



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)

201 W. Preston Street • Baltimore, Maryland 21201

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

SERVICE ALIGNMENT PROCESS

Version 2

Transmittal #: DDA2015013

Revised Date: June 26, 2015

CONTENTS

Audience.....	1
Purpose.....	1
Overview.....	2
Definitions.....	3
Service Alignment Process.....	4
Provider Process.....	
Coordinator of Community Services Process.....	
DDA Regional Office Process.....	
Questions or Comments.....	5
Appendix A: Supplemental Services and FISS Contract Form Examples.....	6
Appendix B: SE, Day, and CLS Alignment Examples.....	9
Appendix C: Service Alignment Form.....	10

AUDIENCE

- DDA Licence Service Providers
- Coordinators of Community Services
- DDA Headquarters
- DDA Regional Offices

PURPOSE

This protocol outlines the process and form that should be used to align currently authorized supplemental and FISS services to allowable services in the Community Pathways Waiver approved by the Centers for Medicare and Medicaid Services (CMS) on March 26, 2014. Under an agreement with CMS, the DDA has until September 26, 2015 to complete this transition and alignment of services.

OVERVIEW

The Community Pathways Waiver includes descriptions of the 19 standalone services, limitations, provider qualifications, and the unit of service. As per federal requirements, each waiver service should be listed in the Individual Plan (IP) and billed separately.

Historically, the Developmental Disabilities Administration has authorized specific standalone waiver services as generic supplemental services within Day Habilitation (Day), Residential Habilitation (Res), Supported Employment (SE), and Community Supported Living Arrangement (CSLA) as part of Individual Support Services (ISS) and Family Support Services (FSS) contracts. This applies to the following standalone waiver services now outlined in the waiver application: assistive technology and adaptive equipment; environmental assessments; environmental accessibility adaptations; live-in rent; respite; transition or start up services; transportation; and vehicle modifications. A new DDA Service Alignment form was created to document and align currently authorized services with the allowable services under the currently approved waiver. Changes to services outside the scope of this protocol must go through the Request for Service Change (RFSC) and Service Funding Plan (SFP) processes as per current policy.

The Service Alignment form is to be used: (1) when there is no change to the current DDA funded services being provided as a generic supplemental services under Day, Res, SE, and CSLA or FISS and (2) to align Day and SE services when the actual services and supports are covered under a different waiver service as listed within the approved waiver. For example, a service alignment is needed when SE is authorized but the person is receiving supports for volunteering. In this situation, the service needs to be aligned to Day or CLS. Another example is when Day is authorized but the individual is receiving CLS in the community. This form is completed by the licensed service provider and not the coordinator of community services. Coordinators will review the form to ensure it matches the person's current service. Supplemental services include: assistive technology and adaptive equipment; environmental assessments; environmental accessibility adaptations; live-in rent; respite; transition or start up services; transportation; and vehicle modifications. RFSC and SFP are not needed for this process.

This process is being completed for all individuals receiving funding for services (both in the waiver and State funded) to improve data consistency.

The RFSC and Service Funding Plan (SFP) process must be used to increase or decrease currently authorized services, request additional new services, and when a waiver participant chooses to change service models based on their individual goals (e.g. they want a job and no longer wish to volunteer). Person-centered team meetings are required to initiate the RFSC and SFP processes.

RFSCs, developed and submitted to unbundle/align services prior to the effective date of this Service Alignment Process, will be processed and the new Service Alignment Form is not needed. The RFSC should include the note "Service Alignment" on the top right hand corner as per previous guidance.

The DDA Regional Office's agreement with the provider's service alignment request, as indicated by their signature on the form, equates to approval and amends the service authorization in the currently approved Service Funding Plan.

Roles & Responsibilities

- I. DDA will provide service providers with a Supplemental Services Report that list individuals with current DDA funded Day, Res, SE, and CSLA or FISS supplemental services as indicated in PCIS2.
- II. Service Providers are responsible for completing the Service Alignment Form and submitting it to the appropriate DDA Regional Office. Service alignment, regardless of the person's waiver eligibility, is based on the service definitions/scope of services as noted in the approved Community Pathway's Waiver found at:

<http://dda.dhmf.maryland.gov/SitePages/WRenewal/MD0023R0600.pdf>.

- III. Service providers must send a copy of the Service Alignment form to the individual’s coordinator of community services when it is submitted to the regional office.
- IV. Coordinators are responsible for reviewing the Service Alignment form to confirm the request is a service alignment and does not meet the requirement for a RFSC. Any discrepancies with the service alignment request in comparison with the individual’s current service shall be reported to the DDA Regional Office.
- V. DDA Regional Offices are to confirm current services. If no concerned expressed by the coordinator of community services, then they will update PCIS2 by ending the current services and authorizing the unbundled/align the standalone service.

DEFINITIONS

The following terms are used throughout this Operating Procedure.

Table 1: Definitions	
Term/Process	Definition
Coordinators of Community Services	Coordinators of community services are employees of a Coordination of Community Services agency whose responsibilities are to facilitate the delivery of services to DDA client(s) assigned to them.
“Other” Supplement Services	Supplement services that do not meet the description of the services approved under the Community Pathways’ waiver such as rent subsidies.
Provider or Service Provider	Service Providers are third-party entities contracted by the DDA to deliver specific developmental disability services to DDA clients (“individuals”).
Provider Consumer Information System (PCIS2)	DDA information system which, among other things, maintains demographic and waiver eligibility information to submit electronic requests for federal reimbursement to Medicaid for processing. <ul style="list-style-type: none"> • PCIS2 Service Screen: PCIS2 includes a tab associated with the authorized services including service name, provider, authorize start date and actual start date.
PCIS2 ID#	An identification number generated by the PCIS2system. The number is displayed on the: <ul style="list-style-type: none"> • Search summary screen located to the left of the view pencil; and • The individual’s Demographic screen under the Internal Information located at the top left hand corner <p>Note: The PCIS2 ID# is not an individual’s social security number (known as the consumer number in PCIS2).</p>
Request for Service Change	Request for an individual already in services for an increase, decrease, or new services outside the scope of the service alignment process.
Request for Service Change Form	DDA form used to request of change to services
Service Alignment Form	DDA form used to align current services based on the Community Pathways Waiver renewal approved by the Centers for Medicare and Medicaid Services (CMS) on March 26, 2014.
Waiver Services	The following is a list of approved stand alone waiver services: assistive technology and adaptive equipment; environmental assessments; environmental accessibility adaptations; live-in rent; respite; transition or start up services; transportation; and vehicle modifications

SERVICE ALIGNMENT PROCESS

The following tables outline the procedural steps to align current services based on the Community Pathways Waiver renewal approved by the Centers for Medicare and Medicaid Services (CMS) on March 26, 2014.

Table 2: Service Alignment Form Process			
Step #	Responsible Party	Action	Other Requirements/ Timelines
1	DDA HQ	Provide each service provider with a Supplemental Services Report that list individuals with current DDA funded Day, Res, SE, and CSLA supplemental services.	By June 29, 2015
2	Service Provider	<ol style="list-style-type: none"> 1. Review and confirm individuals listed in the report. 2. Identify individuals with supplemental services imbedded within the base services and that were not listed in PCIS2 as a supplemental. Providers to inform the DDA Regional Office of individuals identified. 	June 29, 2015 through due dates notes below under step #3
3	Service Providers	<p>Complete the DDA Service Alignment Form for each individual identified by noting the current service authorization and the aligned service authorization request.</p> <ul style="list-style-type: none"> • Service should be aligned based on the waiver service definitions even if the person is not in the waiver. • All existing supplemental services must be mapped to the new standalone services. • If the current service does not meet the service definition then note “Other – (service name)” under Unbundled Service Authorization. • For FSS and ISS contracts the remaining FSF/ISS service should be noted as well. • If questions regarding whether service is waiverable, contact RO Waiver Coordinator. • Examples are noted in Appendix A and B. 	<p>For providers with <50 individuals, forms are due by July 31, 2015</p> <p>For providers with ≥50 individuals, forms are due by August 31, 2015</p>
4	Service Provider	<p>Send the Service Alignment Form via encrypted email to the DDA Regional Offices and a copy to the coordinator of community services to confirm the request is a service alignment and does not meet the requirement for a RFSC.</p> <p>The email subject line should state “(Provider Name) - Service Alignment Forms” and be emailed to the appropriate RO as follows:</p> <p>Central - waiver.cmro@maryland.gov Western - r4sc.wmro@maryland.gov Eastern - rfsc-esro@maryland.gov Southern - rfsc.smro@maryland.gov</p>	Upon completion

5	Coordinator of Community Services	<ol style="list-style-type: none"> 1. Review the Service Alignment Form to confirm the request is a service alignment and does not meet the requirement for a RFSC. 2. Any discrepancies with the service alignment request in comparison with the individual’s current service shall be reported to the DDA Regional Office. <ul style="list-style-type: none"> • If no discrepancies identified, then note the word “agree”, sign and date the form in the upper right hand corner and place in file. If a discrepancy is identified, <ol style="list-style-type: none"> a. Send email to DDA RO with subject line “(Service Provider Name) -Service Discrepancy – (person’s PCIS2 ID#) and note of discrepancy to the appropriate RO email: Central - waiver.cmro@maryland.gov Western - r4sc.wmro@maryland.gov Eastern - rfsc-esro@maryland.gov Southern - rfsc.smro@maryland.gov b. Attach copy of email to form and file <ul style="list-style-type: none"> • Document activity in PCIS2 as a Monitoring and Follow-Up activity. <p>Note: Service Provider Name is the provider of services not the CCS agency name.</p>	Within 7 business days
6	DDA – RO	<ol style="list-style-type: none"> 1. Review form and confirm current services by reviewing authorized supplemental services <ul style="list-style-type: none"> • If no concern expressed by the coordinator of community services, then update PCIS2 by ending the current service(s) and authorizing the unbundled/align the standalone service(s) or supplemental service(s) as appropriate and send RO signed copy to coordinator and provider. • If a concern is expressed by the coordinator of community services, work with provider and coordinator to resolve. Current authorized services will continue until discrepancy is resolved. • All service alignment forms shall be filed with current provider SFP 2. Track and monitor Service Alignment forms received from providers by noting the receipt date and RO processed date on the Supplemental Services Report. 3. Contact service provider for outstanding reviews if not submitted by August 3rd and advise HQ. 	Within 15 business days
Process Ends			

QUESTIONS AND COMMENTS

If you have any questions or comments on this Operating Procedure, please send fiscal questions to DDA.CFO@maryland.gov and program questions to community.pathways@maryland.gov with the subject line “New Service Alignment Form.”

APPENDIX A: EXAMPLES – UNBUNDLING SUPPLEMENTAL SERVICES AND FISS CONTRACTS

Scenarios #1: John has a SFP for CSLA which includes **supplemental funding for transportation**. This would be noted on the Service Alignment Form as:

#	FY	Current Service Authorized	Supplemental (if applicable)	Funded Amount Actual	Funded Amount Annual
1	15	CSLA	Transportation	\$6,230.55	\$6,230.55
Total				\$6,230.55	\$6,230.55
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver Service Description Yes or No	Funded Amount Actual	Funded Amount Annual
1	15	CSLA	Yes	\$5,166.00	\$5,166.00
1	15	Transportation	Yes	\$1,064.55	\$1,064.55
Total				\$6,230.55	\$6,230.55

Scenarios #2: Abby has a SFP for CSLA which includes supplemental funding for **Live-In Caregiver Rent**. This would be noted on the Service Alignment Form as:

#	FY	Current Service Authorized	Supplemental (if applicable)	Funded Amount Actual	Funded Amount Annual
1	15	CSLA	Live-In Caregiver Rent	\$39,580	\$39,580
Total				\$39,580	\$39,580
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver Service Description Yes or No	Funded Amount Actual	Funded Amount Annual
1	15	CSLA	Yes	\$33,580	\$33,580
1	15	Live-in Caregiver Rent	Yes	\$6,000	\$6,000
Total				\$39,580	\$39,580

Scenarios #3: Bob has a SFP for CSLA which includes supplemental funding for a **Housing Subsidy**. This would be noted on the Service Alignment Form as:

#	FY	Current Service Authorized	Supplemental (if applicable)	Funded Amount Actual	Funded Amount Annual
1	15	CSLA	Housing Subsidy	\$35,000	\$35,000
Total				\$35,000	\$35,000
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver Service Description Yes or No	Funded Amount Actual	Funded Amount Annual
1	15	CSLA	Yes	\$28,000	\$28,000
1	15	Housing Subsidy	No	\$7,000	\$7,000
Total				\$35,000	\$35,000

Scenarios #4: Kelly has a SFP for Day Habilitation which includes supplemental funding for a **Assistive Technology**. This would be noted on the Service Alignment Form as:

#	FY	Current Service Authorized	Supplemental (if applicable)	<u>Funded Amount</u> Actual	<u>Funded Amount</u> Annual
1	15	Day Habilitation	Assistive Technology	\$35,392	\$35,392
Total				\$35,292	\$35,392
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver <u>Service Description</u> Yes or No	Funded Amount Actual	Funded Amount Annual
1	15	Day Habilitation	Yes	\$33,292	\$33,292
1	15	Assistive technology and adaptive equipment	Yes	\$2,100	\$2,100
Total				\$35,392	\$35,392

Scenarios #5: Laura receive services under a FISS contract which includes funding for **respite and transportation**. This would be noted on the Service Alignment Form as:

#	FY	Current Service Authorized	Supplemental (if applicable)	<u>Funded Amount</u> Actual	<u>Funded Amount</u> Annual
1	15	FISS	Respite & Transportatoin	\$10,730	\$10,730
Total				\$10,730	\$10,730
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver <u>Service Description</u> Yes or No	Funded Amount Actual	Funded Amount Annual
1	15	FISS	Yes	\$7,292	\$7,292
1	15	Respite	Yes	\$2,058	\$2,058
1	15	Transportation	Yes	\$1,380	\$1,380
Total				\$10,730	\$10,730

Scenarios #6: Jane receives services under a FISS contract which includes funding for **camp**. This would be noted on the Service Alignment Form as:

#	FY	Current Service Authorized	Supplemental (if applicable)	<u>Funded Amount</u> Actual	<u>Funded Amount</u> Annual
1	15	FISS	Camp	\$9,007	\$9,007
Total				\$9,007	\$9,007
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver <u>Service Description</u> Yes or No	Funded Amount Actual	Funded Amount Annual
1	15	FISS	Yes	\$7,292	\$7,292
1	15	Camp	Yes	\$1,715	\$1,715
Total				\$9,007	\$9,007

Scenarios #7: Koby has a SFP for Res Hab which includes funding for **Structural Modification for Accessibly**. This would be noted on the Service Alignment Form as:

#	FY	Current Service Authorized	Supplemental (if applicable)	Funded Amount Actual	Funded Amount Annual
1	15	Res Hab	Structural Modification for Accessibly	\$83,754	\$83,754
Total				\$83,754	\$83,754
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver Service Description Yes or No	Funded Amount Actual	Funded Amount Annual
1	15	Res Hab	Yes	\$78,754	\$78,754
1	15	Environmental Accessibility Adaptations	Yes	\$5,000	\$5,000
Total				\$83,754	\$83,754

Scenarios #8: Koby has a SFP for Res Hab which includes funding for **medical equipment**. This would be noted on the Service Alignment Form as:

#	FY	Current Service Authorized	Supplemental (if applicable)	Funded Amount Actual	Funded Amount Annual
1	15	Res Hab	Medical Equipment	\$80,854	\$80,854
Total				\$80,854	\$80,854
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver Service Description Yes or No	Funded Amount Actual	Funded Amount Annual
1	15	Res Hab	Yes	\$78,754	\$78,754
1	15	Assistive technology and adaptive equipment	Yes	\$2,100	\$2,100
Total				\$80,854	\$80,854

APPENDIX B: EXAMPLES – ALIGNMENT (SE, DAY, CLS)

#	FY	Current Service Authorized	Operational Days
1	15	SE	242
2			
Total			242
Current Service Reference #	FY	Aligned Service Request	Operational Days
1	15	CLS	242
Total			242

#	FY	Current Service Authorized	Operational Days
1	15	Day	242
2			
Total			242
Current Service Reference #	FY	Aligned Service Request	Operational Days
1	15	CLS	242
Total			242

APPENDIX C: SERVICE ALIGNMENT FORM

**DEVELOPMENTAL DISABILITIES ADMINISTRATION
 Service Alignment Form**

TO: DDA Regional Office

Date: _____

INDIVIDUAL INFORMATION: PCIS2 ID#: _____
 Name: _____ MA#: _____
 DDA Service Provider: _____
 Contact Person: _____ Phone Number: _____
 Coordination of Community Services Provider: _____
 Coordinator: _____ Phone Number: _____

To unbundling Supplemental Services and FISS Contracts, please complete the table below:

#	FY	Current Service Authorized	Supplemental (if applicable)	Funded Amount Actual	Funded Amount Annual
1					
2					
3					
Total					
Current Service Reference #	FY	Unbundled Service Request	Meets Waiver Service Description Yes or No	Funded Amount Actual	Funded Amount Annual
Total					

To align SE with Day or CLS or Day with CLS, please complete the table below:

#	FY	Current Service Authorized	Operational Days
1			
2			
Total			
Current Service Reference #	FY	Aligned Service Request	Operational Days
Total			

Note: Totals between the current service authorization and the unbundled/aligned service request must match.

Provider Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

cc: Coordinator of Community Services

Regional Office Only: Region Office: CMRO EMRO SMRO WMRO
 ___ Confirmation of current service
 ___ PCIS2 Update to end current services and authorize unbundled/standalone service
 Regional Office Staff: _____ Date: _____