



WAIVER SUPPLEMENTAL SERVICES Services and Goods

Service/Good	Annual Line Item Maximum	Prior Approval and/or Other Requirements
<p>Dental Services</p> <p>(Examples Dental Care, Cleanings, Extractions, Fillings, Caps, and general dental work. Excludes; Orthodontic Care, Veneers, Cosmetic Care.)</p>	<p>Rate based on Supporting Documentation of Cost Plan/Bill</p>	<p>Dental Services by a Licensed Dentist Lack of Coverage/ Insurance Denial</p> <p>Payments made directly to vendor only</p>
<p>Medical Care</p> <p>(Examples: Medical care that is necessitated for health and safety, and is not covered or denied by any other form of insurance, prescriptions, g-tubes supplies, Hearing aids, copays, etc.)</p>	<p>Rate based on Supporting Documentation of Cost Plan/Bill</p>	<p>Medical Services By a Licensed/Registered Medical Provider Lack of Coverage/ Insurance Denial</p> <p>Payments made directly to vendor only</p>
<p>Vision Services</p> <p>(Examples Eye Care, Eye Exams, Eye glasses. Excludes; Contacts, designer frames, sunglasses)</p>	<p>Rate based on Supporting Documentation of Cost Plan/Bill</p>	<p>Vision Services Plan by a Licensed Optometrist Lack of Coverage/ Insurance Denial</p> <p>Payments made directly to vendor only</p>
<p>Other</p> <p>(Examples: Services and Goods not covered under the Waiver or Participant Directed Goods and Services, and not eligible to be covered under Exceptional Rate and/or Request for Additional Services, which will benefit the health and safety or community stabilization of the individual.)</p> <p>(NOTE: Request for rental assistance and/or utility assistance is only available one time per fiscal year, per household, and after all other resources have been exhausted.)</p>	<p>Rate based on Supporting Documentation of Cost Plan/Bill</p>	<p>Regional Services Administrators Prior Approval</p>