



Frequently Asked Questions

Introduction

These Frequently Asked Questions were collected prior to, and during, the November 14, 2024 DDA Community Meeting.

This is a live document which will be updated as categories and questions are added and updated in future Community Webinars. Questions received that are similar in nature are consolidated to best summarize the answers and resources.

Updated November 2024

Questions related to the Self-Directed Services Policy and Manual

1. What are examples of how the Self-Directed Services Policy and Manual will increase the quality and accessibility of services?

- The Self-Directed Services Policy and Manual updates focus on:
 - **Transparent Decision-Making:** Participants will receive clear explanations for approvals and denials based on their individual needs.
 - **Faster Processing Times:** The updates aim to reduce the processing time for wage exceptions, Individual and Family Directed Goods and Services, and Family as Staff Overtime requests.
 - **Data-Driven Insights:** The policy will provide data and trends to assess needs, promote equity, and enhance program integrity and compliance.
 - **Timely Pay Adjustments:** Improvements will be made to the timeliness of pay adjustments, minimizing Medicaid claims errors that negatively affect both participants and employees.
 - **Support for Independence:** The updates will aid in promoting participant independence and community integration, and will assist with addressing the health and welfare of participants.
 - **Enhanced Participant Experience:** The policy and accompanying [Self-Directed Services Training Series](#) will support the training and professional development of providers, participants, and stakeholders, improving the participant experience.
 - **Support for Service Reviews:** The policy will promote compliance with federally-required service utilization reviews, backed by documentation that verifies services were delivered as described in participants' Person-Centered Plans.

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- Program Integrity: The policy will provide necessary documentation to maintain program integrity and address any concerns raised during audits and investigations.

2. How do new Self-Directed Services documentation requirements interact with the participant's budget authority?

- Participants continue to maintain budget authority, but must meet Medicaid waiver service standards.
- Documentation requirements are necessary to meet Medicaid waiver program requirements.

3. Do updates to the Self-Directed Services Policy and Manual align with Maryland law and federal law?

- Yes. The Self-Directed Services Policy and Manual were created in accordance with various federal and state authorities. This reflects guidance from the Centers for Medicare and Medicaid Services, federally-approved Medicaid waiver programs operated by the DDA, as well as federal and state regulations, and the Self-Direction Act of 2022.

4. Where can participants, staff, or stakeholders get training about the Self-Directed Services Policy and Manual?

- The [Self-Directed Services Training Series](#) was launched alongside the Self-Directed Services Policy and Manual to provide in-depth training on the self-direction process for all interested stakeholders.

5. In Self-Directed Services, why is it important for participants to be included in communication between their team and with the Financial Management and Counseling Services provider?

- Engaging in team discussions and conversations with the Financial Management and Counseling Services provider is essential for the participant to maintain choice and control over their services, and to protect the participant's interests and authorized funding.
- It is important to note that, especially in the context of Financial Management and Counseling Services, the provider acts on behalf of the participant rather than on behalf of the participant's employees.

6. Can the participant appoint a member of their team to contact the Financial Management and Counseling Services Provider without their presence?

- The Support Broker Code of Conduct requires that Support Brokers do not contact the Financial Management and Counseling Services provider without the participant's presence.
- It is not a best practice for any team member to make decisions about, or conduct discussions about, the participant's authorized funding without the participant's presence.

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7. What types of training and quality assurance are in place for Financial Management and Counseling Services providers?

- The training requirements for Financial Management and Counseling Services providers include, but are not limited to, the Self-Directed Services model, person-centered planning, the Policy on Reportable Incidents and Investigations (PORII), and policies and guidance from Medicaid and the DDA. Additionally, Financial Management and Counseling Services providers are required to have an in-depth understanding of the three Medicaid waiver programs operated by the DDA.
- Quality assurance is evaluated based on the Financial Management and Counseling Services provider's compliance with the contract's scope and the timely completion of monthly, quarterly, and annual deliverables. This includes customer service matrices and quarterly customer service surveys.

8. Are participants allowed to hold funds in ABLÉ accounts and Special Needs Trusts?

- Yes. Information about ABLÉ Accounts and Special Needs Trusts is not required for Individual and Family Directed Goods and Services requests.

9. Why do Individual and Family Directed Goods and Services requests require more documentation?

- Documentation is necessary to provide the appropriate funding for each case, reduce request processing times, and to help address concerns raised in audits and investigations.
- The previous Individual and Family Directed Goods and Services Form required participants to attest that their requests met waiver requirements. Participants will now need to provide supporting documentation to verify these attestations.

10. Is the Individual and Family Directed Goods and Services request form required to receive funding for Recruitment and Advertising or Day-to-Day Administrative Supports?

- No. The Individual and Family Directed Goods and Services request form is only required for the Other Goods and Services category of Individual and Family Directed Goods and Services.

11. Why are participants required to demonstrate that they do not have personal funds available to purchase items under Individual and Family Directed Goods and Services?

- The Centers for Medicare and Medicaid Services requires that participants must not have personal funds available to purchase an item in order to receive that item through the Individual and Family Directed Goods and Services waiver service.

12. How does the DDA determine whether a participant has personal funds available to purchase an item or service under Individual and Family Directed Goods and Services?

- If the participant has a bank account, documentation must be uploaded that shows that the person does not have the funding in their account(s) to purchase the requested goods/services. This includes:
 - 3 months of bank statements
 - a list of all planned monthly expenses
- ABLE accounts and Special Needs Trusts are not considered personal funds, and participants are not required to document these accounts.

13. Why do wage exceptions now require more documentation, and why are wage exceptions required to pay staff more than the reasonable and customary maximum?

- Documentation is needed to reduce request processing times, meet Medicaid waiver program requirements, and to help address concerns raised in audits and investigations.
- Participants, with the support of their teams, may request an exception to the established reasonable and customary staff wage range standards.

14. Do I have to request a wage exception every time I give my staff a raise?

- If the raise will put the employee's wage per hour above the Reasonable and Customary standard, a Wage Exception Form is required. Otherwise, a Wage Exception Form is not required.

15. Can I still give my staff raises that are within the Reasonable and Customary wage range?

- Yes. Participants are free to set wages for their staff, including giving raises, within the Reasonable and Customary wage range. Raises can be given at any time.

16. Do I need to change the rate of pay for my existing employees under the new Self-Directed Services Guidance?

- No. Existing wage exceptions remain approved for the length of time they were originally approved. Only new wage exception requests must follow the new wage exception process.

17. Do minors have to have a designated representative in Self-Directed Services?

- Yes. Under the Self-Directed Services model, individuals under the age of 18 must have a designated representative.

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18. Why can't family members serve as both designated representatives and paid staff?

- In accordance with DDA's federally-approved waivers, when a legally responsible person, legal guardian, or relative is the Support Broker or Designated Representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide direct care services.
- The designated representative assumes all of the participant's responsibilities as employer, which can create a significant conflict of interest between the role of Designated Representative and the role of paid staff.
- In order to ensure participant health and welfare and address conflicts of interest, no family member can be paid as staff if a family member also serves as Designated Representative.

19. Are individuals appointed by the participant to help them with specific tasks, through Option 3 of the Participant Agreement, considered Designated Representatives?

- No, only individuals specifically selected as Designated Representative under Option 2 of the Participant Agreement are considered Designated Representatives. Individuals selected under Option 3 of the Participant Agreement are not considered Designated Representatives.
- Individuals selected under Option 3 of the Participant Agreement may serve as paid staff.

20. I got an email from my Financial Management and Counseling Services provider that made it seem like policies were changing and that some of our team members could no longer be paid staff. Is this a new change?

- On November 21, 2024, a message with the subject line "URGENT: PLEASE READ" went out to a number of participants and caused some confusion. The Financial Management and Counseling Services provider has since sent a correction.
- Under existing policies, which were in place prior to November 21, 2024, if a participant selects a relative, legal guardian, or legally responsible person as Designated Representative on the Participant Agreement, no other relative, legal guardian, or legally responsible person may serve as paid staff.
- These requirements do not apply and have never applied to participants who appoint members of their Person-Centered Planning team to assist them with specific tasks under the Participant Agreement. These appointed individuals are not considered to be Designated Representatives, and their assistance with these tasks does not restrict their ability to work as paid staff or as a paid vendor under any Medicaid waiver service. Additionally, this option also allows participants to hire other relatives as paid staff even if a relative is listed as a support for one or more of these tasks.

21. Why are cardiopulmonary resuscitation (CPR) training and first aid training required for Support Brokers?

- Cardiopulmonary resuscitation (CPR) training and first aid training are required for all direct support services staff, including providers of Support Broker Services. These requirements are longstanding Medicaid waiver program requirements in Maryland.
- First aid and CPR training are essential for ensuring the safety and well-being of vulnerable children and adults served by the DDA during emergencies.

22. Why are Support Brokers, Coordinators of Community Services, and Day to Day Administrators not allowed to perform similar duties in some cases?

- Support Brokers, Coordinators of Community Services, and Day to Day Administrators have specific responsibilities that should not overlap.
- In order to be paid by the Medicaid waiver program, each service provider must have unique responsibilities that do not create the possibility of double billing for the same service.
- This separation in duties addresses conflicts of interests as well.

23. Can employees or vendors approve timesheets or invoices on behalf of the participant?

- No. Employees or vendors cannot approve timesheets or invoices under any circumstances.
- There is a significant ethical conflict of interest if employees or vendors approve timesheets or invoices for themselves or others. Only the employer may complete this task.

24. Are Cost of Living Adjustments (COLAs) applied to participant budgets in Self-Directed Services in the same way as in Traditional Services?

- Yes. Cost of Living Adjustments are applied to the participant budget as a whole, by increasing the rate for authorized Medicaid waiver services, producing a calculated total budget. Cost of Living Adjustments are not related to Reasonable and Customary wages paid to staff, which must be aligned with market norms, and which are adjusted separately from the Cost of Living Adjustment process.

25. Who is considered a relative for the purpose of the Family as Staff Form? Does the Family as Staff Form apply to grandparents?

- The Family as Staff Form should be completed for natural or adoptive parents, stepparents, or siblings. Grandparents are not included in the Family as Staff Form.
- It is important to note that there are other requirements which apply to legal guardians and legally responsible persons. If a grandparent is a legal guardian or legally responsible person, these requirements apply to them, even if they are not considered Family as Staff.

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- If a grandparent is not a legal guardian or legally responsible person, the grandparent could serve as staff more generally, without being subject to the restrictions that apply to Family as Staff, legal guardians, or legally responsible persons.

Questions related to Traditional Services and other DDA topics

1. How were the counties in Maryland's rate differential region selected?

- The counties that receive Maryland's rate differential, also known as the geographical differential, for DDA services were chosen through the DDA's rate-setting process for fee-for-service billing, specifically targeting counties with a high cost of living.
- This rate-setting process began in 2015 and was led by a vendor contracted by the DDA to develop the fee-for-service methodology. In addition, the Department collaborated with a diverse group of providers known as the Technical Workgroup. Through this collective effort, the counties eligible for the geographical differential were identified.

2. How are enhanced supports approved, including 2:1 supports and 1:1 supports?

- Requests for a 1:1 or 2:1 staff-to-participant ratio, enhanced rates, and Personal Supports Overnight Supports are approved if the submission includes information with the Person-Centered Plan demonstrating the assessed need for a higher level of support. Examples include:
 - The participant has an approved Behavior Support Plan (BSP) documenting the need necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or
 - The participant has an approved Nursing Care Plan (NCP) documenting the need necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.
 - Higher levels of staffing support must be documented in the Person-Centered Plan Risks section as one of the mitigation efforts in addressing applicable behavior or medical risks.
 - The DDA may authorize dedicated support for people new to services (including transitioning youth) and people in services who have a specific behavioral or health and safety need while a Behavior Support Plan and Nursing Care Plan are authorized and developed.

3. What is an MA number, and how does a participant get an MA number?

- "MA" stands for Medical Assistance, another name for Medicaid. The MA number is an identifier linked to the participant's Medicaid benefits. These benefits can include medical and other services through Medicaid, also known as the Medicaid State Plan. They can also include participation in particular programs, such as the DDA-operated Medicaid waiver programs.

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- All DDA-operated Medicaid waiver program participants must initially and continuously meet the waiver program's Medicaid eligibility requirements.
- Once enrolled in the Medicaid waiver program, participants are eligible for Medicaid State Plan services, including physician and pharmacy services.

4. Will information regarding DDA policies and guidance be made available in languages other than English?

The DDA will release policies, guidance and Frequently Asked Questions in English and Spanish. To access the translated version of this FAQ document, visit the [DDA Community Webinars webpage](#).

5. What types of training and quality assurance are in place for Coordination of Community Services providers?

- The DDA has developed a [Coordination of Community Services Training Matrix](#), which outlines mandatory and recommended training, along with guidance, for all Coordination of Community Services Agency staff, including workers, supervisors, quality assurance staff, and administrators. The matrix includes DDA webinars and other accredited training opportunities.
- As per regulations, Coordination of Community Services agencies are required to submit quality assurance plans on a quarterly basis. The DDA teams provide technical support to these agencies to help ensure quality services, including troubleshooting barriers, reinforcing guidance and authority, and promoting data-driven results. In addition, the DDA maintains its own data oversight to monitor performance, track outcomes, and ensure that services meet regulatory standards.

6. What is the DDA doing to reduce waiting times for Person-Centered Plan clarification requests and PCP approvals?

- The DDA is committed to monitoring and enhancing the approval process for Person-Centered Plans. One of its main goals is significantly reducing the number of clarification requests. By doing so, the DDA aims to minimize the need for lengthy follow-ups with participants and their teams, ensuring that decisions regarding plans are made promptly.
- The DDA provides technical assistance to our external partners, such as Coordination of Community Services agencies, regarding high-quality and timely Person-Centered Plan submission and follow-up. By increasing the quality of Person-Centered plans, plan reviews will become faster, more straightforward, and less likely to result in clarification requests.

7. How many members sit on the Waiver Advisory Council, and how many are DDA participants?

- The Waiver Advisory Council has 33 voting members, 17 of whom (51%) are individuals with intellectual and developmental disabilities.

8. What does “cost-neutrality” mean in the context of Medicaid waiver programs?

- The DDA-operated Medicaid waiver programs provide home and community-based services as an alternative to institutional care. The federal government requires that the cost of providing services in participants’ homes and communities is not higher than the cost of providing these services in an institution. This is referred to as “cost-neutrality.”

9. What is the process for reporting Medicaid fraud in Maryland?

- The Office of the Inspector General for the Maryland Department of Health accepts reports related to fraud, waste, and abuse in the Medicaid program. These reports can be submitted by phone or by internet form, and can be submitted anonymously. See the [Office of the Inspector General webpage](#) for more information.

Resources

- [DDA Website](#) - For information about the DDA.
- [DDA Regional Offices](#) - For information about Regional Offices, the counties they support, and staff to contact for questions related to applications, eligibility, Coordination of Community Services, Self-Directed Services, and more.
- [DDA Waiver Programs](#) - For information about the DDA-operated Medicaid Waiver Programs, including:
 - [Family Supports Waiver](#)
 - [Community Supports Waiver](#)
 - [Community Pathways Waiver](#)
- [Charting the Life Course Tool](#) - For information on this tool in support of person-centered planning.
- [Person-Centered Planning](#) - For information and resources on person-centered planning.
- [PolicyStat](#) - For information about DDA policies.
- [Quality Improvement Organization \(QIO\)](#) – For information and resources on the DDA’s QIO-like entity, Liberty Healthcare Corporation.
- [Self-Directed Service Model](#) - For information about DDA’s Self-Directed Services, including:
 - [Self-Directed Service Guidance and Forms](#)
 - [Financial Management and Counseling Services](#)

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