

DIVISION OF DEVELOPMENTAL DISABILITIES DBHDD FACT SHEET

SERVICE: **Individual Directed Goods and Services**

CHECK ALL THAT APPLY:	X	SERVICE DESCRIPTION: Individual Directed Goods and Services are goods and services not otherwise provided through the NOW or the Medicaid State Plan but are identified by the Individual and his/her family who opt for participant direction. These services are available only for Individuals who choose the participant-direction option for service delivery. Individual Directed Goods and Services must be clearly linked to an assessed need of the individual due to his or her disability. A request must be submitted to the Support Coordinator for the goods or service to be purchased that includes the supplier/vendor name and identifying information and the cost of the service/goods. A paid invoice or receipt that provides clear evidence of the purchase must be on file in the Individual's records to support all goods and services purchased. Authorization for these services requires Support Coordinator documentation that specifies how the Individual Directed Goods and Services meet the criteria for these services.
NOW	X	
COMP		
Self Direct	X	

SPECIAL ELIGIBILITY CONDITIONS

A. Available in NOW only and may be selected if participant-directing services

ITEMS COVERED:

1. Goods that specifically relate to the person's needs (not wants) due to his or her disability and are not provided through the NOW or the Medicaid State Plan.
2. Individual Directed Goods and Services are bought from the participant-directed budget and cover services that Include: improving and maintaining their opportunities for full membership in the community. Goods and services purchased under this coverage may not circumvent other restrictions on NOW services
3. The Individual Directed Goods and Services must: Decrease the need for other Medicaid services AND not be available through another source, including the person not having the funds to purchase the item or service; AND promote inclusion in the community OR Increase the person's safety in the home environment

ITEMS NOT COVERED:

1. Services that are provided for the treatment of an illness or injury that are covered in Home Health Services under regular Medicaid State Plan.
2. Experimental or prohibited treatments.
3. Items denied through the Durable Medical Equipment and other Medicaid State Plan programs due to the lack of medical necessity.
4. Any item listed as non-covered for the NOW Specialized Medical Supplies, Specialized Medical Equipment, Vehicle Adaptations and Environmental Accessibility Adaptation Services.
5. Payment is not made, directly or indirectly, to members of the individual's immediate family, except as approved per policy.
6. Services available through programs of Rehabilitation Act of 1973 or educational services otherwise available through a program funded under the Individuals Education Act (IDEA),
7. Costs of travel, meals and overnight lodging for families and natural support network members to attend a training event or conference.