



InfoBrief: Self Direct Allowable Costs

Requests for Self-Directed Goods & Services

- Requests for goods and services must:
 - be submitted with and documented in the annual ISP;
 - have a clear connection to the individual's identified and established goals; and
 - be drawn from an individual's allocated resource package.
- Requests can be made outside of the annual plan in the event of an emergency or exceptional need for a plan modification.
- Goods and Services can only be authorized through self-directed plans if not available through other funding sources such as health coverage.
- Substitutions to the goods and services approved in an annual budget may be made within the budget category with a similar or related alternative that is within the original budgeted amount for that item.
 - For example, if a specific lifelong learning class is budgeted, but the individual elects to attend a different class, this is allowable without submitting a formal budget modification. If the alternate class costs more, this would require a modification.

Examples of Non-Allowable Self-Directed Goods & Services

- Food
- Housing costs, including utilities
- Prescriptions or co-payments for covered medical services, including eyeglass frames or contact lenses
- Experimental or prohibited treatments

Examples of Allowable Self-Directed Goods and Services

- Transportation for covered service-related activities
- Health coverage for employees
 - Should not exceed \$3000 annually or \$250 a month
- Therapeutic services funded discretely or in conjunction with a health club membership or other allowable services. Allowable therapies or therapeutic services include, but are not limited to, physical therapy, occupational therapy, speech therapy, personal training, hippotherapy, or other therapy that meets all of the following conditions:
 - 1) helps an individual physically, socially, or emotionally
 - 2) is recognized and provided by a Certified or Licensed practitioner
 - 3) is tied to specific goals in the individual's ISP
 - 4) is recommended and documented by a physician as a current need
- Health club memberships and enrollment fees
 - Should not exceed \$1200 per year
 - Do not require a physician's note
- Memberships to organizations when there is a clear connection to an outcome measure listed in the individual's ISP.
- Specialized equipment and/or assistive technology that will enable or support an individual's independence, functionality, and/or increased access to the community.
- Lifelong learning that is not associated with college credits.
 - Note: Documentation of the requirement of materials necessary for participation in the class must be provided in order to use allocated funds to purchase the materials.
- Employee Wages and Taxes directly related to support services
- Support Brokerage & Administrative Fees (Workers Compensation, Plan Development)
- Trainings that are related to the individual's overall health, safety or community participation