The Independent Living Waiver provides the following services:

- Case Management
- Personal Care Attendant
- Specialized Medical Equipment and Supplies
- Transition Assistance
- Environmental Accessibility Adaptations

Case Management

Case Management services assist beneficiaries in accessing needed waiver and other State Plan services, as well as needed medical, social, educational, and other services, regardless of the funding source for the services. Case Management services are provided by MDRS IL counselors/registered nurses who meet minimum qualifications listed in the waiver. Responsibilities include, but are not limited to, the following:

- Initiate and oversee the process of assessment and reassessment of the beneficiary's level of care
- Provide ongoing monitoring of the services included in the beneficiary's individualized plan of care
- Develop, review, and revise the individualized plan of care at intervals specified in the waiver document
- Conduct monthly contact and quarterly face-to-face visits with the beneficiary
- Document all contacts, progress, needs and activities carried out on behalf of the beneficiary
- Certify that personal care attendants meet basic competencies that include both educational and functional requirements

Personal Care Attendant

Personal Care Attendant (PCA) services are support services provided to assist the beneficiary in meeting daily living needs and to ensure optimal functioning at home or in the community, but only in non-institutional settings. Services must be provided in accordance with the plan of care and may not be purely diversional in nature. Services may include assistance with eating, bathing, dressing, personal hygiene, and other activities of daily living. Services may also include assistance with preparation of meals, but not the cost of the meals. When specified in the plan of care, services may include housekeeping chores essential to the health of the beneficiary.

Beneficiaries have the option of selecting an individual with whom they are comfortable providing their personal care, but the individual must meet all requirements set forth in the waiver. If the individual does not meet waiver requirements, he/she may be trained through MDRS. Once qualified, the individual may serve as the PCA. The beneficiary also has the option of choosing from a list of available, eligible/qualified personal care attendants. All personal care attendants must meet basic competencies that include both educational and functional requirements. MDRS IL counselors and registered nurses are responsible for certifying and documenting that the PCA meets the requirements.

Personal care services may be furnished by family members **provided they are not legally responsible for the individual**. The parent (or step-parent) of a minor child, an individual's spouse, the executor of an individual's estate and/or person with durable/medical power of attorney for the individual are considered legally responsible for an individual. Aunts, uncles, grandparents, siblings or parents of adult children who are not legally responsible for the individual may provide services. Family members must meet provider standards, and they must be certified competent to perform the required tasks by the beneficiary and the IL counselor/registered nurse. There must be adequate justification for the relative to function as the attendant, e.g., lack of other qualified attendants in remote areas.

If the participant does not locate/choose a PCA within six (6) months of admission into the waiver, the participant will be discharged from the waiver. Prior to the time of discharge the participant will be informed of other waiver opportunities and community resources available to them.

Specialized Medical Equipment and Supplies

Specialized medical equipment and supplies include devices, controls, or appliances that will enhance the beneficiary's ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes equipment and supplies necessary for life support, supplies and equipment necessary for the proper functioning of such items, and durable and nondurable medical equipment not available under the Medicaid State Plan. The need for/use of such items must be documented in the assessment/case file and approved on the plan of care.

Items reimbursed with waiver funds are in addition to medical equipment and supplies furnished under the Medicaid State Plan. **Items not of direct medical or remedial benefit to the beneficiary are excluded.**

Equipment and supplies must meet the applicable standards of manufacture, design and installation. MDRS is responsible for certifying and documenting that providers meet the criteria/standards in the waiver document.

Requests for specialized medical equipment/supplies must be evaluated by the MDRS counselor and/or a professional at DOM to determine if an Assistive Technology (AT) evaluation and recommendation is needed. If an AT evaluation is performed, it must be submitted to DOM along with the plan of care and the request for equipment and/or specialized medical supplies. DOM requires a minimum of two (2) competitive bids/quotes for equipment/supplies/environmental adaptations that are not covered under the State Plan and exceed the average cost specified in the approved waiver.

Medicaid waiver funds are utilized as the payor of last resort. The provider must request payment from other payor sources (i.e., Medicare, private insurance, etc.) prior to submitting the claim to DOM.

Transition Assistance

Transition Assistance services are services, provided to a beneficiary currently residing in a nursing

facility who wishes to transition from the nursing facility to the Independent Living Waiver program. Transition Assistance is a one-time initial expense required for setting up a household. The expenses must be included in the approved plan of care. **Transition Assistance Services are capped at $800.00 one-time initial expense per lifetime.**

1. **Eligibility**

   To be eligible for Transition Services, the beneficiary must meet **all** of the following criteria:

   - Beneficiary must be a nursing facility resident whose nursing facility services are paid for by DOM, **and**
   - Beneficiary must have no other source to fund or attain the necessary items/support, **and**
   - Beneficiary must be moving from a nursing facility where these items/services were provided, **and**
   - Beneficiary must be moving to a residence where these items/services are not normally furnished.

2. **Services**

   Transition Assistance Services include the following:

   - Security deposits required to obtain a lease on an apartment or home
   - Essential furnishings such as bed, table, chairs, window blinds, eating utensils, and food preparation items (Items such as televisions, cable TV access or VCR's are not considered furnishings)
   - Moving expenses
   - Fees/deposits for utilities or service access such as telephone, electricity, etc.
   - Health and safety assurances such as pest eradication, allergen control, or one-time cleaning prior to occupancy

   All transition services must be essential to (1) ensuring that the individual is able to transition from the current nursing facility, and (2) removing an identified barrier or risk to the success of the transition to a more independent living situation.

3. **Exclusions**

   Transition Assistance is not available for beneficiaries whose stay in a nursing facility is ninety (90) days or less.

Environmental Accessibility Adaptation

Environmental Accessibility Adaptation includes those physical adaptations to the home that are necessary to ensure the health, welfare and safety of the beneficiary, or which enable the beneficiary to function with greater independence, and without which, the beneficiary would require institutionalization. The need for these adaptations must be identified in the plan of care. Examples include the installation of

ramps and grab bars, the widening of doorways, modification of bathroom facilities, and installation of specialized electric and plumbing systems necessary to accommodate medical equipment and supplies. **Exclusions** include adaptations or improvements to the home which are not of direct medical or remedial benefit to the beneficiary. Adaptations which add to the square footage of the home are **excluded**.

Requests for environmental accessibility adaptation must be evaluated by the MDRS counselor and/or a professional at DOM to determine if an Assistive Technology (AT) evaluation and recommendation is needed. If an AT evaluation is performed, it must be submitted to DOM along with the plan of care and the request for environmental accessibility adaptation. DOM requires a minimum of two (2) competitive bids/quotes for equipment/supplies/environmental adaptations that are not covered under the State Plan and exceed the average cost specified in the approved waiver.

Providers must meet all state or local requirements for licensure/certification. Services must be provided in accordance with applicable state housing and local building codes. The quality of work must meet standards identified in the waiver document. MDRS is responsible for certifying and documenting that providers meet the criteria/standards in the waiver document.

Beneficiaries may choose qualified vendors of their choice when receiving environmental accessibility adaptations, specialized medical equipment, and transition services. They may also work with their IL counselor/registered nurse if they want to modify services or change providers.