



IDGS Category	Requirements for Reimbursement
Camp \$4,000 cap	<ol style="list-style-type: none"> 1. Proof of attendance 2. Proof of payment or invoice 3. Camp must be in NY state 4. Must have operating license (health code) 5. Camp must take place during the summer months (June-September) 6. Must be directly related to a valued outcome
Community Classes, Public Training/Coaching	<ol style="list-style-type: none"> 1. Proof of payment or invoice 2. Must be open to the broader public with published rates <ol style="list-style-type: none"> 3. It must be a physical class- if virtual, must be interactive/not prerecorded or self-led 4. Must be a structured learning experience 5. Must be non-credit bearing <ol style="list-style-type: none"> 6. Must relate back to a valued outcome- cannot be taken for recreation purposes
Coaching/ Education for parent(s), spouse and advocates \$500 cap	<ol style="list-style-type: none"> 1. Proof of the coaching, education and or seminar attended 2. Proof of Payment or invoice 3. Must relate back to assisting the self-direction participant <ol style="list-style-type: none"> 4. Participant must be 18 or older- if under 18 Care Coordinator should access FET
Clinician Consultants: Non-Direct Services (Authorized under Article 16 Clinic: Psychology, OT, PT, SLP, social work, nursing, nutrition/ dietetics, rehab counseling) **This is the clinician working to train the staff how to better assist the individual. This cannot be direct time with the individual or their representatives**	<ol style="list-style-type: none"> 1. Therapy plan- outline of services to be rendered- must be provided prior to reimbursement 2. Annual progress note and recommendation for continuing services/benefit to the individual's care and team 3. Therapist has to licensed/registered and it has to be cleared through: http://www.op.nysed.gov/opsearches.htm 4. Payment can't exceed 90% OTPS chart per hour 5. Proof of payment or invoice <p style="text-align: center;"><u>The Invoice cannot exceed the 90 percentile- if it does we cannot reimburse any portion</u></p>
Clinician Consultants: Direct Services (Hippo therapy, Therapeutic riding, Art therapy, Aquatic therapy, Massage therapy, Music therapy and Play therapy) *Any therapies outside of these are considered experimental and can't be funded.*	<ol style="list-style-type: none"> 1. Current script with diagnosis codes written by MD (within a year) <ol style="list-style-type: none"> 2. Treatment Plan- reviewed and signed off by primary doctor- this is not needed prior to payment but should be obtained ASAP after start of service 3. Must relate back to a valued outcome <ol style="list-style-type: none"> 4. Semi-annual progress note with recommendation for continuing services/benefit to the individuals care 5. A short treatment note should be provided with each visit 6. Therapist has to licensed/registered and it has to be cleared through: http://www.op.nysed.gov/opsearches.htm



	<p>7. Payment can't exceed 90% OTPS chart per hour 8. Proof of payment or invoice The Invoice cannot exceed the 90 percentile- if it does we cannot reimburse any portion</p>
<p>Health Club/ Organizational Memberships \$1,500 cap</p>	<p>1. Must be open to public 2. Invoice and or proof of payment for membership 3. Must be considered educational in nature 4. Must relate back to valued outcome 5. The membership cannot be a family membership</p> <p>Memberships are reimbursed on a monthly basis per Medicaid guidance- a yearly invoice will not be paid in full</p>
<p>Household related items and services \$1,500 cap</p>	<p>1. Must be related to valued outcome and assist with directly working on a valued outcome 2. Itemized receipt 3. Proof of payment</p>
<p>Interpretation Services</p>	<p>1. Must have established fees 2. Must be directly related to a valued outcome 3. Proof of payment or invoice</p>
<p>Paid Neighbor \$800 cap per month</p>	<p>1. Must have paid neighbor contract on file- See Family & Child Service of Schenectady specific form 2. Must have the rep approval that the paid neighbor duties have been fulfilled for that month 3. Staff must be a cleared through Family & Child Service of Schenectady 4. Staff cannot be a family member</p>
<p>Self-Directed Staffing Support \$20 cap per hour</p>	<p>1. Staff must be cleared under Family & Child Service of Schenectady prior to service 2. Must have a staffing support agreement on file- See FCSS specific form 3. Staffing support cannot be a family member 4. Must have an approved self-directed staffing support invoice- see FCSS specific forms</p>
<p>Transition Programs \$350 max per class or \$800 max per month</p>	<p>1. Program cannot be funded through ACCESS-VR 2. Cannot pay for credit bearing classes or room and board 3. \$350 a class or \$800 max a month 4. This is a time limited service at 2 years 5. Invoice or proof of payment with a breakdown as to what is being paid for</p>
<p>Transportation</p>	<p>1. Must be related to a valued outcome (accessed by staff through the SAP) or to a service funded through the Self Direction Budget that does not bill Medicaid for transportation (either staff or family) 2. Must submit mileage in the evero portal</p>