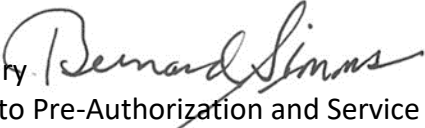




MEMORANDUM

To: DDA Stakeholders
From: Bernard Simons, Deputy Secretary 
Re: DDA Appendix K #4- Exceptions to Pre-Authorization and Service Requirements - Revised
Release Date: May 3, 2020
Effective: March 13, 2020

NOTE: Please inform appropriate staff members of the contents of this memorandum.

BACKGROUND

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease (“COVID-19”) caused by the novel coronavirus. The COVID-19 outbreak was declared a national emergency on March 13, 2020 and was previously declared a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020).

The purpose of this guidance is to inform Developmental Disabilities Administration (DDA) stakeholders of temporary changes to the DDA’s Home and Community-Based Services (HCBS) Waiver programs (i.e. Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver) and State funded services and operations in response to health and safety concerns related to the COVID-19 pandemic.

This guidance implements temporary modifications to DDA’s Waiver programs in Appendix K, submitted to and approved by the Centers for Medicare and Medicaid Services, and DDA State Funded services to address the state of emergency.

OVERVIEW

To support the immediate need for services and supports and provide flexibility with service requirements and limits, the DDA is issuing temporary exceptions to services requirements as outlined in this guidance including:

- A. Accessing Nursing Service, Behavioral Support Services, and Respite Service Exceptions;
- B. Employment Discovery & Customization Completion Timeframe Exception;
- C. Environmental Modifications Exceptions;
- D. Family and Peer Mentoring Service Exceptions;

- E. Family Caregiver Training and Empowerment Exceptions;
- F. Housing Support Service Exceptions;
- G. Individual and Family Directed Goods and Service Exceptions;
- H. Meaningful Day Services Exceptions;
- I. Remote Support Service Exception;
- J. Self-Directed Services Delivery Model Exceptions; **(Added- May 3, 2020)**
- K. Support Broker Services Exceptions; and
- L. Vehicle Modifications Exception.

This guidance applies to both the self-directed and traditional service delivery models for services noted below.

Meaningful Day Services		Residential Services		Support Services (CCS and Waiver Supports)			
X	Employment Services		Community Living – Group Home		Assistive Tech & Services	X	Nurse Health Case Management
X	Supported Employment		Supported Living	X	Behavioral Support Services	X	Nurse CM & Delegation Svs
X	Employment Discovery & Customization		Shared Living		Coordination of Community Services		Participant Ed, Training & Advocacy
X	Career Exploration				Environmental Assessment		Personal Supports
X	Community Development Svs			X	Environmental Modification	X	Respite Services
X	Day Habilitation			X	Family & Peer Mentoring Supports	X	Remote Support Services
				X	Family Caregiver Training & Empowerment	X	Support Broker
				X	Housing Support		Transportation Services
				X	Ind & Family Directed Goods and Services	X	Vehicle Modifications
				X	Nurse Consultation		

A. Accessing Nursing Service, Behavioral Support Services, and Respite Service Exceptions

Standards and Requirements:

1. Participants currently authorized nursing services, behavioral support services, and respite may access additional services without prior authorization by the DDA. The DDA has updated PCIS2 and fiscal processes to support additional service billing.
2. Participants not currently authorized nursing services, behavioral support services, and respite may access services without prior authorization by the DDA after completion of step 7) noted below. **(Revised: May 3, 2020)**
3. Completion and submission of Modified Service Funding Plans (MSFP) and Revised Person-Centered Plans *are not required* to access these services.
4. Nursing Services
 - a. Nurse Consultation services are only available to participants using the self-directed service delivery model.
 - b. Nurse Health Case Management services are only available to participants using the traditional service delivery model.
 - i. Nurse Health Case Management is required when no routine medications or treatments are being administered by paid staff but staff are required to monitor health conditions (e.g., seizure disorder: no meds given but staff need to know what to do, how to monitor) and/or to provide activities of daily living (ADL) care.
 - ii. This model includes nursing assessment, Nursing Care Plan development, staff training, and on-going staff supervision.
 - iii. Under this model, sporadic use of PRN meds could be authorized under the exclusion found in 10.27.11.01.G which allows an unlicensed person to administer meds so long as it does not become a routine (daily) requirement.
 - iv. The registered nurse is responsible for complying with the Waiver program requirements of updating/reviewing the Health Risk Screening Tool (HRST) and for the administration of the Medication Administration Screening Tool.
 - c. Nurse Case Management and Delegation Services is available under both service delivery models to support training direct support professionals in delegated nursing tasks needed as a result of the change in the participant's health status or after discharge from a hospital or skilled nursing facility.
 - i. Nurse Case Management and Delegation is required when medications are being administered routinely and/or treatments being performed by unlicensed staff.

- ii. This model requires nursing assessments, Nursing Care Plan development, staff training, and on-going staff supervision.
- iii. The registered nurse is responsible for complying with the Waiver requirements of updating/reviewing the HRST and for the administration of the Medication Administration Screening Tool.
- d. All nursing services require documentation in the participants file including the date of service, service provided, delegated tasks (if applicable), and time.

5. Behavioral Support Services

- a. Behavioral Assessment, Behavioral Plan, Behavioral Consultation and Brief Implementation Support Services may be provided for people who currently do not have any Behavioral Supports Services authorized.
- b. Behavioral Consultation and Brief Implementation Support Services may be provided for people who currently have Behavioral Supports Services authorization.
- c. Behavioral Support Services can be provided at the same time as the direct provision of Respite Care Services.
- d. Emergency Safety Plans
 - i. A provider organization's director or MANDT trainer, who are not otherwise licensed to write Behavior Plans (BP), are permitted to develop temporary "Emergency Safety Plans" to keep participants and others safe when the participant has to social isolate or is quarantined.
 - ii. If a participant already has a BP then an "Emergency Safety Plan" should be utilized only if due to the additional stressors of COVID-19 emergency, the BP is not working to decrease or minimize the behaviors that are being exhibited or if a new behavior is manifested which is not addressed on the current BP. This should be explicitly stated at the beginning of the "Emergency Safety Plan"
 - iii. If a participant does not have a BP, then the "Emergency Safety Plan" should be put into place to minimize the at-risk behaviors until a formal BP can be developed.
 - iv. All "Emergency Safety Plans" should be developed within a strengths based proactive approach using MANDT terminology, recognizing any traumatic issues, and utilizing positive behavioral approaches.
 - v. All interventions should only address the current at risk behaviors and be terminated immediately after the behaviors stop.
 - vi. If, after the COVID-19 pandemic is over, the participant's team feels that a Behavioral Assessment needs to occur, the standard procedures need to be followed.

- e. The following people, hired by a Behavioral Support Service provider or participant enrolled in the self-directed service delivery model, may provide this service during the emergency: special education teachers and instructional assistants.
- f. In addition, providers, agencies, and entities authorized, certified, or approved by: Medicaid for Applied Behavioral Analysis, Behavioral Health Administration (BHA), local school systems, and non-public schools for mental health professionals may become a provider of Behavioral Support Services.
- g. Only one provider may be authorized to provide Behavioral Support Services to a single participant at one time. The Behavioral Support Services must support the participant holistically in all settings the participant receives Waiver program services or natural supports.

6. Respite Services

- a. A participant can access up to an additional **360** respite service hours specifically related to the COVID - 19 emergency without prior authorization by the DDA.
- b. Respite Services are not available to participants authorized Community Living -Group Home, Supported Living, or Shared Living services.
- c. Services can take place in a variety of settings, instead of the community, including but not limited to the participant’s home; family and friend’s homes; or other community settings.
- d. Respite Care Services can be used to replace daycare or other Meaningful Day services while the participant’s parent is not available.

7. For Traditional Service Delivery Model, the Providers shall:

- a. Complete the DDA COVID-19 Request and Notification - Service Authorization form (*DDACOVIDForm#1*) for nursing services, behavioral support services, and respite as applicable.
- b. By submitting the request the provider shall :
 - i. Attest on the form that the participant and legal representative agrees to service request;
 - ii. Maintain documentation of this agreement including date of contact, person(s) who authorized, service to be provided and agreed service start date;
 - iii. Maintain supporting documentation to demonstrate the assessed need for the service request and provide upon request from the DDA;
- c. Send request via a secured email to the DDA Regional Office dedicated email account noted below:

CMRO.COVID@maryland.gov	SMRO.COVID@maryland.gov
ESRO.COVID@maryland.gov	WMRO.COVID@maryland.gov

d. The email subject line shall read: *(Insert Provide Name) - COVID-19 Service Authorization Request - (insert date)*

8. DDA Shall:

- a. Acknowledge receipt of email from the providers with the following message:
"The DDA acknowledges receipt of this email.";
- b. Log information into COVID-19 Service Authorization tracking sheet;
- c. Review request and authorize the service on the form and within PCIS2;
- d. Populate COVID-19 PCP Supplemental Authorization form (*DDACOVIDForm#4*) with service and units as applicable;
- e. Upload form to LTSSMaryland Client Attachments; and
- f. Send the following email to the participant's Coordinator of Community Services (CCS):
 1. The email subject line shall read: *(Insert Person's LTSS ID#) - COVID-19 Service Authorization - (insert date)*
 2. Message: *Please see Client Attachments for service authorization.*

Billing Process:

1. For Family Support Waiver (FSW) and Community Support Waiver (CSW) Waiver participants:
 - a. Providers shall utilize the PCIS2 generated invoice to bill for the utilized services.
 - b. Invoices should be submitted as it currently is for participants in FSW and CSW along with the CMS 1500s. Services use the same procedure codes as noted in the invoice.
2. For Community Pathways Waiver (CPW) participants, Providers shall utilize the revised version of the CPW invoice.
3. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).

Billing Process - LTSS Pilot Providers Only:

1. Additional service not requiring pre-authorization should be added as part of the PCP update process. Potential units should be indicated to support billing.
2. Providers shall submit claims via LTSSMaryland.
3. Due to the inability to modify LTSSMaryland, Pilot Providers will need to invoice for participants if system billing limits have been exceeded and therefore the billing cannot be done through LTSSMaryland. This will be necessary for respite services above 360 hours. Refer to the LTSS Invoice and Instructions on the DDA website.
4. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
5. There will be further guidance provided to LTSS Pilot Providers as needed.

B. Employment Discovery & Customization Completion Timeframe Exception:

1. The timeframe for completion of currently authorized Employment Discovery and Customization activities may exceed the required six (6) month authorization period but cannot exceed the end date of the Appendix K as specified in section F.
2. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
3. Providers shall bill as per current process.

C. Environmental Modifications Exceptions:

1. A proposed Environmental Modification, that costs over \$2,000, **will not require** three (3) bids in order to be authorized.
2. Environmental modification services can be provided by a family member or relative.
3. Cost may exceed a total of **\$15,000**, if approved by the DDA.
4. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
5. Providers shall bill as per current process.

D. Family and Peer Mentoring Service Hours per Day Exception:

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Family and Peer Mentoring Services may exceed 8 hours per day.
3. Coordinators of Community Services shall indicate in progress notes the level of services being provided during their monitoring and follow up activities and health and safety contacts.
4. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
5. Providers shall bill as per current process.

E. Family Caregiver Training and Empowerment Exceptions:

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Service can be offered for individuals providing unpaid or paid supports, training, companionship, or supervision for a participant, who are newly identified as providing these supports to a participant during this crisis.
3. Family Caregiver Training and Empowerment services can exceed 10 hours of training
4. Coordinators of Community Services shall indicate in progress notes the level of services being provided during their monitoring and follow up activities and health and safety contacts.

5. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
6. Providers shall bill as per current process.

F. Housing Support Service Hours Per Day Exception:

1. Housing Support Services may exceed 8 hours per day.
2. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
3. Providers shall bill as per current process.

G. Individual and Family Directed Goods and Service (IFDGS) Exceptions:

1. Staff recruitment and advertising dedicated funding may be increased to up to a total of \$1000 per person-centered plan year.
2. COVID-19 related Personal Protective Equipment and supplies can be purchased under IFDGS.
3. IFDGS may fund the following goods and services that provide or direct an exclusive benefit to the participant:
 - a. Food including delivery services;
 - b. Utility charges;
 - c. Fees associated with telecommunications and internet; and
 - d. Service animals and associated costs.

(Revised: May 3, 2020)

H. Meaningful Day Services Exceptions:

1. The requirement that a minimum of six (6) hours of services be provided during a single day is temporarily suspended.
 - a. Providers may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one (1) hour of cumulative, direct, or remote supports during that day.
 - b. The provider shall document services provided, service delivery method (e.g., Skype, Zoom, Facetime, telephonic, or direct care), name of staff person providing service, and start and end times.
 - c. This exception is specific to all Meaningful Day services under the traditional service delivery model and only Day Habilitation services under the self-directed service delivery model.
 - d. This exception does not apply to Community Development Services or Supported Employment under the self-directed service delivery model.
2. Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.
3. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.

4. Personal care assistance can comprise the entirety of the service when the individual is unable to engage in their typical meaningful day activities, such as employment, community participation, volunteerism, etc.
5. Services can exceed 40 hours per week so long as their cost does not exceed a participant's authorized total budget.
6. Community Development Services and Day Habilitation individualized schedules and updates related to what the participant will do and where the participant will spend their time when in service is suspended.
7. Participants enrolled in the self-directed services delivery model and receiving Employment Services may exercise employment authority for Follow Along supports.
8. If a participant typically receives Meaningful Day services but needs to be supported in their home during this crisis, it is not necessary to do a Modified Service Funding Plan (MSFP) or to request Residential dedicated supports (i.e. in lieu of day). A participant can receive Meaningful Day Services in their home or can be supported by their Residential staff and receive a Residential Retainer Day for the home, or a combination of both on the same day.
9. Coordinators of Community Services shall indicate in progress notes the level of services being provided during their monitoring and follow up activities and health and safety contacts.
10. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
11. Providers shall bill as per current process.

I. Remote Support Services Exception:

1. Informed consent for all participants in the residence can be waived to address the limited staffing resources currently available.
2. When consent is waived all participants must still be informed the remote services are in use.
3. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
4. Providers shall bill as per current process.

J. Self-Directed Services Delivery Model Exceptions:

Fiscal Management Services (FMS) provider can authorize up to \$2000 above the authorized budget to support any of the following:

1. Increased need in services (e.g., Personal Supports, Community Development Services);
2. Increase Support Broker hours,
3. Staff Recruitment; and
4. Personal Protective Equipment/Supplies.

(Note: Previously listed under IFDGS)

K. Support Broker Services Exceptions:

1. Support Broker Services may be provided up to a total of 20 hours per month.
2. A participant enrolled in the self-directed service delivery model can move funding from other services not being utilized during this State of Emergency for an increase of Support Brokers hours.
3. The DDA will consider requests for additional funding in the event funding is not available within the participant's currently authorized budget.
4. The requirement that a Support Broker is prohibited from providing any other Waiver program service, besides Support Broker services, is temporarily waived. The Support Broker may be paid to provide other Waiver program services to the participant at the rate applicable to that other Waiver program service.
5. Providers shall maintain documentation of service delivery as per the [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 12-9-19](#).
6. Providers shall bill as per current process.

L. Vehicle Modification Exception:

Vehicle modification assessment and/or a driving assessment is not required before DDA approval of vehicle modifications for the vehicle(s) of new caregivers assuming care and support roles as a result of the crisis for the safe transportation of the participant.

Applicable Resources

[DDA Waivers - Appendix K Webpage](#)

[DDA MEMO/GUIDANCE/DIRECTIVES](#)

[DDA Covid-19 Resource Page](#)