

**APRIL 2017** 

## Permissible Goods and Services in a Self-Direction Program

In Medicaid self-direction programs, individuals direct many or all of their home- and community-based services, including selecting and managing direct service workers and/or managing a budget (which may also be referred to as a service cost maximum) for needed services. An individual also has choice and control over what goods and services to purchase within a specified budget as long as such services are included in the individual's person-centered service plan, not otherwise covered by the managed care plan, and on the program's list of eligible self-direction services. The list below includes criteria for permissible goods and services (including supports, equipment, supplies and other items) that may be purchased by individuals who self-direct. The general criteria provide examples of widely accepted standards. The state-specific criteria describe additional limitations imposed by Ohio, and other states may further customize this list as needed.

## General Criteria. Eligible goods and services must:

- Be related to a need or goal identified in the state-approved, person-centered service plan;
- Be for the purpose of increasing independence or substituting for human assistance, to the extent the expenditures would otherwise be made for that human assistance;
- Promote opportunities for community living and inclusion;
- Be accommodated within the individual's budget without compromising health or safety; and
- Be provided to, or directed exclusively toward, the benefit of the individual.

**State-Specific Criteria**. Under Medicaid home- and community-based waiver programs, states have broad latitude to set their criteria for goods and services in self-direction programs. For example, Ohio limits goods and services to the following in its MyCare Ohio financial alignment demonstration:

- Alternative meals service:
- Pest control;
- Home modifications, maintenance and repair; and
- Medical equipment, supplemental adaptive and assistive devices.

Individuals are able to schedule when services will be delivered and set rates for these services.

## ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.