CONNECTICUT
Developmental Services

DDS Self-Direction Cost Guidelines

Procedure No.: I.C.2.PR.015
Subject: Individual Supports Cost Guidelines
Section: Individual Supports

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A. Policy Statement

The Department of Developmental Services (DDS) provides a framework for individuals to maximize control over their supports and services through self-direction, responsibility, and choice in the delivery of Home and Community-Based (HCBS) Waivers and state plan services. In self-direction, individuals and their families choose and design their own supports and services, including hiring and managing their self-directed staff. Individuals and their families may exercise freedom and authority to customize their support plans using an Individual Budget. Self-direction endorses the DDS Mission and Vision by supporting the full engagement of people with intellectual disabilities in their chosen communities within the State of Connecticut.

B. Purpose

The purpose of this policy and procedure is to establish requirements for Individual Budgets funded by DDS. This policy and procedure will ensure standards are in place regarding the appropriate use of state and federal funds for goods and services that meet requirements for reimbursement under the CT DDS HCBS Waivers.

C. Applicability

This policy and procedure is applicable to all Department staff, including, case management staff, Fiscal Intermediaries (FIs), and individuals receiving support and services through the Department.

D. Definitions

"Agency with Choice" is a Qualified Provider agency that provides a waiver service or services that offer the individual and their representative, as applicable, a choice of direct support employees to provide the service and a role in the supervision and administration of said employees. Under self-direction, the agency with choice is considered vendor support that offers the choice of staff.

"Case Manager" means a DDS employee who is assigned primary responsibility for assisting individuals who are eligible for DDS services and serves as primary contact with the individual or their family or legal representative on the person's behalf.

"Collective Bargaining Agreement" means an agreement between the Personal Care Attendant Workforce Council, who represents individuals employing staff through self-direction, and the union that represents self-directed staff that includes benefits for staff and may include wage increases.

"Employer of Record" means the person who holds the Federal Tax Identification Number used by the Fiscal Intermediary to process payroll who may be responsible for carrying out some or all the duties of an Employer or may seek support from a representative for these duties.

"Fiscal Intermediary" means an organization or agency under contract with DDS whose role is to support all aspects of the fiscal administration of the individual's budget under self-direction.

"HCBS Waivers" means the Home and Community Based Services Waivers administered by DDS that "waive" certain restrictions of Medicaid regulations and allow a flexible approach to providing supports, and services within the community.

"Individual" means a person who has been determined to be eligible for or is currently receiving funding and services from DDS.

"Individual Budget" means an individual's itemized, comprehensive budget which provides details of all expected DDS approved funds and resources needed to provide support and services and are included in their Individual Plan.

"Planning and Resource Allocation Team" or "PRAT" means the DDS staff in each region who are responsible for establishing a category assignment, approving, or denying an individual's request for funding or services and allocating resources to individuals receiving

funding and services from the Department, including, but not limited to HCBS waiver eligibility.

"Prior Approval" means securing the Department's permission in advance to incur costs for certain items, goods, services, rates, or fees designated in the Cost Guidelines included in this policy and procedure. In certain circumstances, prior approval may be required if the cost is over a specified threshold.

"Qualified Provider" means a person, firm or corporation that has been qualified to provide services funded through DDS and has met the standards established in the DDS HCBS Waivers.

"Self-directed services" means services provided by employees hired directly by the individual, their representative, or through an Agency with Choice.

"Self-hire provider" means an individual from whom individuals or their families purchase or receive supports.

"Related Party" means persons or organizations related through marriage or family, with the ability to, directly or indirectly, exercise influence or control over other persons or organizations.

"Related Party transaction" means any business or financial transaction between persons or organizations who are related through marriage, family or by a personal, financial, or professional relationship.

"Workers' Compensation" refers to the insurance required for all self-directed employees and covered through the Collective Bargaining Agreement which are not included in Individual Budgets.

E. Implementation

1. Individual Budget Guidelines for Case Managers

    a. General Guidelines

        i. When developing budgets, case management shall ensure the service and funding allocations align with cost guidelines and any prior approvals authorized. Budget line items shall be developed to reflect needs and services as identified in the Individual Plan.

        ii. Service rates for a Qualified Providers shall be developed using established DDS rates as identified in funding guidelines, unless

approved for a negotiated rate. The case manager shall develop self-directed rates at no less than the Collective Bargaining Agreement minimum rates. The Fiscal Intermediary shall ensure that payments made for self-directed staff hired by the Employer of Record or the individual's Representative are no less than the rates identified in the Collective Bargaining Agreement.

iii. Case managers shall obtain prior approval for goods exceeding $2,500.00 by documenting competitive bidding and submitting three (3) detailed and comparable bids to Self-Direction Directors.

iv. Services shall be consistent with the Individual Plan and within the PRAT authorized funding range.

v. Prior Approvals shall expire at a maximum of three (3) years.

2. Documentation of Costs

a. The provider shall submit supporting documentation to receive payments from the Fiscal Intermediary. Supporting documentation shall demonstrate that the expenditures were used for support, services, or goods that directly support the individual.

b. The Fiscal Intermediary shall review the supporting documentation to verify the cost and payment of the support, service, or goods. Types of supporting documentation may include, but are not limited to, the following: Prior Approval authorization, invoices, valid receipts with date and amount, signed vendor invoices, employee time sheets and mileage logs. The individual, Employer of Record, or the individual's Representative and the employee shall sign timesheets and mileage logs. A direct-hire employee shall document tasks completed towards Individual Plan goals when completing Electronic Visit Verification (EVV) and payroll entry.

c. The individual's case manager shall request written documentation of progress from the individual, Employer of Record or the individual's Representative and document the request in the individual's case notes. The Employer of Record or the individual's Representative shall provide written documentation of progress towards the individual's Individual Plan outcomes at least every six (6) months.

d. The individual's Employer of Record or Representative shall provide a valid receipt or proof of payment for reimbursement of any expenses, including Overhead Wage Community Activity Fees for an employee or employees. These costs shall be included in the individual budget.

3. Program Allowances

a. The Employer of Record or the individual's representative shall comply with the following requirements, wages, and responsibilities of self-hire providers hired by individuals who self-direct their supports and services:

i. An applicant intending to provide self-directed services shall complete the following pre-employment requirements:

I. Employment application;
II. A criminal history records check;
III. A driver's license check;
IV. A DDS vendor enrollment agreement;
V. An employee agreement; and
VI. Signed documentation verifying that the applicant has completed the initial required training.

ii. The Fiscal Intermediary shall assist the Employer of Record or individual's Representative in the hiring and onboarding process. An applicant cannot be employed until they meet the pre-employment requirements.

iii. The self-directed staff shall complete the required DDS trainings within 90 days of employment. These employee trainings are funded through the individual's budget allocation as a stipend.

iv. The self-directed staff shall complete the Personal Care Assistant New Hire Orientation within 90 days of employment. This training can be facilitated by the Employer of Record, Representative, or the union that represents self-directed staff. The union that represents self-directed staff requires a 30-minute in-person training during their Personal Care Assistant New Hire Orientation. The Collective Bargaining Agreement funds these employee trainings.

v. The Employer of Record or Representative shall decide the self-directed staff's rate of pay following the DDS Funding guidelines and the guidelines of the Collective Bargaining Agreement.

vi. The Fiscal Intermediary shall pay an employee's wages based on approved Electronic Visit Verification entries. Such entries shall indicate the type of services provided; dates and times (start and end times) of service provision; and documentation or task entries of how the services provided addressed the outcomes in the Individual Plan.

vii. The employee and the individual, the Employer of Record or Representative, Independent Support Broker or an Individual Directed Goods and Services (IDGS) Supervisor shall sign the employee timesheets.

viii. Employees shall receive compensation only for the time they directly work with the individual. Only one employee can receive payment to provide a waivered self-hire service or support at a time except in the following situations:

I. If two employees are working at the same time for Individual Plan participation, the second employee should use the overhead wage training code.

II. The overhead wage training code may be used for training needs such as medication support or behavioral support training, two or more employees may work and be paid at the same time without prior approval.

III. Employee compensation is limited to salaries and wages. Mandatory employer contributions for benefits (i.e., social security, government payroll taxes, unemployment compensation taxes), and DDS budgeted paid time off are budgeted and paid by the Fiscal Intermediary.

IV. If an individual requires two to one staffing for behavioral reasons, no prior approval is needed, and it is not considered overlapping services.

4. Related Party Transactions

a. A related party transaction occurs when any business or financial transaction between persons or organizations who are related through marriage, family or by a personal, financial, or professional relationship. A related party transaction is allowed when (1) the amount charged is the related party's actual cost; (2) the individual discloses the transaction to the DDS Case

Manager in writing, identifying the relationship and the costs and benefits of the transaction; (3) the goods or services provided are required as a part of the Individual Plan; (4) the goods or services are reasonably and competitively priced; and (5) the individual's budget includes funding for the goods or services. Prior approval may be needed dependent on the transaction type. The transaction will be reviewed with the Regional Self-Direction Director. If a decision cannot be reached, they will defer it to the Ethics Committee.

5. Third-party payments and reimbursements

   a. Third Party Reimbursement: The Fiscal Intermediary may provide reimbursement to an individual, Employer of Record or Representative for purchases of goods or services approved in the Individual Plan and included in the individual budget. The Cost Guidelines Quick Reference Guides are included in this policy for which reimbursements require Prior Approval. To receive reimbursement, the individual, Employer of Record or Representative will need to follow the required Fiscal Intermediary process.

   b. The Fiscal Intermediary may only provide reimbursement for items listed in the budget for which they receive a matching receipt. If an individual, Employer of Record, or Representative requests reimbursement for additional items, the Fiscal Intermediary shall contact the individual's case manager to confirm. The individual, Employer of Record, or Representative shall be responsible for all payments for goods and services that are not listed and approved in the budget.

   c. Restrictions and expenses not allowed by DDS. The following restrictions and expenses shall not be reimbursed through DDS Home and Community Based Waiver funding:
      i. Cost for personal clothing that is not related to the individual's disability.
      ii. Purchase of any alcoholic beverage, or cover charges at bars.
      iii. Recurring room and board expenses for the individual receiving supports, including any utility costs, food, or other housing costs.
      iv. Gratuities (Except for Uber, Lyft, Taxi, or Livery services that are included in the budgeted rate).

v. Experimental medical or non-medical treatments.
vi. Fines of any kind.
vii. Debts of any kind.
viii. Legal fees.
ix. Donations or contributions of any kind.
x. Costs for items or services that are of general utility to the members of a household.
xi. Any costs that do not provide direct support or remedial benefit to the individual.
xii. Costs of items or services that are covered by an individual's private insurance, Medicare, or Medicaid.
xiii. Gift cards.
xiv. Cost to purchase or lease a vehicle. DDS only funds the cost for accessibility and other safety modification for the vehicle.
xv. Any use of annualized funds from an individual's prior budget period is not allowed unless Prior Approval has been authorized for the purpose of project completion.

6. Cost Guidelines Quick Reference Guide

$1,800.00 combined for all State Funded lines		
Service	**Prior Approval Needed**	**Cap**
Camp	Yes, when over Cap	$1,800.00
Damages	Yes, when over Cap	$1,800.00
Education- Adult or Post -Secondary	Yes, when over Cap	$1,800.00
Home Maintenance (Non-Modified)	Yes, when over Cap	$1,800.00
Vehicle Expenses (Non-Modified and Non-Accessible)	Yes, when over Cap	$1,800.00
Third Party Reimbursement and Payment to Individuals and Families	Yes, when over Cap	$1,800.00

State Funded not subject to $1,800.00 cap		
Service	**Prior Approval Needed**	**Cap**
State Funded Mileage Reimbursement - (Paid Support Staff Using Family Vehicle)	Yes	
Individual Activity Fees	No	$600.00/ year
Personal Recess	No	$600.00/ year
Apartment Set Up and Moving Costs	No	$2000.00/ occasion
Security Deposit	No	
Internet and Broadband: Available only for individuals and not for general utility for family members.	Yes	$600.00/ year
Gym Membership	No	

Self-Directed (SD) Employee Wages	
Service	**Prior Approval Needed**
Overtime Hourly Support Services	Yes, when over 52 hours per year
Worker's Compensation	No
DDS Paid Time Off (PTO) Employee Paid Time Off (DDS funded)	No
Paid Time Off (PTO) (Collective Bargaining Agreement funded)	No
Direct Support Professional (DSP) Wages (Other) during extenuating circumstances	Yes
Retroactive Wage Increase	Yes

Self-Directed (SD) Employee Wages	
Holiday Pay	No
Individual Goods and Service Supervisor	Prior Approval when cost of supervisor exceeds 15% of individual's total payroll. Wage rate exceeding cap of $36.00 requires prior approval.

Environmental and Vehicle Modifications		
Service	**Prior Approval Needed**	**Cap**
Environmental Modifications – (Home)	Yes	$35,000.00/ waiver period
Vehicle Modifications (Accessibility Equipment)	Yes	$25,000.00/ waiver period
Vehicle Adaptive and Accessibility Equipment Maintenance- not waiver eligible	Yes, when over Cap	$1,800.00

Individualized Goods & Services		
Service	**Prior Approval Needed**	**Cap**
Homemaker Services	Yes, when over Cap	$2,000.00
Cleaning Service	Yes, when over Cap	$2,000.00
Specialized Clothing	Yes, when over Cap	$2,000.00
Self-Advocacy Training	Yes, when over Cap	$2,000.00
Items and Supports for Increasing Independence	Yes, when over Cap	$2,000.00
Therapies not covered by Medicare, Medicaid, or Private Insurance.	Yes, when over Cap	$2,000.00

Individualized Goods & Services		
Specialized Medical Equipment	Yes, when over Cap	$2,000.00

7. Program Allowance Reference

Funds must be available in the budget or authorized by the Planning and Resource Allocation Team (PRAT) when using any of the services and supports in the Program Allowance Reference.

All requests for prior approval go to the regional designee and are time limited for the period specified on the form or no greater than 3 years. This is not an exhaustive list of all available self-direction options. Many waiver supports may be self-directed and should be considered when developing a budget. This table highlights some areas with special considerations under self-direction to support planning.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	**Supports/Service Overview and Guidelines**
Self-Directed (SD) Employee Wages **All waiver funded unless noted otherwise* *If a proposed hourly wage increase results in a 25% reduction of service hours, Prior Approval is required even if not otherwise noted.*		
Overtime Hourly Support Services	***No Prior Approval Needed** *Prior approval needed for a total of over 52 hours (i.e.: 52.25 or more) of overtime per self-directed staff member in one year per Employer of Record.	If an individual has an ongoing identified need for more than 40 hours a week of support, there must be more than one person providing the supports. A self-directed staff member exceeding 40 hours (i.e.: 40.25 or more) in any week is performing overtime. If the overtime exceeds 52 hours per employee for the budget year per Employer of Record the Fiscal Intermediary will contact the Case Manager to inform of

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		the overtime pattern. Prior Approval will be required for subsequent overtime.
Worker's Compensation	**Required Qualification** (Cost not to be added to budget system).	Worker's Comp is required for all self-directed support(s) through the Collective Bargaining Agreement (Collective Bargaining Agreement) ending 6/30/26. Cost not to be added to budget (Paid externally, not through funding in the budget by FI).
DDS Paid Time Off (PTO) Employee Paid Time Off (DDS funded)	**No Prior Approval Needed** At Employer of Record or Representative's discretion, allowable option. DDS will support if within budget allocation. Employer of Record or Representative needs to send a Wage and Service form to connect the self-directed staff to the service.	PTO must be built in the budget and is scheduled time off when self-directed staff member is paid for vacation, sick time or other authorized personal time based on the average hours scheduled per week and up to 2 weeks per year. Unused time at the end of the budget year does not roll over (use it or lose it). Example: a staff member works 20 hours per week = 20 hours per week x 2 weeks = 40 hours PTO. Usage and balance can be seen in the Fiscal Intermediary (Fiscal Intermediary) Expenditure Report.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Paid Time Off (PTO) (Collective Bargaining Agreement funded)	**No Prior Approval Needed** Not DDS funded (benefit through the Collective Bargaining Agreement).	PTO is accrued time per the Collective Bargaining Agreement tracked by the Fiscal Intermediary and is not currently built in the individual budget. The self-directed staff member's accrued balance is displayed on their paystub.
Direct Support Professional Wages (Other) during extenuating circumstances	**Prior Approval Required** Subject to Prior Approval & Waiver Director review.	**Hospital Stay:** Individualized Home Support service, Individualized Day Support service and the Adult Companion service (as defined by the DDS waivers) may be provided during a short-term acute care hospital stay for the purposes of supporting the participant's personal, behavioral, and communication support needs not otherwise provided in that setting. Prior Approval is required and should be documented in case notes and Individual Plan. **Out of State Travel:** Wages for a direct support employee to accompany an individual on out-of-state travel should be planned in advance and approved- not to exceed 30 days, may be allowable, if (1) funding is available in the individual's budget; (2) the travel is a part of the individual plan; and (3) the direct support

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		employee is qualified to provide the service. Support is state funded, not subject to the combined $1,800.00 cap, and a Prior Approval is necessary. Appears in budget as "State Funded Daily Respite" or "State Funded Hourly Support." This does not apply to day trips ('Day trip' defined as no overnight stay). **Limitations:** Direct Support Professional supports are not allowable in a Skilled Nursing Facility based setting; however, State funded services may be considered in extraordinary circumstances. Residential Direct Support Professional supports are not allowed in CRS (Community Residential Supports), CCH (Community Companion Home), CLA (Community Living Arrangement) placements without regional approval and must be State Funded. May NOT use Senior Supports service type in this capacity.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Holiday Pay	**No Prior Approval Needed** Required by Collective Bargaining Agreement **For hourly Direct Support Professional staff:** Holidays worked paid for at time and a half. **For daily respite Direct Support Professional staff:** Stipend will be paid at $45.00 if any hours are provided during the designated holidays.	**Hourly Direct Support Professional Staff:** Direct support employees will receive pay equivalent to time and a half for hourly services worked on the following holidays: New Year's Day, Martin Luther King Day, Memorial Day, Juneteenth, Independence Day, and Labor Day. Time and a half will also be paid for Thanksgiving Day and Christmas Day.
Individual Goods and Service Supervisor	***No Prior Approval Needed** *Prior Approval when cost of supervisor exceeds 15% of individual's total payroll. Wage rate exceeding cap of $36.00 requires prior approval. A full employee application is required including a background	Qualification requirements are established for supervisor. Basic Waiver position requirements as outlined in the individual goods and service waiver service: • Must be at least 21 years old. • Must have at least 5 years' experience working with individuals with I/DD with one year providing supervision.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
	check and completion of the DDS required trainings. Please note, this is not a unionized position and thus union orientation is not required, and the service is not covered under Collective Bargaining Agreement.	• Supervisor may not be a legal guardian, legal representative, or an immediate relative (mother, father, spouse, partner, or sibling). Exception to these requirements would necessitate SD Director review and prior approval to utilize state funded resources.
Transportation Services and Mileage **All waiver funded unless noted otherwise*		
Transportation Per mile-EMPLOYEE (Reimbursement rate to Staff)	***No Prior Approval Needed** *Uses DDS Stipulated Mileage Rate. DDS Central Office will notify the Fiscal Intermediary when there is an increase in the rate.	Mileage reimbursement is allowable and paid at rate established by DDS but paid ONLY if it is related to an Individual Plan goal. *No mileage reimbursement is given for typical family outings or activities unrelated to Individual Plan goals.
Transportation Reimbursement Per Mile (Family Member Transporting)	***No Prior Approval Needed** *Uses DDS Stipulated Mileage Rate. DDS Central Office will notify the Fiscal Intermediary when there is an increase in the rate.	Mileage rates established by DDS (Waiver Codes and Rates document). Mileage reimbursement is allowed for non-hourly paid family member providing transportation in their vehicle to

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
	Must be enrolled as employee. Legal guardian may provide this support as long as enrolled as employee. Full application required.	activities and appointments related to Individual Plan goals and for the DDS individual only. The DDS required training *is not* required if this is only service being provided. However, background and license checks are still required. Example: Parent or Sibling driving the individual to their Day program or Work with no hourly paid support.
State Funded Mileage Reimbursement (Paid Support Staff Using Family Vehicle)	**Prior Approval Required** Paid Supports Staff using the family vehicle requires a separate State Funded – Family Vehicle Reimbursement line. *Vendor Referral Packet must be completed for reimbursement to family.	Mileage reimbursement for support staff using the family vehicle will be a separate State Funded Line. The amount will not be subject to the $1,800.00 State Funded Cap and requires Prior Approval. Example: Paid support staff utilizes family's accessible van for allowable transportation. Family is reimbursed mileage rate.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Transportation Per Trip (Employer of Record Prohibited)	***No Prior Approval Needed** Must be enrolled as employee. Legal guardian may provide this support as long as enrolled as employee. Full application required. *Up to $40.00 per trip.	Per trip transportation is considered a wage-based, taxable service. Must include 12% benefits when provided by private hire staff. Employers of Record are not allowed to provide this service. Self-hire entities providing the transportation per trip follow established rates. Self-hire entities providing the transportation per trip follow established rates. Self-directed Individuals and families have the right to negotiate with a self-hire entity a lower rate within bargaining agreement stipulations. May NOT combine a direct hourly support service with a per trip rate for the driver. DDS required training *is not* required if this is only service being provided. However, background and license checks are still required.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Payment for Transportation Services including third party contractors.	***No Prior Approval Needed** *Up to $40.00 per trip	Approved entities who are licensed as a Livery Service may follow established DOT (Department of Transportation) Rates. *Vendor Referral Packet and Enrollment must be completed.
Transportation –Additional Options	***No Prior Approval Needed** *Up to $40.00 per trip	Use separate designated line for transportation services. 1) Transportation – Uber, Lyft, Livery (Subject to $40.00 cap without Prior Approval) 2) Transportation Tickets - (ADA, Bus Passes, etc.) Payment for transportation services such as taxi, Uber, Lyft may be provided and include customary tipping. Tipping is capped at 20% of ride fare. Fiscal Intermediary provides transportation card to be used by individual for purchase of transportation needs within approved budget.
Overhead Wages *Allowed for Direct Hires Only (with available funds)*		

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Community Activity Fee for Staff	**No Prior Approval Needed**	**Cap of $600.00 per Budget Year** Fees must be for an activity that enhances the individual's ability to be integrated into the community and is part of the individual plan but cannot be paid through another source. These costs may include admissions to events and community activities for employees hired directly by the individual. Self-directed staff must submit proof of payment or receipts along with Request for Reimbursement Form.
Advertising (for recruitment expenses)	**No Prior Approval Needed** Individuals should discuss options, including potential Department provided platforms, with their case manager.	Expenses are for the recruitment and hiring of direct support professionals. This would include subscriptions for recruiting, etc. Individual must submit Goods & Services Request Form detailing advertising costs for direct purchase by FI. The Fiscal Intermediary will ensure that the cost falls within the fair market cost for electronic and newspaper advertising. DDS will provide fair market costs.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		Employers of Record, Guardians, Representatives, and members of an individual's Person-Centered Planning teams are encouraged to review and utilize databases and platforms offered by DDS to assist in recruiting and retaining self-directed staff.
Background Check and Pre-Employment	**No Prior Approval Needed Not Applicable (Required Qualification)** Completed by the Fiscal Intermediary with submitted employee application.	On average $50.00 for each in-state background check. Out of state background checks may be more expensive, please make sure the Employer of Record or Representative is working with Fiscal Intermediary to determine when needed or if Employer of Record or Representative is requesting an out-of-state check.
Car Insurance	**Prior Approval Needed**	For employer or staff vehicle. Applies only to increase or difference in insurance to allow staff to drive the individual. DDS will determine increase or difference in prior approval process. Self-directed staff, Employer of Record s or Representatives must submit proof of payment or receipts along with Request for Reimbursement Form.
Cell Phone use and Associated cell phone plan	**No Prior Approval Needed**	$30.00 per month maximum. Cost of phone not included.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
	To be used for emergency support, calling backup employees, or when required for an individual's health, safety, medical, or behavioral needs. Need should be articulated in Individual Plan.	• If payment is provided to a third party, verification is necessary to tie phone data plan to individual. Copy of plan, etc. is appropriate. • Individual must submit a Goods & Services Request Form detailing cell phone costs with a copy of plan naming the individual. Payment may be sent to cell phone service provider or a third-party (not the individual or Employer of Record).
Employee Compensation for Meals	**Effective 7/1/24, this can no longer be added to the budget.** Employees compensated prior with a reoccurring approval will be grandfathered in.	DDS will alert GTI through prior approvals for who is grandfathered in to be allowed to utilize this service
Employee Health Insurance	**No Prior Approval Needed** At Employer of Record or Representative's discretion, allowable option DDS will support if within budget allocation.	Must be full-time (35 hrs. per week) and cannot be Employer of Record. Cannot exceed 10% of the employee's annual salary. The payment is taxed. (DDS funded) *separate* from the Healthcare Premium Assistance (HCPA) offered through the Collective Bargaining Agreement (Collective Bargaining Agreement). This benefit would make the self-directed staff ineligible for the Healthcare Premium Assistance offered by the

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		Collective Bargaining Agreement as the individual must not have other health insurance coverage options available to them to qualify.
Personal Protection Supplies	**No Prior Approval Needed**	Supplies to meet OSHA (Occupational Safety and Health Administration) such as gloves and wipes for staff working directly with the individual. Individual must submit Goods & Services Request Form detailing items for direct purchase by FI.
Staff Training (Initial and Ongoing) Inclusive of multiple staff simultaneously participating in any needed training, including new staff shadowing, in group or staff meetings or teaching and training related to the implementation of: Med Certification, Behavior Plans, or other Care Plan protocols.	**No Prior Approval Needed**	Staff Training time must be noted on the Self-Hire line in the individual budget and should be noted as an hourly wage that includes stipulated employer costs (excludes DDS staff training). This is for staff training not already covered as part of the waiver service only.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Direct Support Professional DDS Required Training: At time of revised issuance of this document the training platform is Open Future Learning (OFL) *previously* College of Direct Supports (CDS) *Clarifying Note: OFL training in the DDS budget system can be found in service: Staff Training OFL (Self-Hire)	**No Prior Approval Needed** **All Direct Support Professionals must complete this mandated qualification in order to remain employed.**	OFL training is web-based and is funded through the individual budget as a stipend. The stipend is a taxable payment and should include stipulated employer costs. Staff who do not complete the training within 90 days will not be eligible to be paid through DDS funding through the FI. As of 7/1/24 - $210.00 plus 12% benefits (payroll tax) (Added to budget line) - subject to change overtime.
New Hire Orientation is facilitated by TUF through the SEIU 1199 union.	**No Prior Approval Needed** **Required Qualification** (Not added to budget)	Funded through the Fiscal Intermediary as a stipend that is subject to payroll tax. Training must be completed in timeframe articulated by TUF and Workforce Council, currently within 90 days of employment. Additional Voluntary Training is offered by TUF that is not added to the budget. This training is selected by the self-directed staff by choice to further their skills. The FI makes payment.

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
State Funded Items and Services in $1,800.00 Combined Cap *Up to $1,800.00 combined for designated State Funded lines. Prior approval required for all items and services listed in this section once the combined cap is reached. State-Funded lines that have specific caps are noted. State Funded Items or Services should only be utilized when not available through a waivered service.* *Note: Only State Funded Items and Services can be directly reimbursed to an individual or Employer of Record. Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.*		
Camp	***No Prior Approval Needed** *Over $1,800.00 (individually or cumulatively with other State–Funded supports) requires Prior Approval.	State Funded only if provided by other than a DDS qualified respite provider. Camps may include town camps and local organization camps. *For Qualified Vendors of Camp and Respite Services, please refer to "Camp Rates and Budget Instructions."* Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
Damages (Examples: Toilet seats, clothing, doors, or furniture)	***No Prior Approval Needed** *Over $1,800.00 (individually or cumulatively with other State–Funded supports) requires a prior approval.	Damage reimbursement must be specifically related to an individual's disability and documented in the individual's plan.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
Education- Adult or Post - Secondary	***No Prior Approval Needed** *Over $1,800.00 (individually or cumulatively with other State–Funded supports) requires a prior approval and proof of enrollment.	Education not funded by IDEA or Department on Aging and Disability Services that prepares individual for greater independence and employment in a competitive job. Vendor must submit a detailed invoice and complete a vendor enrollment packet for direct payment *or* Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
Home Maintenance (Non-Modified)	***No Prior Approval Needed** *Over $1,800.00 (individually or cumulatively with other State–Funded supports) requires a prior approval and requires supporting documentation.	Case manager should review if service can be covered through an environmental modification service on the waiver. If not, this process should be used. Disability related cost to maintain and repair home. Not intended to purchase new home furnishings or appliances (i.e.: steps or fence). Includes third party vendors. Supporting documentation must be provided.

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		*Maintenance to home accessibility equipment should be coded as "**Home Modification Maintenance."** Vendor must submit a detailed invoice and complete a vendor enrollment packet for direct payment *or* Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement. There are no required vendor qualifications.
Vehicle Expenses (Non-Modified and Non-Accessible) * Cost to maintain and repair vehicle used solely to transport individual.	***No Prior Approval Needed** *Over $1,800.00 (individually or cumulatively with other State–Funded supports) requires prior approval and requires supporting documentation.	Case manager should review if service can be covered through the vehicle modification service on the waiver. If not, this process should be used. Must be disability related. Vendor must submit a detailed invoice or quote and complete a vendor enrollment packet for direct payment *or* Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement. Those receiving per mile or per trip transportation are not excluded from this.

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		*Maintenance to an accessible vehicle or accessibility equipment should be coded as "**Vehicle Adaptive or Accessibility Equipment Maintenance."**
Third Party Reimbursement and Payment to Individuals and Families	***No Prior Approval Needed** *Over $1,800.00 (individually or cumulatively with other State–Funded supports) requires prior approval. Funds must be available within present allocation. Items need to be identified and listed in the Individual Plan Payment allowed.	Need must be in outcome on Individual Plan. List approved and submitted through Case Manager or prior approval if amount is greater than $1,800.00 to Fiscal Intermediary in advance of purchase. List of items should be included in the budget comment. If there are additional items requested for reimbursement, Fiscal Intermediary should reach out to CM to verify purchase. A copy of any supporting documentation is necessary to accompany the prior approval. This may include copy of invoice, reimbursement, proof of payment, etc. Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
State Funded Items and Services NOT in $1,800.00 Combined Cap		

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
These lines are excluded from the $1,800.00 combined cap for the State Funded lines designated in the previous section. State-Funded lines that have specific caps are noted. State Funded Items or Services should only be utilized when not available through a waivered service. *Note: Only State Funded Items and Services can be directly reimbursed to an individual or Employer of Record. Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.*		
State Funded Mileage Reimbursement - (Paid Support Staff Using Family Vehicle)	**Prior Approval Required** Not part of $1,800.00 cap	(See Transportation Services and Mileage above)
Personal Recess	**No Prior Approval Needed** Allowed up to $600.00	Cost only for individuals to support vacation-related expenses not to exceed $600.00 annually. Must provide valid documentation and receipts for travel reimbursement. Consider noting in the Individual Plan. Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
Individual Activity Fee	***No Prior Approval Needed**	Fees must be for an activity that enhances the individual's integration within the community and is part of the individual plan but cannot be paid through another source.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
	Cap $600.00 per Budget Year (Not included in the $1,800.00 cumulative State Funded lines)	These costs may include admissions to events and community activities for the individual. Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
Apartment Set Up and Moving Costs	**No Prior Approval Needed** Not part of $1,800.00 cap	Relevant to individual's Share of cost only. Limit of $2,000.00 per occasion. Not included in the $1,800.00 combined cap. Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
Security Deposit	**No Prior Approval Needed** Not part of $1,800.00 cap Capped at equivalent of one month's rent.	Must be no other source of income. Supporting documentation must be provided indicating that apartment meets rent subsidy guidelines, as applicable, and fair market value. Not included in the $1,800.00 combined cap. Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Internet or Broadband: Available only for individuals and not for general utility for family members.	***Prior Approval Required** *With proof of plan (to assure appropriate usage & billing). Must be State Funded. **QUALIFICATION:** Internet costs are NOT covered by Medicaid, HOWEVER, should internet cost be rolled into an AT or Remote supports service type, it MAY not apply separately as it appears here	Basic to moderate or enhanced broadband up to $50.00 monthly including router fees. Provider service cost may vary but any additional cost or fee is the responsibility of the individual. Third-party reimbursement with monthly statement to FI. Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
Gym Membership	**No Prior Approval Needed**	Membership may be purchased for the individual only, does not cover a membership for the employee as ADA requires that there be no fee for assisting someone. Refer to ADA guidelines for staff accompaniment at no cost (as appropriate). Individual must submit Goods & Services Request Form that includes invoice or receipt and complete a vendor enrollment packet for reimbursement.
Environmental and Vehicle Modifications		

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Environmental Modifications – (Home) **Must be provided by a licensed contractor.**	**Prior Approval Required** Documentation must include the full scope of the project including a budget that itemizes the cost for the entire project. If more than $2,500.00: Three (3) comparable bids (on same modifications) are required. Environmental Checklist Required. Vendor selected will be required to enroll with the Fiscal Intermediary and submit invoice for payment.	Cannot exceed $35,000.00 total over waiver period. Must have three competitive bids and family and case manager must complete DDS Environmental Modification Checklist. May require review by DDS Plant Facility Engineer.
Vehicle Modifications (Accessibility Equipment) 1. Applies to the cost of accessibility equipment for a vehicle that requires a modification (i.e.,	**Prior Approval Required** Documentation must include the full scope of the project including a budget that itemizes the cost for the entire project.	Vehicle Modifications is a waiver service. Cannot exceed $25,000.00 total over the waiver period.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
automatic ramp install). 2. Applies to the cost of accessibility equipment for a pre- modified vehicle. (i.e., cost difference in a vehicle that has already been modified). Must be provided by a licensed contractor	If more than $2,500.00: Three (3) comparable bids (on same modifications) are required. Vendor selected will be required to enroll with the Fiscal Intermediary and submit invoice for payment.	
Vehicle Adaptive or Accessibility <u>Equipment</u> Maintenance (i.e.: maintenance on wheelchair lift in van.) Applies only to vehicle adaptive or accessibility equipment.	***No Prior Approval Needed** *Over $1,800.00 (individually or cumulatively with other State–Funded supports) requires prior approval and requires supporting documentation. Year, make, model, mileage, condition of vehicle and itemized	

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
	cost of the pre- modifications (closest estimate). Vendor selected will be required to enroll with the Fiscal Intermediary and submit invoice for payment.	
Vehicle Lease	**Not Allowed**	
Individualized Goods & Services *(Vendor Referral is required for some services to be sent to the FI)*		
Homemaker Services	***No Prior Approval Needed** *Prior Approval required if more than $2,000.00 for this line item. Selected homemaker vendor must complete vendor packet and submit invoice for payment.	Cannot be available from private insurance, Medicare, or Medicaid (HUSKY). Individual must be physically unable to maintain home or home sanitation and cleaning independently. Provide denial documentation as appropriate. Individual must submit Goods & Services Request Form detailing items for direct purchase by FI.
Cleaning Service	***No Prior Approval Needed** *Prior Approval required if more than $2,000.00 for this line item.	Commercial or specialized cleaning services (i.e., bedbug removal treatments, or professional sanitation specific to carpet, floor, walls urine or odor remediation. This line item is

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
	Selected cleaning service vendor must complete vendor packet and submit invoice for payment.	not to be used for general or routine home cleaning services. Individual must submit Goods & Services Request Form detailing items for direct purchase by FI.
Specialized Clothing (i.e., Adaptive shoes or non-zipper, button, snap, tie clothing for safety or to limit and prohibit removal of clothing.)	***No Prior Approval Needed** *Prior Approval required if more than $2,000.00 for this line item.	Specialized clothing must be specifically related to an individual's disability and documented in the individual's plan. Individual must submit Goods & Services Request Form detailing items for direct purchase by FI.
Self-Advocacy Training	***No Prior Approval Needed** *Prior Approval required if more than $2,000.00 for this line item.	Examples Include: Public Speaking, Peer 2 Peer Training, Self-Advocacy based conferences, workshops, or other programs related to Self-Advocacy. Individual must submit Goods & Services Request Form detailing items for direct purchase by FI. Selected training vendor must complete vendor packet.
Items and Supports for Increasing Independence	***No Prior Approval Needed**	Must be documented in Individual Plan. (Examples include specific items such as a computer or iPad for employment, or items that may fall outside of

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
	*Prior Approval required if more than $2,000.00 per item for this line item.	assistive technology such as an alarm clock, cooking supplies, or a programmable microwave for independent living.) Individual must submit Goods & Services Request Form detailing items for direct purchase by FI.
Therapies not covered by Medicare, Medicaid, or Private Insurance.	***No Prior Approval Needed** *Prior Approval required if more than $2,000.00 or over $95.00/hour. See necessary documentation for this service in guidelines. **Hourly rate is capped at $95.00.**	• Cannot be available from private insurance, Medicare, or Medicaid (HUSKY). • Must secure a recommendation by a professional and be added to the Individual Plan to address an unmet need or Individual P goal. • Provide Medicaid payment denial documentation as appropriate. • Examples may include Music Therapy, Equestrian Therapy, Movement Therapy, Pet Therapy, Horticulture Therapy, EMDR, or Hippo (Equine) Assisted Therapy. • Training and Counseling Services for Unpaid Caregivers are also available. These must be aimed at assisting the unpaid caregiver in meeting the needs of the individual and be included in the Individual Plan. It does not include costs of travel, meals, and overnight lodging to attend a training event or conference.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		Individual must submit Goods & Services Request Form detailing items for direct purchase by FI. Selected therapy vendor must complete vendor packet.
Specialized Medical Equipment- (Includes Adaptive Equipment)	***No Prior Approval Needed** *Prior Approval needed for any one item over $1,000.00. Three bids are required if greater than $2,500.00.	Items that are not covered under Medicaid, Medicare, private insurance, or other waivers, including the waiver service titled "Specialized Medical Equipment," such as assistive or augmentative communication devices, medically necessary adaptive clothes or shoes, therapeutic furniture, therapeutic equipment, and computer ($1,000.00 max) and computer software supplies that are directly related to disability of the individual when recommended by a licensed professional which include physicians, therapists, counselors, psychiatrists, nurses, occupational therapists, physical therapists, and vocational rehabilitation counselors. All equipment is transferable if individual moves to another setting. Individual must submit Goods & Services Request Form detailing items for direct purchase by FI.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
Fax Machine and Office Supplies	**No Prior Approval Needed** *Prior Approval required if more than $2,000.00 for this line item.	Only for the management and supervision of support and services directly related to the individual. Not for general use. Individual must submit Goods & Services Request Form detailing items for direct purchase by FI.
Home Delivered Meals		
Home Delivered Meals	**Prior Approval Needed** Must use an approved DDS qualified provider. Costs and limits are set by the program.	The preparation and home delivery of meals for individuals who are unable to prepare or obtain nourishing meals independently, or when the individual responsible for this activity is temporarily absent or unable to prepare meals.
Assistive Technology and Remote Supports		
Assistive Technology (Assessment, Items, and Services)	***No Prior Approval Needed** *Prior Approval needed for any one item over $2,500.00. Not to exceed $25,000.00 over 5 yr. waiver period.	Most individuals will utilize existing waiver and assistive technology funding streams. If additional support is needed, review and discuss with team utilizing consultation with assistive technology division. An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is

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	***CAP temporarily increased to 30k through end of ARPA period (June 2025).**	used to increase, maintain, or improve functional capabilities of participants. Service means a service, such as training, that directly assists a participant in the selection, acquisition, or use of an assistive technology device. (Does not include waivered Remote Support Services.) Assessment of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant. Must be completed by a DDS-qualified provider. Covered only if service cannot be available from private insurance or another state plan such as Medicaid (Husky). Provide denial documentation as appropriate. Individual must submit Goods & Services Request Form detailing items for direct purchase by FI. For services and evaluation, selected vendor must complete vendor packet.
Remote Supports (Assessment and Services)	**No Prior Approval Needed**	Remote supports are the delivery of supports at a remote location through virtual means by paid staff or natural

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		supports that includes live two-way communication available during the hours agreed upon. **Remote Support Technology System**: Technology that facilitates and provides the Remote Support service. These systems may use wireless technology or phone lines to link an individual's home to a Virtual Support Partner (defined below) off-site. The system may use remote sensor technology to send "real-time" data to the Virtual Support Partner, who is immediately available to assess the situation and provide assistance according with the in-person Response Plan. **Remote Support Technology Supplier:** The entity with the responsibility to set up the customized Remote Support system necessary for remote supports based upon each individual's needs. This entity may additionally provide the real-time Virtual Partner Supports **Virtual Support Partner:** A paid support person such as an agency, qualified provider, etc. OR unpaid support person such as a family member, friend, or other natural support

Support/Service Type	Support/Service Authorizations: Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines
		that provides virtual support (e.g., prompting, queuing, etc.) from a remote location utilizing the Remote Support Technology System that has been designed for the individual. **On-Call Backup Entity-** the entity that is responsible for the on-call service. The on-call service is the backup agency that receives a notification from the virtual support partner or from the remote technology directly that an in-person intervention is necessary. The on-call back up entity will then contact the Identified person to provide the in-person support.
Internet and Broadband		(See definition in State Funded items)
Self-Directed Employee Wages *Payment to Legal Guardians and Parents of school age children (22 years old or younger)*		
Wages provided to legal guardians of the individual receiving services and parents of school age children (22 years old or younger) receiving services	***No Prior Approval Needed** *Representatives who are legal guardians or parents of a school age child may be compensated	• The Employer of Record for an individual who self-directs services may hire legal guardians and parents of school age children as long as the requirements for this process are met. Please refer to the Case Management Guide to Compensating Legal Guardians and Parents of School Age Children for all requirements.

Support/Service Type	**Support/Service Authorizations:** Required Qualification, No Prior Approval Needed, or Prior Approval Required	Supports/Service Overview and Guidelines

(defined below) who provide services beyond routine care and supervision.
 	
Excludes Employer of Record - **No exceptions.**
 	
Allowable for:
• **Individual Home Supports**
• **Respite (only under some circumstances)**
• **Individualized Day Supports**
• **Personal Supports**
• **Senior Supports**
	in extraordinary situations but will require Prior Approval.
	
	Employers of Record are prohibited from being compensated while in their role as an Employer of Record.
		• The individual's team must discuss agree with the request to make sure the legal guardian or parent of the minor child becoming a paid caregiver is within the best interest of the individual being supported.
		• No exceptions shall be made to these restrictions on who may be hired by individuals who self-direct their services.
		• All legal guardians and parents of school age children must enroll and become qualified with the current Fiscal Intermediary as a Direct Support Professional to be hired by the waiver participant. Qualifications and enrollment include but are not limited to the following:
		  ○ Must be at least 18 years of age.
		  ○ Fiscal Intermediary must conduct criminal background check.
		  ○ Fiscal Intermediary must conduct a DDS registry check.
		  ○ Fiscal Intermediary must complete an Office of Inspector General (OIG) check.
		  ○ Employee must have the ability to communicate effectively with the individual and family.

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		○ Employee must have the ability to complete record keeping as required by the employer. ○ Complete Personal Care Assistant (PCA) New Hire Orientation (required to complete within 90 days of date of hire). ○ Complete DDS required Training- This training includes Abuse Prevention, Health & Safety, Promoting Rights, etc. (required to complete within 90 days of date of hire with ability for prior approval extension through regional SD Director for justified reasons).

F. References

None

G. Attachments

None