



DDA COVID-19 SELF-DIRECTION (DDACOVID Form #5)

Participant Name: _____ Date: _____

FMS (Check One): Arc CCR MedSource Region (Check One): CMRO ESRO SMRO WMRO

Section I: Request to Move Funds across Existing Budget Service Lines or Add New Service Lines

People who are self-directing their services can move funding across approved budget service lines to meet immediate service needs changes, as long as they remain within their approved budget amount.

SERVICE(S) BEING REDUCED			SERVICES BEING INCREASED OR ADDED*			
W-Code	Services	Amount	W-Code	Services	New Service? Y/N	Amount
Add Tax (14% for support services)			Add Tax (14% for support services)			
Total Cost*			Total Cost*			

***Your total cost of services reduced must equal the total cost of services increased or added. If a new service is added, the CCS will need to submit the request on a Revised Cost Detail sheet to the DDA for review.**

Section II: Request to Increase Budget Up to \$2,000

People who are self-directing their services can request an increase in their approved budget amount, up to an additional \$2,000 in total cost, for any of the following COVID-19 related services/items or combination of these services/items.

Additional Direct Support Service Hours	# of Units Requested	Cost
Payroll Tax (14%)		
Support Broker Hours	# of Units Requested	Cost
Payroll Tax (14%)(if applicable)		
Staff Recruitment (Up to an additional \$500)	# of Units Requested	Cost
Personal Protective Equipment (PPE)/Supplies	# of Units Requested	Cost
	*Total Cost	

***If the amount requested exceeds \$2,000, this form must be submitted to the DDA for review and approval.**

DDA COVID Form #5: May 18, 2020



By signing below, certify that the services and request meet an immediate health and safety need due to the COVID-19 pandemic.

Self-directed Services Participant/Legal Guardian Signature: _____

FMS Determination (Check one): Approve Deny

FMS Signature: _____ Date: _____

DDA Determination (Check one): Approve Deny (DDA Approval only required if request exceed \$2,000)

DDA Staff Signature: _____ Date: _____

Note: If the FMS provider's determination is to deny the request, the DDA Regional Office will review the determination. If DDA determines that the denial was proper, DDA will issue notice of its decision, its legal and factual basis, and applicable appeal rights as required by Section 10-207 of the State Government Article of the Maryland Annotated Code.

