

# **ATTACHMENT A**

## **WAIVER SERVICE DEFINITIONS**

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## **INTRODUCTION**

The following are the definitions of the ABI and MFP waiver services. These definitions come directly from the waivers and are provided as one of the documents for waiver service providers. After each service heading in parenthesis is the waiver for which the service is applicable. Many are the same for both MFP and ABI; however, some services are only available under one or the other of the two waivers.

### **1. ADULT COMPANION (ABI/MFP)**

Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the participant with such tasks as meal preparation, laundry and shopping. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. This service is provided in accordance with a therapeutic goal in the service plan.

This service may be self directed under MFP.

### **2. ASSISTED LIVING (ABI/MFP)**

These services consist of personal care and supportive services (homemaker, chore, attendant services, meal preparation) that are furnished to waiver participants who reside in an MFP qualified assisted living residence (ALR) that includes 24-hour on-site response capability to meet scheduled or unpredictable resident needs and to provide supervision, safety and security. Services also may include social and recreational programming, and medication assistance (consistent with ALR Certification and to the extent permitted under State law).

Nursing and skilled therapy services are incidental rather than integral to the provision of Assisted Living Services. Intermittent skilled nursing services and therapy services may be provided to the extent allowed by applicable regulations.

Assisted Living Services do not include, and payment will not be made for, 24-hour skilled care. The following waiver services are also not available to participants receiving Assisted Living Services: chore, homemaker, personal care, home health aide, and supportive home care aide. Duplicative waiver and state plan services are not available to participants receiving Assisted Living Services.

Federal Financial Participation is not available for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement.

### **3. CHORE SERVICES (ABI/MFP)**

Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture, shoveling snow in order to provide safe access and egress. These services are provided only when neither the participant, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of, or responsible for, their provision. In the

case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of service.

This service may be self directed under MFP.

#### **4. COMMUNITY/RESIDENTIAL FAMILY TRAINING (MFP)**

Community/Residential Family Training is designed to provide training and instruction about the treatment regimes, behavior plans, and the use of specialized equipment that supports the waiver participant to participate in the community. Community/Residential Family Training may also include training in family leadership, support of self-advocacy, and independence for their family member. The service enhances the skill of the family to assist the waiver participant to function in the community and at home when the waiver participant visits the family home (if the participants live in a Residential Habilitation setting). Documentation in the participant's record demonstrates the benefit to the participant. For the purposes of this service "family" is defined as the persons who live with or provide care to a waiver participant and may include a parent or other relative. Family does not include individuals who are employed to care for the participant. Community/Residential Family Training is not available in provider operated residential habilitation or assisted living sites or in shared living settings unless the waiver participant regularly visits the family home.

#### **5. DAY SERVICES (ABI/MFP)**

Day services/supports provide for structured day activity typically for individuals with pervasive and extensive support needs who are not ready to join the general workforce. Day Services are individually designed around consumer choice and preferences with a focus on improvement or maintenance of the person's skills and their ability to live as independently as possible in the community. Day Services often include assistance to learn activities of daily living and functional skills; language and communication training; compensatory, cognitive and other strategies; interpersonal skills; recreational/socialization skills and other skills training to prepare the individual to undertake various community inclusion activities. This service may reinforce some aspects of other waiver and state plan services by allowing individuals to continue to strengthen skills, which are necessary for greater independence, productivity and community inclusion. Day Services are provided in a provider operated setting in the community and not in a participant's residence, and do not duplicate any services under the state plan.

#### **6. HOME ACCESSIBILITY ADAPTATIONS (ABI/MFP)**

Those physical adaptations to the private residence of the participant or the participant's family, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. This service may also include architectural services to develop drawings and narrative specifications for architectural adaptations, adaptive equipment installation, and related construction as well as subsequent site inspections to oversee the completion of adaptations and conformance to local and state building codes, acceptable building trade standards and bid specifications.

Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Also excluded are those modifications which would normally be considered the responsibility of the landlord. Home accessibility modifications may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

Under MFP there is a lifetime limit of \$50,000 per participant. Requests for exceptions to this limit must demonstrate that the exception is essential to the health and safety of the participant and must be approved by MRC and MassHealth.

## **7. HOME HEALTH AIDE (MFP)**

Services defined in 42 CFR §440.70 that are provided in addition to home health aide services furnished under the approved State plan. Home health aide services under the waiver differ in nature, scope, supervision arrangements, or provider type (including provider training and qualifications) from home health aide services in the State plan. The differences from the State plan are as follows:

Agencies that provide Home Health Aide services under the waiver do not need to meet the requirements for participation in Medicare, as provided in 42 CFR §489.28.

## **8. HOMEMAKER SERVICES (ABI/MFP)**

Services that consist of the performance of general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.

This service may be self directed under MFP.

## **9. INDEPENDENT LIVING SUPPORTS (MFP)**

Independent Living Supports ensures 24 hour seven days a week access to supportive services for persons who have intermittent, scheduled and unscheduled needs for various forms of assistance, but who do not require 24-hour supervision. It provides participants with services and supports in a variety of activities such as: activities of daily living (ADLs) and instrumental activities of daily living (IADLs), support and companionship, and emotional support, and socialization. This service is provided by a site-based provider, and is available to participants who choose to reside in locations where a critical mass of individuals reside who require such support and where providers of such supports are available.

Independent Living Supports agencies recruit staff, assess their abilities, train and provide guidance, supervision and oversight for staff. Providers ensure scheduled services as well as intermittent, unscheduled support as needed by the participant. The provision of Independent Living Supports does not entail hands-on nursing care. This service is provided in accordance with a therapeutic goal in the service plan.

Independent Living Supports are intended to be provided in a multi-tenant building, including but not limited to such settings as elderly/disabled public housing. The concept is that a provider would secure office space in the building in which staff can be based (thus site-based), would have multiple regular waiver participants and other clients in need of home-based care to whom they provide services in the building, and would have staff who could be available at non-scheduled times to respond to participants who need support for issues that arise unexpectedly.

The service provider cannot be the owner of the building in which the services are delivered. To be a qualified residence under MFP, leases should not: include rules and/or regulations from a service agency as conditions of tenancy or include a requirement to receive services from a specific company; require notification of periods of absence (e.g., a person who is absent from a facility for more than 15 consecutive days or discuss transfer to a nursing facility or hospital); include provisions for being admitted, discharged, or transferred out of or into a facility; or reserve the right to assign apartments and change apartment assignments.

## **10. INDIVIDUAL SUPPORT AND COMMUNITY HABILITATION (ABI/MFP)**

Services and supports for a variety of activities that may be provided regularly or intermittently, but not on a 24 hour basis, and are determined necessary to prevent institutionalization. These services may include locating appropriate housing, the acquisition, retention or improvement of skills related to personal finance, health, shopping, and use of community resources, community safety, and other social and adaptive skills to live in the community. Individual support and community habilitation provide supports necessary for the individual to establish, live in and maintain a household of their choosing in the community. It may include training and education in self-determination and self-advocacy to enable the individual to acquire skills to exercise control and responsibility over the services and supports they receive, and to become more independent, integrated, and productive in their communities. These services must be provided in-person.

This service may be self directed under MFP

## **11. OCCUPATIONAL THERAPY (ABI/MFP)**

Occupational Therapy services, including the performance of a maintenance program beyond the scope of coverage in the State plan, provided by a licensed occupational therapist. Occupational therapy programs are designed to improve the quality of life by recovering competence, preventing further injury or disability, and to improve the individual's ability to perform tasks required for independent functioning, so that the individual can engage in activities of daily living. Services must be considered by the therapist to be necessary for the participant to improve, develop, correct, rehabilitate, or prevent the worsening of physical, cognitive or sensory functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary for the participant, family member or other person, to carry out the maintenance program. The provider qualifications specified in the State plan apply.

Occupational Therapy services must be authorized by the Case Manager in the service plan. This service is not subject to the Medical Referral Requirements found at 130 CMR 432.415 415 (MassHealth Therapist Regulations that describe the medical referral requirements necessary as a prerequisite to MassHealth payment) or the requirements for Prior Authorization found at 130 CMR 432.417 (MassHealth Therapist Regulations that describe the prior authorization process for therapy services). This service cannot be provided in Adult Day Health or when the participant is receiving other services that include occupational therapy as part of the program. These services are subject to the service limitations included in 130 CMR 432.414 (A) and (B) (MassHealth Therapist Regulations that describe the service limitations for therapy treatment per day). No more than one individual treatment and one group therapy session per day may be authorized. Payment will not be made for a treatment claimed for the same date of service as a comprehensive evaluation.

## **12. PEER SUPPORT (MFP)**

Peer Support is designed to provide training, instruction and mentoring to individuals about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. Peer support may be provided in small groups or peer support may involve one peer providing support to another peer, the waiver participant, to promote and support the waiver participant's ability to participate in self-advocacy. The one to one peer support is instructional; it is not counseling. The service enhances the skills of the individual to function in the community and/or family home. Documentation in the individual's record demonstrates the benefit to the individual.

This service may be self-directed.

## **13. PERSONAL CARE SERVICES (ABI/MFP)**

A range of assistance to enable waiver participants to accomplish tasks that they would do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing and supervision to prompt the participant to perform a task. Such assistance may include assistance in bathing, dressing, personal hygiene and other activities of daily living. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the care plan, this service may also include such housekeeping chores as bed-making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health or welfare of the individual, rather than the individual's family. Personal care services may be provided on an episodic or on a continuing basis.

Personal care under the waiver differs in scope, nature, supervision arrangements, and/or provider type (including provider training and qualifications) from personal care services in the State plan. Personal care under the waiver may include supervision and cuing of participants. The waiver service is an agency model of care.

This service may be self-directed under MFP.

#### **14. PHYSICAL THERAPY (ABI/MFP)**

Physical Therapy services, including the performance of a maintenance program beyond the scope of coverage in the State plan, provided by a licensed physical therapist. Services must be considered by the therapist to be necessary for the participant to improve, develop, correct, rehabilitate, or prevent the worsening of the physical functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary for the participant, family member or other person, to carry out the maintenance program. The provider qualifications specified in the State plan apply.

Physical Therapy services must be authorized by the Case Manager in the service plan. This service is not subject to the Medical Referral Requirements found at 130 CMR 432.415 (MassHealth Therapist Regulations that describe the medical referral requirements necessary as a prerequisite to MassHealth payment) or the requirements for Prior Authorization found at 130 CMR 432.417 (MassHealth Therapist Regulations that describe the prior authorization process for therapy services). This service cannot be provided in Adult Day Health or when the participant is receiving other services that include physical therapy as part of the program.

#### **15. PREVOCATIONAL SERVICES (MFP)**

Prevocational Services comprises a range of learning and experiential type activities that prepare a participant for paid or unpaid employment in an integrated, community setting. Services are not job-task oriented but instead, aimed at a generalized result (e.g., attention span, motor skills). The service may include teaching such concepts as attendance, task completion, problem solving and safety as well as social skills training, improving attention span, and developing or improving motor skills. Basic skill-building activities are expected to specifically involve strategies to enhance a participant's employability in integrated, community settings.

The amount, duration and scope of Prevocational Services provided to a participant is based on an assessment of the participant's pre-employment needs that arise as a result of his or her functional limitations and/or conditions, including services that enable the participant to acquire, improve, retain/maintain, and prevent deterioration of functioning consistent with the participant's interests, strengths, priorities, abilities and capabilities.

Services are reflected in the participant's individualized service plan and are directed to address habilitative or rehabilitative rather than explicit employment objectives. Prevocational services may be provided one-to-one or in a group format. This service may be provided as a site-based service, in community settings, or in a combination of these settings and must include integrated community activities that support the development of vocational skills. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

#### **16. RESIDENTIAL HABILITATION (ABI/MFP)**

Residential Habilitation consists of ongoing services and supports, by paid staff in a provider-operated residential setting, that are designed to assist individuals to acquire, maintain or improve the skills necessary to live in a non-institutional setting. Residential habilitation provides individuals with daily staff intervention for care, supervision and skills training in activities of daily living, home management

and community integration in a qualified provider-operated residence, with no more than 4 non-related residents, and with 24 hour staffing. Residential Habilitation includes individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult education supports (such as safety sign recognition and money management), and social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care and protective oversight and supervision. This service may include the provision of medical and health care services that are integral to meeting the daily needs of participants.

Provider owned or leased facilities where residential habilitation services are furnished must be compliant with the American with Disabilities Act. Residential Habilitation will be provided in settings with at least two and no more than four individuals residing in the setting and receiving the service.

Residential Habilitation is not available to individuals who live with their immediate family unless the immediate family member is also eligible for residential habilitation supports and had received prior authorization, as applicable, for residential habilitation. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.

## **17. RESPITE (ABI/MFP)**

Waiver services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Federal Financial Participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite Care may be provided to relieve informal caregivers from the daily stresses and demands of caring for a Participant in efforts to strengthen or support the informal support system. Respite Care services may be provided in the following locations:

- Respite Care in an Adult Foster Care Program provides personal care services in a family-like setting. A provider must meet the requirements set forth by MassHealth and must contract with MassHealth as an AFC provider.
- Respite Care in a Hospital is provided in licensed acute care medical/surgical hospital beds that have been approved by the Department of Public Health.
- Respite Care in a Skilled Nursing Facility provides skilled nursing care; rehabilitative services such as physical, occupational, and speech therapy; and assistance with activities of daily living such as eating, dressing, toileting and bathing. A nursing facility must be licensed by the Department of Public Health.
- Respite Care in a Rest Home provides a supervised, supportive and protective living environment and support services. Rest Homes must be licensed by the Department of Public Health.
- Respite Care in an Assisted Living Residence provides personal care services by an entity certified by the Executive Office of Elder Affairs.
- Respite care in the home of a Community Respite Provider home which provides personal care services in a home like setting. Provider must meet the site based requirements for respite of the Department of Developmental Services (DDS)

- Respite care in DDS Licensed Respite Facilities provides care and supervision in a setting licensed by the Department of Developmental Services.

Federal Financial Participation will only be claimed for the cost of room and board when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

## **18. SHARED HOME SUPPORTS (MFP)**

Shared Home Supports is an option that matches a participant with a Shared Home Supports caregiver. This arrangement is overseen by a Residential Support Agency. The match between participant and caregiver is the keystone to the success of this model. Shared Home Supports includes supportive services that assist with the acquisition, retention, or improvement of skills related to living in the community. This includes such supports as: adaptive skill development, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), adult educational supports, social and leisure skill development. Shared Home Supports integrates the participant into the usual activities of the caregiver's family life. In addition, there will be opportunities for learning, developing and maintaining skills which may include the areas of ADLs, IADLs, social and recreation activities, and personal enrichment. The Residential Support Agency provides regular and ongoing oversight and supervision of the caregiver.

The caregiver lives with the participant at the residence of the caregiver or the participant. Shared Home Supports provides daily structure, skills training and supervision, but does not include 24-hour care. Shared Home Supports agencies recruit caregivers, assess their abilities, coordinate placement of participant or caregiver, train and provide guidance, supervision and oversight for caregivers and provider oversight of participants' living situations. The caregiver may not be a legally responsible family member.

Duplicative waiver and state plan services are not available to participants receiving Shared Home Supports services. Shared Home Supports services are not available to individuals who live with their immediate family unless the family member is not legally responsible for the individual and is employed as the caregiver, or the immediate family member (grandparent, parent, sibling or spouse) is also eligible for shared home supports and had received prior authorization, as applicable. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.

Shared Home Supports may be provided to no more than two participants in a home.

## **19. SHARED LIVING - 24 HOUR SUPPORTS (ABI/MFP)**

Shared Living - 24 Hour Supports is a residential option that matches a participant with a Shared Living caregiver. This arrangement is overseen by a Residential Support Agency. The match between participant and caregiver is the keystone to the success of this model. Shared Living is an individually tailored 24 hour/7 day per week, supportive service. Shared Living is available to participants who need daily structure and supervision. Shared Living includes supportive services that assist with the acquisition, retention, or improvement of skills related to living in the community. This includes such supports as: adaptive skill development, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), adult educational supports, social and leisure skill development, protective oversight and supervision.

Shared Living integrates the participant into the usual activities of the caregiver's family life. In addition, there will be opportunities for learning, developing and maintaining skills including in such areas as ADLs, IADLs, social and recreational activities, and personal enrichment. The Residential Support Agency provides regular and ongoing oversight and supervision of the caregiver. The caregiver lives with the participant at the residence of the caregiver or the participant. Shared Living agencies recruit caregivers, assess their abilities, coordinate placement of participant or caregiver, train and provide guidance, supervision and oversight for caregivers and provide oversight of participants living situations. The caregiver may not be a legally responsible family member. Duplicative waiver and state plan services are not available to participants receiving Shared Living services. Shared Living services are not available to individuals who live with their immediate family unless the family member is not legally responsible for the individual and is employed as the caregiver, or the immediate family member (grandparent, parent, sibling or spouse) is also eligible for shared living and had received prior authorization, as applicable. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. Shared Living may be provided to no more than two participants in a home.

## **20. SKILLED NURSING (MFP)**

Skilled Nursing Services are those listed in the service plan that are within the scope of the State's Nurse Practice Act and are provided by a Registered Nurse or a Licensed Practical Nurse with a valid Massachusetts license. Skilled nursing services under the waiver differ in nature, scope, supervision arrangements, or provider type (including provider training and qualifications) from skilled nursing services in the State plan. The differences from the State plan are as follows:

- Agencies that provide Skilled Nursing services under the waiver do not need to meet the requirements for participation in Medicare, as provided in 42 CFR §489.28. (Waiver)

## **21. SPECIALIZED MEDICAL EQUIPMENT (ABI/MFP)**

Specialized Medical Equipment includes: (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the State plan.

In addition to the acquisition of the Specialized Medical Equipment itself this service may include:

- Evaluations necessary for the selection, design, fitting or customizing of the equipment needs of a participant
- Customization, adaptations, fitting, set-up, maintenance or repairs to the equipment or devices
- Temporary replacement of equipment
- Training or technical assistance for the participant, or, where appropriate, the family members, guardians, or other caregivers of the participant on the use and maintenance of the equipment or devices.

Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. This service does not include vehicle modifications or home accessibility adaptations.

## **22. SPEECH THERAPY (ABI/MFP)**

Speech Therapy services, including the performance of a maintenance program beyond the scope of coverage in the State plan, provided by a licensed speech therapist. Services must be considered by the therapist to be necessary for the participant either to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary for the participant, family member or other person, to carry out the maintenance program. The provider qualifications specified in the State plan apply.

Speech Therapy services must be authorized by the Case Manager in the service plan. This service is not subject to the Medical Referral Requirements found at 130 CMR 413.419 (MassHealth Speech and Hearing Center Regulations that describe the medical referral requirements necessary as a prerequisite for MassHealth payment) or the requirements for Prior Authorization found at 130 CMR 413.408 (MassHealth Speech and Hearing Center Regulations that describes the prior authorization process for therapy services). This service cannot be provided in Adult Day Health or when the participant is receiving other services that include speech therapy as part of the program.

These services are subject to the Service Limitations included in 130 CMR 413.418 (A) and (B) (MassHealth Speech and Hearing Center Regulations that describe the prior authorization process for therapy services). No more than one individual treatment and one group therapy session per day may be authorized. Payment will not be made for a treatment claimed for the same date of service as a comprehensive evaluation.

## **23. SUPPORTED EMPLOYMENT (ABI/MFP)**

Supported employment services consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities need supports to perform in a regular work setting. Supported employment may include assisting the participant to locate a job or develop a job on behalf of the participant. Supported employment is conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by participants, including supervision and training. When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Federal Financial Participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that is not directly related to an individual's supported employment program.

This service is not for use to provide continuous long-term 1:1 on the job support to enable an individual to complete work activities.

#### **24. SUPPORTIVE HOME CARE AIDE (MFP)**

Supportive Home Care Aides perform personal care and/or homemaking services in accordance with waiver definitions, in addition to providing emotional support, socialization, and escort services to Participants with Alzheimer's Disease/Dementia or behavioral health needs.

#### **25. TRANSITIONAL ASSISTANCE SERVICE (ABI)**

Transitional Assistance services are non-recurring personal household set-up expenses for individuals who are transitioning from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement where the person is directly responsible for his or her own set-up expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential personal household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone service, electricity, heating and water; (d) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; (e) moving expenses; (f) necessary home accessibility adaptations; and, (g) activities to assess need, arrange for and procure needed resources related to personal household expenses. Transitional Assistance 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 person is unable to meet such expense or when the services cannot be obtained from other sources.

#### **26. TRANSPORTATION (ABI/MFP)**

Services offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170(a), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's service plan. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge are utilized.

## **27. VEHICLE MODIFICATION (MFP)**

Vehicle modification is adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle Modifications are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.

Examples of Vehicle Modifications include:

1. Van lift
2. Tie downs
3. Ramp
4. Specialized seating equipment
5. Seating/safety restraint

The following are specifically excluded Vehicle Modifications:

1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual.
2. Purchase or lease of a vehicle
3. Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the adaptations.

Modifications to a paid caregiver's vehicle or provider agency vehicle are excluded.

Funding for adaptations to a new van or vehicle purchased/leased by an individual and/or family can be made available at the time of purchase/lease to accommodate the special needs of the participant.

Cost not to exceed \$25,000 over three year period.