

Community Pathways Renewal Symposium –Questions and Answers

Overview: The Development Disabilities Administration (DDA) held a two day symposium on May 15 & 16, 2017 to share revised service proposals for the Community Pathways Waiver renewal. During the symposium, participants shared suggestions, recommendations, concerns, and also asked questions. Below is a summary of the various service question themes along with the DDA’s current position after taking into consideration the input during the symposium and additional meetings with stakeholder groups. The Community Pathways Waiver federal application will be available in November for the official public input process.

MEANINGFUL DAY SERVICES SESSION	
QUESTIONS	DDA’S CURRENT POSITION 7/28/17
What are the purposes of meaningful day services?	<p>Meaningful Day services (including Employment, Community Development Services, Day Habilitation, Medical Day Care, and Transitional Employment) are designed to provide opportunities for individuals to seek employment, work in competitive integrated settings, develop skills, engage in community life, and control personal resources.</p> <p>They should be designed to be person-centered in nature with individualized employment and community-based outcomes and goals in mind. Conversely, Meaningful Day services are not meant to serve as respite, day care or a place for people to be when they are sick. These services are also not meant to be made up of activities just to fill time.</p>
What is the advantage of dividing services into separate categories instead of allowing a person and his/her team decides how to spend each day?	<p>There are several reasons to have distinct meaningful day services including being in compliance with federal guidance; being able to assess data and trends related to individuals in competitive integrated employment, facility based work, and sheltered work; and provide reports for employment grants and legislative mandates.</p> <p>Individuals and families will be supported in developing a person-centered plan to identify how the person will spend their day based on the individual’s goals, preferences, interest, and person resources.</p>
What is the difference between CDS and Day Habilitation?	CDS is exclusively community-based activities, that are individualized for the purpose of providing the maximum opportunity for full community inclusion and focus on the specific goals, including career exploration and building of relationships. Day Habilitation services include facility based activities and community-based activities.

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<p>Can a person receiving Community Development Supports (CDS) return to a provider facility to have support for personal care, health, emotional, or behavioral needs that cannot be met in the community or in their own home?</p>	<p>Yes, the DDA will 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>Is the 1:4 ratio determined because of a waiver regulation?</p>	<p>No. National best practices demonstrate individuals receive better supports in small groups of four or less.</p>
<p>Why is four people with disabilities in a group the acceptable size for CDS services? The interpretation of many stakeholders is that CDS is to be provided on a one to four staff ratio. Is this the intention of the four person group limit?</p>	<p>When supporting people to have an individualized experience where community connections are made, it is necessary to keep groups small. Keeping groups small is intended to provide supports to assist individuals in learning new skills and keeping the skills they currently have related to their individual community integration goals and outcomes.</p> <p>A smaller number of people with disabilities in a group proportionate to the group size and capacity for support is critical to a positive community experience. More substantial and meaningful interpersonal interactions are not regularly occurring in large groups.</p>
<p>Can a provider who does not have a CDS license or a provider owned site, offer a community based service under the Day Habilitation license?</p>	<p>No, the provider would need to be licensed or approved by the DDA. However, a Day Habilitation provider can and should support people in community settings on a regular basis.</p>
<p>If an individual has day hab and CDS, and he goes with staff to a community activity, is this activity part of day hab or CDS? How do you know which service which activity falls under?</p>	<p>It is important to note that billing is associated with approved services such as Day Habilitation and CDS. It is not based on community activities. Therefore, the service billed would be based on the approved provider offering supports for the specific community activity.</p>
<p>If an individual has CDS, and takes a class in therapeutic recreation, or PCR, or the challenge program at Montgomery College, which has ten or twelve individuals with disabilities attending, is that allowed under the four person with disabilities group limit? If not, would the class with other persons with disabilities be billed under day hab?</p>	<p>Each service includes specific types of activities and limitations that can be included. Group size is one of the factors. CDS service may be provided in groups of no more than four (4) individuals with developmental disabilities, all of whom have similar interests and goals as outlined in their person-centered plan except in the case of self-advocacy groups. Therefore the challenge program would not qualify under the CDS service. A person can participate in community activities while receiving day habilitation services or CDS. The goal is for people with disabilities to have opportunities to engage, interact and/or share community experiences, classes, therapeutic recreation, etc. with people without disabilities in the community of their choice.</p>

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<p>Can a person served by the provider be hired to work at a provider location? Are service providers no longer allowed to hire an individual to work at the provider location?</p>	<p>A person can work at a provider location as long as they are getting minimum wages and interact with people without disabilities. For example, a supported employment non-profit hires a participant in the customer service department answering phones in the visitors waiting area.</p>
<p>Can a person served be hired to work at a business in a building owned by the provider?</p>	
<p>Three persons served are eating lunch with staff; 3 more come to the same location and join in for lunch. Is this still within the guidelines of staff ratio and can this time be billed for CDS?</p>	<p>Community Development Services are designed to provide opportunities for individuals to engage in community based activities that support building social connections, employment, socialization, life-long learning, recreation, and personal development with individuals without disabilities.</p>
<p>Is there a four hour minimum for day hab on a single day? Is there any minimum number of hours for SE on a single day?</p>	<p>No, there will be no minimum number of hours per day under the renewal services.</p>
<p>If an individual expects to use ten hours of CDS, ten hours of day hab, and ten hours of SE a week, but something changes, and he actually needs fifteen of two of the services for one week, can he do that, or does it require a MRSC? Can a person bill different numbers of hours of the different day services each week or is it set in the IP and funding plan?</p>	<p>To provide more flexible service hour options, the DDA is exploring allocating services hours on a quarterly or annual basis. Therefore the hours of authorized services can vary each day and do not need to be set in the person-centered plan. In addition services will be authorized within the MD Long Term Support and Services (MD-LTSS) system eliminating the needs for a Modified Service Funding Plan Request.</p>
<p>If there is a maximum number of hours for each day service, and an individual comes early or leaves late due to behavior, transportation, etc. how is the extra time billed?</p>	<p>Providers will not be able to bill more than 8 hours in a day for a combination of day services. To provide more flexible service hour options, the DDA is exploring allocating services hours on a quarterly or annual basis. Providers will be provided with guidance on billing in these types of situations.</p>
<p>Will the rate include transportation costs if people can use a full range from free public bus, to specialized individual vehicle?</p>	<p>Yes</p>
<p>Can an individual be hired and work at a business owned and operated by the provider facility in the community, with other nondisabled employees?</p>	<p>Yes</p>
<p>Under what service can a person receive vocational training?</p>	<p>This is covered under Day Habilitation.</p>
<p>If a person has a seizure and the provider cannot meet a required number of hours will the provider be able to bill for services?</p>	<p>Under the renewal, there is no requirement of minimum service hours. The service provider should always provide first aid for the individual during a seizure.</p>

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<p>Is it acceptable for a person to spend time in another provider owned and operated site, as a thrift store, as part of their CDS day?</p>	<p>Yes, if there is a purpose to the person being in that community setting and allows the opportunity to engage with people without disabilities and paid staff. The assumption is if the person is ‘spending time’ there they are either being paid or they are volunteering for non-profit in order to gain work experience or support non-profit’s mission.</p>
<p>Regarding small business opportunities and self-employment, is DDA working on broadening supports needed for a small business?</p>	<p>Individuals interested in self-employment will have access to on-going job supports as outlined in Employment Supports.</p>
<p>Can an individual be hired to work in a private business which rents space or uses space of the service provider?</p>	<p>Yes</p>
<p>Is DDA working on a process to interface between DDA and DORS?</p>	<p>The DDA is working with DORS to create a detailed process to access both waiver and DORS services for stakeholders.</p>
<p>Can a person go home during the day for rest or personal care? Can this occur if they live at another provider owned and operated site?</p>	<p>Yes, a person can go home during time limited periods of the day to support personal care, health, emotional, and behavioral needs as indicated in the person-centered plan. This includes provider owned and operated sites.</p>
<p>If a group of three individuals funded under CDS eat lunch in a restaurant or food court, and three other individuals they know are also there, does this hour now not count as CDS, but rather as day hab, since there would be six persons with a disability in the same vicinity? Could it count as CDS if they didn’t sit together at the same table? What if the other group only joined for half an hour, how would it count then?</p>	<p>People receiving CDS services can access the same community setting at the same time, but it should not be done in a way that is scheduled as a group activity for the convenience of the staff or the provider. For instance, there may only be one local library, one community pool or one baseball game happening on the same day and multiple people are using at the same time. What should be avoided is multiple groups congregating together at said location or activity or day of the week. For instance, taking up 3 rows at the local baseball game does not promote the idea of community inclusion. Instead staff support small groups through CDS should support those people to enjoy the baseball game in a more individualized way.</p>
<p>If we have multiple providers going to same places, what safety guards will be put into place?</p>	<p>Individuals and families will make decisions as to what activities they wish to participate to assist the individuals in learning new skills and keeping the skills they currently have related to their individual community integration goals and outcomes. An individualized schedule will be used to provide an estimate of what the individual will do and where the individual will spend their time when in this service. The individualized schedule will be based on a person-centered plan that clearly outlines how this time would be used. Coordinators of Community Services will conduct quarterly monitoring related to the delivery of services as outlined in the person-centered plan. In addition, the DDA staff will conduct site visits to talk with individuals regarding services they receive and the Office of Health Care Quality conducts site visit to assess compliance with regulations</p>

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	which includes services being provided as specified in the person-centered plan.
There are limited numbers of community pools. Is it acceptable if there are greater numbers of persons served in the same community pool?	Yes. People receiving services can access the same community setting at the same time, but it should not be done in a way that is scheduled as a group activity for the convenience of the staff or the provider. Services should be individualized to support learning new skills and keeping the skills they currently have related to their individual community integration goals and outcomes.
Is there a maximum number of hours for day hab per day, CDS or SE?	Yes there is a maximum of 8 hours combined.
If a person requires one to one support, can he have CDS with one to one support staff?	Yes
Are CFC and PS options for persons who need support at their job?	Community First Choice person care is an option for people at their job site. Personal care assistance is covered under Employment Supports.
When a provider contracts out transportation, who is monitoring?	Providers that contract out for any services must maintain documentation to support compliance with specific staff qualifications and delivery of services. The DDA is developing a Request for Proposal for an entity to conduct utilization review of services delivered.
Will there be any funds to support community integration activities.	Community activities will be based on the individual’s personal resources, community events, and provider sponsored activities.
Is DDA willing to look at a proposed weekly schedule for proposed meaningful day of services to see the actual cost to the provider?	The rate study consultant is reviewing provider general accounting ledgers to identify the actual cost of services.
Where is SE funded?	Supported Employment will be covered under the new Employment Service under the renewal.
Can a person remain in day habilitation because he or she has more flexibility in day habilitation, as training, volunteering, and community integration....all in one service?	Yes
Is financial support being paid to co-worker support going to take away from the social norm of promoting natural relationships? I don’t know very much about co-worker supports, but think it is a good idea. However, if financial support is provided would this contradict the important theme of individuals having relationships/supports that are non-paid? As historically, these relationships are thought to be more authentic and rewarding.	Co-Worker Employment Supports has been modified to “to assist the individual, upon employment, with extended orientation and training beyond what is typically provided for an employee. This service is meant to provide supports in a situation when an employer and/or individual have identified that an onsite job coach would not be optimal, yet the individual could still benefit from additional supports. These supports are time limited.”

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<p>Does the renewal allow my daughter to participate in fewer hours? Now she has to attend 6 hours, comes home tired. If she leaves early the provider does not get paid. What protections are in place for the provider to be paid?</p>	<p>Yes, individuals and families will make decisions as to what activities they wish to participate to assist the individuals in learning new skills and keeping the skills they currently have related to their individual community integration goals and outcomes. An individualized schedule will be used to provide an estimate of what the individual will do and where the individual will spend their time when in this service. Providers are reimbursed for services provided.</p>
<p>Suggest that Transportation be a standalone service. Costly to provide door to door service and activities throughout the day, and job development.</p>	<p>Transportation to and from and within the day activities will be provided or arranged by the licensed provider and funded through the rate system.</p>
<p>Volunteering-why is the limit to volunteering with a non-profit?</p>	<p>Volunteering can be supported under Employment Services as part of the discovery process is time limited</p> <p>Volunteering supported under Day Habilitation or Community Development Supports is based on the person's choice and is not time limited.</p>
<p>If the individual has a sick day, can the provider get paid? Not fair to the provider.</p>	<p>Absent days will be considered as part of the meaningful day rate.</p>
<p>Small group enclaves, will this be allowed to continue? Why is there a time limit? What is the time limit? Some have worked in enclaves, are paid minimum wage or more and like their jobs.</p>	<p>Small group enclaves will be supported under Transitional Employment. Individuals will have an employment goal that outlines how they will transition to community integrated employment (such as participating in discovery and job development).</p>
<p>Can an exception be made for job development to occur more than one time in a year?</p>	<p>Yes, job development services are limited to once per year unless otherwise authorized by the DDA</p>
<p>Will DDA have drafts of COMAR before July 2018?</p>	<p>No, the regulations will be drafted after the conclusion of the 30 day public input process.</p>
<p>Can providers receive grants to support transition plans?</p>	<p>Yes, the DD Council and other local resources provide grants to assist business. Under one of the DDA's federal employment grant, we have offered subject matter experts to assist providers with transitioning. The DDA is also exploring other grant opportunities for licensed providers.</p>
<p>Can Metro Access Transportation and local state government fund transportation or provide assistance to transportation costs?</p>	<p>Yes, some providers utilize this strategy.</p>

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<p>If a person is funded day habilitation and gets a job, will the service need to be changed?</p>	<p>Yes, the service to support the job is covered under Employment Services.</p>
<p>If a person is funded in CDS but goes back to day habilitation site for part of the day, what will the provider bill? What if this was a part of the PCP, that it was not part of a regular routine but sometimes necessary?</p>	<p>If the person-centered plan reflects the choice and authorization for both CDS and Day Habilitation, the provider could (1) bill for all services under Day Habilitation or (2) bill the community-based activities under CDS and the facility based activities under Day Habilitation.</p>
<p>If a person works independently, travels independently, is supported by a job coach as needed, can the provider bill for the service? In ES, can funds be used for only transportation in the same scenario? Provider concern: assist a person towards independence through the years and follow the person, the monitoring a follow-up ensures their success. Funding should not be taken away because situations arise and persons change, job demands change and follow-up remains essential to the person’s success.</p>	<p>The provide can be for actual services provided. In this example the provider could bill for follow along support services provided as included in the Employment Supports service description.</p>
<p>Is the ability for individuals to be home for breaks during CDS also available for employment? Some individuals may not be able to work all day and may prefer to be supported at home while not working or for a break.</p>	<p>This would be an option to explore during the person-center planning process.</p>
<p>Are you creating an unintended incentive to providers to not promote CIE?</p>	<p>No. All providers must comply with the federal Community Setting regulations. They have completed a self-assessment that includes the number of community engagement opportunities during the week. This will set a base line for providers to work toward more community engagement options for individuals.</p>
<p>Suggest to pilot new programs prior to implementation.</p>	<p>The new proposed services include nursing, remote monitoring, and supported living. Supported Living is similar to previous supports provided under Community Supported Living Arrangement. Therefore, the DDA will monitor the implementation and make adjustment as needed.</p>
<p>Can ES and CDS be done 7 days per week? If so is there a limit to hours in service? What if a person works overtime in ES?</p>	<p>Employment Services on-going job supports can be provided 7 days a week to support a person working. CDS is limited to Monday through Friday and may not exceed a maximum of eight (8) hours per day (including other Transitional Employment, Employment Supports and Day Habilitation services).</p>

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<p>If a person cannot find a day program with transportation what are we supposed to do? What if providing transportation cannot be arranged or provided, but the provider is willing to serve a person? Who is responsible for transportation?</p>	<p>Individuals and families can contact the DDA Regional Office for assistance in identifying services that meet their needs. The day program rate will include funding for transportation. Regional transportation differential will be used for the following counties: Allegany, Caroline, Cecil, Dorchester, Garrett Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester.</p>
<p>Can a 1:1 staff be funded to assist with transportation? Some transportation contracts are asking for an aide on the van to assist. Can a 1:1 for transportation be funded for a medical/behavioral reason? What if transportation plus the service hours exceed the limit being placed on the number of hours for day service, as over 40? Some persons live in rural areas or even places where travel takes longer due to traffic.</p>	<p>One to one staff can be funded to support an individual based on an assessed need. It is important to identify the most appropriate services and supports to meet the person's needs starting with the person's local community. CDS, Transitional Employment, Employment Services and Day Habilitation services combined may not exceed a maximum of eight (8) hours per day.</p>
<p>Where does independent volunteering fall?</p>	<p>Volunteering can be supported under Employment Services as part of the discovery process is time limited</p> <p>Volunteering supported under Day Habilitation or Community Development Supports is based on the person's choice and is not time limited.</p>
<p>What service model is used then a small group or enclave is paid minimum wage by the provider?</p>	<p>Transitional Employment</p>
<p>An individual spends 2 hours in a pool, 2 hours volunteering, 2 hours at job, are there 3 different services, 3 different rates?</p>	<p>Based on the authorized services and the choice of provider by the individuals this could be considered two services as noted below:</p> <p>Example #1 – Two Services – Day Habilitation for community engagement at pool and volunteering and Employment Services for competitive integrated employment.</p> <p>Example #2 – Two Services – CDS for community engagement at pool and volunteering and Employment Services for competitive integrated employment.</p>

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<p>At previous hearings, I heard my son had to be in CDS or SE; now I am hearing my son can be at day habilitation. How do I know the provider is meeting the waiver requirement? I heard day services were closing their building; there needs to be a balance.</p>	<p>Individuals and families may choose among various meaningful day services including: Employment Services, Transitional Employment Services, Community Development Services, Day Habilitation, and Medicaid Day Care.</p> <p>The DDA or its agents monitor, license, and audit providers for compliance with State and federal requirements. All providers must comply with the federal community settings requirements. Several providers are considering new business models for purely community-based services and supports.</p>
<p>What is the time frame for intensive job coaching? What is the definition of intensive job coaching? Will there be regulations that describe guidelines for developing a fading plan for job coaching?</p>	<p>Intensive Job Coaching was modified to “Ongoing Job Supports” which include supports an individual may need to successfully maintain their job. These supports can include but not limited to support in learning and completing job tasks either when beginning a new job, after a promotion, or after a significant change in duties or circumstances in a competitive integrated employment setting in the general workforce, including customized employment and self-employment; personal care, behavioral supports, and delegated nursing tasks. Supports should include the facilitation of natural supports in the work place and may include systematic instruction and other learning strategies based on the individual learning style and needs including learning to travel independently to the job. These supports may be ongoing and should be based on the support needs of the individual as identified in their Person Centered Plan. Additional guidance will be provided by the DDA.</p>
<p>How will the rollover occur, as going from SE to ES?</p>	<p>There will be a transition plan to change from SE to ES which can begin in July 2019.</p>
<p>What is required for a provider to become licensed in CDS? Will CLS roll over to CDS?</p>	<p>Providers will need to submit the DDA application and documents to support meeting the service specific provider qualification and staffing requirements. Further guidance will be provided for current providers of the service.</p>
<p>Define time limited for Discovery.</p>	<p>Discovery is a process that typically takes up to 60 hours. Specific tasks happen at different times but no more than 3 months are needed to complete the Discovery.</p>
<p>Between now and June/July 2018 for individuals that would like to work at the provider, getting paid minimum wage or above, will providers bill this as supported employment until transitional employment is billable?</p>	<p>More information is needed to properly answer this question.</p>
<p>How can you protect the providers if individuals stay home by not going to day programs and day programs are being paid. The providers are the losers. How can providers get compensated for providing staff for those individuals?</p>	<p>These are considerations with the rate study.</p>

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<p>Given that the goal of employment services is independence, there is concern that billing is dependent on direct staff supports, discourages independence. Are you considering a flat basic rate for employment services that will help encourage providers to fade out employment support?</p>	<p>We are considering hourly rate for some supports and milestones for others. This has been shared with the rate study consultant for consideration.</p>
<p>Are you creating an unintended disincentive to providers to find jobs for people by saying SE is to be billed hourly? It would be funded to keep a person in day program but not funded if the person is working independently. Taken away payment for a SE day is counter-productive. Milestone payments are not enough of an incentive.</p>	<p>We are considering hourly rate for some supports and milestones for others. This has been shared with the rate study consultant for consideration.</p>
<p>Does CMS require services and supports into Day and Res categories?</p>	<p>42 Code of Federal Regulations (CFR) §441.301(b)(4) provides that “multiple services that are generally considered to be separate services may not be consolidated under a single definition.” The chief reasons why services may not be “bundled” are to: (a) ensure that waiver participants can exercise free choice of provider for each service and (b) ensure that participants have access to the full range of waiver services.</p>
<p>Why were #3 and #4 removed from Self-Employment? Where is on-going support for self-employment? What if a person does self-employment at home?</p>	<p>Individuals interested in self-employment will have access to on-going job supports as outlined in Employment Supports.</p>
<p>Please change service requirements under CDS This is not a day service for those in self-direction. They get into the community in the evening as well. Can involve more than 8 hours in a 24 hour day.</p>	<p>CDS is one of DDA’s day services that supports community engagement. Individuals seeking community engagement supports during evenings and on weekends can utilize personal supports.</p>
<p>It appears that Medical Day will remain with “Daily Billing” is this accurate?</p>	<p>Yes.</p>
<p>At previous DDA information session, I got the impression that my son’s only choice were employment or community development services. Neither is a realistic goal for him. Today, I am hearing that he can still be in a center based program as long as it is called day habilitation. Is that correct? Would this violate the “final rule” when it takes effect?</p>	<p>Yes individuals can receive supports in provider operated Day Habilitation sites. All DDA providers must demonstrate compliance with the federal community setting rule by March 2020. The rule outlines characteristic of community-based programs for which provider’s center based programs must meet.</p>
<p>If a person has day habilitation service and successfully obtains employment as a result of vocational training, will the service option need to change? What if the person wants to continue with their day service option?</p>	<p>Yes. The employment supports are provided under Employment Services. The individuals may choose to have the same provider provide the service provided the agency is licensed for that service. In addition, the person may choose to continue to receive supports from the Day Habilitation provider when not</p>

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	working.
In examples regarding CDS, and return to center or respite due to unavailability to access the home, switch over to day hab would be at time of return and not for the full time?	The DDA has modified the service to support time limited supports in a provider facility based site. Therefore there is no need to switch services unless the individual is interested in engaging in facility based activities or needs are more than time limited.
Are contracts with Source America (where people work solely in the community) considered Supported Employment?	Yes, they are currently considered under Supported Employment. However it would not be consider under the new Employment Support Services if they are getting paid by the provider.
Please confirm that small group enclaves that are paid minimum wages can work at a <u>provider site</u> (food service, cleaning, landscaping) as part of TES	Small group enclaves that are paid minimum wages can work at a provider site as part of TES. Please note this service is meant to be time-limited and a plan to transition integrated employment is required.
Please confirm small and large group employment can be 7 days per week (limited to 40 hours)	Transitional Employment small and large group services can be provided Monday through Friday and may not exceed a maximum of eight (8) hours per day (including other Community Development, Employment Supports and Day Habilitation services).
Job development limited to once per year. In situations where a second development would be required, can an exception process be available?	Yes. In addition, DORS could also provide.
The renewal appears to phase out support for employment. Some individuals need to be accompanied and that need will <u>not</u> end. The support is based on the disability <u>not</u> behavioral and not medical. <u>That</u> is a concern because not all will be able to be independent	The service was modified to include “Ongoing Job Supports” which 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.
My son spends 6 hours a day in the community but occasionally wants to go back to adult program for 30 minutes. Can this be CDS?	Yes, if an individual needs time limited support of a day program for person care, medical, or behavioral needs as included in their person-centered plan.
Could proposed be published on site without all marks-ups as they are hard to read?	Yes. The waiver application will be posted for the 30 day public comment. Appendix C will include information specific to the final service proposals.
Employment services-Self-Direction Stated that “staff must have DDA approved certification.” Who will pay for this? Some budgets are small.	The cost for certification will be included in the proposed rate. Individual’s self-directed budgets will be based on services and rates for which they can then determine the rate of pay and any additional staff qualifications.
Who will pay for employment certification of staff in self-direction?	

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<p>Individual with high support needs 1:1 has 2 hours paid employment, 2 hours of community pool and 2 hours volunteer at provider location. So is this three different rates for the same staff with the same training supporting the same individual with the same needs across settings?</p>	<p>This would be considered two services (Day Habilitation or CDS and Employment Services). There would be different rates based on the staff qualifications requirements for each service which will be built into the rate.</p>
<p>If an individual takes transportation to work with staff support, does the time necessary get billed as SE for travel training by the provider</p>	<p>Yes</p>
<p>If an individual engages in one of the hourly billed services i.e. day hab, supported employment (SE), or CDS, for 45 minutes, does the agency bill for an hour, or nothing?</p>	<p>The DDA will provide a chart of how to round the time for provider to follow similar to personal supports.</p>
<p>Can transportation be billed without staff assisting with transportation?</p>	<p>No.</p>
<p>If an individual uses public transportation without staff support to go to work, does the one hour and fifteen minutes of his commute count as SE hours, and is billed by the provider?</p>	<p>No, it's a fee for service. No service was provided by the provider or staff.</p>
<p>In a day of service, what if a person has some independent time, participates in a community activity then, is with staff in another activity part of the time, can the provider bill for all of that time in CDS? In the same scenario, what if the person was transported to and from the activity to exercise independent time, how is that billed?</p>	<p>Independent time is not billable as no service was provided.</p>
<p>If a person requires support on the job continuously, is the hour of SE billed the same as the person who is independent on the job most of the time?</p>	<p>Job coaching hourly rate is the same regardless of the continuous need or if the person is independent. You are able to bill if you directly provide support to the participant. Additionally, providers will be able to receive a monthly payment for on-going supports that can include a combination of in-person and other supports that may happen without the person present.</p>
<p>If an individual participates in community activities without staff support, is the hour billed the same as the person who requires staff support for CDS?</p>	<p>No. You are able to bill if you directly provide support to the participant.</p>

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<p>If an individual or family uses a service provider emergency services after hours, for example a person does not arrive home on time from public transportation, how is the time billed?</p>	<p>We need more information to be able to answer this question as all PCP plans need to have a back-up plan that the team and family can execute for events like this.</p>
<p>If a person works one half hour, and then later another half hour, can the two halves be combined to equal one hour to be billed for SE?</p>	<p>Yes.</p>
<p>If a service provider is unable to meet some of the criteria for a specific service during a specific hour, for example, five individuals are part of an activity under CDS for an hour, would the provider be unable to bill for all five people for that hour?</p>	<p>As per federal guidelines, service requirements must be met in order to bill for the services. Service provided that do not meet the requirements are not reimbursable.</p>
<p>If an individual cannot meet the criteria for a service, for example has a seizure during CDS in the community and needs to be somewhere to rest for several hours after and cannot return home so decides to go to the service provider facility, does the provider bill nothing for that time or bill for day hab. Even if not part of the person’s IP?</p>	<p>The provider can only bill for services authorized in the person-centered plan. The person-centered plan should include back-up plans to support the person’s health and safety when a seizure occurs. The DDA will add the option to utilize a provider operated site <i>during time limited periods</i> of the day to support personal care, health, emotional, and behavioral needs as indicated in the person-centered plan.</p>
<p>What is the process for billing Discovery milestones? The goal is to get a job through the Discovery process; what happens when a person then loses their job? Will the funding be taken away?</p>	<p>No. The funding will not be taken away.</p>
<p>How are providers going to have consistent staff when the hours they may work can change every day? If we cannot bill for a full day when an individual decides they don’t want services, how can that staff be paid? We will have an outcome of high staff turnover or we can’t find staff.</p>	<p>This is the current practice. People can choose not to participate. We are sharing this concern with the rate study consultant.</p>
<p>Individuals are working independently and riding to work independently-job coach supports as needed on the job. Are providers able to bill?</p>	<p>In this scenario, you would not be permitted to bill for hourly Ongoing Job Supports. However, you could bill for Follow Along Supports. This is a monthly payment for providing 6 hours of support, which should include at least 2 in-person visits with the person. If someone needs more than these 6 hours of support, you would bill for each hour over that through Ongoing Job Supports.</p>

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<p>If an individual has paid benefits on their job and they take a sick day, can the provider still bill for that day-especially since employment with benefits is the goal?</p>	<p>If there is no direct service provided, they would not be able to bill through Ongoing Job Supports, only Follow Along Supports.</p>
<p>How does billing work for: Intensive Job coaching Ongoing job support</p>	<p>Providers will be able to receive a monthly payment for on-going supports that can include a combination of in-person and other supports that may happen without the person present.</p>
<p>With vocational staffing shortages people with 1:1 staffing are being asked to stay home when they don't have the staff. How can residential programs get reimbursed for this?</p>	<p>As a reminder, Residential services are paid as a daily rate that includes 24 hours. So, this may include the need to provide support to a person that stays home due to illness, etc. However, if there is an ongoing issue with a person not participating in meaningful day services as written in their plan, it would be an opportunity to do some person-centered planning to see how to best meet that person's needs. The provider can then look at how to best create a schedule with the appropriate services that meets their needs.</p>
<p>How will COP be incorporated in the waiver?</p>	<p>The Community of Practices for Supporting Families and Employment will be included in the introduction of the waiver and service revisions.</p>

SELF-DIRECTED SERVICES SESSION

QUESTIONS	DDA'S CURRENT POSITION 7/28/17
<p>Is family authorized to act as/on behalf of the participant if that person is unable to direct budget and hire/fire staff? If not, how is competency of self-direct is determined?</p>	<p>Yes</p>
<p>How does a self-direct participant access personal support while at work (is this CDS service and not personal supports?)</p>	<p>The individual would receive Employment Services which includes this supports.</p>
<p>Parents and caregivers should get information about self-direction and traditional options starting during transition at age 14 so they can start considering at much younger age.</p>	<p>Agree. We are working with various partners including school systems under our Community of Practice for Supporting Families to provide information at earlier years.</p>
<p>DDA service information to transitioning youth are general centered around traditional services and not self-direction.</p>	<p>The DDA will seek to enhance information and support related to transitioning youth options.</p>
<p>FMS, as part of participant's team, be given the opportunity to review budget and PCP prior to its final approval? This will provide opportunity to identify any inconsistencies between PCPs and budget that would be challenges to billing and payment. This would help to reduce misunderstanding of processing and payments and</p>	<p>The DDA is responsible for the authorization of person-centered plans. The FMS should contact the DDA regional office with any concerns.</p>

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modification to plan and budget.	
Can you say why the budget responsibility has been moved to the CCS?	The Coordinator of Community Services is responsible for the facilitation and development of the person-centered plan which includes the self-directed budget.
If someone in self-direction finds a family they can live with (friend, sibling, etc.) how can that family be paid for shared living or living supports?	The family would need to be linked to a Shared Living provider.
Central office rejected a request for any hourly wage higher than \$20 given what was said today, that there is no rate study for SDS, why with proven credentials of the staff, would a higher wage be rejected?	Self-directed services rates must be reasonable and customary. The DDA issues a range of rates for individuals to consider when setting a rate for their staff. Justification for higher rates are considered by the DDA.
Traditional budgets need to be reviewed not just SDS. Needs are needs. Someone in traditional with same needs as SDS should both have same budgets. Are all budgets going to be reviewed or just SDS?	Agree. A holistic person-centered plan needs to be developed based on the person's goals and include natural, community, and Medicaid supports and services. The budget will then be based on the plan and assessed support needs. Yes, all PCP and budgets will be reviewed.
Most recommendations have not been incorporated to date in self-direction. What will you do to review and re-think these recommendations?	The DDA has formed a self-directed steering committee to provide input on the role and responsibilities of the Support Broker, Coordinator of Community Services, and Fiscal Management Services.
Continue one to one (small group) meetings are in order.	
Why remove shared living options from self-direction?	Individuals self-directing services may share an apartment, house, etc. with others and receive supports including personal supports. Therefore, the DDA is proposing only the Shared Living-Host Home model where a licensed provider is responsible for seeking and matching the individual with the host home family based on the individual's choice, paying the host home, and submitting waiver claims.
Can you clarify employment supports as it relates to self-direction?	Employment Services scope and requirements are the same under traditional and self-directed service options. It includes discovery, job development, on-going job supports, follow along supports, self-employment, and co-worker employment supports. The difference is that individuals self-directing, as the employer of record, may set a different rate of pay and require different staff training requirements.
Are services such as behavioral, speech communication, OT, PT, Therapeutic services be available in self-direction?	These services are available under the Medicaid State Plan and may also be available under private insurance. The Community Pathways waiver includes Behavioral Support Services which includes assessment, consultation, and brief implementation supports for individuals in need of a formalized behavioral plan.
Expand self-directed services to include day habilitation	Day Habilitation is a service provided at a provider owned and operated day site which have specific rates and mandated staff training requirements and therefore not an option under self-directed.

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Include speech therapy and behavioral supports in self-direction	The DDA has modified Behavioral Support Services to be a self-directed service option. Speech Therapy is a medical service provided under the Medicaid State Plan.
Add Health and Safety in self-direction Will safe guards for SD team be same or greater as providers?	Participant safeguards are required for all participants.
Do Not separate community and home support. Keep it as Personal Supports	The DDA modified Home Supports and changed it back to Personal Supports where services are available for in the community and home.
Why not allow CCS function the same way as traditional services? That is FMS and Support Broker write budget and PCP modifications while CCS monitor the services.	The Coordinator of Community Services is responsible for the facilitation and development of the person-centered plan.
Can we continue to pay longevity bonus to staff?	Bonuses are no longer permitted as per recent policy issued.
Who assumes liability for unemployment for employees under self-direction?	As the employer of record, the individual is responsible for unemployment for which the FMS establishes.
Will the FMS agency withhold the necessary taxes FICA, etc.	Yes
Did you mean FMS services to be paid outside the budget or rather not out of participants' budget?	FMS administrative costs are paid outside the individual's budget.
Will self-direction budgets be moved into LTSS?	Yes
CCS staff struggle with PCS2 and HRST which do not align with the person-centered PAU. Will LTSS align with all the other forms so we can do 1 time what now is done 3 times by the CCS staff?	The DDA is phasing out PAU. Individuals and families will select an anniversary date for their annual person-centered plan. LTSS will align the HRST annual requirements with this date.
Support broker, family and individual participants basically write PAU budget? Why not to continue to do this, as I don't see the CCS staff having the training and time to work on SD plans. This support needs to be close to the participants as possible.	The Coordinator of Community Services is responsible for the facilitation and development of the person-centered plan.
Is it possible to have certain services under SD not provided face to face. For example: grocery shopping do to transportation or work schedule. This could also include housekeeping.	Yes, individuals can consider a variety of options such as having groceries delivered to their home based on their person centered plan, assessed need, and budget.
CCS services should have time frames to complete and submit documents (i.e. Initial pcp/budget, mods, changes, etc.) to DDA	The Coordinator of Community Services have required timeframes to complete these tasks. Individuals with concerns can contact the DDA regional office.
CCS services can hold SD docs for more than 2 months before submitting to DDA	
Date of initial submission of docs should be capture so DDA will have documentation as to how long process from participant to DDA is taking.	Agree. The LTSS system will provide more efficient tracking and accountability.

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How can you have a group of people self-direct? The group does not hire staff-just found the feedback confusing.	There may have been a misunderstanding. Individuals self-direct their services.
SUPPORT SERVICES SESSION	
QUESTIONS	DDA’S CURRENT POSITION 7/28/17
Will children under 21 be allowed to receive personal support services as defined in the community pathways waiver?	<p>Yes. Under the waiver, Personal Supports will include a variety of habilitation assistance include in home skills development and community integration and engagement skills.</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>
DDA staff have stated that the cap on personal support services for home skills was based on four hour per day on weekdays and eight hours on weekends. The DDA staff stated that the rationale for this was that a person needed time each day to engage in leisure activities and socialize with family members as well as learn skills such as cooking or cleaning at home. As parents, we know this rationale does not apply to all individuals. Individuals with intensive needs may need support to engage in leisure activities at home in addition to skill development of cooking, cleaning, etc. What provision is there for someone who needs more than four hours a day and more than eight hours on a weekend day?	The DDA has modified the service back to Personal Supports and the current federally approved limit will be continued. 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>If an individual has day hab services and personal supports, he currently may use personal support services for a medical appointment that he needs support to attend. Can he now use personal support services for an hour in the middle of his day hab service, and still use the four hours he usually does from 3 p.m. to 7 p.m.?</p> <p>If a person is ill and needs continuous support during the day for several days, he currently can use personal support services and be absent from day hab. How could a person do this if personal support services in home are limited to four hours a day? The person in this example needs instruction on how to take care of himself, such as learning to pour himself fluids, how to make a simple meal, how to take his temperature, etc.</p>	<p>Yes</p> <p>The DDA has modified the service back to Personal Supports and the current federally approved limit will be continued. 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>

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How will personal assistance through state Medicaid work with personal home support services?	Personal assistance services can be provided under Personal Supports when provided in combination with in home skills development and community integration and engagement skills activities.
Will personal home support services and community support have specific numbers of hours allowed in the funding plan? Will these hours be allowed to be used across the year, or time limited?	The person-centered plan will reflect the total number of hours authorized for Personal Supports. The individual can decide how they want to use their hours. The hours authorized are for a one year period and do not cross over years. 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.
What is the point of dividing personal supports into the two categories? Why can they not stay combined?	The DDA has modified the service to reflect the specific services that can be provided under it.
Can a person engage in work, volunteerism, using personal support services?	No. Employment Services provides supports for individuals working. Time limited volunteering can also be supported under Employment Services as part of the discovery process. Volunteering supported under Day Habilitation or Community Development Supports is based on the person’s choice and is not time limited.
Can a person use personal support services in a service provider facility?	No. These types of supports are provided by the provider facility.
Will all people in services have access to day services and transportation?	Yes. Individuals will develop a person-centered plan which will include goals based on what is important to and important for the person and services to support them.
If a person cannot find a day service who will transport them? How will they access the service?	Individuals needing assistance finding a day service can work with the Coordinator of Community Services or contact the DDA Regional Office.
If a list of DDA certified camps will be clarified in the forthcoming waiver, will camps settings be informed when this list will be available on the web? Is there a current list on the web?	The DDA will provide further information and guidance related to approved camps.
Can the same provider provide personal supports and SEP to the same individual?	Yes at different times. Employment Services including a variety of employment related supports and can also include personal care assistance, behavioral supports, and delegated nursing tasks.
Can a provider bill for SEP and personal support at the same time?	No.
Clarify where adaptive equipment fit under services fall	Adaptive equipment may be provided under the Medicaid State Plan Durable Medical Equipment or the Assistive Technology and Services waiver service.

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<p>Most people who are familiar with CFC believe that it is a bad fit for people with D.D. This was part of support services work group input. Please discuss plans to use CFC in the future waiver. Especially consider that it may be changed or dramatically reduced if Affordable Health Care Act is repealed</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>If an individual needs solely assistance with activities of daily living and instrumental activities of daily living, the service will be covered under CFC.</p>
<p>Behavior Assessment and Consultation states “all clinicians must have training and experience in applied behavioral analysis” What does this look like, how much training and experience?</p>	<p>Further guidance and information will be shared.</p>
<p>With changes in names of programs services will the Person-Centered process be looked at specially for staff ratio’s being better define?</p>	<p>Yes, staff ratios must be included in the person-centered plan.</p>
<p>Assist Tech- Will Dr. PMOF still be required to obtain and if so, who pays for the assessment?</p>	<p>Assistive Technology needs assessment is included within the Assistive Technology and Services waiver service. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</p>
<p>Why are community based activities/integration no longer covered under Personal Supports</p>	<p>The service has been modified and includes these engagement options.</p>
<p>Are home supports and community supports two separate services?</p>	<p>No. They are both within the scope of Personal Supports.</p>
<p>During the recertification/renewal of medical assistance there is a lapse in coverage for sometimes 2-3 months thereby impacting the DDA and CFC services. What can be done to avoid this lapse?</p>	<p>It is essential that individuals and families be informed of application and supporting documentation that must be submitted in order to prevent a lapse in services. Individuals and families must submit all required information as per requested by the Eligibility Determination Division.</p>
<p>Would you explain the CFC Self-Direction process are there separate budgets and separate teams, support planners? CCS?</p>	<p>The Office of Health Services is developing a new self-directed service option for the CFC program. The DDA will share additional information as it becomes available.</p>
<p>For an initial TY budget why personal supports would not be allowed? They are specified in the personal plan. Will there be changes in how the initial TY budget is applied?</p>	<p>All individuals applying to the waiver program should include all needed services and supports. Transitioning Youth are not limited to specific day services.</p>

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<p>At the previous webinar for Personal Supports, we were told that any in home support/personal supports would need to use CFC as the primary level of support in the home (and you mentioned they will be doing a self-directed option eventually) is this still the case?</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>If an individual needs solely assistance with activities of daily living and instrumental activities of daily living, the service will be covered under CFC.</p> <p>The Office of Health Services is developing a new self-directed service option for the CFC program. The DDA will share additional information as it becomes available.</p>
<p>Assistive technology and Services will there be waiver services to provide assessment for technology available to meet participant’s goals and needs?</p>	<p>Yes. Assistive technology assessments are part of this service.</p>
<p>Would DDA consider a provision for legal advice for Employment practices for participants?</p>	<p>No. Individuals can seek advice from advocacy organizations such as Disability Rights Maryland and Legal Aide.</p>
<p>Can we include as part of transportation, a discussion about reimbursement for parking for people who self-direction or any other service where personal supports are required</p>	<p>Transportation costs associated with the provision of personal support services outside the participant’s home is covered within the rate</p>
<p>Can provider agencies receive grants or other source of funding to ensure people supported to have access to community transportation?</p>	<p>Provider agencies may explore various options and resources.</p>
<p>Can Metro Access transportation/Wmata to then local/state government-funded transportation be contacted to discuss opportunities to support a person(s) who cannot receive transportation from their place of residence?</p>	<p>Yes</p>
<p>My daughter’s day program wants its participants to take Metro Access (Para Transit) at their own expense to offsite activities like walking around malls, museums, etc. Would DDA be paying for these community involvement trips?</p>	<p>The DDA provides funding for staff to support individuals in community engagement activities. Cost of community activities is based on the individual’s personal resources, community events, and provider sponsored activities.</p>
<p>Is Nurse Case Management provided now under the waiver?</p>	<p>Yes</p>

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<p>How is it obtained? Not everyone needs in-home direct nursing care, or “nursing home” services</p>	<p>It is based on a person-centered plan and assessed need.</p>
<p>Some individuals need careful coordination between and among effects of several physical conditions and medications needed. Effective control, coordination, understanding and staff training can determine any success in community integration and employment.</p>	<p>Agree.</p>
<p>Related to CFC, the process to include eligibility determination development of the plan and locating a service provider can be lengthy and at times have barriers related to capacity and availability of service providers base on geography. How will the state ensure that needed services will not be delayed or denied while a person is attempting to access state plan services?</p>	<p>The State is required to develop provider capacity, determine eligibility, and provide access to services. The Office of Health Services monitors CFC plan submissions, timeliness of decisions, service needs, etc. and shares with stakeholders during their advisory committee meetings.</p>
<p>Where can we find how CMS rule changes effect MD waiver updates? What are these for support services?</p>	<p>Information concerning the CMS community settings rule is located at: https://www.medicaid.gov/medicaid/hcbs/guidance/index.html</p>
<p>Has there been any thoughts with having immediate family living in the same home provide personal supports or a fill-in or back-up while the agency finds staff to provide that person with personal supports?</p>	<p>Family members and relatives can continue to provide services with the proper oversight.</p>
<p>In the past a request for service change could be submitted for dental cost, hearing aids, etc. This is no longer allowed. Will this be evaluate with the new waiver?</p>	<p>These items may be covered under the Medicaid State Plan services, private insurance, Assistive Technology and Services waiver services, and Individual Directed Goods and Services.</p>
<p>If people are able to obtain state plan home health nursing which is not provided through the waiver, will DDA ensure people can get that nursing from a residential provider? Currently providers don’t want non-employees to deliver care in the homes due to liability concerns.</p>	<p>Individuals have the right to authorized home health services. Concerns should be reported to the DDA Regional Office.</p>
<p>Transportation is covered by Medicaid if medically necessary. If DDA will stop providing medically necessary transportation, this will create an enormous burden on providers and families because each county operates differently and in some places like PG county, it is very difficult to obtain M.A. transportation. Also, people need to get a new prescription for each trip.</p>	<p>The DDA is not permitted to provide medically necessary transportation services. It is covered under the Medicaid State Plan.</p>
<p>Why must a licensed Behavior Analyst become a DDA provider in order to provide services? By definition, an LBA is already qualified. Shouldn’t a simple Vendor Agreement be adequate if a person chooses to self-direct behavior supports?</p>	<p>The DDA has modified this service to provide a self-directed service option.</p>

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<p>If these new definitions of services become effective how will it impact those currently receiving services? For example, An individual currently receives 56 hours of personal supports would they have their hours reduced to 36 or less?</p>	<p>There will be a transition plan to implement new services, changes in provider and staff qualifications, and any new limits.</p>
<p>A concern to keep in mind regarding continuum of care from psychiatric/behavioral hospitalizations back to community based providers. Can there be a transition plan when being discharged back to the community?</p>	<p>The individual, their authorized representatives, the facility social workers, and DDA’s CCS should develop a transition plans prior to when individuals leave hospitals, nursing facilities, State Residential Centers, psychiatric hospitalizations, etc.</p>
<p>When providers require assistance and want to maintain and stabilize an individual in the community, what kind of support is there? BSS confirmation can take too long to and or get approval for BSS respite. Any solution? Collaboration of services would be beneficial</p>	<p>Behavioral Supports services include assessment, consultation, and brief implementation supports for individuals in need of a formalized behavioral plan.</p> <p>The DDA is expanding providers of Behavioral Supports so that any willing and qualified provider can apply to provide.</p> <p>The DDA will also be establishing a crisis line, mobile crisis teams, and behavioral respite.</p>
<p>Respite service regulatory requirement parameters are too narrow and make it impossible for individuals with very involved medical needs to receive respite. This is probably true for individuals with behavior issues too.</p>	<p>Respite services provide short term relief of the caregiver. They are not meant to provider medical services.</p>
<p>Personal supports are provided now by people we train in our home. They know how to communicate with the individuals they are caring for, augmentative communication, signs and subtle cues and address behavioral. Can community first choice learn this in 2 hours per day?</p>	<p>The DDA has modified the services. 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>

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<p>Please clarify the hours limit on home supports. On page 3, DDA crossed out the 82 hours limit but left a 36 hour home skills development limit.</p>	<p>The DDA has modified the services. 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>Please consider increasing the 8 hours limit for behavioral consultation and once per year limit on behavioral assessment.</p>	<p>The DDA has modified the services so that Behavioral Assessment is limited to one per year unless otherwise approved by DDA. Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA.</p>
<p>Recommend eliminating the \$1,400 limit for transportation and the \$17,500 limit for environmental and vehicle modifications. These caps are arbitrary and should be person-centered. Similarly, why the move to allow vehicle mods every 10 years vs every 7 years. Is this reasonable?</p>	<p>The DDA has modified these services as follows:</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"> 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 2. \$5,000 annually for all other counties. <p>Vehicle Modifications and Environmental Modifications will each have a separate limit of up to \$15,000 unless otherwise authorized by DDA.</p>
<p>Can an individual not in residential services receive 24/7 DDA-funded supports? If so, under what model/or combination of services?</p>	<p>Yes this could be provided with a combination of meaningful day services and Supported Living.</p>
<p>Do the state plan (CFC and EPSDT) case managers participate in the person-centered plan process to ensure seamless services to person and/or family?</p>	<p>Yes</p>
<p>Much relies on interaction between CFC and waiver for adults. EPSDT, CFC & Waiver for children. How will individuals and families negotiate these systems? Will it be seamless for individuals and families? If not, how will CCS’s and Support Planners interact? Will the person’s IP include discussion and assistance to access CFC</p>	<p>The DDA and the Office of Health Services will continue to provide guidance, training, and technical assistance to support holistic person centered planning for individuals receiving various Medicaid State Plan Services.</p> <p>Individuals and families can also request all individuals be in attendance when</p>

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<p>at the same time as receiving DDA pathways services? Main recommendation is to make this as seamless as possible for the person.</p>	<p>developing the person centered plan so all options and services are discussed and coordinated.</p>
<p>Behavioral Supports: If an individual with serious behavioral issues requires psychological services and behavioral consults that exceed the limits you are imposing how is this handled?</p>	<p>The DDA has modified the limits as follows:</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>
<p>Behavioral Supports: If a stable individual goes through a period of instability and the individual's team and behavioral specialists determine that a period of increased behavioral consults are required can this be accommodated and if so how specifically?</p>	<p>The team would submit an information related to the assessed need, supporting data, and other requested information to the DDA for authorization.</p>
<p>Will all Adult Service Providers who currently provide behavioral and psychological services to individuals be able to continue to do this in the same integrates fashion?</p>	<p>Yes. The DDA is expanding providers of Behavioral Supports so that any willing and qualified provider can apply to provide. The provider agency would need to request to add this service to their license.</p>
<p>Provision of psychological and behavioral supports is needed to ensure the safety of the individual and community. This is a medical/psychological treatment plan with needed frequency determined by experts who know the individual. Why are arbitrary limits being imposed that in many cases would deny needed services?</p>	<p>Under the Community Pathways Waiver program, Behavioral Support Services will include assessment, consultation, and brief implementation supports for individuals in need of a formalized behavioral plan.</p> <p>Medical/Psychological treatment plans are supported by licensed psychiatrist and psychologist under the State Plan and private insurance.</p>
<p>Will children be able to continue receiving the same form of integrated behavioral services they currently receive from those Adult Service Providers who provide such services?</p>	<p>Under the Community Pathways Waiver program, Behavioral Support Services will include assessment, consultation, and brief implementation supports for individuals in need of a formalized behavioral plan.</p>
<p>Mr. Secretary you specifically indicated that no individual would be denied needed behavioral services. Does this mean for, example, that if the treatment team and behavioral specialist working with the individual felt that he required 10 consults a month during a difficult period that this could in fact occur?</p>	<p>Yes. Behavioral Consultation and Brief Support Implementation Services service hours will be based on assessed needs, supporting data, plan implementation, and authorization from the DDA.</p>
<p>Can current behavioral support providers continue to provide the service?</p>	<p>Yes. The DDA is expanding providers of Behavioral Supports so that any willing and qualified provider can apply to provide. The provider agency would need to request to add this service to their license.</p>

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RESIDENTIAL SERVICES SESSION	
QUESTIONS	DDA’S CURRENT POSITION 7/28/17
Will providers be grandfather in if they have group homes of 5 people instead of 4 to fill any vacancy that could occur?	As per the Group Home Clarification Memo dated August 28, 2015, the DDA will continue to support current funding for individuals in group home with more than four individuals.
Share living or host family- who does criminal background checks? What if 1 person living in home don’t pass and person wants to live in this house? Will there also be staffing requirements?	The DDA approved Shared Living Provider will conduct criminal background checks, recruit for host homes providers, facilitate recruitment and matching services of individuals and host homes based on the participant’s preferences and choice, oversee quality management and monitoring compliance with program requirements once the arrangement is established. If there is a person living in the home doesn’t pass the background check then the home is not eligible. There are not staffing requirements.
Supportive living- Will they need to follow all COMAR Regs for staff training /Nursing Regs?	The DDA will be issuing new regulations specific to this service which will include requirements related to staff training and delegation of nursing tasks.
Does Transitional Employment Services include transportation time in 8 hour day?	Yes
Could CMS set limits in funding for different services?	The State can set limits.
Will “Remote Electronic Monitor” be available for individuals receiving residential services including Group Homes?	Yes
As a standard lease agreement the landlord has protection too. Will this be allowed based on the waiver expectations? For example, Evictions, damages, moving in people not the lease	Yes. The service agreement or lease from licensed providers must also include current protections for residents as per DDA policies and regulations.
If respite cannot be provided for those in residential settings. What other avenues are available so my individual can go to camp (which is currently seen as contracted respite)?	Respite services are a break for the primary caregiver. They are not recreational or social activities. Residential services include 24/7 supports and staffing therefore individuals receiving this service are not eligible for respite. Individuals receiving residential services interested in going to a camp can use their own personal funds to pay for camp.
Is billing going to change from daily to hourly for residential services as it will be for other services?	No this will be a daily rate.
Host home should allow for a self-directed option. If an individual already has existing relationships in the community, there is no need to pay a provider to facilitate this. CCS& SB can provide oversight.	An individual self-directing their services can choose to move in with a roommate or family. They can receive other support services such as personal supports, etc.
When you say 24 hours support in the home, are you referring to 24 hour “DIRECT” supports or is this including the remote monitoring services explained this morning?	It can include Remote Electronic Monitoring. This service provides oversight and monitoring within a home through an off-site electronic support system in order to reduce or replace the amount of staffing an individual needs.

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<p>If I needed necessary adjustments at home medical adjustments in my bathroom for my love one, who would help me get his paid for</p>	<p>An environmental assessment can be conducted to identify the appropriate modifications need to the bathroom to meet changing needs. The bathroom modifications would be conducted under the Environmental Modification waiver service.</p>
<p>Can you please explain the difference between Community Living Group Home and Community Living Enhance Supports?</p>	<p>Community Living-Enhanced Supports services assist individuals who require court ordered enhanced supervision and have challenging behaviors to ensure their safety and the safety of others in acquiring the skills necessary to maximize their independence in activities of daily living and to fully participate in community life.</p>
<p>Can a person in Supported Living get augmentation services such as nursing when needed? Or does she have to move to a different living situation to get the needed nursing services?</p>	<p>Nursing services can be provided in Supported Living.</p>
<p>If sibling involved, why would a provider be needed for them to get paid as host family? Why not self-direct?</p>	<p>Person can self-direct.</p>
<p>Please explain 30 day out of resident rule?</p>	<p>The Residential Retainer Fees is available for up to 30 days per year per recipient when the recipient is unable to receive services due to hospitalization, behavioral respite, or family visits. This means the provider can bill for these days and get paid.</p>
<p>Will Add-Ons continue for res hab group home or will the person have to move to enhanced supports?</p>	<p>We are moving to a fee for service system and therefore add ons will not be continued. Community Living-Enhanced Supports services assist individuals who require court ordered enhanced supervision and have challenging behaviors to ensure their safety and the safety of others in acquiring the skills necessary to maximize their independence in activities of daily living and to fully participate in community life.</p>
<p>Can the retainer fee be defined as is available for up to 30 days per year per recipient when the recipient is unable to receive the service? If not, can you expand reasons to include holidays, day program closures, weather?</p>	<p>We will take this into consideration.</p>
<p>The term “group home” is stigmatizing. Continue the great work towards inclusive language by not using the term. Designation could simply be community living and community enhanced or enhance community living. Keep supported living-companion with the distinction that it is not a provider owned/operated home and has a live-in companion who providers support. No more than 2-3 people.</p>	<p>We will take this into consideration.</p>

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How does supported living compare to live-in caregiver rent? Aside from one can be self-directed, what are the difference?	Supported Living services may be provided by different staff and includes various support areas whereas Live-in Caregiver Rent is an arrangement with one person where specific supports are agreed to.
How does a person qualify for res hab-enhance support? If an individual meets the criteria for enhance support, are they precluded from living in a res hab group home?	The DDA would consider the court order, challenging behaviors, history, current data, and safety considerations for the person and others. Individuals will not be precluded from Community Living – Group Home if needs can be met.
Can a house serve people both in res hab group home and enhance supports?	No these are two different house set up.
Can you clarify whether or not a relative or legal guardian can receive payment for services for an individual receiving home services?	Family members and relatives can continue to provide services with the proper oversight
Can you provide more guidance and information about why DDA chose to separate out home and community supports?	The DDA has modified this service and both are provided under Personal Supports.
A few years ago, there were 30 days that providers could use that covered illness, time to vacation with family etc. Those days disappeared with the effect that my service provider loses money anytime my son is not present. Can those hours be restored?	The DDA worked with the provider association (MACS) and increase day program rates to account for these types of absences.
I think you mentioned a person can get “enhance services” such as nursing while in supported living. Are the enhanced services/support time limited to prevent nursing home placement?	Individuals in Supported Living have access to the various support services including Assistive Technology and Services, Behavioral Support Services, and Nursing Services. The length of time is based on the needs of the person.
Can REM services be provided in Host Homes?	Yes
If someone needs add-on funding, will they have to move to enhanced services?	As individuals needs change, the services and location will need to be reviewed to see if it meets the needs of the person. In some situations individuals may need to move to a new setting.
Can a sibling provide a Host Home?	No this would be considered a conflict.

RATES RELATED

QUESTIONS	DDA’S CURRENT POSITION 7/28/17
Hearing services are to be paid hourly when working with staff, how will agencies be paid for people receiving supported employment and are independently in performing their community job?	Additional information is needed.
Does DDA have a rate structure in place for providers to bill to self-directed plans? Currently having a problem funding a provider to do this as they say they don’t know how.	DDA licensed provider’s service rates on listed in regulations. The provider would be paid from the FMS provider.
When do you anticipate hourly vs. daily billing to begin?	July 2019
What training and supports will be available to providers to facilitate this process?	The DDA will provide further guidance, training, and technical assistance.

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Can there be a 1 month coding trial to see the accuracy and miscoding rate?	The system will go through extensive testing prior to implementation.
How do you deal with a service-act that is done for 45 minutes?	The DDA will provide further guidance as to when services are rounded to the nearest hour.
What happens if the Governor does not include the rate study “Bric” in his budget or not passed by the legislature?	Information regarding the Rate Study will be presented to the Governor and Legislature as per the required bill passed. The rates and funding needs are not known at this time.
Will the rate study take into consideration agency cost to train staff for personal supports?	Yes
When will the Rate Study be completed?	The Rate Study will be completed this fall.
When will Town Halls be held on the Rate study?	Town Halls will be conducted in the fall
OTHER	
QUESTIONS	DDA’S CURRENT POSITION 7/28/17
CMS just issued a bulletin saying it is delaying implementation on the Community Settings Rule. So why aren’t you taking this into account in waiver renewal?	The Community Pathways Renewal must be completed before July 2018 in order for services to continue. States have until March 2020 for provider transformation to compliance with the community setting rule.
Are the provider agreement and/or contracts documents considered public information as provided under FOIA? If so how to get?	Request under the Public Information Act should be made to Amy Daugherty , Policy Analyst for Government Affairs at amy.daugherty@maryland.gov
To improve upon all service providers, CCS firms should be mandated to send out participants surveys/response forms Re-questions, feedback on the quality of services rendered.	We are exploring similar strategies.
Does DDA have a mechanism to put in place to educate the community about the services offered by EPSDT so that regional staff, families and CCS’s aren’t wasting time chasing up the wrong tree?	The DDA will work with the Office of Health Services to provide information, education, and technical assistance for Medicaid Services.
Please discuss make-up of steering committee. Will the names of the members be public information? How large is the committee? What percentage of members will represent providers? What percentage will represent Self-Directing participants? How many representatives for SDS participants who need facilitated self-advocacy? How many support brokers?	The make-up of the steering committee includes, families, person’s in self-direction, Support Brokers, Coordinator of Community Services, Fiscal Management Services, representative from SDAN, and DDA as noted below: Alicia Wopat, Debbie Fickenscher, Gail Godwin, Goli Balakhani, Jeff Keilson, Jonna D. Hitch, Joyce Sims, Kathleen Land, Mat Rice, Meg Carter, Olasubomi Otuyelu, Onesta Duke, Peg Kolm, Tina Swink, Yemonja Smalls, Ken Capone , Latonia Reynolds, Marmar Mero, Mary Scott , Patti Saylor, Richard Kolm, Stephanie Boblitt, Shelly Tavenner , Tami Goldsmith, Tracy Davis, and Terah Tessier

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<p>What are the timeframes on starting and completing the re-write of the regulations?</p>	<p>The regulations will be drafted after the conclusion of the 30 day public input process.</p>
<p>Will DDA consider offering CCS agencies grants for training or allow training on DDA policy as billable activity?</p>	<p>The DDA has been working with the Coordination of Community Services agencies on the development of training strategies. This includes providing standardized Person-Centered Planning and a new Request for Proposal for CCS Training. Training and technical assistance is also available by contacting the DDA.</p>
<p>Can you provide more information about DDA’s Quality Advisory Council and who to contact if we are interested in joining?</p>	<p>The purpose of the Quality Advisory Council (QAC) is to:</p> <ul style="list-style-type: none"> • Provide input and recommendations regarding measuring the quality of the services it provides to individuals with disabilities. • Recommend ways for the DDA to implement and enhance its policies and programs for individuals with disabilities <p>To receive more information please contact Cindy Lindgren, Director of Quality Enhancement, at cindy.lindren@maryland.gov</p>
<p>When we advocate for Person-Centered plans, then why do we think a provider should write the goals? Goals should be person-centered and team determined.</p>	<p>Goals are to be person centered and based on what is important to and for the person. The person, with the support of their team, write the goals. Providers develop implementation strategies to support the goals. For example, the goal may be to get a job. The provider would develop strategies to support this such as conducting discovery activities to identify the person’s interest and strengths, develop a resume, practice interviewing, etc.</p>
<p>When more than one service provider is needed for care why is it not possible if the person to self-direct all possible care situations?</p>	<p>Some services are only provided by licensed agency owned and operated facilities and therefore cannot be self-directed.</p>
<p>Some people continue to be concerned with CCS’s turn over. Why do these (many) CCS’s not have health insurance an decent wages? They would stay for many years if the state provided benefits. This would help process and individuals. Also if regional office and CCS’s were trained with all this information, things would be more smoothly</p>	<p>The rate for CCS includes consideration for the cost of benefits. Actual pay rates and benefits are based on each agencies own business model.</p> <p>The DDA will be providing further guidance, training and technical assistance to all stakeholders.</p>
<p>How are you partnering with OHCQ to ensure the monitoring of programs is consistent with the Waiver and “Person-Centered Thinking”? There is a certain amount of rigidity at OHCQ that is inconsistent with the flexibility I thinking by DDA that you have described.</p>	<p>The DDA meetings regularly with the OHCQ and will continue to provide them with guidance, training and technical assistance related to the transformation, program changes, and polices.</p>
<p>Will DDA be drafting the COMAR changes prior to July 2018 to support the new waiver services or is it necessary to wait for CMS approval? If prior to approval when will revision start?</p>	<p>The regulations will be drafted in alignment with the conclusion of the 30 day public input process.</p>

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<p>If a child isn't otherwise "income eligible" for Medicaid, will the child be able to access waiver services?</p>	<p>Yes, if the child meets the waiver eligibility criteria (which includes a financial determination based solely on the child's income) then they are eligible for the waiver.</p>
<p>What is being done to provide CCS's with information regarding an individual's eligibility for existing services? Current agency turnover has meant that my son has had 5 coordinators in the past 3 years; and most do not understand even the IP process and construction of the document. They have known nothing of the community services, what he needs, what he qualifies for, and how to obtain them. Any plans to support people better in future?</p>	<p>We are sorry that this has been your experience. In order to improve services, it is important for you to share your concerns with the DDA so we can further review and take appropriate actions.</p> <p>The DDA will be providing further guidance, training and technical assistance to all stakeholders.</p>
<p>Please clarify that monitoring is not a "quarterly report" to be expected by family (unless this is going to be a new mandate). This could spread and create mandate for CCS agencies.</p>	<p>The CCS is required to conduct quarterly face to face monitoring and follow-up activities as per DDA guidance. The family is not expected to complete a report.</p>
<p>How to pay for interpreting services?</p>	<p>There are many ways to pay for interpreting services based on the usage and time including: Maryland relay, Video relay, Sorenson VRS Services, the Governor Office of the Deaf and Hard of Hearing, DORS, free smart phone/table applications, etc.</p>
<p>How will COP be incorporated in the waiver?</p>	<p>The Community of Practices for Supporting Families and Employment will be included in the introduction of the waiver and service revisions.</p>