

## ACUITY LEVELS AND PAC WAIVER SERVICES

**Exception Requests:** Shaded blocks indicate services that are not available under a particular acuity level. Exception Requests may be submitted when a service is needed that is not indicated for that acuity level, or is needed more than the maximum limits.

**Non-Duplication of Services:** PAC Waiver Services may not duplicate services available through other funding sources or Medicaid State Plan programs.

SERVICE	LEVEL I LOW ACUITY	LEVEL II MODERATE ACUITY	LEVEL III HIGH ACUITY
<b>CASE MANAGEMENT</b>	Consumer contact every 2 months. Face-to face contact every 6 months.	Consumer contact every month. Face-to face contact every 3 months.	Consumer contact every 2 weeks. Face-to face contact every month.
<b>CHORE - PEST CONTROL</b>	When needed.	When needed.	When needed.
<b>CHORE - OTHER</b>		When needed.	When needed.
<b>DAY HEALTH CARE</b>		When needed.	When needed.
<b>EDUCATION AND SUPPORT</b>	Available for 3 months from enrollment.	Available for 6 months from enrollment or in crisis.	Available for on-going needs.
<b>ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS</b>		Available to homeowners to promote greater independence.	Available to homeowners to promote greater independence.
<b>HOME DELIVERED MEALS</b>		Prescribed by physician and when no in-home support is present for up to 2 months of discharge from institution.	Prescribed by physician and when no in-home support is present for up to 3 months of discharge from institution.
<b>HOMEMAKER</b>			Available when no in-home support is present, for up to 2 months of discharge from institution.
<b>PERSONAL CARE</b>			Available when prescribed by physician for 60 days after discharge from institution.
<b>SKILLED NURSING (RN OR LPN)</b>			Available when prescribed by physician for 60 days after discharge from institution.
<b>SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES</b>	Available when needed.	Available when needed.	Available when needed.
<b>SPECIALIZED PERSONAL CARE FOR FOSTER CARE CHILDREN WITH AIDS</b>	Payment per day does not equate to acuity levels.	Payment per day does not equate to acuity levels.	Payment per day does not equate to acuity levels.
<b>THERAPEUTIC MANAGEMENT OF SUBSTANCE ABUSE</b>	Available when needed. Requires physician order.	Available when needed. Requires physician order.	Available when needed. Requires physician order.
<b>RESTORATIVE MASSAGE</b>		By prescription for specific symptoms noted in handbook.	By prescription for specific symptoms noted in handbook.