

## Appendix C: Participant Services

### Appendix C-1/C-3: Summary of Services Covered and Services Specifications

**C-1-a. Waiver Services Summary.** Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

#### Statutory Services (check each that applies)

Service	Included	Alternate Service Title (if any)
Case Management	<input type="checkbox"/>	
Homemaker	<input type="checkbox"/>	
Home Health Aide	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	
Adult Day Health	X	Medical Day Care
Habilitation	X	Personal Supports
Residential Habilitation	X	Community Living – Group Home Community Living – Enhanced Supports
Day Habilitation	<u>X</u>	
Prevocational Services	X	Career Exploration
Supported Employment	X	1- Supported Employment 2- Employment Services
Education	<input type="checkbox"/>	
Respite	X	Respite Care Service
Day Treatment	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	
Psychosocial Rehabilitation	<input type="checkbox"/>	
Clinic Services	<input type="checkbox"/>	
Live-in Caregiver (42 CFR §441.303(f)(8))	X	Live-In Caregiver Supports

#### Other Services (select one)

<input type="radio"/>	Not applicable
X	As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute ( <i>list each service by title</i> ):
a.	Assistive Technology and Services

State:	
Effective Date	

b.	Behavioral Support Services
c.	Community Development Services
d.	Environmental Assessment
e.	Employment Discovery & Customization
f.	Environmental Modifications
g.	Family and Peer Mentoring Supports
h.	Family Caregiver Training & Empowerment Services
i.	Housing Support Services
j.	Individual & Family Directed Goods and Services
k.	Nursing Consultation
l.	Nursing Health Case Management
m.	Nursing Case Management and Delegation Services
n.	Participant Education, Training, & Advocacy Supports
o.	Remote <a href="#">Monitoring Support Services</a>
p.	Shared Living
q.	Supported Living
r.	Transition Services
s.	Transportation
t.	Vehicle Modifications
<b>Extended State Plan Services</b> ( <i>select one</i> )	
X	Not applicable
O	The following extended State plan services are provided ( <i>list each extended State plan service by service title</i> ):
a.	
b.	
c.	
<b>Supports for Participant Direction</b> ( <i>check each that applies</i> )	
O	The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services.
X	The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E.

State:	
Effective Date	

○	Not applicable	
Support	Included	Alternate Service Title (if any)
Information and Assistance in Support of Participant Direction	X	Support Broker Coordination of Community Services
Financial Management Services	X	Fiscal Management Services
Other Supports for Participant Direction <i>(list each support by service title):</i>		
a.		
b.		

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type: Other Service

Service (Name):

Alternative Service Title: **ASSISTIVE TECHNOLOGY AND SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14031 equipment and technology
Service Definition (Scope):	
<p>A. The purpose of assistive technology is to maintain or improve <del>an individual's</del> <u>participant's</u> functional abilities, enhance interactions, support meaningful relationships, <u>and</u> promote <del>their</del> <u>his/her</u> ability to live independently, and meaningfully participate in their community.</p> <p>B. Assistive <del>technology</del> <u>Technology</u> means an item, <u>computer application</u>, piece of equipment, or product system. Assistive Technology may be acquired commercially, modified, or customized. Assistive <u>T</u>technology devices include <del>but are not limited to:</del></p> <ol style="list-style-type: none"> <li>1. Speech and communication devices also known as augmentative and alternative communication devices (AAC) such as speech generating devices, text-to-speech devices and voice amplification devices;</li> <li>2. Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers;</li> <li>3. Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices;</li> <li>4. Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones;</li> <li>5. Environmental control devices such as voice activated lights, lights, fans, and door openers;</li> <li>6. Aides for daily living such as weighted utensils, adapted writing implements, dressing aids;</li> <li>7. Cognitive support devices and items such as task analysis applications or reminder systems;</li> <li>8. Remote support devices such as remote health monitoring and personal emergency response systems; and</li> <li>9. Adapted toys and specialized equipment such as specialized car seats and adapted bikes.</li> </ol>	

State:	
Effective Date	

- C. Assistive technology service means a service that directly assists an individual in the selection, acquisition, use, or maintenance of an assistive technology device. Assistive ~~technology~~ Technology services include:
1. Assistive Technology needs assessment;
  2. Programs, materials, and assistance in the development of adaptive materials;
  3. Training or technical assistance for the individual and their support network including family members;
  4. Repair and maintenance of devices and equipment;
  5. Programming and configuration of devices and equipment;
  6. Coordination and use of assistive technology devices and equipment with other necessary therapies, interventions, or services in the Person-Centered Plan; and
  7. Services consisting of purchasing or leasing devices.
- D. Specifically excluded under this service are:
1. Wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription by physicians or medical providers as when these items are covered either through the Medicaid State Plan as Durable Medical Equipment (DME), a stand-alone waiver services (i.e. environmental modification and vehicle modifications), or through DORS; ~~and~~ and
  2. Services, equipment, items or devices that are experimental or not authorized by the State or Federal authority; ~~and~~ and
  - 2-3. Smartphones and associated monthly service line or data cost.

**SERVICE REQUIREMENTS:**

- A. Assistive Technology, recommended by the team that costs up to \$1000 per item does not require a formal assessment.
- B. Assistive technology devices of more than \$1000 must be recommended by an independent evaluation of the participant's assistive technology needs.
- C. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant. The least expensive option from the list must be selected for inclusion on the Person-Centered Plan unless an explanation of why the chosen option is the most cost effective.
- D. When services are furnished to individuals returning to the community from a Medicaid institutional setting, the costs of such services are billed to Medicaid as an administrative cost.
- E. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.
- F. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

<b>Service Delivery Method</b> (check each that applies):	X	Participant-directed as specified in Appendix E	X	Provider managed
---	---	---	---	------------------

State:	
Effective Date	

Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s) ( <i>check one or both</i> ):	X	Individual. List types:	X	Agency. List the types of agencies:		
		Assistive Technology Professional		Organized Health Care Delivery System Provider		
<b>Provider Qualifications</b>						
Provider Type:	License ( <i>specify</i> )		Certificate ( <i>specify</i> )		Other Standard ( <i>specify</i> )	
Assistive Technology Professional					<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification in an area related to the specific type of technology needed as noted below;</li> <li><del>3.</del> Possess current first-aid and CPR certification;</li> <li><del>4.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li><del>5.</del> Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li><del>6.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li><del>7.</del> Have Commercial General Liability Insurance;</li> <li><del>8.</del> Complete required orientation and training designated by DDA;</li> <li><del>9.</del> Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li><del>10.</del> Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland,</li> </ol>	

State:	
Effective Date	

			<p>Health General, Title 7;  <del>11.8.</del> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;  <del>12.9.</del> Have a signed DDA Provider Agreement to Conditions for Participation; and  <del>13.10.</del> Have a signed Medicaid provider agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through <del>6-3</del> noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p><u>Assistive Technology Professional credentialing, licensing, or certification requirements:</u></p> <p><u>1. Assistive Technology assessments, with the exception for Speech Generating Devices, must be completed by a specialist that has any of the following certifications as appropriate:</u></p> <p><u>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP);</u></p> <p><u>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or</u></p> <p><u>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).</u></p> <p><u>2. Assessment for Speech Generating Devices (SGD):</u></p> <p><u>a. Needs assessment and recommendation must be completed by a licensed Speech Therapist;</u></p> <p><u>b. Program and training can be conducted by a RESNA Assistive Technology</u></p>
--	--	--	--

State:	
Effective Date	

			<p><a href="#"><u>Practitioner (ATP) or California State University North Ridge (CSUN) Assistive Technology Applications Certificate professional.</u></a></p> <p>3. <a href="#"><u>Assistive Technology Specialist/Practitioner must have an acceptable certification from any of the following:</u></a></p> <p>a. <a href="#"><u>Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP);</u></a></p> <p>b. <a href="#"><u>California State University Northridge (CSUN) Assistive Technology Applications Certificate; or</u></a></p> <p>c. <a href="#"><u>Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP); and</u></a></p> <p>d. <a href="#"><u>Minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified;</u></a></p> <p>4. <a href="#"><u>Licensed professional must have:</u></a></p> <p>a. <a href="#"><u>Maryland Board of Audiologists, Hearing Aid Dispensers &amp; Speech-Language Pathologists license for Speech-Language Pathologist; or</u></a></p> <p>b. <a href="#"><u>Maryland Board of Occupational Therapy Practice license for Occupational Therapist.</u></a></p> <p><a href="#"><u>Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor.</u></a></p>
Organized Health Care Delivery System Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be approved or licensed by the DDA to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</li> </ol> <p>OHCDs providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same</p>

State:	
Effective Date	

			<p>available upon request.</p> <p>Assistive Technology Professional credentialing, licensing, or certification requirements:</p> <ol style="list-style-type: none"> <li>1. Assistive Technology assessments, with the exception for Speech Generating Devices, must be completed by a specialist that has any of the following certifications as appropriate: <ol style="list-style-type: none"> <li>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP );</li> <li>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or</li> <li>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).</li> </ol> </li> <li>2. Assessment for Speech Generating Devices (SGD): <ol style="list-style-type: none"> <li>a. Need assessment and recommendation must be completed by a licensed Speech Therapist;</li> <li>b. Program and training can be conducted by a RESNA Assistive Technology Practitioner (ATP) or California State University North Ridge (CSUN) Assistive Technology Applications Certificate professional.</li> </ol> </li> <li>3. Assistive Technology Specialist/Practitioner must have an acceptable certification from any of the following: <ol style="list-style-type: none"> <li>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP );</li> <li>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or</li> <li>c. Certificate of Clinical</li> </ol> </li> </ol>
--	--	--	---

State:	
Effective Date	



			<p>Competence in Speech Language Pathology (CCC-SLP); and</p> <p>d. Minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified;</p> <p>4. Licensed professional must have:</p> <p>a. Maryland Board of Audiologists, Hearing Aid Dispensers &amp; Speech-Language Pathologists license for Speech-Language Pathologist; or</p> <p>b. Maryland Board of Occupational Therapy Practice license for Occupational Therapist.</p> <p>5. Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor.</p>
--	--	--	--

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Assistive Technology Professional	<ol style="list-style-type: none"> <li>DDA for approved Assistive Technology Professional</li> <li>FMS provider, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and <del>annually</del> <u>at least every three years</u></li> <li>FMS provider - prior to services and continuing thereafter</li> </ol>
Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> <li>DDA for OHCDS</li> <li>OHCDS providers for entities and individuals they contract or employ</li> </ol>	<ol style="list-style-type: none"> <li>OHCDS – Initial and <del>annually</del> <u>at least every three years</u></li> <li>OHCDS providers – prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other

Service (Name):

Alternative Service Title: **BEHAVIORAL SUPPORT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
10: Other Mental Health and Behavioral Services	10040 behavior support
Service Definition (Scope):	
A. Behavioral Support Services are an array of services to assist participants who without such supports are	

State:	
Effective Date	

experiencing, or are likely to experience, difficulty at home or in the community as a result of behavioral, social, or emotional issues. These services seek to help understand a participant's challenging behavior and its function is to develop a Behavior Plan with the primary aim of enhancing the participant's independence and inclusion in their community.

**B. Behavioral Support Services includes:**

1. Behavioral Assessment - identifies a participant's challenging behaviors by collecting and reviewing relevant data, discussing the information with the participant's support team, and developing a Behavior Plan; that best addresses the function of the behavior, if needed;
2. Behavioral Consultation - services that oversee, monitor, and modify the Behavior Plan; and
3. Brief Support Implementation Services - time limited service to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement the Behavior Plan.

**SERVICE REQUIREMENT:**

**A. Behavioral Assessment:**

1. Is based on the principles of person-centered thinking, a comprehensive Functional Behavioral Assessment (FBA), and supporting data;
2. Is performed by a qualified clinician;
3. Requires development of specific hypotheses for the challenging behavior, a description of the challenging behaviors in behavioral terms, to include topography, frequency, duration, intensity/severity, and variability/cyclicity of the behaviors;
4. Must be based on a collection of current specific behavioral data; and
5. Includes the following:
  - a. An onsite observation of the interactions between the participant and his/her caregiver(s) in multiple settings and observation of the implementation of existing programs;
  - b. An environmental assessment of all primary environments;
  - c. A medical assessment including a list of all medications including those specifically prescribed to modify challenging behaviors, the rationale for prescribing each medication, and the potential side effects of each medication;
  - d. A participant's history based upon the records and interviews with the participant and with the people important to/for the person (e.g. parents, caregivers, vocational staff, etc.);
  - e. Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it;
  - f. Recommendations, after discussion of the results within the participant's interdisciplinary team, for strategies to be developed in a Behavior Plan; and
  - g. Development of the Behavior Plan.

**B. Behavioral Consultation services include:**

1. Recommendations for subsequent professional evaluation services (e.g., Psychiatric, Neurological, Psychopharmacological, etc.), not identified in the Behavioral Assessment, that are deemed necessary and pertinent to the behavioral challenges;
2. Consultation, subsequent to the development of the Behavioral Plan which may include speaking with the participant's Psychiatrists and other medical/therapeutic practitioners;
3. Developing, writing, presenting, and monitoring the strategies for working with the participant and his or her caregivers;
4. Providing ongoing education on recommendations, strategies, and next steps to the participant's support network (i.e. caregiver(s), family members, agency staff, etc.) regarding the structure of the current environment, activities, and ways to communicate with and support the participant;
5. Developing, presenting, and providing ongoing education on recommendations, strategies, and next steps to ensure that the participant is able to continue to participate in all pertinent environments (i.e.

State:	
Effective Date	

home, day program, job, and community) to optimize community inclusion in the least restrictive environment;

6. Ongoing assessment of progress in all pertinent environments against identified goals;
7. Preparing written progress notes on the participant's goals identified in the Behavior Plan at a minimum include the following information:
  - a. Assessment of behavioral supports in the environment;
  - b. Progress notes detailing the specific Behavior Plan interventions and outcomes for the participant;
  - c. Data, trend analysis and graphs to detail progress on target behaviors identified in a Behavioral Plan; and
  - d. Recommendations;
8. Development and updates to the Behavioral Plan as required by regulations; and
9. Monitoring and ongoing assessment of the implementation of the Behavioral Plan based on the following:
  - a. At least monthly for the first six months; and
  - b. At least quarterly after the first six months or as dictated by progress against identified goals.

C. Brief Support Implementation Services includes:

1. On-site execution and modeling of identified behavioral support strategies;
2. Timely semi-structured written feedback to the clinicians on the provision and effectiveness of the Behavior Plan and strategies;
3. Participation in on-site meetings or instructional sessions with the participant's support network regarding the recommendations, strategies, and next steps identified in the Behavior Plan;
4. Brief Support Implementation Services cannot be duplicative of other services being provided (e.g. 1:1 supports); and
5. The Brief Support Implementation Services staff is required to be onsite with the caregiver in order to model the implementation of identified strategies to be utilized in the Behavior Plan.

D. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant's file.

E. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

F. Behavioral Assessment is reimbursed based on a milestone for a completed assessment.

G. The Behavior Plan is reimbursed based on a milestone for a completed plan.

H. Behavioral Support Services may not be provided at the same time as the direct provision of Community Living – Enhanced Supports or Respite Care Services.

I. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

State:	
Effective Date	

Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
1. Behavioral Assessment is limited to one per year unless otherwise approved by DDA. 2. Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA. 3. Behavioral Consultation and Brief Support Implementation Services service hours are limited to 8 hours per day.				
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Behavioral Support Services Professional		Behavioral Support Services Provider
<b>Provider Qualifications</b>				
Provider Type:	License (specify)		Certificate (specify)	
Behavioral Support Services Professional			Other Standard (specify) Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards: 1. Be at least 18 years old; 2. Have required credentials, license, or certification as noted below; <del>3. Possess current first aid and CPR certification;</del> <del>4.3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del> <del>5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</del> <del>6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del> <del>7.4. Complete required orientation and training designated by DDA;</del> <del>8.5. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</del>	

State:	
Effective Date	

			<p><del>9.6.</del> Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p><del>10.7.</del> Have Commercial General Liability Insurance;</p> <p><del>11.8.</del> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p><del>12.9.</del> Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p><del>13.10.</del> Have a signed Medicaid provider agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through <del>6-3</del> noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Qualified clinicians to complete the behavioral assessment and consultation include:</p> <ol style="list-style-type: none"> <li>1. Licensed psychologist;</li> <li>2. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology);</li> <li>3. Licensed professional counselor;</li> <li>4. Licensed certified social worker; and</li> <li>5. Licensed behavioral analyst.</li> </ol> <p>All clinicians must have training and experience in the following:</p> <ol style="list-style-type: none"> <li>1. Applied Behavior Analysis; and</li> <li>2. Behavioral Tiered Supports Plans</li> </ol> <p>Staff providing the Brief Support Implementation Services must be a person who has:</p>
--	--	--	---

State:	
Effective Date	

			<ul style="list-style-type: none"> <li>a. Demonstrated completion of high school or equivalent/higher,</li> <li>b. Successfully completed an 40-hour Registered Behavioral Technician (RBT) training, and</li> <li>c. Receives ongoing supervision by a qualified clinician who meets the criteria to provided behavioral assessment and behavioral consultation.</li> </ul>
Behavioral Support Services Provider			<p>Agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ul style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Except for currently DDA licensed or approved Behavioral Support Services providers, demonstrate the capability to provide or arrange for the provision of all behavioral support services required by submitting, at a minimum, the following documents with the application: <ul style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide behavioral support services;</li> </ul> </li> </ul> </li> </ul>

State:	
Effective Date	

			<p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid provider agreement.</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its</p>
--	--	--	---

State:	
Effective Date	

			<p>existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a></p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification as noted below;</li> <li><del>3. Possess current first aid and CPR certification;</del></li> <li><del>4.3.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li><del>5.4.</del> Complete necessary pre/in-service training based on the Person-Centered Plan; <a href="#">and</a></li> <li><del>6.5.</del> Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery.</li> <li><del>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</del></li> </ol> <p>Qualified clinicians to complete the behavioral assessment and consultation include:</p> <ol style="list-style-type: none"> <li>1. Licensed psychologist;</li> <li>2. Psychology associate working under</li> </ol>
--	--	--	---

State:	
Effective Date	



			<p>the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology);</p> <ol style="list-style-type: none"> <li>Licensed professional counselor;</li> <li>Licensed certified social worker; and</li> <li>Licensed behavioral analyst.</li> </ol> <p>All clinicians must have training and experience in the following:</p> <ol style="list-style-type: none"> <li>Applied Behavior Analysis; and</li> <li>Behavioral Tiered Supports Plans</li> </ol> <p>Staff providing the Brief Support Implementation Services must be a person who has:</p> <ol style="list-style-type: none"> <li>Demonstrated completion of high school or equivalent/higher,</li> <li>Successfully completed an 40-hour Registered Behavioral Technician (RBT) training, and</li> <li>Receives ongoing supervision by a qualified clinician who meets the criteria to provided behavioral assessment and behavioral consultation.</li> </ol>
--	--	--	--

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Behavioral Support Services Professional	<ol style="list-style-type: none"> <li>DDA for approved Behavioral Support Services Professional</li> <li>FMS provider, as described in Appendix E for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and <del>annually</del> <u>at least every three years</u></li> <li>FMS provider – prior to service delivery and continuing thereafter</li> </ol>
Behavioral Support Services Provider	<ol style="list-style-type: none"> <li>DDA for approval of Behavioral Support Services provider</li> <li>Providers for verification of clinician's and staff qualifications and training</li> </ol>	<ol style="list-style-type: none"> <li>DDA - Initial and <del>annually</del> <u>at least every three years</u></li> <li>Providers – prior to service delivery and continuing thereafter</li> </ol>

State:	
Effective Date	

Service Type: Other

Service (Name): **COMMUNITY DEVELOPMENT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
4: Day Services	04070 Community Integration
Service Definition (Scope):	
<p>A. Community Development Services provide the participant with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities.</p> <ol style="list-style-type: none"> <li>1. Community-based activities under this service will provide the participant with opportunities to develop skills and increase independence related to community integration with people without disabilities including: <ol style="list-style-type: none"> <li>a. Promoting positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities;</li> <li>b. Learning socially acceptable behavior; and</li> <li>c. Learning self-advocacy skills.</li> </ol> </li> </ol> <p>B. Community Development Services may include participation in the following activities:</p> <ol style="list-style-type: none"> <li>1. Engaging in activities that facilitate and promote integration and inclusion of a participant in their chosen community; including identifying a path to employment for working age individuals;</li> <li>2. Travel training;</li> <li>3. Participating in self-advocacy classes and activities;</li> <li>4. Participating in local community events; and</li> <li>5. Volunteering.</li> </ol> <p>C. Community Development Services include:</p> <ol style="list-style-type: none"> <li>1. Support services that enable the participant to learn, develop, and maintain general skills related to community integration, volunteering with an organization, or performing a paid or unpaid internship;</li> <li>2. Transportation to, from, and within activities;</li> <li>3. Personal care assistance can be provided during community activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.</li> </ol> <p><b>SERVICE REQUIREMENTS:</b></p> <p>A. Community Development Services can be provided in a variety of settings in the community.</p> <p>B. Staffing is based on level of service need.</p> <p>C. Community Development Services are separate and distinct from residential services. Participants may return home or to the provider operated site during time-limited periods of the day due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the Person-Centered Plan. Residential services cannot be billed during these times.</p> <p>D. Personal care assistance may not comprise the entirety of the service.</p>	

State:	
Effective Date	

E. Under self-directing services, the following applies:

1. Participant or their designated representative self-directing services are considered the employer of record;
2. Participant or their designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;
3. Community Development Services includes the cost associated with staff training such as First Aid and CPR;
4. Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. In these situations, the cost are billed to Medicaid as an administrative cost; and
5. Community Development Services staff, with the exception of legal guardians and relatives, must be compensated over-time pay as per the Fair Labor Standards Act from the self-directed budget.

E.F. Under the self-directed services delivery model, this service includes funding for staff benefits and leave time subject to the following requirements:

1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local employment laws; and
3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.
4. There is no restriction on the participant funding additional benefits or leave time (or both) from the participant's personal funds. However, such additional funds will not be included in the participant's annual budget and will not be paid in any way by the DDA. The participant shall be responsible for ensuring any additional benefits or leave time that the participant personally funds comply with any and all applicable laws.

E.G. From July 1, 2018 through June 30, 2019, under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related waiver services such as Day Habilitation, Career Exploration, Employment Discovery and Customization, Supported Employment, and Employment Services provided on different days.G.H. Service may be provided in groups of no more than four (4) participants, all of whom have similar interests and goals as outlined in ~~his or her~~their Person-Centered Plan.H.I. Transportation to and from and within this service is included within the Community Development Services. The mode of transportation which achieves the least costly, and most appropriate, means of transportation for the participant with priority given to the use of public transportation when appropriate. Transportation will be provided or arranged by the licensed provider or self-directed participant and funded through the rate system or the Community Development Services self-directed service budget. ~~The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the participant with priority given to the use of public transportation when appropriate.~~I.J. An individualized schedule will be used to provide an estimate of what the participant will do and where the participant will spend their time when in this service. Updates should be made as needed to meet the changing needs, desires and circumstances of the participant. The individualized schedule will be based on a Person-Centered Plan that clearly outlines how this time would be used. A legally responsible individual relative (who is not a spouse) and relative of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Section Appendix C-2.J.K. A legally responsible individual (who is not a spouse) and relatives of a participant in Self-Directed Services

State:	
Effective Date	

may be paid to provide this service, ~~t~~in accordance with the applicable requirements set forth in [Section Appendix C-2](#).

~~K.L.~~ From July 1, 2018 through June 1, 2019, Community Development Services service may include professional services (i.e. nursing services) not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the new stand alone nursing services.

~~L.M.~~ Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the individual's file.

~~M.N.~~ From July 1, 2018 through June 30, 2019, Community Development Services are not available:

1. On the same day a participant is receiving Career Exploration, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and
2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

~~N.O.~~ Effective July 1, 2019, Community Development Services are not available at the same time as the direct provision of Career Exploration, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.

~~O.P.~~ To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Community Development Services are limited to 40 hours per week.
2. Community Development [Supports Services](#) may not exceed a maximum of eight (8) hours per day (including other Employment Services, Supported Employment, Transitional Employment, Employment Discovery and Customization and Community Development Services).

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian	

#### Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Community Development <a href="#">Supports Services</a> Professional			Community Development <a href="#">Supports Services</a> Provider		

State:	
Effective Date	

Provider Qualifications			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
Community Development <a href="#">Supports Services</a> Professional			<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</li> <li>6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li><del>8. Three (3) years experience providing the direct service or support (e.g. training on money management, time management and community resources) to individuals with developmental disabilities or a similar population;</del></li> <li><del>9.</del> 8. Complete required orientation and training designated by DDA;</li> <li><del>10.</del> 9. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li><del>11.</del> 10. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</li> <li><del>12.</del> 11. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li><del>13.</del> 12. Have a signed DDA Provider</li> </ol>

State:	
Effective Date	

			<p>Agreement to Conditions for Participation; and</p> <p><del>14.</del><u>13.</u> Have a signed Medicaid provider agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Participants in self-directing services, as the employer, may require additional <u>reasonable</u> staffing requirements based on their preferences and level of needs.</p>
Community Development <u>Supports Services</u> Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Except for currently DDA licensed or approved Community Development Services providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide community development services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D-;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and as per DDA policy;</p> <p>J. Submit documentation of staff certifications, licensees, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications and;</p> <p>M. Have a signed DDA Provider Agreement to Conditions for</p>
--	--	--	--

State:	
Effective Date	



			<p>Participation.</p> <ol style="list-style-type: none"> <li>2. All new providers must meet and comply with the federal community settings regulations and requirements prior to enrollment;</li> <li>3. Have a signed Medicaid provider agreement;</li> <li>4. Have documentation that all vehicles used in the provision of services have automobile insurance; and</li> <li>5. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities and be in good standing with the IRS, and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Possess current <del>first</del> <a href="#">First aid-Aid</a> and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires</li> </ol>
--	--	--	--

State:	
Effective Date	



			<p>must complete the DDA required training prior to service delivery;</p> <p>7. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</p> <p>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; <u>and</u></p> <p>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; <u>and</u></p> <p><del>10. Staff providing training on money management, time management and community resources must have performed training on these topics in the previous two (2) years.</del></p>
--	--	--	---

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Community Development <u>Supports Services</u> Professional	<ol style="list-style-type: none"> <li>DDA for approved Community Development <u>Support Services</u> Professional</li> <li>Fiscal Management Service (FMS) providers, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and <u>annually at least every three years</u></li> <li>FMS provider - prior to service delivery and continuing thereafter</li> </ol>
Community Development <u>Supports Services</u> Provider	<ol style="list-style-type: none"> <li>DDA for approved provider</li> <li>Provider for individual staff members' licenses, certifications, and training</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and annual</li> <li>Provider – prior to service delivery and continuing thereafter</li> </ol>

Service Type: Statutory-Other ServiceService (Name): **COMMUNITY LIVING – ENHANCED SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
02: Round-the-Clock Services	02011 group living, residential habilitation
Service Definition (Scope):	
A. Community Living-Enhanced Supports provide the participant, who exhibits challenging behaviors or have	

State:	
Effective Date	

court ordered restrictions, with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, socialization, and safety of self and others, by providing additional observation and direction in a community residential setting.

1. Skills to be developed or maintained under this service will be determined based on the participant's individualized goals and outcomes as documented in his or her Person-Centered Plan.
2. Formal teaching methods are used such as systematic instruction.
3. This service provides additional observation and direction to address the participant's documented challenging behaviors or court order.
4. This service will provide the participant with opportunities to develop skills related to activities of daily living, instrumental activities of daily living, socialization, and safety of self and others, including, ~~but~~ not limited to:
  - (a) Learning socially acceptable behavior;
  - (b) Learning effective communication;
  - (c) Learning self-direction and problem solving;
  - (d) Engaging in safety practices;
  - (e) Performing household chores in a safe and effective manner;
  - (f) Performing self-care; and
  - (g) Learning skills for employment.

B. Community Living-Enhanced Supports services include coordination, training, mentoring, supports, or supervision (as indicated in the Person-Centered Plan) related to development or maintenance of the participant's skills, particularly pertaining to remediating the participant's challenging behaviors.

C. Transportation to and from and within this service is included within the services. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

D. Services are provided in a provider owned or operated group home setting.

#### SERVICE REQUIREMENTS:

A. Participants must be preauthorized by the DDA based on documented level of supports needed.

B. Staffing is based on level of service need.

C. The following criteria will be used for participants to access Community Living – Enhanced Supports Services:

1. The participant has critical support needs that cannot be met by other residential or in-home services and supports; and
2. The participant meets the following criteria:
  - (a) The participant has (i) court ordered restrictions to community living; or (ii) demonstrated history of severe behaviors requiring restrictions and the need for enhanced skills staff; and
  - (b) Community Living – Enhanced Support Services are the least restrictive environment to meet needs.

D. The provider must ensure that the home and community-based setting in which the services are provided comply with all applicable federal, State, and local law and regulation, including, but not limited to, 42 C.F.R. § 441.301(c)(4), as amended.

State:	
Effective Date	

- E. Each participant receiving this service must have his or her own bedroom.
- F. Community Living - Enhanced Support trial experience for people transitioning from an institutional or non-residential site on a temporary, trial basis.
  - 1. Service must be preauthorized by the DDA.
  - 2. Services may be provided for a maximum of seven (7) days or overnight stays within the 180 day period in advance of their move.
  - 3. When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver.
  - 4. The individual must be reasonably expected to be eligible for and to enroll in the waiver. Services are billed to Medicaid as an administrative cost.
- G. The Medicaid payment for Community Living-Enhanced Supports may not include either of the following items which the provider is expected to collect from the participant:
  - 1. Room and board; or
  - 2. Any assessed amount of contribution by the participant for the cost of care
- H. Services may be provided to no more than four (4) individuals (including the participant) in one home unless approved by DDA.
- I. ~~A-Residential Retainer Fees~~ is available for up to 30 days per year, per recipient, when the recipient is unable to receive services due to hospitalization, behavioral respite, or family visits.
- J. Community Living-Enhanced Supports services shall be provided for at least 6 hours a day to a participant or when the participant spends the night in the residential home.
- K. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives.
- L. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.
- M. Community Living-Enhanced Supports services are not available at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.
- N. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- 1. Community Living – Enhanced Supervision Residential Retainer Fee is limited to up to 30 days per year, per participant.

State:	
Effective Date	

2. Community Living - Enhanced Support trial experience is limited to a maximum of seven (7) days or overnight stays.				
<b>Service Delivery Method</b> (check each that applies):		Participant-directed as specified in Appendix E		X
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/>	Legally Responsible Person	Relative
				Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) (check one or both):		Individual. List types:	X	Agency. List the types of agencies:
			Community Living- Enhanced Supports Provider	
<b>Provider Qualifications</b>				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Community Living- Enhanced Supports Provider	Licensed DDA Residential Enhanced Supports Provider		<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards:               <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Demonstrate the capability to provide or arrange for the provision of all Community Living – Enhanced Services required by submitting, at a minimum, the following documents with the application:</li> </ol> </li> </ol>	

State:	
Effective Date	

			<ul style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Community Living – Enhanced Supports;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ul> <p>E. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>F. Have Workers' Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications;</p> <p>L. Have an organizational structure that assures services for each residence as specified in the Person-Centered Plan and the availability of back-up and emergency support 24 hours a day; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p>
--	--	--	---

State:	
Effective Date	

			<ol style="list-style-type: none"> <li>2. Be licensed by the Office of Health Care Quality;</li> <li>3. Meet and comply with the federal community settings regulations and requirements prior to enrollment;</li> <li>4. Have a signed Medicaid provider agreement;</li> <li>5. Have documentation that all vehicles used in the provision of services have automobile insurance; and</li> <li>6. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. <a href="#">Have a GED or high school diploma</a>;</li> <li><del>2-3.</del> Have required credentials, license, or certification as noted below;</li> <li><del>3-4.</del> Possess current <a href="#">first-First aid Aid</a> and CPR certification;</li> <li><del>4-5.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li><del>5-6.</del> Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>7. <a href="#">Unlicensed staff paid to administer</a></li> </ol>
--	--	--	---

State:	
Effective Date	

			<p><a href="#">medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</a></p> <p><del>6-8.</del> Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery;</p> <p><del>7-9.</del> Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</p> <p><del>8-10.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</p> <p>In addition to the DDA mandated training, staff must be trained in:</p> <ol style="list-style-type: none"> <li>1. Person-Centered Planning;</li> <li>2. Working with people with behavioral challenges;</li> <li>3. Trauma informed care;</li> <li>4. De-escalation; and</li> <li>5. Physical management.</li> </ol> <p>Based on the needs of the participants, the following additional training will be required for staff:</p> <ol style="list-style-type: none"> <li>1. Working with Sex Offenders;</li> <li>2. Working with people in the criminal justice system; and/or</li> <li>3. Working with the Community Forensics Aftercare program.</li> </ol> <p>Agency must have Licensed Behavioral Analysis (LBA), Board Certified Behavioral Analysis (BCBA), <del>and or</del> Psychologist on staff that has experience in the following areas:</p> <ol style="list-style-type: none"> <li>1. Working with deinstitutionalized individuals;</li> <li>2. Working with the court and legal system;</li> <li>3. Trauma informed care;</li> <li>4. Behavior Management;</li> <li>5. Crisis management models; and</li> <li>6. Counseling.</li> </ol>
<b>Verification of Provider Qualifications</b>			

State:	
Effective Date	

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Community Living – Enhanced Supports Provider	<ol style="list-style-type: none"> <li>DDA for provider license and licensed site</li> <li>Provider for verification of certifications, credentials, licenses, staff training and experience</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and <del>annually</del> <u>at least every three years</u></li> <li>Provider - prior to service delivery and continuing thereafter</li> </ol>

Service Type: Statutory Service

Service (Name): **COMMUNITY LIVING – GROUP HOMES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
02: Round-the-Clock Services	02011 group living, residential habilitation
Service Definition (Scope):	
<p>A. Community Living Group Home services provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a community residential setting.</p> <ol style="list-style-type: none"> <li>Skills to be developed or maintained under this service will be determined based on the participant's individualized goals and outcomes as documented in his or her person-centered plan.</li> <li>Formal teaching methods are used such as systematic instruction.</li> <li>This service will provide the participant with opportunities to develop skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization including, <del>but not limited to:</del> <ol style="list-style-type: none"> <li>Learning socially acceptable behavior;</li> <li>Learning effective communication;</li> <li>Learning self-direction and problem solving;</li> <li>Engaging in safety practices;</li> <li>Performing household chores in a safe and effective manner;</li> <li>Performing self-care; and</li> <li>Learning skills for employment.</li> </ol> </li> </ol> <p>B. Community Living Group Home services include coordination, training, supports, or supervision (as indicated in the Person-Centered Plan) related to development and maintenance of the participant's skills.</p> <p>C. Transportation to and from and within this service is included within the services. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.</p> <p>D. Services are provided in a provider owned or operated group home setting.</p>	

State:	
Effective Date	



**SERVICE REQUIREMENTS:**

- A. Participants must be preauthorized by the DDA based on documented level of supports needed.
- B. Staffing is based on level of service need.
- C. Effective July 1, 2018, the following criteria will be used for new participants to access Community Living – Group Home services:
  - 1. Participant has critical support needs that cannot be met by other residential or in-home services and supports;
  - 2. This residential model is the least restrictive and most cost effective service to meet needs; and
  - 3. The participant meets one of the following criteria:
    - (a) He or she currently lives on his or her own and unable to care for himself or herself even with services and supports;
    - (b) He or she currently lives on his or her own or with family or other unpaid caregivers and such living situation presents an imminent risk to his or her physical or mental health and safety or the health and safety of others;
    - (c) The participant is (i) homeless and living on the street; (ii) has no permanent place to live; or (ii) at immediate risk of homelessness or having no permanent place to live;
    - (d) The Participant currently lives with family or other unpaid caregivers and documentation exists that in-home services available through the other waiver services would not be sufficient to meet the needs of the participant;
    - (e) The participant's family's or unpaid caregiver's health changes significantly where the primary caregiver is incapacitated and there is no other available caregiver. Examples of such significant health changes include a long-term illness or permanent injury;
    - (f) There is no family or unpaid caretaker to provide needed care;
    - (g) There is a risk of abuse or neglect to the participant in his or her current living situation as evidenced by: (1) recurrent involvement of the Child Protective Services (CPS) or Adult Protective Services (APS) as documented by the case manager that indicates the participant's health and safety cannot be assured and attempts to resolve the situation are not effective with CPS or APS involvement; or (2) removal from the home by CPS or APS; or
    - (h) With no other home or residential setting available, the participant is: (i) ready for discharge from a hospital, nursing facility, State Residential Center, psychiatric facility, or other institution; (ii) ready for release from incarceration; (iii) residing in a temporary setting such as a shelter, hotel, or hospital emergency department (iv) transitioning from a residential school; or (v) returning from an out of State placement.
- D. The provider must ensure that the home and community-based setting in which the services are provided comply with all applicable federal, State, and local law and regulation , including, but not limited to, 42 C.F.R. § 441.301(c)(4), as amended.
- E. Services may be provided to no more than four (4) individuals (including the participant) in one home unless approved by the DDA.
- F. Community Living - Group Home trial experience for people transitioning from an institutional or non-residential site on a temporary, trial basis.
  - 1. Service must be preauthorized by the DDA.
  - 2. Services may be provided for a maximum of seven (7) days or overnight stays within the 180 day period in advance of their move.
  - 3. When services are furnished to individuals returning to the community from a Medicaid institutional

State:	
Effective Date	

setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver.

4. The individual must be reasonably expected to be eligible for and to enroll in the waiver. Services are billed to Medicaid as an administrative cost.

G. A Residential Retainer Fees is available for up to 30 days per year, per recipient, when the recipient is unable to receive services due to hospitalization, behavioral respite, or family visits.

H. Community Living – Group Home services shall be provided for at least 6 hours a day to a participant or when the participant spends the night in the residential home.

I. The Medicaid payment for Community Living - Group Home service may not include either of the following items which the provider is expected to collect from the participant:

1. Room and board; or
2. Any assessed amount of contribution by the participant for the cost of care.

J. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives.

K. From July 1, 2018 through June 1, 2019, Community Living - Group Home service may include professional services (i.e. nursing services) not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the new stand alone nursing services.

L. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant's file.

M. Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.

N. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Community Living - Group Home Retainer Fees is limited to up to 30 days per year per recipient.
2. Community Living - Group Home trial experience is limited to a maximum of seven (7) days or overnight stays.

<b>Service Delivery Method</b> (check each that applies):		Participant-directed as specified in Appendix E		X	Provider managed	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian

State:	
Effective Date	

Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> X Agency. List the types of agencies:
			Community Living- Group Home Provider
Provider Qualifications			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Community Living- Group Home Provider	Licensed DDA Community Residential Services Provider		<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>Except for currently DDA licensed or approved Community Living- Group Home providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> <li>A program service plan that details the agencies service delivery model;</li> <li>A business plan that clearly demonstrates the ability of the agency to provide Community Living- Group Home services;</li> </ol> </li> </ol> </li> </ol>

State:	
Effective Date	

			<p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications;</p> <p>M. Have an organizational structure that assures services for each residence as specified in the Person-Centered Plan and the availability of back-up and emergency support 24 hours a day; and</p> <p>N. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Be licensed by the Office of Health Care Quality;</p>
--	--	--	---

State:	
Effective Date	

			<ol style="list-style-type: none"> <li>3. All new providers must meet and comply with the federal community settings regulations and requirements prior to enrollment;</li> <li>4. Have a signed Medicaid provider agreement;</li> <li>5. Have documentation that all vehicles used in the provision of services have automobile insurance; and</li> <li>6. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. <a href="#">Have a GED or high school diploma;</a></li> <li><del>2.3.</del> Have required credentials, license, or certification as noted below;</li> <li><del>3.4.</del> Possess current first aid and CPR certification;</li> <li><del>4.5.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li><del>5.6.</del> Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li><del>6.7.</del> Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires</li> </ol>
--	--	--	---

State:	
Effective Date	

			<p>must complete the DDA required training prior to service delivery;</p> <p><u>8. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</u></p> <p><del>7-9.</del> Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</p> <p><del>8-10.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Community Living-Group Home Provider	<ol style="list-style-type: none"> <li>DDA for verification of provider's license to provide this service, including the individual licensed site</li> <li>Provider for individual staff members' licenses, certifications, and training</li> </ol>	<ol style="list-style-type: none"> <li>DDA - initial and <u>annually at least every three years</u></li> <li>Provider – prior to service delivery and continuing thereafter</li> </ol>

Service Type: Statutory

Service (Name): **DAY HABILITATION**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
04: Day Services	04020 Day Habilitation
Service Definition (Scope):	
<p>A. Day Habilitation services provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization, through application of formal teaching methods and participation in meaningful activities.</p> <ol style="list-style-type: none"> <li>Teaching methods based on recognized best practices are used such as systematic instruction.</li> <li>Meaningful activities under this service will provide the participant with opportunities to develop skills related to the learning new skills, building positive social behavior and interpersonal skills, greater independence, and personal choice including: <ol style="list-style-type: none"> <li>Learning skills for employment</li> <li>Learning socially acceptable behavior;</li> </ol> </li> </ol>	

State:	
Effective Date	

- (c) Learning effective communication;
- (d) Learning self-direction and problem solving;
- (e) Engaging in safety practices;
- (f) Performing household chores in a safe and effective manner; and
- (g) Performing self-care.

B. Day habilitation services may include participation in the following regularly scheduled meaningful activities:

- 1. Learning general skills that can be used to do the type of work the person is interested in;
- 2. Participating in self-advocacy classes/activities;
- 3. Participating in local and community events;
- 4. Volunteering;
- 5. Training and supports designed to maintain abilities and to prevent or slow loss of skills for individuals with declining conditions; and
- 6. Transportation services.

C. Day Habilitation Services include:

- 1. Support services that enable the participant to participate in the activity;
- 2. Transportation to, from, and within the activity; and
- 3. Personal care assistance can be provided during day habilitation activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

#### SERVICE REQUIREMENTS:

A. Day Habilitation services can be provided in a variety of settings in the community or in a facility owned or operated by the provider agency. Services take place in non-residential settings separate from a participant's private residence or other residential living arrangements.

B. Staffing is based on level of service need.

C. Day Habilitation services are separate and distinct from other waiver services, including residential services.

D. [From July 1, 2018 through June 30, 2019, under the traditional service delivery model, a](#) participant's Person-Centered Plan may include a mix of employment and day related waiver services such as Supported Employment, Employment Discovery and Customization, Community Development Services, and Career Exploration provided on different days.

E. An individualized schedule will be used to provide an estimate of what the participant will do and where the participant will spend their time when in this service. Updates should be made as needed to meet the changing needs, desires and circumstances of the participant. The individualized schedule will be based on a Person-Centered Plan.

F. Transportation to and from and within this service is included within the Day Habilitation services. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

G. Personal care assistance may not comprise the entirety of the service.

State:	
Effective Date	

- H. Day Habilitation includes supports for volunteering and time limited paid and unpaid internships and apprenticeships.
- I. Day Habilitation does not include meals as part of a nutritional regimen.
- J. Day Habilitation does not include vocational services that: (1) teach job task specific skills required by a participant for the primary purpose of completing those tasks for a specific facility based job ~~and-or~~ (2) are delivered in an integrated work setting through employment supports.
- K. From July 1, 2018 through June 1, 2019, Day Habilitation service may include professional services (i.e. nursing services) not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the new stand alone nursing services.
- L. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the individual's file.
- M. From July 1, 2018 through June 30, 2019, Day Habilitation services are not available:
1. On the same day a participant is receiving Career Exploration, Community Development Services, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and
  2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.
- N. Effective July 1, 2019, Day Habilitation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.
- O. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Day Habilitation services are provided Monday through Friday only.
2. Day Habilitation services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Transitional Employment, Employment Discovery and Customization and Community Development Services).

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that)	<input type="checkbox"/> Legally Responsible	<input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian

State:	
Effective Date	



<i>applies</i> ):		Person	
Provider Specifications			
Provider Category(s) (check one or both):	Individual. List types:	X	Agency. List the types of agencies:
			Day Habilitation Service Provider
Provider Qualifications			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
Day Habilitation Service Provider	Licensed DDA Day Habilitation Service Provider		<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Except for currently DDA licensed or approved Day Habilitation providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Day</li> </ol> </li> </ol> </li> </ol>

State:	
Effective Date	

			<p>Habilitation;</p> <p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Be licensed by the Office of Health Care Quality;</p> <p>3. All new providers must meet and comply with the federal community settings regulations and requirements prior to enrollment;</p> <p>4. Have a signed Medicaid provider agreement-;</p>
--	--	--	--

State:	
Effective Date	

			<p>5. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>6. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification as noted below;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery;</li> <li>7. <a href="#">Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</a></li> <li>8. Possess a valid driver's license, if</li> </ol>
--	--	--	--

State:	
Effective Date	

			the operation of a vehicle is necessary to provide services; and 8-9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Day Habilitation Service Provider	1. DDA for Provider's license to provide services 2. Provider for individual staff member's licenses, certifications, and training		1. DDA – Initial and <u>annually at least every three years</u> for license and license sites 2. Provider – prior to service delivery and continuing thereafter

Service Type: Other

Service (Name): **EMPLOYMENT DISCOVERY AND CUSTOMIZATION**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
03 Supported Employment	03030 Career Planning
Service Definition (Scope):	
<p>A. Employment Discovery and Customization services are time limited services to identify and develop customized employment options for participants working towards competitive integrated employment <u>or self-employment</u>.</p> <p>B. Employment Discovery is a time-limited comprehensive, person-centered, community-based employment planning process. The Employment Discovery process and activities include:</p> <ol style="list-style-type: none"> <li>1. Completing assessment and employment-related profiles in a variety of <u>community</u> settings;</li> <li>2. Assessment of the community surrounding the participant's home;</li> <li>3. Work skills and interest inventory;</li> <li>4. Community-based job trials and community-based situations in order to identify skills, interest, and learning style;</li> <li>5. Identification of the ideal conditions for employment for the participant which may include self-employment; and</li> <li>6. Development of an Employment Discovery Profile with all pertinent information about the participant's skills, job preferences, possible contributions to an employer, and useful social networks. The profile may also include a picture or written resume.</li> </ol> <p>C. Customization is supports to assist a participant to obtain a negotiated competitive integrated job <u>or self-employment</u>. The Customization process and activities include:</p> <ol style="list-style-type: none"> <li>1. The use of the participant's social network, community resources and relationships, the American Job's Centers, and provider business contacts to identify possible employers.</li> </ol>	

State:	
Effective Date	

2. Flexible strategies designed to assist in obtaining a negotiated competitive integrated job including: (a) job development, (b) job carving, (c) job sharing, (d) self-employment; and other national recognized best practices, based on the needs of both the job seeker and the business needs of the employer.

#### SERVICE REQUIREMENTS:

- A. Employment Discovery and Customization services and supports are provided for participants wanting to work in competitive integrated jobs paid by a community employer or through self-employment.
- B. From July 1, 2018 through June 30, 2019, under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related waiver services such as Day Habilitation, Community Development Services, Career Exploration, and Supported Employment Services provided on different days.
- C. Beginning July 1, 2019, a participant's Person-Centered Plan may include a mix of employment and day related waiver services such as Day Habilitation, Community Development Services, Career Exploration, and Employment Services provided at different times.
- D. Transportation to and from and within this services is included within the Employment Discovery and Customization service. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.
- E. Employment Discovery and Customization does not include volunteering, apprenticeships, or internships unless it is part of the discovery process and time limited.
- F. Employment Discovery and Customization services can also include personal care, behavioral supports, and delegated nursing tasks to support the activity.
- G. From July 1, 2018 through June 30, 2019, Employment Discovery and Customization services are not available:
  1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Supported Employment services; and
  2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.
- H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant's file.
- I. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- J. Documentation must be maintained in the file of each participant receiving this service that the service is

State:	
Effective Date	

not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Employment Discovery and Customization activities must be completed within a six (6) month period unless otherwise authorized by the DDA.
2. Employment Discovery and Customization services are provided Monday through Friday only.
3. Employment Discovery and Customization services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Career Exploration, Community Development Services, and Day Habilitation services).

**Service Delivery Method**  
(check each that applies):

X

Participant-directed as specified in Appendix E

X

Provider managed

Specify whether the service may be provided by (check each that applies):

☐

Legally Responsible Person

Relative

Legal Guardian

#### Provider Specifications

**Provider Category(s)**  
(check one or both):

X

Individual. List types:

X

Agency. List the types of agencies:

Employment Discovery and Customization Professional

Employment Discovery and Customization Provider

#### Provider Qualifications

**Provider Type:**

License (specify)

Certificate (specify)

Other Standard (specify)

Employment Discovery and Customization Professional

Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:

1. Be at least 18 years old;
2. Have a GED or high school diploma;
3. Possess current first aid and CPR certification;
4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;
6. Have automobile insurance for all automobiles that are owned, leased,

State:

Effective Date

			<p>and/or hired and used in the provision of services;</p> <p><u>7. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</u></p> <p><del>7,8.</del> Complete required orientation and training designated by DDA;</p> <p><del>8,9.</del> Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</p> <p><del>9,10.</del> Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p><del>10,11.</del> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p><del>11,12.</del> Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p><del>12,13.</del> Have a signed Medicaid <del>provider</del> <u>Provider agreement</u>.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 6 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Employment Discovery and Customization <u>Provider</u>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>corporation, be properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed or approved Employment Discovery and Customization providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <p>(1) A program service plan that details the agencies service delivery model;</p> <p>(2) A business plan that clearly demonstrates the ability of the agency to provide Employment Discovery and Customization services;</p> <p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and</p>
--	--	--	---

State:	
Effective Date	



			<p>compliance records.</p> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. All new providers must meet and comply with the federal community settings regulations and requirements;</p> <p>3. Have a signed Medicaid <del>provider</del> <a href="#">Provider agreement</a>;</p> <p>4. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>5. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or</p>
--	--	--	---

State:	
Effective Date	

			<p>the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification as noted below;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. <a href="#">Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</a></li> <li>6-7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</li> <li>7-8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</li> </ol>
--	--	--	--

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Employment Discovery and Customization Professional	<ol style="list-style-type: none"> <li>1. DDA for approved professional</li> <li>2. FMS provider, as described in Appendix E, for participant's self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <a href="#">annually at least every three years</a></li> <li>2. FMS provider - prior to service delivery and continuing thereafter</li> </ol>
Employment Discovery	1. DDA for Provider's approval to provide	1. DDA – Initial and

State:	
Effective Date	

and Customization Professional	service 2. Provider for individual staff members' licenses, certifications, and training	<a href="#">annually at least every three years</a> 2. Provider – prior to service delivery and continuing thereafter
--------------------------------	---	--

Service Type: Other

**Service (Name): EMPLOYMENT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
03 Supported Employment	03010 Job development 03021 Ongoing supported employment, individual 03030 Career planning
Service Definition (Scope):	
<p>A. Employment Services provides the participant with a variety of flexible supports to help the participant to identify career and employment interest, find and keep a job including:</p> <ol style="list-style-type: none"> <li>1. Discovery – a process to assist the participant in finding out who they are, what they want to do, and what they have to offer;</li> <li>2. Job Development – supports finding a job including customized employment and self-employment;</li> <li>3. Ongoing Job Supports – various supports a participant may need to successfully maintain their job;</li> <li>4. Follow Along Supports – periodic supports after a participant has transitioned into their job;</li> <li>5. Self-Employment Development Supports – supports to assist a participant whose discovery activities and profile indicate a specific skill or interest that would benefit from resource ownership or small business operation; and</li> <li>6. Co-Worker Employment Support-supports in a situation when an employer has identified that an onsite job coach would not be optimal, yet the participant could still benefit from additional supports.</li> </ol> <p>B. Discovery is a time limited comprehensive, person-centered, and community-based employment planning support service to assist the participant to identify the participant's abilities, conditions, and interests. Discovery includes:</p> <ol style="list-style-type: none"> <li>1. A visit to a participant's home, a review of community employers, job trials, interest inventory to create a profile and picture resume; and</li> <li>2. The development of a Discovery Profile.</li> </ol> <p>C. Job Development is support for a participant to obtain an individual job in a competitive integrated employment setting in the general workforce, including:</p> <ol style="list-style-type: none"> <li>1. Customized employment - a flexible process designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of both. It is based on an individualized match between the strengths, conditions, and interests of a job candidate and the identified business needs of an employer; and</li> <li>2. Self-employment - including exploration of how a participant's interests, skills and abilities might be suited for the development of business ownership.</li> </ol> <p>D. Ongoing Job Supports are supports in learning and completing job tasks either when beginning a new job, after a promotion, or after a significant change in duties or circumstances and individualized supports a</p>	

State:	
Effective Date	

participant may need to successfully maintain their job. Ongoing Job Supports include:

1. Job coaching (e.g. job tasks analysis and adaptations, self-management strategies, natural and workplace supports facilitation, and fading assistance), needed to complete job tasks like setting up workstations;
2. The facilitation of natural supports in the work place;
3. Systematic instruction and other learning strategies based on the participant's learning style and needs;
4. Travel training to independently get to the job; and
5. Personal care assistance, behavioral supports, [transportation](#), and delegated nursing tasks to support the employment activity.

E. Follow Along Supports:

1. Occurs after the participant has transitioned into their job.
2. Ensure the participant has the assistance necessary to maintain their jobs; and
3. Include at least two face to face contacts with the participant in the course of the month.

F. Self-Employment Development Supports include assistance in the development of a business and marketing plan, including potential sources of business financing and other assistance in developing and launching a business.

G. Co-Worker Employment Supports are time-limited supports provided by the employer to assist the participant, upon employment, with extended orientation and training beyond what is typically provided for an employee.

**SERVICE REQUIREMENTS:**

A. Personal care assistance, behavioral supports, and delegated nursing tasks may not comprise the entirety of the service.

B. Discovery activities shall be reimbursed based on the following milestones:

1. Milestone #1 - includes home visit, survey of the community near the individual's home, record reviews for pertinent job experience, education, and assessments.
2. Milestone #2 – includes observation of the job seeker in a minimum of three (3) community-based situations in order to identify skills, interest, and learning style.
3. Milestone #3 – includes discovery profile, picture and/or written resume, and job development plan from discovery meeting.

C. Job Development is reimbursed based on an hourly basis.

D. Ongoing Job Supports is reimbursed based on an hourly basis and includes a “fading plan” [when appropriate](#), that notes the anticipated number of support hours needed.

E. Follow Along Supports are reimbursed as one monthly payment.

F. Self-Employment Development Supports shall be reimbursed based on one milestone for a business and marketing plan.

G. Employment Services are provided by staff who has a DDA approved certification in employment.

H. Participants that are promoted with new job tasks or changes positions or circumstances, can receive Ongoing Job Supports.

I. Co-Worker Employment Supports are not intended to replace the support provider's work, rather, it is an

State:	
Effective Date	

additional mentoring/support role for which coworkers could receive additional compensation above what they receive in the course of their typical job responsibilities. The payment of this compensation is at the discretion of the employer.

- J. A participant's Person-Centered Plan may include a mix of employment and day services such as Day Habilitation, Community Development Services, Co-Worker Supports, and Transitional Employment provided at different times.
- K. Employment Services does not include:
  - 1. Volunteering, apprenticeships, or internships unless it is part of the discovery process and time limited; and
  - 2. Payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.
- L. Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.
- M. Transportation to and from and within the activities will be provided or arranged by the provider and funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the participant with priority given to the use of public transportation when appropriate.
- N. Employment Services are not available at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, Personal Supports, Respite Care Services, or Transportation services.
- O. Division of Rehabilitation Services (DORS) service must be accessed first if the service the participant needs is provided and available by DORS and funding is authorized.
- P. Documentation must be maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).
- Q. A relative (who is not a spouse or legally responsible person) of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in [Section Appendix C-2](#).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- 1. Discovery services are limited to once every two years unless otherwise authorized by the DDA.
- 2. Job Development services are limited to eight (8) hours per day and total maximum of 90 hours unless otherwise authorized by DDA.
- 3. Job Development and Ongoing Job Support services are limited to 40 hours per week total including other Meaningful Day Services (e.g. Community Development Services, Career Exploration, and Day Habilitation services).
- 4. Ongoing Job Support services are limited of up to 10 hours per day.
- 5. Co-Worker Employment Supports are limited to the first three months of employment unless otherwise authorized by the DDA.

State:	
Effective Date	

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian	
<b>Provider Specifications</b>							
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:			<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Employment Services Professional				Employment Service Provider	
<b>Provider Qualifications</b>							
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)		
Employment Services Professional					<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Have DDA approved certification in employment to provide discovery services;</li> <li>6. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</li> <li>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>9. Complete required orientation and training designated by DDA;</li> <li>10. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li>11. Have three (3) professional references which attest to the provider's ability to</li> </ol>		

State:	
Effective Date	

			<p>deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p>12. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>13. Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p>14. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u> <u>Agreement</u>.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 8 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Employment Service Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Except for currently DDA licensed or approved Employment Services providers, demonstrate the</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Employment Services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>D. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>E. Have Workers' Compensation Insurance;</p> <p>F. Have Commercial General Liability Insurance;</p> <p>G. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>H. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>I. Complete required orientation and training;</p> <p>J. Comply with the DDA standards related to provider qualifications; and</p> <p>K. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. All new providers must meet and</p>
--	--	--	---

State:	
Effective Date	



			<p>comply with the federal community settings regulations and requirements;</p> <ol style="list-style-type: none"> <li>3. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u> <u>Agreement</u>;</li> <li>4. Have documentation that all vehicles used in the provision of services have automobile insurance; and</li> <li>5. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <u>Assessments and Taxation</u>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Have DDA approved certification in employment to provide discovery services;</li> <li>5. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</li> <li>6. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>7. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> </ol>
--	--	--	---

State:	
Effective Date	

			8. Complete all DDA required training prior to service delivery; 9. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and 10. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Employment Services Professional	1. DDA for approved Employment Services Professional 2. FMS provider, as described in Appendix E, for participants self-directing services		1. DDA – Initial and <u>annually at least every three years</u> 2. FMS provider - prior to initial services and continuing thereafter
Employment Service Provider	1. DDA for approved providers 2. Provider for staff licenses, certifications, and training		1. DDA – Initial and <u>annually at least every three years</u> 2. Provider – prior to service delivery and continuing thereafter

Service Type: Other Service

Service (Name):

**Alternative Service Title: ENVIRONMENTAL ASSESSMENT**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
A. An environmental assessment is an on-site assessment with the participant at his or her primary residence to determine if environmental modifications or assistive technology may be necessary in the participant's home.  B. Environmental assessment includes: <ol style="list-style-type: none"> <li>1. An evaluation of the participant;</li> <li>2. Environmental factors in the participant's home;</li> <li>3. The participant's ability to perform activities of daily living;</li> <li>4. The participant's strength, range of motion, and endurance;</li> </ol>	

State:	
Effective Date	

5. The participant's need for assistive technology and or modifications; and
6. The participant's support network including family members' capacity to support independence.

**SERVICE REQUIREMENTS:**

- A. The assessment must be conducted by an Occupational Therapist licensed in the State of Maryland.
- B. The Occupational Therapist must complete an Environmental Assessment Service Report to document findings and recommendations based on an onsite environmental assessment of a home or residence (where the participant lives or will live) and interviews the participant and their support network (e.g. family, direct support staff, delegating nurse/nurse monitor, etc.).  
The report shall:
  1. Detail the environmental assessment process, findings, and specify recommendations for the home modification and assistive technology that are recommended for the participant;
  2. Be typed; and
  3. Be completed within 10 business days of the completed assessment and forwarded to the participant and his or her Coordinator of Community Service (CCS) in an accessible format.
- C. An environmental assessment may not be provided before the effective date of the participant's eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.
- D. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant's file.
- E. Environmental Assessment services are not available to participants receiving support services in residential models including Community Living-Enhanced Supports and Community Living-Group Home services.
- F. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- G. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Environment assessment is limited to one (1) assessment annually.

Service Delivery Method (check each that applies):	X	Participant-directed as specified in Appendix E					X	Provider managed
Specify whether the	<input type="checkbox"/>	Legally	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian		

State:	
Effective Date	

service may be provided by (check each that applies):			Responsible Person			
<b>Provider Specifications</b>						
Provider Category(s) (check one or both):	X	Individual. List types:		X	Agency. List the types of agencies:	
		Environment Assessment Professional			Organized Health Care Delivery System Provider	
<b>Provider Qualifications</b>						
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)	
Environment Assessment Professional					<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Be a licensed Occupational Therapist by the Maryland Board of Occupational Therapy Practice or a Division of Rehabilitation Services (DORS) approved vendor;</li> <li><del>3. Possess current first aid and CPR certification;</del></li> <li><del>4.3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del></li> <li><del>5.4. Have Commercial General Liability Insurance;</del></li> <li><del>6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li><del>7.5. Complete required orientation and training designated by DDA;</del></li> <li><del>8.6. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</del></li> <li><del>9.7. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated</del></li> </ol>	

State:	
Effective Date	

			<p>Code of Maryland, Health General, Title 7;  <del>10.8.</del> <u>8.</u> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;  <del>11.9.</del> <u>9.</u> Have a signed DDA Provider Agreement to Conditions for Participation; and  <del>12.10.</del> <u>10.</u> Have a signed Medicaid <del>provider</del> <u>Provider agreement</u> Agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through <u>74</u> noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Organized Health Care Delivery System Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be approved or licensed by the DDA to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</li> </ol> <p>OHCDS providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.</p> <p>Environmental Assessment Professional requirements:</p> <ol style="list-style-type: none"> <li>1. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or</li> <li>2. Contract with a Division of Rehabilitation Services (DORS) approved vendor</li> </ol>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Environmental Assessment Professional	<ol style="list-style-type: none"> <li>1. DDA for approved Environmental Assessment Professional</li> <li>2. FMS provider, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <del>annually</del> <u>at least every three years</u></li> <li>2. FMS provider - prior to initial services and continuing thereafter</li> </ol>
Organized Health Care Delivery	<ol style="list-style-type: none"> <li>1. DDA for verification of the OHCDS</li> <li>2. OHCDS provider will verify Occupational</li> </ol>	<ol style="list-style-type: none"> <li>1. Initial and <del>annually</del> <u>at least every three years</u></li> </ol>

State:	
Effective Date	

System Provider	Therapist (OT) license and DORS approved vendor	2. Prior to service delivery and continuing thereafter
-----------------	---	--

Service Type: Other Service

Service (Name):

**Alternative Service Title: ENVIRONMENTAL MODIFICATIONS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. Environmental modifications are physical modifications to the participant's home based on an assessment designed to support the participant's efforts to function with greater independence or to create a safer, healthier environment.</p> <p>B. Environmental Modifications include:</p> <ol style="list-style-type: none"> <li>1. Installation of grab bars;</li> <li>2. Construction of access ramps and railings;</li> <li>3. Installation of detectable warnings on walking surfaces;</li> <li>4. Alerting devices for participant who has a hearing or sight impairment;</li> <li>5. Adaptations to the electrical, telephone, and lighting systems;</li> <li>6. Generator to support medical and health devices that require electricity;</li> <li>7. Widening of doorways and halls;</li> <li>8. Door openers;</li> <li>9. Installation of lifts and stair glides, such as overhead lift systems and vertical lifts;</li> <li>10. Bathroom modifications for accessibility and independence with self-care;</li> <li>11. Kitchens modifications for accessibility and independence;</li> <li>12. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; Plexiglas, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the participant;</li> <li>13. Training on use of modification; and</li> <li>14. Service and maintenance of the modification.</li> </ol> <p>C. Not covered under this service are improvements to the home, such as carpeting, roof repair, decks, and central air conditioning, which:</p> <ol style="list-style-type: none"> <li>1. Are of general utility;</li> <li>2. Are not of direct medical or remedial benefit to the participant; or</li> <li>3. Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to accessibility needs of the participant.</li> </ol> <p><b>SERVICE REQUIREMENTS:</b></p> <p>A. An environmental assessment must be completed as per the environmental assessment waiver services</p>	

State:	
Effective Date	

requirements.

- B. Environmental Modifications recommended by the team that cost up to \$2,000 does not require a formal assessment.
- C. If the modification is estimated to cost over \$2,000 over a 12-month period, at least three bids are required (unless otherwise approved by DDA).
- D. All restrictive adaptive measures, such as locked windows, doors, and fences, must be included in the participant's approved behavior plan as per DDA's policy on positive behaviors supports.
- E. All modifications shall be pre-approved by the property manager or owner of the home, if not the participant, who agrees that the participant will be allowed to remain in the residence at least one year.
- F. When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be billed to Medicaid as an administrative cost.
- G. Environmental modifications services provided by a family member or relative are not covered.
- H. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
- I. Not covered under this service is the purchase of a generator for use other than to support medical and health devices used by the participant that require electricity.
- J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant's file.
- K. Environmental Modifications are not available to participants receiving support services in residential models including Community Living—Enhanced Supports and Community Living-Group Home services.
- L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Cost of services must be customary, reasonable, and may not exceed a total of \$15,000 every three years.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian	
<b>Provider Specifications</b>							
Provider	<input checked="" type="checkbox"/>	Individual. List types:			<input checked="" type="checkbox"/>	Agency. List the types of agencies:	

State:	
Effective Date	

Category(s) (check one or both):	Environmental Modifications Professional	Organized Health Care Delivery System Provider	
<b>Provider Qualifications</b>			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Environmental Modifications Professional			<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Be a licensed home contractor or Division of Rehabilitation Services (DORS) approved vendor;</li> <li>3. Be properly licensed or certified by the State;</li> <li>4. Be bonded as is legally required;</li> <li><del>5. Possess current first aid and CPR certification;</del></li> <li><del>6. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del></li> <li><del>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</del></li> <li><del>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del></li> <li><del>9.5. Complete required orientation and training designated by DDA;</del></li> <li><del>10.6. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</del></li> <li><del>11.7. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</del></li> <li><del>12.8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</del></li> <li><del>13.9. Have a signed DDA Provider Agreement to Conditions for Participation; and</del></li> </ol>

State:	
Effective Date	



			<p><del>14.10.</del> Have a signed Medicaid <del>provider</del> <a href="#">Provider agreement</a> <del>Agreement</del>.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through <del>8-54</del> noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Environmental Modification Professional shall:</p> <ol style="list-style-type: none"> <li>1. Ensure all staff, contractors and subcontractors meet required qualifications including verify<del>ing</del> the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection;</li> <li>2. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable<del>;</del> <a href="#">and</a></li> <li>3. Ensure all home contractors and subcontractors of services shall: <ol style="list-style-type: none"> <li>a. Be properly licensed or certified by the State;</li> <li>b. Be in good standing with the <a href="#">Maryland</a> Department of Assessment and <a href="#">Assessments and Taxation</a> to provide the service;</li> <li>c. Be bonded as is legally required;</li> <li>d. Obtain all required State and local permits;</li> <li>e. Obtain final required inspections;</li> <li>f. Perform all work in accordance with ADA, State and local building codes;</li> <li>g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and</li> <li>h. Provide services according to a</li> </ol> </li> </ol>
--	--	--	--

State:	
Effective Date	

			written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule.
Organized Health Care Delivery System Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be approved or licensed by the DDA to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</li> </ol> <p>OHCDs providers shall ensure the following requirements and verify the licenses, credentials, and experience of all professionals with whom they contract or employ and have a copy of the same available upon request including:</p> <ol style="list-style-type: none"> <li>1. Be licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors;</li> <li>2. All staff, contractors and subcontractors meet required qualifications including verifying the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection;</li> <li>3. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and</li> <li>4. All home contractors and subcontractors of services shall: <ol style="list-style-type: none"> <li>a. Be properly licensed or certified by the State;</li> <li>b. Be in good standing with the <a href="#">Maryland</a> Department of Assessments and Taxation to provide the service;</li> <li>c. Be bonded as is legally required;</li> <li>d. Obtain all required State and local permits;</li> <li>e. Obtain final required inspections;</li> <li>f. Perform all work in accordance with ADA, State and local building</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>codes;</p> <p>g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and</p> <p>h. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule.</p>
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Environmental Modifications Professional	<ol style="list-style-type: none"> <li>1. DDA for approved Environmental Modifications professional</li> <li>2. FMS providers, as described in Appendix E, for participants self-directing services</li> </ol>		<ol style="list-style-type: none"> <li>1. DDA – Initial and <u>annually at least every three years</u></li> <li>2. FMS provider - prior to service delivery and continuing thereafter</li> </ol>
Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> <li>1. DDA for verification of the OHCDs</li> <li>2. Organized Health Care Delivery System provider for verification of the contractors and subcontractors to meet required qualifications</li> </ol>		<ol style="list-style-type: none"> <li>1. DDA - Initial and <u>annually at least every three years</u></li> <li>2. OHCDs - Contractors and subcontractors prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other

**Service (Name): FAMILY AND PEER MENTORING SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09020 caregiver counseling and/or training
Category 2:	Sub-Category 2:
13: Participant Training	13010 participant training
Service Definition (Scope):	
<p>A. Family and Peer Mentoring Supports provide mentors who have shared experiences as the participant, family, or both participant and family and who provide support and guidance to the participant and his or her family members. Family and Peer mentors explain community services, programs, and strategies they</p>	

State:	
Effective Date	

have used to achieve the waiver participant's goals. It fosters connections and relationships which builds the resilience of the participant and his or her family.

- B. Family and Peer Mentoring Supports services encourage participants and their family members to share their successful strategies and experiences in navigating a broad range of community resources beyond those offered through the waiver with other waiver participants and their families.

#### **SERVICE REQUIREMENTS:**

- A. Family and Peer Mentoring Supports are provided from an experienced peer mentor, parent or other family member to a peer, another parent or family caregiver who is the primary unpaid support to the participant.
- B. Family and Peer Mentoring Supports include supports to siblings from others with shared experiences.
- C. Family and Peer Mentoring Supports include facilitation of parent or family member "matches" and follow-up support to assure the matched relationship meets peer expectations.
- D. Family and Peer Mentoring Supports do not provide targeted case management services to a waiver participant; peer mentoring does not include determination of level of care, functional or financial eligibility for services or person-centered service planning.
- E. Family and Peer Mentoring Supports may not duplicate, replace, or supplant Coordination of Community Service or Support Broker Services. This service, limited in nature, is aimed at providing support and advice based on lived experience of a family member or self-advocate.
- F. Support needs for peer mentoring are identified in the participant's Person-Centered Plan.
- G. The mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities.
- H. Mentors cannot mentor their own family members.
- I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant's file.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Peer and Family Mentoring Services are limited to 8 hours per day.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>	Legal Guardian		
<b>Provider Specifications</b>				
Provider Category(s) (check one or	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Family or Peer Mentor		Family and Peer Mentoring Provider

State:	
Effective Date	

both):			
<b>Provider Qualifications</b>			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
Family or Peer Mentor			<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>7. Complete required orientation and training designated by DDA;</li> <li>8. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li>9. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</li> <li>10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>11. Have a signed DDA Provider Agreement to Conditions for Participation; and</li> <li>12. Have a signed Medicaid <a href="#">provider Provider agreementAgreement</a>.</li> </ol> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 6 noted above and submit forms and</p>

State:	
Effective Date	

			documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.
Family and Peer Mentoring Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services such as self-advocacy and parent organizations;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide mentoring services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental</li> </ol> </li> </ol> </li> </ol>

State:	
Effective Date	

			<p>disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under <a href="#">D-7</a>;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid provider agreement;</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council</p>
--	--	--	---

State:	
Effective Date	

			<p>on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a></p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery-;</li> <li>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</li> <li>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</li> </ol>
--	--	--	--

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Family or Peer Mentor	<ol style="list-style-type: none"> <li>1. DDA for approved Family and Peer Mentors</li> <li>2. FMS provider, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <del>annually</del> <a href="#">at least every three years</a></li> <li>2. FMS provider - prior to service delivery and continuing thereafter</li> </ol>

State:	
Effective Date	



Family and Peer Mentoring Provider	<ol style="list-style-type: none"> <li>1. DDA for approval of Family and Peer Mentoring Provider</li> <li>2. Provider for staff standards</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and <del>annually</del> <u>at least every three years</u></li> <li>2. Provider - Prior to service delivery and continuing thereafter</li> </ol>
------------------------------------	--	---

Service Type: Other

**Service (Name): FAMILY CAREGIVER TRAINING AND EMPOWERMENT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09020 caregiver counseling and/or training
Service Definition (Scope):	
<p>A. Family Caregiver Training and Empowerment services provide education and support to the family caregiver of a participant that preserves the family unit and increases confidence, stamina and empowerment to support the participant. Education and training activities are based on the family/caregiver's unique needs and are specifically identified in the Person-Centered Plan.</p> <p>B. This service includes educational materials, training programs, workshops and conferences that help the family caregiver to:</p> <ol style="list-style-type: none"> <li>1. Understand the disability of the person supported;</li> <li>2. Achieve greater competence and confidence in providing supports;</li> <li>3. Develop and access community and other resources and supports;</li> <li>4. Develop or enhance key parenting strategies;</li> <li>5. Develop advocacy skills; and</li> <li>6. Support the person in developing self-advocacy skills.</li> </ol> <p><b>Service Requirements:</b></p> <p>A. Family Caregiver Training and Empowerment is offered only for a family caregiver who is providing unpaid support training, companionship, or supervision for a person participating in the waiver who is living in the family home.</p> <p>B. Family Caregiver Training and Empowerment does not include the cost of travel, meals, or overnight lodging as per federal requirements.</p> <p>C. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted. <u>to the extent applicable</u> These efforts must be documented in the participant's file.</p> <p>D. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.</p>	

State:	
Effective Date	

Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
1. Family Caregiver Training and Empowerment services are limited to 10 hours of training for unpaid family caregiver per participant per year. 2. Educational materials and training programs, workshops and conferences registration costs for unpaid family caregiver is limited to up to \$500 per participant per <del>fiscal</del> year.					
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/> Legal Guardian
<b>Provider Specifications</b>					
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Family Support Professional			Parent Support Agency
<b>Provider Qualifications</b>					
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)
Family Support Professional					Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards: 1. Be at least 18 years old; 2. Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service; <del>3. Possess current first aid and CPR certification;</del> <del>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del> <del>5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</del> <del>6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del> <del>7.3. Complete required orientation and training designated by DDA;</del> <del>8.4. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</del>

State:	
Effective Date	

			<p><del>9.5.</del> Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p><del>10.6.</del> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p><del>11.7.</del> Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p><del>12.8.</del> Have a signed Medicaid <del>provider</del> <u>Provider agreement</u>.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 <del>through and 6-2</del> noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Parent Support Agency			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Demonstrate the capability to</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>F. Have Workers' Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications; and</p> <p>L. Have a signed DDA Provider Agreement to Conditions for Participation.</p>
--	--	--	--

State:	
Effective Date	

			<ol style="list-style-type: none"> <li>2. Have a signed Medicaid provider agreement;</li> <li>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</li> <li>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a></p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor's Degree, professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;</li> <li><del>3. Possess current first aid and CPR certification;</del></li> <li><del>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del></li> <li><del>5.3.</del> Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li><del>6.4.</del> Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery.</li> <li><del>7. Possess a valid driver's license, if the operation of a vehicle is necessary to</del></li> </ol>
--	--	--	--

State:	
Effective Date	

			<del>provide services; and</del> <del>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of service.</del>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Family Supports Professional	1. DDA for approved Family Supports Professional 2. FMS provider, as described in Appendix E, for participants self-directing services		1. DDA – Initial and <del>annually</del> <u>at least every three years</u> 2. FMS – Initially and continuing thereafter
Parent Support Agency	1. DDA for approval of Parent Support Agencies 2. Parent Support Agency for staff qualifications and requirements		1. DDA – Initial and <del>annually</del> <u>at least every three years</u> 2. Parent Support Agency – prior to service delivery and continuing

Service Type: Other

**Service (Name): HOUSING SUPPORT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
17: Other Services	17030 Housing Consultation
Service Definition (Scope):	
<p>A. Housing Support Services are time-limited supports to help participants to navigate housing opportunities<del>;</del><sub>1</sub> address or overcome barriers to housing<del>;</del><sub>1</sub> and secure and retain their own home.</p> <p>B. Housing Support Services include:</p> <ol style="list-style-type: none"> <li>1. Housing Information and Assistance to obtain and retain independent housing;</li> <li>2. Housing Transition Services to assessing housing needs and develop individualized housing support plan; and</li> <li>3. Housing Tenancy Sustaining Services which assist the individual to maintain living in their rented or leased home.</li> </ol> <p><b>SERVICE REQUIREMENT:</b></p> <p>A. Housing Information and Assistance including:</p> <ol style="list-style-type: none"> <li>1. Housing programs' rules and requirements and their applicability to the participant;</li> <li>2. Searching for housing;</li> </ol>	

State:	
Effective Date	

3. Housing application processes including obtaining documentation necessary to secure housing such as State identification, birth certificate, Social Security card, and income and benefit information;
4. Assessing the living environment to determine it meets accessibility needs, is safe, and ready for move-in;
5. Requesting reasonable accommodations in accordance with the Fair Housing Act to support a person with a disability equal opportunity to use and enjoy a dwelling unit, including public and common use areas;
6. Identifying resources for security deposits, moving costs, furnishings, assistive technology, environmental modifications, utilities, and other one-time costs;
7. Reviewing the lease and other documents, including property rules, prior to signing;
8. Developing, reviewing and revising a monthly budget, including a rent and utility payment plan; ~~and~~
9. Identifying and addressing housing challenges such as credit and rental history, criminal background, and behaviors; and
10. Assistance with resolving disputes.

**B. Housing Transition Services including:**

1. Conducting a tenant screening and housing assessment including ~~but not limited to~~ collecting information on potential housing barriers and identification of potential housing retention challenges;
2. Developing an individualized housing support plan that is incorporated in the participant's Person-Centered Plan and that includes ~~but is not limited to~~:
  - (a) Short and long-term goals;
  - (b) Strategies to address identified barriers including prevention and early intervention services when housing is jeopardized; and
  - (c) Natural supports, resources, community providers, and services to support goals and strategies.

**C. Housing Tenancy Sustaining Services which assist the participant to maintain living in their rented or leased home including:**

1. Education and training on the role, rights and responsibilities of the tenant and landlord; how to be a good tenant; and lease compliance;
2. Coaching to develop and maintain key relationships with landlord/property manager and neighbors;
3. Assistance with housing recertification process;
4. Early identification and intervention for behaviors that jeopardize tenancy;
5. Assistance with resolving disputes with landlords and/or neighbors;
6. Advocacy and linkage with community resources to prevent eviction; and
7. Coordinating with the individual to review, update and modify the housing support plan.

**D. The services and supports must be provided consistent with programs available through the US Department of Housing and Urban Development, the Maryland Department of Housing and Community Development, and applicable State and local policies.**

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Housing Support Services are limited to 8 hours per day and may not exceed a maximum of 175 hours annually.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	<input type="checkbox"/>	Legal Guardian

State:	
Effective Date	

Provider Specifications			
Provider Category(s) (check one or both):		Individual. List types:	X
		Agency. List the types of agencies:	
	Housing Support Professional		Housing Support Service Provider
<b>Provider Qualifications</b>			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Housing Support Professional			<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Training for the following: <ol style="list-style-type: none"> <li>A. Conducting a housing assessment;</li> <li>B. Person-centered planning;</li> <li>C. Knowledge of laws governing housing as they pertain to individuals with disabilities;</li> <li>D. Affordable housing resources;</li> <li>E. Leasing processes;</li> <li>F. Strategies for overcoming housing barriers;</li> <li>G. Housing search resources and strategies;</li> <li>H. Eviction processes and strategies for eviction prevention; and</li> <li>I. Tenant and landlord rights and responsibilities.</li> </ol> </li> <li>4. Possess current first aid and CPR certification;</li> <li>5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>8. Complete required orientation and training designated by DDA;</li> <li>9. Complete necessary pre/in-service</li> </ol>

State:	
Effective Date	



			<p>training based on the Person-Centered Plan and DDA required training prior to service delivery;</p> <ol style="list-style-type: none"> <li>10. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</li> <li>11. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>12. Have a signed DDA Provider Agreement to Conditions for Participation; and</li> <li>13. Have a signed Medicaid <del>provider</del> <a href="#">Provider agreement</a> <del>Agreement</del>.</li> </ol> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Housing Support Service Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality housing support services to persons with disabilities who successfully transitioned to independent renting or similar services;</li> <li>C. Experience with federal affordable housing or rental assistance programs;</li> <li>D. Have a governing body that is legally responsible for overseeing</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>E. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p>
--	--	--	--

State:	
Effective Date	

			<p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u>;</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <u>Assessments and Taxation</u>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must</li> </ol>
--	--	--	--

State:	
Effective Date	

			<p>complete the DDA required training prior to service delivery.</p> <ol style="list-style-type: none"> <li>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</li> <li>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>9. Housing assistance staff minimum training requirements include: <ol style="list-style-type: none"> <li>(a) Conducting a housing assessment;</li> <li>(b) Person-centered planning;</li> <li>(c) Knowledge of laws governing housing as they pertain to individuals with disabilities;</li> <li>(d) Affordable housing resources;</li> <li>(e) Leasing processes;</li> <li>(f) Strategies for overcoming housing barriers;</li> <li>(g) Housing search resources and strategies;</li> <li>(h) Eviction processes and strategies for eviction prevention; and</li> <li>(i) Tenant and landlord rights and responsibilities.</li> </ol> </li> </ol>
--	--	--	---

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Housing Support Professional	<ol style="list-style-type: none"> <li>1. DDA for approval of Housing Support Professional</li> <li>2. Fiscal Management Service providers for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and <u>annually at least every three years</u></li> <li>2. FMS - Prior to initial service delivery and continuing thereafter</li> </ol>
Housing Support Service Provider	<ol style="list-style-type: none"> <li>1. DDA for verification of provider approval</li> <li>2. Provider for staff requirements</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and <u>annually at least every three years</u></li> <li>2. Provider prior to service delivery and continuing thereafter</li> </ol>

State:	
Effective Date	

Service Type: Other Service

**Alternative Service Title: INDIVIDUAL AND FAMILY DIRECTED GOODS AND SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
17: Other Services	17010 goods and services
Service Definition (Scope):	
<p>A. Individual and Family Directed Goods and Services are services, equipment, or supplies for self-directing participants that:</p> <ol style="list-style-type: none"> <li>1. Relate to a need or goal identified in the Person-Centered Plan;</li> <li>2. Maintain or increase independence;</li> <li>3. Promote opportunities for community living and inclusion; and</li> <li>4. <u>Are not</u> available under a waiver service or State Plan services.</li> </ol> <p>B. Individual and Family Directed Goods and Services includes dedicated funding up to \$500 <u>that participants may choose to use</u> to support staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries.</p> <p>C. Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, increase the participant's safety in the home, or support the family in the continued provision of care to the participant.</p> <p>D. The goods and services may include fitness memberships; fitness items that can be purchased at most retail stores; toothbrushes or electric toothbrushes; weight loss program services other than food; dental services recommended by a licensed dentist and not covered by health insurance; nutritional supplements recommended by a professional licensed in the relevant field; therapeutic swimming or horseback riding with recommendation from licensed professional; and fees for activities that promote community integration.</p> <p>E. Experimental or prohibited goods and treatments are excluded.</p> <p>F. Individual and Family Directed Goods and Services do not include services, goods, or items:</p> <ol style="list-style-type: none"> <li>1. That have no benefit to the participant;</li> <li>2. Otherwise covered by the waiver or the Medicaid State Plan <u>Services</u>;</li> <li>3. Additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair;</li> <li>4. Co-payment for medical services, over-the-counter medications, or homeopathic services;</li> <li>5. Items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, DVD player, and monthly cable fees;</li> <li>6. Monthly telephone fees;</li> <li>7. Room &amp; board, including deposits, rent, and mortgage expenses and payments;</li> <li>8. Food;</li> <li>9. Utility charges;</li> <li>10. Fees associated with telecommunications;</li> <li>11. Tobacco products, alcohol, marijuana, or illegal drugs;</li> <li>12. Vacation expenses;</li> </ol>	

State:	
Effective Date	

13. Insurance; vehicle maintenance or any other transportation- related expenses;
14. Tickets and related cost to attend recreational events;
15. Personal trainers; spa treatments;
16. Goods or services with costs that significantly exceed community norms for the same or similar good or service;
17. Tuition; educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA), including private tuition, Applied Behavior Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;
18. Staff bonuses and housing subsidies;
19. Subscriptions;
20. Training provided to paid caregivers;
21. Services in hospitals;
22. Costs of travel, meals, and overnight lodging for staff, families and natural support network members to attend a training event or conference; or
23. Service animals and associated costs.

**SERVICE REQUIREMENTS:**

- A. Participant, [legal guardian](#) or the designated [authorized](#) representative self-directing services on behalf of the participant make decisions on goods and services based on an identified need in the Person-Centered Plan.
- B. Individual and Family Directed Goods and Services must meet the following requirements:
  1. The item or service would decrease the need for other Medicaid services; OR
  2. Promote inclusion in the community; OR
  3. Increase the participant's safety in the home environment; AND
  4. The item or service is not available through another source.
- C. Individual and Family Directed Goods and Services are purchased from the participant-directed budget and must be documented in the Person-Centered Plan.
- D. Individual and Family Directed Goods and Services must be clearly noted and linked to an assessed participant need established in the Person-Centered Plan.
- E. The goods and services must fit within the participant's budget without compromising the participant's health and safety.
- F. The goods and services must provide or direct an exclusive benefit to the participant.
- G. The goods and services provided are cost-effective (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need) alternatives to standard waiver or State Plan services.
- H. The goods and services may not circumvent other restrictions on the claiming of Federal Financial Participation for waiver services, including the prohibition of claiming for the costs of room and board.
- I. Reimbursement shall be reasonable, customary, and necessary, as determined for the participant's needs, recommended by the team, and approved by DDA or its designee.
- J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the](#)

State:	
Effective Date	

[extent applicable](#). These efforts must be documented in the participant's file.

K. Individual and Family Directed Goods and Services are not available to participants at the same time the participant is receiving support services in Career Exploration, Community Living-Enhanced Supports, Community Living-Group Home, Day Habilitation, Medical Day Care, or Shared Living services.

L. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

M. [Dedicated funding for staff recruitment and advertisement efforts does not duplicate the Fiscal Management Services.](#)

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Individual and Family Directed Goods and Services are limited to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to support staff recruitment efforts such as developing and printing flyers and using staffing registries.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>	Legal Guardian		

#### Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Entity – for participants self-directing services		

#### Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Entity – for people self-directing services			Based on the service, equipment or supplies vendors may include: 1. Commercial business 2. Community organization 3. Licensed professional

#### Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
----------------	--------------------------------------	---------------------------

State:	
Effective Date	

Entity – for participants self-directing services	FMS provider, as described in Appendix E	Prior to purchase
---	--	-------------------

Service Type: Statutory Service

### Service (Name): LIVE-IN CAREGIVER SUPPORTS

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
07: Rent and Food Expenses for Live-in Caregiver	07010 rent and food expenses for live-in caregiver
Service Definition (Scope):	
<p>1. The purpose of Live-in Caregiver Supports is to pay the additional cost of rent and food that can be reasonably attributed to an unrelated <u>live-live</u> in personal caregiver who is residing in the same household with an individual.</p> <p><b>SERVICE REQUIREMENTS:</b></p> <p>A. A caregiver is defined as someone that is providing supports and services in the individual's home.</p> <p>B. Live-in Caregiver Supports must comply with 42 CFR §441.303(f)(8) and be approved by DDA.</p> <p>C. Explicit agreements, including detailed service expectations, arrangement termination procedures, recourse for unfulfilled obligations, and monetary considerations must be executed and signed by both the individual receiving services (or his/her legal representative) and the caregiver. This agreement will be forwarded to DDA as part of the service request authorization, and a copy will be maintained by the Coordinator of Community Services.</p> <p>D. The individual in services has the rights of tenancy but the live-in caregiver does not, although they are listed on a lease.</p> <p>E. Live-in Caregiver Supports for live-in caregivers is not available in situations in which the <u>recipient participant</u> lives in <u>their-his/her</u> family's home, the caregiver's home, or a residence owned or leased by a DDA-licensed provider.</p> <p>F. The program will pay for this service for only those months that the arrangement is successfully executed, and will hold no liability for unfulfilled rental obligations. Upon entering in the agreement with the caregiver, the participant (or his/her legal representative) will assume this risk for this contingency.</p> <p>G. Live-In Caregiver Rent is not available to participants receiving support services in residential models, including Community Living-Enhanced Supports, Community Living-Group Home, Shared Living and Supported Living services.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Live-in Caregiver Supports is limited based on the following:	

State:	
Effective Date	



1. Within a multiple-family dwelling unit, the actual difference in rental costs between a 1- <a href="#">bedroom</a> and 2-bedroom (or 2- <a href="#">bedroom</a> and 3-bedroom, etc.) unit. Rental rates must fall within Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD).				
2. Within a single-family dwelling unit, the difference in rental costs between a 1- <a href="#">bedroom</a> and 2-bedroom (or 2- <a href="#">bedroom</a> and 3- bedroom, etc.) unit based on the Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD).				
Live-in Caregiver Food is limited to the USDA Monthly Food Plan Cost at the <a href="#">2-2</a> -person moderate plan level.				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/>
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	Relative	Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) <i>(check one or both):</i>		Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Organized Health Care Delivery System Provider
<b>Provider Qualifications</b>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Organized Health Care Delivery System Provider		.	Agencies must meet the following standards: 1. Be approved or licensed by the DDA to provide at least one Medicaid waiver service; and 2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.  OHCDs providers shall verify qualified entity/vendor including: 1. Property manager and landlord chosen by the individual providing residences at a customary and reasonable cost within limits established; 2. Local and community grocery stores for the purchase of food at a customary and reasonable cost within limits established; and 3. Have a copy of the same available upon request.	
<b>Verification of Provider Qualifications</b>				

State:	
Effective Date	

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> <li>DDA for OHCDS</li> <li>OHCDS providers for qualified entity/vendor</li> </ol>	<ol style="list-style-type: none"> <li>OHCDS – Initial and <del>annually</del> <u>at least every three years</u></li> <li>OHCDS providers – prior to service delivery and continuing thereafter</li> </ol>

Service Type: Statutory

### Service (Name): MEDICAL DAY CARE

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
4: Day Services	04050 Adult Day Health
Service Definition (Scope):	
<p>A. Medical Day Care (MDC) is a medically supervised day program.</p> <p>B. Medical Day Care includes the following services:</p> <ol style="list-style-type: none"> <li>Health care services;</li> <li>Nursing services;</li> <li>Physical therapy services;</li> <li>Occupational therapy services;</li> <li>Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene;</li> <li>Nutrition services;</li> <li>Social work services;</li> <li>Activity Programs; and</li> <li>Transportation services.</li> </ol>	
Service Requirements:	
<p>A. A participant must attend the Medical Day Care a minimum of four (4) hours per day for the service to be reimbursed.</p> <p>B. Medical Day Care services cannot be billed during the same period of time that the individual is receiving other day or employment waiver services.</p> <p>C. Services and activities take place in non-institutional, community-based settings.</p> <p>D. Nutritional services do not constitute a full nutritional regimen.</p> <p>E. This waiver service is only provided to individuals age <u>21-16</u> and over. <del>All medically necessary Medical Day Care services for children under age 21 are covered under the Medicaid State Plan pursuant to the EPSDT benefit.</del></p> <p>F. Medical Day Care services are not available to participants at the same time a participant is receiving Supported Employment, Employment Discovery and Customization, Employment Services, Career Exploration, Community Development Services, Day Habilitation, <del>Individual and Family Directed Goods and Services,</del> or Respite Care Services.</p>	

State:	
Effective Date	

G. Medical Day Care services may not be provided at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Services, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
<b>Service Delivery Method</b> (check each that applies):		Participant-directed as specified in Appendix E		X Provider managed
Specify whether the service may be provided by (check each that applies):		<input type="checkbox"/> Legally Responsible Person	<input type="checkbox"/> Relative	<input type="checkbox"/> Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) (check one or both):		Individual. List types:	X	Agency. List the types of agencies:
				Medical Day Care Providers
<b>Provider Qualifications</b>				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Medical Day Care Providers	Licensed Medical Day Care Providers as per COMAR 10.12.04		All new providers must meet and comply with the federal community settings regulations and requirements prior to enrollment.	
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Medical Day Care Providers	Maryland Department of Health		Every 2 years and in response to complaints	

Service Type: Other

**Service (Name): NURSE CONSULTATION**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
05: Nursing	05020 skilled nursing
Service Definition (Scope):	
A. Nurse Consultation services provides participants, who are able to perform and train on self-medication and	

State:	
Effective Date	

treatment administration, a licensed Registered Nurse who: (1) reviews information about the participant's health; (2) based on this review, provides recommendations to the participant on how to have these needs met in the community; and (3) in collaboration with the participant, develops care protocols for the participant to use when the participant trains staff.

- B. In the event the person is not able to perform and train on self-medication and treatment administration but all health needs, including medication and treatment administration, are performed gratuitously by unpaid caregivers, the Nurse Consultant: (1) reviews information about the participant's health needs; (2) based on this review, provides recommendations to the participant and his or her gratuitous caregivers on how to have these needs met in the community; and (3) in collaboration with the participant and gratuitous caregivers, develops care protocols for the participant and gratuitous care givers that describes the health services to be delivered gratuitously.
- C. At a minimum, Nurse Consultation services must include:
1. Performance of a Comprehensive Nursing Assessment to identify health issues and assist the participant, and his or her gratuitous caregivers, to understand the participant's health needs and risks in order to develop health protocols that guide the participant and or gratuitous care provider in performing health tasks;
  2. Completion of the Medication Administration Screening Tool, both on an annual basis and when the Nurse Consultant is notified of any changes in the cognitive status of the participant, to determine the level of support needed for medication administration;
  3. Review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist the participant to understand his or her health needs and to develop recommendations for obtaining service in the community;
  4. ~~Provides~~ Provides Recommendations to the participant, and his or her gratuitous caregivers, for accessing health services that are available in the community and other community resources.
- D. In addition, Nurse Consultation services may also include, as appropriate, to address the participant's needs:
1. Reviewing and developing communication systems the participant may need to communicate effectively with all health care providers working to ensure the health of the participant (licensed and unlicensed) and the community to ensure community awareness of the lifesaving medical equipment in use by the participant in the event of an emergency or power loss.
  2. Developing emergency protocols, as needed, to guide the participant and his or her staff in responding to an emergency, including accessing emergency services available in the community.

#### SERVICE REQUIREMENTS:

- A. To qualify for this service, the participant must:
1. Be an adult who is 21 years of age;
  2. Live in his or her own home or the family home;
  3. Receive gratuitous (unpaid) provision of care to meet health needs or be assessed as able to perform and train on treatments of a routine nature and self-medications; and
  4. Employs his/her own staff.
- B. This service cannot be provided in a DDA-licensed residential or day site.
- C. A participant may qualify for this service if he or she is either: (1) enrolled in the Self-Directed Services Program; or (2) receiving Supported Living services from a DDA-licensed provider in his or her own home or family home. However, the services the participant receives under either the Self-Directed Services or Supported Living services model must be exempt from delegation of nursing tasks as identified above in subsection A's qualifications as per COMAR 10.27.11.01B related to gratuitous health services.

State:	
Effective Date	

- D. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including ~~but not limited to~~ a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine-Case Management (REM) is providing staff for the provision of nursing and health services.
- E. ~~The~~ Nurse Consultation services must include a documented review of the participant's health needs, including comprehensive nursing assessment and protocols, no more frequently than every three (3) months. All resulting revisions to protocols and recommendations completed must be documented by the RN.
- F. If the participant was identified in previous assessments to be able to meet criteria for Nurse Consultation but is found during the administration of the Medication Administration Screening Tool to no longer meet criteria (i.e., is unable to self-medicate), and care needs are not able to be met gratuitously, then the DDA will determine if the participant's health care needs can be met through Nurse Health Case Management and Delegation, another nursing-related waiver service.
- G. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Consultation services unless approved by the DDA.
- H. Nurse Consultation services may be provided before the effective date of the participant's eligibility for waiver services for participants interested in the Self-Directed Service Delivery models Program based on preauthorization from the DDA and paid as an administrative service.
- I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.
- J. Nurse Consultation services are not available to participants receiving supports in other Nursing services, including Nurse Health Case Management and Nurse Case Management and Delegation Services.
- K. Nurse Consultation services are not available at the same time as the direct provision of Career Exploration, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Supported Employment, or Transportation services.
- L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- M. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Assessment and document revisions and recommendations of the participant's health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.

State:	
Effective Date	

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Registered Nurse			Nursing Services Provider	
<b>Provider Qualifications</b>						
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)	
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license				<p>Individuals must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Possess a valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;</li> <li>3. Be active on the DDA registry of DD RN CM/DNs;</li> <li>4. Complete the online HRST Rater and Reviewer training;</li> <li>5. Attend mandatory DDA trainings;</li> <li>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</li> <li>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>10. Have Commercial Liability Insurance;</li> <li>11. Complete required orientation and training designated by DDA;</li> <li>12. Complete necessary pre/in-service training based on the Person-Centered</li> </ol>	

State:	
Effective Date	

			<p>Plan and DDA required training prior to service delivery;</p> <p>13. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>15. Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p>16. Have a signed Medicaid provider agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 10 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Nursing Services <a href="#">Agency Provider</a>			<p>Agencies must meet the following standards:</p> <p>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards:</p> <p>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal</p>

State:	
Effective Date	



			<p>requirements, applicable laws, and regulations;</p> <p>D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide nursing services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-<a href="#">State-state</a> or out-of-<a href="#">State-state</a> entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>F. Have Workers' Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications; and</p> <p>L. Have a signed DDA Provider</p>
--	--	--	---

State:	
Effective Date	



			<p>Agreement to Conditions for Participation.</p> <ol style="list-style-type: none"> <li>2. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u> <del>Agreement</del>;-</li> <li>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</li> <li>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <u>Assessments and</u> Taxation.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Possess <u>a</u> valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;</li> <li>3. Be active on the DDA registry of DD RN CM/DNs;</li> <li>4. Complete the online HRST Rater and Reviewer training;</li> <li>5. Attend mandatory DDA trainings;</li> <li>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</li> <li>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>8. Possess a valid driver's license, if the operation of a vehicle is necessary to</li> </ol>
--	--	--	--

State:	
Effective Date	

			provide services; 9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 10. Complete <u>the</u> required orientation and training designated by DDA; and 11. Complete <u>the</u> necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Registered Nurse	1. DDA for approved Registered Nurses 2. FMS provider, as described in Appendix E, for participants self-directing services		1. DDA – Initial and <u>annually at least every three years</u> 2. FMS – Initially and continuing thereafter
Nursing Services <u>Agency</u> Provider	1. DDA for approval of providers 2. Nursing Service Agency for verification of staff member's licenses, certifications, and training		1. DDA – Initial and <u>annually at least every three years</u> 2. Nursing Services Provider – prior to service delivery and continuing thereafter

Service Type: Other

**Service (Name): NURSE HEALTH CASE ~~MANAGEMENT~~ MANAGEMENT**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
05: Nursing	05020 skilled nursing
Service Definition (Scope):	
<p>A. Nurse Health Case Management services provides participants a licensed Registered Nurse (RN), when direct support staff are employed by a DDA provider agency to perform health services other than medication and treatment administration, who: (1) reviews the participant's health services and supports as part of a collaborative process; (2) assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet the participant's health needs; and (3) uses available resources to promote quality participant health outcomes and cost effective care.</p> <p>B. At a minimum, Nurse Health Case Management services includes:</p> <p>1. <del>Performance</del> <u>Performing</u> of a comprehensive nursing assessment of the participant identifying his or her health, medical appointment, and nursing needs;</p>	

State:	
Effective Date	

2. Reviewing of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist the participant and the team to understand his or her health needs and to make recommendations to the participant and the team for obtaining services in the community;
  3. ~~Completion~~ Completing of the DDA Medication Administration Screening Tool, minimally annually and when any significant changes in the cognitive status of the participant occurs, to determine or verify the level of support needed for medication administration;
  4. Reviewing the participant's health services and supports delivered by the DDA provider agency direct support staff for safe, appropriate and cost-effective health care as per Maryland Board of Nursing (MBON) definition of case management;
  5. Providing recommendations to the team for accessing needed health services that are available in the community and other community resources;
  6. Communicating with the participant and his or her person-centered planning team members to ensure the team has all appropriate health information and recommendations related to the provision of health services provided via the DDA community provider agency staff;
  7. Developing health care plans and protocols, as needed, that direct the DDA licensed provider staff in the provision of health services to be performed that include (1) Activities of Daily Living (ADL) performance, (2) emergency intervention and (3) other health monitoring provided by the DDA licensed provider staff
  8. ~~Completes~~ Completing training, supervision, evaluation and remediation on all health services provided by the DDA licensed provider staff as identified in (1) Nursing Care Plans that direct the provision of health services to include ADL service and health monitoring and (2) emergency health protocols;
  9. Monitoring the health services delivered by the DDA- licensed community staff for compliance with the Nursing Care Plan; and,
  10. Monitoring health data collected by the DDA-licensed community provider staff as directed by the Nursing Care Plan.
- C. In the provision of Nurse Health Case Management Services, the RN will collaborate with the DDA licensed provider agency in the development of policies and procedures required for delegation of any nursing tasks in accordance with COMAR 10.27.11.

#### SERVICE REQUIREMENTS:

- A. The participant may qualify for this service if he or she is: (1) able to perform self-medication and treatments as determined by the Nurse Health Case Manager; (2) medications and treatments are provided for using the exemption from delegation from the MBON related to the gratuitous provision of care; or (3) direct support staff performing health services are employed by a DDA- licensed community provider.
- B. A participant may qualify for this service if he or she is: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community provider site, including ~~but not limited to~~ residential, day, or employment type services; (2) receiving Personal Support services from a DDA licensed community provider; or (3) receiving services under the Self-Directed Services delivery model, when direct support staff are employed by a DDA-licensed community provider.
- C. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including ~~but not limited to~~ a hospital or a nursing facility or rehabilitation facility or when Rare and Expensive Medicine-Case Management (REM) is providing nursing services that includes staffing.
- D. Prior to initiation of the service, the Nurse Health Case Manager is required to determine that the participant is able to perform self-medication and treatments. If unable to perform self-medication and treatments, the

State:	
Effective Date	

Nurse Health Case Manager is to: (1) verify that the medications and treatments are provided for by unpaid supports; or (2) ensure that the direct support staff are employed by a DDA licensed community provider.

- E. Self-Medication and treatment performance is determined by the Nurse Health Case Management Service using the DDA approved Medication Administration Screening Tool.
- F. This service is not available to a participant if the participant: (1) cannot perform self-medication and treatments; (2) medications and treatments are provided for by paid direct support staff; or (3) the direct support staff is not employed by a DDA community provider. The Nurse Health Case Manager will determine the appropriateness of other nursing-related services such as Nurse Health Case Management and Delegation Service or Nurse Consultation service.
- G. The Nurse Health Case Management Services must include documented review of the participant's health needs, including comprehensive nursing assessment and care plans and protocols, every three (3) months and minimally an annual review or completion of the Medication Administration Screening Tool to verify ability to perform tasks of self-medication. All resulting revisions, recommendations, remediation, and training completed must be documented by the RN.
- H. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Health Case Management services [unless approved by the DDA](#).
- I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant's file.
- J. Nurse Health Case Management services are not available to participants receiving supports in other Nursing services including Nurse Consultation, and Nurse Case Management and Delegation Services.
- K. Nurse Health Case Management services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.
- L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- M. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Nurse Health Case Management services are limited up to a four (4) hour period within a three (3) month period.

State:	
Effective Date	

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian	
<b>Provider Specifications</b>							
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Registered Nurse			Nursing Services Provider		
<b>Provider Qualifications</b>							
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)		
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license				<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Possess a valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;</li> <li>3. Be active on the DDA registry of DD RN CM/DNs;</li> <li>4. Complete the online HRST Rater and Reviewer training;</li> <li>5. Attend mandatory DDA trainings;</li> <li>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</li> <li>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>10. Have Commercial Liability Insurance;</li> <li>11. Complete required orientation and training designated by DDA;</li> <li>12. Complete necessary pre/in-service training based on the Person-</li> </ol>		

State:	
Effective Date	

			<p>Centered Plan and DDA required training prior to service delivery;</p> <p>13. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>15. Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p>16. Have a signed Medicaid <a href="#">provider Provider A</a> agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 10 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Nursing Services <a href="#">AgencyProvider</a>			<p>Agencies must meet the following standards:</p> <p>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards:</p> <p>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local,</p>

State:	
Effective Date	

			<p>State, and federal requirements, applicable laws, and regulations;</p> <p>D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide nursing services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>F. Have Workers' Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or</p>
--	--	--	--

State:	
Effective Date	



			<p>trainings as required to perform services;</p> <ul style="list-style-type: none"> <li>J. Complete required orientation and training;</li> <li>K. Comply with the DDA standards related to provider qualifications; and</li> <li>L. Have a signed DDA Provider Agreement to Conditions for Participation.</li> <li>M. Have a signed Medicaid provider agreement.</li> <li>N. Have documentation that all vehicles used in the provision of services have automobile insurance; and</li> <li>O. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</li> </ul> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ul style="list-style-type: none"> <li>1. Possess <a href="#">a</a> valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;</li> <li>3. Be active on the DDA registry of DD RN CM/DNs;</li> <li>4. Complete the online HRST Rater and Reviewer training;</li> <li>5. Attend mandatory DDA trainings;</li> <li>6. Attend a minimum of two (2) DDA</li> </ul>
--	--	--	---

State:	
Effective Date	



			<p>provided nurse quarterly meetings per fiscal year;</p> <ol style="list-style-type: none"> <li>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>10. Complete required orientation and training designated by DDA; and</li> <li>11. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery.</li> </ol>
--	--	--	---

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse	<ol style="list-style-type: none"> <li>1. DDA for approved Registered Nurses</li> <li>2. FMS provider, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <del>annually</del> <u>at least every three years</u></li> <li>2. FMS – initially and continuing thereafter</li> </ol>
Nursing Services <del>Agency</del> Provider	<ol style="list-style-type: none"> <li>1. DDA for approval of providers</li> <li>2. Nursing Service Agency for verification of staff member's licenses, certifications, and training</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <del>annually</del> <u>at least every three years</u></li> <li>2. Nursing Services Provider – prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other

State:	
Effective Date	

**Service (Name): NURSE CASE ~~MANAGEMENT~~ MANAGEMENT AND DELEGATION SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
05: Nursing	05020 skilled nursing
Service Definition (Scope):	
<p>A. Nurse Case Management and Delegation Services provides participants a licensed Registered Nurse (the “RN Case Manager &amp; Delegating Nurse” or “RN CM/DN”) who: (1) provides health case management services (as defined below); and (2) delegates nursing tasks for an unlicensed individual to perform acts that may otherwise be performed only by a RN or Licensed Practical Nurse (LPN), as appropriate and in accordance with applicable regulations.</p> <p>B. At a minimum, Nurse Health Case Management services includes:</p> <ol style="list-style-type: none"> <li>1. Performance of a comprehensive nursing assessment of the participant identifying his or her health, medical appointment, and nursing needs;</li> <li>2. Review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist the participant to understand his or her health needs and to develop a plan for obtaining health services in the community;</li> <li>3. Completion of the Medication Administration Screening Tool, both on an annual basis and when any significant changes in the health of the participant occurs, to determine the level of support needed for medication administration;</li> <li>4. Review the participant’s health services and supports to promote quality client outcomes and cost effective care according to the Maryland Board of Nursing regulations;</li> <li>5. Providing recommendations to the participant, caregivers under delegation of the RN, and the team for health care services that are available in the community;</li> <li>6. Communicating with the participant and his or her person-centered planning team members in order that the team can coordinate services and supports to meet the participant’s health needs;</li> <li>7. Develop health care plans and protocols, as needed, that direct the paid direct support staff in the provision of health services to be performed that include (a) administration of medications, (b) performance of medical and nursing treatments, (c) activities of daily living (ADL) performance, and (d) identifying and intervening in an emergency;</li> <li>8. Completion of training, supervision, evaluation and remediation on all health services provided under the delegation of the RN by the paid staff as identified in the Nursing Care Plans;</li> <li>9. Monitoring services delivered under delegation of the RN by direct support staff for compliance with the Nursing Care Plan; and;</li> <li>10. Monitoring health data obtained by direct support staff under the delegation of the RN and as directed in the Nursing Care Plan.</li> </ol> <p>C. Delegation of Nursing Tasks services includes:</p> <ol style="list-style-type: none"> <li>1. Assessment of (a) the needs and abilities of the participant; (b) direct care staff performance of delegated nursing tasks; and (c) the environment of service or care delivery;</li> <li>2. Delegation of the performance of nursing tasks (<i>i.e.</i>, acts of a licensed nurse that include medication administration and treatment administration) to unlicensed direct care staff that may be Certified Medication Technicians (“CMT”), Certified Nursing Assistant (“CNA”), or other Unlicensed Assistive Personnel (“UAP”) in accordance with applicable Maryland Board of Nursing regulations;</li> <li>3. Training, supervision, and remediation of unlicensed direct care staff who provide health services under</li> </ol>	

State:	
Effective Date	

- the delegation of the RN (e.g., administration of medication, treatments, and Activities of Daily Living (ADL) care, health monitoring) as required by applicable Maryland Board of Nursing regulations; and
4. Provision of On-Call service, to paid direct support staff that are performing delegated nursing tasks, while delegation is occurring, for up to 24 hours per day, 365 days per year as required by applicable Maryland Board of Nursing regulations.

D. In provision of Nurse Health Case Management and Delegation Services, the RN CM/DN will collaborate with the DDA licensed provider agency or Self-Directed Service participant in the development of policies and procedures required for delegation of any nursing tasks in accordance with COMAR 10.27.11.

#### SERVICE REQUIREMENTS:

- A. A participant may qualify for this service if he or she is either: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community provider site, including residential, day, or employment type services; (2) receiving Personal Support services; or (3) enrolled in the Self-Directed Services Program.
- B. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including ~~but not limited to~~ a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine Case Management (REM) is providing staff for the provision of nursing and health services.
- C. In order to access services, all of the following criteria must be met:
  1. Participant's health conditions must be determined by the RN CM/DN to meet applicable delegation criteria (i.e. be chronic, stable, routine, predictable and uncomplicated) and nursing tasks are assessed to be eligible for delegation as per the Maryland Board of Nursing regulations at COMAR 10.27.11.
  2. Participant must require delegation as assessed by the RN as being unable to perform his or her own care. This includes the use of the Medication Administration Screening Tool to determine the need for delegation of medication.
  3. The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the RN CM/DN's assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05.
- D. Under this service: RN CM/DN must assess the participant and his or her staff, the environment, and care plan at least once every 45 days, or more often as indicated by the participant's health condition, in accordance with the Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11. All resulting revisions, recommendations, remediation and training completed must be documented by the RN CM/DN.
- E. The RN CM/DN may delegate performance of nursing tasks to the participant's appropriately trained and/or certified paid caregivers which may include spouse, parent, legal guardian, siblings, adult children, and licensed provider agency staff. When the delegation is for medication administration, the paid caregiver must be a Certified Medication Technician in accordance with Maryland Board of Nursing requirements.
- F. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Case Management and Delegation Services unless approved by the DDA.
- G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.

State:	
Effective Date	

- H. Nurse Case Management and Delegations Services are not available to participants receiving supports in other Nursing services including Nurse Consultation, and Nurse Health Case Management.
- I. Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.
- J. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- ~~J-K~~ Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The frequency of assessment is minimally every 45 days, but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation. This is a person centered assessment and evaluation by the RN that determines duration and frequency of each assessment.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian	
<b>Provider Specifications</b>							
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:			<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Registered Nurse				Nursing Services Provider	
<b>Provider Qualifications</b>							
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)		
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license				Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards: <ol style="list-style-type: none"> <li>1. Possess a valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse</li> </ol>		

State:	
Effective Date	

			<p>(CM/DN) Orientation;</p> <ol style="list-style-type: none"> <li>3. Be active on the DDA registry of DD RN CM/DNs;</li> <li>4. Complete the online HRST Rater and Reviewer training;</li> <li>5. Attend mandatory DDA trainings;</li> <li>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</li> <li>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>10. Have Commercial Liability Insurance;</li> <li>11. Complete required orientation and training designated by DDA;</li> <li>12. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li>13. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</li> <li>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>15. Have a signed DDA Provider Agreement to Conditions for Participation; and</li> <li>16. Have a signed Medicaid <del>provider</del> <a href="#">Provider Agreement</a>.</li> </ol> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 9 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
--	--	--	--

State:	
Effective Date	

<p>Nursing Services <a href="#">Agency Provider</a></p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards:               <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application:                   <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide nursing services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> </li> </ol> </li> </ol>
---	--	--	---

State:	
Effective Date	

			<p>E. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>F. Have Workers' Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications; and</p> <p>L. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid <del>provider</del> <a href="#">Provider agreement</a>.</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or</p>
--	--	--	---

State:	
Effective Date	



			<p>spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Possess valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;</li> <li>3. Be active on the DDA registry of DD RN CM/DNs;</li> <li>4. Complete the online HRST Rater and Reviewer training;</li> <li>5. Attend mandatory DDA trainings;</li> <li>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</li> <li>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>10. Complete required orientation and training designated by DDA; and</li> <li>11. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery.</li> </ol>
--	--	--	--

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse	<ol style="list-style-type: none"> <li>1. DDA for approved Registered Nurses</li> <li>2. FMS provider, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <u>annually at least every three years</u></li> <li>2. FMS – initially and continuing thereafter</li> </ol>
Nursing Services <u>Agency</u> Provider	<ol style="list-style-type: none"> <li>1. DDA for approval of providers</li> <li>2. Nursing Service Agency for verification of staff member's licenses, certifications, and training</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <u>annually at least every three years</u></li> <li>2. Nursing Services Provider – prior to service delivery and continuing thereafter</li> </ol>

State:	
Effective Date	



Service Type: Other

**Service (Name): PARTICIPANT EDUCATION, TRAINING AND ADVOCACY SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
13: Participant Training	13010 participant training
Service Definition (Scope):	
<p>A. Participant Education, Training and Advocacy Supports provides training programs, workshops and conferences that help the participant develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.</p> <p>B. Covered expenses include, <del>but are not limited to</del>:</p> <ol style="list-style-type: none"> <li>1. Enrollment fees associated with for training programs, conferences, and workshops,</li> <li>2. Books and other educational materials, and</li> <li>3. Transportation related to participation in training courses, conferences and other similar events.</li> </ol> <p><b>SERVICE REQUIREMENTS:</b></p> <p>A. Participant Education, Training and Advocacy Supports may include education and training for participants directly related to building or acquiring <del>such</del> skills.</p> <p>B. Support needs for education and training are identified in the participant's Person-Centered Plan.</p> <p>C. Participant Education, Training and Advocacy Supports does not include tuition or air fare.</p> <p>D. Participant Education, Training and Advocacy Supports does not include the cost of meals or overnight lodging as per federal requirements.</p> <p>E. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services must be explored and exhausted <u>to the extent applicable</u>. These efforts must be documented in the participant's file.</p> <p>F. Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.</p> <p>G. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<ol style="list-style-type: none"> <li>1. Participant Education, Training and Advocacy Supports is limited to 10 hours of training per participant per year.</li> <li>2. The amount of training or registration fees for registrations costs at specific training events, workshops,</li> </ol>	

State:	
Effective Date	

seminars or conferences is limited to \$500 per participant per <del>fiscal</del> year.				
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Participant Support Professional		Participant Education, Training and Advocacy Supports Agency
<b>Provider Qualifications</b>				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Participant Support Professional			<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor's Degree, professional license, certification by a nationally recognized program, or demonstrated life experiences and skills to provide the service;</li> <li><del>3. Possess current first-aid and CPR certification;</del></li> <li><del>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2 a;</del></li> <li><del>5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</del></li> <li><del>Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del></li> <li><del>6-3.</del> Complete required orientation and training designated by DDA;</li> <li><del>7-4.</del> Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li><del>8-5.</del> Have three (3) professional references which attest to the provider's ability to deliver the support/service in</li> </ol>	

State:	
Effective Date	

			<p>compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p><del>9-6.</del> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p><del>10-7.</del> Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p><del>11-8.</del> Have a signed Medicaid <del>provider</del> <u>Provider agreement</u> Agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 <del>through and 6-2</del> noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Participant Education, Training and Advocacy Supports Agency			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p>
--	--	--	---

State:	
Effective Date	

			<ol style="list-style-type: none"> <li>2. Have a signed Medicaid provider agreement;</li> <li>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</li> <li>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a></p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor's Degree, professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;</li> <li><del>3. Possess current first aid and CPR certification;</del></li> <li><del>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del></li> <li><del>5.</del>3. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li><del>6.</del>4. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery.</li> <li><del>7. Possess a valid driver's license, if the operation of a vehicle is necessary to</del></li> </ol>
--	--	--	--

State:	
Effective Date	

			<del>provide services; and</del> <del>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</del>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Participant Support Professional	1. DDA for approved Participant Support Professional 2. FMS provider, as described in Appendix E, for participants self-directing services		1. DDA – Initial and <del>annually</del> <u>at least every three years</u> 2. FMS provider - prior to service delivery and continuing thereafter
Participant Education, Training and Advocacy Supports Agency	1. DDA for approval of Participant Education, Training and Advocacy Supports Agency 2. Provider for staff standards		1. DDA - Initial and <del>annually</del> <u>at least every three years</u> 2. Provider - Prior to service delivery and continuing thereafter

Service Type: Statutory Service  
 Service (Name): Habilitation

### Alternative Service Title: PERSONAL SUPPORTS

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
8: Home-Based Services	08010 home-based habilitation
Service Definition (Scope):	
<p>A. Personal Supports are individualized supports, delivered in a personalized manner, to support independence in a participant's own home and community in which the participant wishes to be involved, based on their personal resources.</p> <p>B. Personal Supports services assist participants who live in their own or family homes with acquiring and building the skills necessary to maximize their personal independence. These services include:</p> <p><u>1. In home skills development including budgeting and money management; completing homework; maintaining a bedroom for a child or home for an adult; being a good tenant; <del>cooking</del> meal preparation; personal care; house cleaning/chores; and laundry;</u></p> <p><u>2. Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which participants integrate, engage and navigate their lives at home and in the community. They may include the development of skills or providing supports that make it possible for participants and families to lead full integrated lives (e.g.</u></p>	

State:	
Effective Date	

grocery shopping; [banking](#); getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities); and

[3.](#) Personal care assistance services during in-home skills development and community activities. Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring.

#### SERVICE REQUIREMENTS:

- A. Personal Supports services under the waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.
- B. Staffing is based on level of service need.
- C. Effective July 1, 2018, the following criteria will be used for participants to access Personal Supports:
  1. Participant needs support for community engagement (outside of meaningful day services) or home skills development; and
  2. This service is the most cost-effective service to meet the participant's needs.
- D. Under the self-directed services delivery model, this service includes funding for staff benefits and leave time subject to the following requirements:
  1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
  2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local [employment](#) laws, ~~and~~
  3. All funded benefits and leave time shall be included in and be part of the participant's annual budget; ~~and~~ [and](#)
  4. There is no restriction on the participant funding additional benefits or leave time (or both) from the participant's personal funds. However, such additional funds will not be included in the participant's annual budget and will not be paid in any way by the DDA. The participant shall be responsible for ensuring any additional benefits or leave time that the participant personally funds comply with any and all applicable laws.
- E. Personal Support Services includes the provision of supplementary care [by legally responsible persons](#) necessary to meet the ~~child's participant's~~ exceptional care needs due to the ~~child's participant's~~ disability that are above and beyond the typical, basic care for a [legally responsible person would ordinarily perform or be be responsible to perform on behalf of a waiver participant.](#) ~~child that all families with children may experience.~~
- F. Personal Supports are available:
  1. Before and after school; ~~and~~
  2. Any time when school is not in session; ~~and~~
  3. Before and after meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation); ~~and~~
  4. On nights and weekends.

State:	
Effective Date	



- G. Under self-directing services, the following applies:
1. Participant, legal guardian, or ~~their~~ his/her designated authorized representative self-directing services are considered the employer of record;
  2. Participant, legal guardian, or ~~his/her~~ their authorized designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;
  3. Personal Support Services includes the costs associated with staff training such as First Aid and CPR;
  4. Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. In these situations, the cost are billed to Medicaid as an administrative cost; and
  5. Personal Support Services staff, with the exception of legal guardians and relatives, must be compensated over-time pay, as per the Fair Labor Standards Act from the self-directed budget.
- H. From July 1, 2018 through June ~~30~~, 2019, transportation costs associated with the provision of personal supports outside the participant's home will be covered under the stand alone transportation services and billed separately. Beginning July 2019, transportation costs associated with the provision of services ~~outside the participant's home~~ will be covered within the new rate or self-directed budget.
- I. Personal care assistance services must be provided in combination with home skills development or community integration and engagement skills development and may not comprise the entirety of the service.
- J. A legally responsible individual (who is not a spouse) and relative of a participant may be paid to provide this service in accordance with the applicable requirements set forth in Section Appendix C-2.
- K. From July 1, 2018 through June ~~30~~, 2019, Personal Support services may include professional services (i.e. nursing services) not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the new stand alone nursing services and behavioral support services.
- L. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.
- M. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- N. Personal Supports services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Respite Care Services, Supported Employment, Supported Living, or Transportation services.
- O. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

State:	
Effective Date	



Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
1. Legal guardians and relatives may not be paid for greater than 40-hours per week for services <del>rendered to any Medicaid participant</del> , unless otherwise approved by the DDA.						
2. Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA.						
<b>Service Delivery Method</b> (check each that applies):	X	Participant-directed as specified in Appendix E			X	Provider managed
Specify whether the service may be provided by (check each that applies):	X	Legally Responsible Person	X	Relative	X	Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s) (check one or both):	X	Individual. List types:		X	Agency. List the types of agencies:	
		Personal Support Professional			Personal Supports Provider	
<b>Provider Qualifications</b>						
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)	
Personal Supports Professional					Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards: 1. Be at least 18 years old; 2. Have a GED or high school diploma; 3. Possess current first aid and CPR certification; 4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; 5. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians; 6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; 7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; 8. Three (3) years experience providing	

State:	
Effective Date	

			<p>the direct service or support (e.g. training on money management, time management and community resources) to individuals with developmental disabilities or a similar population;</p> <ol style="list-style-type: none"> <li>9. Complete required orientation and training designated by DDA;</li> <li>10. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li>11. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</li> <li>12. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>13. Have a signed DDA Provider Agreement to Conditions for Participation; and</li> <li>14. Have a signed Medicaid <del>provider</del> <a href="#">Provider agreement</a>.</li> </ol> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Participants in self-directing services, as the employer, may require additional <a href="#">reasonable</a> staffing requirements based on their preferences and level of needs.</p>
Personal Support Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed or approved Personal Supports providers, demonstrate the capability to provide or arrange for the provision of all personal support services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide personal support services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation</p>
--	--	--	---

State:	
Effective Date	

			<p>Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and as per DDA policy;</p> <p>J. Submit documentation of staff certifications, licensees, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications and;</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid provider agreement;</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities and be in good standing with the IRS, and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency, as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <p>1. Be at least 18 years old;</p> <p>2. Have a GED or high school diploma;</p>
--	--	--	--

State:	
Effective Date	

			<ol style="list-style-type: none"> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery;</li> <li>7. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</li> <li>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; and</li> <li>10. Staff providing training on money management, time management and community resources must have performed training on these topics in the previous two (2) years.</li> </ol>
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>	
Personal Support Professional	<ol style="list-style-type: none"> <li>1. DDA for approved Personal Support Professional</li> <li>2. Fiscal Management Service (FMS) providers, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and <del>annually</del> <u>at least every three years</u></li> <li>2. FMS provider - prior to service delivery and continuing thereafter</li> </ol>	
Personal Support Provider	<ol style="list-style-type: none"> <li>1. DDA for verification of approved provider</li> <li>2. Provider for staff licenses, certifications, and training</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and <del>annually</del> <u>at least every three years</u></li> <li>2. Provider – prior to service delivery and continuing thereafter</li> </ol>	

State:	
Effective Date	

Service Type: Other

**Service (Name): REMOTE ~~MONITORING~~ SUPPORT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
Table 14: Equipment, Technology, and Modifications Subcategories	14031 equipment and technology
Service Definition (Scope):	
<p>A. Remote <del>Electronic Monitoring</del> <u>Support Services</u> provide oversight and monitoring within the participant's home through an off-site electronic support system in order to reduce or replace the amount of staffing a participant needs.</p> <p>B. Remote <del>Electronic Monitoring</del> <u>Support Services</u> Service includes:</p> <ol style="list-style-type: none"> <li>1. Electronic support system installation, repair, maintenance, and back-up system;</li> <li>2. Training and technical assistance for the participant and his or her support network;</li> <li>3. Off-site system monitoring staff; and</li> <li>4. Stand-by intervention staff for notifying emergency personnel such as police, fire, and back-up support staff.</li> </ol> <p>SERVICE REQUIREMENTS:</p> <p>A. Before a participant may request this service, the participant's team must conduct a preliminary assessment for appropriateness in ensuring the health and welfare of the all individuals in the residence. The preliminary assessment must be documented in the participant's Person-Centered Plan.</p> <p>B. Remote <del>Electronic Monitoring</del> <u>Support Services</u> <del>is</del> <u>are</u> only available for individuals aged 18 or older.</p> <p>C. Each individual residing in the residence, his or her legal guardians, and teams must be made aware of both the benefits and risks of the Remote <del>Electronic Monitoring</del> <u>Support Services</u> Service. Informed consent must be obtained for all individuals in the residence.</p> <p>D. This service must be designed and implemented to ensure the need for independence and privacy of the participant who receives services in their own home.</p> <p>E. Remote <del>Electronic Monitoring</del> <u>Support Services</u> must be done in real time, by awake staff at a monitoring base using <u>one or more of the following</u>:</p> <ol style="list-style-type: none"> <li>1. Live two way communication with the participant being monitored;</li> <li>2. Motion sensing systems;</li> <li>3. Radio frequency identification;</li> <li>4. Web-based monitoring systems; and</li> <li>5. Other devices approved by the DDA.</li> </ol> <p>F. Use of the system may be restricted to certain hours as indicated in the participant's Person-Centered Plan.</p> <p>G. To be reimbursed for operating an electronic <del>monitoring and</del> support system, a provider must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. The system to be installed must be preauthorized by the DDA.</li> </ol>	

State:	
Effective Date	

	<p>2. The provider must have written policies in effect, which detail how the participant's privacy and the system's security will be maintained in use of the system, and are approved by the DDA.</p> <p>3. The electronic <del>monitoring</del>/support system and on-site response system must be designed and implemented to ensure the health and welfare of the participant(s) and achieve this outcome in a cost neutral manner.</p>
	H. Time limited direct supports from the existing services are available during transition to remote monitoring.
	I. Remote <del>Electronic Monitoring</del> Support Services <del>are</del> is not available to participants receiving support services in Community Living-Enhanced Supports or Shared Living services.
	J. <u>Remote Electronic Monitoring services should be implemented in a cost neutral manner with exception due to unique circumstances.</u>
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<u>This service may not exceed \$6,000 per year per home.</u>	
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/> Participant-directed as specified in Appendix E
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/> Legally Responsible Person
	<input type="checkbox"/> Relative
	<input type="checkbox"/> Legal Guardian
<b>Provider Specifications</b>	
<b>Provider Category(s)</b> <i>(check one or both):</i>	<input type="checkbox"/> Individual. List types:
	<input checked="" type="checkbox"/> Agency. List the types of agencies:
	Remote Electronic Monitoring Provider
	<u>Organized Health Care Delivery System Provider</u>
<b>Provider Qualifications</b>	
<b>Provider Type:</b>	<b>License (specify)</b>
Remote <u>Monitoring Support Services Agency-Provider</u>	<b>Certificate (specify)</b>
	<b>Other Standard (specify)</b>
	Agencies must meet the following standards: 1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland; B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services; C. Have a governing body that is legally responsible for overseeing

State:	
Effective Date	

			<p>the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Demonstrate the capability to provide or arrange for the provision of all services and supports by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide remote monitoring services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>F. Have Workers' Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform</p>
--	--	--	--

State:	
Effective Date	



			<p>services;</p> <p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications; and</p> <p>L. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Assure that the system will be monitored by a staff person trained and oriented to the specific needs of each participant served as outlined in his or her Person-Centered Plan-;</p> <p>3. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u>Agreement-;</p> <p>4. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>5. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <u>Assessments and Taxation</u>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <p>1. Be at least 18 years old;</p> <p>2. Assure that the stand-by intervention (float) staff meet required credentials, license, certification, and training;</p> <p><del>3. Possess current first aid and CPR certification;</del></p> <p><del>4.3.</del> Pass a criminal background investigation and any other required background checks and credentials</p>
--	--	--	--

State:	
Effective Date	

			<p>verifications as provided in Appendix C-2-a;</p> <p><del>5.4.</del> Complete necessary pre/in-service training based on the Person-Centered Plan;</p> <p><del>6.5.</del> Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery.</p> <p><del>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</del></p> <p><del>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</del></p>
<u>Organized Health Care Delivery System Provider</u>			<p><u>Agencies must meet the following standards:</u></p> <ol style="list-style-type: none"> <li><u>1. Be approved or licensed by the DDA to provide at least one Medicaid waiver service; and</u></li> <li><u>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</u></li> <li><u>3. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</u></li> </ol> <p><u>OHCDs providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.</u></p> <p><u>Remote Support Services providers must:</u></p> <ol style="list-style-type: none"> <li><u>1. Assure that the system will be monitored by a staff person trained and oriented to the specific needs of each participant served as outlined in his or her Person-Centered Plan; and</u></li> <li><u>2. Have documentation that all vehicles used in the provision of services have automobile insurance.</u></li> </ol> <p><u>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant</u></p>

State:	
Effective Date	

			<u>must meet the following minimum standards:</u> <u>1. Be at least 18 years old;</u> <u>2. Assure that the stand-by intervention (float) staff meet required credentials, license, certification, and training;</u> <u>3. Complete necessary pre/in-service training based on the Person-Centered Plan;</u> <u>4. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery.</u>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Remote <del>Monitoring</del> <u>Support Services</u> Provider	1. DDA for verification of approved provider 2. Remote <del>Electronic Monitoring</del> <u>Support Service</u> Provider for verification of staff qualifications		1. DDA – Initial and <del>annually</del> <u>at least every three years</u> thereafter 2. Remote <del>Electronic Monitoring</del> <u>Support Services</u> Provider – prior to service delivery and continuing thereafter
<u>Organized Health Care Delivery System Provider</u>	<u>1. DDA for verification of the OHCDs</u> <u>2. OHCDs provider will verify Remote Support System requirements and qualifications</u>		<u>1. Initial and <del>annually</del> at least every three years</u> <u>2. Prior to service delivery and continuing thereafter</u>

Service Type: Statutory

**Service (Name): RESPITE CARE SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09011 respite, out-of-home
Category 2:	Sub-Category 2:
9: Caregiver Support	09012 respite, in-home
Service Definition (Scope):	
A. Respite is short-term care intended to provide both the family or other primary caregiver and the participant with a break from their daily routines. Respite relieves families or other primary caregivers from their daily care giving responsibilities, while providing the participant with new opportunities, experiences, and	

State:	
Effective Date	

facilitates self-determination.

B. Respite can be provided in:

1. The participant's own home~~,-;~~
2. The home of a respite care provider~~,-;~~
3. A licensed residential site~~,-;~~
4. State certified overnight or youth camps~~,-;~~ and
5. Other settings and camps as approved by DDA.

SERVICE REQUIREMENTS:

- A. Someone who lives with the participant may be the respite provider, as long as she or he is not the person who normally provides care for the participant and is not contracted or paid to provide any other DDA funded service to the participant.
- B. A relative (who is not a spouse or legally responsible person) of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.
- C. A neighbor or friend may provide services under the same [safeguard](#) requirements as defined in Appendix C-2-e.
- D. Receipt of respite services does not preclude a participant from receiving other services on the same day. For example, the participant may receive day services on the same day they receive respite services.

E. Under self-directing services, the following applies:

1. Participant or his/her designated representative self-directing services is considered the employer of record;
2. Participant or his/her designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;
3. Respite Care Services include the cost associated with staff training such as First Aid and CPR;
4. Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. In these situations, the costs are billed to Medicaid as an administrative cost; and
5. Respite Care Services staff, with the exception of legal guardians and relatives, must be compensated overtime pay as per the Fair Labor Standards Act from the self-directed budget.

~~E.F.~~ Payment rates for services must be customary and reasonable, as established by the DDA.

~~F.G.~~ Services can be provided at an hourly rate for 8 hours or less; or at a day rate for over 8 hours, daily.

~~G.H.~~ Respite cannot replace day care while the participant's parent or guardian is at work.

~~H.I.~~ If respite is provided in a private home, the home must be licensed, unless it is the participant's home or the home of a relative, neighbor, or friend.

~~I.J.~~ Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, or insurance fees).

~~J.K.~~ Respite Care Services are not available to participants receiving support services in Community Living-Enhanced Supports, Community Living-Group Home, or Supported Living services.

State:	
Effective Date	

<p><del>K.L.</del> Respite Care Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, <a href="#">Shared Living</a>, Supported Employment, Supported Living, or Transportation services.</p> <p><del>L.M.</del> Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).</p> <p><del>M.N.</del> Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted <a href="#">to the extent applicable</a>. These efforts must be documented in the participant’s file.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
<p><del>Respite services may not exceed 45 20 days or 360 318 hours within a twelve month period year.</del></p> <p>1. The total cost for daily, hourly, and camp cannot exceed \$7,248 within a <del>twelve month period year</del>.</p>					
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>
<b>Provider Specifications</b>					
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Respite Care Supports			Licensed Community Residential Services Provider
		Camp			Respite Care Provider
<b>Provider Qualifications</b>					
Provider Type:	License (specify)	Certificate (specify)		Other Standard (specify)	
Respite Care Supports				Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards: <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Possess current <del>first</del> <a href="#">First Aid</a> and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials</li> </ol>	

State:	
Effective Date	

			<p>verifications as provided in Appendix C-2-;</p> <ol style="list-style-type: none"> <li>Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</li> <li>Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</li> <li>Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>Complete required orientation and training designated by DDA;</li> <li>Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li>Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</li> <li>Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>Have a signed DDA Provider Agreement to Conditions for Participation; and</li> <li>Have a signed Medicaid <del>P</del>provider <a href="#">agreement</a><a href="#">Agreement</a>.</li> </ol> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Participants in self-directing services, as the employer, may require additional <a href="#">reasonable</a> staffing requirements based on their preferences and level of needs.</p>
Camp			<p>Camp must meet the following standards:</p> <ol style="list-style-type: none"> <li>Complete the DDA provider application</li> </ol>

State:	
Effective Date	

			<p>and be approved based on compliance with meeting the following standards:</p> <p>A. Be properly organized as a Maryland corporation or surrounding states, if operating as a foreign corporation, be properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee, including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA approved camps, demonstrate the capability to provide or arrange for the provision services required by submitting, at a minimum, the following documents with the application:</p> <p>(1) A program service plan that details the camp's service delivery model;</p> <p>(2) A summary of the applicant's demonstrated;</p> <p>(3) State certification and licenses as a camp including overnight and youth camps; and</p> <p>(4) Prior licensing reports issued within the previous 5 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If a currently approved camp, produce, upon written request from the DDA, the documents required under D-;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability</p>
--	--	--	--

State:	
Effective Date	

			<p>Insurance;</p> <p>I. Required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Require staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u>;</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p>
Licensed Community Residential Services Provider	Licensed Community Residential Services Provider		<p>Agencies must meet the following standards:</p> <p>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards:</p> <p>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed residential providers, demonstrate</p>

State:	
Effective Date	



			<p>the capability to provide or arrange for the provision of respite care services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide respite care services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D-<a href="#">3</a>;</p> <p>F. Be licensed by the Office of Health Care Quality;</p> <p>G. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>H. Have Workers' Compensation Insurance;</p> <p>I. Have Commercial General Liability Insurance;</p> <p>J. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>K. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>L. Complete required orientation and training;</p> <p>M. Comply with the DDA standards related to provider qualifications; and</p>
--	--	--	---

State:	
Effective Date	

			<p>N. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <ol style="list-style-type: none"> <li>2. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u>Agreement;</li> <li>3. Have documentation that all vehicles used in the provision of services have automobile insurance;</li> <li>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy; and</li> <li>5. Respite care services provided in a provider owned and operated residential site must be licensed.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <u>Assessments and</u> Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Training by participant/family on participant-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);</li> <li>5. Additional requirements based on the participant's preferences and level of needs-;</li> <li>6. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-;</li> <li>7. Complete necessary pre/in-service</li> </ol>
--	--	--	--

State:	
Effective Date	

			<p>training based on the Person-Centered Plan;</p> <ol style="list-style-type: none"> <li>8. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery;</li> <li>9. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</li> <li>10. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</li> <li>11. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</li> </ol>
Respite Care Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements applicable laws, and regulations;</li> <li>D. Except for currently DDA approved respite care providers, demonstrate the capability to provide or arrange for the provision of respite care services required by submitting, at a minimum, the following documents with the application: <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service</li> </ol> </li> </ol> </li> </ol>

State:	
Effective Date	

			<p>delivery model;</p> <p>(2) A business plan that clearly demonstrates the ability of the agency to provide respite care services;</p> <p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under <a href="#">D-2</a>;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid <a href="#">provider Provider agreementAgreement</a>;</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p>
--	--	--	---

State:	
Effective Date	

			<p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Possess current <a href="#">First Aid</a> and CPR certification;</li> <li>4. Training by participant/family on participant-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);</li> <li>5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>6. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>7. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery;</li> <li>8. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians;</li> <li>9. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</li> <li>10. Have automobile insurance for all</li> </ol>
--	--	--	--

State:	
Effective Date	

			<p>automobiles that are owned, leased, and/or hired and used in the provision of services.</p> <p>Camps requirements including:</p> <ol style="list-style-type: none"> <li>1. Be an approved Organized Health Care Delivery Services provider;</li> <li>2. State certification and licenses as a camp, including overnight and youth camps as per COMAR 10.16.06, unless otherwise approved by the DDA; and</li> <li>3. DDA approved camp.</li> </ol>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Respite Care Professional	<ol style="list-style-type: none"> <li>1. DDA for approval of Respite Care Supports</li> <li>2. FMS providers, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <u>annually at least every three years</u></li> <li>2. FMS provider - prior to service delivery and continuing thereafter</li> </ol>	
Camp	<ol style="list-style-type: none"> <li>1. DDA for approval of camps</li> <li>2. FMS providers, as described in Appendix E. for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and <u>annually at least every three years</u></li> <li>2. FMS provider - prior to service delivery and continuing thereafter</li> </ol>	
Licensed Community Residential Services Provider	<ol style="list-style-type: none"> <li>1. DDA for verification of provider license and licensed site</li> <li>2. Licensed Community Residential Services Provider for verification of direct support staff and camps</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and <u>annually at least every three years</u></li> <li>2. Licensed Community Residential Services Provider – prior to service delivery and continuing thereafter</li> </ol>	
DDA Approved Respite Care Provider	<ol style="list-style-type: none"> <li>1. DDA for verification of provider approval</li> <li>2. Respite Care Services Provider for verification of direct support staff and camps</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and <u>annually at least every three years</u></li> <li>2. DDA Approved Respite Care Services Provider – prior to service delivery and continuing thereafter</li> </ol>	

State:	
Effective Date	

Service Type:

**Service (Name): SHARED LIVING**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
02: Round-the-Clock Services	02023 shared living, other
Service Definition (Scope):	
<p>A. Shared Living emphasizes the long-term sharing of lives, forming of caring households, and close personal relationships between a participant and the <del>h</del>Host <del>Home</del>home. It is an arrangement in which a couple or a family in the community share their home and life's experiences with a person with a disability. The approach is based on a mutual relationship where both parties agree to share their lives.</p> <p>B. Shard Living service provides the coordination, oversight and monitoring of <del>Home-home</del> <del>Homes-homes</del> including:</p> <ol style="list-style-type: none"> <li>1. Recruiting for <del>Host-host</del> <del>Homes-homes</del> providers;</li> <li>2. Facilitating recruitment and matching services of participants and <del>Host-host</del> <del>Homes-homes</del> based on the participant's preferences and choice,</li> <li>3. Overseeing quality management and monitoring compliance with program requirements once the arrangement is established; and</li> <li>4. Compensation to <del>Host-host</del> <del>Home-home</del> for additional household cost.</li> </ol> <p>C. Host <del>Home-home</del> supports assure that the participant is safe and free from harm and has the support that he or she needs to take risks and to work and participate in community activities. The primary responsibility of a Host Home is to make a real home where the family or couple providing the home and the participant has a mutually satisfying and meaningful relationship.</p> <p>D. The <del>Host-host</del> <del>Home-home</del> arrangement may be either with:</p> <ol style="list-style-type: none"> <li>1. <u>An individual;</u></li> <li><del>1.2.</del> <u>A couple sharing their home/apartment; or</u></li> <li><del>2.3.</del> <u>A family sharing their home/apartment.</u></li> </ol>	
SERVICE REQUIREMENTS:	
<p>A. Compensation to <del>Host-host</del> <del>Home-home</del> includes transportation costs associated with the provision of service is covered within the rate.</p> <p>B. Effective July 1, 2018, the following criteria will be used for participants to access Shared Living:</p> <ol style="list-style-type: none"> <li>1. Participant does not have family or relative supports; and</li> <li>2. Participant chooses this living option.</li> </ol> <p>C. The Medicaid payment for Shared Living <del>Host-host</del> <del>Home-home</del> services may not include either of the following items from the participant:</p> <ol style="list-style-type: none"> <li>1. Room and board; or</li> <li>2. Any assessed amount of contribution by the participant for the cost of care.</li> </ol> <p>D. The provider must ensure that the home and community-based setting in which the services are provided comply with all applicable federal, State, and local law and regulation, including, but not limited to, 42 C.F.R. § 441.301(c)(4), as amended.</p>	

State:	
Effective Date	

<p>E. From July 1, 2018 through June 1, 2019, Shared Living services may include other services that are integral to meeting the participant's daily needs and professional services (e.g. nursing and behavioral services) not otherwise available under the participant's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the appropriate stand alone waiver services or new waiver services.</p> <p>F. Shared Living services are not available to participants receiving support services in other residential models including Community Living-Group Homes, Community Living-Enhanced Supports, and Supported Living service.</p> <p>G. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives.</p> <p>H. The couple or family who provides the host home and services and supports to the participant shall:</p> <ol style="list-style-type: none"> <li>1. Be chosen by the participant and reflect their preferences and desires; and</li> <li>2. Be compensated for sharing a home and their lives with the participant.</li> </ol>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
<b>Service Delivery Method</b> (check each that applies):		Participant-directed as specified in Appendix E	X	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	Relative	Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) (check one or both):	Individual. List types:	X	Agency. List the types of agencies:	
			Shared Living Provider	
<b>Provider Qualifications</b>				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Shared Living Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards:               <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> </ol> </li> </ol>	

State:	
Effective Date	



			<p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed or approved Shared Living providers, demonstrate the capability to provide or arrange for the provision of all services by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Shared Living services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required</p>
--	--	--	--

State:	
Effective Date	

			<p>criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Be an approved Organized Health Care Delivery System provider;</p> <p>3. Have a signed Medicaid provider agreement;</p> <p>4. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>5. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>.</p> <p>Couple or family who provides the host home and services and supports to the participant shall:</p> <p>1. Be at least 18 years old;</p> <p><a href="#">2. Have a GED or high school diploma;</a></p> <p><del>2-3.</del> Possess current <del>first</del> First Aid and CPR training and certification;</p> <p><del>3-4.</del> Pass a criminal background investigation and any other required</p>
--	--	--	--

State:	
Effective Date	

			background checks and credentials verifications as provided in Appendix C-2-a; <del>4-5.</del> Complete necessary pre/in-service training based on the Person-Centered Plan; <del>5-6.</del> Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; <del>6-7.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; and <del>7-8.</del> Have a service agreement articulating expectations.
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Shared Living Provider	1. DDA for provider approval 2. Shared Living Provider – for verification and completions of couple's or family's training, background check, and service agreement		1. DDA – Initial and <u>annually at least every three years</u> thereafter 2. Shared Living Provider – prior to service delivery and continuing thereafter

Service Type: Statutory Service

**Service (Name): Supported Living**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
02: Round-the-Clock Services	02031 in-home residential habilitation
Service Definition (Scope):	
<p>A. Supported Living services provide participants with a variety of individualized services to support living independently in the community.</p> <ol style="list-style-type: none"> <li>Supported Living services are individualized to the participant's needs and interests as documented in the participant's Person-Centered Plan and must be delivered in a personalized manner.</li> <li>Supported Living services assists the participant to: (<u>4a</u>) learn self-direction and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and (<u>2b</u>) engage in community-based activities of the participant's choosing within the participant's personal resources.</li> <li>Supported Living services enables the participant to: (<u>4a</u>) live in a home of his or her choice located where he or she wants to live; and (<u>2b</u>) live with other participants or individuals of his or her choosing (not including relatives, legal guardians, or legally responsible persons as defined in Appendices C-2-d and C-2-e).</li> </ol>	

State:	
Effective Date	

4. Supported Living services include assistance and facilitation with finding an apartment or home, roommates, and shared supports based on the participant's preferences and choice; overseeing quality management; and monitoring compliance with program requirements once the arrangement is established.

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

C. Service includes provision of coordination, training, supports, and/or supervision (as indicated in the Person-Centered Plan).

#### SERVICE REQUIREMENTS:

A. Under Supported Living service, the following requirements and restrictions relating to the residence applies:

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

B. The following criteria will be used for participants to access Supported Living:

1. Participant chooses to live independently or with roommates; and
2. This residential model is the most cost-effective service to meet the participant's needs.

C. Supported Living services are not available to participants receiving supports in other residential support services models including Community Living Group Home, Shared Living, and Community Living Enhanced Supports.

D. Transportation costs associated with the provision of Supported Living supports and services outside the participant's home is covered within the rate~~under the standalone transportation waiver services.~~

E. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives who live in the residence. However, a relative (who is not a spouse, legally responsible person, or legal guardian or who does not live in the residence) of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

F. Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day

State:	
Effective Date	

Care, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.

- G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant's file. The DDA is the payer of last resort.
- H. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
				Legal Guardian

#### Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Supported Living Provider

#### Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Supported Living Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed or approved Supported Living providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Supported Living services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>F. Have Workers' Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p>
--	--	--	--

State:	
Effective Date	

			<p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications; and</p> <p>L. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u>;</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <u>Assessments and Taxation</u>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <p>1. Be at least 18 years old;</p> <p><u>2. Have a GED or high school diploma;</u></p> <p><del>2.3.</del> Have required credentials, license, certification, and training to provide services;</p> <p><del>3.4.</del> Possess current <del>first-aid</del> <u>First Aid</u> and CPR certification;</p> <p><del>4.5.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</p> <p><del>5.6.</del> Complete necessary pre/in-service training based on the Person-Centered</p>
--	--	--	--

State:	
Effective Date	

			Plan; <del>6-7.</del> Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery; <del>7-8.</del> Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and <del>8-9.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Supported Living Provider	1. DDA for provider approval 2. Provider for staff qualifications, certifications, and training requirements		1. DDA – initial and <u>annually at least every three years</u> 2. Provider - Prior to service delivery and continuing thereafter

Service Type: Statutory

**Service (Name): SUPPORTED EMPLOYMENT**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
03 Supported Employment	03010 Job development 03021 Ongoing supported employment, individual 03030 Career planning
Service Definition (Scope):	
A. Supported Employment services include a variety of supports to help an individual identify career and employment interest, as well as to find and keep a job.  B. Supported Employment activities include: <ol style="list-style-type: none"> <li>1. Individualized job development and placement;</li> <li>2. On-the-job training in work and work-related skills;</li> <li>3. Facilitation of natural supports in the workplace;</li> <li>4. Ongoing support and monitoring of the individual's performance on the job;</li> <li>5. Training in related skills needed to obtain and retain employment such as using community resources and public transportation;</li> <li>6. Negotiation with prospective employers; and</li> </ol>	

State:	
Effective Date	



## 7. Self-employment supports.

## C. Supported Employment services include:

1. Support services that enable the participant to gain and maintain competitive integrated employment;
2. Transportation to, from, and within the activity; and
3. Personal care assistance can be provided during supported employment activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

## SERVICE REQUIREMENTS:

A. Services and supports are provided for individuals in finding and keeping jobs paid by a community employer including self-employment.

B. Staffing is based on level of service need.

C. Under self-directing services, the following applies:

1. Participant or his/her designated representative self-directing services is considered the employer of record;
2. Participant or his/her designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;
3. Personal Support Services Supported Employment includes the cost associated with staff training such as First Aid and CPR;
4. Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. In these situations, the cost are billed to Medicaid as an administrative cost; and
5. Personal Support Services Supported Employment staff, with the exception of legal guardians and relatives, must be compensated over-time pay as per the Fair Labor Standards Act from the self-directed budget.

~~C.D.~~ Under the self-directed services delivery model, this service includes funding for staff benefits and leave time subject to the following requirements:

1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local employment laws; and
3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.
4. There is no restriction on the participant funding additional benefits or leave time (or both) from the participant's personal funds. However, such additional funds will not be included in the participant's annual budget and will not be paid in any way by the DDA. The participant shall be responsible for ensuring any additional benefits or leave time that the participant personally funds comply with any and all applicable laws.

~~D.E.~~ Under the traditional service delivery system, Supported Employment is paid based on a daily rate. In accordance with COMAR 10.22.17.10 Payment for Services Reimbursed by Rates is for a minimum of four hours of service. Participants can engage in Supported Employment activities when they are unable to work four hours.

~~E.F.~~ Under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of

State:	
Effective Date	

employment and day related waiver services such as Day Habilitation, Community Development Services, Career Exploration, and Employment Discovery and Customization provided on different days.

~~F.G.~~ Under the self-directed service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related waiver services such as Day Habilitation, Community Development Services, Career Exploration, and Employment Discovery and Customization provided at different times days.

~~G.H.~~ Supported Employment services does not include:

1. Volunteering, apprenticeships, or internships unless it is part of the discovery process and time limited; and
2. Payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.

~~H.I.~~ Supported Employment does not include payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.

~~I.J.~~ Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.

~~K.~~ ~~Under the traditional service model, t~~Transportation to and from and within this service is included within the Supported Employment Services. ~~Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the~~ mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate. Transportation will be provided or arranged by the licensed provider or participant self-directing and funded through the rate system or the Supported Employment self-directed budget.

~~J.L.~~ Supported Employment services can also include personal care, behavioral supports, and delegated nursing tasks to support the employment activity.

~~K.M.~~ A relative of a participant in Self-Directed Services may be paid to provide this service, ~~however, the DDA must pre-approve~~ in accordance with the applicable requirements set forth in Appendix C-2.

~~L.N.~~ A relative of a participant may not be paid for more than 40-hours per week of services.

~~M.O.~~ From July 1, 2018 through June 1, 2019, Supported Employment service may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.

~~N.P.~~ Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland's Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the individual's file.

~~O.Q.~~ Documentation must be maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

~~P.R.~~ From July 1, 2018 through June 30, 2019, Supported Employment Services are not available:

1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Supported Employment services; and

State:	
Effective Date	

2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

**Service Delivery Method**  
(check each that applies):

X

Participant-directed as specified in Appendix E

X

Provider managed

Specify whether the service may be provided by (check each that applies):

☐

Legally Responsible Person

X

Relative

Legal Guardian

#### Provider Specifications

Provider Category(s)  
(check one or both):

X

Individual. List types:

X

Agency. List the types of agencies:

Supported Employment Professional

Supported Employment Provider

#### Provider Qualifications

Provider Type:

License (specify)

Certificate (specify)

Other Standard (specify)

Supported Employment Professional

Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:

1. Be at least 18 years old;
2. Have a GED or high school diploma;
3. Possess current ~~first~~ First Aid and CPR certification;
4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;
6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;
7. Complete required orientation and training designated by DDA;
8. Complete necessary pre/in-service training based on the Person-Centered

State:

Effective Date

			<p>Plan and DDA required training prior to service delivery;</p> <p>9. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p>10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>11. Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p>12. Have a signed Medicaid <del>provider</del> <a href="#">Provider agreement</a> <del>Agreement</del>.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through 6 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p>
Supported Employment Provider			<p>Agencies must meet the following standards:</p> <p>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards:</p> <p>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p>

State:	
Effective Date	

			<p>D. Except for currently DDA licensed or approved Supported Employment providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Supported Employment services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p>
--	--	--	---

State:	
Effective Date	

			<p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p>2. Have a signed Medicaid <del>provider</del> <u>Provider agreement</u>;</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <u>Assessments and Taxation</u>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification as noted below;</li> <li>3. Possess current <del>first</del> <u>First aid</u> and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Possess a valid driver's license, if the operation of a vehicle is necessary to</li> </ol>
--	--	--	---

State:	
Effective Date	

			provide services; and 7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Supported Employment Professional	1. DDA for approved Supported Employment Professional 2. FMS provider, as described in Appendix E, for participants self-directing services		1. DDA – initial and <u>annually at least every three years</u> 2. FMS provider - prior to service delivery and continuing thereafter
Supported Employment Provider	1. DDA for approved providers 2. Provider for individual staff members' licenses, certifications, and training		1. DDA – initial and <u>annually at least every three years</u> 2. Provider – prior to service delivery and continuing thereafter

Service Type: Statutory

**Service (Name): CAREER EXPLORATION***(Previously titled Transitional Employment Services)*

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
03 Day Services	04010 prevocational services
Service Definition (Scope):	
<p>A. Career Exploration is time limited services to help participants learn skills to work toward competitive integrated employment.</p> <ol style="list-style-type: none"> <li>1. Teaching methods based on recognized best practices are used such as systematic instruction.</li> <li>2. Career Exploration provide the participant with opportunities to develop skills related to work in a competitive employment position in an integrated community environment including, <del>but not limited to,</del> learning:               <ol style="list-style-type: none"> <li>a. skills for employment, such as time-management and strategies for completing work tasks;</li> <li>b. socially acceptable behavior in a work environment;</li> <li>c. effective communication in a work environment; and</li> <li>d. self-direction and problem-solving for a work task.</li> </ol> </li> </ol> <p>B. Career Exploration includes (1) Facility-Based Supports; (2) Small Group Supports; and (3) Large Group Supports.</p> <ol style="list-style-type: none"> <li>1. Facility-Based Supports are provided at a fixed site that is owned, operated, or controlled by a licensed</li> </ol>	

State:	
Effective Date	



provider [or doing work under a contract being paid by a licensed provider](#).

2. Small Group Supports are provided in groups of between two (2) and eight (8) individuals (including the participant) where the group completes work tasks on a contract-basis. This work must be conducted at another site in the community not owned, operated, or controlled by the licensed provider. Supports models include enclaves, mobile work crews, and work tasks on a contract-basis. The licensed provider is the employer of record and enters into the contract on behalf of the group.
3. Large Group Supports are provided in groups of between nine (9) and sixteen (16) individuals (including the participant) where the group completes work tasks on a contract-basis. This work must be conducted at another site in the community not owned, operated, or controlled by the licensed provider. The licensed provider is the employer of record and enters into the contract on behalf of the group.

#### SERVICE REQUIREMENTS

- A. Career Exploration and supports must be provided in compliance with all applicable federal, State, and local laws and regulations.
- B. Participants must have an employment goal within their Person-Centered Plan that outlines how they will transition to community integrated employment (such as participating in discovery and job development).
- C. Staffing is based on level of service need.
- D. From July 1, 2018 through June 1, 2019, under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of employment and day type services such as Day Habilitation, Community Development Services, and Employment Discovery and Customization Services provided on different days. ~~Under the self-directed service delivery model, a participant's Person-Centered Plan may include a mix of employment and day type services such as Day Habilitation, Community Development Services, and Employment Discovery and Customization Services provided at different times.~~
- E. Beginning July 1, 2019, a participant's Person-Centered Plan may include a mix of employment and day type services such as Day Habilitation, Community Development Services, and Employment Discovery and Customization Services provided at different times under both service delivery models.
- F. Transportation to and from and within this service is included within the Career Exploration. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the participant with priority given to the use of public transportation when appropriate.
- G. From July 1, 2018 through June 1, 2019, Career Exploration may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the current or new stand alone waiver services.
- H. From July 1, 2018 through June 30, 2019, Career Exploration services are not available:
  1. On the same day a participant is receiving Community Development Services, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and
  2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.
- I. Effective July 1, 2019, Career Exploration services are not available at the same time as the direct provision of Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, [Employment Discovery and Customization](#), Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, [Supported Employment](#), Supported Living,

State:	
Effective Date	



or Transportation services.

- J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland's Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the individual's file.
- K. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Career Exploration – Facility Based supports are provided Monday through Friday only.
2. Career Exploration may not exceed a maximum of eight (8) hours per day (including other Community Development, Supported Employment, Employment Service – On-going Supports, Employment Discovery and Customization, and Day Habilitation services).
3. Career Exploration is limited to 40 hours per week.

<b>Service Delivery Method</b> (check each that applies):		Participant-directed as specified in Appendix E	X	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person		Relative
				Legal Guardian

#### Provider Specifications

Provider Category(s) (check one or both):		Individual. List types:	X	Agency. List the types of agencies:
				Career Exploration Providers

#### Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Career Exploration Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be approved based on compliance with meeting all of the following standards: <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is</li> </ol> </li> </ol>

State:	
Effective Date	

			<p>legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed or approved providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Career Exploration;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D;</p> <p>F. Be in good standing with the IRS and Maryland Department of <a href="#">Assessments and Taxation</a>;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks,</p>
--	--	--	--

State:	
Effective Date	

			<p>Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Have a signed DDA Provider Agreement to Conditions for Participation.</p> <p><u>2. Be licensed by the Office of Health Care Quality;</u></p> <p><del>2.3.</del> All new providers must meet and comply with the federal community settings regulations and requirements;</p> <p><del>3.4.</del> Have a signed Medicaid <del>provider</del> <u>Provider agreement</u> <del>Agreement</del>;</p> <p><del>4.5.</del> Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p><del>5.6.</del> Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of <u>Assessments and Taxation</u>.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <p>1. Be at least 18 years old;</p>
--	--	--	--

State:	
Effective Date	

			<ol style="list-style-type: none"> <li>2. Have required credentials, license, or certification as noted below;</li> <li>3. Possess current <del>first</del> <u>First Aid</u> and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery.</li> <li>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and</li> <li>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</li> </ol>
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Career Exploration Provider	<ol style="list-style-type: none"> <li>1. DDA for approved providers</li> <li>2. Provider for individual staff members' licenses, certifications, and training</li> </ol>		<ol style="list-style-type: none"> <li>1. DDA – Initial and <del>annually</del> <u>at least every three years</u></li> <li>2. Provider – prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other

**Service (Name): TRANSITION SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
16: Community Transition Services	16010 community transition services
Service Definition (Scope):	
<p>A. Transition Services provides funding for allowable expenses related to the participant moving from an institutional setting or a community residential provider to either: (1) a private residence in the community, for which the participant or his or her legal representative will be responsible; or (2) another community residential provider site.</p>	

State:	
Effective Date	

- B. For purposes of this service definition, “allowable expenses”, are defined as actual costs associated with moving and establishing a new household. Examples may include:
1. Cost of a security deposits that is required to obtain a lease on an apartment or home;
  2. Reasonable cost, as defined by the DDA, of essential household goods, such as furniture, window coverings, and kitchen, bed, and bath items which cannot be transferred from the previous location to the new one;
  3. Fees or deposits associated with set-up of, initial access to , or installation of essential utilities and for telephone, electricity, heating and water; and
  4. Cost of services necessary for the participant’s health and safety, such as pest removal services and one-time cleaning prior to moving in;
  5. Moving expenses.
- C. Transition Services do not include payment for the costs of the following items:
1. Monthly rental or mortgage expense;
  2. Food;
  3. Regular utility charges;
  4. Monthly telephone fees; and
  5. Entertainment related household items or services such as televisions, video game consoles, DVD players, or monthly cable fees.
- D. Transition Services will not include payment for room and board.

#### SERVICE REQUIREMENTS:

- A. The participant must be unable to pay for, and is unable to obtain assistance from other sources or services to pay for, expenses associated with moving and establishing a new household, as documented in the participant’s Person-Centered Plan.
- B. From the list of allowable expenses, the participant or his or her ~~authorized~~designated representative will prioritize and select items to be purchased based on the participant’s preferences, up to the maximum amount of funding approved by the DDA.
- C. The participant will own all of the items purchased under this service. The items shall transfer with the participant to his or her new residence and any subsequent residence. If the participant no longer wants any item purchased under this service, the item shall be returned to the DDA unless otherwise directed.
- D. The DDA must receive, review, and approve the list of items and budget for transition expenses before this service is provided.
- E. Transition Services are furnished only to the extent that they are reasonable, necessary, and based on the participant’s needs.
- F. Transition Services may be provided to an individual leaving an institution up to 180 days prior to moving out which is billed as a Medicaid administrative services.
- G. When furnished to individuals returning to the community from a Medicaid institutional setting, the costs of these services are considered to be an administrative cost.
- H. The DDA may approve payment for Transition Services incurred no more than 180 days in advance of participant’s enrollment in this waiver.

State:	
Effective Date	

<p>I. This service cannot pay for purchase of items and goods from the participant's relative, legal guardian, or legally responsible individual as defined in C-2-e.</p> <p>J. Transition Services does not include items or services otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.</p> <p>K. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted <u>to the extent applicable</u>. These efforts must be documented in the participant's file.</p> <p>L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</p>							
Specify applicable (if any) limits on the amount, frequency, or duration of this service:							
<p>1. The maximum payment for this service may not exceed \$5,000 per participant during his or her lifetime unless otherwise authorized by DDA.</p> <p>2. Transition items and goods must be procured within 60 days after moving.</p>							
<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person		Relative		Legal Guardian	
<b>Provider Specifications</b>							
Provider Category(s) (check one or both):		Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Entity for people self-directing services		Organized Health Care Delivery System			
<b>Provider Qualifications</b>							
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)		
Entity for people self-directing services					<p>Vendors who provides the items, goods, or services that are allowable expense under this service. Examples include:</p> <ol style="list-style-type: none"> <li>1. Apartment or house landlords;</li> <li>2. Vendors selling household items;</li> <li>3. Utility services providers;</li> <li>4. Pest removal or cleaning service providers; and</li> <li>5. Moving service providers.</li> </ol>		
Organized Health Care Delivery					<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be approved or licensed by the DDA</li> </ol>		

State:	
Effective Date	

System			<p>to provide at least one Medicaid waiver service; and</p> <p>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</p> <p>OHCDS providers shall verify the qualifications, licenses, credentials, and experience of all individuals and entities they contract or employs and have a copy of the same available upon request.</p> <p>Vendors who provides the items, goods, or services that are allowable expense under this service. Examples include:</p> <ol style="list-style-type: none"> <li>1. Apartment or house landlords;</li> <li>2. Vendors selling household items;</li> <li>3. Utility services providers;</li> <li>4. Pest removal or cleaning service providers; and</li> <li>5. Moving service providers.</li> </ol>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Entity for people self-directing services	Fiscal Management Services		Prior to service delivery
Organized Health Care Delivery System	<ol style="list-style-type: none"> <li>1. DDA for approval of OHCDS</li> <li>2. OHCDS for approval of items</li> </ol>		<ol style="list-style-type: none"> <li>1. DDA - Initially and <u>annually at least every three years</u></li> <li>2. OHCDS – prior to services delivery</li> </ol>

Service Type: Other Service

**Alternative Service Title: TRANSPORTATION**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
15: Non-Medical Transportation	15010 non-medical transportation
Service Definition (Scope):	
<p>A. Transportation services are designed specifically to improve the participant's and the family caregiver's ability to access community activities within their own community in response to needs identified through the participant's Person-Centered Plan.</p>	

State:	
Effective Date	

## B. Transportation services can include:

1. Orientation services in using other senses or supports for safe movement from one place to another;
2. Accessing Mobility and volunteer transportation services such as transportation coordination and accessing resources;
3. Travel training such as supporting the participant and his or her family in learning how to access and use informal, generic, and public transportation for independence and community integration;
4. Transportation services provided by different modalities, including: public and community transportation, taxi services, and non-traditional transportation providers; and
5. Mileage reimbursement for transportation provided by another individual using their own car; and
6. Purchase of prepaid transportation vouchers and cards, such as the Charm Card and Taxi Cards.

## SERVICE REQUIREMENTS:

- A. Services are available to the participants living in their own home or in the participant's family home.
- B. For participants self-directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized Person-Centered Plan and budget.
- C. The Program will not make payment to spouses or legally responsible individuals for furnishing transportation services.
- D. A relative (who is not a spouse or legally responsible person) of a participant participating in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.
- E. Payment rates for services must be customary and reasonable as established or authorized by the DDA.
- F. Transportation services shall be provided by the most cost-efficient mode available that meets the needs of the participant and shall be wheelchair accessible when needed.
- G. Transportation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports beginning July1, 2019, Respite Care, Shared Living, Supported Employment, or Supported Living services.
- H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant’s file.
- I. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

For participants using traditional, non-self-directed DDA funded services, transportation is limited to \$7,500 per year per participant.

State:	
Effective Date	



<b>Service Delivery Method</b> (check each that applies):	X	Participant-directed as specified in Appendix E			X	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	X	Relative		Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s) (check one or both):	x	Individual. List types:			x	Agency. List the types of agencies:
		Transportation Professional or Vendor			Organized Health Care Delivery System Provider	
<b>Provider Qualifications</b>						
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)	
Transportation Professional or Vendor					<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a GED or high school diploma;</li> <li>3. Have required credentials, license, or certification as noted below <u>as applicable</u>;</li> <li>4. <u>Current first aid and CPR certification</u>;</li> <li><del>5.</del> <u>4.</u> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a <u>for non-commercial drivers</u>;</li> <li><del>6.</del> <u>5.</u> Possess a valid driver's license <u>for non-commercial drivers</u>;</li> <li><del>7.</del> <u>6.</u> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of service <u>for non-commercial providers</u>;</li> <li><del>8.</del> <u>7.</u> Complete required orientation and training designated by DDA;</li> <li><del>9.</del> <u>8.</u> Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li><del>10.</del> <u>9.</u> Have three (3) professional</li> </ol>	

State:	
Effective Date	

			<p>references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p><del>11.</del><u>10.</u> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p><del>12.</del><u>11.</u> Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p><del>13.</del><u>12.</u> Have a signed Medicaid provider agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through <del>7</del><u>6</u> noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>Orientation, Mobility and Travel Training Specialists must attend and have a current certification as a travel trainer from one of the following entities:</p> <ol style="list-style-type: none"> <li>1. Easter Seals Project Action (ESPA);</li> <li>2. American Public Transit Association;</li> <li>3. Community Transportation Association of America;</li> <li>4. National Transit Institute (NTI);</li> <li>5. American Council for the Blind;</li> <li>6. National Federation of the Blind;</li> <li>7. Association of Travel Instruction;</li> <li>8. Be a DORS approved vendor/contractor; <u>or</u></li> <li>9. Other recognized entities based on approval from the DDA.</li> </ol>
Organized Health Care Delivery System Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be approved or licensed by the DDA to provide at least one</li> </ol>

State:	
Effective Date	

			<p>Medicaid waiver service; and</p> <p>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</p> <p>OHCDS providers shall verify the licenses and credentials of individuals providing services with whom they contract or employs and have a copy of the same available upon request.</p> <p>OHCDS must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:</p> <p>1. For individuals providing direct transportation, the following minimum standards are required:</p> <p>A. Be at least 18 years old;</p> <p><del>B. Current first aid and CPR certification;</del></p> <p><del>C. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C 2- a;</del></p> <p><del>D.B.</del> <u>For non-commercial providers, p</u> Possess a valid driver's license for vehicle necessary to provide services; and</p> <p><del>E.C.</del> <u>For non-commercial providers, h</u> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</p> <p>2. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities:</p> <p>A. Easter Seals Project Action (ESPA);</p> <p>B. American Public Transit Association;</p> <p>C. Community Transportation Association of America;</p>
--	--	--	--

State:	
Effective Date	

			D. National Transit Institute (NTI); E. American Council for the Blind; F. National Federation of the Blind; G. Association of Travel Instruction; H. DORS approved vendors/contractor; <u>or</u> I. Other recognized entities based on approval from the DDA.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Transportation Professional or Vendor	1. DDA for approved Transportation Professional and Vendors 2. FMS providers, as described in Appendix E, for participants self-directing services		1. DDA - Initial and <u>annually at least every three years</u> 2. FMS providers – prior to delivery of services and continuing thereafter
Organized Health Care Delivery System Provider	1. DDA for verification of the Organized Health Care Delivery System 2. Organized Health Care Delivery System provider for verification of staff qualifications		1. DDA – Initial and <u>annually at least every three years</u> 2. OHCDs – prior to service delivery and continuing thereafter

Service Type: Other Service

Service (Name):

**Alternative Service Title: VEHICLE MODIFICATIONS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. Vehicle modifications are adaptations or alterations to a vehicle that is the participant's primary means of transportation. Vehicle modifications are designed to accommodate the needs of the participant and enable the participant to integrate more fully into the community and to ensure the health, welfare and safety and integration by removing barriers to transportation.</p> <p>B. Vehicle modifications may include:</p> <ol style="list-style-type: none"> <li>1. Assessment services to (a) help determine specific needs of the participant as a driver or passenger,</li> </ol>	

State:	
Effective Date	

- (b) review modification options, and (c) develop a prescription for required modifications of a vehicle;
- 2. Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the participant, or legally responsible parent of a minor or other caretaker as approved by DDA;
- 3. Non-warranty vehicle modification repairs; and
- 4. Training on use of the modification.

C. Vehicle modifications do not include the purchase of new or used vehicles, general vehicle maintenance or repair, State inspections, insurance, gasoline, fines, tickets, or the purchase of warranties.

#### SERVICE REQUIREMENTS:

- A. A vehicle modification assessment and/or a driving assessment will be required when not conducted within the last year by the Division of Rehabilitation Services (DORS).
- B. A prescription for vehicle modifications must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist. The prescription for vehicle modifications applies only to the year/make/model of the vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA).
- C. The vehicle owner is responsible for:
  - 1. The maintenance and upkeep of the vehicle; and
  - 2. Purchasing insurance on vehicle modifications. The program will not correct or replace vehicle modifications provided under the program that have been damaged or destroyed in an accident.
- D. Vehicle modifications are only authorized to vehicles meeting safety standards once modified.
- E. The Program cannot provide assistance with modifications on vehicles not registered under the participant or legally responsible parent of a minor or other primary caretaker. This includes leased vehicles.
- F. Vehicle modification funds cannot be used to purchase vehicles for participants, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle purchase that relates to the cost of accessibility adaptations. In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptation is required.
- G. Vehicle modifications may not be provided in day or employment services provider owned vehicles.
- H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted [to the extent applicable](#). These efforts must be documented in the participant’s file.
- I. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Vehicle modifications payment rates for services must be customary, reasonable according to current market values, and may not exceed a total of \$15,000 over a ten year period.

State:	
Effective Date	

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Vehicle Modification Vendor			Organized Health Care Delivery System Provider	
<b>Provider Qualifications</b>						
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)	
Vehicle Modification Vendor					<p>Individual must complete the DDA provider application and be approved based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Be a Division of Rehabilitation Services (DORS) Vehicle Modification service vendor.</li> <li>3. <del>Current first aid and CPR certification;</del></li> <li>4. <del>Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2 a;</del></li> <li>5. <del>Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</del></li> <li>6. <del>Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del></li> </ol> <p>Complete required orientation and training designated by DDA;</p> <p>8.4. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</p> <p>9.5. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</p> <p>10.6. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p>	

State:	
Effective Date	

			<p><del>11.7.</del> Have a signed DDA Provider Agreement to Conditions for Participation; and</p> <p><del>12.8.</del> Have a signed Medicaid <del>provider</del> <u>Provider agreement</u> <del>Agreement</del>.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 <del>through and 26</del> noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</p> <p>The Adapted Driving Assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement to meet the individual's needs.</p>
Organized Health Care Delivery System Provider			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be approved or licensed by the DDA to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</li> </ol> <p>OHCDS providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.</p> <p>OHCDS must ensure the individual or entity performing the service meets the qualifications <del>noted below</del> <u>including</u>:</p> <ol style="list-style-type: none"> <li>1. DORS approved vendor or DDA approved vendor;</li> <li>2. Vehicle Equipment and Adaptation Prescription Agreement (VEAPA) must be completed by a driver rehabilitation specialist or certified</li> </ol>

State:	
Effective Date	

			<p>driver rehabilitation specialist; and</p> <p>3. The adaptive driving assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement as to whether it meets the individual's needs.</p>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Organized Health Care Delivery System Provider	1. DDA for verification of the OHCDs 2. OHCDs providers for entities and individuals they contract or employ		1. DDA – Initial and <del>annually</del> <u>at least every three years</u> 2. OHCDs providers – prior to service delivery and continuing thereafter
Vehicle Modification Vendor	1. DDA for approved Vehicle Modification Vendor 2. FMS provider, as described in Appendix E, for participants self-directing services		1. DDA – Initial and <del>Annually</del> <u>At least every three years</u> 2. FMS - Prior to service delivery and continuing thereafter

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

<input type="radio"/>	<b>Not applicable</b> – Case management is not furnished as a distinct activity to waiver participants.
<input checked="" type="radio"/>	<b>Applicable</b> – Case management is furnished as a distinct activity to waiver participants. Check each that applies:
<input type="checkbox"/>	As a waiver service defined in Appendix C-3 ( <i>do not complete C-1-c</i> )
<input type="checkbox"/>	As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). <i>Complete item C-1-c.</i>
<input checked="" type="checkbox"/>	As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As an administrative activity. <i>Complete item C-1-c.</i>

- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

State:	
Effective Date	



Private community service providers and local Health Departments provide Coordination of Community Service (case management) on behalf of waiver participant as per COMAR 10.09.48 as an administrative service.

### Appendix C-2: General Service Specifications

- a. **Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services-(select one):

X **Yes.** Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

This section describes the minimum background check and investigation requirements for providers under applicable law. A provider may opt to perform additional checks and investigations as it sees fit.

#### **Criminal Background Checks**

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

The DDA-licensed and approved provider must complete this requirement for all of the provider's employees and contractors, regardless of their roles and responsibilities. If this background check identifies a criminal history that "indicate[s] behavior potentially harmful" to individuals receiving services, then the provider is prohibited from employing or contracting with the individual. See Code of Maryland Regulations (COMAR) 10.22.02.11, Maryland Annotated Code Health-General Article § 19-1901 *et seq.*, and COMAR Title 12, Subtitle 15.

#### **Child Protective Services Background Clearance**

The State also maintains a Centralized Confidential Database that contains information about child abuse and neglect investigations conducted by the Maryland State Local Departments of Social Services. Staff engaging in one-to-one interactions with children under the age of 18 must have a Child Protective Services Background Clearance.

#### **State Oversight of Compliance with These Requirements**

The DDA, OHS, and OHCQ review providers' records for completion of criminal background checks, in accordance with these requirements, during surveys, site visits, and investigations.

State:	
Effective Date	

	Annually the DDA will review Fiscal Management Services providers' records for required background checks of staff working for participants enrolled in the Self-Directed Services Delivery Model, described in Appendix E.
<input type="radio"/>	No. Criminal history and/or background investigations are not required.

- b. **Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (*select one*):

<input type="radio"/>	Yes. The State maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):
<input checked="" type="radio"/>	No. The State does not conduct abuse registry screening.

- c. **Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

	No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i>
<input checked="" type="radio"/>	Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Complete Items C-2-c.i – c.iii.</i>

- i. **Types of Facilities Subject to §1616(e).** Complete the following table for *each type* of facility subject to §1616(e) of the Act:

Type of Facility	Waiver Service(s) Provided in Facility	Facility Capacity Limit
Residential Habilitation	Community Living – Group Home	Up to four participants unless authorized by the DDA.
Residential Habilitation	Community Living – Enhanced Supports	Up to four participants unless authorized by the DDA.

- ii. **Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Required information is contained in response to C-5.
---

State:	
Effective Date	

- iii. Scope of Facility Standards.** For this facility type, please specify whether the State's standards address the following (*check each that applies*):

Standard	Topic Addressed
Admission policies	
Physical environment	
Sanitation	
Safety	
Staff : resident ratios	
Staff training and qualifications	
Staff supervision	
Resident rights	
Medication administration	
Use of restrictive interventions	
Incident reporting	
Provision of or arrangement for necessary health services	

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

--

- d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

	<b>No.</b> The State does not make payment to legally responsible individuals for furnishing personal care or similar services.
X	<b>Yes.</b> The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.</i>

State:	
Effective Date	

**DEFINITIONS:***Extraordinary Care*

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

*Legally Responsible Person*

A legally responsible person is defined as a person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes: (1) a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court); and (2) an individual – not a provider agency – legal guardian of a vulnerable adult's person granted by court order the duty to “provide care, comfort, and maintenance of the disabled person” and other duties related to providing for the individual's daily needs.

*Spouse*

For purposes of this waiver, a spouse is defined as an individual legally married under applicable law to the participant.

*Relative*

For purposes of this waiver, a relative is defined as natural or adoptive parents, step parents, or siblings, uncles, aunts, grandparents, cousins, child of the participant, nieces and nephews who is not also a legal guardian or legally responsible person.

*Legal Guardian*

For purposes of this waiver, a legal guardian is defined as an individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code's Family Law or Estates & Trusts Articles.

**(a) SERVICES THAT MAY BE PROVIDED BY LEGALLY RESPONSIBLE PERSONS**

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

**(b) CIRCUMSTANCES WHEN PAYMENT MAY BE MADE**

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

1. The proposed provider is the choice of the participant, which is supported by the team;
2. There is a lack of qualified providers to meet the participants needs;
3. When a relative or spouse is not also serving as the participant's Support Broker or

State:	
Effective Date	

- ~~authorized-designated~~ representative directing services on behalf of the participant;
4. The legally responsible person provides no more than 40-hours per week of the service that the DDA approves the legally responsible person to provide; and
  5. The legally responsible person has the unique ability to meet the needs of the participant (e.g. has special skills or training, like nursing license).

As provided in subsection 3 above, when a legally responsible person, legal guardian, or relative is the Support Broker or ~~authorized-designated~~ representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide direct care services.

#### (c) SAFEGUARDS

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

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

#### (d) STATE'S OVERSIGHT PROCEDURES

The DDA will conduct a randomly selected, statistically valid sample of services provided by legally responsible persons to ensure payment is made only for services rendered and the services rendered are in the best interest of the participant.

- e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

<input type="radio"/>	<b>The State does not make payment to relatives/legal guardians for furnishing waiver services.</b>
<input checked="" type="radio"/>	<b>The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services.</b> Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed

State:	
Effective Date	

to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

**Definitions**

*Relative*

For purposes of this waiver, a relative is defined as a natural or adopted parents, step parents, or siblings, uncles, aunts, grandparents, cousins, child of the participant, nieces and nephews who is not also a legal guardian or legally responsible person.

*Legal Guardian*

For purposes of this waiver, a legal guardian is defined as an individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code’s Family Law or Estates & Trusts Articles.

*Spouse*

For purposes of this waiver, a spouse is defined as an individual legally married under applicable law to the participant.

*Legally Responsible Person*

A legally responsible person is defined as a person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes: (1) a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court); and (2) an individual – not a provider agency – legal guardian of a vulnerable adult’s person granted by court order the duty to “provide care, comfort, and maintenance of the disabled person” and other duties related to providing for the individual’s daily needs.

**CIRCUMSTANCES WHEN PAYMENT MAY BE MADE**

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

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

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

1. The proposed provider-individual is the choice of the participant, which is supported by the team;
2. Lack of qualified provider to meet the participant’s needs;
3. When another legally responsible person, legal guardian, or relative is not also serving as the participant’s Support Broker or authorized-designated representative directing services on behalf of the participant;
4. The legal guardian or relative provides no more than 40- hours per week of the service that

State:	
Effective Date	

- that the DDA approves the legally responsible person to provide; and
5. The legal guardian or relative has the unique ability to meet the needs of the participant (e.g. has special skills or training like nursing license).

As provided in subsection 3 above, when a legally responsible person, legal guardian, or relative is the Support Broker or ~~authorized~~designated representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide services noted above.

### **SERVICES FOR WHICH PAYMENT MAY BE MADE**

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

As specified in Appendix C-1/C-3 and this Appendix C-2-e, a relative may be paid to furnish the following services: (1) Community Development Services; (2) Personal Supports; (3) Respite Care; (4) Support Broker; (5) Transportation; and (6) Supported Employment.

### **Safeguards**

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

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

### **STATE'S OVERSIGHT PROCEDURES**

Annually, the DDA will conduct a randomly selected, statistically valid sample of services provided by legal guardians and relatives to ensure payment is made only for services rendered and the services rendered are in the best interest of the participant.

- **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.** Specify the controls that are employed to ensure that payments are made only for services

State:	
Effective Date	

	rendered.
<input type="radio"/>	Other policy. <i>Specify:</i>

- f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

The DDA is working with provider associations, current Community Pathways Waiver service providers, and family support service providers to share information about new opportunities to deliver services to waiver participants.

On October 3, 2017, the DDA posted on its website an invitation for interested applicants to make application to render supports and services under DDA Waivers.

Information posted includes:

1. The DDA Policy - Application and Approval Processes for Qualified Supports/Services Providers in DDA's Waivers. This policy a) Describes specific requirements for completion and submission of initial and renewal applications for prospective providers seeking DDA approval to render supports, services and/or goods under DDA's Waivers, b) Provides definition and eligibility requirements for qualified service professionals regarding each support or service rendered under each support waiver, and c) Delineates actions taken by the DDA following receipt of an applicant's information and provides timelines for review and approval or disapproval of an application. Once an applicant submits their application, the policy requires that upon receipt of an application, the applicable DDA rater review it within 30 days and an approval or disapproval letter is sent.

2. Eligibility Requirements for Qualified Supports and Services Providers - A document that describes each support and/or service and the specific eligibility criteria required to render the support/service which is an attachment for the policy.

3. Instructions for Completing the Provider Application - Interested applicants may download or request a hard copy from the DDA Regional Office the following:

- a) DDA Application to Render Supports and Services in DDA's Waivers;
- b) DDA Application to Provide Behavioral Supports and Services; and
- c) Provider Agreement to Conditions of Participation - A document that lists regulatory protection and health requirements, and other policy requirements that prospective providers must agree and comply with to be approved by the DDA as a qualified service provider in the supports waivers;

4. Provider Checklist Form – A checklist form which applicants must use to ensure that they have included all required information in their applications; and

5. Frequently Anticipated Questions (FAQs) and Answers - A document which provides quick access to general applicant information.

Interested community agencies and other providers can submit the DDA application and required attachments at any time. For services that require a DDA license, applicants that meet requirements are then referred to the Office of Health Care Quality to obtain the license.

State:	
Effective Date	



**Quality Improvement: Qualified Providers**

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

**a. Methods for Discovery: Qualified Providers**

*The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.*

**i. Sub-Assurances:**

*a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

**i. Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

<b>Performance Measure:</b>	QP-PM1 Number and percent of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision. Numerator = number of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision. Denominator = number of newly enrolled Community Supports Waiver licensed provider reviewed.		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): Other			
If 'Other' is selected, specify: OHCQ Record Review			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%
	OHCQ New Applicant Tracking Sheet	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

Responsible Party for	Frequency of data
-----------------------	-------------------

State:	
Effective Date	

<b><i>data aggregation and analysis</i></b> (check each that applies)	<b><i>aggregation and analysis:</i></b> (check each that applies)
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input type="checkbox"/> Annually
Specify:	
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other
	Specify:

<b><i>Performance Measure:</i></b>	<i>QP-PM2 Number and percent of providers who continue to meet required licensure and initial QP standards. Numerator = number of providers who continue to meet required licensure and initial QP standards. Denominator= Total number of enrolled Community Support Waiver enrolled licensed providers reviewed.</i>		
<b><i>Data Source (Select one) (Several options are listed in the on-line application): Other</i></b>			
<b><i>If 'Other' is selected, specify: OHCQ Record Review</i></b>			
	<b><i>Responsible Party for data collection/generation</i></b> (check each that applies)	<b><i>Frequency of data collection/generation:</i></b> (check each that applies)	<b><i>Sampling Approach</i></b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =
	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Annually	95% +/-5%
	<b><i>OHCQ License renewal application tracking sheet</i></b>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other	
		Specify:	
			<input type="checkbox"/> Other Specify:

***Data Aggregation and Analysis***

<b><i>Responsible Party for data aggregation and analysis</i></b> (check each that applies)	<b><i>Frequency of data aggregation and analysis:</i></b> (check each that)
--	--

State:	
Effective Date	

	<i>applies</i>
<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other Specify:</i>

**b Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

**i. Performance Measures**

**For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

<b>Performance Measure:</b>	<i>QP-PM3 Number and percent of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards prior to service provision. Numerator = number of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards prior to service provision. Denominator= number of newly enrolled non-licensed or non-certified waiver providers reviewed.</i>		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify: <a href="#"><u>Approved Provider Data</u></a> <a href="#"><u>Provider Application Packet</u></a>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input type="checkbox"/> <i>100% Review</i>
	<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<input checked="" type="checkbox"/> <i>Less than 100% Review</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>	<input checked="" type="checkbox"/> <i>Representative Sample; Confidence Interval =95</i>
	<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>	<i>95% +/-5%</i>
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input type="checkbox"/> <i>Other Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

State:	
Effective Date	

<b>Performance Measure:</b>	<i>QP-PM4 Number and percent of non-licensed or non-certified waiver providers that continue to meet regulatory and applicable waiver standards. Numerator = number of non-licensed or non-certified waiver providers that continue to meet regulatory and applicable waiver standards. Denominator= number of enrolled non-licensed or non-certified waiver providers reviewed.</i>		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify: <del>Approved Provider Data</del> <i>Provider Renewal Application Packet</i>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =95
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies)	<b>Frequency of data aggregation and analysis:</b> (check each that applies)
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Add another Performance measure (button to prompt another performance measure)

- c Sub-Assurance:** *The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.*

**i. Performance Measures**

State:	
Effective Date	

**For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

<b>Performance Measure:</b>	QP-PM5 Number and percent of enrolled licensed providers who meet training requirements in accordance with the approved waiver. Numerator = number of enrolled licensed providers who meet training requirements in accordance with the approved waiver. Denominator = number of enrolled licensed providers reviewed.		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify: <i>OHCQ Record Review</i>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%
	<input type="checkbox"/> OHCQ Renewal Application Data	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

<b>Performance Measure:</b>	QP-PM6 Number and percent of non-licensed or non-certified waiver providers who meet training requirements in accordance with the approved waiver. Numerator = number of non-licensed or non-certified waiver providers who meet training requirements in accordance with the approved waiver. Denominator = number of enrolled non-licensed or non-certified waiver providers reviewed.		
<b>Data Source</b> (Select one) (Several options are listed in the on-line application): <i>Other</i>			
If 'Other' is selected, specify: <i>Approved Provider Data</i>			
	<b>Responsible Party for data collection/generation</b> (check each that applies)	<b>Frequency of data collection/generation:</b> (check each that applies)	<b>Sampling Approach</b> (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95
	<input type="checkbox"/> Other	<input type="checkbox"/> Annually	95% +/-5%

State:	
Effective Date	

	<i>Specify:</i>		
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input type="checkbox"/> <i>Other Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other Specify:</i>

**b. Methods for Remediation/Fixing Individual Problems**

- i Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

Individuals self-directing their services may request assistance from the Advocacy Specialist or DDA Self-Direction lead staff. DDA staff will document encounters.

DDA's Provider Relations staff provides technical assistance and support on an on-going basis to licensed and approved providers and will address specific remediation issues. Based on the identified issues, a variety of remediation strategies may be used including conference call, letter, in person meeting, and training. These remediation efforts will be documented in the provider's file.

**ii Remediation Data Aggregation**

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
	<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
	<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>

State:	
Effective Date	

	<input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other: Specify:

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

<input checked="" type="radio"/>	<b>No</b>
<input type="radio"/>	<b>Yes</b> Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

#### Appendix C-4: Additional Limits on Amount of Waiver Services

**Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*check each that applies*).

<input checked="" type="radio"/>	<b>Not applicable – The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.</b>
<input type="radio"/>	<b>Applicable – The State imposes additional limits on the amount of waiver services.</b>

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; and, (f) how participants are notified of the amount of the limit.

<input type="checkbox"/>	<b>Limit(s) on Set(s) of Services.</b> There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	<b>Prospective Individual Budget Amount.</b> There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	<b>Budget Limits by Level of Support.</b> Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	<b>Other Type of Limit.</b> The State employs another type of limit. <i>Describe the limit and furnish the</i>

State:	
Effective Date	

	<i>information specified above.</i>

### Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

The Community Pathways Waiver services include various employment, meaningful day, and support services. New services including Housing Support Services, Supported Living, Remote Monitoring, Nursing, and Employment Services have been added to support community integration, engagement, and independence. The Department is adopting new regulations which include the HCB Settings requirements and compliance for all new providers and compliance by March 2022 or sooner for current providers. The Community Pathways Waiver Services definitions have been revised or newly written to comply with the HCB Settings requirements. Waiver services are provided in the community or the individual's own home with the exception of the following services for which are site based services:

Day Habilitation services are provided at provider operated sites and in the community. An individualized schedule will be used to provide an estimate of community activities the participant will be supported in and where the participant will spend their time when in this service. The individualized schedule will be based on the participant's preferences and the Person-Centered Plan

Transitional Employment include facility based services are provided at provider operated sites. The services is meant to be time limited and participants must have an employment goal within their Person-Centered Plan that outlines how they will transition to community integrated employment (such as participating in discovery and job development).

Medical Day Care services are provided at provider operated sites and in the community. The service includes supports with participating in various community activities.

Respite Care Services can be provided in a variety of settings including the participant's home, a community setting, a Youth Camp certified by DHMH, or a site licensed by the Developmental Disabilities Administration. The purpose of the services are for short term relief of the primary caregivers from their daily care giving responsibilities, while providing the participants with new opportunities, experiences, and facilitates self-determination

Community Living – Group Home and Community Living – Enhanced Supports are residential habilitative services provided at a provider operated site. The service description contains information related to the HCB Settings requirements including the provider must ensure that the home and community-based setting in which the services are provided comply with all applicable federal, State, and local law and regulation , including, but not limited to, 42 C.F.R. § 441.301(c)(4), as amended. Services may be provided to no more than four (4) individuals (including the participant) in one home unless approved by the DDA

State:	
Effective Date	



As per Maryland's State Transition Plan (STP) current providers have until March 2022 to come into full compliance with the HCB Settings requirements. Additional details related to the STP and remediation strategies are noted in Appendix A – Attachment #2 Home and Community Based Settings Waiver Transition Plan.

All new providers must comply with the HCB settings requirement prior to enrollment as a new waiver service provider. As part of the application process to become a Medicaid provider under the Community Pathways Waiver, the DDA will conduct site visits for site based services to confirm compliance with the HCB settings requirement prior to enrollment.

State:	
Effective Date	