

Community Pathways Waiver – Current Services

Service Type: Statutory Service

Service (Name):

Alternative Service Title: **RESPITE SERVICES**

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. Respite is a relief service provided for the participant's family or primary caregiving provider for participants unable to care for themselves.
- B. Respite is provided on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant.
- C. It is provided in a non-institutional setting to meet planned or emergency situations, giving caregivers a period of relief for scheduled or emergency time away from the individual.
- D. Respite can be provided in:
 - 1. The individual's home;
 - 2. The individual's family home;
 - 3. A DHMH-certified overnight camp covered under COMAR 10.16.06; or
 - 4. Another non institutional setting approved by DDA.
- E. 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 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).
- B. Respite services are not available for individuals receiving community residential habilitation.
- C. Respite care services may not exceed 45 days within each rolling year and may not be provided for more than 28 consecutive days unless approved by DDA.
- D. The program does not make payment to spouses or legally responsible individuals for furnishing respite, personal supports or similar services.

- E. 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. A family member of an adult participant may not be paid for greater than 40-hours per week of services
 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.
- F. Respite services provided by a person residing in the same residence or property will not be funded.
- G. Respite services may be provided for Shared Living [formerly Individual Family Care (IFC)] providers only to the extent permitted by the care provider contract and provided that there is no duplication of payment.
- H. Respite care may not be furnished for the purpose of compensating relief or substitute staff for a residential habilitation service.
- I. Payment for services is based on compliance with billing protocols and a completed service report.
- J. Timesheets and other supporting documentation are required as proof of delivery of services.
- K. Payment rates for services must be reasonable and necessary as established by the program.

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

☒ Relative

_____ Legal Guardian

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

Provider Category	Provider Type Title
Agency	DDA Certified Organized Health Care Delivery System (OHCDs) Provider as per COMAR 10.22.20
Agency	Youth Camps
Agency	Licensed Family and Individual Support Service Provider as per COMAR 10.22.06
Individual	Individual for people self-directing services
Agency	Licensed Community Residential Services as per COMAR 10.22.08

Provider Specifications for Services

Provider Category: Agency

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 license:

- 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 d) Individual Family Care

Certificate (specify):

DDA certified Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20

Other Standard (specify):

Employees shall:

1. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Must possess current first aid and CPR training and certificate.
3. Must successfully pass criminal background investigation.
4. Must possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

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.

Verification of Provider Qualifications Entity

Responsible for Verification:

- OHCQ for license
- DDA for OHCDs certification
- FMS for employees of people self-directed services
- Coordinators of Community Services for use of family member

Frequency of Verification:

- Annual for license
- Initial for OHCDs certification
- FMS for self directed services initial and annually for staff requirements Coordinators of Community Service during annual meeting

Provider Category: Agency

Provider Type: Youth Camps

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Camps

1. DHMH Overnight or Youth Camp certification to provide services under COMAR 10.16.06 unless otherwise approved by the DDA or
2. DDA approved camp

Other Standard (specify):

Provider is qualified to provide services under Maryland Regulation, COMAR 10.16.06

Verification of Provider Qualifications Entity

Responsible for Verification:

- DHMH's Prevention and Health Promotion Administration for camp certification under COMAR 10.16.06
- Fiscal Intermediary Services provider

Frequency of Verification:

- Prevention and Health Promotion Administration - annually
- FMS - prior to start up of services

Provider Category: Agency

Provider Type: Licensed Family and Individual Support Service Provider as per COMAR 10.22.06

Provider Qualifications License (specify):

License (specify):

License for Family and Individual Support Services as per COMAR 10.22.02 10.22.06

Certificate (specify):

DDA certified Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20

Other Standard (specify):

Employees shall:

1. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Must possess current first aid and CPR training and certification.

3. Must successfully pass criminal background investigation.
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
- FMS for employees of people self directing services

Frequency of Verification:

- DDA - Annual for license
- FMS - Initial and annual for people self directing

Provider Category: Individual

Provider Type: Individual 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. Employee must successfully pass criminal background investigation.
3. Must possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

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.

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Services provider
- Coordinators of Community Service for use of family member

Frequency of Verification:

- Initial and annually for staff requirements
- Coordinators of Community Service during annual meeting

Provider Category: Agency

Provider Type: Licensed Community Residential Services as per COMAR 10.22.08

Provider Qualifications License (specify):

License (specify):

One of the following license as per COMAR 10.22.02 and 10.22.08:

- a) Community Supported Living Arrangement
- b) Alternative Living Arrangement
- c) Group Homes
- d) Individual Family Care

Certificate (specify):

Other Standard (specify):

Employees shall:

- 1. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
- 2. Must possess current first aid and CPR training and certificate.
- 3. Must successfully pass criminal background investigation.

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
- FMS for employees of people self directing services

Frequency of Verification:

- DDA - Annual for license
- FMS - Initial and annual for people self directing
- FMS for self directed services initial and annually for staff requirements