

Individual and Family Directed Goods and Services

Service Definition

A. Individual and Family Directed Goods and Services (IFDGS) are services, equipment, activities, or supplies, for participants who self-direct their services, not otherwise provided through this **Medicaid** waiver **program** or through the Medicaid State Plan, that address an identified need in a participant's Person Centered Plan, which includes improving and maintaining the **participant's individual's** opportunities for full membership in the community. Individual and Family Directed Goods and Services enable the participant to maintain or increase independence and promote opportunities for the participant to live in and be included in the community.

B. Individual and Family Directed Goods and Services must meet the following criteria:

1. Relate to a need or goal identified in the Person Centered Plan;
2. Are for the purpose of maintaining or increasing independence;
3. Promote opportunities for community living, integration, and inclusion;
4. Are able to be accommodated without compromising the participant's health or safety; and
5. Are provided to, or directed exclusively toward, the benefit of the participant.

C. Individual and Family Directed Goods and Services includes dedicated funding up to \$500 that participants may choose to use for costs associated with staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries.

D. Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, increase the participant's safety in the home, or support the family in the continued provision of care to the participant.

E. The goods and services may include:

1. Activities that promote fitness, such as fitness membership, personal training, aquatics, and horseback riding;
2. Fees for **community** programs and activities that **are inclusive**, promote socialization and independence, such as art, music, dance, sports, or other according to the participant's individual interests;
3. Small kitchen appliances that promote independent meal preparation, **if the participant lives independently**;
4. Laundry appliances (**non-commercial** washer and/or dryer), if none exist in the home, to promote independence and self-care, **if the person lives independently**;

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5. Sensory items related to the person's disability, such as headphones and weighted vests;
 6. Safety equipment related to the person's disability and not covered by health insurance, such as protective headgear and arm guards;
 7. Personal electronic devices, including watches and tablets, to meet an assessed health, communication, or behavioral purpose documented in the Person Centered Plan;
 8. Fitness items that can be purchased at most retail stores not to exceed \$1,000 per item;
 9. Toothbrushes or electric toothbrushes related to the person's disability and not covered by insurance;
 10. Weight loss program services other than food related to the person's disability, recommended by a medical professional, and not covered by health insurance;
 11. Dental services recommended by a licensed dentist and not covered by health insurance such as dental anesthesia and denture services not covered by health insurance;
 12. Nutritional consultation and supplements recommended by a professional licensed in the relevant field related to the person's disability and not covered by health insurance; and
 13. Initial startup costs (purchase of modem or other startup) for internet Internet services; and
 14. Day-to-Day Administrative Supports which includes assistance with all aspects of household and personal management essential to maintain community living, including support with scheduling and maintaining appointments and money management that provide assistance with the participant's household management and personal management and scheduling medical appointments. Household management includes the coordination of essential care and repair of the premises for the following:
 - a. Scheduling house maintenance (e.g. furnace checks) and repairs (e.g. dishwasher repair);
 - b. Scheduling snow removal; and
 - c. Scheduling lawn care.
 - ~~15. Other goods and services that meet this Waiver service requirements.~~
- F. Experimental or prohibited goods and treatments are excluded.
- G. Individual and Family Directed Goods and Services do not include the following services, activities, goods, or items:

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1. Services, goods or supports provided to or directly benefiting persons other than the participant that have no benefit to the participant;
2. Otherwise covered by the **Medicaid** waiver **program** or the Medicaid State Plans;
3. Additional units or costs beyond the maximum allowable for any **Medicaid** waiver **program** 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, and digital video disc (DVD) player except as needed to meet an assessed behavioral or sensory need documented in a Behavior Support Plan;
6. Monthly cable fees;
7. Monthly telephone fees;
8. Room & board, including deposits, rent, and mortgage expenses and payments;
9. Food;
10. Utility charges;
11. Fees associated with telecommunications;
12. Tobacco products, alcohol, **cannabis marijuana**, or illegal drugs;
13. Vacation expenses and travel adventures;
14. Insurance; vehicle maintenance or any other transportation-related expenses;
15. Tickets, **memberships**, and related cost to attend recreational **activities and** events, **such as museums, zoos, bowling, and indoor skydiving**;
16. Personal clothing and shoes;
17. Haircuts, nail services, and spa treatments;
18. Goods or services with costs that **significantly** exceed **reasonable and customary costs community norms** for the same or similar good or service;
19. Tuition including:
 - a. Post-secondary credit and noncredit courses;

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- b. Tuition and educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA); ~~including p and~~
- c. Tuition and other fees associated with programs or activities at educational institutions;
- d. Private tuition;
- e. Applied Behavior Analysis (ABA) in schools ;and
- f. School supplies, tutors, and home-schooling activities and supplies.;
- 20. Staff bonuses and staff benefits;
- 21. Housing ~~housing~~ subsidies;
- 22. Subscriptions;
- 23. Training provided to paid caregivers;
- 24. Services in hospitals;
- 25. Costs of travel, meals, and overnight lodging for staff, families, and natural support network members to attend a training event or conference;
- 26. Service animals and associated costs;
- 27. Exercise rooms, swimming pools, hot tubs, and all associated cost and accessories;
- 28. Fines, debts, legal fees or advocacy fees;
- 29. Contributions to ABLE Accounts and similar saving accounts;
- 30. Country club membership or dues;
- 31. Leased or purchased vehicles and all associated cost and accessories; ~~or~~
- 32. Items purchased prior to the approved Person Centered Plan; including items purchased prior to DDA approval of the Individual and Family Goods and Services request;
- 33. Goods, services, equipment, and supplies intended for commercial use, such as commercial washers and dryers;
- 34. Goods, services, equipment, and supplies that are diversional or recreational in nature fall outside the scope of section Medicaid 1915(c) of the Social Security Act;

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35. Goods, services, equipment, and supplies that a household that does not include a person with a disability would be expected to pay for as household expenses (e.g., subscription to a cable television service); and

36. Programs and activities that are exclusive for individuals with disabilities.

37. Day-to-Day Administrative Supports does not include:

a. Making payments for household management care including repairs, snow removal, and lawn care.

b. Making decisions for the participant;

c. Approving and signing timesheets or vendor/provider invoices;

d. Personal Supports Services including budgeting and money management; maintaining a home (e.g. cleaning out refrigerator, ensuring paper products, etc.); meal preparation; personal care; house cleaning/chores; laundry; and overnight supports;

e. Developing staffing schedules and cleaning schedules which can be supported by team members, Support Brokers, and Personal Support Services staff;

f. Financial management such as:

i. Maintaining benefits and Medicaid eligibility (e.g. food stamps, Medicaid waiver, etc.) that can be supported by Coordinators of Community Services, Benefits Counselors, and other resources;

ii. Managing money and property management which can be provided by a guardian of property or representative payee. A guardian of property is someone the court names to manage money and property for someone else whom the court has found cannot manage their money and property alone. A representative payee, often shortened to "rep payee," is an individual or organization appointed by the Social Security Administration (SSA) to receive and manage Social Security or Supplemental Security Income (SSI) benefits on behalf of a beneficiary who is unable to manage their own finances.;

g. Development of a Person-Center Plan, emergency plan, or staffing back-up plan which is directed by the participant and their legally authorized representative, facilitated by the Coordinator of Community Services, and with support of the team including Support Brokers.

h. Assistance with recruiting and hiring direct support professionals, managing workers, terminating workers, and providing information on effective communication, problem-solving, and conflict resolution which is provided with Support Brokers Services; and

i. Monitoring of participant's services, activities, goals, and satisfaction which is determined by the participant and assessed quarterly or more frequently by the Coordinator of Community Services with input from the participant's team.

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SERVICE REQUIREMENTS:

A. Participant, legal guardian or the designated 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.

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; or
2. Promote inclusion in the community; or
3. Increase the participant's safety in the home environment; and
4. The participant does not have the funds to purchase the item or service; and
5. The item or service is not available through another source.

C. Individual and Family Directed Goods and Services are purchased from the participant-directed annual budget allocation and must be documented in the participant's record.

D. Individual and Family Directed Goods and Services must be clearly noted and linked to an assessed participant need established in the Person Centered Plan.

E. The goods and services, except for \$500.00 for recruitment activities, must fit within the participant's annual budget allocation without compromising the participant's health and safety. Individual and Family Directed Goods and Services are purchased from the savings identified and available in the participant's annual budget in accordance with the following requirements:

1. Except for \$500 per year for costs associated with recruitment of staff, the DDA will not authorize additional funding for Individual and Family Directed Goods and Services in the participant's annual budget.
2. The participant must identify savings in the participant's annual budget to be used to purchase Individual and Family Directed Goods and Services.
3. The identified savings may not be used if doing so would deplete the participant's annual budget in a manner that compromises the participant's health or safety.
4. The services, equipment, activities, or supplies to be purchased pursuant to this **Medicaid w**Waiver program service must be documented in the participant's Person Centered Plan and authorized by the DDA or its designee **in accordance with applicable policy**.

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

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G. The goods and services provided must be cost-effective alternatives to standard Waiver or State Plan services (i.e., the service is not available from any other source, is least costly to the State, and reasonably meets the identified need).

H. The goods and services may not circumvent other restrictions on the claiming of Federal Financial Participation for **Medicaid** waiver **program** services, including the prohibition of claiming for the costs of room and board.

I. Reimbursement shall be reasonable, customary, and necessary, as determined for the participant's needs, recommended by the team, and approved by the DDA or its designee. **Reasonable and customary refers to prices or fees that are considered fair and typical for a service or product.**

J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources **which may include, as applicable, private insurance, including those** services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), Department of Human Services (DHS), **and or** any other federal or State government funding program, must be explored and exhausted to the extent applicable.

+ These efforts must be documented in the participant's file.

K. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts, and reasons that these services do not meet the participant's needs shall be documented in the participant's **filePCP**.

L. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the **Medicaid w**~~W~~ waiver program.

M. **If integrated programs or activities are available to the public, free, or at a lower cost they must be accessed first.**

N. Day-to-Day Administrative Supports:

1. Day-to-Day Administrative Supports are available for participants:

- a. Who are 18 years of age or older and currently unable to do these tasks independently;
- b. The individual(s) that currently provide household management and medical appointment scheduling are not able to continue providing household management and medical appointment scheduling supports;

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c. No additional natural supports are immediately available to provide household management and medical appointment scheduling support; and

d. Support is not available under other Medicaid or waiver services.

2. Day-to-Day Administrative Supports must:

a. Meet an outcome and be clearly documented in the participant's Person-Centered Plan;

b. Authorized by the DDA or its designee; and

c. Be linked to a team decision tree checklist for household management tasks and medical appointment scheduling needs included in the Person-Centered Plan. The decision tree checklist shall include:

i. Individualized task list of household and personal management specific to the participant;

ii. Identification of tasks the participant can do for themselves with or without assistance from other supports such as natural supports, health insurance health coordinator, supported decision making agreement, Medicaid and waiver services; representative payees, or guardian of person or property;

iii. Identification of support, training, or education available for the participant to learn to complete tasks on their own or with the support of natural supports, supported decision making agreement, or direct support staff;

iv. Identification of current team members that can assist with task;

v. Identification of other waiver services that can assist with task;

vi. Identification of local, State, and federal programs and resources that can assist with task; and

vii. Identification of unmet needs that are within the Day-to-Day Administrative Supports service for which an employee can be hired.

3. Support Broker Services are required when the participant employs any person to provide Day-to-Day Administrative Supports.

4. Individuals may not provide any other Medicaid waiver program service to the specific participant they are supporting with Day-to-Day Administrative Supports.

5. Support Brokers may not provide Support Broker Services and Day-to-Day Administrative Supports to the same participant.

6. Day-to-Day Administrative Supports cannot be authorized if they are available under another Medicaid State Plan or Medicaid waiver service (e.g., Coordination of Community Services, Housing Support Services, Personal Supports, Community Development Services, Support Broker Services, Financial Management and Counseling Services, HealthChoice

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Special Needs Coordinator). The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the Medicaid waiver program.

O. Individual and Family Directed Goods and Services are not available to participants at the same time the participant is receiving support services in Shared Living services.

Θ. To the extent that any listed services are covered under the Medicaid State Plan, the services under the Medicaid waiver program would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of receiving community based services and avoiding institutionalization.

Q Dedicated funding for staff recruitment and advertisement efforts does not duplicate the Financial Management and Counseling Services.

R. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Medicaid wWaiver program, either directly or indirectly, to provide this Medicaid wWaiver program service. Relatives can provide Day-to-Day Administrative Supports if they are not also a legal guardian or legally responsible person.

S. Individual Family Directed Goods and Services requests cannot be submitted if the participant does not have an active and approved Initial, Revised or Annual, approved self-directed Person-Centered Plan.

T. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

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

Individual and Family Directed Goods and Services requests are limited to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to support staff recruitment efforts such as developing and printing flyers and using staffing registries.

Effective October 6, 2025, participants currently approved Individual and Family Directed Goods and Services above this limit can continue to utilize the authorized amount through the end of their plan year.

Day-to-Day Administrative Supports must be reasonable and may be provided up to 10 hours per month.

Day-to-Day Administrative Supports providers can provide collectively for all participants they support up to 40 hours per week of Day-to-Day Administrative Supports.

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There is no limit on the amount an individual may expend on goods and services from their annual individualized budget so long as the totality of services purchased through the annual individualized budget addresses the needs identified in the individual's Person-Centered Plan. However, expenditures for any specific goods or services in excess of \$5000 require prior authorization by the DDA to ensure the goods/service meets the criteria stipulated in service specification, alignment with the Person-Centered Plan, and to ensure that the purchase represents the most cost-effective means of meeting the identified need.
Service Delivery Method (check each that applies):
X Participant-directed as specified in Appendix E (Don't Check) Provider managed (Don't Check) Remote/via Telehealth
Specify whether the service may be provided by (check each that applies):
X Legally Responsible Person X Relative X Legal Guardian
Provider Category(s) (check one or both):
X Individual. List types:
Day-to-Day Administrator
(Don't Check) X Agency. List the types of agencies:
Organized Health Care Delivery System
Provider Type:
Day-to-Day Administrator
License (specify)
Certificate (specify)
Other Standard (specify)

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~~A. Individual providing Day-to-Day Administrative Supports must be a DDA-operated Medicaid waiver program Medicaid approved provider for Day-to-Day Administrative Supports. To become a Medicaid approved provider for Day-to-Day Administrative Supports, individuals must complete the Maryland Department of Health provider application and sign a Medicaid provider agreement and be certified based on compliance with meeting the following standards:~~

- ~~1. Be at least 18 years old;~~
- ~~2. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;~~
- ~~3. Satisfactorily complete required orientation and training designated by the DDA;~~
- ~~4. Satisfactorily complete necessary pre/in-service training based on the Person-Centered Plan;~~
- ~~5. Must live in the State of Maryland by owning or renting a place to live in Maryland and continuously occupying it; and~~
- ~~6. Submit a provider application and be approved;~~
- ~~7. Have a signed Medicaid Provider Agreement; and~~
- ~~8. Submit a provider renewal application at least 60 days before expiration of its existing approval. The renewal license is good for up to a 3-year period.~~

~~B. Individuals must submit forms and documentation as required by the Financial Management and Counseling Services provider. Financial Management and Counseling Services provider must ensure the individual or entity performing the service meets the qualifications:~~

~~C. Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs:~~

Provider Type:

Organized Health Care Delivery System

License (specify)

Certificate (specify)

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Other Standard (specify)
A. Agencies must meet the following standards: 1. Be approved by the DDA to provide at least one Medicaid waiver service; and 2. Complete the MDH provider application to be an Organized Health Care Delivery System provider. 3. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy. B. Based on the service, equipment or supplies, vendors, the Organized Health Care Delivery System may procure items and services from a may include: 1. Commercial business 2. Community organization 3. Licensed professional 4. Day-to-Day Administrative Supports must: a. Be at least 18 years old; b. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; c. Must live in the state of Maryland by owning or renting a place to live in Maryland and continuously occupying it; and d. Submit forms and documentation as required by the Financial Management and Counseling Services provider. Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs.
Verification of Provider Qualifications
Provider Type:
Organized Health Care Delivery System Entity —for participants self-directing services.
Entity Responsible for Verification:

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Financial Management and Counseling Services provider, as described in Appendix E.
Frequency of Verification
Financial Management and Counseling Services provider – Prior to service delivery and continuing thereafter.
Provider Type:
Day-to-Day Administrator
Entity Responsible for Verification:
Financial Management and Counseling Services provider, as described in Appendix E.
Frequency of Verification
Financial Management and Counseling Services provider – Prior to service delivery and continuing thereafter.