Developmental Disabilities Administration

Maryland Department of Health

Self-Directed Services Manual

201 West Preston Street, 4th Floor

Baltimore, Maryland 21201

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Introduction

The Maryland Department of Health Developmental Disabilities Administration (DDA) supports participants' rights to self-determination and choice to self-direct their Medicaid waiver services.

Self-determination means making your own choices, learning to effectively solve problems, and taking control and responsibility for your life. Practicing self-determination also means you are responsible for making decisions and managing your services.

People with intellectual and developmental disabilities have the same right to self-determination as all people and are entitled to the freedom, authority, and supports to exercise control over the things in life that are important to them, to the degree that they desire.

Self-direction, sometimes called consumer-direction or participant-direction, gives you the freedom to choose the services and supports you need to live independently. The core functions of self-direction are **choice** and **control** over how your services are provided and who is being paid to provide these services.

This is a manual for people who are interested in self-directing their Medicaid waiver services using the Self-Directed Services Delivery Model. It is also a resource for people who are currently self-directing their services. This manual will help you understand the ways you can receive services and the DDA's guidance and standards related to those services.

The version of this manual was published on September 24, 2025. The most recent version of the manual can be found on the DDA's website at https://health.maryland.gov/dda/Pages/sdforms.aspx.

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If you have any questions, please contact

(410) 767-5600

or

(844) 253-8694

or visit:

Developmental Disabilities Administration

https://health.maryland.gov/dda/Pages/home.aspx

Note: This guide is a summary with important information. There are more requirements in the Medicaid waiver program applications, laws, regulations, guidance and policies.

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Note: This guide is in plain language to make it easy to understand. Except for technical terms you should know, we use common words. Important terminology and technical words and ideas are in ***bold.*** *A full definition list can be found at the end of this manual.*

I. Self-Directed Services

A. Self-Directed Services give Medicaid waiver participants greater control over the services they receive, how they receive them, and who provides them. At the same time, people who self-direct must be willing to take on the responsibility of managing their services. For services you choose to self-direct, you have additional responsibility including:

1. Participants are the common law employer for the employees who deliver and oversee their services;

2. Participants are in control of an allocated budget which is a fixed dollar amount for the purchase of services and supports available under the DDA-operated Medicaid waiver programs;

3. Participants select employees, vendors and providers and arrange for services and supports as authorized in the Person-Centered Plan;

4. Participants set wages within a reasonable and customary range and the DDA-approved budget;

5. Participants are accountable for using their service budget to effectively meet needs and efficiently use public dollars; and

6. Participants hire, train, supervise, and fire employees.

B. These kinds of supports are available to participants who self-direct:

1. Participants will work with a Coordinator of Community Services to guide them through the process of self-directing their services;

2. Participants have the option of utilizing a Support Broker to assist with employer responsibilities; and

3. Participants will work with a Financial Management and Counseling Services provider to assist with budget and payment responsibilities (required for participation in the Self-Directed Services model).

C. Self-Directed Services are offered in the DDA-operated Medicaid waiver program, the Community Pathways Waiver. All participants have access to an array of support services, meaningful day services, and residential services based on assessed need.

~~1. Community Pathways Waiver;~~

~~2. Community Supports Waiver; and~~

~~3. Family Supports Waiver.~~

D. In order to self-direct, the participant must:

1. Be enrolled in the DDA-operated Medicaid waiver program (Community Pathways)., ~~which include the Family Supports, Community Supports, and Community Pathways Waivers;~~

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2. Explore and understand (with or without support) the responsibilities to be the employer of record and have budget and employer authorities. This process will also allow the participant to determine the supports they may need to use these authorities;

3. Be willing to participate in the planning process to determine service needs and estimated budget;

4. Be able to participate in the self-direction option without a lapse or decline in the quality of the participant's care or increased risk to their health and welfare;

5. Understand the rights, roles, and responsibilities (with or without support) of being the employer for services and managing the budget according to the Person-Centered Plan; and

6. Be able to manage their own budget and employees and/or identify one person or more than one person who can assist them to make decisions, or make decisions on their behalf, based on what is best for the participant. The participant can get assistance with this from others ~~the Coordinator of Community Services~~.

II. Self-Directed Services Training

A. DDA's Self-Directed Services webinars are training for all people interested in Self-Directed Services.

1. The purpose of these trainings is to support individuals and families to make an informed choice on the service Delivery Model and fully understand their role and responsibilities under Self-Directed Services.

2. Current participants may also attend.

B. Additional training will be provided for Coordinators of Community Services, Support Brokers, Financial Management and Counseling Services providers, vendors, DDA Providers, and Department staff. All training resources will be updated and available based on policy and guidance change.

C. Self-Directed Services Orientation

1. The Self-Directed Services Orientation will make sure participants, their families, and other team members understand the rights and

responsibilities of the Self-Directed Services Delivery Model. The orientation helps participants and teams as prepared as possible to begin self-direction.

2. DDA Self-Directed Services Orientation is required for all new applicants interested in self-directing their services and participants using the Provider Managed Service Delivery Model interested in the self-directed service Delivery Model.

    a) Participants enrolled in the Medicaid waiver with an effective date of October 6, 2025 through December 31, 2025, must complete the orientation by or before March 31. If not completed by March 31, 2026, the participant will be transitioned to the Provider-Managed Service Delivery Model.

    b) Participants enrolled in the waiver with an effective date of January 1, 2026 or later must complete the orientation before beginning self-directed services.

3. This DDA Self-Directed Services Orientation must be completed before enrollment in the Self-Directed Services Delivery Model.

4. The DDA Self-Directed Services Orientation consists of the first three modules of the Self-Directed Services Training Series:

    a) Module 1: Self-Direction Overview;

    b) Module 2: The Self-Directed Services Team; and

    c) Module 3: Person-Centered Planning.

5. When a participant is interested in the Self-Directed Services model, they must notify their Coordinator of Community Services.

6. The Coordinator of Community Services will schedule a meeting to complete the orientation with the participant.

    a) The participant may invite any team member they would like to be present for the orientation.

    b) The participant will choose if the orientation meeting will be in-person or virtual. In-person meetings are highly recommended.

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c) The meeting should be scheduled for at least 2 hours. This time allows participants to have breaks between the modules.

d) The DDA Self-Directed Services Orientation must be scheduled within 10 business days of the participant's request.

7. During the orientation meeting, the Coordinator of Community Services will:

    a) Play the video of each module;

    b) Review the Orientation Frequently Asked Questions Tool;

    c) Share the contact information of the DDA Regional Office Self-Directed Services staff in the participant's region so that the team may contact them with any outstanding questions they may have; and

    d) Complete a Self-Directed Services Orientation Checklist with the participant to show that the orientation was completed.

8. After the orientation meeting, the participant can contact the DDA Regional Office Self-Directed Services staff in their region via email or phone to ask any questions they have about the Self-Directed Services model.

9. After the orientation meeting, the Coordinator of Community Services will upload the completed Self-Directed Services Orientation Checklist into *LTSSMaryland* in the "Client Attachments - Self-Direction Documents" section for the participant. Note: Effective October 6, 2025, "FMCS Documents" will be renamed to "Self-Direction Documents".

III. Choosing Self-Directed Services

A. Once a participant has chosen to self-direct their services, they must alert their Coordinator of Community Services and enroll with a Financial Management and Counseling Services provider.

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B. Following this communication with the Coordinator of Community Services:

1. The Self-Directed Services Orientation must be completed with the participant, chosen team members, and the participant's Coordinator of Community Services.

2. A Self-Directed Services Person-Centered Plan must be submitted by the Coordinator of Community Services in LTSS*Maryland*.

3. The Coordinator of Community Services will complete a **Financial Management and Counseling Services Referral** in LTSS*Maryland* based on the Financial Management and Counseling Services provider the participant has chosen.

IV. Financial Management and Counseling Services Providers

A. Financial Management and Counseling Services providers are required to support participants using the Self-Directed Services model. The Financial Management and Counseling Services provider assists the participant in using their budget authority and, if applicable, employer authority. Services provided by Financial Management and Counseling Services providers include, but are not limited to:

1. Processing claims for payment for Medicaid waiver program services in accordance with the participant's self-directed budget allocation; and

2. Verifying that DDA providers, vendors, or direct support staff meet all qualifications to provide the Medicaid waiver program service.

B. All participants who self-direct their services may choose which Financial Management and Counseling Services provider to use.

C. The DDA has a dedicated webpage for Financial Management and Counseling Services providers for participants and their teams to review: Financial Management and Counseling Services

D. Each Financial Management and Counseling Services provider has information about their services on their website:

1. GT Independence

2. Public Partnerships, LLC

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3. Fello (formerly The Arc Central Chesapeake Region)

E. New and updated information will also be posted to the DDA and Financial Management and Counseling Services webpages.

F. Financial Management and Counseling Services Referral

1. Once a participant chooses a Financial Management and Counseling Services provider, the Coordinator of Community Services must complete the LTSS*Maryland* Financial Management and Counseling Services Referral.

2. A Financial Management and Counseling Services Referral is required in LTSS*Maryland* when a participant chooses a Financial Management and Counseling Services provider for the first time and when a participant changes Financial Management and Counseling Services providers.

    a) The Coordinator of Community Services will indicate the participant's choice in the LTSS*Maryland* Self-Direction Referral form along with the effective date.

    Reference: Financial Management and Counseling Services Training Guide for Self Direction - Assigning an Financial Management and Counseling Services Provider to a Client

    b) The service referral is sent to the Financial Management and Counseling Services provider once the LTSS*Maryland* Self-Direction Referral form is saved and submitted.

    c) For participants changing Financial Management and Counseling Services providers:

        (1) The participant may request a change in Financial Management and Counseling Services provider at any time.

        (2) The Financial Management and Counseling Services provider change effective date must give the outgoing and incoming Financial Management and Counseling Services providers at least 30 calendar

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days’ notice of the change in Financial Management and Counseling Services provider.

(a) In order to minimize possible delays of employee payroll, participants should consider transferring to a new Financial Management and Counseling Services provider on the date at the beginning of a new pay period.

(b) The DDA may support participants and their teams to transition in fewer than 30 calendar days in emergency circumstances.

(c) The new Financial Management and Counseling Services provider will request a “Transition File” directly from the previous Financial Management and Counseling Services provider for the participant and their employees. The Transition File will allow the participant and their employees to be set up with the new Financial Management and Counseling Services provider. This means that most tax forms and documents will not need to be re-created with the new Financial Management and Counseling Services provider. All previous approved Wage Exception Forms must be included during a Financial Management and Counseling Services provider transfer.

(d) The new Financial Management and Counseling Services provider will make sure all paperwork required for onboarding the participant and their employees is on file, and if paperwork is missing, the new Financial Management and Counseling Services provider will reach out to the participant and team.

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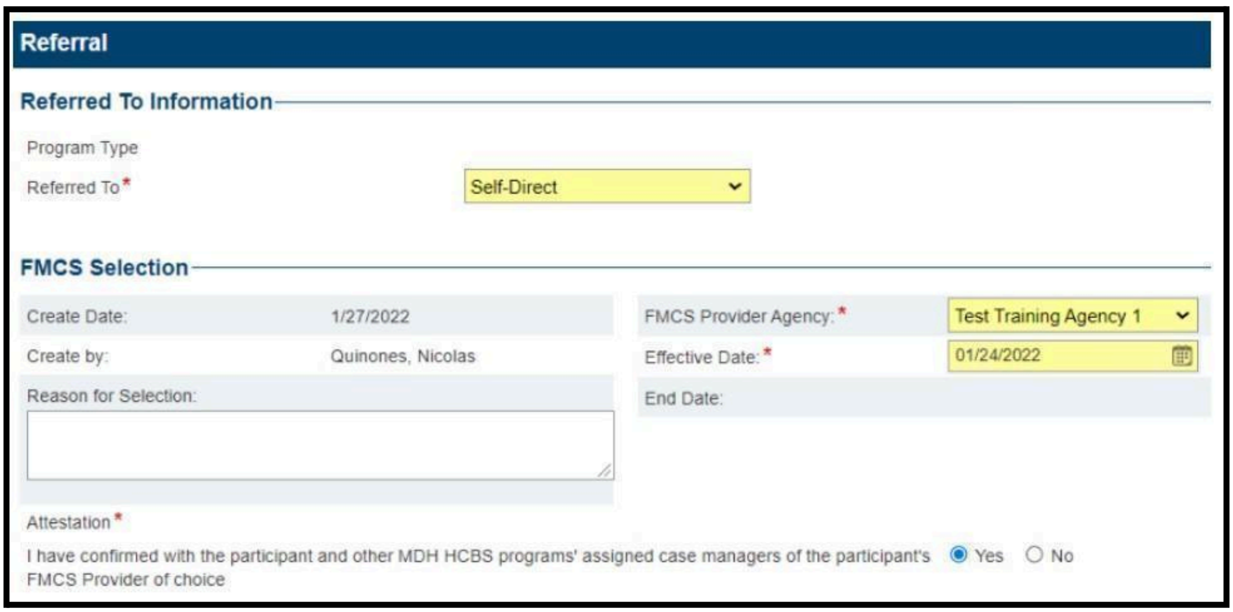
d) For participants new to self-direction: The initial LTSS*Maryland* Self-Direction Referral form should be completed as soon as the participant indicates their choice.

3. Financial Management and Counseling Services Effective Date

a) The Financial Management and Counseling Services provider selection effective date must be the same date as the date of the service referral in LTSS*Maryland*.

b) Therefore, the effective date can be any day during the year. See the screenshot below:


Referral

Referred To Information

Program Type

Referred To* Self-Direct

FMCS Selection

Create Date: 1/27/2022

Create by: Quinones, Nicolas

Reason for Selection:

FMCS Provider Agency:* Test Training Agency 1

Effective Date:* 01/24/2022

End Date:

Attestation*

I have confirmed with the participant and other MDH HCBS programs' assigned case managers of the participant's FMCS Provider of choice Yes No

Note: *After enrollment in Self-Directed Services, future changes of Financial Management and Counseling Services provider can be completed at any time. The LTSSMaryland Financial Management and Counseling Services provider assignment should be made at least 30 calendar days from the new Effective Date.*

c) If the Coordinator of Community Services inputs an effective date less than or equal to the current system date, the transfer will take effect immediately. The system will assign an expiration date to the previous Financial Management and Counseling Services provider one day less than the effective date of the new Financial

Management and Counseling Services provider to avoid overlap.

d) If the effective date for the new assignment is set to a future date, then the record will be listed as Pending as seen in the screenshot below:

Self-Direction Referrals

Add Self-Direction Referral

Referral Date	Referred By Staff	Referred To	Program Type	Effective Date	Expiration Date	Active/Inactive	Deactivated By	Deactivation Date	Actions
01/28/2022	Quinones, Nicolas	Self-Direct		01/31/2022	N/A	Pending	N/A	N/A	View
01/28/2022	Quinones, Nicolas	Self-Direct		01/24/2022	N/A	Active	N/A	N/A	View Deactivate

e) If the effective date for the new Financial Management and Counseling Services provider is set to a future date, and the participant changes their mind, the Coordinator of Community Services can discard the transfer request prior to it becoming effective.

4. Financial Management and Counseling Services Provider LTSS*Maryland* Alert

a) When the LTSS*Maryland* Self-Direction referral is submitted, staff of the selected Financial Management and Counseling Services provider will receive an alert letting them know that their agency has been selected.

b) The Financial Management and Counseling Services provider will get a single alert on the date of the service referral.

c) The Financial Management and Counseling Services provider will be able to access information about the participant immediately through the alert message.

G. Financial Management and Counseling Services Provider Transfer Process

1. During a Financial Management and Counseling Services provider transfer, certain forms and documents need to be shared with the new Financial Management and Counseling Services provider.

2. The participant, with the support of their team, must share copies of the following documents with the new Financial Management and Counseling Services provider. These documents help to support setup and onboarding prior to the Financial Management and Counseling Services provider selection effective date:

    a) Most recently used Self-Directed Services Budget Sheet;

    b) Employee information including wage rates;

    c) Any approved Wage Exception Forms;

    d) Vendor Forms;

    e) Service Implementation Plans or job descriptions;~~ (if applicable)~~

    f) Employee / vendor schedules;

    g) Family as Staff Form; and

    h) Other documents to support the transfer and set up the participant and their employees, vendors, and providers with the new Financial Management and Counseling Services provider.

3. Self Directed Budget Sheet

    a) For the Financial Management and Counseling Services provider transfer, participants must complete the most current version of the Self-Directed Services Budget Sheet.

    b) If the participant's current Budget Sheet uses an outdated version, a new Budget Sheet must be completed.

4. The Financial Management and Counseling Services provider that the participant is currently using must send the participant's newly chosen Financial Management and Counseling Services provider the following documentation:

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a) A list of expenditures from the current plan year during the current Financial Management and Counseling Services provider's service timeframe and from any prior portions of the plan year during which the participant was served by a different Financial Management and Counseling Services provider for which the current Financial Management and Counseling Services provider possesses documentation; and

b) Tax information associated with the participant and their employees and vendors.

c) All previous approved Wage Exception Forms must be included during a Financial Management and Counseling Services provider transfer.

5. The new Financial Management and Counseling Services provider is responsible for orienting the participant to its processes and setting up the participant's employees for clearance to work. Financial Management and Counseling Services provider contracts require customer service response within 24 hours (on the next business day). The Financial Management and Counseling Service provider will keep working with the participant and team after the 24 hours to resolve any issues.

V. Self-Directed Services Authorities

A. Employer Authority

1. Employer authority means making decisions and managing your staff within waiver limits. This includes hiring, training, scheduling, and terminating employees, if needed.

2. The participant (or their **Designated Representative**) is the employer of record.

3. A **Federal Employer Identification Number (FEIN)**, in the participant's name, is required. The participant's Financial Management and Counseling Services provider supports the participant in applying for and maintaining their Federal Employer Identification Number.

4. The participant (or Designated Representative) hires, terminates, manages, and supervises all employees.

B. Budget Authority

1. Budget authority is making choices about how you spend the money in your budget within waiver limits. This includes choosing who is paid to provide your authorized Medicaid waiver services.
2. The participant (or Designated Representative) determines rates for employees, vendors, and providers and any goods/services needed based on services within the approved Person-Centered Plan.
3. All rates, wages, and benefits must be within the DDA's established Reasonable and Customary standards.

Table 1. Services Available Under Budget Authority and Employer Authority

Waiver Service	Budget Authority	Employer Authority
Assistive Technology and Services	⚫	
Behavioral Support Services	⚫	
Community Development Services	⚫	⚫
Day Habilitation Note: Participants may receive Day Habilitation small or large group supports.	⚫	
Employment Services (Discovery, Job Development, Self-Employment Development Supports, and Co-Worker Employment Supports	⚫	

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Waiver Service	Budget Authority	Employer Authority
Employment Services (Ongoing Job Supports and Follow Along Supports)	⚫	⚫
Environmental Assessment	⚫	
Environmental Modifications	⚫	
Family and Peer Mentoring Supports	⚫	
Family Caregiver Training and Empowerment Services	⚫	
Housing Support Services	⚫	
Individual and Family Directed Goods and Services (Recruitment and Advertising)	⚫	
Individual and Family Directed Goods and Services (Day-to-Day ~~Administrator~~ Administrative Supports)	⚫	⚫
Individual and Family Directed Goods and Services (Other Goods and Services)	⚫	
Live-in Caregiver Supports	⚫	
Nursing Support Services	⚫	⚫
Participant Education, Training, and Advocacy Supports	⚫	❌ Participant Education, Training, and Advocacy Supports includes budget authority only.

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Waiver Service	Budget Authority	Employer Authority
Personal Supports and Personal Supports Enhanced	●	●
Remote Support Services	●	
Respite Care Services	●	●
Shared Living	●	
Support Broker Services	●	●
Supported Living	●	
Transition Services	●	
Transportation Services	●	●
Vehicle Modification	●	

VI. Rights and Responsibilities

A. The participant must follow all federal, state, and local employment laws.

B. The participant must access and use public funds correctly - preventing **fraud, waste, abuse, neglect, and financial exploitation**.

C. The participant must be in compliance with local, State, and federal regulations, policy, and guidance (including the guidance provided in this manual), in addition to the requirements set forth in each Medicaid waiver application.

D. Anyone who provides waiver services to participants are not allowed to create non-disclosure agreements with participants. This includes employees, vendors, DDA Medicaid Providers, Coordinators of Community Services, Support Brokers, and Financial Management and Counseling Services providers. Non-disclosure agreements are legally enforceable contracts that create confidential relationships between a person who has sensitive information and a person who will gain access to that information.

VII. The Person-Centered Plan and Self-Directed Services Budget

A. The participant and their Coordinator of Community Services develop the Person-Centered Plan.

B. The participant will choose ~~identify~~ team members that they would like to participate in the development of the Person-Centered Plan, such as:

1. Family members;
2. Support Broker; and
3. Other supports.

C. The Person-Centered Plan is always facilitated and submitted in LTSS*Maryland* by the Coordinator of Community Services.

D. Services requested must be based on assessed need in accordance with DDA Person-Centered Plan Policy.

E. Annually, a new Person-Centered Plan must be created.

F. Annual Person-Centered Plans that are not completed and approved by the Annual Plan Date will expire.

1. Services associated with an expired Person-Centered Plan will be automatically extended; this is called an auto-extend. All approved services in the detailed authorization section will continue in an auto-extended Person-Centered Plan.
2. Employee wage increases, vendor/provider rate increases, new benefits, and new Individual and Family Directed Goods and Services cannot be added when a Person-Centered Plan is auto-extended.
3. When a Person-Centered Plan auto-extends, there is no cost savings available to cover "Other Goods and Services" requests (not including Staff Recruitment and Advertisement or Day-to-Day Administrative Supports). No payments for "Other Goods and Services" items can be made when a Person-Centered Plan is in auto-extend, including:
    a) Payments for previously approved memberships; and

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b) Payments for goods and services approved in a previous plan year.

4. When a Person-Centered Plan auto-extends, there is no cost savings available to cover additional Support Broker Services beyond what was approved in the Person-Centered Plan. For example, 4 hours per month of Support Broker Services).

5. Budget modifications cannot be completed while a Person-Centered Plan is auto-extended.

G. Person-Centered Plans must include the following forms:

1. **Participant Rights and Responsibilities**;

2. **Self-Directed Services Participant Agreement**; and

3. **Family as Staff Form**. (Wages above the Reasonable and Customary rates must include approved Wage Exception Forms).

H. The DDA will approve Person-Centered Plans that meet applicable standards for up to one year.

I. Within one year, all Person-Centered Plans must be renewed with the involvement of the participant, Coordinator of Community Services, and the participant's chosen team members.

J. Participants, with the support of their chosen teams, will create their individualized Self-Directed Services Budget Sheet. The budget sheet must be sent to the participant's Financial Management and Counseling Services provider for review and uploaded into LTSS*Maryland* in Client Attachments as "FMCS Documents."

Note: Effective October 6, 2025, "FMCS Documents" will be renamed to "Self-Direction Documents".

1. The costs associated with wages, employer related costs, and benefits must be included on the Self-Directed Services Budget Sheet.

2. The Self-Directed Services Budget Sheet is based on the services and units approved and authorized in the Person-Centered Plan.

3. The Self-Directed Services Budget Sheet services and units must match the Person-Centered Plan authorized services and units.

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4. The participant chooses:

    a) Whether they want to hire a staff person, a vendor, or a DDA Provider,

    b) The wage or rate of pay, and

    c) Whether they want to offer any training or benefits.

5. Wages, rates, training costs, and benefits must be within the DDA's established reasonable and customary standards and Person-Centered Plan budget allocation which is reflected on the budget sheet.

6. The participant, with the support of their team, will make sure all Medicaid program rules are followed.

7. The Financial Management and Counseling Services provider shall accept Self-Directed Services budget sheets that meet the following standards:

    a) The most current version of the Self-Directed Services budget sheet is used;

    b) The services in the Self-Directed Services budget sheet match the services authorized in the Person-Centered Plan service authorization;

    c) The service units in the Self-Directed Services budget sheet match the service units authorized in the Person-Centered Plan service authorization;

    d) The wages, benefits, and rates follow federal, state, and local laws (e.g., minimum wage and Sick and Safe leave laws), and DDA-established reasonable and customary standards;

    e) The budget sheet shows the Financial Management and Counseling Services provider and fees; and

    f) The total Self-Directed Services budget sheet does not exceed the total budget allocation.

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8. Detailed instructions on how to complete the Self-Directed Services Budget Sheet can be found in Completing Self-Directed Services Forms section of this manual.

K. Budget Modifications

1. Participants, with the support of their team, may make changes to their Self-Directed Services budget sheet during the plan year. Changes to the Self-Directed Services budget sheet are called "budget modifications."

2. Participants, with the support of their team, may move funding across approved budget service lines only:

    a) If they remain within their total approved annual budget amount; and

    b) To support the following actions:

        (1) Increase or decrease staff wages or vendor/provider rates within the reasonable and customary standards;

        (2) Addition, deletion, increase, or decrease of employee-related expenses associated with employee benefits (health benefits, paid time off, sick and safe leave, holiday pay, training, or mileage reimbursement);

        (3) Adjustment to funding associated with taxes (teams must ensure enough funds remain in each wage tax line for services through the end of the plan year);

        (4) Changing the use of staff to a vendor or provider for the same type and unit of services;

        (5) Changing the use of a vendor or provider to hiring a staff person for the same type and unit of services;

        (6) Increase of respite camp funding up to the Medicaid waiver program service limit, currently set at $7,248 per plan year;

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(7) Moving funding associated with Ongoing Job Supports, Community Development Services, Support Broker Services, Personal Supports and Personal Supports - Enhanced, and Day Habilitation (up to the approved number of hours per week); or

(8) Changing **Individual and Family Directed Goods and Services** within applicable limits.

3. Budget modifications must be:

    a) Completed by the participant with the support of their team; and

    b) Sent to the Financial Management and Counseling Services provider by the Participant and/or their Coordinator of Community Services.

4. To prevent any conflict of interest, the Financial Management and Counseling Services provider may not process budget modifications that are completed or sent by a Support Broker or any employee, vendor, or provider who provides services to the participant.

5. The Financial Management and Counseling Services provider may only process budget modification requests that meet the above listed standards.

6. If the Financial Management and Counseling Services provider finds that a budget modification request does not meet these standards, the Financial Management and Counseling Services provider will notify the participant within 20 business days that it is unable to process the request. The notification must include a description of why the budget modification cannot be processed and any proposed solutions.

7. Participants, with the support of their team (including the Coordinator of Services), can review and resubmit a budget modification request after all requirements are met.

8. DDA staff in the Regional Offices are available to the participant and their team to provide support in making needed changes.

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9. Detailed instructions on how to complete a Self-Directed Services Budget Modification can be found in the Completing Self-Directed Services Forms section of this manual.

L. Revised Person-Centered Plans

1. Revised Person-Centered Plans are required when an active Person-Centered Plan needs changes to meet the participant's assessed needs.

2. Revised Person-Centered Plans must be completed in accordance with the DDA Person-Centered Plan policy.

VIII. Employees

A. Participants who self-direct their services may hire employees for the following services:

1. Community Development Services;

2. Employment Services - Ongoing Job Supports and Follow-Along Supports;

3. Nursing Support Services ~~(under circumstances noted under "Family as Staff Requirements");~~

4. Individual and Family Directed Goods and Services - Day-to-Day Administrative Supports;

5. Personal Supports and Personal Supports - Enhanced;

6. Respite Care Services;

7. Support Broker Services ~~(under circumstances noted under "Family as Staff Requirements")~~; and

8. Transportation.

B. Relatives, legally responsible persons, and legal guardians can be hired as employees for certain services.

Table 2. Services That Can Be Provided by Relatives, Legally Responsible Persons, and Legal Guardians

Service	Relatives	Legally Responsible Persons	Legal Guardians
Assistive Technology			
Behavioral Support Services			
Community Development Services	⚫	⚫	⚫
Day Habilitation			
Employment Services (Discovery, Job Development, Self-Employment Development Supports, and Co-Worker Employment Supports			
Employment Services (Ongoing Job Supports and Follow Along Supports)	⚫	⚫	⚫
Environmental Assessment			
Environmental Modifications			
Family and Peer Mentoring Supports			
Family Caregiver Training and Empowerment Services			

Service	Relatives	Legally Responsible Persons	Legal Guardians
Housing Support Services			
Individual and Family Directed Goods and Services (Recruitment and Advertising)			
Individual and Family Directed Goods and Services (Day-to-Day Administrative Supports)	⚫ Relatives may only provide this service if they are not a legally responsible person or guardian.		
Individual and Family Directed Goods and Services (Other Goods and Services)			
Live-in Caregiver Supports	Siblings only: siblings may provide this service if they are not a legally responsible person or guardian.		
Nursing Support Services	❌ Relatives, legally responsible person, and legal guardians may not provide this service.		
Participant Education, Training, and Advocacy Supports	❌ This service must be provided by a DDA Provider		

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Service	Relatives	Legally Responsible Persons	Legal Guardians
Personal Supports and Personal Supports Enhanced	⚫	⚫	⚫
Remote Support Services			
Respite Care Services *Note: Service may not be provided by a primary caregiver.*	⚫	⚫	⚫
Shared Living			
Support Broker Services	⚫	⚫	⚫
Supported Living			
Transition Services			
Transportation Services	⚫	❌ Legally Responsible Persons cannot provide this service	❌ Legal guardians cannot provide this service

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Service	Relatives	Legally Responsible Persons	Legal Guardians
Vehicle Modification			

C. Anyone paid to provide a Medicaid waiver service, including participant employees, is considered a Medicaid Provider. This means that everyone paid by Medicaid is accountable for following the laws and regulations associated with the Medicaid program. ~~subject to all laws and regulations associated with being a Medicaid Provider.~~

D. In order to be cleared for work and receive payment for services, all employees must meet all qualifications and requirements as listed in the approved Medicaid waiver programs. Employees who do not meet all requirements may not begin working or continue working until they are approved to work.

E. The Financial Management and Counseling Services provider may not pay for services rendered by an employee who does not meet all employment requirements, including but not limited to the following:

1. Criminal background checks are required for any employee who works for a participant.

    a) The Financial Management and Counseling Services provider runs and pays for the initial background check for all employees.

    b) Subsequent and regular background checks can be run at the participant's (who is the employer) discretion with their Self-Directed Services budget cost savings.

    c) Financial Management and Counseling Services providers must share the results of background checks with other Financial Management and Counseling Services providers should a participant choose to switch Financial Management and Counseling Services providers.

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d) DDA-operated Medicaid waiver programs allow for two types of criminal background checks:

(1) A Maryland State-only criminal background check via fingerprinting with the **Maryland Department of Public Safety's Criminal Justice Information System (CJIS)**; or

(2) A National criminal background check through a private agency with whom the Financial Management and Counseling Services provider contracts. The criminal background check must include court or other records "in each state in which [the participant employer] knows or has reason to know the eligible employee [or contractor] worked or resided during the past 7 years."

e) The type of background check is determined by the participant as the employer.

f) The Financial Management and Counseling Services provider will notify the participant if an employee's criminal background check may preclude them from providing services.

2. Child Protective Services Background Checks

a) Employees working for a participant under the age of 18 years must complete a Child Protective Services Background Check.

(1) The Financial Management and Counseling Services provider must give instructions to employers and employees on how to complete the Child Protective Services Background Check.

(2) If participants, families, or employees incur costs related to an initial Child Protective Services Background Check, the Financial Management and Counseling Services provider must provide reimbursement.

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(a) The Financial Management and Counseling Services provider must provide resources for free notarization of any documents; and

(b) The Financial Management and Counseling Services provider may provide complimentary notary services.

(3) Required Child Protective Services background checks must be completed and received by the Financial Management and Counseling Services provider in order for employees to be cleared for work.

(4) Participants may choose to complete additional Child Protective Services background checks after the first check using authorized funding.

b) The Financial Management and Counseling Services provider will notify the participant if an employee's Child Protective Services background check may preclude them from providing services.

3. Training Requirements for Employees

a) In order to be cleared for work by the Financial Management and Counseling Services provider and receive payment for services, all employees who work directly with the participant must meet all qualifications and requirements as listed in the DDA-operated Medicaid Waiver Program.

(1) Employees who do not meet all requirements may not begin working or continue working until they are approved to work.

(2) Financial Management and Counseling Services provider contracts require response time within 24 hours (on the next business day).

b) First Aid and Cardiopulmonary Resuscitation (CPR) training and certification or Emergency Medical Technician (EMT) training and certification are required for most employees

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who work for a participant. (See the DDA-operated Medicaid Waivers Self-Directed Services Employee, Vendor, and DDA Provider Qualifications section for details for each waiver service).

(1) Training must be completed in person or through a hybrid model that includes an in-person component of the training.

(2) At minimum, employees must participate in an in-person skills session that will require them to show that they are able to perform Cardiopulmonary Resuscitation (CPR) and First Aid skills.

(3) Written materials may be used online and at the employee's own pace.

(4) Online-only training does not meet the training requirements.

c) Based on the service provided, additional training may be required, as applicable in the federally-approved Medicaid waiver program.

d) The participant may require any other training as desired that is related to the participant's specific medical, behavioral, communication, or cultural needs.

4. A full listing of employee, vendor, and DDA provider qualification requirements by waiver service can be found in the DDA-operated Medicaid Waivers Self-Directed Services Employee, Vendor, and DDA Provider Qualifications section of this manual.

F. Relatives, Legally Responsible Persons, and Legal Guardians Providing Waiver Services ~~Family as Staff~~

1. The participant may choose to hire a relative, legally responsible person, or legal guardian in certain situations.

   a) "Relative" is defined as a natural or adoptive parent, step-parent, grandparent, step-grandparent, child, stepchild, sibling, step-sibling, aunt, uncle, niece, or

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nephew, who is not also a legal guardian or legally responsible person.

b) Relatives, legally responsible persons, and legal guardians may be hired as employees for the following services:

(1) Community Development Services;

(2) Employment Services (Ongoing Job Supports and Follow-Along only);

(3) Individual and Family Directed Goods and Services - Day-to-Day Administrative Supports (relatives may be hired if they are not a legally responsible person or legal guardian of the participant);

~~(4) Nursing Support Services (if approved by DDA);~~

(5) Personal Supports and Personal Supports - Enhanced;

(6) Respite Care Services;

(7) Support Broker Services; and

(8) Transportation Services (relatives may be hired if they are not a legally responsible person or legal guardian of the participant).

c) ~~As noted under "Family as Staff Requirements,"~~ If a relative, legally responsible person, or legal guardian is hired as Support Broker, no other relatives, legally responsible persons, or legal guardians may be hired as staff.

2. Support Broker Services when Relatives, Legally Responsible Persons, Representative Payees, and Legal Guardians are Hired ~~for Family as Staff~~

a) Support Broker Services are required when a relative, legally responsible person, representative payee, or legal guardian serves as paid staff to assure proper oversight and quality assurance as well as reduce conflicts of interest.

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b) Support Broker Services are also required when the participant selects a relative, legally responsible person, or legal guardian as their designated representative, or employs any person or vendor to provide Day-to-Day Administrative Supports.

c) If a Support Broker is a relative, legally responsible person, representative payee, or legal guardian of the participant, no other relative, legally responsible person, representative payee, or legal guardian may work for the participant.

d) If any employee is a relative, legally responsible person, representative payee, or legal guardian, no relative, legally responsible person, representative payee, or legal guardian may serve as Support Broker.

e) A participant's designated representative may never be that participant's Support Broker.

3. Family as Staff Form (used to report when relatives, legally responsible persons, and legal guardians provide waiver services)

   a) The Family as Staff Form reports ~~details~~:

      (1) The relatives, legally responsible persons, or legal guardians who will work for the participant.

      (2) The wage and number of hours the relative, legally responsible person, or legal guardian will be working.

   b) The Family as Staff Form uses the term "relative" to include natural or adoptive parents, stepparents, grandparents, step-grandparents, children, stepchildren, siblings, step-siblings, aunts, uncles, nieces, or nephews, regardless of whether those individuals are also legal guardians or legally responsible persons.

   c) All relatives, legally responsible persons, and legal guardians that are hired as staff must meet the minimum qualification requirements to provide the Medicaid waiver service they are hired to perform, in accordance with DDA established policies and guidance.

d) Each participant must indicate whether they want to hire a relative, legally responsible person, or legal guardian as staff on the Family as Staff Form. The options include:

(1) Option 1: The participant does not want to hire any relatives, legally responsible persons, or legal guardians to be staff;

(2) Option 2: The participant wants to hire a relative, legally responsible person, or legal guardian to be their Support Broker; or

(3) Option 3: The participant wants to hire a relative, legally responsible person, or legal guardian to be their direct support staff.

e) If the participant chooses to hire a relative as their Support Broker or as direct support staff, they must also include:

(1) The name of each relative, legally responsible, and legal guardian they want to hire;

(2) The relationship of each relative, legally responsible person, and legal guardian to the participant;

(3) The waiver service each relative, legally responsible person, and legal guardian will provide;

(4) The rate of pay each relative, legally responsible person, and legal guardian will be paid per hour; and

(5) The number of hours per week each relative, legally responsible person, and legal guardian will work.

f) The Family As Staff form must be submitted again when there is a change in the information noted on the previously submitted form.

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g) Detailed instructions on how to complete the Family as Staff Form can be found in the [Completing Self-Directed Services Forms section](#) of this manual.

h) For each relative, legally responsible person, and legal guardian, the participant attests that the following are true:

(1) The decision to hire a relative, legally responsible person, or legal guardian ~~a family member~~ as staff is their choice and is supported by their team.

(a) On the Family as Staff form, the participant and their legally authorized representative (as applicable) or their Designated Representative must attest that it is their choice to hire each relative, legally responsible person, or legal guardian.

(b) A wet or electronic signature or stamp is required for this attestation.

(2) There is a lack of qualified non-relative staff to meet the participant's needs.

(3) The relatives, legally responsible persons, and legal guardians ~~family member(s)~~ hired as staff will help increase the participant's independence, community participation, integration, and belonging.

(4) The relatives, legally responsible persons, and legal guardians ~~family member(s)~~ hired as staff agree(s) to implement the participant's Person-Centered Plan and provide services as required by federal and State rules, laws and regulations for the DDA-operated Medicaid waiver programs.

(5) The participant and their team must review and discuss if the relative, legally responsible person, or legal guardian hired as staff meets the participant's needs.

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4. Relatives, Legally Responsible Persons, and Legal Guardians Providing Waiver Services

a) No legally responsible person, legal guardian, or relative may work more than 40 hours per week for a participant, across all waiver services. This standard applies to all relatives, legally responsible persons, and legal guardians who provide waiver services to the participant, including working directly for the participant as an employee, working as an independent vendor, and working for another vendor or DDA provider.

   Note: If a participant has paid staff that are **not** relatives, legally responsible persons, and legal guardians, those staff members can work more than 40 hours per week. If the participant wants the staff to work more than 40 hours, the participant must make sure they have funding and hours in the budget to cover the increased cost of services.

b) Any hours worked over 40 hours by relatives, legally responsible persons, or legal guardians will not be paid using Medicaid waiver funds. This means that Financial Management and Counseling Services providers will not pay for those hours.

~~(1) A relative may be authorized to temporarily work more than 40 hours per week if authorized by the DDA.~~

~~(a) All requests for family members working over 40 hours per week must be sent using the Family as Staff Overtime Request Form~~

~~(b) Detailed instructions on how to complete the Family as Staff Overtime Request Form can be found in Section XVI of this Manual.~~

~~(c) Any participant who requests overtime for family members more than once in a~~

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~~Person-Centered Plan year will be subject to DDA review to confirm that the Self-Directed Services model is appropriate for them.~~

~~(d) Family member overtime requests may be either:~~

~~(i) Brief requests of 14 or fewer days; or~~

~~(ii) Temporary requests of 15-90 days.~~

~~(e) The DDA will approve Family Overtime requests that meet the following standards:~~

~~(i) The request is submitted on the DDA's current form;~~

~~(ii) The form is complete;~~

~~(iii) The form includes supporting documentation for at least one justification:~~

~~(a) Serious inclement weather;~~

~~(b) Sickness of the participant;~~

~~(c) Sickness of another employee;~~

~~(d) Sudden notification of an employee's resignation;~~

~~(e) Sudden notification of an employee's incapacitation (seriously ill and unable to work) or death;~~

~~(f) Sudden notification of an employee's request to access unpaid leave;~~

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~~(g) Emergency termination of an employee due to fraud, waste, or abuse; or~~

~~(iv) Inability to hire employee(s).The form includes supporting documentation for at least one justification for the overtime request as listed below in Table 1.~~

~~Table 3. Justifications and Standards for Family Member Overtime~~

~~**Justification for Family Member Overtime**~~	~~**DDA's Standards for Approval**~~
~~Brief Requests (14 or fewer days)~~	
~~Serious inclement weather~~	~~• Inclement weather for the dates requested~~
~~Sickness of the participant~~	~~• Documentation from a medical professional noting the illness of the participant~~
~~Sickness of another employee~~	~~• Documentation from a medical professional noting the illness of the employee~~
~~Temporary Requests (15 - 90 days)~~ ~~"Sudden notification" is defined as less that 15 days notice~~	
~~Sudden notification of an employee's resignation~~	~~• Letter signed by the employee with the date of resignation noted~~
~~Sudden notification of an employee's death~~	~~• Signed attestation from the participant~~

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~~Justification for Family Member Overtime~~	~~DDA's Standards for Approval~~
~~Sudden notification of an employee's intention to use unpaid leave~~	• ~~Letter signed by the employee requesting dates to use unpaid leave~~
~~Emergency termination of an employee due to fraud, waste, or abuse~~	• ~~Documentation of the incident report filed regarding the alleged fraud, waste, or abuse, OR~~ • ~~Letter signed by the employer with the date of termination~~
~~Inability to hire employee(s)~~	• ~~Documentation that the job position in question was advertised for the previous 2 weeks; AND~~ • ~~Documentation that at least 3 interviews for the position were scheduled with 3 different applicants ; AND~~ • ~~Documentation that~~ ◦ ~~The interviews were not attended; OR~~ ◦ ~~The applicants did not meet the written requirements of the job description; OR~~ ◦ ~~The applicant refused to accept an offer for the position~~

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c) Spouses

(1) Spouses may not ~~serve as staff~~ provide any waiver service(s), with the exception of Support Broker Services.

(2) If a spouse provides Support Broker Services, the spouse may not be paid for the service by the waiver program.

d) If a Support Broker is a relative, legally responsible person, or legal guardian, no other relative, legally responsible person, or legal guardian may work for the participant. Similarly, if a participant employs any relatives, legally responsible persons, or legal guardians in non-Support Broker positions, the participant may not hire a relative, legally responsible person, or legal guardian as a Support Broker.

e) No relatives other than siblings may be hired for Live-In Caregiver supports.

f) Relatives (who are not legally responsible persons or legal guardians) may provide Day-to-Day Administrative Supports.

g) Relatives (who are not legally responsible persons or legal guardians) may provide Transportation Services.

~~h) Relatives may be hired for Nursing Support Services only under extraordinary circumstances approved by the DDA.~~ Relatives, legally responsible persons, and legal guardians may not provide Nursing Support Services.

i) If a relative, legally responsible person, or legal guardian serves as designated representative, no other relative, legally responsible person, or legal guardian may serve as paid staff.

G. Rates, Benefits, and Billing for Employees (including Relatives, Legally Responsible Persons, and Legal Guardians providing waiver services, ~~Family As Staff,~~ Support Brokers and Day-to-Day Administrative Supports)

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1. Services provided must be documented as per DDA's policies and the Guidelines for Service Authorization and Provider Billing Documentation.

2. Employee wages and vendor rates must be within DDA's established reasonable and customary standards.

    a) Participants, with the support of their team, may request an exception to the established reasonable and customary staff wage range standards, up to no more than the established exception rate.

    b) The Wage Exception Form must be completed in order to request a Wage Exception.

    c) The participant's Coordinator of Community Services must complete all Wage Exception Forms.

    d) One form must be completed for each job position as needed.

    e) The Wage Exception Form must include:

        (1) The participant's LTSS*Maryland* ID,

        (2) The participant's name,

        (3) The waiver service the employee provides,

        (4) The participant's county of residence,

        (5) The proposed wage for the employee,

        (6) The employee's name, as applicable,

        (7) A notation if the employee is a relative, legally responsible person, or legal guardian. ~~family member~~

        (8) At least one reason for the Wage Exception must be chosen from the following:

            (a) Lack of available workforce;

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(b) Intensity of the participant’s behavioral or health support;

(c) Uncommon hours or schedule;

(d) Expectation of short duration of employment;

(e) History of high staff turnover;

(f) Employee certification(s);

(g) Employee specialized training;

(h) Employee’s years of experience; or

(i) Employee’s longevity with the participant.

(9) Supporting documentation associated with the reason(s) selected.

(10) The DDA will approve all Wage Exception Forms that meet the following standards:

(a) The request is submitted on the DDA’s current form.

(b) The proposed wage is allowable as per the DDA established wage exception rate for the county in which the participant lives.

(c) The form is complete.

(d) The form includes supporting documentation for at least one justification for the wage exception as listed in the table below:

Table 3. Justifications and Standards for Wage Exceptions

Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
Lack of available workforce *Note: Should only be requested if the position is not filled by a current employee*	● Documentation that the job position in question was advertised for the previous 2 weeks; AND ● Documentation that at least 3 interviews for the position were scheduled with 3 different applicants ; AND ● Documentation that ○ The interviews were not attended; OR ○ The applicants did not meet the written requirements of the job description; OR ○ The applicant refused to accept the offer within the reasonable and customary range
Intensity of the participant's behavioral or health support	● Documentation of an Health Risk Screening Tool (HRST) score of 4 or higher; AND ● Documentation of ○ a Behavior Support Plan; OR ○ Nursing Care Plan that documents the support needs *If the requested position is not filled by a current employee, the following is also required:* ● Documentation that the job position in question was advertised for the previous 2 weeks; AND ● Documentation that at least 3 interviews for the position were scheduled with 3 different applicants;

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Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
	AND ● Documentation that ○ the interviews were not attended; OR ○ the applicants did not meet the written requirements of the job description; OR ○ the applicant refused to accept the offer within the reasonable and customary range.
Uncommon hours or schedule	● Documentation of the uncommon hours or schedule for the position *If the requested position is not filled by a current employee, the following is also required:* ● Documentation that the job position in question was advertised for the previous 2 weeks; AND ● Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; AND ● Documentation that ○ the interviews were not attended; OR ○ the applicants did not meet the written requirements of the job description; OR ○ the applicant refused to accept the offer within the reasonable and customary range.

Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
Expectation of short duration of employment	• Written attestation that the employer plans to employ the employee for no more than 30 days *If the requested position is not filled by a current employee, the following is also required:* • Documentation that the job position in question was advertised for the previous 2 weeks; AND • Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; AND • Documentation that ○ the interviews were not attended; OR ○ the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range.
History of high staff turnover	• Documentation that the position has had 3 or more employees in the same position in the past 365 days; AND • Documentation that shows each of the employees ○ resigned; OR ○ were terminated with documented cause

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Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
Employee possession of certification(s) **Note: First Aid, CPR, or any other waiver required certification does not meet the qualifications for a Wage Exception.*	● A copy of the certification(s) required for the position; AND ● Documentation of 2 job advertisements in Maryland, which: ○ Are unrelated to the Self-Directed Services program, ○ Are posted within 365 days of the request, AND ○ Require the certification listed with a pay rate at or above the requested rate. *If the requested position is not filled by a current employee, the following is also required:* ● Documentation that the job position in question was advertised for the previous 2 weeks; AND ● Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; AND ● Documentation that ○ the interviews were not attended; OR ○ the applicants did not meet the written requirements of the job description; OR ○ the applicant refused to accept the offer within the reasonable and customary range.

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Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
Employee possession of specialized training **Note: First Aid, CPR, or any other waiver required certification does not meet the qualifications for a Wage Exception.*	● Documentation of the employee's specialized training; AND ● Documentation of 2 job advertisements in Maryland, which: ○ Are unrelated to the Self-Directed Services program, ○ Are posted within 365 days of the request, AND ○ Require the specialized training listed with a pay rate at or above the requested rate *If the requested position is not filled by a current employee, the following is also required:* ● Documentation that the job position in question was advertised for the previous 2 weeks; AND ● Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; AND ● Documentation that ○ the interviews were not attended; OR ○ the applicants did not meet the written requirements of the job description; OR ○ the applicant refused to accept the offer within the reasonable and customary range.

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Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request

Employee's Years of Experience	• A copy of the employee's resume OR CV (Curriculum Vitae) that documents at least 10 years of experience directly relevant to the service provided to the participant
	
	If the requested position is not filled by a current employee, the following is also required:
	
	• Documentation that the job position in question was advertised for the previous 2 weeks; AND
	• Documentation that at least 3 interviews for the position were scheduled with 3 different applicants ; AND
	• Documentation that
	  ○ the interviews were not attended; OR
	  ○ the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range.

Employee's Longevity with the participant	• Documentation that the employee has been employed by or for the employer for a cumulative of at least 8 years shown by: ○ Employment records as obtained by the participant's Financial Management and

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Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
	Counseling Services (FMCS), OR ○ Copy of a new hire letter with date, OR ○ Written attestation of employment which involved regular direct contact with the participant while employed by a DDA provider, school, or provider of other Medicaid services.

(11) The DDA will review all Wage Exception Forms within 20 business days.

(12) All Wage Exception Forms that do not meet the listed standards will be denied and returned to the participant with appeal rights.

(13) A new Wage Exception Form is required if

(a) The participant requests a higher rate for the employee, and

(b) The participant hires a new employee.

(14) If a participant transfers to another Financial Management and Counseling Services provider, the approved Wage Exception Forms must be shared with the new Financial Management and Counseling Services provider.

3. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local laws.

a) Participants may provide benefits to employees in the form of:

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(1) Paid Time Off - including vacation, sick and safe leave, sick time, etc;

(2) Payment towards Health Insurance Premiums - For example, an employer can reimburse an employee for part or all of an employee-purchased health insurance policy;

(3) Mileage reimbursement up to the Internal Revenue Service standard mileage rate for self-employment and business;

(4) Training - paying or reimbursement for a required training;

(5) Training time - compensating employees for hours worked during required training; and

(6) Holiday pay differential - paying a higher rate for employees who work holidays determined by the participant (up to the DDA's established reasonable and customary standards).

b) The benefits and leave time offered by the participant must be within applicable reasonable and customary standards.

c) The cost for training, mileage, benefits, and leave time are allocated from the participant's total annual budget allocation.

d) All benefits offered by the participant must be outlined in an Employee Handbook.

(1) Beginning October 6, 2025, Employee Handbooks are required in the participant's next Person-Centered Plan if the participant offers benefits.

(2) Sample and template Employee Handbooks can be found in the Reference Materials section of this manual.

4. All employees providing services, including relatives, legally responsible persons, and legal guardians ~~family members~~, must maintain documentation and records regarding delivery of services in accordance with applicable Medicaid waiver program requirements, laws, regulations, policies, and guidance.

    a) Employees must submit their time every two weeks using the participant's Financial Management and Counseling Services provider payroll calendar.

        (1) The participant, with the support of their team, must approve all timesheets before they are paid by the Financial Management and Counseling Services provider. To be paid, employee timesheets must include:

            (a) The dates the services were provided;

            (b) The start and end times for each shift (the electronic payroll system of each Financial Management and Counseling Services provider will calculate totals by quarter hour); and

            (c) A list of tasks completed by the employee during their shift (chosen from the task checklist established by the applicable Financial Management and Counseling Services provider's timesheet application).

        (2) Timesheets must be:

            (a) Approved exclusively by the participant or their Designated Representative (noted in the Participant Agreement), not by any employee or vendor (including Support Brokers); and

            (b) Submitted as per the applicable Financial Management and Counseling Services provider's policies and practices.

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b) Taxes are withheld from employee paychecks in accordance with the employee's tax withholding paperwork.

c) All employees, including relatives, legally responsible persons, and legal guardians ~~family members~~, are subject to Electronic Visit Verification requirements.

d) Electronic Visit Verification

(1) Electronic Visit Verification is required for all employees who provide Personal Supports, Personal Supports - Enhanced, or Respite Care Services.

(2) Employees must use the Electronic Visit Verification system of the participant's Financial Management and Counseling Services provider.

(3) Participants may request for their live-in caregivers to be exempt from certain Electronic Visit Verification requirements. Refer to the DDA Electronic Visit Verification webpage at https://health.maryland.gov/dda/Pages/Electronic_Visit_Verification.aspx.

(4) Participants whose employees do not meet the Electronic Visit Verification requirements must complete corrective actions. Refer to the DDA Electronic Visit Verification webpage at https://health.maryland.gov/dda/Pages/Electronic_Visit_Verification.aspx.

IX. Vendors

A. Participants can hire a vendor for the following services:

1. Community Development Services;
2. Employment Services - Ongoing Job Supports;

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3. Individual and Family Directed Goods and Services - Day-to-Day Administrative Supports;

4. Nursing Support Services;

5. Personal Supports and Personal Supports Enhanced;

6. Respite Care Services;

7. Support Broker Services; and

8. Transportation Services.

B. Anyone paid to provide a Medicaid waiver service, including vendors, is considered a Medicaid Provider This means that everyone paid by Medicaid is accountable for following the laws and regulations associated with the Medicaid program. ~~subject to all laws and regulations associated with being a Medicaid Provider.~~

C. Participants, with the support of their teams, must complete a written agreement with any vendor; sample and template written agreements are available and linked in the Reference Materials section of this manual.

D. In order to be approved and cleared for work by the Financial Management and Counseling Services provider and receive payment for services, all vendor employees ~~of participants who self-direct~~ who provide waiver services to participants must meet all qualifications and requirements as listed in the applicable federally-approved Medicaid waiver programs.

1. Vendors who do not meet all requirements may not begin working or continue working until they are approved to work.

2. Financial Management and Counseling Services provider contracts require response time within 24 hours (on the next business day).

E. The Financial Management and Counseling Services provider may not pay for services rendered by a vendor who does not meet all requirements.

1. Criminal background checks are required for any employee of a vendor, including vendors which operate as independent contractors or self-employed, who works for a participant.

a) The vendor runs and pays for the criminal background check for any employees and shares the results with the participant and their Financial Management and Counseling Services provider.

b) DDA-operated waiver programs allow for two types of criminal background checks:

(1) A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or

(2) A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."

c) The type of background check is determined by the vendor as negotiated with the participant.

2. Child Protective Services background checks are required for any employee of a vendor hired to work for a participant under the age of 18.~~, unless otherwise authorized by the DDA.~~

3. Training Requirements for Vendors

a) In order to be cleared for work by the Financial Management and Counseling Services provider and receive payment for services, all vendor employees ~~of participants who self-direct~~ who provide waiver services to participants must meet all qualification requirements as listed in the DDA-operated Medicaid Waiver Program. Vendors who do not meet all requirements may not begin working or continue working until they are approved to work.

b) First Aid and Cardiopulmonary Resuscitation (CPR) training and certification or Emergency Medical Technician (EMT) training and certification are required for most employees who work for a participant. (See the DDA-operated Medicaid Waivers Self-Directed Services Employee, Vendor,

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and DDA Provider Qualifications section for details for each waiver service).

(1) Training must be completed in person or through a hybrid model that includes an in-person component of the training.

(2) At minimum, vendor employees must participate in an in-person skills session that will require them to show that they are able to perform Cardiopulmonary Resuscitation (CPR) and First Aid skills.

(3) Written materials may be used online and at the employee's own pace.

(4) Online-only training does not meet the training requirements.

c) Based on the service provided, additional training may be required, as applicable in the federally-approved Medicaid waiver program.

d) The participant may negotiate any other training as desired. All required training must be included in a written vendor agreement.

e) All training is paid for by the vendor.

4. A full listing of employee, vendor, and DDA provider qualification requirements by waiver service can be found in the DDA-operated Medicaid Waivers Self-Directed Services Employee, Vendor, and DDA Provider Qualifications section of this manual.

F. Rates and Billing for Vendors

1. Vendors are paid by issuing invoices to the participant.

2. Invoices must be approved by the participant or their Designated Representative in the method that the Financial Management and Counseling Services provider requires, including signature and date.

3. All invoices must contain all of these elements in order to be paid by the Financial Management and Counseling Services provider

a) The name of the participant;

b) Vendor Name;

c) The service(s) rendered as authorized in the Person-Centered Plan;

d) Date(s) the services were rendered;

e) Start and end times of the services each day;

f) Number of hours/units for each day (broken down by the quarter hour);

g) Name of each direct support professional who provided the service(s)

h) A description of tasks completed by the vendor for each time entry; and

i) Total amount charged.

4. The Financial Management and Counseling Services provider may not pay any vendor invoice that does not contain the required information.

5. Vendors may be paid up to the Reasonable and Customary rate for the service. There is no exception to the Reasonable and Customary rate for vendors.

G. Electronic Visit Verification

1. Electronic Visit Verification is required for all vendors who provide Personal Supports, Personal Supports - Enhanced, or Respite Care Services.

2. Vendors must use the Electronic Visit Verification system of the participant's Financial Management and Counseling Services provider.

3. Participants whose vendors do not meet the Electronic Visit Verification requirements must complete corrective actions. Refer to the DDA Electronic Visit Verification webpage at https://health.maryland.gov/dda/Pages/Electronic_Visit_Verification.aspx.

H. **A Sample Vendor / Provider Invoice can be found in the Completing Self-Directed Services Forms section of this manual.**

X. DDA Providers

A. Participants may hire a DDA provider for the following services:

1. Assistive Technology and Services;
2. Behavior Support Services;
3. Community Development Services;
4. Day Habilitation;
5. Employment Services;
6. Environmental Assessment;
7. Environmental Modification;
8. Family and Peer Mentoring Supports;
9. Family Caregiver Training and Empowerment Fees;
10. Housing Support Services;
11. Nursing Support Services;
12. Participant Education, Training and Advocacy;
13. Personal Supports and Personal Supports - Enhanced;
14. Remote Support Services;
15. Respite Care Services;
16. Shared Living;
17. Support Broker Services;
18. Supported Living;
19. Transition Services;
20. Transportation Services; and

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21. Vehicle Modifications.

B. Anyone paid to provide a Medicaid waiver service is considered a Medicaid Provider. This means that everyone paid by Medicaid is accountable for following the laws and regulations associated with the Medicaid program. ~~subject to all laws and regulations associated with being a Medicaid Provider.~~

C. Participants, with the support of their teams, must complete a written agreement with any DDA Provider; sample and template written agreements are available and linked in the Reference Materials section of this manual.

D. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider.

   1. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

   2. Financial Management and Counseling Services provider contracts require response time within 24 hours (on the next business day).

E. The DDA provider is responsible for ensuring all their employees meet all qualification requirements as listed in the applicable Medicaid waiver program.

F. A full listing of employee, vendor, and DDA provider qualification requirements by waiver service can be found in the DDA-operated Medicaid Waivers Self-Directed Services Employee, Vendor, and DDA Provider Qualifications section of this manual.

G. Rates and Billing for Providers

   1. Providers are paid by issuing invoices to the participant.

   2. All invoices must contain all of these elements in order to be paid by the Financial Management and Counseling Services provider

      a) The name of the participant;

      b) DDA provider ~~Vendor~~ Name;

      c) The service(s) rendered as authorized in the Person-Centered Plan;

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d) Date(s) the services were rendered;

e) Start and end times of the services each day;

f) Number of hours/units for each day (broken down by the quarter hour);

g) Name of each direct support professional who provided the service(s)

h) A description of tasks completed by the ~~vendor~~ DDA provider for each time entry; and

i) Total amount charged.

3. The Financial Management and Counseling Services provider may not pay any provider invoices that do not contain the required information.

4. Invoices must be approved by the participant or their Designated Representative in the method that the Financial Management and Counseling Services provider requires, including signature and date.

5. Providers may be paid up to the Reasonable and Customary provider rate for the service.

H. Electronic Visit Verification for DDA Providers

1. Electronic Visit Verification is required for all DDA providers who provide Personal Supports, Personal Supports - Enhanced, or Respite Care Services.

2. DDA Providers must use the Electronic Visit Verification system of the participant's Financial Management and Counseling Services provider.

3. Participants whose providers do not meet the Electronic Visit Verification requirements must complete corrective actions. Refer to the DDA Electronic Visit Verification webpage at https://health.maryland.gov/dda/Pages/Electronic_Visit_Verification.aspx.

I. **A Sample Vendor / Provider Invoice can be found in the Completing Self-Directed Services Forms section of this manual.**

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XI. Support Broker Services

A. Support Broker Services are Self-Directed Services. They are not available for participants who receive services under the Provider Managed ~~Traditional~~ service Delivery Model.

B. Support Broker Services are optional services for participants who do not use a relative, legally responsible person, representative payee, or legal guardian as paid staff, who do not select a relative, legal guardian, or legally responsible person as their designated representative, and who do not employ any person to provide Day-to-Day Administrative Supports.

C. Support Broker Services are required when a relative, legally responsible person, representative payee, or legal guardian serves as paid staff, in accordance with the Medicaid programs' requirements.

D. Support Broker Services are also required when the participant selects a relative, legal guardian, or legally responsible person as their designated representative or employs any person to provide Day-to-Day Administrative Supports.

E. Support Broker Services must meet the following criteria:

1. If a Support Broker is a relative, legally responsible person, representative payee, or legal guardian, no other relative, legally responsible person, representative payee, or legal guardian may work for the participant.
2. If any employee is a relative, legally responsible person, representative payee, or legal guardian, no relative, legally responsible person, representative payee, or legal guardian may serve as Support Broker.
3. A designated representative of a participant may never be that participant's Support Broker.

F. Support Broker Services must:

1. Provide oversight to ensure the participant (or their Designated Representative) maintains decision-making power.
2. Reduce conflicts of interest, particularly those that are present when hiring relatives, legally responsible persons, and legal guardians ~~a family member~~ as staff.

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G. Support Broker Services provide employer-related information, guidance, and support to help participants manage their Self-Directed Services as authorized in their approved Person-Centered Plan and budget. Support Broker Services additionally provide information, guidance, and support to help participants exercise Employer and Budget Authorities.

H. Through this service, information may be provided to the participant about:

   1. Person-centered planning and how it is applied;
   2. The range and scope of individual choices and options;
   3. The process for changing the Person-Centered Plan and the individual self-directed budget;
   4. The grievance process;
   5. Risks and responsibilities of self-direction;
   6. Free choice of provider and employees;
   7. Individual rights; and
   8. The reassessment and review of support schedules.

I. Assistance may be provided to the participant with:

   1. Defining goals, needs and preferences, identifying and accessing services, supports, and resources;
   2. Practical skills training to enable participants to independently direct and manage waiver services. Examples of skills training include:
      a) Providing information on recruiting, hiring, managing, and terminating direct support professionals
      b) Providing information on effective communication, problem solving, and conflict resolution.
   3. Development of risk management agreements;
   4. Development of an emergency backup plan;
   5. Recognizing and reporting reportable events;

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6. Independent advocacy, to assist in filing grievances and complaints when necessary; and

7. Developing strategies for training all of the participant's employees on PORII and ensuring that all reportable incidents are reported to the Office of Health Care Quality and DDA.

~~8. Information, coaching, and mentoring about:~~

   ~~a) Roles and responsibilities as an employer;~~

   ~~b) Person-Centered Planning and how it is applied;~~

   ~~c) The range and scope of the participant's choices and options;~~

   ~~d) The grievance/complaint process;~~

   ~~e) The process for revising the participant's Person-Centered Plan and individual budget;~~

   ~~f) Risks and responsibilities related to self-direction;~~

   ~~g) Policy on Reportable Incidents and Investigations;~~

   ~~h) Free choice of providers and vendors including choice and control over the selection and hiring of qualified individuals as workers;~~

   ~~i) Individual and employer rights and responsibilities;~~

   ~~j) Scheduling employees;~~

   ~~k) Making informed decisions related to day-to-day management of staff providing services within the participant's available budget;~~

   ~~l) Effective communication and problem-solving; and~~

   ~~m) Other employment-related subjects related to the participant and/or family in managing and directing services;~~

   ~~n) Assistance, as necessary, appropriate, and chosen by the participant, with:~~

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~~(1) Practical skills training (e.g., hiring, managing, and terminating workers, problem solving, conflict resolution);~~

~~(2) Identifying resources and accessing services, supports, and resources;~~

~~(3) Defining goals, needs, and preferences;~~

~~(4) Identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services;~~

~~(5) Independent advocacy, to assist in filing grievances and complaints when necessary;~~

~~(6) Development of risk management agreements;~~

~~(7) Recognizing and reporting critical events/incidents;~~

~~(8) Developing strategies for recruiting, interviewing, and hiring staff;~~

~~(9) Developing staff supervision and evaluation strategies;~~

~~(10) Developing termination strategies;~~

~~(11) Developing employer-related risk assessment, planning, and remediation planning;~~

~~(12) Developing strategies for managing the budget and budget modifications including reviewing monthly Financial Management and Counseling Services provider reports to ensure that the individualized budget is being spent in accordance with the approved Person-Centered Plan and budget and conducting audits;~~

~~(13) Developing strategies for managing employees, supports, and services;~~

~~(14) Developing strategies for facilitating meetings and trainings with employees;~~

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(15) ~~Developing quality assurance strategies for staff and services;~~

(16) ~~Developing strategies for reviewing data, employee timesheets, and communication logs;~~

(17) ~~Developing strategies for effective back-up staffing needs and emergency response plans;~~

(18) ~~Developing strategies for training all of the participant's employees on the Policy on Reportable Incidents and Investigations and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA; and~~

(19) ~~Developing strategies for complying with all applicable regulations and policies, as well as standards for self-direction including staffing requirements and limitations as required by the DDA.~~

J. Support Broker Services Standards

1. A Support Broker is selected by the participant.
2. A Support Broker may be a paid employee or vendor.
3. A Support Broker may be an unpaid support.
4. Comprehensive and collaborative support is always driven by the participant.
5. The Coordinator of Community Services and Support Broker, with the rest of the participant's team, must work together on how to best support the participant before and after their Person-Centered Plan start date.
6. The scope and duration of Support Broker Services may vary depending on the participant's existing natural supports and the choice and need for support and assistance.
7. All Support Broker duties must be noted on the signed Participant Agreement and in a **Service Implementation Plan** or job description ~~(if applicable)~~. The Service Implementation or job description will be required in Person-Centered Plans on and after October 6, 2025.

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8. The scope and duration of Support Broker Services must be within applicable law, regulations, service description, requirements, limitations, and Medicaid waiver programs requirements.

K. Support Brokers must sign and adhere ~~are subject~~ to a Code of Conduct. Support Brokers will sign the Code of Conduct when they register for Support Broker Training.

1. Maryland Support Brokers are participant-directed.

    a) Maryland Support Brokers work at the direction of the participants who hire them.

    b) Maryland Support Brokers always make sure the participant's direction is heard first and prioritized in all meetings and discussions in which the participant invites them to participate.

    c) Maryland Support Brokers shall never provide services without the participant's direction.

    d) Maryland Support Brokers shall never make decisions for, or on behalf of, the participant.

    e) Maryland Support Brokers shall never sign employee timesheets or vendor/provider invoices for, or on behalf of, the participant.

    f) Maryland Support Brokers shall never interview a participant's candidate for employment without the participant (or their representative) present or without the participant's consent.

    g) Maryland Support Brokers shall never offer a job position to a candidate for, or on behalf of, the participant.

    h) Maryland Support Brokers shall never control, or attempt to control, a participant, their representative, or their family.

    i) Maryland Support Brokers shall never exercise financial control over a participant, including becoming a participant's Representative Payee, signing a lease for a

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participant or team member, or having the participant's bills in the Support Broker's name.

j) Maryland Support Brokers shall never recommend a Coordination of Community Services provider above any other Coordination of Community Services provider.

k) Maryland Support Brokers shall never recommend a Financial Management and Counseling Services provider above any other Financial Management and Counseling Services provider.

l) Maryland Support Brokers shall never access a participant's Financial Management and Counseling Services provider portal (or any other accounts belonging to the participant, of any kind) without the participant (or their representative) present.

m) Maryland Support Brokers shall never contact any team member or community partner, including the Financial Management and Counseling Services provider, Maryland Department of Health, or government officials regarding a participant without the participant included, unless authorized to do so through the Participant Agreement.

2. Maryland Support Brokers are knowledgeable and respectful communicators.

a) Maryland Support Brokers shall only provide information regarding self-directed services in conjunction with current Medicaid waivers, laws, regulations, policies, guidance, and training.

b) Maryland Support Brokers are responsible to know the statutes, regulations, and Medicaid Home and Community Based Services waiver programs applicable to the participants that they serve. DDA will share policy changes and updates with 30 days' notice or as soon as possible under extraordinary circumstances.

c) Maryland Support Brokers must provide complete, timely, and accurate information to their participants, potential participants, team members, and the DDA.

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d) Maryland Support Brokers shall never threaten participants or other team members or use intimidating language.

3. Maryland Support Brokers have integrity in billing practices.

    a) Maryland Support Broker vendors shall never bill participants for professional development, including attendance at Support Broker training and DDA webinars/training; Maryland Support Broker employees may be required to attend training at the direction of their employer, the participant.

    b) Maryland Support Brokers may never accept payment directly from a participant or other team member; all billing must go through the participant's Financial Management and Counseling Services provider.

    c) Maryland Support Brokers shall address concerns about the accurate and timely payment of their own invoices with the participant.

    d) Maryland Support Brokers shall not bill for creating and submitting their own invoices. They shall not bill for filing or following up on grievances, concerns, or complaints to Financial Management and Counseling Services providers, the Maryland Department of Health, or government officials regarding concerns related to Support Broker payments.

4. Maryland Support Brokers avoid conflicts of interest.

    a) Maryland Support Brokers may not provide case management (Coordinator of Community Services) to any participants who receive DDA services.

    b) Maryland Support Brokers may not provide any other paid service to participants who have hired them as their Support Broker. (Support Brokers may provide direct support services to participants who they do not provide Support Broker Services to).

c) Maryland Support Brokers shall never support a participant who has hired an employee or vendor that is a direct family member of the Support Broker. Certified Support Brokers who are related to one another may provide Support Broker Services to the same participant.

d) Maryland Support Brokers shall never support a participant who has hired an employee or vendor that lives at the same address as the Support Broker. Certified Support Brokers who live at the same address may provide Support Broker Services to the same participant.

5. Maryland Support Brokers avoid and report Medicaid Fraud.

   a) Maryland Support Brokers shall never falsify any documentation.

   b) Maryland Support Brokers shall never forge the signature of a participant or another team member.

   c) Maryland Support Brokers shall share all requested documentation to the Maryland Department of Health, Centers for Medicare and Medicaid Services (CMS), or other regulatory bodies during fraud investigations. Compliance includes providing any documents requested.

   d) Maryland Support Brokers shall report all suspected fraud, waste, or abuse within one business day.

L. Support Broker Services Exclusions

1. Support Broker Services do not include support provided by a Coordinator of Community Services.

2. Support Broker Services may not replace any support which Coordinators of Community Services are authorized to provide.

3. Support Broker Services do not include making a determination of the participant’s eligibility for enrollment in the Medicaid waiver programs, or of the participant’s eligibility for services.

4. Support Broker Services do not include making decisions for the participant, including, but not limited to:

a) Budgetary decisions (such as budget modifications);

b) Approving employees' time or vendor invoices for service delivery;

c) Signing off on their own timesheets or invoices; or

d) Hiring or terminating employees, vendors, or providers.

5. Within a participant's team, the role of a person providing Day-to-Day Administrative Supports (under Individual and Family Directed Goods and Services) and the role of a Support Broker may not overlap.

M. Support Broker Service Requirements and Limitations

1. Support Broker employees must meet all requirements listed in the DDA-operated Medicaid waiver programs and based on their employment status (employee, vendor, or DDA provider).

2. Support Broker employees must meet all requirements of employees listed in this manual based on their employment status.

3. Support Broker vendors must meet all requirements of vendors listed in the DDA-operated Medicaid waivers and this manual based on their vendor status.

4. DDA Support Broker Services providers must meet all requirements of providers listed in the DDA-operated Medicaid waiver programs and this manual based on their vendor status.

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

6. Funding for Support Broker Services may be authorized in the Person-Centered Plan for maximum of:

    a) 15 hours for initial orientation and assistance ~~for the first month only~~; and

    b) 4 hours per month after the first month for information, coaching, and mentoring.

7. Initial orientation and assistance means support to participants new to self-direction to the participant's Person-Centered Plan effective date.

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8. Initial orientation and assistance tasks include:

    a) Initial meetings with the team to discuss the Person-Centered Plan and Self-Directed Services Budget Sheet;

    b) Development of suggested Human Resources materials such as employee handbooks, evaluation rubrics, pay scales, and job descriptions;

    c) Development of recruitment materials and plans; and

    d) Implementation of recruitment strategies such as posting advertisements and supporting during interviews.

9. Initial orientation and assistance may begin when a participant has an approved Self-Directed Person-Centered Plan.

    a) Support Brokers may provide initial orientation and assistance up to 15 hours before the participant's Person-Centered Plan is active.

    b) After the Person-Centered Plan is active, the Support Broker must invoice the participant for the initial orientation and assistance. Invoices must follow all guidelines as outlined in this manual.

    c) When a participant authorizes an initial orientation and assistance invoice (and meets all DDA guidelines for invoicing), the Financial Management and Counseling Services provider will:

        (1) Pay the invoice on behalf of the participant, and

        (2) Submit the payment documentation to the DDA using the State's administrative billing process.

10. Unused Support Broker hours each month will be considered **cost savings**.

    a) Up to a total of 30-hours per month of Support Broker Service hours may be budgeted and purchased with cost savings.

b) Funding for these support services comes from the participant’s total approved annual budget.

c) These additional Support Broker support hours may be needed due to concerns such as:

(1) The scope, frequency, and intensity of supports needed in the participant’s Person-Centered Plan;

(2) Language barriers; or

(3) The lack of a support network to assist with Self-Directed Services model requirements.

11. Participants may provide benefits and leave time to Support Broker employees only in accordance with requirements for employee benefits.

12. Benefits and leave time may not be provided to Support Broker employees who are also spouses or legally responsible persons.

N. Requirements to be paid for Support Broker Services

1. Support brokers must be paid within the reasonable and customary wages/rates established by the DDA.

2. Documentation requirements for timesheets and invoices are required in accordance with the DDA’s policy and standards.

3. Support Brokers are also required to complete and maintain all required trainings including:

a) Policy on Reportable Incidents and Investigations; and

b) DDA certification demonstrating core competency related to self-determination, participant-directed services and service systems (generic and government-sponsored) for individuals with disabilities, Department of Labor requirements, and effective staff management strategies.

O. Support Broker Sanctions

1. Support Brokers may be sanctioned for violating DDA's Medicaid waiver requirements, statutes, regulations, policies, guidance, instructions, or the Support Broker's agreements with the Maryland

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Department of Health or DDA (including the Support Broker Code of Conduct).

2. Sanctions include submitting a corrective action plan, withholding payment, recovery of an overpayment, suspension from providing services to participants, or de-certification from providing services to participants with a bar on re-applying to provide support broker services for any length of time.

3. Support Brokers will have an opportunity to appeal as per the Code of Maryland Regulations (COMAR) 10.01.03.

XII. Individual and Family Directed Goods and Services

A. Individual and Family Directed Goods and Services are Self-Directed Services. They are not available for participants who receive services under the Provider Managed ~~Traditional~~ service Delivery Model.

B. Individual and Family Directed Goods and Services address an assessed need or goal in a participant's Person-Centered Plan, which includes improving and maintaining the participant's opportunities for full engagement in the community.

C. Individual and Family Directed Goods and Services include:

1. Recruitment and Advertising - Up to $500 per plan year of dedicated funding for staff recruitment and advertising efforts;

2. Day-to-Day Administrative Supports - Up to 10 hours per month if approved in the Person-Centered Plan detailed service authorization; and

3. Other Goods and Services - Up to $5,000 per plan year and as listed in this guidance and the Self-Directed Services comprehensive policy.

D. Individual and Family Directed Goods and Services must not compromise the participant's health or welfare.

E. Individual and Family Directed Goods and Services are provided to, or directed exclusively toward, the benefit of the participant.

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F. Individual and Family Directed Goods and Services help meet needs in a participant's Person-Centered Plan.

G. Individual and Family Directed Goods and Services help the participant to maintain or increase their independence and promote opportunities for the participant to live and be included in the community.

H. Individual and Family Directed Goods and Services are services that cannot be provided through the DDA-operated Medicaid waiver programs or through the Medicaid State Plan (also known as Medicaid).

I. A participant may be eligible to receive funding for Individual and Family Directed Goods and Services if:

    1. The goods and/or services are connected to a need that is in the participant's Person-Centered Plan;

    2. The request meets the requirements of the Medicaid waiver and State Plan services and all applicable policies and guidance;

    3. The participant does not have personal funds to purchase the item or service; and

    4. All other funding sources for the goods and/or services have been explored and documented in the participant's Person-Centered Plan, Self-Directed Services Budget Sheet, or a Budget Modification, including but not limited to:

        a) Medicaid State Plan;

        b) Division of Rehabilitation Services;

        c) Maryland State Department of Education; and

        d) Department of Human Services.

J. Recruitment and Advertising

    1. Participants who self-direct their services have the option to use up to $500.00 in dedicated funding for staff recruitment and advertising.

    2. Recruitment and Advertising Individual and Family Directed Goods and Services may include:

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a) Developing print or electronic flyers for sharing job advertisements;

b) Web or application based software to create flyers (such as Adobe, Canva, Vista);

c) Printing physical flyers to post in-person; or

d) Memberships to staff registries and job posting sites (such as Indeed.com and Care.com).

3. Recruitment and Advertising does not include services provided by Financial Management and Counseling Services providers or Support Brokers.

4. Recruitment and Advertising funding is authorized in the Detailed Service Authorization within the Person-Centered Plan and does not need to come from cost savings.

5. Recruitment and Advertising must be included in the Self-Directed Services Budget Sheet in order for the participant's Financial Management and Counseling Services provider to make any payments.

Note: Each Financial Management and Counseling Services Provider is an Organized Healthcare Delivery System. This means the Financial Management and Counseling Services provider may directly purchase this service for the participant.

Beginning October 6, 2025, the Financial Management and Counseling Services providers will make payments for waiver services easier by directly purchasing approved services, goods, and other items outlined in Person-Centered Plans.

This new approach makes sure that Financial Management and Counseling Services providers, as DDA Organized Healthcare Delivery System providers, are actively supporting participants by directly managing the receipt of authorized services and makes sure providers are qualified.

This process must begin with any new service, good, or item that needs to be bought for a participant on or after October 6, 2025. This means that the Financial Management and Counseling Services providers may not reimburse family members or other team members for Recruitment and Advertisement after October 6, 2025.

K. Day-to-Day Administrative Supports

~~Participants who self-direct their services have the option to use cost savings to hire a person to provide Day-to-Day Administrative Supports.~~

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1. Day-to-Day Administrative Supports ~~include direct and non-direct support not available under another waiver service such as~~ provide assistance with the participant's household management and scheduling medical appointments. Household management includes the coordination of essential care and repair of the premises for the following:

    a) Scheduling house maintenance (e.g. furnace checks) and repairs (e.g. dishwasher repair);

    b) Scheduling snow removal; and

    c) Scheduling lawn care.

2. Day-to-Day Administrative Supports may not include tasks such as:

    a) Making payments for household management care including repairs, snow removal, and lawn care;

    b) Making decisions for the participant;

    c) Approving and signing timesheets or vendor payments;

    d) Personal Supports Services including budgeting and money management, maintaining a home (for example, cleaning out the refrigerator, ensuring paper products, etc.), meal preparation, personal care, house cleaning/chores, laundry, and overnight supports;

    e) Developing staff schedules and cleaning schedules which can be supported by team members (Support Brokers and Personal Supports Services staff)

    f) Financial management such as:

        (1) Maintaining benefits and Medicaid eligibility (e.g. food stamps, Medicaid waiver, etc.) that can be supported by Coordinators of Community Services, Benefits Counselors, and other resources;

        (2) Managing money and property management which can be provided by a guardian of property or representative payee. A guardian of property is someone the court names to manage money and

property for someone else whom the court has found cannot manage their money and property alone. A representative payee, often shortened to "rep payee," is an individual or organization appointed by the Social Security Administration (SSA) to receive and manage Social Security or Supplemental Security Income (SSI) benefits on behalf of a beneficiary who is unable to manage their own finances.

g) Development of a Person-Center Plan, emergency plan, or staffing back-up plan which is directed by the participant and their legally authorized representative, facilitated by the Coordinator of Community Services, and with support of the team including Support Brokers;

h) Assistance with recruiting and hiring direct support professionals, managing workers, terminating workers, and providing information on effective communication, problem-solving, and conflict resolution which is provided with Support Brokers Services; or

i) Monitoring of participant's services, activities, goals, and satisfaction which is determined by the participant and assessed quarterly or more frequently by the Coordinator of Community Services with input from the participant's team.

3. Day-to-Day Administrative Supports are available for participants:

a) Who are 18 years of age or older and currently unable to do these tasks independently;

b) When the individual(s) that currently provide household management and medical appointment scheduling are not able to continue providing household management and medical appointment scheduling supports;

c) No additional natural supports are immediately available to provide household management and medical appointment scheduling support; and

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d) Support is not available under other Medicaid or waiver services

4. Day-to-Day Administrative Supports must be reasonable and may be provided up to 10 ~~40~~ hours per month ~~week unless otherwise approved by the DDA.~~

5. Day-to-Day Administrative Supports may be provided by:

   a) An employee -

      (1) Day-to-Day Administrative Supports employees must meet all requirements of employees listed in this manual based on their employee status.

      (2) Day-to-Day Administrative Supports employees must be paid a wage with taxes withheld following the DDA's established Reasonable and Customary wage standards.

      (3) Day-to-Day Administrative Supports employees must receive any benefits that may be required by law such as Sick and Safe Leave.

      (4) Day-to-Day Administrative Supports employees may receive benefits such as health benefits, Paid Time Off, or increased holiday rates, as determined by the employer and within DDA's established Reasonable and Customary Benefits standards.

   b) A vendor -

      (1) Day-to-Day Administrative Supports vendors must meet all requirements of vendors listed in this manual based on their vendor status.

      (2) Day-to-Day Administrative Supports vendors must be paid an hourly rate, without taxes withheld, following the DDA's established Reasonable and Customary rates.

6. Participants may hire an employee or vendor to provide Day-to-Day Administrative Supports, including relatives, legally responsible persons, and legal guardians.

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7. Day-to-Day Administrative Supports Exclusions

    a) A participant's Support Broker may not provide Day-to-Day Administrative Supports.

    b) Employees may not provide any other waiver program service at the same time that they provide Day-to-Day Administrative Supports.

8. Day-to-Day Administrative Supports must:

    a) Meet an outcome and be clearly documented in the participant's Person-Centered Plan;

    b) Authorized by the DDA or its designee; and

    c) Be linked to a team decision tree for household management tasks and medical appointment scheduling needs included in the Person-Centered Plan.

        (1) The Decision Tree Form will be required for all Person-Centered Plans requesting Day-to-Day Administrative Supports after October 6, 2025.

            (a) The Decision Tree Form is completed by the participant and their team.

            (b) The Coordinator of Community Services must upload the Decision Tree Form into the documents section of the Person-Centered Plan before submission.

        (2) Participants who have Day-to-Day Administrative Supports approved in their current Person-Centered Plan will not need to complete the decision tree until the new plan year.

    d) Detailed instructions on how to complete the Day-to-Day Administrative Services Decision Tree Form can be found in the Completing Self-Directed Services Forms section of this manual.

9. Participants and their teams must request Day-to-Day Administrative Supports through the ~~annual or revised~~ Person-Centered Plan process.

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a) ~~Person-Centered Plans must include an outcome that can be supported by Day-to-Day Administrative Supports.~~

b) ~~Person-Centered Plans must note how the Day-to-Day Administrative Supports will meet outcome(s).~~

c) ~~The Self-Directed Services Budget Sheet must include Day-to-Day Administrative Supports wages (for employees) or rates (for vendors) in order for the Financial Management and Counseling Services provider to make payments.~~

10. Financial Management and Counseling Services Payments for Day-to-Day Administrative Supports

    a) Employees should submit timesheets via the participant's Financial Management and Counseling Services electronic payroll system:

        (1) Clock-in and clock-out times are required; and

        (2) Electronic Visit Verification compliance is not required.

    b) Vendors should submit invoices to participants for review in accordance with the DDA's standards for vendor invoicing listed in this manual.

L. Other Allowable Goods and Services

1. Participants who self-direct their services have the option to use cost savings or unallocated funds to purchase other allowable goods and services during their plan year.

    a) Participants must first access integrated programs or activities that are available to the public, free or at a lower cost.

    b) Goods and Services costs must be within Reasonable and Customary standards.

2. Other Allowable Goods and Services include:

a) Activities that promote fitness, such as fitness membership, personal training, aquatics, and horseback riding;

b) Fees for community programs and activities that are inclusive, promote socialization and independence, such as art, music, dance, sports, or other according to the participant's individual interests;

c) Small kitchen appliances that promote independent meal preparation, if the participant lives independently;

d) Laundry appliances (non-commercial washer and/or dryer), if none exist in the home, to promote independence and self-care, if the person lives independently;

e) Sensory items related to the person's disability, such as headphones and weighted vests;

f) Safety equipment related to the person's disability and not covered by health insurance, such as protective headgear and arm guards;

g) Personal electronic devices, including watches and tablets, to meet an assessed health, communication, or behavioral purpose documented in the Person Centered Plan;

h) Fitness items that can be purchased at most retail stores not to exceed $1,000 per item;

i) Toothbrushes or electric toothbrushes related to the person's disability and not covered by insurance;

j) Weight loss program services other than food related to the person's disability, recommended by a medical professional, and not covered by health insurance;

k) Dental services recommended by a licensed dentist and not covered by health insurance (that are medically necessary and non-cosmetic), such as dental anesthesia and denture services not covered by health insurance;

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l) Nutritional consultation and supplements recommended by a professional licensed in the relevant field related to the person's disability and not covered by health insurance; and

m) Internet services - Initial internet services startup costs only (purchase of modem or other startup).

3. Individual and Family Directed Goods and Services **do not** include

    a) Services, goods or supports provided to or directly benefiting persons other than the participant that have no benefit to the participant;

    b) Services otherwise covered by the Medicaid waiver program or the Medicaid State Plans;

    c) Co-payment for medical services, over-the-counter medications, or homeopathic services;

    d) Items used for entertainment or recreational purposes, such as televisions, video recorders, game stations, and digital video disc (DVD) player except as needed to meet an assessed behavioral or sensory need documented in a Behavioral Support Plan;

    e) Monthly cable fees;

    f) Monthly telephone fees;

    g) Room & board, including deposits, rent, and mortgage expenses and payments;

    h) Food;

    i) Utility charges;

    j) Fees associated with telecommunications;

    k) Tobacco products, alcohol, cannabis, or illegal drugs;

    l) Vacation expenses and travel adventures;

    m) Insurance; vehicle maintenance or any other transportation-related expenses;

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n) Tickets, memberships, and related cost to attend recreational activities and events, such as museums, zoos, bowling, and indoor skydiving;

o) Personal clothing and shoes;

p) Haircuts, nail services, and spa treatments;

q) Goods or services with costs that exceed reasonable and customary costs for the same or similar good or service;

r) Tuition including:

    (1) Post-secondary credit and noncredit courses;

    (2) Tuition and educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA);

    (3) Tuition and other fees associated with programs or activities at educational institutions;

    (4) Private tuition

    (5) Applied Behavior Analysis (ABA) in schools, and

    (6) School supplies, tutors, and home-schooling activities and supplies.

s) Staff bonuses and staff benefits;

t) Housing subsidies;

u) Subscriptions;

v) Training provided to paid caregivers;

w) Services in hospitals;

x) Costs of travel, meals, and overnight lodging for staff, families, and natural support network members to attend a training event or conference;

y) Service animals and associated costs;

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z) Exercise rooms, swimming pools, hot tubs, and all associated cost and accessories;

aa) Items purchased prior to the approved Person Centered Plan; including items purchased prior to DDA approval of the Individual and Family Goods and Services request;

bb) Goods, services, equipment, and supplies intended for commercial use, such as commercial washers and dryers;

cc) Goods, services, equipment, and supplies that are diversional or recreational in nature fall outside the scope of section Medicaid 1915(c) of the Social Security Act. These are things used just for fun like events, sports, games, or toys;

dd) Goods, services, equipment, and supplies that a household that does not include a person with a disability would be expected to pay for as household expenses (e.g., subscription to a cable television service. Examples include monthly internet services and subscriptions for television services; and

ee) Programs and activities that are exclusive for individuals with disabilities.

4. Allowable Goods and Services may be included in the Self-Directed Services Budget Sheet during the annual and revised Person-Centered Plan process, but are not required to be included in them.

5. Allowable Goods and Services requests must include supporting documentation.

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Table 4. Individual and Family Directed Goods and Services Allowable Goods and Services Request Required Supporting Documentation

Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
Activities that promote health	• An uploaded invoice or other documentation of price for the activity, **AND** • A schedule of when the activities will be attended, **AND** • Documentation that shows that all other funding sources were attempted.
Fees for programs and activities that promote socialization and independence	• An uploaded invoice or other documentation of price for the activity, **AND** • A schedule of when the programs or activities will be attended, **AND** • Documentation that shows that all other funding sources were attempted.
Small kitchen appliances that promote independent meal preparation	• An uploaded invoice or other documentation of price for the appliance, **AND** • Documentation that shows that all other funding sources were attempted.
Laundry appliances to promote independence and self-care	• An uploaded invoice or other documentation of price for the appliance, **AND** • Documentation that shows that all other funding sources were attempted.
Sensory items related to the participant's disability	• An uploaded invoice or other documentation of price for the item, **AND**

Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
	• Documentation that the item is not covered by insurance or health plans, **AND** • Documentation that shows that all other funding sources were attempted.
Safety equipment related to the participant's disability	• An uploaded invoice or other documentation of price for the item, **AND** • Documentation that the equipment is not covered by insurance or health plans, **AND** • Documentation that shows that all other funding sources were attempted.
Personal electronic devices	• An uploaded invoice or other documentation of price for the item, **AND** • Documentation that the device has not been approved by any other funding source (including through Assistive Technology in the Person-Centered Plan), **AND** • Documentation that shows that all other funding sources were attempted.
Toothbrushes and electric toothbrushes	• An uploaded invoice or other documentation of price for the toothbrush(es), **AND** • Documentation that shows that all other funding sources were attempted.
Weight loss program services	• An uploaded invoice or other documentation of price for the service, **AND** • Documentation that the service is not covered by

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Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
	insurance or health plans, **AND** ● Documentation that shows that all other funding sources were attempted.
Dental services recommended by a licensed dentist	● An uploaded invoice or other documentation of price for the service, **AND** ● Documentation that the service is not covered by insurance or health plans, **AND** ● Documentation that shows that all other funding sources were attempted, **AND** ● Documentation that the service was recommended by a dentist.
Nutritional consultation and supplements	● An uploaded invoice or other documentation of price for the service, **AND** ● Documentation that the item is not covered by insurance or health plans, **AND** ● Recommendation by a medical professional, **AND** ● Documentation that shows that all other funding sources were attempted.
Internet services- Initial internet services startup costs only (purchase of modem or other startup).	● An uploaded invoice or other documentation of price for the service, **AND** ● Documentation that shows that all other funding sources were attempted.
Other	● An uploaded invoice or other documentation of price for the good / service, **AND**

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Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
	• Documentation that shows that all other funding sources were attempted. The DDA will ask for additional documentation related to "Other" Requests in order to confirm the request is within the scope of the waiver service.

6. All requests for Other Allowable Goods and Services must be requested using the [Individual and Family Directed Goods and Services Request Form](#).

    a) The DDA Individual and Family Directed Goods and Services Request Form is an online form used to request funding for Other Allowable Individual and Family Directed Goods and Services.

    b) The DDA Individual and Family Directed Goods and Services Request Form is **not** required for:

        (1) Recruitment and Advertising Individual and Family Directed Goods and Services; or

        (2) Day-to-Day Administrative Supports.

    c) The DDA Individual and Family Directed Goods and Services Request Form is required for all other requests to purchase Individual and Family Directed Goods and Services.

    d) The Coordinator of Community Services is the only authorized team member who may complete the Individual and Family Directed Goods and Services Request Form.

    e) Individual and Family Directed Goods and Services Request Forms may only be submitted if a participant has an active, approved Initial, Revised, or Annual Person-Centered Plan. Requests cannot be submitted if a Person-Centered Plan is in an auto-extend status.

f) Detailed instructions on how to complete the Individual and Family Directed Goods and Services Request Form can be found in the Completing Self-Directed Services Forms section of this manual.

g) Review of the Individual and Family Directed Goods and Services Form

(1) The Regional Office will review the request within 20 business days of receipt.

(a) All requests that do not include the documentation required will be returned to the participant and their team for clarification (with an explanation of why the request cannot be approved).

(b) If the Regional Office approves the request, the Financial Management and Counseling Services provider will process the request.

(c) If the Regional Office denies the request, the Regional Office will send the participant the denial with appeal rights in writing.

Note: Each Financial Management and Counseling Services Provider is an Organized Healthcare Delivery System. This means the Financial Management and Counseling Services provider may directly purchase this service for the participant.

Beginning October 6, 2025, the Financial Management and Counseling Services providers will make payments for waiver services easier by directly purchasing approved services, goods, and other items outlined in Person-Centered Plans.

This new approach makes sure that Financial Management and Counseling Services providers, as DDA Organized Healthcare Delivery System providers, are actively supporting participants by directly managing the receipt of authorized services and makes sure providers are qualified.

This process must begin with any new service, good, or item that needs to be bought for a participant on or after October 6, 2025. This means that the Financial Management and

Counseling Services providers may not reimburse family members or other team members for Individual and Family Directed Goods and Services (Other Goods and Services) after October 6, 2025.

XIII. Termination from the Self-Directed Services Model

A. The participant, or their legal guardian (as applicable), may choose to terminate the participant's enrollment in the Self-Directed Services Model at any time, without cause, in order to receive services under the Provider Managed ~~Traditional~~ service Delivery Model, directly from a provider. This means that the participant will receive services from a Medicaid-enrolled provider.

1. Participants must contact their Coordinator of Community Services to alert them of their decision to change from Self-Directed Services to Provider Managed ~~Traditional~~ services.
2. The Coordinator of Community Services will then create and submit a Revised Person-Centered Plan for Provider Managed ~~Traditional~~ services.

B. The Department has the authority to terminate participants from the Self-Directed Services Model or from the Medicaid waiver programs. Not following ~~Non-compliance with~~ laws, regulations, policy, or the guidance outlined in this manual will result in corrective action by the DDA, up to and including termination of the participant from the Self-Directed Services Model.

1. When a participant is is not following rules (including going over authorized hours or funds) before involuntarily terminating the participant from the Self-Directed Services model, the DDA may first:
    a) Require a meeting to review the rights and responsibilities of self-directed services; and/or
    b) Require a corrective action plan.
2. Determined Fraud, Waste, and Abuse may result in immediate termination of the participant from the Self-Directed Services Model.

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XIV. Incidents and Investigations

A. The Policy on Reportable Incidents and Investigations applies to all participants who self-direct their services.

1. Type I Incidents include:

    a) Abuse;

    b) Neglect;

    c) Death;

    d) Hospital Admissions;

    e) Injuries;

    f) Medication Errors; and

    g) Choking.

2. Type I Incidents are reviewed by the Office of Health Care Quality.

3. Type II Incidents include:

    a) Incidents requiring law enforcement/fire department/Emergency Medical Services;

    b) Theft;

    c) Unexpected or risky absence; and

    d) Restraints.

4. Type II Incidents are reviewed by the DDA.

B. Participants, Coordinators of Community Services, Support Brokers, and all other team members are responsible to report **all** incidents.

1. The Coordinator of Community Services always reports incidents in the Provider Consumer Information System (PCIS2).

2. The Participant, Support Broker, or other team member must report incidents by calling the participant's Coordinator of Community Services to report the incident.

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a) If the Coordinator of Community Services is involved in the incident or is not available to take the participant / team member's call, the incident must be reported to the DDA Regional Office directly.

b) Contact information for the Regional Offices is available on the DDA website: Pages - Regional Offices

C. The Department, and/or its designee, has the right to investigate incidents. Investigations may occur in participants' homes and community settings.

D. Financial Management and Counseling Services providers must report incidents of fraud, waste, and abuse to the DDA using the Fraud, Waste, and Abuse reporting form.

XV. Reasonable and Customary Standards

A. Reasonable and Customary Rates for DDA Providers

1. Participants may hire DDA providers for certain services.
2. Participants are responsible for paying for the agreed provider rate. These costs come out of the participant's budget.
3. Participants may negotiate lower rates with providers.
4. Providers are independent professionals or businesses. Providers are responsible for all their employer-related responsibilities and costs. Participants do not have to allocate separate funding to pay for provider staff taxes and other related business expenses. Providers are paid a flat fee or rate.
5. Participants may increase the rate they pay providers within established standards.
6. Participants are not required to increase provider rates.
7. Rate increases may be based on performance.
8. Rate increases may be offered at any time during the year.
9. Rates may not be changed for dates in the past.

10. Personal Supports - Enhanced, Personal Supports - 2:1 supports, and Community Development Services 2:1 and 1:1 staff supports are based on documented need in the Person-Centered Plan.

Table 5. Reasonable and Customary Rates for DDA Providers

Waiver Service	Unit	Standard Rate Maximum for Providers	Calvert, Charles, Frederick, Montgomery, and Prince George's Only Maximum
Assistive Technology and Services	Upper Pay Limit	$100,000	$100,000
Assistive Technology and Services - Monthly Service Fee	Upper Pay Limit	$90.00	$90.00
BSS - Behavioral Assessment	Milestone	$1,901.90	$1,901.90
BSS - Behavioral Plan	Milestone	$1,901.90	$1,901.90
BSS - Behavioral Consultation	Hour	$173.04	$173.04
BSS - Brief Support Implementation	Hour	$91.08	$91.08
Community Development Service: Group (1 - 4) and 1:1 Staffing Ratio	Hour	$68.44	$75.28
Community Development Services 2:1 Staffing Ratio	Hour	$136.88	$150.57
Day Habilitation Small Group and 1:1 Staffing Ratio	Hour	$72.64	~~$79.90~~ $79.88
Day Habilitation 2:1 Staffing Ratio	Hour	$145.28	$159.81
Employment Services - Discovery Milestone 1	Milestone	$887.17	$975.89
Employment Services - Discovery Milestone 2	Milestone	$2,661.52	$2927.67

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Waiver Service	Unit	Standard Rate Maximum for Providers	Calvert, Charles, Frederick, Montgomery, and Prince George's Only Maximum
Employment Services - Discovery Milestone 3	Milestone	$1774.34	~~$1951.77~~ $1951.78
Employment Services - Self-Employment Development Supports	Milestone	$572.50	$629.75
Employment Services - Job Development	Hour	$110.88	~~$121.97~~ $122.00
Employment Services - Ongoing Job Supports	Hour	$86.28	~~$91.16~~ $94.92
Employment Services - Follow-Along Supports	Month	$727.55	~~$800.31~~ $800.30
Employment Services - Co-Worker Supports	Upper Pay Limit	$6,000.00	$6000.00
Environmental Assessment	Milestone	$580.81	$580.81
Environmental Modification	Upper Pay Limit	$50,000	$50,000
Family and Peer Mentoring Supports	Hour	$66.16	$66.16
Family Caregiver Training and Empowerment	Upper Pay Limit	~~$1,595.00~~ $1095.00	~~$1,595.00~~ $1095.00
Family Caregiver Training and Empowerment - Fees	Upper Pay Limit	$500.00	$500.00
Housing Support Services	Hour	$81.16	$89.28

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Waiver Service	Unit	Standard Rate Maximum for Providers	Calvert, Charles, Frederick, Montgomery, and Prince George's Only Maximum
Live-in Caregiver	Upper Pay Limit	$20,000.00	$20,000
Nursing Support Services	Hour	$123.08	$131.96
Participant Ed, Training, and Advocacy - Hours	Upper Pay Limit	~~$1,595.00~~ $1095.00	~~$1,595.00~~ $1095.00
Participant Ed, Training, and Advocacy - Fees	Upper Pay Limit	$500.00	$500.00
Personal Supports	Hour	$48.44	$53.28
Personal Supports - Enhanced	Hour	$61.32	$67.45
Personal Supports - 2:1 Staffing Ratio	Hour	$122.64	~~$134.90~~ $134.88
Remote Support Services	Upper Pay Limit	$64,000.00	$64,000.00
Respite Care Services - Licensed Site	Day	$539.85	$579.46
Respite Care Services - Hour	Hour	$38.44	$38.88
Shared Living - Level 1	Month	$4,509.84	$4,509.84
Shared Living - Level 2	Month	$5,176.75	$5,176.75
Shared Living - Level 3	Month	$6,177.08	$6,177.08

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Waiver Service	Unit	Standard Rate Maximum for Providers	Calvert, Charles, Frederick, Montgomery, and Prince George's Only Maximum
		Supported Living	
With Overnight Supervision - 1 person home	Daily	$737.16	$810.88
With Overnight Supervision - 2 person home	Daily	$478.09	~~$525.90~~ $525.89
With Overnight Supervision - 3 person home	Daily	$355.23	$390.75
With Overnight Supervision - 4 person home	Daily	$403.30	$443.63
Without Overnight Supervision - 1 person home	Daily	$438.02	$481.82
Without Overnight Supervision - 2 person home	Daily	$328.52	$361.37
Without Overnight Supervision - 3 person home	Daily	$255.51	$281.06
Without Overnight Supervision - 4 person home	Daily	$328.52	$361.37
Transition Services	Upper Pay Limit	$5,000.00	$5,000.00
Transportation - Orientation, Travel Training, and Public, Taxi, Uber, Lyft	Upper Pay Limit	$7,500.00	$7,500.00
Vehicle Modification	Upper Pay Limit	$15,000.00	$15,000.00

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B. Reasonable and Customary Rates for Vendors

1. Participants self-directing services may hire vendors for certain services. Vendors must meet service qualifications. Participants establish payment rates for vendors and providers. Vendor and provider rates must be reasonable and customary.
2. Participants are responsible for vendor costs. These costs come out of the participant's budget.
3. Participants may negotiate lower rates with vendors.
4. Vendors are responsible for their own taxes and business-related expenses. Participants do not pay for vendor taxes and other related business expenses. Vendors are paid a flat fee or rate.
5. Participants may increase the rate they pay vendors within the established maximum rate for the service that the vendor provides.
6. Participants are not required to increase vendor rates.
7. Rate increases may be based on performance.
8. Rate increases may be offered at any time during the year.
9. Rates may not be changed for dates in the past.
10. Personal Supports - Enhanced, Personal Supports - 2:1 supports, and Community Development Services 2:1 and 1:1 staff supports are based on documented need in the Person-Centered Plan.

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Table 6. Reasonable and Customary Rates for Vendors

Waiver Service	Unit	Standard Rate Maximum for Vendors	Calvert, Charles, Frederick, Montgomery or Prince George's Only Maximum	Additional Information
Community Development Service: Group (1 - 4) and 1:1 Staffing Ratio	Hour	$ 61.68	$67.85	Limited to 8 hours per day/40 hours per week in combination with other meaningful day services. The participant has an approved Behavior Support Plan (BSP) documenting the need for 1:1 or 2:1 staff-to-participant ratio 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 for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs ~~unless otherwise authorized by the DDA.~~
Community Development Services 2:1 Staffing Ratio	Hour	$ 123.40	$135.74	
Employment Services - Ongoing Job Supports	Hour	$ 77.80	$85.58	Limited to 10 hours per day with Employment Services - Ongoing Job Supports.
Employment Services - Follow Along Supports	Month	$ 655.90	$721.49	Requires at least two face to face contacts with the participant in the course of the month

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Waiver Service	**Unit**	**Standard Rate Maximum for Vendors**	**Calvert, Charles, Frederick, Montgomery or Prince George's Only Maximum**	**Additional Information**
Individual and Family Directed Goods & Services - Staff Recruitment & Advertising	Upper Pay Limit	$500	$500	Limit $500 per year
Individual and Family Directed Goods & Services - Other Goods and Services	Upper Pay Limit	$5,000.00	$5,000.00	Limit $5,000.00 per year; must be requested using Individual and Family Directed Goods and Services Request Form
Individual and Family Directed Goods and Services - Day-to-Day Administrative Supports	Hour	$70.30	$70.30	Taken from Cost Savings (Savings in Budget and/or Unallocated Funds)
Nursing Support Services	Hour	$ 110.96	$118.96	Nursing Consultation services limited to 4 hrs every 90 days. Nursing delegation services minimally every 45 days, but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment
Personal Supports	Hour	$ 43.64	$48.00	~~Limited to 82 hours per week unless otherwise pre authorized by the DDA~~
Personal Supports - Enhanced	Hour	$ 55.28	$60.81	Person has either (1) an approved Behavior Support Plan documenting the need for enhanced supports necessary to support the person with specific behavioral needs ~~unless~~

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Waiver Service	Unit	Standard Rate Maximum for Vendors	Calvert, Charles, Frederick, Montgomery or Prince George's Only Maximum	Additional Information
				~~otherwise authorized by the DDA~~; or (2) an approved Nursing Care Plan documenting the need for enhanced supports necessary to support the person with specific health and safety needs ~~unless otherwise authorized by the DDA.~~ ~~Limited to 82 hours per week unless otherwise pre authorized by the DDA.~~
Personal Supports - 2:1 Staffing Ratio	Hour	$ 110.56	$121.62	Participant has either (1) an approved Behavior Support Plan documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs ~~unless otherwise authorized by the DDA~~; or (2) an approved Nursing Care Plan documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs ~~unless otherwise authorized by the DDA.~~ ~~Limited to 82 hours per week unless otherwise pre authorized by the DDA~~

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Waiver Service	Unit	Standard Rate Maximum for Vendors	Calvert, Charles, Frederick, Montgomery or Prince George's Only Maximum	Additional Information
Respite Care Services - Hour	Hour	$ 34.64	$35.08	Respite Care Service - hourly and daily licensed site total hours may not exceed 720 hours per year ~~unless otherwise authorized by the DDA~~. Daily licensed site respite equals 24 hours.
Support Broker	Hour	$ 70.30	$70.30	Initial orientation and assistance up to 15 hours. Information, coaching, and mentoring up to 4 hours per month ~~unless otherwise authorized by the DDA~~. Cost savings may be used for up to 30 hours per month of Support Broker Services.
Transportation - Orientation, Travel Training, and Public, Taxi, Uber, Lyft	Upper Pay Limit	$7500	$7500	Reimbursement shall be reasonable, customary, and necessary, as determined for the participant's needs, recommended by the team, and approved by the DDA or its designee

C. Reasonable and Customary Wages for Employees

1. Participants self-directing services may hire staff/employees for certain services. Participants self-directing services may establish their own staff wages. This is a duty under the self-direction employer authority. Staff wages must be reasonable and customary.

2. Participants are responsible for employer related costs. These costs come out of the participant's budget.

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3. Participants must ensure their budget can support all employer related costs. Taxes are an employer related cost.
4. Participants may hire staff at the State's, or if higher, their county's established minimum wage. Maryland's minimum wage can be viewed at the Maryland Department of Labor, Minimum Wage and Overtime Law webpage: https://www.dllr.state.md.us/labor/wages/minimumwagelaw.pdf
5. Participants should hire enough staff to meet their needs. Participants should minimize the need for staff to work overtime. Overtime payment is often required by law when staff work overtime. Overtime payments are an additional cost to the budget. Before approving overtime, participants must ensure they have funding available in their budget allocation.
6. A higher rate may be paid to employees who work on holidays as specified by the employer. Holiday wages may not exceed the Reasonable and Customary wage range.
7. Participants may offer their staff a pay increase.
8. Participants are not required to offer staff pay increases.
9. Pay increases may be based on staff performance.
10. Pay increases may be offered at any time during the year.
11. Pay may not be changed for dates in the past.
12. Participants may submit a request to exceed the established staff wage range. The request is submitted using the Self-Directed Services - Staff Wage Exception Form. The form is available on the DDA website and in policy.
13. Personal Supports - Enhanced, Personal Supports - 2:1 supports, and Community Development Services 2:1 and 1:1 staff supports are based on documented need in the Person-Centered Plan.
14. Wages for 2:1 Supports account for 2 employees working at the same time. Total wages for one employee may not be higher than the maximum.

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Table 7. Reasonable and Customary Wages for Employees

			Exception Rates	
Waiver Service	**Unit**	**Reasonable and Customary Wage Maximum**	**Wage Exception Maximum** **(Also referred to as Rest of State)** **(Capped at 15% above Reasonable and Customary Wage Maximum)**	**Wage Exception Maximum for Calvert, Charles, Frederick, Montgomery, and Prince George's counties** **(Capped at 10% above Rest of State Exception Maximum)**
Community Development Services - Group (2-4), Dedicated 1:1, and 2:1 (per employee)	Hour	$32.45	$37.32	$41.05
Employment Services - Ongoing Job Supports	Hour	$32.45	$37.32	$41.05
Employment Services - Follow Along Job Supports	Hour	$32.45	$37.32	$41.05
Nursing Support Services	Hour	$64.90	$74.64	$82.10
Day-to-Day Administrative Supports	Hour	$32.45	$37.32	$41.05
Personal Supports	Hour	$32.18	$37.01	$40.71
Personal Supports - Enhanced 1:1 and 2:1 (per employee)	Hour	$37.86	$43.54	$47.89
Respite Care Services	Hour	$21.63	$24.87	$27.36
Support Broker	Hour	$32.45	$37.32	$41.05

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D. Reasonable and Customary Benefits for Employees

1. Participants who self-direct their services have the option to use cost savings or unallocated funds to offer benefits for employees they hire. Allowed benefits are:
    a) Mileage Reimbursement,
    b) Training wages,
    c) Training costs,
    d) Paid Time Off,
    e) Holiday Pay, and
    f) Health Insurance Premium Reimbursement.
2. All benefits must be used within the current Person-Centered plan year.
3. New or additional benefits cannot be offered in a Person-Centered Plan that is in an auto-extend status.
4. Staff benefits must be within Reasonable and Customary standards per Person-Centered Plan year.
5. Beginning October 6, 2025, All participants offering benefits must include an Employee Handbook when they submit a Person-Centered Plan for review.
6. Participants do not have to offer any benefits, unless required by local, state, or federal requirements. Participants self-directing their services must continue to provide benefits to their employees that are required by local, state or federal laws.
    a) Benefits can be offered when first hiring a person.
    b) Benefits can also be offered at any time in the future, as determined by the participant.
7. Services where a participant can maintain Employer Authority and offer benefits to employees include:

a) Community Development Services,

b) Employment Services - Ongoing Job Supports and Follow Along Supports,

c) Nursing Support Services,

d) Personal Supports and Personal Supports Enhanced,

e) Respite Care Services,

f) Support Broker Services, and

g) Transportation Services.

8. Benefits cannot be offered to vendors or providers.

9. Cash payouts of accrued or earned Paid Time Off are not allowed. Participants must inform employees in writing that their unused Paid Time Off will not be paid out upon separation from employment. These policies can be outlined in the participant's employee handbook.

10. Temporary and on-call employees may not receive benefits that are not required by federal, state, and local laws.

11. *Employees* may be reimbursed for mileage, training, and health insurance premiums when the benefit is allowable and within the DDA's established Reasonable and Customary standards.

12. Family members and other team members *who are not employees* may not be reimbursed for employee benefits and training.

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Table 8. Reasonable and Customary Benefits for Employees

Benefit	Notes
Mileage Reimbursement Rate	**Up to** the Federal mileage reimbursement rate per mile: 2024: $0.67 per mile 2025: $0.70 per mile Mileage reimbursement can be given to employees when the participant is in the vehicle with the employee and services are being rendered. Mileage reimbursement may only be provided within the participant's community. Community is where a participant lives, works, shops, and regularly spends their days. Mileage reimbursement **does not** cover travel to and from medical appointments. Employees may be reimbursed for this mileage. Family members and other team members who are not employees, may not be reimbursed for mileage.
Training Wages	Hours worked in training for a person may be paid at a wage **at or below** the employee's regular hourly wage. If Training wages are used by an employee, that week of work for that employee (including hours worked and training hours) may not exceed 40 hours.
Training Costs	Training must be required by the participant and should be specific to the participant's disability needs or be required by the waiver service(s), such as: ● Cardiopulmonary Resuscitation (CPR) ● First Aid ● Mandt System ● Association of Community Rehabilitation Educators (ACRE) training ● Certified Employment Support Professional (CESP) training ● Medication Technician Training Program Employees may be reimbursed for training costs. Family members and other team members who are not employees, may not be reimbursed for training costs.

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Benefit	Notes
Paid Time Off	Paid Time Off can be designated to be used for vacation leave, sick leave, personal days, bereavement leave, or holidays. If Paid Time Off is used by an employee, that week of work for that employee (including hours worked and paid time off hours) may not exceed 40 hours. Cash payouts of accrued or earned Paid Time Off are not allowed.
Holiday Pay	A higher rate may be paid to employees who **work on holidays** as specified by the employer. Holiday wages may not exceed the Reasonable and Customary wage rate for the waiver service provided.
Health Insurance Premium Reimbursement	Participant employers may reimburse their employees' Health Insurance Premiums. Reimbursements may only be made to health insurance coverage for the employee. Coverage for spouses, children, and other family members cannot be reimbursed. Only policies purchased directly by the employee qualify for this reimbursement. The following do not qualify for reimbursement: ● Retirement plan health policies ● Medicaid policies ● Medicare policies ● Policies provided by another employer, including those purchased by unions ● Policies provided by a former employer, including Consolidated Omnibus Budget Reconciliation Act (COBRA) policies Note: Any policies that have been previously reimbursed for employees that do not meet these standards may continue to be reimbursed. The DDA will work with stakeholders to create a transition plan for reimbursed employee health

Benefit	Notes
	insurance benefits to meet the new standards. Participants who want to offer health insurance premium reimbursement must follow the new standards. Employees may be reimbursed for this health insurance. Family members and other team members who are not employees, may not be reimbursed for health insurance.

E. Reasonable and Customary Goods and Services

1. Participants who self-direct their services have the option to use cost savings or unallocated funds to purchase other allowable goods and services during their plan year.
2. Allowable Goods and Services may be included in the Self-Directed Services Budget Sheet during the annual and revised Person-Centered Plan process, but are not required to be included in them.
3. Allowable Goods and Services requests must include supporting documentation. Documentation requirements can be found on Table 5 in this manual.
4. All requests for Other Allowable Goods and Services must be requested using the Individual and Family Directed Goods and Services Request Form. The DDA Individual and Family Directed Goods and Services Request Form is required for all other requests to purchase Individual and Family Directed Goods and Services.
5. Requests may only be submitted if a participant has an active, approved Initial, Revised, or Annual Person-Centered Plan.
6. Goods and Services costs must be within Reasonable and Customary standards.

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Table 9. Reasonable and Customary Standards for Individual and Family Directed Goods and Services - Other Allowable Goods and Services

Good / Service Category	Good / Service Type	Reasonable and Customary Maximum
Activities that Promote Health	Fitness membership	Central Maryland Region: $64.00 per month Eastern Shore Region: $62.00 per month Southern Maryland Region: $104.00 per month Western Maryland Region: $60.00 per month
Activities that Promote Health	Personal Training	Maximum: $75.00 per hour
Activities that Promote Health	Swim lessons	Maximum: up to $500.00 annually
Activities that Promote Health	Horseback Riding	Maximum: $200.00 per session
Fees for programs and activities that promote socialization and independence	Art	Maximum: $65 per 6-8 week class; $10.00 per one day class
Fees for programs and activities that promote socialization and independence	Music	Maximum: $50 per 30 minutes
Fees for programs and activities that promote socialization and independence	Dance	Maximum: $20 per one day class Memberships to dance studios should follow Reasonable and Customary standards for gym memberships.

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Good / Service Category	Good / Service Type	Reasonable and Customary Maximum
Fees for programs and activities that promote socialization and independence	Sports	Maximum: $80 per league (6-10 weeks) Most Maryland counties have free youth and adult sport leagues. If none are available in the sport of choosing, requests up to the maximum may be made.
Small kitchen appliances	Air Fryer	Maximum: $75.00 per item
Small kitchen appliances	Microwave	Maximum: $150.00 per item
Small kitchen appliances	Toaster Oven	Maximum: $75.00 per item
Small kitchen appliances	Other	Maximum: $100.00 per item
Sensory Items	Headphones	Maximum: $75.00 per item
Sensory Items	Weighted Vests, weighted blankets, and other weighted materials	Maximum: $100.00 per item
Sensory Items	Other	Maximum:$25.00 per item

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Good / Service Category	Good / Service Type	Reasonable and Customary Maximum
Safety Equipment	Protective Headgear	Maximum: $200.00 per item If Safety Equipment can be covered under the Maryland Durable Medical Equipment program, this resource must be used first.
Safety Equipment	Arm Guards	Maximum: $25.00 per item If Safety Equipment can be covered under the Maryland Durable Medical Equipment program, this resource must be used first.
Safety Equipment	Other	Maximum for Global Positioning Systems (GPS) device: $50.00 per item Maximum for monthly subscription to GPS monitoring: $25.00/month Maximum for all other Safety Equipment: $50.00
Personal Electronic Devices	Watch	Maximum: $100.00 per item
Personal Electronic Devices	Tablet	Maximum: $150.00 per item
Personal Electronic Devices	Other - laptops	Maximum: $400.00 per item
Toothbrushes and electric toothbrushes	Manual toothbrushes	Maximum: $2.00 per toothbrush, up to 4 toothbrushes per year
Toothbrushes and electric toothbrushes	Electric toothbrushes	Maximum: $35.00 per item

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Good / Service Category	Good / Service Type	Reasonable and Customary Maximum
Weight loss programs	Weight loss programs	Maximum: $50.00 per month Weight loss programs would not include gym memberships or personal training.
Dental services recommended by a licensed dentist	Dental anesthesia	Maximum: $3,500.00 per visit
Dental services recommended by a licensed dentist	Adult dentures	Maximum: $1,000 per set
Nutritional consultation and supplements	Consultation	Maximum: $110.00 per year If nutritional assessment or consultation can be covered under the Maryland State Plan, private insurance program, or other resources, these resources must be used first
Nutritional consultation and supplements	Supplements	Cost across supplements cannot exceed $300.00 per year Many vitamin deficiencies and other concerns that call for supplements may be covered by health insurance. If nutritional supplements can be covered under the Maryland State Plan, private insurance program, or other resources, these resources must be used first.
Internet Services	Modem or Startup Services	Maximum: $200.00

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XVI. Completing Self-Directed Services Forms

A. Self-Directed Services Budget Sheet - The Self-Directed Services Budget Sheet was updated with changes beginning on October 6, 2025. It should be used when a new or updated budget sheet is needed.

1. The Self-Directed Services Budget Sheet should be completed by the participant and their team.

2. Creation of the Self-Directed Services Budget Sheet must be facilitated by the participant's Coordinator of Community Services.

3. The Self-Directed Services Budget Sheet is a fillable Microsoft Excel spreadsheet that captures information related to the Person-Centered Plan's approved services and amount and the chosen rates of pay within the established reasonable and customary ranges. The sheet is designed to help a participant develop and stay within their allocated budget. Yellow spaces within the sheet may be filled in. White spaces will auto calculate and cannot be changed.

4. It is important to note that participants are not required to allocate their entire budget. Presently, the DDA is paying for administrative costs associated with Coordinators of Community Services, which will not come out of the participant's budget. The cost associated with Financial Management and Counseling Services monthly services fees will come from the participant's approved budget allocation. Therefore, participants should consider their current assessed needs as authorized in their Person-Centered Plan and reasonable and customary rates when developing their Self-Directed Services Budget Sheet and may decide to offer future pay increases or benefits.

5. Completing the Self-Directed Services Budget Sheet

    a) DDA Budget Allocation from Detailed Service Authorization and Calculations (Reference: Rows 1-2)

        (1) Enter the Budget Allocation from the detailed service authorization by the red arrow.

        (2) The total budget and unallocated funds will populate automatically.

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Enter Approved DDA Budget Allocation from the Detailed Service Authorization here		$0.00	$0.00
		Self-Directed Services Budget Total	Unallocated Funds

b) Participant, Program, Person-Centered Plan , and Budget Information (Reference: Rows 3 - 9)

(1) Person-Centered Plan Status - choose from the dropdown list noting if the Person-Centered Plan is Initial, Annual, Revised, or for a Financial Management and Counseling Services (FMCS) Change.

(2) Name - enter your first and last name (i.e., the participant).

(3) Effective Date - enter the effective date (i.e., date services should begin as determined by the currently approved Annual or Revised Person-Centered Plan effective date).

(4) Annual Plan Date - enter the date the annual Person-Centered Plan begins.

(5) Number of Months Left in Plan and Number of Weeks Left in Plan – the form will automatically calculate based on the Effective Date and Annual Plan Date listed.

~~(6) Type of Waiver - choose from the dropdown list in which waiver the participant is enrolled.~~

(7) Add any general notes that may be helpful for the team or Financial Management and Counseling Services provider to know.

SELF-DIRECTED SERVICES - BUDGET SHEET

Developmental Disabilities Administration

Enter Approved DDA Budget Allocation from the Detailed Service Authorization here		$0.00	$0.00
		Self-Directed Services Budget Total	Unallocated Funds

Person-Centered Plan Status: Initial, Annual, Revised, or Financial Management and Counseling Services Provider Change

Name: Effective Date: Annual Plan Date:

Number of Months Left in Plan: 12.00   Number of Weeks Left in Plan: 52.143

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d) A full walkthrough of the Self-Directed Services Budget Sheet can be found on the DDA's YouTube channel: [Budget Sheet walkthrough]

B. **Self-Directed Services Participant Agreement** **- The Participant Agreement was updated with changes beginning on October 6, 2025. It should be used for any Person-Centered Plans that are submitted on or after October 6, 2025.**

1. The Self-Directed Services Participant Agreement documents both the participant's request for assistance in self-directing their services, and the team members' agreement to assist and support with the specific work or tasks described in the Agreement.
2. The agreement begins and lasts (or is in use) for 12 months, or up to one calendar year, from the date of last signature by the participant and all team members named in the document.
3. The agreement may be ended or terminated at any time by the participant along with their team. The participant or their team must provide written notice, such as a letter or email, to the participant's Coordinator of Community Services and team members, if the agreement is ended or terminated.
4. The participant must meet all of the requirements listed in the agreement.

   a) The participant's Coordinator of Community Services must assist the participant and their team to complete this agreement per the participant's preferences and best interests.

   b) The Coordinator of Community Services must assist the participant and their team to update this agreement if any changes are requested by the participant or their team members.

   c) The Coordinator of Community Services must review this document with the participant on a quarterly basis to:

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(1) Make sure that the team members are those that the participant chooses, and

(2) Confirm that each team member's agreement to assist and support the participant as stated in the document is current.

d) The Coordinator of Community Services must make sure that the participant's team roles and responsibilities do not conflict with program requirements and rules.

e) The participant and their team members (as applicable) must review the document completely before they sign it.

f) The participant and each team member (as applicable) must sign the last page.

5. The participant's name should be listed on Page 3 of the Agreement.

6. The participant's team should also be listed.

(5) This participant agreement is for:

(6) The members of my PCP Team are the following:

	Name	Role
Person #1:		
Person #2:		
Person #3:		
Person #4:		
Person #5:		
Person #6:		
Person #7:		
Person #8:		
Person #9:		
Person #10:		

7. The participant has three options in the Participant Agreement:

a) Option 1: I, the participant, choose myself as the primary person responsible for managing my employer authority and budget authority under the Self-Directed Services Delivery Model. (This option is available for anyone over the age of 18 years old).

b) Option 2: I, the participant, choose to appoint a designated representative. My representative will be responsible for ALL of the items in this agreement. I and my representative understand that this is an unpaid position, and that the acceptance of this position will prohibit this representative from working for me in a paid capacity under any waiver service category. We further understand that if this designated representative is legally responsible person, legal guardian, or relative (natural/adoptive parent, step-parent, grandparent, step-grandparent, child stepchild, sibling, step-sibling, aunt, uncle, niece, or nephew), no other legally responsible person, legal guardian, or relative may provide waiver services ~~a relative (i.e., my parent, stepparent or sibling) no other relative (parent, stepparent or sibling) can work as paid staff for me~~ under self-direction, per the rules outlined in DDA's waiver programs. The individual who will be serving as my designated representative under this option is: [the participant must list their Designated Representative]; or

**Note: A Designated Representative is required for all participants under the age of 18.* This option is available for anyone over the age of 18 years old.

c) Option 3: I, the participant, choose to appoint the following individuals, who are part of my Person-Centered Plan team (including paid and unpaid team members), to assist me with specific tasks related to my roles and responsibilities under self-direction. No individual listed below shall in any way be considered as my Designated Representative, and their assistance with these tasks will in no way restrict their ability to work for me in a paid capacity under any waiver service category. Additionally, this option also allows me to hire other relatives in a paid capacity even if a relative is listed as my support for one or more of the following tasks. Individuals who will assist me under Option 3 with specific tasks are noted on page 5 of the document. (This option is available for anyone over the age of 18 years old).

(1) The Coordinator of Community Services cannot be an individual who assists with any of these tasks.

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8. A participant may have a legal guardian who does not have the authority to make these types of decisions for that person (i.e., a participant may have a legal guardian for certain financial purposes but may still retain their right to make employer and budget decisions for Medicaid waiver services). Current best practices in guardianship are to allow people to make decisions which they have the capacity to make, so all options and choices should be explored.

Option – choose one

◯ **Option 1: I, the participant, choose myself as the primary person responsible** for managing my employer authority and budget authority under the SDS delivery model.

◯ **Option 2: I, the participant, choose to appoint, a designated representative. My representative will be responsible for ALL of the items in this agreement**. I and my representative understand that this is an unpaid position, and that the acceptance of this position will prohibit this representative from working for me in a paid capacity under any waiver service category. We further understand that if thisdesignated representative is a legally responsible person, legal guardian, or relative (natural/adoptive parent, step-parent, grandparent, step-grandparent, child stepchild, sibling, step-sibling, aunt, uncle, niece, or nephew), no other legally responsible person, legal guardian, or relative can work as paid staff for me under self-direction, per the rules outlined in DDA's waiver programs. The individual who will be serving as my designated representative under this option is:

Relationship:

◯ **Option 3: I, the participant, choose to appoint the following individuals,** who are part of my PCP team (including paid and unpaid team members) to **assist me** with specific tasks related to my roles and responsibilities under self-direction. No individual listed below shall in any way be considered as my designated representative, and their assistance with these tasks will in no way restrict their ability to work for me as paid staff or a paid vendor under any waiver service category. Additionally, this option also allows me to hire other relatives as paid staff even if a relative is listed as my support for one or more of the following tasks. Individuals who will assist me under Option 3 with specific tasks are noted below.

9. The participant is always the final decision maker unless they appoint a designated representative.

10. Financial Management and Counseling Services Authorization

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a) Any participant may authorize team members to contact their Financial Management and Counseling Services provider on their behalf.

(1) The authorized team member(s) may contact the Financial Management and Counseling Services provider by phone without the participant's presence, or may contact the Financial Management and Counseling Services provider by email if the participant is copied.

(2) This authorization may be used regardless of whether Option 1, 2, or 3 is chosen.

(3) The authorized team member(s) **may not make decisions about the participant's services or supports**.

(4) The authorized team member(s) may discuss issues and address questions with the Financial Management and Counseling Services provider.

(5) To authorize team members, the team member's name and relationship to the participant must be listed.

(6) The Coordinator of Community Services will update the Participant Agreement if this option is chosen by the participant. The Participant Agreement will then need to be sent to the Financial Management and Counseling Services provider and uploaded to the participant's LTSS*Maryland* Client Attachments (Effective October 6, 2025, "FMCS Documents" will be renamed to "Self-Direction Documents").

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Financial Management and Counseling Services Authorization

I authorize the below individual(s) to contact my Financial Management and Counseling Services provider by phone or email on my behalf without my presence.

Note: This section may be used regardless of whether Option 1, 2, or 3 is selected.

Note: These authorized individuals may not make decisions about the participant's services or supports, but may discuss issues and address questions with the Financial Management and Counseling Services provider.

	Name	Relationship
Person #1:		
Person #2:		
Person #3:		
Person #4:		
Person #5:		

11. Option 3: Appointment of Specific Tasks

   a) It is necessary that the team avoid and protect against any and all conflicts of interest when assigning work and specific tasks to team members.

   b) A team member cannot be assigned a specific task another team member is already paid to do. It is important that there is a clear description of tasks among team members.

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c) Employees cannot sign or approve timesheets for themselves or any other employee.

d) Employees cannot sign or approve invoices for any vendor.

e) Vendors cannot sign or approve timesheets or invoices.

f) For each row below, the participant may identify a "Team Member" to assist with a specific task. The participant is always the final decision maker. The participant may seek assistance with some tasks and decide to complete other tasks themselves. Therefore, a team member is not required for all tasks. If a team member is identified, they will be considered the point of contact for that specific task.

Team Member	Task
Name:	Choose how the budget is spent based on assessed need in the Person-Centered Plan ensuring applicable taxes and reasonable and customary rates are included
Name:	In conjunction with Financial Management and Counseling Services provider, monitor my budget to ensure I do not exceed my DDA approved budget
Name:	Find, screen, and hire qualified employees, subject to verification of qualifications by the Financial Management and Counseling Services provider
Name:	Supervise and train employees
Name:	Schedule employees
Name:	Track the time and date my employee's work
Name:	Authorize overtime for employees while ensuring I am not exceeding my DDA approved budget
Name:	Help review employee time sheets and invoices Note: Employees cannot sign or approve any time sheets
Name:	Address performance issues with my employees, vendors, and providers
Name:	Discipline or terminate employees, vendors, or providers
Name:	Understand and act upon written information related to my employees, vendors, and providers
Name:	Keep my workplace free from harassment
Name:	Maintain applicable employee records

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12. Participant Agreement Signatures

a) Signing the Participant Agreement acknowledges that the document has been reviewed and the signer agrees with its contents.

b) All team members mentioned in the agreement must sign the agreement.

Signatures:

By signing below, I hereby acknowledge that I have received and read this document and agree with its contents. I hereby certify that the substance of these decisions was made solely by the participant, legally responsible person, legal guardian, or their team. As a member of the participant's team, I agree to provide the supports as outlined in this agreement. I am aware that if I have any questions, I should contact the Coordinator of Community Services or the DDA Regional Office.

Participant Signature	Date
Legally Responsible Person (if applicable)	Date
Legal Guardian (if applicable)	Date
Designated Representative (if applicable)	Date

Additional Team Members as outlined in this agreement:

C. **Self-Directed Services Family as Staff Form - The Family as Staff Form was updated with changes beginning on October 6, 2025. It should be used for any Person-Centered Plans that are submitted on or after October 6, 2025.**

1. The DDA Self-Directed Services Family as Staff Form is used by participants who are self-directing. Participants use it to inform their team, Coordinator of Community Services, Financial Management and Counseling Services provider, and the DDA if they are hiring a relative, legally responsible person, or legal guardian to provide an approved self-directed service.

2. Relative is defined as a natural or adoptive parent, step-parent, grandparent, step-grandparent, child, stepchild, or sibling, step-sibling, aunt, uncle, niece, or nephew.

3. Section 1: My Family as Staff Choice - indicate the participant's choice

    a) Option 1: I do not want to hire a relative, legally responsible person, or legal guardian.

    b) Option 2: I want to hire a relative, legally responsible person, or legal guardian to be my Support Broker.

    c) Option 3: I want to hire ~~a~~ relative(s), legally responsible persons, or legal guardians to be my direct support staff.

4. Section 2: Family as Staff (if Options 2 or 3 are chosen)

    a) List the name of each relative, legally responsible person, or legal guardian. ~~family member~~.

    b) List their relationship to the participant.

    c) List the waiver service they will provide.

    d) List their rate of pay (must be within the DDA's Reasonable and Customary Standards).

    e) List the number of hours per week they will work (up to 40 hours~~, unless authorized by the DDA~~).

5. Describe why hiring the person(s) listed above is in the participant's best interest.

6. Describe how having a relative, legally responsible person, or legal guardian ~~family member~~ as staff will help the participant to be more integrated in the community.

7. Describe how having a relative, legally responsible person, or legal guardian ~~family member~~ as staff will increase the participant's independence.

8. Describe how having a relative, legally responsible person, or legal guardian ~~family member~~ as staff will expand their circle of support or natural supports.

9. Describe any special circumstances.

10. Provide an attestation by signing the form.

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a) The participant and their authorized representative (if applicable) must sign the form.

b) A legal guardian may sign the form.

c) The participant's Designated Representative must sign the form (if applicable).

D. Self-Directed Services Budget Modification - The Budget Modification was updated with changes beginning on October 6, 2025. It should be used anytime a budget needs to be updated on and after October 6, 2025.

1. Participants who self-direct their services may move funding across DDA-approved budget service lines only:

   a) If they remain within their total approved annual budget amount; and

   b) To support the authorized actions listed on the budget modification form and in this manual.

2. Completing the Self-Directed Services Budget Modification

   a) Demographic Information (Reference: Rows 1-16)

      (1) Include the participant's full name.

      (2) List the Budget Modification Date (the date the modification was completed by the participant and their team).

      (3) List the annual plan date as listed in LTSS*Maryland*.

      (4) Choose the participant's Financial Management and Counseling Services provider using the drop down menu.

      (5) Choose the participant's region using the drop down menu.

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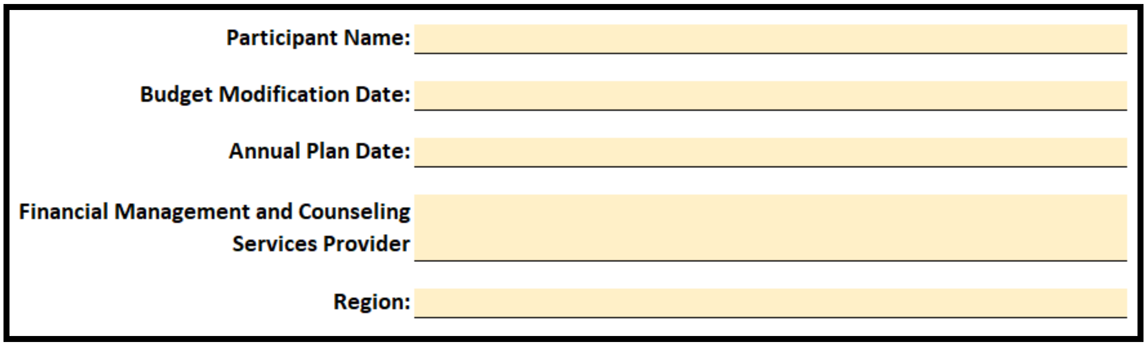
Participant Name:
Budget Modification Date:
Annual Plan Date:
Financial Management and Counseling Services Provider
Region:

b) Budget Information (Reference: Rows 18-23)

(1) List the total budget allocation (from the Detailed Service Authorization).

(2) List the Budget Total (from the Self-Directed Services Budget Sheet).

(3) The total unallocated funds will be calculated automatically.

c) Section 1 (Reference: Rows 47-81)

(1) In Section 1, list the dollar amounts of services being reduced or taken from unallocated funds and services being increased. The tabs provided in the files allow for teams to calculate the dollar amounts in this section.

(2) List all the services being reduced or taken from unallocated funds.

(3) List the amounts associated with each service line / unallocated funds being decreased.

(4) The total amount being reduced will be calculated automatically.

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Service(s) Being Reduced or Taken from Unallocated Funds	
Services	Amount
Total Reduced/Taken from Unallocated	$ -

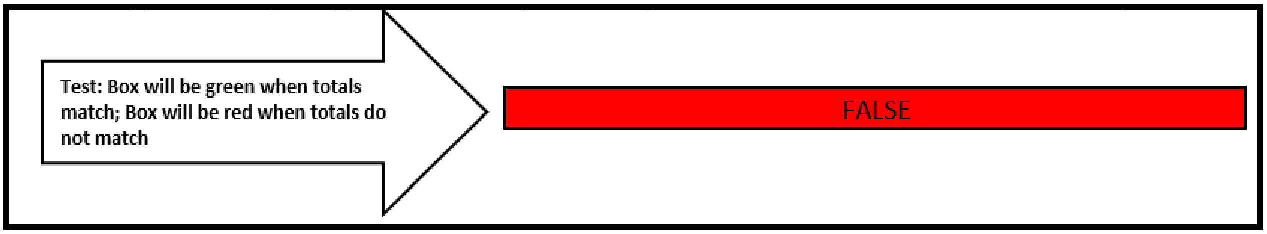
(5) List all the services being increased.

(6) List the amounts associated with each service being increased.

(7) The total amount being increased will be calculated automatically.

Service(s) Being Increased	
Services	Amount
Total Increased	$ -

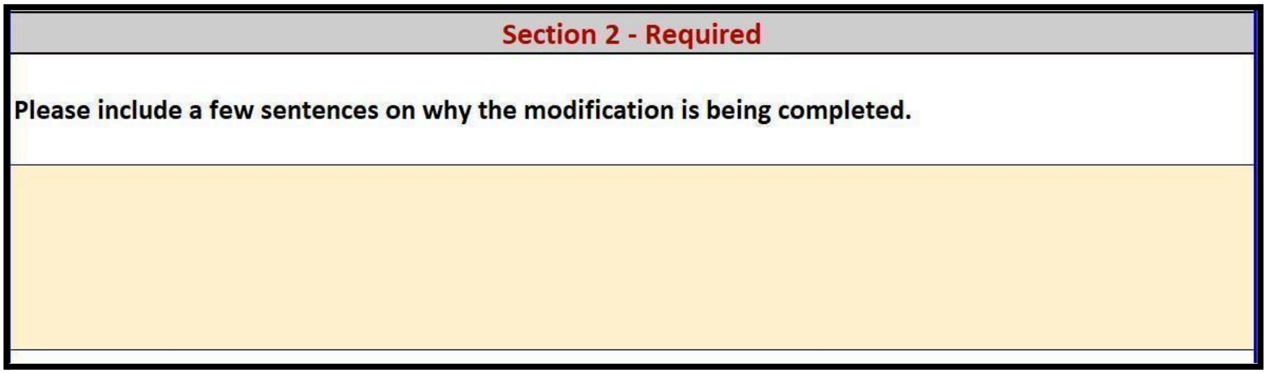
(8) The test box will be green when the totals match; the test box will be red when the totals do not match. *Totals of increasing and decreasing must match in Section 1 in order for the Financial Management and Counseling Services provider to process the budget modification.*



d) Section 2 (Reference: Rows 82-94)

(1) Include a few sentences about why the modification is being completed.

(2) If Section 2 is not complete, the modification cannot be processed by the Financial Management and Counseling Services provider.


Section 2 - Required

Please include a few sentences on why the modification is being completed.

e) Section 3 (Reference: Rows 94-108)

(1) The participant or Designated Representative must sign the budget modification.

(2) The Coordinator of Community Services must attest and sign the modification.

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Section 3 - Required

Participant Approval: By signing below, certify that I approve the request being made.

Self-Directed Services Participant / Legal Guardian / Designated Representative Signature:

Coordinator of Community Service Attestation: By signing below, I attest that the Participant / Legal Guardian / Designated Respresentative has approved the above request.

Coordinator of Community Services Name:

Coordinator of Community Services Signature:

Date:

3. ~~Optional tabs are included in the rest of the spreadsheet to support the team in completing the modification. These tabs are not required to be completed.~~

4. A full walkthrough of the Self-Directed Services Budget Modification can be found on the DDA's YouTube channel: https://youtu.be/YF9bx-tbUVM?si=D3pddjWrR8U2tWom

E. Individual and Family Directed Goods and Services Request Form

1. The Individual and Family Directed Goods and Services Request Form is a DDA-operated Smartsheet.

2. The Individual and Family Directed Goods and Services Request Form should be completed by the Coordinator of Community Services in the following way:

    a) Include the LTSS*Maryland* identification number of the participant.

    b) Include the participant's full name.

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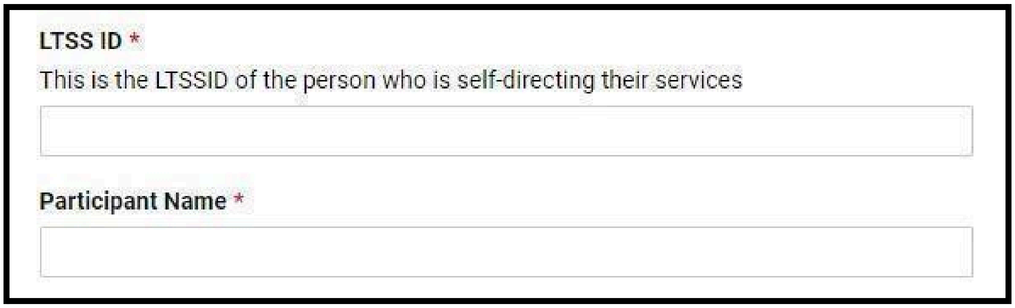
c) ~~Choose the DDA-operated Medicaid waiver in which the participant is enrolled.~~

d) Choose the Region in which the participant lives.



LTSS ID *

This is the LTSSID of the person who is self-directing their services

Participant Name *

Region *

- Central Maryland Regional Office (CMRO)
- Eastern Shore Regional Office (ESRO)
- Southern Maryland Regional Office (SMRO)
- Western Maryland Regional Office (WMRO)

e) Choose the participant's current Financial Management and Counseling Services provider.

f) Answer whether or not the participant has an approved Self-Directed Services Person-Centered Plan in LTSS*Maryland*.

*Note: Individual and Family Directed Goods and Services requests may not be submitted if the participant does not have an active, approved Self-Directed Services Person-Centered Plan in LTSS*Maryland*. Individual and Family Directed Other Goods and Services requests may not be completed when a participant has a Person-Centered Plan in auto-extend.*

g) Choose the category of the request from the listed options.

h) Describe the benefit of the Individual and Family Directed Goods and Services request.

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What benefit does the Good / Service give to the person? *

Describe why the Good / Service is needed.

i) List the total cost of the service.

j) Answer if the request was included in the Self-Directed Services Budget Sheet. (If the request was not included in the Self-Directed Services Budget Sheet, a budget modification must be completed).

k) Answer if the request is recurring (more than one time).

Cost of the Good / Service *

This is the total amount for the Good / Service over the plan year

Was the Good / Service cost included in the SDS Budget Sheet?

If the request was not included in the SDS Budget Sheet, a Budget Modification must be completed.

- ◯ Yes
- ◯ No

Is the request recurring (more than one time)? *

- ◯ Yes
- ◯ No

l) Describe how the good or service helps the participant meet a need or goal.

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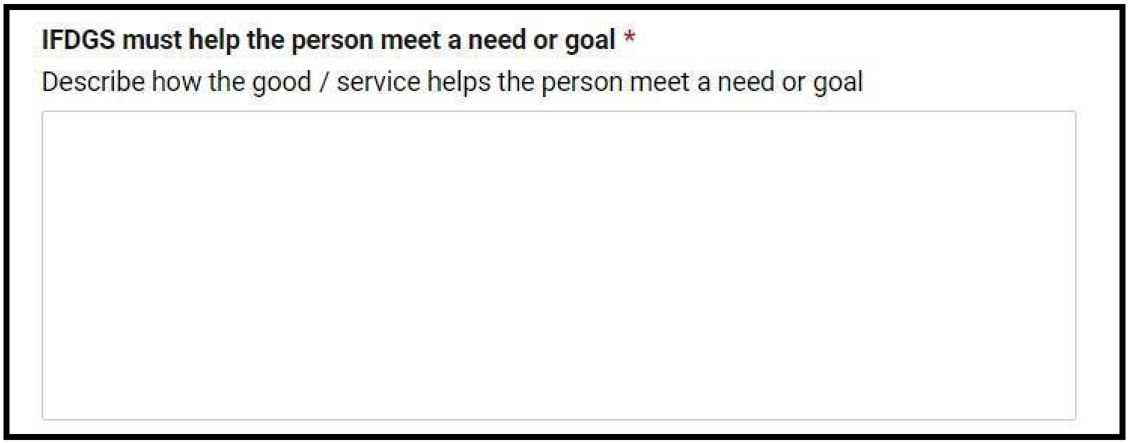
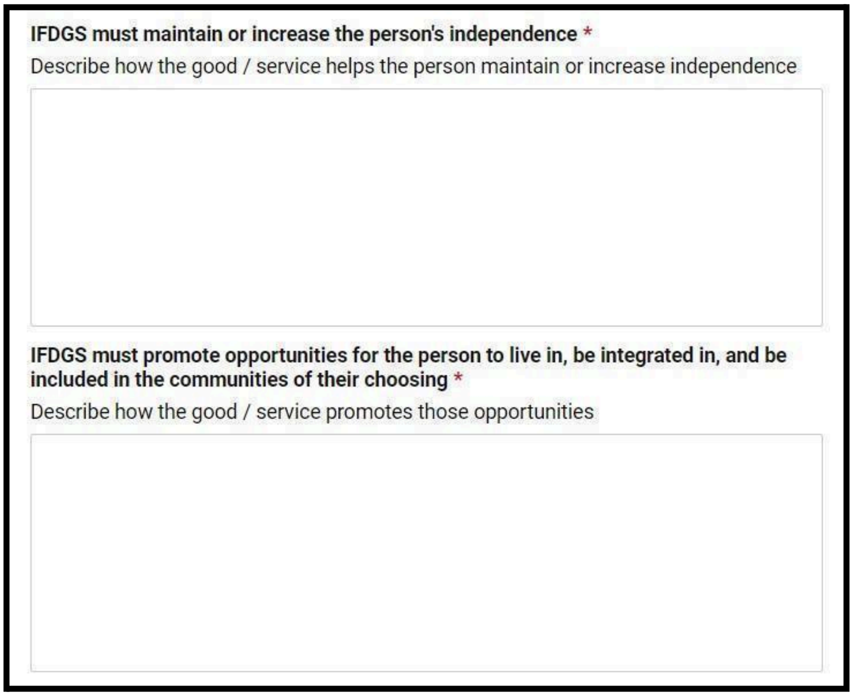


IFDGS must help the person meet a need or goal *

Describe how the good / service helps the person meet a need or goal

m) Describe how the good or service helps the participant maintain or increase independence.

n) Describe how the good or service promotes those opportunities.



IFDGS must maintain or increase the person's independence *

Describe how the good / service helps the person maintain or increase independence

IFDGS must promote opportunities for the person to live in, be integrated in, and be included in the communities of their choosing *

Describe how the good / service promotes those opportunities

o) Answer whether the good or service compromises the participant's health or safety.

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p) Answer whether the good or service is provided to or directed towards the benefit of only the participant.

Does the good / service compromise the person's health or safety? *

○ Yes

○ No

Is this request for a good or service that is provided to, or directed toward the benefit of only the person self-directing? *

○ Yes

○ No

q) Choose the requirements the request meets from the drop down list (additional fields will be added for a description of how the requirement is met).

Additional IFDGS Requirements *

Individual and Family Directed Goods and services must decrease the need for Medicaid services, increase community integration, increase the participant's safety in the home, or support the family in the continued provision of care to the participant.

Choose which requirement(s) this request meets. One must be selected, but more may be chosen

☐ Decrease the Need for Medicaid Services

☐ Increase Community Integration

☐ Increase Safety in the Home

☐ Support the family in the continued provision of care for the person

r) List all funding sources that were denied or not available related to this request.

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IFDGS cannot be approved if another funding source is available *

List all funding sources that were denied or not available related to this request

s) Answer if the participant has any personal funding accounts such as personal banking accounts. Documentation must be provided to show that the participant does not have personal funding available to purchase the Individual and Family Directed Goods and Services request.

Personal Funds Documentation

Individual and Family Directed Goods and Services requests may only be approved if the participant does not have personal funds to purchase the good/service.

*Falsification of any portion of this form, including information related to personal funds, is considered **Medicaid fraud.***

t) Describe how the good / service is cost effective for the participant.

IFDGS must be cost effective *

Describe how the good / service is cost effective for the person

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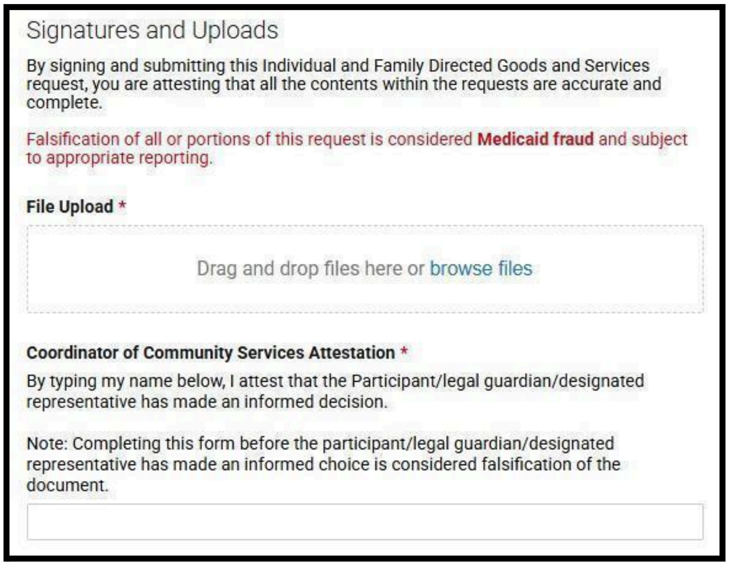
u) Upload all required documents and electronically sign the form

Note: Falsification of all or portions of this request is Medicaid fraud and is subject to appropriate reporting and potential legal penalties.



Signatures and Uploads

By signing and submitting this Individual and Family Directed Goods and Services request, you are attesting that all the contents within the requests are accurate and complete.

Falsification of all or portions of this request is considered **Medicaid fraud** and subject to appropriate reporting.

File Upload *

Drag and drop files here or browse files

Coordinator of Community Services Attestation *

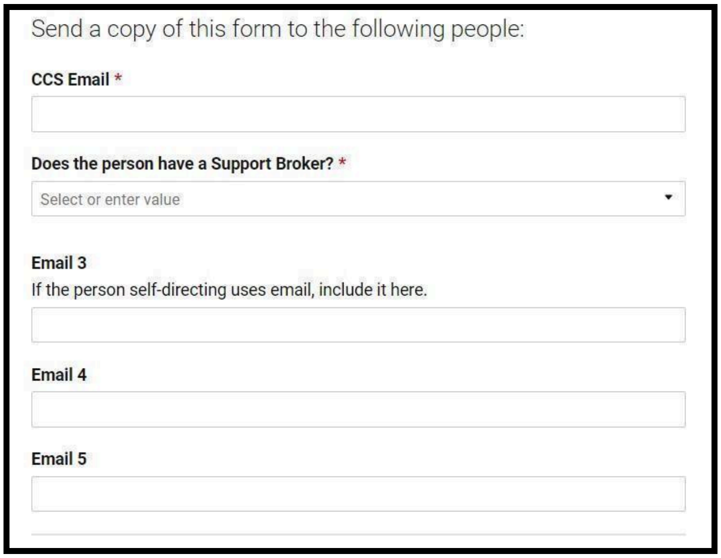
By typing my name below, I attest that the Participant/legal guardian/designated representative has made an informed decision.

Note: Completing this form before the participant/legal guardian/designated representative has made an informed choice is considered falsification of the document.

v) Include any email addresses that may need a copy of the request.

(1) The Coordinator of Community Services email is required for the form to be submitted.

(2) If the person has a Support Broker, include the Support Broker.


Send a copy of this form to the following people:

CCS Email *

Does the person have a Support Broker? *

Select or enter value

Email 3

If the person self-directing uses email, include it here.

Email 4

Email 5

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F. Sample Vendor / Provider Invoice

Sample Invoice

Vendor Name: John Doe Inc.

Employee(s) of Vendor (if applicable): Harry H. Harrison, Nancy S. Smith

Participant Name: Kathy E. Graham

Billing Period: July 1, 2024 - July 31, 2024

Waiver Service Provided: Support Broker Services

Rate per hour: $65.00

Date	**Time Stamps**	**Description of Work**	**Total Time (by quarter hour)**	**Amount Charged**
7/1/24	8am-10am	Support Broker Name: Cooper Sanders Met with team to discuss recruitment plan	2 hours	$130
7/7/24	5-7pm	Support Broker Name: Cooper Sanders Met with K. to draft recruitment plan, posted ad	2 hours	$130

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7/15/24	9am-10am	Support Broker Name: Cooper Sanders Screened applicants with K., scheduled interviews	1 hour	$65
7/18/24	10am-11:15am	Support Broker Name: Cooper Sanders Interviews with K. for new position	1.25 hours	$81.25
7/26/24	4-4:15pm	Support Broker Name: Cooper Sanders Support to K. and new employee regarding new hire paperwork –	.25 hours	$16.25
TOTALS			6.5 hours	$422.50

G. **Day-to-Day Administrative Supports Decision Tree - The Day-to-Day Administrative Supports Decision Tree Form is a new process and form that is available on and after October 6, 2025. Anyone requesting Day-to-Day Administrative Supports must include the Decision Tree Form in their *next Person-Centered Plan* after October 6, 2025.**

1. The Day-to-Day Administrative Supports Decision Tree helps determine if a participant can manage personal and household tasks on their own (with or without support from their team, including employees and other staff members), or if they need additional help from a Day-to-Day Administrative Support.

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2. If a participant is asking for Day-to-Day Administrative Supports in their Person-Centered Plan, the Decision Tree must be filled out and submitted with the Person-Centered Plan. If they are not asking for these supports, the Decision Tree does not need to be completed.

3. Day-to-Day Administrative Supports are available for participants:

    a) Who are 18 years of age or older and currently unable to do these tasks independently;

    b) When the people (family members, friends, other natural supports) that currently provide household management and medical appointment scheduling are not able to continue providing household management and medical appointment scheduling supports;

    c) No additional natural supports are immediately available to provide household management and medical appointment scheduling support; and

    d) When this type of support is not available under other Medicaid or waiver services.

4. All team members who are present to complete the Decision Tree should be listed in the "Team Members in Attendance" Section.

Team Members in Attendance

For each line, enter the name of team members present with the participant during this assessment and their relationship to the participant (e.g., Parent, Support Broker, legal guardian).

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

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5. **Section 1: Task Identification**

a) The team should check all tasks that apply to the participant. This includes tasks that the participant can complete independently and with support.

b) If checked, provide specific details about the task as it relates to the participant in the "Notes" line by the task.

☐ Scheduling medical appointments

*Notes:*______________________________

☐ Scheduling house maintenance (e.g., furnace checks)

*Notes:*______________________________

☐ Scheduling repairs (e.g., dishwasher repair)

*Notes:*______________________________

☐ Scheduling snow removal

*Notes:*______________________________

☐ Scheduling lawn care

*Notes:*______________________________

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6. Section 2: Participant Assessment

a) For the tasks that apply to the participant, check whether the participant can complete those tasks independently, needs support to complete the tasks, or cannot complete the tasks.

b) In the "Task" column, type what tasks the participant needs support with. For example, "Snow removal."

c) For each task that is included, choose whether the participant:

(1) Can complete the task independently.

(2) Can complete the task with support.

(3) Cannot complete the task.

Task	The participant can complete the task independently.	The participant can complete the task with support.	The participant cannot complete the task.
[insert task here]	○	○	○
[insert task here]	○	○	○

7. Section 3: Available Supports

a) For the tasks that the participant cannot complete independently, complete Section 3 to note what help or resources are available to the participant.

b) In the "Task" column, type what tasks the participant needs support with. For example, "Snow removal."

c) In the "What support, training, or education is available for the participant to learn how to complete the task?" column, include what support, training, or education is

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available for the participant to learn how to complete the task?

d) In the "Which team members can support the participant to complete the task?" column, identify any team members who can support the participant with the task.

e) In the "What waiver services (e.g. Personal Supports, Live-in Caregiver) does the participant receive that can support the participant to complete the task?" type which waiver service(s) that are available to the participant that could help the participant with the task.

Task	What support, training, or education is available for the participant to learn how to complete the task?	Which team members can support the participant to complete the task?	What waiver services (e.g. Personal Supports, Live-in Caregiver) does the participant receive that can support the participant to complete the task?
[insert task here]			
[insert task here]			

8. Section 4: Unmet Needs

a) After completing Section 3, list any tasks where the participant still needs help that isn't available.

b) In the "Task" column, type what tasks the participant needs support with. For example, "Snow removal."

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c) In the “Reason Support is Unavailable” column, add any notes regarding why there is no support available to support the participant with the task.

Note: Waiver services may be requested during the Person-Centered planning process.

d) In the “Is Day-to-Day Administrative Supports Needed for this task column,” note Yes or No to if the participant needs Day-to-Day Administrative Supports for the task.

e) If Day-to-Day Administrative Supports are needed for the task, in the “If Day-to-Day Administrative Supports are needed, how many hours per month are needed to complete the task?” column, note how many hours per month are needed.

Task	Reason Support is Unavailable	Is Day-to-Day Administrative Supports Needed for this task?	*If Day-to-Day Administrative Supports are needed,* how many hours per month are needed to complete the task?
[insert task here]			
[insert task here]			
[insert task here]			
[insert task here]			
[insert task here]			

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f) In the "Total Hours being Requested for Day-to-Day Administrative Supports" box, type how many hours of Day-to-Day Administrative Supports hours are being requested. *You may request up to 10 hours per month in quarter-hour increments.*

Total Hours being Requested for
Day-to-Day Administrative Supports
(up to 10 hours per month):

g) The total number of hours being requested should be included in the Person-Centered Plan Detailed Service Authorization.

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9. **Section 5: Attestation and Signatures -** The participant and Coordinator of Community Services must review and sign the Decision Tree Form.

By signing this document, I attest (confirm) that I have met with my team and considered all resources available to support me. I attest (confirm) that all information shared is true to the best of my knowledge.

Participant or (Authorized Representative) Name: ______________________

Signature: ______________________

By signing this document, I attest (confirm)that this team considered all resources available for the participant. I attest (confirm) that all information shared is true to the best of my knowledge.

Coordinator of Community Services Name: ______________________

Coordinator of Community Services Signature: ______________________

10. **Upload and Request -** if Day-to-Day Administrative Supports are being requested in a Person-Centered Plan that is being submitted on or after October 6, 2025, the Decision Tree Form

    a) It must be completed and uploaded into the “Documents” section of the Person-Centered Plan.

        (1) The file name must be “Day-to-Day Decision Tree Form.[Participant Last Name.Participant First Name].[Date of Signature].”

        (2) Example: Day-to-Day Decision Tree Form. Doe.John.1/1/2026

    b) It will be reviewed by the DDA to confirm any assessed need for Day-to-Day Administrative Supports.

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XVII. DDA-operated Medicaid Waivers Self-Directed Services Employee, Vendor, and DDA Provider Qualifications

Note: For all service requirements please see DDA Guidelines for Service Authorization and Billing Guidance and approved Medicaid waivers.

A. Assistive Technology

1. A DDA Provider ~~or vendor~~ may provide Assistive Technology.

2. DDA Provider

a) In order to be approved to work and receive payment for services, the Assistive Technology provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. The following documents meet this provider requirement:

(1) Organized Healthcare Delivery System form signed by DDA Leadership; or

(2) Sole Practitioner Application for Speech-Language Pathology or Occupational Therapy signed by DDA Leadership or a copy of their active DDA certification.

(a) Sole Practitioners must also provide a copy of their active Assistive Technology Certification (see below)

Note: Each Financial Management and Counseling Services Provider is an Organized Healthcare Delivery System. This means the Financial Management and Counseling Services provider may directly purchase this service for the participant.

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Beginning October 6, 2025, the Financial Management and Counseling Services providers will make payments for waiver services easier by directly purchasing approved services, goods, and other items outlined in Person-Centered Plans.

This new approach makes sure that Financial Management and Counseling Services providers, as DDA Organized Healthcare Delivery System providers, are actively supporting participants by directly managing the receipt of authorized services and makes sure providers are qualified.

This process must begin with any new service, good, or item that needs to be bought for a participant on or after October 6, 2025. This means that the Financial Management and Counseling Services providers may not reimburse family members or other team members for Assistive Technology after October 6, 2025.

3. Entities contracted by the Organized Healthcare Delivery System ~~Vendors~~ performing assessments for Assistive Technology , including individuals performing assessments for Assistive Technology must show they meet the following standards:

Documentation Requirements for Assistive Technology ~~Vendors and Employees~~		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: • US Birth Certificate - original or certified copy • US Passport • Consular Report of Birth Abroad (CRBA) - original or certified copy • Permanent Residence Card • Certificate of Naturalization • Certificate of Citizenship • Military Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**

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Documentation Requirements for Assistive Technology ~~Vendors and Employees~~		
Requirement	**Documentation Needed**	**Notes**
	• State Identification (ID) or Driver's License • Federal Identification (ID)	
Professional experience Must have a minimum of 3 years of professional experience in adaptive rehabilitation technology in each device and service area certified.	Any of the following may be used: • Resume showing three years of professional experience in adaptive rehabilitation technology • 3 professional references which attest to the provider's ability to deliver the support/service	Documentation must be shared with the participant and their Financial Management and Counseling Services provider **when hired.**
Assistive Technology Certification For Assistive Technology Assessments ***(except for Speech Generating Devices)***	Any of the following may be used: • Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP); • California State University Northridge (CSUN) Assistive Technology Applications Certificate; or • Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP)	The vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**

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Documentation Requirements for Assistive Technology ~~Vendors and Employees~~		
Requirement	**Documentation Needed**	**Notes**
Assistive Technology Certification For Assistive Technology Assessments **for any Speech Generating Devices**	• License in Speech-Language Pathology; AND • Training certificate conducted by California State University Northridge (CSUN) Assistive Technology Applications Certificate Professional	The vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**
Professional License for Assistive Technology Specialist/Practitioner for installation and instruction on use of Assistive Technology	• License from the Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists License for Speech-Language Pathologist; or • License from the Maryland Board of Occupational Therapy Practice License for Occupational Therapists; or • Entity designated by the Division of Rehabilitative Services as an Assistive Technology service vendor; or • Shift Enabling Technology Integration Specialist (ETIS) Certification	The vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**
Must pass a criminal background investigation	***Employees:*** complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks:	Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service.

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Documentation Requirements for Assistive Technology ~~Vendors and Employees~~		
Requirement	**Documentation Needed**	**Notes**
	- A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or - A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If the participant is under 18 years of age: Must pass a Child Protective Services Background Check	Copy of Child Protective Clearance, with results.	Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Vendors complete Child Protective Services Background Checks on all required employees; results must be shared with the participant and their Financial Management and Counseling Services Provider.

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Documentation Requirements for Assistive Technology ~~Vendors and Employees~~		
Requirement	**Documentation Needed**	**Notes**
		Background checks must be completed **before hire.** Additional background checks may be required by the participant.

B. Behavioral Support Services

1. A DDA Provider must provide Behavioral Support Services.

2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

3. The following documents meet this provider requirement:

    a) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Behavior Support Services

    b) Sole Practitioner Application for Behavior Support Services signed by DDA Leadership or a copy of their active DDA certification. Sole Practitioners must also provide a copy of an active license, either as a:

        (1) Licensed psychologist;

        (2) Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology);

        (3) Licensed professional counselor;

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(4) Licensed graduate-level professional counselor;

(5) Licensed masters-level social worker;

(6) Board Certified Behavior Analyst;

(7) Licensed certified social worker; or

(8) Licensed behavioral analyst.

C. Community Development Services

1. DDA Providers, vendors, and employees may provide Community Development Services.

2. DDA Provider

a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

b) The following documents meet this provider requirement: Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Community Development Services

3. Vendor employees and employees must show they meet the following standards:

Documentation Requirements for Community Development Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: ● US Birth Certificate - original or certified copy ● US Passport ● Consular Report of Birth Abroad (CRBA) - original or certified copy ● Permanent Residence Card ● Certificate of Naturalization ● Certificate of Citizenship ● Military Identification (ID) ● State Identification (ID) or Driver's License ● Federal Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**
Must be certified in First Aid *and* Cardiopulmonary Resuscitation (CPR) or Emergency Medical Technician (EMT)	Certificate of each training completed in-person or through a hybrid model that includes an in-person component of the training	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**

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Documentation Requirements for Community Development Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must pass a criminal background investigation	***Employees:*** complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: ● A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or ● A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	Employees submit background check paperwork provided; the Financial Management Provider completes the check. Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed **before hire.** Additional background checks may be required by the participant.

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Documentation Requirements for Community Development Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
If the participant is under 18 years of age: Must pass a Child Protective Services Background Check	• Copy of Child Protective Clearance, with results.	The Financial Management and Counseling Services provider must give instructions to employers and employees on how to complete the Child Protective Services Background Check. Vendors complete Child Protective Services Background Checks on all employees providing this service; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If administering medication or performing delegatable nursing tasks: Must be certified by the Maryland Board of Nursing as a	Certificate of a Certified Medication Technician (CMT)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Documentation Requirements for Community Development Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Medication Technician		
If driving the participant is required while providing this service: Must have a valid driver's license	Driver's License	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the license expires.**
If driving the participant is required while providing this service: Automobile insurance on any automobiles that are used when services are being rendered	Proof of automobile insurance of the vehicle being used	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the insurance expires.**

D. Day Habilitation Services

1. A DDA Provider must provide Day Habilitation Services.

2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all

requirements may not begin working or continue working until they are approved to work.

3. The following documents meet this provider requirement:

    a) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Day Habilitation Services

E. Employment Services

1. A DDA Provider may provide all Employment Services.

    a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

    b) The following documents meet this provider requirement:

        (1) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Employment Services

2. Ongoing Job Supports and Follow Along Supports may be provided by vendors or employees.

    a) Vendor employees and employees must show they meet the following standards:

▸ Revised Date: September 24, 2025
▸ Effective Date: October 6, 2025

Documentation Requirements for Employment Services Vendor Employees and Employees [Ongoing Job Supports and Follow Along Supports Only]		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: ● US Birth Certificate - original or certified copy ● US Passport ● Consular Report of Birth Abroad (CRBA) - original or certified copy ● Permanent Residence Card ● Certificate of Naturalization ● Certificate of Citizenship ● Military Identification (ID) ● State Identification (ID) or Driver's License ● Federal Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**
Must be certified in First Aid *and* Cardiopulmonary Resuscitation (CPR) or Emergency Medical Technician (EMT).	Certificate of each training completed in-person or through a hybrid model that includes an in-person component of the training	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Documentation Requirements for Employment Services Vendor Employees and Employees [Ongoing Job Supports and Follow Along Supports Only]		
Requirement	**Documentation Needed**	**Notes**
Must pass a criminal background investigation	***Employees**:* complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: ● A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or ● A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	Employees submit background check paperwork provided; the Financial Management Provider completes the check. Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed **before hire.** Additional background checks may be required by the participant.

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Documentation Requirements for Employment Services Vendor Employees and Employees [Ongoing Job Supports and Follow Along Supports Only]		
Requirement	**Documentation Needed**	**Notes**
If the participant is under 18 years of age: Must pass a Child Protective Services Background Check	• Copy of Child Protective Clearance, with results.	The Financial Management and Counseling Services provider must give instructions to employers and employees on how to complete the Child Protective Services Background Check. Vendors complete Child Protective Services Background Checks on all required employees providing this service; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If administering medication or performing delegatable nursing tasks: Must be certified by the Maryland	Certificate of a Certified Medication Technician (CMT)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Documentation Requirements for Employment Services Vendor Employees and Employees [Ongoing Job Supports and Follow Along Supports Only]		
Requirement	**Documentation Needed**	**Notes**
Board of Nursing as a Medication Technician		
If driving the participant is required while providing this service: Must have a valid driver's license	Driver's License	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the license expires.**
If driving the participant is required while providing this service: Automobile insurance on any automobiles that are used when services are being rendered	Proof of automobile insurance of the vehicle being used	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the insurance expires.**

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

F. Environmental Assessments

1. DDA Providers and vendors may conduct Environmental Assessments.

2. DDA Providers

    a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

    b) The following documents meet this provider requirement:

        (1) Organized Healthcare Delivery System form signed by DDA Leadership;

        (2) Division of Rehabilitation Services provider for environmental assessments; or

        (3) Sole Practitioner Application for Occupational Therapy signed by DDA Leadership or a copy of their active DDA certification. Sole Practitioners must also provide a copy of an active Occupational therapist license in Maryland

Note: Each Financial Management and Counseling Services Provider is an Organized Healthcare Delivery System. This means the Financial Management and Counseling Services provider may directly purchase this service for the participant.

Beginning October 6, 2025, the Financial Management and Counseling Services providers will make payments for waiver services easier by directly purchasing approved services, goods, and other items outlined in Person-Centered Plans.

This new approach makes sure that Financial Management and Counseling Services providers, as DDA Organized Healthcare Delivery System providers, are actively supporting participants by directly managing the receipt of authorized services and makes sure providers are qualified.

This process must begin with any new service, good, or item that needs to be bought for a participant on or after October 6, 2025. This means that the Financial Management and Counseling Services providers may not reimburse family members or other team members for Environmental Assessments after October 6, 2025.

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

c) Entities contracted by the Organized Healthcare Delivery System ~~Vendors~~ performing environmental assessments must show they meet the following standards:

Documentation Requirements for Environmental Assessment ~~Vendors~~		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: • US Birth Certificate - original or certified copy • US Passport • Consular Report of Birth Abroad (CRBA) - original or certified copy • Permanent Residence Card • Certificate of Naturalization • Certificate of Citizenship • Military Identification (ID) • State Identification (ID) or Driver's License • Federal Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**
Professional experience Must have a minimum of 3 years of	Any of the following may be used: • Resume showing three years of professional experience in adaptive rehabilitation technology	Documentation must be shared with the participant and their Financial Management and Counseling Services provider **when hired.**

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Documentation Requirements for Environmental Assessment ~~Vendors~~		
Requirement	**Documentation Needed**	**Notes**
professional experience in adaptive rehabilitation technology in each device and service area certified.	• 3 professional references which attest to the provider's ability to deliver the support/service	
Occupational Therapist licensed in the State of Maryland	Occupational Therapist license for Maryland	The vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**
Must pass a criminal background investigation	***Employees:*** complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: • A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or • A National criminal background check through a private agency with whom the vendor agency contracts. The criminal	Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed **before hire.** Additional background checks may be required by the participant.

▸ Revised Date: September 24, 2025
▸ Effective Date: October 6, 2025

Documentation Requirements for Environmental Assessment ~~Vendors~~		
Requirement	**Documentation Needed**	**Notes**
	background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	
If the participant is under 18 years of age: Must pass a Child Protective Services Background Check	• Copy of Child Protective Clearance, with results.	Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Vendors complete Child Protective Services Background Checks on all required employees; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed **before hire.** Additional background checks may be required by the participant.

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

G. Environmental Modifications

1. DDA Providers and ~~vendors~~ may provide Environmental Modifications

2. DDA Provider

    a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

    b) The following documents meet this provider requirement:

        (1) Organized Healthcare Delivery System form signed by DDA Leadership

Note: Each Financial Management and Counseling Services Provider is an Organized Healthcare Delivery System. This means the Financial Management and Counseling Services provider may directly purchase this service for the participant.

Beginning October 6, 2025, the Financial Management and Counseling Services providers will make payments for waiver services easier by directly purchasing approved services, goods, and other items outlined in Person-Centered Plans.

This new approach makes sure that Financial Management and Counseling Services providers, as DDA Organized Healthcare Delivery System providers, are actively supporting participants by directly managing the receipt of authorized services and makes sure providers are qualified.

This process must begin with any new service, good, or item that needs to be bought for a participant on or after October 6, 2025. This means that the Financial Management and Counseling Services providers may not reimburse family members or other team members for Environmental Modifications after October 6, 2025.

3. Entities contracted by the Organized Healthcare Delivery System ~~Vendors~~ performing environmental modifications must show they meet the following standards:

Documentation Requirements for Environmental Modification ~~Vendors~~		
Requirement	**Documentation Needed**	**Notes**
Professional License	Be a licensed home contractor or be a Division of Rehabilitation Services approved vendor	The Financial Management and Counseling Services provider requests from the contractor **before the modification work begins.**
Additional License for projects which may be required to complete where an existing home structure is modified (such as a stair glide)	A Home Improvement License if completing a project which may be required to complete where an existing home structure is modified (such as a stair glide).	The Financial Management and Counseling Services provider requests from the contractor **before the modification work begins.**

H. Family Caregiver Training and Empowerment

1. A DDA Provider must provide Family Caregiver Training and Empowerment Services.
2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.
3. The following documents meet this provider requirement:
    a) Organized Healthcare Delivery System form signed by DDA Leadership;

- Revised Date: September 24, 2025
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b) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Family Caregiver Training and Empowerment

I. Family and Peer Mentoring Supports

1. A DDA Provider must provide Family and Peer Mentoring Services

2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

3. The following documents meet this provider requirement:

   a) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Family and Peer Mentoring Supports

J. Housing Support Services

1. A DDA Provider must provide Housing Support Services

2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

3. The following documents meet this provider requirement:

   a) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Housing Support Services

K. Individual and Family Directed Goods and Services: Day-to-Day Administrative Supports

1. Vendors and employees may provide Individual and Family Directed Goods and Services: Day-to-day ~~Administration~~ Administrative Supports.

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

2. Vendor employees and employees must show they meet the following standards:

Documentation Requirements for Individual and Family Directed Goods and Services: Day-to-Day ~~Administration~~ Administrative Supports Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: • US Birth Certificate - original or certified copy • US Passport • Consular Report of Birth Abroad (CRBA) - original or certified copy • Permanent Residence Card • Certificate of Naturalization • Certificate of Citizenship • Military Identification (ID) • State Identification (ID) or Driver's License • Federal Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**
Must pass a criminal background investigation	**Employees**: complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: • A Maryland State-only criminal background	Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed before hire.

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- Effective Date: October 6, 2025

Documentation Requirements for Individual and Family Directed Goods and Services: Day-to-Day ~~Administration~~ Administrative Supports Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
	check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or ● A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	Additional background checks may be required by the participant.
If the participant is under 18 years of age: Must pass a Child Protective Services Background Check	● Copy of Child Protective Clearance, with results.	Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Vendors complete Child Protective Services Background Checks on all required employees; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed before hire. Additional background

- Revised Date: September 24, 2025
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Documentation Requirements for Individual and Family Directed Goods and Services: Day-to-Day ~~Administration~~ Administrative Supports Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
		checks may be required by the participant.
Must live in Maryland	Two of the following may be used: • Real-ID or other State-issued identification; • Vehicle registration card; • Bank account statement; • Insurance card; • Utility bill; • Lease or mortgage statement; and • Cable or phone bill.	

L. Live-in Caregiver Supports

1. Live-in Caregivers must show they meet the following standards:

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- Effective Date: October 6, 2025

Documentation Requirements for Live-in Caregivers		
Requirement	**Documentation Needed**	**Notes**
Lease Agreement	A lease agreement for the participant's address that lists both the participant and the live-in caregiver as tenants. The lease must be signed by the participant and the live-in caregiver. The lease must include information on cost of rent per month and exact details of where the rent check should be submitted.	The participant shares this documentation with the Financial Management and Counseling Services provider **when the lease has been signed by all parties.** Payments should be made directly to the landlord by the Financial Management and Counseling Services provider.
For cost of food reimbursement	All detailed receipts for food purchased *only* for the live-in caregiver that were purchased at local community grocery stores at a customary and reasonable cost within limits established .	Receipts should be submitted by the participant to the Financial Management and Counseling Services provider for payment.

M. Nursing Support Services

1. DDA Providers, vendors, and employees may provide Nursing Support Services.

2. DDA Providers

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work. The following documents meet this provider requirement:

(1) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Nursing Support Services

(2) Sole Practitioner Application for Nursing Support Services signed by DDA Leadership or a copy of their active DDA certification. Sole Practitioners must also be listed on the Maryland Board of Nursing website with a valid Maryland and/or Compact Registered Nurse license.

3. Vendor employees and employees must show they meet the following standards:

Documentation Requirements for Nursing Support Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must possess a valid Maryland and/or Compact Registered Nurse license	Name and status will be on the Maryland Board of Nursing website.	The Financial Management and Counseling Services provider must check the Maryland Board of Nursing "Lookup A License" website to make sure the individual is licensed and active when **hired** and when **invoices are submitted**.

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Documentation Requirements for Nursing Support Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must have completed DDA Registered Nurse Case Manager/Delegating Nurse Orientation training.	Name will be on DDA's registry of nurses. **(listing maintained and provided by the DDA)**	The Financial Management and Counseling Services provider can check the nurse registry.
Must have completed the online Health Risk Screening Tool (HRST) Rater and Reviewer training	Name will be on DDA's registry of nurses (**listing maintained and provided by the DDA)**	The Financial Management and Counseling Services provider can check the nurse registry.
Must pass a criminal background investigation	***Employees**:* complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: ● A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or ● A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has	Employees submit background check paperwork provided; the Financial Management Provider completes the check. Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed **before hire.** Additional background checks may be required by the participant.

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Documentation Requirements for Nursing Support Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
	reason to know the eligible employee (or contractor) worked or resided during the past 7 years.”	
If the participant is under 18 years of age: Must pass a Child Protective Services Background Check	• Copy of Child Protective Clearance, with results.	The Financial Management and Counseling Services provider must give instructions to employers and employees on how to complete the Child Protective Services Background Check. Vendors complete Child Protective Services Background Checks on all employees providing this service; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If driving the participant is required while providing this service:	Driver’s License	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the license expires.**

▸ Revised Date: September 24, 2025
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Documentation Requirements for Nursing Support Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must have a valid driver's license		
If driving the participant is required while providing this service: Automobile insurance on any automobiles that are used when services are being rendered	Proof of automobile insurance of the vehicle being used	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the insurance expires.**

N. Participant Education, Training, and Advocacy

1. A DDA Provider must provide Participant Education, Training, and Advocacy Supports

2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work. The following documents meet this provider requirement:

    a) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Participant Education, Training, and Advocacy or

b) Organized Healthcare Delivery System form signed by DDA Leadership.

Note: Each Financial Management and Counseling Services Provider is an Organized Healthcare Delivery System. This means the Financial Management and Counseling Services provider may directly purchase this service for the participant.

Beginning October 6, 2025, the Financial Management and Counseling Services providers will make payments for waiver services easier by directly purchasing approved services, goods, and other items outlined in Person-Centered Plans.

This new approach makes sure that Financial Management and Counseling Services providers, as DDA Organized Healthcare Delivery System providers, are actively supporting participants by directly managing the receipt of authorized services and makes sure providers are qualified.

This process must begin with any new service, good, or item that needs to be bought for a participant on or after October 6, 2025. This means that the Financial Management and Counseling Services providers may not reimburse family members or other team members for Participant Education, Training, and Advocacy after October 6, 2025.

O. Personal Supports Services (including Personal Supports Enhanced)

1. DDA Providers, vendors, and employees may provide Personal Supports Services.

2. DDA Provider

    a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

    b) The following documents meet this provider requirement:

        (1) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Personal Support Services

3. Vendor employees and employees must show they meet the following standards:

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Documentation Requirements for Personal Support Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: ● US Birth Certificate - original or certified copy ● US Passport ● Consular Report of Birth Abroad (CRBA) - original or certified copy ● Permanent Residence Card ● Certificate of Naturalization ● Certificate of Citizenship ● Military Identification (ID) ● State Identification (ID) or Driver's License ● Federal Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**
Must be certified in First Aid *and* Cardiopulmonary Resuscitation (CPR) or Emergency Medical Technician (EMT).	Certificate of each training completed in-person or through a hybrid model that includes an in-person component of the training	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**
Must pass a criminal background investigation	**Employees***:* complete background check paperwork provided by the Financial Management and Counseling Services provider.	Employees submit background check paperwork provided; the Financial Management

▸ Revised Date: September 24, 2025
▸ Effective Date: October 6, 2025

Documentation Requirements for Personal Support Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
	Vendors: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: • A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or • A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	Provider completes the check. Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If the participant is under 18 years of age: Must pass a Child Protective Services Background Check	• Copy of Child Protective Clearance, with results.	The Financial Management and Counseling Services provider must give instructions to employers and employees on how to complete the Child Protective Services Background Check. Vendors complete Child Protective Services Background Checks on all employees providing this

▸ Revised Date: September 24, 2025
▸ Effective Date: October 6, 2025

Documentation Requirements for Personal Support Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
		service; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If administering medication or performing delegatable nursing tasks: Must be certified by the Maryland Board of Nursing as a Medication Technician	Certificate of a Certified Medication Technician (CMT)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**
If driving the participant is required while providing this service: Must have a valid driver's license	Driver's License	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the license expires.**

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Documentation Requirements for Personal Support Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
If driving the participant is required while providing this service: Automobile insurance on any automobiles that are used when services are being rendered	Proof of automobile insurance of the vehicle being used	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the insurance expires.**

P. Remote Support Services

1. A DDA Provider must provide Remote Support Services
2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.
3. The following documents meet this provider requirement:
    a) Current Letter of Approval to Render Services and Supports in DDA’s Home and Community-Based Waivers for Remote Support Services

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

Q. Respite Care Services

1. DDA Providers, vendors, and employees may provide Respite Care Services.

2. DDA Providers

    a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

    b) The following documents meet this provider requirement:

        (1) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Respite Care Services, or

        (2) DDA-approved Out-of-state Respite Camp listing, or

        (3) Camps certified by the Maryland Department of Health

Note: Each Financial Management and Counseling Services Provider is an Organized Healthcare Delivery System. This means the Financial Management and Counseling Services provider may directly purchase this service for the participant.

Beginning October 6, 2025, the Financial Management and Counseling Services providers will make payments for waiver services easier by directly purchasing approved services, goods, and other items outlined in Person-Centered Plans.

This new approach makes sure that Financial Management and Counseling Services providers, as DDA Organized Healthcare Delivery System providers, are actively supporting participants by directly managing the receipt of authorized services and makes sure providers are qualified.

This process must begin with any new service, good, or item that needs to be bought for a participant on or after October 6, 2025. This means that the Financial Management and Counseling Services providers may not reimburse family members or other team members for Respite (including Respite Camp) after October 6, 2025.

- Revised Date: September 24, 2025
- Effective Date: October 6, 2025

3. Vendor employees and employees must show they meet the following standards:

Documentation Requirements for Respite Care Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must be at least 16 years old	Any of the following may be used: ● US Birth Certificate - original or certified copy ● US Passport ● Consular Report of Birth Abroad (CRBA) - original or certified copy ● Permanent Residence Card ● Certificate of Naturalization ● Certificate of Citizenship ● Military Identification (ID) ● State Identification (ID) or Driver's License ● Federal Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**
Must be certified in First Aid *and* Cardiopulmonary Resuscitation (CPR) or Emergency Medical Technician (EMT)	Certificate of each training completed in-person or through a hybrid model that includes an in-person component of the training	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**

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Documentation Requirements for Respite Care Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must pass a criminal background investigation	**Employees***:* complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: ● A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or ● A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	Employees submit background check paperwork provided; the Financial Management Provider completes the check. Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If the participant is under 18 years of age: Must pass a Child Protective Services Background Check	● Copy of Child Protective Clearance, with results.	The Financial Management and Counseling Services provider must give instructions to employers and employees on how to complete the Child Protective Services Background Check. Vendors complete Child

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Documentation Requirements for Respite Care Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
		Protective Services Background Checks on all employees providing this service; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If administering medication or performing delegatable nursing tasks: Must be certified by the Maryland Board of Nursing as a Medication Technician	Certificate of a Certified Medication Technician (CMT)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the certificate(s) expire.**
If driving the participant is required while providing this service:	Driver's License	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the license expires.**

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Documentation Requirements for Respite Care Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must have a valid driver's license		
If driving the participant is required while providing this service: Automobile insurance on any automobiles that are used when services are being rendered	Proof of automobile insurance of the vehicle being used	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the insurance expires.**

R. Shared Living

1. A DDA Provider must provide Shared Living.
2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.
3. The following documents meet this provider requirement:
    a) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Shared Living

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S. Support Broker Services

1. Vendors and Employees may provide Support Broker Services.

2. Vendor employees and employees must show they meet the following standards:

Documentation Requirements for Support Broker Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: ● US Birth Certificate - original or certified copy ● US Passport ● Consular Report of Birth Abroad (CRBA) - original or certified copy ● Permanent Residence Card ● Certificate of Naturalization ● Certificate of Citizenship ● Military Identification (ID) ● State Identification (ID) or Driver's License ● Federal Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**
Must be listed in the DDA's Certified Support Broker Listing	The DDA maintains the listing publicly. All Support Broker certifications expire at the end of each calendar year (December 31).	Only those who pass all Support Broker tests will be listed on the Certified Support Broker listing
~~Must be certified in First Aid *and*~~	~~Certificate of each training completed in-person or through a hybrid model that includes an~~	~~The employee or vendor shares this documentation with the~~

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Documentation Requirements for Support Broker Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
~~Cardiopulmonary Resuscitation (CPR)~~	~~in-person component of the training~~	~~participant and their Financial Management and Counseling Services provider~~ ~~**when hired and when the certificate(s) expire.**~~
Must pass a criminal background investigation	**Employees***:* complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: ● A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or ● A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	Employees submit background check paperwork provided; the Financial Management Provider completes the check. Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If the participant is under 18 years of age:	● Copy of Child Protective Clearance, with results.	The Financial Management and Counseling Services provider must give instructions to

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Documentation Requirements for Support Broker Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must pass a Child Protective Services Background Check		employers and employees on how to complete the Child Protective Services Background Check. Vendors complete Child Protective Services Background Checks on all employees providing this service; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
If driving the participant is required while providing this service: Must have a valid driver's license	Driver's License	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the license expires.**
If driving the participant is required while providing this	Proof of automobile insurance of the vehicle being used	The employee or vendor shares this documentation with the participant and their Financial

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Documentation Requirements for Support Broker Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
service: Automobile insurance on any automobiles that are used when services are being rendered		Management and Counseling Services provider **when hired and when the insurance expires.**

T. Supported Living

1. A DDA Provider must provide Supported Living.

2. In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

3. The following documents meet this provider requirement:

    a) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Supported Living

U. Transportation Services for non-commercial providers (excluding taxi and rideshare [Uber/Lyft] services)

1. DDA Providers, vendors, and employees may provide Transportation Services.

2. DDA Providers

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a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

b) The following documents meet this provider requirement:

   (1) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Transportation Services

Note: Each Financial Management and Counseling Services Provider is an Organized Healthcare Delivery System. This means the Financial Management and Counseling Services provider may directly purchase this service for the participant.

Beginning October 6, 2025, the Financial Management and Counseling Services providers will make payments for waiver services easier by directly purchasing approved services, goods, and other items outlined in Person-Centered Plans.

This new approach makes sure that Financial Management and Counseling Services providers, as DDA Organized Healthcare Delivery System providers, are actively supporting participants by directly managing the receipt of authorized services and makes sure providers are qualified.

This process must begin with any new service, good, or item that needs to be bought for a participant on or after October 6, 2025. This means that the Financial Management and Counseling Services providers may not reimburse family members or other team members for Transportation Services after October 6, 2025.

3. Vendor employees and employees must show they meet the following standards:

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Documentation Requirements for Transportation Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: ● US Birth Certificate - original or certified copy ● US Passport ● Consular Report of Birth Abroad (CRBA) - original or certified copy ● Permanent Residence Card ● Certificate of Naturalization ● Certificate of Citizenship ● Military Identification (ID) ● State Identification (ID) or Driver's License ● Federal Identification (ID)	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired.**
If providing Orientation, Mobility, and Travel Training Must have a valid certification	Any of the following may be used: ● Easter Seals Project Action; ● American Public Transit Association; ● Community Transportation Association of America; ● National Transit Institute; ● American Council for the Blind; ● National Federation of the Blind;	

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Documentation Requirements for Transportation Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
	• Association of Travel Instruction; • Division of Rehabilitation Services approved vendors/contractor; or • Other recognized entities based on approval from the DDA.	
Must pass a criminal background investigation	**Employees***:* complete background check paperwork provided by the Financial Management and Counseling Services provider. **Vendors**: must run background checks for employees providing this service. DDA-operated waiver programs allow for two types of criminal background checks: • A Maryland State-only criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System; or • A National criminal background check through a private agency with whom the vendor agency contracts. The criminal background check must include court or other records "in each state in which (the participant employer) knows or has reason to know the eligible employee (or contractor) worked or resided during the past 7 years."	Employees submit background check paperwork provided; the Financial Management Provider completes the check. Vendors must submit results of the background check to the participant and the Financial Management and Counseling Services Provider for each employee providing this service. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
Must pass a Child	• Copy of Child Protective Clearance, with	The Financial Management

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Documentation Requirements for Transportation Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
Protective Services Background Check	results.	and Counseling Services provider must give instructions to employers and employees on how to complete the Child Protective Services Background Check. Vendors complete Child Protective Services Background Checks on all employees providing this service; results must be shared with the participant and their Financial Management and Counseling Services Provider. Background checks must be completed **before hire.** Additional background checks may be required by the participant.
Must have a valid driver's license	Driver's License	The employee or vendor shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the license expires.**
Automobile insurance	Proof of automobile insurance of the vehicle	The employee or vendor

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Documentation Requirements for Transportation Services Vendor Employees and Employees		
Requirement	**Documentation Needed**	**Notes**
on any automobiles that are used when services are being rendered	being used	shares this documentation with the participant and their Financial Management and Counseling Services provider **when hired and when the insurance expires.**

V. Vehicle Assessments and Modifications

1. DDA Providers and Vendors may provide Vehicle Assessments and Modifications.

2. DDA Providers

   a) In order to be approved to work and receive payment for services, the DDA provider must provide a copy of their active DDA license or certification to the participant and their Financial Management and Counseling Services provider. DDA providers who do not meet all requirements may not begin working or continue working until they are approved to work.

   b) The following documents meet this provider requirement:

      (1) Current Letter of Approval to Render Services and Supports in DDA's Home and Community-Based Waivers for Vehicle Modifications

3. Vendors performing vehicle assessments and modifications must show they meet the following standards:

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Documentation Requirements for Vehicle Assessment/Modification Vendors		
Requirement	**Documentation Needed**	**Notes**
Must be at least 18 years old	Any of the following may be used: ● US Birth Certificate - original or certified copy ● US Passport ● Consular Report of Birth Abroad (CRBA) - original or certified copy ● Permanent Residence Card ● Certificate of Naturalization ● Certificate of Citizenship ● Military Identification (ID) ● State Identification (ID) or Driver's License ● Federal Identification (ID)	The Financial Management and Counseling Services provider requests from the vendor **when hired.**
Be a Division of Rehabilitation Services approved Vehicle Modification service vendor	Documentation from the Division of Rehabilitative Services	The Financial Management and Counseling Services provider requests from the vendor **when hired.**
If performing vehicle modifications: Must be a driver rehabilitation specialist or certified	A prescription for Vehicle Modifications must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist. The prescription for Vehicle Modifications applies only to the year/make/model of the	

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Documentation Requirements for Vehicle Assessment/Modification Vendors		
Requirement	**Documentation Needed**	**Notes**
driver rehabilitation specialist	vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA).	

XVIII. Important Words and Other Information

A. "Budget Authority" means the participant makes choices about how they spend the money in their budget within program rules. This includes choosing the goods and services the participant wants and who is paid to provide them.

B. "Coordination of Community Services" are case management services to help participants receiving and/or requesting services from the waiver program. These services are known as targeted case management and are provided in accordance with COMAR 10.09.48.

C. "Coordinator of Community Services" or "CCS" is an individual who provides Coordination of Community Services. They can be either an employee or a contractor of a DDA approved Provider of Coordination of Community Services.

D. "Cost savings" is funding that remains after a participant has budgeted for their annual plan year and all of their needs have been met.

E. "DDA-operated Medicaid Waiver Program" is the ~~one of three~~ Medicaid home and community-based services waiver programs operated by the Developmental Disabilities Administration that serves eligible children and adults with intellectual and developmental disabilities. The Community Pathways Waiver is the program that is ~~programs are federal programs that are~~ approved by the Centers for Medicare & Medicaid Services. ~~and include the:~~

~~1. Community Pathways Waiver;~~

~~2. Community Supports Waiver; and~~

~~3. Family Supports Waiver.~~

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F. “DDA Provider” is an individual or entity, licensed or certified by the Maryland Department of Health, that provides services to participants in accordance with the Maryland Department of Health’s requirements.

G. “Department” is the Maryland Department of Health.

H. “Designated Representative” is an unpaid individual who acts on behalf of the participant to manage their services under the Self-Directed Services Delivery Model. They are noted in the Participant Agreement and must follow program requirements.

I. “Employee” is a person who is hired and paid to provide ~~direct support~~ waiver services to a participant.

J. “Employee Wage” means the regular hourly amount that the participant pays their employee for time worked. It does not include other employer required expenses such as taxes or optional benefits offered by the participant.

K. “Employer of Record” means an individual or entity who is legally responsible for paying employees, including making applicable withholdings, and making payments for federal, State, and local taxes.

L. “Employer Authority” means the participant is responsible for managing their employees. This includes hiring, training, scheduling, and firing employees, if needed, within waiver programs limits.

M. “Financial Management and Counseling Services” or “FMCS” are services provided to support a participant in the Self-Directed Services Delivery Model in using their budget authority and, if applicable, employer authority. Financial Management and Counseling Services include, but are not limited to:

    1. Processing claims for payment for Medicaid waiver program services in accordance with the participant’s self-directed budget; and

    2. Verifying that the DDA provider, vendor, or employees meet all qualifications to provide the Medicaid waiver program service.

N. “Fraud, Waste, Abuse, and Financial Exploitation”

    1. Fraud is when someone knowingly deceives, conceals, or misrepresents to obtain money or property from the Medicaid waiver programs.

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2. Waste is overusing services or other practices that directly or indirectly result in unnecessary costs to the Medicaid waiver program.

3. Abuse is when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to the Medicaid waiver programs.

4. Financial Exploitation is when someone illegally or improperly uses money or property from a participant.

O. "Incapacitation" means not having the necessary ability, qualification, or strength to perform a certain act or function.

P. "Legal guardian" is either:

1. A natural or adoptive parent of a participant under the age of 18; or

2. An individual who has been appointed by a court order as guardian of the person.

Q. "Legally Responsible Person" means a person who, according to the rules in Maryland, has a legal duty to take care of someone else. This can be:

1. A parent of a minor (whether they are born to them or adopted);

2. A person who is officially responsible for the well-being of another person as their legal guardian; or

3. Someone else who is legally in charge of taking care of a minor, like a foster parent or a family member chosen by a court.

R. "LTSS*Maryland*" is an electronic data management system, developed and supported by the Department. It is used to create, review, and maintain records about:

1. Eligibility status for services; and

2. The participant's Person-Centered Plan, services, and funding authorized by the DDA.

S. "Non-disclosure Agreement" is a legally enforceable contract that creates a confidential relationship between a person who has sensitive information and a person who will gain access to that information.

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T. “Organized Healthcare Delivery System” or “OHCDS” is a public or private organization that delivers health services. Organized Health Care Delivery Systems providers are approved by the Department of Health to provide services to a participant in accordance with COMAR 10.22.20.

U. “Participant” is an individual who is eligible to receive or is receiving DDA-funded services.

V. “Participant Agreement” is the form used by participants self-directing their services to document the participant’s choice to either:

1. Be the primary person responsible for managing employer and budget authority responsibilities; or
2. Appoint a Designated Representative to be responsible for all tasks; or
3. To appoint team members to assist with specific tasks related to roles and responsibilities under self-direction.

W. “Person-Centered Plan” or “PCP” is a written plan made together with the person who has a developmental disability who participates in or will participate in a Medicaid waiver program. This plan helps, to the extent possible:

1. Identify any special needs they have to stay healthy and safe
2. Figure out what the person wants to achieve; and
3. Find services and providers that can help them reach their goals while being part of the community.

X. “Policy on Reportable Incidents and Investigations” or “PORII” is the policy, required by the Department under COMAR 10.22.02.01 which is required to ensure the health, safety and welfare of participants receiving services. PORII formalizes a process to identify, report, investigate, and resolve incidents in a timely manner.

Y. “Primary caregiver” is a person who has the main responsibility for providing care to someone.

Z. “Reasonable and Customary Standards” means DDA’s established scale for employee wages, and vendor and provider rates.

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AA. “Relative” is a natural or adoptive parent, step-parent, grandparent, step-grandparent, child, stepchild, sibling, step-sibling, aunt, uncle, niece, or nephew, who is not also a legal guardian or legally responsible person.

BB. “Representative” is an individual person chosen or appointed to act or speak for a participant. Examples include but not limited to:

1. Authorized or designated representatives;
2. Legal representatives;
3. Supported decision team member; and
4. Person-Centered Plan team members.

CC. “Self-Directed Budget Allocation” means the DDA’s authorization of funding for participants to manage their Medicaid waiver program services, including provider and vendor rates and employee wages.

DD. “Self-Directed Budget Sheet” is the spreadsheet used for participants to indicate how they are using their self-directed budget allocation. It includes:

1. The participant’s Person-Centered Plan authorized services;
2. The participant’s Financial Management and Counseling Services provider;
3. Proposed employee wages and provider and vendor rates; and
4. Employee-related expenses such as taxes, benefits, and training (if applicable) when the participant hires their own employees.

EE. “Self Directed Services”means that participants, or their representative(s) if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports.

FF. “Service Implementation Plan” or “SIP” means the DDA form used to document the DDA provider’s or direct support professionals’ service delivery implementation strategy for the requested services to support the participant’s chosen outcome. Service Implementation Plans must include specific strategies for goal implementation that are specific, measurable, achievable, relevant to the participant’s identified outcomes, and have clear proposed timelines for achievement.

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GG. "Sick and Safe Leave" -The Maryland Healthy Working Families Act that requires employers with 15 or more employees to provide paid sick and safe leave for certain employees. It also requires that employers who employ 14 or fewer employees provide unpaid sick and safe leave for certain employees.

HH. "Support Broker Services" are services that provide information and advice to help participants who self-direct their services to make informed decisions related to day-to-day management of employees providing services.

II. "Termination" is the process of dismissing an employee from their job.

JJ. "Unallocated funds" are funds that were authorized in the Detailed Authorization of the Person-Centered Plan but not budgeted within the participant's Budget Sheet

KK. "Vendor" is an individual or entity contracted by the participant and paid through an Organized Health Care Delivery System to provide a service to a participant enrolled in the Self-Directed Services Model.

XIX. Legal References

A. Community Pathways Waiver

~~B. Community Supports Waiver~~

~~C. Family Supports Waiver~~

XX. Related Policies

A. Self-Directed Services Comprehensive Policy

XXI. Reference Materials

A. Self-Directed Services Forms

1. Budget Sheet
2. Participant Agreement
3. Family as Staff Form
4. Budget Modification

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5. Individual and Family Directed Goods and Services Request Form

6. ~~Family as Staff Overtime Request Form~~

7. Wage Exception Form

8. Day-to-Day Administrative Supports Decision Tree

B. Electronic Visit Verification Resources

XXII. Templates and Samples of Self-Directed Services Tools

A. New Hire Letters

1. New Hire Letter Template

2. New Hire Letter Sample

B. Job Descriptions

1. Job Descriptions Template

2. Job Descriptions Sample

C. Recruitment Plans

1. Recruitment Plan Template

2. Recruitment Plan Sample

D. Employee Handbooks

1. Employee Handbook Template

2. Employee Handbook Sample

E. Performance Evaluations

1. Performance Evaluation Rubric Template

2. Performance Evaluation Rubric Sample

F. Termination Letters

1. [Termination Letter Template]
2. [Termination Letter Sample]

G. Provider / Vendor Written Agreements

1. [Provider/Vendor Written Agreement Template]
2. [Provider/Vendor Written Agreement Sample]

H. Provider / Vendor Invoices

1. [Provider/Vendor Invoice Template]
2. [Provider/Vendor Invoice Template]

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