842-1508 | | | | | |
| Web site | http://www.ct.gov/dss | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid-eligible individuals. | | | | | |
| Terminology for HM and AT | Medical equipment, devices, and supplies (MEDS). | | | | | |
| Examples of Covered HM and AT Services | 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. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | | √ | √ | √ | √ | |
| Benefit Limits | None. | | | | | |
| Training on Use and Repairs | Training: yes. | | | | | |
| | Repairs: yes. | | | | | |

Connecticut Home Care Program for Elders (0140)

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Connecticut Department of Social Services, Alternate Care Unit | | | | | |
| Phone | 1-800-445-5394 | | | | | |
| Web site | http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170 | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid recipients who are over 65 and meet nursing home level of care criteria. | | | | | |
| Terminology for HM and AT | Home modifications (HM), personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | HM: Ramps, grab-bars in the bathroom, and stair glides. | | | | | |
| | PERS: An electronic device that enables a person to secure help in an emergency. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | | | √ | √ |
| Benefit Limits | HM: There is no cost cap for individuals per year, although the program has a monthly cost cap and will give prior authorization only if funds are available. | | | | | |
| | PERS: None. | | | | | |
| Training on Use and Repairs | HM: Training: yes. Repairs: no. | | | | | |
| | PERS: Training: yes. Repairs: yes. | | | | | |

| Comprehensive Supports Waiver (0153) | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Connecticut Department of Mental Retardation | | | | | |
| Phone | 860-418-6000 | | | | | |
| Web site | http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hcbswaiver.pdf | | | | | |
| Summary of State Plan Coverage | 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). | | | | | |
| Populations Served | Medicaid recipients age three and older who meet Intermediate Care Facility for the Mentally Retarded level of care criteria. | | | | | |
| Terminology for HM and AT | Home (environmental) modifications (HM), vehicle modifications (VM), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | | √ | | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <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> | | | | | |

| Acquired Brain Injury (0302) | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Connecticut Department of Social Services, Division of Social Work and Prevention | | | | | |
| Phone | 860-424-5373 | | | | | |
| Web site | http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305236 | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), vehicle modifications (VM). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | | √ | | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

Individual and Family Support Independence Plus (0426)

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Connecticut Department of Mental Retardation | | | | | |
| Phone | 860-418-6000 | | | | | |
| Web site | http://www.dmr.state.ct.us/publications/centralofc/fact_sheets/ifs_hcbswaiver.pdf | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid recipients age three and older who meet Intermediate Care Facility for the Mentally Retarded level of care criteria. | | | | | |
| Terminology for HM and AT | Home (environmental) modifications (HM), vehicle modifications (VM), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | | √ | | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <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

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Overview | Delaware covers selected adaptive and assistive equipment through its Medicaid state plan. In addition, the state offers a mental retardation/developmental disability waiver that covers environmental modifications and an Elderly/Disabled waiver that covers emergency response systems. | | | | | |
| Medicaid State Plan Coverage | | | | | | |
| Agency Name | Delaware Health and Social Services (DHHS), Division of Medicaid and Medical Assistance | | | | | |
| Phone | 1-800-372-2022 | | | | | |
| Web site | http://www.dhss.delaware.gov/dhss/dss/medicaid.html | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid-eligible individuals. | | | | | |
| Terminology for HM and AT | Customized wheelchairs, augmentative/alternative communication (AAC) devices, DME. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | √ | √ | N/A |
| Benefit Limits | <p><u>Customized wheelchairs</u>: None.</p> <p><u>AAC devices and services</u>: None.</p> | | | | | |
| Training on Use and Repairs | <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)

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Delaware Health and Social Services, Division of Developmental Disabilities Services | | | | | |
| Phone | 302-744-9600 | | | | | |
| Web site | http://www.dhss.delaware.gov/dhss/dss/homeandc.html | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid recipients with mental retardation/developmental disabilities who meet Intermediate Care Facility for the Mentally Retarded level of care criteria. | | | | | |
| Terminology for HM and AT | Environmental modifications, adaptations, and equipment. | | | | | |
| Examples of Covered HM and AT Services | <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. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | | √ | N/A |
| Benefit Limits | The total cost of environmental modifications to a recipient in one year cannot exceed \$2,000, with a lifetime cap of \$7,000. | | | | | |
| Training on Use and Repairs | Information N/A. | | | | | |

| Elderly and Disabled Home and Community-Based Waiver (0136) | | | | | | |
|--|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Delaware Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities | | | | | |
| Phone | 1-800-223-9074 | | | | | |
| Web site | http://www.dhss.delaware.gov/dhss/dss/homeandc.html | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid recipients who are elderly or physically disabled and who meet nursing home level of care criteria. | | | | | |
| Terminology for HM and AT | Personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | PERS: An electronic device that enables a person to secure help in an emergency. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | N/A | √ | N/A |
| Benefit Limits | Information N/A. | | | | | |
| Training on Use and Repairs | Training: yes. | | | | | |
| | Repairs: yes. | | | | | |

DISTRICT OF COLUMBIA

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Overview | 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. | | | | | |
| Medicaid State Plan Coverage | | | | | | |
| Agency Name | District of Columbia (DC) Medical Assistance Administration | | | | | |
| Phone | 202-671-4200 | | | | | |
| Web site | http://www.dhs.dc.gov/dhs/site/default.asp | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid-eligible individuals. | | | | | |
| Terminology for HM and AT | Assistance technology (AT), personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | <u>AT</u> : Sound amplifiers, TTY devices, Braille devises, learning toys. | | | | | |
| | <u>PERS</u> : An electronic device that enables a person to secure help in an emergency. | | | | | |
| | <u>Adaptive equipment</u> : Information N/A. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | N/A | N/A | √ | N/A | N/A | N/A |
| Benefit Limits | Information N/A. | | | | | |
| Training on Use and Repairs | Information N/A. | | | | | |

| Mental Retardation and Developmental Disabilities Waiver | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Mental Retardation and Developmental Disabilities Administration (MRDDA), District of Columbia Department of Human Services | | | | | |
| Phone | 202-673-4500 | | | | | |
| Web site | http://mrdda.dc.gov/services.asp?id=service | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Adults, including aged District of Columbia citizens, with mental retardation and other developmental disabilities. | | | | | |
| Terminology for HM and AT | Adaptive equipment, personal emergency response systems (PERS), assistive technology (AT), augmentative communication devices (ACD). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | N/A | √ | √ | N/A | N/A | N/A |
| Benefit Limits | Information N/A. | | | | | |
| Training on Use and Repairs | Training: N/A. | | | | | |
| | Repairs: yes. | | | | | |

| Elderly and Physical Disabilities Waiver | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Department of Health | | | | | |
| Phone | 202-671-5000 | | | | | |
| Web site | http://doh.dc.gov/doh/site/default.asp | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Adults, including the aged, with physical disabilities. | | | | | |
| Terminology for HM and AT | Personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | <u>PERS</u> : An electronic device that enables a person to secure help in an emergency. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | N/A | N/A | √ | √ | N/A | N/A |
| Benefit Limits | Information N/A. | | | | | |
| Training on Use and Repairs | Information N/A. | | | | | |

HIV/AIDS Waiver (0317)

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

FLORIDA

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Overview | 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. | | | | | |
| Medicaid State Plan Coverage | | | | | | |
| Agency Name | Agency for Health Care Administration (AHCA) | | | | | |
| Phone | 850-488-2520 | | | | | |
| Web site | http://www.fdhc.state.fl.us/Medicaid/flmedicaid.shtml | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid-eligible individuals. | | | | | |
| Terminology for HM and AT | Augmentative and alternative communication systems (AACs). Customization/motorization of wheelchairs. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | √ | √ | √ | √ | N/A |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: Information N/A.</p> <p>Repairs: yes.</p> | | | | | |

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

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Florida Agency for Persons with Disabilities | | | | | |
| Phone | 888-419-3456 | | | | | |
| Web site | http://apd.myflorida.com/ | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Specialized medical equipment (SMES), environmental accessibility adaptations (EAA), vehicle adaptations, augmentative communication devices (ACD). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: no.</p> <p>Repairs: yes.</p> | | | | | |

| Channeling Services for Frail Elders (Frail Elders Waiver) (0116.90.R3) | | | | | | |
|--|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Agency for Health Care Administration | | | | | |
| Phone | 850-487-2618 | | | | | |
| Web site | http://www.ahca.myflorida.com/ | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Elderly individuals residing in Broward and Dade counties. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | <p>EAA: Installation of ramps and grab-bars, widening of doorways, and modifications of bathroom facilities or installation of specialized electric and plumbing systems.</p> <p>PERS: An electronic device that enables a person to secure help in an emergency.</p> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | N/A | N/A | N/A |
| Benefit Limits | <p>EAA: \$2,000 per calendar year, per recipient.</p> <p>PERS: Information N/A.</p> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

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

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Agency for Health Care Administration | | | | | |
| Phone | 888-419-3456 | | | | | |
| Web site | http://ahca.myflorida.com/ | | | | | |
| Summary of State Plan Coverage | This waiver allows physically disabled persons aged 18 and above who meet nursing facility level of care criteria to remain living at home and in the community. Services include: adult day health care, attendant care, case management, homemaker assistance, personal care services, and home-delivered meals. Other services include: adult companion services, chore services, consumable medical supplies, counseling, environmental accessibility adaptation, escort, family training, financial risk reduction, health support, nutrition, personal emergency response systems, pest control, physical risk reduction, physical therapy, respite care, skilled nursing, specialized medical equipment and supplies, and speech therapy. | | | | | |
| Populations Served | Elders and physically disabled persons aged 18 and above who meet nursing facility level of care criteria. | | | | | |
| Terminology for HM and AT | Personal emergency response systems (PERS), environmental accessibility adaptations (EAA), home modification services. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | N/A | N/A | |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes (family).</p> <p>Repairs: Information N/A.</p> | | | | | |

Project AIDS Care (AIDS Waiver) (0194)

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Agency for Health Care Admin. | | | | | |
| Phone | 888-419-3456 | | | | | |
| Web site | http://www.fdhc.state.fl.us/index.shtml | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Individuals diagnosed with HIV/AIDS. | | | | | |
| Terminology for HM and AT | Specialized medical equipment and supplies services (SMES), medical and adaptive equipment, environmental accessibility adaptations (EAA). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | √ | √ | |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

| Nursing Home Diversion (0315.90.04) | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Department of Elder Affairs | | | | | |
| Phone | 850-414-2308; 888-419-3456 | | | | | |
| Web site | http://elderaffairs.state.fl.us/doea/english/longtermcared.html | | | | | |
| Summary of State Plan Coverage | 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). | | | | | |
| Populations Served | Persons aged 65 and above who are residents of specific counties who meet the nursing facility level of care criteria and who are dually eligible for Medicaid and Medicare. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), personal emergency response systems (PERS), assistive devices. | | | | | |
| Examples of Covered HM and AT Services | 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. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | | √ | |
| Benefit Limits | Information N/A. | | | | | |
| Training on Use and Repairs | Training: yes. Repairs: yes. | | | | | |

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

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Agency for Persons with Disabilities | | | | | |
| Phone | 850-414-2308; 888-419-3456 | | | | | |
| Web site | http://apd.myflorida.com/ | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Persons with mental retardation/developmental disability aged 18 and above who meet the Intermediate Care Facility for the Developmentally Disabled level of care criteria. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations/home modifications (EAA), personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | √ | √ | √ |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <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)

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Florida Department of Health, Brain and Spinal Cord Injury Program (BSCIP) | | | | | |
| Phone | 850-245-4045; 1-866-875-5660 | | | | | |
| Web site | http://www.doh.state.fl.us/Workforce/BrainSC/Medicaid/medicaidhome.html | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Florida residents, 18 or older, who meet the state definition of traumatic brain injury, spinal cord injury, or both; are medically stable; meet at least the Level II nursing home level of care criteria; and are financially eligible for Florida Medicaid. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), assistive technology (AT). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | √ | √ | |
| Benefit Limits | Specific reimbursement rates and maximum limits per recipient for each waiver service are being established. | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: Information N/A.</p> | | | | | |

| Adult Cystic Fibrosis Waiver (0392) | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Agency for Health Care Administration, operated by the Department of Health-BSCIP/ Adult CF | | | | | |
| Phone | 850-487-2618 (Agency for Health Care Administration) 850-345-4045 (Department of Health BSCIP) | | | | | |
| Web site | http://www.ahca.myflorida.com/ | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Specialized medical equipment and supplies (SMES), personal emergency response systems (PERS). | | | | | |
| Examples of Covered HM and AT Services | SMES: Vest and like products designed for airway clearance, devices, controls, or appliances to increase recipients' abilities to perform activities of daily living. PERS: An electronic device that enables a person to secure help in an emergency. | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | √ | √ | |
| Benefit Limits | Specific reimbursement rates and maximum limits per recipient for each waiver service are under development. | | | | | |
| Training on Use and Repairs | SMES: Training: yes. Repairs: not in the first year of service. PERS: Training: yes. Repairs: information N/A. | | | | | |

| 1915(c) Alzheimer's Disease Program (0418) | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Agency for Health Care Administration | | | | | |
| Phone | 888-419-3456 | | | | | |
| Web site | http://ahca.myflorida.com/ | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Individuals aged 60 and above with Alzheimer's disease, living at home with a caregiver. | | | | | |
| Terminology for HM and AT | Wanderer alarm system, wanderer identification system, environmental accessibility adaptations (EAA). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | N/A | N/A | N/A |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes (family).</p> <p>Repairs: Information N/A.</p> | | | | | |

GEORGIA

| | | | | | | |
|---|--|-------------------|---|----------------------------|-------------|---------------|
| Overview | Georgia covers selected types of assistive technologies through the Medicaid state plan DME benefit. In addition, Georgia offers four waivers that cover a range of assistive technology, home modification, vehicle adaptations, and personal emergency response systems. | | | | | |
| Medicaid State Plan Coverage | | | | | | |
| Agency Name | Division of Medical Assistance and Georgia Health Partnership | | | | | |
| Phone | 866-211-0950 | | | | | |
| Web site | http://dch.georgia.gov/00/channel_title/0,2094,31446711_31944826,00.html | | | | | |
| Summary of State Plan Coverage | The Georgia Medicaid state plan covers wheelchairs and augmentative communication devices through the durable medical equipment (DME) benefit. | | | | | |
| Populations Served | Medicaid-eligible individuals. | | | | | |
| Terminology for HM and AT | Custom wheeled mobility, augmentative and alternative communication. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | N/A | N/A | N/A | √ | √ | N/A |
| Benefit Limits | <p><u>Custom wheeled mobility</u>: Information N/A.</p> <p><u>Augmentative and alternative communication</u>: Information N/A.</p> | | | | | |
| Training on Use and Repairs | <p>Training: Information N/A.</p> <p>Repairs: yes.</p> | | | | | |

| Mental Retardation Waiver Program (MR/DD Waiver) (0175) | | | | | | |
|--|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Department of Human Resources, Division of Mental Health Developmental Diseases and Addictive Diseases | | | | | |
| Phone | 404-657-5737 | | | | | |
| Web site | http://www.communityhealth.state.ga.us/departments/dch/v4/top/shared/medicaid/publications/home_comm_services.pdf | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Assistive technology (AT), emergency response systems (PERS), specialized medical equipment and supplies (SMES), vehicle adaptations, environmental modifications (EM). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | N/A | √ | √ | N/A | √ | |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

Community Habilitation and Support Services

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Department of Human Resources, Division of Mental Health Developmental Diseases and Addictive Diseases | | | | | |
| Phone | 800-766-4456 | | | | | |
| Web site | https://www.ghp.georgia.gov/wps/portal | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | 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. | | | | | |
| Terminology for HM and AT | Emergency response systems (PERS), specialized medical equipment and supplies (SMES), vehicle adaptations, environmental accessibility adaptations (EAA), home modifications (HM). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | √ | √ | N/A |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: yes.</p> <p>Repairs: yes.</p> | | | | | |

Independent Care Waiver Program (ICWP)

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Division of Medical Assistance and Georgia Health Partnership | | | | | |
| Phone | 866-483-1044; 866-483-1045 | | | | | |
| Web site | https://www.ghp.georgia.gov/wps/portal | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | <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"> • Capable of directing their own services (individuals with a traumatic brain injury do not have to meet this criterion); • 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; • Medically stable but currently in a hospital or nursing facility or at risk of placement because community-based support services are not available; and • Certified for a level of care appropriate for placement in a hospital or nursing facility. | | | | | |
| Terminology for HM and AT | 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). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | √ | N/A | √ | N/A |
| Benefit Limits | <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> | | | | | |
| Training on Use and Repairs | <p>Training: no.</p> <p>Repairs: no.</p> | | | | | |

HAWAII

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

| Developmentally Disabled/Mentally Retarded (0013) | | | | | | |
|--|--|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Hawaii State Department of Health, Developmental Disabilities Division | | | | | |
| Phone | 808-586-5840 | | | | | |
| Web site | http://www.hawaii.gov/health/disability-services/developmental/index.html | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid recipients of all ages who meet Intermediate Care Facility for the Mentally Retarded level of care criteria. | | | | | |
| Terminology for HM and AT | Specialized environmental accessibility adaptations (SEAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES). | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | | √ | √ |
| Benefit Limits | <p><u>SEAA</u>: None.</p> <p><u>PERS</u>: None.</p> <p><u>SMES</u>: None.</p> | | | | | |
| Training on Use and Repairs | <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)

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Hawaii Department of Human Services, Adult and Community Care Services Branch (ACCSB) | | | | | |
| Phone | 808-586-5584 (Oahu) 586-5584 (other islands) | | | | | |
| Web site | http://www.hawaii.gov/dhs/protection/social_services/adult_services/healthpgms - top | | | | | |
| Summary of State Plan Coverage | To provide case management, personal assistance, respite care, adult day health care, environmental accessibility adaptations, non-medical transportation, specialized medical equipment and supplies, personal emergency response systems, private duty nursing, counseling and training, moving assistance, home-delivered meals, and home maintenance to individuals who are aged or disabled. | | | | | |
| Populations Served | Medicaid recipients of all ages who meet nursing home level of care criteria. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (also called environmental modifications) (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | | √ | √ |
| Benefit Limits | <p><u>EAA</u>: None.</p> <p><u>PERS</u>: None.</p> <p><u>SMES</u>: None.</p> | | | | | |
| Training on Use and Repairs | <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)

| | | | | | | |
|---|---|-------------------|---|----------------------------|-------------|---------------|
| Agency Name | Hawaii Department of Human Services, Adult and Community Care Services Branch (ACCSB) | | | | | |
| Phone | 808-586-5541 or contact the local ACCSB | | | | | |
| Web site | http://www.hawaii.gov/dhs/protection/social_services/adult_services/healthpgms - HCCP | | | | | |
| Summary of State Plan Coverage | 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. | | | | | |
| Populations Served | Medicaid recipients of all ages with a diagnosis of HIV/AIDS who meet nursing home or hospital level of care criteria. | | | | | |
| Terminology for HM and AT | Environmental accessibility adaptations (EAA), personal emergency response systems (PERS), specialized medical equipment and supplies (SMES), home maintenance. | | | | | |
| Examples of Covered HM and AT Services | <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> | | | | | |
| Process to Access Benefit | Service Coordination/ Case Manager | MD Order Required | Assessment by Other Health Professional | Medical Necessity Required | PA Required | Bids Required |
| | √ | N/A | N/A | N/A | √ | √ |
| Benefit Limits | <p><u>EAA</u>: None.</p> <p><u>PERS</u>: None.</p> <p><u>SMES</u>: None.</p> | | | | | |
| Training on Use and Repairs | <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> | | | | | |