# Appendix C: Participant Services

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

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

| **Statutory Services** *(check each that applies)* | | |
|---|---|---|
| Service | Included | Alternate Service Title (if any) |
| Case Management | ☐ | |
| Homemaker | ☐ | |
| Home Health Aide | ☐ | |
| Personal Care | ☐ | |
| Adult Day Health | ☐ | |
| Habilitation | X | Personal Supports |
| Residential Habilitation | ☐ | |
| Day Habilitation | ☐ | |
| Prevocational Services | ☐ | |
| Supported Employment | ☐ | |
| Education | ☐ | |
| Respite | X | Respite Care Service |
| Day Treatment | ☐ | |
| Partial Hospitalization | ☐ | |
| Psychosocial Rehabilitation | ☐ | |
| Clinic Services | ☐ | |
| Live-in Caregiver (42 CFR §441.303(f)(8)) | ☐ | |

| **Other Services** *(select one)* | |
|---|---|
| ○ | Not applicable |
| X | As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute *(list each service by title)*: |
| a. | Assistive Technology and Services |
| b. | Behavioral Support Services |
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|---|---|
| c. | Environmental Assessment |
| d. | Environmental Modifications |
| e. | Family and Peer Mentoring Supports |
| f. | Family Caregiver Training & Empowerment Services |
| g. | Housing Support Services |
| h. | Individual & Family Directed Goods and Services |
| i | Participant Education, Training, & Advocacy Supports |
| j. | Support Broker Services |
| k. | Transportation |
| l. | Vehicle Modifications |
| m. | Nurse Consultation |
| n. | Nurse Case Management and Delegation Services |
| **Extended State Plan Services** *(select one)* | |
| X | Not applicable |
| ○ | The following extended State plan services are provided *(list each extended State plan service by service title)*: |
| a. | |
| b. | |
| c. | |
| **Supports for Participant Direction** *(check each that applies))* | |
| ☐ | The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services. |
| X | The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E. |
| ○ | Not applicable |

| Support | Included | Alternate Service Title (if any) |
|---|---|---|
| Information and Assistance in Support of Participant Direction | X | Support Broker<br>Coordinator of Community Services |
| Financial Management Services | X | Fiscal Management Services |

| | |
|---|---|
| Other Supports for Participant Direction *(list each support by service title)*: | |
| a. | |
| b. | |

PROOF

| | |
|---|---|
| c. | |

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

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

Service Type: Statutory Service
Service (Name): Habilitation
Alternative Service Title: **PERSONAL SUPPORTS**

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 8: Home-Based Services | 08010 home-based habilitation |
| Service Definition (Scope)**:** | |

A. Personal Supports are individualized supports, delivered in a personalized manner, to support independence in an individual's own home and community in which the participant wishes to be involved, based on their personal resources.
B. Personal Supports services assist individuals who live in their own or family homes with acquiring, ~~and~~ building, or maintaining the skills necessary to maximize their personal independence. These services include:
   1. In home skills development including budgeting and money management; completing homework; maintaining a bedroom for a child or home for an adult; being a good tenant; ~~cooking~~meal preparation; personal care; house cleaning/chores; and laundry;
   2. Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which individuals integrate, engage and navigate their lives at home and in the community. They may include the development of skills or providing supports that make it possible for ~~individuals~~ participants and families to lead full integrated lives (e.g. grocery shopping; banking; getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities) ) and health management assistance for adults (e.g. learning how to schedule a health appointment;, identifying transportation options; and developing skills to communicate health status, needs, or concerns); and
   3. Personal care assistance services during in-home skills development and community activities. Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring.

SERVICE REQUIREMENTS:
C. Personal Supports services under the waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.
D. Staffing is based on level of service need.
E. Effective July 1, 2019, the following criteria will be used for participants to access Personal Supports:
   1. Participant needs support for community engagement (outside of meaningful day services) or home skills development; and
   2. This service is necessary and appropriate to meet the participant's needs;

3. This service is the most cost-effective service to meet the participant's needs unless otherwise authorized by the DDA due to "extraordinary" circumstances.

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

1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State or local laws; and
3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.

~~D.~~G. Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the ~~child's~~ participant's exceptional care needs due to the child's disability that are above and beyond the typical, basic care for a ~~child that all families with children may experience.~~legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver participant;

~~E.~~H. Personal Supports are available:

1. Before and after school;~~,~~
2. Any time when school is not in session;~~,~~
3. During the day when ~~Before and after~~ meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided;~~,~~ and
4. On nights and weekends.

~~F.~~I. Under self-directing services, the following applies:

1. Participant, legal guardian, or ~~their authorized~~his/her designated representative ~~parent of a child~~ self-directing services are considered the employer of record;
2. Participant, legal guardian, or ~~their~~his/her ~~authorized~~designated representative ~~parent of a child~~ is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers; ~~and~~
3. Personal Support Services includes the costs associated with staff training such as First Aid and CPR.

~~3.~~4. ~~Costs associated with training can occur are incurred no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. In these situations, the costs Costs are billed to Medicaid as an administrative cost.~~ and

~~4.~~5. Personal Support Services staff, with the exception of legal guardians and relatives, must be compensated over-time pay as per the Fair Labor Standards Act from the self-directed budget.

~~G.~~J. From January 1, 2018 through June 1, 2020, transportation costs associated with the provision of personal supports ~~services~~ outside the participant's home ~~is~~ will be covered under the stand alone transportation services and billed separately. Beginning July 2020, transportation costs associated with the provision of services will be covered within the new rate.

K. Beginning July 2020, transportation to and from and within this service is included within the service of self-directed budget. Transportation will be provided or arranged by the provider or self-directing participant and funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

~~H.~~L. Personal care assistance services must be provided in combination with home skills development or community integration and engagement skills development and may not comprise the entirety of the service.

~~I.~~M. A legally responsible person (who is not a spouse) and relatives of a participant may be paid to provide this service in accordance with the applicable requirements set forth in Section C-2.

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

O. 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.

~~K.~~P. Personal Support services are not available at the same time as the direct provision of Respite Care Services, or Transportation Services (beginning July 2020).

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

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

1. Legal guardians and relatives may not be paid for greater than 40-hours per week for services rendered to any Medicaid participant, unless otherwise approved by the DDA.

~~1.~~2. Personal Supports services are limited to 82 hours per week unless otherwise preauthorized by the DDA.

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| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |

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|---|---|---|---|---|---|---|---|
| Specify whether the service may be provided by *(check each that applies):* | X | Legally Responsible Person | X | Relative | **X** | Legal Guardian | |

**Provider Specifications**

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|---|---|---|---|---|
| Provider Category(s) *(check one or both)***:** | X | Individual. List types: | X | Agency. List the types of agencies: |
| | Personal Support Professional | | Personal Supports Provider | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Personal Supports Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have a GED or high school diploma;<br>3. Possess ~~C~~current first aid and CPR certification;<br>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a; |

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| | | | 5. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.11~~Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians~~;<br>6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; ~~Three (3) years' experience providing the direct service or support (e.g. training on money management, time management and community resources) to individuals with developmental disabilities or a similar population;~~<br>8. Complete required orientation and training designated by DDA;<br>9. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>10. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>11. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>12. Have a signed DDA Provider Agreement to Conditions for Participation; and |

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| | | | 13. Have a signed Medicaid ~~p~~Provider A~~a~~greement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.<br><br>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs. |
| Personal Support Provider | | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting all of the following standards:<br>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;<br>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;<br>D. Except for currently DDA licensed or ~~approved~~certified Personal Supports providers, demonstrate the capability to provide or arrange for the provision of all personal support services required by submitting, at a minimum, the following documents with the application:<br><br>(1) A program service plan that details the agencies service delivery model; |

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

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| | | | 3. Have documentation that all vehicles used in the provision of services have automobile insurance; and<br>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.<br><br>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities and be in good standing with the IRS, and Maryland ~~Department of Taxation~~Department of Assessments and Taxation.<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Be at least 18 years old;<br>2. Have a GED or high school diploma;<br>3. Possess ~~C~~current first aid and CPR certification;<br>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>5. Complete necessary pre/in-service training based on the Person-Centered Plan;<br>6. Complete ~~the new DDA required~~ designated training by DDA~~July 1, 2019 or sooner~~. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.<br>7. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication |

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| | | | Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.11~~Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians~~;<br>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and<br>~~9.~~ Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.~~; and~~<br>~~10.~~9. ~~Staff providing training on money management, time management and community resources must have performed training on these topics in the previous two (2) years~~. |
| | | | |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Personal Support Professional | 1. DDA for ~~approved~~certified Personal Support Professional<br>2. Fiscal Management Service (FMS) providers, as described in Appendix E, for participants self-directing services | 1. DDA - Initially and ~~annually~~ at least every three years<br>2. FMS provider - prior to service delivery and continuing thereafter |
| Personal Support Provider | 1. DDA for ~~verification of approved~~certifiedal of provider<br>**2.** Provider for staff licenses, certifications, and training | 1. DDA - Initially and ~~annually~~ at least every three years<br>2. Provider – prior to service delivery and continuing thereafter |

Service Type: Statutory

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

| Service Specification |
|---|
| HCBS Taxonomy |

| Category 1: | Sub-Category 1: |
|---|---|
| 9: Caregiver Support | 09011 respite, out-of-home |
| Category 2: | Sub-Category 2: |
| 9: Caregiver Support | 09012 respite, in-home |

Service Definition (Scope):

A. Respite is short-term care intended to provide both the family or the primary caregiver and the participant with a break from their daily routines. Respite relieves families or the primary caregivers from their daily caregiving responsibilities~~, while providing the participant with new opportunities, experiences, and facilitates self-determination~~.

B. Respite can be provided in:

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

SERVICE REQUIREMENTS:

A. Someone who lives with the participant may be the respite provider, as long as she or he is not the person who normally provides care for the participant and is not contracted or paid to provide any other DDA funded service to the participant.

B. A relative of a participant ~~(~~who is not a spouse or legally responsible person) ~~of a participant in Self-Directed Services~~ may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

C. A neighbor or friend may provide services under the same requirements as defined in Appendix C-2-e.

D. Receipt of respite services does not preclude a participant from receiving other services on the same day. For example, the participant may receive day services on the same day they receive respite services so long as these services are provided at different times.

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

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

~~D. The program does not make payment to spouses or legally responsible individuals for providing respite services.~~

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

G. Services are reimbursed based on:

1. An hourly rate for services provided in the participant's home or non-licensed respite provider's home;
2. Daily rate for services provided in a licensed residential site; or
3. Reasonable and customary camp fee.

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

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

~~G.~~I. If respite is provided in a ~~private home~~residential site, the ~~home~~ site must be licensed. Services provided in ~~, unless it is~~ the participant's home or the home of a relative, neighbor, or friend does not require licensure.

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

K. Respite Care Services are not available at the same time as the direct provision Personal Supports or Transportation services.

L. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).

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

~~I. Respite Care Services are not available the same time as the direct provision of Personal Supports or Transportation services.~~

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

1. Respite care services hourly and daily total hours may not exceed 720~~360~~ hours within each plan year unless otherwise authorized by the DDA.

2. The total cost for camp cannot exceed $7,248 within each plan year.

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| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | | X | Provider managed |
| Specify whether the service may be provided by *(check each that applies)*: | ☐ | Legally Responsible Person | X | Relative | ☐ Legal Guardian |

**Provider Specifications**

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|---|---|---|---|---|
| Provider Category(s) *(check one or both)*: | | Individual. List types: | X | Agency. List the types of agencies: |
| | Respite Care Supports | | Licensed Community Residential Services Provider | |
| | Camp | | Respite Care Provider | |
| | | | | |

**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Respite Care Supports | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least ~~18~~ 16 years old; ~~Have a GED or high school diploma;~~<br>2. Possess ~~C~~current first aid and CPR certification; |

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| | | | 3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-;<br>4. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1~~Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians~~;<br>5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;<br>7. Complete required orientation and training designated by DDA;<br>8. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>9. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>11. Have a signed DDA Provider Agreement to Conditions for Participation; and |

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| | | | 13. Have a signed Medicaid provider agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.<br><br>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs. |
| Camp | | | Camp must meet the following standards:<br><br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>A. Be properly organized as a Maryland corporation or surrounding states, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;<br>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;<br>D. Except for currently DDA approved camps, demonstrate the capability to provide or arrange for the provision services required by submitting, at a minimum, the following documents with the application:<br><br>(1) A program service plan that details the camp's service delivery model; |

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

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| Licensed Community Residential Services Provider | Licensed Community Residential Services Provider | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting all of the following standards:<br>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;<br>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;<br>D. Except for currently DDA licensed residential providers, demonstrate the capability to provide or arrange for the provision of respite care services required by submitting, at a minimum, the following documents with the application:<br>(1) A program service plan that details the agencies service delivery model;<br>(2) A business plan that clearly demonstrates the ability of the agency to provide respite care services;<br>(3) A written quality assurance plan to be approved by the DDA;<br>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and<br>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.<br>E. If currently licensed or ~~approved~~certified, produce, upon |

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| | | | written request from the DDA, the documents required under D.<br>F. Be licensed by the Office of Health Care Quality;<br>G. Be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation;<br>H. Have Workers' Compensation Insurance;<br>I. Have Commercial General Liability Insurance;<br>J. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;<br>K. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;<br>L. Complete required orientation and training;<br>M. Comply with the DDA standards related to provider qualifications; and<br>N. Have a signed DDA Provider Agreement to Conditions for Participation.<br><br>2. Have a signed Medicaid provider agreement;<br>3. Have documentation that all vehicles used in the provision of services have automobile insurance;<br>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy; and<br>5. Respite care services provided in a provider owned and operated residential site must be licensed.<br><br>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for |

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| | | | similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation.<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Be at least ~~18~~ 16 years old; ~~Have a GED or high school diploma;~~<br>2. Possess ~~C~~current first aid and CPR certification;<br>3. Training by participant/family on participant-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);<br>4. Additional requirements based on the participant's preferences and level of needs.<br>5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-;<br>6. Complete necessary pre/in-service training based on the Person-Centered Plan;<br>7. Complete the ~~new DDA required~~ training designated by ~~July 1, 2019 or sooner~~DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.<br>8. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1~~Unlicensed staff paid to administer medication and/or~~ |

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| | | | ~~perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians~~;<br>9. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and<br>10. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services. |
| Respite Care Provider | | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting all of the following standards:<br>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;<br>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;<br>D. Except for currently DDA ~~approved~~certified respite care providers, demonstrate the capability to provide or arrange for the provision of respite care services required by submitting, at a minimum, the following documents with the application:<br>(1) A program service plan that details the agencies service delivery model;<br>(2) A business plan that clearly demonstrates the ability of the agency to provide respite care services; |

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

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| | | | 4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.<br><br>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation.<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Be at least ~~18~~ 16 years old; ~~Have a GED or high school diploma;~~<br>2. Possess ~~C~~current first aid and CPR certification;<br>3. Training by participant/family on participant-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);<br>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>5. Complete necessary pre/in-service training based on the Person-Centered Plan;<br>6. Complete the ~~new DDA required~~ training designated by ~~July 1, 2019 or sooner~~DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.<br>7. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the |

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| | | | Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1~~Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians~~;<br>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and<br>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.<br><br>Camps requirements including:<br><br>1. Be a~~n~~ ~~approved~~certified Organized Health Care Delivery Services provider;<br>2. State certification and licenses as a camp including overnight and youth camps as per COMAR 10.16.06, unless otherwise approved by the DDA; and<br>3. DDA approved camp. |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Respite Care Professional | 1. DDA for approval of Respite Care Supports<br>2. FMS providers, as described in Appendix E, for participants self-directing services | 1. DDA – Initial and ~~annually~~at least every three years<br>2. FMS provider - prior to service delivery and continuing thereafter |
| Camp | 1. DDA for approval of camps<br>2. FMS providers, as described in Appendix E. for participants self-directing services | 1. DDA – Initial and ~~annually~~at least every three years<br>2. FMS provider - prior to service delivery and continuing thereafter |

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| Licensed Community Residential Services Provider | 1. DDA for verification of provider license and licensed site<br>2. Licensed Community Residential Services Provider for verification of direct support staff and camps | 1. DDA - Initial and ~~annually~~ at least every three years<br>2. Licensed Community Residential Services Provider – prior to service delivery and continuing thereafter |
| DDA ~~Approved~~Certified Respite Care Provider | 1. DDA for verification of provider approval<br>2. Respite Care Services Provider for verification of direct support staff and camps | 1. DDA - Initial and ~~annually~~ at least every three years<br>2. DDA ~~Approved~~Certified Respite Care Services Provider – prior to service delivery and continuing thereafter |

Service Type: Other Service
Service (Name):
Alternative Service Title: **ASSISTIVE TECHNOLOGY AND SERVICES**

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 14: Equipment, Technology, and Modifications | 14031 equipment and technology |
| Service Definition (Scope)**:** | |

A. The purpose of assistive technology is to maintain or improve a participant's functional abilities, enhance interactions, support meaningful relationships, and promote ~~their~~ his/her ability to live independently, and meaningfully participate in their community.
B. Assistive T~~t~~echnology means an item, computer application, piece of equipment, or product system. Assistive Technology may be acquired commercially, modified, or customized. Assistive technology devices include:
   1. Speech and communication devices also known as augmentative and alternative communication devices (AAC) such as speech generating devices, text-to-speech devices and voice amplification devices;
   2. Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers;
   3. Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices;
   4. Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones;
   5. Environmental control devices such as voice activated lights, lights, fans, and door openers;
   6. Aides for daily living such as weighted utensils, adapted writing implements, dressing aids;
   7. Cognitive support devices and items such as task analysis applications or reminder systems;
   8. Remote support devices such as assistive technology ~~remote~~ health monitoring such as blood pressure bands and oximeter and personal emergency response systems; and
   9. Adapted toys and specialized equipment such as specialized car seats and adapted bikes.
C. Assistive technology service means a service that directly assists a participant in the selection, acquisition, use, or maintenance of an assistive technology device. Assistive technology services include:
   1. Assistive Technology needs assessment;

2. Program materials and assistance in the development of adaptive materials
3. Training or technical assistance for the participant and their support network including family members;
4. Repair and maintenance of devices and equipment;
5. Programming and configuration of devices and equipment;
6. Coordination and use of assistive technology devices and equipment with other necessary therapies, interventions, or services in the Person-Centered Plan; and
7. Services consisting of purchasing or leasing devices.

D. Specifically excluded under this service are:
1. Wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription by physicians or medical providers as these items are covered either through the Medicaid State Plan as Durable Medical Equipment (DME), a stand-alone waiver services (i.e. environmental modification and vehicle modifications), or through DORS; ~~and~~
2. Services, equipment, items or devices that are experimental or not authorized by the State or Federal authority; and
~~2.~~3. Smartphones and associated monthly service line cost.

SERVICE REQUIREMENTS:
A. Assistive Technology, recommended by the team that costs up to $1,000 per item does not require a formal assessment.
B. Assistive technology devices of $1,000 or more must be recommended by an independent evaluation of the participant's assistive technology needs.
C. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant. The least expensive option from the list must be selected for inclusion on the Person-Centered Plan unless an explanation of why the chosen option is the most cost effective.
~~D. When services are furnished to individuals returning to the community from a Medicaid institutional setting, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition), services may be billed to Medicaid as an administrative cost.~~
~~E.~~D. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.
~~F.~~E. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

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

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| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |

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| Specify whether the service may be provided by *(check each that applies):* | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |

| Provider Specifications | | | | |
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| | X | Individual. List types: | X | Agency. List the types of agencies: |

| Provider Category(s) *(check one or both)*: | Assistive Technology Professional | Organized Health Care Delivery System Provider |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
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| Assistive Technology Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have required credentials, license, or certification in an area related to the specific type of technology needed as noted below,<br>~~3. Possess current first aid and CPR certification;~~<br>~~4.~~3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>~~5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;~~<br>~~6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;~~<br>~~7.~~4. Have Commercial General Liability Insurance;<br>~~8.~~5. Complete required orientation and training designated by DDA;<br>~~9.~~6. Complete necessary pre/in-service training based on the Person-Centered Plan; ~~and DDA required training prior to service delivery;~~<br>~~10.~~7. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>~~11.~~8. Demonstrate financial integrity through IRS, |

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| | | | Department, and Medicaid Exclusion List checks;<br>~~12.~~9. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>~~13.~~10. Have a signed Medicaid ~~provider~~ Provider ~~agreement~~Agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through ~~6~~ 3 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.<br><br>Assistive Technology Professional credentialing, licensing, or certification requirements:<br><br>1. ~~1.~~Assistive Technology assessments, with the exception for Speech Generating Devices, must be completed by a specialist that has any of the following certifications as appropriate:<br>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP ),<br>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate, or<br>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).<br>2. Assessment for Speech Generating Devices (SGD):<br>a. Need assessment and recommendation must be completed by a licensed Speech Therapist;<br>b. Program and training can be conducted by a RESNA Assistive Technology Practitioner (ATP) or California State |

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| | | | University North Ridge (CSUN) Assistive Technology Applications Certificate professional.<br>3. Assistive Technology Specialist/Practitioner must have an acceptable certification from any of the following:<br>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP );<br>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or<br>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP); and<br>d. Minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified.~~;~~<br>4. Licensed professional must have:<br>a. Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists license for Speech-Language Pathologist, or<br>b. Maryland Board of Occupational Therapy Practice license for Occupational Therapist.<br>5. Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor. |
| Organized Health Care Delivery System Provider | | . | Agencies must meet the following standards:<br>1. Be ~~approved~~certified or licensed by the DDA to provide at least one Medicaid waiver service; and |

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| | | | 2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.<br><br>OHCDS providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employ and have a copy of the same available upon request.<br><br>Assistive Technology Professional credentialing, licensing, or certification requirements:<br><br>1. Assistive Technology assessments, with the exception for Speech Generating Devices, must be completed by a specialist that has any of the following certifications as appropriate:<br>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP ),<br>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate, or<br>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).<br>2. Assessment for Speech Generating Devices (SGD):<br>a. Need assessment and recommendation must be completed by a licensed Speech Therapist;<br>b. Program and training can be conducted by a RESNA Assistive Technology Practitioner (ATP) or California State University North Ridge (CSUN) Assistive Technology Applications Certificate professional.<br>3. Assistive Technology Specialist/Practitioner must have an acceptable certification from any of the following: |

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| | | | a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP );<br>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or<br>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP); and<br>d. Minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified;<br>4. Licensed professional must have:<br>a. Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists license for Speech-Language Pathologist, or<br>b. Maryland Board of Occupational Therapy Practice license for Occupational Therapist.<br>5. Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor. |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
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| Assistive Technology Professional | 1. DDA for ~~approved~~certified Assistive Technology Professional<br>2. FMS provider, as described in Appendix E, for participants self-directing services | 1. DDA – Initially and ~~annually~~at least every three years<br>2. FMS provider<br>- prior to services and continuing thereafter |
| Organized Health Care Delivery System Provider | 1. DDA for OHCDS<br>2. OHCDS providers for entities and individuals they contract or employ | 1. OHCDS ~~–~~ Initial and ~~annually~~at least every three years<br>2. OHCDS providers – prior to service delivery and continuing thereafter |
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Service Type: Other
Service (Name):
Alternative Service Title: **BEHAVIORAL SUPPORT SERVICES**

| Service Specification | |
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| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 10: Other Mental Health and Behavioral Services | 10040 behavior support |

Service Definition (Scope)**:**

A. Behavioral Support Services are an array of services to assist participants who without such supports are experiencing, or are likely to experience, difficulty at home or in the community as a result of behavioral, social, or emotional issues. These services seek to help understand a participant's challenging behavior and its function to develop a Behavior Plan with the primary aim of enhancing the participant's independence and inclusion in their community.

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

**SERVICE REQUIREMENT:**

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

B. Behavioral Consultation services include:

1. Recommendations for subsequent professional evaluation services (e.g., Psychiatric, Neurological, Psychopharmacological, etc.), not identified in the Behavioral Assessment, that are deemed necessary and pertinent to the behavioral challenges;
2. Consultation, subsequent to the development of the Behavioral Assessment, which may include speaking with the participant's Psychiatrists and other medical/therapeutic practitioners;
3. Developing, writing, presenting, and monitoring the strategies for working with the participant and his or her caregivers;
4. Providing ongoing education on recommendations, strategies, and next steps to the participant's support network (i.e. caregiver(s), family members, agency staff, etc.) regarding the structure of the current environment, activities, and ways to communicate with and support the participant;
5. Developing, presenting, and providing ongoing education on recommendations, strategies, and next steps to ensure that the participant is able to continue to participate in all pertinent environments (i.e. home, day program, job, and community) to optimize community inclusion in the least restrictive environment;
6. Ongoing assessment of progress in all pertinent environments against identified goals;
7. Preparing written progress notes on the participant's goals identified in the Behavior Plan at a minimum include the following information:
   a. Assessment of behavioral supports in the environment;
   b. Progress notes detailing the specific Behavior Plan interventions and outcomes for the participant;
   c. Data, trend analysis and graphs to detail progress on target behaviors identified in a Behavioral Plan; and
   d. Recommendations;
8. Development and updates to the Behavioral Plan as required by regulations; and
9. Monitoring and ongoing assessment of the implementation of the Behavioral Plan based on the following:
   a. At least monthly for the first six months; and
   b. At least quarterly after the first six months or as dictated by progress against identified goals.

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

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

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

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

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

H. Behavioral Support Services may not be provided at the same time as the direct provision of Respite Care Services.

~~H.~~I. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and

hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

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

1. Behavioral Assessment is limited to one per year unless otherwise approved by DDA.
2. Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA.
3. Behavioral Consultation and Brief Support Implementation Services ~~Support Services~~ service hours are limited to 8 hours per day.

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
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| Specify whether the service may be provided by *(check each that applies):* | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |
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**Provider Specifications**

| Provider Category(s) *(check one or both)*: | ~~☐~~X | Individual. List types: | X | Agency. List the types of agencies: |
|---|---|---|---|---|
| | Behavioral Support Service Professional | | Behavioral Support Services Provider | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Behavioral Support Service Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have required credentials, license, or certification as noted below; ~~Current first aid and CPR certification;~~<br>3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>~~4. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;~~<br>~~5. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;~~ |

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| | | | ~~6.~~4. Complete required orientation and training designated by DDA;<br>~~7.~~5. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>~~8.~~6. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>~~9.~~7. Have Commercial General Liability Insurance;<br>~~10.~~8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br><br>~~11.~~9. Have a signed DDA Provider Agreement to Conditions for Participation; and<br><br>~~12.~~10. Have a signed Medicaid provider agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through ~~6~~ 3 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.<br><br>Qualified clinicians to complete the behavioral assessment and consultation ~~must have:~~ include:<br>1. Licensed psychologist;<br>2. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology);<br>3. Licensed professional counselor;<br>4. Licensed certified social worker; and<br>5. Licensed behavioral analyst. |

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| | | | All clinicians must have training and experience in the following:<br>1. A minimum of one year of clinical experience under the supervision of a Maryland licensed Health Occupations professional with training and experience in functional analysis and tiered behavior support plans with the I/DD population;<br>2. A minimum of one year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and<br>3. Competencies in areas related to:<br>(a) Analysis of verbal behavior to improve socially significant behavior;<br>(b) Behavior reduction/elimination strategies that promote least restrictive approved alternatives, including positive reinforcement/schedules of reinforcement;<br>(c) Data collection, tracking and reporting;<br>(d) Demonstrated expertise with populations being served;<br>(e) Ethical considerations related to behavioral services;<br>(f) Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change;<br>(g) Measurement of behavior and interpretation of data, including ABC (antecedent-behavior-consequence) analysis including antecedent interventions;<br>(h) Identifying desired outcomes;<br>(i) Selecting intervention strategies to achieve desired outcomes;<br>(j) Staff/caregiver training;<br>(k) Support plan monitors and revisions; and<br>(l) Self-management.<br><br>~~include:~~<br>~~Licensed psychologist;~~<br>~~Psychology associate working under the license of the psychologist (and currently~~ |

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|---|---|---|---|
| | | | ~~registered with and approved by the Maryland Board of Psychology);~~<br>~~Licensed professional counselor;~~<br>~~Licensed certified social worker; and~~<br>~~Licensed behavioral analyst.~~<br>~~All clinicians must have training and experience in the following:~~<br>~~1. Applied Behavior Analysis; and~~<br>~~2. Behavioral Tiered Supports Plans~~<br><br>Staff providing the Brief Support Implementation Services must be a person who has:<br>a. Demonstrated completion of high school or equivalent/higher,<br>b. Successfully completed an 40-hour ~~Registered B~~behavioral ~~Technician~~ technician ~~(RBT)~~ training, and<br>c. Receives ongoing supervision by a qualified clinician who meets the criteria to provide behavioral assessment and behavioral consultation. |
| Behavioral Support Services Provider | | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting all of the following standards:<br>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;<br>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations; |

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| | | | D. Except for currently DDA licensed or ~~approved~~certified Behavioral Support Services providers, demonstrate the capability to provide or arrange for the provision of all behavioral support services required by submitting, at a minimum, the following documents with the application:<br><br>(1) A program service plan that details the agencies service delivery model;<br>(2) A business plan that clearly demonstrates the ability of the agency to provide behavioral support services;<br>(3) A written quality assurance plan to be approved by the DDA;<br>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and<br>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.<br>E. If currently licensed or ~~approved~~certified, produce, upon written request from the DDA, the documents required under D.<br>F. Be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation;<br>G. Have Workers' Compensation Insurance;<br>H. Have Commercial General Liability Insurance;<br>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;<br>J. Submit documentation of staff certifications, licenses, and/or |

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

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| | | | ~~5.~~4. Complete necessary pre/in-service training based on the Person-Centered Plan; and<br>~~6.~~5. Complete the ~~new DDA required~~ training designated by ~~July 1, 2019 or sooner.~~ DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery. ~~Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.~~<br><br>Qualified clinicians to complete the behavioral assessment and consultation ~~must have:~~ include:<br>1. Licensed psychologist;<br>2. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology);<br>3. Licensed professional counselor;<br>4. Licensed certified social worker; and<br>5. Licensed behavioral analyst.<br><br>All clinicians must have training and experience in the following:<br>1. A minimum of one year of clinical experience under the supervision of a Maryland licensed Health Occupations professional with training and experience in functional analysis and tiered behavior support plans with the I/DD population;<br>2. A minimum of one year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and<br>3. Competencies in areas related to:<br>(a) Analysis of verbal behavior to improve socially significant behavior;<br>(b) Behavior reduction/elimination strategies that promote least restrictive |

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| | | | approved alternatives, including positive reinforcement/schedules of reinforcement;<br>(c) Data collection, tracking and reporting;<br>(d) Demonstrated expertise with populations being served;<br>(e) Ethical considerations related to behavioral services;<br>(f) Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change;<br>(g) Measurement of behavior and interpretation of data, including ABC (antecedent-behavior-consequence) analysis including antecedent interventions;<br>(h) Identifying desired outcomes;<br>(i) Selecting intervention strategies to achieve desired outcomes;<br>(j) Staff/caregiver training;<br>(k) Support plan monitors and revisions; and<br>(l) Self-management.<br><br>~~include:~~<br>~~1. Licensed psychologist;~~<br>~~2. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology);~~<br>~~3. Licensed professional counselor;~~<br>~~4. Licensed certified social worker; and~~<br>~~5. Licensed behavioral analyst.~~<br><br>~~All clinicians must have training and experience in the following:~~<br>~~1. Applied Behavior Analysis; and~~<br>~~2. Behavioral Tiered Supports Plans~~<br><br>Staff providing the Brief Support Implementation Services must be a person who has:<br>a. Demonstrated completion of high school or equivalent/higher, |

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| | | | b. Successfully completed an 40-hour ~~Registered B~~behavioral ~~Technician~~ technician ~~(RBT)~~ training, and<br>c. Receives ongoing supervision by a qualified clinician who meets the criteria to provide behavioral assessment and behavioral consultation. |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Behavioral Support Services Professional | 1. DDA for ~~approved~~certified Behavioral Support Services Professional<br>2. FMS provider, as described in Appendix E for participants self-directing services | 1. DDA – Initially and ~~annually~~at least every three years<br>2. FMS provider – prior to service delivery and continuing thereafter |
| Behavioral Support Services Provider | 1. DDA for verification of Behavioral Support Services provider<br>2. Providers for verification of clinician's and staff's qualifications and training | 1. DDA ~~–~~ Initially and ~~annually~~at least every three years<br>**2.** Providers – prior to service delivery and continuing thereafter |
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Service Type: Other Service
Service (Name):
Alternative Service Title: **ENVIRONMENTAL ASSESSMENT**

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 14: Equipment, Technology, and Modifications | 14020 home and/or vehicle accessibility adaptations |
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Service Definition (Scope)**:**

A. An environmental assessment is an on-site assessment with the participant at his or her primary residence to determine if environmental modifications or assistive technology may be necessary in the participant's home.
B. Environmental assessment includes:
   1. An evaluation of the participant;
   2. Environmental factors in the participant's home;
   3. The participant's ability to perform activities of daily living;
   4. The participant's strength, range of motion, and endurance;
   5. The participant's need for assistive technology and or modifications; and
   6. The participant's support network including family members' capacity to support independence.

SERVICE REQUIREMENTS:

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

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

Environment assessment is limited to one (1) assessment annually

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
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| Specify whether the service may be provided by *(check each that applies):* | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |
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**Provider Specifications**

| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
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| | | Environment Assessment Professional | | Organized Health Care Delivery System Provider |

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| **Provider Qualifications** | | | |
| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
| Environment Assessment Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Be a licensed Occupational Therapist by the Maryland Board of Occupational Therapy Practice or a Division of Rehabilitation Services (DORS) approved vendor;<br>~~3. Possess Ccurrent first aid and CPR certification;~~<br>~~4.~~3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>~~5.~~4. Have Commercial General Liability Insurance<br>~~6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;~~<br>~~7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;~~<br>~~8.~~5. Complete required orientation and training designated by DDA;<br>~~9.~~6. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>~~10.~~7. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>~~11.~~8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks; |

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| | | | ~~12.~~9. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>~~13.~~10. Have a signed Medicaid provider agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through ~~7~~ 4 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications. |
| Organized Health Care Delivery System Provider | | | Agencies must meet the following standards:<br>1. Be ~~approved~~certified or licensed by the DDA to provide at least one Medicaid waiver service; and<br>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.<br><br>OHCDS providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.<br><br>Environmental Assessment Professional requirements:<br>1. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or<br>2. Contract with a Division of Rehabilitation Services (DORS) approved vendor |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Environmental Assessment Professional | 1. DDA for ~~approved~~certified Environmental Assessment Professional | 1. DDA – Initial and ~~annually~~at least every three years |

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| | 2. FMS provider, as described in Appendix E, for participants self-directing services | 2. FMS provider - prior to initial services and continuing thereafter |
| Organized Health Care Delivery System Provider | 1. DDA for ~~verification of the~~ OHCDS<br>2. OHCDS provider will verify Occupational Therapist (OT) license and DORS approved vendor | 1. OHCDS – Initial and ~~annually~~at least every three years<br>**2.** OT license and DORS approved vendor - prior to service delivery and continuing thereafter |

Service Type: Other Service
Service (Name):
Alternative Service Title: **ENVIRONMENTAL MODIFICATIONS**

| Service Specification | |
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| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 14: Equipment, Technology, and Modifications | 14020 home and/or vehicle accessibility adaptations |
| Service Definition (Scope)**:** | |

A. Environmental modifications are physical modifications to the participant's home based on an assessment designed to support the participant's efforts to function with greater independence or to create a safer, healthier environment.
B. Environmental Modifications include:
   1. Installation of grab bars;
   2. Construction of access ramps and railings;
   3. Installation of detectable warnings on walking surfaces;
   4. Alerting devices for participant who has a hearing or sight impairment;
   5. Adaptations to the electrical, telephone, and lighting systems;
   6. Generator to support medical and health devices that require electricity;
   7. Widening of doorways and halls;
   8. Door openers;
   9. Installation of lifts and stair glides, such as overhead lift systems and vertical lifts;
   10. Bathroom modifications for accessibility and independence with self-care;
   11. Kitchens modifications for accessibility and independence;
   12. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; Plexiglas, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the participant;
   13. Training on use of modification; and
   14. Service and maintenance of the modification.

C. Not covered under this service are improvements to the home, such as carpeting, roof repair, decks, and central air conditioning, which:
   1. Are of general utility;
   2. Are not of direct medical or remedial benefit to the participant; or
   3. Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to accessibility needs of the participant.

SERVICE REQUIREMENTS:

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

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

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

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
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| Specify whether the service may be provided by *(check each that applies):* | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |
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| Provider Specifications | | | | |
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| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
| | Environmental Modifications Professional | | Organized Health Care Delivery System Provider | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
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| Environmental Modifications Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Be a licensed home contractor or Division of Rehabilitation Services (DORS) approved vendor;<br>3. Be properly licensed or certified by the State;<br>4. Be bonded as is legally required;<br>~~5. Possess Ccurrent first aid and CPR certification;~~<br>~~6. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;~~<br>~~7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;~~<br>~~8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;~~<br>~~9.~~5. Complete required orientation and training designated by DDA;<br>~~10.~~6. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>~~11.~~7. Have three (3) professional references which attest to the provider's ability to deliver the |

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| | | | support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>~~12.~~8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>~~13.~~9. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>~~14.~~10. Have a signed Medicaid ~~provider~~ Provider ~~agreement~~Agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through ~~8~~ 4 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.<br><br>Environmental Modification Professional shall:<br><br>1. Ensure all staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection<br>2. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and~~.~~<br>3. Ensure all home contractors and subcontractors of services shall:<br>a. Be properly licensed or certified by the State;<br>b. Be in good standing with the Department of Assessments |

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| | | | and Taxation to provide the service;<br>c. Be bonded as is legally required;<br>d. Obtain all required State and local permits;<br>e. Obtain final required inspections;<br>f. Perform all work in accordance with ADA, State and local building codes;<br>g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and<br>h. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule. |
| Organized Health Care Delivery System Provider | | | Agencies must meet the following standards:<br>1. Be ~~approved~~certified or licensed by the DDA to provide at least one Medicaid waiver service; and<br>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.<br><br>OHCDS providers shall ensure the following requirements and verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request including:<br>1. Be licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors;<br>2. All staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection;<br>3. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for |

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| | | | projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and<br><br>4. All home contractors and subcontractors of services shall:<br>a. Be properly licensed or certified by the State;<br>b. Be in good standing with the Department of Assessments and Taxation to provide the service;<br>c. Be bonded as is legally required;<br>d. Obtain all required State and local permits;<br>e. Obtain final required inspections;<br>f. Perform all work in accordance with ADA, State and local building codes;<br>g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and<br>h. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule. |
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**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
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| Environmental Modifications Professional | 1. DDA for ~~approved~~certified Environmental Modifications professional<br>2. FMS providers, as described in Appendix E, for participants self-directing services | 1. 1. DDA – Initial and ~~annually~~at least every three years<br>2. FMS provider - prior to service delivery and continuing thereafter |
| Organized Health Care Delivery System Provider | 1. DDA for ~~verification~~ approval of the OHCDS | 1. DDA - Initial and ~~annually~~at least every three years |

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| | 2. Organized Health Care Delivery System provider for verification of the contractors and subcontractors to meet required qualifications | 2. OHCDS - Contractors and subcontractors prior to service delivery and continuing thereafter |
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Service Type: Other
Service (Name): **FAMILY AND PEER MENTORING SUPPORTS**

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 9: Caregiver Support | 09020 caregiver counseling and/or training |
| Category 2: | Sub-Category 2: |
| 13: Participant Training | 13010 participant training |
| Service Definition (Scope)**:** | |

A. Family and Peer Mentoring Supports provide mentors who have shared experiences as the participant, family, or both participant and family and who provide support and guidance to the participant and his or her family members. Family and Peer mentors explain community services, programs, and strategies they have ~~used to~~used to achieve the waiver participant's goals. It fosters connections and relationships which builds the resilience of the participant and his or her family.
B. Family and Peer Mentoring Supports services encourage participants and their family members to share their successful strategies and experiences in navigating a broad range of community resources beyond those offered through the waiver with other waiver participants and their families.

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

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| State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file. |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: |
| Peer and Family Mentoring Services are limited to 8 hours per day. |

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| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |

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| Specify whether the service may be provided by *(check each that applies):* | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian | |

| Provider Specifications | | | | |
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| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
| | Family or Peer Mentor | | Family and Peer Mentoring Provider | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
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| Family or Peer Mentor | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service;<br>3. Possess ~~C~~current first aid and CPR certification;<br>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;<br>7. Complete required orientation and training designated by DDA;<br>8. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>9. Have three (3) professional references which attest to the |

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

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| | | | provision of all services required by submitting, at a minimum, the following documents with the application:<br><br>(1) A program service plan that details the agencies service delivery model;<br>(2) A business plan that clearly demonstrates the ability of the agency to provide services;<br>(3) A written quality assurance plan to be approved by the DDA;<br>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and<br>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.<br>E. If currently licensed or ~~approved~~certified, produce, upon written request from the DDA, the documents required under D.<br>F. Be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation;<br>G. Have Workers' Compensation Insurance;<br>H. Have Commercial General Liability Insurance;<br>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;<br>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;<br>K. Complete required orientation and training;<br>L. Comply with the DDA standards related to provider qualifications; and |

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| | | | M. Have a signed DDA Provider Agreement to Conditions for Participation.<br><br>2. Have a signed Medicaid provider agreement;<br>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and<br>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.<br><br>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Be at least 18 years old;<br>2. Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service;<br>3. Possess ~~C~~current first aid and CPR certification;<br>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>5. Complete necessary pre/in-service training based on the Person-Centered Plan;<br>6. Complete the ~~new DDA required~~ training designated by ~~July 1, 2019 or sooner~~DDA. After July 1, 2019, all new hires must complete |

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| | | | the DDA required training prior to independent service delivery.<br>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and<br>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services. |
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**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Family or Peer Mentor | 1. DDA for ~~approved~~certified Family and Peer Mentors<br>2. FMS provider, as described in Appendix E, for participants self-directing services | 1. DDA – Initial and ~~annually~~at least every three years<br>2. FMS provider - prior to service delivery and continuing thereafter |
| Family and Peer Mentoring Provider | 1. DDA for approval of Family and Peer Mentoring Provider<br>2. Provider for staff standards | 1. DDA ~~A:~~ - Initial and ~~A~~annually~~at least every three years<br>2. Provider - ~~:~~ p~~P~~rior to service delivery and continuing thereafter |

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

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 9: Caregiver Support | 09020 caregiver counseling and/or training |
| Service Definition (Scope)**:** | |

A. Family Caregiver Training and Empowerment services provide education and support to the family caregiver of a participant that preserves the family unit and increases confidence, stamina and empowerment to support the participant. Education and training activities are based on the family/caregiver's unique needs and are specifically identified in the Person-Centered Plan.
B. This service includes educational materials, training programs, workshops and conferences that help the family caregiver to:
   1. Understand the disability of the person supported;
   2. Achieve greater competence and confidence in providing supports;
   3. Develop and access community and other resources and supports;
   4. Develop or enhance key parenting strategies;
   5. Develop advocacy skills; and

6. Support the person in developing self-advocacy skills.

SERVICE REQUIREMENTS

A. Family Caregiver Training and Empowerment is offered only for a family caregiver who is providing unpaid support, training, companionship, or supervision for a person participating in the waiver who is living in the family home.
B. Family Caregiver Training and Empowerment does not include the cost of travel, meals, or overnight lodging as per federal requirements.
C. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.
D. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

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

1. Family Caregiver Training and Empowerment services are limited to 10 hours of training for unpaid family caregiver per participant per year.

2. Educational materials and training programs, workshops and conferences registration costs for unpaid family caregiver is limited to up to $500 per participant per year.

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
|---|---|---|---|---|

| Specify whether the service may be provided by *(check each that applies)*: | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |
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**Provider Specifications**

| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
|---|---|---|---|---|
| | Family Support Professional | | Parent Support Agency | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Family Support Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service;<br>~~3. Possess cCurrent first aid and CPR certification;~~ |

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| | | | ~~4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;~~<br>~~5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;~~<br>~~6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;~~<br>~~7.~~3. Complete required orientation and training designated by DDA;<br>~~8.~~4. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>~~9.~~5. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>~~10.~~6. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>~~11.~~7. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>~~12.~~8. Have a signed Medicaid ~~provider~~ Provider ~~agreement~~Agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 ~~through~~ and 2~~6~~ noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications. |
| Parent Support Agency | | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified |

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

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

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| | | | ~~Taxation~~Department of Assessments and Taxation<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Be at least 18 years old;<br>2. Have a Bachelor's Degree, professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;<br>~~3. Possess Ccurrent first aid and CPR certification;~~<br>~~4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;~~<br>~~5.~~3. Complete necessary pre/in-service training based on the Person-Centered Plan; and<br>~~6.~~4. Complete the ~~new DDA required~~ training designated by ~~July 1, 2019 or sooner~~DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.<br>~~7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and~~<br>~~8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of service.~~ |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Family Supports Professional | 1. DDA for ~~approved~~certified Family Supports Professional<br>2. FMS provider, as described in Appendix E, for participants self-directing services | 1. DDA – ~~A~~Initial and ~~annually~~at least every three years<br>2. FMS – I~~i~~nitially and ~~annually~~ continuing thereafter |

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|---|---|---|
| Parent Support Agency | 1. DDA for approval of Parent Support Agencies<br>2. Parent Support Agency for staff qualifications and requirements | 1. DDA – ~~A~~Initial and ~~annually~~at least every three years<br>~~2.~~ Parent Support Agency – prior to service delivery and continuing<br>~~3.~~2. |

Service Type: Other

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

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 17: Other Services | 17030 Housing Consultation |
| Service Definition (Scope)**:** | |

A. Housing Support Services are time-limited supports to help participants to navigate housing opportunities; address or overcome barriers to housing; and secure and retain their own home.
B. Housing Support Services include:
   1. Housing Information and Assistance to obtain and retain independent housing;
   2. Housing Transition Services to assessing housing needs and develop individualized housing support plan; and
   3. Housing Tenancy Sustaining Services which assist the individual to maintain living in their rented or leased home.

SERVICE REQUIREMENT:
A. Housing Information and Assistance including:
   1. Housing programs' rules and requirements and their applicability to the participant;
   2. Searching for housing;
   3. Housing application processes including obtaining documentation necessary to secure housing such as State identification, birth certificate, Social Security card, and income and benefit information;
   4. Assessing the living environment to determine it meets accessibility needs, is safe, and ready for move-in;
   5. Requesting reasonable accommodations in accordance with the Fair Housing Act to support a person with a disability equal opportunity to use and enjoy a dwelling unit, including public and common use areas;
   6. Identifying resources for security deposits, moving costs, furnishings, assistive technology, environmental modifications, utilities, and other one-time costs;
   7. Reviewing the lease and other documents, including property rules, prior to signing;
   8. Developing, reviewing and revising a monthly budget, including a rent and utility payment plan; ~~and~~
   9. Identifying and addressing housing challenges such as credit and rental history, criminal background, and behaviors; and
   10. Assistance with resolving disputes
B. Housing Transition Services including:
   1. Conducting a tenant screening and housing assessment including ~~but not limited to~~ collecting information on potential housing barriers and identification of potential housing retention challenges;

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

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

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

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

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

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
|---|---|---|---|---|

| Specify whether the service may be provided by *(check each that applies)*: | ☐ | Legally Responsible Person | | Relative | | Legal Guardian |
|---|---|---|---|---|---|---|

**Provider Specifications**

| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
|---|---|---|---|---|
| | | Housing Support Professional | | Housing Support Service Provider |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Housing Support Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have a GED or high school diploma; |

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| | | | 3. Training for the following:<br>(a) Conducting a housing assessment;<br>(b) Person-centered planning;<br>(c) Knowledge of laws governing housing as they pertain to individuals with disabilities;<br>(d) Affordable housing resources;<br>(e) Leasing processes;<br>(f) Strategies for overcoming housing barriers;<br>(g) Housing search resources and strategies;<br>(h) Eviction processes and strategies for eviction prevention; and<br>(i) Tenant and landlord rights and responsibilities.<br>4. Possess c~~C~~urrent first aid and CPR certification;<br>5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;<br>8. Complete required orientation and training designated by DDA;<br>9. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>10. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>11. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>12. Have a signed DDA Provider Agreement to Conditions for Participation; and |

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|---|---|---|---|
| | | | 13. Have a signed Medicaid ~~provider~~ Provider ~~agreement~~Agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications. |
| Housing Support Service Provider | | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting all of the following standards:<br>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity providing quality housing support services to persons with disabilities who successfully transitioned to independent renting or similar services;<br>C. Experience with federal affordable housing or rental assistance programs;<br>D. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;<br>E. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application: |

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|---|---|---|---|
| | | | (1) A program service plan that details the agencies service delivery model;<br>(2) A business plan that clearly demonstrates the ability of the agency to provide services;<br>(3) A written quality assurance plan to be approved by the DDA;<br>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and<br>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.<br>~~F. If currently licensed or approved, produce, upon written request from the DDA, the documents required under D.~~<br>~~G.~~F. Be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation;<br>~~H.~~G. Have Workers' Compensation Insurance;<br>~~I.~~H. Have Commercial General Liability Insurance;<br>~~J.~~I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;<br>~~K.~~J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;<br>~~L.~~K. Complete required orientation and training;<br>~~M.~~L. Comply with the DDA standards related to provider qualifications; and<br>~~N.~~M. Have a signed DDA Provider Agreement to Conditions for Participation. |

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|---|---|---|---|
| | | | 2. Have a signed Medicaid provider agreement.<br>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and<br>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.<br><br>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Be at least 18 years old;<br>2. Have a GED or high school diploma;<br>3. Possess c~~C~~urrent first aid and CPR certification;<br>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>5. Complete necessary pre/in-service training based on the Person-Centered Plan;<br>6. Complete the ~~new DDA required~~ training designated by ~~July 1, 2019 or sooner~~DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.<br>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and |

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|---|---|---|---|
| | | | 8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;<br>9. Housing assistance staff minimum training requirements include:<br>(a) Conducting a housing assessment;<br>(b) Person-centered planning;<br>(c) Knowledge of laws governing housing as they pertain to individuals with disabilities;<br>(d) Affordable housing resources;<br>(e) Leasing processes;<br>(f) Strategies for overcoming housing barriers;<br>(g) Housing search resources and strategies;<br>(h) Eviction processes and strategies for eviction prevention; and<br>(i) Tenant and landlord rights and responsibilities. |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Housing Support Professional | 1. DDA for approval of Housing Support Professional<br>2. Fiscal Management Service providers for participants self-directing services | **1.** DDA – Initial and ~~annually~~at least every three years<br>**2.** FMS - p~~P~~rior to initial service delivery and continuing thereafter |
| Housing Support Service Provider | 1. DDA for verification of provider approval<br>2. Provider for staff requirements | 1. DDA - Initial and ~~annually~~ at least every three years<br>2. Provider - prior to service delivery and continuing thereafter |

Service Type: Other Service

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

Service Specification

| HCBS Taxonomy | |
|---|---|
| Category 1: | Sub-Category 1: |
| 17: Other Services | 17010 goods and services |

Service Definition (Scope):

A. Individual and Family Directed Goods and Services are services, equipment, or supplies for self-directing participants that:
   1. Relate to a need or goal identified in the Person-Centered Plan;
   2. Maintain or increase independence;
   3. Promote opportunities for community living and inclusion; and
   4. Are n~~N~~ot available under a waiver service or State Plan services.

B. Individual and Family Directed Goods and Services includes dedicated funding up to $500 that participants may choose to support staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries.

C. Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, increase the participant's safety in the home, or support the family in the continued provision of care to the participant.

D. The goods and services may include: fitness memberships; fitness items that can be purchased at most retail stores; toothbrushes or electric toothbrushes; weight loss program services other than food; dental services recommended by a licensed dentist and not covered by health insurance; nutritional supplements recommended by a professional licensed in the relevant field; therapeutic swimming or horseback riding with recommendation from licensed professional; and fees for activities that promote community integration.

E. Experimental or prohibited goods and treatments are excluded.

F. Individual and Family Directed Goods and Services do not include services, goods, or items:
   1. That have no benefit to the participant;
   2. Otherwise covered by the waiver or the Medicaid State Plan Services;
   3. Additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair;
   4. Co-payment for medical services, over-the-counter medications, or homeopathic services;
   5. Items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, DVD player, and monthly cable fees;
   6. Monthly telephone fees;
   7. Room & board, including deposits, rent, and mortgage expenses and payments;
   8. Food;
   9. Utility charges;
   10. Fees associated with telecommunications;
   11. Tobacco products, alcohol, marijuana, or illegal drugs;
   12. Vacation expenses;
   13. Insurance; vehicle maintenance or any other transportation- related expenses;
   14. Tickets and related cost to attend recreational events;
   15. Personal trainers; spa treatments;
   16. Goods or services with costs that significantly exceed community norms for the same or similar good or service;
   17. Tuition; educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA), including private tuition, Applied Behavior Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;
   18. Staff bonuses and housing subsidies;
   19. Subscriptions;
   20. Training provided to paid caregivers;

21. Services in hospitals;
22. Costs of travel, meals, and overnight lodging for staff, families, and natural support network members to attend a training event or conference; or
23. Service animals and associated costs.

SERVICE REQUIREMENTS:

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

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

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

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | ☐ | Provider managed |
|---|---|---|---|---|

| Specify whether the service may be provided by *(check each that applies):* | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |
|---|---|---|---|---|---|---|

| Provider Specifications | | | | |
|---|---|---|---|---|
| Provider Category(s) *(check one or both)*: | X | Individual. List types: | ☐ | Agency. List the types of agencies: |
| | Entity – for participants self-directing services | | | |
| | | | | |
| | | | | |

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

| **Verification of Provider Qualifications** | | |
|---|---|---|
| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| Entity – for participants self-directing services | FMS provider, as described in Appendix E | Prior to purchase |

Service Type: Other

Service (Name): **NURSE CONSULTATION**

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 05: Nursing | 05020 skilled nursing |
| Service Definition (Scope): | |

A. Nurse Consultation services provides participants, who are able to perform and train on self-medication and treatment administration, a licensed Registered Nurse who: (1) reviews information about the participant's health, (2) based on this review, provides recommendations to the participant on how to have these needs met in the community, and (3) in collaboration with the participant, develop care protocols for the participant to use when the participant trains staff.
B. In the event the person is not able to perform and train on self-medication and treatment administration but all health needs including medication and treatment administration are performed gratuitously, the Nurse Consultant: (1) reviews information about the participant's health needs; (2) based on this review, provides recommendations to the participant and gratuitous caregivers on how to have these needs met in the community: and (3) in collaboration with the participant and gratuitous caregivers, may review and develop health care protocols for the participant and gratuitous caregivers that describes the health services to be delivered gratuitously.
C. At a minimum, Nurse Consultation services must include:
   1. Performs a Comprehensive Nursing Assessment to identify health issues and assist the participant, and his or her gratuitous caregivers, to understand the participant's health needs and risks in order to assist

in the development of health care protocols that guide the participant and or gratuitous care provider in performing health tasks.

2. Completion of the Medication Administration Screening Tool, both on an annual basis and when the Nurse Consultant is notified of any changes in the cognitive status of the participant to determine the level of support needed for medication administration;
3. Review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in health of the participant occurs, ~~but no more than 90 calendar days,~~ to assist the participant to understand his or her health needs and to develop recommendations for obtaining service in the community;
4. Recommendations to the participant, and his or her gratuitous caregivers, for accessing health services that are available in the community and other community resources.

D. In addition, Nurse Consultation services may also include as appropriate to address the participant's needs:
1. Reviewing and developing communication systems the participant may need to communicate effectively with all health care providers working to ensure the health of the participant (licensed and unlicensed) and the community to ensure community awareness of the lifesaving medical equipment in use by the participant in the event of an emergency or power loss.
2. Developing emergency protocols, as needed, to guide the participant and his or her staff in responding to an emergency, including accessing emergency services available in the community.

SERVICE REQUIREMENTS:

A. To qualify for this service, the participant must:
1. Live in his or her own home or the family home;
2. Receives gratuitous (unpaid) provision of care to meet health needs or be assessed as able to perform and train on treatments of a routine nature and self-medications; and
3. Employ own staff under the Self-Directed Service delivery model.

B. This service cannot be provided if the participant's direct support professional staff are paid by a DDA-licensed or DDA-certified community-based provider.

C. A participant may qualify for this service if he or she is enrolled in Self-Directed Services Program and must be exempt from delegation of nursing tasks as identified above in subsection A qualifications as per COMAR 10.27.11.01B related to gratuitous health services.

D. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine is providing staff for the provision of nursing and health services.

E. Nurse Consultation services must include documented review of participant's health needs, including comprehensive nursing assessment and protocols, no more frequently than every three (3) months. All resulting revisions to protocols and recommendations completed must be documented by the RN.

F. If the participant was identified in previous assessments to be able to meet criteria for Nurse Consultation but is found during the administration of the Medication Administration Screening Tool to no longer meet criteria (i.e., is unable to self-medicate), and care needs are not able to be met gratuitously, then the Nurse Consultation service is no longer appropriate and the DDA will determine if the participant's health care needs can be met through Nurse Health Case Management and Delegation, another nursing-related waiver service.

G. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Consultation services unless approved by the DDA.

H. Nurse Consultation services may be provided before the effective date of the participant's eligibility for waiver services for participants interested in the Self-Directed Service Delivery model based on preauthorization from the DDA and paid as an administrative service.

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

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

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

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

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
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| Specify whether the service may be provided by *(check each that applies)*: | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |
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**Provider Specifications**

| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
|---|---|---|---|---|
| | Registered Nurse | | Nursing Services Agency | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Registered Nurse | Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Possess valid Maryland and/or Compact Registered Nurse license;<br>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;<br>3. Be active on the DDA registry of DD RN CM/DNs;<br>4. Complete the online HRST Rater and Reviewer training; |

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| | | | 5. Attend mandatory DDA trainings;<br>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;<br>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;<br>10. Have Commercial Liability Insurance;<br>11. Complete required orientation and training designated by DDA;<br>12. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>13. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>15. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>16. Have a signed Medicaid provider agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through 10 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications. |
| Nursing Services Agency | | | Agencies must meet the following standards: |

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

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

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| | | | must meet the following minimum standards:<br>1. Possess valid Maryland and/or Compact Registered Nurse license;<br>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;<br>3. Be active on the DDA registry of DD RN CM/DNs;<br>4. Complete the online HRST Rater and Reviewer training;<br>5. Attend mandatory DDA trainings;<br>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;<br>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;<br>10. Complete required orientation and training designated by DDA; and<br>11. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery. |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Registered Nurse | 1. DDA for ~~approved~~certified Registered Nurses<br>2. FMS provider, as described in Appendix E, for participants self-directing services | 1. DDA – Initial and at least every three years<br>2. FMS – Initially and continuing thereafter |
| Nursing Services Provider | 1. DDA for approval of providers<br>**2.** Nursing Service Agency for verification of staff member's licenses, certifications, and training | 1. DDA – Initial and at least every three years<br>**2.** Nursing Services Provider – prior to service delivery and continuing thereafter |

Service Type: Other

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

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 05: Nursing | 05020 skilled nursing |
| Service Definition (Scope): | |

A. Nurse Case Management and Delegation Services provides participants a licensed Registered Nurse (the "RN Case Manager & Delegating Nurse" or "RN CM/DN") who: (1) provides health case management services (as defined below); and (2) delegates nursing tasks for an unlicensed individual to perform acts that may otherwise be performed only by a RN or Licensed Practical Nurse (LPN), as appropriate and in accordance with applicable regulations.

B. At a minimum, the Nurse Health Case Management services includes:
1. Performance of a comprehensive nursing assessment of the participant identifying his or her health, medical appointment, and nursing needs;
2. Clinical review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist the participant to understand his or her health needs and to develop a plan for obtaining health services in the community;
3. Completion of the Medication Administration Screening Tool, both on an annual basis and when any significant changes in the health of the participant occurs, to determine the level of support needed for medication administration;
4. Review the participant's health services and supports to promote quality client outcomes and cost effective care according to the Maryland Board of Nursing regulations;
5. Providing recommendations to (i) the participant, (ii) caregivers employed or contracted by the DDA-licensed or DDA-certified community-based provider or participant in Self Directed Services delivery model and under delegation of the RN, and (iii) the team for health care services that are available in the community;
6. Communicating with the participant and his or her person-centered planning team members in order that the team can coordinate the acquisition of services and supports to meet the participant's health needs;
7. Develop health care plans and protocols, as needed, that direct the paid direct support staff in the provision of health services to be performed that include (a) administration of medications, (b) performance of medical and nursing treatments, (c) activities of daily living (ADL) performance, (d) identifying and intervening in an emergency, and (e) other health monitoring provided by the DDA licensed provider staff;
8. Completion of training, supervision, evaluation and remediation on all health services provided under the delegation of the RN by the paid staff as identified in the Nursing Care Plans;
9. Monitoring services delivered under delegation of the RN by direct support staff for compliance with the Nursing Care Plan; and,
10. Monitoring health data obtained by direct support staff under the delegation of the RN and as directed in the Nursing Care Plan.

C. Delegation of Nursing Tasks services includes:
1. Assessment of (a) the needs and abilities of the participant; (b) direct care staff performance of delegated nursing tasks; and (c) the environment of service or care delivery;

2. Delegation of the performance of nursing tasks (*i.e.*, acts of a licensed nurse that include medication administration and treatment administration) to unlicensed direct care staff that may be Certified Medication Technicians ("CMT"), Certified Nursing Assistant ("CNA"), or other Unlicensed Assistive Personnel ("UAP") in accordance with applicable Maryland Board of Nursing regulations;
3. Training, supervision, and remediation of unlicensed direct care staff who provide health services under the delegation of the RN. (e.g., administration of medication, treatments, and Activities of Daily Living (ADL) care, health monitoring) as required by applicable Maryland Board of Nursing regulations; and,
4. Provision of On-Call service, to paid direct support staff that are performing delegated nursing tasks, while delegation is occurring, for up to 24 hours per day, 365 days per year as required by applicable Maryland Board of Nursing regulations.

D. In provision of Nurse Health Case Management and Delegation Services, the RN CM/DN will collaborate with the DDA licensed or DDA-certified community-based provider or Self-Directed Service participant in the development of policies and procedures required for delegation of any nursing tasks in accordance with COMAR 10.27.11 and the administration's Medication Technician Training Program (MTTP).

SERVICE REQUIREMENTS:

A. A participant may qualify for this service if he or she is either: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community provider site, (2) receiving Personal Support services; or (3) enrolled in the Self-Directed Services Program.

B. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine (REM) is providing staff for the provision of nursing and health services.

C. In order to access services, all of the following criteria must be met:
1. Participant's health conditions must be determined by the RN CM/DN to meet applicable delegation criteria (i.e. be chronic, stable, routine, predictable and uncomplicated) and nursing tasks are assessed to be eligible for delegation as per the Maryland Board of Nursing regulations at COMAR 10.27.11.
2. Participant must require delegation as assessed by the RN as being unable to perform his or her own care. This includes the use of the Medication Administration Screening Tool to determine the need for delegation of medication.
3. The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the RN CM/DN's assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05.

D. Under this service: RN CM/DN must assess the participant and his or her staff, the environment, and care plan at least once every 45 days, or more often as indicated by the participant's health condition, in accordance with the Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11. All resulting revisions, recommendations, remediation and training completed must be documented by the RN CM/DN.

E. The RN CM/DN may delegate performance of nursing tasks to the participant's appropriately trained and/ or certified paid caregivers which may include spouse, parent, legal guardian, siblings, adult children, and licensed provider agency staff. When the delegation is for medication administration, the paid caregiver must be a Certified Medication Technician in accordance with Maryland Board of Nursing requirements.

F. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Case Management and Delegation Services unless approved by the DDA.

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

H. Nurse Case Management and Delegations Services are not available to participants receiving- Nurse Consultation.

I. Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.

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

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

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

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

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
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| Specify whether the service may be provided by *(check each that applies)*: | ☑ | Legally Responsible Person | ☑ | Relative | ☑ | Legal Guardian |
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**Provider Specifications**

| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
|---|---|---|---|---|
| | Registered Nurse | | Nursing Services Provider | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
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| Registered Nurse | Registered Nurse must possess valid Maryland and/or Compact | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards: |

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| | Registered Nurse license | | 1. Possess a valid Maryland and/or Compact Registered Nurse license;<br>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;<br>3. Be active on the DDA registry of DD RN CM/DNs;<br>4. Complete the online HRST Rater and Reviewer training;<br>5. Attend mandatory DDA trainings;<br>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;<br>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;<br>10. Have Commercial Liability Insurance;<br>11. Complete required orientation and training designated by DDA;<br>12. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>13. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>15. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>16. Have a signed Medicaid Provider Agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through 9 noted |

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| | | | above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications. |
| Nursing Services Provider | | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting all of the following standards:<br>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;<br>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;<br>D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application:<br>(1) A program service plan that details the agencies service delivery model;<br>(2) A business plan that clearly demonstrates the ability of the agency to provide nursing services;<br>(3) A written quality assurance plan to be approved by the DDA;<br>(4) A summary of the applicant's demonstrated experience in the |

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

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| | | | Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation.<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Possess valid Maryland and/or Compact Registered Nurse license;<br>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;<br>3. Be active on the DDA registry of DD RN CM/DNs;<br>4. Complete the online HRST Rater and Reviewer training;<br>5. Attend mandatory DDA trainings;<br>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;<br>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;<br>10. Complete required orientation and training designated by DDA; and<br>11. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery. |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Registered Nurse | 1. DDA for ~~approved~~certified Registered Nurses | 1. DDA – Initial and at least every three years |

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| | 2. FMS provider, as described in Appendix E, for participants self-directing services | 2. FMS – Initially and continuing thereafter |
| Nursing Services Agency Provider | 1. DDA for approval of providers<br>2. Nursing Service Agency for verification of staff member's licenses, certifications, and training | 1. DDA – Initial and at least every three years<br>2. Nursing Services Provider – prior to service delivery and continuing thereafter |

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

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 13: Participant Training | 13010 participant training |

Service Definition (Scope)**:**

A. Participant Education, Training and Advocacy Supports provides training programs, workshops and conferences that help the participant develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.
B. Covered expenses include:
   1. Enrollment fees associated with training programs, conferences, and workshops,
   2. Books and other educational materials, and
   3. Transportation related to participation in training courses, conferences and other similar events.

SERVICE REQUIREMENTS
A. Participant Education, Training and Advocacy Supports may include education and training for participants directly related to building or acquiring such skills.
B. Support needs for education and training are identified in the participant's Person-Centered Plan.
C. Participant Education, Training and Advocacy Supports does not include tuition or air fare.
D. Participant Education, Training and Advocacy Supports does not include the cost of meals or overnight lodging as per federal requirements.
E. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.
F. Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.
~~F.~~G. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

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

1. Participant Education, Training and Advocacy Supports is limited to 10 hours of training per participant per year.

2. The amount of training or registration fees for registrations costs at specific training events, workshops, seminars or conferences is limited to $500 per participant per year.

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
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| Specify whether the service may be provided by *(check each that applies)*: | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |
|---|---|---|---|---|---|---|

**Provider Specifications**

| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
|---|---|---|---|---|
| | Participant Support Professional | | Participant Education, Training and Advocacy Supports Agency | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Participant Support Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have a Bachelor's Degree, professional license, certification by a nationally recognized program, or demonstrated life experiences and skills to provide the service;<br>~~3. Possess cCurrent first aid and CPR certification;~~<br>~~4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;~~<br>~~5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;~~<br>~~6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;~~<br>~~7.~~3. Complete required orientation and training designated by DDA;<br>~~8.~~4. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery; |

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| | | | ~~9.~~5. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>~~10.~~6. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>~~11.~~7. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>~~12.~~8. Have a signed Medicaid ~~p~~Provider A~~a~~greement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 ~~through 6~~and 2 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications. |
| Participant Education, Training and Advocacy Supports Agency | | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting all of the following standards:<br>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services;<br>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal |

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| | | | requirements, applicable laws, and regulations;<br>D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:<br><br>(1) A program service plan that details the agencies service delivery model;<br>(2) A business plan that clearly demonstrates the ability of the agency to provide services;<br>(3) A written quality assurance plan to be approved by the DDA;<br>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and<br>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.<br>E. If currently licensed or ~~approved~~certified, produce, upon written request from the DDA, the documents required under D.<br>F. Be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation;<br>G. Have Workers' Compensation Insurance;<br>H. Have Commercial General Liability Insurance;<br>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;<br>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services; |

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| | | | K. Complete required orientation and training;<br>L. Comply with the DDA standards related to provider qualifications; and<br>M. Have a signed DDA Provider Agreement to Conditions for Participation.<br><br>2. Have a signed Medicaid provider agreement;<br><br>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and<br>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.<br><br>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Be at least 18 years old;<br>2. Have a Bachelor's Degree, professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;<br>~~3. Possess cCurrent first aid and CPR certification;~~<br>~~4. Pass a criminal background investigation and any other required background checks and~~ |

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| | | | credentials verifications as provided in Appendix C-2-a;<br>5.3. Complete necessary pre/in-service training based on the Person-Centered Plan; and<br>6.4. Complete the new DDA required training designated by July 1, 2019 or sooner DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.<br>7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and<br>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services. |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Participant Support Professional | 1. DDA for approved certified Participant Support Professional<br>2. FMS provider, as described in Appendix E, for participants self-directing services | 1. DDA - Initial and annually at least every three years<br>2. FMS provider - prior to service delivery and continuing thereafter |
| Participant Education, Training and Advocacy Supports Agency | 1. DDA for approval of Participant Education, Training and Advocacy Supports Agency<br>2. Provider for staff standards | 1. DDA: – Initial and Aannually at least every three years<br>2. Provider - : Pprior to service delivery and continuing thereafter |

Service Type: Support for Participant Direction

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

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 12 Services Supporting Self-Direction | 12020 Information and assistance in support of self-direction |

Service Definition (Scope):

A. Support Broker Services are employer related information and ~~assistance~~ advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services ~~and~~ within the available budget.

B. Information, coaching, and mentoring may be provided to participant about:
   1. Self-direction including roles and responsibilities and functioning as the common law employer;
   2. Other employment related subjects pertinent to the participant and/or family in managing and directing services;
   3. The process for changing the person centered plan and individual budget;
      ~~The grievance/complaint process;~~
   4. Risks and responsibilities of self-direction;
   5. Policy on Reportable Incidents and Investigations (PORII);
   6. ~~Free c~~Choice and control over the selection and hiring of qualified individuals as workers~~of staff/employees~~;
   7. Individual and employer rights and responsibilities; and
   8. The reassessments and review of work schedules.

C. Assistance, as necessary and appropriate, if chosen by the participant, may be provided with:
   1. Practical skills training (e.g., hiring, managing and terminating workers, problem solving, conflict resolution);
   2. Development of risk management agreements;
   3. Recognizing and reporting critical events;
   ~~4. Independent advocacy, to assist in filing grievances and complaints when necessary;~~
   ~~5.~~4. Developing strategies for r~~R~~ecruiting, interviewing, and hiring staff;
   ~~6.~~5. Developing ~~Staff~~ staff supervision and evaluation strategies;
   ~~7.~~6. Developing t~~T~~erminating strategies~~aff~~;
   ~~8.~~7. Developing employer related ~~Participant direction including~~ risk assessment, planning, and remediation strategies~~activities~~;
   ~~9.~~8. Developing strategies for m~~M~~anaging the budget and budget modifications including reviewing ~~employee timesheets and~~ monthly Fiscal Management Services reports to ensure that the individualized budget is being spent in accordance with the approved Person-Centered Plan and budget and conducting audits;
   ~~10.~~9. Developing strategies for ~~M~~managing employees, supports and services;
   ~~11.~~10. Developing strategies for f~~F~~acilitating meetings and trainings with employees;
   ~~Employer development activities;~~
   ~~12.~~11. Developing ~~Employment~~ service quality assurance strategies~~activities~~;
   ~~13.~~12. Developing strategies for ~~and~~ reviewing data, employee timesheets, and communication logs;
   ~~14.~~13. Developing strategies for ~~Development and maintenance of~~ effective staff back-up and emergency plans;
   ~~15.~~14. Developing strategies for ~~T~~training all of the participant's employees on the Policy on Reportable Incidents and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA; and
   ~~16.~~15. Developing strategies for ~~C~~complying with all applicable regulations and policies, as well as standards for self-direction including staffing requirements and limitations as required by the DDA; ~~and~~
   ~~Assisting with developing relationships between the employer, participant and family~~

SERVICE REQUIREMENTS:

A. Support Broker services are an optional service for participants choosing to self-direct.

~~A.~~B. Participants may utilize a relative with the exception of spouses, legally responsible person, and legal representative payee.

~~B.~~C. Spouses and legally responsible adults (i.e. parents of children) may act only as unpaid support brokers.
~~C.~~D. A relative (who is not a spouse or legally responsible person) of an individual recipient participating in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Section C-2.
~~D.~~E. Support Brokers, including relatives, must provide assurances that they will implement the -Person Centered Plan as approved by DDA or their designee in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.
~~E.~~F. Individuals and organizations providing Support Brokerage services may provide no other paid service to that individual.
~~F.~~G. Support Broker Services may not duplicate, replace, or supplant Coordination of Community Service.
~~G.~~H. Scope and duration of Support Broker Services may vary depending on the participant's choice and need for support, assistance, or existing natural supports. The scope and duration must be within the service description, requirements, and limitations.
I. Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there significant changes in the participant's health or medical situation.
J. Service hours must be necessary, documented, and evaluated by the team.
K. Support Brokers shall not make any decision for the participant, sign off on service delivery or timesheets, or hire or fire workers.
L. This service includes the option to provide benefits and leave time subject to the following requirements:

1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local laws; and
3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.

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

1. Initial orientation and assistance up to 15 hours.

~~1.~~2. Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by the DDA.

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | | Provider managed |
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| Specify whether the service may be provided by *(check each that applies)*: | ☐ | Legally Responsible Person | X | Relative | | Legal Guardian |
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| Provider Specifications | | | | |
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| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
| | Support Broker Professional | | Support Broker Agency | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
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| Support Broker Professional | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have a GED or high school diploma,<br>3. Possess c~~C~~urrent first aid and CPR certification;<br>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>5. Be certified by the DDA to demonstrate core competency related to self-determination, consumer directed services and service systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies.<br>6. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;<br>7. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; and<br>8. Complete required orientation and training designated by DDA including the Policy on Reportable Incidents and Investigations (PORII) and Support Broker trainings.~~;~~<br>~~9. Complete necessary pre/in-service training based on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information as noted in the Person-Centered Plan and DDA required training prior to service~~<br>~~10. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in~~ |

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| | | | ~~Annotated Code of Maryland, Health General, Title 7;~~<br>~~11. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;~~<br>~~12. Have a signed DDA Provider Agreement to Conditions for Participation; and~~<br>~~Have a signed Medicaid provider Provider agreementAgreement.~~<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through ~~7~~ 8 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.<br><br>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs. |
| Support Broker Agency | | | Agencies must meet the following standards:<br>1. Complete the DDA provider application and be ~~approved~~certified based on compliance with meeting all of the following standards:<br>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;<br>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;<br>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal |

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| | | | requirements, applicable laws, and regulations;<br>D. Except for currently DDA licensed or ~~approved~~certified providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:<br><br>(1) A program service plan that details the agencies service delivery model;<br>(2) A business plan that clearly demonstrates the ability of the agency to provide services;<br>(3) A written quality assurance plan to be approved by the DDA;<br>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and<br>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.<br>E. If currently licensed or ~~approved~~certified, produce, upon written request from the DDA, the documents required under D.<br>F. Be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation;<br>G. Have Workers' Compensation Insurance;<br>H. Have Commercial General Liability Insurance;<br>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;<br>J. Submit documentation of staff certifications, licenses, and/or |

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| | | | trainings as required to perform services;<br>K. Complete required orientation and training;<br>L. Comply with the DDA standards related to provider qualifications; and<br>M. Have a signed DDA Provider Agreement to Conditions for Participation.<br><br>~~2. Have a signed Medicaid provider Provider agreementAgreement.~~<br><br>~~3.~~2. Have documentation that all vehicles used in the provision of services have automobile insurance; and<br>~~4.~~3. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.<br><br>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland ~~Department of Taxation~~Department of Assessments and Taxation<br><br>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:<br>1. Be at least 18 years old;<br>2. Have a GED or high school diploma;<br>3. Be certified by the DDA to demonstrate core competency related to self-determination, consumer directed services and service systems (generic and government-sponsored) for individuals with disabilities and |

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| | | | effective staff management strategies.<br>4. Complete required orientation and training designated by DDA including the Policy on Reportable Incidents and Investigations (PORII) and Support Broker trainings;<br>5. Complete necessary pre/in-service training based on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information as noted in the Person-Centered Plan and DDA required training prior to service delivery;<br>5.6. Possess cCurrent first aid and CPR certification;<br>6.7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>7.8. Complete necessary pre/in-service training based on the Person-Centered Plan;<br>8.9. Complete the new DDA required training by July 1, 2019 or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery.<br>9.10. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and<br>10.11. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.; and |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Support Broker Professional | 1. DDA for Support Broker Professional<br>2. FMS provider, as described in Appendix E, for participants self-directing services | 1. DDA - Initial and Annually<br>2. FMS provider - prior to service delivery and continuing thereafter |

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| Support Broker Agency | 1. FMS provider, as described in Appendix E<br>2. Support Broker Agency for individual staff members' certifications and training | 1. FMS provider - prior to service delivery<br>**2.** Provider – prior to service delivery and annually thereafter |

Service Type: Other Service

Alternative Service Title: **TRANSPORTATION**

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 15: Non-Medical Transportation | 15010 non-medical transportation |

Service Definition (Scope)**:**

A. Transportation services are designed specifically to improve the ~~person's~~ participant's and the family caregiver's ability to independently access community activities within their own community in response to needs identified through the participant's Person-Centered Plan.
B. Transportation services can include:
   1. Orientation services in using other senses or supports for safe movement from one place to another;
   2. Accessing Mobility and volunteer transportation services such as transportation coordination and accessing resources;
   3. Travel training such as supporting the participant and his or her family in learning how to access and use informal, generic, and public transportation for independence and community integration;
   4. Transportation services provided by different modalities, including: public and community transportation, taxi services, and non-traditional transportation providers; and
   5. Mileage reimbursement and agreement for transportation provided by another individual using their own car; and
   6. Purchase of prepaid transportation vouchers and cards, such as the Charm Card and Taxi Cards.

SERVICE REQUIREMENTS:
A. Services are available to the participant living in their own home or in the participant's family home.
B. For participants self-directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized Person-Centered Plan and budget.
C. The Program will not make payment to spouses or legally responsible individuals for furnishing transportation services.
D. A relative (who is not a spouse or legally responsible person) of a participant ~~participating in Self-Directed Services~~ may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.
E. Payment rates for services must be customary and reasonable as established or authorized by the DDA.
F. Transportation services shall be provided by the most cost-efficient mode available that meets the needs of the participant and shall be wheelchair accessible when needed.
G. Transportation services ~~will not be covered when transportation is part of another waiver service including Personal Supports services.~~are not available at the same time as the direct supervision of Personal Supports (beginning July 1, 2020) or Respite Care.

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

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

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

For participants using traditional, non-self-directed DDA funded services, transportation is limited to $7,5000 per year per participant.

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
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| Specify whether the service may be provided by *(check each that applies)*: | ☐ | Legally Responsible Person | X | Relative | | Legal Guardian |
|---|---|---|---|---|---|---|

**Provider Specifications**

| Provider Category(s) *(check one or both)*: | x | Individual. List types: | x | Agency. List the types of agencies: |
|---|---|---|---|---|
| | | Transportation Professional or Vendor | | Organized Health Care Delivery System Provider |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Transportation Professional or Vendor | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Have a GED or high school diploma;<br>3. Have required credentials, license, or certification as noted below;<br>~~4. Possess Ccurrent first aid and CPR certification;~~<br>~~5.~~4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;<br>~~6.~~5. Possess a valid driver's license for non-commercial drivers;<br>~~7.~~6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in |

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| | | | the provision of service for non-commercial providers;<br>~~8.~~7. Complete required orientation and training designated by DDA;<br>~~9.~~8. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>~~10.~~9. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>~~11.~~10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>~~12.~~11. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>~~13.~~12. Have a signed Medicaid ~~provider~~ Provider ~~agreement~~Agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 through ~~7~~ 6 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.<br><br>Orientation, Mobility and Travel Training Specialists must attend and have a current certification as a travel trainer from one of the following entities:<br><br>1. Easter Seals Project Action (ESPA)<br>2. American Public Transit Association<br>3. Community Transportation Association of America<br>4. National Transit Institute (NTI)<br>5. American Council for the Blind<br>6. National Federation of the Blind<br>7. Association of Travel Instruction |

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|---|---|---|---|
| | | | 8. Be a DORS approved vendor/contractor<br>9. Other recognized entities based on approval from the DDA |
| Organized Health Care Delivery System Provider | | | Agencies must meet the following standards:<br>1. Be ~~approved~~certified or licensed by the DDA to provide at least one Medicaid waiver service; and<br>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.<br><br>OHCDS providers shall verify the licenses and credentials of individuals providing services with whom they contract or employ~~s~~ and have a copy of the same available upon request.<br><br>OHCDS must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:<br>1. For individuals providing direct transportation, the following minimum standards are required:<br>a. Be at least 18 years old;<br>~~b. Possess cCurrent first aid and CPR certification;~~<br>~~c. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;~~<br>~~d.~~b. For non-commercial providers, ~~P~~possess a valid driver's license for vehicle necessary to provide services; and<br>~~e.~~c. For non-commercial providers, h~~H~~ave automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.<br>2. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as |

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| | | | a travel trainer from one of the following entities:<br><br>a. Easter Seals Project Action (ESPA)<br>b. American Public Transit Association<br>c. Community Transportation Association of America<br>d. National Transit Institute (NTI)<br>e. American Council for the Blind<br>f. National Federation of the Blind<br>g. Association of Travel Instruction<br>h. DORS approved vendors/contractor<br>i. Other recognized entities based on approval from the DDA |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Transportation Professional or Vendor | **1.** DDA for ~~approved~~certified Transportation Professional and Vendors<br>**2.** FMS providers, as described in Appendix E, for participants self-directing services | 1. DDA – Initial and ~~annually~~at least every three years<br>**2.** FMS providers – prior to delivery of services and continuing |
| Organized Health Care Delivery System Provider | 1. DDA for verification of the Organized Health Care Delivery System<br>2. Organized Health Care Delivery System provider for verification of staff qualifications | 1. DDA – Initial and ~~A~~annually~~y~~at least every three years<br>2. OHCDS – prior to service delivery and continuing thereafter |

Service Type: Other Service
Service (Name):
Alternative Service Title: **VEHICLE MODIFICATIONS**

| Service Specification | |
|---|---|
| HCBS Taxonomy | |
| Category 1: | Sub-Category 1: |
| 14: Equipment, Technology, and Modifications | 14020 home and/or vehicle accessibility adaptations |
| Service Definition (Scope)**:** | |

A. Vehicle modifications are adaptations or alterations to a vehicle that is the participant's ~~or participant's family's~~ primary means of transportation. Vehicle modifications are designed to accommodate the needs of the participant and enable the participant to integrate more fully into the community and to ensure the health, welfare and safety and integration by removing barriers to transportation.

B. Vehicle modifications may include:
   1. Assessment services to (a) help determine specific needs of the participant as a driver or passenger, (b) review modification options, and (c) develop a prescription for required modifications of a vehicle;
   2. Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the participant, or legally responsible parent of a minor or other caretaker as approved by DDA;
   3. Non-warranty vehicle modification repairs; and
   4. Training on use of the modification.

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

SERVICE REQUIREMENTS:

~~A. All vehicle modifications purchases must be pre-approved in writing by the DDA.~~

~~B.~~A. A vehicle modification assessment and/or a driving assessment will be required when not conducted within the last year by the Division of Rehabilitation Services (DORS).

~~C.~~B. A prescription for vehicle modifications must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist. The prescription for vehicle modifications applies only to the year/make/model of the vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA).

~~D.~~C. The vehicle owner is responsible for:
   1. The maintenance and upkeep of the vehicle; and
   2. Purchasing insurance on vehicle modifications. The program will not correct or replace vehicle modifications provided under the program that have been damaged or destroyed in an accident.

~~E.~~D. Vehicle modifications are only authorized to vehicles meeting safety standards once modified.

~~F.~~E. The Program cannot provide assistance with modifications on vehicles not registered under the participant or legally responsible parent of a minor or other primary caretaker. This includes leased vehicles.

F. Vehicle modification funds cannot be used to purchase vehicles for participants, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle that relates to the cost of accessibility adaptations. In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptations is required.

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

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

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

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

| **Service Delivery Method** *(check each that applies)*: | X | Participant-directed as specified in Appendix E | X | Provider managed |
|---|---|---|---|---|

| Specify whether the service may be provided by *(check each that applies):* | ☐ | Legally Responsible Person | ☐ | Relative | ☐ | Legal Guardian |
|---|---|---|---|---|---|---|

| Provider Specifications | | | | |
|---|---|---|---|---|
| Provider Category(s) *(check one or both)*: | X | Individual. List types: | X | Agency. List the types of agencies: |
| | Vehicle Modification Vendor | | Organized Health Care Delivery System Provider | |
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**Provider Qualifications**

| Provider Type: | License *(specify)* | Certificate *(specify)* | Other Standard *(specify)* |
|---|---|---|---|
| Organized Health Care Delivery System Provider | | | Agencies must meet the following standards:<br>1. Be ~~approved~~certified or licensed by the DDA to provide at least one Medicaid waiver service; and<br>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.<br><br>OHCDS providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.<br><br>OHCDS must ensure the individual or entity performing the service meets the qualifications noted below:<br>1. DORS approved vendor or DDA ~~approved~~certified vendor;<br>2. Vehicle Equipment and Adaptation Prescription Agreement (VEAPA) must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist; and<br>3. The adaptive driving assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement as to whether it meets the individual's needs. |

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|---|---|---|---|
| Vehicle Modification Vendor | | | Individual must complete the DDA provider application and be ~~approved~~certified based on compliance with meeting the following standards:<br>1. Be at least 18 years old;<br>2. Be a Division of Rehabilitation Services (DORS) Vehicle Modification service vendor.<br>~~3. Possess cCurrent first aid and CPR certification;~~<br>~~4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;~~<br>~~5. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;~~<br>~~6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;~~<br>~~7.~~3. Complete required orientation and training designated by DDA;<br>~~8.~~4. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;<br>~~9.~~5. Have three (3) professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;<br>~~10.~~6. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;<br>~~11.~~7. Have a signed DDA Provider Agreement to Conditions for Participation; and<br>~~12.~~8. Have a signed Medicaid ~~p~~Provider ~~a~~Agreement.<br><br>Individuals providing services for participants self-directing their services must meet the standards 1 ~~through 6~~and 2 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity |

| | | | |
|---|---|---|---|
| | | | performing the service meets the qualifications.<br><br>The Adapted Driving Assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement to meet the individual's needs. |

**Verification of Provider Qualifications**

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|---|---|
| Organized Health Care Delivery System Provider | 1. DDA for verification of the OHCDS<br>**2.** OHCDS providers for entities and individuals they contract or employ | 1. OHCDS – Initial and ~~annually~~at least every three years<br>**2.** OHCDS providers – prior to service delivery and continuing thereafter |
| Vehicle Modification Vendor | 1. DDA for ~~approved~~certified Vehicle Modification Vendor<br>2. FMS provider, as described in Appendix E, for participants self-directing services | 1. DDA – Initial and ~~Annually~~at least every three years<br>2. FMS - Prior to service delivery and continuing thereafter |

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

| | | |
|---|---|---|
| ○ | **Not applicable** – Case management is not furnished as a distinct activity to waiver participants. | |
| **X** | **Applicable –** Case management is furnished as a distinct activity to waiver participants. Check each that applies: | |
| | ☐ | As a waiver service defined in Appendix C-3 (*do not complete C-1-c)* |
| | ☐ | As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). *Complete item C-1-c.* |
| | X | As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). *Complete item C-1-c.* |
| | ☐ | As an administrative activity. *Complete item C-1-c.* |

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

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

## Appendix C-2: General Service Specifications

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

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

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

**Criminal Background Checks**

The DDA is seeking to update its regulations regarding Criminal Background Checks, as provided in this Section a. The draft regulations will be subject to notice and comment and other applicable requirements as provided in Maryland's Administrative Procedure Act, codified in Title 10, Subtitle 1 of the State Government Article, prior to finalization. Therefore, the draft regulations, set forth below, may be amended to comply with those requirements.

In the meantime, the current regulations will remain in effect and continue to apply to services covered under this Waiver. The draft regulations, as amended, will apply to services covered under this Waiver once they are effective.

*Current Regulations*

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

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

Background screening is required for volunteers who:

(1) Are recruited as part of an agency's formal volunteer program; and
(2) Spend time alone with participants.

Criminal background checks are not required for people who interact with or assist individuals as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification etc.

*Draft Regulations*

Subject to amendment as part of the process to promulgate regulations, ~~T~~the DDA will require~~s~~ that persons selected by~~who serve~~ individuals with a developmental disability to provide waiver services successfully pass a criminal background check, as detailed herein. A "person" includes an individual, receiver, trustee, guardian, personal representative, fiduciary, or representative of any kind and any partnership, firm, association, corporation, or other entity as set forth in MD. CODE ANN., HEALTH-GEN. § 1-101.

The following individuals must complete a criminal background check:

1. All employees and Board members of a community-based provider providing services under the Traditional Services delivery model;
2. All contractors and volunteers of a community-based provider providing services under the Traditional Services delivery model who will have direct contact with at least one individual with a developmental disability; and
3. All employees and staff of a Participant providing services under the Self-Directed Services delivery model.

Direct contact is defined as physically present with, or within an immediate distance (such as the same room) of, the individual with a developmental disability.

The following persons will be responsible for ensuring the criminal background check takes place upon hire of each individual who is required to complete a criminal background check:

1. Under the Traditional Services delivery model, the community-based provider; and
2. Under the Self-Directed Services delivery model, the Fiscal Management Services provider.

Each DDA-licensed and DDA-certified community-based provider (including the Fiscal Management Services provider) must provide a copy of the criminal background check of its Executive Director and its Board Members as part of its initial and renewal application to the Department for licensure or certification. Otherwise, the DDA-licensed or DDA-certified community-based provider and Fiscal Management Services provider are responsible for complying with these requirements for each individual hired.

The criminal background check to be conducted must:

1. Be performed by Criminal Justice Information Services in the Maryland Department of Public Safety and Correctional Services; or
2. Be performed by a private agency, meeting certain criteria regarding, their qualifications, the scope of the background check, and whether alerts will be required.

~~Meet the following criteria:~~

~~Be performed by a private agency as defined in § 19-1901 of the Health-General Article of the Maryland Annotated Code;~~

- ~~Conduct a criminal background check of the entire history national records and each state's records, including any state, possession, territory of the United States, the District of Columbia, and the Commonwealth of Puerto Rico; and~~
- ~~Provide alerts to the person requesting the criminal background check to notify them of any changes in criminal history of the individual after hire.~~

Please note the DDA is in discussion regarding criteria for appropriate private agency (ies) requirement(s) for performing criminal background checks, which will be promulgated in the updated regulations.

An individual will have successfully passed his or her criminal background check if he or she has been not been convicted, received probation before judgment, or entered a plea of nolo contendere to a felony, crime of moral turpitude (including fraud), theft, financial crimes against a vulnerable adult, or abuse or neglect of a child or vulnerable adult and such final judgment was not entered 10 years ago or less from the date of the individual's application.

If an alert later notifies the community-based provider or Fiscal Management Services provider that the individual has received subsequently a final judgment that does not meet the requirements to successfully pass a criminal background check, then: (1) he or she must be removed immediately from direct contact with an individual with a developmental disability; and (2) his or her employment, contract, or Board membership must be terminated promptly.

If an individual knowingly submits false information for his or her criminal background check, then he or she will be disqualified automatically from serving an individual with a developmental disability and will not be permitted to apply again for a period of five years from the date of the initial application containing the false information.

Participants enrolled in DDA's Self-Directed Services delivery model may request that DDA waive these criminal background check requirements. DDA may permit waiver of the criminal background check requirements *only if* the criminal background check indicates behavior that would not be potentially harmful to an individual with a developmental disability.

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

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

**Child Protective Services Background Clearance**

The State also maintains a Centralized Confidential Database that contains information about child abuse and neglect investigations conducted by the Maryland State Local Departments of

| | |
|---|---|
| | Social Services. Staff engaging in one-to-one interactions with children under the age of 18 must have a Child Protective Services Background Clearance.<br><br>**State Oversight of Compliance with These Requirements**<br><br>The DDA, ~~OHS~~OLTSS, and OHCQ review providers' records for completion of criminal background checks, in accordance with these requirements, during surveys, site visits, and investigations. Annually the DDA will review Fiscal Management Services providers' records for required background checks of staff working for participants enrolled in the Self-Directed Services Delivery Model, described in Appendix E. |
| ○ | **No**. Criminal history and/or background investigations are not required. |

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

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

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

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

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

| Type of Facility | Waiver Service(s) Provided in Facility | Facility Capacity Limit |
|---|---|---|
| | | |

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

| |
|---|
| |

Proposal

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

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

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

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

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

Proposal

*which payment may be made to legally responsible individuals under the State policies specified here.*

DEFINITIONS:

*Extraordinary Care*

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

*Legally Responsible Person*

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

*Spouse*

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

*Relative*

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

*Legal Guardian*

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

1. SERVICES THAT MAY BE PROVIDED BY LEGALLY RESPONSIBLE PERSONS

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

2. CIRCUMSTANCES WHEN PAYMENT MAY BE MADE

Participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) or Traditional Service Delivery Model may use their legally responsible person to provide

services in the following circumstances, as documented in the participant's Person-Centered Plan (PCP):

1. The proposed provider is the choice of the participant, which is supported by the team;
2. There is a lack of qualified providers to meet the participants needs;
3. When a relative or spouse is not also serving as the participant's Support Broker or ~~authorized~~ designated representative directing services on behalf of the participant;
4. The legally responsible person provides no more than 40-hours per week of the service that the DDA approves the legally responsible person to provide; and
5. The legally responsible person has the unique ability to meet the needs of the participant (e.g. has special skills or training, like nursing license).

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

(c) SAFEGUARDS

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

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

(d) STATE'S OVERSIGHT PROCEDURES

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

☑ **Self-directed**

☑ **Agency-operated**

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

| | |
|---|---|
| ○ | **The State does not make payment to relatives/legal guardians for furnishing waiver services.** |
| X | **The State makes payment to relatives/legal guardians under *specific circumstances* and only when the relative/guardian is qualified to furnish services**. Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.* |

Definitions

*Relative*

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

*Legal Guardian*

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

*Spouse*

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

*Legally Responsible Person*

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

**Circumstances When Payment May be Made**

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

A participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) or Traditional Services Delivery Model may use a relative (who is not a spouse or legally responsible individual) who is appropriately qualified, to provide Personal Supports, Transportation, Support Broker, Nurse Case Management and Delegation Services or Respite Care Services.

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

1. The proposed ~~provider~~ individual is the choice of the participant, which is supported by the team;
2. Lack of qualified provider to meet the participant's needs;
3. When another legally responsible person, legal guardian, or relative is not also serving as the participant's Support Broker or ~~authorized~~ designated representative directing services on behalf of the participant;
4. The legal guardian or relative provides no more than 40- hours per week of the service that that the DDA approves the legally responsible person to provide; and
5. The legal guardian or relative has the unique ability of relative to meet the needs of the participant (e.g. has special skills or training like nursing license)

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

**Services for Which Payment May be Made**

As specified in Appendix C-1/C-3 and this Appendix C-2-e, a legal guardian may be paid to furnish Personal Supports Services and Nurse Case Management and Delegation Services.

As specified in Appendix C-1/C-3 and this Appendix C-2-e, a relative~~s~~ may be paid to furnish the following services: (1) Personal Supports; (2) Respite Care; (3) Transportation; (4) Nurse Case Management and Delegation Services; and (~~4~~5) Support Broker.

**Safeguards**

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

1. Choice of the legal guardian or relative as the provider truly reflects the participant's wishes and desires;
2. The provision of services by the legal guardian or relative is in the best interests of the participant and his or her family;
3. The provision of services by the legal guardian or relative is appropriate and based on the participant's identified support needs;

| | |
|---|---|
| | 4. The services provided by the legal guardian or relative will increase the participant's independence and community integration;<br>5. There are documented steps in the PCP that will be taken to expand the participant's circle of support so that he or she is able to maintain and improve his or her health, safety, independence, and level of community integration on an ongoing basis should the legal guardian or relative acting in the capacity of employee be no longer be available; and<br>6. A Supportive Decision Making (SDM) agreement is established that identifies the people (beyond family members) who will support the participant in making her or his own decisions.<br>7. The legal guardian or relative must sign a service agreement to provide assurances to DDA that they will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program.<br><br>**State's Oversight Procedures**<br>Annually, the DDA will conduct a random selected statistically valid sample of services provided by ~~relatives or~~ legal guardians and relatives to ensure payment is made only for services rendered and the services rendered are in the best interest of the participant. |
| ○ | **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.** Specify the controls that are employed to ensure that payments are made only for services rendered. |
| | |
| ○ | Other policy. *Specify*: |
| | |

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

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

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

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

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

3. Instructions for Completing the Provider Application - Interested applicants may download or request a hard copy from the DDA Regional Office the following:
a) DDA Application to Render Supports and Services in DDA's ~~Community and Family Supports~~ Waivers;
b) DDA Application to Provide Behavioral Supports and Services; and
c) Provider Agreement to Conditions of Participation - A document that lists regulatory protection and health requirements, and other policy requirements that prospective providers must agree and comply with to be approved by the DDA as a qualified service provider in the supports waivers;

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

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

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

**Quality Improvement: Qualified Providers**

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

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

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

***i. Sub-Assurances:***

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

***i. Performance Measures***

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

| | |
|---|---|
| ***Performance Measure:*** | *QP-PM1 Number and percent of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision. Numerator = number of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision. Denominator = number of newly enrolled Family Support Waiver enrolled licensed providers reviewed.* |



Propo

| | | | |
|---|---|---|---|
| ***Data Source*** *(Select one) (Several options are listed in the on-line application):Other* | | | |
| *If 'Other' is selected, specify:* OHCQ Record Review | | | |
| | | | |
| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* |
| | ☐ *State Medicaid Agency* | ☐ *Weekly* | ☐*100% Review* |
| | *X Operating Agency* | ☐ *Monthly* | *X Less than 100% Review* |
| | ☐ *Sub-State Entity* | *X Quarterly* | *X Representative Sample; Confidence Interval =* |
| | *X Other Specify:* | ☐ *Annually* | *95% +/-5%* |
| | OHCQ New Applicant Tracking Sheet | ☐ *Continuously and Ongoing* | ☐ *Stratified: Describe Group:* |
| | | ☐ *Other Specify:* | |
| | | | ☐ *Other Specify:* |
| | | | |

***Data Aggregation and Analysis***

| ***Responsible Party for data aggregation and analysis*** *(check each that applies* | ***Frequency of data aggregation and analysis:*** *(check each that applies* |
|---|---|
| ☐ *State Medicaid Agency* | ☐ *Weekly* |
| *X Operating Agency* | ☐ *Monthly* |
| ☐ *Sub-State Entity* | *X Quarterly* |
| ☐ *Other Specify:* | ☐ *X Annually* |
| | ☐ *Continuously and Ongoing* |
| | ☐ *Other Specify:* |
| | |

| | |
|---|---|
| ***Performance Measure:*** | *QP-PM2 Number and percent of providers who continue to meet required licensure and initial QP standards. Numerator = number of providers who continue to meet required licensure and initial QP standards. Denominator= Total number of enrolled Family Support Waiver enrolled licensed providers reviewed.* |
| ***Data Source (Select one) (Several options are listed in the on-line application):*** *Other* | |
| ***If 'Other' is selected, specify:*** OHCQ Record Review | |
| | |

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| | ***Responsible Party for data collection/generation (check each that applies)*** | ***Frequency of data collection/generation: (check each that applies)*** | ***Sampling Approach (check each that applies)*** |
|---|---|---|---|
| | *☐ State Medicaid Agency* | *☐ Weekly* | *☐ 100% Review* |
| | *X Operating Agency* | *☐ Monthly* | *X Less than 100% Review* |
| | *☐ Sub-State Entity* | *X Quarterly* | *X Representative Sample; Confidence Interval =* |
| | *X Other Specify:* | *☐ Annually* | *95% +/-5%* |
| | *OHCQ* License renewal application tracking sheet | *☐ Continuously and Ongoing* | *☐ Stratified: Describe Group:* |
| | | *☐ Other Specify:* | |
| | | | *☐ Other Specify:* |
| | | | |

***Data Aggregation and Analysis***

| ***Responsible Party for data aggregation and analysis (check each that applies*** | ***Frequency of data aggregation and analysis: (check each that applies*** |
|---|---|
| ***☐ State Medicaid Agency*** | ***☐ Weekly*** |
| ***X Operating Agency*** | ***☐ Monthly*** |
| ***☐ Sub-State Entity*** | ***X Quarterly*** |
| ***☐ Other Specify:*** | ***☐ Annually*** |
| | ***☐ Continuously and Ongoing*** |
| | ***☐ Other Specify:*** |
| | |

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

***i. Performance Measures***

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

| | |
|---|---|
| ***Performance Measure:*** | *QP-PM3 Number and percent of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards prior to* |

Proposal

| | |
|---|---|
| | *service provision. Numerator = number of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards prior to ~~servic~~service provision. Denominator = number of newly enrolled non-licensed or non-certified waiver providers reviewed.* |

***Data Source*** *(Select one) (Several options are listed in the on-line application): Other*

*If 'Other' is selected, specify: Provider Application Packet*

| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* |
|---|---|---|---|
| | *☐ State Medicaid Agency* | *☐ Weekly* | *☐ 100% Review* |
| | *X Operating Agency* | *☐ Monthly* | *X Less than 100% Review* |
| | *☐ Sub-State Entity* | *X Quarterly* | *X Representative Sample; Confidence Interval =95* |
| | *☐ Other Specify:* | *☐ Annually* | *95% +/-5%* |
| | | *☐ Continuously and Ongoing* | *☐ Stratified: Describe Group:* |
| | | *☐ Other Specify:* | |
| | | | *☐ Other Specify:* |
| | | | |

| | |
|---|---|
| ***Performance Measure:*** | *QP-PM4 Number and percent of non-licensed or non-certified waiver providers that continue to meet regulatory and applicable waiver standards. Numerator = number of non-licensed or non-certified waiver providers that continue to meet regulatory and applicable waiver standards. Denominator= number of enrolled non-licensed or non-certified waiver providers reviewed.* |

***Data Source*** *(Select one) (Several options are listed in the on-line application): Other*

*If 'Other' is selected, specify: Provider Renewal Application Packet*

| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* |
|---|---|---|---|
| | *☐ State Medicaid Agency* | *☐ Weekly* | *☐ 100% Review* |
| | *X Operating Agency* | *☐ Monthly* | *X Less than 100% Review* |
| | *☐ Sub-State Entity* | *X Quarterly* | *X Representative Sample; Confidence Interval =95* |
| | *☐ Other Specify:* | *☐ Annually* | *95% +/-5%* |
| | | *☐ Continuously and Ongoing* | *☐ Stratified: Describe Group:* |

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| | | | | |
|---|---|---|---|---|
| | | ☐ Other Specify: | | |
| | | | | ☐ Other Specify: |
| | | | | |

***Data Aggregation and Analysis***

| ***Responsible Party for data aggregation and analysis*** *(check each that applies* | ***Frequency of data aggregation and analysis:*** *(check each that applies* |
|---|---|
| ☐ State Medicaid Agency | ☐ Weekly |
| X Operating Agency | ☐ Monthly |
| ☐ Sub-State Entity | X Quarterly |
| ☐ Other Specify: | ☐ Annually |
| | ☐ Continuously and Ongoing |
| | ☐ Other Specify: |
| | |

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

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

***i. Performance Measures***

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

| | |
|---|---|
| ***Performance Measure:*** | *QP-PM5 Number and percent of enrolled licensed providers who meet training requirements in accordance with the approved waiver. Numerator = number of enrolled licensed providers who meet training requirements in accordance with the approved waiver. Denominator = number of enrolled licensed providers reviewed.* |
| ***Data Source*** *(Select one) (Several options are listed in the on-line application): Other* | |
| *If 'Other' is selected, specify:* OHCQ Record Review | |

| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* |
|---|---|---|---|
| | ☐ State Medicaid Agency | ☐ Weekly | ☐ 100% Review |
| | X Operating Agency | ☐ Monthly | X Less than 100% Review |
| | ☐ Sub-State Entity | X Quarterly | X Representative Sample; Confidence Interval = 95 |

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| | | | | |
|---|---|---|---|---|
| | *X Other Specify:* | *☐ Annually* | | *95% +/-5%* |
| | *OHCQ* Renewal Application Data | *☐ Continuously and Ongoing* | | *☐ Stratified: Describe Group:* |
| | | *☐ Other Specify:* | | |
| | | | | *☐ Other Specify:* |
| | | | | |

| | |
|---|---|
| ***Performance Measure:*** | *QP-PM6 Number and percent of non-licensed or non-certified waiver providers who meet training requirements in accordance with the approved waiver. Numerator = number of non-licensed or non-certified waiver providers who meet training requirements in accordance with the approved waiver. Denominator = number of enrolled non-licensed or non-certified waiver providers reviewed.* |
| ***Data Source*** *(Select one) (Several options are listed in the on-line application): Other* | |
| *If 'Other' is selected, specify: ~~Approved~~Certified Provider Data* | |

| | | | |
|---|---|---|---|
| | ***Responsible Party for data collection/generation*** *(check each that applies)* | ***Frequency of data collection/generation:*** *(check each that applies)* | ***Sampling Approach*** *(check each that applies)* |
| | *☐ State Medicaid Agency* | *☐ Weekly* | *☐ 100% Review* |
| | *X Operating Agency* | *☐ Monthly* | *X Less than 100% Review* |
| | *☐ Sub-State Entity* | *X Quarterly* | *X Representative Sample; Confidence Interval = 95* |
| | *☐ Other Specify:* | *☐ Annually* | *95% +/-5%* |
| | | *☐ Continuously and Ongoing* | *☐ Stratified: Describe Group:* |
| | | *☐ Other Specify:* | |
| | | | *☐ Other Specify:* |
| | | | |

***Data Aggregation and Analysis***

| ***Responsible Party for data aggregation and analysis*** *(check each that applies* | ***Frequency of data aggregation and analysis:*** *(check each that applies* |
|---|---|
| *☐ State Medicaid Agency* | *☐ Weekly* |
| *X Operating Agency* | *☐ Monthly* |
| *☐ Sub-State Entity* | *X Quarterly* |
| *☐ Other Specify:* | *☐ Annually* |

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| | |
|---|---|
| | ☐ *Continuously and Ongoing* |
| | ☐ *Other Specify:* |
| | |

*ii* *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

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

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

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

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

***ii*** ***Remediation Data Aggregation***

| ***Remediation-related Data Aggregation and Analysis (including trend identification)*** | ***Responsible Party*** *(check each that applies)* | ***Frequency of data aggregation and analysis:*** *(check each that applies)* |
|---|---|---|
| [redacted] | ☐ *State Medicaid Agency* | ☐ *Weekly* |
| | *X Operating Agency* | ☐ *Monthly* |
| | ☐ *Sub-State Entity* | *X Quarterly* |
| | ☐ *Other: Specify:* | ☐ *Annually* |
| | | ☐ *Continuously and Ongoing* |
| | | ☐ *Other: Specify:* |
| | | |

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

| | |
|---|---|
| X | **No** |



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| | |
|---|---|
| ○ | **Yes**<br>Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation. |

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

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

| | |
|---|---|
| X | **Not applicable – The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.** |
| ○ | **Applicable – The State imposes additional limits on the amount of waiver services.** |

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

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

Proposal

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

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

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

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

The Family Supports ~~All Family Supports~~ Waiver services include various support services. New services including Housing Supports Services has been added to support community integration, engagement, and independence. The State incorporated the federal home and community-based setting requirements into the Annotated Code of Maryland Regulations (COMAR) 10.09.36.03-1 Conditions for Participation — Home and Community-Based Settings which notes, "Effective January 1, 2018, to be enrolled as a provider of services authorized under §§1915(c) or 1915(i) of the Social Security Act, the provider shall comply with the provisions of §§D—F of this regulation and 42 CFR 441.301(c)(4)." and includes specific provider requirements. (Reference: http://www.dsd.state.md.us/comar/comarhtml/10/10.09.36.03-1.htm)

The Family Supports Waiver definitions have been written- to comply with the HCB Settings requirements. Waiver services are provided in the ~~participant's~~ individual's own home or the community which is available for the public to use and visit and therefore presumed to meet the HCB Settings requirement.

The only exception is Respite Care Services that can be provided in the child's home, a community setting, a Youth Camp certified by DHMH, or a site licensed by the Developmental Disabilities Administration.

There are no residential or day habilitation services provided.

All new providers must comply with the HCB settings requirement prior to enrollment as a new waiver service provider and ongoing. As part of the application process to become a Medicaid provider under the Community Supports Waiver, the DDA will review and assess for compliance with specific staff, service, and license requirements. Prior to final approval and Medicaid provider enrollment, the DDA will conduct site visits for site based services to confirm compliance with the HCB settings requirements.

As per Annotated Code of Maryland Regulations (COMAR) 10.09.36.03-1 Conditions for Participation — Home and Community-Based Settings, any modification of the rights or conditions under §§D and E of this regulation shall be supported by a specific assessed need and justified in the person-centered services plan in accordance with 42 CFR 441.301(c)(2)(xiii).
~~The Coordinators of Community Services monitors the provision of services and completes the CMS approved Community Settings Questionnaire related to the HCB Settings requirements annually.~~

Ongoing assessment is part of the annual person-centered service planning and provider performance reviews. Coordinators of Community Services assess participants' service setting for compliance with HCBS settings requirements. DDA staff assess provider performance and ongoing compliance.