

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Maryland

B. Waiver Title: Family Supports, Community Supports, and, Community Pathways Waivers

C. Control Number: Family Supports (MD.1466.R01.05), Community Supports (MD.1506.R01.05), and Community Pathways (MD.0023.R07.06)

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

This Appendix K is additive to the approved Appendix K to update information to reflect multiple episodes of retainer payments for specific services as defined below and not to exceed two episodes.
COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.).

F. Proposed Effective Date: Start Date: March 13, 2020 Anticipated End Date: March 12, 2021

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waivers to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Maryland may allow for multiple retainer payments episodes for the following services that include personal assistance when participants are not receiving planned services under either the self-directed services delivery model or the traditional services delivery model. The retainer payments will be limited to a maximum of two episodes as defined and noted below for specific services. The State confirms that retainer payments are for direct care providers who normally provide services that include habilitation and personal care, but are currently unable to due to health and safety risk; State mandates; complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19; the waiver participant is sequestered and/or quarantined based on local, State, federal and/or medical requirements/orders or is staying with family/friends due to concerns of getting the virus if they remain in the residential home.

Traditional Service Delivery Model

1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation, up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total), at 80% of the rate.
2. Personal Supports, up to a maximum of 120 hours (equal to two episodes, episode 1 up to 18 days and episode 2 up to 12 days for 30 days total) within the authorized limit, unless otherwise authorized by the DDA, at 100% of the rate.
3. Community Living - Group Home up to two episodes of 30-days (60 days total) at 100% of the rate.
4. Supported Living up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total) at 100% of the rate.

Self-Directed Service Delivery Model

1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation for a maximum of 120 hours (equal to two episodes, episode 1 up to 18 days and episode 2 up to 12 days for 30 days total) unless otherwise authorized by the DDA up to 100% of the rate.
2. Personal Supports for a maximum of 120 hours (equal to two episodes, episode 1 up to 18 days and episode 2 up to 12 days for 30 days total) up to the authorized limit, unless otherwise authorized by the DDA, up to 100% of the rate.

Retainer payments will occur on a case-by-case basis when the services are directly impacted by COVID-19. Retainer payments will not be authorized when staff or provider are providing services to the participant.

The State will implement a distinguishable process to monitor payments to avoid duplication of billing. Self-Directed participants and providers must produce supporting documentation of the participant being unable to be supported, displaced, or other circumstances related to the COVID-19 pandemic, and must notify the Coordinator of Community Services, resume habilitative services, and document when the participant is back in their services.

The Department is utilizing retainer payments for multiple episodes and will include the following guardrails:

- Collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred (or in periods of disaster, duplicate uses of available funding streams), as identified in a state or federal audit or any other authorized third party review. Note that “duplicate uses of available funding streams” means using more than one funding stream for the same purpose.
- Require an attestation from the provider that it will not lay off staff, and will maintain wages at existing levels.
- Require an attestation from the provider that they had not received funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the PHE, or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE.
 - If a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped.
 - If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	Marlana
Last Name	Hutchinson
Title:	Director of Office of Long Term Services and Supports
Agency:	Maryland Department of Health
Address 1:	201 West Preston Street
Address 2:	Room 134
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	410-767-1443
E-mail	marlana.hutchinson@maryland.gov
Fax Number	410-333-6547

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	Rhonda
Last Name	Workman
Title:	Director of Federal Programs
Agency:	Developmental Disabilities Administration
Address 1:	201 West Preston Street
Address 2:	Click or tap here to enter text.
City	Baltimore
State	Maryland
Zip Code	21201
Telephone:	410-767-8690
E-mail	Rhonda.workman@maryland.gov
Fax Number	Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	COMMUNITY LIVING – GROUP HOMES
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

COVID -19 Appendix K exceptions

1. Due to possible need to relocate participants due to the COVID-19 related need for separating, self-isolating or quarantining, services may also be provided in but not limited to hotels, schools, churches, other community established sites, alternative facility based setting, family or friends homes, and the home of direct care workers.
2. Additional authorizations may be added for shared supports in each group home, based on the participants' needs, as follows unless otherwise authorized by the DDA:
 - a) Up to 8 additional hours in a home serving up to three participants;
 - b) Up to 16 additional hours, in a home serving up to five participants; and
 - c) Up to 24 additional hours, in a home serving up to nine participants.
3. Nurse Case Management and Delegation supports for training direct support professionals needed as a result of the change in the participant's health status or after discharge from a hospital or skilled nursing facility can be provided without prior authorization.
4. Service definition limitations on the number of people who can a residence may be exceeded without prior approval by the DDA. Providers may exceed this limit to protect the health and safety of participants due to the need to separate or self-isolate/quarantine groups of people.
5. Legally responsible person, spouse, legal guardian, or relatives can provide services and be paid by the providers.
6. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
7. Retainer Payment up to two episodes of 30-days (60 days total).

A. Community Living Group Home services provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a community residential setting.

1. Skills to be developed or maintained under this service will be determined based on the participant's individualized goals and outcomes as documented in his or her person-centered plan.
2. Formal teaching methods are used such as systematic instruction.
3. This service will provide the participant with opportunities to develop skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization including:
 - (a) Learning socially acceptable behavior;
 - (b) Learning effective communication;
 - (c) Learning self-direction and problem solving;
 - (d) Engaging in safety practices;
 - (e) Performing household chores in a safe and effective manner;
 - (f) Performing self-care; and
 - (g) Learning skills for employment.
4. This service includes Nurse Case Management and Delegation Services.

B. Community Living Group Home services include coordination, training, supports, or supervision (as indicated in the Person-Centered Plan) related to development and maintenance of the participant's skills.

C. Transportation to and from and within this service is included within the services. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

D. Services are provided in a provider owned or operated group home setting.

SERVICE REQUIREMENTS:

- A. Participants must be preauthorized by the DDA based on documented level of supports needed.
- B. Staffing is based on level of service need.
- C. Effective July 1, 2018, the following criteria will be used for new participants to access Community Living – Group Home services:

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

1. Retainer Payment up to two episodes of 30-days (60 days total).
2. Community Living - Group Home trial experience is limited to a maximum of seven (7) days or overnight stays per provider.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:	Supported Living ** BEGINNING JULY 1, 2019**
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

COVID -19 Appendix K exceptions

1. Due to possible need to relocate participants due to the COVID-19 related need for separating, self-isolating or quarantining, services may also be provided in but not limited to hotels, schools, churches, other community established sites, alternative facility based setting, family or friends homes, and the home of direct care workers.
2. Additional authorizations may be added for shared supports in each group home, based on the participants' needs, as follows unless otherwise authorized by the DDA:
 - a) Up to 8 additional hours in a home serving up to three participants;
3. Nurse Case Management and Delegation supports for training direct support professionals needed as a result of the change in the participant's health status or after discharge from a hospital or skilled nursing facility can be provided without prior authorization.
4. Service definition limitations on the number of people who can a residence may be exceeded without prior approval by the DDA. Providers may exceed this limit to protect the health and safety of participants due to the need to separate or self-isolate/quarantine groups of people.
5. Legally responsible person, spouse, legal guardian, or relatives can provide services and be paid by the providers.
6. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
7. Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

** BEGINNING JULY 1, 2019**

A. Supported Living services provide participants with a variety of individualized services to support living independently in the community.

1. Supported Living services are individualized to the participant's needs and interests as documented in the participant's Person-Centered Plan and must be delivered in a personalized manner.
2. Supported Living services assists the participant to: (a) learn self-direction and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and (b) engage in community-based activities of the participant's choosing within the participant's personal resources.
3. Supported Living services enables the participant to: (a) live in a home of his or her choice located where he or she wants to live; and (b) live with other participants or individuals of his or her choosing (not including relatives, legal guardians, or legally responsible persons as defined in Appendices C-2-d and C-2-e).
4. This service includes Nursing Case Management and Delegation Services

B. Supported Living services are provided in the participant's own house or apartment.

C. Service includes provision of coordination, training, supports, and/or supervision (as indicated in the Person-Centered Plan).

SERVICE REQUIREMENTS:

A. Staffing is based on the participant's level of service need as documented in his or her Person-Centered Plan.

B. Under Supported Living service, the following requirements and restrictions relating to the residence applies:

1. If participants choose to live with housemates, no more than four (4) individuals (including other participants receiving services) may share a residence; each housemate, including the participant, is hereinafter referred to as a "resident" or collectively as "residents".
2. If the participant shared his or her home with another individual (who may be a participant as well) who is his or her spouse, domestic partner, their child, siblings, or significant other, they may share a bedroom if they choose;
3. Except as provided in B.2 above, each resident of the setting shall have a private bedroom;
4. Services may include up to 24 hours of shared support per day, as specified in the Person-Centered Plan;

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

Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
---	--------------------------	----------------------------	--------------------------	-------------------------

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
--	--------------------------	---	--------------------------	------------------



Service Specification

Service Title: EMPLOYMENT SERVICES ** BEGINNING DECEMBER 1, 2019**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Personal care assistance can comprise the entirety of the service when the individual is unable to attend work.
3. Service can exceed 40 hours per week within a person's authorized budget.
4. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
5. Participants enrolled in the self-directed services delivery model and receiving Employment Services may exercise employment authority for Follow Along support
6. Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

** BEGINNING DECEMBER 1, 2019**

A. Employment Services provides the participant with a variety of flexible supports to help the participant to identify career and employment interest, find and keep a job including:

1. Discovery – a process to assist the participant in finding out who they are, what they want to do, and what they have to offer;
2. Job Development – supports finding a job including customized employment and self-employment;
3. Ongoing Job Supports – various supports a participant may need to successfully maintain their job;
- Follow Along Supports – periodic supports after a participant has transitioned into their job;
5. Self-Employment Development Supports – supports to assist a participant whose discovery activities and profile indicate a specific skill or interest that would benefit from resource ownership or small business operation;
6. Co-Worker Employment Support-supports in a situation when an employer has identified that an onsite job coach would not be optimal, yet the participant could still benefit from additional supports; and
7. Nurse Health Case Management services based on assessed need.

B. Discovery is a time limited comprehensive, person-centered, and community-based employment planning support service to assist the participant to identify the participant's abilities, conditions, and interests. Discovery includes:

1. A visit to a participant's home or community location, a review of community employers, job trials, interest inventory to create a profile and picture resume; and
2. The development of a Discovery Profile.

C. Job Development is support for a participant to obtain an individual job in a competitive integrated employment setting in the general workforce, including:

1. Customized employment - a flexible process designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of both. It is based on an individualized match between the strengths, conditions, and interests of a job candidate and the identified business needs of an employer; and
2. Self-employment - including exploration of how a participant's interests, skills and abilities might be suited for the development of business ownership.

D. Ongoing Job Supports are supports in learning and completing job tasks either when beginning a new job, after a promotion, or after a significant change in duties or circumstances and individualized supports a participant may need to successfully maintain their job. Ongoing Job Supports include:

1. Job coaching (e.g. job tasks analysis and adaptations, self-management strategies, natural and workplace supports facilitation, and fading assistance), needed to complete job tasks like setting up workstations;
2. The facilitation of natural supports in the workplace;
3. Systematic instruction and other learning strategies based on the participant's learning style and needs;
4. Travel training to independently get to the job; and
5. Personal care assistance, behavioral supports, transportation, and delegated nursing tasks to support the employment activity.

E. Follow Along Supports:

1. Occurs after the participant has transitioned into their job.
2. Ensure the participant has the assistance necessary to maintain their jobs; and
3. Include at least two face to face contacts with the participant in the course of the month.

F. Self-Employment Development Supports include assistance in the development of a business and marketing

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

1. Discovery services are limited to once every two years unless otherwise authorized by the DDA.
2. Job Development services are limited to eight (8) hours per day and total maximum of 90 hours unless otherwise authorized by DDA.
3. Job Development and Ongoing Job Support services are limited to 40 hours per week total including other Meaningful Day Services (e.g. Community Development Services, Career Exploration, and Day Habilitation services).
4. Ongoing Job Support services are limited of up to 10 hours per day.
5. Co-Worker Employment Supports are limited to the first three months of employment unless otherwise authorized by the DDA.
6. Retainer Payment up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:	SUPPORTED EMPLOYMENT ** ENDING JUNE 30, 2021**
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Personal care assistance can comprise the entirety of the service when the individual is unable to attend work.
3. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
4. Retainer Payment up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

** ENDING JUNE 30, 2021**

A. Supported Employment services include a variety of supports to help an individual identify career and employment interest, as well as to find and keep a job.

B. Supported Employment activities include:

1. Individualized job development and placement;
2. On-the-job training in work and work-related skills;
3. Facilitation of natural supports in the workplace;
4. Ongoing support and monitoring of the individual's performance on the job;
5. Training in related skills needed to obtain and retain employment such as using community resources and public transportation;
6. Negotiation with prospective employers; and
7. Self-employment supports.

C. Supported Employment services include:

1. Support services that enable the participant to gain and maintain competitive integrated employment;
2. Transportation to, from, and within the activity; and
3. Personal care assistance can be provided during supported employment activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

SERVICE REQUIREMENTS:

A. The participant must be 18 years of age or older and no longer in high school.

B. Services and supports are provided for individuals in finding and keeping jobs paid by a community employer including self-employment.

C. Staffing is based on level of service need.

D. Under self-directing services, the following applies:

1. Participant or his/her designated representative self-directing services is considered the employer of record;
2. Participant or his/her designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;
3. Supported Employment includes the cost associated with staff training such as First Aid and CPR;
4. Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. In these situations, the cost are billed to Medicaid as an administrative cost; and
5. Supported Employment staff, with the exception of legal guardians and relatives, must be compensated over-time pay as per the Fair Labor Standards Act from the self-directed budget.

E. Under the self-directed services delivery model, this service includes the option to provide staff training, benefits and leave time subject to the following requirements:

1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local employment laws; and
3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.

F. Under the traditional service delivery system, Supported Employment is paid based on a daily rate. In accordance with COMAR 10.22.17.10 Payment for Services Reimbursed by Rates is for a minimum of four hours of service. Participants can engage in Supported Employment activities when they are unable to work four hours.

G. Under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of

Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/> Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed



Service Specification	
Service Title:	CAREER EXPLORATION
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Personal care assistance can comprise the entirety of the service when the individual is unable to attend work.
3. Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.
4. The requirement that a minimum of six hours of services be provided during a single day is temporarily suspended.
5. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
6. Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

A. Career Exploration is time limited services to help participants learn skills to work toward competitive integrated employment.

1. Teaching methods based on recognized best practices are used such as systematic instruction.
2. Career Exploration provide the participant with opportunities to develop skills related to work in a competitive employment position in an integrated community environment including learning:
 - a. skills for employment, such as time-management and strategies for completing work tasks;
 - b. socially acceptable behavior in a work environment;
 - c. effective communication in a work environment; and
 - d. self-direction and problem-solving for a work task.

B. Career Exploration includes (1) Facility-Based Supports; (2) Small Group Supports; and (3) Large Group Supports.

1. Facility-Based Supports are provided at a fixed site that is owned, operated, or controlled by a licensed provider or doing work under a contract being paid by a licensed provider.
2. Small Group Supports are provided in groups of between two (2) and eight (8) individuals (including the participant) where the group completes work tasks on a contract-basis. This work must be conducted at another site in the community not owned, operated, or controlled by the licensed provider. Supports models include enclaves, mobile work crews, and work tasks on a contract-basis. The licensed provider is the employer of record and enters into the contract on behalf of the group.
3. Large Group Supports are provided in groups of between nine (9) and sixteen (16) individuals (including the participant) where the group completes work tasks on a contract-basis. This work must be conducted at another site in the community not owned, operated, or controlled by the licensed provider. The licensed provider is the employer of record and enters into the contract on behalf of the group.

C. Career Exploration services include:

1. Staff support services that enable the participant to learn skills to work toward competitive integrated employment;
2. Transportation to, from, and within the activity;
3. Nursing Health Cases Management services based on assessed need; and
4. Personal care assistance can be provided during activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

SERVICE REQUIREMENTS

- A. The participant must be 18 years of age or older and no longer in high school.
- B. Career Exploration and supports must be provided in compliance with all applicable federal, State, and local laws and regulations.
- C. Participants previously receiving facility based, small group, and large group supports under Supported Employment or Day Habilitation services will transition to Career Exploration services by creating an

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

1. Career Exploration – Facility Based supports are provided Monday through Friday only.
2. Career Exploration may not exceed a maximum of eight (8) hours per day (including other Community Development, Supported Employment, Employment Service – On-going Supports, Employment Discovery and Customization, and Day Habilitation services).
3. Career Exploration is limited to 40 hours per week.
4. Career Exploration services for participants accessing this service for the first time is limited to up to 720 hours for the plan year unless otherwise authorized by DDA.
5. Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total)

COVID-19 Appendix K Exception - Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------

Service Specification

Service Title:	COMMUNITY DEVELOPMENT SERVICES
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Individualized schedule and updates related to what the participant will do and where the participant will spend their time when in service is suspended.
3. Personal care assistance can comprise the entirety of the service.
4. Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.
5. The requirement that a minimum of six hours of services be provided during a single day is temporarily suspended.
6. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
7. Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

A. Community Development Services provide the participant with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities.

1. Community-based activities under this service will provide the participant with opportunities to develop skills and increase independence related to community integration with people without disabilities including:

- a. Promoting positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities;
- b. Learning socially acceptable behavior; and
- c. Learning self-advocacy skills.

B. Community Development Services may include participation in the following activities:

1. Engaging in activities that facilitate and promote integration and inclusion of a participant in their chosen community, including identifying a path to employment for working age individuals;
2. Travel training;
3. Participating in self-advocacy classes and activities;
4. Participating in local community events; and
5. Volunteering.

C. Community Development Services include:

1. Support services that enable the participant to learn, develop, and maintain general skills related to community integration, volunteering with an organization, or performing a paid or unpaid internship;
2. Transportation to, from, and within activities;
3. Nursing Health Case Management services based on assessed need; and
4. Personal care assistance can be provided during community activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

SERVICE REQUIREMENTS:

A. The participant must be 18 years of age or older and no longer in high school.

B. Community Development Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person centered plan.

C. Staffing is based on level of service need.

D. Community Development Services are separate and distinct from residential services. Participants may return home or to the provider operated site during time-limited periods of the day due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the Person-Centered Plan. Residential services cannot be billed during these times.

E. Personal care assistance may not comprise the entirety of the service.

F. Under self-directing services, the following applies:

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

1. Community Development Services are limited to 40 hours per week.
2. Community Development Services may not exceed a maximum of eight (8) hours per day (including other Employment Services, Supported Employment, Career Exploration, Employment Discovery and Customization and Community Development Services).
3. Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

COVID-19 Appendix K Exception - Services can exceed eight hours a day and 40 hours per week within a person's authorized budget.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:	DAY HABILITATION
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Individualized schedule and updates related to what the participant will do and where the participant will spend their time when in service is suspended.
3. Personal care assistance can comprise the entirety of the service.
4. Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.
5. The requirement that a minimum of six hours of services be provided during a single day is temporarily suspended.
6. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
7. Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

A. Day Habilitation services provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization, through application of formal teaching methods and participation in meaningful activities.

1. Teaching methods based on recognized best practices are used such as systematic instruction.
2. Meaningful activities under this service will provide the participant with opportunities to develop skills related to the learning new skills, building positive social skills and interpersonal skills, greater independence, and personal choice including:

- (a) Learning skills for employment
- (b) Learning acceptable social skills;
- (c) Learning effective communication;
- (d) Learning self-direction and problem solving;
- (e) Engaging in safety practices;
- (f) Performing household chores in a safe and effective manner; and
- (g) Performing self-care.

B. Day habilitation services may include participation in the following regularly scheduled meaningful activities:

1. Learning general skills that can be used to do the type of work the person is interested in;
2. Participating in self-advocacy classes/activities;
3. Participating in local and community events;
4. Volunteering;
5. Training and supports designed to maintain abilities and to prevent or slow loss of skills for individuals with declining conditions; and
6. Transportation services.

C. Day Habilitation Services include:

1. Support services that enable the participant to participate in the activity;
2. Transportation to, from, and within the activity;
3. Nursing Health Cases Management services based on assessed need; and
4. Personal care assistance can be provided during day habilitation activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

SERVICE REQUIREMENTS:

- A. The participant must be 18 years of age or older and no longer in high school.
- B. Day Habilitation services can be provided in a variety of settings in the community or in a facility owned or operated by the provider agency. Services take place in non-residential settings separate from a

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

1. Day Habilitation services are provided Monday through Friday only.
2. Day Habilitation services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Career Exploration, Employment Discovery and Customization and Community Development Services).
3. Retainer Payments up to two episodes, episode 1 up to 18 days and episode 2 up to 12 days (30 days total).

COVID-19 Appendix K Exception - Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>		Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------

Service Specification

Service Title:	PERSONAL SUPPORTS
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; or other community settings.
2. Personal care assistance can comprise the entirety of the service.
3. Legal guardians and relatives may be paid for greater than 40-hours per week for services without prior authorization by the DDA.
4. Personal Support services may exceed 82 hours per week without prior authorization by the DDA within the authorized budget.
5. Participants may exceed the current authorization by the DDA within their overall authorized budget without prior authorization from the DDA.
6. Additional services may be authorized for participants whose meaningful day services are not available due to COVID-19 closing or availability.
7. Retainer Payment for Personal Supports, up to 120 hours (equal to two episodes, episode 1 up to 18 days and episode 2 up to 12 days for 30 days total) within the authorized limit.
8. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services.

A. Personal Supports are individualized supports, delivered in a personalized manner, to support independence in a participant's own home and community in which the participant wishes to be involved, based on their personal resources.

B. Personal Supports services assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence. These services include:

1. In home skills development including budgeting and money management; completing homework; maintaining a bedroom for a child or home for an adult; being a good tenant; meal preparation; personal care; house cleaning/chores; and laundry;
2. Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which participants integrate, engage and navigate their lives at home and in the community. They may include the development of skills or providing supports that make it possible for participants and families to lead full integrated lives (e.g. grocery shopping; banking; getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities) and health management assistance for adults (e.g. learning how to schedule a health appointment; identifying transportation options; and developing skills to communicate health status, needs, or concerns); and
3. Personal care assistance services during in-home skills development and community activities. Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring.

SERVICE REQUIREMENTS:

A. Personal Supports services under the waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.

B. Staffing is based on level of service need.

C. Effective July 1, 2018, the following criteria will be used for participants to access Personal Supports:

1. Participant needs support for community engagement (outside of meaningful day services) or home skills development; and
2. This service is necessary and appropriate to meet the participant's needs;
3. The service is the most cost-effective service to meet the participant's needs unless otherwise authorized by the DDA due to "extraordinary" circumstances.

D. Beginning December 1, 2019, Personal Supports services will begin to transition to the new enhanced rate starting with the small group. The following criteria will be used for participants to be authorized the enhanced rate:

1. The participant has an approved Behavioral Plan; and/or
2. The participant has a Health Risk Screening Score of 4 or higher.

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

1. Legal guardians and relatives may not be paid for greater than 40-hours per week for services unless otherwise approved by the DDA.
2. Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA.

COVID -19 Appendix K exceptions

1. Legal guardians and relatives may be paid for greater than 40-hours per week for services without prior authorization by the DDA.
2. Personal Support services may exceed 82 hours per week without prior authorization by the DDA within the authorized budget.
3. Retainer Payment for Personal Supports, up to 120 hours (equal to two episodes, episode 1 up to 18 days and episode 2 up to 12 days for 30 days total) within the authorized limit.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
		Organized Health Care Delivery System		
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	X	Participant-directed as specified in Appendix E	X	Provider managed
---	---	---	---	------------------