

Topic	Question	DDA Response	Posted
Alternative Sites	Day programs are closed due to the governor's order to maintain social distancing. While day programs are closed, are providers able to bill for day habilitation provided in the home of people who live with their families?	Yes. Day Habilitation services can be provided in the family home and can be provided remotely. Please refer to DDA Appendix K #6 - Staff Training and On-boarding Flexibility and DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State. Reference: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Appeals	What are our appeal rights if FMS denies a request and what is the timeline during this time?	All applicants/participants of DDA waiver services have the right to appeal any decision made by the DDA, or the FMS. If the FMS denies a request, then the DDA Regional Office will review the request and make a decision. If the DDA's decision is not favorable to the participant, then he or she can request a formal appeal with the Office of Administrative Hearings.	5/19/2020
Appendix K	What date does the Appendix K start March? What date can services be predicated to?	Appendix K is in effect from March 13, 2020 until March 12, 2021. Service effective dates are based on the specific service. Please see DDA's Appendix K guidance and responses to questions.	5/19/2020
Appendix K	When will Appendix K be submitted and will the public stakeholders have the opportunity to review in advance?Also, can the Appendix K be put on the DDA website?	The DDA's Appendix K was submitted to the Center for Medicare and Medicaid Services (CMS) on April 3, 2020 and approved on April 23, 2020. To view the approved DDA Appendix K, please visit: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Appendix K	The Pennsylvania Appendix K was approved with: Retainer payments may be provided in circumstances in which attendance and utilization for the service location drop to below 75% of annual monthly average 7/1/19 to 2/28/2020. Retainer payments will not exceed 75% of monthly average of total billing under the 1915(c) waivers. Is it possible for you to submit a modification to MD Appendix K that mirrors PA's?	The DDA received approval to provide Retainer Payment at up to 80% of the rate when providers are not providing or paying for services, for a particular person. Increased to Retainer Payments will require additional funding and approval from the Governor's Office before we can revised the approved Appendix K. At this time a request for additional funding will not be submitted.	5/5/2020

Appendix K	So far, our agency spent over \$60k in unbudgeted money for iPads, activities for home, PPEs, and special electrostatic cleaning. Is there anything in Appendix K that will help us cover these additional pandemic-related expenses?	As per the currently approved waiver, assistive technology can be requested. The DDA may also provide some reimbursement for additional cost associated with Personal Protective Equipment (PPE) as an administrative claim.	5/5/2020
Appendix K - Amendment	Should issues arise in the near future that will require accommodations from appendix K, will the DDA be able to modify the appendix	Yes	5/5/2020
Appendix K - Approval Process	What is the timeframe for the RO to send the service authorization form back to the provider and to process and return the staff ratio exception form?	DDA Regional Office will review requests daily, seek additional information as needed, and send decisions to providers as soon as possible. The timeframe will vary based on the volume of request received and the provider's completion of requested information. We hope to respond within a few days or sooner. If you haven't heard from the RO within five (5) business days of submission please reach out to the Regional Director.	5/5/2020
Appendix K - Community Living Group Home	<p>Regarding Community Living Group Home exceptions- #2 – “Additional authorizations may be added for shared supports in each group home, based on participant’s needs..”</p> <p>1- Will this include additional staffing cost for COVID positive homes?</p> <p>2- Will this cover a temp LPN in a COVID positive home?</p> <p>3- Will this cover the day hour staffing Mon-Fri when day hab could not be billed? If so how will this be handled if another provider bills day hab retainer days and residential still had to cover the supervision?</p>	<p>1- No. The DDA may provide some reimbursement for additional cost associated with Personal Protective Equipment (PPE) as an administrative claim. Additional guidance will be shared once finalized.</p> <p>2- The additional authorization of shared direct support staff can be provided by staff as designated by the provider. The additional shared hours are not nursing services. However, if a provider wanted to use a LPN for the services that would be their choices.</p> <p>3- Yes. Appendix K allow the ability for the day program to bill for a retainer payment and the residential provider to provide services.</p>	5/5/2020

Appendix K - Community Living Group Home	<p>Regarding the Appendix K for Community Living Group Home exceptions—#3 – Nurse Case Management and Delegation</p> <p>1-Will this cover the telehealth training that needed to occur at the COVID positive homes where a hospitalization was not required?</p> <p>2-Will it cover the training after discharge for someone who was COVID positive?</p> <p>3-What documentation will be required?</p>	<p>Information related to access nursing services without DDA preauthorization can be reviewed in the DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements.</p> <p>1- Yes. As per MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020 services can be provided using telehealth. Please note if Nursing Services staff perform visits by phone or via telehealth instead of face-to face, they should respond to all communication from participants and/or their representative and residential providers within 24 hours.</p> <p>2-Yes. Nurse Case Management and Delegation Services is available 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.</p> <p>3- Documentation as per the DDA Service Authorization and Provider Billing Documentation guidance should be followed.</p>	5/5/2020
Appendix K - End Date	If state emergency order is lifted how does that affect Appendix K and the effective and end date? Would providers be given time (30-90 days?) to end provisions in Appendix K or will it be immediately?	Appendix K is in effect from March 13, 2020 until March 12, 2021. If the State of Emergency ends before March 21, 2021, the Deputy Secretary will make a decision regarding how much time providers have to transition to their normal service operations and business model. To date, the DDA is unsure how long the transition period will be.	5/19/2020
Appendix K - Forms	Where will the Appendix K forms be located ?	The Appendix K Forms will be on the DDA Appendix K dedicated webpage under the "Forms and Procedure Codes" heading.	5/5/2020

Appendix K - Forms	<p>Can you provide some clarity on the forms for Appendix K. Are these forms just for agencies? Can they be used by SDS families? Can the forms be used for Day Habs as well? Is there a new cost detail associated with the new form</p>	<p>To streamline request/notification, authorization of new service needs, and meet CMS requirements the follow COVID-19 related forms were developed or revised:</p> <p>DDA COVID-19 Service Authorization Form (DDACOVIDForm#1)</p> <p>DDA COVID-19 Site Notification Form (DDACOVIDForm#2)</p> <p>DDA COVID-19 Staff Ratio Exception Request Form (DDACOVIDForm#3)</p> <p>DDA COVID-19 Person-Centered Plan Supplemental Authorization (DDACOVIDForm#4)</p> <p>DDA COVID-19 Self-Direction Form (DDACOVIDForm#5)</p> <p>Revised Cost Detail Sheet</p> <p>Participants self-directing services will use the DDACOVIDform#5 and Revised Cost Detail Sheet.</p>	5/5/2020
Appendix K - Forms	<p>Can the dda approval of Appendix K be retroactive before today for such things as staff ratios and service authorizations that have already happened?</p>	<p>Yes. Approval can be retroactive to March 13, 2020.</p>	5/5/2020
Appendix K - Forms	<p>What supporting documentation is needed when submitting the DDA revised cost detail?</p>	<p>A new “Justification” tab has been created in the Revised Cost Detail Sheet for the requester to enter:</p> <p>1-Service need (i.e. What is the need?)</p> <p>2- Current risk service would address (i.e. What is the risk?);</p> <p>3- Risk mitigation (i.e. How is this requested service mitigating the risk?);</p> <p>4- Date the participant agreed to the changed/added service(s).</p> <p>The requester can submit additional information and supporting documents to justify the need.</p>	5/19/2020
Appendix K - Guidance	<p>When we will receive guidance on Appendix K once it is approved? Would it include information for all DDA services</p>	<p>The DDA has established a dedicated webpage related to Appendix K that include the approved document and guidance. The DDA posted initial guidance on April 29, 2020 and will be providing webinars to further inform stakeholders. Please visit the dedicated page at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx</p>	5/5/2020

Appendix K Forms	Where Are the Appendix K forms located	All COVID-19 forms can be found on the DDA website, at the bottom of the Appendix K webpage, under the Forms section. Instructions for each form are found at the top of the appropriate form. Please see the link below: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/19/2020
Appendix K Forms	What is the email address COVID related forms and Revised Cost Detail Sheets should go to?	DDA COVID related forms and Revised Cost Detail Sheets should be submitted to the following email address, based on the participant's region: CMRO.COVID@maryland.gov ESRO.COVID@maryland.gov SMRO.COVID@maryland.gov WMRO.COVID@maryland.gov	5/19/2020
Appendix K Forms	Can nursing and behavioral supports billing be retroactive to March 13th if they are completed now?	The DDA will consider request. The provider must have supporting documentation of the assessed need and case notes of service delivery as per the DDA Service Authorization and Provider Billing Documentation guidance.	5/19/2020
Appendix K Forms	What services need authorization on the new revised cost detail form for traditional services versus continuing the old process of MRSC?	Services and supports to address immediate COVID-19 related health and safety issues should be submitted using the Revised Cost Detail Sheet. 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.	5/19/2020

Appendix K Forms	When a person's annual PCP occurs, and this person was approved through the new process for NCMD, should the service be included on the annual PCP, and approved through the regular process from that point on if the team determines the need is an ongoing one?	Each person's person-centered plan provides a picture of the person's self-identified Good Life, and includes various focus area exploration topics such as employment, community living, etc. Based on the information that comes out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful 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. Authorized services are based on an assessed need and waiver service requirements as noted in the approved waiver applications.	5/19/2020
Appendix K Forms	Are providers required to complete Form #2 if they have already notified the RO about changes in services, residence, hospitalization whether COVID related or not, If they lived with family	Yes	5/19/2020
Appendix K Forms	Should forms be completed for individuals who are no longer residing in the residential home but are living with family at this time	Yes	5/19/2020
Appendix K Forms	Please clarify, is it the standard for ROs to notify CCS for all processed forms	Yes as per the guidance.	5/19/2020
Appendix K Forms	If an individual had to move to a new unlicensed site, but it will be their future permanent site, do we fill out that form? We put in for a new license a couple of months ago but haven't heard anything back yet.	Yes the form must be completed. The person must also be informed of their residential options to include the right to consider other providers if they do not want the current site to be their permanent residence.	5/19/2020
Appendix K Forms	When will the temporary approvals for NCMD, BSS and respite on form 1 end?	Services can begin without prior authorization. The Revised Cost Detail Sheet should be submitted within five (5) business days of beginning services in order for services request and assessed need to be reviewed and funding authorized. As with all DDA services they are reviewed during the Annual PCP process and authorized based on assessed need.	5/19/2020

DDA Appendix K - Frequently Asked Questions

Appendix K Forms - DDACOVIDForm#1	<p>Please provide some clarity on the DDA COVID-19 Service Authorization Form (DDACOVIDForm#1). When should it used, should the form be backdated before submission, should it be used in requesting for additional support. Will additional services be paid at a 100%</p>	<p>The DDA COVID-19 Service Authorization Form (DDACOVIDForm#1) is used for traditional services and the pilot to:</p> <ul style="list-style-type: none"> 1- Request DDA's Behavior Support Services (BSS), Nursing Services, and Respite when the person is not currently receiving the service. The DDA will review request, follow up on request for BSS and Nursing services to ensure appropriate service will be provided to meet identified need, and authorize within PCIS or coordinate a Revised PCP for pilot participants 2-Request additional dedicate hours for people currently authorized Community Living-Group Home, Supports Living, or Personal Supports 3-Request funding for Assistive Technology <p>The start date and effective date can be backdated. The completion date and signature date can not be backdated. All services provided will be paid at 100% of the rate</p> <p>Note: For the Self-Directed Service Delivery model, request will be submitted using the <i>Revised Cost Detail Sheet</i>.</p>	5/19/2020
Appendix K Forms - DDACOVIDForm#2	<p>Please clarify: FORM #2 under the instructions does not give an option if providing services in ones home...for example day services in ones home...so does this actually need to be done for remote services? Or if day program providers providing services in a residential group home?</p>	No. It is not completed for day or remote services.	5/19/2020
Appendix K Forms - DDACOVIDForm#2	<p>The form does not have an end date. If we had to move someone in order to quarantine for 14 days and that time is over and they have gone back to their home, how do we indicate that the end date has happened.</p>	In the effective date field note the start and end dates (e.g. May 1, 2020 through May 15, 2020)	5/19/2020

Appendix K Forms - DDACOVIDForm#2	<p>Please provide some clarity on the DDA COVID-19 Site Notification Form (DDACOVIDForm#2). When should it be used, should the form be backdated before submission, should it be used in requesting for additional support. Will additional services be paid at a 100%</p>	<p>The DDA COVID-19 Site Notification Form (DDACOVIDForm#2) is used to notify or inform the DDA regarding services being provided in alternative settings and when the provider has exceeded their licensed capacity. It is used when a participant receives:</p> <ul style="list-style-type: none"> 1- Services in an acute care setting or short-term institutional stay (i.e. Community Living - Group Home; Supported Living; Personal Supports; Community Development Services; or Day Habilitation); 2-Community Living - Group Home or Supported Living services in an alternative site or out of the State; and 3-Community Living - Group Home site capacity was exceeded. <p>The effective date can be in past up to March 16, 2020. The completion date and signature date can not be backdated.</p> <p>It is not used to request services. Services provided in alternative sites will be paid 100% of the rate unless the participant has a positive COVID-19 determination for which Appendix K designated services can be paid at 150% of the rate (Reference: DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus)</p>	5/19/2020
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Appendix K Forms - DDACOVIDForm#3	<p>Please provide some clarity on the DDA COVID-19 Staff Ratio Exception Request Form (DDACOVIDForm#3). When should it be used, should the form be backdated before submission, should it be used in requesting for additional support. Will additional services be paid at a 100%</p>	<p>The DDA COVID-19 Staff Ratio Exception Request Form (DDACOVIDForm#3) is used to request authorization to exceed a participant's currently authorized 1:1 or 2:1 staffing supports. It is not used to request services.</p> <p>The provider can include details related to the date when they were unable to meet the required staffing in additional comments or "How is the need currently being met and why is that untenable." to the time you started providing the services but not before Appendix K effective date of March 13, 2020. Please note the actual form date and signature date cannot be backdated.</p> <p>As per DDA Appendix K #10 - Exceed Group Size and 1:1 & 2:1 Exception Request, Providers that receive DDA's authorization for staffing exception will continue to bill and receive the same reimbursement rate for 1:1/2:1 staffing based on participant's person-centered plan prior to the COVID-19 crisis regardless of the staffing ratio exception approval unless otherwise determined by the DDA.</p>	5/19/2020
Appendix K Forms - DDACOVIDForm#4	<p>Please provide some clarity on the DDA COVID-19 Person-Centered Plan Supplemental Authorization (DDACOVIDForm#4).</p>	<p>The DDA COVID-19 Person-Centered Plan Supplemental Authorization (DDACOVIDForm#4) is used by the DDA only. It is used to indicate person specific authorization when a provider submits the DDACOVIDForm#1 with multiple people listed. The DDACOVIDForm#4 person specific service authorization is then uploaded into the LTSSMaryland Client Attachment section as a supplement to the current PCP.</p> <p>Note: When only one person is listed on the DDACOVIDForm#1, it is uploaded into the persons Client Attachments and the DDACOVIDForm#4 is not used.</p>	5/19/2020

Appendix K Forms - DDACOVIDForm#5	<p>Please provide some clarity on the DDA COVID-19 Self-Direction (DDACOVIDForm#5). When should it be used, should the form be backdated before submission, should it be used in requesting for additional support. Will additional services be paid at a 100%.</p>	<p>The DDA COVID-19 Self-Direction (DDACOVIDForm#5) is used by participants under the self-directed services delivery model to:</p> <ul style="list-style-type: none"> 1- Request to Move Funds from Existing Budget Service Lines to other authorized or new service lines; 2- Request to Increase Budget Up to \$2,000 (for PS, CDS, Staff Recruitment, and PPE/Cleaning Supplies only); and 3- Request to Increase Budget Above to \$2,000 (for PS, CDS, Staff Recruitment, and PPE/Cleaning Supplies only). <p>It should not be backdated. It can be used to move currently authorized funding from existing services not current used or needed due to the State of Emergency to increase other service line items or access a new service that was not previously authorized by the DDA. It can be used to request the use of the additional \$2000 authorized by the DDA for PS, CDS, Staff Recruitment, and PPE/Cleaning Supplies only. Services will be paid at 100% unless the person has a positive COVID determination for designated services only as per DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus.</p>	5/19/2020
Appendix K Forms - DDACOVIDForm#5	<p>Please clarify, should we complete Form#4 even though we get the \$2000 allocated for personal supports? Should the forms be filled out earlier since we are not sure whether the participants are going to run out of funding?</p>	<p>The DDA COVID-19 Self-Direction (DDACOVIDForm#5) is used by participants under the self-directed services delivery model to request to increase their budget up to \$2,000 for the direct delivery of Personal Supports, Community Development services, Staff Recruitment, and PPE/Cleaning Supplies only. If the participant has funding in their budget to meet their current needs, they do not need to complete the form. If the participants then finds they are running short on funds, they can submit the form at that time.</p>	5/19/2020

Appendix K Forms - Revised Cost Detail Sheet	<p>Please provide some clarity on the Revised Cost Detail Sheet. When should it be used, should the form be backdated before submission, should it be used in requesting for additional support. Will additional services be paid at a 100%.</p>	<p>To support the immediate need for new COVID-19 related services and supports, the DDA is issuing a new temporary services authorization request process by using the Revised Cost Detail Sheet. It is submitted for immediate health and safety needs in lieu of the Modified Service Funding Plan process and associated forms. It is used for participant using the self-directed service delivery model, traditional model, and pilot participants. The form is submitted by the participant's Coordinator of Community Services (CCS) or currently authorized provider to the new RO designated email addresses.</p> <p>In addition, for participant's self directing services, it is used to request DDA's Behavior Support Services and Nursing Services.</p> <p>The form and request can not be backdated. The authorized services will be paid at 100% of the rate unless the person has a positive COVID determination for designated services only as per DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus.</p> <p>Note: 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.</p>	5/19/2020
Appendix K Forms - Time Frames	<p>Please clarify: It is not clear what is the policy on processing for Form #1. What are processing time frames for COVID -19 Form #1 by DDA RO? individuals are in urgent need of care as they do not attend non-DDA medical day programs and need support hours through PS services while at home.</p>	<p>The DDA Regional Office will review requests daily, seek additional information as needed, and send decisions to providers as soon as possible. The timeframe will vary based on the volume of request received and the provider's completion of requested information. We hope to respond within a few days or sooner. If you haven't heard from the RO within five (5) business days of submission please reach out to the Regional Director.</p>	5/19/2020
Appendix K Forms - Units	<p>Please define what you mean by "units" for each of the forms</p>	<p>DDA service have specific units associated with them such as 15 minute increments, hour, daily, or hourly on noted in the federally approved waiver applications.</p>	5/19/2020

Appendix K Webinars	We are having some issues with logging into the Appendix K webinars. Does it have limited number of participants? Will it be available to reference?	We expanded the capacity of participants for our webinars to 3000. As a result new links were sent out to stakeholder to register under the new format. The DDA and Appendix K webinars are posted on the dedicated Appendix K webpage at - https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx and the Deputy Secretary's webinars, please visit this page - https://dda.health.maryland.gov/Pages/Deputy_Secretary%27s_Webinars_on_COVID-19.aspx .	5/19/2020
Approval Process	Is it possible for the SDS participant to be copied on the DDA acknowledgement and approval.	At this time our data systems do not contain the participant's email address. Participants can ask their Coordinator of Community Services to forward them the acknowledgement email.	5/19/2020
Assessments - Remote Testings	I have students currently undergoing neuropsychological testing in order to apply to DDA. Psychologists are asking me (transition specialist) if remote testing will be acceptable to DDA. Testing began prior to COVID and psychologists would like to complete the assessments.	As per the Secretary Orders, services and assessment can be conducted via telehealth as noted in the following: 1-COVID-19 #4c -- Authorization of Telephone Telehealth Services for Psychiatric Rehabilitation Services -- March 21, 2020 2-COVID-19 #4b -- Authorization of Telephone Telehealth Services for Behavioral Health Services -- March 21, 2020 3-COVID-19 #4a -- Authorization of Telephone Telehealth Services for General Health Care Services -- March 21, 2020 4-COVID-19 #1 -- Expansion of Medicaid Telehealth Regulations -- March 11, 2020 Reference: https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx	5/19/2020
Assistive Technology	Can CPW submit additional funds for Asst Tech such as tablets or computers? And do we need to file a revised cost sheet?	The DDA COVID-19 Service Authorization Form (DDACOVIDForm#1) may be used for traditional services and the pilot to request funding for Assistive Technology for people. For information related to the service Assistive Technology and Services, see DDA's Guidelines for Service Authorization and Provider Billing Documentation at https://dda.health.maryland.gov/Documents/DDA%20-%20Service%20Authorization%20and%20Provider%20Billing%20Documentation%20Guidelines%20-%20Revised%2012-9-19.pdf	5/19/2020

Assistive Technology	If we would need computers for our residential homes, for the purpose of medical professionals, and day program to skype with our consumers. Is this something that is covered under the Appendix K, and can we invoice for this?	No. Providers may develop new business processes, practices, and service delivery models that comply with State and federal requirements. Cost associated with the provider equipment like computers, internet, etc. in the delivery of new business practices or models are part of the provider's operating cost. Participant's with an assessed need for Assistive Technology (AT) devices can be submitted using the DDA COVID-19 Service Authorization Form (DDACOVIDForm#1) or Revised Cost Detail Tool. Please note AT does not include the cost associated with internet access.	5/19/2020
Assistive Technology	When requesting funding for assistive technology are we able to request the funding under a certain home (Site) rather than an individual. We are wanting to purchase an Ipad for each home so that the individuals of that home can communicate with their healthcare providers, families and Day - programs.	As part of the provider's business model, provider can purchase technology as part of their program service cost. If an individuals has an assessed need for Assitive Technology then this service can be explored.	5/19/2020
Assistive Technology	Humanim has approximately 15 individuals that would like to participate in virtual learning but do not have the technology. I have been informed DDA will pay for technology in order for services to be provided. Please let me know if this is accurate and how we go about obtaining the technology.	As part of the provider's business model, provider can purchase technology as part of their program service cost. If an individuals has an assessed need for Assitive Technology then this service can be explored.	5/19/2020
Assistive Technology	Are we able to request Assistive Technology funding to purchase tablets and devices for remote/virtual supports? If yes, is an MSFP needed? Can we request emergency review of the MSFP?	Yes. A request on behalf of the participant for Assistive Technology can be submitted using the DDA COVID-19 Request and Notification - Service Authorization form (DDACOVIDForm#1) or revised Cost Detail Sheet. A Modified Service Funding Plan request is not needed. Please refer to: 1-DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements 2-DDA Appendix K #5 - COVID-19 New Services Authorization Request Process Reference: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020

Assistive Technology	Can you provide some insight on how to obtain assistive technology for individuals due to COVID-19. Does technology assistance include purchasing new Ipads?	Participants self-directing services and providers can request approval for Assistive Technology which can include tablets and other devices to meet an assessed need as per the approved DDA waiver programs. DDA-certified providers for Assistive Technology and SErvices and FMS can purchase items on behalf of participants.	5/5/2020
Background Checks	Please expound on the term/process for an "abbreviated" background check. Has the Department of Public Safety and Correctional Services relaxed the standard of requiring fingerprinting?	Providers can initially use on line searches as an abbreviated background check to seek information related to public records related to criminal records so that staff can begin to provide services until a complete check using fingerprints can be conducted.	5/19/2020
Background Checks	If a family member already has been fingerprinted for other govt program services, can this record be used to expedite onboarding process?	No.	5/19/2020
Background Checks	Can family members provide service in Day Habilitation if they pass a background check document service delivery?	Yes	5/19/2020
Background Checks	Please define "non-traditional" staff as it pertains to the criminal background checks under the State of Emergency.	Traditional staff is a reference to an individual that meets all DDA required training, qualifications, and on boarding requirements.	5/19/2020
Background Checks	Is a FULL background check (with fingerprinting) also required for family members, after initially only having an abbreviated one? What is the timeline for obtaining a full background check?	Yes. A full background check should be completed within 90 days.	5/19/2020
Background Checks	Does a MD Judiciary Case Search suffice for an abbreviated criminal background check?	No	5/19/2020
Background Checks	If you are using a parent as staff and want to retroactively hire them, can you still pay them even if you are just now doing the background check since the appendix K was only recently approved?	No. Since they did not meet the minimum requirement.	5/19/2020
Background Checks	What if family member can't pass OIG check?	There are no Office of Inspector General background checks.	5/19/2020

Background Checks	I am a parent who will become the personal support staff for my adult son under Appendix K. Because of my underlying health conditions I am sheltering in place with my son and do not want to be exposed to the virus by going somewhere for fingerprinting. I do have a copy of my Fingerprints that were taken 30 years ago when I applied to get my license to practice law. Would those documents be sufficient?	No. Fingerprints must be provided in person to ensure they are from the person seeking the background check.	5/19/2020
Background Checks	Do family members have to undergo criminal background checks in order to provide services to their family members? Does this apply to legal guardians	Yes, participants self-directing services and provider who chooses to utilize non-traditional staff in direct support positions must initiate appropriate background checks, and MVA checks (if driving), but may place the staff person on the schedule immediately after performing an abbreviated background check using the name, birthdate, and social security number of the potential new hire. This includes legal guardians.	5/19/2020
Behavior Support Services (BSS)	Is approval for appendix K form and Cost Detail Sheets required prior to providing BSS for individuals without prior authorization? We have about 50-75 individuals who have been waiting for behavior supports since this pandemic started and this new process will further delay them getting services.	No, services can begin without prior authorization. The forms should be submitted within five (5) business days of beginning services in order for services request to be reviewed and funding to be authorized.	5/19/2020
Behavior Support Services (BSS)	Is a revised Cost Detail Sheet required for each individual for BSS or will an Appendix K form suffice?	Yes. For participants with COVID-19 related immediate needs who are not currently authorized BSS, DDACOVIDForm#1 should be submitted for people not currently authorized and can include multiple people listed. In addition, the Revised Cost Detail Sheet is needed for new and increased services. The RO will follow up with the provider to further assess BSS needs and advise next steps.	5/19/2020
Behavior Support Services (BSS)	If someone has BSS, but due to an increase in behaviors related to COVID-19 restrictions they need more BC and BSI than is authorized, should the provider complete Form 1 and the new cost detail to request more?	The provider should complete the Revised Cost Detail Sheet	5/19/2020

Behavior Support Services (BSS)	<p>Can you provide some guidance in who is approved to provide behavioral support for DDA participants. Are all Maryland State Licensed Behavioral Analyst (Board Certified Behavior Analyst) approved to provide services for Behavioral services?</p>	<p>DDA certified providers can provider BSS services. To increase provider options available for needed service settings during the emergency, the DDA included the option to temporarily waive certain provider qualifications that would typically be required in order to enroll as a Waiver provider. This means we are creating new BSS provider types that can apply to become a DDA Waiver BSS providers using a streamlined/condensed process for the following providers, agencies, and entities authorized, certified, or approved by: Medicaid for Applied Behavioral Analysis, Behavioral Health Administration (BHA), local school systems, nonpublic schools for mental health professionals, Special Education teachers, and Instructional Assistants. We will also consider Maryland State Licensed Behavioral Analyst (Board Certified Behavior Analyst). Entities interested in becoming a BSS provider under this State of Emergency should send an email to the dda. toolkitinfo@maryland.gov.</p> <p>In addition, these individuals can be hired by participants self-directing services and providers as direct support and clinical staff for BSS services.</p>	5/19/2020
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Behavior Support Services (BSS)	<p>Please clarify: A provider organization's director or MANDT trainer, who are not otherwise licensed to write Behavior Plans, may develop temporary Emergency Safety Plans... So does this mean that we can now provide BSS even if our agency is not a licensed BSS provider but we have a MANDT trainer?</p>	<p>No. Due to potential challenges accessing BSS and quickly creating a Behavioral Plan to address health and safety concerns, we are providing the opportunities for Agency Directors and MANDT trainers to create an Emergency Safety Plan until BSS can be provided and a formal Behavioral Plan developed. Recognizing agency directors and MANDT trainers have experience supporting people with behavioral challenges, we want to share these options.</p> <p>Agencies may consider several strategies to support participants including implementing positive behavioral interventions, remote services, separating them from others by supporting at an alternative site, creating an Emergency Safety Plan, and accessing BSS. Please note creating an Emergency Safety Plan is not a billable service but an alternative to support a person until BSS can be provided.</p> <p>Agencies not currently certified as a BSS provider can not bill for BSS services. We did expand provider type options as noted within Appendix K. 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. They will need to complete a streamlined application to support enrollment and billing.</p>	5/19/2020
Behavior Support Services (BSS)	<p>Can DDA clarify: there can only be one provider for BSS per person, what if we are due for an annual update for a BP for a person in DH but they are being supported by BSS in their residential program with another provider? Do we just wait to do the annual update until the day services open back up?</p>	<p>BSS are meant to support the person holistically including during Meaningful Day Services and in the person's home or residential services (i.e. Community Living- Group Home, Supported Living, and Shared Living)</p> <p>Therefore only one provider will be authorized to provide the services. As a stand alone support service, the authorized provider is to support BSS needs in all environments and services. Therefore, you should contact the BSS provider to share needs.</p>	5/19/2020

Behavior Support Services (BSS)	Can MANDT trainers write temporary behavior plans for individuals exhibiting increased behaviors if a provider agency does not have licensed for behavioral services	No. Due to potential challenges accessing BSS and quickly creating a Behavioral Plan to address health and safety concerns, we are providing the opportunities for Agency Directors and MANDT trainers to create an "Emergency Safety Plan" until BSS can be provided and a formal Behavioral Plan developed. Recognizing agency directors and MANDT trainers have experience supporting people with behavioral challenges, we want to share these options.	5/19/2020
Behavior Support Services (BSS)	Is there MANDT certification extension? if not are there any online verification available ?	Yes. All licenses and certificates that are scheduled to expire during the State of Emergency and catastrophic health emergency are hereby extended until the 30th day after the date by which the State of Emergency is terminated and the catastrophic health emergency is rescinded as per the Governor's Executive Order. Specific to MANDT, communications that went out to trainers from Mandt stated that Mandt would not extend certifications, but would extend the "grace period" to August 31st so that those staff that missed their recertification date would not have to retake the entire course (4 days). Instead they can take the refresher which is typically 1.5 days as long as it is done by August 31, 2020.	5/19/2020
Behavior Support Services (BSS)	Please clarify: (BSS) will need to be added to the PCP. That seems to contradict prior statement that CCS will document in Progress Note during Monitoring activity.	For participants using the self-directed or traditional service delivery models, the BSS authorization (i.e. DDACOVIDForm#1, DDACOVIDForm#4, or Revised Cost Detail Sheet) will be uploading the the participant's Client Attachments in LTSSMaryland. For participants in the pilot, a Revised PCP is required and will be coordinated by the RO so that provider can bill through LTSSMaryland and receive payment.	5/19/2020
Behavior Support Services (BSS)	If an agency would like to apply for Behavior Support Services for an individual is the MSFP and Cost detail submission process still the same? What is required to get the authorization to get the services approved?	Yes. If the BSS need is not immediate COVID-19 related health and safety.	5/19/2020

Behavioral Supports	Do we have to hold off on providing behavior supports until there has been approval through this new process or can we provide behavior supports to unauthorized individuals now?	As per DDA Appendix K #4 - Exceptions to Pre Authorization and Service 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 the DDA COVID-19 Request and Notification - Service Authorization form (DDACOVIDForm#1). Reference: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Billing	Can you provide some guidance on billing in situations where providers offer their services, but families refuse the services due to social distancing protocol? What kind of documentation is needed to justify payments?	In these situation, the provider can submit a retainer payment for applicable services as noted in Appendix K.	5/5/2020
Billing	When Day Program services are provided in the residential homes, during the day, as a result of COVID-19, for the purpose of attendance in PCIS2, should providers mark clients "Present" in the Day Program for services provided in the residential homes during the day?	Yes	5/5/2020
Billing	Will there be an extension for inputting billing for March? Will guidance be provided prior to end of April for March billing submission?	Yes, the DDA has extended the due date for March billing until the end of May 2020.	5/5/2020
Billing - Personal Supports	Are 30 hours per week of PS services no longer authorized to be billed through PCIS?	For Personal Supports services, providers shall enter authorized services into the Base Calendar.	5/19/2020

Billing - Personal Supports	PCIS has 72 hours per month retainer units in the system, when and how will provider be paid for those units once rendered and attendance completed in PCIS?	Retainer payments are requested when services are not provided. For Personal Supports services, there are two calendars in PCIS2. Providers shall: • Enter regularly authorized services into the Base Calendar; • Enter 15-minute units for retainer payment on the new “COVID-19 Retainer Calendar Notes: 1- Retainer hours can be entered on the same day as actual service hours based on the typical service pattern. 2- Retainer hours may not be submitted if the day has been indicated as an isolated day.	5/19/2020
Billing - Personal Supports	Day programs are allowed to bill 6 hours per week even when services are provided via phone for at least 1 hour, will this be a duplication for Personal Supports and Day program billing same time?	Yes. Meaningful Day and Personal Supports services can not be provided at the same time.	5/19/2020
Billing - Personal Supports	What is the maximum a provider can bill for personal support? Are retainer payments for 40 hours for personal supports per week permitted under Appendix K?	Services are based on authorization and need. Retainer Payments for Personal Supports are limited to up to 72 hours per calendar year.	5/19/2020
Billing - Residential - Shared Service Hours	Please provide some guidance on how to enter the balance of additional units into PCIS.	For Community Living-Group Home services, providers will enter attendance in the PCIS2 calendar using any payable day. Payment will include additional shared hours and will be paid through normal quarterly payment process	5/19/2020
Billing - Residential Shared Hours	In terms of shared hours, Residential providers are they actually billing for days hours present or is that the additional 8/16/24 hours depending on the size of the house. At the same time the day provider can bill Present if another organization is providing virtual day services?	Any payable (e.g. P-Present, V- Vacation, IS- Isolation, Day, or C-COVID-19 Retainer Day) includes the additional shared hours that will be paid via PCIS2 through the usually quarterly payment process. So they are billing for the attendance day which includes the additional shared hours.	5/19/2020
Billing - Residential Shared Hours	In residential if you have 3 individuals and 1 is a 1:1, how can you bill for the 2 staff providing the care in residential during the day and the other 2 can use the shared hours	The participant with 1:1 dedicated supports should continue to receive these supports unless an staff ratio exceptions was approved. The additional shared service hours will be assigned to one of the participants that is not authorized 1:1 dedicated supports.	5/19/2020

Billing - Retainer Days	Do retainer funds come from the approved budget or from another source?	Retainer Payments are paid from existing service authorization, therefore no new funding is allocated.	5/19/2020
Billing - Retainer Days	For group homes, there is normally a 30-day retainer. Does this still apply? Is it 30+18 days now?	No. As per CMS directive, retainer payment time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities (Reference: CMS Olmstead Update letter #3 July 25, 2000). Therefore, a provider can only seek payment for up to 18 days for Retainer Payments per calendar year.	5/19/2020
Billing - Retainer Days	Please provide clarity how is it possible to be paid 18 days when we have provided services for almost 60 days	Retainer payments are for direct care staff and providers who normally provide services that include habilitation and personal care, but are currently unable to due to: (1) health and safety risk; (2) State mandates; (3) complications experienced during the COVID-19 pandemic because the participant is sick due to COVID-19; and/or (4) the participant is isolated or quarantined based on local, State, federal and/or medical requirements/orders. Services provided that meet the State and federal requirements can be submitted as a claim.	5/19/2020
Billing - Retainer Days	Please clarify going forward people only have 18 retainer days not 30 days? Regardless of the current state of emergency. Is the 18 days limit only for the length of the Appendix K? Have they decreased from 30 days to 18 ? CL GH used to have 30 days retainer days per CPW - so it is now reduced to 18 days total?	As per CMS directive, retainer payment time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities (Reference: CMS Olmstead Update letter #3 July 25, 2000). Therefore, a provider can only seek payment for up to 18 days for Retainer Payments per calendar year.	5/19/2020
Billing - Retainer Days	Please provide some insight on what to do or what happens when a provider or participant exceeds 30 days, do they have to pay that back? What codes are to be used when the 30 days have been exceeded? Do we need to submit error reports especially for residential retainer days?	Given the timing of this relatively recent development, the DDA is consulting with Medicaid and on the best way to process these adjustments. We will be providing more information regarding this over the next several days.	5/19/2020
Billing - Retainer Days	Please clarify : we no longer have 30 days of absence days PLUS 18 retainer days? What about those who have already used/billed for 30 absence days as of March 1 due to home visits?	Given the timing of this relatively recent development, the DDA is consulting with Medicaid and on the best way to process these adjustments. We will be providing more information regarding this over the next several days.	5/19/2020
Billing - Retainer Days	Why is this on calendar year when everything else is fiscal year?	It is based on the payment for "bed-hold" in nursing facilities.	5/19/2020

Billing - Retainer Days	So how are the retainer days supposed to benefit agencies if we end up losing our standard absence days?	At this time, we have approval to provide up to 18 days per calendar year. The DDA will continue to advocate for increase in retainer payments.	5/19/2020
Billing - Retainer Days	So if someone used 25 days during Q1 & Q2 of FY 2020, that will not affect the 18 days because that is a different calendar year? So it is possible for FY20, we could still have the 30 and 18 retainer days? Or as my example shows, we could have 43?	No. At this time, we have approval to provide up to 18 days per calendar year.	5/19/2020
Billing - Retainer Days	If someone was absent from residential for 30 days LAST calendar year (between July 1 and December 31 2019), they should still be able to get 18 retainer days since this is a new calendar year, correct?	Yes	5/19/2020
Billing - Retainer Days	What do we do if the person who is assigned is out of days? Due to the fact that their home with their family at this time?	Providers are encouraged to explore Small Business Administration (SBA) payroll loans and traditional loans. For more information related to Maryland Coronavirus Information for Businesses, visit: https://govstatus.egov.com/md-coronavirus-business and DDA's Provider Funding Flexibilities At a Glance at https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/19/2020
Billing - Retainer Days	Can a retainer payment cover a family member if their primary staff (another family member) is Covid-19 positive	No. Retainer Days are meant to be used when services are not provided.	5/19/2020
Billing - Retainer Days	Are retainer payments paid at 100% of normal rates?	Retainer payments for CLGH, SL and PS will be paid at 100% of the authorized rate including add-ons, as in the participant's person-centered plan and budget, for both the self-directed and traditional service delivery models. Retainer payment for Meaningful Day services will be paid at 80% of the authorized rate including add-ons for both the self-directed and traditional service delivery models, as set forth in the participant's person-centered plan and budget, for both the self-directed and traditional service delivery models.	5/19/2020

Billing - Retainer Days	Will providers be penalized or be required to repay fund received under Appendix K provisions if they also receive funding through the Payroll Protection Program?	No decision has been made about the impact of the PPP on funding provided by the DDA. The intent of asking for PPP detail in the cost report is to get a full accounting of revenues and expenditures. This is consistent with the existing requirement for providers to submit an audited financial statement reflecting reveues and expenditure for the fiscal year.	5/19/2020
Billing - Retainer Days	Are the retainer days dated back to March 13? Are they renewable? Are they supposed to be consecutive? Can it be used for other services? How does it relate to the 72 hours ? What happens after the 18 days has been used will providers not get paid for the services they provide?	1- Retainer payments can be requested as of March 13, 2020. 2-They are per calendar year. 3-They are not required to be consecutive. 4-They are for specific services. 5-Personal Support retainer payments maximum per calendar year is 72 hours under the Appendix K authority. 6-Retainer payments are used when a provider is unable to provide services. Providers submit claims for payment for services rendered.	5/19/2020
Billing - Retainer Days	What happens if we already submitted 30 days absent for someone in residential from 1/1/20-3/13/20? We will only get paid for 18 of those and then no more after 3/13/20?	Given the timing of this relatively recent development, the DDA is consulting with Medicaid and on the best way to process these adjustments. We will be providing more information regarding this over the next several days. However, if 18 days have been used between January 1, 2020 and March 13, 2020, then no additional retainer days are available for the rest of the calendar year.	5/19/2020
Billing - Retainer Days	Are there still vacation days in group homes or are they being replaced by retainer days? Are there still available Vacation days in Residential, or are these replaced by R days?	Vacation days are being replaced by retainer payments. During this State of Emergency they are replaced with "C" days as reference to COVID-19 Retainer Day.	5/19/2020
Billing - Retainer Days	The 18 retainer days for meaningful day – are we able to bill for all individuals listed as active in PCSI2? Or is the 18 days apply only to certain individuals?	Retainer payments apply to all participants authorized Meaningful Day, Community Living-Group Home, Supported Living, and Personal Supports services.	5/19/2020
Billing - Retainer Days	I understand that retainer days are now 18 days per calendar year. However, for COVID 19, the 18 retainer days started March 13, 2020. If this is true, if a client used 7 retainer days in January and February, it will not count towards the 18 retainer days that started March 13th?	No, these days count toward the 18 days.	5/19/2020

Billing - Retainer Days	For those of us who have certified attendance for March but we should be waiting to see if we can use the new codes for billing, can we uncertify?	If a provider has certified March attendance, the provider can revise the attendance and re-certify the attendance.	5/5/2020
Billing - Retainer Days	How do we bill for retainer days for attendance that has already been previously entered?	If a provider has certified March attendance, the provider can revise the attendance and re-certify the attendance.	5/5/2020
Billing - Retainer Days	When will the additional retainer days be added to PCIS-2 for both residential, DAY, CDS and Employment?	Changes have been made to PCIS2 to support the billing of retainer payments.	5/5/2020
Billing - Retainer Payment	Please explain why you are giving 108 hours for Meaningful day when it is 6 hours a day 5 days a week, which equals 30 hours per week. The remainder of hours while the participant is receiving Personal Supports totals 118 hours and you are only allowing 72 hours for Personal supports. Please explain your rationale.	Meaningful Day services are based on 6 hours a day times 18 days which equals 108 total hours. Personal Supports is based on 4 hours per day times 18 days which equals 72 total hours.	5/19/2020
Billing - Retainer Payments	Will payment for the retainer days be included in the quarterly payments received in FY21?	Yes	5/19/2020
Billing - Retainer vs Isolation	For personal supports are when are we able to use the retainer days? When it is an isolation day or when we know that we haven't provided the service due to COVID?	Retainer payments can be requested when services are not provided. Providers will enter a the units in the COVID-19 Retainer Attendance calendar. An increase rate can be requested for providing services to a participant with a positive COVID-19 determination. Providers should indicate the provision of these services in the COVID-19 Isolation calendar in PCIS2.	5/19/2020
Billing -Retainer Payments	Are those 72 retainer hours entered into PCIS 2 applicable to those hours to be provided to participants who were attending meaningful day program and now not attending it and receiving personal supports services in the amount of 30 per week automatically added or retainer hours apply only to situations where services are not provided with staff still employed?	Retainer payments are requested when services are not provided.	5/19/2020

Billing Codes	When using the C code in the attendance is this just for days that Residential services is providing day services? Can you use the V code for anything more than the allotted 18 days? If you have more than one person living in a home, do you use the C code on different days ?	The C Code is to be used when residential service are not provided for a person. It's a retainer day. C codes are used for reporting attendance for an individual person, not the entire home. If someone leaves the house to go home to family, a C Day can be used for that person, but if there are housemates and they are still in the house being served, their calendar would receive a normal P Day. No more than 18 total combined V and C retainer days can be entered in the calendar year. This is different than we have been operating and will have to be addressed with a development change.	5/19/2020
Billing Process	Please provide more information about the billing processes, specifically some billing scenarios	Guidance on payments is provided in the guidance documents on the Appendix K website. Payments for FPS services (PCIS2 services) will still be paid in the quarterly invoicing process. Invoices and 1500 forms are only needed for Waiver non-FPS services (those services not paid through PCIS). The CP Non-FPS invoice that is currently in use to bill and be paid for Non-FPS services will also be used for Supported Living regular, isolate, and retainer payments, Nursing regular and isolate payments, Shared Living isolate payments, and COVID-19 related Respite. Non-FPS services for the CS and FS Waivers will still be handled with the invoicing process in PCIS2. BSS services will still be billed and paid using the current invoicing process for those services.	5/19/2020
Billing Process	Can you provide some insight on the billing process through PCIS 2 especially now that the Regional offices do not have the most recent list of participants? How will the 8 hours mentioned be identified in PCIS2? What happens if the hours are added to a individual who has gone home during the crisis thus will not be marked as present. How will shared add on be established in PCIS? What code should be used for the PCIS for shared support hours?	The DDA provided a list of all the individuals assigned the additional hours to the Regional Offices and to the providers. If the participant with the additional allocation leaves the home or a retainer day is used, the provider should notify DDA through the dedicated email address for each region so that the allocation can be added to a different participant in the home. Please note, in this case since the person has temporarily left the home due to COVID-19 a residential retainer payment would be appropriate. As far as what code to use is concerned, providers shall enter and certify attendance in PCIS2 using the following codes for any payable day: P - Present, V - Vacation, IS - Isolation Day, or C - COVID-19 Retainer Day). Payments will include the additional shared hours and paid through the normal quarterly payment process.	5/19/2020

Billing Process	Please provide guidance on how to bill for telehealth services for individuals who are part of the pilot EVV program?	Pilot providers will need to submit a Missing Time Request (MTR's) for all Personal Support services provided via telehealth through the Provider Portal using the "Other" category and include "COVID-19 Remote Service Delivery" in the comment field.	5/19/2020
Billing Process	Has the DDA provided guidance on payments? We were under the impression that payments will follow the regular process which is through PCIS2, but it sounds like providers need to submit an invoice and a 1500 form. Please clarify.	Guidance on payments is provided in the guidance documents on the Appendix K website. Payments for FPS services (PCIS2 services) will still be paid in the quarterly invoicing process. Invoices and 1500 forms are only needed for Waiver non-FPS services (those services not paid through PCIS). The CP Non-FPS invoice that is currently in use to bill and be paid for Non-FPS services will also be used for Supported Living regular, isolate, and retainer payments, Nursing regular and isolate payments, Shared Living isolate payments, and COVID-19 related Respite. Non-FPS services for the CS and FS Waivers will still be handled with the invoicing process in PCIS2. BSS services will still be billed and paid using the current invoicing process for those services.	5/19/2020
Billing Process	Instructions are not clear on how provider will be paid for hours approved. The instructions to the form discuss entering data into LTSS which is not a system now used for billing. How will the provider be assured that additional hours approved be paid and when? Please clarify how additional hours approved be reflected in consumer's award (PCIS2?).	With the exception of Pilot providers, all billing for FPS services remains in PCIS2. DDA will be releasing more detail instruction on billing for the Pilot Providers soon.	5/19/2020
Budget/ Billing	If we provided a daily program schedule, can we bill for that day?	Yes, as long as the minimum service requirements were met, in addition to the program schedule. As per COVID-19 #17: DDA Meaningful Day Services - Minimum Service: Providers may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. 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.	5/5/2020

Budget/ Billing	Can you provide some guidance on reimbursement of funds? Are reimbursements solely dependent on the Federal government?	Reimbursement is based on State and federal authorities and authorized funding.	5/5/2020
Budget/ Billing - Isolation	How long can providers bill for clients who are in isolation, or do they have to wait until the health department clears the house?	As per DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus, for eligible participants, the increased rate can be requested beginning the date that the participant was determined positive and may be billed up to 21 consecutive days while the participant is in isolation.	5/19/2020
Budget/ Billing - Isolation	Please provide some guidance on how to bill for individuals under isolation. Can providers share hours in situations where one or two people who tested positive for COVID reside with people with no COVID symptoms. Will the individuals who tested positive have a higher rate than those who did not?	As per Dr. Feder, once a person in a congregate setting is determined to be positive, the setting is considered to have an outbreak and all must be isolated. Therefore all individuals in that setting would be eligible for the increase rate for direct service delivery.	5/19/2020
Budget/Billing	Can you provide some clarity on billing or payment for personal supports individuals on the state funded wave	Refer to the billing section of Appendix K #3 - Personal Supports Authorization and Exception for participants in the CP waiver, Community Supports Waiver, Family Supports Waiver as well as participants of state only funded services.	5/19/2020
Budget/Billing	Can providers submit attendance for individuals in licensed residential group setting homes if Day Hab providers are providing services?	Yes. Providers can submit attendance for CLGH services while Day Hab providers are providing day habilitation services as allowed under Appendix K flexibility granted by CMS.	5/19/2020
Budget/Billing	Can both Day and Residential providers bill for meaningful day services if the services are provided by day program staff in a residential site	No, only one provider can bill for the service.	5/19/2020
Budget/Billing	When providing services to 3 people in a home, are the 8 hours billed for one person in the home or is it split among all 3 people	It is billed for under one person.	5/19/2020
Budget/Billing	Please explain how to bill If people who live in a residential setting and attend another provider's day/SE program; how does the residential provider bill for supports provided during the day? What if the individual who lives in a residential setting attends the same provider's day/SE program; how does the provider bill for day/SE supports? What about individuals who only attends the provider's day/SE program?	If people who live in a residential setting are attending another provider's day/SE program the residential provider who is not providing the day services can bill a retainer payment for day/SE. Since the residential provider (for whatever reason) is not able to provide day services that provider is allowed to bill the retainer payment. If the individual who lives in the residential provider's facility attends that day/SE services provided by that same provider that provider can bill a P day for both residential and day/SE.	5/19/2020

Budget/Billing	Please provide some more information on the Payroll Protection Plan Loan. Why will the PPP loan information need to be included in the cost report? Is there a conflict with the retainer days and the timeframe for the receipt of PPP dollars? If a provider receives funding from PPP, will any payment from DDA for services need to be returned through reconciliation? Is DDA planning to reduce the amounts paid to providers by any amounts received through a Payroll Protection Plan loan?	The current process requires providers include an audited financial statement and an attestation of attendance as part of their cost report submission. In keeping with the current practice we would at least like to see the a line reflecting the expenditure and revenue associated with COVID-19. As indicated in the Appendix K guidance we will be providing more detail guidance in the FY 2020 cost report instructions - particularly as pertaining to COVID-19 expenditures.	5/19/2020
Budget/Billing	Can you clarify the relationship between PPP loans and retainer payments? Will receipt of PPP impact what we can get for retainer payments?	The retainer payment is funded at 80% of the current daily rate to account for the availability of PPP to providers.	5/19/2020
Budget/Billing	Please clarify : During the first webinar a question was asked about the rate being paid for the Residential Day Time Shared Service Hours. The answer was, "based on the current add-on rate in community living." However, this is mathematically not the case. In PCIS I can see that some individuals have these hours/ funding added to them. The posted daily rate is \$121.09. That divided by 8 hours = \$ 15.14/hour. The current add-on rate for residential is \$21.19 (in region 1). Why was the current add-on rate not used? Will this be corrected?	Residential is spread out over 7 days a week or 40 hours over 7 days. This equates to $21.19 \times 40 = 847.60$. When you divide 847.60 by 7 days it equals 121.085 - which is rounded to 121.09.	5/19/2020
Budget/Billing	When will providers be able to do the billing in LTSS???	At this time only Pilot Providers are billing in LTSS.	5/19/2020
Budget/Billing	Additional DS hours were added for each residential location. But in PCIS2 these hours have been added effective 3/13/20. Do we contact our regional office if we believe that there are errors or hours missing from sites?	Yes. Please contact the regional office through the dedicated email account. CMRO.COVID@maryland.gov, SMRO.COVID@maryland.gov, ESRO.COVID@ maryland.gov , and WMRO.COVID@maryland.gov	5/19/2020
Budget/Billing	Is there any funding for DSP who the agency has provided hotel accommodations to keep the DSP healthy until their next shift?	There is no specific DDA funding earmarked for this.	5/19/2020

Budget/Billing	Is there an updated cost detail that will work for FY21?	The cost detail tool is being revised for FY 21 and will be shared once finalized.	5/19/2020
Budget/Billing	If a provider does not have access to LTSS yet, how can the provider be informed of DDA's decision if sending approval letters is not an option at this time?	Authorization is being done in PCIS and providers are informed by the RO.	5/19/2020
Budget/Billing	Is there immediate extra funding for providers to cover costs associated with dealing with COVID-19? If so, are there enhanced rates if an individual is quarantined or positive for COVID-19, what service code, and how can we bill for this?	<p>Due to State Executive Orders (including the closures of day programs and schools) and Governor Hogan's Stay at Home Executive Order 3-30-20, the DDA is authorizing:</p> <p>1- A set amount of shared day time service hours to support the additional staffing provider organizations are providing via licensed Community Living-Group Home and Supported Living services. (DDA Appendix K #2 - Residential Day Time Shared Service Hours Authorization)</p> <p>2- Participants (receiving Meaningful Day services prior to the State of Emergency) that currently receive 28 hours or more of Personal Supports per week will automatically be authorized for six (6) additional hours per day, Monday through Friday for a total of 30 hours per week. (DDA Appendix K #3 - Personal Supports Authorization and Exceptions)</p> <p>3- The DDA is implementing increased rates 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. (DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus)</p> <p>The DDA has made changes to PCIS2, revised invoices, and identified new procedure codes. Fiscal and billing details are outlined in the specific guidance.</p>	5/5/2020
Budget/Billing	I understand that in order to bill for day program individuals, we have to provide a live session for at least one hour daily M-F. What happens if the family members and other residential providers are declining to spare the 1 hour for a session due to various reasons?	DDA encourage teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency. Participant's and families have the choice to receive the services being offered or to decline them.	5/5/2020

Budget/Billing	If the day program provider continues to send the activity lesson plans and also be available for live sessions daily, could that be a billed service delivery even if the family member does not log in for the session?	An activity schedule alone does not meet the standard for service delivery. As per COVID-19 #17: DDA Meaningful Day Services - Minimum Service: Providers may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. 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. Therefore if the person did not log in for the session, it can not be billed.	5/5/2020
Budget/Billing	As a provider that is approved for both residential and day services are we able to provide individuals with both? Meaning, could we provide remote day services while receiving the shared ILOD at the residential site? Can we bill for both residential and day?	Yes if the person was not authorized for dedicated supports (i.e. ILOD) prior to the crisis. If the person is not authorized for dedicated supports in lieu of day services, then the Provider can bill for both when providing Meaningful Day as per DDA guidance for remote services and minimum service hours. This is because the DDA Appendix K #2-Residential Day Time Shared Service Hours Authorization provides additional shared hours for the home.	5/5/2020
Budget/Billing	Appendix K effective date is March 13, however since some of the guidance came out this week, families who have been providing the supports for the last month were not documenting, nor do we have formal documentation they were trained in the PCP, NPOC, and BP. Are we able to bill as of the effective date for families who provided the service or do we need to begin now, going forward?	As per federal approval, families members must at a minimum have a background check. In an effort to expedite service delivery during the pandemic, training requirements can be waived for family members willing to provide services to participants this includes the PCP, Nursing Care Plan, and Behavioral Plan providing the family members is familiar with them. A provider who chooses to utilize non-traditional staff in direct support positions must initiate appropriate background checks, and MVA checks (if driving), but may place the staff person on the schedule immediately after performing an abbreviated background check using the name, birthdate, and social security number of the potential new hire. Documentation of service delivery is required as per the DDA Service Authorization and Provider Billing Documents guidance. Reference: DDA Appendix K #6 - Staff Training and On-boarding Flexibility at https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020

Budget/Billing	<p>Can you provide some clarity on the codes that should be used in billing? What is the difference between Code C and Code IS? Can IS code be used after a client has been diagnosed as negative for COVID-19 for residential services</p>	<p>For CLGH, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation a provider shall enter “C” day (as reference to COVID-19 Retainer Payment) into PCIS2 attendance sheet. Retainer days will pay through the normal PCIS2 prospective payment process.</p> <p>Community Living - Group Home providers shall enter “IS” referencing Isolation Day in the attendance calendar in PCIS2. It is to be used when the person has a positive COVID-19 determination up to 21 consecutive days. The days identified as Isolation Days will be paid at the increased rate of 150% of the current authorized rate for the Community Living-Group Home service including add-ons as set forth in the participant’s person-centered plan and budget.</p>	5/5/2020
Budget/Billing	Can the one hour of meaningful day service be shared by several individuals receiving the one hour	Yes. Supporting documentation is required as per the DDA Service Authorization and Provider Billing Documentation guidance.	5/5/2020
Budget/Billing	Since we are already at more than 18 days being at home, how can we pay staff to retain them beyond this point? if we pay staff for up to 6 hours for providing one hour virtually, where will the money come from to pay both family as staff while we also pay staff for 6 hours ?	The DDA encourage teams to use person-centered thinking skills to discuss each participant’s needs and staff (including hiring families) supports provided during specific activities and situations.	5/5/2020
Budget/Billing	Can increased rate start when tests are pending instead of when they are positive?	No. The increased rate can be requested beginning the date that the participant was determined COVID-19 positive and may be billed up to 21 consecutive days while the participant is in isolation.	5/5/2020
Budget/Billing	If a day provider bills for modified meaningful day, will the residential provider still be able to bill for residential day time supports?	Yes. Under the Appendix K Emergency Preparedness and Response, there are circumstances when both providers will bill when both Meaningful Day services and residential providers are provided.	5/5/2020

Budget/Billing	We have a COVID positive client, currently hospitalized since Friday 5/1. Baltimore County Health Dept put the house on isolation. Two other individuals live in the home. One has exhibited symptoms. Both PCPs have declined having the housemates tested because they would not cooperate with nasal swabs. We are instructed to treat them as exposed and this house is part of an outbreak (Dr. Qarni/Infectious Disease BC Health Dept). What supplemental funding are we entitled to bill for?	Yes, the provider can bill for the increased rate for the other people in the home due to the outbreak.	5/19/2020
Budget/Billing	Is it accurate to say that the one hour of "remote" meaningful day supports can be done by one staff in a residential home for multiple people/group of any ratio for that hour? Or does it have to be one hour per person in order to bill?	Yes.	5/5/2020
Budget/Billing -	When we looked into PCIS 2 a few days ago, we did not see 30 hours per week = 6 hours per day added to personal supports hours base calendar for individuals who have meaningful day activities. Has this been fixed?	Our technical staff has been continuously working to address issues over the last week.	5/19/2020
Budget/Billing - Codes	Please elaborate on what you mean by C-Code? Are they replacing the V-code? If so are providers limited to 18 C-days instead of 33-V days during this time? Can we carry over the code C's not used in March into APRIL?	As per DDA Appendix K #1 - Retainer Payment Guidance - Revised May 3, 2020, the DDA has created a new "C" day (as reference to COVID-19 Retainer Payment) into PCIS2 attendance. Provider are limited to 18 C days per calendar year. The COVID-19 Retainer Payment replaces the Residential Retainer Fee noted within the DDA's Community Pathways approved waiver. As per CMS directive, retainer payment time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities (Reference: CMS Olmstead Update letter #3 July 25, 2000). Therefore, a provider can only seek payment for up to 18 days for Retainer Payments per calendar year	5/19/2020

Budget/Billing - Codes	Please provide some clarity on codes to be used for each service? What code should be used if an individual is working in community based employment and their providers are still providing support at this time? Will P- days be used in this case in PCIS2	Refer to Appendix K Guidance #2 under the billing section for the attendance codes. If an individual is working in the community while their residential providers are still providing supports, a P day would be used.	5/19/2020
Budget/Billing - Codes	What code should be used for residents who test positive and is hospitalized. Should Code C or IS be used	If a person is hospitalized and not in the home, then the residential provider can bill for a retainer day, if less than 18 days (V or C) have been used since January 2020. Once the person is discharged from the hospital and returns to the home, then the residential provider can bill for the increased rate for supporting a person with a positive determination up to 21 days.	5/19/2020
Budget/Billing - Day Hab	Please provide some direction on how to bill for shared services in situations where there are 3 different day programs in one home. Who bills?	Each Meaningful Day provider can provide services, including remote supports, and bill for the participant that is enrolled in their program.	5/19/2020
Budget/Billing - Family	Family members have been providing Personal Supports since mid March, without documentation or proof of onboarding family members. Can providers still bill for those supports effective mid March? What information is needed from families for billing	No. As a Medicaid Waiver service, family members hired as staff must meet the minimum training and onboarding requirements as noted in the Appendix K guidance. In an effort to expedite service delivery during the pandemic, training requirements can be waived by the participant and provider for family members willing to provide services to participants until 60 days following the end of the State of Emergency. A provider who chooses to utilize non-traditional staff in direct support positions must initiate appropriate background checks, and MVA checks (if driving), but may place the staff person on the schedule immediately after performing an abbreviated background check using the name, birthdate, and social security number of the potential new hire. When this service is rendered by relatives or legally responsible individuals, the provider agency and participants enrolled in the self-directed services delivery model is responsible for ensuring that services are provided as authorized in the PCP and that billing occurs in accordance with the DDA requirements. Services should be documented as per the DDA - Service Authorization and Provider Billing Documentation Guidelines.	5/19/2020

Budget/Billing - Family	Has the DDA provided guidance on payments? How will families be paid for services especially since most of them have been providing services since March 13? Do we have to wait until the guidance for Appendix K is provided?	As per DDA Appendix K #6 - Staff Training and Onboarding Flexibility, family members can be hired as staff to provide services. If hired by a participant self-directing services, timesheet authorized by the participant are submitted to the participant's Fiscal Management Services (FMS) provider who will issue payment. If hired by a provider agency, the provider agency will pay the family members based on their policies and procedures.	5/19/2020
Budget/Billing - Family	Do family members receive time and a half for working for more than 40 hours a week?	The participant self-directing services (as the employer of record) and providers must follow all Department of Labor Laws for employees they hire. The cost of overtime is the responsibility of the employer.	5/19/2020
Budget/Billing - Funding	Can providers request additional funding for all residents who live in the same affected home if one of the residents tests positive for COVID-19	Provider may bill for the increase rate.	5/19/2020
Budget/Billing - PCIS	How will PCIS handle billing on weekends for Day Habilitation. Right now the weekends are not available to the provider.	Please note that weekends are available as per revisions made to the PCIS calendar as shared during the webinar.	5/19/2020
Budget/Billing - Personal Support	Please provide some insight on virtual services that are billable. Does calling an individual on Personal Supports on the phone count as a billable service?	As per MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020: 1-When appropriate, services can be delivered through telehealth using a real-time audio-visual connection that allows the staff member to both see and hear the participant. 2-Personal care services that only require verbal cueing (the ability to hear a verbal response from the participant) can also be delivered by phone. 3-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. 4-If participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers or smartphones. 5-If participants cannot access any video technology, audio-only telephone calls will be permitted.	5/19/2020

Budget/Billing - Reimbursement	How do we request for assistance or reimbursement on the money we have already spent and are currently spending on additional groceries and cleaning supplies during this lockdown?	Groceries and cleaning supplies are part of a provider's program related operating cost.	5/19/2020
Budget/Billing - Residential	It is my understanding that per DDA appendix K #2 under standards and requirements - 40 hours are approved to be billed for residential services which is 3 individuals in the home, however this does not seem to take into account the round the clock care that is being provided by staff. Should the rate be more for residential services?	Residential service are paid as a daily rate. Participants typically work in the community and/or participate in community activities and programs Monday through Friday outside the home. To support residential providers who are now providing supports during these typical day time hours, the DDA has authorized shared hours for each site.	5/19/2020
Budget/Billing - Residential vs Day	Can you provide some guidance on billing for Residential and Day Programs and who bills for them? if 3 individuals reside in the same location and are receiving both services? what if two out of the three are receiving residential services and not the day program	Providers that are approved for both residential and day services that provide services are able to bill for both services as per the issued Secretary Orders and Appendix K guidance. If the residential provider is not authorized to provide meaningful day services, then they are not eligible to bill for services.	5/19/2020
Budget/Billing - Residential vs Day	Please clarify, I understand that If DCS is both the Day and Residential provider for an individual, an individual can be marked present for the month if they were in the home each day is this correct?	Yes. Service delivery should be documented.	5/19/2020
Budget/Billing - Virtual Services	Can residential services bill during day hours if they providing virtual services supervision for day programs	Yes	5/5/2020
Budget/Billing- Day Hab	For Day Habilitation, can administration time be built into the hour long service? For example, progress notes and unemployment services support	No. Providers may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. 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. Other activities that do not occur directly with the person (either in-person or remotely) do not count toward billable time, however, they are included in the rate for the service delivered.	5/19/2020

Budget/Billing-Isolation	How do we bill supports for persons who are displaying dangerous behaviors due to not sheltering-in-place and socializing with groups of people throughout the community? These persons have been relocated to a site where they are the only individual for a period of 14 days of isolation. Per Appendix K #8 would these persons would meet the criteria outlined in category "(3) separate people due to behavior challenges; or (4) other circumstances associated with the COVID-19 State of Emergency (possible exposure)"; if so, how do we bill?"	Providers will bill for services as if they were provided in the normal site. If the person has a positive COVID-19 determination, then they would be eligible for the increased rate.	5/19/2020
Community Pathways	Do you have separate guidance for Community Pathways Waiver? It is confusing what CPW is required or allowed.	DDA Appendix K guidance applies to all of the DDA Medicaid Waiver programs including the Family Supports Waiver, Community Supports Waiver, and the Community Pathways Waiver.	5/19/2020
Constant Contact Information	I am not receiving the emails you have referenced today. I receive some DDA emails from some departments. However, I am not receiving these.	If you are not receiving the emails referenced in the webinar, please complete and submit the form found at: https://visitor.r20.constantcontact.com/manage/optin?v=001duPUQ89Y6uaUZUHfrfBd4sWTTzG_f0OyyaLK5sCAsNzYeIx9bZrBwViCN-BSSaq8x4k2S-x7OIrMxyvzFLzzka_MbZ9n3hr4gLdvbxhA6vg3Q7gsgNfGdLcGK68pyS-xfQTEsGgMuuCenjoS7kn0Do6kzzIB55POaSMFJZO8ge9yJrSi fDp5Jw%3D%3D	5/5/2020
Contractual Employees	Can family members be independent contractors in Traditional Services? Self-Directed services?	Participants self-directing services and providers as the employers of record make this decision.	5/19/2020
Coordinators of Community Services	Have CCSs been given guidance related to Appendix K?	Appendix K guidance has been shared with all stakeholders including CCS.	5/19/2020

Coordinators of Community Services	<p>For new or increased services, is there still a team agreement requirement when submitting the new request forms? How are the CCS's supposed to justify the need for the service, if it can be requested without their involvement?</p>	<p>For new or increased services, the minimum requirement is for the participant's agreement to the services. The DDA encourage teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency. Participant's and families have the choice to receive the services being offered or to decline them.</p> <p>The DDA will email to the CCS to inform them of authorization of service request submitted by the provider. During wellness checks and monitoring and follow up activities, the CCS should inquire about current services and needs and take actions as appropriate.</p> <p>The CCS can also submit request on behalf of participants.</p>	5/19/2020
Coordinators of Community Services	Can CCS be approved as a staff?	No.	5/19/2020
Coordinators of Community Services	Are Coordinators of Community Services updated on all guidelines and updates?	All DDA stakeholders receive notification of the DDA guidance posted on the dedicated webpage at the same time. All stakeholders are encouraged to participate in the upcoming webinars. The DDA has been in communicating with Coordinators of Community Services (CCS) management and will be conducting a CSS specific webinar to address questions.	5/5/2020
COVID-19 - Increase Rate	Please clarify - in a home where there are 4 people: 2 tested positive. The other 2 were asymptomatic and could not get tested, but the health department isolated everyone because of exposure. Do all 4 qualify for the increased rate?	Yes	5/19/2020

COVID-19 - Increase Rate	Please clarify, does the isolation rate apply in situations where a person is mandated to quarantined, and it does not come back positive? Staffing and PPE given during isolation is the same during quarantined as it is during people tested positive.	As per DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus: 1-In order to be eligible for receipt of an increased rate, the participants must have a positive COVID-19 determination. 2-Provider and participants enrolled in the self-directed service delivery model must maintain documentation including case notes with: (a) date of the determination (b) source (i.e., COVID-19 test result; determination by physician, local health department, Go Team, testing site; and other sources), and (c) staff person's name. 3-Participants who have not been determined to be positive are not eligible for the increased rate. 4-Providers must maintain case notes and documentation of direct service delivery including the date of service, service provided, time of service, and name of person that provided the service.	5/19/2020
COVID-19 - Increase Rate	If you have an COVID-19 positive individual that is not DDA funded but lives in a home with a funded participant, is the increased rate funded?	Yes. Once an individual in a home is determined to have a positive determination, the home is considered to have an outbreak.	5/19/2020
COVID-19 - Increase Rate	If an individual goes into the hospital the day he is tested positive, does the agency still gets to bill for 21 days of isolation if they were in the hospital for 21 days?	No. You can only bill for the increase rate if it is one of the designated services and you provided direct services as per the guidance.	5/19/2020

COVID-19 - Positive Determination	Who do we classify as COVID? People who have tested positive? Are underlying health risk enough to quarantine someone? What documentation is needed to classify as COVID ?	As per DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus: 1-In order to be eligible for receipt of an increased rate, the participants must have a positive COVID-19 determination. 2-Provider and participants enrolled in the self-directed service delivery model must maintain documentation including case notes with: (a) date of the determination (b) source (i.e., COVID-19 test result; determination by physician, local health department, Go Team, testing site; and other sources), and (c) staff person's name. 3-Participants who have not been determined to be positive are not eligible for the increased rate. 4-Providers must maintain case notes and documentation of direct service delivery including the date of service, service provided, time of service, and name of person that provided the service. People with underlying conditions are at risk but are not considered to have a positive determination.	5/19/2020
COVID-19 - Related Services	Please define COVID-Related services as everything happening at this time is impacted by COVID-19.	COVID-19 related services refers to services and supports needed to protect the participants immediate health and safety.	5/19/2020
COVID-19 - Related Services	How long is the temporary period for COVID-19 services	Appendix K is in effect from March 13, 2020 until March 12, 2021. If the State of Emergency ends before March 21, 2021, the Deputy Secretary will make a decision regarding how much time providers have to transition to their normal service operations and business model. To date, the DDA is unsure how long the transition period will be.	5/19/2020
COVID-19 Testing	Can you confirm the best way to help an individual gain access to a COVID test?	As per the Department's website, generally, only people who exhibit symptoms and are at high risk (older, underlying conditions) require a test. Reference: https://coronavirus.maryland.gov/pages/symptoms-testing	5/5/2020
Death - COVID	What form should we use for someone who passed away due to COVID?	Please immediately notify the Regional Office and complete an incident report as per the Policy on Reportable Incidents and Investigations.	5/5/2020
Electronic Signature	With the Covid-19 it has made it difficult to get the client to sign approve invoice payment is there an option for this approval method if so please explain	The Appendix K provides the option for an electronic method of signing off on required documents.	5/5/2020

Emergency Placements	Is the DDA still reviewing situations for emergency placement? If so, how long would it take to get approval for the funding?	Yes. Please contact the DDA Regional Office for emergency placement request.	5/5/2020
Employment	Please provide some guidance what do I do if my job coach or customized employment consultant is sick or family emergency	If a participant's job coach or customized employment consultant is sick or has a family emergency, he or she should follow up with their CCS and provider to discuss staff support options.	5/19/2020
Environmental Assessments	How do participants get an Environmental Assessment for home modifications?	As per MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020, whenever possible, individuals are encouraged to deliver services by phone or telehealth. Under no circumstances should phones or other telehealth technology be used to assess a participant for a medical emergency. When appropriate, services can be delivered through telehealth using a real-time audio-visual connection that allows the professional to both see and hear the participant and assess the setting.	5/19/2020
Family Support Waiver	Can requests under FSW exceed the \$12,000 annual cap for emergency health and safety needs	Yes	5/19/2020
Fiscal Management Services	Can you provide more information on FMS operations as pertaining to DDA. Will there be fees associated with department of labor filing for individuals under self-direction	The DDA expect employer of record to follow Department of Labor rules and does not provide legal advice on employment related items.	5/19/2020
Fiscal Management Services	What do we send to the FMS to get approval for requested items?	The DDA COVID-19 Self-Direction (DDACOVIDForm#5) is used by participants under the self-directed services delivery model to: 1- Request to Move Funds from Existing Budget Service Lines to other authorized or new service lines; 2- Request to Increase Budget Up to \$2,000 (for PS, CDS, Staff Recruitment, and PPE/Cleaning Supplies only);and 3-Request to Increase Budget Above to \$2,000 (for PS, CDS, Staff Recruitment, and PPE/Cleaning Supplies only).	5/19/2020
Fiscal Management Services	What does FMS stand for?	Fiscal Management Services	5/19/2020
Fiscal Management Services	Who is taking over for Arc FMS next month?	At this time, the Arc will continue to provide services.	5/19/2020

Fiscal Management Services	When will SDS participants be able to submit approved budget expenditures to the FMS?	Participants can submit at any time.	5/19/2020
Fiscal Management Services	What should the FMSs do when they cannot see participants in the FSW and CSW in PCIS2 due to the "glitch" and won't be able to verify the Covid \$2,000?	The DDA is issuing to the FMS a global authorization and use of \$2,000 increase to budgets as per DDA Appendix K #11 - Self Directed Service Delivery Model Exceptions.	5/19/2020
Fiscal Management Services	Has the FMS received the necessary guidance to carry out the changes made in Appendix K?	The DDA has shared guidance and will continue to support the FMS for the implementation of Appendix K.	5/19/2020
Fiscal Management Services	If the FMS denies the service request, doesn't this void the budget authority of the individual?	For COVID-19 related immediate service modifications needs, as per DDA Appendix K #11 - Self Directed Service Delivery Model Exceptions, 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: 1- Changes within current services authorized by DDA, and 2- Changes from current service authorized to a new service covered by the Waiver program in which the participant is enrolled.	5/19/2020
Fiscal Management Services	Once the FMSs receive guidance, will they send out a memo to all they serve?	FMS will continue to share information and communications with participants they support.	5/19/2020
Go Teams	Please provide clarity on GO Teams as there is some miscommunication. Is Go-Teams for sites that have positive cases of COVID-19? Is there a difference between Bridge/Strike and Go- Teams, They are being used interchangeably How can we get an assessment when it does start	"Go-teams" provide support to providers during outbreaks in Congregate Settings/Group Homes. These teams can help providers assess current supplies, staffing and infection control practices to help you best utilize the resources you already have available. Based on the "go-teams" recommendations and follow-up from test teams, a care delivery team may be provided for short-term crisis interventions.	5/19/2020
Go-Teams	Do people that self direct their services have access to the Go-Teams?	No. At this time the Maryland Department of Health, in coordination with the Maryland National Guard and other local partners, has assembled "go-teams" to provide support to providers during outbreaks in Congregate Settings/Group Homes.	5/5/2020

Go-Teams	<p>How is a request for support from a "go-team" made?</p>	<p>To request a "go-team", contact your local health department and local emergency agency. These agencies will assess your organization's current situation and connect you with local resources and the "go-teams" as needed.</p> <p>Contact information for each local entity can be found at: https://health.maryland.gov/Pages/departments.ASPX</p> <p>Go-Team information that will be requested can be viewed at: https://dda.health.maryland.gov/Documents/COVID%2019%20Documents/4.26.20/Go%20Team%20WebEOC%20Information%20Requirements.pdf</p>	5/5/2020
Go-Teams	<p>Can you confirm who is eligible to receive support from a 'Go-Team'?</p>	<p>The Maryland Department of Health, in coordination with the Maryland National Guard and other local partners, has assembled "go-teams" to provide support to providers during outbreaks in Congregate Settings/Group Homes.</p> <p>Reference: https://dda.health.maryland.gov/Documents/COVID%2019%20Documents/4.26.20/Go%20Team%20WebEOC%20Information%20Requirements.pdf</p>	5/5/2020
Groceries - Group Homes Purchasing Over the Limit	<p>How do we get a copy of the letter about groceries?</p>	<p>The information is posted on the DDA and can be viewed at this link: https://files.constantcontact.com/f401fd14401/d7d86578-5538-4abd-a19e-e81c366f60a4.pdf</p>	5/19/2020
Hazard Pay	<p>The state of MD has raised the pay level by \$3.13 for staff who are essential and in close quarters. They get paid this, plus an additional \$2.00 for hazard pay - meaning a positive COVID case. It appears that your Appendix K only requests a bump in hourly wage if there is a positive case. It doesn't even provide a higher wage rate for homes that are quarantined, but with no positive... Why aren't our staff treated fairly and on par with other state employees?</p>	<p>The DDA received approval to provide an increased rate for Community Living - Group Home, Supported Living, Shared Living, Personal Supports, and Nursing Services (e.g. Nurse Health Case Management & Delegation Services, Nurse Consultation, and Nurse Health Case Management) when the person has been determined to be COVID-19 positive.</p>	5/5/2020
Health - CPR	<p>Does DDA have guidance for providers regarding CPR for suspect/positive COVID-19 victims?</p>	<p>Stakeholder should follow guidance from the Center for Disease and Control (CDC). Reference: https://www.cdc.gov/coronavirus/2019-ncov/index.html</p>	5/5/2020

Hospitalization	When someone is in the hospital, does this support need to be done in the hospital or can it be done virtually or by phone?	As per DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State, the following services can be provided in an acute hospital or short-term institution stay: 1-Community Living - Group Home 2- Supported Living 3- Personal Supports 4-Community Development Services 5-Day Habilitation Direct services must be focused on providing personal, behavioral and communication supports not otherwise provided by the institution. Services can not be done virtually or by phone.	5/19/2020
Incidence Data	Can the DDA breakdown the COVID incidence data by traditional and self direction?	At the present time, the DDA is collecting information from residential providers when they report it to the DDA	5/5/2020
Incident Report	Do we need to submit an incident report and the DDACOVIDForm#3 when 1:1 or 2:1 has not been met until it is approved?	Yes	5/19/2020
Incident Reporting	If an incident has to be submitted, is it being submitted under Other or Neglect?	It would be submitted under Other as it relates to COVID-19.	5/19/2020
Incident Reporting	If you have multiple 1:1's in the home how many IR's need to be completed, one for each individual?	Incident reports are specific to a person, therefore one is needed for each person.	5/19/2020
Incident Reporting	Will providers be responsible if a family member engages in neglect or abuse?	The DDA cannot provide legal advice or technical guidance related to employment issues.	5/19/2020
Incident Reporting	Are CCSs required to follow-up with the provider after each incident report for staff ratio exceeded?	Yes	5/19/2020
Incident Reporting	Appendix K says that we can deviate from staffing as outlined in a person PCP and the requirement to submit an incident report has been suspended unless it results in failure to provide care - does this not apply to 1:1 and 2:1 staffing?	The requirement to conduct an investigation of any incident of deviation in staffing as outlined in a participant's person-centered plan may be suspended, if deemed necessary by the Department. The requirement to submit an incident report for any deviation in staffing as outlined in a participant's person-centered plan may be suspended. If this requirement is suspended, providers still must report any incidents in which staffing shortages result in a failure to provide care, if deemed necessary by the Department.	5/19/2020

Incident Reporting	DDA has been informed since the beginning that ratios may not be met and this is the first we are hearing this requirement. We may have 8 weeks of IR to do. Isn't there another option available for this?	Providers can submit one incident report per person to report COVID-19 1:1 and 2:1 staffing incidents from March 13, 2020 to May 15, 2020.	5/19/2020
Incident Reports	Do we need to go retroactively and fill out form #3 and incident reports for all instances where we were out of ratio ?	Yes. Providers can submit one incident report per person to report COVID-19 1:1 and 2:1 staffing incidents from March 13, 2020 to May 15, 2020.	5/19/2020
Incident Reports	Please elaborate: how do we report if we can not provide community living 1:1 the entire day, when we started in March providers were told to complete staffing ratios as we deemed needed , but now we have forms in appendix K to fill out. If we are not seeing any risk of not having 1:1 in the homes during this time since there are more staff added in the homes do we need to complete the DDA COVID-19 #3 form and do each person as an incident report.	If you are unable to provide the required 1:1 staff ratios during different times during the day, you can submit one incident report and note the specific time frames where the staff ratio was not met. If you want to request an exception to the authorized staffing ratio, then you submit the DDA COVID-19 Staff Ratio Exception Request Form (DDACOVIDForm#3). Providers can submit one incident report per person to report COVID-19 1:1 and 2:1 staffing incidents from March 13, 2020 to May 15, 2020.	5/19/2020
Internet	Can you please clarify how we would request internet/wifi for participants who do not have it, in order to enable them to participate in remote Day Hab?	Meaningful Day service providers may develop new business mode for remote supports. Cost associated with the provider equipment, internet, etc. in the delivery of new business models are part of the provider's program service cost. Participant's with an assessed need for Assistive Technology (AT) devices can be submitted using the DDA COVID-19 Service Authorization Form (DDACOVIDForm#1) or Revised Cost Detail Tool. Please note AT does not include the cost associated with internet access.	5/19/2020
Isolation	Is there funding to pay for hotel stays for people being isolated or quarantined away from their group home?	No.	5/19/2020
Isolation	HD did not recommend removing the positive person because of the exposure. We can limit our own staff to a designated home, what about staff who work for other providers?	In the Deputy Secretary's webinar, Dr. Fedder suggested that providers offer staff incentives to not work at various agencies/homes to reduce the risk of infection. Incentives include hazard pay, overtime pay, and other benefits.	5/19/2020

Isolation	<p>Are we able to count everyone as presumed positive under the following:</p> <ol style="list-style-type: none"> 1. One individual is symptomatic and is presumed Covid19 and is tested. The start date would be the date the PCP determines the individual is symptomatic. Please confirm. 2. Once an individual is a confirmed positive the entire home is considered an outbreak home. The local health department elected not to test as they presumed the other individuals were positive. We were required to isolate all staff and follow the guidelines for supporting people in congregate settings with covid19. In this case are the other residents considered positive based on the local health department instructions? Please confirm. 3. If an individual in the home tests positive and remains in the hospital, but the local health department designates the home an outbreak and requires instructs us to isolate and implement protocols for supporting patients in a congregate settings with covid19 are the individuals considered confirmed covid19 positive if not tested? 	<p>1 - Yes 2 - Yes 3 - Yes</p>	5/19/2020
Isolation	<p>Can you clarify what Isolation is ? CDC has a different definition and so does DDA's Appendix K.</p>	<p>The DDA will pay an increase rate for Community Living-Group Homes, Supported Living, Shared Living, and Nursing Service, and Personal Supports when a participant has has a positive COVID-19 determination and must be isolated. The increased rate can be requested beginning the date that the participant was determined positive and may be billed up to 21 consecutive days while the participant is in isolation.</p>	5/5/2020

Isolation - Increased Rate	<p>Appendix K #7 page 3 in reference to increased rate for “isolation days”, please clarify what is makes one eligible for isolation day</p>	<p>As per our guidance, in order to be eligible for receipt of an increased rate, the participants must have a positive COVID-19 determination. As determinations are being made by various sources (i.e., COVID-19 test result; determination by physician, local health department, Go Team, testing site; and other sources). Providers must maintain documentation including case notes with: (a) date of the determination (b) source and (c) staff person’s name.</p> <p>As per Dr. Feder, once a person in a congregate setting is determined to be positive, the setting is considered to have an outbreak and all must be isolated.</p> <p>Therefore to clarify, the increase rate for isolation can be used for the following reasons noted below:</p> <ul style="list-style-type: none"> 1- Isolation for someone who is symptomatic 2- Isolation for someone who has been tested and is awaiting results 3- Isolation for someone who has tested positive 4- Isolation for someone who tested negative and still symptomatic 5- Isolation for roommates that are waiting test results of another roommate that they have shared same caregiver and may have been exposed 6- Isolation for anyone who was just discharged from a hospital for any reason <p>As per DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus , for eligible participants, the increased rate can be requested beginning the date that the participant was determined positive and may be billed up to 21 consecutive days while the participant is in isolation. In addition, Providers must maintain case notes and documentation of direct service delivery including the date of service, service provided, time of service, and name of person that provided the service</p>	5/19/2020
ISS Funding	<p>Please clarify, does individual with ISS funding get up to an additional \$1,000 for needs during this COVID19 period?</p>	<p>No.</p>	5/19/2020

ISS Funding	Is there any increased funding for those receiving ISS funding during the State of Emergency?	As per DDA's Policy on Use of State Only Funds, people who are receiving DDA State only funded services that require additional funding to resolve emergency situations in order to meet the immediate health and safety needs of the individuals. Therefore they can request services as per DDA Appendix K #5 - COVID-19 New Services Authorization Request Process.	5/19/2020
LISS Funds	Where there be any adjustments to the process for using LISS funds. Families who have authorization for camp would appreciate flexibility to use funds instead for technology to meet some of the same goals that camp (had it not been closed) would have provided. Without flexibility, these funds will go unspent despite vast needs.	The DDA understand that you may no longer be able to use the funds for camp and that we are asking the LISS providers to work with families to allow those funds to be used to items specific to the person's needs in lieu camp and under the LISS guidance.	5/19/2020
LISS Funds	Please provide insight a participants LISS funds will expire June 30, 2020. Unfortunately, due to the COVID-19, his access to respite care has disappeared since March. Is there any way these funds can be extended once Governor Hogan allows for these services to be accessed?	The DDA understands that your current respite provider may not be available at this time. We will be sharing LISS guidance. You can also consider identifying another provider for respite to meet your current needs.	5/19/2020
Local Health Department - Reporting	Please clarify, do providers have to notify the health department for individuals residing with others on personal support or individuals who are reviewing employment services	In order to track positive determination and trace potential exposures, provider should report information to the local health department.	5/19/2020
Local Health Department - Reporting	Please clarify, do providers have to report the the Department of Health? Some health departments are saying once rates and cases are reported to the DDA, they do not have to be reported to them	All COVID positive cases should be reported to the local health department. Once reported, the local health department should provide the caller with a outbreak number. If you reported an outbreak/positive case and did not receive a number, please contact the health department again, and ask for a number.	5/19/2020
Local Health Department - Testing	How can the Health Dept help agencies offer testing to staff who are asymptomatic but are working with people who have tested positive or who may have been exposed in some other way? Not being able to get tested is one of the greatest frustrations the direct support staff are experiencing.	Currently, those exhibiting symptoms are being tested for COVID-19. In cases where there is a possible exposure, individuals are encouraged to be in quarantine for 14 days. If symptoms exhibit, during this time, they should contact their primary care physician in regards to testing. Tests are not being given to those who do not display symptoms at this time.	5/19/2020

Local Health Departments	Can you provide clarity on which health department we should work with if our offices are in Howard County but majority of our homes are in Baltimore County?	You should work with the local health department for the county that the site resides.	5/19/2020
Local Health Departments	What is the DDA doing about disparities between the local health department (County vs City) about testing availability, reporting requirements etc?	The DDA will follow up with Dr. Feder to share concerns and issues.	5/19/2020
Local Health Departments - Reporting	Could staff claim invasion of privacy if an agency reports testing results and current employment agencies to the the health department ?	Agencies should report this information to the local health department. The health department will be responsible for contacting the other agencies.	5/19/2020
Local Health Departments - Reporting	Please provide clarity on the proper procedure for reporting on positive staff. Providers have been notifying each other about positive staff while others are relaying information through the Department of health. Concerned about delay and potential negative implication	Agencies should report this information to the local health department. The health department will be responsible for contacting the other agencies.	5/19/2020
Local Health Departments - Tracking	Is the DDA using the same outbreak number assigned by the local health department for effective tracking? Please clarify, an outbreak number can only be given when a participant test positive or can it be given if a DSP tests positive as well	An outbreak number should be given with every reported positive case. If all of the cases are in the same facility/agency, then it is possible that one number will be used for the entire outbreak.	5/19/2020
LTSS	Can you please give us update on LTSS, when will we be required to start using for billing? Can you also give us updates on rates? What rates will we be using on July 1st ?	The DDA is postponing its planned provider billing implementation of LTSSMaryland and the transition to a fee-for-service model with new rates due to the COVID-19 crisis. The DDA will be sharing additional information in the next few weeks.	5/19/2020
LTSS Training	Has a plan been put in place for LTSS now that there is less time to support staff in transition? Will LTSS training be rescheduled for another time?	Yes. The DDA is postponing its planned provider billing implementation of LTSSMaryland and the transition to a fee-for-service model with new rates due to the COVID-19 crisis. LTSSMaryland training will be reschedule. Staff and providers can view training webinars on DDA's LTSSMaryland webpage at: https://dda.health.maryland.gov/Pages/LTSS%20Maryland.aspx	5/5/2020

MANDT	Will DDA grant extensions for expired/overdue Mandt certifications?	<p>Yes. All licenses and certificates that are scheduled to expire during the State of Emergency and catastrophic health emergency are hereby extended until the 30th day after the date by which the State of Emergency is terminated and the catastrophic health emergency is rescinded as per the Governor's Executive Order.</p> <p>Specific to MANDT, communications that went out to trainers from Mandt stated that Mandt would not extend certifications, but would extend the "grace period" to August 31st so that those staff that missed their recertification date would not have to retake the entire course (4 days). Instead they can take the refresher which is typically 1.5 days as long as it is done by August 31, 2020.</p>	5/5/2020
MBON Requirement	Some provider nurses have described that the Board of Nursing is still going to require face to face or in person visits every 45 or 60 days by the nurse. Is this true? is this addressed in the appendix k or 1135?	The Maryland Board of Nursing (MBON) has issued a temporary extension of the 45 day assessment to 60 days during the State of Emergency. The MBON has not commented or made a statement about forgoing in person assessment as established in the COMAR regulations and the DDA does not have the authority to issue that change. However, it is the responsibility of the nurse to make decisions and take actions consistent with his/her obligation to provide optimal care and protect the health and safety of the people they support as well as their own health and safety. Therefore, during this State of Emergency, a nurse may make the decision to avoid an in-person contact based on their assessment of the person's health and their environment and conduct phone, skype, or other virtual means. Reference: Public Notice Suspensions of Certain Provisions and Regulations of the Nurse Practice Act.	5/5/2020
MBON Requirement	Does DDA have guidance on providing classes that have been onsite classes as per MBON and DDA. The RN CMDM is mentioned in K; however, delegation is in all RNs licenses without the exemption, thus simply delaying the senate mandated class. There is no reference in Appendix K as to how MT classes will be held during the emergency declaration and it is not addressed by the MBON as the RN notes.	The DDA is unable to provide additional guidance because the MTTP is under the MBON. Please reach out to MBON for further guidance.	5/5/2020

MBON Requirement	What is required for expired CMT?	The CMTs have 30 days from the date of the Executive Order is lifted to take the course.	5/5/2020
Meaningful Day	Can a provider who provides day and residential support to an individual bill for both modified meaningful day and shared add on service at the same time? What about in the case of additional hours	Yes. As long as at least one hour of Meaningful Day service in a day is provided, which can include direct, virtual or a combination of both, you may bill for both services.	5/19/2020
Meaningful Day	For CDS and DAY HAB- how many people could be in a group ZOOM meeting, for 1 hour, to count them all present? If we do a group meeting with 10 people for 1 hour, can they all be marked present?	Meaningful Day services, provided remotely can be provided to groups of people. In order to bill for a day of Meaningful Day service for a particular person, that person must receive at minimum, one hour of cumulative, direct, or remote supports during that day. People who receive 1:1 support through Meaningful Day services, may receive those services remotely or in person, per the persons needs.	5/19/2020
Meaningful Day	If an individual has 1:1 support at home can Day Program provide virtual meaningful day services to them?	Yes.	5/19/2020
Meaningful Day	How will meaningful day services be delivered to individuals in group homes who do not have access to a computer or wifi access and cannot participate in virtual services? We have already had day programs tell us they plan to call the individual but how will that compute to an hour of billable service?	The Meaningful Day provider must 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. A provider can bill for services provided remotely, virtually, or direct in the same day as long as they are cumulative of one hour.	5/19/2020
Meaningful Day	Under Appendix K, for meaningful day services can we request assistive technology for participant that doesn't have any (tablet, computer etc)?	Meaningful Day service providers may develop new business models for remote supports. Cost associated with the provider equipment, internet, etc. in the delivery of new business models are part of the provider's operating cost. Participant's with an assessed need for Assistive Technology (AT) devices can be submitted using the DDA COVID-19 Service Authorization Form (DDACOVIDForm#1) or Revised Cost Detail Tool. Please note AT does not include the cost associated with internet access.	5/19/2020

Meaningful Day	If a provider has been providing at least one hour of employment related support to a client starting after March 13th, would the provider be able to retroactively be paid for those days?	Yes. As long as at least one hour of Meaningful Day service in a day is provided, which can include direct, virtual or a combination of both, you may bill for both services. The provider must maintain documentation of services provided.	5/19/2020
Meaningful Day	Can a provider claim for day habilitation hours if staff is assigned to provide services while the individual is home	Yes this is consider services provided in an alternative location.	5/19/2020
Meaningful Day	If provider A has an individual going to provide B for day rehabilitation service. During this pandemic, Provider A has been providing staff in the morning but Provider B is now doing remote service using zoom but still requires provider A to provide staff since the individual can not independently use zoom or stay unaccompanied. Will both providers be paid for the same time?	Yes	5/19/2020
Meaningful Day	If a provider provides 1 hour of day services through telehealth to an individual at a family home. Should the provider also offer to pay family member for the other 5 hours in which the family provides ADL care and activity participation?	The DDA cannot provide legal advice or technical guidance related to employment issues.	5/19/2020
Meaningful Day	Can we provide and bill for 7 days of Meaningful Day services?	People receiving Meaningful Day Services via traditional provider, may receive those services any day of the week, however, no more than 5 days in a 7 day period (Sunday-Saturday) may be billed in a given week.	5/19/2020
Meaningful Day	If the provider bills for a full day of telephonic services how does this prevent the overlap of billing for other services if they are offered during that day?	Under the Appendix K authority, a Meaningful Day provider may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. Additionally, for people receiving Community Living Group Home or Supported Living Services, day time "shared service hours" will be authorized to provide funding for supports based upon the number of people in the home, with more available based upon individual needs.	5/19/2020
Meaningful Day	Please elaborate on Day Hab 1:1 vs Day Hab w/o 1:1 Telecommunicating	People who receive 1:1 support through Meaningful Day services, may receive those services remotely or in person, per the person's needs.	5/19/2020

Meaningful Day	Are there allocated hours for a 2 person ALU and people who are 1:1 during Meaningful Day hours?	For people receiving Community Living Group Home services, day time "shared service hours" will be authorized to provide funding for supports based upon the number of people in the home, with more available based upon individual needs.	5/19/2020
Meaningful Day	If family members only provide one hour of support as a hired staff we are counting that as an attendance day?	Under the Appendix K authority, a Meaningful Day provider may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day.	5/19/2020
Meaningful Day	An individual supported receives 1:1 in a day program setting but does not require this level of support in his residential group home. Can I assume the day programs supports that are now being provided in his group home does not have to be a 1:1 as his PCP does not require 1:1 in his home setting?	Given this unprecedented pandemic, new service delivery models including remote supports, ability to support people in alternative settings and exceed licensed capacity, and additional day time shared hours authorized for residential sites, we encourage providers and teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency.	5/19/2020
Meaningful Day	Can we bill DDA for a full day if a participant is in the hospital due to positive COVID-19 and we make calls to the hospital daily to check on the participant ?	No	5/19/2020
Meaningful Day	Are there exceptions for 1:1 or 2:1 exceptions for Day Hab if not employment?	Yes if direct supports are being provided.	5/19/2020
Meaningful Day	If a person is contractual with a provider for CDS thru SDS, can the CDS provider bill for 6 hrs if only actually providing the 1 hr. of virtual service at the same time PS is being provided and paid for thru the person's budget?	No. They can only bill for actual services being provided as self-directed services are paid on an hourly basis and not a daily basis.	5/19/2020
Meaningful Day	When a Day Program is closed and we are providing a Meaningful Day Service with individuals are there DDA forms that we need to use when documenting?	When rendering services, providers should be sure to follow the documentation guidelines, outlined in the DDA Services Authorization and Documentation Guidelines found on the DDA website.	5/19/2020

Meaningful Day	If someone would like for us to provide a virtual hour of support using DH funding, are we able to deny them services?	Providers should make every effort to provide services and supports and consider the Appendix K temporary authority to provide services remotely. If a provider refuses to provide the requested services, the participant can select another provider to meet their needs.	5/19/2020
Meaningful Day	<p>Some individuals we support are out of work and will return to work and others are still working. In the workplace we provide 1:1 drop in supports.</p> <p>During COVID 19 if we want to have an employment activities for those individuals both maintaining the job once they return or job development can that be in a group based on their work status or is this only 1-to-1 remote service during this time?</p>	<p>A person who is funded for Supported Employment and supported by a provider can bill for supported employment activities provided remotely, virtually, or direct in the same day as long as they are cumulative of one hour. This includes if the person is working for at least one hour at their competitive job.</p> <p>There are several resources for virtual discovery activities and job development, which we have included in our April Employment First Newsletter.</p>	5/19/2020
Meaningful Day	If we have furloughed or laid off staff and are not hiring them back now but instead are hiring families to do one hour a day for CDS or Day or SE, can we still bill for those services and keep the payments?	Under the Appendix K authority, a Meaningful Day provider may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day.	5/19/2020
Meaningful Day	<p>I have day and residential program. My day program staff have been providing day supports to the individuals in their residential group homes during the day.</p> <p>We have told the day staff they must adhere to the individuals supervision requirements that have been set in the PCP for the person in the residential setting and not the supervision ratios that were set for a day program setting. Supervision ratios are determined by the setting so it needs to be the residential setting because that is where the service is being provided.</p>	Given this unprecedented pandemic, new service delivery models including remote supports, ability to support people in alternative settings and exceed licensed capacity, and additional day time shared hours authorized for residential sites, we encourage providers and teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency.	5/19/2020
Meaningful Day	How do we report if a participant has 1:1 during meaningful day, yet not during their residential placement?	Additional information is needed in order to respond.	5/19/2020

Meaningful Day	Once Day Programs re-open, will we have to mandate mask wearing and temperature checks?	Meaningful Day programs/services should continue to comply with all applicable social distancing requirements or recommendations made by State and local authorities, as well as recommendations from the Centers for Disease Control (CDC). As those continue to change, the DDA will provide information for provider agencies to consider related to community and/or facility-based Meaningful Day services.	5/5/2020
Meaningful Day	Typically, you can't bill for Meaningful Day and Residential hours at the same time. If a person is currently being supported in their residential home and receiving Meaningful Day services at the same time, can both be billed on a given day?	<p>Yes. Under the Appendix K Emergency Preparedness and Response, there are circumstances when both providers will bill when both Meaningful Day services and residential providers are provided.</p> <p>A full day of Meaningful Day service may be billed if people in a residential setting received a Meaningful Day Service at minimum, one hour of cumulative, direct, or remote supports during that day. The Meaningful Day 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. The residential provider may have staff on site during this time that can support personal care and behavioral challenges but the primary services and supports should be from the Meaningful Day provider.</p> <p>Additionally, a person receiving Community Living - Group Home (CLGH) and Supported Living (SL) will receive additional add-on hours.</p> <p>However, if a person was authorized for residential dedicated one to one supports (i.e. in lieu of Meaningful Day services) for specific days of the week, then the Meaningful Day provider should not bill for those days.</p>	5/5/2020

Meaningful Day	Any recommendations on the plan for individuals who are not interested in or unable to participate in day services in a remote fashion?	DDA encourage teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency. Participant's and families have the choice to receive the services being offered or to decline them.	5/5/2020
Meaningful Day	Meaningful day services provided remotely to individual receiving in-lieu of day services in the group home. Isn't this considered overlap of services? Will both providers be reimbursed?	No. Under the Appendix K Emergency Preparedness and Response, there are circumstances when both providers will bill when both Meaningful Day services and residential services are provided.	5/5/2020
Meaningful Day	Can you clarify for CDS the statement of residential staff may provide services for programs such as CDS? If DDA is paying residential provider for CDS but the day provider is providing service remotely how will services be covered?	The DDA will not pay residential providers to provide meaningful day services. The DDA is authorizing a set amount of shared day time service hours to support the additional staffing provider organizations are providing via licensed Community Living-Group Home and Supported Living services.	5/5/2020

Meaningful Day	<p>Can someone get 8 hrs residential during day hours with one provider and overlap with the one hr remote learning with the day program or is this a double-dip?</p>	<p>Yes. Under the Appendix K Emergency Preparedness and Response, there are circumstances when both providers will bill when both Meaningful Day services and residential providers are provided. A full day of Meaningful Day service may be billed if people in a residential setting received a Meaningful Day Service at minimum, one hour of cumulative, direct, or remote supports during that day. The Meaningful Day 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. The residential provider may have staff on site during this time that can support personal care and behavioral challenges but the primary services and supports should be from the Meaningful Day provider. Additionally, a person receiving Community Living - Group Home (CLGH) and Supported Living (SL) will receive additional add-on hours.</p> <p>However, if a person was authorized for residential dedicated one to one supports (i.e. in lieu of Meaningful Day services) for specific days of the week, then the Meaningful Day provider should not bill for those days.</p>	5/5/2020
Meaningful Day	For doing remote Day Services - does it have to be live or can it be recorded and people watch it later?	<p>It must be live, it cannot be recorded. A full day of Meaningful Day service may be billed if people in a residential setting received a Meaningful Day Service at minimum, one hour of cumulative, direct, or remote supports during that day. The Meaningful Day 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.</p>	5/5/2020
Meaningful Day	Can you provide insight on what to do for individuals who are not interested in or are unable to participate in remote day services. What about individuals who do not want to participate in remote services	If remote services are either not feasible or not desired by an individual, the team should look at whether dedicated in-person supports are appropriate instead. A Meaningful Day provider could provide these supports in a persons home with their existing staff or potentially hire a family member if appropriate.	5/19/2020
Meaningful Day	If you have a participant who you were providing supports for for a volunteer job under CDS and you now are providing remote support on employment readiness do you need to file a site change form?	No a site notification form is not required. The specific supports provided should be within the scope of the authorized service. If the person is interest in employment support, a service change may be needed.	5/19/2020

Meaningful Day	If we had been providing 1:1 support to someone under SE in a paid job and now we want to provide 1:2 group services to practice interviewing and work on employment social skills do we need to make a request to make a staff exception?	No. Supported Employment services are a 1:1 service.	5/19/2020
Meaningful Day	For CDS services if we want to move from 1:1 support at a volunteer job to 1:2 remote support, do we need to make a request for staff exception?	No if remote supports meet the participants needs.	5/19/2020
Meaningful Day	If a person served has funding in both Day Habilitation and Supported Employment, is the retainer payment a combined 18 day limit?	No, it is per service.	5/19/2020
Meaningful Day	Does DDA plan on providing guidance to Meaningful Day service providers related to the re-opening of day services that are facility based?	The DDA will share information for providers to consider during current and future circumstances based on national efforts and recommendations. Each provider will need to consider their business and staffing model when planning for any reopening plans.	5/5/2020
Meaningful Day	If you have a client who has been on a waiting list with their Day Provider for Employment Services, including Discovery, under Appendix K, could a family member provide those services in their home? Would the PCP need to be amended with the CCS and Day Program Coordinator?	Employment Services are not currently available to those who are not in the pilot program. A person can be authorized for Employment Discovery and Customization (EDC) or Supported Employment (SE) at this time. Participants can complete best practice Discovery activities for Employment under a wide array of Meaningful Day Supports. A family member can provide SE/EDC in their home. Meaningful Day services can be delivered either directly by family members hired by the community-based provider or by phone or through telehealth applications as per COVID-19 #16 -- DDA Waiver Programs Telehealth and Telephonic Guidance -- April 13, 2020 Please see DDA Appendix K # 6 - Staff Training and On-boarding Flexibility at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Meaningful Day	For Day Habilitation, can admin time be built into the hour long service? For example, progress notes and unemployment services support.	No. As per COVID-19 #17: DDA Meaningful Day Services - Minimum Service: Providers may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. 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.	5/5/2020

Meaningful Day	<p>When receiving video day services, who pays for the video equipment and internet....and is the staff providing support while on video from the residential agency compensated as well as the day? How will this work?</p>	<p>Meaningful Day service providers may develop new business models for remote supports. Cost associated with the provider equipment, internet, etc. in the delivery of new business models are part of the provider's operating cost. Participant's with an assessed need for Assistive Technology (AT) devices can be submitted using the DDA COVID-19 Service Authorization Form (DDACOVIDForm#1) or Revised Cost Detail Tool. Please note AT does not include the cost associated with internet access.</p> <p>DDA is authorizing additional shared service hours for residential sites to support person including assistance with personal care during meaningful day remote supports.</p>	5/5/2020
Meaningful Day - Billing	<p>Can you bill for meaningful day services if you provide at least 1 hr of telehealth, and still bill for the additional 6 hrs per day in lieu of them actually attending their scheduled day program?</p>	<p>A Meaningful Day provider may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day.</p> <p>Additionally, for people receiving Community Living Group Home or Supported Living Services, day time shared service hours will be authorized to provide funding for supports based upon the number of people in the home, with more available based upon individual needs.</p>	5/19/2020

Meaningful Day - ILOD	Can agencies do in lieu of day to recoup costs beyond the 18 days?	No. Retainer payments are available for direct care providers who normally provide services, but are currently unable to due to health and safety risk; State mandates; or complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19 or isolated or quarantined based on local, State, federal and/or medical requirements/orders. If a person does receive services in their home through Community Living Group Home or Supported Living day time shared service hours will be authorized to provide funding for supports based upon the number of people in the home, with more available based upon individual needs. There is no need to request in lieu of day in this situation, however additional dedicated hours may be requested, per the persons support needs.	5/19/2020
Meaningful Day - Minimum Service Hours	If daily supports are provided virtually for CDS and Employment clients can we bill if under 4 hours?	Yes. The DDA has received permission under the federal emergency Appendix K authority to temporary suspend the six (6) hour requirement. Please also reference to the COVID-19 #17: DDA Meaningful Day Services - Minimum Service - April 25, 2020 for additional information.	5/5/2020
Meaningful Day - Minimum Service Hours	Our CDS staff are working to create a curriculum to do with people in their homes. If we are only able to be with the person via facetime, or two hours in person, can we still bill for a day? We will share the curriculum and work as proof of work. However we don't meet the 4 hour guide.	Yes. The DDA has received permission under the federal emergency Appendix K authority to temporary suspend the six (6) hour requirement and for services can be provided remotely.	5/5/2020
Meaningful Day - Payments	Will meaningful day providers (employment, CDS) receive payment during the covid-19 mandated closures?	Yes. The DDA has received permission under the federal emergency Appendix K authority to allow for COVID-19 related retainer payments when participants are not receiving planned services. In addition, services can be provided virtually/remote and receive payments.	5/5/2020

Meaningful Day - Virtual	If daily supports are provided virtually for CDS and Employment clients will we be able to bill for that day?	Yes. The DDA has received permission under the federal emergency Appendix K authority to add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting. Please see refer to COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance, issued April 13, 2020 and effective beginning March 13, 2020 at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Meaningful Day - Virtual	If people are in employment services only and their work has ceased in this time and we are doing at home supports with the workplace behavior curriculum and doing facetime or face to face for two hours, can we bill for a day?	Yes. The DDA has received permission under the federal emergency Appendix K authority to add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting.	5/5/2020
Meaningful Day-Billing	Is there a cap for meaningful day activities since providers will not be paid for weekends of day services?	People receiving Meaningful Services via traditional provider, may receive those services any day of the week, however, no more than 5 days in a 7 day period (Sunday-Saturday) may be billed in a given week.	5/19/2020
Meaningful Day-Billing Documentation	Can you provide some guidance on what to do? Our organization closed day and employment services on March 17th. Our organization has roughly 55 residential homes. Starting on the 17th, I put all of our Day and Employment staff to work in the 55 residential homes during the day. 65% of the residents attend my day services. May I bill as present for all of the individuals since a staff is present during the day to provide ADL's/activities for them at home during the day? If so, other than timesheet documentation, what other documentation is needed? I am asking this because the memo stating providers are allowed to provide day supports remotely or virtually didn't get released until April 25th, with an effective date of March 13th. Would timesheet be sufficient until the memo release date of April 25th?	Yes you can bill for services. Retroactively to March 13, a Meaningful Day provider may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. Additionally, for people receiving Community Living Group Home or Supported Living Services, day time shared service hours will be authorized to provide funding for supports based upon the number of people in the home, with more available based upon individual needs. Documentation requirements for service delivery remain the same, with the exception of the requirement for individualized schedule, which has been suspended.	5/19/2020

Meaningful Day-Distant learning	What should day programs do if residential providers do not allow individuals to participate in distant learning?	DDA encourage teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency.	5/5/2020
Meaningful Day-ILOD	Is funding available for ILOD shared staffing in residential and remote day services if providers are authorized to provide both services	If a person receive services in their home through Community Living Group Home or Supported Living day time shared service hours will be authorized to provide funding for supports based upon the number of people in the home, with more available based upon individual needs. There is no need to request in lieu of day in this situation.	5/19/2020
Meaningful Day-Minimum Service Hours	Typically, our agency bills for Supported Employment on the days the person works, even if we are not providing direct support that day. Under changes in Appendix K, when can we bill for Supported Employment?	Yes. If a person continues to work, a provider can continue to bill for Supported Employment Services, even if no direct support (either remote or in-person) occurs. Additionally, a full day of Supported Employment may be provided (beginning on March 13, 2020 and expiring immediately at the end of the declared emergency or when revised by additional orders such that the Secretary's authority to issue this guidance no longer exists) if the provider: 1- Provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. (Per DDA Telehealth and Telephonic Guidance- April 13, 2020) 2- Documented 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. To read Minimum Service Guidance in full go to: https://files.constantcontact.com/f401fd14401/5671d90d-f98b-4122-b11e-9df7a704a3a1.pdf	5/5/2020
Meaningful Day-PCIS	Can you provide some insight on how to add additional hours to Meaningful day services in PCIS2 and how to confirm	Request for COVID-19 related services and supports should be requested using the Revised Cost Detail Sheet. 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.	5/19/2020

Meaningful Day-Present Day	Please provide clarification on how to mark present for clients. Can a provider mark it as present if a day provider provides day staff at a community living location? What if the services is provided in a residential home.	Yes, a Meaningful Day provider may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. Additionally, services may be provided in a variety of settings such as residential sites, family homes, and other community setting.	5/19/2020
Meaningful Day-Virtual Support	Can a staff person provide “remote” meaningful day supports for multiple people in a residential home at the same time or does it have to be done individually? Can group remote services be given to an individual who receives 1:1 services during normal day to day programs?	Yes, Meaningful Day services, provided remotely can be provided to groups of people. In order to bill for a day of Meaningful Day service for a particular person, that person must receive at minimum, one hour of cumulative, direct, or remote supports during that day. People who receive 1:1 support through Meaningful Day services, may receive those services remotely or in person, per the person's needs.	5/19/2020
Medical Appointments	How are residential providers supposed to handle dr appointments if all individuals are home from now through 2021 potentially?	Providers should contact the participant's physician/specialist. Medical professionals are conducting appointments using telehealth.	5/5/2020
Medicine Administration	Is there an exemption for MTTP for a parent who has previously administered medications to their child? Please clarify, that family members cannot give medications if they are paid to provide drop in supports?	Appendix K does not include an exemption for family members paid to administer medications.	5/19/2020
MTTP Training	Are there any guidance available on how to provide MTTP training, as training such as Nursing Care Plans, Insulin administration, & Specialized trainings need to be completed in person and are often done in training rooms. Can these courses be provided virtually?	MTTP training is based on the Maryland Board of Nursing (MBON) requirements. Please visit the MBON website at https://mbon.maryland.gov/Pages/default.aspx for current information.	5/5/2020

Nursing Services	<p>Please provide some clarity on what you consider Nursing Service and what they can be used for. Are individuals COVID positive automatically eligible for Nursing Services? Can they be used for everyone in isolation? Can the services be provided for more than 4 hours a day? What codes can be used for Nursing services</p>	<p>DDA nursing services include Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation Services. They are not private duty nursing services. As per DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements - Revised May 3, 2020, for participants not currently authorized nursing services, they can accessed without preauthorization. However a DDACOVIDForm#1 or Revised Cost Detail Sheet must be submitted for funding authorization. The should not be used for to replace Meaningful Day, Personal Supports, or residential services. The scope of nursing services are outlined in the DDA's federally approved waiver applications.</p> <p>Amount of service is based on assessed need and existing procedure codes should be used.</p> <p>Reference: Community Pathways Waiver at https://dda.health.maryland.gov/Documents/2019%20December%20Waiver%20Amendment%20Docs/Approved%20Community%20Pathways%20Waiver%20Application%20-%20Amendment%202%202019,%20effective%20December%201,%202019.pdf</p>	5/19/2020
Nursing Services	Can a self-directing participant use a family member as their nurse who is not on the DDA list?	Yes	5/19/2020
Nursing Services	Do the additional cost of pre-authorized changes in nursing and behavior support have to fit within the persons budget?	Yes. The DDA will assess need outlined in the Revised Cost Detail Sheet to authorize additional hours and funding as per assessed need.	5/19/2020
Nursing Services	What is the requirement to provide nursing services and billing? Where is this information located?	<p>The scope of DDA's nursing services and requirements are noted within the federally approved waiver application.</p> <p>Reference: Community Pathways Waiver at https://dda.health.maryland.gov/Documents/2019%20December%20Waiver%20Amendment%20Docs/Approved%20Community%20Pathways%20Waiver%20Application%20-%20Amendment%202%202019,%20effective%20December%201,%202019.pdf</p>	5/19/2020

Nursing Services	For people who do not currently have nurse case management delegation, who receive community living/group home service, as it is considered included in this service, are they now eligible for NCMD under appendix K, using the covid form 1? If yes, are they allowed to bill for NCMD service back to March 13? If yes, can hours during residential hours be billed, or only hours of NCMD provided during day service hours? How many hours of NCMD will be allowed using Form 1 for each person?	People receiving Community Living-Group Home services also receive Nurse Case Management and Delegation Services as a component of the services. In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the participant's health status or after discharge from a hospital or skilled nursing facility, additional standalone Nurse Case Management and Delegation Service support service hours can be authorized. Request to increase the services should be submitted using the Revised Cost Detail Sheet.	5/19/2020
Nursing Services	For people who are already approved for NCMD during day services, can NCMD now be provided during residential hours such as weekends for that person and be billed?	No as this service is included in residential services.	5/19/2020
Nursing Services	If a person already approved for NCMD for a specific number of hours requires more hours of NCMD, does the person need a revised cost detail form to add nursing hours?	Yes. The DDA will assess need to authorize additional hours and funding.	5/19/2020
Nursing Services	It was stated that BSS, nursing and respite could be added for people not currently receiving these services, using form 1, and sending to regional office without preauthorization. Can the regional office decline to approve these services for a person on the list, and if so, what criteria will be used to determine approval?	Given that there are various service options, the DDA will follow up on all nursing and BSS request to determine the most appropriate service based on needs.	5/19/2020
Nursing Services	Please clarify, can COVID nursing and behavior services be billed only when the individual is deemed positive, or all through this entire period because of the additional needs?	A person does not need to be determined COVID-19 positive in order to request and receive nursing or BSS services. The specific services provided are based on assessed need.	5/19/2020
Nursing Services	Will MBON allow delegating Nurses to teach the MTTP online?	The DDA is unable to provide additional guidance because the MTTP is under the MBON. Please reach out to MBON for further guidance.	5/19/2020

Nursing Services	The At-A-Glance states that Nursing Case Management & Delegation Services "May be provided over the phone, or by Skype, Zoom, Facetime, etc. to allow services to continue to be provided remotely". Should training of staff be needed for people who tested positive for COVID-19 and performed remotely, can these remote trainings be billed under this service?	Yes. Abbreviated background checks and applicable training applies.	5/19/2020
Nursing Services - CMT	According to Governor Hogan's Executive Order and the MBON Communication a CMT has 30 days from the day the Executive Order is lifted to complete renewal requirements (those CMTs whose renewal period was during the time of the Executive Order). According to the DDA Memorandum, the CMT has 90 days.	According to the Maryland Board of Nursing, CMTs have 30 days from the day the Executive Order is lifted to complete renewal requirements. Please follow the Maryland Board of Nursing guidance.	5/19/2020
Outbreak	Can you define what an outbreak is? There is currently different definitions out there. Are group homes categorized in the same group as nursing homes, where one positive is equal to an outbreak.	One positive determination is considered an outbreak.	5/5/2020
Overtime	If a family member can not exceed 72 hours a week (which is the 40 hours plus 32 hours), will the 32 hours be paid out at time and a half as overtime?	Under Personal Supports, participants and providers may hire legal guardians and relatives for the delivery of services, as provided in the DDA Appendix K #6 - Staff Training and Onboarding Flexibility Guidance, for greater than 40-hours per week without DDA's prior authorization. Participants and providers are responsible for cost associated with overtime as per Department of Labor requirements.	5/19/2020
Person Friendly COVID-19 Information	Are there resources available for people with support who may not understand all issues related to COVID-19, like social distancing, testing or wearing masks?	<p>Link to person friendly information related to COVID 19: https://dda.health.maryland.gov/Documents/COVID%2019%20Documents/Information%20for%20People%20and%20Families/COVID%2019%20-%20COVID-19%20(Person%20friendly%20information%20about%20virus).pdf</p> <p>The DDA will be hosting a webinar series focused on Maryland's Community of Practice Supporting Families and will include resources related to this. To sign up for the webinars go to DDA's Training Calendar http://events.r20.constantcontact.com/calendar/monthview?es0=001qyf_MFnJwY_n7IYnREKVKw%3D%3D&llr=pce56arab</p>	5/5/2020

Person-Centered Plan	We are writing our proposed plan for the 2020-2021 year. Do you focus on our needs now or what we expected prior to the pandemic?	Given this unprecedented pandemic, the emphasis and conversation should be around what services and supports are needed today and the best way to provide them during this State of Emergency. Teams should use person-centered thinking skills to discuss each participant's immediate needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency.	5/19/2020
Person-Centered Plan	What are the expectations with PCPs and other regulatory meetings as we reduce onsite staff and are forced to layoff more staff?	The DDA Appendix K provides the option to conduct person-centered planning meetings virtually/remote in lieu of face-to-face meetings.	5/5/2020
Person-Centered Plan	If a person has add ons such as one to one services, BSS, state only funded therapy that expires in PCIS at the annual PCP date, how will this be extended without approval of the MRSC and PCP to the sixty days allowed? It will automatically drop out of PCIS, so how will the system continue these services?	To support the immediate need for new COVID-19 related services and supports, the DDA is issuing a new temporary services authorization request process. A request on behalf of the participant for add on services can also be submitted using the DDA COVID-19 Request and Notification - Service Authorization form (DDACOVIDForm#1) or revised Cost Detail Sheet. A Modified Service Funding Plan request is not needed. Please refer to: 1-DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements 2-DDA Appendix K #5 - COVID-19 New Services Authorization Request Process Reference: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Person-Centered Plan - Extension	Can PCP dates be extended during this situation?	PCP Annual dates can not be extended. PCPs that are due to expire within the next 60 days require case management contact to the participant using allowable remote contact methods to verify with the participant or representative that the current assessment and services, including providers, remain acceptable and approvable for the upcoming year. They can then submit the plan or make revisions based on the discussion.	5/19/2020

Personal Protective Equipment	Will non contact thermometers be include in PPE reimbursement? It would be used to take employees temps when reporting to work ?	No. PPE includes gloves, masks, gowns, and face shields.	5/19/2020
Personal Protective Equipment	Does the DDA have guidance or video training on how to properly put on and take off PPE and what is reusable?	Dr. Feder shared information as to how to properly put on PPE during the Deputy Secretary's webinar on April 10, 2020. Please see the link below: https://www.youtube.com/watch?v=PfF7Kx-Mn0g&feature=youtu.be	5/19/2020
Personal Protective Equipment	Will more Personal Protective Equipment be made available?	As additional PPE becomes available, the DDA will send out information.	5/5/2020
Personal Protective Equipment	Please provide some insight on acquiring PPE, what is the protocol to request PPE from the regional office. When can we expect to receive the new order form and where is the PPE request form located? Are any of the PPE going to the Health Departments?	The DDA has a limited supply of Personal Protective Equipment (PPE) to distribute to licensed residential settings and participants in the self-direction service delivery model. Disbursement of PPE by the DDA is based on need, utilization of other resources, and continued availability. DDA licensed settings can complete the required form shared by the Regional Offices (RO) and submit based on need to the RO. Self-Directed participants will receive the form from their Fiscal Management Service (FMS) who will assist in submitting to the DDA. Providers directly supporting people who are working can contact the RO to share needs.	5/5/2020
Personal Protective Equipment	Are PPE available to SDS participants? Will there be a revised PPE request form for people in SDS?	Yes. Self-Directed participants will receive the form from their Fiscal Management Service (FMS) who will assist in submitting to the DDA.	5/5/2020
Personal Support	Please define Personal support and its scope as related to Appendix K. Can a provider bill for up to 72 hours per month for these Personal support hours? What if the 72 hours are exceeded?	Personal Supports includes in-home skill development and community integration and engagement skill development as per the federally approved waiver applications on the DDA website. Under Appendix K, the DDA received approved to pay up to 72 hours total for Personal Supports Retainer Payments.	5/19/2020

Personal Support	Can you please provide some clarity on whether the COVID-19 authorization process Can be used for an individual who needs Personal Supports due to COVID-19 related needs? He was not previously approved for PSS, but was receiving day hab services with another provider.	To support the immediate need for new COVID-19 related services and supports, the DDA is issuing a new temporary services authorization request process by using the Revised Cost Detail Sheet. It is submitted for immediate health and safety needs in lieu of the Modified Service Funding Plan process and associated forms. It is used for participant using the self-directed service delivery model, traditional model, and pilot participants to request Personal Supports. The form is submitted by the participant's Coordinator of Community Services (CCS) or currently authorized provider to the new RO designated email addresses.	5/19/2020
Personal Support	Please provide some insight on providing more than 40 hours of service for individuals, Can providers bill for that ? Does it have to be pre-authorized	Participants and providers may hire legal guardians and relatives for the delivery of services, as provided in the DDA Appendix K #6 - Staff Training and Onboarding Flexibility Guidance, for greater than 40-hours per week without DDA's prior authorization. Services can exceed 40 hours per week so long as their cost does not exceed a participant's authorized total budget.	5/19/2020
Personal Supports	If the staff could not work and family was providing care. Can we go back and bill for the family care and put in for the retainment fee for PS?	No. Retainer Payment are for when providers are not providing or paying for services, for a particular person.	5/19/2020
Personal Supports	Please provide clarity; If someone attends a different day program but a provider provides personal supports to them, does the provider have the ability to offer to pay family member to provide day services to them or does that offer come from their day program provider.	The provider authorized to deliver the day services would need to make that decision.	5/19/2020
Personal Supports	If individuals in Personal Support are given the additional 6 hours are they also able to receive Day services?	Yes but not at the same time.	5/19/2020

Personal Supports	<p>PCIS has retainer units entered for individuals who were not receiving meaningful day services at this time (as an example services ended 3 years ago) - this contradicts the memo, can personal supports provider still bill those units for services rendered or those were entered in error into PCIS for individuals and PCIS will be fixed?</p>	<p>It is important to note there are two Appendix K authorization provisions.</p> <p>1- Personal Support retainer payment time limit may not exceed 72 hours (e.g. 576 15-minute units) unless otherwise authorized by the DDA.</p> <p>2- DDA will authorize additional service hours when the participant was receiving Meaningful Day services prior to the State of Emergency and currently receive 28 hours or more of Personal Supports per week for six (6) additional hours per day, Monday through Friday for a total of 30 hours per week.</p>	5/19/2020
Personal Supports	<p>I understand that for Personal Support, there are 72 retainer hours. If a client does not receive support, we can use the retainer hours based on the client's funded weekly hours? What if the client funding plan he/she should receive 4 hours per day, 20 hours per week. We were only able to provide 2 hours per day. Can we use the 2 hours per day of retainer hours to make the hours 4 per day?</p>	Yes	5/19/2020

Personal Supports	<p>Participants that currently receive 28 hours or more of Personal Supports per week who were receiving Meaningful Day services prior to the State of Emergency will automatically be authorized for six (6) additional hours per day, Monday through Friday for a total of 30 hours per week.</p> <p>Five questions:</p> <ul style="list-style-type: none"> (1) PCIS has 72 hours per month retainer units in the system, when and how will provider be paid for those units once rendered and attendance completed in PCIS? (2) Where shall provider enter the balance of additional units (total 30 per week - 72 retainer monthly hours)? There is no space in PCIS? When and how will provider be paid for those units? (3) PCIS has retainer units entered for individuals who were not receiving meaningful day services at this time (as an example services ended 3 years ago) - this contradicts the memo, can personal supports provider still bill those units for services rendered or those were entered in error into PCIS for individuals and PCIS will be fixed? (4) Should Individuals return back to day program - are 30 hours per week of PS services no longer authorized to be billed through PCIS? (5) As we understand, day programs are allowed to bill 6 hours per week even when services are provided via phone for at least 1 hour, will this be a duplication for Personal Supports and Day program billing same time? 	<p>1- The DDA will process through the regular pay cycle. 2-Providers shall enter authorized services into the Base Calendar. 3-The additional personal support hour authorization is separate from the ability to request a retainer payment. 4-Yes, when people return back to their meaningful day services these additional hours will be ended. 5- No</p>	5/5/2020
Personal Supports - Billing	In regards to Personal Supports billing, should Adult Medical Day be considered as Meaningful Day due to this Pandemic and the State of Emergency/Governor closure order.	Yes	5/19/2020

Personal Supports - Retainer Days	<p>Please clarify 72 hrs of retainer payments are available when the staff are unable to deliver the regular support services but can document at least 15 minutes of remote contact to be billed as 1 hr. Is that correct.?</p>	<p>Retainer payments are for direct care staff and providers who normally provide services that include habilitation and personal care, but are currently unable to do so due to: (1) health and safety risk; (2) State mandates; (3) complications experienced during the COVID-19 pandemic because the participant is sick due to COVID-19; and/or (4) the participant is isolated or quarantined based on local, State, federal and/or medical requirements/orders.</p> <p>Personal Supports is billed as 15 minute increments. In order to bill for one hour the provider would need to provide one hour of service (i.e. 4-15 minute increments).</p>	5/19/2020
PPE/Supplies	<p>For self-directed, if they do not have a line item for let's say goods and services but want to buy PPE, do we need to do a budget modification to get that money there to use the additional \$2000?</p>	<p>Yes. The DDA COVID-19 Self-Direction (DDACOVIDForm#5) is used by participants under the self-directed services delivery model to:</p> <ul style="list-style-type: none"> 1- Request to Move Funds from Existing Budget Service Lines to other authorized or new service lines for Individual and Family Directed Goods and Services (IFDGS); or 2- To request to increase their budget up to \$2,000 for PPE/Cleaning Supplies. 	5/19/2020
PPE/Supplies	<p>Please discuss PPE acquisition and any forms required for requesting PPE.</p>	<p>Providers must complete the PPE Needs Request form and submit it to the DDA Regional Office. Participant self-directing services will receive the form from their Fiscal Management Service (FMS) who will assist in submitting to the DDA. They can also complete the DDACOVIDForm # 5 and submit it to the FMS .</p>	5/19/2020
PPE/Supplies	<p>Will you still be offering PPE for pickup as you did in April?</p>	<p>Yes when available.</p>	5/19/2020
PPE/Supplies	<p>Should you wait and request PPE only if someone becomes ill, or do you advise SD individuals request as a precaution?</p>	<p>Participants, as the employer of record, can consider purchasing some PPE when you use various staff to ensure health and safety.</p>	5/19/2020
PPE/Supplies	<p>The PPE must be purchased from the family direct and not the SB purchasing the PPE and billing the clients budget for the items correct?</p>	<p>The participant submits invoice to the FMS.</p>	5/19/2020

PPE/Supplies	How do we go about getting reimbursed for PPE supplies for residential community living group homes?	The DDA will share guidance related to reimbursement for PPE based on funding availability.	5/19/2020
PPE/Supplies	Where can we get gowns? There is a shortage of gloves, where can we get gloves, can gloves be reused? if so how can we properly clean it	The DDA has a limited supply of Personal Protective Equipment (PPE) to distribute to licensed residential settings and participants in the self-direction service delivery model. Disbursement of PPE by the DDA is based on need, utilization of other resources, and continued availability. DDA licensed settings can complete the required form shared by the Regional Offices (RO) and submit based on need to the RO. Self Directed participants will receive the form from their Fiscal Management Service (FMS) who will assist in submitting to the DDA.	5/19/2020
Provider Liability	What is there a car accident while a family member is providing services?	The DDA cannot provide legal advice or technical guidance related to employment issues.	5/19/2020
Recover Homes	Will the Appendix-K cover the set up costs for recovery homes or even larger recovery centers including items like hospital beds?	No, however services can be provided in alternative sites. In addition, if the site is used to support people with a positive determination, the higher rate can be billed as per Appendix K guidance for increased rate.	5/19/2020
Reopening	How does our agency become part of the pilot for reopening? Does "the network" refer to all homes served by the agency ... or only the homes that may have been exposed to potential infection, via staff who worked in multiple homes?	The DDA has initiated internal discussions concerning guidance for recovery/reopening plans for service providers. We are also working with the DD Coalition and getting their recommendations and information from their national partners. Each provider will need to create their own Reopening Plan based on your current business model, capacity with milestones, process, etc.	5/19/2020
Reopening	Does the DDA have any recommendations on when and how Day programs should reopen safely for DDA participants.	The DDA has initiated internal discussions concerning guidance for recovery/reopening plans for service providers. We are also working with the DD Coalition and getting their recommendations and information from their national partners. Each provider will need to create their own Reopening Plan based on your current business model, capacity with milestones, process, etc.	5/19/2020

Reopening	Is there a estimated date of release for the DDA reopening guidance? Based on the phase 1 reopening plan, do you think it would be appropriate to take individuals out on van rides as long as they don't leave the vehicle?	The DDA has initiated internal discussions concerning guidance for recovery/reopening plans for service providers. We are also working with the DD Coalition and getting their recommendations and information from their national partners. Each provider will need to create their own Reopening Plan based on your current business model, capacity with milestones, process, etc.	5/19/2020
Reportable Incidents	Can OHCQ not keep investigating every time someone goes in the hospital as there is nothing any of us could do to prevent an infection other than what we are doing, disinfecting, masks, etc.	The OHCQ will only conduct investigations and site visits for: 1. Complaints and facility-reported incidents triaged as an immediate jeopardy, Type 1A; 2. Licensure of new sites approved by the DDA and forwarded to OHCQ; 3. Complaints or facility-reported incidents alleging or related to serious infection control issues (not merely the lack of PPE); 4. Complaints or facility-reported incidents involving children receiving services; 5. Biannual surveys of providers serving children; 6. Offsite administrative reviews of complaints and facility-reported incident; 7. Offsite administrative reviews of complaints or facility-reported incidents related to abuse or neglect with onsite investigations that meet one of the above criteria; and 8. Off-site mortality reviews with on-site investigations that meet one of the above criteria.	5/5/2020
Reporting	Please clarify, We hear providers are to report to local health department but we are also reporting to local CDC. I was told to moving forward to report to local CDC and with the line list do we need to call both local CDC and local Health department ?"	Both the DDA and MDH have advised providers to report positive cases to the local health department, and DDA Regional Offices. Please reference the MDH Secretary Order - Facilities for individuals with IDD - April 29, 2020 at https://files.constantcontact.com/f401fd14401/f12286ed-20ff-4125-a231-f44467f81b9a.pdf	5/19/2020
Reporting	Please advise, CDC of Prince George's county is asking for all staff and people we serve information. We have not released any information other than people we serve who are positive. How do we report to CDC if we do not have staff consent to release their information.	Both the DDA and MDH have advised providers to report positive cases to the local health department, and DDA Regional Offices. Please reference the MDH Secretary Order - Facilities for individuals with IDD - April 29, 2020 at https://files.constantcontact.com/f401fd14401/f12286ed-20ff-4125-a231-f44467f81b9a.pdf	5/19/2020

Reporting - Forms	Is there a form we use to report agency staff positive to DDA?	Currently, there is no form for reporting COVID positive staff members. If an agency staff test positive for COVID-19, the provider should report this information to the Regional Office. The staff guides the discussion from there.	5/19/2020
Reporting -Deaths	Please provide more information, why should providers report deaths to the Health Department if they are reported to DDA through PORI. Should deaths be reported to OHCQ as well? What if the individual dies in the hospital, do we report to the DOH	The reporting of deaths to the health departments is related to the COVID 19 pandemic only. The health department is responsible for the overall tracking of the disease. OHCQ receives notification through PORII so there is not a need to report separately. If the person dies in the hospital and the provider is aware, they will still report the death to DDA via PORII and because we are tracking COVID 19 deaths. Providers would also report to the regional office. It would be beneficial to report to the LHD because that helps to close the loop.	5/19/2020
Residential	Is there a limit to how many additional residential hours a provider can request for? Can providers provide services to residential clients while they are in their own residence?	Service request is based on assessed need. Services can be provided in a variety of alternative settings as per DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State.	5/19/2020
Residential	Can you provide some insight on the the 16 hours assigned. Are they assigned to multiple people in a home or to one person	They are assigned to two participants.	5/19/2020
Residential	Please provide clarity during the webinar Valerie talked about assigning an individual in our homes to the additional hours (8 hours for up to 3 folks, 16 for 5, and 24 for 9). At first glance, at least one of the individuals assigned the hours in PCIS2 is home with family. Is the RO able to assign a different individual in the same home?	Yes. The provider should contact the regional office through the dedicated COVID-19 email account.	5/19/2020
Residential	Please provide clarity is there is a 40% funding cut for Residential providers due to the 18 vs. 30 days.	As per CMS directive, retainer payment time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities (Reference: CMS Olmstead Update letter #3 July 25, 2000). Therefore, a provider can only seek payment for up to 18 days for Retainer Payments per calendar year	5/19/2020

Residential	Please provide clarity on what to do about individuals who are no longer in residential homes. Does that mean that we get reduces payments or does this fall under reduced retainer days?	If services are not being provided, then a retainer payment up to 18 days per calendar year can be requested.	5/19/2020
Residential	For residents, who have moved into their family homes, how will this affect the person's residential funding? Some residents have been home with their family for over 45 days.	Participants who choose to stay with their family during this State of Emergency can return to the residential program if that is their choice.	5/19/2020
Residential	If we increase our capacity in a home (say licensed for 3) but we have an extra bedroom- so we make it 4. How long until we need to return it to a 3 person home?	Under the Appendix K authority, services can be provided in alternative sites and providers may exceed their current licensed capacity. These provisions are available until March 12, 2021 unless otherwise advised by the DDA.	5/19/2020
Residential	Is there a reasonable number for exceeding site capacity? If a site is licensed for 2 people exceeding that capacity by 8 is that reasonable?	Each situation is unique based on the number of rooms in the site. Each participant should have personal space for sleeping and their belonging.	5/19/2020
Residential	The client selected for the add-on \$ for residential services is not staying out the house. Should we use their add-on amount or should we pick another client staying in the house?	Please contact the Regional Office for assistance.	5/19/2020
Residential	Can you back bill for an individual that the location of the services changed at the beginning of the pandemic?	In order to submit a claim, services must have been rendered as per State and federal requirements including Appendix K.	5/19/2020
Residential	When a person moves out of a group home and starts being supported by family in a family home, this changes staffing ratios both at the group home and the family home. How do we handle this for authorizations and billing?	Providers can submit a claim for retainer payments for the person being supported by the family. No adjustment is needed to authorization unless the person decides to not return to the residential site.	5/19/2020
Residential	If home is licensed for 4 and one person is no longer able to remain in the home during the virus situation at what time will the home capacity (and funds) be changed?	The residential site capacity will not be changed. Providers can submit a claim for retainer payments for the person being supported by the family. No adjustment is needed to authorization unless the person decides to not return to the residential site.	5/19/2020
Residential	Do we need to report individuals moved from one house to another within the same agency?	Yes	5/19/2020
Residential	If a person is moved from a group home to family home, is the same number of hours per day a minimum of six required to as present?	Yes. In order to submit a claim, services must have been rendered as per State and federal requirements including Appendix K.	5/19/2020

Residential	If a resident goes to their family's home for an extended period of time during COVID, is it possible for residential program to provide some virtual supports and still bill for residential services?	No. Residential services can not be provided remotely.	5/19/2020
Residential	Could a vacant licensed site be designated as a COVID recovering home for persons diagnosed as positive?	Yes	5/19/2020
Residential	If a family and the individual in residential services wants the individual to stay at their home, will the family be paid and will the provider not be paid?	The DDA does not pay family members. Providers can hire family members as staff to provide services.	5/19/2020
Residential	How will shared add on services automatically be added to one household member currently receiving Meaningful Day services?	Shared hours were added in PCIS2 and indicated as COVID Direct Support Shared hours in the comment box.	5/19/2020
Residential	When will DDA provide a list of participants that have the additional shared add on hours?	The Regional Offices have shared the list.	5/19/2020
Residential	We have several individuals who have 1:1 supports in their residence (group home), some with 1:1 only because they are the only person living in the home. Am I understanding correctly that because they have 1:1 supports, they will not be able to receive any day supports via telephone or web (skype)?	Participants authorized meaningful day services can continue to receive them. However, if a person was authorized for residential dedicated one to one supports (i.e. in lieu of Meaningful Day services) for specific days of the week, then the Meaningful Day provider should not bill for those days.	5/19/2020
Residential	I know we can do the COVID add on process for 16 hours per day for a participant in a four person home who normally attends our day program (dually supported by us). Can we also acquire the same funding for people we support who normally are at other day programs (not ours) and now at home (CL-GH)? We have several homes where we support four people who do not attend our day programs (attend other providers), but are now home receiving unfunded supported during the day program hours	Yes. Shared add-on service hours were added to one or more persons in each home (via a data patch in PCIS2) where at least one (1) participant is currently receiving Meaningful Day Services regardless of the service provider.	5/19/2020
Residential	Are DDA funded Community Living-Group Home sites considered as "Other facilities" in Gov. Hogan's most recent executive order?	This order does not apply at this time.	5/5/2020

Residential	Can you please clarify if DDA residential providers are part of the Governor's Executive Order from April 29th?	This order does not apply at this time.	5/5/2020
Residential	Will the DDA provide us client list for shared residential hours? When will they let us know who has the shared residential hours?	Yes, the DDA will share the list of providers. We anticipate sharing in the next week.	5/5/2020
Residential	A group home resident is funded for 1:1 Meaningful Day but it is being provided at home by a group home staff member. How can Group Homes be paid for providing the 1:1 day staffing?	For people receiving Community Living Group Home services, day time "shared service hours" will be authorized to provide funding for supports based upon the number of people in the home, with more available based upon individual needs.	5/19/2020
Residential	How would the residential provider be paid for individuals who are now home due to the pandemic?	Providers can submit a claim for retainer payments for the person being supported by the family.	5/19/2020
Residential - Shared Hours	Will the regional office provide us with listing of people in shared hours in residential services as well as the daily rates associated with them?	The RO will share the names of individuals. Providers can also create a report from PCIS.	5/19/2020
Residential - Visitation	When can family members go to visit children who live in a group home?	During the current State of Emergency, MDH has recommended that suspension of visits. However, family members are encouraged to contact their loved ones using electronic means, such as FaceTime, Zoom, and telephone calls.	5/19/2020
Residential Day Time Shared Hours	For residential services we can bill up to 8 hours in a home w/ up to 3 people. Is that hours total or 8 hours per person?	It is eight (8) shared hours for the home, not per person. Please refer to the DDA Appendix K #2 - Residential Day Time Shared Service Hours Authorization guidance at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Residential Day Time Shared Service Hours	What form does residential providers submit to bill for day hours and when can we submit?	Shared add-on service hours will be added to one or more persons in each home (via a data patch in PCIS2) where at least one (1) participant is currently receiving Meaningful Day Services and will be based on the number of people supported in the home. There are no forms to complete. There are no changes to the billing process. Providers shall enter and certify attendance in PCIS2. Any payable day will include the additional shared hours and paid through the normal quarterly payment process. (Reference: DDA Appendix K #2 - Residential Day Time Shared Service Hours Authorization)	5/5/2020

Residential Day Time Shared Service Hours	Will there be a relief for residential programs who are providing unfunded services for individuals who are typically in day programs?	Yes. Shared add-on service hours will be added to one or more persons in each home (via a data patch in PCIS2) where at least one (1) participant is currently receiving Meaningful Day Services and will be based on the number of people supported in the home. Reference: DDA Appendix K #2 - Residential Day Time Shared Service Hours Authorization	5/5/2020
Residential Day Time Shared Service Hours	How are you going to handle payment for "services in lieu of day"? Residential providers are supporting individuals during the day and are not funded for this. Do we have do a new plan for every person?	If a person 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 person 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. In circumstances where Meaningful Day services can not be provided, due to State Executive Orders (including the closures of day programs and schools) and Governor Hogan's Stay at Home Executive Order 3-30-20, the DDA is authorizing a set amount of shared day time service hours to support the additional staffing provider organizations are providing via licensed Community Living-Group Home and Supported Living services. A new plan is not required. Please see the DDA Appendix K #2-Residential Day Time Shared Service Hours Authorization at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Residential Day Time Shared Service Hours - Documentation	Where do we document the additional hours served during when they would have received day services.	Services should be documented in case notes.	5/19/2020

Residential Day Time Shared Service Hours - Hospitalization	What happens if your person who was given the 8 hours is then admitted to the hospital?	As per DDA Appendix K #2 - Residential Day Time Shared Service Hours Authorization, if the participant with the additional allocation leaves the home or a retainer day is used, the provider should notify DDA so that the allocation can be added to a different participant in the home. Please note as per DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State, services can also be provided in the hospital. In this situation, the provider would bill as normal and no change is needed.	5/19/2020
Residential Program - Normal Operations Plan	Please provide some insight. As we work towards full normal operations, can providers require testing be conducted for individuals who have been pulled out by family members during this time? If so, does DDA have anything in place that will support providers in the decision to require testing for compliance purposes?	Please review the Memo related to COVID-19 - DDA Licensed Residential Settings Suspected Outbreak Provider Checklist and individuals Returning to DDA Licensed Residential Settings Guidance posted on the DDA website at https://files.constantcontact.com/f401fd14401/5223d9fc-ff75-44a7-98bf-c4cf4bb45d2.pdf	5/19/2020
Residential- Distant learning	Please provide some insight on distant learning for residential providers. What are some distant learning options?	There are various distant learning and remote service delivery options. Please refer to the resources listed on the dedicated DDA COVID-19 pages for (1) Information for People and Families, (2) Information for Direct Support Professionals; and (3) Information for Providers at https://dda.health.maryland.gov/Pages/DDA_COVID-19_Information.aspx .	5/5/2020
Residential- Distant learning	Will residential providers receive funding for distance learning? What about billing, can it be billed back to March 13th?	No	5/5/2020
Residential- Shared Hours	If the Residential Individual that got the shared hours funding leaves the program, what happens to the shared hours funding ?	Providers should contact the Regional Office to coordinate assignment of hours to another person in the home.	5/19/2020
Respite	Are any requirements waived for the provision of Respite services in the same way that they are for Personal Supports?	Staffing flexibilities apply to Respite.	5/19/2020
Respite	I see in the Appendix K that Respite has been approved for an additional 360 hours (until 3/12/2021) without prior authorization – for someone who chooses to use respite in days rather than hours – would this equivalent to 15 additional days? And the additional time is to be used specifically to COVID-19 emergencies/situations?	Yes	5/19/2020

Respite Care	Can additional funding be provided to a current FSW budget if an individual in respite services are engaging in high risk behavior while at home?	Yes. Under Appendix K, the DDA can authorize up to 360 COVID-19 related respite care services. In addition, Behavioral Support Services can be considered to help address concerns with high risk behaviors.	5/19/2020
Retainer Days - Documentation	What documentation is needed to bill for retainer days for each service	Documentation is not required as there are not services delivered.	5/19/2020
Retainer Days - Hospitalization	Please provide some guidance on what to do when someone is in the hospital. What can providers do with hours if someone has already used 33 days because someone is in the hospital?	Providers can submit claim for up to 18 retainer payment per calendar.	5/19/2020
Retainer Days - Hospitalization	Please provide some guidance on what to do If a residential client is hospitalized for COVID related illness and they have exceeded 18 days of billing retainer, there would be no funding for continuing to support them?	Providers can submit claim for up to 18 retainer payment per calendar.	5/19/2020
Retainer Payment	Please provide some guidance on what a retainer is. When would it be approved?	<p>Retainer payments are for direct care staff and providers who normally provide services that include habilitation and personal care, but are currently unable to due to: (1) health and safety risk; (2) State mandates; (3) complications experienced during the COVID-19 pandemic because the participant is sick due to COVID-19; and/or (4) the participant is isolated or quarantined based on local, State, federal and/or medical requirements/orders.</p> <p>Retainer payments have been authorized for the following services: Employment Services, Supported Employment, Community Development Services, Career Exploration, Day Habilitation, Personal Supports, Community Living - Group Home and Supported Living services.</p>	5/5/2020
Retainer Payment	Is it appropriate that people are utilizing the enhanced sick and safe leave as well as PTO without cap at this time?	DDA cannot provide legal advice or technical guidance related to employment issues.	5/5/2020

Retainer Payment	We were told that Providers would be made whole via Appendix K but it shows Providers will only receive 80% from the retainer days. How are Providers to make up the remaining 20% to prevent further cuts?	The DDA received approval to provide Retainer Payment at up to 80% of the rate when providers are not providing or paying for services, for a particular person. Providers are encouraged to explore Small Business Administration (SBA) payroll loans and traditional loans. For more information related to Maryland Coronavirus Information for Businesses, visit: https://govstatus.egov.com/md-coronavirus-business and DDA's Provider Funding Flexibilities At a Glance at https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Retainer Payment	What services are the retainer days approved for?	DDA has received approval for retainer payments for the following services: Traditional Service Delivery Model 1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation 2. Personal Supports 3. Community Living - Group Home 4. Supported Living	Revised 5/19/2020
Retainer Payment	How can retainer payments be billed?	For CLGH, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation a provider shall enter "C" day (as reference to COVID-19 Retainer Payment) into PCIS2 attendance sheet. For Supported Living services, a provider shall bill the retainer days using the Community Pathways invoice along with the corresponding CMS 1500s. For Personal Supports services, there are two calendars in PCIS2. Providers shall enter regularly authorized services into the Base Calendar and enter 15-minute units for retainer payment on the new "COVID-19 Retainer Calendar". DDA guidance related to retainer payments can be viewed in the DDA Appendix K #1 - Retainer Payment Guidance.	Revised 5/19/2020
Retainer Payment	How will the "up to 80% retainer fee will be assessed? What will the stipulation of the retainer payment be? Does it factor in a person's matrix score or add-ons?	Retainer payment for Meaningful Day services will be paid at 80% of the authorized rate.	Revised 5/19/2020

Retainer Payment	Can retainer payments be used to pay staff whose agencies are currently closed?	Yes, providers may request a COVID-19 Retainer Payment when they are not providing or paying for services for a participant.	5/5/2020
Retainer Payment	Will MSFPR be required to add retainer days to SDS budgets?	No. Participants will use PTO for their staff.	Revised 5/19/2020
Retainer Payment	What are the current limits associated with retainer payments?	At this time retainers payments are limited as follows: 1-Career Exploration up to 18 days or 108 hours for pilot providers; 2-Community Development Services up to 18 days or 108 hours for pilot providers; 3-Community Living-Group Home services up to 18 days; 4-Day Habilitation up to 18 days; 5-Employment Services up to 108 hours; 6-Personal Supports up to 72 hours; 7-Supported Employment up to 18 days or 108 hours for pilot providers; and 8- Supported Living up to 18 days.	Revised 5/19/2020
Retainer Payment	Can extra retainer days be requested?	No	5/5/2020
Retainer Payment	Will the day retainer days be billed through PCIS? When will the additional retainer days be added to PCIS-2 for both residential, DAY, CDS and Employment?	Yes. The DDA has modified PCIS2 to include a new "C" day (as reference to COVID-19 Retainer Payment).	5/5/2020
Retainer Payment	To clarify, is it 18 retainer days total for Meaningful Day or 18 days per month?	The authority is for 18 total days per calendar year.	5/5/2020
Retainer Payment	K states retainer days are approved on case by case basis, will each individual need approval in their plan to use retainer days or can we assume if the entire center was closed we can apply retainer days?	Retainer payments do not need to be approved in Person-Centered Plans. Providers can submit a claim as per the DDA Appendix K #1 - Retainer Payment Guidance located at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Retainer Payment	Is DDA pursuing any other methods of funding or supporting Day Programs during this crisis? With only 18 days being covered and we're in day 45 or so, that's going to be a tremendous shortfall for Day Providers.	The DDA received approval to provide Retainer Payment at up to 80% of the rate when providers are not providing or paying for services, for a particular person. Providers are encouraged to explore Small Business Administration (SBA) payroll loans and traditional loans. For more information related to Maryland Coronavirus Information for Businesses, visit: https://govstatus.egov.com/md-coronavirus-business and DDA's Provider Funding Flexibilities At a Glance at https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020

Retainer Payment	Can you clarify the # of retainer currently approved for residential services in CPW? Your appendix K guidance says 30 days (plus the new 18 days). I thought it was 33 in the existing waiver.	The DDA has been informed by CMS that retainer payment time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bed-hold" in nursing facilities (Reference: CMS Olmstead Update letter #3 July 25, 2000). The approved Appendix K Retainer Payment replaces the Residential Retainer Fee noted within the FDA's Community Pathways approved waiver. Therefore, a provider can only seek payment for up to 18 days for Retainer Payments per calendar year. DDA Appendix K #1 - Retainer Payment Guidance was revised May 3, 2020 to reflect this information.	5/5/2020
Retainer Payment	With regards to Appendix K, on the letter, its says that it will be effective from 3.13.20-3.12.21. With regards to the retainer days, can they be used throughout this whole time period?	Yes up to the approved limit per service.	5/5/2020
Retainer Payment	If we already certified March attendance without retainer days marked "C", are we able to add those in and re-certify for March?	Yes	5/5/2020
Retainer Payment	For a day program - the 18 days retainer is this only 18 days from March 13th. In other words, if we still had an individual that we were able to serve but not as many days as we would normally, do those true present days count against the max 18 retainer days or are the 18 additional for days we would normally serve the individual that we weren't able to?	Retainer payment can be used when Meaningful Day services and programs have been closed due to State mandates to protect the public's health. In these situations, providers may request a COVID-19 Retainer Payment when they are not providing or paying for services for a participant. For each day you were able to support the person, you should bill as a present day.	5/5/2020
Retainer Payment	Will the DDA be requesting for additional retainer days	No. The time limit for the retainer payment may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for a "bed-hold" in nursing facilities. Currently, Maryland Medicaid State Plan nursing facility "bed-hold" days are limited to 18 days. If either the Maryland Medicaid State Plan "bed-hold" days or federal restrictions are changed, COVID-19 retainer payments may be paid up to 30 days which is already approved in the Appendix K.	5/5/2020

Retainer Payment	Are the 18 days mentioned in appendix K pro-rated by a person's average hours per their current funding? Does this apply to all staff or per staff?	Meaningful Day hourly services (provided under self-direction service delivery model and the pilot) retainer payment time limit may not exceed 108 hours is per service regardless of the number of staff providing the service.	5/5/2020
Retainer Payment	Must retainers day be billed consecutively?	No	5/5/2020
Retainer Payment	Are retainer days only able to be used during executive order or any time until expiration of Appendix K.	Retainer payments are available from March 13, 2020 to March 12, 2021.	5/5/2020
Retainer Payment	Can DDA provide some guidance on what providers should do after the 18-day limit on retainer days have passed for the services such as residential services. Because a lot of us have already gone beyond the 18-day limit.	The DDA received approval to provide Retainer Payment at up to 80% of the rate when providers are not providing or paying for services, for a particular person. Providers are encouraged to explore Small Business Administration (SBA) payroll loans and traditional loans. For more information related to Maryland Coronavirus Information for Businesses, visit: https://govstatus.egov.com/md-coronavirus-business and DDA's Provider Funding Flexibilities At a Glance at https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Retainer Payment	Please provide some guidance. What happens to the funding for a service provider when a client who is usually in residential services has been moved home since March 15th due to COVID -19. I am worried that the provider will not be reimbursed. If family members are able to provide services to their family, does that eliminate the 18-day retainer day payment?	The DDA Appendix K provider the opportunity to provide services in alternative settings such as the family home and to hire family members as staff to provide residential services in the family home. In this situation the residential services could be billed. When services is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Community Living - Group Home is responsible for ensuring that services are provided as authorized in the PCP and that billing occurs in accordance with DDA requirements. For additional information please see DDA's guidance on DDA Appendix K #6 - Staff Training and On-boarding Flexibility and DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State.	5/5/2020
Self Direction - Personal Support	Can SDS who are currently home due to closures access Personal Support Hours?	Yes. The DDA COVID-19 Self-Direction (DDACOVIDForm#5) is used by participants under the self-directed services delivery model to: 1- Request to Move Funds from Existing Budget Service Lines to other authorized or new service lines such as Personal Supports; or 2- To request to increase their budget up to \$2,000 for Personal Supports.	5/19/2020

Self-Directed Service Delivery Model	Are family members, providers and providers the only people who can submit the COVID -19 Form #5. Which forms are each of them required to complete	The participant, with the support of their team, can submit the new DDA COVID-19 Self Direction (DDACOVIDForm#5) form. The CCS can also submit on their behalf. The CCS submits the Revised Cost Detail Sheet and Site Notification Form (DDACOVIDForm#2).	5/19/2020
Self-Directed Service Delivery Model	Can you provide some clarity for the 28 hours of personal support? If an individual is receiving an hour of remote Day Hab services and is approved for at least 28 hours, can they qualify for the automatic 30 days of additional hours per week of Personal support although they technically have access to their meaningful day program. For people who do not have 28 hours of Personal Supports per week, but are not receiving their Meaningful Day, is there a way to utilize their day budget for a Personal Supports increase?	As per DDA Appendix K #3 - Personal Supports Authorization and Exceptions, the DDA will authorize additional Personal Support service hours when the participant was receiving Meaningful Day services prior to the State of Emergency and currently receive 28 hours or more of Personal Supports per week. These additional Personal Supports hours are intended to support participants whose Meaningful Day services were closed due to the pandemic. Participants self-directing services can move funds from their Meaningful Day services to increase Personal Supports.	5/19/2020
Self-Directed Service Delivery Model	When will the FMS start processing requests?	We anticipate FMS will start processing request after the May 6th webinar.	5/5/2020
Self-Directed Service Delivery Model	When will payments for day service for residential providers began?	As per the DDA Appendix K #2 - Residential Day Time Shared Service Hours Authorization service are effective March 13, 2020.	5/5/2020
Self-Directed Service Delivery Model	How do we CCS's request for the \$2000? Can that be done through the form or will it be done automatically	<p>The DDA has authorized self-directed budgets to be increased by \$2,000 for the use of the following services or combination of these:</p> <ul style="list-style-type: none"> 1-Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services); 2-Increase Support Broker hours (up to 20/month); 3-Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and 4-Personal Protective Equipment/Supplies not limited to gloves, masks, gowns, face shields, cleaning supplies, etc. <p>The FMS providers can approve up to an additional \$2,000, above a participant's current approved budget amount, for specific services noted above. Participants will use a new DDA COVID-19 Self-Direction (DDACOVIDForm#5) to inform the FMS how they would like to utilize the funding for the above services.</p>	5/5/2020

Self-Directed Service Delivery Model	When will FMS be able to apply to Appendix K regarding Self-Direction?	The DDA is conducting a webinar on May 6th so that participants in self directed services, families and FMS will have all the needed information to implement new provisions.	5/5/2020
Self-Directed Service Delivery Model	If MSFP's are not required, what is the requirement of tracking needs and expenditures (pertains to items that would be approved normally, primarily increase in PTO, staff support, new or increased use of vendor agencies as back up, etc.) and are FMSs given go ahead to pay.	The DDA is working with the FMS agencies to develop simplified processes and form to request and be authorized for services including: 1- The use of DDA COVID-19 Self-Direction Form (DDACOVIDForm#5) to: a- Move funds from one budget line item to another including new services without DDA preauthorization; and b- Access an additional \$2,000 for increase in staffing, staff recruitment, increase Support Broker supports, and purchase of Personal Protective Equipment; 2- The use of the Revised Cost Detail Sheet to request new services or increase other existing services.	Revised 5/19/2020
Self-Directed Service Delivery Model	Can an SDS individual provide retropayment to their family member if the family member has been providing services in lieu of a normal staff person that has been unable to provide the services due to COVID-19?	Yes providing they meet all standards and requirements outlined in the federally Appendix K and the DDA Waiver program.	5/5/2020
Self-Directed Service Delivery Model	When will it be a good time to submit New Service Authorization Request?	They can be submitted at any time to the dedicated DDA Regional Office email account noted in the DDA Appendix K #5 - COVID-19 New Services Authorization Request Process guidance.	5/5/2020
Self-Directed Service Delivery Model	If we hire a family member to do PS, can they still give their loved ones medications?	Yes	5/5/2020
Self-Directed Service Delivery Model - Billing Codes	For timesheets, should staff use COVID19 code for the last two weeks and then stop using COVID19 code beginning Monday?	The COVID 19 code was used as a reference to the PTO. individuals supporting participants self-directing services should follow up with the participant (who is the employer) regarding benefits and how to indicate PTO.	5/19/2020

Self-Directed Service Delivery Model - Budget	Can a legal guardian and a staff bill for services under retainer if they are both being utilized for self direction? Can they bill for Personal support and support broker despite no dollar amount in the current budget? Can the additional \$2000 be used to pay them?	No. Retainer payments are used when services are not rendered. Funding must be allocated and available in order for service to be paid. The additional \$2,000 can be used to support Personal Support and Support Broker services based on the participant's choice.	5/19/2020
Self-Directed Service Delivery Model - Budget Modification Approval Process	If funding is moved from one line item to another, who will be the approval.	As per DDA Appendix K #11 - Self Directed Service Delivery Model Exceptions, 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. The FMS will be approving or denying requests as per the criteria listed in the guidance.	5/19/2020
Self-Directed Service Delivery Model - Child Care	Does the Families First Coronavirus response act apply to self-directed individuals and their staff? I have a staff person asking me about it because they are having difficulty finding childcare for their daughter who is not attending school. If it does, where do the funds come from? What would be the process?	Please refer to the Department of Labor for information. The DDA does not provide legal advice on employer related questions.	5/19/2020
Self-Directed Service Delivery Model - Personal Support	When can FMS expect to hear about the additional 30 hours a week for personal support in lieu of Meaningful Day Hab.	The DDA will consider person specific request from participants self-directing services.	5/19/2020
Self-Directed Service Delivery Model - Personal Support	Can day services be transferred to serve personal supports in the home?	Yes, participants can submit a budget modification to the FMS using the new DDACOVIDForm#5 to move funding from one line item to another.	5/19/2020
Self-Directed Service Delivery Model - Personal Support - Billing	Can staff support an individual for 1 hour virtually and get paid for their entire shift? If so at the same time if Family as staff is supporting the individual for the rest of the shift (minus 1 hour) will this be approved for both staff supporting virtually and family as staff supporting individual?	No. Under the self-directed service model services are based on an hour of service.	5/19/2020

Self-Directed Service Delivery Model - PPE Supplies	Can folks in SDS submit a Budget Modification to the FMS to move funds to IFDGS for purchase of PPE supplies ?	Yes	5/19/2020
Self-Directed Service Delivery Model - Staff	How are self -directed individuals expected to keep thier staff so their are able to work when the emergency ends? Is there a plan in place to increase the retainer days should the State of Emergency be extended	Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget.	5/19/2020
Self-Directed Service Model	Can retainer payments be accessed for people that are self directing services?	Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget. They utilize PTO, under the self-directed service model, which is like a Retainer Payment to keep staff. Unlike Retainer Payments, PTO is not limited based on the State's nursing facility "bed-hold" days and the participant self-directing has more flexibility.	Revised 5/19/2020
Self-Directed Service Model	Are regional offices still processing Budget modifications and plan modifications.	Yes. The RO are processing plan and budget modifications unless as otherwise noted in the DDA Appendix K topic specific guidance.	5/5/2020
Self-Directed Service Model	Is funding available for SDS to increase support hours for students who are not currently receiving services?	Yes	5/5/2020
Self-Directed Service Model	As a self-directed service individual, I need some clarity on what you mean by "COVID-19 Retainer Payment for Personal Supports, up to 120 hours within the authorized limit, unless otherwise authorized by the DDA" Does this mean that we will only have 120 hours for retainer pay? Can this be modified if need be?	The DDA temporarily authorized the FMS to process and pay all self-directed staff Paid Time Off (PTO) if the persons plan does not currently include PTO or have enough PTO in the budget. Effective, May 5, 2020, the temporary authorization was ended.	Revised 5/19/2020
Self-Directed Service Model	How can SDS Participants and their teams proceed to allow "retainer" payments to be included in their plan and budgets?	Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget. They utilize PTO, under the self-directed service model, which is like a Retainer Payment to keep staff. Unlike Retainer Payments, PTO is not limited based on the State's nursing facility "bed-hold" days and the participant self-directing has more flexibility.	Revised 5/19/2020

Self-Directed Service Model	Can you provide some guidance on how to pay staff who are affected with COVID-19 especially with the self directed program. Can staff be paid if they don't work due to virus safety concerns?	Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget. They utilize PTO, under the self-directed service model, which is like a Retainer Payment to keep staff. Unlike Retainer Payments, PTO is not limited based on the State's nursing facility "bed-hold" days and the participant self-directing has more flexibility.	Revised 5/19/2020
Self-Directed Service Model	Can Self -Directed individuals use appendix k to increase staff wages during pandemic and how is funding added to the budget and also for the added support broker hours. Can we provide premium pay to staff who will be exposed	Participants self-directing services have the option to increase pay and add additional support broker hours including: 1- Moving funding within their existing budget to support this increase (Reference DDA Appendix K); 2- Authorizing up to \$2000 above their 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 (Reference DDA Appendix K); 3-Increasing current rate for personal supports, supported living, and nursing, by no more than 50%, for directly supporting the participants that have a positive COVID-19 determination for up to 21 consecutive days. (Reference: DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus); and 4- Submitting a Revised Cost Detail Sheet to the DDA Regional Office to request additional funding for Support Broker services (Reference: DDA Appendix K #5 - COVID-19 New Services Authorization Request Process)	5/5/2020
Self-Directed Service Model	Can you provide some guidelines what forms individuals in Self – Direction should use for Appendix K for implementation?	Participants self-directing services will use the DDA COVID-19 Self-Direction (DDACOVIDForm#5) and Revised Cost Detail Sheet.	5/5/2020

Self-Directed Service Model	<p>Provide some guidance on what to do for individuals in self directions who have personal support staff that work normal part time hours due to day programs. Since the day program has been closed due to the virus. Will person support staff be paid for more hours than in the current budget? Will overtime be allowed? What if the staff is family member?</p>	<p>Participants self-directing services, as the employer of record, determine staff schedules and authorize timesheets/invoices based on their approved budget.</p> <p>Under Appendix K, the DDA received approval so that participants and providers may hire legal guardians and relatives for the delivery of services for greater than 40-hours per week without FDA's prior authorization. Please refer to DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State at: Reference:https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx</p>	5/5/2020
Self-Directed Service Model	Can people self-directing services use COLA funds to assist during this time?	No. The COLA is for specific staff benefits and increases not for services.	5/5/2020
Self-Directed Service Model	If a participant in self-direction needs additional supports during this time, how do they request an increase or new service?	Participants self-directing services will use the DDA COVID-19 Self-Direction (DDACOVIDForm#5) and Revised Cost Detail Sheet.	5/5/2020
Self-Directed Service Model	To protect DD individuals with medical issues, some families have moved their family members home during this time of social distancing. We need some guidance on how to continue paying staff. Some have funds under "Health and Other Benefits" line under both Personal Services and Community Learning categories that they plan to use as PTO. Moving forward, is there a need to modify the budget to move money from other lines?	Yes. Participants can use the DDA COVID-19 Self-Direction (DDACOVIDForm#5) to move funding to PTO.	5/5/2020
Self-Directed Service Model	For individuals using Direct Support services, is there a different code that should be used to indicate the time is being justified under appendix K?	The DDA has established specific codes related to Appendix K that are incorporated into PCIS2 and invoices and will be provided to Fiscal Management Service providers to submit claims.	5/5/2020
Self-Directed Service Model	If someone in self-directed receives 5 hours a day, but during the pandemic are receiving reduced hours of virtual services, can we bill for the 5 hours we would normally bill?	No	5/5/2020

Self-Directed Service Model	What approval is need for people self-directing services to use the additional \$2000 for self-directed services?	For those in self-direction, the DDA has authorized self-directed budgets to be increased by \$2,000. The Fiscal Management Services 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.	5/5/2020
Self-Directed Service Model - Family as Staff	When a family member goes over 40 hours a week, is it paid out time and a half or just regular time	Department of Labor rules must be followed related to overtime.	5/19/2020
Self-Directed Service Model - \$2,000	Is the \$2,000 already added to each budget or do we fill out form 5 first	Yes, the additional \$2000 is already authorized for in budgets of participants who self-direct.	5/19/2020
Self-Directed Service Model - \$2,000	Will DDA be sending out awards letters for the additional \$2000? The FMS stated that they will not be processing any funds without the award letter.	No, the DDA is issuing a global authorization to the FMS for each person self-directing their services. This memo details the specific services that may be authorized with the additional \$2,000.	5/19/2020
Self-Directed Service Model - \$2,000	For Self-Direction, is it an additional \$2000 over budget per service or for all services?	The additional funds for up to \$2000 is a one time increase that may be used for specific services to include direct staff supports, Support Broker hours, staff recruitment and Personal Protective Equipment (PPE) and cleaning supplies.	5/19/2020
Self-Directed Service Model - \$2,000	Are the additional \$2,000 funds limited to FY20 or will any unused funds rollover into FY21?	The \$2,000 is limited to the approved in Appendix K which is effective from March 13, 2020 through March 12, 202.	5/19/2020

Self-Directed Service Model - \$2,000	If you needed additional funding added to the budget to cover direct support, is the cap \$2,000? What if the \$2000 does not cover it?	If the participant needs additional direct supports they can: 1- Request to Move Funds from Existing Budget Service Lines to other authorized or new service lines such as Personal Supports; 2- Request to increase their budget up to \$2,000 for Personal Supports; 3- Request to exceed the \$2,000 limit for Personal Supports; and 4- Submit the Revised Cost Detail Sheet to request additional funding or services.	5/19/2020
Self-Directed Service Model - \$2,000	Can as Self Directed Individual use some of the \$2,000 to pay for some of the virtual classes (dance, cooking, etc) he/she is taking while they are home and to able to go out.	No, these additional funds of up to \$2000 is authorized for specific services identified in Appendix K which includes direct support services, staff recruitment, Support Broker Services, and PPE/Supplies.	5/19/2020
Self-Directed Service Model - \$2,000	Can we use part of the \$1000.00 allocation (goods and services) to purchase COVID related cleaning products for disinfecting and maintaining the contact surfaces in the home clean? We are unable to locate supplies, wipes, disinfecting spray in the local stores however on the online stores we can order. Is this permissible.	Yes these funds can be used for cleaning supplies.	5/19/2020
Self-Directed Service Model - Billing	What is the requesting process for self direction?	Per the Appendix K guidance, the participant will document their requests for services on the DDACOVID FORM #5. This request form will allow the participant to document several requests which will be processed through their chosen FMS. First, they may choose move funds from one service line to another within their approved budget to address Covid-19 service needs. They may also request a new service not currently authorized by working with their CCS, who will document and send the DDA the request on the Revised Cost Detail sheet. Second, the participant may choose from a menu of specific services funded up to \$2000. If the selected service needs exceeds this, the DDACOVID FORM #5 must be submitted to the DDA for review. The form must be submitted to their FMS for authorization of payment.	5/19/2020
Self-Directed Service Model - Budget Modification	For those with SD and Traditional Day Hab, transferring \$ from day hab and SD transportation funding not being used at this time can go to SD PSS hours by submitting a MSFPR?	No. The DDA COVID-19 Self-Direction (DDACOVIDForm#5) is used by participants under the self-directed services delivery model to request to move funds from existing budget service lines to other service lines. The MSFPR form is only used for Non-COVID related service requests.	5/19/2020

Self-Directed Service Model - COLA	Our FMS says cola funds aren't used yet and should be allocated. Our CCS says we can't use cola funds for increased staff hours, even though my sister is home 24/7 due to the pandemic.	If a COLA is allocated, it is the responsibility of the employer of record to implement as per the DDA guidance.	5/19/2020
Self-Directed Service Model - CPR/First Aid	Does Appendix K apply to all expired CPR / First AID?	CPR and First Aid Certifications current as of March 13, 2020, but expiring between March 13, 2020 and the end of the State of Emergency shall not be required to be renewed until 90 days after the end of the State of Emergency. Therefore if teh certification expired prior to March 13th, the it must be updated. CPR & First Aid Training may be completed using online training, such as CPR and First Aid, in lieu of inperson training. Training may also be conducted by telephone or electronic means (e.g., Skype or Zoom). Appropriate (full) CPR/first aid certification must be obtained if the staff person maintains a direct support position 90 days after the end of the state of emergency. Staff without current CPR/first aid may provide direct support as long as they are working with a nurse or at least one other direct support person who has CPR/first aid.	5/19/2020
Self-Directed Service Model - FMS	When will the DDA give FMS the go ahead to implement appendix K and hire family under self direction. Will the FMS use current rates to process payments for current and expired budgets?	The DDA has encouraged the FMS to implement Appendix K as soon as possible. Appendix K services will be approved back to March 13, 2020. The FMS will process budget payments for all current plans at the current rates. Services for expired plans, when submitted, will be paid at the rate approved during the plan coverage year.	5/19/2020
Self-Directed Service Model - IFDGS	SDS - IFDGS usage - does this include multi function machines, internet, tablets for associated costs to continue SDS for new needs otherwise handled prior to COVID? (to clarify further - this is employer related needs and/or virtual support needs - new due to COVID)	Employer related needs and cost such as fax machines, internet, computers, etc. are the responsibility of the employer. Participants can consider using their personal funds to acquire these services similar to the general public. DDA's Appendix K does include the temporary provision to use IDFGS for fees associated with telecommunications and internet.	5/19/2020

Self-Directed Service Model - Increase Funding	How does a participant add more funding to their budget?	<p>Participants, self-directing services must oversee and manage their budget. Participants with an increase needs for services can consider:</p> <ol style="list-style-type: none"> 1- Request to Move Funds from Existing Budget Service Lines to other services to meet increased needs; 2- Request to Increase Budget Up to \$2,000 (for PS, CDS, Staff Recruitment, and PPE/Cleaning Supplies only); and 3- Request to Increase Budget Above to \$2,000 (for PS, CDS, Staff Recruitment, and PPE/Cleaning Supplies only). <p>If additional if COVID-19 related services are needed, the Revised Cost Detail Sheet can be submitted.</p>	5/19/2020
Self-Directed Service Model - Internet Services	Access to the Internet is increasingly vital for people with disabilities. When will it be possible to have internet covered from an individual's Budget	Under the Appendix K authority, fees associated with internet cost that provide or direct an exclusive benefit to the participant can temporarily be covered under IFDGS.	5/19/2020
Self-Directed Service Model - Overtime	Can family members work and receive overtime pay? And if so, can they receive back pay from the previous pay periods.	As per the participants authorization, a family member can work more than 40 hours. The participant, as the employer of record, is responsible for the increase cost for overtime from their authorized budget. In order to be paid, the family member must meet the minimum required training and onboarding requirements as outlined in guidance.	5/19/2020
Self-Directed Service Model - Paid Time Off	Can a participant with money in their current budget use it for PTO to pay staff that can't come in during Covid 19?	Yes	5/19/2020
Self-Directed Service Model - Paid Time Off	Is the DDA currently approving budget and plan modifications that can add PTO to customer budgets?	Yes. If a self-directing participant has money in there budget, a budget modification can be submitted to add PTO.	5/19/2020

Self-Directed Service Model - Paid Time Off	What is difference between paid time off and retainer payment?	<p>During the COVID-19 pandemic, some participants may choose to stay with their families, some may request altered or reduced service delivery, or some may be supported in other systems (e.g. hospitals, nursing facilities, etc.) CMS Appendix K provides the opportunity to make limited payments to waiver providers (known as Retainer Payments) while the participants is not being served due to the COVID-19 epidemic</p> <p>Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget. They utilize PTO, under the self-directed service model, which is like a Retainer Payment to keep staff. Unlike Retainer Payments, PTO is not limited based on the State's nursing facility "bed-hold" days and the participant self-directing has more flexibility.</p>	5/19/2020
Self-Directed Service Model - Paid Time Off	Do staff still get the up to 120 hours of PTO that was authorized in a letter from Bernie Simons prior to the approval of Appendix K? The letter said this	No. The DDA temporarily authorized the FMS to process and pay all self-directed staff Paid Time Off (PTO) if the persons plan does not currently include PTO or have enough PTO in the	5/19/2020
Self-Directed Service Model - Paid Time Off	If you have already been using Covid 19 PTO, do you have to calculate how many hours already used and not go over 72 hours? Or does appendix K restart that count?	To support immediate needs and request to make budget modifications, the DDA authorized the use of PTO for people who did not previously designated in their budgets. Participants self-directing services can designate PTO for staff and therefore retainer payments are not needed.	5/19/2020
Self-Directed Service Model - Paid Time Off	Is there no more PTO for self-directed staff? No way to retain staff who are unable to work because of a medical fragile employer?	participants self-directing services can move funds from their currently authorized budget to PTO. Please note any COVID-19 related service authorization and the 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).	5/19/2020

Self-Directed Service Model - Paid Time Off	DDA takes a really long time to approve anything, what about families who need this now that have had PTO now taken away and need the extra hours because their vendors are closed for self-direction.	As per DDA Appendix K #11 - Self Directed Service Delivery Model Exceptions, without DDA's prior authorization, participants may move funding across approved budget service lines for PTO, 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. The FMS will be approving or denying requests as per the criteria listed in the guidance.	5/19/2020
Self-Directed Service Model - Paid Time Off	Please clarity, is PTO by budget year or calendar year?	PTO is based on the participants Annual PCP date.	5/19/2020
Self-Directed Service Model - Paid Time Off	Is CV19 PTO still in effect?	No. As per the Memo - Temporary Authorization of Paid Time Off Update - May 2, 2020, DDA temporary authorization ended on May 5, 2020.	5/19/2020
Self-Directed Service Model - Paid Time Off	So are you saying there is no PTO available for CDS hours?	Participants self-directing services, as the employer of record, determine if they are going to provide PTO for staff.	5/19/2020
Self-Directed Service Model - Paid Time Off	If a staff member has already been paid for more than 72 hours of COVID PTO, do they have to pay back the amount above 72 hours?	No as this is considered PTO.	5/19/2020
Self-Directed Service Model - Paid Time Off	So we would reduce the number of hours already submitted under Paid Time Off from the total of 72 hours of PS and 108 hours of Meaningful Day?	Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget. They utilize PTO, under the self-directed service model, instead of Retainer Payments. Unlike Retainer Payments, PTO is not limited based on the State's nursing facility "bed-hold" days and the participant self-directing has more flexibility.	5/19/2020
Self-Directed Service Model - Paid Time Off	Can PTO be requested for SDS staff (PS) for dates before Appendix K was approved?	Yes provided the participant has allocated funding from their budget for PTO.	5/19/2020

Self-Directed Service Model - Paid Time Off	Can people offer their employees PTO after the retainer fee is exhausted if it's in their budgets?	Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget. They utilize PTO, under the self-directed service model, instead of Retainer Payments. Unlike Retainer Payments, PTO is not limited based on the State's nursing facility "bed-hold" days and the participant self-directing has more flexibility.	5/19/2020
Self-Directed Service Model - Paid Time Off	Before Appendix K was approved, we were instructed to use CV19 PTO to bill for PTO. What code should be used now to bill for PTO?	individuals supporting participants self-directing services should follow up with the participant (who is the employer) regarding benefits and how to indicate PTO.	5/19/2020
Self-Directed Service Model - Paid Time Off	What are self-directing participants supposed to do if they did not have PTO in the budget before this? Can money within the budget be moved to this code from those service codes not being used because of COVID? If so, is a budget modification needed?	Yes, participants can submit a budget modification to the FMS using the new DDACOVIDForm#5 to move funding from one line item to another.	5/19/2020
Self-Directed Service Model - Paid Time Off	Please specify what is the approved retainer payments qualifications. Can retainer days be allocated to vendors	Participants self-directing services will designate and authorize PTO payments for their staff.	5/19/2020
Self-Directed Service Model - Personal Support	Please provide clarity, per the webinar, the additional 6 hours/week of PSS that is automatically authorized for individuals receiving a meaningful day and at least 28 hours of PSS/week... For Self-directed individuals do the additional funds for these 6 additional hours come from the additional 2,000 that is authorized or is it in addition to the 2,000?	During this State of Emergency, participants in need of additional Personal Supports should: 1- Assess current service needs and move funds from services not utilized or needed at this time due to the State of Emergency to Personal Supports 2-If needed, request the use of an additional \$2,000 for the Personal Supports using the DDACOVIDForm#5 3- If needed request authorization for additional funding for Personal Supports using the Revised Cost Detail Sheet	5/19/2020
Self-Directed Service Model - PPE	How are SDS participants notified regarding PPE available from DDA?	The FMS entities notified SD participants about PPE availability and the process to request.	5/19/2020
Self-Directed Service Model - Rates	Can we increase staff wages above the maximum reasonable and customary range?	No with the exception of the Appendix K provision to pay an increased rate due to a positive COVID determination. In this situation the eligible services can be paid at 150% or the rate.	5/19/2020

Self-Directed Service Model - Remote Supports/Virtual Care	Can the participant and or their family members hire and authorize individuals to work remotely with the participants?	Yes	5/19/2020
Self-Directed Service Model - Respite	By what means are the 360 respite hours added to the participant's budget?	The DDA will send FMS a memo related to COVID-19 Self-Direction Global Budget Authorizations.	5/19/2020
Self-Directed Service Model - Respite	For self directed, do the 360 respite hours come out of their approved budget, the \$2,000, or additional funds?	COVID-19 Respite hours are new funds.	5/19/2020
Self-Directed Service Model - Respite	Is the 360 hours of respite hours are allowed per week, month or just per the emergency COVID period?	The 360 additional hours of respite is per available from March 13, 2020 through March 12, 2021.	5/19/2020
Self-Directed Service Model - Staff	For SDS participants who are NOT requesting additional services or new services who are only requesting family members to exceed the 40 hours/week and/or moving funding under an approved budget between the approved budget line items be required to complete the revised cost detail form.	No. The DDACOVID Form #5 is complete for the budget modification process.	5/19/2020
Self-Directed Service Model - Staff	Is there a procedure or request form to follow for staff flexibility? For example, what is the process if a participant who is a minor wanted their legal guardian/parent or sibling who is 16 years of age to become staff during COVID-19? I am sure this may be covered during the webinar but I wanted to put this question on the list just in case.	Participants self-directing services or their legal guardian, as the employer of record, can choose to use the various staff flexibilities outlined in the DDA Appendix K#6-Staff Training and Onboarding Flexibility Guidance. They will need to inform their FMS of the options they are exercising.	5/19/2020
Self-Directed Service Model - Staff	If a parent/support broker is performing the paid dual role of a Support Broker and personal support, as an employee of the participant, does the parent need to submit additional information to the FMS to be paid as direct support (I understand the rates differ per the PCP)? In this case both roles are already in the budget and funded.	The FMS will provide the specific documentation needed to ensure that the individual serving as the parent-support broker and personal support staff are aligned with Internal Revenue Service (IRS) and Department of Labor (DOL) standards.	5/19/2020
Self-Directed Service Model - Staff	How would SDS participants be made aware of when a staff person tests positive?	Participants, as the employer of record, can establish policies related to staff as per State and federal requirements including the Department of Labor in Self Directed.	5/19/2020

Self-Directed Service Model - Staff	How do people who self direct learn if staff they share with residential providers have been exposed/diagnosed?	Participants can consider agreements with staff to share where they work and if they have been exposed or tested positive.	5/19/2020
Self-Directed Service Model - Support Broker	Is a budget mod needed for increased for services/SB hours?	If a participant has an increased need for specific services, which include Support Broker service, they can: 1- Request to Move Funds from Existing Budget Service Lines to other authorized or new service lines such as SB hours; and 2- Request to Increase Budget Up to \$2,000 for SB hours.	5/19/2020
Self-directed Service Model - Taxes	Does Appendix K get taxed? Does Appendix K get taxed before or after the \$2K?	If participants choose to use some or all of the additional \$2000 toward Personal Supports, CDS, or Support Broker as staff, then employer related taxes must be included.	5/19/2020
Self-Directed Service Model - Virtual Care/Remote Supports	For self-direction, can services be done telephonically for an hour and bill for a "normal" day?	No, services can be done via telephonically or video conference for the time specified only.	5/19/2020
Self-Directed Service Model -Paid Time Off	As the employer of record the participant make decisions related to PTO. If the person did not have PTO previously authorized in their budget they can move funds that they have not used for this but can not exceed their approved budget.	If the person did not have PTO previously authorized in their budget they can move funds that they have not used for this but can not exceed their approved budget.	5/19/2020
Self-Directed Service Model- Meaningful Day	Does the ONE-HOUR rule (if an employee engages with the participant at least one hour, it can be billed for the full time that the employee would have worked) apply to workers provided through an agency?	No. Self-directed meaningful day services are provided on an hourly basis.	5/19/2020
Self-Directed Services - Essential Staff	Now that the governor has issued an executive order to close non-essential businesses, are self-directed services considered essential?	Direct support staff that provide services for individuals in self-direction are considered essential personnel. For additional guidance related to essential staff travel, please visit: https://files.constantcontact.com/f401fd14401/1660019e-8512-4fd6-94a1-ab5bf25206f8.pdf	5/5/2020

Self-Directed Services - Essential Staff	If Montgomery County issues shelter in place what does this mean for self directed participants who have and need direct support staff everyday. Will the staff be able to come to work?	Yes, direct support staff are able to continue working for self-directed participants, as they are considered essential personnel. For more information, please Governor Hogan's Executive Order: https://governor.maryland.gov/wp-content/uploads/2020/04/Disability-Services-3.31.20.pdf	5/5/2020
Self-Directed Services - Hazard Pay	Can people using Self Directed Services pay Hazard Pay differential up to the maximum customary rate if it's within their current budget to do so?	Yes	5/5/2020
Self-Directed Services - Retainer Days	In Self Directed Services, under Appendix K, will 120 hours be allotted for each 30 day time period until this COVID crisis is resolved?	Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget. They utilize PTO, under the self-directed service model, which is like a Retainer Payment to keep staff. Unlike Retainer Payments, PTO is not limited based on the State's nursing facility "bed-hold" days and the participant self-directing has more flexibility.	Revised 5/19/2020
Self-Directed Services - Staff Paid Time Off	I am a support broker and have some clients who are uncomfortable having staff in house right now. Can we put the staff on unemployment insurance or at least keep paying them since it is not their fault that they cannot work, we are telling them not to come to work, I really do not want all the staff to suffer and not be able to pay their bills at this time. I do think this pandemic is going to be affecting staffing for several months not weeks I don't want to put stuff in a desperate situation.	As the employer of record, the participant or their authorized representative can make this decision. Participants self-directing services determine staff schedules, pay rates, benefits including paid time off (PTO), and authorize timesheets/invoices based on their approved budget. They utilize PTO, under the self-directed service model, which is like a Retainer Payment to keep staff. Unlike Retainer Payments, PTO is not limited based on the State's nursing facility "bed-hold" days and the participant self-directing has more flexibility.	Revised 5/19/2020
Self-Directed Services - Staff Paid Time Off	Please provide clarity if self-directed participants are required to pay their direct support staff PTO, particularly in situations where the staff is sick during this COVID-19 pandemic. Will payment for PTO affect the participant's self-directed budget?	As the employer of record, the participant or their authorized representative can make this decision as per their approved budget.	Revised 5/19/2020

Self-Directed Services - Staff Paid Time Off	Given the Governor's order to stay home, can DDA provide some guidance for self-directed services on how to make sure that staff is being paid? Should sick and safe leave be used in cases where day programs are closed, and staff needs to be paid to stay afloat. Will families and providers be given the opportunity to modify their budgets to reflect leave?	As the employer of record, the participant or their authorized representative can make this decision based on local and State employment requirements. Participants can modify budgets as per Appendix K guidance.	Revised 5/19/2020
Self-Directed Services - Staff Paid Time Off	Will providers have to pay unemployment since the governor made an announcement about relaxing unemployment benefits	The DDA cannot provide legal advice or technical guidance related to employment issues.	5/5/2020
Self-Directed Services - Staff Paid Time Off	Can you provide some guideline on PTO, how much of it can be given, what do we do if do not have it in our budget to provide our staff with PTO especially most of programs have been closed?	The DDA initially authorized the ARC of Central Chesapeake Region and Medsource Financial Management Services to process and pay all self-directed staff Paid Time Off (PTO) if the person's plan does not currently include PTO or have enough PTO in the budget until we received approval for our Appendix K. This authorization was discontinued on May 5, 2020. Participants, as the employer of record, can submit budget modification for PTO.	Revised 5/19/2020
Self-Directed Services - Staff Paid Time Off	How is DDA going to pay overtime to SD caregivers (who can not work with thier clients because of COVID), without further financial assistance added to his budget in the way of modification?	Staff supporting people under the self-directed services delivery model are not eligible for overtime for work they have not provided.	5/5/2020
Self-Directed Services - Staff Paid Time Off	Is a plan modification signed by DDA necessary if an individual would like to offer PTO that is not in their current budget? Is adding a line item to a budget a plan modification necessary anytime an individual does a budget modification?	Participants can use the DDA COVID-19 Self-Direction (DDACOVIDForm#5) to move funding to PTO.	5/5/2020
Self-Directed Services - Staff Paid Time Off	Is the PTO guidance provided by DDA is applicable to direct service vendors (vs employees). Any clarification you can provide would be helpful and I will pass the information along as requested.	No, PTO is not applicable to vendors. These staff are employees of an 'agency' - therefore; the 'agency' is responsible to provide.	5/5/2020
Self-Directed Services - Staff Paid Time Off	If the individual's family has requested that the provider not work with the person in SDS and that staff is no longer receiving income from that job , but she has another job not in the DDA field, does that make them ineligible for unemployment?	The DDA cannot provide legal advice or technical guidance related to employment issues.	5/5/2020

Self-Directed Services - Staff Paid Time Off	As of Friday is PTO now permitted if it was not already in Plan? Can I submit timesheet to MedSource for PTO beginning March 18?	Participants self-directing services have the option to pay staff PTO within the limits of their current budget or use Appendix K Retainer Payments within the federal approved limits. This can be effective as of March 13, 2020.	5/5/2020
Self-Directed Services - Staff Paid Time Off	People have chosen to go without support, reduced support or have family and friends support and need to retain their employees. Is PTO allowed limitlessly due to COVID 19 precautions?	No. PTO is limited to the person's authorized budget.	Revised 5/19/2020
Self-Directed Services - Staff Paid Time Off	Do the limits on retainer fees also apply to PTO?	No. Paid time off is established by the participant as the employer of record.	5/5/2020
Self-Directed Services - Testing	What support is available to people in Self direction when they or their staff test positive for COVID 19?	In the event that a self-directing individual or their staff tests positive for COVID-19, the FMS can authorize up to \$2000 above the authorized budget to support Personal Protective Equipment/Supplies. Participants and their teams should utilize their emergency plan to ensure that needs are being addressed. Additional services and supports can also be requested.	5/5/2020
Self-Directed Services - Unemployment	Our daughter is Self-Directing, do staff apply for unemployment. Is this FDA's policy?	As the employer of record, the participant or their authorized representative makes this decision.	5/5/2020
Service Delivery	If training waived for family members are we also waiving written documentation of services provided (progress notes)by the family daily?	No, per the DDA Service Authorization and Provider Documentation Guidelines, all services rendered must be documented.	5/19/2020
Service Delivery	If we are currently supporting an individual whose effective date ends June 30, 2019 with CORE Foundations, and his transition to his new service provider is delayed, what is the process for us to extend his services with us so he has no gap in services? I have reviewed the service authorization document on the Appendix K page, however this was not an option.	The DDA encourage teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency. Participant's and families have the choice to receive the services being offered or to decline them. If the person chosen to continue or extend services then the CCS can submit the request on behalf of participant.	5/19/2020
Service Delivery - Out of State	If the family is providing services in a non-neighboring state, can the same still apply in regards to out of state	No.	5/19/2020

Service Delivery - Out of State	What if a family lives in a non neighboring state and participants wants to live with their family?	As per DDA Appendix K guidance, payment for services may be provided out of the State of Maryland in neighboring states and the District of Columbia.	5/19/2020
Service Needs	Concern with the people in service who had the virus and if there are some lingering effects from the virus what supports will be there for those people once they return to their programs?	If after the pandemic, an individual experiences a change in their rehabilitative or health and safety needs due to COVID-19, the individual and team will submit a revised PCP identifying their new assessed needs, and requesting additional services to request those needs.	5/5/2020
Signatures	What options and alternatives are there for required signatures?	During this State of Emergency, options include electronic method of signing off on required documents such as the person-centered service plans and obtaining verbal consent which must be documented in the case note.	5/19/2020
Staff Eligibility	What changes are there for onboarding requirements for new staff?	As per DDA Appendix K #6 - Staff Training and Onboarding Flexibility include: A. Service by Relatives or Legally Responsible individuals; B. Staff Age Requirements; C. Waiver of High School or GED Requirement; D. Criminal Background Checks; E. Training Requirements; F. Waiving the Health Screen and PPD Test; G. Exception to Maryland Professional Licenses; and H. Sharing Staff Among Providers.	5/19/2020
Staff Eligibility	Can you state whether the support broker doing personal supports must have cpr and first aid or is this waived???	A Support Broker must have CPR/First Aid training to provider Personal Support Services, unless they are a family member of the individual. In that case CPR/First Aid can be waived by the participant.	5/19/2020
Staff Eligibility	How about if a family member does not have a work permit? Is this also waived.	Work permits are not waived.	5/19/2020
Staff Eligibility	What proof do you need to show that the client made the choice to waive the training requirements for a family member?	Documentation in the file to include the date, name of person who authorized the waiving of requirements, relationship to the participant, and name of provider staff who obtained the authorization.	5/19/2020
Staff Eligibility	What specific training is needed for current staff, new hires and instructors at this time in order to ensure people stay current?	Please refer to DDA Appendix K #6 - Staff Training and Onboarding Flexibility and additional Governor's Orders, Secretary Orders and DDA Memos/Guidelines/Directives at [link]	5/19/2020

Staff Eligibility	What trainings and staffing requirements are waived for family members?	As per DDA Appendix K #6 - Staff Training and Onboarding Flexibility, in an effort to expedite service delivery during the pandemic, training requirements may be waived for family members willing to provide services to participants until 60 days following the end of the State of Emergency.	5/19/2020
Staff Eligibility	If we bring on DSP's with the relaxed requirements during the emergency timeframe. Will they have to be let go post emergency for not meeting non-	For new employees, providers and participants enrolled in self-directed services delivery model, that utilize abbreviated training formats for the purpose of accelerating the onboarding	5/19/2020
Staff Eligibility	Who is required to get a PPD presently? Will staff need to go back and obtain a PPD after the pandemic?	Direct support professionals hired by provider are required to get a PPD. If this requirement is waived at this time, it must be completed within 120 of onboarding.	5/19/2020
Staff Eligibility	Are Bloodborne Pathogens and Seizure Disorders required to be renewed during the state of emergency? Is that required to update upon expiration?	For current employees, annual training requirements for direct support professionals, as provided in this guidance, who have previously completed all training requirements, will be extended 90 days after the State of Emergency.	5/19/2020
Staff Eligibility	All our Mandated DDA Trainings are online. Can we require our employees to continue meeting the requirements if these trainings since they are all online?	Yes.	5/19/2020
Staff Eligibility	For individuals being provided services at their family home, can their family be hired backdated to the 3/13/2020, even if a background check is not performed until May?	No. They can be hired as of the date of the background check.	5/19/2020
Staff Eligibility	Does health screen mean a physical (for job functions) or drug screen?	It includes both.	5/19/2020
Staff Eligibility	Can family members be hired and have up to 60 days after the state of emergency to complete car/first aid?	In an effort to expedite service delivery during the pandemic, training requirements may be waived for family members willing to provide services to participants until 60 days following the end of the State of Emergency.	5/19/2020

Staff Eligibility	Can a family choose to not be hired by agency and be a direct care provider for their adult child at home?	Yes. A family member can choose not to be hired by an agency, however if, they wish to serve as a direct care provider and the individual they are serving is not in self-direction, he or she will need to meet the requirements by the employer and at minimum the requirements outlined in Appendix K guidance. Please note if a participant wants to transition to the SD model, it would not be retroactive. The person using the SD model can not authorize payment for services when they were not under this model.	5/19/2020
Staff Eligibility	To hire a parent--must the person receiving services be a minor only or is there a provision to hire a family member if the person receiving supports is over 21?	Under Appendix K, a family member can be hired regardless of the age of the participant.	5/19/2020
Staff Eligibility	If the individual is their own guardian and determines to return home and the family member has a significant background are we really going to deny the family member as person to supply services?	Family members can support participants. To be paid under DDA services, State and federal requirements must be met. DDA's Appendix K provides various temporary exceptions and flexibilities that can be considered.	5/19/2020
Staff Eligibility	Please clarify does a family member willing to provide CLGH and Meaningful Day supports for an individual living in the family home during the pandemic have to be trained in MTTP?	Appendix K does not include an exemption for family members paid to administer medications.	5/19/2020
Staff Eligibility	Some applicants have never had CPR/1st Aid Training. They don't have, nor have they ever been certified. These individuals are willing to do the training but at this time of COVID 19 they are unable to take the hands on classroom portion. American Red Cross is able to provide a provisional certification for the online portion of the training. The student then has 90 days afterward to take the in person classroom portion to earn the full certificate. Is it possible that requirement for CPR/1st Aid certification be relaxed during the current state of emergency in order to hire DSP workers?	Yes. As per DDA Appendix K #6 - Staff Training and Onboarding Flexibility, provider agencies and participants enrolled in self-directed services delivery model, may choose to provide online training, such as CPR and First Aid, in lieu of in-person training. Training may also be conducted by telephone or electronic means (e.g., Skype or Zoom). Staff without current CPR/first aid may provide direct supports as long as they are working with a registered nurse or at least one other direct support professional who has CPR and First Aid certifications.	5/19/2020

Staff Eligibility	Do you a list of locations that I could get for the Alternative Background Searches?	The DDA is not able to endorse a specific vendor but there are various resources.	5/19/2020
Staff Eligibility	Does our ability to hire family members end at the end of state of emergency or 60 or 90 days after?	No. As per the approved Waiver programs, participants self-directing services and providers can: 1-Hire legally responsible individuals, who are appropriately qualified, for providing extraordinary care for the following services: Community Development Services or Personal Supports; 2-Hire 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; and 3-Hire 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.	5/19/2020
Staff Eligibility	So are you saying that we can continue to work people for up to 120 days after the emergency without all required training's?	In an effort to expedite service delivery during the pandemic, training requirements may be waived for family members willing to provide services to participants until 60 days following the end of the State of Emergency.	5/19/2020
Staff Flexibilities	Can relatives be used to cover missed day program services?	Relatives can be hired as staff.	5/19/2020
Staff Requirements	Family members have asked if they must still pay the Room and Board charges while the individual is home with them. Is the R&B waived?	Yes. Room and board requirements are not waive.	5/19/2020
Staffing Flexibilities	The question is for us moving forward during COVID-19 state of emergency, under Meaningful Day services can SE staff follow under this Guidance #6? It was not listed on page 2 of the guidance. If no, does this mean regular staff training and Onboarding is required for staff providing SE?	Yes if it is a relative.	5/19/2020
Staffing Flexibilities	Can you provide more information on when legal guardians or family members will be paid to provide personal support services for adult	Relatives and legally responsible individuals will need to be hired as staff by a participant self-directing services or a provider in order to be paid	5/19/2020

Staffing Flexibilities	We understand that people within the self directed waiver can hire family members as 1099 employees. Can providers - in the traditional model- also hire family members as 1099 employees or ONLY those in the self directed model?	Yes providers, as the employer of record, have this option.	5/19/2020
Staffing Flexibilities	Could you tell us where to find guidance on family members working more than 40 hours a week in self directed ?	Participants and providers may hire legal guardians and relatives for the delivery of services, as provided in the DDA Appendix K #6 - Staff Training and Onboarding Flexibility Guidance, for greater than 40-hours per week without DDA's prior authorization. This can be found under the DDA Appendix K #3 - Personal Supports Authorization and Exceptions issued on April 29th. Here's the link https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/19/2020
Staffing Flexibilities	For people with self-directed services can two family members serve as staff during the COVID-	Yes. Abbreviated background checks and applicable training applies	5/19/2020
Staffing Flexibilities	We are already getting requests to hire family members or other organization's staff to provide services in the absence of our own staff. Are we able to deny this as an option?	Yes. Please note that participants and families have the right to change providers to receive services needed.	5/19/2020
Staffing Flexibilities - Family	Is there a maximum number of hours that a family member providing services can bill for weekly?	The number of hours is based on the authorization from the participant self-directing services (as the employer of record) or provider who has hired the family member.	5/19/2020
Staffing Flexibilities - Family	Should parents/staff of those in self-direction have documented their hours to be paid for services rendered at the beginning of the State of Emergency?	Service and supports provided by staff or family members do not automatically mean payments. The person must be hired, services must be requested by the participant, and the individual must meet the participant's required qualifications.	5/19/2020
Staffing Flexibilities - Family	Can you provide some guidance on Family provision of day services. Can family members provide music therapy through telemed tools as day services?	No. Music therapy is not a covered service under day services.	5/19/2020

Staffing Flexibility	<p>Can the DDA provide some guidance on family providing care to their family members. What is required from the family members in order for them to provide services (extended family acceptable? what education and trainings are required) What type of DDA services are they allowed to provide. Do they have to complete a background check, are all required trainings waived at this time?</p>	<p>To maintain and support expansion of the current workforce, modifications have been federally approved related to staffing qualifications and onboarding requirements including hiring relatives and legally responsible individuals to provide services. Relative is defined as a natural or adopted parent, step parent, or sibling. Services include: Community Development Services, Day Habilitation, Community Living - Group Home, Supported Living, Behavioral Support Services, Nursing Services, Personal Supports, and Respite Services. Participants and providers have the ability to waive training requirements based on the service being provided.</p> <p>Additional information can be viewed in the DDA Appendix K #6- Staff Training and On-boarding Flexibility Guidance at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx</p>	5/5/2020
Staffing Flexibility	Are virtual courses and training available for CPR, CMT, and MANDT?	<p>Yes. Provider agencies and participants enrolled in self-directed services delivery model, may choose to provide on-line training, such as CPR and First Aid, in lieu of in-person training.</p> <p>MANDT is also offering the use of the e-learning and testing</p>	5/5/2020
Staffing Flexibility	Will extensions be provided for recertification, relicensing, licensure renewals for MBON, CMTs, First Aid etc.	<p>Yes. Pursuant to the Governor's authority under the Constitution and Laws of Maryland, on March 12, 2020, the Governor issued an Executive Order extending the expiration date of all licenses, permits, registrations, and other authorizations issued by any agency of the State of Maryland, including, but not limited to, the Maryland Board of Nursing, until the 30th day after the date by which the State of Emergency is terminated and the catastrophic health emergency is rescinded. You may read the Executive Order by clicking on the following link: https://governor.maryland.gov/wpcontent/uploads/2020/03/Licenses-Permits-Registration.pdf</p>	5/5/2020

Staffing Flexibility	Is there a parameter around which family members can provide support, does it have to be immediate family or can extended family provide services also.	The DDA Appendix K provides the opportunity to hire family members as staff to provide services. When services are rendered by relatives or legally responsible individuals, the provider agency authorized to render services is responsible for ensuring that services are provided as authorized in the PCP and that billing occurs in accordance with DDA requirements. Relative is defined as a natural or adopted parent, step parent, or sibling. For additional information please see DDA's guidance on DDA Appendix K #6 - Staff Training and On-boarding Flexibility at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020
Staffing Flexibility	If a person is typically supported in a group in a Day Hab setting and is now being supported in their home, how do we access proper funding for this 1:1 support?	In circumstances where Meaningful Day services can not be provided, due to State Executive Orders (including the closures of day programs and schools) and Governor Hogan's Stay at Home Executive Order 3-30-20, the DDA is authorizing a set amount of shared day time service hours to support the additional staffing provider organizations are providing via licensed Community Living-Group Home and Supported Living services. Please see the DDA Appendix K #2 Residential Day	5/5/2020
Staffing Flexibility	If family members are hired as staff, are they required to go through training and background checks?	Family members must go through a modified background check. The DDA Appendix K includes several flexibilities related to training and background checks for family members as staff. As per DDA Appendix K #6 - Staff Training and On-boarding Flexibility including: 1- In an effort to expedite service delivery during the pandemic, training requirements could be waived for family members willing to provide services to participants until 60 days following the end of the State of Emergency. 2-A provider who chooses to utilize non-traditional staff in direct support positions must initiate appropriate background checks, and MVA checks (if driving), but may place the staff person on the schedule immediately after performing an abbreviated background check using the name, birthdate, and social security number of the potential new hire. Reference: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020

Staffing Flexibility	Reviewing Appendix K, There is frequent reference to the ability of legally responsible people – like spouses and ‘parents of minor children’ being able to temporarily be paid for providing supports (Personal Support and Respite) to their family member. Does this include parents of adult (children) who reside with them?	Yes	5/5/2020
Staffing Flexibility	We have had our son at home since March 15. If family members can be service providers, does that eliminate the 18 day residential retainer day problem?	The DDA Appendix K authority provides the option for family members to provide services and for services to be provided in alternative settings such as the family's home instead of the provider licensed site. Providers can hire family members as staff to provide the Community Living- Group Home services in the family home and bill for an "attendance" day instead of using a retainer day.	5/5/2020
Staffing Flexibility - Age	How old does family members have to be in order to provide services to individuals under Personal Support	individuals 16 years of age or older, including family members, neighbors and certified babysitter, that meet revised qualifications can provide direct support for Waiver program services that normally require that the direct support professional be 18 years of age or older. This individual direct support staff would have to be determined qualified by: (1) the participant or the participant’s legal representative if the participant is enrolled in the self-directed services delivery model; or (2) the provider if the participant is enrolled in the traditional services delivery model.	5/19/2020
Staffing Flexibility - Family	Do family members need to have medication certification to give medication to their family? Do they need first aid and CPR training?	The requirement that staff be a Certified Medication Technician (CMT) if performing delegated nursing tasks may be temporarily waived for people self-directing services. The team can elect to either defer any nursing delegation home visit or utilize telecare/remote nursing assistance options. Current certification in CPR and First Aid can be temporarily waived with respect to legally responsible family members providing services to participants enrolled in the self-directed services delivery model.	5/19/2020

Staffing Flexibility - Family	Do families have to be employees of an organization in order to be paid as a consultant or independent contractors to provide services ? Can providers hire families as consultants if so for what services ? Can providers choose to not hire family?	As per DDA Appendix K #6 - Staff Training and Onboarding Flexibility, participants self-directing services and providers as the employers of record make this decision. Providers are not required to hire family members.	5/19/2020
Staffing Flexibility - Family	Families who are working as staff, can they now receive the overtime pay? The FMS refuse to pay the overtime.	Under Personal Supports, participants and providers may hire legal guardians and relatives for the delivery of services, as provided in the DDA Appendix K #6 - Staff Training and Onboarding Flexibility Guidance, for greater than 40-hours per week without DDA's prior authorization. Participants and providers are responsible for cost associated with overtime as per Department of Labor requirements.	5/19/2020
Staffing Flexibility - Foster Care	Are foster parents eligible to provide Personal Support services to foster children as long as they provide documentation and complete a background check?	No. Foster parents are compensated for care under the Foster Care system.	5/19/2020
Staffing Ratio	Some 1:1 ratios in personal supports and community living are in place to support social activities (not for health and safety). Does form 3 and incident reporting apply when exceeding this type of 1:1?	Yes. The form should be submitted and include this information to request the exception.	5/19/2020
Staffing Ratio	For the purpose of revenue recognition, will the rate of individuals funded for 1:1 be adjusted if a request to modify the ratio is submitted?	No. Providers will continue to bill and receive the same reimbursement rate for 1:1/2:1 staffing based on participant's person-centered plan prior to the staffing ratio exception approval unless otherwise determined by the DDA.	5/19/2020

Staffing Ratio	How long does is the temporary staff ratio in place. When we have enough staff to ensure the staff ratio again what form do we complete to reinstate the original ratio	When submitting the request, the requester, must attest that on behalf of provider, that they affirm that the provider will ensure that the staff ratio exception will supports the health and safety needs of participant(s) affected if the staffing ratio exception is approved by DDA. Providers can submit the DDA COVID-19 Staff Ratio Exception Request Form (DDACOVIDForm#3) to advised the DDA that they are returning to the original authorization but noting the staff ratio and including details in the additional comments box.	5/19/2020
Staffing Ratio	What if staff was provided for the 1:1 and one person in the house was present with no staff?	Based on the participant's person-centered plan they may have independent, unsupervised times. If the person does not require direct supervision or was not authorized 1:1 or 2:1 supports this scenario could occur.	5/19/2020
Staffing Ratio	If the permission is granted to change the ratio, how long does this go on, one day one week?	As long as the new staff ratio supports the health and safety needs of participant but not to exceed March 12, 2021 unless otherwise advised by the DDA.	5/19/2020
Staffing Ratios	Please clarify will we also be reimbursed for additional day time hours when we provided a 1:1 for someone in a home as well as an additional staff for the rest of the residents of the home?	Yes	5/19/2020
Staffing Ratios	Can you provide some insight on what is the rates we can use to project for the additional shared staff in residential during the day? Also, are the additional hours per day per house or per person per day per house?	Shared add-on service hours are per house per day. They will be added to one or more persons in each home (via a data patch in PCIS2) where at least one (1) participant is currently receiving Meaningful Day Services and will be based on the number of people supported in the home as follows: 1-Up to 8 additional hours in a home serving up to three (3) participants x 5 days/week (40 hours); 2-Up to 16 additional hours in a home serving up to five (5) participants x 5 days/week (80 hours); and 3-Up to 24 additional hours in a home serving up to nine (9) participants x 5 days/week (120 hours). Shared hours will be added in PCIS2 (indicated as COVID Direct Support Shared hours) to one or more persons in the home based on order of preference outlined in the guidance. Reference: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/5/2020

State-Funded Services	Is a state only funded person receiving support services also eligible for 72 hours per month?	No. However, as per DDA's Policy on Use of State Only Funds, people who are receiving DDA State only funded services that require additional funding to resolve emergency situations in	5/19/2020
Support Broker	If the Self-Directed participant does not currently have a paid Support Broker, can they add funds to hire an outside Support Broker?	Yes, a self-directed participant can request Support Broker services to provide information, mentoring and coaching related to employer related duties. Please note CCSs have been trained to assist with service requests and modifications and would be the appropriate person to assist with completing the revised cost detail sheet and COVID-19 Form #5.	5/19/2020
Support Broker	Can the Authorized Rep (not Family member) act at a support broker during this time?	Yes	5/19/2020
Support Broker	Does an unpaid SB that performs Waiverable services during Covid Emergency, need to complete entire Application?	Yes, in order to provide DDA waiver services, an individual must complete an application, and be hired by the participant.	5/19/2020
Support Broker	As a support broker, I have worked extra hours with several folks. If there is extra money in their budget, we do a budget mod to move it? If not, we can request additional funds, can you explain that process again?	Support Brokers, as a paid staff, have no authority to move funding. Participants self-directing services, as the employer of record, determine staff schedules, pay rates, benefits, authorize timesheets/invoices based on their approved budget, and makes decisions related to budget modifications. Appendix K has allows for Support Broker Services to be provided up to a total of 20 hours per month. 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. The DDA will consider requests for additional funding in the event funding is not available within the participant's currently authorized budget. Additional funds up to \$2,000 can be requested by submitting the COVID-19 Form # 5 to the FMS.	5/19/2020
Support Broker	If the support broker have to perform other services, which service code should be used, code for support broker or the service they are performing.	If a Support Broker provides waiver services other than Support Broker services, then he or she will use the appropriate code for that waiver service and not the SB code. Please note, in these types of cases, Support Brokers will be paid the reasonable and customary rate of the waiver service, and not the Support Broker rate.	5/19/2020

Support Broker	Does the training extension also applies to Support Brokers whose recertification is coming due ?	Yes	5/19/2020
Support Broker - Delivering Waiver Services	Can Support Broker for other agencys support during this State of Emergency?	Yes. As per Appendix K, 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 (e.g. personal supports) to the participant at the rate applicable to that other Waiver program service.	5/5/2020
Testing	Is the DDA providing COVID testing for staff?	No the DDA does not have access or provide test.	5/19/2020
Testing	Can self-directing families receive COVID19 testing for both families and staff?	COVID-19 testing is currently available to individuals who display symptoms or have been exposed to someone with COVID-19, and have a doctor's note requesting that they be tested.	5/19/2020
Testing	Who in a group home is qualified to collect the specimen from a individual who is possibly positive for Covid 19?	The nurse.	5/19/2020
Testing	Can public health nurses from the local health departments come to my program and collect specimens from residents?	According to Dr. Feder, this may be possible, but it usually is not. You may obtain testing kits from the local health department, which your own affiliated healthcare provider can use to collect a specimen for COVID-19 testing. If you have no affiliated healthcare provider, the best choice is to form a relationship with a provider in the community who can either collect specimens, or write a prescription to have your resident tested at a public testing site.	5/19/2020
Testing	My program has an affiliated nurse or healthcare provider, but that staff person cannot safely collect respiratory specimens for COVID-19 testing. What should I do?	We recognize that health professionals employed by your program may not be able to collect COVID-19 specimens. In that case, the recommendation is the same as for a program that does not employ a healthcare provider. It is recommended that providers form a partnership with a provider in your community who can either collect specimens from your residents or write a prescription for your resident to be tested at a public testing center outside the home. If you are struggling to access testing for a resident who is experiencing a symptom of COVID-19, this is an appropriate issue to raise with your local health department and/or your DDA Regional Office.	5/19/2020

Testing	This week the Governor made universal testing for COVID-19 available to staff working in nursing home settings. What is the status of expanding universal testing for direct support workers being paid through Community Pathways, including in congregate and self-directed settings? According to CDC data people with IDD are also at high risk.	This order does not apply to the DDA.	5/5/2020
Testing	Please provides some insight on how is testing conducted at various sites? What is the procedure for testing and reporting. Do staff and clients get tested and you report out the results, or are patients and staff tested based on a criteria? If every staff and patient is not tested How would you know	The Local Health Departments collect the data for the State. The DDA collects the informationf from what providers report related to the participant and direct support professionals to their regional directors and our PCIS2 system for participants.	5/5/2020
Testing	Can the responsibility be placed on the staff to notify all employers of a positive covid-19 test? Can the employer hold staff accountable to divulging said information?	The DDA cannot provide legal advice or technical guidance related to employment issues.	5/19/2020
Testing - Reporting/Quarantine	Please provide insight on what to do as some staff are reporting COVID positive test results 2-3 weeks after they tested positive. Should this still be reported to the Department of Health? Would you recommend that we inform other caregivers who have had contact with positive staff to quarantine?	If staff are reporting COVID positive test results 2-3 weeks are being tested, please call the local health department to report.	5/19/2020
Testing - Documentation	Is proof of a positive test result required in order to report to DDA? We have an employee who claims she has tested positive but has not provided documentation that says so	As per Dr. Feder's guidance, the potential positive determination should be reported to the local health department.	5/19/2020
Testing - Training	Will DDA have training for agency nurses on testing procedures if they are given test kits? It is my understanding that the testing has some specialized skills so as not to get false negatives. Also what is the risk to exposure for nurses doing the testing?	The Local Health Department has specialized training and will provide the training for the kits. According to Dr Federer, the risk is not substantial but requires full PPE to include an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.	5/19/2020

Training and Onboarding	Can the DDA provide some guidance on Onboarding and Training for staff?	<p>To maintain and support expansion of the current workforce, modifications to the following staffing qualifications and onboarding requirements are outlined in this guidance:</p> <ul style="list-style-type: none"> A. Service by Relatives or Legally Responsible Individuals; B. Staff Age Requirements; C. Waiver of High School or GED Requirement; D. Criminal Background Checks; E. Training Requirements; F. Waiving the Health Screen and PPD Test; G. Exception to Maryland Professional Licenses; and H. Sharing Staff Among Providers. <p>Providers are encouraged to utilize all staff in the provision of direct support. This includes management and clerical staff, as examples. The training exceptions and expectations for this staff (e.g. management and clerical staff) is the same as described in this guidance.</p> <p>Reference: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx</p>	5/5/2020
Training Flexibility - CMT	What flexibilities exist related to Certified Medication Technician (CMT)Training Requirements?	<p>As per the approved Appendix K, MTTP/Medication Technician Training Standards and Requirements include:</p> <ol style="list-style-type: none"> 1-All staff who are responsible for administering medication must have medication administration training. 2-Direct Support Professionals who have taken and passed MTTP courses may begin administering medications immediately. 3-MTTP licenses current as of March 13, 2020, but expiring between March 13, 2020 and the end of the State of Emergency shall not be required to be renewed until 90 days after the end of the State of Emergency. 4-Provider shall maintain listing of staff under this exception and provide upon request by the DDA. <p>Additional information can be viewed in the DDA Appendix K #6- Staff Training and On-boarding Flexibility Guidance at: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx</p>	5/5/2020

Transitioning Youth	Is there a timeline for TY's to receive initial approval?	As per our recent communications related to Transitioning Youth, beyond the uncertainties of a typical transition, this year's TY and families are also facing the additional factors associated with the COVID-19 crisis. TYs that have completed the waiver application process have been approved. During this time, DDA's highest priority continues to be the health, safety, and wellbeing of people with intellectual and developmental disabilities, their families, staff, and providers. We are coordinating with local school systems, CCS and partners at the Division of Rehabilitation Services (DORS), and Autism Waiver Coordinators in not only identifying students with developmental disabilities who will be exiting school but to also discuss what current services and supports are available under this State of Emergency so that all options are considered to meet immediate needs.	5/19/2020
Transitioning Youth	Does this information apply to transitioning youth who will graduate from their school programs in June?	Yes, as long as Appendix K is active. Appendix K is in effect from March 13, 2020 until March 12, 2021. If the State of Emergency ends before March 21, 2021, the Deputy Secretary will make a decision regarding how much time providers have to transition to their normal service operations and business model. To date, the DDA is unsure how long the transition period will be.	5/19/2020
Unemployment	Have there been any discussions between DDA and DLLR to ensure that family members who are hired during the pandemic will not be eligible for unemployment when the pandemic ends?	The DDA cannot provide legal advice or technical guidance related to employment issues.	5/19/2020
Unemployment	If we hire family member and after the emergency is over, can that family member apply for unemployment? And if they are not trained could this not also lead to workers comp claims?	The DDA cannot provide legal advice or technical guidance related to employment issues.	5/19/2020

Virtual Care/Remote Supports	Will telephonic services be able to be used for self direction with the same provisions as Providers?	<p>Yes. 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.</p> <p>Please refer to MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020 for requirements and additional information.</p>	5/19/2020
Virtual Care/Remote Supports	If a virtual service is offered for an hour, but the person chooses to end the service after 30 minutes, can the provider still bill for the hour?	No, a full day of Meaningful Day Service may be billed if people in a residential setting received a Meaningful Day Service at minimum, one hour of cumulative, direct, or remote supports during that day. The Meaningful Day 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.	5/19/2020
Virtual Care/Remote Supports	Since the closure of day programs no one has provided remote service. How do we get paid because they have been in our residential services?	Providers can submit a claim for a retainer payment.	5/19/2020
Virtual Care/Support	Does “over the phone” include speaking through the phone in the text feature, sending videos, etc, that are interactive?	<p>As per COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance, when appropriate, services can be delivered through telehealth using a real-time audio-visual connection that allows the staff member to both see and hear the participant. Sending a video for the person to view on their own does not qualify. Personal care services that only require verbal cueing (the ability to hear a verbal response from the participant) can also be delivered by phone.</p> <p>Reference: https://dda.health.maryland.gov/Pages/DDA_MEMO_GUIDANCE_DIRECTIVES.aspx</p>	5/19/2020

Virtual Care/Support	How long will a provider be able to continue with virtual supports, as we roll out going back to day and community supports in the future?	As per COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance remote services became available on March 13, 2020. The measures outlined in this document are restricted to use during the emergency declared by Governor Hogan related to the threat of COVID-19 and will expire immediately at the end of the declared emergency or when revised by additional orders such that the Secretary's authority to issue this guidance no longer exists.	5/19/2020
Virtual Care/Support	When providing virtual services, does a MSFP have to be completed?	No	5/19/2020
Virtual Care/Support - Assistive Technology	What is categorized under Assistive Technology? Are Ipads included? How will the assisted technology be paid for? Are all participants eligible to get their own tablets? Do we have to submit a form in order to purchase devices or can we purchase the device and then submit a form for it	<p>Assistive Technology means an item, computer application, piece of equipment, or product system. Assistive Technology can include tablets and other devices to meet an assessed need as per the approved DDA waiver programs. A request on behalf of the participant for Assistive Technology can be submitted using the DDA COVID-19 Request and Notification - Service Authorization form (DDACOVIDForm#1) or revised Cost Detail Sheet. A Modified Service Funding Plan request is not needed.</p> <p>Please refer to:</p> <ul style="list-style-type: none"> 1-DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements 2-DDA Appendix K #5 - COVID-19 New Services Authorization Request Process Reference: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx 3- DDA Community Pathways Waiver - Assitive Technology and Services - page 128 at https://dda.health.maryland.gov/Documents/2019%20December%20Waiver%20Amendment%20Docs/Approved%20Community%20Pathways%20Waiver%20Application%20-%20Amendment%20202019,%20effective%20December%201,%202019.pdf 	5/19/2020
Virtual Care/Support - Billing	For individuals receiving personal supports but only one hour of virtual supports from day programs can personal supports still bill within the typical day	Yes as long as the services are not provided for at the same time. Whether direct or remote services are being provided, only one service can be provided for that specific time.	5/19/2020

Virtual Care/Support - Billing	Can a provider still bill for an entire timeblock of scheduled time for personal support if the client walks away from the session an hour into time scheduled. Can a provider bill if the individual did not show up for the scheduled session?	No. A provider can only bill for services direct or remote services rendered.	5/19/2020
Virtual Care/Support - Billing	Who pays for the Wifi and the equipment used during virtual support sessions?	Meaningful Day service providers may develop new business models for remote supports. Cost associated with the provider equipment, internet, etc. in the delivery of new business models are part of the provider's operating cost. Participant's with an assessed need for Assistive Technology (AT) devices can be submitted using the DDA COVID-19 Service Authorization Form (DDACOVIDForm#1) or Revised Cost Detail Tool. Please note AT does not include the cost associated with internet access.	5/19/2020
Virtual Care/Support - Billing	If a self-directed individual receives 5 hours a day, but now is receiving a minimum of 1 hour of virtual supports, can we bill for all 5 hours?	No	5/19/2020
Virtual Care/Support - Billing	Can a provider bill for all 3 individuals if a zoom session is scheduled for 3 community service individuals living at home with their parents and family	Yes, as long as each persons support meets their needs and meets the billing requirements laid out in our guidance.	5/19/2020
Virtual Care/Support - Billing	If virtual support services have been provided will there be flexibility for billing prior to the operational guidance coming out, if the 1 hour minimum was not met? Is there case by case authorizations that can be made?	As per COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance and COVID-19 #17: DDA Meaningful Day Services - Minimum Service - April 25, 2020, remote service delivery options and Meaningful Day Services minimum service requirement became effective date is March 13, 2002. Reference: https://dda.health.maryland.gov/Pages/DDA_MEMO_GUIDANCE_DIRECTIVES.aspx	5/19/2020

Virtual Care/Support - Billing	<p>Please provide some insight on billing for virtual services. We were under the impression that if a provider provides minimum cumulative 1 hour of virtual supports per day, they can bill for up to 6 hours of personal support per information Secretary Simmons shared during the first few webinars. We have a few individuals who are unable to stay on for virtual and phone supports for more than a few minutes at a time thus staff spends 10 mins with individual in the morning to review the individuals daily schedule including independent living activities, Staff checks in by phone for 10 mins every hour to check-in and provide verbal cues/guidance and ensure individual is completing their daily activities such as personal care, household maintenance, meal prep, we also have staff providing remote supports by helping individuals order groceries for delivery online</p>	<p>As per COVID-19 #17: DDA Meaningful Day Services - Minimum Service - April 25, 2020, Providers may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. The temporary provision applies to Meaningful Day Services only and does not apply to Personal Supports. Reference: https://dda.health.maryland.gov/Pages/DDA_MEMO_GUIDANCE_DIRECTIVES.aspx</p>	5/19/2020
Virtual Care/Support - Telephonic	<p>DDA's telehealth and telephonic guidance linkedin Robert Neal's memo from April 25 references guidance from DORS. Is there separate guidance from DDA or does the DORS guidance simply apply?</p>	<p>The Division of Rehabilitation Services (DORS) issued guidance for services they fund which can be viewed on the DORS website at https://dors.maryland.gov/resources/Pages/COVID-19.aspx.</p>	5/19/2020

Virtual/ Remote Support	<p>Can the DDA provide some guidance on what can be categorized under Virtual Support?</p>	<p>As per COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance, issued April 13, 2020 and effective beginning March 13, 2020:</p> <p>1-When appropriate, services can be delivered through telehealth using a real-time audio-visual connection that allows the staff member to both see and hear the participant.</p> <p>2-Personal care services that only require verbal cueing (the ability to hear a verbal response from the participant) can also be delivered by phone.</p> <p>3-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.</p> <p>4-If participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers or smartphones.</p> <p>5-If participants cannot access any video technology, audio-only telephone calls will be permitted.</p> <p>To access guidance in full go to: https://dda.health.maryland.gov/Documents/COVID%2019%20Documents/MDH%20Guidance%20-%20COVID-19%2016%20DDA%20Waiver%20Program%20Telehealth%20and%20Telephonic%20Guidance%204-13-2020%20Final.pdf</p>	5/5/2020
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Virtual/Remote Support	Can text messages and emails instead of video conferencing be billed?	No. Text messaging and emailing are not an acceptable form of telehealth per COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance, issued April 13, 2020 and effective beginning March 13, 2020. The guidance note: 1-When appropriate, services can be delivered through telehealth using a real-time audio-visual connection that allows the staff member to both see and hear the participant. 2-Personal care services that only require verbal cueing (the ability to hear a verbal response from the participant) can also be delivered by phone. 3-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. 4-If participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit the use of notebook computers or smartphones. 5-If participants cannot access any video technology, audio-only telephone calls will be permitted. To access guidance in full go to: https://dda.health.maryland.gov/Documents/COVID%2019%20Documents/MDH%20Guidance%20-%20COVID-19%2016%20DDA%20Waiver%20Program%20Telehealth%20and%20Telephonic%20Guidance%204-13-2020%20Final.pdf	5/5/2020
Virtual/Remote Support	Appendix K does not specifically refer to the use of telehealth/video conferencing. Please clarify how long these methods of service can be used?	DDA's Appendix K Addendum page 17 #2 provides the authority use an electronic method of service delivery. This authority extends to March 12, 2021.	5/5/2020
Virtual/Remote Support	Can full day activities be provided via virtual support, if so will that be billable?	Yes	5/5/2020

Virtual/Remote Support	Can providers bill for virtual support services if it does not meet the minimum?	No. As per COVID-19 #17: DDA Meaningful Day Services - Minimum Service, providers may bill for a day of Meaningful Day services, if they provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. 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.	5/5/2020
Virtual/Remote Support	Can DDA provide some guidance on how to deal with staff claiming to provide services through email/chat-line and or face -time to participants without approval from family, opting out of coming to work since they consider themselves high risk and demanding computer time with participants	DDA encourage teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency. Participant's and families have the choice to receive the services being offered or to decline them.	5/5/2020

Virtual/Remote Support	<p>Can DDA provide some insight into providing services to participants virtually. Will this service expense be waiver eligible?</p>	<p>Due the Stay-at-Home order and the recommendation of social distancing during the COVID-19 pandemic, the DDA recommends that residential homes, own homes, micro-boards, and the homes of people in self-directed services temporarily suspend visits from family, friends and others during COVID-19 pandemic unless considered essential. Additionally, the DDA recommends the virtual visits via phone, video chat or conferencing applications, to allow socialization and contact with family and friends. The DDA has received permission under the federal emergency Appendix K authority for electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home and community settings.</p> <p>The following services based on needs of the participant and scope of services:</p> <ul style="list-style-type: none"> 1-Behavioral Support Services including Brief Support Implementation Services 2-Case Management (i.e. Coordination of Community Services) 3-Community Development Services 4-Day Habilitation 5-Employment Discovery and Customization 6-Employment Services 7-Personal Supports 8-Supported Employment 9-Nursing Services 	5/5/2020
Virtual/Remote Support	<p>At this time, if a provider had been providing virtual services daily, but the session does not meet the minimum of 1 hour of remote services, based on individual need, and since there was no guidance yet, will we be able to bill “present” for that day</p>	<p>No. If less than 1 (one) hour of cumulative, direct, or remote supports were provided in a given day, a billable Meaningful Day service may not be billed.</p>	5/5/2020

Virtual/Remote Support	If a full day of activities are provided, and a form of virtual support is provided, will that be billable for that day	A full day of Meaningful Day Service may be provided (beginning on March 13, 2020 and expiring immediately at the end of the declared emergency or when revised by additional orders such that the Secretary's authority to issue this guidance no longer exists) if the provider: 1- Provided the recipient with, at minimum, one hour of cumulative, direct, or remote supports during that day. (Per DDA Telehealth and Telephonic Guidance- April 13, 2020) 2-Documented 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.	5/5/2020
Virtual/Remote Support	What if an individual is scheduled for one hour of Day Habilitation services while at home, but ends the remote session after 30 minutes, but check-ins	No. If less than 1 (one) hour of cumulative, direct, or remote supports were provided in a given day, a billable Meaningful Day service may not be billed. The provider must (1) provide	5/5/2020
Virtual/Remote Support	We have been providing virtual supports for 5 weeks now. Will the guidance provided regarding minimum services and use of virtual (telephonic) supports be retroactive to March 13th or be in compliance starting when the guidance comes out?	The ability to provide telephonic and/or less than minimum requirements for Meaningful Day became effective retroactive to March 13 2020. To read Minimum Service Guidance in full go to: https://files.constantcontact.com/f401fd14401/5671d90d-f98b-4122-b11e-9df7a704a3a1.pdf	5/5/2020
Virtual/Remote Support	If staff remotely engaged with a participant playing an interactive video game, is this allowable under the telephonic requirements for Meaningful Day Services?	Yes, provided there is a way to connect with the person through audio or visual means and at a minimum, one hour of cumulative, direct, or remote supports are provided during that day. Reference: MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020 at: https://dda.health.maryland.gov/Documents/COVID%2019%20Documents/MDH%20Guidance%20-%20COVID-19%2016%20DDA%20Waiver%20Program%20Telehealth%20and%20Telephonic%20Guidance%204-13-2020%20Final.pdf	5/5/2020

Virtual/Remote Support	Is there a uniform way that CCS can conduct meetings via virtual as well get signatures for compliance documents?	Please refer to the MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020 related to remote supports. In addition, MDH is seeking federal approval for the use of verbal consent for person-centered plans. Currently electronic signature are acceptable. The DDA will share additional guidance related to verbal consent once approved.	5/5/2020
Virtual/Remote Support	How will we need to report any additional expenses we have had to incur to facilitate virtual supports? Will DDA be reimbursing any of that?	Meaningful Day service providers may develop new business mode for remote supports. Cost associated with the provider equipment, internet, etc. in the delivery of new business models are part of the provider's program service cost. Participant's with an assessed need for Assistive Technology (AT) devices can be submitted using the DDA COVID-19 Service Authorization Form (DDACOVIDForm#1) or Revised Cost Detail Tool. Please note AT does not include the cost associated with internet access.	5/5/2020
Visitation	Is there a projected date for family visitation or pickup of resident in long term care facility?	The visitation policy is developed by the Long Term Care (LTC) facility. The DDA has no authority over LTC.	5/5/2020
Waiver Enrollment	Will there be flexibility with maintaining waiver status during and after the pandemic as some family members are planning to not return to services until the pandemic has passed?	During the State of Emergency, individuals in services will not be denied or terminated from the waiver programs due to not meeting medical, technical, or financial, with the exception of death and moving out of state.	5/19/2020
Webinar	Can you provide us with information for the Appendix K webinars? Where will they be located and how can we register for them? What is the capacity? Will the webinars be archived	The DDA will be hosting a series of webinars next week from 10 a.m. to 11:30 a.m. that will provide an overview of topic specific guidance on May 5th through May 7th. They will be provided through a Webcast that will support more than 500 participants. The webinars will be uploaded to the DDA Appendix K webpage at https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx . To register for the webinars, please enter your information at this link: https://register.gotowebinar.com/rt/7207622383084817423	5/5/2020
Webinar	Can there be a webinar or additional information about sharing staff with another program?	The DDA will consider this request, when planning future webinars. Please share questions to the dda.toolkitinfo@maryland.gov email.	5/19/2020

Webinar Information	Will a recorded copy of the webinars be sent to participants? Also, will the handouts from the webinars be published on the website?	The Appendix K webinars have been posted on the Appendix K webpage, under Topic-Specific Webinars. Powerpoint presentations for each webinar will be posted in the same section of the Appendix K webpage in the near future. Please see the link below: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx	5/19/2020
Webinar Information	When and where will all the questions and answers posted? The questions and answers I see are from 4-3-2020.	Answers to questions related to the Appendix K webinars have been posted on the Appendix K webpage under the Frequently Asked Questions of the DDA website. Please see the link: https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx A Frequently Asked Questions documented as published on the website on May 5, 2020 and updated with this posting.	5/19/2020
Webinar Information	Can you indicate on the chart when there has been a change to an answer?	Yes. We will note in the Posted column when an answer was revised.	5/19/2020
Webinar Information	I would love to see a forum where it was all just questions and answers. I think there are often questions that follow your answers. It would be nice to be able to have some back and forth to really get an understanding.	As we have received so many questions, the DDA is considering having a webinar or session in which we answers questions from webinars, and the dda toolkit email account. More information about this session will be shared in the near future. It is important that stakeholders carefully review information posted on our dedicated websites which contains answers to the majority of questions we receive. In addition, we have posted webinars and the federally approved Appendix K. Reference: DDA Appnedix K webpage - https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx DDA COVID-19 DDA Memo/Guidance/Directives webpage - https://dda.health.maryland.gov/Pages/DDA_MEMO_GUIDANCE_DIRECTIVES.aspx	5/19/2020

Working Ratios	Please provide some clarity on why and when an individuals should be moved from 1:1 supports to a higher ratio? If an individual is supported 1:4 in CDS can they be moved to 1:8? Can this be done remotely or does it have to be done individually	DDA encourage teams to use person-centered thinking skills to discuss each participant's needs, risk factors, and ways to mitigate those risks including what technology, environmental, and staff supports will be provided to mitigate those risk(s) during specific activities and situations. The emphasis and conversation is around why the supports are being provided and the best way to provide them during this State of Emergency. Participant's and families have the choice to receive the services being offered or to decline them. If you believe a person who is currently authorized 1:1 or 2:1 can be supported in a higher ratio (e.g. 1:2) then you can submit a request for DDA approval using the DDA COVID-19 Staff Ratio Exception Request Form (DDACOVIDForm#3). CDS may support more than 4 people at a time remotely.	5/5/2020