

# Community Pathways Waiver Renewal

## Stakeholder Input Summary

The Maryland Department of Health's (MDH) Community Pathways Medicaid home and community-based services waiver will provide individual and family supports for persons with developmental disabilities. The public comment period for the renewal application was held from November 13, 2017 - December 12, 2017. In total, DDA received 135 responses from families, providers, and advocacy agencies. Below is the summary of the specific recommendations from the public and responses.

Introduction/Purpose of HCBS Program		
Recommendation	Dept. Response	Dept. Comment
<p>1. DDA should provide for the accountability of CCS providers or for the matter any provider, regarding the quality and compliance of services they are under contract to deliver.</p> <p>There is a wide variety of tools to use to collect this information which would provide valuable input to DDA for are reasonably price and would not require significant increase in DDA man hours to administer.</p>	Accepted	<p>The DDA will be utilizing various strategies including assessing CCS and provider performance based on federal performance measure standards, audits and service utilization reviews, National Core Indicators and other surveys, and utilization of a Quality Improvement Organization and independent reviews.</p>
<p>2. There should be an annual survey available online for participants, representatives, and family members to access to provide information on the quality and effectiveness of services provided by the CCS providers.</p> <p>A similar survey should be available for participants, representatives and family survey to provide input of all provider services received under the waiver.</p>	Accepted	<p>In addition to the National Core Indicator Surveys, the DDA is working with The Hilltop Institute to administer surveys.</p>

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3. Add language about evaluation of capacity to self-direct and include Support Broker service being optional in Attachment A	Accepted	Language was added to Attachment A on page 16.
4. Update the Attachment #2: Home and Community-Based Settings Waiver Transition Plan	Not accepted	The State is required to include the details related to the Statewide Transition Plan (STP) for Compliance with Home and Community-Based Setting Rule on the plan that was initially approved from CMS on August 2, 2017. The State will implement any required changes upon final approval of the Statewide Transition Plan and will make conforming changes to its Waiver when it submits the next amendment.
<b>Appendix A - Waiver Administration and Operation</b>		
Recommendation	Dept. Response	Dept. Comment
1. Under Community Residential Habilitation, we suggest it may be more prudent to add a provision for “deemed status of granted special permission for home of up to four individuals” that could be awarded initially and with the potential of renewal annually based on individual choice.	Clarification	Deemed status is not needed as the current service requirements E. notes “Services may be provided to no more than four (4) individuals (including the participant) in one home unless approved by the DDA.” The DDA will establish policy under which circumstances for approval to exceed four individuals.
2. Page 19, “Any person” should be changed to “DDA-licensed and DDA-funded providers.”	Not accepted	Any person who is aware of abuse, neglect, or exploitation of a participant should report it. This reporting requirement is not limited to just DDA licensed or funded providers.

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Appendix B - Participant Access and Eligibility		
Recommendation	Dept. Response	Dept. Comment
1. On page 30, please omit the sentence beginning “in accordance with Health-General Article...ICF/IID.” The Maryland Code makes no reference to level of care criteria at Health Gen. Art. §7-101(f)(5).	Accepted	Language was deleted and replaced with “In order to be eligible for the Waiver, applicants must also meet the level of care of an ICF/IID. See 42 U.S.C. § 1396n(c); 42 C.F.R. § 441.301(b)(1)(iii). Therefore, DDA considers the level of care of an ICF/IID in its application of its statutory definition of developmental disability. In determining the level of care for an ICF/IID, DDA looks to the federal definitions of intellectual disability and related condition, set forth in 42 C.F.R. § 435.1010, as required for admission to an ICF/IID. See 42 C.F.R. § 440.150(a)(2).” See Appendix B page 30
2. On page 31 the first paragraph under “Failure to Meet LOC Requirement” should be deleted because designation as “Supports Only” gives a false impression that the person is eligible for services when in fact, DDA no longer provides funding to people found “Supports Only” eligible. For the purpose of the Medicaid waiver, such applicants have simply been found ineligible.	Accepted	The paragraph was deleted. See Appendix B page 30
3. On pages one and 30, the citations need to be corrected. On page one, 42 CFR §1385.3 should be 45 CFR §1385.3. On page 31, under Appendix B-6: Evaluation/Reevaluation of Level of Care, at d. Level of Care Criteria, the federal citation should also be 45 CFR § 1385.3 not 42 CFR § 435.1010.	Clarification	Citations originally found at 45 CFR. §1385.3, but redesignated as 45 CFR. §1325.3 were updated.

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<p>4. Reserved capacity for Transitioning Youth -- with the increasing prevalence of children with ASD who are exiting the school system at 21, we are concerned this number may not be high enough.</p>	<p>Clarification</p>	<p>Transitioning youth reserved capacity was based on assumptions related to the number of youth that will be supported in either the DDA's Community Supports Waiver or Community Pathways Waivers. The DDA will monitor the utilization of this reserved capacity slot and request additional ones if needed.</p>
<p>5. Freedom of Choice is an ongoing right of the participant; therefore, this form should be completed whenever the participant has the right to execute this choice.</p>	<p>Clarification</p>	<p>This form is used when initially enrolling to indicate whether a person chooses to receive Waiver Services or institutional services.</p>
<p><b>Appendix C - Participant Services</b></p>		
<p><b>Recommendation</b></p>	<p><b>Dept. Response</b></p>	<p><b>Dept. Comment</b></p>
<p>1. DDA should adopt language that allows flexibility for documentation of whether alternative resources are available, and obtainable in a timely manner.</p>	<p>Accepted</p>	<p>The DDA added "<i>to the extent applicable</i>" to this sentence "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 <i>to the extent applicable</i>." Further guidance will also be provided. See Appendix C within each service requirement for changed sentence.</p>
<p>2. The following two paragraph and sub-details should be under all self-directed waiver services using individuals as employees:</p> <ul style="list-style-type: none"> <li>● Under the self-directed services delivery model, this service includes funding for staff benefits and leave time subject to the following requirements:</li> </ul>	<p>Accepted</p>	<p>Language was added to the following services: Community Development Services, Personal Supports, Respite, and Supported Employment.</p>

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<ul style="list-style-type: none"> <li>Under self-directing services, the following applies:</li> </ul>		
<p>3. The proposed definitions of services need to be simplified and combined whenever possible. There are too many categories, with too specific language defining them.</p>	<p>Clarification</p>	<p>Service description, scope, and standards language were enhanced to better clarify purpose and provide participants the flexibility to receive multiple services throughout the day. As applicable services were combined such as Behavioral Support Services prior to the public comment period. 42 CFR §441.301(b)(4) also provides that “multiple services that are generally considered to be separate services may not be consolidated under a single definition.”</p>
<p>4. Create a new category of services (called Self – Employment) that would provide opportunities for traditional Day Program and Self- Directed individuals to take courses together to learn basic entrepreneurship skills, share workspace, equipment, supplies and to work on their self-employment plans.</p>	<p>Not accepted</p>	<p>Participants can explore various community support opportunities including utilizing Maryland's American Job Centers - Workforce Development &amp; Adult Learning for these types of opportunities. Job Centers provider job seekers with services include career exploration assistance, referrals to training programs, placement services, résumé preparation assistance, and workshops to enhance job seeking skills and work readiness. Applicants have access to computers with Internet access, printers, photocopiers, fax machines, telephones, and a variety of job search resource materials.</p> <p>The Waiver also provides individual supports under Supported Employment and the future Employment Supports.</p>
<p>5. A service with a definition similar to the current definition “in lieu of day” should be added. This service has been needed for a variety of reasons, including children who receive residential support but have days they are out of school and need support, adults who prefer not to attend day</p>	<p>Not accepted</p>	<p>A participant’s Person-Centered Plan (PCP) can include various Meaningful Day services and Supports services and should not solely consist of licensed residential services in lieu of day services.</p>

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habilitation or employment, individuals with an extended illness or injury which keeps them at their home during the day, etc.		
6. Under several services, there is language regarding transportation funding that may be confusing or misleading. Recommendation to edit to the sentence that appears in several sections: “Transportation will be provided or arranged by the licensed provider and funded through the rate study.”	Not accepted	As per federal instructions if transportation between the participant's place of residence and the day site or service is provided as a component of that services and the cost of this transportation is included in the rate paid to the providers, then the State must include a statement to that effect in the definition.
7. We recommend eliminating the words “ <i>Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services</i> ”, stated repeatedly in each service description because they are vague, burdensome, misleading and inconsistent with the principles of the Community of Practice to ease and simplify access to services for families.	Not accepted	Standardized language was used throughout the application and references “available and appropriate funding sources” such as DORS, State Department of Education, and Department of Human Services as applicable. The DDA added “to the extent applicable” to this sentence and further guidance will be provided. See Appendix C within each service requirement.
8. Please change the outdated language throughout the service definitions stating that services must be “consistent with waiver objectives of avoiding institutionalization.”	Not accepted	Medicaid Waivers support individuals transitioning out of institutions and help to prevent individuals from entering them.
9. The requirement for volunteers who provide any direct support or spend any time alone with a person who received supports must meet the same requirements as staff is overly broad and will inhibit volunteerism, and/or interfere with natural supports.	Not accepted	To protect vulnerable children and adults, agencies that utilize volunteers for the delivery of their services must ensure these volunteers have the appropriate training/skill for the support they are providing and pass criminal background investigations.
10. Services transitioning to a new waiver service definition should extend through June 30, 2019.	Not accepted	Services such as Supported Employment will transition to the new Employment Services and rates effective

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		July 2019. Individuals person-centered plans within LTSS will reflect both services plans for July – June 2018 and July – June 2019 to support the transition.
11. Under daytime supports including day habilitation, employment supports/supported employment, community development supports, and employment discovery and customization, there are limitations that will limit opportunities to work and live in the community. The limitations on services only being available Monday through Friday limit the opportunity for weekend work, which affects many people who work in retail and other settings. The limitations on 8 hours per day and 40 hours per week may prevent some people from working in certain seasonal jobs, as well as taking advantage of earning overtime pay. Lastly, the limitations on hours in Community Development Supports, especially when combined with other services, may force people to choose between receiving supports in order to work, and supports for other parts of their lives.	Not accepted	The 40 hour weekly maximum for any combination of Meaningful Day and Employment services allow flexibility for people to receive services whatever day they work. The 40 hour limitation on services hours does not prohibit someone from working more hours, if they desire. If a person needs an additional type of support for hours outside of a full 40 hours of Meaningful Day services, those should be explored. Other support services that may meet those needs include natural, community-based, and other Waiver services such as Personal Supports or Residential Services.
<b>Assistive Technology and Services</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
1. On page 4, under the first “D” which lists services that are excluded, change the wording in line 2 from “as these items are covered either through the Medicaid State Plan...” to “ <i>when</i> these items are covered...” In some cases, specific types of necessary equipment may not be considered medically necessary by Medicaid but may be a reasonable service for the participant.	Accepted	See language changed in Appendix C page 4.

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<p>2. DDA should add the term “computer applications” commonly known as “apps” to the list of assistive technology.</p>	<p>Accepted</p>	<p>See language changed in Appendix C page 3.</p>
<p>3. By raising the cap from \$200 to \$1000 for this requirement, there is more room for the team to request costly AT that is not best suited for a person’s needs. In addition, you may get many requests for an iPad which may not be the most appropriate AT for a person; and in fact there may be a less expensive alternative.</p>	<p>Clarification</p>	<p>Individuals and families are encouraged to have an AT assessment to get a professional recommendation on the best AT device or item to meet their needs regardless of the cost. Individuals and families are also encouraged to explore various AT through local networks and the MD Technology Assistance Program (MTAP) that provides opportunities to borrow the AT to try out before decision to purchase. The Assistive Technology that cost more than \$1,000 per item will require a formal assessment. Items that cost less than \$1,000 need to be recommended by the team.</p>
<p>4. The definition, while wide and comprehensive, does not yet include a line item for information and communication technologies (ICTs) that promote independence and access to information, such as smartphones, laptops and tablets. Many individuals with I/DD must currently pay out of pocket for these items, many of which are prohibitively expensive. Items such as smartphones and tablets play a critical role in the lives of many individuals with I/DD and should be eligible for reimbursement on a case-by-case basis.</p>	<p>Clarification</p>	<p>The AT service description includes general types of technology support such as for speech and communication devices, deaf and hard of hearing, computers and telephones, environmental control, aides for daily living, blind and low vision, and cognitive supports along with some examples. Tablets could be noted under several of the support areas. These items can be covered under this service to address a need identified in the PCP and noted in the assistive technology assessment (if applicable).</p> <p>The Waiver does not pay for smartphones and associated monthly service line or data cost. These items can be purchased by the participant with their own personal funds similar to the general public.</p>
<p>5. The certification requirements shouldn’t apply if basic assistance with a device is being provided. For instance, an agency should be able to bill for staff time for setting up an adapted keyboard</p>	<p>Clarification</p>	<p>In developing this service, the DDA met with a workgroup of professionals in the Assistive Technology field. Provider requirements for this service were based on their recommendations. In order to ensure</p>



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without that staff meeting certification.		appropriate “assessment” for Assistive technology devices such as Speech Generating Devices, it is important for individuals providing the services to have the required credentials, license, or certification in an area related to the specific type of technology needed. Setting up devices can be conducted by the participant, a member from the team or staff.
<b>Behavioral Support Services</b>		
Recommendation	Dept. Response	Dept. Comment
1. DDA should ensure that BSIS can be provided in different settings as needed.	Accepted	Services can be provided in the home and community. Guidance will be provided to specify the service can be provided in different settings such as the home, day program, residential sites, etc.
2. BSS Vendor/contractor should not need to meet what are otherwise employee requirements, such as CPR/FA certifications, or possess a valid driver’s license and automobile insurance.	Accepted	The DDA reviewed provider qualifications and removed requirements for driver’s license, car insurance, CPR, and first aid certification. See Appendix C pages 11 and 15.
4. Vendor/contractor should not need to pass a criminal background check.	Not accepted	As a safeguard, most states require that individuals who provide direct support and/or other services to Waiver participants undergo a criminal history check and/or background investigation.
5. Behavior Supports - No additional DDA certifications or agreements should be necessary to provide that service to the SDS participant.	Clarification	Participant’s self-directing services can hire their own staff who must meet minimum qualifications noted in each service and also have the option to use a DDA approved professional or agencies or a DDA licensed agency.  DDA approved professional and agencies and DDA licensed agencies are required to meet specific

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		qualifications, complete a provider application, and have a provider agreement with DDA and Medicaid.
6. Please add a requirement that the Behavior Support professionals must review the Person Centered Plan and SIS to ensure they are familiar with the person's desires, goals and needs.	Clarification	Current requirement includes "complete necessary pre/in-service training based on the Person-Centered Plan" as noted in Appendix C page 13 and 16. Additional guidance will be provided through DDA's policies and procedures to ensure that providers review the participant's PCP and related documents.
7. Please combine the services so that a participant will not be required to know whether to request a Behavior Assessment, Behavior Consultation and/or Brief Support Implementation Services.	Clarification	Behavioral Support Services including Behavioral Assessment, Behavior Plan, Behavioral Consultation, and Brief Support Implementation Services were combined prior to the public comment period.
8. Please clarify in the waiver application why Behavior Supports cannot be delivered at the same time as Community Living – Enhanced Supports.	Clarification	Community Living - Enhanced Supports requires Licensed Behavioral Analysis (LBA), Board Certified Behavioral Analyst (BCBA), or Psychologist on staff that would be performing the same scope of behavioral support services within Community Living - Enhanced Supports services. Therefore Behavioral Supports Services are not available to participants utilizing Community Living - Enhanced Supports.
9. Need to clarify that BSIS is not regular direct-care staff but staff supplied by the Behavioral Support Vendor/Contractor or hired by SDS participant to work as employee under this category.	Clarification	Brief Support Implementation Services are on-site execution and modeling of identified behavioral support strategies by a DDA Approved professional or DDA Approved Agency.
10. The qualifications for the person performing brief support implementation need to be extended to include a person with a Bachelor's degree	Not accepted	Brief Support Implementation service staff minimum requirements include: <ol style="list-style-type: none"> <li>1. Demonstrated completion of high school or equivalent/higher,</li> <li>2. Successfully completed an 40-hour Registered</li> </ol>

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		Behavioral Technician (RBT) training, and 3. Receives ongoing supervision by a qualified clinician who meets the criteria to provided behavioral assessment and behavioral consultation.
11. Regular SDS staff should not be required to attend BPS training unless team determines it is required.	Not accepted	As per federal requirements, the State must establish the essential minimum qualifications that a provider must meet in order to be deemed a qualified provider and the state must ensure that those requirements are met when the service is provided.  The DDA has established provider qualifications to ensure appropriately certified, trained, and qualified providers to delivery services.
12. Add “unless otherwise approved by DDA.” (as allowed in #1 for behavioral assessment) for BSIS.	Not accepted	Brief Implementation Supports Services are time-limited service to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement the Behavior Plans. It is available for up to 8 hours per day.
13. The clinician requirements should allow more options for Behavioral Support Services.	Not accepted	Qualified clinicians to complete the behavioral assessment and consultation include: (a) Licensed psychologist; (b) Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology); (c) Licensed professional counselor; (d) Licensed certified social worker; and (e) Licensed behavioral analyst. All clinicians must also have training and experience in Applied Behavior Analysis and Behavioral Tiered Supports Plans.

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Career Exploration		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Community Development Services		
Recommendation	Dept. Response	Dept. Comment
1. Service Requirement H related to transportation does not consider services can be provided under self-direction.	Accepted	Language was added to clarify transportation will be provided or arranged by the licensed provider or the self-directed participant. See Appendix C page 19.
2. Service Requirement language related to Section C-2-d is not consistent.	Accepted	Language was changed from “Section” C-2 to “Appendix” C-2. See Appendix C page 19.
3. The requirement that “Staff providing training on money management, time management, and community resources must have performed training on these topics in the previous two years” is unclear. Provide clearer language on this requirement.	Clarification	These topic areas will be included in basic staff training requirements. The language was deleted from the application. See Appendix C - pages 21, 25, 121, and 124.
4. Allow participants to have flexibility in the use of the hours approved by DDA in their service funding plan on an annual basis.	Clarification	Participants have the flexibility and ability to choose among several Meaningful Day service during the week. If a person needs more than 40 hours of support to access community-life beyond Meaningful Day services, there is probably another service, such as Personal Supports, that would be more appropriate.

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<p>5. Service Requirement F does not consider services can be provided under self-direction.</p>	<p>Clarification</p>	<p>Under the traditional service delivery model, the participant's PCP 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. Under the self-directed model, a mix of services can be provided on the same day.</p>
<p>6. The four person limit included in the CDS definition should be removed.</p>	<p>Not accepted</p>	<p>When supporting people to have an individualized experience where community connections are made, small groups provide more substantial and meaningful interpersonal interactions. This service purpose is to provide supports to assist individuals in learning new skills, build new relationships, and keeping the skills they currently have related to their individual community integration goals and outcomes. A smaller number of people with disabilities in a group proportionate to the group size and capacity for support is based on national best practices related to community-based non-work day services.</p>
<p>7. Add language from earlier versions of the service definitions so it is clear that the following are acceptable activities in both CDS and Day Habilitation: "meeting new people, making friends, and going to classes or activities for fun, fitness, or to learn."</p>	<p>Not accepted</p>	<p>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. This includes participation in:</p> <ol style="list-style-type: none"> <li>1. 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>

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<p>8. Recommend that a process and accommodation be put in place through the waiver to allow for a reasonable level of funding, if needed, to pay for the costs associated with staff attendance.</p>	<p>Not accepted</p>	<p>There are various community activities, resources, and entities that support or do not require fees for staff to support individuals with disabilities.</p>
<p>9. Remove requirement for activities to be with people without disabilities so wording to read: “Community Development Services provide the participant with the development and maintenance of skills related to community membership through engagement in community based activities.</p>	<p>Not accepted</p>	<p>This service helps participants with the development and maintenance of skills related to community membership through engagement in community based activities <i>with people without disabilities</i>. Personal Support services can assist participants engaging in community activities with persons with and without disabilities.</p>
<p>10. Remove the language requiring an individualized schedule, and replace it with: “Each participant’s daily activities will be based on their changing needs, desires and preferences, and their person-centered plan.</p>	<p>Not accepted</p>	<p>To ensure opportunities for community-based services, an approximate, individualized, monthly schedule will be developed for each person in services to provide an estimate of what the individual will do and where/when the individual will spend their time when in this service. Updates should be made as needed to meet the changing needs, desires and circumstances of the individual. The individualized schedule will be based on a PCP.</p>
<p>11. Add gain, retain, or advance opportunities for integrated volunteer opportunities.</p>	<p>Not accepted</p>	<p>Volunteering is indicated in Service Definition B. 5</p>
<p>12. Add “Supports within the participant’s residence related to community participation, such as participating in social media, playing games, and self-employment cottage industry pursuits.”</p>	<p>Not accepted</p>	<p>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>

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13. Transportation should not be embedded in service for SDS but a stand-alone service that includes all transportation needed by the participant for any reason	Not accepted	Transportation is a cost component of this service. Participant's self-directing service can indicate mileage reimbursement for their staff under benefits.
14. Remove limit requirements	Not accepted	The Waiver provides opportunities to use several Meaningful Day Services up to 40 hours per week and may not exceed a maximum of eight (8) hours per day similar to a typical work week. The Waiver also provides support services that can assist individuals at nights and on the weekends.
<b>Community Living--Enhanced Supports</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
Please clarify in the waiver application why Behavior Supports cannot be delivered at the same time as Community Living – Enhanced Supports. Community Living – Enhanced Supports does not list all of the services delivered under Behavior Supports, yet it apparently only serves people who need Behavior Supports. People receiving Community Living – Enhanced Supports will need similar assessments, consultation, etc. yet this is not spelled out under that service.	Clarification	The service definition notes includes additional observation and direction to address the participant's document challenging behaviors or court order. The staffing requirements include the requirement for the agency to have a Licensed Behavioral Analysis (LBA), Board Certified Behavioral Analysis (BCBA), or Psychologist on staff that would provide ongoing behavioral assessment and consultation on the service delivery.
<b>Community Living--Group Home</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
1. Under C, the criteria for providing Community Living – Group Home, we recommend adding	Accepted	Language was added to Service Requirement C. 3. (b). See Appendix C page 33

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<p>“physical or mental” before the first “health and safety” to ensure that people who are living in an emotionally abusive or unhealthy environment can move to a group home if that is their choice.</p>		
<p>2. Recommends that the following language be adopted: C. Effective July 1, 2018, the following criteria will be used for new participants to access Community Living– Group Home services: Participant has critical support needs that cannot be met by other residential or in-home services and supports, or other residential or in home services don’t support the participant’s quality of life, including housing affordability, proximity to family, friends and employment, choice of roommates, housing accessibility, or other important factors as outlined in the person-centered plan.</p>	<p>Not accepted</p>	<p>Service Requirement C lists the criteria to access this service and gives clarity, transparency, and specificity. The recommended language leaves room for various interpretation and potential confusion.</p>
<p>3. To more fully describe the purpose and expectations for this service, and because providers rarely use formal teaching methods, we recommend deleting the first three lines of the service definition at A and substituting the following definition from the CMS 2015 Technical Guide: Residential habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Residential habilitation also includes</p>	<p>Not accepted</p>	<p>In developing this service, the DDA received input from a workgroup of professionals. The current definition was created with input from this group and gives clarity, transparency, and specificity. Additional guidance and technical assistance can be provided for providers on the use of formal teaching methods.</p>



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personal care and protective oversight and supervision.		
<b>Day Habilitation</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
1. Day Habilitation isn't checked in the C-1-a Services Summary	Accepted	Service was checked in Appendix C page 1
2. Add Day Habilitation Services as an option for participant's self-directing services.	Accepted	Participant can use their self-directed budget under the budget authority to access Day Habilitation. Participant-Directed option was checked in Appendix C on page 41.
3. Day habilitation should continue as a daily billed service.	Not accepted	Based on the current traditional service delivery structure, a daily payment is made for a minimum of four hours of support in day habilitation. The future transition of this service to an hourly rate that will provide more flexibility and support for participants.
4. Add language from earlier versions of the service definitions so it is clear that the following are acceptable activities in both CDS and Day Habilitation: "meeting new people, making friends, and going to classes or activities for fun, fitness, or to learn."	Not accepted	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. This includes: <ol style="list-style-type: none"> <li>1. Learning general skills that can be used to do the type of work the person is interested in;</li> <li>2. Participating in self-advocacy classes/activities;</li> <li>3. Participating in local and community events;</li> <li>4. Volunteering;</li> <li>5. Training and supports designed to maintain abilities and to prevent or slow loss of skills for individuals with declining conditions; and</li> <li>6. Transportation services.</li> </ol>

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<p>5. Recommend deleting the first three lines of the service definition at A and substituting the following definition from the CMS 2015 Technical Guide: Services designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.</p>	<p>Not accepted</p>	<p>In developing this service, the DDA received input from a workgroup of professionals. Current definition gives clarity, transparency, and specificity.</p>
<p>6. Remove D—this section is unnecessary in light of sections M and N.</p>	<p>Not accepted</p>	<p>To provide clarity for participants and families, from July 1, 2018 through June 30, 2019, under the traditional service delivery model, a participant's PCP 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.</p>
<p>7. Recommend that people in day habilitation be able to engage in employment with supports from day habilitation staff, in order to provide seamless support.</p>	<p>Not accepted</p>	<p>Employment services are available for participants who are interested in working. As per federal requirements, supported employment supports “does not include facility based, or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.” “Participants receiving supported employment supports services may also receive educational, pre-vocational and/or day habilitation services and career planning services. A participant’s person-centered services and supports plan may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation services may not be billed during the same period of time.”</p>

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## Stakeholder Input Summary

Employment Discovery and Customization		
Recommendation	Dept. Response	Dept. Comment
1. Add “including self-employment” to Service Definition A. and C.	Accepted	Language was added. See Appendix C - page 44.
2. Services should not be limited to six months. We feel that the time frame should be based on an individual’s Person Centered Plan.	Not accepted	Employment Discovery and Customization activities should be completed within a six (6) month period unless otherwise authorized by the DDA.
Employment Services		
Recommendation	Dept. Response	Dept. Comment
1. Change language to: Ongoing job supports is reimbursed based on an hourly-basis and includes a fading plan <i>when appropriate</i> that notes the anticipated number of supports hours need.”	Accepted	Language was added to Appendix C - Service Requirement D on page 52 to reflect “when appropriate”.  Fading should be readdressed on a regular basis.
2. Add language to clarify the definition of On-going Job Supports within Employment Services compared to Supported Employment activities and services. It needs to be clear that while On-going Job Supports are only available when people start a new job, get promoted, or change positions or circumstances, Supported Employment includes, and will continue to include ongoing support to keep a job (when merged with Employment Services in July 2019).	Clarification	Current language notes Ongoing Job Supports includes “ <i>individualized supports a participant may need to successfully maintain their job.</i> ” See Appendix C - Employment Services Service Description C on page 51.
3. Change language to “includes face to face visits survey of the community near the individual’s	Clarification	Best practices show that face to face home visits can help lay the groundwork for a successful Discovery

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home.		process. If there is a reason that a person opposes this, the team should identify a way to replicate the intended results with perhaps different strategies. The intent is not to force a home visit, when/if someone is opposed.
4. Ongoing job supports should include any task an individual may need to maintain their job: understand personal and employment relationships/dynamics, when to take or come back from breaks, etc.	Clarification	These tasks would be included under 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.
5. Recommend the revision of the requirements for staff to allow demonstrated competencies associated with the outcomes for each services instead of requiring certain certificates.	Not accepted	Staffing requirements are designed to ensure that participants receive quality service/support in reaching their goals for the good life. Employment Services will be provided by staff who has a DDA approved certification in employment.
6. People should be able to receive Follow Along Supports and also receive the stand-alone Transportation service. That may have been the intent, but since the rate for Follow Along Supports is monthly there is no way to prevent that from occurring at the same time that stand-alone transportation services are accessed.	Not accepted	Transportation is included in the rate for Employment Supports including Follow Along Supports is one of the continuum of employment supports available.  The Rate Study consultant is working with the provider Technical Group to review transportation cost components.
7.Recommends that supervisory employment staff be required to obtain DDA approved certification and that other staff be encouraged, but not required, to become certified.	Not accepted	Direct support professionals performing the discovery service need to be appropriately trained and qualified. The DDA certification requirement will remain.
8. Remove Transportation and Behavioral Supports from the group that cannot be provided at the same time as Employment Supports.	Not accepted	Transportation and BSS services are included in the service and rate. They will remain in list of services that cannot be provided with this service.

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9. Employer authority needs to be checked for this service.	Not accepted	Employer authority options are available under ongoing staff support services including Community Development Services, Personal Supports, Respite Care, and Supported Employment.
10. Ongoing Job Supports should also apply to self-employment when disability requires supports in managing the business.	Not accepted	<p>Ongoing Job Supports are available to participant self-employed. They include:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. The facilitation of natural supports in the workplace;</li> <li>3. Systematic instruction and other learning strategies based on the participant's learning style and needs;</li> <li>4. Travel training to independently get to the job; and</li> <li>5. Personal care assistance, behavioral supports, and delegated nursing tasks to support the employment activity.</li> </ol> <p>They do not include supports to manage the business like record keeping, billing, etc.</p>
11. Requirement for DDA approved certification in employment should not apply to SDS.	Not accepted	Individuals performing this service need to be appropriately trained and qualified.
12. Transportation should be a stand-alone service for SDS participants	Not accepted	Transportation is a cost component of this service.

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## Stakeholder Input Summary

Environmental Assessment		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommend using Minnesota’s criteria for providers: agencies can provide home modification assessments without becoming a waiver provider or obtain specialized training as long as they meet one of the following qualifications: An Occupational Therapists that is currently registered by the American Occupational Therapy Association to perform assessment functions and have at least 1 year of experience with home modification evaluations; A Certified Aging-in-Place Specialist with at least 1 year of experience with home modification assessments; A Certified Accessibility Specialist, certified through the Minnesota Department of Labor and Industry with at least 1 year of experience with home modification assessments</p>	<p>Not accepted</p>	<p>Current requirements for a DDA approved professional include to be a licensed Occupational Therapist by the Maryland Board of Occupational Therapy Practice or a Division of Rehabilitation Services (DORS) approved vendor.</p> <p>DDA Organized Health Care Delivery System providers can employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or contract with a Division of Rehabilitation Services (DORS) approved vendor.</p>
Environmental Modifications		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommend that providers of home modifications do not have to become enrolled waiver providers</p>	<p>Not accepted</p>	<p>Current requirements for a DDA approved professional include to be a licensed home contractor or Division of Rehabilitation Services (DORS) approved vendor. DDA Organized Health Care Delivery System providers can employ or contract with licensed home contractor or Division of Rehabilitation Services (DORS) approved vendor.</p>

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2. Family member and relatives should be allowed to provide service if family member is a licensed contractor... could be the least expensive option and save the state money.	Not accepted	To eliminate conflict of interest and ensure that participants' health and safety needs are met, relatives and legal guardians are not an option for these services.
<b>Family and Peer Mentoring Supports</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
Not applicable		
<b>Family Caregiver Training and Empowerment Services</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
Not applicable		
<b>Housing Support Services</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
Not applicable		

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## Stakeholder Input Summary

Individual and Family Directed Goods and Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommends related to the service cap including:</p> <p>(a) DDA allow the amount be higher if pre-authorized by DDA and justified in the individual's plan.</p> <p>(b) Increase the limit to \$7,500 maximum.</p> <p>(c) The participant and the team to allocate funding to these services, not limited by DDA. Recommend no cap on this service.</p> <p>(d) If a participant's health and safety are not in jeopardy, they should be able to use as much as they need for these supports.</p>	Not accepted	<p>Individual and Family Directed Goods and Services (IFDGS) cap was increased from \$2,000 to \$5,500. IFDGS is an option which permits States to allow participants to use their individual budget for "permissible purchases" (i.e., to acquire items that increase independence or substitute for human assistance) to the extent that expenditures would otherwise be made for the human assistance. They are based on the participants ability to "save" or "accumulate" funds from their total budgets for the purchase of goods, services, supports, equipment, supplies, or items ("goods and services") that will increase independence or substitute for human assistance. One of the federal criteria for the use of the funds includes the IFDGS are able to be accommodated within the participant's budget without compromising the participant's health or safety.</p>
<p>3. Add (a) exercise (fitness, aquatics, yoga, dance, movement, etc.) and personal training as an allowed category. The waiver application includes fitness membership but that provides limited help for a person with a developmental disability</p> <p>(b) Personal trainers; spa treatments –Self-directing participants should be able to hire a "Professional Health Trainer/Coach"</p>	Not accepted	<p>Fitness memberships and fitness items purchased at most retail stores, as well as activities that promote community integration that meet the service criteria are covered through this service.</p> <p>Participants can consider using their personal funds to acquire a professional health trainer/coach or participate in classes and activities similar to the general public.</p>
<p>(c) cooking/meal preparation, computer skills, performing and creative arts as an allowed category</p>	Not accepted	<p>These activities can be supported in Personal Supports and Meaningful Day services.</p>



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<p>4. Add Post-Secondary (Non-credit classes) – These classes provide an opportunity for individuals with developmental disabilities to learn new skills, interests and engage with others on college campuses (like their typical peers).</p>	<p>Not accepted</p>	<p>This service does not cover tuition or educational services. Participants can consider using their personal funds similar to the general public.</p>
<p>5. Therapies -- The services that could also be provided under the CMS Service Category: Other Health Self-Directed Advocacy Network Comments 11 &amp; Therapeutic Services should be added in this category or a separate category created for these supports. These included services would be, among others, habilitative PT and OT; therapeutic riding; music therapy; and other therapies listed in that taxonomy.</p>	<p>Not accepted</p>	<p>Medically necessary therapies recommended by professional clinicians are covered under Medicaid. Therapeutic swimming and therapeutic horseback riding is currently listed as allowable services.</p>
<p>6. Fees associated with telecommunications, internet fees, cell and landline, telephone purchase and services – It should be the participant’s option to include those fees in his/her plan.</p>	<p>Not accepted</p>	<p>Participants can consider using their personal funds to acquire these services similar to the general public.</p>
<p>7. Vacation expenses – Expenses associated with staff that needs to accompany an individual on a vacation (such as additional room and meals) should be included in this category or elsewhere in the waiver.</p>	<p>Not accepted</p>	<p>As per federal instructions, services that are diversional/recreational in nature fall outside the scope of §1915(c) of the Act. There are various community activities, vacations packages, resources, and entities that support or do not require fees for staff to support individuals with disabilities.</p>
<p>8. Tickets and related cost to attend recreational events – The admission cost of staff to attend these events in the support of the participant should be covered by the waiver.</p>	<p>Not accepted</p>	<p>There are various community activities, resources, and entities that support or do not require fees for staff to support individuals with disabilities.</p>
<p>9. Staff bonuses should be included in the benefits section of each waiver service that has employer</p>	<p>Not accepted</p>	<p>The Waiver does not support staff bonuses. Under the self-directed services delivery model, employer related</p>

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<p>authority.</p>		<p>service includes funding for staff benefits and leave time subject to the following requirements:</p> <ol style="list-style-type: none"> <li>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 employment laws;</li> <li>2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local employment laws; and</li> <li>3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.</li> <li>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.</li> </ol>
<p>10. Housing subsidies should be included in the benefits section of each waiver service that has employer authority.</p>	<p>Not accepted</p>	<p>42 CFR §441.310(a)(2) prohibits making Medicaid payments for room and board (i.e., housing, food, and utility costs) except when the participant is receiving respite outside his/her private residence in a facility approved by the State or under Live-in Caregiver Supports.</p>
<p>11. Request should not be linked to an assessed need.</p>	<p>Not accepted</p>	<p>As per Service Definition A. 1. Individual and Family Directed Goods and Services must be relate to a need</p>

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		or goal identified in the Person-Centered Plan
<b>Live-In Caregiver Supports</b>		
Recommendation	Dept. Response	Dept. Comment
<p>Recommend that DDA:</p> <ol style="list-style-type: none"> <li>1. Amend the method for calculating caregiver rent by dividing the unit's Fair Market Rate by the number of persons in the household to determine the rent attributable to the live-in caregiver.</li> <li>2. "Rental rates must fall within Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD)." This language imposes unnecessary restrictions on locating housing that meets the needs of individuals who wish to use the service.</li> <li>3. Finding actual units that are available for rent within FMR guidelines is difficult in most communities</li> <li>4. Change to indicate that FMR is the maximum amount allowed for calculating</li> <li>5. Propose that caregiver rent be included in the Live-in Caregiver Supports service, and that rent be based on the interest portion of mortgage plus utility costs and caregiver food.</li> </ol>	Referral	The DDA received input from the Maryland Department of Disabilities and consultants related to the method used for calculating caregiver rent. The DDA has established a Housing workgroup and will refer these comments to them for consideration.

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## Stakeholder Input Summary

Medical Daycare		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Nursing Services (Nurse Consultation, Nurse Health Case Management, and Case Management and Delegation)		
Recommendation	Dept. Response	Dept. Comment
1. Change restriction of "a relative, legal guardian or legally responsible person" from being paid to provide Nurse Case Management and Delegation Services.	Accepted	Relatives can provide Nurse Case Management and Delegation Services, if he or she meets the qualifications and authorized by DDA due to the unique needs of the participant and skills of the relative.
2. Include a requirement that the nurse consider, as part of the individual assessment, the person's person centered plan and goals, preferences and ability to understand the risks and benefits of health services and respect an individual's informed choices	Clarification	All services offered are designed to respect the participant's informed choice and ensure that participants needs and goals are met, as outlined in the PCP. In addition, Nurses: (1) review 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.
3. Clarify that consultation services can be available to a person who has either paid staff, gratuitous care or both – as written, a person must have both paid staff and gratuitous care to receive this service.	Clarification	Consultation services are available to a person who has either paid staff, gratuitous care or both.

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<p>4. Combine all three nursing services into one service provided by RNs with a list of the many common requirements from each of the services. The descriptions of the three nursing services, Nurse Consultation, Nurse Case Management and Nurse Case Management and Delegation, are confusing, overly complex and repetitive.</p>	<p>Not accepted</p>	<p>Each nursing service is distinct to ensure that the needs of DDA waiver participants are being appropriately addressed. Some participants will need only consultation services, some may need health case management, and others may require nurse delegation services.</p>
<p><b>Participant Education, Training and Advocacy Supports</b></p>		
<p><b>Recommendation</b></p>	<p><b>Dept. Response</b></p>	<p><b>Dept. Comment</b></p>
<p>1. Add lodging and meals (as is included in the Community Supports Waiver)</p>	<p>Not accepted</p>	<p>CMS denied the request to cover lodging and meals and therefore it was removed.</p>
<p><b>Personal Supports</b></p>		
<p><b>Recommendation</b></p>	<p><b>Dept. Response</b></p>	<p><b>Dept. Comment</b></p>
<p>1. Please change the term “cooking” to “meal preparation”, so it includes cooking, serving, and all related cleaning up activities.</p>	<p>Accepted</p>	<p>Language changed in Appendix C Service Definition C. 1. on page 117</p>
<p>2. Service Requirement C.2. - Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local laws. Add the word “employment” before the word “laws.”</p>	<p>Accepted</p>	<p>Word was added in Appendix C Service Requirement D 2. on page 118</p>
<p>3. Service Requirement J language related to Section C-2-d is not consistent.</p>	<p>Accepted</p>	<p>Language was changed from “Section” to “Appendix” C-2. See Appendix C page 119.</p>

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4. Add banking, maintaining their personal room and/or living space(s) to list of in home skills development.	Clarification	Current language notes budgeting and money management for which banking is a component. Language also notes maintaining a bedroom for a child or home for an adult which includes personal room and living spaces.
5. DDA needs to ensure that transportation funding is adequate for Personal Supports.	Referral	Personal Supports transportation costs component is being considered under the Rate Study conducted by JVGA.
6. Personal Supports Retainer Fee: This seems to be missing from this section. It is important for participants to have this category available to them in order to retain employees when the participant is not available for the employee to work, such as when in a hospital.	Not accepted	Participant self-directed services have the option to provide benefits such as leave for these situations.
7. Personal Supports and Supported Living should be combined because they are virtually identical: staff supports provided in a person's home.	Not accepted	Personal Supports is designed to assist participants in becoming more independent through developing in home skills and community integration and engagement skills. Personal Supports is limited to up to 82 hours per week based on assessed need and can be provided in the participant's apartment, own, home, or their families' home. Supported Living allows for similar supports for up to 24 hours per day in their own home or apartment.
8. Recommend that a process and accommodation be put in place through the waiver to allow for a reasonable level of funding, if needed, to pay for the costs associated with staff attendance.	Not accepted	There are various community activities, resources, and entities that support or do not require fees for staff to support individuals with disabilities.
9. Service Requirement H related to transportation being included in the cost of personal supports should apply only to the traditional service delivery model.	Not accepted	Transportation will be a cost component of this service. Language was added to clarify transportation will be provided or arranged by the licensed provider or the self-directed participant. See Appendix C page 119.

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10. Add “but are not limited to” to Service Definition D.	Not accepted	The State was advised by CMS to not use this language which is also reflected in their technical guide.
11. Remove Service Requirement F. 3. related to services being available before and after meaningful day services.	Not accepted	Language related to when this service can be used is to give clarity, transparency, and specificity.
12. Add “For individuals not self-directing their services,” to Personal Support services limit to 82 hours per week.	Not accepted	State may establish a dollar or other limit on a service and provide alternatives once the limit is reached. The Waiver includes a new Supported Living services that includes up to 24 hours of service as another alternative to meet needs.
<b>Remote Monitoring</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
1. Recommend changing the title to “Remote Support Services.”	Accepted	Service title changed in Appendix C - under main service beginning on page 125 and throughout the waiver application.
2. Checked as a service that can be self-directed.	Accepted	Participant directed service delivery model was checked in Appendix C on page 126.
3. Remote Electronic Monitoring services should be implemented in a cost neutral manner. Remote Support Services should be used to reduce (or avoid adding additional) more expensive residential services.	Accepted	DDA policy will be established based on this standard with exception due to unique circumstances.
4. Recommend that the term provider be defined as the local residential provider that is billing for the services, and that the remote support service partner be reflected as the remote support service	Accepted	OHCDs has been added as a provider type for this service so that Remote Support Services providers can serve as a subcontractor of the Residential providers. See Appendix C page 126.

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<p>vendor. This would then allow the residential Medicaid provider to then choose its preferred Remote Support Service vendor (Rest Assured, Sengistix, etc) as a subcontractor that will provide the service on their behalf.</p>		<p>Remote Support Services providers can also apply to provide the services directly.</p>
<p>5. Change language and requirement to: "Remote Electronic Monitoring must be done in real time, by awake staff at a monitoring base <i>using one or more of the following</i>."</p>	<p>Accepted</p>	<p>Language changed in Service Requirement E noted on page 125.</p>
<p>6. Recommends that the remote monitoring agency be a subcontractor of a Maryland Medicaid provider.</p>	<p>Accepted</p>	<p>OHCDS has been added as a provider type for this service so that Remote Support Services providers can serve as a subcontractor of the Residential providers. See Appendix C page 126.</p>
<p>7. Increase the cap or permit reallocation of residential funding to supplement the cap.</p>	<p>Clarification</p>	<p>The limit will be removed and policy developed to reflect services should be implemented in a cost neutral manner.</p>
<p>8. Service definition needs full description that this will not infringe on a person's civil rights</p>	<p>Clarification</p>	<p>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 Electronic Monitoring service. Informed consent must be obtained for all individuals in the residence. The service design and implementation must ensure the need for independence and privacy of the participant who receives services in their own home. DDA will provide additional guidance and policies regarding the service and the participant's civil and human rights. These requirements are outlined in Appendix C - Service Requirements beginning on page 125.</p>
<p>9. Strongly urges Maryland's DDA to expand this definition to include learning and skills training through live two-way video conferencing.</p>	<p>Not accepted</p>	<p>Remote Support Services provides oversight and monitoring within the participant's home through an off-site electronic support system in order to reduce or</p>



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		<p>replace the amount of staffing a participant needs.</p> <p>Learning and skills training through live two-way interfacing can be provided under Meaningful Day services and the use of Assistive Technology.</p>
10. Service should be expanded to include not just an individual's home, but also other public and private community-based settings.	Not accepted	Service is designed to allow for provides oversight and monitoring within the participant's home.
11. Broadening of the service name to include remote/tele supports; It is part of the Supporting Families Community of Practice that Technology be fully explored and exploited as an integral component of the support star for greater independence.	Not accepted	<p>Remote Support Services provides 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>Learning and skills training through live two-way interfacing can be provided under Meaningful Day services and the use of Assistive Technology.</p>
<b>Respite Care Services</b>		
Recommendation	Dept. Response	Dept. Comment
1. Neighbors and friends should be treated like any other employee of the participant, regardless of what waiver service they are providing.	Clarification	The intent of the language was for the PCP to reflect the use of a neighbor or friends was based on the meeting the safeguard criteria listed on page 177 including: 1. Choice the neighbor or friends truly reflects the participant's wishes and desires; 2. The provision of services by the neighbor or friends is in the best interests of the participant and his or her family; 3. The provision of services by the neighbor or friends is appropriate and based on the participant's identified support needs; etc. Language was added to reference safeguard elements.

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<p>2. Service Requirement H: 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.</p> <p>This requirement should only apply to provider agencies and not individuals who are providing services to self-directing participants. Only the participant and the team should have to determine if the home where services are to be provided is appropriate and safe for the participant regardless of whether it is the home of a relative, neighbor, or friend.</p>	<p>Clarification</p>	<p>Respite can be provided in a variety of settings including the participants own home, the home of a relative, friend or neighbor, and a DDA licensed group home.</p> <p>Licensed residential site applies to DDA licensed group home sites that provide respites services. Service provided in a participant's home or the home of a relative, friend or neighbor do not need to be licensed.</p>
<p>3. Service Requirement F: Services can be provided at an hourly rate for 8 hours or less; or at the day rate for over 8 hours, daily.</p> <p>Add to the beginning of this section: "For individuals not self-directing their services, ." This can only be a provision for provider agencies.</p>	<p>Not accepted</p>	<p>DDA will provide guidance around reasonable and customary hourly and daily rates for SDS.</p>
<p><b>Shared Living</b></p>		
<p><b>Recommendation</b></p>	<p><b>Dept. Response</b></p>	<p><b>Dept. Comment</b></p>
<p>1. Allow respite services for individuals in shared living since caregiver burnout is a very real problem for anyone supporting individuals on a daily basis.</p>	<p>Accepted</p>	<p>Participants receiving Shared Living services can access the various support services including Respite.</p>
<p>2. P. 137, Service Definition D: Host Family should be a one-person environment.</p>	<p>Accepted</p>	<p>Individual host home option was added to Appendix C - Service Requirements on page 143.</p>

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3. No ongoing supports should be needed by an agency other than the general oversight provided by the team.	Clarification	Current ongoing supports are being transitioned to stand alone services.
4. Support allowing family members to serve as shared living staff.	Not accepted	This service is provided by a DDA approved provider and for participants who do not have family or relative supports. Other services models can support living arrangements with family members.
5. This service be something participants can self-direct and include siblings or other family members other than parents.	Not accepted	This service is provided by a DDA approved provider for participants who do not have family or relative supports. Other services models can support living arrangements with siblings and family members.
6. The Host Home should not be required to be located through an agency	Not accepted	This service is provided by a DDA approved provider and includes matching of the participants and the host home based on the participants preferences. Identification of the host home can come from various sources including homes identified by the participant.
7. Real families make real homes, too, and should not be excluded from this service under self-direction.	Not accepted	This service is designed for participants that do not have family or relative support but want to experience family support. Other services models can support living arrangements with participant's family members.
<b>Supported Employment</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
1. Add including self-employment to Service Requirement A.	Accepted	Language added in Appendix C Service Requirement A page 152.
2. Revise Appendix C to include DDA's commitment to supported employment for those needing ongoing staffing support.	Clarification	Ongoing supports are included in Service Definition B. 4. in Appendix C page 151.

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3. Transportation should be a stand alone service for SDS.	Not accepted	Transportation is a cost component of this service. Participant's self-directing service can indicate mileage reimbursement for their staff under benefits.
<b>Supported Living</b>		
Recommendation	Dept. Response	Dept. Comment
1. Personal Supports and Supported Living should be combined because they are virtually identical: staff supports provided in a person's home.	Not accepted	Personal Supports is designed to assist participants in becoming more independent through developing in home skills and community integration and engagement skills. Personal Supports is limited to up to 82 hours per week based on assessed need and can be provided in the participant's apartment, own, home, or their families' home. Supported Living allows for similar supports for up to 24 hours per day in their own home or apartment.
<b>Transition Services</b>		
Recommendation	Dept. Response	Dept. Comment
1. Service could be used to move to your own home from the participant's family home.	Not accepted	In developing this service, the DDA met with a workgroup of professionals for which the service scope was based on their recommendations. This service is Specific purpose is to support people transitioning from an institution or most restrictive environment to their own home.

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Transportation		
Recommendation	Dept. Response	Dept. Comment
1. The training and documentation requirements for transportation would not allow a provider to use a taxi company since they do not receive CPR training and we cannot keep records of their licenses.	Accepted	CPR, and first aid certification requirements were removed. See Appendix C - Transportation - pages 166 and 168.
2. It is unclear whether or not DDA intends for Transportation to be used by people who are working independently. If so, that needs to be clarified in the service definition.	Clarification	Participants can use their personal funds to pay for transportation expenses similar to the general public
3. The funding limit may also need to be increased if people are accessing transportation daily for employment and also using it to access their community during non-work time.	Clarification	Participants can use their personal funds to pay for transportation expenses similar to the general public.
4. Service Requirement G related to services for which transportation services are not available at the same time as the direct provision of various meaningful day, support and residential services should apply to services provided under self-directed since the cost of transportation including mileage is not covered in the rate paid to the individual providing this service.	Not accepted	Transportation is a cost component of this service. Participant's self-directing service can indicate mileage reimbursement for their staff under benefits.
5. Please fix the wording to make it clear that this is for ANY transportation need included in the plan. Do not eliminate the ability of participants to use their transportation budget to go to anywhere they want to go without their budget constraints, including out of state (many people live near our	Not accepted	Transportation services are designed specifically to improve the participant's ability to access community activities within their own community. Participants can consider using their personal funds similar to the general public for long distance trips.

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<p>state borders) and long-distance trips. SDS participants should be able to move about freely like their typical peers. Let their budget constraints and other exclusions in the waiver keep this to a reasonable level of expenditures, to be determined by the participant and his/her team.</p>		
<p>6. For participants self-directing their services add “all transportation services will be paid out of this stand-alone category.” to Service Requirement B.</p>	<p>Not accepted</p>	<p>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 July 1, 2019, Respite Care, Shared Living, Supported Employment, or Supported Living services as it is a component of these services.</p>
<p>7. Add legal guardian and legally responsible person as an allowable provider under self-direction</p>	<p>Not accepted</p>	<p>Legal guardian and legally responsible persons are not a provider option for providing transportation.</p>
<b>Vehicle Modifications</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
<p>1. A prescription for vehicle modifications requirement should not apply to modifications that are not related to a driver but rather for passenger needs, such as wheelchair ramp or swing-out seat.</p>	<p>Not accepted</p>	<p>The prescription for vehicle modifications is specific to the year/make/model of the vehicle for which the ramp, swing-out seat, etc. modification and must be completed by a qualified specialist.</p>

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Relatives Performing Services		
Recommendation	Dept. Response	Dept. Comment
1. Stakeholder should have input on new Supportive Decision Making agreements and service agreements for legally responsible persons.	Accepted	The DDA will seek input from stakeholders on these forms.
2. The DDA should get input from stakeholders related to the 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.	Accepted	The DDA will seek input related to this process.
3. Under definition of Legally Responsible Person add to (1) <i>“For minor children:”</i> related to 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 Add to (2) <i>“for adults:”</i> related to 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.	Clarification	<p>Current language reflects this intent. Point (1) notes a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible <i>for the care of a minor</i> (e.g., foster parent or relative appointed by court).</p> <p>Point (2) notes an individual – not a provider agency – legal guardian of a <i>vulnerable adult</i> 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.</p>
4. When a relative or legal guardian, other than a spouse or the parent of a minor child, is qualified to perform a waiver service, such as Assistive Technology Services, Behavior Supports, Environment Assessment, Environmental	Not accepted	<p>The DDA has established provider qualifications to ensure appropriately certified, trained, and qualified providers to delivery services.</p> <p>To eliminate conflict of interest and ensure that</p>

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<p>Modification, Housing Support Services, Nursing Services, or Vehicle Modification, among others, they should be allowed to provide that service if they are lowest cost choice available to the participant and the participant wishes to receive their services. This can be accomplished, by checking the box in section C-2 e that states, “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.</p>		<p>participants health and safety needs are met, relatives and legal guardians are not an option for these services.</p>
<b>Provider Requirements</b>		
Recommendation	Dept. Response	Dept. Comment
<p>1. DDA should amend its “one size fits all” list of requirements for service providers.</p>	<p>Accepted</p>	<p>The DDA reviewed provider qualifications and removed requirements for driver’s license, car insurance, criminal background check, CPR, and first aid certification for the following services:</p> <ol style="list-style-type: none"> <li>1. Assistive Technology and Services - see page 5</li> <li>2. Behavioral Support Services - see pages 11 and 15</li> <li>3. Environmental Assessment - see pages 58-59</li> <li>4. Environmental Modification - see page 62</li> <li>5. Family Caregiver Training and Empowerment Services - see pages 72-73 and 75-75</li> <li>6. Vehicle Modification - see page 171</li> </ol> <p>For the following services the possession a valid driver’s license and automobile insurance will be required for non-commercial drivers if the operation of a vehicle is necessary to provide services; CPR, and first aid certification requirements were removed:</p> <ol style="list-style-type: none"> <li>1. Transportation - see pages 166 and 168</li> </ol>



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		<p>Based in these changes, the provider standards for individuals supporting participants under the self-directed service model was also adjusted.</p> <p>(Reference Appendix C)</p>
<p>2. Recommend correcting the following requirement, "...be in good standing with the IRS and Maryland Department of Taxation." It is just a small point of clarification that the Department to which this section refers is officially The Maryland Department of Assessments and Taxation</p>	<p>Accepted</p>	<p>Language changes in each provider qualification requirements section.</p>
<p>3. Under several services, it is unclear who would be defined as an individual "professional" under the Provider Qualification sections, and why there is a difference in the standards for individual professionals vs. agency staff.</p>	<p>Clarification</p>	<p>A willing provider is an individual or entity that executes a Medicaid provider agreement and accepts the State's payment for services rendered as payment in full.</p> <p>Individuals professionals such as Registered Nurse, Occupational Therapist, Licensed Psychiatrist, etc. may choose to independently provide a Waiver services and must meet applicable direct care professional qualifications requirements.</p> <p>Agencies that either hire or contract for staff also have to meet the same specific direct care professional qualifications requirements.</p> <p>Participant's self-directing services can hire their own staff who must meet minimum qualifications noted in each service and also have the option to use a DDA approved professional or agencies or a DDA licensed agency.</p>
<p>4. Except for passing a background check and successful completion of CPR/FA certification,</p>	<p>Not accepted</p>	<p>As per federal requirements, the State must establish the essential minimum qualifications that a provider</p>

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<p>only the participant and their team should determine employee qualifications.</p> <p>If the participant and their team determine an employee to be able to perform the duties of the service, even an employee without a GED or HS Diploma, the employee should be able to be hired.</p>		<p>must meet in order to be deemed a qualified provider and the state must ensure that those requirements are met when the service is provided.</p> <p>The DDA has established provider qualifications to ensure appropriately certified, trained, and qualified providers to delivery services.</p>
<b>Appendix D - Participant Centered Planning and Service Delivery</b>		
Recommendation	Dept. Response	Dept. Comment
<p>1. There should be a requirement for communication back to the participant and support broker related to CCS receipt, submission, and DDA approval of a Budget Modification</p>	<p>Accepted</p>	<p>Guidance and policy will be established related to support and enhance communication related to plan modifications.</p>
<p>2. Add “especially” to the following sentence: “In addition to objective assessments, the family is a key source of information on risk assessment and mitigation, <i>especially</i> when supporting participants under the age of 21.”</p>	<p>Accepted</p>	<p>Language was added in Appendix D page 6.</p>
<p>3. P. 4, “Provision of Information..”: This paragraph is focused on “qualified providers”, a Traditional Model term. This paragraph should also address what can be done for those in the Self Directed Model. Also, what is available from natural supports, free services and other services ‘beyond’ the DDA realm.</p>	<p>Clarification</p>	<p>Qualified provider is a general term to describe the individuals, community-based agency, vendors, and entities whether provided under the self-directed service delivery or traditional model. All must meet specific provider requirements prior to the delivery of services.</p> <p>This section in the Waiver is specific to information available regarding Waiver services. Participants are also informed of other community, local, State, and federal services and supports.</p>

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<p>4. The requirement that all new hires must complete all training before providing any services is a higher standard than currently exists. Recommends that the current standard of completion of all training within 90 days continue, as well as the requirement that only certain training components (such as first aid and CPR) be completed before service is provided.</p>	<p>Clarification</p>	<p>The DDA will issue a policy related to the basic core staff trainings required prior to service delivery and trainings that must be completed within 90 days of hire.</p>
<p>5. Suggest adding: “The CCS will also inform the participant, his or her authorized representative, his or her family members, and other identified planning team members about the option to select a Support Broker to help in the planning process and provides the team with a list of DDA certified supports brokers.”</p>	<p>Clarification</p>	<p>This section of the waiver is specific to informing participants about informed providers. Support Brokers are considered a provider and therefore would be included in the discussion regarding qualified providers and availability of service providers on an ongoing basis.</p>
<p>6. There should be consideration for natural disaster and national emergency planning in the risk assessment section.</p>	<p>Clarification</p>	<p>Through the use of the supporting families’ tools such as the Integrated Support Star, Life Trajectory, Exploring Life Possibilities, Integrated Long- Term Services and Supports – Needs Template and Before and After Integrated Supports, individuals and families will also assess other areas of risk for the individual in addition to medical concerns such as natural disaster and national emergency planning.</p>
<p>7. Under multiple services, including BSS, CDS, Day Habilitation, Employment Services, Residential Services, and numerous others, change the language to “Conduct required criminal background checks, Medicaid exclusion list...”.</p>	<p>Not accepted</p>	<p>Criminal background checks must be conducted and submitted to DDA with the provider application.</p>
<p>8. Recommends that existing staff not be required to go through new training.</p>	<p>Not accepted</p>	<p>To ensure direct care professionals are appropriately trained on best practices and standards, all staff will need to complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires</p>

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		must complete the DDA required training prior to service delivery.
<b>Appendix E - Participant Direction of Services</b>		
Recommendation	Dept. Response	Dept. Comment
1. Redefine family as immediate only	Accepted	Definition of relatives will continue to be defined as natural or adoptive parent, step parent, or sibling.
2. Allow family members to serve as staff.	Accepted	Relatives who meet provider qualifications can provide the following services: Community Development Services, Nursing Services, Personal Supports, Respite, Supported Living, Supported Employment, and Transportation.
<p>3. Recommend that policy be reconsidered to determine if a reasonable implementation policy could be designed that would allow individuals to self-direct some services while utilizing a traditional model for others.</p> <p>Participants should be able to continue to receive services from both models and not have to choose all of one over all of another. A mix of services should be allowed. Appendix E-1 d - Election of Participant Direction - select third box in this section to offer opportunity to direct some or all services with the following criteria "It has been determined by the team that a combination of Self-Directed Services and Traditional Services are in the best interest of the participant.</p>	Accepted	<p>Participants have the choice of using the self-directed or traditional service delivery model.</p> <p>Day Habilitation will now be an option under self-directed services where participants can utilize their budget authority to access this service if it meets their needs.</p> <p>Medical Day Care and Community Living will remain options only available under the traditional service delivery model.</p>

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<p>4. As with providers under the traditional model, DDA should actively seek ways to reduce processes and increase flexibility in service management under self-directed to allow participants greater access to services and resources.</p>	<p>Accepted</p>	<p>The DDA is working with the Self-Directed Steering Committee to establish a manual. The DDA will also be issuing policy and guidance to increase flexibility and efficiencies of processes.</p>
<p>5. Recommend that there be a mechanism that proves that the person interviewed to the best of their ability, with or without support and chose their Support Broker.</p>	<p>Accepted</p>	<p>The DDA must ensure, with recommendations by the CCS and team, that the participant, or his or her designated representative, is capable of making informed decisions regarding how services are provided such that there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant. The CCS with input from the team will share information with the participant about the rights, risks, and responsibilities of managing his/her own services and managing and using an individual budget. This process is documented with the Self-directed Services Agreement to indicate the participant or his or her designated representative is capable of making informed decisions.</p>
<p>6. Add the following italics language under “How Participants May Enroll in the Self-Directed Service Model”</p> <p>If the participant is interested in the Self-Directed Service Model as the delivery model for services, then he or she will work with his or her Coordinator of Community Services (CCS) <i>to organize their team</i>, develop a PCP and request enrollment in the Self-Directed Service Model.</p> <p>This process is documented with the Self-directed Services Agreement to indicate the participant or</p>	<p>Accepted</p>	<p>Language was added in Appendix E on page 2.</p>

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<p><i>his or her designated representative</i> is capable of making informed decisions.</p>		
<p>7. Add italics language to Information and Assistance in Support of Participant Direction on page 10. The CCS promotes services that are planned and delivered in a manner that are <i>timely executed to meet the participant's needs as stated in their PCP</i>, encourages self-sufficiency, health and safety, meaningful community participation, and the participant's desired quality of life.</p>	<p>Accepted</p>	<p>Language was added in Appendix E on page 9.</p>
<p>8. Add "timely" to (c) Support by Entities for Participants in the Self-Directed Service Model 4. On page 3.</p>	<p>Accepted</p>	<p>Language was added in Appendix E on page 2.</p>
<p>9. Include information related to when the new self-directed services manual is anticipated to be released.</p>	<p>Accepted</p>	<p>Language was added in Appendix E on page 15.</p>
<p>10. Add <i>Support Broker</i> noted in italics in the following sentence: "The FMS will provide a monthly report to the participant and his or her authorized representative and <i>the Support Brokers</i> with information related to expenditures and current balance."</p>	<p>Accepted</p>	<p>Language was added in Appendix E on page 15.</p>
<p>11. CCS need to be trained so they can talk about the Self-Direction option intelligently and positively.</p>	<p>Accepted</p>	<p>The DDA is exploring multiple training strategies for CCS related to SDS.</p>

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<p>12. Add the following italics language under “How Participants May Enroll in the Self-Directed Service Model”</p> <p>If the participant is interested in the Self-Directed Service Model as the delivery model for services, then he or she will work with his or her Coordinator of Community Services (CCS), <i>along with a Support Broker, if identified</i>, to develop a PCP and request enrollment in the Self-Directed Service Model.</p>	<p>Accepted</p>	<p>Language was added in Appendix E on page 2.</p>
<p>13. Concerned that DDA is inferring that an adult (not under guardianship) must have a legally responsible person to speak for them.</p> <p>Remove requirement for non-legal representative, guardian, or authorized representative to participate in self-direction.</p>	<p>Clarification</p>	<p>Adult participants can independently self-direct their services or choose a “designated representative.” A designated representative is a person authorized by the participant, on the form provided by the Department, to serve as a representative in connection with the provision of services or supports under the self-directed services delivery model.</p>
<p>14. Remove any reference “that the participant... is capable of making informed decisions regarding how services are provided” in order to self-direct services.</p>	<p>Clarification</p>	<p>Participants or legal guardian have the option to choose the self-directed service delivery model. Adult participants can independently self-direct their services or choose a “designated representative.” A designated representative is a person authorized by the participant, on the form provided by the Department, to serve as a representative in connection with the provision of services or supports under the self-directed services delivery model. The participant, legal guardian, or their designated representative must be capable of making informed decisions in order to participate under this service delivery model.</p>
<p>15. The Participant-Directed Budget on page 15 needs to address when and how the methods to</p>	<p>Clarification</p>	<p>As noted in this section, a participant’s self-directed budget will be determined through a person-centered</p>

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<p>establish the budget will be publicly provided. And that the public disclosure will be in full.</p>		<p>planning process that offers budget flexibility while ensuring that the amount of the self-directed budget is not greater than the cost of traditional services for that individual. The participant's self-directed budget will encompass all services in their plan and will be presented as part of the person centered planning process.</p> <p>The DDA will use the following approach for determining a participant's self-directed budget:</p> <ol style="list-style-type: none"> <li>1. The Coordinator of Community Services (CCS) and team will assess the needs of the participant through a person-centered planning process;</li> <li>2. The CCS and Team will develop a Person-Centered Plan to meet those needs and service request (expressed in service units and cost reimbursement services); and</li> <li>3. A dollar value will be assigned to the plan using payment rates from the traditional service delivery system.</li> </ol> <p>Information regarding the budget methodology for participant-directed budgets will be made available to the public via the federally approved waiver application, regulations, and a new self-directed services manual.</p>
<p>16. Support minor adjustments in the plan and/or budgets be part of the participant's management. Minor might mean up to 5% of the total budget per change with a maximum of 20% over the fiscal year. Such changes would not need DDA approval. This would give more encouragement to a participant's independence and responsibility. It would, perhaps significantly, expedite operations and reduce DDA burdens. This would truly</p>	<p>Clarification</p>	<p>To support payment of qualified provider, a modification is needed in the PCP. The options selected states the modifications to the budget must be preceded by a change in the service plan. For current services, a budget modification forms will be used which is a change in the plan. Not all changes need to be approved by the DDA; however they do need to be included in the PCP for authorization of payment. Further guidance will be provided by the DDA.</p>



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<p>represent “making informed decisions”, a quotation from the first paragraph on P. 1.</p>		
<p>17. The participant should have the authority to modify services included in his/her approved budget without prior approval as this is the essence of self direction. As long as the team is in agreement, and the shift in funds between approved items does not negatively impact the health, safety or well being of the participant, it should be possible to move funds without the formal processes recommended.</p>	<p>Clarification</p>	<p>To support payment of qualified provider, a modification is needed in the PCP. The options selected states the modifications to the budget must be preceded by a change in the service plan. For current services, a budget modification forms will be used which is a change in the plan. Not all changes need to be approved by the DDA; however they do need to be included in the PCP for authorization of payment. Further guidance will be provided by the DDA.</p>
<p>18. Appendix E-2 b.ii.3. - When developing the SD service budget - Add “less an appropriate, person-centered-determined administrative fee to cover the costs of the Fiscal Management Services (FMS) and Support Broker Services.</p>	<p>Clarification</p>	<p>Language related to administrative fees to cover cost of the FMS was deleted. When The CCS and Team will develop a PCP to meet assessed needs and service request which are expressed in service units and cost reimbursement services. The self-directed budget dollar value will be assigned to the plan using payment rates from the traditional service delivery system. Therefore, there will be no reduction for administrative cost associated with FMS or SB services. See Appendix E page 15.</p>
<p>19. Appendix E-1 j (e) - The CCS should not act as the supervisor nor be the only evaluator of the support broker. Change language to reflect “The participant and his/her support team, which includes the CCS” for entities responsible for assessing performance.</p>	<p>Clarification</p>	<p>The participant, legal guardian, designated representatives, and support team should continually assess performance, progress toward goals, and changing needs. This section of the Waiver is specific to the State’s strategy and designation of an entity to assess performance of Support Broker Service. CCS are required to conduct quarterly monitoring of the provision of all Waiver services and therefore they are noted in this section.</p>

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<p>20. Supports Broker, Specific Limits – The language should reflect “Initial Planning and Start Up Activities” OR “The first __ number of months after the award to reflect a time period where there may be more hours needed as a person starts their service.</p>	<p>Clarification</p>	<p>Support Broker services will be provided as an administrative service and therefore no longer included as a stand-alone waiver services. Therefore this language does not exist in the renewal.</p> <p>The DDA will provide additional guidance regarding services implementation including the Support Broker providing an initial introductory orientation related to “employer of record”, Department of Labor, and applicable federal, State and local employment requirements; development of staff policies, procedures, schedules, and backup plan strategies; and recruitment, advertising, and interviewing potential staff.</p>
<p>21. “Initial Planning and Start Up Activities” ~ please assure that up to 10 hours per month is standard if this is proposed to remain in the waiver. A person should not have to request this if this is standard in the waiver</p>	<p>Clarification</p>	<p>This service is no longer a stand-alone waiver services and therefore this language does not exist in the renewal. DDA will provide additional guidance regarding services implementation.</p>
<p>22. More than one FMS should be selected moving forward.</p>	<p>Clarification</p>	<p>The Department is in the process of issuing a Request for Proposal (RFP) for FMS Services. The Department will follow the procurement processes to identify the best qualified services</p>
<p>23. Related to Participant Exercise of Budget Flexibility, the waiver should make clear that this statement is related to the modifications in the budget “amount” and not “shifting” of funds within the budget worksheet.</p>	<p>Clarification</p>	<p>The Waiver application template for this item is provides two options to check and does not support the entry of additional language or details. Additional guidance will be provided in manuals and policies.</p>
<p>24. CCSs should have to provide proof of sharing information about SDS with participants.</p>	<p>Clarification</p>	<p>CCS must document individuals choice related to SDS on the Freedom and Choice and Level of Care (LOC) forms required with the waiver application and also on the annual LOC recertification.</p>

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25. Expand Employer Authority to all waiver services	Not accepted	Employer authority options are available under ongoing staff support services including Community Development Services, Personal Supports, Respite Care, and Supported Employment.
26. Eliminate the prohibition of having family members work as direct-care staff when another family member is the authorized representative and allow a direct-care staff member to also be an authorized representative with the understanding that the role of the authorized representative has to be restricted in that someone else must sign the timesheet for participant employer.	Not accepted	<p>To prevent conflict of interest and ensure that participants health and safety needs are met, relatives, legally responsible person and guardians will be able to provide specific service as outlined in C-2 e based on established criteria and safeguards.</p> <p>Either the participant, their legal guardian, or a designated representative must fulfill the employer responsibilities to include signing timesheets. Identifying another person to complete this responsibility will create a third party joint employment arrangement.</p>
27. Restore Support Broker role as a required member of the team with all the duties and responsibilities in the current waiver; to act as the agent for the participant and sign timesheets	Note accepted	Support Broker services will be an option for participants using the self-directed service delivery model. Support Brokers can coach and mentor a participant, their legal guardian, or designated representative. Making decision and signing timesheets would make the Support Broker a third party employer as per advice from consultants.
28. (E1) Language should be changed to “participant and authorized representative if applicable” not “or”.	Not accepted	A participant or legal guardian may direct his or her own services or appoint a designated representative to direct on their behalf known
29. Add official document attached to the waiver or URL to the document to represent the Life Course	Not accepted	The Waiver application does not support attaching documents and URL can change over time. The DDA will continue to provide training and information related to the LifeCourse Framework.

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<p>30. Add the following italics language under “How Participants May Enroll in the Self-Directed Service Model”</p> <p><i>The participant’s team will as a minimum include the participant or authorized representative as head of the team, CCS to provide services and support as described within this waiver, the Support Broker to provide services and support as described within this waiver, representative from the Financial Management Service provider to provide services and support as described within this waiver and any other member as determined necessary by the participant.</i></p>	<p>Not accepted</p>	<p>The participant or legal representative will determine the team member.</p>
<p>31. Under Expenditure Safeguards, add “<i>This report must provide to the participant and his or her authorized representative and the Support Broker prior to the end of the month succeeding the reporting month.</i>”</p>	<p>Not accepted</p>	<p>Specific processes and timelines will be outlined in the FMS request for proposal and policies.</p>
<p>32. Under Expenditure Safeguards, add “<i>There will also be a review to determine if Request for Budget Modification and Modified Service Funding Plan Request are being effectively and timely processed by the CCS to DDA for review and approval.</i>”</p>	<p>Not accepted</p>	<p>Request for Budget Modification and Modified Service Funding Plan Request will be phased out with the implementation of Long Term Services and Supports IT system.</p>

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## Stakeholder Input Summary

Appendix F - Participant Rights		
Recommendation	Dept. Response	Dept. Comment
1. A grievance/complaint system should be established to provide participants a way to register and document grievances and complaints.	Accepted	<p>The DDA is exploring the development of a formal grievance/complaint system. Until established, individuals and providers can seek resolution of problems and issues with the services including:</p> <ol style="list-style-type: none"> <li>1. File a complaint with the Office of Health Care Quality at: <a href="https://health.maryland.gov/ohcq/SitePages/Complaint%20Form.aspx">https://health.maryland.gov/ohcq/SitePages/Complaint%20Form.aspx</a></li> <li>2. Contact the DDA Regional Office <a href="https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx">https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx</a></li> <li>3. Contact the DDA's Constituent Services Coordinator Anthony Jackson at <a href="mailto:anthony.jackson@maryland.gov">anthony.jackson@maryland.gov</a></li> </ol>
2. SDS specific-forms and training need to be developed related to incident reporting for participants who reside in his/her own home or his/her family's home	Accepted	The DDA is reviewing and updating the current Policy on Reportable Incidents and Investigations and will incorporate SDS.
3. Recommend that an additional dispute resolution process be establish that is not conditional upon first requesting a Medicaid Fair Hearing and is limited to the matters such hearings cover.	Clarification	The DDA offers a dispute resolution process called a Case Resolution Conference (CRC), where the participant, his/her family (if applicable), and the DDA engage in discussions surrounding the DDA decision or action in question. A CRC provides an opportunity for a participant, his/her family, and representatives from the DDA to resolve a dispute before a participant's Medicaid Fair Hearing. The individual is informed that a CRC is not required prior to or as a substitute for a Medicaid Fair Hearing. A CRC is offered for any type of dispute for which an individual may request a Medicaid

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## Stakeholder Input Summary

		Fair Hearing (see Appendix F-1).
4. Related to the letter sent to individual to inform them of their Medicaid Fair Hearing rights - this letter should also be mailed (or emailed) to any individual named in the plan as a member of the planning team, such as the CCS and the Support Broker.	Clarification	The letter is mailed to the individuals, his/her family or his/her legal representative. The CCS and authorized representatives are also copied which could include the Support Broker based on the individual's choice.
<b>Appendix G - Participant Safeguards</b>		
Recommendation	Dept. Response	Dept. Comment
1. DDA is also required to comply with regulations to prevent sexual abuse. These regulations, at COMAR 10.01.18, would educate staff and participants and as well as provide for remediation of harm. We recommend that DDA fully implement the training provisions in these regulations and include them as part of the Participant Safeguards.	Agree	The following language was added to Appendix G on page 3 – “In addition, COMAR 10.01.18 requires that DDA-licensed vocational and day services programs adopt Sexual Abuse Awareness and Prevention Training, including mandatory reporting requirement, for both its staff and participants.”
2. Under Md. Code, Health Gen. Art § 7-1005, DDA is required by state law to maintain a Central Registry of abuse and neglect. DDA does not have such a registry. Most abuse, neglect and other rights violations do not result in criminal prosecutions. As a result, staff who cause or are associated with abuse and neglect cannot be identified through background checks. Though for several years advocates have asked DDA to provide a database of all direct care staff so that prospective employers can call previous employers and make inquiries (Maryland law protects good faith reporting by employers of	Clarification	The DDA maintains a central registry of abuse reports, their disposition, and remedial actions in its PCIS2 incident reporting system. Nothing in the Health-General Article Section 7-1005(e) requires that this registry be shared with the public or with other private providers not involved in a report of alleged abuse. Due to confidentiality and legal requirements associated with this sensitive information, including the due process rights of individuals against whom allegations of abuse are made, it is only available for review by DDA and OHCQ.

# Community Pathways Waiver Renewal

## Stakeholder Input Summary

abuse and neglect), DDA has claimed that the costs are too high. We ask that DDA implement this or another system to protect participants from abuse or neglect by employees who were terminated but not criminally prosecuted.		
<b>Appendix H - Quality Improvement Strategies</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
Not applicable		
<b>Appendix I - Financial Accountability</b>		
<b>Recommendation</b>	<b>Dept. Response</b>	<b>Dept. Comment</b>
1. An adequate administrative rate should be included for all services that are provided by or through a DDA-licensed provider.	Accepted	An administrative component should be included for all licensed based services which is part of the rate study. JVGA took into account provider ledgers when determining new rates.
2. Under traditional service model, there should be a process whereby participants, or their representatives, are provided a statement of services and payments on behalf of the participant.	Not accepted	Current data systems do not support this type of report. The DDA will explore options under the Long Term Services and Supports information technology system.
Note: All rate study questions were referred to the Rate Study Consultant.		

# Community Pathways Waiver Renewal Stakeholder Input Summary

Appendix J - Cost Neutrality Demonstration		
Recommendation	Dept. Response	Dept. Comment
Not applicable		