Community Pathways – Draft Proposal

Service Type: Statutory Service

Service (Name): **LIVE-IN CAREGIVER RENT**

Alternative Service Title:

HCBS Taxonomy:

Check as applicable

_____ Service is included in approved waiver. There is no change in service specifications.

**X** Service is included in approved waiver. The service specifications have been modified.

_____ Service is not included in the approved waiver.

Service Definition:

A. The purpose of Live-in Caregiver Rent is to pay the additional cost of that can be reasonably attributed to an unrelated live in personal caregiver who is residing in the same household with an individual.

SERVICE REQUIREMENTS:

A. A caregiver is defined as someone unrelated by blood or marriage that is providing supports and services in the individual's home.

B. Live-in Caregiver Rent must comply with 42 CFR §441.303(f)(8) and be approved by DDA.

C. Explicit agreements, including detailed service expectations, arrangement termination procedures, recourse for unfulfilled obligations, and monetary considerations must be executed and signed by both the individual receiving services (or his/her legal representative) and the caregiver. This agreement will be forwarded to DDA as part of the service request authorization, and a copy will be maintained by the Coordinator of Community Services.

D. The individual in services has the rights of tenancy but the live-in caregiver does not, although they are listed on a lease.

E. Live-in Caregiver Rent for live-in caregivers is not available in situations in which the recipient lives in their family's home, the caregiver's home or a residence owned or leased by a DDA-licensed provider.

F. The program will pay for this service for only those months that the arrangement is successfully executed, and will hold no liability for unfulfilled rental obligations. Upon entering in the agreement with the caregiver, the individual (or his/her legal representative) will assume this risk for this contingency.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Live-in Caregiver Rent is limited based on the following:

1. Within a multiple-family dwelling unit, the actual difference in rental costs between a 1 and 2-bedroom (or 2 and 3-bedroom, etc.) unit. Rental rates must fall within Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD).

2. Within a single-family dwelling unit, the difference in rental costs between a 1 and 2-bedroom (or 2 and 3-bedroom, etc.) unit based on the Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD).

Service Delivery Method (check each that applies)

- **X** Participant Directed as specified in Appendix E
- **X** Provider Managed

Specify whether the service may be provided by (check all that applies):
- _____ Legally Responsible Person
- _____ Relative
- _____ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

<table>
<thead>
<tr>
<th>Provider Category</th>
<th>Provider Type Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>For individuals self-directing services</td>
</tr>
<tr>
<td>Agency</td>
<td>Certified Organized Health Care Delivery System Provider</td>
</tr>
</tbody>
</table>

Provider Category: Individual

Provider Type: Individual for people self-directing services

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

Any qualified vendor (i.e. property manager, landlord) chosen by the individual providing residences at a customary and reasonable cost within limits established.
Verification of Provider Qualifications

**Entity Responsible for Verification:**
- Fiscal Management Service providers for verification of individual specific qualifications

**Frequency of Verification:**
- Fiscal Management Services - prior to service delivery

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<tr>
<td><strong>Provider Type:</strong></td>
<td>Certified Organized Health Care Delivery System Provider</td>
</tr>
<tr>
<td><strong>Provider Qualifications License (specify):</strong></td>
<td>Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20</td>
</tr>
<tr>
<td><strong>Certificate (specify):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other Standard (specify):</strong></td>
<td>Any qualified vendor (i.e. property manager, landlord) chosen by the individual providing residences at a customary and reasonable cost within limits established.</td>
</tr>
</tbody>
</table>

Verification of Provider Qualifications

**Entity Responsible for Verification:**
- DDA for verification of certification

**Frequency of Verification:**
- DDA - annually