



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

DDA Waiver Amendment #1 2019 Guidance

Version 1

Transmittal #:

Release Date: June 28, 2019

CONTENTS

Audience	1
Purpose	1
Overview	2
Definitions	3
Service Enhancement And Transitions – Meaningful Day Services	5
Service Enhancement And Transitions – Residential Services	7
Service Enhancement And Transitions – Support Services	11
Self Direction	15
Background Checks	15
Services Provided By Relative/Legal Guardians	16
Services Provided By Legally Responsible Individual	17
Family Supports And Community Supports Cost Cap	18
Questions and Comments	19
Resources	19

AUDIENCE

- People in service, family members, and support teams
- Coordinators of Community Services
- DDA Service Providers
- Office of Health Care Quality
- DDA Regional Offices and Headquarters

PURPOSE

This guidance was developed to support stakeholder knowledge of waiver service options, changes, transition plans, and actions related to Amendment #1 2019. In June 2019, the Developmental Disabilities Administration (DDA) received approval from the federal Centers for Medicare and Medicaid Services (CMS) for the Family Supports, Community Supports, and Community Pathways Waivers Amendment #1 2019.

Amendment #1 2019 aligns the services scope, requirements, limitations, qualifications, and effective date for the three home and community-based service waiver programs that support individuals with developmental disabilities which goes into effect on July 1, 2019.

Adjustments were also made to service effective dates (i.e. from July 2019 to July 2020) to provide additional time for rate setting and development of critical operational and billing functionality.

Each waiver program approved application includes a transition plan related to the changes or amendments made to the program which are further outlined within this guidance.

Coordinators of Community Services (CCS) will continue to share information with participants and families about new service opportunities and changes to existing services during their annual person-centered planning process and when new needs arise.

OVERVIEW

The Family Supports Waiver, Community Supports Waiver, and Community Pathways Waiver are designed to support integrated services for individuals and their families as they work toward self-determination, independence, productivity, integration, and inclusion in all facets of community life across their lifespans. The Waiver programs support individuals and families as they focus on life experiences that point the trajectory toward a good quality of life across the lifespan. Services can support integrated life domains that are important to a good quality of life, including daily life, safety and security, community living, healthy lifestyle, social and spirituality, and citizenship and advocacy. Integrated services are coordinated to build on each participant's current support structures as they work toward individually defined life outcomes, including developing the participant's abilities for self-determination, community living, socialization, and economic self-sufficiency.

As an Employment First State, Meaningful Day and Employment services are predicated on the belief that all individuals with developmental disabilities can work when given the opportunity, training and supports that build on an individual's strengths. Employment is the first service considered but not the only choice. The intent of services and supports are to increase individual independence and reduce level of services needed.

Services are delivered under either the Self-Directed or Traditional Service Delivery Models provided by qualified providers (i.e. individuals, community-based service agencies, vendors and entities) throughout the State. Services are provided based on each waiver participant's Person-Centered Plan (PCP) to enhance the participant's and his/her family's quality of life as identified by the participant and his/her family through the person-centered planning process.

Services are provided by DDA-licensed and DDA-certified community agencies and/or individuals and companies under the self-directed service delivery model. Providers offering career exploration facility-based supports, day habilitation, licensed respite, community living - group home, and community living - enhanced supports waiver services must meet provider qualifications and have their provider owned and/or operated sites licensed. Services provided in the community such as *Employment Services* or the person's own home such as *Personal Supports*, *Respite*, and *Assistive Technology and Services* must meet provider qualifications to be certified by the DDA. *Fiscal Management Services (FMS)* and *Support Broker* services are also provided for individuals that use the self-directed service delivery option. This organizational structure provides a coordinated community-based service delivery system so that people receive appropriate services oriented toward the goal of full integration into their community.

Waiver participants and families have the opportunity to explore individualized goals through the person-centered planning process. The Person-Centered Plan (PCP) is the focal point for coordinating integrated supports and services (e.g. natural supports, local, state, and federal programs) which meets the individual's needs, goals, and preferences as identified in the PCP.

The person-centered planning process also includes exploration and discovery of important relationships, community connections, faith-based associations, health needs, areas of interest, and talents that can also help to identify additional potential support for desired Outcomes.

The PCP serves as a working plan that details the individualized plan to address the participant’s specific needs while working towards achieving and maintaining a good quality of life, in accordance with the individual’s goals, social life, spirituality, citizenship, advocacy, and preferences. The PCP includes focus areas that individuals can explore related to employment, communication, life-long learning, community involvement, day-to-day, finance, home and housing, health and wellness, and relationships’ goals. Exploration can also occur at any time during the year based on the person’s interest. The *Integrated Star* is a useful tool for people, families and teams to use to get a more comprehensive look at all the services and supports that may exist in a person’s life; not just eligibility specific supports.

The new LTSS PCP Outcome page includes a description of how community resources and natural supports (i.e. non waiver services) are being used or developed. The CCS PCP guide provides guidance for the coordinator to identify and describe opportunities including non-staff in the Outcome-related activities and to include use of generic community resources (i.e., using a store-provided shopping aide or having staff focus on developing relationships with coworkers versus providing actual on-the-job assistance). Supports identified are then noted with the Support Considerations chart that include the name of the person, relationship, support/service, and support role.

Based on the goals of the person and person-centered planning tools, exploration and identification of natural, community, and other programs and resources can be identified to support goals. Participants with unmet needs can then explore the federally approved waiver services. The person’s support network including family members, CCSs, and service providers can assist the participant to determine the most appropriate service(s) and service models to meet their unmet assessed needs.

DEFINITIONS

The following terms are used throughout this guidance.

Table 1: Definitions	
Term/Process	Definition
Activities of Daily Living	<p>“Activities of daily living (ADLs)” means basic, personal everyday tasks that include:</p> <ul style="list-style-type: none"> (a) Bathing and completing personal hygiene routines; (b) Dressing and changing clothes; (c) Eating; (d) Mobility, including: <ul style="list-style-type: none"> (i) Transferring from a bed, chair, or other structure; (ii) Moving, turning, and positioning the body while in bed or in a wheelchair; or (iii) Moving about indoors or outdoors; or (e) Toileting, including: <ul style="list-style-type: none"> (i) Bladder and bowel requirements; (ii) Routines associated with the achievement or maintenance of continence; or (iii) Incontinence care.
Contribution to Care	The post-eligibility amount calculated by the Eligibility Determination Division (EDD), for which an individual is responsible to pay for their waiver services costs on a monthly basis.
Coordinators of Community Services (CCS)	Coordinators of community services are employees of a Coordination of Community Services agency whose responsibilities are to facilitate the delivery of services to DDA client(s) assigned to them.

Extraordinary Care	Extraordinary care means care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age and which is necessary to assure the health and welfare of the participant and avoid institutionalization.
Health Risk Screening Tool	Web-based screening instrument designed to assigns scores to 22 health and behaviorally related rating items. The total points result in a Health Care Level with an associated degree of health risk. Health Care Levels (HCL) can range from 1 through 6; Level 1 being the lowest risk for health concerns and Level 6 being the highest risk of health concerns. It is important to understand that the HRST measures health risk not disability. (Reference: https://dda.health.maryland.gov/Pages/HRST.aspx)
Instrumental Activities of Daily Living	<p>“Instrumental activities of daily living (IADL)” means tasks or activities that enable a participant to live independently including:</p> <ul style="list-style-type: none"> (a) Preparing meals; (b) Performing light chores; (c) Shopping for groceries; (d) Nutritional planning; (e) Traveling as needed; (f) Managing finances and handling money; (g) Using the telephone or other appropriate means of communication; (h) Reading; and (i) Planning and making decisions.
Legal Guardian	An individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code’s Family Law or Estates & Trusts Articles.
Legally Responsible Person	A person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court).
Matrix	<p>The matrix is score with associated funding based on the level of services needed by the individual in the areas of:</p> <ul style="list-style-type: none"> • Health interventions and therapies provided by licensed professionals, maladaptive behaviors, and professional therapies provided as a result of a diagnosed psychiatric disability. This area is referred to as Health/Medical (H/M); and • Medication and/or special care, mobility, and level of supervision. This area is referred to as Supervision/Assistance (S/A).
Provider or Service Provider	Community agencies certified or licensed, third-party entities contracted by the DDA to deliver specific developmental disability services to DDA participants.

Person-Centered Plan	<p>“Person-centered plan” means the written support plan that:</p> <ul style="list-style-type: none"> (a) Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible and is enabled to make informed choices and decisions; (b) Reflects what is important to the individual and what is important for his or her welfare; and (c) Is developed with support from the CCS with input from the individual and, when applicable, the individual’s representative; and (d) Includes waiver services based on an assessed need.
Relative	A natural or adopted parent, stepparent, or sibling who is not also a legal guardian or legally responsible person.
Room and Board	Room and board refer to lodging, utilities, and food provided for a fee or in exchange for specified duties.
Spouse	An individual legally married under applicable law to the participant.

**SERVICE ENHANCEMENT AND TRANSITIONS
MEANINGFUL DAY SERVICES**

Meaningful Day services include: *Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation*. A participant’s Person-Centered Plan may include a mix of Meaningful Day services provided on different days.

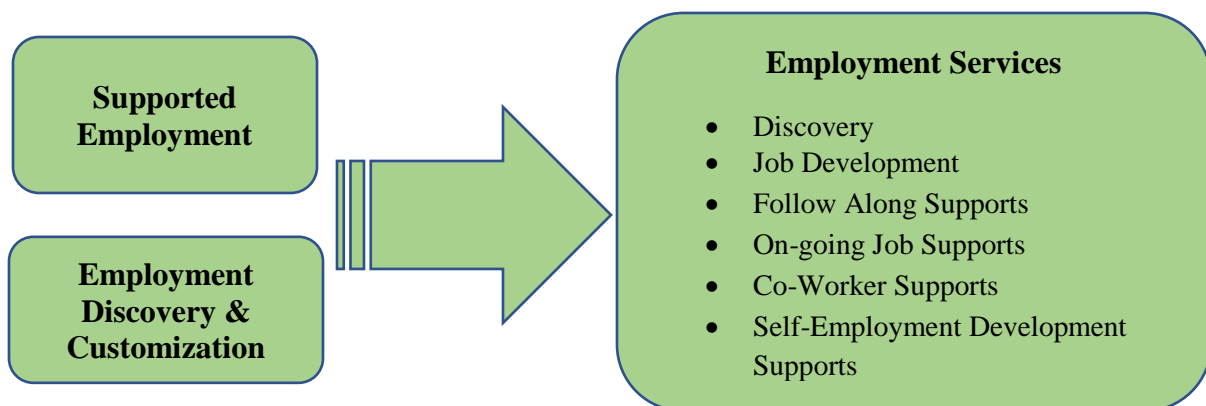
Beginning July 1, 2019, the Person-Centered Plan (PCP) will include a new *detailed service authorization* section which includes the new employment services that will become available July 1, 2020.

Participants, family members, CCSs, and providers should continue to use the annual person-centered planning process to identify the appropriate service alignment related to the person’s employment goals. Additional information related to meaningful day service options and requirements can be reviewed on the DDA’s dedicated [Employment](#) webpage including meaningful day webinars, DDA’s Employment First Newsletter, and other guidance. (Reference: <https://dda.health.maryland.gov/Pages/employment.aspx>)

Note: Beginning July 2020, all meaningful day services will be provided on an hourly basis providing new opportunities and flexibility for participants to receive various Meaningful Day services on the same day to meet their individualized goals.

Employment Related Services and Supports Transition Plan

All *Supported Employment* and *Employment Discovery* and *Customization* services will end on June 30, 2020 and the new corresponding *Employment Services* (i.e. *discovery*, *job development*, *on-going job supports*, *follow along supports*, *self-employment development supports*, and *co-worker employment supports*) will begin on July 1, 2020.



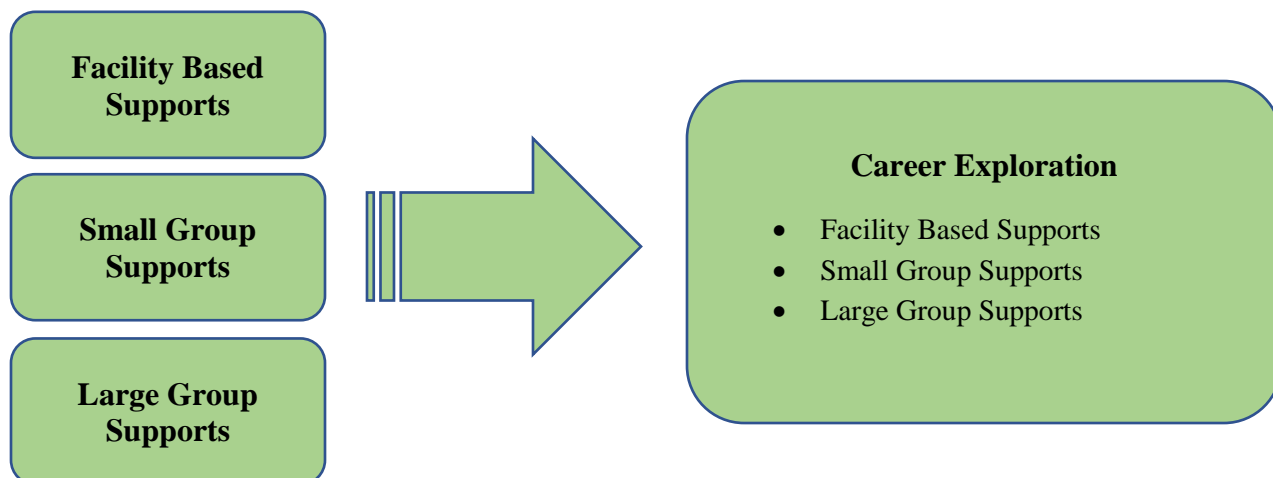
To support participant's employment goals, the following actions should be taken:

1. Participants receiving *Supported Employment* should request *Job Development*, *On-Going*, and/or *Follow Along Supports* under the new *Employment Services*, or *Career Exploration: facility-based, small group or large group*.
2. Participants interested in *Employment Discovery and Customization* should request the *Discovery Service* under the new *Employment Services*.
3. Participant's interested in *Self-Employment* or *Co-Worker Supports* should request these services under the new *Employment Services*.

In addition, the new *Employment Services* was added to the *Community Supports Waiver*.

Facility Based, Small Group, and Large Group Supports Transition Plan

Participants participating in activities that include facility-based, small group, or large group supports under *Supported Employment* or *Day Habilitation* services should transition to *Career Exploration*.



To support this transition, the following actions should be taken:

1. Participants shall be supported in creating an employment goal within their Person-Centered Plan during their annual planning process. This plan must identify barriers to employment.
2. The employment goal must outline how the participant will transition to community integrated employment (such as participating in *discovery* and *job development*).
3. The Person-Centered Plan must identify current barriers to competitive integrated employment.
4. Teams shall identify the current *Career Exploration* service model (i.e. *facility-based, small group, or large group supports*) being delivered under *Supported Employment* or *Day Habilitation* services and request the appropriate *Career Exploration* service model (i.e. *facility-based, small group, or large group supports*).

Career Exploration

Career Exploration services for new users can be authorized for up to 720 hours for one plan year.

EMPLOYMENT RESOURCES:

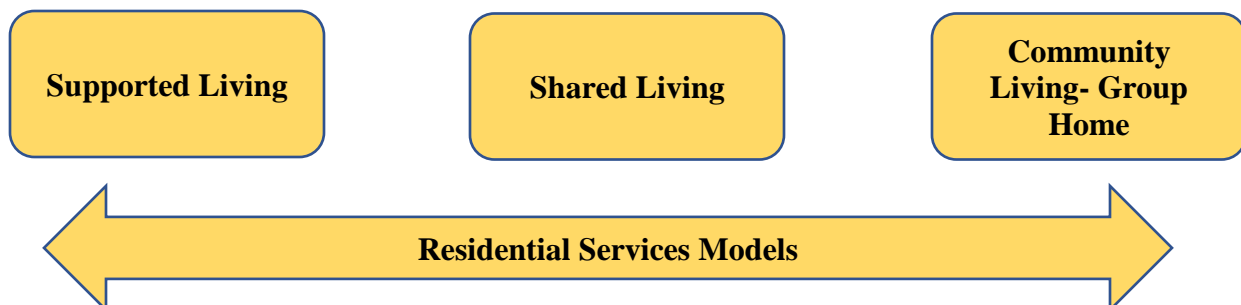
DDA's [Employment](https://dda.health.maryland.gov/Pages/employment.aspx) dedicated website at <https://dda.health.maryland.gov/Pages/employment.aspx>

DDA's Regional Employment Leads:

- [ESRO - Kathleen.Walker1@Maryland.gov](mailto:ESRO-Kathleen.Walker1@Maryland.gov)
- CMRO-LaShell.Green@Maryland.gov
- WRMO-Brenda.Sperow@Maryland.gov
- SMRO-JasmineD.Thomas@Maryland.gov

SERVICE ENHANCEMENT AND TRANSITIONS RESIDENTIAL SERVICES

Waiver participants and families have the opportunity to explore various residential service models to meet their assessed need through the person-centered planning process. The Person-Centered Plan (PCP) *Home and Housing* focus area exploration and Integrated Star are tools that can help to identify supports and unmet needs. A coordinator can work with the person to determine the most appropriate service(s) moving forward. The Community Pathways Waiver offers several residential service models including *Community Living-Group Home*, *Shared Living*, and a new *Supported Living* service beginning July 2019.



The DDA's Regional Office will assist waiver participants, coordinators, families, and providers with identifying people that are currently living in their own home or apartment with roommates that meet the new *Supported Living* service description to explore their interest in transitioning to this new service.

SUPPORTED LIVING

Supported Living is a new service that provides participants with a variety of individualized services that support living independently in the community beginning July 2019.

As per the federally approved waiver, *Supported Living* services assists the participant to: (a) learn self-direction and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and (b) engage in community-based activities of the participant's choosing within the participant's personal resources.

Supported Living services are provided in the participant's own house or apartment.

Supported Living services include:

1. The provision of coordination, training, supports, and/or supervision (as indicated in the Person-Centered Plan);
2. Nursing Case Management and Delegation Services; and
3. Transportation to and from and within this service is included within the services. Transportation is provided or arranged by the approved provider and funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

Service Requirements:

- A. Staffing is based on the participant's level of service need as documented in his or her Person-Centered Plan.
- B. Under *Supported Living* service, the following requirements relating to the residence applies:
 1. If participants choose to live with housemates, no more than four (4) individuals (including other participants receiving services) may share a residence. Each housemate, including the participant, is hereinafter referred to as a "resident" or collectively as "residents".
 2. If the participant shared his or her home with another individual (who may be a participant as well) who is his or her spouse, domestic partner, or significant other, they may share a bedroom if they choose.
 3. Except as provided in B.2 above, each resident of the setting shall have a private bedroom;
 4. Services may include up to 24 hours of shared support per day, as specified in the Person-Centered Plan;
 5. The residence must be a private dwelling and is not a licensed individual site of a provider. The residence must be owned or leased by at least one of the individuals residing in the home or by someone designated by one of those individuals such as a family member or legal guardian;
 6. The residents are legally responsible for the residence in accordance with applicable federal, State, and local law and regulation and any applicable lease, mortgage, or other property agreements; and
 7. All residents must have a legally enforceable lease that offers them the same tenancy rights that they would have in any public housing option.

- C. The following criteria will be used for participants to access *Supported Living*:
1. Participant chooses to live independently or with roommates; and
 2. This residential model is the most cost-effective service to meet the participant's needs.
- D. In the event that additional *Nurse Case Management and Delegation* training supports are needed as indicated in the Health Risk Screening Tool (HRST) because of a change in the participant's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by the DDA's Regional Office and additional standalone *Nurse Case Management and Delegation Service* support service hours can be authorized.
- E. *Supported Living* services are not available to participants receiving supports in other residential support services models including Community Living Group Home, Shared Living, and Community Living Enhanced Supports.
- F. As defined in Appendix C-2 of the federally approved waiver application, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives who live in the residence. However, a relative (who is not a spouse, legally responsible person, or legal guardian or who does not live in the residence) of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

Accessing or Transitioning From Personal Supports To Supported Living

Waiver participants with an assessed need that meets the service requirements can request *Supported Living* services within their Person-Centered Plan.

Waiver participants will not automatically be transferred from *Personal Supports* to *Supported Living* services.

To support this transition, the following actions should be taken:

1. The person-centered planning process noted above should be used during the annual plan or sooner.
2. Participants residing together should meet to discuss their options and service provider options.
3. Community agencies interested in providing *Supported Living* services should complete the DDA provider application indicating their interest in this service.

Roommates and Sharing Supports

If participants choose to live with housemates, no more than four (4) individuals (including other participants receiving services) may share a residence. Each housemate, including the participant, is hereinafter referred to as a "resident" or collectively as "residents".

If the participant shared his or her home with another individual (who may be a participant as well) who is his or her spouse, domestic partner, or significant other, they may share a bedroom if they choose.

Except as provided above, each resident of the setting shall have a private bedroom.

Services may include up to 24 hours of shared support per day, as specified in the Person-Centered Plan.

Dedicated 1:1 or 2:1 Supports

Waiver participants with assessed level of service needs for 1:1 and 2:1 can be supported in *Supported Living* services. Staffing is based on the participant's level of service need as documented in his or her Person-Centered Plan and supporting documentation.

Supporting documentation to demonstrate assessed need include the Health Risk Screening Tool and Behavioral Plans.

Request for dedicated support services under the traditional service delivery model should be noted on the Cost Detail Tool Add On Tool tab.

Provider Reimbursement Rate:

As of July 1, 2019, *Supported Living* will be paid using the current *Community Living – Group Home* residential rates.

Similar to *Community Living – Group Home*, *Supported Living* has a daily rate that is based on the person's Health/Medical and Supervision/Assistance Matrix score and provider rate based on the county the person resides.

The FY 2020 rates will be posted on DDA's website on or before July 2019 and published in regulations.

Room and Board and Contribution to Care

Unlike *Community Living– Group Home*, people in *Supported Living* will not be required to pay *Room and Board* or *Contribution to the Cost of Care* because services are provided in their own homes or apartment.

Participants are responsible for paying for their own rent, food, and household items (i.e. dish soap, laundry detergent, paper products, etc.).

SHARED LIVING

Shared Living (also referred to as Host Home supports) emphasizes the long-term sharing of lives, forming of caring households, and close personal relationships between a participant and the host home. *Shared Living* facilitates the inclusion of the participant into the daily life and community of the supporter through the sharing of a home and creation of natural opportunities for participation in community life through social connectedness.

The host home arrangement may be with:

1. An individual;
2. A couple; or
3. A family.

Services include:

1. Assistance, support, and guidance (e.g., physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship

- development and socialization, personal adjustment, participating in community functions and activities, and use of community resources;
2. Nurse Case Management and Delegation Services; and
 3. Transportation.

The type and amount of assistance, support, and guidance are informed by the assessed level of need for physical, psychological and emotional assistance established through the assessment and person-centered planning processes. The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with his or her personal preferences and to achieve his or her desired outcomes.

The Shared Living arrangement is chosen by the participant, with input from his or her person-centered planning team, and with the Shared Living host and Shared Living Provider in accordance with the participant's needs. The primary life sharing host caregiver may receive additional assistance and relief based on the needs of the participant.

Transportation is included in the cost of Shared Living and may not be billed as a separate service, unless the participant wants to access their community independently.

Compensation to the host home includes additional staff assistance, relief, host home related transportation costs, and Nursing Case Management and Delegation Services associated with the provision of service is covered within the rate.

The individual, couple, or family who provides the host home and services and supports to the participant shall:

1. Be chosen by the participant and reflect their preferences and desires;
2. Be compensated for sharing a home and their lives with the participant; and
3. Be established as an independent contractor.

SERVICE ENHANCEMENT AND TRANSITIONS SUPPORT SERVICES

Waiver participants and families can explore various support service to meet their assessed need through the person-centered planning process. The DDA Waiver programs offers several support services. Below are changes to supports services based on Amendment #1 2019.

Behavioral Support Services

Behavioral Support Services (BSS) provider qualifications and staff requirements were enhanced. Current providers will have up to twelve months to meet the new requirements.

Qualified clinicians who complete the behavioral assessment and consultation must have:

1. A minimum of one year of clinical experience under the supervision of a licensed Health Occupations professional with training and experience in functional analysis and tiered behavior support plans with the I/DD population;
2. A minimum of one-year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and

3. Competencies in areas related to:
 - (a) Analysis of verbal behavior to improve socially significant behavior;
 - (b) Behavior reduction/elimination strategies that promote least restrictive approved alternatives, including positive reinforcement/schedules of reinforcement;
 - (c) Data collection, tracking and reporting;
 - (d) Demonstrated expertise with populations being served;
 - (e) Ethical considerations related to behavioral services;
 - (f) Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change;
 - (g) Measurement of behavior and interpretation of data, including ABC (antecedent-behavior-consequence) analysis including antecedent interventions;
 - (h) Identifying desired outcomes;
 - (i) Selecting intervention strategies to achieve desired outcomes;
 - (j) Staff/caregiver training;
 - (k) Support plan monitors and revisions; and
 - (l) Self-management.

BSS Consultation service unit was changed from an hourly unit to a 15-minute unit. Beginning July 1, 2019, services can be billed based on the new 15-minute unit. In order to bill for a unit, 15 minutes of service must be provided.

Environmental Assessment and Environmental Modifications

Environmental Assessment and Environmental Modifications can support participants in *Community Living-Group Home and Community Living Enhanced Supports* with new accessibility needs (e.g. grab bars, ramp, stair glide, etc.) to support health, safety, access to the home, and independence.

Excluded are adaptations or improvements required by local, county, and State regulations when purchasing or licensing a home.

Family and Peer Mentoring Services

In the Family Supports Waiver, *Family and Peer Mentoring Services* was updated with service limits to align with the other DDA waivers. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date.

Family Caregiver Training and Empowerment Services

In both the Family Supports and Community Supports Waivers, *Family Caregiver Training and Empowerment Services* was updated with service limits to align with the DDA Community Pathways waiver. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date.

Nurse Consultation Services

Nurse Consultation services was added to the Family Supports Waiver.

Nurse Health Case Management Services

Nurse Health Case Management services are included in *Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation* services.

Nurse Health Case Management services are not available to participants receiving *Nurse Consultation* or *Nurse Case Management and Delegation Services*.

Nurse Case Management and Delegation Services

Nurse Case Management and Delegation Services was added to the Family Supports Waiver to support self-direction and delegation services for *Personal Supports*. Services also include the opportunity for a relative, legal guardian, or legally responsible person to provide the service if authorized by the DDA.

Nurse Case Management and Delegation Services are included in the Community Living – Group Home, Community Living -Enhanced Supports, Supported Living, and Shared Living services.

If additional delegated nurse training supports are needed because of a change in the participant's condition after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone *Nurse Case Management and Delegation Service* support service hours can be authorized.

As per current policy, the Health Risk Screening Tool should be completed with updates reflecting the change in the person's condition to support the assessed need.

Participant Education, Training and Advocacy Supports

In both the Family Supports and Community Supports Waivers *Participant Education, Training and Advocacy Supports* was updated with service limits to align with the DDA Community Pathways waiver. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date.

Personal Supports

Personal Supports services assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence.

Personal Supports community integration and engagement skills development include health management assistance for adults (e.g. learning how to schedule a health appointment; identifying transportation options; and developing skills to communicate health status, needs, or concerns).

Personal Supports are available:

1. Before and after school;
2. Any time when school is not in session;
3. During the day when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided; and
4. On nights and weekends.

From July 1, 2018 through June 30, 2020, transportation costs associated with the provision of *Personal Supports* outside the participant's home will be covered under the stand-alone transportation services and billed separately. Beginning July 2020, transportation to and from and within this service is included within the service or self-directed budget.

Respite Care Services

Respite Care Services changes include:

1. A daily rate will be used for services provided in a DDA licensed site.
2. An hourly rate will be used for in/out of home services.
3. The hourly services can be provided up to 24 hours in a day.
4. The service limit has been increased to include up to 720 hours/year for total combined daily and hourly *Respite Services*.
5. In addition, participants can request up to \$7,248 toward camps based on assessed need.
6. Participants authorized above the renewal service limit prior to July 1, 2018 can continue to receive their previously authorized service level until their annual person-centered planning meeting effective date. This will support additional time for person-centered service exploration, planning, and service implementation. Participants seeking habilitation supports as an alternative to the basic break from the daily routine can seek additional Meaningful Day and Personal Support services.
7. Adjustment to staff qualifications was also approved including removing the GED or High School Diplomas requirement and adjusting the age requirements for the person's providing the services to 16 years.

Respite Care Services are reimbursed based on:

1. An hourly rate, for services provided in the participant's home or non-licensed respite provider's home;
2. Daily rate, for services provided in a licensed residential site; or
3. Reasonable and customary fee, for a camp meeting applicable requirements.

Respite Care Service cannot replace day care while the participant's parent or guardian is at work.

If *Respite Care Services* is provided in a residential site, the site must be licensed.

Services provided in the participant's home or the home of a relative, neighbor, or friend does not require licensure.

Support Broker Services

Support Broker services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget. Service definition and requirements were updated to align with the DDA waivers and to clarify the coaching and mentoring scope.

Support Broker services is an optional waiver service for participant's choosing to self-direct services.

Support Broker services was added to the Community Pathways Waiver as an optional waiver service.

Support Broker services are limited to:

1. Initial orientation and assistance up to 15 hours.
2. Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by the DDA.

Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date. This will support additional time for person-centered service exploration, planning, and service implementation. Participants will be assisted in exploring other options including community opportunities and *Participant Education, Training and Advocacy Supports*.

Transportation

Transportation stand-alone services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services (*with exception for follow along supports as authorized by the DDA*), Medical Day Care, Personal Supports beginning July 1, 2020, Respite Care, Shared Living, Supported Employment, or Supported Living services.

In both the Family Supports and Community Supports Waivers, *Transportation* was updated with service limits to align with the DDA Community Pathways waiver. Participants authorized above the service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered plan effective date.

SELF DIRECTION

In the Family Supports Waiver, budget authority was added for *Nurse Consultation* and *Nurse Case Management and Delegation Services*.

In the Community Support Waiver, budget authority was added for *Employment Services* and *Day Habilitation*.

BACKGROUND CHECKS

The DDA's regulation requires specific providers have criminal background checks prior to service delivery. DDA's regulations also require that each DDA-licensed and DDA-certified community-based providers complete either: (1) a State criminal history records check via the Maryland Department of Public Safety's Criminal Justice Information System; or (2) a National criminal background check via a private agency, with whom the provider contracts. If the provider chooses the second option, the criminal background check must pull court or other records "in each state in which [the provider] knows or has reason to know the eligible employee [or contractor] worked or resided during the past 7 years." The same requirements are required for participants self-directing services as indicated within each service qualification.

The DDA-licensed and certified provider must complete this requirement for all of the provider's employees and contractors hired to provide direct care. If this background check identifies a criminal history that "indicate[s] behavior potentially harmful" to individuals receiving services, then the provider is prohibited from employing or contracting with the individual. See Code of Maryland Regulations

(COMAR) 10.22.02.11, Maryland Annotated Code Health-General Article § 19-1901 *et seq.*, and COMAR Title 12, Subtitle 15.

Background screening is required for volunteers who:

1. Are recruited as part of an agency's formal volunteer program; and
2. Spend time alone with participants.

Criminal background checks are not required for people who interact with or assist individuals as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification, etc.

SERVICES PROVIDED BY RELATIVE/LEGAL GUARDIANS

A participant enrolled in the *Self-Directed Services Delivery Model* (as provided in Appendix E) or *Traditional Services Delivery Model* may use a legal guardian (*who is not a spouse*), who is appropriately qualified, to provide Community Development Services, Support Broker, Nurse Case Management and Delegation Services, and Personal Supports.

A participant enrolled in the *Self-Directed Services Delivery Model* (as provided in Appendix E) or *Traditional Services Delivery Model* may use a relative (who is not a spouse), who is appropriately qualified, to provide Community Development Services, Personal Supports, Supported Employment, Transportation, Nurse Case Management and Delegation Services, and Respite Care Services.

The legal guardian or relative (who is not a spouse) may provide these services in the following circumstances, as documented in the participant's Person-Centered Plan (PCP):

1. The proposed individual is the choice of the participant, which is supported by the team;
2. Lack of qualified provider to meet the participant's needs;
3. When another legally responsible person, legal guardian, or relative is not also serving as the participant's Support Broker or designated representative directing services on behalf of the participant;
4. The legal guardian or relative provides no more than 40- hours per week of the service that that the DDA approves the legally responsible person to provide; and
5. The legal guardian or relative has the unique ability to meet the needs of the participant (e.g. has special skills or training like nursing license).

As noted in the approved Waiver applications, when a legally responsible person, legal guardian, or relative is the Support Broker or designated representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide services noted above.

Services For Which Payment May Be Made

As specified in Appendix C-1/C-3 and this Appendix C-2-e, a legal guardian may be paid to furnish the following services: (1) Community Development Services; (2) Nurse Case Management and Delegation Services; and (3) Personal Supports.

As specified in Appendix C-1/C-3 and this Appendix C-2-e, a relative may be paid to furnish the following services: (1) Community Development Services; (2) Personal Supports; (3) Respite Care; (4)

Support Broker; (5) Transportation; (6) Nurse Case Management and Delegation Services; and (7) Supported Employment.

Safeguards

To ensure the use of a legal guardian or relative (*who is not a spouse*) to provide services is in the best interest of the participant, the following criteria must be met and documented in the participant's Person-Centered Plan (PCP):

1. Choice of the legal guardian or relative as the provider truly reflects the participant's wishes and desires;
2. The provision of services by the legal guardian or relative is in the best interests of the participant and his or her family;
3. The provision of services by the legal guardian or relative is appropriate and based on the participant's identified support needs;
4. The services provided by the legal guardian or relative will increase the participant's independence and community integration;
5. There are documented steps in the PCP that will be taken to expand the participant's circle of support so that he or she is able to maintain and improve his or her health, safety, independence, and level of community integration on an ongoing basis should the legal guardian or relative acting in the capacity of employee be no longer be available;
6. A Supportive Decision Making (SDM) agreement is established that identifies the people (beyond family members) who will support the participant in making her or his own decisions; and
7. The legal guardian or relative must sign a service agreement to provide assurances to DDA that he or she will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program.

SERVICES PROVIDED BY LEGALLY RESPONSIBLE INDIVIDUAL

The State makes payment to a legally responsible individual, who is appropriately qualified, for providing extraordinary care for the following services: Community Development Services or Personal Supports.

Extraordinary care means care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age and which is necessary to assure the health and welfare of the participant and avoid institutionalization.

Participant enrolled in the *Self-Directed Services Delivery Model* (as provided in Appendix E) or *Traditional Service Delivery Model* may use their legally responsible person to provide services in the following circumstances, as documented in the participant's Person-Centered Plan (PCP):

1. The proposed provider is the choice of the participant, which is supported by the team;
2. There is a lack of qualified providers to meet the participants needs;
3. When a relative or spouse is not also serving as the participant's Support Broker or designated representative directing services on behalf of the participant;
4. The legally responsible person provides no more than 40-hours per week of the service that the DDA approves the legally responsible person to provide; and
5. The legally responsible person has the unique ability to meet the needs of the participant (e.g. has special skills or training, like nursing license).

As noted in the approved Waiver applications, when a legally responsible person, legal guardian, or relative is the Support Broker or designated representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide direct care services.

Safeguards

To ensure the use of a legally responsible person to provide services is in the best interest of the participant, the following criteria must be met and documented in the participant's Person-Centered Plan (PCP) by the CCS:

1. Choice of the legally responsible person to provide waiver services truly reflects the participant's wishes and desires;
2. The provision of services by the legally responsible person is in the best interests of the participant and his or her family;
3. The provision of services by the legally responsible person is appropriate and based on the participant's identified support needs;
4. The services provided by the legally responsible person will increase the participant's independence and community integration;
5. There are documented steps in the PCP that will be taken to expand the participant's circle of support so that he or she is able to maintain and improve his or her health, safety, independence, and level of community integration on an ongoing basis should the legally responsible person acting in the capacity of employee be no longer be available;
6. A Supportive Decision Making (SDM) agreement is established that identifies the people (beyond the legally responsible person, relatives, spouse, and legal guardian) who will support the participant in making her or his own decisions; and
7. The legally responsible person must sign a service agreement to provide assurances to DDA that he or she will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program.

FAMILY SUPPORTS AND COMMUNITY SUPPORTS COST CAP

The Family Supports and Community Supports Waiver have service plan cost caps for initial enrollment.

The Family Supports Waiver cost cap is \$12,000 and the Community Supports Waiver cost cap is \$25,000.

Cost associated with *Assistive Technology, Environmental Modifications, Vehicle Modifications, and Staff Recruitment and Advertisement*, are excluded from the total cost budget limit (i.e. funding cap).

Once enrolled in the waiver, the RO can authorize additional supports and funding above the cap to meet increased needs based on demonstrated assessed need.

To assure the participant's health and welfare and avoid an adverse impact on the participant to apply to another DDA waiver program, participants with increased needs or changes to cost of services that result in exceeding the waiver individuals cost cap limit, will remain in the waiver as long as appropriate services are available within the waiver.

QUESTIONS AND COMMENTS

If you have any questions or comments on this guidance, please send fiscal questions to DDA.CFO@maryland.gov and program questions to Kristina.Hall1@maryland.gov with the subject line “Amendment #1 2019 – (insert question subject).” For example “Amendment #1 2019 – Respite Question”.

RESOURCES

DDA Website: <https://dda.health.maryland.gov/Pages/home.aspx>

To view a copy of the approved DDA Waivers Amendment # 1 applications, please visit:

- **[Family Supports Waiver Amendment # 1 2019](#)**

Reference:

<https://dda.health.maryland.gov/Pages/Family%20Family%20Supports%20Waiver%20Amendment%201.aspx>

- **[Community Supports Waiver - Amendment #1 2019](#)**

Reference:

<https://dda.health.maryland.gov/Pages/Community%20Supports%20Waiver%20-%20Amendment%201%202019-1.aspx>

- **[Community Pathways Waiver - Amendment #1 2019](#)**

Reference:

<https://dda.health.maryland.gov/Pages/Community%20Pathways%20Waiver%20-%20Amendment%201%202019-1.aspx>