Yedei Chesed, Inc.
36 Scotland Hill Rd
Chestnut Ridge, NY 10977
Tel: 845-425-0887
www.yedeichesed.org

Checklist for Approval of IDGS Community Classes

What are Community Classes? IDGS Community Classes is a Self-Directed support which offers great opportunities for individuals with intellectual/developmental disabilities to purchase community-based classes that teach a subject, are open to the public, and result in active engagement and participation in integrated community settings.[1] Yedei Chesed is required to ensure that Community Classes adhere to all Medicaid and OPWDD guidelines.

Who can submit this form? The individual receiving Self-Direction, their designee, and/or their Support Broker.

What is the process for getting an IDGS Community Class approved?

1. Complete this checklist in its entirety.
2. Submit this checklist with the required proof that the rates are publicly published (see below) via email to FI@yedei.org.
3. Yedei Chesed's FI department will then review the Community Class to confirm it meets all guidelines before providing an approval. The FI will also need to confirm that the Community Class meets the additional guidelines listed on the last page.
   Note: If the FI has any questions or concerns about whether any of the guidelines listed in this checklist are being met, they will request clarification from the individual/designee, Support Broker, or the provider of the Community Class, as applicable.
4. Reimbursement for Community Classes should only be submitted once approval has been given.

Name of Individual Receiving Self-Direction Services: _____

Name of Community Class: _____

Community Class Provider Phone Number: _____

Community Class Provider Email Address: _____

Community Class Location/Address: _____

Where are the Community Class's rates publicly published? (Select one)

☐ A website - Please provide the link:
_____

☐ An advertisement posted on a public social media page - Please provide the link:
_____

☐ A flyer posted on a community bulletin board in a public location - Please provide a photo via email of the full bulletin board, along with a description of the location, to confirm that it is publicly published.

☐ An advertisement in a magazine (or other public publication) - Please provide a photo via email of the full advertisement, along with the name/description of the magazine/public publication.

The following information must be listed on the website, flyer, or advertisement:

- Name of the Community Class
- Service/s being provided
- Duration of the Community Class
- Price per Community Class session

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Please check off to confirm that the following requirements are being met for this Community Class:

- ☐ This Community Class is open to the general public (and not restricted to individuals with intellectual/developmental disabilities). [1, 2]
- ☐ This Community Class results in active engagement and participation in integrated community settings. [1]
- ☐ If this is a private class or lesson, then this Community Class must relate to an integration goal, and it is not taking place privately for the purpose of segregating the individual. [1] Please briefly explain how this private class or lesson relates to a community integration goal:

  _____

  _____

  _____

- ☐ This Community Class is not just for recreational purposes. [2]
- ☐ This Community Class teaches a subject/topic related to a Habilitative Valued Outcome identified in the individual's Life Plan. [1, 2] Please list the Valued Outcome from Section II of the Life Plan:

  _____

- ☐ This Community Class is provided directly to the individual and it does not compromise their health or safety. [1]
- ☐ The Community Class provider's information, including proof that the rates are published publicly, is provided to the FI for their review. [1, 2] (The pricing for this Community Class does not exceed these published fees. [2])
- ☐ This Community Class is not located in a setting accessed only by individuals with intellectual/developmental disabilities (not including paid staff support), which includes all certified settings. [1]
- ☐ This Community Class does not provide academic tutoring. [2] The Community Class does not duplicate educational services available through the school district.
- ☐ This Community Class is not college credit bearing. [1, 2]
- ☐ This Community Class does not present a conflict of interest, does not lead to significant monetary gain for an individual's support person, and does not provide the support person with significant influence over the individual. "Support person" includes an individual's spouse, children, parents, guardians, any person engaging in sexual activity with the individual, partners residing with the individual, and/or any person who provides paid services authorized by OPWDD, including but not limited to DSPs/Self-Hired staff and Support Brokers. [2]

By signing below, I acknowledge to the best of my knowledge, this Community Class meets the guidelines in this checklist. I understand that the FI will complete their own review to confirm that all guidelines are being met.

Print Name: _____ Signature: _____

Relationship to the individual: _____ Date: _____

Sources:

1. *OPWDD Self-Direction Guidance for Providers*
2. *OPWDD Individual Directed Goods and Services (IDGS) Definitions Chart*

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For FI use only:

- ☐ All the aforementioned requirements have been reviewed to confirm that they are being met.
- ☐ Community Classes cannot duplicate any Medicaid State Plan or HCBS Waiver service, nor can it be conducted by an entity that delivers such services. [1]
- ☐ Community Classes must adhere to all broader IDGS rules and standards. [1, 2]

Please list the approved fee/s and duration/s for this Community Class: _____

_____

If there are multiple types of classes with different fees being requested at the same time with this Community Class provider, please list them as well: _____

_____

Date of Life Plan: _____

By signing below, I confirm that I have reviewed this checklist and all the currently available information about this Community Class, and it meets all the Self-Direction and IDGS requirements.

FI Coordinator Name (Printed): _____ Date: _____

FI Coordinator Signature: _____

For FI use only:

If the fee/s change, please list the new approved fee/s and duration/s and sign below:

_____

_____

Date of Life Plan: _____

By signing below, I confirm that in reviewing the updated fees for this Community Class, I have also reviewed this checklist and all the currently available information about this Community Class, and it continues to meet all the Self-Direction and IDGS requirements.

FI Coordinator Name (Printed): _____ Date: _____

FI Coordinator Signature: _____