The Home and Community-Based Services Waiver for Medically Fragile Technology Dependent Children (commonly called the MFTD waiver) can pay for certain home modifications.

The modifications must be for the individual’s primary residence and necessary to meet their medical needs. Home modifications may include permanent structural changes, equipment that is installed or attached to the home, or solutions that are not permanent.

What modifications may the waiver cover?

- Ramps or lifts to enter the home
- Electric or plumbing work necessary to accommodate medical equipment
- Bathroom modifications like roll-in showers, raised toilets and accessible sinks
- Widening of doorways or hallways
- Accessibility equipment like grab bars, handrails, lowered or adapted door handles and light switches, and automatic door openers
- Safety equipment like adapted fire alarms, sprinklers and smoke detectors

Please note the above modifications are simply examples. Other modifications may be possible. Please ask your Division of Specialized Care for Children (DSCC) Care Coordinator!

What modifications will the waiver NOT cover?

- Lifts and elevators inside the home (These modifications must be submitted through the Medicaid State Plan.)
- Installation, repair or replacement of general utility items such as a furnace, central air conditioning, floor covering, stairs, windows, driveways or sidewalks
- Hot tubs, pools, spas, whirlpool tubs and saunas
- Bathtub replacement, room renovations, exterior renovations or renovations to a porch or deck
- Adaptations that add to the total square footage of the home
- Roof repair or any other routine maintenance and upkeep that is necessary for any home

What do I need to do?

- Meet with your DSCC Care Coordinator to discuss the modifications that would help your family. Make sure these modifications are included in your person-centered plan.
- If you rent, help get written permission for the modifications from your landlord.
- Tell your Care Coordinator if you expect to move in the future.
- Allow vendors to visit your home to complete bids on the work. (Multiple bids may be needed.)
- Tell your Care Coordinator right away about any concerns or problems.

What else do I need to know?

- Modifications must be cost-effective. Talk to your Care Coordinator if you have any concerns about the vendors or their bids.
- The cost of the home modification will come out of the five-year $25,000 fund allocation. There must be a balance sufficient to cover the cost of the modification or additional resources will be needed. The cost is deducted on the date the service is provided.
- No work may begin until the Illinois Department of Healthcare and Family Services (HFS) issues the prior approval. Work done before the prior approval will not be paid.
- Please note that HFS determines approval on the scope of work for modifications deemed medically necessary, such a roll-in shower, raised toilet, etc. You should discuss additional needs with your Care Coordinator before proceeding.