

# TECHNICAL BULLETIN

Information for individuals, families and community agencies

Number: 5

March 2012

## FISCAL INTERMEDIARY AND SELF-DIRECTED CARE

Fiscal Intermediary (FI) services are intended to allow an individual (and family) the ability to design, implement and manage a service plan that best fits the individual's needs. By deciding to utilize FI services, you are responsible for hiring employees to meet your needs, as long as the services are Medicaid allowable as noted below. You have the right to negotiate salaries for the employees and utilize the funding as you deem acceptable within the Medicaid guidelines. The FI agency you select is responsible for paying the bills and billing Medicaid to get reimbursed for the expenses. All plans must be reviewed, approved and authorized by the Department before services may begin. Authorizations will be mailed out to you on a quarterly basis.

If part of a quarterly authorization is not expended, then the fiscal intermediary provider may request to roll the unused portion of the authorization forward to another quarter within the plan year. Consistent with service authorizations prior to July 1, 2011, unused authorizations do not carry forward between plan years.

### Examples of Medicaid Allowable Self-Directed Services:

Employee Wages and Taxes (for in-home, community or day services provided to the individual)  
Transportation (Either by the mile with logs or a small addition to employee's wages to cover transportation expenses)  
Support Brokerage & Administrative Fees—(Workers Compensation, Plan Development, etc.)  
Lifeline (or other Emergency Supports)  
Job Development and training

### Examples of Self-Directed Services that are not Medicaid Allowable:

Housing (rent, mortgage, home repairs, appliances, etc.)  
Food  
College Courses  
Rental Car, Bus Passes, Gas Cards, etc.  
Computers, Cellphones, etc.  
Any service that can be funded through another payer (Counseling, Physical Therapy, Therapeutic Horseback Riding, DME (personal care products) etc)  
Employees can not be paid when a participant is being treated in an inpatient facility (Ex. Hospital)

Effective 7/1/2012 plans may no longer contain club memberships, social activities, etc. unless they are deemed medically necessary as recorded in your annual ISP. (Example: YMCA membership at a reduced rate)