

# Policy in Brief MACPAC

## State Medicaid Coverage of Assistive Technology for Adults Using Home- and Community-Based Services

### Summary

Assistive technology (AT) in Medicaid is defined as “an item, piece of equipment, service animal or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants” (CMS 2024). AT is not a statutorily-defined service; it is defined in the Section 1915(c) technical guide as “other services.” Additional services outlined in the technical guide, such as specialized medical equipment and supplies, also provide items and services that may be considered AT.

Medicaid home- and community-based services (HCBS) programs are the primary vehicles for Medicaid coverage of AT for adults. All states and the District of Columbia, cover some AT in their HCBS programs serving adults, and the services covered vary. For example, 50 states and the District of Columbia cover home accessibility adaptations and 28 states and the District of Columbia cover individual directed goods and services. This coverage also varies by HCBS program based on the population served, service definition, and coverage limits. For example, almost all Section 1915(c) waivers serving adults with an intellectual disability or developmental disability cover some AT, while a portion of waivers serving adults who are age 65 or older or disabled physically do not cover AT. Additionally, Medicaid state plan benefits cover some items and services for adults that may be considered AT.

### Coverage of AT in Medicaid HCBS programs

In addition to defining AT, the Section 1915(c) technical guide specifies more services that may be considered AT: specialized medical equipment and supplies, individual directed goods and services, personal emergency response systems, electronic/remote monitoring, home accessibility adaptations, and vehicle modifications. These services include items and services that may be used to increase, maintain, or improve functional capabilities of participants similar to AT. States can also cover some of these services through other authorities such as Section 1115 demonstrations and Section 1915(i) and Section 1915(k) state plan amendments.

MACPAC conducted a scan of HCBS programs serving adults as of September 2025. Of the 263 HCBS programs reviewed, 228 cover at least one category of AT. Table 1 shows the number of states that cover different categories of AT in at least one of their HCBS programs. For state-by-state information, see MACPAC’s [scan](#).

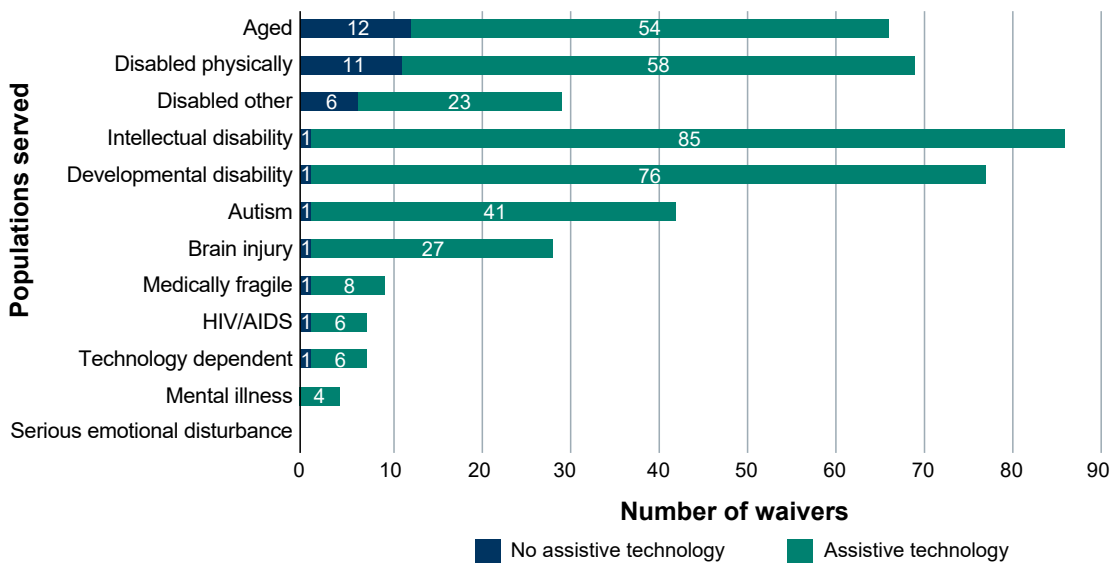
**TABLE 1.** Medicaid Coverage of AT Categories for Adults in HCBS Programs Across States, CY 2025

Category of AT	Number of states covering AT
Home accessibility adaptations	51
Personal emergency response systems	50
Specialized medical equipment and supplies	43
Assistive technology	40
Vehicle modifications	39
Electronic/remote monitoring	35
Individual directed goods and services	29

**Notes:** AT is assistive technology. HCBS is home- and community-based services. CY is calendar year. AT in Medicaid is defined by the Section 1915(c) technical guide as “an item, piece of equipment, service animal or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants” (CMS 2024). AT is both its own service and an umbrella term used to cover items that may be considered AT. State counts include the District of Columbia.

**Sources:** MACPAC analysis of Section 1915(c) waivers, Section 1115 demonstrations, and Section 1915(i) and Section 1915(k) state plan amendments and review of the Section 1915(c) technical guide (CMS 2024).

**FIGURE 1.** Coverage of AT for Adults in Section 1915(c) Waivers by Population, CY 2025



**Notes:** AT is assistive technology. CY is calendar year. AT includes specialized medical equipment and supplies, individual directed goods and services, personal emergency response systems, electronic/remote monitoring, home accessibility adaptations, and vehicle modifications. A Section 1915(c) waiver can serve multiple populations.

**Sources:** MACPAC analysis of Section 1915(c) waivers and review of the Section 1915(c) technical guide (CMS 2024).

## Scope of AT in Medicaid HCBS programs

AT coverage differs by HCBS program depending on the population served, service definition, and limits on amount, frequency, or duration of the service.

**Populations served.** HCBS programs serve different populations. States may include AT in HCBS programs that serve some populations but not others. For example, almost all Section 1915(c) waivers cover some AT for adults with an intellectual disability, a developmental disability, autism, or a brain injury, while a portion of waivers serving adults who are age 65 or older, disabled physically or have a disability captured in the disabled other category do not cover AT (Figure 1).

**Service definition.** The Centers for Medicare & Medicaid Services provides guidance, and states have the flexibility to define services in their HCBS programs. States may include different items under the same service definitions. For example, specialized medical equipment and supplies may include automatic medication dispensers in one HCBS program but not in another. Many services in HCBS programs are restricted to items that are not otherwise provided by the Medicaid state plan. For example, specialized medical equipment and supplies may only cover items that are not available as durable medical equipment under the state plan.

**Limits on amount, frequency, or duration.** States can place limits on the services covered in their HCBS programs. Services may have expenditure caps. For example, individual goods and services may have an annual expenditure cap of \$1,000 per beneficiary.

## Coverage of AT in Medicaid State Plans

Medicaid state plan benefits cover some items and services that may be considered AT. All states must cover durable medical equipment as a mandatory benefit. States may choose to cover prosthetics, dentures, and eyeglasses, as optional benefits or through other authorities; 50 states cover prosthetics, 40 states cover dentures, and 31 states cover eyeglasses for at least some adult populations (AOPA 2025, CareQuest Institute for Oral Health 2025, Lipton et al. 2025). States may choose to cover physical therapy, occupational therapy, speech, hearing, and language services, preventive services, and rehabilitative services that may provide AT. Although not defined in statute for adults, 32 states also cover hearing aids for adults in their state plan (Arnold et al. 2025).

## About MACPAC

The Medicaid and CHIP Payment and Access Commission (MACPAC) is a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the states on a wide array of issues affecting Medicaid and the State Children’s Health Insurance Program (CHIP).



## References

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