

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

EMPLOYMENT SERVICES, DAY HABILITATION, AND COMMUNITY DEVELOPMENT SUPPORTS	
Comment/Recommendation	DDA's Current Response 7/28/17
<p><b>Add language to clarify the definition of On-going Job Supports to include supports needed to complete job tasks (e.g. setting up workstation; taking notes, etc.) so it is clear these job supports are not personal care only and differ in scope and duration from personal care services provided through Community First Choice (CFC).</b> DDC</p>	<p>Agree. The following language was added under Service Requirements C. On-going Job Supports includes 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; strategies for taking notes; personal care assistance; behavioral supports; and delegated nursing tasks to support the employment activity.</p>
<p><b>Thank you for combining the employment services into one service. It is far more flexible for the individual to have a single service umbrella to cover the multitude of potential services they can receive at different times during a day, week, month or year since employment is a dynamic process involving multiple needs at various times. This flexibility does require, a system of tracking outcomes to ensure that people are getting the supports they need and want</b> DRM</p>	<p>Agree. The new person centered plan will include individual goals (outcomes) that can be tracked.</p>
<p><b>Add language to Section N. 1 under Service Requirements to clarify: Employment Services does not include volunteering or internships, unless part of the discovery process and time limited.</b> DDC</p>	<p>Agree. The following language was added under Service Requirements N. Employment Services does not include: 1. Volunteering or internships unless it is part of the discovery process and time limited; and</p>
<p><b>Add the following language to Section R to clarify what is meant by DORS service must be “accessed first:” if the service the individual needs is provided and available by DORS and funding is authorized</b> DDC</p>	<p>Agree. The following language was added under Service Requirements R. Division of Rehabilitation Services (DORS) service must be accessed first if the service the individual needs is provided and available by DORS and funding is authorized.</p>
<p><b>Reimbursement for Job Development services should not be based solely on one milestone payment for getting a job. Setting a payment structure that only pays upon placement in a job provides a disincentive for providers and/or job developers to work with someone with more significant supports needs for whom getting a job may take longer.</b> DDC</p>	<p>This comment was shared with the Rate Study Consultant.  The currently recommendation has been updated to change Job Development to a service paid hourly.</p>
<p><b>Add language to clarify the frequency of Job Development services to once per year, unless otherwise authorized by the DDA. A similar allowance was provided for discovery services and ensures flexibility to meet each person’s needs.</b> DDC</p>	<p>Agree. The language “unless otherwise authorized by the DDA” was added.</p>

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Comment/Recommendation	DDA’s Current Response 7/28/17
<b>Revise the requirements for staff to allow demonstrated competencies associated with the outcomes for each service instead of requiring certain certificates. DDC</b>	Disagree. National employment certifications have established competencies that will be used instead of Maryland developing outcome competencies.
<b>Definitions be consistent with other services and requirements that are referenced, including DORS and WIOA. MACS</b>	Agree. The waiver service descriptions are meant to be understandable by all stakeholders. Additional information in alignment with DORS and WIOA will be included in policies and regulations.
<b>There is concern regarding whether DORS will be able to meet the demands that will be placed upon them under the new requirements. MACS recommends that the requirement to access DORS services be modified to include “if the service the individual needs is available form DORS, and funding is available and authorized”. MACS</b>	Agree. The following language was added under Service Requirements R. Division of Rehabilitation Services (DORS) service must be accessed first if the service the individual needs is provided and available by DORS and funding is authorized.
<b>Employment discovery is often conducted in a 1:1 staff ratio due to the intensity and personal nature of the service. Given the importance of discovery for many people to obtain meaningful employment, MACS recommends ensuring that the inclusion of discovery under Employment Services does not result in inadequate funding. MACS</b>	This concern was shared with the rate study consultant.
<b>The service definitions state that discovery and job development will be funded through a milestone payment. This is troubling in light of the fact that rate-setting is far from complete. Milestone payments have the potential to disincentivize these services for people who need greater assistance in finding employment, or who have employment goals that are more complex. The nature of payment for these supports, as with all rate-setting, needs far more discussion before being finalized in the waiver MACS</b>	This concern was shared with the rate study consultant.
<b>There are people currently receiving employment supports who need ongoing job supports that are neither personal care nor behavioral support. It is unclear where this level of support would fall, as it would not be funded under intensive job coaching, but appears to be more frequent than what is intended under Ongoing Job Supports. MACS recommends ensuring that Ongoing Job Supports be broad enough, with adequate funding, to meet this need. The minimum requirement of two face-to face meetings per month may be far less than what some people need. MACS</b>	<p>Clarification. Ongoing job supports include job coaching, personal care assistance, behavioral supports, and delegated nursing tasks to support the employment activity.</p> <p>The face to face meeting requirement is a minimum standard. The frequency will be based on assessed needs and indicated in the person centered plan.</p>

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EMPLOYMENT SERVICES, DAY HABILITATION, AND COMMUNITY DEVELOPMENT SUPPORTS – CONTINUED	
Comment/Recommendation	DDA’s Current Response 7/28/17
<p><b>The definition of Discovery includes requirements for a minimum of three job trials and community skills observation, which may not be necessary or desired by people receiving supports, and could result in unnecessary job-trials, or even the loss of a job opportunity. MACS recommends restating this definition to indicate that discovery ideally includes multiple job trials, as needed and desired by the person receiving supports MACS</b></p>	<p>Agree to changing the milestone to “Discovery Milestone #2 - Includes observation of the job seeker in a minimum of three (3) community-based situations in order to identify skills, interests and learning style.</p> <p>Best practices in Employment Discovery includes:</p> <ol style="list-style-type: none"> <li>1. Observe the job seeker perform activities in a variety of settings, such as the job seeker’s home, school, and the neighborhood and community within which the job seeker functions, taking care to document information about the job seeker’s interests, support needs, successful support strategies, and performance with notes and pictures; and</li> <li>2. Participate with the job seeker in a novel or unfamiliar activity, as well as family activities or routines, documenting with notes and pictures information about the job seeker’s interests, performance, successful support strategies, and interactions with others</li> </ol> <p>Further guidance will be given related to best practices as to what these ‘situations’ should look like.</p>
<p><b>People receiving Ongoing Job Supports should be able to receive personal care as part of this service MACS</b></p>	<p>Agree. This is already included in the proposal.</p>
<p><b>There should be clarification on where paid and unpaid internships fall under the service definitions. MACS</b></p>	<p>Agree.</p> <p>Paid and unpaid internships and apprenticeships are included under the following services:</p> <ol style="list-style-type: none"> <li>1. Employment Services only as part of the discovery process and time limited</li> <li>2. Day habilitation</li> <li>3. Community Development Supports</li> </ol>
<p><b>The assistance in development of an individual business should include ongoing support if needed. MACS</b></p>	<p>Agree. Individuals managing their own business have access to on-going supports. The DDA will provide specific guidance.</p>
<p><b>DSP certification will be required, but it is unclear what those requirements will be, and whether the new rate system will support the associated costs, including certification and training, as well as the wages and benefits that will be needed to recruit and retain staff able to complete the certification process. MACS recommends caution in mandating staff certification until there is certainty that adequate funding will be provided. MACS</b></p>	<p>Clarification. The rate study consultant is aware of national employment certifications and associated costs which is part of the rate consideration.</p>

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EMPLOYMENT SERVICES, DAY HABILITATION, AND COMMUNITY DEVELOPMENT SUPPORTS – CONTINUED	
Comment/Recommendation	<u>DDA’s Current Response 7/28/17</u>
<p><b>Community Development Services:</b> There is considerable concern regarding the adequacy of funding for staff, transportation, and community activities necessary for CDS. There is also concern regarding the ability of people with support needs that require privacy and/or adequate facilities, such as personal care, to access this service. MACS recommends that DDA consider additional options beyond someone’s home, to meet this need. While non-reliance on any facility has been part of the CDS definition, it may be appropriate to consider time-limited access to a facility solely for specific personal support needs that cannot be met anywhere else, as outlined in someone’s IP. This would ensure that people with these support needs are not excluded from CDS. <b>MACS</b></p>	<p>Clarification. Staffing and transportation needs, related cost, and rates are being considered by the rate study consultant. Transportation to and from and with day time activities to be included in the provider rate. Community activities will be based on the individual’s personal resources, community events, and provider sponsored activities.</p> <p>Agree to add the option to utilize a provider operated site during time limited periods of the day to support personal care, health, emotional, and behavioral needs as indicated in the person-centered plan.</p>
<p><b>Cost of Community Activities under CDS and Day Habilitation:</b> DDA has removed funding for community activities from a number of people currently receiving Day and CLS supports. The ability to have a “good life” and a “meaningful day” involves a cost for at least some activities. If the person receiving supports is unable to pay for these costs, it is important that DDA include funding for these items. Additionally, DDA should cover the fees associated with staff to support the person in the activity. <b>MACS</b></p>	<p>Clarification. Community activities will be based on the individual’s personal resources, community events, and provider sponsored activities.</p>
<p><b>Maintain ratio requirements of no more than 4:1 for Community Development Services to ensure person-centered activities and real community involvement.</b> <b>DDC</b></p>	<p>Agree. Community Development Supports is up to 4 people supported at one time.</p>
TRANSITIONAL EMPLOYMENT	
Comment/Recommendation	<u>DDA’s Current Response 7/28/17</u>
<p><b>Transitional Employment Services:</b> The total number of days in someone’s plan (or allowed for the provider) should be the only factor that dictates what days Transitional Employment Services can be provided. There are some transitional employment jobs that are seasonal in nature (such as landscaping, or working in a stadium) that might require working on weekends. Similarly, the number of hours to be worked per week should be allowed to go over 40 if it is customary for that type of work. <b>MACS</b></p>	<p>Agree total number of days for small group or large group employment should be based on the individual’s person-centered plan.</p> <p>The following language will be removed “Small and Large group employment is limited to 40 hours per week.”</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

<b>TRANSITIONAL EMPLOYMENT - CONTINUED</b>	
Comment/Recommendation	DDA’s Current Response 7/28/17
<p><b>The ARC is concerned that payment for job development based on the milestone of finding a job could actually create a disincentive for providers to work with people with more significant disabilities. If providers judge that they won’t be able to find someone a job quickly then job development will be too much of a risk. We suggest that job development be an hourly service funded at a higher rate. AM</b></p>	<p>Agree to change to an hourly service. The DDA is committed to supporting all individuals in seeking employment.</p> <p>Although there is mounting evidence that a results-based approach (i.e. milestone payments) to employment funding can be effective. This occurs when there is an emphasis on accountability and when partnered with appropriate payments, should lead to person-centered employment outcomes.</p> <p>The DDA will monitor supports and barriers for individuals with significant disabilities seeking paid employment.</p>
<p><b>Add language to allow more than 40 hours per week of Small and Large group employment if customary and typical for that specific job. DDC</b></p>	<p>Agree. The following language will be removed “Small and Large group employment is limited to 40 hours per week.”</p>
<b>SUPPORT SERVICES – HOME SUPPORTS/PERSONAL SUPPORTS</b>	
Comment/Recommendation	DDA’s Current Response 7/28/17
<p><b>People On The Go suggests that the name of this service be changed to reflect all of the services that a person may access within the community, unless it is DDA’s intention to limit personal supports to within the home environment. POG</b></p>	<p>Agree. Home Supports will be changed back to Personal Supports and services available for in the community and home.</p>
<p><b>Re-combine community integration &amp; engagement supports with home supports as it was in the previous iteration called Community Personal Supports and raise the hour limit. This will provide greater flexibility and ensure CDS is not just considered a day service. Combining the two will also help when activities occurring in the home are actually designed to prepare and support the individual’s engagement in the community rather than focused on home the development of home skills. We recommend re-instating this language: Community integration and engagement skills development needed to be part of a community such as using public transportation, making and keeping medical appointments, attending social events, joining community organizations or clubs, any form of recreation or leisure activity, volunteering, and participating in organized worship or spiritual activities. DDC</b></p>	<p>Clarification. Home Supports will be changed back to Personal Supports.</p> <p>Agree to add similar language.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

SUPPORT SERVICES – HOME SUPPORTS/PERSONAL SUPPORTS - CONTINUED	
Comment/Recommendation	DDA’s Current Response 7/28/17
<p><b>The initial definition for Community Person Supports (now titled ‘Home Supports’) included ‘community integration and engagement skills development including ...attending social events, joining community organizations or clubs, recreation or leisure activity, volunteering, and participating in organized worship or spiritual activities..’ We urge these supports be added in Home Supports. <span style="color: red;">AM</span></b></p>	<p>Clarification. Home Supports will be changed back to Personal Supports.</p> <p>Agree to add similar language.</p>
<p><b>Home Supports are defined as assisting individuals who live in their own homes in "acquiring the skills" necessary to maximize their personal independence. Some individuals cannot develop certain skills like cooking and cleaning because of their disability, but instead need someone to do those tasks for them. Their options should not be limited to Supported Living, which is provider managed and likely more costly. Home Supports that are different than state plan services should be permitted. Recommendation: Expand the service definition to not limit it to “skill development” if someone’s person-centered plan documents that the individual cannot gain this skill. By doing so, Home Supports will differ in scope from personal care through CFC. <span style="color: red;">DDC</span></b></p>	<p>Clarification. Home Supports will be changed back to Personal Supports.</p> <p>Under the waiver, Personal Supports can include a variety of habilitation assistance designed to teach individual skills, prompt, and supervise daily living and instrumental activities of daily living including meal preparation and cleaning.</p> <p>Under Community First Choice, personal assistance services includes assistance with activities of daily living and instrumental activities of daily living including meal preparation and cleaning when the person is <i>unable to do for themselves</i>. These activities can be included under the waiver only when in combination of other allowable Personal Supports activities.</p> <p>New language was added as Service Requirement I.</p>
<p><b>Home Supports and Current Personal Supports: The current Personal Supports definition states “Personal supports provide regular personal assistance, support, supervision, and training to assist the individual to participate fully in their home and community life. These supports can be provided in the participant’s own home, family home, in the community, and at an individual competitive, integrated work site.” The revised definitions remove this flexibility, narrowing where supports can be provided under each definition. The proposed Home Supports definition only allows the service to be provided in someone’s home. MACS recommends that the definitions be amended to allow for individualized personal supports to be provided in someone’s home or in social, volunteer or employment settings, all within one waiver service. This will make personal supports seamless for the person and the provider. <span style="color: red;">MACS</span></b></p>	<p>Clarification. Home Supports will be changed back to Personal Supports.</p> <p>Agree to add similar language.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

SUPPORT SERVICES – HOME SUPPORTS/PERSONAL SUPPORTS - CONTINUED	
Comment/Recommendation	<u>DDA’s Current Response 7/28/17</u>
<p><b>Instead of limiting these services to a certain number of hours a day or week, allow a certain number of hours per year to be used as an individual needs and wants. DDC</b></p>	<p>Clarification. Home Supports will be changed back to Personal Supports and the current federally approved limit will be continued. The following language was added back to the proposal limitation section “Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA.” To provide more flexible service hour options, the DDA is exploring allocating services hours on a quarterly basis to support the individual and family to plan and manage their services and prevent any risk of running out in a within a short period of time.</p>
<p><b>CFC personal supports are limited to 36 hours per week. This would be detrimental for people with more significant support needs. To reiterate, The Arc is very concerned that individuals with more intense needs will not be able to remain with their family if desired given this cap. AM</b></p>	<p>Clarification. Community First Choice (CFC) services are allocated based on the InterRAI assessment. Home Supports will be changed back to Personal Supports and the current federally approved limit will be continued. The following language was added back to the proposal limitation section “Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA.” To provide more flexible service hour options, the DDA is exploring allocating services hours on a quarterly basis to support the individual and family to plan and manage their services and prevent any risk of running out in a within a short period of time.</p>
<p><b>It is very difficult to ensure adequate supports for people they serve who also receive CFC, because of the lack of consistency and reliability with CFC services. Additionally, under current requirements, people must have two support coordinators, and two plans. The duplication of planning and care coordination makes it very challenging and confusing for people who receive both sets of supports, as well as the DDA-licensed providers. MACS</b></p>	<p>Clarification. Home Supports will be changed back to Community Personal Supports.</p> <p>As per federal requirements, medically necessary services available under the Medicaid Stat Plan such as personal assistance under Community First Choice must be accessed first.</p> <p>Under the waiver, Personal Supports can include a variety of habilitation assistance designed to teach individual skills, prompt, and supervise daily living and instrumental activities of daily living including meal preparation and cleaning.</p> <p>Under Community First Choice, personal assistance services includes assistance with activities of daily living and instrumental activities of daily living including meal preparation and cleaning when the person is unable to do for themselves. These activities can be included under the waiver only when in combination of other allowable Personal Supports activities.</p> <p>New language was added as Service Requirement I.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

<b>SUPPORT SERVICES – HOME SUPPORTS/PERSONAL SUPPORTS - CONTINUED</b>	
Comment/Recommendation	DDA’s Current Response 7/28/17
<b>The service should not be limited to the individual’s home. Therefore, please add all deleted language back into the service Definition at A and B. DRM</b>	Clarification. Home Supports will be changed back to Personal Supports.  Agree to add similar language.
<b>Delete limits on the service to ensure people who live in a family or other home not owned or leased by the individual will be able to obtain individualized supports and avoid moving to a residential setting. DRM</b>	Clarification. Home Supports will be changed back to Community Personal Supports and the current federally approved limit will be continued. The following language was added back to the proposal limitation section “Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA.
<b>The service should be available according to individual need, regardless of the intensity of their service requirements. DRM</b>	Agree
<b>SUPPORT SERVICES – NURSING SERVICES</b>	
Comment/Recommendation	DDA’s Current Response 7/28/17
<b>DRM has long recommended that DDA add private duty nursing to the waiver for people who cannot access nursing through the REM program. DMR</b>	Clarification. The DDA funds habilitative services. Maryland Medicaid State Plan provides skilled private duty nursing for people with this need.
<b>We strongly recommend that DDA add nursing as a standalone service. For the reasons stated above, a DDA nursing service would be more efficient, cost effective and person-friendly if it integrates nursing with other individualized needs such as skill building and community integration, including transportation to community based activities. A DDA nursing service would be distinct from Medicaid nursing because providers would be trained to work with people with I/DD and would be expected to do more than health care. DRM</b>	Clarification. The proposed nursing services are stand-alone services options, under both the traditional and self-directed service models, that include nursing consultation, case management, and delegation services in a person-centered plan. Waiver nursing services support individual’s health so they can participate in employment, skill building, and community engagement activities.
<b>If DDA will not add nursing as a service, it is essential that DDA work with Medicaid to expand the REM program to include all people with developmental disabilities who are currently excluded due to REM technical eligibility rules. This should be a very small number of people and Medicaid should provide REM nursing to avoid nursing facility care. Nursing facilities do not provide adequate care to people with I/DD. DRM</b>	Agree. The DDA will advocate for the needs of people with developmental disabilities.  Clarification. The Rare and Expensive Case Management (REM) Program is a case managed fee for service alternative to HealthChoice Managed Care Organization (MCO) participation for recipients with specified rare and expensive conditions as outlined in regulations and approved by the Center for Medicare and Medicaid Services (CMS).



## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

SUPPORT SERVICES – TRANSPORTATION	
Comment/Recommendation	DDA’s Current Response 7/28/17
<p><b>Transportation is one of the most significant barriers to a person’s full integration within the community. Regardless of whether a person self directs their own services or receives supports through a provider agency. The supports outlined within the person centered plan for transportation must be funded. POG</b></p>	<p>Clarification. Transportation services are designed specifically to improve an individual’s ability to access community activities within their own community (e.g. mall, grocery store, library, post office, etc.) in response to needs identified through the individual’s person-centered plan. Waiver services outlined within a person centered plan must be funded based on the federally approved application including scope of service, limitations, and qualified service provider.</p> <p>The DDA has modified the proposed limit to read “For people using traditional, non-self-directed DDA funded services, transportation is limited to:</p> <ol style="list-style-type: none"> <li>1. \$5,000 annually times the calculated regional transportation differential per year per individual for the following counties: Allegany, Caroline, Cecil, Dorchester, Garrett Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester; and</li> <li>2. \$5,000 annually for all other counties.</li> </ol>
<p><b>Ensure that a need for support during transportation and/or provider geographic limits are not a barrier to receiving waiver services. DRM</b></p>	<p>Clarification. Natural, community, disability programs, Medicaid, and Waiver services and supports should all be considered and accessed to support person-centered goals related to employment, meaningful day activities, community engagement, etc. and to address identified challenges and potential barriers.</p>
<p><b>Consider more individualized cost limitations for the transportation services so people in rural areas have reasonable access to their communities. DRM</b></p>	<p>Clarification. Transportation services, along with other natural and community supports, should be individualized and support the person’s ability to access community activities within their own community (e.g. mall, grocery store, library, post office, etc.).</p> <p>The DDA has modified the proposed limit to read “For people using traditional, non-self-directed DDA funded services, transportation is limited to:</p> <ol style="list-style-type: none"> <li>1. \$5,000 annually times the calculated regional transportation differential per year per individual for the following counties: Allegany, Caroline, Cecil, Dorchester, Garrett Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester; and</li> <li>2. \$5,000 annually for all other counties.</li> </ol>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

SUPPORT SERVICES – TRANSPORTATION - <i>CONTINUED</i>	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
<p><b>Raise the \$1400 cap on transportation services. Transportation services are expensive and essential. A little more than \$100/month is insufficient. For many people without access to mass transit or paratransit, this would amount to barely one trip, if that. In addition, a higher transportation amount is necessary to ensure DDA's Employment First priority and expectations of meaningful days for everyone. <span style="color: red;">DDC</span></b></p>	<p>Agree to raise limit as noted above. Transportation services to support an individual's ability to access community activities within their own community are a standalone service. Additional transportation services to and from and within Day Habilitation, Community Development Services, Employment Services, Personal Supports or Residential Habilitation services will be provided or arranged by the licensed provider and funded through the rate system for that specific service.</p>
<p><b>We recommend the dollar limit be significantly increased to allow for the various community connections and needs of waiver participants and ensure greater job and community access to build and sustain community connections. New employment models listed in the proposed waiver renewal definitions suggest transportation costs will increase to provide transportation to and from potential multiple work, volunteer, and transitional sites (rather than the historic facility-based model with one round trip/day). <span style="color: red;">AM</span></b></p>	<p>Agree to raise limit as noted above. Transportation services to support an individual's ability to access community activities within their own community are a standalone service. Additional transportation services to and from and within Day Habilitation, Community Development Services, Employment Services, Personal Supports or Residential Habilitation services will be provided or arranged by the licensed provider and funded through the rate system for that specific service.</p>
<p><b>One-size-fits-all approach to funding transportation has not been successful in the past, and is not consistent with the direction of the CMS Final Rule. MACS urges DDA to increase the cap on transportation funding, and to ensure that there is a mechanism to fund individualized transportation costs when they exceed the annual limit. <span style="color: red;">MACS</span></b></p>	<p>Agree to raise limit as noted above. Transportation services to support an individual's ability to access community activities within their own community are a standalone service. Transportation services can include a variety of methods based on a person-centered plan including orientation services in using other senses or supports for safe movement from one place to another; mobility such as transportation coordination and accessing resources; travel training such as supporting the individual in learning how to access and utilize informal, generic, and public transportation for independence and community integration; and services provided by different modalities, including: public and community transportation, taxi services, transportation specific prepaid transportation cards, mileage reimbursement, volunteer transportation, and non-traditional transportation providers; and purchase of prepaid transportation.</p>
<p><b>Funding for transportation be adequate to cover the cost of transportation when a person receiving supports is not in the vehicle (for example when a vehicle is en-route to pick someone up or after dropping them at their destination). <span style="color: red;">MACS</span></b></p>	<p>This comment was shared with the rate study consultant.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

SUPPORT SERVICES – TRANSPORTATION - <i>CONTINUED</i>	
Comment/Recommendation	<u>DDA’s Current Response 7/28/17</u>
<p><b>It is not clear that there is going to be a service to support people who are working independently and need minimal direct support, but need assistance with transportation or occasional support to deal with work issues. Providing transportation is currently a large part of what providers do for people who are more independent and that needs to be funded. AM</b></p>	<p>This comment was shared with the rate study consultant.</p>
SUPPORT SERVICES – BEHAVIOR SUPPORTS	
Comment/Recommendation	<u>DDA’s Current Response 7/28/17</u>
<p><b>Behavior Support Services would benefit from a review by a team or work group of people experienced in providing behavior supports. Individuals are experiencing hospitalizations and behavioral respite and cannot access adequate support services to ensure their stability in the community. Providers complain about a lack of resources for behavior crises and a lack of qualified psychiatrists in the community. DRM</b></p>	<p>Clarification. Behavioral Supports provides assessment, consultation, and brief implementation supports for individuals in need of a formalized behavioral plan. The DDA will continue to review behavioral support services and seek input from individuals, family members, national expert, and service providers. The DDA will share with the Office of Health Services concerns related to the lack of qualified psychiatrists in the community. Hot lines, mobile crisis teams, and behavioral respite will be provided as administrative services.</p>
<p><b>Eliminate “licensed physician” as a qualified clinician. Without additional qualifications, physicians do not have training to provide behavior support services. DRM</b></p>	<p>Agree and will remove “licensed physician” as a qualified clinician.</p>
<p><b>Describe the behavior support service as a service that complements the individual’s plans and goals as stated in the person centered plan except when restrictions are required due to health or safety. DRM</b></p>	<p>Agree to add similar language. Behavioral Supports provides assessment, consultation, and brief implementation supports for individuals in need of a formalized behavioral plan. The service is based on the principals of person-centered thinking which was added.</p>
<p><b>Eliminate restrictions on services to ensure people with more intensive support needs obtain the intensity of service they require. DRM</b></p>	<p>Agree to modify the limitations to know read:</p> <p>Behavioral Assessment is limited to one per year unless otherwise approved by DDA.</p> <p>Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

SUPPORT SERVICES – BEHAVIOR SUPPORTS - CONTINUED	
Comment/Recommendation	DDA's Current Response 7/28/17
<p><b>Define: "Behavior Tiered Support Plan" DRM</b></p>	<p>Clarification. A Behavioral Tiered Support Plan is a plan to support individuals and families based on three levels of supports and intervention strategies from less intrusive to most restrictive.</p> <p>Tier #3 - Universal Strategies (Quality of Life) can be used all the time and includes offering choice, ensuring positive interactions occur on a regular basis, setting expectations, using schedules, reinforcing positive behaviors, etc. These are proactive, preventive, positive, teaching-based strategies to use consistently and continuously.</p> <p>Tier #2 - Specialized Strategies are used when specific skill deficits are resulting in problem behavior at specific times or during specific activities such as: social skills training to improve interactions with opposite sex in the community and coping skills to improve interactions with roommates when disagreements arise. Teaching strategies such as Positive Behavioral Supports are used.</p> <p>Tier #1 - Intensive Individualized Behavioral Supports are used when the behavior is causing risk for significant harm, limited access to the community, police involvement, or hospitalization. It includes intensive Applied Behavioral Analysis Services.</p>
<p><b>In the service or in regulations, define what is required for a Functional Behavior Assessment? DRM</b></p>	<p>Agree. Functional Behavior Assessment will be defined in regulations.</p>
<p><b>At the Service Definition B#2 it mentions consultation which may include psychiatrists, does this mean DDA will make payment to a psychiatrist? DRM</b></p>	<p>Clarification. Consultation, subsequent to the development of the Behavioral Assessment, may include the provider of behavioral consultation services speaking with the individual's Psychiatrists and other medical/therapeutic practitioners.</p>
<p><b>Service Definition B#8 - why is COMAR10.22.10 only listed for Tier 3? DRM</b></p>	<p>Clarification. COMAR 10.22.10 was only listed for Tier 3 as this is the only tier that requires a Behavioral Plan with rights restrictions as per our regulations. Tier 1 includes positive interactions, choice making, predictable/proactive setting/environment and Tier 2 includes social, communication, emotional, and physiological interventions that are used universal in today's society.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

SUPPORT SERVICES – BEHAVIOR SUPPORTS - <i>CONTINUED</i>	
Comment/Recommendation	DDA’s Current Response 7/28/17
<p><b>Service Definition B#7(c) Please define “ASSET evaluation” and explain why it is not included in Tiers 3 and 2 <span style="color: red;">DRM</span></b></p>	<p>Assets refer to positive features of a person. This requirement was removed.</p>
<p><b>Service Definition B#7(a) Tier 3 - trend analysis/graphs, etc. are insufficient - should also include this from (b)Tier 2: Progress notes detailing the specific interventions and outcomes for the individual <span style="color: red;">DRM</span></b></p>	<p>Clarification. The DDA modified the services to provide assessment, consultation, and brief implementation supports for individuals in need of a formalized behavioral plan.</p> <p>The Behavioral Consultation services requirements have also been updated to reflect the following:</p> <p>“Preparing written progress notes on the individual goals identified in the Behavior Plan at a minimum include the following information:</p> <ul style="list-style-type: none"> <li>a) assessment of positive behavioral supports in the environment;</li> <li>b) progress notes detailing the specific Behavior Plan interventions and outcomes for the individual;</li> <li>c) data, trend analysis and graphs to detail progress on target behaviors identified in a Behavioral Plan; and</li> <li>d) Recommendations;”</li> </ul>
SUPPORT SERVICES – ENVIRONMENTAL ASSESSMENTS	
Comment/Recommendation	DDA’s Current Response 7/28/17
<p><b>The proposed language is “An environmental assessment may not be provided before the effective date of the individual’s eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.” Instead, the waiver should allow environmental assessments for any individual prior to entering services if necessary, not just those coming from institutions. For example, a youth transitioning from foster care should also be able to move to an accessible home. <span style="color: red;">DRM</span></b></p>	<p>Clarification. The CMS Technical Guide notes some waiver services can be provided in advance of the community transition of an institutionalized person. This option can be available for up to 180 consecutive days prior to a successful transition from nursing homes and other institutions into the community.</p>
SUPPORT SERVICES – ENVIRONMENTAL MODIFICATIONS	
Comment/Recommendation	DDA’s Current Response 7/28/17
<p><b>Since environmental modifications are being made to an individual’s own home, ADA compliance is less important than individual need. We recommend that instead of requiring ADA compliance that the modification meet the person’s need. <span style="color: red;">DRM</span></b></p>	<p>Clarification. Environmental modifications can be provided in an individual’s or family home and also a licensed group home. All work must be completed in accordance with ADA, State and local building codes.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

RESIDENTIAL - SUPPORTED LIVING	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
The service should be available according to individual need, regardless of the intensity of their service requirements. <b>AM</b>	Agree.
Individuals should be able to self-direct this service. <b>DRM</b>	Agree. We will explore an Agency with Choice option.
Currently, people who receive personal supports in their own home do not pay contribution to cost of care. Why will this cost be assessed under Supported Living? <b>DRM</b>	Agree. This was an error and has been removed.
If the individual owns/leases the home, the provider should not be responsible for collecting room and board. <b>DRM</b>	Agree. This was an error and has been removed.
Recommendation: Add language to Section A. 4 to clarify: Services may include up to 24 hours of support per day, including a combination of habilitation and/or personal supports as specified in the person centered plan. <b>DDC</b>	Agree. The language was added.
RESIDENTIAL - SHARED LIVING – HOST HOME	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
DDA should explore with providers who do and do not deliver this service why it is not a more commonly used service because host homes could easily support home health services including REM nursing without any changes in provider practices. <b>DRM</b>	Agree. The DDA will seek information from both individuals and providers.
Will Shared Living – Host Home provider families be able to administer home health care including nursing tasks without being bound by the Board of Nursing delegation requirements? If so, this service can be a great benefit to people who need nursing tasks, as long as the family is appropriately trained and monitored to ensure the service is safe. <b>DRM</b>	The DDA will explore this option.
Access to Supported Living should ensure supports are available to eligible individuals regardless of the severity or intensity of their needs, with additional services as appropriate (such as nursing) based on the person-centered plan. Supported Living is not a model exclusive to people with less significant needs; it is a model to be inclusive for all who desire this lifestyle. <b>AM</b>	Agree
RESIDENTIAL - COMMUNITY LIVING –GROUP HOME	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
The service should be available according to individual need, regardless of the intensity of their service requirements <b>AM</b>	Agree

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

RESIDENTIAL COMMUNITY LIVING – ENHANCED SUPERVISION	
Comment/Recommendation	<u>DDA’s Current Response 7/28/17</u>
<p><b>If this service model is intended to provide enhanced supervision due to court involvement (as opposed to individualized support needs), we recommend deleting the language “and have challenging behaviors.” DRM</b></p>	<p>Clarification. This service can support both individuals with court involvement and individuals with challenging behaviors.</p>
<p><b>To optimize an individual’s success, we recommend planning to provide this service in a smaller setting with no more than one roommate. DRM</b></p>	<p>Clarification. Services may be provided to no more than four individuals in one home.</p>
<p><b>Individuals with challenging behavioral needs and/or those with forensic issues ought to have the right to the full range of community living supports with access to the appropriate support services (such as behavior consultation, adaptive home modifications and assistive technology) to ensure public safety and that the person’s needs are addressed. Staff ratios are determined through the person-centered planning process, regardless of the living setting or model. The ARC rejects the model that 4-person enhanced supports group homes are the primary model for those with public safety issues and encourages the Department to ensure all options for living arrangements are discussed during the person-centered planning process. AM</b></p>	<p>Clarification. Community Living- Enhanced Supports is one service model option to support individuals with court ordered and challenging behaviors. Community Living- Enhanced Supports may be provided to no more than four individuals in one home. Individuals approved for this service model will have access support services as noted in the approved waiver.</p>
SELF DIRECTED SERVICES - INDIVIDUAL DIRECTED GOODS AND SERVICES	
Comment/Recommendation	<u>DDA’s Current Response 7/28/17</u>
<p><b>Add highlighted text to Service Definition, A. 2. Maintain or increase independence. DDC</b></p>	<p>Agree. Language was added.</p>
<p><b>Clarify what is meant by “the service is available from any source” in this service requirement: H. The goods and services provided are cost-effective (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need) alternatives to standard waiver or State Plan services DDC</b></p>	<p>Clarification. The CMS requirements for Individual Directed Goods and Services are that they must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. the item or service would decrease the need for other Medicaid services; AND/OR</li> <li>2. promote inclusion in the community; AND/OR</li> <li>3. increase the participant’s safety in the home environment; AND</li> <li>4. the participant does not have the funds to purchase the item or service or the item or service is not available through another source.</li> </ol>
<p><b>Allow coverage of service dogs with restrictions to ensure certification. DDC</b></p>	<p>Clarification. Service dogs are available under the Community First Choice State Plan benefit.</p>
<p><b>Add highlighted text: Individual Directed Goods and Services are limited to \$2,000 per year from the total self-directed budget, unless pre-authorized by DDA. DDC</b></p>	<p>Agree to modify the limitation to read “The current limit is up to \$5,000 per year.”</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

SELF DIRECTED SERVICES - SUPPORT BROKERAGE	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
<p><b>If allowable by CMS, we recommend adding the highlighted text under Service Requirements for clarification given that most families provide what could be considered unpaid services and support: E. Individuals and organizations providing Support Brokerage services may provide no other <u>paid</u> service to that individual. <span style="color: red;">DDC</span></b></p>	<p>Agree.</p>
IMPLEMENTATION & TRANSITION	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
<p><b>While the proposed changes regarding the utilization of state plan services such as Community First Choice and EPSDT may be necessary to comply with CMS requirement, the transition must be well planned and coordinated and allow adequate time to minimize disruption in people's lives. Individuals and their families who currently receive waiver services should not lose any support they need through the transition. Waiver services are meant to wrap around state plan services. <span style="color: red;">DDC</span></b></p>	<p>Agree.</p>
<p><b>Continuously monitor the transition to identify service gaps and challenges related to coordinating the use of CFC/EPSDT and waiver services, including any loss of vital services. <span style="color: red;">DDC</span></b></p>	<p>Agree.</p>
<p><b>Continuously monitor and respond to communication and training needs. Develop ongoing communication using varied strategies for individual, families, providers, CCS agencies and DDA staff to maximize understanding about the changes and consistent implementation. This should start well before the transition begins so people can understand and prepare for any changes that will personally impact them. <span style="color: red;">DDC</span></b></p>	<p>Agree.</p>
<p><b>Identify and train specific staff in each regional office to be responsible for monitor the transition and ensure quick and accurate responsiveness to issues that arise and inquiries. <span style="color: red;">DDC</span></b></p>	<p>Agree.</p>
<p><b>Many of the proposed revisions rely on greater utilization of CFC and EPSDT for covered services. The ARC recommends clear steps and identification of procedures to ensure a seamless provision of supports to families and individuals, regardless of the funding source. <span style="color: red;">AM</span></b></p>	<p>Agree.</p>



## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

IMPLEMENTATION & TRANSITION - <i>CONTINUED</i>	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
<p><b>There will be increased costs to providers in a number of areas, including increased staff hours, technology (hardware and software), and training in order to meet the new requirements for tracking smaller increments of services, transitioning to LTSS, and potential Medicaid EVV requirements. Without adequate funding and support, providers and DDA will be at a higher risk of billing errors that could result in loss of funding or payback of funds to the federal government. <span style="color: red;">MACS</span></b></p>	<p>Clarification. The independent consultant conducting the rate study is considering all of these factors and will share their report in the fall. They will also conduct public listening sessions to gain additional input. The DDA will continue to work with stakeholders to share information, provide technical assistance and training needs, and address challenges as they arise.</p>
<p><b>State Plan case managers and Pathways Community Coordinators of Supports need to closely interface with attention provided to reducing duplication of paperwork and record-keeping to families, individuals and service providers. The ARC hopes such interface will avoid families and individuals from having to go back and forth to different systems; instead we recommend the individual's person-centered plan include all services/supports, identify the funding source, complete necessary paperwork at the plan meeting with guidance from the CCS and State Plan case manager(s), and enable services to be provided in a seamless fashion between State Plan and Pathways services. <span style="color: red;">AM</span></b></p>	<p>Agree. The DDA is working with the Office of Health Services to explore these options.</p>
<p><b>We have concerns about continuity of supports if an individual receives personal supports under employment with one staff person, while receiving CFC-funded personal supports during the evening and weekends at home. <span style="color: red;">AM</span></b></p>	<p>We appreciate your concerns and will monitor the transition to identify service gaps and challenges related to coordinating</p>
<p><b>Participation in community activities may include admission fees to concerts, movies, clubs, etc. Support staff may be needed for some individuals to attend and participate in these events, including personal care during the event. Thus the admission and related fees for the support staff needed should be included in the individual's budget. <span style="color: red;">AM</span></b></p>	<p>Disagree.</p>
<p><b>The ARC is concerned that individuals with more intense needs will not be able to remain in their own home if desired. Will the full range of Support Services be available to those living with their family? <span style="color: red;">AM</span></b></p>	<p>Yes the full range of Support Services will be available to those living with their family regardless of the intensity of their needs.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

IMPLEMENTATION & TRANSITION - <i>CONTINUED</i>	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
<p><b>Information to individuals and families about options is critical. The lack of knowledge about CFC among families at the symposium, including families waiting for residential supports, was revealing. Most of these families have a CCS yet were unaware how CFC could ease the in-home supports burdens for aging parents while waiting for residential supports. Information needs to be readily available to all individuals and families in various languages and formats, including those without access to internet and computers. <b>AM</b></b></p>	<p>Agree to the importance of easy accessible information being available for all stakeholders especially individuals and families.</p>
OTHER:	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
<p><b>There is significant concern about the alignment and adequacy of rates to implement a new set of waiver services. Community-based providers will only be able to meet new requirements for community inclusion if all components of supports are funded properly. The timing of the waiver renewal, without a rate system that assures adequate funding, has the potential to leave providers, DDA, and people who receive supports, in a precarious position. The transition from PCIS to LTSS adds another set of challenges. <b>MACS</b></b></p>	<p>Clarification. The independent consultant conducting the rate study will share their report in the fall and conduct public listening sessions to gain additional input. The DDA will continue to work with stakeholders to share information, provide technical assistance and training needs, and address challenges as they arise.</p>
<p><b>MACS urges DDA to ensure that all parts of any systems change are well-planned, adequately funded, consistent with one another, and tested as needed. <b>MACS</b></b></p>	<p>Agree.</p>
<p><b>Community First Choice (CFC): Many people who receive CFC services have trouble getting enough personal care to meet their basic needs and are not able to get enough support to also help provide personal care during community integration and employment. <b>DRM</b></b></p>	<p>Clarification. The CFC program utilizes the InterRAI assessment to identify medically necessary personal care service needs. The waiver includes several services with personal care that can be provided during community integration and employment supports.</p>
<p><b>We would recommend that DDA create an enhanced personal care service that could be offered through the waiver. For example, the DDA personal care service could have requirements beyond those of CFC including, for example, all the DDA minimum trainings, staff transportation and transportation assistance to community activities or employment, and incentives to promote staff retention. <b>DRM</b></b></p>	<p>Clarification. The waiver includes several services with personal assistance that can be provided during community integration and employment supports.</p>

## Community Pathways Renewal Symposium – DD Coalition Comments and Recommendations

<b>OTHER - CONTINUED</b>	
Comment/Recommendation	<u>DDA's Current Response 7/28/17</u>
<p><b>We recommend that DDA work with Medicaid to create a single streamlined service for people in the DD waiver so they can have a single case manager, a single service plan, are able to self-direct their services, or, if they so choose, use DDA provider agencies to provide staff trained per DDA requirements. <b>DRM</b></b></p>	<p>Clarification. Individual have the right to access various Medicaid State Plan services based on their assessed needs. The State cannot restrict access to these services.</p>
<p><b>Community first choice; we understand that it is DDA's intention to have individuals and families access certain services through the Community First Choice waiver. We offer the following input for your consideration. More information is needed about how these two services will work together. Secondly, at this time there is no self-directed option under the Community First Choice waiver People on the Go suggests that people who currently self-direct their services not be required to access services through CFC until a self-directed option for the service is put in place. Additionally, we have concerns that the CFC service cap of 38 hours will not serve people with more significant support needs. <b>POG</b></b></p>	<p>Clarification. The CFC program is part of the Medicaid State Plan and not a waiver. The program is currently working with a stakeholder advisory group to create a self-directed service option. Home Supports will be changed back to Personal Supports and the current federally approved limit will be continued. The following language was added back to the proposal limitation section "Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA."</p>
<p><b>The person centered plan must be the document which governs all aspects of a person's services and the opinion of the individual team members who know the person best and most of all the opinion of the person themselves truly should determine how DDA serves people with disabilities going forward <b>POG</b></b></p>	<p>Agree that the person centered plan should be holistic and include all service and supports including natural, community, disability programs, Medicaid and waiver services to support the person defines goals.</p>