

Attachment C: Service Definitions

NC Innovations service definitions and the specific provider requirements for each definition are included in the following pages:

Assistive Technology Equipment and Supplies: T2029

Assistive Technology, Equipment and Supplies (ATES) are necessary for the proper functioning of items and systems, whether acquired commercially, modified, or customized, that are used to increase, maintain, or improve functional capabilities of beneficiary. Assistive Technology and Supplies can be accessed when the item requested will belong to the individual. This service covers purchases, leasing, trial periods and shipping costs, and as necessary, repair/modification of equipment required to enable individuals to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise. Monthly monitoring / connectivity charges may be covered when it is required for the functioning of the item / system. Service contracts and extended warranties may be covered for a one-year time frame. All items must meet applicable standards of manufacture, design, and installation. The Individual Support Plan clearly indicates a plan for training the individual, the natural support system and paid caregivers on the use of the requested equipment and supplies. A written recommendation by an appropriate professional is obtained to ensure that the equipment meets the needs of the beneficiary. This service may cover an evaluation, when the Medicaid State Plan option has been exhausted.

Medical necessity must be documented by the physician, physician assistant, or nurse practitioner, for every item provided/billed regardless of any requirements for approval. A letter of medical necessity written and signed by the physician, physician assistant, or nurse practitioner, or other licensed professional permitted to perform those tasks and responsibilities by their NC state licensing board, may be submitted along with the Certificate of Medical Necessity/Prescription.

Note: the Certificate of Medical Necessity/Prescription still must be completed and signed by the physician, physician assistant, or nurse practitioner.

Assistive Technology: Equipment and Supplies covers the following list of categories:

- a. Aids For Daily Living or Aids to increase Independent Living;
- b. Aids For Gross Motor Development or Fine Motor Skill Development;
- c. Environmental Controls and Modifications;
- d. Positioning Systems or Devices to aid with Positioning;
- e. Alert and Monitoring Systems;
- f. Sensory Aids;
- g. Communication Aids not covered by regular Medicaid State Plan;
- h. Mobility Aids not covered by DME (Durable Medical Equipment);
- i. Nutritional supplements covered under the NC DME fee schedule for adults; and
- j. Medical Supplies not covered by regular State Plan formulary.

For requests for assistive technology equipment the following additional information is required:

- a. a plan for how the person and family will be trained when needed on the use of the equipment;
- b. a written recommendation that includes a physician signature certifying medical necessity (not required for repair); or signature of other appropriate licensed professionals as determined by the PHIP policies;
- c. shipping costs must be itemized in the request to be covered, taxes are not coverable;
- d. other information as required for the specific equipment or supply request; and
- e. quote(s) (PHIP determines how many quotes are required.)

For requests for supplies covered under this definition, the following additional information is required:

- A Statement of Medical Necessity completed by an appropriate professional that identifies the person's need (s) with regard to the equipment and supplies being requested. The Statement of Medical Necessity must state the amount and type of the item that a person needs.
- Supplies that continue to be needed at the time of the person's Annual Plan must be recommended by an annual Statement of Medical Necessity by an appropriate professional. The Statement of Medical Necessity must be updated if the amount of the item the person needs changes.

Exclusions

- Items that are not of direct or remedial benefit to the person are excluded from this service
- Recreational items that would normally be purchased by a family
- Computer desks and other furniture items.
- Service and maintenance contracts and extended warranties; and equipment or supplies purchased for exclusive use at the school/home school.
- Computer hardware solely to improve socialization or educational skills, to provide recreation or diversion activities, or to be used by any person other than the beneficiary.
- Hot tubs, Jacuzzis, and pools.
- Items utilized as restraints.

Limits on amount, frequency, or duration

The service is limited to expenditures of \$50,000 (ATES and Home Modifications) over the life of the waiver period. This limit does not include nutritional supplements and monthly alert monitoring / connectivity system charges.

Service Delivery Method

- Provider Directed**
 Individual/Family Directed

Specify whether the service may be provided by (check all that apply):

- Legally Responsible Person**
 Relative
 Legal Guardian

Provider Type

Specialized Vendors

License

Applicable state/local business license

Certification

Other Standard

Meets applicable state and local requirements and regulations for type of device that the business is providing

Provider Type
Alert Response Centers
License
Applicable state/local business license
Certification
Other Standard
Response Centers must be staffed by appropriately trained individuals, 24 hours/day, 365 days/year Meets applicable state and local requirements and regulations for type of device that the vendor is providing
Provider Type
Durable Medical Equipment Providers
License
Applicable state/local business license
Certification
enrolled vendor
Other Standard
Meets applicable state and local requirements and regulations for type of device that the business is providing
Provider Type
Home Care Agencies
License
Licensed by the NC DHHS, Division of Health Services Regulation, in accordance with NCGS 131E, Article 6, Part C
Certification
NC Medicaid enrolled vendor
Other Standard
Meets applicable state and local requirements and regulations for type of device that the business is providing
Provider Type
Commercial/Retail Businesses
License
Applicable state/local business license
Certification
Other Standard
Meets applicable state and local requirements and regulations for type of device that the business is providing