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The Department of Developmental Services

Individual Supports Cost Standards

This document supplements the department's procedures for the Home and Community Based Waivers and Individual Support Procedures and establishes requirements for Individual Budgets funded by the Department of Developmental Services (DDS).

1. These requirements are designed to provide department staff, Fiscal Intermediaries (FI's), and the recipients of DDS funds, the standards to assure the appropriate use of state and federal funds for goods and services that meet the requirements for reimbursement under the CT DDS Home and Community Based Waivers.

2. The related documents are set forth in the following Attachments:
 - A. Individual Budget Guidelines Pg 2
 - B. Program Allowances and Restrictions Pg 3 - 8
 - C. Program Allowance Quick Reference Pg 9 -11
 - D. Prior Approval Procedure Pg 12-13

A. Individual Budget Guidelines for Case Managers

Definitions

1. **Adjustment:** The movement of funds between services or from an existing service to a new service within an authorized budget. An adjustment does not change the total amount of the budget. Adjustments are allowed once per quarter, unless it is the result of portability or a health and safety need.
2. **Agency with Choice:** A qualified agency that provides a waiver service and offers the individual or their representative a choice of staff and a role in the supervision and administration of staff. The agency is the employer of record of the worker while the participant and his or her representative is considered the managing employer of the worker.
3. **Amendments:** Revisions of the individual plan and individual budget that change the total amount of the individual budget.
4. **Individual/Participant:** For the purpose of this document refers to a person who is eligible for DDS services.
5. **Prior approval** Prior approval in this context means securing the department's permission in advance for those items that are designated in this document, DDS procedures, HCBS Waivers, or DDS Directives.
6. **DDS Established Rates:** Rates established by DDS for HCBS waiver services. See Attachment D Service Rates.
7. **Self-Directed Services:** Services provided to an individual from employees hired directly by the individual or their representative, or from an Agency with Choice Service.
8. **Vendor:** A private agency that is qualified to provide residential and/or day supports to individuals or groups of individuals supported by DDS. All vendors must be qualified by the DDS Operations Center prior to providing supports to DDS Participants.

General Guidelines

1. Payment can only be for the services addressed in the IP that are provided directly to the participant.
2. Service rates for vendors must be at or below the rates established by DDS. Hourly rates for support staff hired by the participant or family must be within the range in the attachment D for individual provider, service rates.
3. Vendors must be qualified to provide the service and be on the qualified vendor list.
4. Documentation of competitive bidding is required for goods in excess of \$2,500. Three detailed and comparable bids are required.
5. Services must be consistent with the participants Individual Plan and within the PRAT authorized funding range.
6. Prior approvals will be time limited for a period of no greater than 3 years.

Documentation of Costs

1. The Fiscal Intermediary issues payments upon submission of a valid invoice, bill, for an authorized good or service. Supporting documentation must demonstrate the cost was incurred to directly support the participant funded by the DDS.
2. Documentation includes signed vendor invoices, time sheets and mileage logs. Time sheets and mileage logs for staff hired by the participant or family require a signature by the individual performing the service and the responsible person knowledgeable that the services were provided as indicated on the time sheet and mileage log. Direct Hire staff is required to submit documentation on each timesheet to indicate progress toward outcomes on the consumer's Individual Plan.
3. For recreation activity fees included in the individual budget a valid receipt is required.

B. Program Allowances

1. Self-Directed Employee Wages:

- a. **Pre employment requirements** include an employee application, Criminal History Background Check, Drivers License check, DSS provider agreement, employee agreement, and signed documentation that verifies the employee has completed the initial required training. The fiscal intermediary is contracted to assist in this process. Employment cannot begin until pre-employment requirements are met.
- b. **College of Direct support (CDS) Training**-Each direct hire employee must complete required CDS training within 90 days of employment or they must provide signed evidence of comparable training. Funding for training is funded from the participant's individual allocation.
- c. **The rate of pay is determined by the service type identified in the participants individual plan** and must be within the cost range for the service type.
- d. Wages are paid by Fiscal Intermediaries based on time sheets indicating the support type, days services were provided, documentation of outcomes addressed in the Individual Plan, and the time periods (start and end times) for each date of service.
- e. The time sheets must be signed by the employee and the employer or an agreed upon designated individual knowledgeable that the hours of service on the time sheet were provided to the participant. This designated individual may not be employed by the consumer.
- f. **Wages are limited to compensation for time worked directly with the participant** the employee was hired to support. Medicaid allows only one person to be paid at a time unless identified in the IP for training purposes or attendance at the consumers Individual Plan meeting.
- g. Compensation is limited to salaries, wages, and employer contributions for mandatory benefits (social security, governmental payroll related taxes, unemployment taxes) and workmen's compensation insurance
- h. **Compensation paid to employees during periods of authorized absences from the job**; such as vacation leave and/or sick leave are allowed when they are included in the participant's budget and within the authorized funding range. A total of ten days per year is the maximum allowed for combined leave and sick time. Paid time off must be submitted on a separate time sheet and clearly indicated as paid time off.
- i. **Employee health insurance** costs are allowed when funding is available in the budget for full time employees (35 hours per week) who are not family members. Health insurance costs cannot exceed 10% of the employees' annual wages.
- j. **Overtime pay** cannot be built into the individual budget.
- k. **Wages for HCBS services cannot be provided at the same time a participant is in a Medicaid facility (hospital, Long Term Care Facility)**. Prior approval is required and if granted the time sheet must be marked as state funded.
- l. **Wages for support staff to accompany a participant on out of state travel** is allowed when the travel is a part of the Individual Plan, the staff is qualified for the service, and funds are available in the budget.
- m. **Payment for routine care and supervision provided by family members** to Individuals served by the department who self-direct their services, may hire family members, relatives, or significant others to provide services for which they are qualified to deliver, except in the following circumstances:
 1. The family member/relative/significant other is the legal guardian of the individual.
 2. The family member/relative/significant other is the legally responsible relative of the individual.
 3. The family member/relative/significant other is the employer of record.
 4. The family member/relative/significant other is the parent of a child under 18 who is receiving the service (up to age 21 for VSP parents).

No exceptions shall be made to these restrictions on who may be hired by individuals who self-direct their services. Family members, relatives, and significant others must meet waiver service qualifications for the service that they deliver; must adhere to applicable DDS Individual Supports procedures and must abide by DDS Individual budget rules and cost standards. When a decision is made to hire a family member, relative or significant other, the "Family Hire Review Form" must be reviewed, signed by the team members, and by the CM Supervisor and attached to the Individual Plan.

- n. **Related Party Transactions** between the participant and or the family with organizations that are related to that individual, through marriage, ownership, family or business association are allowable when the amount charged is the related party's actual cost, the transaction has been disclosed in writing to the Department identifying the relationship and the cost benefit of the transaction, the goods and services provided are required as a part of the Individual Plan, they are reasonably and competitively priced, and they are included in the Individual Budget.
- o. **Third Party Payments/ Reimbursement to individuals/participants or their families for purchase against their budget.** People with individual budgets may be reimbursed through their individual budget for items that are approved as part of the individual plan, that have funds allocated for the items in the IP.6 budget system, and with the following documentation in advance of the purchase:
 - 1. A list, in advance, of items to be purchased.
 - 2. Explanation of relationship to IP goal/outcome.Documentation must be submitted to the case manager, case management supervisor, and self-determination director via prior approval when the amount exceeds \$500.00. Supervisory approval required when less than \$500.00. The FI will provide reimbursement only if the list is submitted in advance of the purchase. They will only make payment for items that are included on the pre-submitted list upon submittal of receipts that match the listed items. All payment for items other than those listed will be the responsibility of the individual/participant or their family. Local stores are not required to complete a Medicaid Provider Agreement
- p. **Worker's Compensation** – Worker's compensation is required to be included in all budgets when any individual employee works 26 hours per week or more. Consumers/families are encouraged to consider purchasing a Worker's Compensation policy within their allocation.

2. Self-Directed Employee Overhead Costs are only applicable for participants who direct hire staff. The following items are allowed when funding is available in the budget:

- a. **Community Activity fees for staff:** Costs that enhance the participant's ability to be integrated into their community, which are part of the participant's individual plan and cannot be paid through another source. These costs include admissions to events and community activities **for staff hired directly by the participant. Up to \$400 per year.**
- b. **Cell Phone Costs:** A limit of \$20 a month for emergency support, calling back up staff, or when required for health, safety, medical, and behavioral needs. **The cost of the phone is not allowed.**
- c. **Communication Cost:** Fax machine, fax costs, postage, and paper supplies are allowed when related to the supervision and management of staff hired directly by the participant or the family. Costs are allowed only for that portion of the expense that relates directly to the individual's care, separate from costs incurred by other members of the household.
- d. **Personal Protection Supplies:** Supplies for use by staff working directly with the participant to meet the Occupational Health and Safety Act such as gloves and wipes.
- e. **Pre Employment Checks:** The costs for criminal background and driver's license checks.
- f. **Staff Training.** The cost to train staff both prior to employment and ongoing training. This includes required CDS training for new employees.
- g. **Car Insurance:** The additional cost of automobile insurance resulting from an "employee" who will have access to and be driving the family's vehicle or the employee's own vehicle. The allowed cost is

only the additional cost to the policy. Documentation must be presented to support this additional cost to the Fiscal Intermediary.

- h. **Health Insurance:** Employee health insurance costs are allowed for full time employees (35 hours per week) who are not family members when funds are available in the budget. Health insurance costs cannot exceed 10% of employee's annual wages.
- i. **Employee Compensation for Meals: A maximum allowance** of \$9 for lunch or dinner. The employee must work a full shift (defined as 7 straight hours) and provide a valid receipt marked paid in full with date. Maximum one meal per full shift. This is intended for 24-hour supervision settings where the employee is eating with the participant or for extended overnight travel.

3. State Funded Allowance (Non-Waiver Allowance) – Any cost, as listed in a through g below, that cannot be paid through waiver funds. This allowance may be used for participants who hire their own staff (res or day). Supports cannot be funded by Medicare, Medicaid, Private Insurance or other waivers. There is a combined limit of \$900 for one or all services listed below.

- a. **Camp:** Other than an approved respite provider. The Camp must have a state or local license to operate. Examples include town camps and youth organization camps.
- b. **Community Activities:** Costs, which cannot be paid through another source, to cover admissions to events and community activities for the participant that enhances integration into the community. It may also include items included in the Individual Plan that could not be purchased through any other funding source (within waiver guidelines). Items must be written in the Individual Plan and related to a disability or plan goal such as socialization, community integration. Any expense, or expenses within the budget year, exceeding \$250.00, requires prior approval. Expenses \$250.00 or less will be paid by the FI with a valid receipt. The activity line may be used to support vacation related expenses up to \$250.00. Vacation expenses greater than 250.00 are not allowed. Items included in section 10 of the cost standards; "Restrictions and Expenses not allowed" will not be considered for reimbursement.
- c. **Gym Memberships:** Membership may be purchased for the Individual only.
- d. **Housing Maintenance:** Costs that are disability related and cannot be performed by another resident in the household. Examples include rug cleaning and sanitization due to incontinence and repairs to accessible home adaptations.
- e. **Education:** Adult Education and post secondary school that is not funded under the IDEA or BRS and prepares the participant for greater independence and employment in a competitive job.
- f. **Damages:** Expenditures for damages that result from the actions related to the disability of the participant.
- g. **Vehicle Expenses:** The cost to maintain and repair a vehicle used solely to transport the participant.

4. Other Non Waiver Allowances

- a. **Apartment Set Up and Moving Costs:** Costs to move and furnish an apartment for a participant who is moving into their own home. The limit is \$1500 per occasion.
- b. **Security Deposits:** Allowable when the funds are available in the budget, there are no other sources of income sufficient to pay the security deposit and the move is an emergency related to health and safety. The apartment must meet rent subsidy guidelines.

5. Environmental Modification:

- a. Costs to renovate and/or modify the primary residence of the participant that are required by the individual's plan of care, are necessary to ensure the health, welfare, and safety of the individual, enable the individual to function with greater independence in the home and without which, the individual would require institutionalization are allowed with prior approval up to a maximum of \$15,000 for the period of the applicable waiver when initially approved. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or

installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home, which are of general utility, and are not typically of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, window replacement, swimming pools etc.

- b. Three comparable bids are required for all projects over \$2500. Each bid must include
 - The full scope of the project,
 - Description of the project,
 - Demolition cost
 - The materials for the project and cost of materials,
 - Fixtures for the project, and cost of fixtures,
 - Carpentry work and labor cost,
 - Plumbing work and labor cost,
 - Electrical work and electrical cost.
 - Other costs
- c. Prior approval requests for home modifications must include the DDS Environmental Modification Checklist form. This form must be completed and signed by the family. Photographs of the area requiring modification are to be submitted with the signed form. Certain projects may require review by the regional DDS Facility Plant Engineer.
- d. Any requests for home modifications that require additional funding will be approved through the PRAT process. Those with funding available in their existing budgets will follow the prior approval process.
- e. Once the request is approved, the Fiscal Intermediary will work with the chosen contractor on submission of their Department of Consumer Protection license, Medicaid Provider Agreement, insurance certificate, and building permits.
- f. The Fiscal Intermediary will also work out the payment arrangements with the contractor. Family members cannot pay the contractor and submit for reimbursement.

7. Specialized Medical Equipment (Adaptive Equipment)

- a. Items that are not covered under Medicaid, Medicare, private insurance, or other waivers, such as assistive or augmentative communication devices, adaptive clothes or shoes, therapeutic furniture, therapeutic equipment, and computer (\$750 max) and computer software supplies that are directly related to disability of the participant when recommended by a licensed professional which include physicians, therapists, counselors, psychiatrists, nurses, occupational therapists, physical therapists, and vocational rehabilitation counselors. Any item costing \$750.00 or more requires prior approval.
- b. All equipment is transferable if the individual moves to another setting. Three bids are required for items costing \$2,500.00 or more.

8. Transportation costs. Consider family, neighbors, friends, or community agencies that can provide these services without charge.

- a. **Mileage Reimbursement:** Mileage reimbursement is limited to the rate established by the DDS in the cost guidelines. To be allowable, the mileage must be documented by the dates of travel, the number of miles, the purpose of the travel, and signed by the responsible person. A family member/Guardian may be reimbursed for mileage when the purpose of the trip is related to an IP goal. Mileage reimbursement to a family member is not allowed for typical appointments, outings, or activities.

b. Transportation Per Trip:

1. Approved vendors who are licensed as a Livery Service can charge the established DOT rates.
2. The standard calculation for Day Program Transportation for vendors is a round trip. A round trip is defined as the distance to and from the individual's home and the program. A vendor transporting a person to a day program can charge for up to two (2) round trips per day. A vendor can only bill for the trips they provide. Transportation provided as part of the day program (during program hours) is included in the program rate and cannot be billed separately. Individuals and families have the right to negotiate a lower rate as they can with all other rates.
3. Vendor Staff and Mileage: **Certain circumstances may require a combination of staff and mileage.** The adult companion rate would be billed when an individual is authorized to have an additional staff present during transport. The personal support rate would be billed when the individual requires a staff to sit with them under an approved behavioral plan. This must be part of the individual's plan and authorized by PRAT.
4. Transportation **door to door** is inclusive in the rate for qualified agencies who provide Personal support, IS Habilitation, Individual Day Support, and IHS supports and may not be billed separately with the exception noted above in number 3 for personal supports required during transport.
5. Transportation for self-directed services can be built into the wage or billed separately, as the department has set a wage range for each service.

c. Vehicle Modifications:

1. Alterations made to a vehicle that is the individual's primary means of transportation when such modifications are necessary to improve the individual's independence and inclusion in the community, and to avoid institutionalization. The vehicle may be owned by the individual, a family member with whom the individual lives or has consistent and on-going contact, or a non-relative who provides primary long-term support to the individual and is not a paid provider of such services.
2. Vehicle modifications are allowed with prior approval up to a maximum of \$10,000 for the period of the applicable waiver when initially approved.
3. This service explicitly excludes: 1) adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit of the individual; 2) purchase or lease of a vehicle; 3) regular scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modification
4. Vehicle Repairs are allowed up to \$300 per year for repairs to accessibility equipment.

9. Individual Directed Goods and Services:

The goods, services, supports, equipment, supplies or items:

- a. Are related to a need or goal identified in the approved individual plan;
- b. Assistive Technology for the purpose of increasing independence or substituting for human assistance to the extent the expenditures would otherwise be made for that human assistance (for example: purchase of a microwave oven that would allow a person to cook their own meal rather than having a paid staff to prepare a meal);
- c. Promote opportunities for community living and inclusion;
- d. Are able to be accommodated within the participant's budget without compromising the participant's health or safety;
- e. Are provided to, or directed directly toward, the benefit of the participant;
- f. Are delivered in the individual's home at work, vocational, or retirement location;
- g. Are available only for those individuals who direct his/her supports;

- h. Are not duplicative of Medicaid, Medicare, private insurance, or other waivers and;
- i. Are approved items including cleaning services, homemaker services, specialized clothing for work, public speaking and self advocacy training, specialized therapies not covered by Medicaid, Medicare, private insurance, or other waivers (behaviorist must be approved DDS vendors) and Staff Supervision (see staff supervision guidelines below). Experimental and prohibited treatments are excluded.
- j. Therapies not covered by Medicaid, Medicare, private insurance, or other waivers are capped at a rate of \$71.02 per hour.

The regions are responsible for reviewing individual goods and services that exceed \$2,000 in an individual budget. Prior approval is required for all items over \$2,000 or for any item not listed in i. above.

Staff Supervision - This service may be used by an individual to hire an employee as a supervisor to assist with the day to day coordination of services and with day-to-day supervision of direct hire employees. The Self Direction Supervisor must be an objective third party. Examples of acceptable activities for the supervisor include the following:

- Assistance with day-to-day supervision of staff to meet the outcomes outlined in the Individual Plan
- Training and assistance with daily oversight of staff including the completion of timesheets and documentation of services provided
- Training and assistance with implementing an emergency back-up plan;
- Training and assistance with accessing community services and day-to-day coordination of approved services;
- A Self Direction Supervisor cannot be a legal guardian of a person or an immediate relative (mother, father or sibling).

The cost of staff supervision may not exceed 15% of the individual's total payroll. The hourly rate must comply with the rates outlined in the cost guidelines.

10. Restrictions and Expenses Not Allowed:

- a. Vacations Cost exceeding \$250.00, including travel, lodging, food, and entertainment.
- b. Clothing Cost for personal clothing that is not related to the person's disability
- c. Alcohol – Any alcoholic beverage or fees to access establishments that serve alcohol.
- d. Room and Board recurring expenses - Any utilities, food, and other housing costs.
- e. Gratuities
- f. Experimental Treatments
- g. Fines
- h. Debts
- i. Activity costs that exceed the allowance in these guidelines.
- j. Legal fees or Advocate fees
- k. Donations and Contributions
- l. Cost for items or services that are of general utility to the members of a household.
- m. Any cost that does not provide a direct support or remedial benefit to the participant.
- n. Costs for items or services that are available to the participant from private insurance or Title 19.
- o. Use of funds from a prior budget period is not allowed.
- p. Gift Cards
- q. Vehicle purchase/lease

Cost Standard Quick Reference

Funds must be available in the budget or authorized by PRAT when using any of the services and supports in the Program Allowance Quick Reference. All requests for prior approval go to the regional designee.

Payment to Family Members			
Paid direct care provided by family member	Requires prior approval	Only for extraordinary circumstances when non-related staff can not be found and family member is qualified to provide supports Can not be employer of record/sponsoring person. Must complete Prior Approval for Family Members form.	3, m
Direct Care by parent for child under 18. Direct care by spouse/partner	Not allowed		3, m
Transportation by family member	Allowed	Mileage reimbursement at rate established by DDS when related to IP goal. Not allowed for typical family outings/activities	3, m
Third Party Reimbursement			
Reimbursement to individuals/families	Allowed with supervisory approval. Regional prior approval required when greater than \$500.00	Need must be in outcome on IP. List approved and submitted through Case Manager or prior approval if amount is greater than \$500.00 to FI in advance of purchase. Only items on preapproved list will be reimbursed.	3, 1o
Overhead Wages Allowed for Direct Hires Only. Not allowed for Vendor services			
Recreation Fees for Staff	Allowed	\$400.00 per budget year	4, 2a
Cell Phone cost	Allowed	\$20.00 per month max. Must be health and safety related. Cost of phone not included	4, 2b
Communication Costs (fax machine fax costs, postage, paper supplies)	Allowed	Only allowed for expenses related to managing direct hire employees	4, 2c
Personal Protection Supplies	Allowed	Supplies to meet OSHA such as gloves and wipes	4, 2d
Pre-employment checks	Allowed		4, 2e
Staff training initial and ongoing. Includes CDS	Allowed	Staff time must be documented on separate time sheet and marked as training	5, 2f
Car Insurance	Allowed	For employer or staff vehicle. Applies only to increase in insurance to allow staff to drive	5, 2g

Employee Health Insurance	Allowed	Must be full time (35 hours per week) and can not be sponsoring person or family member. Can not exceed 10% of annual salary	5, 2h
Employee Compensation for meals	Allowed	Employee must work full shift. On meal per full shift.\$9.00 max.	5, 2i
State Funded Allowance (non waiver allowance) Combined limit of \$900.00 for one or all services listed below. Available to participants who hire their own staff (res or day). Supports can not be funded by Medicaid, Medicare, private insurance, or other waivers			
Camp	Allowed	Must be state or locally licensed	5, 3a
Community activities for participant	Allowed	Must enhance community integration for participant. Any expense, or expenses related to a single event or activity, greater than \$250.00 requires prior approval. Expenses up to \$250.00 will be paid by the FI with a valid receipt. The activity line may be used to support vacation related expenses up to \$250.00. Vacation expenses greater than \$250.00 are not allowed. Items included in section 10 of the cost standards; "Restrictions and Expenses not allowed" will not be considered for reimbursement.	5, 3b
Gym Membership	Allowed	Membership may be purchased for the Individual only.	5, 3c
Housing maintenance	Allowed	Must be for maintenance that is disability related and can not be repaired by another resident of the household.	5, 3d
Adult Education	Allowed	Education, not funded by IDEA or BRS that prepares participant for greater independence and employment in a competitive job.	5, 3e
Damages	Allowed	Damages must be related to person's disability	5, 3f
Vehicle expenses	Allowed	Cost to maintain and repair vehicle used solely to transport participant	5, 3g
Other Non Waiver Allowances			
Apartment Set Up and Moving Costs	Allowed	Limit of \$1500.00 per occasion	5, 4a
Security Deposit	Allowed	Must be no other source of income. Move must be emergency related to health and safety. Apartment must meet rent subsidy guidelines	5,4b
Environmental Modifications			
Environmental Modifications	Prior Approval	Can not exceed \$15,000 total over waiver period. Must have three competitive bids and family/CM must complete DDS Environmental	5, 5

		Modification Checklist. May require review by DDS Plant Facility Engineer	
Specialized Medical Equipment			
Specialized Medical Equipment	Prior Approval if cost is over \$750.00. 3 bids if greater than \$2500.00.	Items that are not covered under Medicaid, Medicare, private insurance, or other waivers, such as assistive or augmentative communication devices, adaptive clothes or shoes, therapeutic furniture, therapeutic equipment, and computer (\$750 max) and computer software supplies that are directly related to disability of the participant when recommended by a licensed professional which include physicians, therapists, counselors, psychiatrists, nurses, occupational therapists, physical therapists, and vocational rehabilitation counselors.	6, 7
Transportation Costs			
Vehicle Modifications	Prior Approval. 3 bids if greater than \$2500.00	Can not exceed \$10,000.00 during waiver period	7, 8c
Accessibility Equipment Repair	Prior Approval	Limit \$750.00 per budget year if under \$10,000.00 cap above.	7,8c3
Vehicle Lease/Purchase	Not Allowed		9, 10
Individual Directed Goods and Services – Available for Direct Hire only			
<ul style="list-style-type: none"> • Homemaker Services • Specialized Clothing Adaptive Shoes • Self Advocacy Training • Assistive Technology 	Allowed up to \$2000.00. Prior Approval required if more the \$2000.00 of if not one of the items listed to left.	Can not be available from private insurance or another state plan (T19)	8, 9
Therapies not covered by T19.	Allowed up to \$2000.00. Prior Approval required if more the \$2000.00	Can not be available from private insurance or another state plan (T19). Hourly rate capped at \$71.02	8,9
ISGS Supervisor	Allowed. Prior Approval when cost of supervisor exceeds 15% of participants total payroll	Supervisor may not be a legal guardian or an immediate relative (mother, father, spouse/partner or sibling)	8,9

Note: Reimbursable personal care items and supplies must be directly related to disability of the participant when recommended by a licensed professional which include physicians, therapists, counselors, psychiatrists, nurses, occupational therapists, physical therapists, and vocational rehabilitation counselors, and will be funded under the Specialized Medical Equipment line, NOT the Individual Goods and Services (IDGS) line.

