

Rule No. 560-X-54.03 Covered Services.

(1) Personal Care/Attendant Services.

(a) Personal Care/Attendant Service (PC/AS) provides in-home and out-of-home (job site) assistance with eating, bathing, dressing, caring for personal hygiene, toileting, transferring from bed to chair and vice versa, ambulation, maintaining continence, medication management and other activities of daily living (ADLs). It may include assistance with independent activities of daily living (IADLs) such as meal preparation, using the telephone, and household chores such as, laundry, bed-making, dusting and vacuuming, which are incidental to the assistance provided with ADLs or essential to the health and welfare of the client rather than the client's family.

(b) PC/AS is designed to increase an individual's independence and ability to perform daily activities and to support individuals with physical disabilities in need of these services as well as those seeking or maintaining competitive employment either in the home or an integrated work setting.

(c) PC/AS is not an entitlement. It is based on the needs of the individual client as reflected in the Plan of Care.

(2) Private Duty Nursing.

(a) The Private Duty Nursing Service is a service which provides skilled medical observation and nursing services performed by a Registered Nurse or Licensed Practical Nurse who will perform his/her duties in compliance with the Nurse Practice Act and the Alabama State Board of Nursing. Private Duty Nursing under the waiver will not duplicate Skilled Nursing under the mandatory home health benefit in the State Plan. If a waiver client meets the criteria to receive the home health benefits, home health should be utilized first and exhausted before Private Duty Nursing under the waiver is utilized.

(b) Private Duty Nursing Services are not an entitlement. They are based on the needs of the individual client as reflected in the plan of care.

(3) Medical Supplies.

(a) Medical supplies and appliances includes devices, controls, or appliances specified in the Plan of Care, not presently covered under the State Plan, which enable the individual to increase his/her abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which he/she lives. All waiver medical supplies and appliances must be prescribed by a physician, be medically necessary and be specified in the Plan of Care. Medical supplies and appliances do not include over-the-counter personal care items such as toothpaste, mouthwash, soap, cotton swabs, Q-tips, etc. Items reimbursed with waiver funds will be in addition to any medical supplies furnished under the State Plan and exclude those items which are not of direct medical or remedial benefit to the individual.

(b) Providers of this service will be only those who have signed provider agreements with the Alabama Medicaid Agency.

(c) Medical supplies and appliances are limited to \$6,000 ~~\$1,800~~ per client per waiver year. Documentation of items purchased will be maintained by the targeted case manager. An additional amount above that of ~~\$6,000~~ ~~\$1,800~~ may be requested by the client and prior approved by Medicaid if medically necessary.

(4) Assistive Technology.

(a) Assistive Technology includes devices, pieces of equipment or products that are modified, customized and used to increase, maintain or improve functional capabilities of individuals with disabilities as specified in the Plan of Care. 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 acquisition, selection, design, fitting, customizing, adaptation, application, etc. Items reimbursed with waiver funds exclude items which are not of direct medical benefit to the recipient. Receipt of this service must be based upon medical necessity to prevent institutionalization as documented in the medical record and all items must meet applicable standards of manufacture, design and installation.

(b) The amount for this service is \$20,000 per client. Any expenditure in excess of \$20,000 must be approved by the Alabama Medicaid Agency. All assistive technology items must be ordered by a physician, documented on the Plan of Care and must be prior authorized and approved by the Alabama Medicaid Agency.

(c) To obtain prior authorization numbers for this service, the case manager must submit a copy of the following documents to the Alabama Medicaid Agency (AMA):

1. Medicaid Prior Authorization Form;
2. An agreement between the AMA and the company providing the service;
3. A price quotation list from the company supplying the equipment, providing a description of the item; and
4. A legible copy of the physician's prescription for the item.

(d) Upon completion of service delivery, the client or their legal representative must sign and date acknowledging satisfaction with the service.

(e) Providers of assistive technology shall be capable of supplying and training in the use of assistive technology devices.

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Statutory Authority: 42 CFR Section 441, Subpart G and the Home and Community-Based Technology Assisted Waiver for Adults.

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