



Division of Developmental Disabilities

6 Harrington Road
Cranston, RI 02920

401-462-3421
401-462-2775 FAX

TECHNICAL BULLETIN

Technical Bulletin Number:	19-02
Date:	04/04/2025
Subject:	Self-Directed Services: Allowable Individual Good and Services
Applies to:	Self-Directed Participants

Purpose:

To detail the allowable individual goods and services that can be authorized through self-directed plans but must be secondary to coverage available through other funding sources such as health coverage, or available no-cost options.

Background:

Under Medicaid rules, self-directed participants can use their funding allocation not only to hire personal support workers, but also to purchase other individual goods and services designed to meet identified needs and improve and maintain the individual's opportunities for full membership in the community. Individual Directed Goods and Services are services, equipment, or supplies not otherwise paid for through general Medicaid or the waiver that address an identified need or goal in the individual's State approved individual service plan (ISP). Under the terms and conditions of the State's 1115 Waiver, goods and services may be authorized if the participant does not have the funds to purchase the item or service or the item or service is not available through another funding source, AND the item or service would:

- Decrease the need for other Medicaid services; or
- Promote inclusion in the community; or
- Increase the individual's independence in performing activities of daily living; or
- Increase the participant's safety in the home environment.

Information:

The following lists provide information on allowable and non-allowable requests for goods and services within the requirements of the 1115 Waiver.

I. Requests for Self-Directed Individual Goods and Services

- Requests for goods and services shall be submitted no later than 45 days prior to the plan start date. Requests should be submitted in alignment with ISP submissions, to ensure a timely response.
- Requests for goods and services must:
 - Be discussed during the Individual Service Plan (ISP) meeting;
 - 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 must specifically describe a goal and be supported by evidence that:
 - Using funds for goods and services will not compromise the person's safety and/or ensure needs are met.
 - There are no other available funds to purchase these goods and services; and
 - The goods and services are not available through another funding source.
- Requests that fall outside of the parameters listed in this Technical Bulletin may still be considered in extraordinary circumstances when it is an accommodation directly related to the individual's disability and directly impacts their daily living.

Requests for Changes During a Plan Year

- Requests to add goods and services during the plan year require:
 - Approval from the Division of Developmental Disabilities; and
 - A new documented need related to a change in situation, or a new opportunity related to an existing documented need (e.g. health, safety, independence, living situation).
 - Requests during the plan year are subject to a \$325.00 fee to amend the plan and purchase order.
 - DDD requires 45 days to process/authorize approved requests for changes.
- Requests for changes will not be accepted 90 days prior to the end of the plan year, unless there is an emergency situation, which will be evaluated on a case-by-case basis.

- Goods and Services can only be authorized through self-directed plans if not available through other funding sources such as health coverage, assistive technology, and durable medical equipment (DME).
 - This means that some request must be submitted to other funding sources prior to request being approved through goods and services; and denial letters from other funding sources may be requested.
- 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 opportunity (ex. conference, workshop) is budgeted, but the individual elects to attend a different opportunity, this is allowable without submitting a formal budget modification. If the alternate opportunity costs more, this would require a modification.

II. Requirements for Approval of Individual Self-Directed Goods and Services

All of the following requirements must be met when purchasing individual goods and services:

- Helps the individual meet a need or goal that is identified in the State-approved ISP.
- The request is for a good or service that is only benefiting the person self-directing their services.
- Are for the purpose of one of the following:
 - Increasing independence and decreasing the need for staff assistance; or
 - Supporting the individual to maintain and/or increase independence and safety in their home; or
 - Promoting the opportunity for the individual to live in, be integrated in, and be included in the communities of their choosing.

Activities also need to comply with all of the requirements below:

- Must result in active engagement and participation in an integrated community-setting.
- Must have published fees.
- Must be cost effective and considered reasonable CMS market price.
- Must be open to the public.
- Cannot be solely restricted to those with an Intellectual or Developmental Disabilities.
- Cannot duplicate any Medicaid State Plan and HCBS Waiver service or be conducted by an entity that delivers such services.

III. Examples of ALLOWABLE Self-Directed Goods and Services with Parameters

Allowable goods and service expenses that are exempt from this maximum are discussed below.

- Fees for programs or activities that promote health, socialization, and independence.
- Fees for lifelong learning, educational activities, classes, programs, conferences.
 - Excludes classes for credit and certificate programs.
 - Documentation of the requirement of materials necessary for participation in the class with cost must be provided in order to use allocated funds to purchase the materials. Funding cannot be used to purchase items or alternatives to items that the class provides free to all students.
- Technology/Apps.
 - Depending on request, it may need to go through health coverage or Assistive Technology funding first.
 - Cannot exceed \$1,000 in a plan year.
 - Can only make a technology purchase every 3 years.
 - Base model (laptop, cell phone).
- Items that promote personal safety or independence in the home.
 - E.g. Ring, Nest, microwave
- 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, hippotherapy, or other therapy that meets all of the following conditions:
 - Helps an individual physically, socially, or emotionally;
 - Is recognized and provided by a Certified or Licensed practitioner;
 - Is tied to specific goals in the individual's ISP; and
 - Is recommended and documented by a physician as a current need.
- Art Therapy, Massage, Music Therapies, Personal Training, and Other Prescribed Therapies.
 - Funding for these therapies may be covered when the service has been prescribed by the individual's medical doctor to ameliorate a specific medical diagnosis/condition for which these therapies have recognized efficacy.
 - Funding is not available to support vague goals such as "promote well-being," "reduce stress," or "promote relaxation."

- Supplies/equipment for classes or activities will not be approved if the class offers supplies on-site for use during the class, e.g. yoga mats or art supplies used in a class.
- Health club memberships and enrollment fees relating to health and fitness activities
 - These items need to be explored through health insurance or free options that are similar in nature prior to requesting through goods and services. For example, some health insurance plans pay for annual health club memberships and certain therapies.
 - Health club, personal training, health and fitness activities should not exceed \$1,200 per plan year or \$100 per month.
- Memberships to organizations when there is a clear connection to an outcome measure listed in the individual's ISP.
 - These items need to be explored through other options that are similar in nature prior to requesting through goods and services. For example, some libraries provide free passes to museums or other activities.
- Specialized equipment and/or technology, not covered by any other sources, that will enable or support an individual's independence, functionality, and/or increased access to the community.
 - Documentation is required detailing what the equipment will be used for and why the specialized equipment is the best option.

Exempt Goods & Services

Expenses such as the examples below related to Support Brokerage services, plan changes, transportation/mileage, training for employees, health insurance, and other employee-related expenses will not count against goods and services.

- Transportation (mileage, Uber, Lyft) for covered service-related activities:
 - Pay an increased hourly rate for self-directed staff that has mileage built into it.
 - Pay a per mile rate for self-directed staff (must be no higher than IRS mileage rate).
 - If using alternative modes of transportation other than staff, use the self-directed transportation option (e.g. to pay varying costs for Uber/Lyft, buy a RIPTA bus pass, etc.).
 - Only one method can be used for any given trip.
- Support Brokerage and Administrative Fees.
- Employee taxes directly related to support services.

- Health coverage for employees.
 - Should not exceed \$3,000 annually or \$250 per month.
- Trainings for staff that are related to the individual's overall health, safety, or community participation.

IV. Examples of Expenses NOT ALLOWABLE under Self-Directed Goods and Services:

- Experimental treatments or treatments prohibited by Medicaid are not permitted.
- Purely entertainment or solely for recreation or entertainment, such as sporting tickets, amusement parks, PPAC, concert tickets, admission fees to fairs, etc.
- Political in nature or lobbying
- Personal items/services not related to the individual's disability
- Gift cards
- General food, food delivery service or, beverages
- Clothing
- Room & board
- Hotel, motel, bed & breakfast, any vacation related items
- Gaming devices
- Cash, gambling, alcohol, tobacco, cannabis, weapons, firearms
- Experimental or prohibited treatments
- Housing costs including utility bills, streaming subscriptions, internet
- Monthly cell phone bills
- Warranties or service contracts
- Supplies, services, or expenses to support a business, such as purchasing art and crafts items that would then be used to make items that the individual will be selling, bookkeeper fees, etc.
- Vehicle insurance
- Classes/courses taken for credit or certification, or tutoring
- Home gyms
- Hot tubs
- Saunas
- Medical procedures or doctor's visits

- Prescriptions or co-payments for covered medical services, including eyeglass frames or contact lenses
- Supplies/equipment for classes or activities will not be approved if the class offers supplies onsite for use during the class, e.g. yoga mats or art supplies used in a class

Version Control and Change History:

Version	Effective Date	Rescinded Date	Amendment/Update	Replaces Previous Technical Bulletin
1.0	8/23/2018	10/03/2021	Original Version	No
2.0	10/04/2021	10/19/2023	Update to clarify transportation options	Yes
3.0	10/20/2023	1/9/25	Revision for new guidance on Goods & Services	Yes
4.0	04/04/2025	Current	Removal of maximum amount allowed per plan year	Yes