

Community Pathways Waiver – Revised Draft Proposal

Service Type: Other Service

Service (Name):

Alternative Service Title: **INDIVIDUAL AND FAMILY DIRECTED GOODS AND SERVICES**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition:

A. Individual and Family Directed Goods and Services are services, equipment, or supplies for participants that self-direct services that:

1. Relate to a need or goal identified in the person-Person-Centered planPlan;
2. Maintain or iincrease independence;
3. Promote opportunities for community living and inclusion; and
4. Not available under a waiver service or State Plan services.

B. Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, or increase the participant's safety in the home.

C. Individual and Family Directed Goods and Services includes dedicated funding up to \$500 to support staff recruitment efforts such as developing and printing flyers and using staffing registries.

D. The goods and services may include, but are not limited to: fitness memberships; fitness items that can be purchased at most retail stores; toothbrushes or electric toothbrushes; weight loss program services other than food; dental services recommended by a licensed dentist and not covered by health insurance; nutritional supplements recommended by a professional licensed in the relevant field; and fees for activities that promote community integration.

E. Experimental or prohibited goods and treatments are excluded.

F. Individual and Family Directed Goods and Services do not include services, goods, or items:

1. That have no benefit to the participant;
2. Otherwise covered by the waiver or the Medicaid State Plan Services;
3. Additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair;
4. Co-payment for medical services, over-the-counter medications, or homeopathic services;
5. Items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, DVD player, and monthly cable fees;
6. Monthly telephone fees;
7. Room & board, including deposits, rent, and mortgage expenses and payments;

- 8. Food;
 - 9. Utility charges;
 - 10. Fees associated with telecommunications;
 - 11. Tobacco products, alcohol, or illegal drugs;
 - 12. Vacation expenses;
 - 13. Insurance; vehicle maintenance or any other transportation- related expenses;
 - 14. Tickets and related cost to attend recreational events;
 - 15. Personal trainers; spa treatments;
 - 16. Goods or services with costs that significantly exceed community norms for the same or similar good or service;
 - 17. Tuition; educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA), including private tuition, Applied Behavior Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;
 - 18. Staff bonuses and housing subsidies;
 - 19. Subscriptions;
 - 20. Training provided to paid caregivers;
 - 21. Services in hospitals;
 - 22. Costs of travel, meals, and overnight lodging for staff, families and natural support network members to attend a training event or conference; or
- ~~B.G.~~ Service animals and associated costs.

SERVICE REQUIREMENTS:

- A. Participant or the authorized representative self- directing services on behalf of the participant make decisions on goods and services based on an identified need in the person centered plan.
- ~~A.B.~~ Individual and Family Directed Goods and Services must meet the following requirements:
 - 1. The item or service would decrease the need for other Medicaid services; AND/OR
 - 2. ~~promote~~ Promote inclusion in the community; ~~AND/OR~~
 - 3. ~~increase~~ Increase the participant's safety in the home environment; ~~AND~~
 - 4. ~~the~~ The participant does not have the funds to purchase the item or service or the item or service is not available through another source.
- ~~B.C.~~ Individual and Family Directed Goods and Services are purchased from the participant-directed budget and must be documented in the person Person-Centered planPlan.
- ~~C.D.~~ Individual and Family Directed Goods and Services ~~The goods and services that are purchased under this coverage~~ must be clearly noted and linked to an assessed participant need established in the Person-Centered Planperson-centered plan.
- ~~D.~~ The goods and services may include but not limited to: fitness memberships; fitness items that can be purchased at most retail stores; toothbrushes or electric toothbrushes; weight loss program services other than food; dental services recommended by a licensed dentist and not covered by health insurance; nutritional supplements recommended by a professional licensed in the relevant field; and fees for activities that promote community integration.
- ~~E.~~ Experimental or prohibited goods and treatments are excluded.
- ~~F.E.~~ The goods and services must fit within the participant's budget without compromising the participant's health and safety.

~~G.F.~~ The goods and services must provide or direct an exclusive benefit to the participant.

~~H.G.~~ The goods and services provided are cost-effective (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need) alternatives to standard waiver or State Plan services.

~~I.H.~~ The goods and services may not circumvent other restrictions on the claiming of Federal Financial Participation~~FFP~~ for waiver services, including the prohibition of claiming for the costs of room and board;

~~J.~~ Individual and Family Directed Goods and Services do not include services, goods, or items:

- ~~1. provided to or benefiting persons other than the member;~~
- ~~2. otherwise covered by the waiver or the Medicaid State Plan Services;~~
- ~~3. additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair;~~
- ~~4. co-payment for medical services, over the counter medications, or homeopathic services;~~
- ~~5. items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, DVD player, and monthly cable fees;~~
- ~~6. monthly telephone fees;~~
- ~~7. room & board, including deposits, rent, and mortgage expenses and payments;~~
- ~~8. food;~~
- ~~9. utility charges;~~
- ~~10. fees associated with telecommunications;~~
- ~~11. tobacco products, alcohol, or illegal drugs;~~
- ~~12. vacation expenses;~~
- ~~13. insurance; vehicle maintenance or any other transportation related expenses;~~
- ~~14. tickets and related cost to attend recreational events;~~
- ~~15. personal trainers; spa treatments;~~
- ~~16. goods or services with costs that significantly exceed community norms for the same or similar good or service;~~
- ~~17. tuition; educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA), including private tuition, Applied Behavior Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;~~
- ~~18. incentive payments and subsidies;~~
- ~~19. subscriptions;~~
- ~~20. training provided to paid caregivers;~~
- ~~21. services in hospitals;~~
- ~~22. costs of travel, meals, and overnight lodging for families and natural support network members to attend a training event or conference; or~~
- ~~23. service animals and associated costs.~~

~~K.I.~~ Reimbursement shall be reasonable, customary, and necessary, as determined for the participant's needs, recommended by the team, and approved by DDA or its designee.

~~Individual and Family Directed Goods and Services are limited to waiver participants who are self-directing their budget.~~

J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and

Department of Human Services, must be explored and exhausted. These efforts must be documented in the participant's file.

K. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Individual Directed Goods and Services are limited to \$25,000 per year from the total self-directed budget.

Service Delivery Method (check each that applies)

Participant Directed as specified in Appendix E
 Provider Managed

Specify whether the service may be provided by (check all that applies):

Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Entity – for people self-directing services

Provider Specifications for Services

Provider Category: Individual

Provider Type: Entity for people self-directing services

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

Based on the service, equipment or supplies vendors may include:

1. Commercial business
2. Community organization
3. Licensed professional

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Services (FMS)

Frequency of Verification:

- Prior to purchase

Renewal Proposal