

# **Allowable Items:**

- Recreation Activity/Program/Equipment
  - Integrated, communitybased activity fees/supplies
  - Instrumental and music lessons/fees (e.g., guitar lessons, piano lessons)
  - Braille bingo cards, playing cards and dominoes
  - Cooking classes (not resulting in certification)
  - Theatre classes/workshops
  - Museum membership (e.g., sensory, STEM)
  - o Art classes
  - Gym membership
  - Fitness classes
  - Swim lessons
  - Sports lessons/fees/expenses (e.g., Soccer, Baseball, Golf, Skiing, Bowling, Cheerleading)
  - Martial Arts lessons (e.g. Karate, Tae kwon do)

- Recreation Activity/Program Equipment, continued
  - o Dance/ballet lessons
  - Equine therapy/Hippo therapy/Horseback riding
- Sensory Items
  - o Balance chair
  - o Bean bag chair
  - Indoor or outdoor swing
  - Mini trampoline (single user)
  - Climber
  - Fidget items/sensory toys
  - Shower head
  - o Positioning cushion/wedge
  - Floor mats
  - Noise cancelling ear coverings
  - o Therapy tunnel
  - Sensory Activities/crafts, as related to I/DD diagnosis
- Items/Services that are not covered or available through other means and are reviewed and approved by the Committee
- Respite (see section G of the ADM)
- Camp (see section H of the ADM)
- Electronic devices (see section J of the ADM)
- Supplements/Over-the-counter medications approved by a clinician if denied by insurance\* and outlined in the individual's treatment plan as related to I/DD diagnosis
- Replacement/repair of prescription eveglasses or hearing aids if denied by insurance\*
- Legal fees related to guardianship and special needs trusts
- Clothing as a necessity due to atypical needs to include:
  - Specific clinical needs related to the intellectual/developmental disability (I/DD) (e.g., excessive chewing, destruction due to behavior or incontinence). Clinical need should be included in the Life Plan (if applicable) with a plan to mitigate the behavior (as applicable), or other appropriate documentation requested by the FSS provider and/or Regional Field Office (RFO) to substantiate the request\*, or
  - Health/safety, environmental or functional needs (i.e. winter jacket, snow boots, etc.),
- Incontinence related items/supplies, in the absence of Medicaid and/or Third Party Insurance to cover this, or if you exceed the quantity of the product as covered by insurance.\*
- Mattress/box spring purchase/replacement as an atypical expense due to documented incontinence/behavioral issues with a plan to address such behaviors (as applicable) or resulting from environmental hazards (e.g., bed bugs, fire/water damage). Requests not to exceed once every 2 years,
- Protective mattress covers (waterproof, bedbug preventative, etc.), and
- Other items as deemed appropriate and reimbursable by the RFO

#### Non-Allowable Items:

#### Healthcare/Personal care:

- Items covered by Medicaid or other health insurance, including incontinence items & prescription medications/medical supplies
- Diapers if covered by insurance\*
- Wipes if covered by insurance\*
- Bibs
- Experimental treatments/therapies
- Dental activities
- Toothbrush
- Prescription eyeglasses if covered by insurance\*
- Dermatology services
- Sedation
- Enemas
- Oral swabs, syringes
- Portable tub
- CBD or marijuana products
- Nutrisystem weight loss program
- Personal training
- Life coach
- Exercise equipment (e.g.: elliptical machine, treadmill, free weights)

## **Household Expenses:**

- Appliances, large and small (e.g., washing machine, dryer, blender)
- Furniture
- Mattress, unless criteria met \*
- Home repairs\*
- Rent/rental deposit\*
- Maintenance items\*
- Air conditioner
- Snowplow/snowplow services
- Video monitoring system
- Pool cover
- Water fountain
- Food (as an ongoing/routine expense)\*
- Bento box, water bottle

#### Travel/Transportation:

- Vehicles (e.g., cars, motorcycles)
- Car repairs
- Batteries (side-by-side bike, wheelchair—if covered by insurance\*, etc.)
- Car fuel
- Car seat
- Hotel/lodging, mileage and travel costs
- Conference expenses
- Bicycles/Tricycles/Scooters
- Taxi service/Uber or Lyft rides
- Stroller

## **Fiscal Expenses:**

- Real property (e.g., home or apartment related costs)\*
- Finance charges
- Tax bills
- Sales tax
- Shipping fees
- Co-pays
- Fines
- Funeral expenses

## **Duplicative Expenses/Otherwise Covered:**

- Upgrades to items/services covered by HCBS Waiver or other sources, including self- direction budgets (e.g., upgrading fencing materials, additional funding for a higher cost camp)
- Items/services related to/required for [Waiver based] day program participation/enrollment
- Items covered by other state paid benefits (e.g., free cell phone programs)
- Items covered by self-direction budget, if someone is self-directing services
- Equipment repair/replacement

# Non-Allowable Items, Continued:

#### **Educational Based Services/Goods:**

- College courses/Certification programs
- Homeschool books
- Tutoring
- After-school programs
- Academic testing/retesting
- Items and services that an individual is eligible for in the context of their educational services (e.g., occupational therapy, physical therapy)
- ABC Mouse learning program/app

#### Miscellaneous Items/Services:

- Regular and ongoing subscription plans
- Cell phone purchase and cellular plans
- Data plans for iPad
- Headphones
- GPS Trackers/devices; video or audio monitoring devices
- Outdoor recreational equipment (swings, playsets)
- Typical expenses/entrance fees associated with community-based, recreational activities (e.g., zoos, theme parks)
- Luxury items (e.g., swimming pools, hot tubs)
- Concert tickets
- Clothing as a typical expense or unless criteria met related to the person's I/DD diagnosis or health/safety need\*
- Baby gates
- Other items deemed not appropriate for reimbursement by the RFO

See section I (3) of the ADM for Allowable One-Time Reimbursements of these items/services

New additions are highlighted

\*Indicates proof required