

# BSW 708 Services: Big Sky Bonanza Consumer Directed Goods and Services (new number to be assigned)

## DEFINITION

~~These Consumer Directed Goods and Services include services, supports, supplies, or goods not otherwise provided through this waiver, the Big Sky Waiver or the Medicaid State Plan. Consumer Directed Goods and Services are available for members in the member-directed Big Sky Bonanza option. Big Sky Bonanza is the member-directed waiver option aligned with the Big Sky Waiver.~~

## COVERED SERVICES

~~These items could include the purchase of appliances and vans, with or without modifications, when criteria and Department approval is in place.~~

Commented [KS1]: Barb, is this accurate? Maybe delete?

## SERVICE REQUIREMENTS

Good and services purchased must address an identified need in the member's person-centered service and support plan and meet any of the following requirements. The item or service would:

- ~~decrease~~ Decrease the need for other Medicaid services.;
- ~~promote~~ Promote community the inclusion in the community.;
- ~~promote~~ Promote the member independence of the member.;
- ~~fulfill~~ Fulfill a medical, social, or functional need based on unique cultural approaches; ~~or,~~
- ~~increase~~ Increase the member's safety in the home ~~environment~~ or community.

In addition, good and services purchased must meet all of the following criteria:

1. ~~meet~~ Meet the member's identified needs and outcomes as outlined in their service plan; and
2. ~~must collectively provide an alternative to institutional placement; and~~
3. ~~be~~ Be a cost-effective means of addressing an identified need in the service plan; and
4. ~~be~~ Be of sole benefit to the member.

Department review of the member's service plan, for approval, will determine whether the goods and services address the following outcomes:

1. ~~maintain the member's ability to remain in the community;~~
2. ~~enhance the member's community inclusion and family involvement;~~
3. ~~develop or maintain the member's personal, social, physical or work related skills; and~~
4. ~~increase the member's independence.~~

## LIMITATIONS

This service is limited to individuals in the ~~Bi~~ Bi ~~panza~~ panza option.

The Department will ~~also~~ review the member's service plan for goods and services that may not be purchased with waiver funds. This includes any support service ~~of~~ of:

1. ~~Available through Medicaid or State P~~ Available through Medicaid or State P;
2. ~~Covered by any other third-party payer such as Medicare, the Veteran's Administration, or state education or vocational agencies;~~ Covered by any other third-party payer such as Medicare, the Veteran's Administration, or state education or vocational agencies;
3. ~~Used for leisure or recreational purposes only and not determined necessary for the member to remain in the home and community;~~ Used for leisure or recreational purposes only and not determined necessary for the member to remain in the home and community;
4. ~~That is an item or support normally furnished by the member's parents, family or spouse, or family member residing in the same household; or~~ That is an item or support normally furnished by the member's parents, family or spouse, or family member residing in the same household; or
5. ~~That does not meet an identified need.~~ That does not meet an identified need.

~~Regional Program Officers must prior authorize Consumer Directed Goods or and sServices in excess of over \$2,5005,000, must receive prior authorization from the Regional Program Officer (RPO). A service plan electing to purchase a van, with or without modifications, must receive approval from the RPO and the Program Manager. The vehicle must relate to a need or goal identified in the individualized service plan.~~

~~If a van is purchased without modifications, subsequent modifications would be provided through the existing Environmental Accessibility Adaptations service. (HCBS-711).~~

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Commented [KS2]: Aligned with new DME PA amount. Do not have the \$40K annual cap.

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~~The Department will also review the member's service plan for goods and services that may not be purchased with waiver funds. This includes any support service or good:~~

- ~~1. available through Medicaid state plan;~~
- ~~2.1. covered by any other third party payer such as Medicare, the Veteran's Administration, or state educational or vocational agencies;~~
- ~~3.1. used for leisure and recreational purposes only and not determined necessary for the member to remain in the home;~~
- ~~4.1. that is an item or support normally furnished by the member's parents, family or spouse; or~~
- ~~5.1. that does not meet an identified need.~~

Consumer Directed goods and services ~~would should~~ not be duplicative of Environmental Accessibility Adaptations ~~or of~~ Specialized Medical Equipment and Supplies ~~this is monitored through the prior authorization process completed by the Financial Manager(s).~~

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