Individual Goods and Services

Agency with Choice (AWC) or Employer of Record (EOR)

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 opportunities for full membership in the community). This service is **available only to individuals who self-direct at least one of their services**.

The cost of Individual Goods and Services for each Individual may not exceed $2,000.00 annually. You may request Individual Goods and Services when your employee(s) begins work under the model of Individual & Family-Directed Supports you have chosen. Individual Goods and Services are provided as an "add-on" or non-base budget addition to the person's Individual Budget.

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.

Examples of Individual Goods and Services

The lists provided below are not exhaustive lists. It is important to remember that the criteria for the service definition must be met based on the individual's needs. Not all individuals will meet the criteria for a particular item listed.

Examples of Goods and Services that may be requested

- Fitness items when there is an identified need for weight loss and/or increased physical activity and/or a plan for increasing community integration
- Electric toothbrushes to decrease dependence on paid services

- Health club membership or community pool membership when there is an identified need for weight loss and/or increased physical activity and/or a plan for increasing community membership (only for individual membership, will not cover family memberships)
- Community membership when there is a plan for increasing community integration
- Household appliances to decrease dependence on paid services
- Adapted or specialized furniture to decrease dependence on paid services and/or will increase individual's safety in the home
- Memory prompting devices to decrease dependence on paid service
- Specialized activity devices to decrease dependence on paid service
- Hippo therapy (horseback riding), play therapy, music therapy, art therapy, art therapy if this will increase community integration and/or decrease dependence on paid services
- Camp fees, excluding payments for room and board when attendance will increase community integration and/or decrease dependence on paid services
- Two way radios to decrease dependence on paid services
- Rain capes for wheelchairs when the individual uses a wheelchair for mobility outside the home
- Laundry service to decrease dependence on paid service

Examples of Goods and Services that are not covered

- Items covered under Medicare, the State Medicaid Plan or NC Innovations
- A third party is responsible for payment: private insurance, education, home schooling and vocational services covered by Vocational Rehabilitation, others
- Items that benefit individuals other than the individual receiving NC Innovations services
- Room and Board
- Personal items not related to the individual's disability needs
- Expenses or equipment related to living in a licensed facility or licensed/unlicensed alternative family living home
- Lodging or meal costs for the individual or paid or unpaid caregiver
- Experimental treatments
- Pets and their related costs
- Vacation expenses
- Vehicle maintenance that is not related to the person's disability; disability related vehicle modifications are requested under Vehicle Modifications
- Special diets

Other things to remember in requesting Individual Goods and Services

- The Goods or Services 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 Utilization Management in understanding your request, or if the requested item raises questions about your health or safety when using the item.
- Utilization Management may ask for a statement from a professional about your request if they have concerns about your health or safety.
- The supplier or provider of the Goods or Services you have identified and requesting must meet the qualifications listed in the NC Innovations Manual. If the supplier or provider does not meet the requirements listed in the Waiver, or if the requested Goods or Services cost more than your estimate, you should inform your Care Manager so the Individual Support Plan can be revised.
- Changes in cost of service do not require approval by Utilization Management; however, cost increases that result in expenditures over $2,000 in a Waiver Year must be referred to Utilization Manager as this exceeds the limit.
- Your Employer Handbook has a list of items not covered through Medicaid funds.
- If a request for Individual Goods and Services is denied, you will be given your Medicaid Appeal Rights through Trillium Utilization Management.

Options for Items not covered under Individual Goods and Services

Talk with your Care Manager about items not covered through this service. Your Care Manager will help you access one of these funding options, if the item is not available under the Individual Goods and Services funding option:

- State Plan Medicaid Services
- Early and Periodic Screening, Diagnostic and Treatment benefit (EPSDT), if you are under age 21
- Other NC Innovations Waiver Services
- Non-Medicaid funding source can be explored by the Community Navigator