## ISSUED: REPLACED:

## CHAPTER 7: COMMUNITY CHOICES WAIVER

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
03/11/24	7.	Table of Contents	6	Revisions made to incorporate criteria for Medically Tailored Meals (MTMs), Nutritional Counseling, and Assistive Technology.
03/11/24	7.1	Covered Services	38	Revisions made to incorporate gender inclusive language as well as criteria for Medically Tailored Meals (MTMs), Nutritional Counseling, and Assistive Technology.
03/11/24	7.5	Service Access Authorization	13	Revisions made to incorporate gender inclusive language as well as to incorporate criteria for Medically Tailored Meals (MTMs), Nutritional Counseling, and Assistive Technology.
03/11/24	7.6	Provider Requirements	20	Revisions made to incorporate gender inclusive language as well as to incorporate criteria for Medically Tailored Meals (MTMs), Nutritional Counseling, and Assistive Technology.
03/11/24	7.7	Record Keeping	10	Revisions made to incorporate gender inclusive language as well as to incorporate criteria for Medically Tailored Meals (MTMs), Nutritional Counseling, and Assistive Technology.
03/11/24	7.8	Reimbursement	8	Revisions made to incorporate gender inclusive language as well as to incorporate criteria for Medically Tailored Meals (MTMs), Nutritional Counseling, and Assistive Technology.