

Individual Goods and Services Guide

Applies to all IGS requested for individuals in the 0208 comprehensive waiver

Individual Goods and Services are services, equipment or supplies that enhance opportunities for the person to achieve outcomes for full membership in the community as clearly identified in the plan of care. Individual goods and services fall into the following categories:

Memberships and Fees including but not limited to:

- Fees associated with classes for the person supported
 - Social club memberships
 - Fees associated with Special Olympics
 - Health memberships as prescribed by a licensed health care provider
 - Recreational activities specific to a habilitative goal in the plan of care
- Recreational activities provided under Individual Goods and Services may be covered only when they are included in a planning outcome related to a specific residential habilitation goal.

Equipment and Supplies including but not limited to:

- Assistive technology devices, controls, appliances or other items that enable persons to increase their abilities to perform activities of daily living, or to recognize, control or communicate with the environment, thus decreasing the need for assistance from others.
- Accessories essential to prolong life of assistive technology devices such as batteries, protective cases, screen protectors.
- Nutritional supplements,
- Non-reusable medical supplies related to the person's disability,
- Instructional supplies

IGS can only be used when the approved item or service is not covered under any other private or publicly funded resource or other waiver service.

Individual Goods and Services can pay for repair of equipment when the equipment meets the authorization criteria and the repair is a cost-effective alternative (e.g., is expected to last and without repair the equipment would have to be purchased new at a great cost). A maintenance or insurance agreement may be purchased for items that meet authorization criteria when the maintenance agreement is expected to be cost-effective.

Shipping and handling costs may be paid if the shipping cost is included in the price of the item, and the waiver is purchasing the item.

Reconditioned equipment may be purchased if all authorization criteria are met and the item is considered of adequate quality, expected to be durable, and the cost is commensurate with the age and condition of the item (e.g., if a new item could be purchased at the similar cost, it may be worthwhile to purchase the new item).

Nutritional supplements, vitamins, and the like may be reimbursed when there is no other source for reimbursement, and the specific items have been reviewed and approved, in writing, by the person's licensed health care provider.

Individual goods and services must be directed exclusively toward the benefit of the individual and are the least costly alternative that reasonably meets the individual's assessed need and meets the following requirements A-D:

A. One or more of the following criteria are met:

1. The service, equipment or supply promotes inclusion in the community, and/or
2. The service, equipment or supply increases the person's safety in the home environment, and/or
3. The service, equipment or supply decreases the need for other Medicaid services

B. The service, equipment or supply is designed to meet the person's functional (remedially necessary: appropriate to assist a person in increased independence and integration in their environment/community), medical (Medically

Individual Goods and Services Guide

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necessary: appropriate and effective for the medical needs and health and safety of the person) by advancing the outcomes in the plan of care;

- C. The service, equipment or supply is not available through another source; and can be accommodated within the person's individual cost plan without compromising the health and safety.
- D. The service, equipment or supply is not experimental or prohibited.

Individual goods and services must be approved prior to purchase and reimbursement. In addition, individual goods and services purchased on behalf of the person by legal guardians, legally responsible persons, or other non-employees acting on behalf of the person 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.

Individual goods and services projected to exceed \$1,000 (annual aggregate) may be subject to review and approval by the DDP Regional Manager.

Equipment purchases are expected to be a one-time only purchase. Replacements, upgrades or enhancements made to existing equipment will be paid if documented as a necessity and approved by DDP Regional Manager.

The following represents a non-inclusive list of non-permissible Goods and Services:

1. Individual goods and services provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA), home-based schooling, or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.
2. Goods, services or supports benefiting persons other than the individual
3. Room and board
4. Personal items and services not related to the disability
5. Gifts, gift certificates, or gift cards for any purpose
6. Items used solely for entertainment or recreational purposes
7. Personal hygiene items
8. Discretionary cash
9. General clothing, food, or beverages (not specialized diet or clothing)
10. Household furnishings
11. Household cleaning supplies
12. Home maintenance

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

✓An IGS 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. Requests and required approvals should not be carried over year to year; current assessment and need documentation will be required each fiscal year.

✓Requests for IGS expenditures of \$1000 or more in total for the fiscal year require written approval of the regional manager.

✓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

Individual Goods and Services Guide

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in one fiscal year and the class being attended in a different fiscal year. The class could be purchased in April to access the discount but the cost plan could not reimburse until after the class has been attended.

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

✓All requests for approval sent to DDP must be submitted electronically. Do not send through regular email to ensure compliance with HIPAA.

✓When the IGS 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.

✓The decisions of a planning team to request the purchase of individual goods and services are based on the specific needs of the person in services. Such requests do not set precedent in the sense that other individuals are “automatically eligible” for the same service, equipment or supply. For example, the purchase of diapers under this service category is not appropriate for a three month old waiver participant, because three month old babies are not toilet trained and therefore, the diapers are not disability related. The purchase of adult diapers for an adult waiver participant who is incontinent may be appropriate, if the diapers are not covered under the State Plan. In this event, the incontinence is related to a developmental disability. Many such other examples exist, but the bottom line is that all goods or services purchased under this waiver category must be specific to disability related needs of the individual and all such purchases must be prior authorized in accordance with the language in the approved plan of care