

## Community Pathways Waiver – Current Services

Service Type: Statutory Service

Service (Name):

Alternative Service Title: **PERSONAL SUPPORTS**

HCBS Taxonomy:

Check as applicable

☐ Service is included in approved waiver. There is no change in service specifications.

☒ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in the approved waiver.

### Service Definition:

- A. Personal supports enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Personal supports take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal supports are provided on an episodic or on a continuing basis.
- B. Personal supports under the waiver differs in scope, nature, supervision arrangements, and provider type (including provider training and qualifications) from personal care services in the State plan.
- C. Personal supports provide regular personal assistance, support, supervision, and training to assist the individual to participate fully in their home and community life. These supports can be provided in the participant's own home, family home, in the community, and at an individual competitive, integrated work site.
- D. Personal supports include, but are not limited to:
  - 1. Hands-on assistance, prompting, and cuing that enables the waiver participant to use assistive technology or accomplish tasks they are unable to perform independently due to a physical disability including assistance with activities of daily living, including:
    - a) Bathing and completing personal hygiene routines;
    - b) Toileting, including bladder and bowel requirements, bed pan routines, routines associated with the achievement or maintenance of continence, incontinence care, and movement to and from the bathroom;
    - c) Mobility, including transferring from a bed, chair, or other structure and moving about indoors and outdoors;
    - d) Moving, turning, and positioning the body while in bed or in a wheelchair;
    - e) Eating and preparing meals;
    - f) Dressing and changing clothes;
    - g) Light housework including laundry for participant unable to complete task; and

- h) Preventive maintenance and cleaning of adaptive devices.
- 2. Support, supervision, and training may be provided in such activities as:
  - a) Housekeeping;
  - b) Menu planning, food shopping, meal preparation, and eating; and
  - c) Personal care and assistance with hygiene and grooming.
- 3. Supports to implement behavior plan strategies and at home therapies as prescribed by a professional.
- 4. Nursing consultation.
- 5. Nursing delegation including supervision and training consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 based on preauthorization;
- E. Personal supports do not include personal care or similar services that are legally required to be provided, such as the ordinary care of children by parents or legal guardians.
- F. F. Personal supports for participants self-directing services also include:
  - 1. Personal Supports Retainer Fees for participants self directing for direct support workers to be reimbursed to support waiver participants during a hospitalization not to exceed a total of 21 days annually per individual. Payment is subject to the approval of the DDA and is intended to assist participants in retaining qualified employees whom they have trained and are familiar with their needs during periods of hospitalization.
  - 2. Payment is allowable for advertising for employees and staff training costs incurred no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. Federal billing for such advertising and training may not take place until the individual is enrolled in the waiver.
- G. People self-directing services are responsible for supervising, training, and determining the frequency of supervision of their direct service workers.
- H. Participant's self directing services are considered the employer of record

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

- A. Payment will not be made for services furnished at the same time when other services that include care and supervision are provided including 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).
- B. Personal supports may be provided at a participant's integrated competitive employment site.
- C. Personal Support services are not available for individuals receiving community residential habilitation because such services are already built into that service.
- D. For individuals not self-directing their services, Personal Support is limited to 82 hours per week unless otherwise preauthorized by DDA. To be approved, a service must be either the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need, or short- term, which means that the services are provided for up to but no more than three months in order to meet identified medical and behavioral needs.

- E. Transportation costs associated with the provision of personal supports outside the participant's home is not covered under person support services. It is covered under transportation services as per specified and must be approved in the plan and billed separately.
- F. The program does not make payment to spouses or legally responsible individuals, including legally responsible adults of children and representative payee, for supports or similar services.
- G. Participants self-directing services may utilize a family member to provide services under the following conditions:
  - 1. A family member may be the paid employee of an adult participant, if the IP establishes that:
    - a) the choice of provider reflects the individual's wishes and desires;
    - b) the provision of services by the family member are in the best interests of the participant;
    - c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
    - d) the services provided by the family member or guardian will increase the participant's independence and community integration; and
    - e) there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee be no longer available.
  - 2. A family member of an adult participant may not be paid for greater than 40-hours per week of services for any Medicaid participant at the service site unless otherwise approved by the DDA.
  - 3. Family members must provide assurances that they will implement the Individual Plan as approved by DDA 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.
- H. Payment for services is based on compliance with billing protocols and a completed service report.
- I. Payment rates for services must be reasonable and necessary as established by the program.
- J. No services will be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

**Service Delivery Method (check each that applies)**

☒ Participant Directed as specified in Appendix E

☒ Provider Managed

**Specify whether the service may be provided by (check all that applies):**

\_\_\_\_\_ Legally Responsible Person

  X   Relative

  X   Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Individuals for people self directing
Agency	DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20
Agency	Licensed Community Supported Living Arrangement (CSLA) as per COMAR 10.22.08

### **Provider Specifications for Services**

**Provider Category:** Individual

**Provider Type:** Individuals for people self-directing

**Provider Qualifications License (specify):**

**Certificate (specify):**

Employees must possess current first aid and CPR training and certification.

**Other Standard (specify):**

1. Employees must be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Employees must successfully pass criminal background investigation by not have been convicted of, received probation before judgment for, or entered a plea of nolo contendere to, a felony or crime involving moral turpitude or theft, or have other criminal history that indicated behavior that is potentially harmful to participants.
3. Must possess appropriate licenses/certifications as required by law based on needs of the person at time of service.
4. Nurses completing the Health Risk Screening Tool (HRST) must complete all required HRST training and be certified.

Participants self directing have the option to request the Department to waive the criminal background provisions if the applicant demonstrates that:

(1) The conviction, probation before judgment, or plea of nolo contendere for a felony or any crime involving moral turpitude or theft was entered more than 10 years before the date of the provider application; and

(2) The criminal history does not indicate behavior that is potentially harmful to participants

Participants self-directing services may utilize a family member, who does not reside on the property, to provide respite services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the Individual Plan establishes that:
  - a. choice of provider truly reflects the individual's wishes and desires;
  - b. the provision of services by the family member are in the best interests of the participant;
  - c. the provision of services by the family member are appropriate and based on the participant's individual support needs;
  - d. the services provided by the family member will increase the participant's independence and community integration; and
  - e. there are documented steps in the Individual Plan that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee be no longer available.

### **Verification of Provider Qualifications**

#### **Entity Responsible for Verification:**

- Fiscal Management Services provider for CPR, First Aide, and criminal background check
- Coordinators of Community Service for use of family member

#### **Frequency of Verification:**

- FMS initial and annually
- Coordinators of Community Service during annual meeting

<b>Provider Category:</b> Agency
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**Provider Type:** DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20

#### **Provider Qualifications License (specify):**

##### **License (specify):**

One of the following licenses:

- 1) Family and Individual Support Services as per COMAR 10.22.02 10.22.06
- 2) Residential Services provider as per COMAR 10.22.02 and 10.22.08 for any of the following:
  - a) Community Supported Living Arrangement
  - b) Alternative Living Arrangement
  - c) Group Homes

**Certificate (specify):**

DDA certified Organized Health Care Delivery System provider as per COMAR 10.22.20

**Other Standard (specify):**

Employees must:

1. Must possess current first aid and CPR training;
2. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information)
3. Successfully pass criminal background investigation by not have been convicted of, received probation before judgment for, or entered a plea of nolo contendere to, a felony or crime involving moral turpitude or theft, or have other criminal history that indicated behavior that is potentially harmful to participants.
4. Nurses completing the Health Risk Screening Tool (HRST) must complete all required HRST training and be certified.

Participants self-directing services may utilize a family member, who does not reside on the property, to provide respite services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the Individual Plan establishes that:
  - a. choice of provider truly reflects the individual's wishes and desires;
  - b. the provision of services by the family member are in the best interests of the participant;
  - c. the provision of services by the family member are appropriate and based on the participant's individual support needs;
  - d. the services provided by the family member will increase the participant's independence and community integration; and
  - e. there are documented steps in the Individual Plan that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee be no longer available.
2. Family members must provide assurances that they will implement the Individual Plan as approved by DDA 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.

4. Must possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

**Verification of Provider Qualifications Entity****Responsible for Verification:**

- OHCQ for license
- DDA for OHCDs certification

- Licensed providers for employee standards
- FMS for people self directing services
- Coordinators of Community Service for family member assurances

**Frequency of Verification:**

- License annually
- OHCDS certificate initially
- FMS for self directed services initial and annually for staff requirements
- Coordinators of Community Service during team meeting

<b>Provider Category:</b> Agency
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**Provider Type:** Licensed Community Supported Living Arrangement (CSLA) as per COMAR 10.22.08

**Provider Qualifications License (specify):**

**License (specify):**

Licensed Community Supported Living Arrangement (CSLA) as per COMAR 10.22.02 and 10.22.08

**Certificate (specify):**

**Other Standard (specify):**

Employees must:

1. Must possess current first aid and CPR training;
2. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information)
3. Successfully pass criminal background investigation by not have been convicted of, received probation before judgment for, or entered a plea of nolo contendere to, a felony or crime involving moral turpitude or theft, or have other criminal history that indicated behavior that is potentially harmful to participants.

Must possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

5. Nurses completing the Health Risk Screening Tool (HRST) must complete all required HRST training and be certified.

**Verification of Provider Qualifications Entity**

**Responsible for Verification:**

- OHCQ for license
- Licensed providers for employee standards

- FMS for people self directing services

**Frequency of Verification:**

- Annual for license
- OHCDS certificate initially
- FMS for self directed services initial and annually for staff requirements