

Attachment D: Medicaid and Non-Medicaid Services Chart

Medicaid Services

<p>Medicaid State Plan</p>	<p>The Medicaid State Plan Service for Durable Medical Equipment (DME) and Supplies provides a broad range of special medical equipment and supplies. A listing of DME covered by the Medicaid State Plan can be found at https://www.emedny.org/ProviderManuals/DME/index.aspx under 'Provider Manuals'. Click on Fee Schedules (this changes periodically)</p> <p>If these devices are not clinically suitable for meeting the individual's needs, individuals can seek Assistive Technology (AT) through OPWDD's Home and Community Based Services (HCBS) Waiver. In these instances, OPWDD will review the individual's life plan and require clinical justification (e.g., an occupational therapy or physical therapy evaluation) to deem the request appropriate.</p>
<p>County Authorized Services</p>	<p>http://www.clmhd.org/contact_local_mental_hygiene_departments/</p>
<p>Consumer Directed Personal Assistance Services (CDPAS)</p>	<p>CDPAP as an immediate in-home care option. As per the New York State's website, "this Medicaid program provides services to chronically ill or physically disabled individuals who have a medical need for help with activities of daily living (ADLs) or skilled nursing services." To learn more about CDPAP services please visit: https://www.health.ny.gov/health_care/medicaid/program/longterm/cdpap.htm</p>
<p>OPWDD's HCBS Waiver</p>	<p>OPWDD's HCBS Waiver offers several means for individuals and families to obtain services and adaptive devices. These means must be exhausted before FSS Family Reimbursement is sought:</p> <ul style="list-style-type: none"> • Assistive Technology (AT) • Environmental Modifications (E-Mods)
<p>OPWDD's HCBS Self-Direction (See section P for more details)</p>	<p>Individuals who self-direct their supports and services may use their personal budgets to purchase goods and services they need or obtain them through the following services:</p> <ul style="list-style-type: none"> • Other Than Personal Services (OTPS) – (for individuals who self-direct their services) • Individual Directed Goods and Services (IDGS) - (for individuals who self-direct their services with budget authority)

Non-Medicaid Services

Medical Indemnity Fund	The Medical Indemnity Fund (MIF) pays for health care costs associated with birth-related neurological injuries. MIF may cover case management, medical, hospital, surgical, nursing, dental, and rehabilitation services as well as custodial care, home health aides, respite, durable medical equipment, transportation, environmental and vehicle modifications, assistive technology, and medications. For more information: https://www.health.ny.gov/regulations/medical_indemnity_fund/index.htm .
Limited Exception Respite	NYS OPWDD will pay enrolled providers directly for respite services for OPWDD eligible individuals who are/were not enrolled in the HCBS 1915 (c) waiver and who do not receive certain other services. See https://opwdd.ny.gov/system/files/documents/2020/07/opwdd_liab_10.pdf . Your care manager can assist you in finding a provider or you can use OPWDD's provider directory: https://providerdirectory.opwdd.ny.gov/ .