**Self-Directed Supports- InDividual Directed Goods and SERVICES**Individual Directed Goods and Services is often called IDGS for short. IDGS refers to a service, support, or good that enhances the individuals’ opportunities to achieve outcomes related to full membership in the community. IDGS waiver services can assist with the purchasing of services, equipment, or supplies that you need when other programs or resources are not available.

**Start with Support Planning:** The first step to planning for supports is to get a good idea of what you need help with right now. This assessment can help your Support Coordinator identify what services equipment, or supplies you may need.

Individual Name:       DMH ID #

Will this purchase need to be shipped to an address?  Yes  No

Address IDGS purchase will be shipped to:

Will this purchase need to be picked up from a physical location?  Yes  No

Address IDGS will be picked up from:

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| **IDGS Requirements**  Because every person has different needs and different resources available, there is no list of what IDGS will or will not cover.  Instead, the service, support or good must meet all of the following criteria:   * Be designed to meet the individual’s safety needs, community membership and also advances the desired outcomes in his/her Individual Support Plan (ISP); * Must increase independence, substitute for human assistance; * Must reduce the need for a Medicaid waiver service; * Must have documented outcomes in the ISP; * Not be prohibited by Federal and/or State statutes and regulations; * Not be available through another source and the person does not have the funds to purchase it; * Will be acquired based upon anticipated use and most cost-effective method (rental, lease, and/or purchase); and * Must not be experimental or prohibited. | **Adding IDGS in Your Support Plan**  **Talk with your SC about what you need.**   * Discuss the needs you have right now with your SC. Talk about how your needs are being met now, what needs are not being met, and what is or is not working for you. * Your Support Coordinator (SC) can help you identify what resources are available to meet the needs from your assessment/discovery process such as: your family, friends, or neighbors, items that you and your family pay for, services available through your Missouri Medicaid State Plan, local services, other eligibility specific services, and supports available using your waiver.   **Find out what works for you.**   * Discuss services, equipment, or supplies that can help meet needs from your assessment and planning process. Your ISP should include specific information about the services and supports that work for you. * Your SC can add IDGS as a funding source to meet a current need only if it meets the required criteria. |

Costs are limited to $3,000 per annual support plan year, per individual. The annual limit corresponds to the person-centered service plan year.

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| **Individual Directed Goods and Services Requirements and Assessment**  Each service, support or good selected must meet the following criteria and be documented in the ISP. | |
| **CRITERIA** | **DOCUMENTATION** |
| **Desired Outcome: IDENTIFY THE NEED**  **What need was identified through the assessment or discovery process?** What is working/not working with current services? What has changed? What areas need additional assistance? |  |
| **EXPLORE WAIVER SERVICES/RESOURCES AVAILABLE**   * Are there waiver services/resources available to be used to purchase the service, support, or good? * If not, explain why the waiver services/resources explored cannot be used. |  |
| **EXPLORE NON-WAIVER SERVICES/RESOURCES AVAILABLE**   * Can any non-waiver services/resources available be used to purchase the service, support, or good? * If not, explain why the non-waiver services/resources explored cannot be used. |  |
| **CAN THE NEED BE MET BY A WAIVER OR NON-WAIVER SERVICE/RESOURCE**   * Confirm the service, support or good cannot be purchased through another source. |  |
| **COST EFFECTIVENESS**   * How will the service, support, or good reduce the need for another Medicaid waiver service? Include estimated cost reduction/savings. * How will the service, support, or good increase independence, substitute for human assistance? * What cost comparisons were made to ensure the most cost effective option is being used to make the purchase? **Please identify and attach two or more price comparisons/bids indicating which one is the most cost effective.**   *\*The service, support or good must be obtained based upon anticipated use and most cost-effective method (rental, lease, and/or purchase).* |  |
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| **HEALTH AND WELFARE**   * Is the service, support, or good prohibited by Federal and State statutes and regulations? * Is the service, support or good experimental? * Indicate how the service, support, or good assures health and welfare. * Is the service, support, or good solely for the direct benefit of the individual? |  |
| **INCORPORATE INTO ISP OUTCOMES**   * How will the service, support, or good meet the individual’s safety needs, community membership and also advance the desired outcomes of his/or her ISP?   *\*Needs to reference a desired outcome currently documented in ISP.* |  |

**Individual Directed Goods and Services – Additional Information**

**IDGS Assessment:**

DMH/DDD requires that the IDGS Assessment be completed (**which requires at least two cost comparisons/bids be attached**) and submitted when requesting the IDGS service.

It is important that the cost comparisons/bids clearly identify the vendor’s cost of the service, support, or good (including taxes and shipping and handling costs, if applicable).

The IDGS Assessment must clearly identify the specific service, support, or good that is to be purchased (including sizes, colors, etc., if applicable), where the product should be purchased from, how that purchase is to occur (online purchase (where online), payment via check (made payable to who), etc.) and where that purchase is to be delivered (if applicable).

**IDGS Budget Authorization:**

Taxes and shipping and handling costs, if applicable, **must** be included in the budget request for the IDGS service. The contracted FMS will not make the purchase if the purchase price differs from the IDGS budget request.

**Form W9:**

The contracted FMS requires a Form W9 (Request for Taxpayer Identification Number and Certification) be obtained from each brick and mortar/store front vendor that a service, support, or good is being purchased from. **It is the responsibility of the employer to obtain the Form W9.** The Form W9 **must** be submitted when requesting the IDGS service. The requirement to obtain and submit Form W9 does not apply when purchases will be made through online retailers.

**How Will IDGS Services, Supports, or Goods Be Purchased:**

Once the IDGS service is approved by DMH/DDD, a Self-Directed Support Coordinator will complete and submit a payment request to the contracted FMS. This payment request is completed using the information included in the request for the IDGS service.

**The contracted FMS will make payment for the approved service, support, or good based on its current pay cycle schedule which can be found** [**here**](https://www.acumenfiscalagent.com/wp-content/uploads/pdf_files/MO%20State%20Page/MO-SDS%20New%20Employer%20Information%20and%20Handbooks/Employee%20Forms%20and%20Information%20for%20Employers/Updated%20Payment%20Schedule.pdf)**.**

Any confirmation (confirmation numbers, tracking numbers, etc.) of purchase provided to the contracted FMS by the vendor will be shared with the individual requesting the IDGS service.

