

NC Innovations Individual and Family Directed Supports Fact Sheet

Individual Goods and Services

Individual Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the Individual Support Plan (including improving and maintaining the individual's opportunities for full membership in the community). This service is available only to individuals who self direct at least one of their services under the Agency with Choice Model. The cost of Individual Goods and Services for each Individual cannot exceed \$2,000.00 annually. You may request Individual Goods and Services when your employee(s) begins work under the model of Individual and Family Directed Supports that you have chosen. Individual Goods and Services are provided as an "add-on" or non base budget addition to the person's Individual Budget.

First Steps:

1. Identify the good or service you need, the cost of the good or service, and where it can be purchased. Include the cost of taxes and shipping costs. If you need help, ask your Community Guide.

2. If the good that you are requesting is a training material needed to carry out a goal in your Individual Support Plan, you should talk with your Community Guide about purchasing the material from your Individual and Family Directed Budget (auto-calculator) or requesting the material from your Agency with Choice. Training materials for NC Innovation goals cannot be processed under Individual Goods and Services.

3. Talk with your Care Coordinator about the good or service that you need that is not a training material. Your Care Coordinator will help you access one of these funding options, if the good or service is available under that funding option:
 - ✓ State Plan Medicaid Services
 - ✓ EPSDT, if you are under age 21
 - ✓ Other NC Innovations Waiver Service
 - ✓ Non-Medicaid funding source can be explored by the Community Guide

4. Direct your Care Coordinator to prepare an Update to your Individual Support Plan, if the good or service is not otherwise covered and it appears to meet the Criteria for Individual Goods and Services. Once you sign the Individual Support Plan Revision, your Care Coordinator will submit it to Utilization Management for review.

Criteria for Individual Goods and Services:

- ✓ The item or service would decrease the need for other Medicaid services;
- AND/OR
- ✓ Promote inclusion in the community;
- AND/OR
- ✓ Increase the person's safety in the home environment;
- AND
- ✓ The individual does not have the funds to purchase the item or service.

Things that are not covered under Individual Goods and Services include but are not limited to:

- ✓ Experimental goods and services
- ✓ Items which may be defined as restrictive under NC G.S. 122C-60.
- ✓ Special Diet
- ✓ Room and Board
- ✓ Items which are social or recreational in nature
- ✓ Vacation expenses
- ✓ Services covered by a third party or services that are the responsibility of a non-Medicaid program
- ✓ Training materials used for NC Innovations goal
- ✓ Clothing
- ✓ Alcoholic beverages
- ✓ TV, radio, DVD
- ✓ Tobacco products
- ✓ Rent or mortgage payments
- ✓ Loans to employees
- ✓ Items that are illegal
- ✓ Services that are available without charge from community organizations

Other things to remember in requesting Individual Goods and Services:

- ✓ The Good or Service must be completely paid for by NC Innovations Funding.
- ✓ You may wish to attach a statement from your Physician or other professional if you think this will help the PIHP in understanding your request or if the requested item raises questions about your health or safety when using the item.
- ✓ The PIHP may request a statement from a professional about your request if they have concerns about your health or safety.
- ✓ If your request is approved, the PIHP will issue an authorization to your Agency with Choice so that the Good or Service can be provided to you.
- ✓ The supplier or provider of the Good or Service that you have identified of the Good or Service you are requesting must meet the qualifications listed in the NC Innovations Waiver. If the supplier or provider does not meet the requirements listed in the waiver or if the requested Good or Service cost more than your estimate, your Agency with Choice will inform your Care Coordinator so that the Plan can be revised. Changes in cost of service do not require approval by the PIHP; however, cost increase that result in expenditures over \$2,000 in a Waiver Year must be referred to the PIHP as this exceeds the limit.
- ✓ If a request for Individual Goods and Services is denied, you will be given your Medicaid Appeal Rights.