

# Community Pathways Waiver

## Appendix E: Participant Direction of Services

**Applicability** (from Application Section 3, Components of the Waiver Request):

**Yes. This waiver provides participant direction opportunities.**

Complete the remainder of the Appendix.

**No. This waiver does not provide participant direction**

**opportunities.** Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both.*

## Appendix E: Participant Direction of Services

### E-1: Overview

- a. **Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and (d) other relevant information about the waiver's approach to participant direction.

~~The DDA has established a service delivery model in which a~~ A participant and their legally authorized representative, (as applicable) ~~or their legal guardian (as applicable)~~ may direct their own services or ~~designate an authorize~~ ~~authorized a designated~~ representative to direct on their behalf within the Self-Directed Service Delivery Model. ~~The DDA offers the SDS Model for participants, along with their team, their legal guardian, or designated representative (as applicable), to be~~ Participants are supported in making decisions regarding how services are provided while ensuring there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant.

(a) Nature of Opportunities Afforded to Participants ~~under the SDS Model~~

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~~Under the SDS Model, a participant or their legal guardian~~ Participants and their legally authorized representative, (as applicable) has decision-making authority as the employer of record, including Employer and Budget Authorities.

~~They have direct responsibility for management of their services and meeting program requirements.~~

The participant and their legally authorized representative, (as applicable) have direct responsibility for management of the participant's services and meeting program requirements. This includes the rights and obligations of an employer under applicable federal, State, and local law and regulations. In addition, the participant and their legally authorized representative, (as applicable) have the responsibility and authority over how funds in a budget are spent within program rules and the total approved annual budget. With budget authority, participants have choice and control over needed long-term services and supports that help to maintain and improve the participant's health and quality of life in their community.

Participants may also seek support with decision making ~~from a specific person or a team of individuals~~. Supported decision making means a process by which an adult, with or without having entered a supported decision-making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult's own life decisions. ~~Individuals that support the participant with decision making, do not make decisions for the participant.~~

~~This includes the rights and obligations of an employer under applicable federal, State, and local law and regulations. In addition, the participant, along with their team, their legal guardian, or designated representative (as applicable) will have the responsibility and authority over how funds in a budget are spent within the total approved annual budget. With budget authority they have choice and control over needed LTSS help to maintain and improve the participant's health and quality of life in their community.~~

~~In the SDS Model, the~~ The participant and their legally authorized representatives ~~legal guardian, or designated representative~~, with the support of their person-centered planning team, will have opportunities, within program limits, to:

1. Identify goals to support a trajectory for a good life in consideration of **person-centered planning PCP** methodologies, such as the Charting the LifeCourse (i.e., Integrated Support Star, Life Trajectory, and Exploring Life Possibilities), Integrated LTSS – Needs Template and Before and After

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Integrated Supports, Essential Lifestyle Planning, Personal Futures Planning, MAPS, PATH, or an equivalent Person-Centered Plan strategy;

2. Make choices about and direct all aspects of their lives, including by choosing and controlling the delivery of waiver services, who provides services, and how services are provided;

3. Identify needed supports and services to include in their Person-Centered Plan in accordance with their approved annual budget;

4. Set compensation (including wages and benefit rates) (within a reasonable and customary range and the DDA-approved annual budget).

5. Choose, recruit, train, hire, schedule, supervise, and discharge employees, ~~and~~ vendors, and DDA providers that furnish their services;

~~5. Identify needed supports and services to include in their PCP in accordance with their approved annual budget;~~

6. Control and manage an annual budget annually for the purchase of services and supports, as specified in their approved Person-Centered Plan;

7. Use ~~a~~ an approved Medicaid Support Broker provider as an optional service to assist with employer related information and advice ~~with all aspects of self-direction~~ as outlined in the Participant Agreement; or as a required service if employing a relative, family member, designated representative, or legal guardian, or using staff as a Day-to-Day Administrative support ~~an administrative assistant~~; and

8. Use a Financial Management and Counseling Services provider to assist with budget and payment responsibilities, which is required for participation ~~in the Self-Directed Services Delivery Model~~.

~~(b) How Participants May Enroll in the Self-Directed Services Delivery~~

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## ~~Model Take Advantage of these opportunities;~~

The DDA, Advocacy Specialists, and Coordinator of Community Services will provide information about the Self-Directed Service Delivery Model to all participants and their ~~legally authorized representatives families, legal guardian, or designated representative~~ (as applicable). If the participant is interested in the ~~self-directed service delivery model, SDS Model as the service delivery model for services, then~~ they will work with their Coordinator of Community Services, ~~along with a Support Broker, as applicable,~~ to organize their person-centered planning PCP team, develop a Person-Centered Plan, and ~~complete the required self-direction training requirements request enrollment in the SDS Model.~~

## Mandatory Self-Direction Training Requirement

A mandatory DDA self-directed orientation/training is required for all new applicants **interested in self-directing their services** and participants using the Provider Managed Service Delivery Model interested in the self-directed service delivery model. The training is to:

- a. Support the applicant/participant to fully understand their rights, role and responsibilities under the self-directed service delivery model; and
- b. To ensure an informed decision prior to enrollment into the Self-Directed Service Delivery Model.

The mandatory self-directed orientation/training must be completed before enrollment. There is no cost to participants to attend.

Individuals enrolled in the waiver with an effective date of October 6, 2025 through December 31, 2025, must complete the mandatory training by or before March 31, 2026 if not already completed. If not completed by March 31, 2026, the participant will be transitioned to the Provider-Managed Service Delivery Model.

## Participant Rights and Responsibilities and Self-Directed Services Participant Agreement Form

The Coordinator of Community Services and Support Broker, with input from the participant's team, will share information with the participant about the rights, risks, and responsibilities of managing their own services, and managing and using an individual budget. This process is documented with completion of the DDA Participant Rights and Responsibilities and Self-Directed Services Participant Agreement Form.

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## (c) The Entities That Support Individuals Who Direct Their Services And The Supports That They Provide ~~Support by Entities for Participants in the Self-Directed Services Delivery Model~~

The following entities will provide support services to participants in the Self-Directed Services Delivery Model: the Coordinator of Community Services, the DDA Regional Office Self-Directed Services Leads, Advocacy Specialists, Support Brokers, and the Financial Management and Counseling Services provider.

The Coordinator of Community Services will provide supports that enable the participant to identify and address how to meet their needs and goals, including but not limited to:

1. Providing information to the participant to support informed decisions about **natural supports, community resources**, what delivery models (Self-Directed Services and ~~Traditional-Provider Managed~~), **and** service and **service provider options (employees and DDA providers)** that will work best for the participant and their support network in accordance with their needs and goals;
2. Providing information related to **Medicaid waiver Waiver** program services available under the Self-Directed Services Delivery Model, including Support Broker and Financial Management and Counseling Services provider services, and **employee and** providers/vendor options for the participant to choose;
3. Explaining roles and responsibilities of the participant, Support Broker and the Financial Management and Counseling Services **provider agency**, employer and budget authorities' responsibilities, and the participant agreement pertaining to the types of available supports within the Self-Directed Services Delivery Model;
4. Facilitating the timely development and revision of the Person-Centered Plan and Self-Directed Services budget designed to meet the participant's needs, preferences, goals, and outcomes in the most integrated setting

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and cost-effective manner;

5. Providing information, making referrals, and assisting participants with applications for services provided by community organizations, federal, State and local programs and community activities; and

6. Monitoring the provision of services and conducting related follow-up activities.

## DDA Regional Office Self-Directed Services Leads

1. The DDA Regional Office Self-Directed Services Leads provide technical assistance to participants who self-direct and their teams.

2. Technical assistance can include:

a. Supporting participants and their teams to understand **Medicaid** waiver requirements and the rights/responsibilities of self-direction; **and**

b. Clarification requests of Person-Centered Plan and documents. ~~;~~ **and**

~~c. Meeting with teams to address requests that do not meet waiver requirements or show assessed need.~~

3. The Regional Office Self-Directed Services Lead can also support participants and teams to mitigate conflicts of interest by providing feedback to the annual Participant Agreement and other Person-Centered Plan documents.

Advocacy Specialists provide informational supports for participants considering or enrolled in the **Self-Directed Service Delivery Model** ~~Self-Directed Services~~, including:

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1. Providing information and technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State;
2. Facilitating and building relationships with self-advocates, self-advocacy groups and providers;
3. Supporting other self-advocates to learn about and understand DDA's Self-Directed Service Delivery Model;
4. Providing general support to participants enrolled in Self-Directed Service Delivery Model; and
5. Developing and conducting additional topic specific training that meets the needs of Self-Directed Services participants in their regions, such as **incident reporting, fraud, waste**, abuse, neglect, exploitation, and nepotism.

## Support Broker Services

Support Broker services are outlined in Appendix C. Support Brokers provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies. A Support Broker works at the direction of and for the benefit of a participant who uses Self-Directed Services ~~with~~. Support Brokerage service is used to:

1. Provide information to ensure that participants understand the responsibilities involved with directing their services; and
2. Assist the waiver participant in developing the skills necessary to independently direct and manage their Medicaid waiver services and providers (including employees, vendors, and DDA Providers) as the employer of record.

~~with:~~

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~~1. Making informed decisions in arranging for, directing, and managing services the participant receives, including decisions related to personnel requirements and resources needed to meet the requirements;~~

~~2. Accessing and managing identified supports and services for the participant; and~~

~~3. Performing other Support Broker tasks as assigned by the individual and as authorized by regulations adopted or guidance issued by the Federal Centers for Medicare and Medicaid Services under Section 1915(c) of the Social Security Act.~~

~~Support Brokers can also assist with budget authority responsibilities and working with vendors.~~ All duties for which the Support Broker will provide assistance should be noted on the Participant Agreement form and Service Implementation Plan. ~~Support Brokers can assist the participant, along with their designated representative, with any task associated with SDS.~~

Support Broker services are offered as an optional service to all participants who enroll in the Self-Directed Service Delivery Model, and as required service if the participant employs a relative, designated representative, legal guardian or ~~Day-to-Day Administrative Support day to day administrative assistant~~ that is a ~~paid provider direct support employee~~. If a Support Broker is a participant's legal guardian, representative payee, or relative, there must be a policy in place that addresses conflict of interest and ensures oversight and integrity in the provision of services. A participant's relative or legal guardian can only be a Support Broker for that person if they do not provide any other direct services, and there are no other relatives that provide direct services. A designated representative cannot be a participant's Support Broker.

~~Support Brokers provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies.~~

Support Broker services may include the performance of activities that nominally overlap the provision of case management services. In general, such overlap does not constitute duplicate provision of services. For example, a Support Broker may assist a participant during the development of a Person-Centered Plan to ensure that the participant's needs and preferences are clearly understood even though a Coordinator of Community Services is responsible for the development of the service plan.



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Duplicate provision of services generally only arises when exactly the same activity is performed and billed on behalf of a waiver participant. Where the possibility of duplicate provision of services exists, the participant's Person-Centered Plan and record should clearly delineate responsibilities for the performance of activities.

Support Broker services can also assist participants, ~~along with their team, legal guardians, or their designated representatives (as applicable)~~ to make their own decisions regarding ~~to the~~ human resources employer-related functions necessary for successful self-direction. This includes:

1. An initial introductory orientation related to the rights and responsibilities of the "employer of record", such as Department of Labor, and applicable federal, State and local employment requirements;
2. Development of staff policies, procedures, schedules, and backup plan strategies; and
3. Recruitment, advertising, and interviewing potential staff.

Individuals and organizations providing Support Broker Services may provide no other paid service to the participant they are providing Support Broker Services.

## Financial Management and Counseling Services

1. The Financial Management and Counseling Services provider acts as a fiscal intermediary to assist the participant with employer and budget related accounting and payroll functions as per federal, State, and local laws, regulations, and policies necessary for successful self-direction. The Financial Management and Counseling Services provider assists the participant, along with their team, legal guardian, or designated representative (as applicable); in financial transactions and managing legal employment requirements and employer related functions including:

- a. Verifying that potential employees, ~~and~~ vendors, and DDA Medicaid providers meet applicable qualifications to render the services as set forth in this Medicaid waiver ~~Waiver~~ program application and applicable laws and regulations;
- b. Facilitating the employment of staff by the participant, ~~along with their team, legal guardian, or designated representative (as applicable)~~;
- c. Managing, tracking, and directing the disbursement of funds;

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d. Processing payroll, withholding federal, State, and local tax and making tax payments to appropriate tax authorities;

e. Performing fiscal accounting processes; and

f. Making and sharing monthly expenditure reports with the participant, ~~and their legally authorized representative along with their team, legal guardian, or their designated representative~~ (as applicable), Coordinator of Community Services, and State authorities.

## (d) Other Relevant Information

1. In order to avoid conflicts of interest, a participant may not hire or select to provide services under a DDA-operated Medicaid waiver:

(a) An employee who is simultaneously employed by a targeted case management provider or otherwise provides targeted case management services; or

(b) A vendor or provider that simultaneously provides or has employees that provide targeted case management services.

## Non-Disclosure Agreements

Non-disclosure agreements with participants associated with the Medicaid waiver program services are prohibited for all providers of services and supports including employees, vendors, DDA Medicaid Providers, Coordinators of Community Services, **Support Brokers**, and Financial Management and Counseling Services providers.

## ~~Supported Decision Making~~

~~Participants may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult's own life decisions.~~

b. **Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

- Participant – Employer Authority.** As specified in **Appendix E-2, Item a**, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The

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participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.

**Participant – Budget Authority.** As specified in **Appendix E-2, Item b**, the participant (or the participant’s representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.

**Both Authorities.** The waiver provides for both participant direction opportunities as specified in **Appendix E-2**. Supports and protections are available for participants who exercise these authorities.

## c. **Availability of Participant Direction by Type of Living Arrangement.**

*Check each that applies:*

Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.

Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.

The participant direction opportunities are available to persons in the following other living arrangements.

*Specify these living arrangements:*

Participant direction opportunities are available to participants who live with other individuals under a lease or Shared Living Waiver service arrangement.

## d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

**Complete Appendix E-0 before completing this section.**

Waiver is designed to support only individuals who want to direct their services.

The waiver is designed to afford every participant (or the participant’s representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who

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decide not to direct their services.

The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

*Specify the criteria:*

The Self-Directed Services Participant's Agreement must be completed that documents both the participant's request for assistance in self-directing their services, and the team members' agreement to assist and support with the specific work or tasks described in this Agreement.

Effective October 6, 2025, participants selecting the Self-Directed Services Delivery Model must complete the required self-directed services training requirement.

- e. Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

The Coordinator of Community Services is responsible for providing information to the participant and their legally **authorized representative, legal guardian, or designated representative** (as applicable) about available program services and delivery models, including the **DDA's Traditional Provider Managed** and Self-Directed Services Delivery Models. The Coordinator of Community Services provides information on availability of services, benefits, responsibilities, and liabilities associated with participation in the Self-Directed Service Delivery Model. The Coordinator of Community Services provides this information during the initial meeting, the annual Person-Centered Planning Meeting, and upon request. The Coordinator of Community Services will document the participant's service delivery model choice on the initial Freedom of Choice Form. In addition, the Coordinator of Community Services will attest to informing the participant of their right to choose the service delivery model (either the

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Self-Directed Services Delivery Model or ~~Traditional/Provider Managed~~ Model) on the Person-Centered Plan signature sheet. The participant and their **legally** authorized representative, **(as applicable)** also attest that they understand the participant is free to choose the service delivery model (either the Self-Directed Services Delivery Model or ~~Traditional/Provider Managed~~ Model) on the Person-Centered Plan signature sheet.

The DDA also provides information about its Self-Directed Service Delivery Model via **training**, webinars, workshops, conferences, the DDA's website, and upon request.

**The DDA or its designee also provides training on self-direction which will include information regarding rights, roles, responsibilities, and processes including the development of the individual's budget and modifications.**

- f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (*select one*):

- The State does not provide for the direction of waiver services by a representative.**
- The State provides for the direction of waiver services by representatives.**

Specify the representatives who may direct waiver services: (*check each that applies*):

**Waiver services may be directed by a legal representative of the participant.**

**Waiver services may be directed by a non-legal representative freely chosen by an adult participant.**

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

~~A participant~~ **Adult participants** enrolled in the Self-Directed Service Delivery Model (as provided in this Appendix E) may authorize a non-legal representative to direct services on their behalf as documented on the DDA Self-Directed Services Participant Agreement.

**The Self-Directed Services Participant's Agreement documents the participant's desire to self-direct their services or designate a**

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~~representative to direct their services. The SDS Participant's Agreement documents both the participant's request for assistance in self-directing their services, and the team members' agreement to assist and support with the specific work or tasks described in the Agreement.~~

Requirements of the Agreement include:

1. The participant's Coordinator of Community Services must assist the participant and their ~~legally authorized representative, (as applicable) team~~ to complete this agreement per the participant's preferences and best interests.

2. The Coordinator of Community Services must assist the participant and their ~~legally authorized representative, (as applicable) team~~ to update this agreement ~~when if-~~ any changes are requested by the participant or their ~~legally authorized representative, (as applicable) team members.~~

3. The Coordinator of Community Services must review this document with the participant on a quarterly basis to ~~confirm the continued accuracy of the agreement:-~~

~~a. Make sure that the team members are those that the participant chooses, and~~

~~b. Confirm that each team member's agreement to assist and support the participant as stated in this document is current.~~

~~4. The Coordinator of Community Services must make sure that the participant's team roles and responsibilities do not conflict with program requirements and rules. The roles, work, and responsibilities of each team member are different. This means that the work of one team member cannot be completed by another team member. The roles and responsibilities of each member are outlined and described or defined in the DDA Self-Directed Services Handbook and applicable DDA Waiver. Those roles include:-~~

~~a. Participant;~~

~~b. Coordinator of Community Services;~~

~~c. Employee, Provider, Vendor, and Contractor;~~

~~d. Financial Management and Counseling Services provider; and~~

~~e. Support Broker.~~

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**g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3. (Check the opportunity or opportunities available for each service):

<b>Participant Directed Waiver Services</b>	<b>Employer Authority</b>	<b>Budget Authority</b>
Assistive Technology and Services		<b>X</b>
Behavioral Support Services		<b>X</b>
Community Development Services	<b>X</b>	<b>X</b>
Day Habilitation		<b>X</b>
Employment Services	<b>X</b>	<b>X</b>
Environmental Assessment		<b>X</b>
Environmental Modifications		<b>X</b>
Family and Peer Mentoring Supports		<b>X</b>
Family Caregiver Training & Empowerment Services		<b>X</b>
Housing Support Services		<b>X</b>
Individual and Family Directed Goods and Services		<b>X</b>
Live-In Caregiver Supports		<b>X</b>
Nursing Support Services	<b>X</b>	<b>X</b>
Participant Education, Training, and Advocacy Supports	<b>X</b>	<b>X</b>
Personal Supports	<b>X</b>	<b>X</b>
Remote Support Services		<b>X</b>

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Participant Directed Waiver Services	Employer Authority	Budget Authority
Respite Care Services	<b>X</b>	<b>X</b>
Shared Living		<b>X</b>
Support Broker Services	<b>X</b>	<b>X</b>
Supported Living		<b>X</b>
Transition Services		<b>X</b>
Transportation	<b>X</b>	<b>X</b>
Vehicle Modifications		<b>X</b>

**h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

**Yes.** Financial Management Services are furnished through a third party entity. *(Complete item E-1-i).*

Specify whether governmental and/or private entities furnish these services. *Check each that applies:*

Governmental entities

Private entities

**No.** Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. *Do not complete Item E-1-i.*

**i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

FMS are covered as the waiver service specified in Appendix C-1/C-3

**The waiver service entitled:**



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FMS are provided as an administrative activity. *Provide the following information*

- i. **Types of Entities:** Specify the types of entities that furnish FMS and the method of procuring these services:

Providers approved by the DDA as an Organized Health Care Delivery Services provider in accordance with applicable State regulations provide this service. Providers are identified through the Maryland Department of Health request for proposal procurement processes.

- ii. **Payment for FMS.** Specify how FMS entities are compensated for the administrative activities that they perform:

The Financial Management and Counseling Services is compensated for administrative activities as per their contract with the Maryland Department of Health. As per Code of Maryland Regulations 10.22.17.13, the cost of services are to be deducted from the participant's Medicaid Waiver self-directed budget.

- iii. **Scope of FMS.** Specify the scope of the supports that FMS entities provide (*check each that applies*):

- Supports furnished when the participant is the employer of direct support workers:
  - Assists participant in verifying support worker citizenship status
  - Collects and processes timesheets of support workers
  - Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance
  - Other (specify)

Employer and Budget Authorities tasks including but not limited to:

1. Verifying that potential staff, vendors, and DDA Medicaid providers meet applicable qualifications including background checks, certifications, trainings and licensing requirements;
2. Managing and directing the disbursement of funds contained in the participant's Self-Directed Services budget sheet;

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3. Acting as a neutral bank, receiving and disbursing public funds, and tracking and reporting on the status of each participant's budgeted funds (received, disbursed, and any balances);
4. Processing and paying invoices for approved services in the Person-Centered Plan;
5. Ensuring that all payments meet program standards; **and**
6. Preparing and distributing reports (e.g., budget status and expense reports) to participants, their Coordinator of Community Services, the DDA, and other entities as requested; ~~and~~
- ~~7. Managing nursing access to the Health Risk Screening Tool to support participants enrolled in the Self-Directed Services Delivery Model unless otherwise directed by the DDA. Provide timely responses and resolutions to participant requests.~~

- Supports furnished when the participant exercises budget authority:
  - ☒ Maintains a separate account for each participant's participant-directed budget
  - ☒ Tracks and reports participant funds, disbursements and the balance-of participant funds
  - ☒ Processes and pays invoices for goods and services approved in the service plan
  - ☒ Provide participant with periodic reports of expenditures and the status of the participant-directed budget
  - ☒ Other services and supports (*specify*)

1. The Financial Management and Counseling Services provider assists the **participant and their legally authorized representative, legal guardian,** or designated representative (as applicable) to:
  - a. Manage and direct the disbursement of funds contained in the current approved annual self-directed budget allocation;
  - b. Facilitate the employment of staff by the participant **and their legally authorized representative, legal guardian,** or designated representative (as applicable), by performing as the participant's agent to verify employee and vendor qualifications, processing payroll, withholding Federal, State, and local tax and making tax payments to appropriate tax authorities; and

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c. Perform fiscal accounting and disseminate expense reports to the participant **and their legally authorized representative, ~~participant's legal guardian,~~** or their designated representative (as applicable), State authorities, and other entities as requested.

2. The Financial Management and Counseling Services provider assists the participant, participant's legal guardian **and their legally authorized representative, ~~participant's legal guardian,~~** or designated representative (as applicable) with Budget Authority tasks such as:

a. Acting as a neutral bank, receiving and disbursing public funds, tracking and reporting on the status of the participant's budgeted funds (received, disbursed and any balances);

b. Maintaining a separate account for each participant's self-directed budget;

c. Tracking and distributing a participant's funds, as approved by the DDA and in accordance with **Medicaid waiver ~~Waiver~~** program requirements;

d. Ensuring that the participant stays within their budget and managing cost savings, including unallocated funds **for approved goods and services ~~not explicitly approved in the participant's Person-Centered Plan~~** as per program requirements;

e. Processing and paying invoices for **Medicaid waiver ~~Waiver~~** program services in accordance with the DDA's authorization; and

f. Preparing and distributing reports (e.g., budget status and expenditure reports) to participants, the DDA, and other entities as requested.

g. Additional functions/activities, such as providing other entities specified by the State with periodic reports of expenditures and the status of the self-directed budget.

3. **The Financial Management and Counseling Services provider provides timely responses and resolutions to participant requests.**

- Additional functions/activities:

- Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency

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- Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency
- Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget
- Other (specify)

- iv. **Oversight of FMS Entities.** Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

The Financial Management and Counseling Services provider is required to obtain annual independent financial audits.

On an annual basis, the DDA or its designee will conduct a representative sample review of the Self-Directed Services Person-Centered Plan, participants' budgets, billing, and payments.

If there are concerns about billing, the Financial Management and Counseling Services provider may be referred to the DDA and/or Office of Long Term Services and Supports staff, or to the Department's Internal Audit and Control (IAC) staff. A referral may also be made to Maryland's Medicaid Fraud Control Unit, which may conduct audits when there is a strong likelihood of fraud.

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the

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payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

**Case Management Activity.** Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

*Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:*

A participant, enrolled in either Self-Directed Services or ~~Traditional Provider Managed~~ Services Delivery Models, must receive Targeted Case Management services from a Coordinator of Community Services. The Coordinator of Community Services provides supports to the participant, ~~and their legally authorized representative, along with their team, legal guardian, or designated representative (as applicable), and their families,~~ to help them identify all of their strengths and unique abilities to achieve self-determination, independence, productivity, integration, and inclusion in all facets of community life across the lifespan. This includes learning about options under the DDA's Self-Directed Service Delivery Model, planning for the participant's future, and accessing needed services and supports. The Coordinator of Community Services promotes services that are planned and delivered in a manner that are timely executed to meet the participant's needs as stated in their Person-Centered Plan and encourages self-sufficiency, health and safety, meaningful community participation, and the participant's desired quality of life.

**Waiver Service Coverage.** Information and assistance in support of participant direction are provided through the waiver service coverage (s) specified in Appendix C-1/C-3 (check each that applies):

Participant-Directed Waiver Service	Information and Assistance Provided through this Waiver Service Coverage
Support Broker Services	<b>X</b>

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**Administrative Activity.** Information and assistance in support of participant direction are furnished as an administrative activity. *Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and (e) the entity or entities responsible for assessing performance:*

k. **Independent Advocacy** (*select one*).

**No.** Arrangements have not been made for independent advocacy.

**Yes.** Independent advocacy is available to participants who direct their services.

*Describe the nature of this independent advocacy and how participants may access this advocacy:*

Advocacy Specialists:

1. Provide information, technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State;
2. Provide feedback to the DDA staff on communications with participants **in receiving** the DDA's Self-Directed Service Delivery Model;
3. Build relationships with self-advocates, self-advocacy groups, and providers;
4. Provide and support other self-advocates to learn about and understand the DDA's Self-Directed Service Delivery Model;
5. Provide general support to people receiving Self-Directed Services from the DDA; and
6. Develop and conduct additional training that meets the needs of Self-Advocates in their regions.

Advocacy Specialists participate in various DDA trainings, committees, and workgroups; provide one-to-one information and technical

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assistance; provide one-to-one advocacy services; and make frequent contact with the Coordinator of Community Services in order to assist participants seeking advocacy services related to the Self-Directed Service Delivery Model.

## PARTICIPANT ACCESS

Participants may contact the Advocacy Specialists via telephone or email or at trainings to obtain advocacy services. The independent Advocacy Specialists are available to provide assistance to address an issue of concern, training, technical assistance, and other advocacy services to participants currently directing their own services or interested in self-directing their services. The Advocacy Specialists provide information, technical assistance, and advocacy via the internet, telephone, or in-person, as requested.

- I. **Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

The participant, or their **legally authorized representative legal guardian**, (as applicable) may choose to terminate the participant's enrollment in the Self-Directed Service Delivery Model at any time, without cause, in order to **enroll and** receive services under the **Traditional Provider Managed** Services Delivery Model, directly from a provider.

In order to terminate participation in the Self-Directed Service Delivery Model and transition to the **Traditional Provider Managed** Services Delivery Model, the participant **and their legally authorized representative, or their legal guardian** (as applicable), must notify the participant's Coordinator of Community Services. The Coordinator of Community Services will assist the participant transitioning to the **Traditional Provider Managed** Services Delivery Model and selecting licensed/certified provider(s) to provide services. The Coordinator of

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Community Services will work with the participant **and their legally authorized representative, or their legal guardian** (as applicable), and the participant's team to **explore service options and** develop a transition plan that includes strategies that ensure service continuity and assure the participant's health and welfare.

- m. **Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

While enrolled in the Self-Directed Service Delivery Model, participants **and their legally authorized representative, (as applicable)**, along with their team, ~~their legal guardian,~~ or their designated representatives (as applicable) are required to comply with the requirements set forth in this **Medicaid waiver Waiver** program application and all applicable federal, State, and local laws, regulations, and Department policies and procedures.

The DDA has the authority to ~~restrict the availability of services under the Self-Directed Services Delivery Model or to~~ terminate the participant's enrollment in the Self-Directed Service Delivery Model, **without the ability to reapply for or enter the Self-Directed Service Delivery Model for any length of time**, if one of the following circumstances occurs:

1. The participant no longer meets eligibility criteria for the waiver;
2. The participant's Person-Centered Plan has not been submitted to the DDA (for DDA's review and approval) in a timely manner and this failure is attributable to the participant, their team, **legally authorized representative**, legal guardian, or their designated representative;
3. The participant does not receive services under the Self-Directed Service Delivery Model, in accordance with the participant's Person-Centered Plan and annual budget, for 90 days or more, with the exception of extenuating circumstances;
4. The health, safety, or welfare of the participant is compromised by continued participation in the Self-Directed Service Delivery Model;
5. The rights of the participant are being compromised;
6. Failure of the participant, their team, **legally authorized**



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**representative**, legal guardian, or the participant's designated representative (as applicable) to comply with any applicable federal, State, or local law, regulation, policy, or procedure; or

7. Failure of the participant, their team, **legally authorized representative**, legal guardian, or the participant's designated representative (as applicable) to manage funds within the **participant's** DDA-approved annual budget, including expending or attempting to expend funds inconsistent with the DDA-approved annual budget.

8. **The participant overutilizes authorized services.**

**In instances where a participant overutilizes authorized services, before involuntarily terminating the participant from the self-directed services model, DDA may first, in its sole discretion:**

1. **Require the participant to meet with DDA and their team to review rights and responsibilities including the monitoring and usage of funding for authorized services; and/or**
2. **Require a corrective action plan from the participant.**

In the event the DDA ~~restricts or~~ terminates the participant's enrollment in the Self-Directed Service Delivery Model in accordance with this section, the DDA shall notify in writing the participant, legal guardian, or their designated representative (as applicable), their Coordinator of Community Services, Support Broker, and the Financial Management and Counseling Services provider. This notice shall include:

1. The date and basis of the DDA's determination; and
2. The participant's right to a Medicaid Fair Hearing as described in Appendix F.

The Coordinator of Community Services shall work with the participant **and their legally authorized representative**, their legal guardian or their designated representative (as applicable), and their person-centered planning team to develop a transition plan to include strategies to ensure service continuity and assure the participant's health and welfare.

n. **Goals for Participant Direction.** In the following table, provide the

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State’s goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

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**Table E-1-n**

Waiver Year	Number of participants - Employer Authority Only	Number of participants - Budget Authority Only or Budget Authority in Combination with Employer Authority
Year 1		1939
Year 2		2049
Year 3		<del>1214</del> 4400
Year 4		<del>2249</del> 4500
Year 5		<del>2344</del> 4550

## Appendix E-2: Participant Direction of Services

**a. Participant** – Employer Authority Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

i. **Participant Employer Status.** Specify the participant’s employer status under the waiver. Select one or both:

- Participant/Co-Employer.** The participant (or the participant’s representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions. Specify the types of agencies (a.k.a., “agencies with choice”) that serve as co employers of participant-selected staff:

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**Participant/Common Law Employer.** The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

ii. **Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. Select one or more decision making authorities that participants exercise:

<input checked="" type="checkbox"/>	Recruit staff
<input type="checkbox"/>	Refer staff to agency for hiring (co-employer)
<input checked="" type="checkbox"/>	Select staff from worker registry
<input checked="" type="checkbox"/>	Hire staff (common law employer)
<input checked="" type="checkbox"/>	Verify staff qualifications
<input checked="" type="checkbox"/>	Obtain criminal history and/or background investigation of staff Specify how the costs of such investigations are compensated.  The cost of criminal background checks are paid by the Financial Management and Counseling Services provider.
<input checked="" type="checkbox"/>	Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.  The state's method to conduct background checks is the same background check method as described in C-2a
<input checked="" type="checkbox"/>	Determine staff duties consistent with the service specifications in Appendix C-1/C-3.
<input checked="" type="checkbox"/>	Determine staff wages and benefits subject to applicable State limits

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<input checked="" type="checkbox"/>	Schedule staff
<input checked="" type="checkbox"/>	Orient and instruct staff in duties
<input checked="" type="checkbox"/>	Supervise staff
<input checked="" type="checkbox"/>	Evaluate staff performance
<input checked="" type="checkbox"/>	Verify time worked by staff and approve time sheets
<input checked="" type="checkbox"/>	Discharge staff (common law employer)
<input type="checkbox"/>	Discharge staff from providing services (co-employer)
<input type="checkbox"/>	Other. Specify:

b. **Participant – Budget Authority** Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:

i. Participant Decision Making Authority. When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. Select one or more:

<input checked="" type="checkbox"/>	Reallocate funds among services included in the budget
<input checked="" type="checkbox"/>	Determine the amount paid for services within the State's established limits
<input checked="" type="checkbox"/>	Substitute service providers
<input checked="" type="checkbox"/>	Schedule the provision of services
<input checked="" type="checkbox"/>	Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3
<input checked="" type="checkbox"/>	Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3
<input checked="" type="checkbox"/>	Identify service providers and refer for provider enrollment
<input checked="" type="checkbox"/>	Authorize payment for waiver goods and services

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<input checked="" type="checkbox"/>	Review and approve provider invoices for services rendered
<input type="checkbox"/>	Other. Specify:

- ii. **Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

A participant's self-directed budget allocation will be determined annually through a person-centered planning process and demonstrated assessed need. The participant's self-directed budget will encompass all services in their Person-Centered Plan.

~~Effective January 1, 2021, During~~ ~~during~~ the initial, ~~revised~~, and annual Person-Centered Plan planning processes, the participant's self-directed budget will be determined based on the approved *LTSSMaryland* Person-Centered Plan detailed service authorization. The *LTSSMaryland* Person-Centered Plan detailed service authorization form includes all available services and associated rates based on the Traditional Service Delivery Model. The required use of the *LTSSMaryland* Person-Centered Plan detailed service authorization for participants, enrolled in either the Self-Directed Services or Provider Managed Traditional Services Delivery Models, ensure fair and equitable funding regardless of the service model chosen.

Information regarding the Person-Centered Plan development and authorization process and budget methodology for participant-directed budgets is available on the DDA's website.

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

The Coordinator of Community Services and Support Broker will share information about the ~~Medicaid waiver~~ ~~Waiver~~ program, to include the

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various services and supports and budget caps. Once the Person-Centered Plan is completed, the DDA reviews and authorizes the Person-Centered Plan based on the participant's needs. The DDA sends notice to the participant and **their legally authorized representative**, legal guardian or designated representative (if applicable) of the final authorized budget.

The self-directed budget is based on the assessed service need documented in the initial and Annual Person-Centered Plan, and **traditional self-directed services** rates. If there is a new health and safety service need assessed, the participant, along with their team, legal guardian, or their designated representative (as applicable) notifies the Coordinator of Community Services. The Coordinator of Community Services will revise the Person-Centered Plan and associated documents to reflect the health and safety requested service(s) which is then submitted to **the** DDA Regional Office for review. If approved, the revised Person-Centered Plan and associated budget allocation is then used to **revise create** the self-directed budget sheet, which is provided to the team and Financial Management and Counseling Services.

If the DDA denies the request for a **Medicaid waiver Waiver** program service **or reduces the approved budgeted amount**, the participant has the right to request a Medicaid Fair Hearing as described in Appendix F.

iv. **Participant Exercise of Budget Flexibility.** Select one:

**Modifications to the participant directed budget must be preceded by a change in the service plan.**

**The participant has the authority to modify the services included in the participant directed budget without prior approval.** Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

Participants may move funding across approved budget service lines as per the DDA policy and guidance.

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- v. Expenditure Safeguards. Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

The participant, along with their team, their legal guardian, or their designated representative (as applicable), with the support of the Coordinator of Community Services, and the Financial Management and Counseling Services provider, will monitor funds spent on services and the projected spending for the participant's Person-Centered Plan year. The Financial Management and Counseling Services provider will provide real time web-based access to expenditure reports to the participant, and their legal representative (as applicable), and Coordinator of Community Services with information related to expenditures and current budget balance. ~~The participant can also ask their Financial Management and Counseling Services to provide additional access to their designated representative and their team based on their choice.~~

The Coordinator of Community Services will conduct quarterly or more frequently site visits including wellness checks. The DDA regional office staff including Quality Enhancement and Nurses will conduct site visits to follow-up on health and safety concerns and reported complaints and incidents.

The Office of Health Care Quality will conduct site visits and investigations based on complaints and incidents reported.

The DDA or its designee will monitor:

1. The Financial Management and Counseling Services provider for proper allocation of funding and services provided; and
2. The participant, along with their team, legal guardian, and their designated representative (as applicable) for possible over- and under-utilization of services.

The use of a multi-layered review process ensures that potential budget problems are identified on a timely basis. When ~~over-utilization over~~ or under-utilization is "flagged," the Coordinator of Community Services or their Financial Management and Counseling Services provider contacts the participant, along

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with their team, and their legal guardian or designated representative (as applicable) to assess the reasons for **over-utilization** ~~over~~ or under-utilization and whether technical assistance, further training, or changes in the plan and budget, such as a reprioritization of services, are required.

Proposal