

DDA Funded Services

Background and Purpose

The Developmental Disabilities Administration (DDA) **provides** support **to eligible children and adults** with intellectual and developmental disabilities and their families to live **independently within their community** and thrive!

This document **explains** your rights and responsibilities as **someone receiving services through the** DDA-operated **Medicaid** Home and Community-Based Services Waiver Program or DDA State funding.

These rights and responsibilities also apply to any legal guardian and/or designated representative acting on the participant's behalf.

Participating in one of the DDA's Programs requires a participant **and** their **legally authorized representative** or designated representative **(as applicable)** to comply with these rights and responsibilities and all applicable laws, regulations, and requirements.

This document **gives you important information about the rules that you and your legal guardian or designated representative (as applicable) need to follow when receiving services through a DDA program. These rules come from the** DDA's federally approved Medicaid Waiver Program and other applicable laws and regulations. **If these laws and regulations are not being followed, the DDA may disenroll (remove) the participant from the program.**

This document must be reviewed with your Coordinator of Community Services (CCS), signed, and uploaded with each initial and annual Person-Centered Plan.

If you need this information in a different format or in a way that is easier for you to understand—such as large print, Braille, audio, electronic, or another language—please let your Coordinator of Community Services know. The DDA is committed to providing information in the way that works best for you.

General Rights & Responsibilities - Eligibility Requirements and My Person- Centered Plan

I understand that:

1. To receive DDA-funded services, I must initially and continuously meet all DDA Program eligibility requirements for Medicaid [Waiver eligibility](#). This means I must, with the support of my Coordinator of Community Services:
 - a. Submit annual or updated financial statements and documentation to the Office of Eligibility Services and provide a copy to my Coordinator of Community Services;
 - b. Have a current and DDA-approved Annual [Person-Centered Plan](#);
 - c. And, be recertified to meet the medical level of care.
2. I am aware that I must actively receive services to meet DDA Program eligibility requirements. This means, if I have not received any services funded by the Medicaid Waiver in 183 calendar days, I may be disenrolled (removed) from the program.
3. In addition to my Coordinator of Community Services (CCS), I can choose my Person-Centered Planning team members to assist me in developing my trajectory (path) to a good life and identifying the support and services I need to reach my goals.
4. I, my legal guardian, or designated representative(s), must be able to make informed decisions about my DDA services. This is so that:
 - a. My care does not get worse or stop,
 - b. My health and safety are not put at risk, and
 - c. All laws, rules, and program requirements are followed.
5. I, or my legal guardian, or designated representative(s), have the right to choose the date for my first Person-Centered Plan (PCP). This date will stay the same each year, and is referred to as my Annual Plan Date. This date determines when my annual plan meeting is held, when my next Person-Centered Plan is due, and when monitoring and follow-up visits must occur.
6. My Person-Centered Plan documents my goals, objectives, needs and services I am requesting to receive under the DDA Program.
7. When applicable, the Service Implementation Plan (SIP) is the form my chosen provider uses to show how they will help me reach my goals. It must include clear steps, timelines, and strategies that are specific to my outcomes. When my Coordinator of Community Services reviews this with me, I may

accept or reject the Service Implementation Plan before my Annual Person-Centered Plan meeting.


8. I must work with my Coordinator of Community Services and **chosen** Person-Centered Planning team to develop and submit my Person-Centered Plan and, if applicable, Self-Directed Services (SDS) Budget Sheet (for SDS only) **every year, according to my Annual Plan date**, or more **often** if my needs change.
9. I understand that a Person-Centered Plan must be complete with documentation to show assessed need and submitted at least 20-business days before the Annual Plan Date so that the DDA has time to review and approve the plan before the annual plan date arrives..
10. During the 20-day Person-Centered Plan review period, I must work with my Coordinator of Community Services and Person-Centered Planning team to address any clarification requests within five business days.
11. I understand that after the DDA has shared up to three clarification requests within 20-business days, my Person-Centered Plan may be denied, and I have the right to appeal.
12. My Person-Centered Plan must be reviewed, approved, **and active** by the DDA **before services can begin on the plan's effective date (start date)**.
13. All payments of any goods and services I receive **which are** funded by the DDA will be made through LTSS*Maryland* for **Provider-Managed Services** or by the **Financial Management and Counseling Services provider** if I choose to self-direct.
14. All employees, vendors, and providers I choose to receive supports and services from must meet applicable employee **and provider** qualifications, license, and certification (as applicable) requirements to provide the services they have agreed to deliver in my Person-Centered Plan.
15. I understand that if I am receiving one-to-one services and I live with someone who is also receiving one-to-one services, those services may not be provided by the same staff at the same time.
16. I must tell my Coordinator of Community Services about any problems I am having or changes I need with my services—especially before the end of my Person-Centered Plan year—so they can help update and revise my plan, and submit the request to DDA.
17. My Coordinator of Community Services should provide me with a copy of my approved Person-Centered Plan, and I can ask for a copy at any time.
18. I can change my provider at any time by contacting:
 - a. My Coordinator of Community Services to change a provider;
 - b. The Coordinator of Community Services supervisor to change my assigned Coordinator of Community Services;

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- c. The DDA Regional Office to change my Coordinator of Community Services agency.

General Rights & Responsibilities – **My Services, Health and Safety**

I understand that:


1. I must **allow** my Coordinator of Community Services (CCS) to visit me **in person at the place where I receive services**. These Monitoring and Follow-Up visits are to make sure my services are being provided as described in my Person-Centered Plan, that I'm making progress, and that I stay safe and healthy.
 - o What this means for me:
 - I will have four in-person visits every year (one each quarter).
 - The due dates for these visits are based on my Annual Plan Date, and each visit must be finished before its deadline.
 - I can ask my Coordinator of Community Services ahead of time when each visit is due.
 - Visits will take place in the locations where I receive my services.
 - Each quarter, visits will alternate between different service locations (for example, home, day program, employment, or community), if applicable.
 - Visits will also cover different services I receive during the year.
 - I must work with my Coordinator of Community Services to plan these visits on time.
2. I must keep my contact information up to date by telling my Coordinator of Community Services if my address, phone number, email, or other contact details change.
3. I must immediately notify my Coordinator of Community Services of any changes in my health or safety needs or emergencies, which may require a change in the type or amount of services in my Person-Centered Plan.
4. I must report (**tell**) my Coordinator of Community Services about any incidents, as required by the DDA and **outlined in** applicable laws, regulations, and policies, including, but not limited to, the [DDA's Policy on Reportable Incidents and Investigations \(PORII\)](#).

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5. I must **allow** the DDA or other Maryland Department of Health staff **to visit my** home or community, at a reasonable time, to conduct any required compliance reviews and satisfaction surveys (**check that rules are being followed and to ask about my satisfaction.**)
 6. I must address and correct all health and safety and program requirement issues **that the DDA finds**, following applicable laws, regulations, and policies.
 7. I may request an exemption for my live-in caregiver(s) (a person who lives with me and works for me) who provide Personal Support (PS) and/or Respite Care Services from Electronic Visit Verification (EVV) requirements. Once the DDA approves my request, my live-in caregiver(s) do not have to clock in and out in real time.
 8. As part of the Community Settings Rule, I have the right to have:
 - A copy of my lease or other legally enforceable agreement where I live;
 - A key to my front door and/or my bedroom door;
 - Access to food in my home;
 - Visitors.

Self-Directed Services - Rights and Responsibilities – My Budget

The DDA policies, regulations, and Appendix E-1, Section g. of the DDA-operated Medicaid Waiver Program **explain** the services for which I have budget authority (**which means manage/control** over my DDA self-directed budget allocation). I understand that:

1. I choose how my budget is spent based upon the services and funding approved by the DDA in my Person-Centered Plan and **Self-Directed Services** Budget Sheet, including:
 - (a) Moving my funds (**money**) **between** approved DDA services in my Person-Centered Plan and **Self-Directed Services** Budget Sheet to **meet** my changing needs (**when the change is within the standards provided by the DDA**);
 - (b) **Deciding how much to pay for my services is based on the funding approved** by the DDA (my budget) and the reasonable and customary standards determined by the DDA;
 - (c) Hiring employees, vendors, and providers of goods and services, so long as they meet qualifications as confirmed by the **Financial Management and Counseling Services** provider;
 - (d) Changing who provides the goods and services, so long as the employee, vendor, and/or provider **is approved by the Financial Management and Counseling Services** provider and meets all necessary qualifications;

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- (e) Scheduling the provision of services (i.e., the time-of-day services are to be provided);
 - (f) Specifying any additional qualifications for employees, vendors, and providers of services, beyond the minimum qualifications required by the DDA; and
 - (g) Reviewing and approving employees, vendors, and providers' invoices or timesheets for actual services **provided** and to prevent Medicaid Fraud.
2. All expenditures of funds must be in accordance with my Person-Centered Plan and **Self-Directed Services** Budget Sheet and **meet** all program requirements.
 3. I cannot **spend more than** the amount(s) allocated in my Self-Directed Budget Sheet during my Person-Centered Plan year.
 4. My **Self-Directed Services** Budget Sheet must include all costs for employee wages, taxes, **other employees costs**, and any legally required paid leave.
 5. I must comply with all requirements (**follow all rules**) to keep accurate (**correct**) records, complete payroll **on time**, **make sure** timesheets and invoices **are correct**, sign **timesheets**, and complete tax documents.
 6. I must submit required documentation to support a timesheet **and invoice** claims for payment to the **Financial Management and Counseling Services** provider, including but not limited to timesheets and invoices that I have verified as true and correct.
 7. I may only submit claims for payment for goods and services authorized by the DDA in my Person-Centered Plan and **Self-Directed Services** Budget Sheet that were actually provided to me.
 8. The DDA, the Maryland Medicaid Program, or any other State agencies responsible for ensuring taxpayer funds are only spent as authorized, **and** have the right to review all records that either I and/or the **Financial Management and Counseling Services** provider have maintained, demonstrating the DDA **Medicaid** Waiver Program funding requested and the services or goods I have actually received.

Self-Directed Services - Rights and Responsibilities – My Role as An Employer

Appendix E-1, Section g. of the DDA **Medicaid** Waiver Program application designates the services for which I have employer authority.

If I have employer authority for a given DDA **Medicaid** Waiver Program service, then I understand that:

1. I am the employer of record, which means I am legally responsible for paying employees, including making applicable withholdings, and making payments for federal, State, and local taxes. I am responsible for compliance with applicable employment laws. I must follow all employment laws that apply.
2. As the employer of record, I have decision-making authority over individual direct support staff who I hire to provide my DDA Medicaid Waiver Program service(s), in accordance with applicable employment laws and DDA Medicaid Waiver Program requirements, including:
 - (a) Recruiting and selecting staff for employment;
 - (b) Hiring, managing, and terminating (firing) staff from employment;
 - (c) Verifying (checking) staff qualifications, including getting a criminal history and/or background investigation, while the Financial Management and Counseling Services provider also independently makes sure that the potential staff meets minimum qualifications to receive funding for services from the DDA Medicaid Waiver Program;
 - (d) Determine staff's duties according to the DDA Medicaid Waiver Program's requirements for the service;
 - (e) Determine staff wages and benefits, subject to funding approved in the Self-Directed Services Budget Sheet and any other DDA requirements;
 - (f) Schedule staff;
 - (g) Show and teach staff what their jobs are;
 - (h) Supervise staff;
 - (i) Evaluate staff performance; and
 - (j) Verify (check) the time staff worked and approve timesheets.
3. I am responsible for sending payment requests (claims) to the Financial Management and Counseling Services provider for my staff, based on my approved budget (my budget authority as described above). If I do not do this, my staff might not get paid by the DDA Medicaid Waiver Program.
4. I understand that Medicaid has rules I must follow. If I make a false claim, I could lose my Medicaid benefits for a period of time or even permanently. I may also have to pay back any money that was paid in error because of a false claim.
5. I must create a backup plan to ensure my health and safety, in case my staff is not able to work.
6. I may be required to or choose to hire a Support Broker to coach and mentor me in my role as the Employer, and this must be included and approved by the DDA in my Person-Centered Plan and Self-Directed Services Budget Sheet. I understand that I must hire a Support Broker if:

- (a) I hire a relative, a legally responsible person, representative payee, or a legal guardian to provide Medicaid waiver service;
- (b) I select a relative, legal guardian, or legally responsible person as my designated representative; or
- (c) I hire any person or vendor to provide Day-to-Day Administrative Supports.

- 7. I am responsible for making sure that the choices I make in managing my services under the Self-Directed Services delivery model do not negatively impact my health, safety, or welfare.
- 8. I must keep clear and accurate records of all services and goods (items) I have received which were funded by the DDA Program for up to 6 years from the date that I received them.

Signature

By signing below, I, and, **if applicable**, my legal guardian, or designated representative, hereby acknowledge that I have received and read this document. I am aware that if I have any questions, I should contact my Coordinator of Community Services or the DDA Regional Office.

Participant's Name

Participant's Signature

Date

Legal Guardian Name (if any)

Relationship to Participant

Legal Guardian Signature

Date

Supportive Decision Maker (if any)

Relationship to Participant

Supportive Decision Maker


Date

Designated Representative Name (if any)

Relationship to Participant

Designated Representative Signature

Date



____ Check this box if the participant or their legal guardian, or designated representative received the document but were unable or unwilling to sign it.

Witness Name

Witness Relationship to Participant/Role

Witness Signature

Date