

Protocol Revisions Summary

Protocol	Page	Section	Revision
Behavior Services	7	C.4	<ul style="list-style-type: none"> Correction of a typo in the 3rd paragraph. The word “<i>should</i>” was inadvertently left out and has been added.
Orientation and Mobility Training	1	Header	<ul style="list-style-type: none"> Revision of the title to clarify that the protocol applies to the waiver service <i>Orientation and Mobility Services for Impaired Vision</i> in the Self-Determination Waiver. Revision of the Table of Contents
	Many	Many	<ul style="list-style-type: none"> Substitution of “<i>assessment</i>” for “<i>Orientation and Mobility Training assessment</i>” Substitution of “<i>services</i>” for “<i>Orientation and Mobility Training services</i>”.
Specialized Medical Equipment and Supplies and Assistive Technology	2	A.2.a. (2)	<ul style="list-style-type: none"> Correction of a typo. Revision of “<i>alternative augmentative communication device</i>” to “<i>augmentative alternative communication device.</i>”
	2	A.4.b	<ul style="list-style-type: none"> Correction of a typo. Revision of “<i>alternative augmentative communication device</i>” to “<i>augmentative alternative communication device.</i>”
Supported Living	9	B.5	<ul style="list-style-type: none"> Revision of “If NO” section
	9-10	B-6	<ul style="list-style-type: none"> Addition of new section B-6
Questions and Answers	1	Q 3	<ul style="list-style-type: none"> Clarification that protocols may be revised and reissued as needed
	5 17 22 24 29 32 35	Q 13 Q 5 Q 8 Q 12 Q 13 Q 13 Q 13	<ul style="list-style-type: none"> Clarification that initial and subsequent concurrent review dates will be determined by the plans reviewer, in consultation, as needed with Regional Office clinical staff.
	21	Title; Q 4; Q 7; Q 9	<ul style="list-style-type: none"> Revised language to specify both Orientation and Mobility Training <i>and</i> Orientation and Mobility Services for Impaired Visions (as it is listed in the Self-Determination waiver) Clarified that the 52-hour limit is applicable to orientation and mobility services exclusive of assessments
	23	Q 4	<ul style="list-style-type: none"> Clarified that an order by a licensed health care practitioner (i.e., a physician, physician assistant, nurse practitioner, chiropractor, podiatrist, or dentist) is required for all Nutrition Services, including assessments.
	40		<ul style="list-style-type: none"> Addition of an Index

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Nutrition Services	1	A.3.a A.3.b	<ul style="list-style-type: none"> Revision of the requirement regarding an order for Nutrition Services.
	2	A.3	<ul style="list-style-type: none"> Revision of the “If Yes” and “If NO” sections and addition of the TCA citation when there is no physician order.
	2	A.4	<ul style="list-style-type: none"> Revision of <i>in “3.b” above.</i>
	2	A.5.a A.5.b	<ul style="list-style-type: none"> Revision of the requirement regarding an order for Nutrition Services.
	3	A.5	<ul style="list-style-type: none"> Revision of the “If Yes” and “If NO” sections and addition of the TCA citation when there is no physician order.
	3	A.6	<ul style="list-style-type: none"> Revision of <i>in “5.b” above.</i>
	4	B.1.a B.1.b	<ul style="list-style-type: none"> Revision of the requirement regarding an order for Nutrition Services.

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Nutrition Services	5	B.1	<ul style="list-style-type: none"> Revision of the "If Yes" and "If NO" sections and addition of the TCA citation when there is no physician order.
	5-6	B.2	<ul style="list-style-type: none"> Revision of <i>in "1.b" above</i> (multiple times) Revision of language to use "therapeutic dietary regimen" Clarification of phrase "<i>health care practitioner.</i>"
	6	C.1.a C.1.b	<ul style="list-style-type: none"> Revision of the requirement regarding an order for Nutrition Services.
	7	C.1.	<ul style="list-style-type: none"> Revision of the "If Yes" and "If NO" sections and addition of the TCA citation when there is no physician order.
	7	C.2	<ul style="list-style-type: none"> Revision of language to use "therapeutic dietary regimen" Clarification of phrase "<i>health care practitioner.</i>"