

The Arc of Ohio

SELF Waiver Discussion

Participant Directed Goods & Services

with

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SELF Waiver Services

- Participant-Directed Homemaker/Personal Care
- Participant-Directed Goods and Services
- Participant/Family Stability Assistance
- Assistive Technology
- Remote Support
- Support Brokerage
- Transportation *Self-Directed Transportation - NEW
- Home-Delivered Meals – NEW
- Waiver Nursing Delegation
- Adult Day Supports
- Community Respite
- Residential Respite • Career Planning
- Clinical/Therapeutic Intervention
- Functional Behavioral Assessment
- Group Employment Support
- Individual Employment Support
- Non-Medical Transportation
- Vocational Habilitation

BUDGETS

- **Adult budgets up to \$45,000 per waiver span.**
- Adult means a person who is at least 22 years old OR a person who is no longer eligible for educational services based on graduation, receipt of diploma or equivalency certificate, or permanent discontinuation of educational services.

- **Child budgets up to \$30,000 per waiver span.**
- Child means a person who is under 22 years old and eligible for educational services.

Support Brokerage cannot exceed \$8,000 per waiver span

Assistive Technology cannot exceed \$5,000 per waiver span

Functional Behavioral Assessment cannot exceed one assessment for up to \$1,500 per waiver span

Participant-Directed Goods and Services (PDGS) purchases for environmental accessibility projects over \$10,000 must be reviewed by DODD

Participant-Directed Goods and Services (PDGS)

OAC: 5123-9-45

PDGS includes services, equipment, or supplies that are not provided through Medicaid State Plan services or another waiver service. PDGS does not require that equipment and services be provided by a Medicaid-certified provider.

The services, equipment, or supplies must be directly linked in the Individual Service Plan to a need clearly identified through assessment.

The services, equipment, or supplies are required to:

- Decrease the need for other Medicaid home and community-based services; • Advance participation in the community;
- Increase safety at home;
- Increase independence;
- Improve cognitive, social, or behavioral functions; or
- Assist to develop or maintain personal, social, or physical skills. All PDGS items need to be identified/authorized in the Individual Service Plan (ISP).

Participant-Directed Goods and Services (PDGS)

Items Not Permitted:

Experimental treatments, including items considered by the federal food and drug administration as experimental or investigational or not approved to treat a specific condition.

New equipment/supplies or repair of previously approved equipment or supplies that have been damaged because of confirmed misuse, abuse, or negligence. Equipment, supplies, and devices of the same type for the same person, unless there is a documented change in the person's condition that warrants the replacement.

Home modifications of general utility or that add to the total square footage of the home. Pools, spas, or saunas Food, tobacco, or alcohol Items used solely for entertainment or recreational purposes

Items that are illegal or otherwise prohibited through federal or state regulations.

Internet service & Items of General Utility

Participant-Directed Goods and Services (PDGS) Review Requirements Updated

County Boards are no longer required to have an “established cost-comparison process” and “Review Committee”

Instead

County Boards will now have their own review process for PDGS purchases totaling \$500 or more

Certain items will continue to require DODD approval, such as, generators, fences, playsets, home modifications over \$10,000, and items available through other waiver services, Medicaid State Plan/Healthchek, and services that are the responsibility of the local school district in an Individual Education Plan (IEP).

What you need to know about Medicaid/Waiver Due Process

What Can You Appeal?

Actions related to Medicaid

- *Denial
- *Termination
- *Delay or Mistake

Medicaid Services Include:

- *Waivers
- *Medicaid Card Services

HOW TO ASK FOR A HEARING

Call: 1-866-635-3748

You'll Need: Name, Social Security Number, Nature of Your Concern, and what/who is involved (Waiver type or Medicaid Card Issue and the County)

WHO CAN REQUEST A HEARING?

- An Individual or Guardian
- An Authorized Representative

WHAT ARE THE TIMELINES?

If you appeal within 15 days, services will continue until the hearing decision without change.

For more detailed information go to: www.thearcofohio.org, under Resources.

