

- d. Developing an individualized community integration plan based upon the assessment as part of the overall Person-Centered Plan. Identify and establish short and long-term measurable goal(s) and establish how goals will be achieved and how concerns will be addressed.
- e. Participating in Person-Centered plan meetings at re-determination and revision plan meetings as needed.
- f. Providing supports and interventions per the Person-Centered Plan (individualized community integration portion). Identify any additional supports or services needed outside the scope of Community Integration services and address among the team.
- g. Supports to assist the individual in communicating with the landlord and property manager regarding the beneficiary's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and property manager.
- h. Assistance in Community Integration will provide supports to preserve the most independent living arrangement and assist the individual in locating the most integrated option appropriate to the individual.

Items and services (including rental housing) must be of sufficient quality and appropriate to the needs of the beneficiary. A receipt shall be provided for each purchase or invoice for each payment. Some items may be purchased directly through a retailer as long as the item meets the specifications of this service definition.

Limits, Amount And Frequency

Community Integration Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the CAP/DA beneficiary is unable to meet such expense or when the services cannot be obtained from other resources. Community Integration services are available to cover expenses, not to exceed \$2,500 over lifetime of the CAP/DA waiver approval period in combination with Community Transitions services.

This service does not include back payment for rent.

Community Integration Services do not include monthly rental or mortgage expense; food, regular utility charges; and household appliances or items that are intended for purely diversional and recreational purposes.

Qualified Provider(s)

The Case Management Entity (CME) shall verify and approve Medicaid providers who have the capacity to provide items and services of sufficient quality to meet the need for which they are intended.

EQUIPMENT, MODIFICATION AND TECHNOLOGY

A service that provides equipment, physical adaptations, minor modifications, product systems, devices, supplies, monitoring systems, specialized accessibility, adaptations, or safety adaptations, as identified during the comprehensive assessment, to improve, maximize or enhance the beneficiary's mobility, safety, independence, and integration into the community or to improve the CAP/DA beneficiary's environmental or community accessibility, or address 24/7 beneficiary coverage concerns.

An assessment of need must be recommended by a multidisciplinary team that includes Physical Therapist (PT), Occupational Therapist (OT), Rehabilitation Engineer, or Assistive Technology Professional (for ECUs/EADLs) certifying necessity. A copy of the assessment must be submitted with the request. A physician's signed order may be needed to certify that the requested equipment, technology, adaptation or technology is necessary, when applicable. When feasible there must be up to

two competitive quotes for home or vehicle modifications to determine the most efficient method to complete the request. An appropriate professional shall provide the modifications or adaptations to the primary private residence.

Construction and installation must be completed according to state and local licensure regulations and building codes when applicable. All items must meet applicable standards of manufacture, design and installation.

The CME shall file a claim to Medicaid for this service to reimburse the contractor. The original invoice must be retained in the beneficiary's health record.

Home modifications can be provided only in the following settings:

- a. A primary private residence where the CAP/DA beneficiary resides that is owned by the beneficiary, or his or her family;
- b. A rented residence when the modifications are portable; or
- c. A rented residence, when portal modifications are allowed by the owner.

Vehicle modifications can be provided only in the following settings:

- a. A primary vehicle of the CAP/DA beneficiary; or
- b. A primary vehicle of the documented legal guardian or primary caregiver.

Approval for floor coverings, air filtration, and generators must be based on Registered Nurse (RN) assessment and Medical Doctor (MD) certification.

This service may cover:

- a. Installation, maintenance, and repairs of ramps; grab bars; safety rails and handrails;
- b. Widening of doorways or passages for wheelchair or walker accessibility;
- c. An emergency egress when determined to be medically necessary due to physical limitations of the responsible party;
- d. Modification of bathroom facilities to improve accessibility for a disabled individual, including toilet; shower and tub (including hand-held showers), and sink fixtures or modifications; water faucet controls; floor urinal adaptations; plumbing modifications; and modification for turnaround space
- e. Bedroom modifications to accommodate hospital beds and wheelchairs;
- f. Kitchen Modifications to improve accessibility for an individual with a disability including cabinets, sink fixtures or modifications, water faucet controls, related plumbing modifications, and modification for turnaround;
- g. Floor coverings for ease of ambulation for the home;
- h. Replacement filters for items covered under the equipment, modification and technology;
- i. Hydraulic, manual, or electronic lifts, including portable lifts or lift systems that can be removed and taken to a new location and are used primarily inside the beneficiary's home;
- j. Non-skid surfaces for the car or home;
- k. Lift chairs when prescribed by a physician and confirmed by a Physical or Occupational Therapist;
- l. Door handle replacements for the home;
- m. Door modifications for the car or home;
- n. Installation of raised roof or related alterations to existing raised roof system to approve head clearance;
- o. Lifting devices for the car or home;
- p. Devices for securing wheelchairs or scooter for the car;

- q. Adapted steering, acceleration, signaling and breaking devices only when recommended a by physician and a certified for the car
- r. driving evaluator for people with disabilities, and when training in the installed device is provided by certified personnel;
- s. Handrails and grab bars for the home;
- t. Seating modifications for the car;
- u. Lowering of the floor of the vehicle when the vehicle is not pre-manufactured with a lowered floor;
- v. Transfer assistances for the car;
- w. 4-point wheelchair tie-down for the car;
- x. Wheelchair or scooter hoist for the car;
- y. Cushions for the car or home when not covered by State Plan;
- z. Wheelchair or scooter lift for the car or home;
- aa. Ramp for the car or home;
- bb. Devices for securing oxygen tank for car;
- cc. Other modifications outside of these general categories approved by the State Medicaid Agency;
- dd. Smart home devices such as smart bulb, controllers for televisions, switches and entryways, clocks and thermostatic when the CAP/DA beneficiary lives alone and addresses a need identified in the assessment and listed in the person-centered service plan.
- ee. Portable or whole house air filtration system and filters under the following circumstances:
 - 1. For a CAP/DA beneficiary with severe allergies or asthma, when all other preventive measures such as removal of the allergen or irritant, removal of carpeting and drapes have been attempted, and the beneficiary's asthma remains classified as moderate persistent or severe persistent, and a physician has certified that air filtration is of benefit. Ozone generators and electronic or electrostatic or other air filters which produce ozone or less than or equal to 50 parts per billion ozone by-products is not covered.
 - 2. For a CAP/DA beneficiary susceptible to infection, when adequate infection control measures are already in place, yet the beneficiary continues to acquire airborne infections, and when a physician has certified that air filtration is of benefit in preventing infection, a germicidal air filter (with UV light) may be provided.
 - 3. The smallest unit that meets the beneficiary's needs is covered. If a beneficiary spends most of his or her time confined to a specific area of the house, then a whole-house system is not approved.
- ff. Portable back-up generator for a ventilator, when the CAP/DA beneficiary uses the ventilator more than eight hours per day and in the event of a power outage the beneficiary would require hospitalization if not for the presence of the generator. The coverage of a 220-volt line from a circuit breaker panel in the home to a receptacle installed outside. The coverage of a carbon monoxide monitor.
- gg. An Environmental Control Unit (ECU) or Electronic Aid to Daily Living (EADL) that allows a beneficiary with a disability to control aspects of his or her environment that are operated by electricity (such as lights, door strikes and openers, HVAC, TV, telephone, hospital bed, computer, small appliances). All Environmental Control Units perform most of the same functions but vary by the method of control that best suits the beneficiary. An ECU or EADL can range from a single function device up to a whole house computer-based system.

The Equipment, modification and technology service consists of the following:

- a. Technical assistance in device selection;
- b. Training in device use by a qualified assistive technology professional;
- c. Purchase, necessary permits and inspections, taxes, and delivery charges;
- d. Installation;
- e. Assessment of modification by the case manager and by any applicable inspectors to verify safety and ability to meet beneficiary's needs; and
- f. Repair of equipment, as long as the cost of the repair does not exceed the cost of purchasing a new piece of equipment, and only when not covered by warranty. The CAP/DA beneficiary or his or her family shall own any equipment that is repaired.

The Case Management Entity (CME) approves the services through a service authorization.

Note: Medicaid assumes no liability related to use or maintenance of the equipment, modification or technology and assumes no responsibility for returning the private residence to its pre-modified condition. Home modifications may not be furnished to adapt living arrangements that are owned or leased by providers of CAP/DA services, unless the modification is to the provider's own home for the exclusive use of that CAP/DA beneficiary.

The required documents for approval and reimbursement of this service are:

- a. comprehensive Multidisciplinary declaration of need assessment completed by the case manager identifying equipment, technology, supply, adaptation, or modification needs;
- b. copy of the physician's order, when determined to be applicable;
- c. recommendation by an appropriate professional that identifies the CAP/DA beneficiary's need(s) with regard to the equipment, supply, adaptation, or modification being requested;
- d. the estimated life of the equipment as well as the length of time the CAP/DA beneficiary is expected to benefit from the equipment, must be indicated in the request;
- e. an invoice from the supplier that shows the date the equipment, supply, adaptation, or modification were provided to the beneficiary and the cost, with related charges and maintained in the CAP Business system;
- f. long-range outcomes related to training needs associated with the CAP/DA beneficiary's utilization and procurement of the requested equipment, supply, adaptation or modification are reported in the Service Plan, as appropriate; and
- g. documentation for specific equipment, supplies, adaptation, and modification as outlined in the definition. Refer to **Appendix B** for these requirements.

The services of Equipment, Modification, and Technology are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with CAP/DA objectives of avoiding institutionalization.

Limits, Amount And Frequency

\$13,000 over the 5-year cycle of the waiver.

The case management entity shall track the cost of equipment, modification and technology billed and paid during the plan year, to avoid exceeding the \$13,000 limit over the lifetime of the waiver (five years).

Those items that are not of direct medical or remedial benefit to the beneficiary are excluded.

Items that are covered through DME, orthotics and prosthetics, home health supplies, and EPSDT are obtained through the respective programs prior to requesting CAP/DA services. CAP/DA shall not cover items that are covered by one of these programs but were denied for a particular beneficiary for lack of evidence of declaration of need.

Note: The replacement of a fixture (sink or toilet) and, or a mirror over the vanity may be replaced using funding through the equipment, modification and technology when during demolition the fixture or mirror cannot be preserved as described in the specification document.

Equipment, modification and technology items that require a physician's order:

- a. Tub replacement; and
- b. A portable generator

Equipment, modification and technology excludes the following:

- a. Addition of square footage to the home;
- b. Home renovations;
- c. A dwelling where the owner refuses portal modification;
- d. The modification in a rented residence that is not portable;
- e. Purchase of locks;
- f. Modification during new construction;
- g. Roof repair or replacement,
- h. Central air conditioning,
- i. Swimming pools, hot tubs, spas, saunas
- j. Items that meet the definition exclusions for general utility to a non-disabled beneficiary;
- k. Replacement of equipment that has not been properly used, has been lost or purposely damaged as verified by written documentation or through observation;
- l. Computer desks or other furniture; and
- m. Items that meet the definition exclusions for recreational in nature.

Medicaid is the payer of last resort; if the beneficiary has private insurance that covers the item, this insurance is billed.

Funding for the CAP/DA services available through the CAP/DA must be shared to meet the needs of the household. Equipment, technology and modification are shared when the disabilities of the multiple CAP/DA beneficiaries in same household are similar.

The total funding budget for equipment, modification and technology services is planned per CAP/DA beneficiary and the total budget shall be shared between the two primary caregivers when shared responsibilities are established.

A CAP/DA beneficiary who resides in foster care is eligible to receive equipment, modification and technology when equipment, modification and technology are portable.

A CAP/DA beneficiary who is receiving coordinated caregiving and resides in the home of a caregiver is eligible to receive equipment, modification and technology when the equipment, modification and technology are portable.

Qualified Provider(s)

The Case Management Entity (CME) shall verify and approve Medicaid providers who have the capacity to provide items and services of sufficient quality to meet the need for which they are intended.

MEAL PREPARATION AND DELIVERY

A service for a CAP/DA beneficiary who requires special assistance with nutritional planning per an assessment of needs. This service is often referred to as “Meals on Wheels” and provides for the preparation and delivery to the CAP/DA beneficiary’s home of one nutritious meal per day. Special diets may be allowed.

Limits, Amount And Frequency

One (1) meal per day

Oral nutritional supplements are not covered.

Qualified Providers(s)

Agencies or organizations that meet Division of Aging and Adult Services requirements for home delivered meals and comply with 10A NCAC Chapter 06 Subchapter K.

Federally Recognized Tribes

GOODS AND SERVICES

A service for a CAP/DA beneficiary that provides services, equipment, or supplies not otherwise provided through CAP/DA or through the Medicaid State Plan. This service helps assure health, safety and well-being when the CAP/DA beneficiary or responsible party does not have resources to obtain necessary item or service that aids in the prevention or diversion of institutional placement.

This service is not otherwise provided through this waiver or through the Medicaid State Plan; and the CAP/DA beneficiary does not have the funds to purchase the goods and services and he or she is not available through another source.

Participant goods and services are items that are intended to:

- a. increase the CAP/DA beneficiary’s ability to perform activities of daily living (ADL’s) or instrumental activities of daily living (IADL’s); and
- b. decrease dependence on personal assistance services or other Medicaid-funded services.