



To: DDA Stakeholders
From: Bernard Simons, Deputy Secretary *Bernard Simons*
Re: DDA Appendix K#11 - Self-Directed Service Delivery Model Exceptions
Date: June 1, 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 set forth in Appendix K, submitted to and approved by the Centers for Medicare and Medicaid Services (CMS), and DDA State Funded services to address the state of emergency.

OVERVIEW

The Appendix K application is a vehicle that state governments can use to expeditiously and temporarily amend their HCBS Waiver program applications during emergency situations, such as the COVID-19 National emergency. Appendix K amends the existing DDA Waiver programs so that DDA can implement various new flexible provisions and requirements, provided these provisions were set forth in the Appendix K ultimately approved by CMS. Unless specifically amended or addressed in Appendix K approved by CMS, all other existing services, and requirements of the DDA Waiver programs are still in place and must be followed.

This guidance applies to participants enrolled in the self-directed service delivery model. To support the immediate need for new COVID-19 related services and supports for participants

who have chosen to self-direct their services, this guidance outlines modifications to requirements, processes, and funding under the self-directed services delivery model including:

- A. Access Behavioral Supports, Nursing Services, and Respite without Pre-Authorization;
- B. Alternative Service Sites;
- C. Authorization of \$2,000 Increase to Budgets;
- D. Budget Modifications Within Approved Budgets;
- E. Personal Supports Increase;
- F. Increased Rate;
- G. New COVID-19 Related Service Requests;
- H. Retainer Payments;
- I. Service Exceptions;
- J. Staff Training and Onboarding Flexibilities; and
- K. Telephonic/Remote Services Delivery Options

A. Access Behavioral Supports, Nursing Services, and Respite without Pre-Authorization

As per the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) - Revised May 3, 2020, participants currently authorized to receive nursing services, behavioral support services, and respite may access additional services based on assessed need without prior authorization by the DDA. Please refer to the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) for requirements and additional information.

Standards and Requirements:

1. All participants using the self-directed service delivery model have been authorized an additional 360 respite care services hours.
2. For behavioral supports services and nursing services request the following process shall be followed:
 - a. The Coordinator of Community Services (CCS), on behalf of participants who self-direct their services, must submit the Revised Cost Detail Sheet via a secure email within five (5) business days of identified assessed need 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

- b. The email subject line shall read: *(Participant’s LTSSMaryland ID #) - COVID-19 Service Authorization Request - (insert date)* **(Revised June 1, 2020)**
3. The DDA shall:
 - a. Acknowledge receipt of email from the CCS 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 Revised Cost Detail Sheet;
 - d. Upload Revised Cost Detail Sheet to LTSSMaryland Client Attachments; and
 - e. Send the following email to the participant's FMS provider with a copy to the CCS:
 - i. The email subject line shall read: (Insert Person's LTSS ID#) - COVID-19 Service Authorization - (insert date); and
 - ii. Message: Please see attached authorization.
4. Completion and submission of Modified Service Funding Plans (MSFP), Revised Person-Centered Plans, and budget modifications are not required to access these services.

Please refer to the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) for additional requirements and information including scope of nursing services, behavioral support services, and respite services.

B. Alternative Service Sites

As outlined in the [DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State](#):

- 1. Services may be provided in alternative sites due to the potential need to relocate participants to (1) isolate people who have a positive COVID-19 determination; (2) separate people who have been exposed; and (3) other circumstances associated with the COVID-19 State of Emergency.
- 2. Participants can be supported: (1) in acute care hospital or receiving a short-term institutional stay (2) in other alternative site options include but are not limited to a participant's home, family or friends' homes, alternative facility-based settings, staff or direct care worker home, hotels, schools, churches, and other community established sites; and (3) out of the State of Maryland in neighboring states and the District of Columbia.

Please refer to the [DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State](#) for requirements and additional information including scope of nursing services, behavioral support services, and respite services.

C. Authorization of \$2,000 Increase to Budgets

Standards and Requirements:

- 1. Via Appendix K, the DDA has authorized participant's self-directed budgets to be increased by \$2,000, as provided in Section C (3) below, for the use of the following services or combination of these:
 - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
 - b. Increase Support Broker hours (up to 20 hours per month);
 - c. Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and
 - d. Personal Protective Equipment/Supplies including, but not limited to gloves, masks, gowns, face shields, and cleaning supplies.

2. The additional \$2,000 increase for the use toward additional Direct Support Service and Support Broker Hours is for direct services and cannot be used for paid time off (PTO).
3. The FMS providers can approve up to an additional \$2,000, above a participant’s current approved budget amount, for specific services noted as noted in Section C(1)(a), above.
4. The DDA must review any request to increase the participant’s approved budget more than \$2,000.
5. Requests for budget modifications for other service(s)/item(s) not listed above (but otherwise covered by the DDA HCBS Waiver program in which the participant is enrolled) shall be submitted per the standard typical Modified Service Funding Plan Request and budget modifications processes unless otherwise noted in this guidance.

Process - Request to Increase Budget Up to \$2,000:

1. The Participant along with their team should complete the new DDA COVID-19 Self-Direction (DDACVIDForm#5) form:
 - a. Participant Name
 - b. Date
 - c. FMS – check current FMS providers either Arc CCR or MedSource
 - d. Complete Section II: Request to Increase Budget Up to \$2,000:
 - (1) Enter service/item requested, number of units requested, and calculated cost (rates x units)
 - (2) Enter tax
 - (3) Enter total cost of service request (include tax amount)

Note: If total cost exceeds \$2,000, complete the Request to DDA to Increase Current Budget Above \$2,000 process noted below.
 - e. Sign or type in name of participant self-directing or legal guardian
 - f. Send to FMS either by email or fax as noted below:

Email Subject Line: COVID-19 – FMS - SD Budget Request

FMS	Email	Fax Number
ARCCCR	FMSParticipants@thearcccr.org	1-888-272-2236
Medsource	FMS@medsourceservices.org	1-301-560-5782

FMS Provider - Criteria for Approving or Denying Requests:

- A. The FMS provider may **approve** all requests to increase budget up to an additional \$2,000 when:
 1. The request is for any one or combination of the following:
 - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
 - b. Increase Support Broker hours;
 - c. Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and
 - d. Personal Protective Equipment/Supplies; AND

2. The total cost of the requested services/items does not exceed \$2,000.
- B. The FMS provider shall **deny** all requests to increase budget Up to an additional \$2,000 when:
1. The requested service/item is not one of the following:
 - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
 - b. Increase Support Broker hours;
 - c. Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and
 - d. Personal Protective Equipment/Supplies;
 2. The request is for payment of Paid Time Off (PTO) for direct support staff; OR
 3. The total additional cost requested exceeds \$2,000 and was not approved by the DDA.
- C. The FMS provider will send form, with its determination, to the following:
1. The Participants and if applicable their Legal Guardian or Designated representative;
 2. Their Coordinator of Community Services; and
 3. Their DDA Regional Office email addresses noted below.

Region	Email Address
CMRO	Olasubomi.otuyelu@maryland.gov
ESRO	Jonna.hitch@maryland.gov
SMRO	Tia.henry@maryland.gov
WMRO	Tina.swink@maryland.gov

Note: Email subject line should read: *COVID-19 – FMS SD Budget Request Determination*

- D. If the FMS provider’s determination is to deny the request, the DDA Regional Office will review the determination. If DDA determines that the denial was proper, DDA will issue notice of its decision, its legal and factual basis, and applicable appeal rights as required by Section 10-207 of the State Government Article of the Maryland Annotated Code.

Process - Request to DDA to Increase Budget Above \$2,000

Participants (with the support of their team as requested) must complete the following process to submit a “Request to DDA to Increase Current Above \$2,000.”

1. Complete the new DDA COVID-19 Self-Direction (DDACoVIDForm#5) form as noted above and include justification for needing to exceed \$2,000.
2. Submit to the DDA Regional Office with the following subject line:

Email Subject Line: COVID-19 – DDA - SD Budget Request

Region	Email Address
CMRO	Olasubomi.otuyelu@maryland.gov
ESRO	Jonna.hitch@maryland.gov
SMRO	Tia.henry@maryland.gov
WMRO	Tina.swink@maryland.gov

DDA - Criteria for Approving or Denying Requests

- A. The DDA may approve all request to increase budget above \$2,000 when:
1. The request is for any one or combination of the following services:
 - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
 - b. Increase Support Broker hours;
 - c. Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and
 - d. Personal Protective Equipment/Supplies;
 2. The service(s)/item(s) is immediately needed to protect health and safety;
 3. The service(s)/item(s) cost is reasonable; and
 4. The service(s)/item(s) meet all applicable and currently effective requirements for funding.

Note: Regional Office staff may need to contact the participant or their representative to gather additional information related to their current situation in order to assess whether the request supports the immediate need to protect health and safety. For example, a participant that typically receives day habilitation services that are now closed and have limited, or no other day supports during the day.

- B. The DDA shall deny all request to increase budget above \$2,000 when:
1. The requested service/item is not one of the following:
 - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
 - b. Increase Support Broker hours;
 - c. Staff Recruitment– limited to an additional \$500 for a total of \$1,000; and
 - d. Personal Protective Equipment/Supplies;
 2. The service(s)/item(s) is not needed to protect health and safety;
 3. The service(s)/item(s) cost is not reasonable; OR
 4. The service(s)/item(s) do not meet all applicable and currently effective requirements for funding.
- C. DDA will send form, with its determination to the following:
1. The Participants, and their Legal Guardian, or Designated representative;
 2. Their Coordinator of Community Services; and
 3. Their FMS provider

Note: Email subject line should read: COVID-19 – DDA SD Budget Request Determination

D. Budget Modifications Within Approved Budgets

Standards and Requirements:

1. Without DDA’s prior authorization, participants may move funding across approved budget service lines, as long as they remain within their total approved budget amount, including:
 - a. Changes within current services authorized by DDA, and
 - b. Changes from current service authorized to a new service covered by the Waiver program in which the participant is enrolled.
2. The participant along with their team shall complete the DDA COVID-19 Self-Direction (DDACOVIDForm#5) form including:
 - a. Participant Name
 - b. Date
 - c. FMS – check current FMS providers either Arc CCR or MedSource
 - d. Section I: Request to Move Funds across Existing Budget Service Lines or Add New Service Lines:
 - i. Enter required information for service/item being reduced (moving funds from);
 - ii. Enter required information for a currently approved service/item being increased (moving funds to) or a requested new service/item covered within the waiver in which the participant is enrolled; and
 - iii. Ensure that the reduction and the addition net to zero.
 - e. Sign or type in name of participant self-directing or legal guardian
 - f. Send to the FMS provider either by email or fax as noted below:

FMS	Email	Fax Number
ARCCCR	FMSParticipants@thearcccr.org	1-888-272-2236
Medsource	FMS@medsourceservices.org	1-301-560-5782

FMS Provider - Criteria for Approving or Denying Requests

The FMS provider may approve a request to “Move Funds across Budget Service Lines within Approved Budget” when:

1. The request is associated with immediate direct staff supports or services needed during the COVID-19 crisis to ensure the health and safety of the participant; AND
2. The total cost for increasing or requesting a new service(s)/item(s) does not exceed the total amount of the service(s)/item(s) they are reducing.

The FMS provider may **deny a** request to “Move Funds across Existing Budget Service Lines or Add New Service Lines” when:

1. The request is not associated with an immediate direct staff supports or services needed during the COVID-19 crisis; OR
2. The total cost for increasing or requesting a new service(s)/item(s) exceeds the total

amount of the service(s)/item(s) they are reducing.

The FMS provider will send form, with its determination, to the following:

1. The Participants, and, if applicable their Legal Guardian or Designated representative;
2. Their Coordinator of Community Services; and
3. Their DDA Regional Office using the email addresses noted above.

Email Subject line should read: *COVID-19 – FMS SD Budget Request Determination*

Region	Email Address
CMRO	Olasubomi.otuyelu@maryland.gov
ESRO	Jonna.hitch@maryland.gov
SMRO	Tia.henry@maryland.gov
WMRO	Tina.swink@maryland.gov

If the FMS provider’s determination is to deny the request, the DDA Regional Office will review the determination. If DDA determines that the denial was proper, DDA will issue notice of its decision, its legal and factual basis, and applicable appeal rights as required by Section 10-207 of the State Government Article of the Maryland Annotated Code.

E. Personal Supports Increase

As per [DDA Appendix K #3 - Personal Supports Authorization and Exceptions](#), participants (who, prior to the State of Emergency, received Meaningful Day services) that currently receive 28 hours or more of Personal Supports per week may be authorized for six (6) additional hours of Personal Supports per day, Monday through Friday for a total of 30 hours per week. **(Revised June 1, 2020)**

Please refer to the [DDA Appendix K #3 - Personal Supports Authorization and Exceptions](#) for requirements and additional information.

F. Increased Rate

As per the [DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus](#), the DDA is implementing increased rates personal supports, nurse consultation, and nurse case management and delegation services for directly supporting participants that have a positive COVID-19 determination, and therefore are isolated, to account for increased cost the provision of services while maintaining participants’ health and safety.

Please refer to the [DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus](#) for requirements and additional information.

G. New COVID-19 Related Service Requests

As per the Process To support the immediate need for new COVID-19 related services and supports, the DDA issued a new temporary services authorization request process. Please refer to the [DDA Appendix K #5 - COVID-19 New Services Authorization Request Process](#).

Standards and Requirements:

For Participants Self-Directing Services, the following process shall be followed:

1. Requests for immediate COVID-19 health and safety related need for new or additional services shall be:
 - a. Submitted by the participant’s CCS;
 - b. Submitted via the DDA Revised Cost Detail Sheet
 - c. Sent via a secure 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 CCS Name) - COVID-19 Service Authorization Request - (insert date)*
2. The 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 Revised Cost Detail Sheet;
 - d. Upload Revised Cost Detail Sheet to LTSSMaryland Client Attachments; and
 - e. Send the following email to the participant’s FMS provider with a copy to the CCS:
 - i. The email subject line shall read: *(Insert Person’s LTSS ID#) - COVID-19 Service Authorization - (insert date)*
 - ii. Message: Please see attached authorization.
2. Requests for other services that are not COVID-19 related to health and safety shall be requested via the Modified Service Funding Plan process and associated forms.
 - a. CCS should complete the MSFPR and associated forms
 - b. Submit the MSFPR form to the DDA for review
 - c. If approved, the DDA will send the MSFP to the FMS provider
3. Please refer to the [DDA Appendix K #5 - COVID-19 New Services Authorization Request Process](#) for additional requirements and information.

H. Service Exceptions

As per the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) - Revised May 3, 2020, to support the immediate need for services and supports and provide flexibility with service requirements and limits, the DDA issued temporary exceptions to services requirements as outlined including:

1. Employment Discovery & Customization Completion Timeframe Exception;
2. Environmental Modifications Exceptions;
3. Family and Peer Mentoring Service Exceptions;
4. Family Caregiver Training and Empowerment Exceptions;
5. Housing Support Service Exceptions;
6. Individual and Family Directed Goods and Service Exceptions;
7. Meaningful Day Services Exceptions;
8. Remote Support Service Exception;
9. Self-Directed Services Delivery Model Exceptions; (Added- May 3, 2020)
10. Support Broker Services Exceptions; and
11. Vehicle Modifications Exception.

Please see the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) - Revised May 3, 2020 for requirements and additional information.

I. Staff Training and Onboarding Flexibilities

As per the [DDA Appendix K #6 - Staff Training and On-boarding Flexibility](#), to maintain and support expansion of the current workforce, modifications to the following staffing qualifications and onboarding requirements are outlined in this guidance:

1. Service by Relatives or Legally Responsible Individuals;
2. Staff Age Requirements;
3. Waiver of High School or GED Requirement;
4. Criminal Background Checks;
5. Training Requirements; and
6. Exception to Maryland Professional Licenses;

Please refer to [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) - Revised May 3, 2020 for requirements and additional information.

J. Telephonic/Remote Services Delivery Options

As per the [MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020](#), whenever possible, individuals are encouraged to deliver services by remotely or telephonically. Under no circumstances should phones or other telehealth technology be used to assess a participant for a medical emergency.

Please refer to [MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020](#) for requirements and additional information.

Applicable Resources:

[DDA Waivers - Appendix K Webpage](#)

[DDA MEMO/GUIDANCE/DIRECTIVES](#)

[DDA Covid-19 Resource Page](#)

[Self-Directed Services Support](#)