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Effective October 1, 2012

Replaces document titled:

DDP Interpretive Guidelines for Goods and Services 7/10/08

Individual Goods and Services Guide

To be used with the 0667 Children's Autism Waiver

The decisions of a planning team to request the purchase of individual goods and services are based on the specific needs of the individual in services. Such requests do not set precedent in the sense that other individuals are “automatically eligible” for the same item or service. Every good or service purchased under this waiver category must be specific to the disability needs of the individual and all such purchases must be prior authorized in accordance with the language in the approved plan of care. All services and goods purchased in this category must be defensible and have a clear audit trail in the purpose and use of funds used to purchase goods and services.

✓This form must be used for all unduplicated IGS requests within the current fiscal year. For example if you are requesting an item that will be purchased more than once during the current fiscal year, such as wipes, you only need to request approval one time and indicate that it will be purchased throughout the year.

✓Approved IGS requests must be reimbursed in the same fiscal year that the item or service is utilized. For example it is not permissible to request that tuition for a class be reimbursed in April (because there is an early registration discount) when the class does not begin until August. In this example you have ICP dollars expended in one fiscal year and the class being attended in a different fiscal year. The class could be purchased in April in order to access the discount but the cost plan could not reimburse until after the class has been attended.

✓When providing supporting documentation, attach information as a separate document or copy and paste into this document.

✓All requests for approval sent to a QIS or Regional Manager must be submitted electronically. If sent through regular email, only include the AWACS ID and omit the individual's name for HIPPA compliance.

✓All IGS requests over \$2,000, including the admin fee, (annual aggregate) denied by the Regional Manager will be submitted to DDP Central Office for final review.

✓When the IGS request for approval form is completed, print and include with the Plan of Care as supporting documentation for monitoring purposes.

✓ Clear audit trail means that the item or service is clearly listed and approved in the plan of care and individual cost plan. After the purchase there is a clear receipt for the purchase, which includes the packing slip for online/delivery orders. An order form/confirmation does not constitute receipt of an item or service.

0667 Waiver Individual Goods & Services Request for Approval

Individual Goods and Services are services, supports or goods that enhance opportunities to achieve outcomes related to living arrangements, relationships, inclusion in the community and work as clearly identified and documented in the service plan. Items or services under individual goods and services fall into the following categories:

Membership/Fees: fitness memberships, tuition/classes, summer day programs, social membership (for example: Sierra Club, outdoor clubs, rotary club, friendship clubs and girl scouts) and socialization supports (for example: fees associated with participating in Special Olympics and community events such as the annual pancake breakfast, community picnics, fairs, art shows and cultural events (The types of memberships and fees in the approved definition are considered examples and should not be considered an exhaustive list.)

And

Devices/Supplies: batteries for hearing aids and batteries for assistive technology devices, nutritional supplements, diapers, instructional supplies, instructional books and computers.

Items covered under Individual Goods and Services must meet the following requirements:

- Recreational activities provided under Individual Goods and Services may be covered only to the degree that they are not diversional in nature and are included in a planning objective related to a specific therapeutic goal.
- Montana assures that services, goods or supports provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA) or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.
- **Individual goods and services must be approved by the planning team prior to purchase and reimbursement.** In addition, goods and services purchased on behalf of the recipient by legal guardians, legally responsible persons, or other non-employees acting on behalf of the recipient are reimbursable only if receipts for such purchases are submitted to the agency with a DDP contract. The receipts are reimbursable only if all the requirements listed above have been met. **Goods and services projected to exceed \$2,000 (annual aggregate) require prior approval by the DDP Regional Manager.**

***The benefits of massage therapy, according to research conducted by the DDP Medical Director are modest, temporary and inconsistent. Therefore until further scientific studies have shown proof of benefits over traditional treatment by physical therapists, the DDP will not pay for Massage Therapy from any waiver.**

***Nutritional supplements, vitamins, and the like may qualify under individual goods and services when there is no other source for reimbursement, the specific items are not experimental, and documentation is provided, in writing, that the specific items have been reviewed and approved by the individual's health care provider. A health care provider is defined as a medical doctor (MD), an advanced practice registered nurse (APRN), or a physician assistant (PA).**

Consumer AWACS #

Consumer Name

Date

Additional Individuals Goods and Services criteria – Please answer 1-4 below:

1. The item or service is not prohibited by Federal or State statutes or regulations;
 - A. **To the best of my knowledge this item or service is prohibited or is not prohibited by Federal or State statutes or regulations. If the request is determined to be prohibited do not proceed with the request.**
2. The request does not include experimental goods/services.
 - A. **To the best of my knowledge this request includes or does not include experimental goods/services. If the request is determined to be experimental do not proceed with the request.**
3. The item or service is designed to meet the participant's functional, medical or social needs and advance the desired outcomes in his/her plan of care;
 - A. **Explain what the item or service is and how it is related to the individual's disability.**
 - B. **Describe the assessments used to determine the need.**
 - C. **List the Plan of Care outcomes and how the item or service will be used to achieve them.**
 - D. **For a recreational activity request, please list the planning objective/action and how the recreational activity will prove therapeutic to the individual's specific disability. Example: if the person has an objective/action to be more social, why do they require assistance with being more social and how would the recreational activity meet this need.**
 - E. **If there is a prescription or letter from a professional explaining the need please include with your request.**
4. The item or service is not available through another source.
 - A. **Explain attempts made to access other resources such as:**
 - a. **Denial from Medicaid or other source.**
 - b. **Individuals or families personal resources.**
 - c. **School, if request is for a school aged individual.**
 - d. **Other.**

✓Include verification where applicable

 - B. **Explain the cost of the item or service and how it is cost effective compared to similar items or services. Provide documentation where applicable**

Item 5 to be completed by DDP QIS based on information submitted in items 1-4.

5. One or more of the following additional criteria are met: **A, B, or C below must apply:**
 - The item or service would increase the participants functioning related to the disability;
 - A. **Explain if the item or service would increase the participants functioning related to the disability and if so, how?**
 - The item or service would increase the participants safety in the home environment; or
 - A. **Explain if the item or service would increase the participants safety in the home environment and if so, how?**
 - The item or service would decrease dependence on other Medicaid services;
 - A. **Explain If the item or service would decrease the individual's dependence on other Medicaid services and if so, how?**

Case Manager/team Approval: yes no Name of Case Manager:
Date:

Regional Manager Approval: yes no Name of Regional Manager:
Date:

If QIS or Regional Manager is declining request explain why: