

Community Pathways Waiver – Current Services

Service Type: Other Service

Service (Name):

Alternative Service Title: **TRANSPORTATION**

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. Transportation services are designed specifically to enhance a participant's ability to access community activities in response to needs identified through the participant's Individual Plan. Services shall increase individual independence and reduce level of service need.
- B. Services are available to the participant living in the participant's own home or in the participant's family home.
- C. Services can include mobility and travel training including supporting the person in learning how to access and utilize informal, generic, and public transportation for independence and community integration.
- D. Transportation services may be provided by different modalities, including public transportation, taxi services, and non-traditional transportation providers.
- E. Transportation service shall be provided by the most cost-efficient mode available and shall be wheelchair accessible when needed.

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

- A. Transportation is limited to \$1400 per year per person for people not self-directing.
- B. Transportation services may not be covered if other transportation service is available or covered, including under the Medicaid State Plan, IDEA, the Rehabilitation Act, other waiver services or if otherwise available.

- C. Payment for transportation may not be made when transportation is part of another waiver service such as day habilitation, community learning services, employment discovery and customization, prevocational, supported employment or residential habilitation services.
- D. The Program does not make payment to spouses or legally responsible individuals for furnishing service.
- E. Participants self directing 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 participant's IP 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 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 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 participant's IP 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. Payment for services is based on compliance with billing protocols and a completed service report.
- G. Payment rates for services must be reasonable and necessary as established or authorized 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
Individual	Individual – for self-directed services
Agency	DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20

Provider Specifications for Services

Provider Category: Individual

Provider Type: Individual for self-directed services only

Provider Qualifications License (specify):

Valid Class C Driver's License

Certificate (specify):

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

Other Standard (specify):

1. Employees must be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Employees must successfully pass criminal background investigation.
3. Must sign a provider agreement verifying qualifications and articulating expectations.
4. All individuals transporting a waiver participant must have a valid driver's license.
5. All provider qualifications are subject to approval by DDA or its agent.

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
 - e) independence and community integration; and
 - f) 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.

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Services (FMS) for employee requirements
- Coordinator of Community Services for use of family members as a service provider

Frequency of Verification:

- FMS - initial and annual
- Coordinator of Community Services prior to service initiation and during annual team meetings

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):

Licensed Family and Individual Support Services provider as per COMAR 10.22.02 and 10.22.06.

Staff must have valid Class C Driver's License

Certificate (specify):

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

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

Other Standard (specify):

1. Employees must be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Employees must successfully pass criminal background investigation.
3. Must sign a provider agreement verifying qualifications and articulating expectations.
4. All individuals transporting a waiver participant must have a valid driver's license.
5. All provider qualifications are subject to approval by DDA or its agent.

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.

Verification of Provider Qualifications Entity

Responsible for Verification:

- OHCQ for license
- DDA for Organized Health Care Delivery System certification
- Fiscal Management Services for participants for self-directed services
- Coordinator of Community Services for use of a family member as a service provider

Frequency of Verification:

- Annual for license
- Initial for certification
- Fiscal Management Services provider for CPR, First Aide, and criminal background check
- Coordinator of Community Services during annual meeting