

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 1 2019

Stakeholder Input Summary

The Maryland Department of Health’s (MDH) Family Supports, Community Supports, and Community Pathways Medicaid home and community-based services waivers provide individual and family supports for persons with developmental disabilities. The public comment period for the Amendments #1 2019 proposal was held from February 2, 2019 - March 3, 2019. In total, 110 unduplicated individuals, families, providers, and advocacy agencies submitted input. Below is a summary of the specific recommendations from the public and responses. Questions submitted during the input process will be placed in a separate document along with answers and posted to the DDA dedicated Amendment #1 2019 website.

Introduction/Purpose of Amendment		
Recommendation	Dept. Response	Dept. Comment
1. Comment that the Maryland Developmental Disabilities Council appreciates and supports amendments intended to bring about consistency across the three waivers and changes meant to improve clarity.	N/A	The DDA appreciates the support in this amendment to align the Family Supports, Community Supports, and Community Pathways Waiver for consistency related to services scope, requirements, limitations, qualifications, and effective date.
2. Recommendation to add under Public input page 13: “DDA will accept public input from any innovative process (which includes Microboards, this includes those individuals that have not had an opportunity to seek out a Microboard option statewide, or any other innovative process with the relational that such programs clearly provide full accountability to health and welfare of individuals served and must receive input from these entities section # 8. Such input is critical to the health, welfare, independence and accountability to the individual and the State.	Clarification	The DDA partners with people in services, self-advocates, family members, service providers, advocacy organizations, and subject matter experts on various topics, processes, and policies to enhance services and supports for Marylanders with developmental disabilities. The DDA also shares information and overviews of the waiver and services for various groups. These events provide opportunities to obtain additional information, input, and recommendations from participants that can influence waiver services, policies, and procedure

<p>Innovative options that improve a person’s life, independence, health and welfare to live in the community that improves a person’s life must be heard.”</p> <p>“Any individual or groups that are not listed under public input must be heard through informed consent (CCS) and awareness outreach must be made to every waiver participant. Sent to such individuals or agency must be listened to and give full review to such recommendations and follow up committee meeting so self-advocates and family members truly understand the wording of such documents so they can truly listen and understand these changes to the individuals that may be impacted by such a change. This can be provided to stakeholders through outreach directly to those currently enrolled, transitioning youth and those waiting for services.”</p>	<p>Not accepted</p>	<p>changes.</p> <p>In addition to posting information about the amendment in the Maryland Registry, DDA newsletter, and posting the proposals on the DDA website, the DDA conducted overview webinars and an in person meeting related to the amendment proposal.</p> <p>It would not be practical to create an exhaustive list of innovative services, groups, etc. or to contact over 15,000 individuals and their representatives via an informed consent process.</p>
<p>3. Recommendation to add under Attachment #1: Transition Plan, Section appearing on page 21 (“Behavioral Support Services changes include: . . . “CCS/Staff/caregiver training on critical health and welfare issues are coordinated; (DDA must address this critical issue- as well as payment for any additional training to assure the health and welfare of an individual. Most admissions for those with Mental Health, Intellectual disabilities or any other needing such services. Those that have the clear mention of such diagnosis needs are often lost upon admission as well as Emergency Room Visits. Such trainings may include transition to assure duties are performed accurately for these individuals)</p>	<p>Clarification</p> <p>Not accepted</p>	<p>The coordination of all services, supports, and training is essential to support the person’s person-centered plan. This includes support specific training when a person transitions from a hospital or nursing home stay. Specific training should be noted within the person’s plan. In addition, the Health Risk Screening Tool (HRST) and Support Intensity Scale (SIS) can also provide additional recommended staff training.</p> <p>The scope of this service includes behavioral assessment, development of a behavioral plan (as applicable), behavioral consultation, and brief implementation support services. Brief support</p>

<p>5. Recommendation to consistently use “employees” when referring to employees, to use “employees and vendor staff” when referring to services provided by employees and persons working for vendors, and “vendor staff” when referring to persons working for vendors.</p>	<p>Not accepted</p>	<p>The DDA will continue to use the term "staff" in its Waivers for individuals providing services to participants under the Self-Directed Services model. Staff could be employees, independent contractors, or volunteers. The term "staff" is more flexible and can accommodate these different models that a participant, or their designated representative, may choose.</p>
<p>6. Recommendation to reconsider the word “shall” in the sentence “Services shall increase independence and reduce level of service needed” noted under the purpose of the waiver. Language could reflect this is the primary goal but the word “shall” should be reconsidered.</p>	<p>Accepted</p>	<p>The sentence will be edited to read “The intent of services and supports are to increase independence and reduce level of service needed.”</p>
<p>7. Recommendation to change sentence on Page 9 Brief Waiver Description 2nd paragraph “Services shall increase individual independence and reduce level of service need when possible” or “The intent of the services is to increase individual independence and reduce level of service need based on the needs of the individual”.</p>	<p>Accepted</p>	<p>The sentence will be edited to read “The intent of services and supports are to increase independence and reduce the level of service needed.”</p>
<p>8. Recommendation to change this sentence noted at the bottom of page 9 from: “Each Coordinator of Community Services assists participants in developing a Person-Centered Plan, ensuring individual health and safety needs are met and services are actually provided, and assuring that participants are satisfied with the services they are receiving.”</p>	<p>Accepted</p>	<p>The sentence will be edited to read “Each Coordinator of Community Services (CCS) assists participants in developing a Person-Centered Plan, which supports individual health and safety needs being met. The CCS is also responsible for conducting monitoring and follow-up to assess the quality of service implementation.</p>

<p>to</p> <p>“Each Coordinator of Community Services assists participants in developing a Person-Centered Plan, which supports individual health and safety needs being met and services are actually provided, and reflecting participant satisfaction with the services they are receiving.</p> <p>9. Recommendation to the change “3rd” to “second” on Page 15 in reference to CCS meetings.</p>	<p>Accepted</p>	<p>The sentence was changed to read “The Community Coordination Coalition (CCC) shared information and obtained input related to the service delivery system and waiver services monthly.”</p>
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Appendix A - Waiver Administration and Operation

Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation to reconsider proposal to changing the age for a qualified individual to provide respite services from 18 to 16 years due to concerns with training requirements, consent background checks, and education requirements as noted in Part A- Page 30.</p>	<p>Not accepted</p>	<p>The DDA received input from some stakeholders to expand the option and choice of selecting a qualified individual at least 16 years old for respite services. The DDA will continue to support individuals and families and provide the choice.</p>
<p>2. Recommendation to change sentence on page 29 related to Supported Employment #3 to “Participants previously receiving facility-based or small or large group supports under SE or Day performing work tasks.....” or language consistent with page 4 of the Q&A.</p>	<p>Accepted</p>	<p>The sentence will read “Participants previously receiving facility-based or small or large group supports....”</p>
<p>3. Recommendation to remove “after discharge from a hospital or skilled nursing rehab facility” noted in the</p>	<p>Clarification</p>	<p>The initial and ongoing nurse case management and delegation services includes training for all assessed</p>

<p>sentence related to Nurse Case Management and Delegation on page 30.</p>		<p>needs. New assessed training needs may arise when a person has a change in health status or after discharge from a hospital or skilled nursing rehab facility for which additional nurse delegation hours may be authorized.</p> <p>Therefore, the DDA edited this sentence which now notes: “In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the participant’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.”</p>
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Appendix B - Participant Access and Eligibility

Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation for the state to consider provider capacity to support those under age 21 who are in need of residential services associated with reserved capacity for DHS Foster Kids age out and MSDE Residential age out.</p>	<p>Accepted</p>	<p>The DDA is assessing provider capacity and continuously seeks qualified providers to support children and adults in the DDA waiver programs. Providers who are interested should review the provider requirements, available on the DDA website at: https://dda.health.maryland.gov/Pages/providers.aspx</p>
<p>2. Comment related to the monthly CCS monitoring of participant when services are furnished on a less than monthly basis. Page 29 Aii notes 180 calendar days for assessing waiver need for people who receive services less than every month. This implies a bi-annual</p>	<p>Clarification</p>	<p>The 180 calendar days refers to the State’s requirement for monthly monitoring of services when a participant provision of waiver services are less than every 180 days. Therefore the CCS quarterly monitoring would need to be adjusted to</p>

<p>monitoring vs. quarterly monitoring. This conflicts with the current requirements for those in services but does seem more appropriate.</p>		<p>monthly monitoring.</p>
<p>3. Comment related to the change in the Family Supports Waiver Participant with Increased Need reserved capacity to be reduced from 50 to 25 as it appears to limit, rather than provide more flexibility within the capped waivers.</p>	<p>Clarification</p>	<p>The Family Supports Waiver amendment includes the ability for the DDA to authorize request for additional supports to meet increased needs based on demonstrated assessed need above the \$12,000 initial cost cap. Therefore participants will not have to request to be disenrolled from the Family Supports Waiver and complete the Community Supports or Community Pathways waiver application process to meet their increased need.</p> <p>If it is determined that a waiver participant has a need for an increased intensity or level of services that the waiver cannot meet, the participant will be re-assessed and referred to another waiver for which he or she may be eligible.</p>
<p>4. Disagreement with the Community Pathways Waiver revision to the reserved capacity for Transitioning Youth (325 slots) and proposal for a new DHS Foster Kids Age-Out (10 slots) category.</p>	<p>Clarification</p>	<p>Reserved capacity for Transitioning Youth (TY) is included in both the Community Supports Waiver (CSW) and the Community Pathways Waiver (CPW). The currently approved total number of slots equates to 675 (i.e. 450 for CSW and 225 for CPW). The “TY” category includes transitioning youth and foster care all under one reserved priority category.</p> <p>The amendment proposal is to have two distinct priority categories (i.e. one for TY and one for foster</p>

		<p>care) to track separately and demonstrate need. The proposal increases the TY slots in the CPW (i.e. from 225 to 325) and decreases the TY slots in the CSW (i.e. from 450 to 325) and pulls out slots for foster care into its own category with 30 slots reflected in the CPW and 10 slots reflected in the CSW.</p> <p>This means we are proposing to increase the overall total slots associated with TY and foster care from 675 to 690 (i.e. 650 for TY and 40 for foster care).</p>
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Appendix C - Participant Services

Recommendation	Dept. Response	Dept. Comment
1. Recommendation to include the number and title of form Supportive Decision Making agreement noted on p. C195, #6	Clarification	The Supportive Decision Making document is an agreement and not currently a standardized form. Therefore, there is no title or number to reference.
2. Recommendation for C-1/C-3: Service Specification Provider Qualifications that in each service definition for which participant direction is an option, there should be NO requirement that any provider must submit a “DDA provider application” which implies that the provider become a “licensed DDA” provider.	Clarification	For services that the participant has employer authority, the professional or individual does not need to complete the DDA provider application. For services that the participant has budget authority only, the provider including professionals and other individuals providing the services must complete the DDA application and meet the qualification requirements listed within the waiver for the associated services.
3. Recommendation to clarify the terms “DDA-approved” and/or “DDA-certified” to	Accepted	The DDA added the following clarifying language under “2. Brief Waiver Description” in the last

<p>distinguished from “DDA licensed-provider.” Clarify this language so the requirements for all providers in all services are clear.</p>		<p>paragraph: “Providers offering career exploration facility based supports, day habilitation, community living - group home, and community living - enhanced supports waiver services must meet provider qualifications and have their provider owned and/or operated sites licensed. Services provided in the community or the person’s own home such as employment services, personal supports, respite, and assistive technology and services must meet provider qualifications to be certified by the DDA.”</p>
<p>4. Recommendation to clarify and modify C-2: Payment to Legally Responsible Person/Relative/Legal Guardian under the heading “CIRCUMSTANCES WHEN PAYMENT MAY BE MADE” in Sections C-2.d.(b) and C-2.e(b) so that item #1 is the only requirement that should need to be met for one of the above listed individuals to work for a participant. In addition, wording in these sections should be changed to be clear that items #2 and #5 are either/or situations and both do not need to be true.</p>	<p>Not accepted</p>	<p>Section C-2 d. (b) requires the State to specify the circumstances when payment may be authorized for the provision of extraordinary care by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant. Section C-2 e. (b) requires the State to state the specific circumstances and controls that are employed when a relative/legal guardian provides services.</p>
<p>5. Comment that requiring unlicensed direct service professional to be certified by the Maryland Board of Nursing (MBON) to give medications seems to be creating a hardship for some families especially for respite services. (A. Sheahen, Service Coordination Inc)</p>	<p>Clarification</p>	<p>The DDA must comply with requirements for services that fall under the scope of the Maryland Board of Nursing (MBON). The DDA has reached out to MBON related to further clarification and specific assurance that may be needed for services provided under respite. The MBON has stated that “a caregiver/guardian who has been trained by a licensed nurse should be able to train the respite provider. The guardian or caregiver is often more familiar with the person and can pass on their special</p>

		advice for administering the medications. The person doing the training for the respite provider should have received adequate training, have a record of safely administering the medications, and is willing to accept the responsibility.”
6. Comment that the replacement of the word “approved” with “certified” for providers implies a formal process. Therefore it may be good to develop certification procedure first and then change language in Waiver Amendment #2.	Clarification	The DDA has a formal process in place to review and assess provider qualification. Providers that met the standards received a letter indicating they are a designated DDA- approved provider. The same formal process will be used. The only change is the letter will now indicate the provider is a DDA-certified provider.
7. Comment that the “DDA ‘s new policy of exhausting State Plan services is inconsistent with the purpose of 1915(c) waivers, which is to provide comprehensive habilitative services through an individualized and person-centered planning process to individuals for whom State Plan services are inadequate, not to force individuals into inadequate State Plan services cobbled together in a piecemeal fashion with waiver services.”	Clarification	<p>As per the federal Center for Medicare and Medicaid Services (CMS): “Section 1915(c) of the Social Security Act permits a state to waive certain Medicaid requirements in order to furnish an array of home and community-based services that promote community living for Medicaid beneficiaries and, thereby, avoid institutionalization. Waiver services complement and/or supplement the services that are available through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide to individuals.” (Reference: CMS Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019], Instructions, Technical Guide and Review Criteria, Release Date: January 2019).</p> <p>In other words, Waiver programs do not replace Maryland’s Medicaid State Plan services. Page 116 of the federal guidance also notes “Waiver services</p>

		<p>complement and supplement services that are furnished under the state plan. Waiver services may not duplicate the services that are provided under the state plan but a waiver may expand upon the amount, duration, and frequency of services provided under the state plan except for EPSDT services.”</p> <p>In terms of Maryland’s Medicaid State Plan Community First Choice (CFC) program, the federal preamble for the program’s final rule noted “We recognize there may be instances in which individuals are eligible for similar services under more than one Medicaid authority. As indicated in § 441.510(e) individuals receiving CFC services will not be precluded from receiving other home and community-based long-term care services and supports through other waiver, State plan or grant authorities. To prevent duplication of the provision of services to the same individual, steps must be taken when developing the person- centered service plan, to prevent the provision of unnecessary or inappropriate care, as required at § 441.540(b)(12).”</p> <p>The DDA will continue to work with the Medicaid Office, along with the Maryland Department of Disabilities, to ensure smooth coordination of state plan and waiver services for all individuals served. Our practices, services, and policies must be informed by the guidance provided to the state by CMS.</p>
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<p>8. Recommendation that the amendments should place as little restriction on the type and form of service. Rather than place restrictions on services in regulations they should be addressed in the IP when DDA, participants and concerned parties can address the individual needs of the participants each of which is unique.</p>	<p>Clarification</p>	<p>In its Medicaid waiver application, a state must specify the scope and nature of each waiver service and any limits on amount, frequency and duration that the state elects to apply to a service. DDA's waiver services are categorized under Meaningful Day, Support, and Residential services. Each service has a specific purpose, scope, and requirements.</p> <p>What service is most appropriate for each person is best identified by starting with the person and the personal outcome measures identified in their Person-Centered Plan (PCP). During the annual planning process and as needed, service considerations, frequencies, and providers should be considered. Updates should be made as needed to meet the changing needs, desires, and circumstances of the participant.</p>
<p>9. Recommendation that if an individual or business is licensed in the State of Maryland to perform a service, a DDA provider application should not be required.</p> <p>Let self-directed participants direct their services and choose whichever Maryland licensed provider they wish.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Qualified providers are one of the waiver assurances that must be met to support participants' health and welfare. States must specify the qualifications of the individuals or agencies that furnish each waiver service.</p> <p>Provider qualifications are listed for each waiver service listed in Appendix C. Individuals providing services under the self-directed service delivery model are not required to complete all of the tradition service delivery requirements. Specific requirements under the self-directed service delivery model are listed and may require criminal background check in addition to a license.</p>

<p>10. Comment that Meaningful Day Service definitions overlap, with only minor differences, and interpretation of the impact of the differences. Therefore the service becomes the factor determining the daily schedule, not the person’s choice.</p>	<p>Clarification</p>	<p>The DDA has designed meaningful day services to provide a ‘flow of services’ that can lead to outcomes of competitive integrated employment and/or meaningful community participation. They provide opportunities for individuals to: support the path to employment no matter where someone is on that path; work in competitive integrated employment; develop skills; engage in community life; and control personal resources.</p> <p>What service(s) is most appropriate for each person is best identified by starting with the person and the personal outcome measures identified in their Person-Centered Plan (PCP). Beginning July 2020, participants will have the ability to choose and receive multiple meaningful day services from various providers on the same day. Therefore the person drives the service not the provider. The meaningful day service definitions has distinct differences related to the number of participants in community development services and day habilitation as well as what’s in each milestone. etc.</p>
<p>11. Recommendation related to Criminal Background checks noted on page 190 to only require the background check if a volunteer works with the person supported independent of any staff, they handle the person’s money, etc.</p>	<p>Clarification</p>	<p>The proposal is to require criminal background checks for individuals (e.g. employees, board members, contractors, volunteers, etc.) that “provide” supports as part of their delivery of waiver services.</p> <p>This requirement does not apply to natural supports, community members, and volunteers outside the direct provision of waiver services for which a</p>

		<p>provider receives Medicaid funds under the waiver.</p> <p>The DDA added the following language to help clarify in the waiver: <i>“Criminal background checks are not required for people who interact with or assist individuals as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification etc.”</i></p> <p>To protect vulnerable children and adults, agencies that utilize volunteers for the “delivery of their services” must ensure these volunteers have the appropriate training/skill for the support they are providing and pass criminal background investigations.</p>
<p>12. Comment that the proposed amendment definitions for background investigations are entirely too broad and would significantly limit the access to full community life that the DDA had previously committed to pursuing for people in DD funded community services as part of its quality assurance.</p>	<p>Clarification</p>	<p>The proposal is to require criminal background checks for individuals (e.g. employees, board members, contractors, volunteers, etc.) that “provide” supports as part of their delivery of waiver services.</p> <p>This requirement does not apply to natural supports, community members, and volunteers outside the direct provision of waiver services for which a provider receives Medicaid funds under the waiver.</p> <p>The DDA added the following language to help clarify in the waiver: <i>“Criminal background checks are not required for people who interact with or assist individuals as a friend or natural support, by providing assistance with shopping, transportation,</i></p>

		<p><i>recreation, home maintenance and beautification etc.”</i></p> <p>To protect vulnerable children and adults, agencies that utilize volunteers for the “delivery of their services” must ensure these volunteers have the appropriate training/skill for the support they are providing and pass criminal background investigations.</p>
<p>13. Comment related to concerns for the definition of “direct contact” related to background checks. The Arc Maryland supports a comprehensive background check for every employee (direct or contractual) who will be providing hands-on, independent, direct care with a person receiving DDA services. They believe the proposed definition of direct contact will restrict access to natural supports, and unnecessarily (and possibly unlawfully) restrict a person’s access to the community.</p>	<p>Clarification</p>	<p>This requirement does not apply to natural supports, community members, and volunteers outside the direct provision of waiver services for which a provider receives Medicaid funds under the waiver.</p> <p>The DDA added the following language to help clarify in the waiver: <i>“Criminal background checks are not required for people who interact with or assist individuals as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification etc.”</i></p>
<p>14. Recommendation to add a grandfather clause for existing circumstances that no longer meet the waiver language for anyone who has had these services in place for years.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>The waiver applications include details related to service transitions in “Attachment #1: Transition Plan”.</p> <p>This section notes Coordinators of Community Services (CCS) will continue to share information with participants and families about new service opportunities and changes to existing services during their annual person-centered planning process and when new needs arise.</p> <p>Specific to respite services, it notes participants</p>

		authorized above the renewal service limit prior to July 1, 2018 can continue to receive their previously authorized service level until their annual person-centered planning meeting. This will support additional time for person-centered service exploration, planning, and service implementation.
Assistive Technology and Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to not require Assistive Technology Professionals to complete the DDA provider application and be approved certified based on compliance for people self-directing services.	Clarification	Assistive Technology Professionals do not need to complete a DDA provider application. Provider qualifications for Assistive Technology Professionals under the self directed service delivery model include: <ol style="list-style-type: none"> 1. Be at least 18 years olds 2. Have required credentials, license, or certification in an area related to the specific type of technology needed 3. Pass a criminal background investigation and any other required background checks and credential verifications as provided in Appendix C-2-a.
2. Recommendation that Certified Assistive Technology Professional independent professionals who are not provider employees be required to complete DDA training.	Clarification	Assistive Technology Professional must complete training designated by the DDA. At this time, the DDA has not designated specific training requirements.

Behavioral Support Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that all Behavioral Support services, evaluations, and assessments should only be overseen and directed by licensed professionals.	Clarification	The DDA is not proposing to eliminate the licensure requirements. The license requirements were inadvertently deleted when the competencies were added. Qualified clinicians must meet one of the following standards: licensed psychologist; psychology associate working under the license of the psychologist; licensed professional counselor; licensed certified social worker clinical; or licensed behavioral analyst.
2. Comment that competencies listed for licensed professionals are redundant as the application process already includes a review of the resume of the professionals to perform the services and can be reviewed at that time by DDA.	Clarification Not accepted	Applicants need to be informed of the competencies. Provider qualifications list the specific competencies that must be demonstrated in the applicants resume and supporting documentation.
3. Recommendation for the unit of service for behavior consultation be changed to fifteen minutes instead of one hour.	Accepted	Behavioral Support Services behavioral consultation supports billing unit will change from an hour to a 15- minute unit.
4. (Page 10) Service Requirement – Number A.1. Makes reference to “comprehensive Functional Behavioral Assessment (FBA) which is terminology associated with the BCBA/ Psych Associate model and also might cause issue with the Board of Professional Counselors & Therapists as possibly claiming to be practicing as a Board Certified behavior analyst. Please remove phrase. The service requirements then go on – in great detail to describe exactly what needs to be included, so that specific terminology is not necessary.	Clarification Not Accepted	The use of “functional behavioral assessment” is per the COMAR definition within the DDA subtitle, see COMAR 10.22.01.01 No counselor or therapist should be claiming to be practicing as a BCBA unless they have the license of a BCBA. If this should occur, notification to the appropriate licensing board should be made for further investigation and communication with DDA.

		<p>to obtain, maintain or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state’s minimum wage. The outcome of this service is documentation of the participant’s stated career objective and a career plan used to guide individual employment support. Therefore we are unable to remove the time limit reference.</p> <p>Based on input received, the DDA will be making the following adjustments to the current language: People currently receiving Career Exploration will create an employment goal within their Person-Centered Plan during their annual team process that outlines their trajectory and transition time frame toward community integrated employment.</p> <p>Based on input from the DDA Tiered Standards Committee, new people requesting career exploration, after July 1, 2020, can be authorized for up to 720 hours for the plan year. This is to support various career exploration opportunities that can occur at different times during the plan year.</p>
<p>3. Recommendation to consider adding another service category to more recognize a group that is being treated unequally under the Career Exploration time limitation.</p>	<p>Clarification</p>	<p>Based on input received, the DDA will be making the following adjustments to the current language to support people currently receiving career exploration services.</p> <p>Career Exploration 90- day limit will not apply to</p>

		<p>people currently receiving services. People currently receiving Career Exploration will create an employment goal within their Person-Centered Plan during their annual team process that outlines their trajectory and transition time frame toward community integrated employment.</p>
<p>4. Comment that the current proposed amendment changes do not provide that flexibility.</p>	<p>Clarification</p>	<p>Based on input received, the DDA will be making the following adjustments to the current language to support people currently receiving career exploration services.</p> <p>Career Exploration 90- day limit will not apply to people currently receiving services. People currently receiving Career Exploration will create an employment goal within their Person-Centered Plan during their annual team process that outlines their trajectory and transition time frame toward community integrated employment.</p>
<p>5. Recommendation to alter guidance related to provider businesses and follow CMS guidance which does not disqualify these businesses as long as the overall business does “not isolate.” Such a business should be looked at in more detail so see if it truly has “a setting that isolates” since this is the CMS threshold. If it does not then it should be fully eligible under employment services.</p>	<p>Clarification</p>	<p>The DDA is not disqualifying employment businesses. The DDA is assessing individual employment situations, the person’s experience in terms of meeting the definition of Competitive integrated Employment (CIE) and, the settings for compliance with the federal community-setting requirements and the Ken Capone Equal Employment Act.</p> <p>CMS has provided guidance and exploratory questions related to settings that may have characteristics of isolating a person. The DDA is happy to further discuss and visit employment settings.</p>

		<p>Some settings may meet the community settings requirement but not meet the competitive integrated employment. In these situations, there may be other non-employment related waiver services that can support the person. The DDA will be providing guidance and a checklist to review each work site and person's experience.</p>
<p>6. Recommendation to use definitions within the federal guidelines that will open as many opportunities for a good life with a meaningful day as someone can dream. If it provides a meaningful day, minimum or other wage requirements and places them in the community, the waiver definitions must allow the opportunity just as other paid employment is allowed and encouraged.</p>	<p>Clarification</p>	<p>The DDA is not disqualifying employment businesses. The DDA is assessing individual employment situations in terms of meeting the definition of competitive integrated employment and also assessing the settings for compliance with the federal community-setting requirements.</p> <p>CMS has provided guidance and exploratory questions related to settings that may have characteristics of isolating a person. The DDA is happy to further discuss and visit employment settings.</p> <p>Some settings may meet the community settings requirement but not meet the competitive integrated employment. In these situations, there may be other non-employment related waiver services that can support the person. The DDA will be providing guidance and a checklist to review each work site and person's experience.</p>
<p>7. Recommendation that there should be no automatic exclusion or checklist that disqualifies a business simply because it employs only those with disabilities, is owned by a service provider or because it pays</p>	<p>Clarification</p>	<p>The DDA is not disqualifying employment businesses. The DDA is assessing individual employment situations in terms of meeting the definition of competitive integrated employment and</p>

<p>individuals directly for services they perform for another business as long as these services are performed in a manner consistent with the final settings rule.</p> <p>The “draft guidelines” being considered by DDA insert restrictive language that unnecessarily precludes many existing employment opportunities for those currently employed and destroy many creative employment strategies developed over years. In broad terms we are asking that they be rewritten in a form that represents the intent and specifics of the laws and focus on: 1) the goal of parity with respect to wages; 2) opportunities where desired by the individual and appropriate based on skills for advancement 3) encouragement of creative employment solutions 4) interaction with individual without disabilities.</p>		<p>also assessing the settings for compliance with the federal community-setting requirements.</p> <p>CMS has provided guidance and exploratory questions related to settings that may have characteristics of isolating a person. The DDA is happy to further discuss and visit employment settings.</p> <p>Some settings may meet the community settings requirement but not meet the competitive integrated employment guidelines. In these situations, there may be other non-employment related waiver services that can support the person. The DDA will be providing guidance and a checklist to review each work site and person’s experience.</p>
<p>8. Recommendation to adjust implementation criteria as a policy, which is within DDA's discretion.</p>	<p>Clarification</p>	<p>Based on input received, the DDA will be making the following adjustments to the current language to support people currently receiving career exploration services.</p> <p>Career Exploration 90- day limit will not apply to people currently receiving services. People currently receiving Career Exploration will create an employment goal within their Person-Centered Plan during their annual team process that outlines their trajectory and transition time frame toward community integrated employment.</p>
<p>9. Recommendation that there needs to be some consideration for those currently employed by AbilityOne contractors for years and happy with their</p>	<p>Clarification</p>	<p>Based on input received, the DDA will be making the following adjustments to the current language to support people currently receiving career exploration services.</p>

<p>jobs. In many AbilityOne locations, the individuals supported interact on a daily basis with the employees/staff of the government contract they are working at and are integrated in the community. Otherwise, without support they are likely to lose their job that they have had for so long.</p>		<p>Career Exploration 90- day limit will not apply to people currently receiving services. People currently receiving Career Exploration will create an employment goal within their Person-Centered Plan during their annual team process that outlines their trajectory and transition time frame toward community integrated employment.</p>
<p>10. Recommendation to modifying mandates for an employment goal for people current in services. Suggest this by removing the term “employment” from goal to support flexibility.</p>	<p>Clarification Not accepted</p>	<p>These prevocational services are designed to create a path to integrated community based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.</p>
<p>11. Recommendation that an alternative to CIE needs to be identified to allow a person to have paid work which does not meet this definition and this option should not be time limited. The definition proposed for competitive integrated employment will result in job loss for many people.</p>	<p>Clarification</p>	<p>The DDA is not disqualifying employment businesses. The DDA is assessing individual employment situations in terms of meeting the definition of competitive integrated employment and also assessing the settings for compliance with the federal community-setting requirements.</p> <p>CMS has provided guidance and exploratory questions related to settings that may have characteristics of isolating a person. The DDA is happy to further discuss and visit employment settings.</p> <p>Some settings may meet the community settings requirement but not meet the competitive integrated employment guidelines. In these situations, there may be other non-employment related waiver</p>

		services that can support the person. The DDA will be providing guidance and a checklist to review each work site and person’s experience.
12. Recommendation to change sentence on page 172 B related to Career Exploration, Service Requirements to “Participants previously receiving facility-based or small or large group supports under SE or Day performing work tasks.....” or language consistent with page 4 of the Q&A.	Clarification Not accepted	The service requirement applies to both people previously receiving facility-based or small or large group supports under supported employment or day habilitation and also new people accessing career exploration. Therefore, the sentence is general and will not be changed.
13. Recommendation to remove limit of Mon-Fri. Some job trials may only be available on weekends or evening.	Clarification	Career Exploration facility based supports are provided Monday through Friday only. Career Exploration small and large group supports can be provided on any day of the week including weekends and evenings.
14. Recommendation that the option to work in small groups making competitive wages in a community setting should not be time limited.	Clarification	Per federal CMS guidelines and technical guide, this service is a person-centered, comprehensive employment planning and support service that provides assistance for waiver program participants to obtain, maintain or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state’s minimum wage. The outcome of this service is documentation of the participant’s stated career objective and a career plan used to guide individual employment support. Therefore we are unable to remove the time limit reference.

		<p>However, a contract that employs a group of individuals does not automatically mean their services fall under career exploration. Each person's employment situations should be assessed in terms of meeting the definition of competitive integrated employment. A person's individual employment situation may meet the competitive integrated employment requirement and therefore be authorized to receive employment services which are not time limited.</p>
<p>15. Recommend that the time-frame restriction language be changed to state that the service may be extended for an additional 3 months upon team review and consensus.</p>	<p>Clarification Not accepted</p>	<p>Based on input from the DDA Tiered Standards committee, the limitation will be changed from 3 months for new people accessing the service to 720 hours for the plan year. This is to support various career exploration opportunities that can occur at different times during the plan year.</p>
<p>16. Comment supporting guidelines that align with flexible language of both the CMS and the Final Settings Rule and which maintain the viability of the options that currently exist for these individuals. It is necessary to provide a meaningful day to all and to provide the broadest opportunity to continue current jobs and create new ones.</p>	<p>Clarification</p>	<p>Based on input received, the DDA will be making the following adjustments to the current language to support people currently receiving career exploration services.</p> <p>Career Exploration 90- day limit will not apply to people currently receiving services. People currently receiving Career Exploration will create an employment goal within their Person-Centered Plan during their annual team process that outlines their trajectory and transition time frame toward community integrated employment.</p>

Community Development Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Comment that the multiple services described as day services, billed hourly, create a complex and more restrictive day for many people. The proposed day services will result in more administrative cost and oversight, more errors, and fewer choices for people as providers struggle to control errors and non-billable hours. Service definitions overlap, with only minor differences, and interpretation of the impact of the differences determines how a service is provided. Other options should be offered that can be defined under CDS.</p>	<p>Clarification</p>	<p>In July 2020, the DDA’s meaningful day services will provide people new opportunities and choice to receive various types of services and supports during the day.</p> <p>Each person’s person-centered plan provides a picture of the person’s self-identified Good Life, and includes various focus area exploration topics such as employment. Based on the information that come out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person’s life; not just eligibility specific supports.</p> <p>The DDA will continue to work with stakeholders and develop guidance, webinars, and tools to educate and support service delivery, billing, and quality.</p>

<p>2. Recommendation to remove the four person limit included in the CDS definition. The staff to individual ratio needs to be individualized, and many providers interpreted the four person limit as the prescribed staff ratio. Suggest to change the CDS definition to simply say that each person is supported in accordance to his/her needs, and the majority of the day is spent in experiences which include nondisabled persons outside of facilities owned and operated by the provider, more flexibility and creativity in designing daily schedules would occur.</p>	<p>Clarification Not accepted</p>	<p>Community development services do not mandate a staff ratio. Instead, the limitation is on the number of people that can be supported together in CDS at the same time.</p> <p>When supporting people to have an individualized experience where community connections are made, small groups provide more substantial and meaningful interpersonal interactions. This service purpose is to provide supports to assist individuals in learning new skills, build new relationships, and keeping the skills they currently have related to their individual community integration goals and outcomes. A smaller number of people with disabilities in a group proportionate to the group size and capacity for support is based on national best practices related to community-based non-work day services.</p>
<p>3. Comment that based on the amendment it appears that staff should be with individuals the whole time they are volunteering. If we are doing drop in service in the new waiver a provider cannot bill for this. If we are working to make individuals independent and lead to employment and do what they want in the community, providing supports when they do not need it every hour on the job will encourage dependence rather than independence.</p>	<p>Clarification</p>	<p>The services and supports that a person receives should be based on their individual assessed needs. When DDA’s Meaningful Day services shift to a fee for service model, a service provider will only be billing for service(s) provided. If a person is volunteering independently and is not receiving a direct support, there is no service occurring for which to bill at that time.</p>
<p>4. Comment to clarify CDS and ES can be on the weekend but DH is only Monday –Friday.</p>	<p>Clarification</p>	<p>That is correct. Community development services and employment services can occur any day of the week. Day Habilitation and Career Exploration: Facility Based services are limited to</p>

<p>8. Recommendation that CDS services in the home should also be available for support individuals who pursue home-based, cottage-industry-type self-employment that may not create a competitive income for the participant, but that serve as getting the participant involved with their community by virtue of providing these services or products and causes their interaction with the community as part of these endeavors.</p>	<p>Clarification</p>	<p>People receiving community development services may return to their home or to a provider-operated site during time-limited periods of the day due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the person-centered plan. Residential services cannot be billed during these times.</p> <p>Employment services could be used to support a person that is self employed, and could potentially include activities that would happen in the home.</p>
<p>9. Recommendation to add to Service Definition B, “in home or in the community” to #5 and Add #6 “Engaging in self-employment and/or hobby activities in the home that result in engagement with community members outside the home at other times.”</p>	<p>Clarification</p> <p>Not Accepted</p>	<p>People receiving community development services may return to their home or to a provider-operated site during time-limited periods of the day due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the person-centered plan. Residential services cannot be billed during these times.</p> <p>Employment Services could be used to support a person that is self employed, and could potentially include activities that would happen in the home.</p>
<p>10. Recommendation to add to Service Requirement A: “, including the participant’s home” at the end of the sentence.</p>	<p>Clarification</p>	<p>People receiving community development services may return to their home or to a provider-operated site during time-limited periods of the day due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the person-centered</p>

	Not Accepted	<p>plan. Residential services cannot be billed during these times.</p> <p>Community development services do not occur in the home, except as stated above.</p>
<p>11. Recommendation to modify Service Requirement I as follows: “[Add Except for participants receiving this service via Participant-Directed Services], transportation to and from and within this service is included within the Community Development Services. The mode of transportation which achieves the least costly, and most appropriate means of transportation for the participant with priority given to the use of public transportation when appropriate. Transportation will be provided or arranged by the licensed provider [remove “or self-directed participant”] and funded through the rate system. [Remove “or the Community Development Services self-directed service budget”]. Add: Transportation will be a standalone service for in budgets for participants who self-direct. “SDAN makes this same recommendation for any service under which individuals have employer authority and would be paying mileage reimbursements to their employees or utilizing transportation supports such as taxi services or public transportation services.”</p>	<p>Clarification</p> <p>Not accepted</p>	<p>The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p> <p>Transportation supports are also components of some meaningful day such as community development services. Payment for transportation related expenses are based on the participant’s employer business model.</p>
<p>12. Comment related to the limits on Community Development Services -- “My son is trying to make a business in which he would need to be home to make this work. This would make it impossible for him to pursue his business and self-direct his own life.”</p>	Clarification	<p>Employment services could be used to support a person that is self employed, and could potentially include activities that would happen in the home.</p>

Community Living--Enhanced Supports		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation for the state to provide funding to supplement the fee for housing or room and board as people with more intensive needs are often those who choose community living or enhanced community living. Comment that it is not possible to provide housing and food, supplies, furnishings, and all household items for \$375.	Clarification	The DDA will be reviewing the current room and board requirements and corresponding rate which has not been adjusted in 20 years to account for the cost of living increases.
2. Recommendation for a funding source for the purchase of vehicles, or a state only funding source.	Clarification	Transportation to and from and within this service is included within the services and rate. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.
3. Recommendation to expand clinicians an agency must contract or have on staff to include Licensed Clinician (LCPC, LCSW-C, LGPC, LMSW)	Accepted	Provider qualification language has been edited to read: "Agency must contract or have Licensed Behavioral Analysis (LBA), Board Certified Behavioral Analysis (BCBA), Psychologist, or Licensed Clinician (LCPC, LCSW-C, LGPC, LMSW) on staff that has experience in the following areas:"
4. Recommendation to remove "after discharge from a hospital or skilled nursing rehab facility" noted in the sentence related to Nurse Case Management and Delegation on Page 28 K.	Clarification	The initial and ongoing nurse case management and delegation services includes training for all assessed needs. New assessed training needs may arise when a person has a change in health status or after

		<p>facility for which additional nurse delegation hours may be authorized.</p> <p>Therefore, the DDA edited this sentence which now notes: “In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the participant’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.”</p>
3. Recommendation that in the event of an emergency, it would be useful to have more flexible regulations regarding additional funding for nursing.	Clarification	The DDA regional office can be contacted in the event of an emergency for a waiver nursing service. Based on the service request and assessed need, funding authorization can be provided immediately.
Day Habilitation		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Employment Discovery and Customization		
Recommendation	Dept. Response	Dept. Comment
Recommendation for service to have both employer and budget authority under the self-directed services delivery model.	Not accepted	To ensure qualified providers, this service has budget authority only.

Employment Services		
Recommendation	Dept. Response	Dept. Comment
1. Comment that in the amendment, it states Job development services are limited to eight (8) hours per day and a total maximum of 90 hours unless otherwise authorized by DDA. Please clarify is Job Development hours annually, every time someone has a job loss, every two years like discovery or something else.	Clarification	<p>Job development services can be authorized for 90 hours up to twice a year for a total of 180 hours.</p> <p>DDA may authorize additional hours with another provider if documentation indicates that the provider did not put forth a good faith effort to identify opportunities that align with that person's job profile and/or person-centered plan.</p>
2. Comment that under the new waivers, it appears the individual must be with staff when they are job developing. Please consider a more flexible method of job development.	Clarification	The DDA will be looking at services and rates during the 2nd amendment.
3. Comment that employment services are also too complex and the separation of job development and support on the job will not improve employment options. The definition proposed for competitive integrated employment will result in job loss for many people. An alternative to CIE needs to be identified to allow a person to have paid work which does not meet this definition and this option should not be time limited. It is not realistic that all people will find CIE and maintain it with support.	Clarification	<p>DDA's menu of employment services are designed to provide more flexibility and meet the needs of a variety of people and circumstances.</p> <p>The skills and competencies required to provide job development based on current best practices are higher and different than a person providing only ongoing supports.</p> <p>The 90 day time limit will not apply to people currently receiving career exploration services. People currently receiving career exploration will create an employment goal within their person-centered plan during their annual team process that outlines their trajectory and transition time frame toward community integrated employment.</p>

		Based on input from the DDA Tiered Standards Committee, new people requesting career exploration, after July 1, 2020, can be authorized for up to 720 hours for the plan year. This is to support various career exploration opportunities that can occur at different times during the plan year.
4. Recommendation that clarification is needed regarding the rules for follow along and ongoing employment, job development, and how employment services overlap with residential services.	Accepted	The DDA has created guidelines, policies and procedures that clarifies follow along, ongoing employment, job development, and how employment services overlap with residential services. This information will be shared with all stakeholders this Spring.
5. A concern regarding the billing of separate job development services, as this work is often done on behalf of numerous people at one time, as a job developer meets with community employers.	Clarification	The DDA will be looking at services and rates during the 2nd amendment.
6. Comment that “It was nice to see you recognizing different circumstances, so thank you for that.” related to Pg 54 and 55 B.	Not applicable	The DDA appreciates the support.
Environmental Assessment		
Recommendation	Dept. Response	Dept. Comment
Recommendation to include environmental assessments for people receiving Community Living Group Home services.	Accepted	The DDA will request approval from CMS to support environmental assessment services being available for participants that have changing health needs that may require new accessibility options (e.g. grab bars, ramp, stair glide) to support health, safety, access to the home, and independence.

Environmental Modifications		
Recommendation	Dept. Response	Dept. Comment
Recommendation to include environmental modifications for people receiving Community Living Group Home services.	<p>Clarification</p> <p>Accepted</p>	<p>Per federal guidelines, home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.</p> <p>The DDA will request approval from CMS to support services being available for participants who receive community living -group home or community living - enhances supports and have new accessibility needs (e.g. grab bars, ramp, stair glide) to support health, safety, access to the home, and independence.</p>
Family Caregiver Training and Empowerment		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Family and Peer Mentoring Supports		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Housing Support Services		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

Individual and Family Directed Goods and Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that the opportunity for people participating in the DDA funding to be afforded the chance to take classes where they can meet and socialize with people who they might later go out to dinner with, or see a movie together, or even coordinate living in an apartment together.	Clarification	<p>The DDA encourages and supports people participating in community based activities based on their trajectory and outcomes. There are several services that can provide supports related to taking classes including: (1) participant education, training, and advocacy supports; (2) personal supports; (3) community development services; (4) day habilitation; and (c) community living - group home services.</p> <p>The DDA will continue to encourage and recommend that people engage in community activities that are free or use their personal funds. The DDA will not pay for admission food, or tuition cost for the person or their staff.</p> <p>Resources related to free events include: https://washington.org/free-things-to-do https://weta.org/local/calendar https://www.eventbrite.com/d/md--baltimore/free--e-vents/</p>
2. Recommendation to include all “coverage” of a service animal.	Clarification	<p>The Medicaid State Plan Community First Choice (CFC) program covers items that substitute for human assistance and reduces a participant’s dependence on another person for complete of covered activities of daily living or instrumental activities of daily living tasks. This includes an “other items that substitute for human assistance” service category, considered on a case-by-case basis,</p>

		items can be purchased by the participant with their own personal funds similar to the general public.
4. Comment that the list of covered items is limiting in the scope of value.	Clarification	<p>As per federal guidelines, “individual directed goods and services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid state plan that address an identified need in the service plan (including improving and maintaining the participant’s opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; AND/OR promote inclusion in the community; AND/OR increase the participant’s safety in the home environment; AND, the participant does not have the funds to purchase the item or service or the item or service is not available through another source.”</p> <p>The DDA will consider expanding the scope, seek input from stakeholders, and include in the next amendment.</p>
5. Recommendation to offer this service under the traditional service delivery model.	Not accepted	As per federal guidelines, this service is limited to waivers that incorporate the Budget Authority participant direction opportunity.
6. Recommendation to include health and adaptations services not allowed under the state plan, such as those listed in the Medicaid Home and Community-Based Services (HCBS) Taxonomy under Category 11: Other	Clarification	Assistive technology, durable medical supplies, and environmental modifications may support adaptation services. Medically necessary therapies recommended by professional clinicians are covered

Health and Therapeutic Services.		<p>under Medicaid. For some items, participants can consider using their personal funds similar to the general public.</p> <p>The DDA will consider expanding the scope, seek input from stakeholders, and include in the next amendment.</p>
7. Recommendation to remove the cap on the services or restore/expand the Health and Adaptations category to cover therapeutic services, like swimming and horseback riding, that are currently mentioned in this section.	<p>Clarification</p> <p>Not accepted</p>	<p>Therapeutic swimming and therapeutic horseback riding is currently listed as allowable services.</p> <p>Individual and Family Directed Goods and Services are purchased from the participant-directed budget savings and must be documented in the Person-Centered Plan. During the waiver renewal, the service limit was increased from \$2,000 to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to staff recruitment and advertisement.</p>
8. Recommendation to allow amounts higher than \$5500 if pre-authorized by DDA and justified in the individual's plan.	Not accepted	<p>Individual and Family Directed Goods and Services are purchased from the participant-directed budget savings and must be documented in the Person-Centered Plan. During the waiver renewal, the service limit was increased from \$2,000 to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to staff recruitment and advertisement.</p>
9. Recommendation for service to be flexible enough to permit individuals to access appropriate services from	Clarification	<p>Qualifications for services, equipment or supplies vendors are very broad, flexible, and include:</p>

<p>qualified providers on the condition that they provide person-centered justifications and appropriate documentation.</p>		<ol style="list-style-type: none"> 1. Commercial business 2. Community organization 3. Licensed professional
Live-In Caregiver Supports		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation to support self-directing participants who live in their own home with supports from an unpaid live-in caregiver.</p>	<p>Clarification</p>	<p>Live-in Caregiver Supports are available under the self-directed service delivery model for people who live in their own home with supports from an unpaid live-in caregiver. The purpose of Live-in Caregiver Supports is to pay the additional cost of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who is residing in the same household with an individual. Live-in Caregiver Supports for live-in caregivers is not available in situations in which the participant lives in his/her family's home, the caregiver's home, or a residence owned or leased by a DDA-licensed provider.</p> <p>Community First Choice and personal supports are options to explore for supports in the family home.</p>
<p>2. Recommendation to add “the Provider” as responsible for sending a copy of the live-in caregiver agreement.</p>	<p>Accepted</p>	<p>The following sentence was edited to reflect: “This agreement is developed by the provider and will be forwarded to Coordinator of Community Services for submission to the DDA as part of the service request authorization.</p>

Medical Day Care		
Recommendation	Dept. Response	Dept. Comment
Recommendation to include the provision of behavior and nursing services for people participating in Medical Day.	Clarification	Nursing services are covered within Medical Day Care therefore it would be duplicative to authorize stand alone nursing services. The Office of Long Term Services and Supports (OLTSS) will explore supporting with the Maryland Association for Adult Day Services the option of behavioral supports services at their programs.
Nurse Consultation		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Nurse Case Management and Delegation		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that throughout the waiver, nursing case management and delegation should be able to be adjust for other significant changes outside of just discharge from a hospital or nursing facility.	Clarification Accepted	The initial and ongoing nurse case management and delegation services includes training for all assessed needs. New assessed training needs may arise when a person has a change in health status or after discharge from a hospital or skilled nursing rehab facility for which additional nurse delegation hours may be authorized. Therefore, the DDA edited this sentence which now notes: "In the event that additional Nurse Case Management and Delegation training supports are

		needed as indicated in the HRST because of a change in the participant’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.”
2. Recommendation to remove “after discharge from a hospital or skilled nursing rehab facility”.	Clarification	<p>The initial and ongoing nurse case management and delegation services includes training for all assessed needs. New assessed training needs may arise when a person has a change in health status or after discharge from a hospital or skilled nursing rehab facility for which additional nurse delegation hours may be authorized.</p> <p>Therefore, the DDA edited this sentence which now notes: “In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the participant’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.”</p>
3. Recommendation to allow Nurse Case Management and Delegation services during the time a person is participating in ED&C on Page 110 J	Not accepted	This service is time limited.

Nurse Health Case Management		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Participant Education, Training and Advocacy Supports		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to consider a higher cap due to transportation cost. Prominent trainings like Project STIR and Partners in Policymaking are comprised of a series of individual sessions. Since registration is free, the support here would be transportation. More than 10 hours of transportation may be needed, especially for participants travelling from outlying areas of the state.	<p>Clarification</p> <p>Not accepted</p>	<p>This service covered expenses include:</p> <ol style="list-style-type: none"> 1. Enrollment fees associated with for training programs, conferences, and workshops, 2. Books and other educational materials, and 3. Transportation related to participation in training courses, conferences and other similar events. <p>In the event additional supports for transportation is needed, it can be supported by accessing the stand alone transportation service for participants to attend training and advocacy supports.</p>
2. Comment that the first two lines of the service definition are a very diverse set of uses, but the resources of "10 hours/year" cited later is a very limited time to cover so many opportunities.	Clarification	<p>Waiver services are one of many resources, services and supports available to assist individuals and families as they build their lives toward their vision of the of the "Good Life."</p> <p>Each person's person-centered plan provides a picture of the person's self-identified Good Life, and includes various focus area exploration topics such as community involvement, day to day life, relationships, employment, and lifelong learning.</p> <p>Based on the information that come out of focus area</p>

		<p>exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person’s life; not just eligibility specific supports.</p> <p>Each year, participants can consider exploring community educational opportunities, “participant education, training, and advocacy support” waiver service, and also use their personal funds similar to the general public.</p>
Personal Supports		
Recommendation	Dept. Response	Dept. Comment
<p>1. Comment that the service definition language for Personal Supports is limiting, goes against Person-Centered Planning and Self-Direction, and takes choice away from the individual and team.</p>	<p>Clarification</p>	<p>The DDA waiver programs include various meaningful day, support, and residential services that support specific outcomes. Waiver services can complement and/or supplement the services that are available through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide to individuals. Waiver participants have full access to Maryland Medicaid State Plan services, including</p>

		<p>Community First Choice and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services based on assessed need.</p> <p>Personal supports services are designed to assist participants who live in their own or family homes with acquiring, building, and maintaining the skills necessary to maximize their personal independence. These services include:(1) in home skills development; and (2) community integration and engagement skills development.</p> <p>The person-centered plan identifies the waiver services as well as other services and supports that a person needs in order to live successfully in the community and, therefore, avoid institutionalization. It must reflect the full range of a participant’s service needs and include both the Medicaid and non-Medicaid services along with informal supports that are necessary to address those needs.</p> <p>Each person’s person-centered plan provides a picture of the person’s self-identified Good Life, and includes various focus area exploration topics such as employment.</p> <p>Based on the information that come out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those</p>
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		that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person’s life; not just eligibility specific supports.
2. Recommendation to add more language to the Personal Supports definition to put more emphasis on “support.”	Accepted	<p>We are open to recommendations. Some of the current language states:</p> <p><i>Personal Supports are individualized <u>supports</u>, delivered in a personalized manner, to support independence in a participant’s own home and community in which the participant wishes to be involved, based on their personal resources.</i></p> <p><i>Personal Supports services <u>assist</u> participants who live in their own or family homes with acquiring, building, and maintaining the skills necessary to maximize their personal independence.</i></p>
3. Recommendation that travel time be included in the rate.	Clarification	<p>The new proposed rate will include a transportation component.</p> <p>Billable time begins when the service begins and does not include transportation to/from the service.</p>
4. Recommendation to include language that personal supports can be provided during the day when meaningful supports are not provided as an option if someone works in the evening as long as they stay within their daily limit for hours.	Accepted	The language has been edited to read “During the day when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day

		when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided.
7. Recommendation to work with DRM to rewrite the definition of Personal Supports that accommodates the needs of waiver participants.	Clarification	The DDA works with various stakeholders including DRM related to the service delivery system and considers all recommendations.
8. Recommendation to reword Service Requirement F to read: Personal Supports are available at any time needed by the participant.	Accepted	The DDA will rework the language. To clarify service options the following language will be added related to when they are available. “During the day when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided.
9. Recommendation to add the following language related to the 82 hours per week limitations: “With the exception of individuals self-directing their services,”	Clarification Not accepted	The current language notes “Personal Support services are limited to 82 hours per week unless otherwise pre-authorized by the DDA.” Services above the 82 hours can be authorized based on assessed need regardless of service delivery model chosen.
10. Recommendation to change the definition of Personal Supports to "This service can include supports offered in community integration, home health aid, personal care, companion, and homemaker if these supports are provided along with assistance in	Not accepted	Personal support services are designed to be habilitative in nature; meaning they should support people to learn, keep or improve skills and functional abilities. They assist participants who live in their own or family homes with acquiring,

<p>acquiring, retaining and improving self-help, socialization, and/or adaptive skills."</p>		<p>building, and maintaining the skills necessary to maximize their personal independence. These services include:(1) in home skills development; and (2) community integration and engagement skills development.</p> <p>Maryland’s Medicaid services include home health aide services and personal care is provided under the Community First Choice program.</p>
<p>11. Recommendation to consider allowing an increase to the 82 hour limit to alleviate a crisis at least temporarily.</p>	<p>Clarification</p>	<p>The current language notes “Personal Support services are limited to 82 hours per week unless otherwise pre-authorized by the DDA.” Services above the 82 hours can be authorized based on assessed need.</p> <p>In addition, the DDA regional office can be contacted in the event of an emergency. Based on the service request and assessed need, funding authorization can be provided immediately.</p>
<p>12. Recommendation to modify the definition to allow personal care services without the requirement of being in conjunction with another service while work is done to ensure no gaps in services exists between DDA services and CFC.</p>	<p>Not accepted</p>	<p>Personal support services assist participants who live in their own or family homes with acquiring, building, and maintaining the skills necessary to maximize their personal independence. These services include:(1) in home skills development; and (2) community integration and engagement skills development.</p> <p>People that have a medical need for overnight supports may receive services under the Medicaid State Plan Community First Choice Program. In addition, natural supports, assistive technology, and remote support services can be explored.</p>

		<p>Everyday there are advances in technology. For example there are watches that tracks seizure activity which can be linked to caregiver's phones to alert them of their loved ones seizure activity; motion sensor with pager, and wireless bed monitor with alarms.</p> <p>Concerns and challenges should be shared with the DDA RO Director.</p>
<p>13. Recommendation to change service description to “Participant needs support for community engagement (outside of meaningful day services) or home skills development or maintenance.” Under the current Service Definition and its implementation, Personal Supports relate to skills development and does not include goals of maintenance or retention of skills.</p>	<p>Accepted</p>	<p>The DDA will rework the language to read “Personal Supports services assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence.”</p>
<p>14. Comment that limiting Personal Supports to a default of 82 hours per week, without providing a meaningful mechanism for obtaining ongoing supports in excess of that cap, places individuals at serious risk of institutionalization and threatens the ability of individuals to live and receive services independently in their own homes.</p>	<p>Clarification</p>	<p>The current language notes “Personal Support services are limited to 82 hours per week unless otherwise pre-authorized by the DDA.” Services above the 82 hours can be authorized based on assessed need.</p>
<p>15. Recommendation to rewrite the definition of Personal Supports to accommodate the needs of self-directed participants.</p>	<p>Clarification</p>	<p>Personal support services assist participants who live in their own or family homes with acquiring, building, and maintaining the skills necessary to maximize their personal independence. These services include:(1) in home skills development; and (2) community integration and engagement skills development. The service is available to both service delivery models (self-directed and traditional).</p>

<p>16. Recommendation that it should include personal supports should be available at any time needed by the individual.</p>	<p>Accepted</p>	<p>The DDA will rework the language. To clarify service options the following language will be added related to when they are available. “During the day when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided.</p>
<p>17. Recommendation to eliminate the gap in support coverage each week to include round the clock care.</p>	<p>Not accepted</p>	<p>Personal support services are designed to be habilitative in nature; meaning they should support people to learn, keep or improve skills and functional abilities.</p>
<p>18. Recommendation to include on Page 120 B(2) Personal Supports to include health management assistance as an option in service definition to support medical appointments as an important and much needed support.</p>	<p>Accepted</p>	<p>The DDA will rework the language to read: “Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which participants integrate, engage and navigate their lives at home and in the community. They may include the development of skills or providing supports that make it possible for participants and families to lead full integrated lives (e.g. grocery shopping; banking; getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities) <i>and health management assistance for adults (e.g. learning how to schedule a health appointment; identifying transportation options; and developing skills to communicate health status, needs, or concerns)</i>; and”</p>

<p>19. Recommendation to specify that Personal Supports are available to people in Meaningful Day services when that service is not being offered or otherwise “not in session”</p>	<p>Accepted</p>	<p>The DDA will rework the language. To clarify service options the following language will be added related to when they are available. “During the day when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided.</p>
<p>20. Recommendation to change the service requirement from “This service is the most cost-effective service to meet the participant’s needs.” to “The service is necessary and appropriate to meet the participant’s needs.” Cost-effectiveness, alone, should not be a requirement. There are many other factors that can be documented in a person-centered plan that could justify personal supports even if they are not the most cost-effective service. Most important is that the service is the most appropriate to adequately meet the individual’s needs and preferences.</p>	<p>Accepted</p>	<p>This criteria will be edited to read: A. Effective July 1, 2018, the following criteria will be used for participants to access Personal Supports:</p> <ol style="list-style-type: none"> 1. Participant needs support for community engagement (outside of meaningful day services) or home skills development; 2. The service is necessary and appropriate to meet the participant’s needs; and 3. The service is the most cost-effective service to meet the participant’s needs unless otherwise authorized by the DDA due to extraordinary circumstances.
<p>21. Recommendation to support all people who are currently receiving over 82 hours to continue to receive these hours to help support people to live how they choose.</p>	<p>Clarification</p>	<p>Services above the 82 hours can be authorized based on assessed need.</p>
<p>22. Comment that assisted technologies to support overnights coverage will not work for many. A lot of them have severe hearing loss and wear hearing aids while awake not when sleeping.</p>	<p>Clarification</p>	<p>People that have a medical need for overnight supports may receive services under the Medicaid State Plan Community First Choice Program. In addition, natural supports and remote support services can be explored. Concerns and challenges</p>

		should be shared with the DDA RO Director.
Remote Support Services		
Recommendation	Dept. Response	Dept. Comment
Recommendation to check box in Appendix C that indicates available as Participant-Directed Services as available for Participant Budget Authority in Appendix E.	Clarification	The participant-directed service option is checked on page 129 of the Community Pathways Waiver.
Respite Care Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to separate camp dollars from away-overnight -respite dollars. If a licensed respite site is a preferred 'vacation' location over a campsite by the disabled person, then the extra dollars allowed for camp should be available to those who prefer a licensed respite site.	Accepted	The limit for respite services will be increased from 360 hours (15 days) to 720 hours (30 days) with an exception process for the use of hourly and licensed respite services in addition to the \$7,248 for camp.
2. Recommendation to include the need for specialized respite service and behavioral respite homes when challenging behavior was of concern. Comment that if the respite definition were inclusive of this population and rates reflected this level of service, or if personal support services could meet this need, more providers could develop respite capacity. Children and adults stuck in psychiatric hospitals would have more options to transition back to community settings.	Clarification Accepted	The DDA contracts with independent community organizations for behavioral respite services. The DDA is also exploring creating an enhanced personal support model and rate to support people with medical or behavioral complexities.

<p>3. Recommendation to consider supporting behavioral supports during respite.</p>	<p>Not accepted</p>	<p>Behavioral support services are an array of services to assist participants who without such supports are experiencing, or are likely to experience, difficulty at home or in the community as a result of behavioral, social, or emotional issues. These services seek to help understand a participant’s challenging behavior and its function is to develop a Behavior Plan with the primary aim of enhancing the participant’s independence and inclusion in their community.</p> <p>Respite is short-term care intended to provide both the family or other primary caregiver and the participant with a break from their daily routines. Therefore to fully assess needs and provide support, the behavioral supports are available as a stand alone service and under other ongoing services such as personal supports, community living, and meaningful day services.</p>
<p>4. Recommendation that overnight supports be provided in a family home under respite.</p>	<p>Clarification</p>	<p>The proposed amendment supports overnight supports in the family home.</p>
<p>5. Recommendation to allow the \$7258 of the funding for camps and the 360 hours for respite services to be combined for hourly or daily respite services as not all individuals can utilize camps safely or comfortably.</p>	<p>Accepted</p>	<p>The limit for respite services will be increased from 360 hours (15 days) to 720 hours (30 days) with an exception process for the use of hourly and licensed respite services based on assessed need in addition to the \$7,248 for camp.</p>
<p>6. Recommendation to allow families to access respite in a way that is person centered. Raise the respite funding cap to meet the needs of participants based upon their Person-Centered Plan “Important For”</p>	<p>Accepted</p>	<p>The limit for respite services will be increased from 360 hours (15 days) to 720 hours (30 days) with an exception process for the use of hourly and licensed respite services in addition to the \$7,248 for camp.</p>
<p>7. Recommendation to remove the training</p>	<p>Clarification</p>	<p>On November 27, 2018, the DDA shared a memo</p>

<p>requirements regarding nursing delegation and the required DDA training curriculum to be less stringent for contractors or staff chosen by the family for respite either in the family's home or in the home of the chosen caregiver.</p>	<p>Not accepted</p>	<p>related to "Minimum requirements of relatives, neighbors, or friends providing respite services." The memo clarified the training requirements designated by the DDA for respite services and noted traditional DDA required training curriculum was not required.</p> <p>The DDA must comply with requirements for services that fall under the scope of the Maryland Board of Nursing (MBON). The DDA has reached out to MBON related to further clarification and specific assurance that may be needed for services provided under respite. The MBON has stated that "a caregiver/guardian who has been trained by a licensed nurse should be able to train the respite provider. The guardian or caregiver is often more familiar with the person and can pass on their special advice for administering the medications. The person doing the training for the respite provider should have received adequate training, have a record of safely administering medications, and is willing to accept the responsibility".</p>
<p>8. Recommendation to increase respite for people who do not utilize camp to support people in the way they choose, as Camps are not always appropriate for everyone and respite is still needed.</p>	<p>Accepted</p>	<p>The limit for respite services will be increased from 360 hours (15 days) to 720 hours (30 days) with an exception process for the use of hourly and licensed respite services in addition to the \$7,248 for camp.</p>
<p>Shared Living</p>		
<p>Recommendation</p>	<p>Dept. Response</p>	<p>Dept. Comment</p>
<p>1. Recommendation to include "individual" in</p>	<p>Accepted</p>	<p>The sentence has been edited to read "It is an</p>

paragraph A service description as one of the arrangement in addition to a couple or family.		arrangement in which <i>an individual</i> , couple, or a family in the community share their home and life's experiences with a person with a disability.”
2. Recommendation to continue to support or grandfather historical homes that still serve 3 clients - while it is the goal to serve no more than 2 - these homes have been "family" in some cases for 10 or more years.	Accepted	Service requirement A will be edited to read “Shared Living services are direct (face-to-face) and indirect, DDA-licensed or DDA-certified community-based providers managed services that is limited to homes in which one or two participants are supported unless previously authorized by the DDA.”
3. Recommendation to add “individual” to provider qualifications on Page 151 as someone who can provide host home services in addition to couple and family to remain consistent with earlier language.	Accepted	Individual will be added as an option.
4. Recommendation to continue to support or grandfather host home providers that do not possess a GED or High School diploma that is noted in provider qualifications on page 151.	Accepted	The sentence will be edited to read “Have a GED or high school diploma unless previously approved by the DDA;”
5. Recommendation to indicate this service as one available for budget authority under self-direction.	Not accepted	This service is not available under the self-directed service delivery model.
6. Recommendation to allow family members, other than parents, to provide this service.	Not accepted	This service is not available under the self-directed service delivery model.
7. Recommendation to add the following language to service requirement A “OR services provided in the home of a non-parent family home (such as, but not limited to, a sibling or cousin) that has been freely selected by the participant to serve as his/her “host home.”	Not accepted	This service is designed to support participants who does not have family or relative supports. Participant interested in living with relatives can receive other supports in the home including Community First Choice and personal supports.

8. Recommendation to remove “participant does not have family or relative supports.” from service requirement I.	Not accepted	This service is designed to support participants who does not have family or relative supports.
9. Recommendation to remove references to legally responsible persons or legal guardians of adult participants and relatives in service requirement O so that the sentence would read “As defined in Appendix C-2, an individual’s spouse or parent may not be paid either directly or indirectly to provide this service.”	Not accepted	This service is not designed for legally responsible persons or legal guardians to provide supports.
10. Recommendation for supports to be available in other family member's home.	Not accepted	This service is designed to support participants who does not have family or relative supports.
11. Recommendation to edit service requirements D. so that services provided meet the habilitative outcomes as noted in the PCP rather than requiring that all of the supports be provided.	Accepted	The sentence will be edited to read “The following supports may be provided to meet each participant’s habilitative outcomes as documented in the person-centered plan:”
12. Recommendation that the language regarding the “Shared Living Specialist” be removed due to concerns that assigning a specific Shared Living Specialist to the caregiver could push the relationship between the agency and contractor more towards a supervisory or employee/employer relationship. The deliverables of the service should just be an administrative task of the agency that can be handled in different ways.	Accepted	The sentence will be deleted.

Support Broker		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that Waiver language should encourage the use of Support Brokers.	Clarification	The DDA supports self-direction and self-determination and encourage people to explore and consider as an option for their services. In addition, Advocacy Specialist are available in each region to provide information and assistance in exploring or utilizing self-directed services. Coordinators of Community Services inform participants about service delivery models and services available under the waiver programs. People have the choice to select which services they want to access to meet their assessed need to include support brokers.
2. Concerns shared related to the limitation from a mother who spends about 120 hours a year managing her daughter's budget so that money does not run out in any category; working with her daughter to set up the timesheets and make sure the timesheets are filled out correctly and submitted on time; managing (working and supervising) her daughter's employees; working with the service coordinator in helping to set up the annual budget; and working on goals for the individual plan.	Clarification	Support broker services are employer <i>related information and advice</i> for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget. It includes <i>information, coaching, and mentoring</i> related to roles and responsibilities and functioning as the common law employer and <i>assistance</i> in learning skills (e.g., hiring, managing and terminating workers, problem solving, conflict resolution) and developing agreement, strategies to manage and oversee services. Support brokers are a support service. They do not make any decisions for the participant, manage budgets, review and sign off on service delivery, establish budgets, or hire or fire workers.

		<p>Support broker services are employer <i>related information and advice</i> for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget.</p> <p>Additional supports and services appropriate for each person is best identified by starting with the person and the personal outcome measures identified in their Person-Centered Plan (PCP). The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.</p>
<p>6. Recommendation to revise service definition A to read “Support Broker Services are employer authority and budget authority information, advice, and assistance provided to a participant and his/her family and team so that the participant/family/team are able to make informed decisions about what service design and delivery will work best for the participant, is consistent with the participant’s needs, and reflects individual circumstances. The support broker also provides information, advice, and assistance with day-to-day management of the participant’s self-direction plan.”</p>	<p>Clarification</p>	<p>Support broker services are employer <i>related information and advice</i> for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget. It includes <i>information, coaching, and mentoring</i> related to roles and responsibilities and functioning as the common law employer and <i>assistance</i> in learning skills (e.g., hiring, managing and terminating workers, problem solving, conflict resolution) and developing agreement, strategies to manage and</p>

		to the DDA new options related to team members conducting various employer and budget authority tasks as designated representatives.
10. Recommendation to add to service definition E. “Support Brokerage differs significantly from Case Management or Resource Coordination in its intensity, frequency, level of detail and personal advocacy involved in the service.”	Clarification Not accepted	This statement can be applied to all services as the intensity, frequency, level of detail and personal advocacy involved in the service is unique to each person and level of service need.
11. Recommendation to add to service definition F “Support Broker will serve as the primary advocate for the individual as they self-direct their plan.”	Not accepted	People have the choice to select individuals from their support network as their primary advocate. The State will not mandate a particular service provider.
12. Recommendation to remove from service definition I “when there are significant changes in the participant’s health or medical situation.”	Not accepted	This is the criteria for which additional supports above the limitation will be considered.
13. Recommendation to revise limitation #2 to read “Information, coaching, mentoring, and assisting up to 8 hours per month unless otherwise authorized by the DDA.”	Not accepted	The DDA consulted with national subject matter experts on setting the limitation based on the scope and purpose of the services. The DDA can authorize additional hours when there are significant changes in the participant’s health or medical situation.
14. Recommendation to remove provider qualifications #8 through #13 on page 155	Accepted	The DDA will remove requirements #9 through #13. Requirement #8 relates to the required support broker training and training on the Policy of Reportable Incidents and Investigations (PORII).
15. Recommend to add language in 4-15 to the effect of: Developing and implementing strategies for...For some people it is not sufficient to only have assistance	Clarification	Support broker services are employer <i>related information and advice</i> for a participant in support of self-direction to make informed decisions related

<p>with developing the strategies for these activities. Rather, to be successful at self-direction they may also need assistance with implementing the strategies. Providing assistance with strategy implementation is not the same as actually performing the activity for the individual.</p>	<p>Not accepted</p>	<p>to day-to-day management of staff providing services within the available budget. It includes <i>information, coaching, and mentoring</i> related to roles and responsibilities and functioning as the common law employer and <i>assistance</i> in learning skills (e.g., hiring, managing and terminating workers, problem solving, conflict resolution) and developing agreement, strategies to manage and oversee services.</p> <p>The DDA is working with the Self-directed Advocacy Network (SDAN) who will be proposing to the DDA new options related to team members conducting various employer and budget authority tasks as designated representatives.</p>
Supported Employment		
Recommendation	Dept. Response	Dept. Comment
<p>Recommendation to expand the discussion of self-employment to include businesses in a participant's home whether or not the participant earns money at the endeavor but merely covers costs.</p>	<p>Clarification</p>	<p>The DDA will develop guidance related to self-employment.</p>
Supported Living		
Recommendation	Dept. Response	Dept. Comment
<p>Recommendation that the definition of supported living be modified in a way that allows individuals who self-direct to utilize this service with employment and budget authority.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Participants using the self-directed service delivery model have budget authority related to this service.</p> <p>The DDA has established specific expectations and provider qualification requirements this service for</p>

		which the provider must be DDA-certified.
Transition Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation to support anyone moving into residential services. The one time only funding for furnishings appears not to be allowed for those moving from family homes into community living or enhanced living. It is not clear why someone moving from an educational residential placement to community living would be eligible for this funding or people moving into supported living are eligible for it. This lack of one time only funding will be an obstacle to obtaining community living services for those with financial need.</p> <p>2. Recommendation to support people who move from their family’s home or from a shelter, etc. do not have the funds to furnish their home and bedroom. Funds should be allowed in these circumstances.</p> <p>3. Recommendation to include transition funding for people living in the community who otherwise do not have resources for the initial necessities who are moving into services with a community residential provider.</p>	Clarification	<p>As per the CMS waiver technical guide “<i>Community Transitions Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.</i>”</p> <p>CMS instructed the State to revise the waiver renewal service definition to delete the option to support the services being provided when a person transitions from “another community residential setting that provides more independent living according to the individual’s needs and preferences.” They noted these services are not designed to pay for an individual to move from one group home to another group home. (Reference: <u>Federal Questions and Responses on Waiver Submission – May - June 2018</u> https://dda.health.maryland.gov/Documents/Federal%20Questions%20and%20Responses%20on%20Waiver%20Submission%20%E2%80%93%20May%20-%20June%202018%20.pdf page 13)</p>

Transportation		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation for self-direction, that transportation needs to be a stand-alone service for any and all transportation needs at any point in the day regardless of whether the participant is or is not receiving supports under another service at the time.	Not accepted	<p>The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p> <p>Transportation supports are also components of some meaningful day and residential services. Payment for transportation related expenses are based on the employer business model.</p>
2. Recommendation to remove the word “independently” noted within service definition A and remove the words “and an agreement” in service definition B.5.	Not accepted	<p>The word independently was added to distinguish this stand alone service from the transportation components of meaningful day and residential services.</p> <p>An agreement was added to clarify the specific details such as reimbursement per mile between the participant and the person they identify to provide transportation supports.</p>
3. Recommendation to add in service requirement B for participants self-directing their services “Transportation services will be a stand-alone service that can be used in conjunction with any other service available to self-directing participants.”	Not accepted	<p>The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p> <p>Transportation supports are also components of</p>

		some meaningful day and residential services. Payment for transportation related expenses are based on the employer business model.
4. Recommendation for service requirement C related to the Program will not make payment to spouses to add “individuals” legally responsible, remove “individuals” for minor children; and add “ Individuals legally responsible for adult participants and/or legal guardians of adult participants can be paid for the provision of any allowed transportation service.”	Not accepted	The current language notes “The Program will not make payment to spouses or legally responsible individuals for furnishing transportation services.” The term “legally responsible individual” is used by CMS throughout its regulations and technical guidance document for which we aligned.
5. Recommendation to add to service requirement G “Except for individuals who self-direct their services,”.	Not accepted	The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan. Transportation supports are also components of some meaningful day and residential services. Payment for transportation related expenses are based on the employer business model.
6. Recommendation to check the option for Legally Responsible Person and Legal Guardian as people who can be paid for this service.	Not accepted	The current option available is for participant relatives.
7. Recommendation related to provider qualifications for people self-directing services to remove “Individual must complete the DDA provider application”	Clarification	Provider qualifications for Transportation Professional under the self directed service delivery model include: 1. Be at least 18 years old; 2. Have a GED or high school diploma; 3. Have required credentials, license, or

<p>10. Comment that the changes to transportation reimbursement will cause significant limitations on participants ability to access the community especially in rural areas. Employees will not drive those kind of miles without direct reimbursement. They will want the wage without driving. This change will limit the participants ability to access the community. Prohibiting mileage to be paid to family members can limit employment training opportunities available to the participants. Prohibiting transportation reimbursement is unreasonable.</p>	<p>Clarification</p>	<p>The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p> <p>Transportation is a waiver service paid based on documented delivery of federally approved services listed under the service description and requirements. Transportation services can include mileage reimbursement based on an agreement for transportation provided by another individual using their own car. This includes from a relative.</p> <p>Transportation supports are also components of some meaningful day, support, and residential services. Payment for transportation related expenses are based on the employer business model.</p>
<p>11. Comment that if the goal is community integration, individuals need support with transportation funding to access their communities. It would be beneficial to keep transportation services as a separate funded service to ensure individuals can use the least restrictive and most cost-effective service for them (mileage reimbursement, UBER, taxi, public transportation, etc.</p>	<p>Clarification</p>	<p>The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan. During the waiver renewal, the service limit was increased from \$1,400 to \$7,500 per plan year.</p>
<p>12. With regard to Self Directed Services, The ARC believe that transportation needs to continue to be a stand-alone service with its own budget. Ubers, Lyft, public transportation. Etc, should also be paid through</p>	<p>Clarification</p>	<p>Transportation is a stand-alone service. A self directed person can use Uber, Lyft, public transportation, etc. with it’s own budget unless a service has transportation included within the service</p>

this separate transportation budget.		definition.
13. Recommendation for transportation to be a stand alone item. Staff may be reticent to transport individuals beyond a limited radius if they are not reimburse for this separately. Guidelines can be put into place where staff must travel a minimum number of miles in one day to be reimbursed, so that short trips are not reimbursed.	Clarification	<p>The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p> <p>Transportation is a waiver service paid based on documented delivery of federally approved services listed under the service description and requirements. Transportation services can include mileage reimbursement based on an agreement for transportation provided by another individual using their own car. This includes from a relative.</p> <p>Transportation supports are also components of some meaningful day, support, and residential services. Payment for transportation related expenses are based on the employer business model.</p>
Vehicle Modification		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

Appendix D - Participant Centered Planning and Service Delivery

Recommendation	Dept. Response	Dept. Comment
<p>1. Clarification requested related to p. D3, "Who develops" first paragraph discussion: The process seems to permit two approaches: (a) the CCS - but with participant/designated representative and the team assisting - is responsible (i.e., does it) for developing the PCP; (b) the participant/designated representative develops the PCP (with inputs from the CCS and team) and, then, the CCS "facilitates" by writing the PCP document?. In each case, the participant/designated representative must be the first signer of the PCP, or of ANY/ALL changes to the PCP until DDA approves it.</p>	<p align="center">Clarification</p>	<p>The CCS is responsible for gathering information directly from the person receiving service and their legal representative, first and foremost. All members of the team are invited to provide information that will ensure that what is important to and for the person is being thoroughly addressed in the person-centered plan (i.e. support team, providers, support brokers, etc). All revisions to the plan do require the person and legal representative's review and ultimately, their signature.</p>
<p>2. Recommendation related to "(b) Types of Assessments" to state that the assessment information be gathered enough prior to the annual meeting so that the CCS can review it, first, with the participant/designated representative and, then, prepare a document that summarizes it for presentation at the annual meeting.</p>	<p align="center">Clarification</p>	<p>Person-centered planning is a continual process of listening and learning (Exploration and Discovery) to create a meaningful and relevant plan that may be adjusted according to life circumstances. Information is gathered throughout the year.</p> <p>The process for annual review and update of the Person-Centered Plan (PCP) typically begins in the final quarter of the current PCP or 90 days before the plan date, with monitoring activities. The CCS's complete quarterly monitoring and follow-up assessments in addition to direct participant discussions and observation, and conversations with providers and other team members throughout the year following a plan approval. As with all monitoring, progress on Outcomes, satisfaction with services and changes in needs are assessed.</p>

		<p>The DDA has provided guidance related to this process as noted in the “Exploration and Discovery for Development of the Person-Centered Plan A Guide for the Coordinator of Community Services” available on the DDA website at: https://dda.health.maryland.gov/Documents/PCP%20Guide%207-24-2018%20FINAL.pdf</p> <p>In addition the DDA sent out a memo on Sept. 25, 2018 to provide clarity regarding specific timeframes and roles and responsibilities of the person supported, family/authorized representatives, CCS, and providers.</p>
<p>3. Recommendation for the term "back-up plan" be described in detail and mentioned throughout the Amendment document. It is an essential element of service provision. Back-up is an inherent issue in any service, such as personal support, community development, supported employment, respite, and transportation.</p>	<p>Clarification</p>	<p>The federal waiver application template requires specific information within sections of each Appendix. Information related to back up plans is required and noted under D-1 e. Risk Assessment and Mitigation.</p> <p>All potential risks to the participant should be assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences.</p> <p>The PCP format includes information about risks for which individual specific strategies should be designed. Such strategies might include supports other than waiver services and the use of individual risk agreements that permit the participant to acknowledge and accept the responsibility for addressing certain types of risks.</p>

		An effective back-up plan is one that is crafted to meet the unique needs and circumstances of each waiver participant. The response to this item should also describe the types of back-up arrangements that are employed. Such arrangements may include arranging for designated provider agencies to furnish staff support on an on-call basis as necessary.
<p>4. Comment that CCSs have no authority over a provider and therefore cannot ensure health and safety or service delivery as noted on page 5.</p> <p>Recommend replacing ensure with monitors as follows: The CCS monitors that the services and supports meet the individual’s health and safety needs. In addition, when a change in health status occurs, the CCS facilitates the evaluation of need for service needs changes to address the change, if appropriate take place. The CCS also monitors that services are delivered in the manner described in the PCP, and that the individual’s goals, needs, and preferences, as identified in the PCP, are being addressed and met.”</p>	Accepted	The sentences will be revised.
Appendix E - Participant Direction of Services		
Recommendation	Dept. Response	Dept. Comment
1. Comment that there are less services that can be self-directed than before. If the plan is to expand self-directed services, which I support, then I’m not sure that all the additional restrictions in the renewal encourage that. I think this should have been addressed	Clarification	The DDA amendment does not propose removing any services available under the self-directed service delivery model that was approved during the Family Supports Waiver (FSW) and Community Supports Waiver (CSW) application or the Community

<p>in the amendment.</p>		<p>Pathways (CP) renewal.</p> <p>The amendments increase the number of services that will be available under this model such as adding nursing services for the FSW, adding employment and day habilitation services for the CSW, and adding support broker services for CP.</p>
<p>2. Comment that sometimes the term "participant/designated representative" is used and sometimes only the term "participant" is used. Recommendation that one of these two should be chosen and used everywhere in this Appendix.</p>	<p>Clarification</p>	<p>The term "participant" is used by CMS in their template to refer to the person in services.</p> <p>A participant may direct his or her own services or appoint a "designated representative" to direct on their behalf under the Self-Directed Service Model. A designated representative is not required and therefore may not be appropriate to be noted throughout the application.</p>
<p>3. Recommendation to include the sentence "Support Broker services are an optional service and not required" to precede all discussion of the Support Broker function in this Appendix. The first time the Support Broker is mentioned is at the top of p. E2 ("Use a Support Broker to assist with employer responsibilities and a Fiscal Management Service provider (FMS)...". The Support Broker is optional but the FMS is required. This distinction should be stated here, on page E2! Later, on p. E2 the term "Support Broker, if identified," is used. This is a much clearer expression of the condition that Support Brokers are optional. Use of this modified term should be encouraged throughout this Appendix. In particular, Support Broker" is a frequently used term on p. E10, where Support Broker activities are discussed.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Information related to this service being "optional" is noted both in Appendix C within the service description and within this section. It would be redundant to repeat the same sentence throughout the entire appendix.</p> <p>The DDA can include information related to this service being optional in an upcoming transformation newsletter.</p>

<p>4. Recommendation related to (b), "Self-directed Service Agreement" on page 2 to include a link to this form or, perhaps, a copy of the form should be included in this Appendix text.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Self-directed related forms are on the DDA's website at https://dda.health.maryland.gov/Pages/sdforms.aspx.</p> <p>The federal waiver template has limited character space and does not support the uploading or copy of state forms.</p>
<p>5. Recommendation related to the term "backup plan" on p. E3, that is should be addressed separately, describing when, where, and how it must be available to provide continuation of services to the participant.</p>	<p>Clarification</p>	<p>The federal waiver application template requires specific information within sections of each Appendix. Information related to back up plans is required and noted under D-1 e. Risk Assessment and Mitigation.</p> <p>All potential risks to the participant should be assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences.</p> <p>The PCP format includes information about risks for which individual specific strategies should be designed. Such strategies might include supports other than waiver services and the use of individual risk agreements that permit the participant to acknowledge and accept the responsibility for addressing certain types of risks.</p> <p>An effective back-up plan is one that is crafted to meet the unique needs and circumstances of each waiver participant. The response to this item should also describe the types of back-up arrangements that are employed. Such arrangements may include</p>

		arranging for designated provider agencies to furnish staff support on an on-call basis as necessary.
6. Recommendation to modify the sentence at (b) "Supports and protections are available for participants who exercise these authorities" on page E4 to say "(e.g., from CCS, FMS, DDA and other entities)"	Clarification	The sentence is part of the federal template and therefore can not be edited. Appendix E provides information in various sections related to supports available, responsibilities, and protections.
7. Comment that p. E7 item "i" lists the wrong date for issuing an RFP to obtain FMS services and a wrong date for beginning this service.	Clarification	The amendment language updates the dates timelines in the approved waivers. The proposal notes "The State will be issuing a new Request for Proposal (RFP) anticipated to be released in Summer of 2019 to identify a new FMS. Agencies interested in becoming the FMS must submit a proposal in response to the RFP and be selected. A new provider is anticipated to begin in January 2020."
8. Recommendation to indicate on p. E15 the "new self-directed services manual" will be released in "spring 2019".	Accepted	The date reference language was updated to reflect spring 2019.
9. Comment about concerns with CCSs supporting self-direction on a regular and timely basis.	Clarification	As the facilitator of person-centered planning and monitoring of service for people in service, the CCS has expanded responsibilities. The DDA sent out a memo on Sept. 25, 2018 to provide clarity regarding specific roles and responsibilities of the person supported, family/authorized representatives, CCS, and providers. In order to continue to equip CCS's, the DDA is working with The Columbus Organization to

		<p>develop competency based training modules. In addition, the DDA has onboarded additional regional staff to support monitoring and technical assistance of CCS's.</p> <p>Concerns related to the delivery of services should be shared with the DDA Regional Director. Contact information for the DDA Regional Offices can be viewed at: https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx</p>
<p>10. Comment about concern with Support Broker role being optional.</p>	<p>Clarification</p>	<p>Support Broker services are an optional services for participants who elect to self-direct their own services. Support Brokers can provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies.</p> <p>The following additional entities can provide support services to participants in the Self-Directed Service Model: CCS, Advocacy Specialists, FMS, and a designated representative.</p>
<p>11. Comment with disagreement with DDA's separation of services into self-directed services and traditional services in the three waivers. It was my understanding when DDA combined self-direction and provider based services there would be more flexibility and more people moving towards a self-direction model.</p>	<p>Clarification</p>	<p>The waiver programs offers two distinct service delivery models including self-directed and traditional. Under the self-directed service delivery model the participant can exercise employer and/or budget authorities based on the specific service.</p> <p>To ensure the health and welfare, quality services from competency based and/or licensed</p>

		professionals, and fiscal accountability some services are not available under the self-directed service delivery model.
12. Comment with disagreement with the use of the term Traditional Services as this leads those supporting participants to exclude self-direction, participant driven services, is too new and difficult of a process.	Clarification	Whether a participant is enrolled in Self-Directed Services or Traditional Services, Coordinators of Community Services (CCS) support participants, their families, and designated representative with all of their complexity, strengths, and unique abilities to achieve self-determination, independence, productivity, integration, and inclusion in all facets of community life across the lifespan. This includes learning about options under the DDA's Self-Directed Service Model, planning for the participant's future, and accessing needed services and supports. The CCS promotes services that are planned and delivered in a manner that are timely executed to meet the participant's needs as stated in his/her person-centered plan, encourages self-sufficiency, health and safety, meaningful community participation, and the participant's desired quality of life.
13. Please clarify if topics in Appendix C are applicable under Appendix E. Page 3: Subsection (c) Support by Entities for Participants in the Self-Directed Service Model, In Appendix E, Items 1-8 are deleted. In Appendix C: Participant Services, under the Support Broker services, there are 8 topics listed under <i>B. Information, Coaching and Mentoring</i> , and 15 topics listed under <i>C. Assistance, as necessary and appropriate, if chosen by the participant.</i>	Clarification	Appendix C list the specific support broker service definition, requirements, limitations, and provider qualifications. Appendix E refers to supports available for people using the self-directed service delivery model including some details about support brokers that support the scope noted in Appendix C.

14. Comment with agreement with Pages 1-2: a. Description of Participant Direction, Subsections (a) (b).	N/A	
15. Comment in agreement with Pages 4, Subsections (a) and (c)	N/A	
<p>16. Recommendation for the DDA continue to allow Self-Directed Participants and families to have a choice among several FMS providers, at least two providers, or even more. Reference Page 7, Financial Management Services, Subsection (i), New FMS Provider in 2020.</p> <p>Concern with a single FMS provider that could be a monopoly provider that it will quickly raise prices and reduce quality, and displace years of Maryland-specific disability programming expertise that already exists within the two current FMS providers. Concern that a new single FMS provider would be unable to replicate this level of expertise.</p>	Clarification	The Department will be issuing a joint request for proposal to acquire high quality and fiscally accountable fiscal management services related to various Medicaid home and community-based programs. The solicitation must follow the procurement laws and regulations according to the State of Maryland.
17. Comment in agreement with Pages 8-9, FMS Service descriptions.	N/A	
18. Clarification requested for support broker's roles and responsibilities for Page 10, Administrative Activity, Support Broker Services.	Clarification	Under the Community Pathways waiver, support broker services were noted as an administrative service rather than a waiver services. The amendment proposal changes the service from an administrative service to a waiver services. The scope of the service was therefore added in Appendix C where all waiver services are listed.
19. Comment with agreement with pages 11-16.	N/A	

<p>20. Recommendation to restore waiver components needed to ensure Independence Plus Designation.</p>	<p>Clarification</p>	<p>The DDA is committed to participant direction. Self-determination and self-direction are priorities. During the initial review of the waiver renewal, CMS directed the State to unselect this designation due to some services only being available under the traditional service model.</p>
<p>21. Recommendation to rewrite E-1a as follows: “The DDA has established a service delivery model in which a participant may direct his or her own services with support from a team as needed. The participant shall have Employer and Budget Authorities over specific services as the employer of record or common law employer. This includes the rights and obligations of an employer under applicable federal, State, and local law and regulations.</p> <p>The waiver supports participants’ choice to direct these services utilizing a team that includes individuals chosen by the participant (e.g., family, friends), a Coordinator of Community Service, and, optionally, a Support Broker. The team is additionally supported by a Fiscal Management Service.</p> <p>The self-directed service delivery model is not designed to increase services but rather to provide an opportunity for waiver participants to explore new ways of receiving support services.</p> <p>Through this mechanism participants have increased power and control over planning, budgeting, expending and managing service dollars.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>The DDA is working with the Self-directed Advocacy Network (SDAN) who will be proposing to the DDA new options related to team members conducting various employer and budget authority tasks as designated representatives. This recommendation will be considered for the next amendment.</p>

<p>(a) In the Self-Directed Service Model, participants will have opportunities to:</p> <ol style="list-style-type: none"> 1. Plan their lives by identifying needed supports and services for inclusion in their PCP. This can be accomplished through the use of the LifeCourse Framework. 2. Control their DDA-approved annual budget to choose and set wages (within reasonable and customary range) and schedule workers. 3. Train, manage, and discharge workers. 4. Select and arrange for needed supports and services as identified in their PCP in accordance with their approved annual budget. 5. Control and manage a budget annually for the purchase of services and supports as specified in their PCP; 6. Use a Support Broker and Coordinator of Community Services to assist with employer and budget authorities as designated on the Participant Service Agreement signed by all members of the team. 7. Utilize a Fiscal Management Service provider (FMS) to assist with budget and payment responsibilities.” 		
<p>22. Recommendation related to E-1 (b) to remove all discussion or mention of a “criteria” to self-direct or being capable of making informed decision anywhere in the waiver and replace the second paragraph with wording to the effect of: “The CCS, with input from the team, will share information with the participant and his or her family or other supports, about the rights, risks, and responsibilities of managing his or her own services and managing and using an individual budget. This process is documented along with the Participant</p>	<p>Clarification</p>	<p>Based on stakeholder input, the DDA agrees to make the following edits to E-1 (b):</p> <ol style="list-style-type: none"> 1. Delete this sentence: “Criteria for participation in the Self-Directed Service Model, the DDA must ensure, with recommendations by the CCS and team, that the participant, or his or her designated representative, is capable of making informed decisions regarding how services are provided such that there is: (1) no lapse or decline in the quality of care; and (2) no

<ul style="list-style-type: none"> ·emergency back-up activities ·budget/invoice review/audits · developing/reviewing data and communication logs. <p>The support broker will be involved in the day-to day management of services for an individual, and will assist individuals and families in the necessary and ongoing duties associated with consumer direction. Support Brokers also have responsibility for training all of the participant’s employees on the Policy on Reportable Incidents and to ensure that the CCS has the necessary information so that all critical incidents are reported to the Office of Health Care Quality and the DDA. Support brokers must review employee timesheets and monthly Fiscal Management Service (FMS) reports to ensure that the individualized budget is being spent in accordance with the approved PCP. Support Brokers must comply with applicable regulations set out in COMAR and standards contained in DDA Policies. Support Brokers do not make any decision for the participant or hire or fire workers. They may sign off on service delivery payment or timesheets if so authorized by the participant. Support Brokerage differs significantly from Case Management or Targeted Case Management (TCM) in its intensity, frequency, level of detail and personal advocacy involved in the service. Support Brokerage may not duplicate, replace, or supplant TCM services.</p> <p>Support Broker services are an optional service and not required.”</p>		<p><i>mandate</i> that the support broker must: be involved in day to day activities; train all employees; review employee timesheets; or sign off on service delivery payment or timesheets.</p>
24. Recommendation to revise the section regarding the	Clarification	The Fiscal Management Services (FMS) are an

FMS role.		administrative service designed to assist the participant with employer and budget related accounting and payroll functions as per federal, State, and local laws, regulations, and policies necessary for successful self-direction. Appendix E contains details related to the functions they support.
25. Recommendation to make Fiscal Management Services a waiver service to allow participant the choice from as many providers who wish to provide this service.	Not accepted	Financial Management Services (FMS) have historically and will continue to be provided as an administrative service.
26. Recommendation to include the option for individuals in residential programs that support fewer than four participants to have the ability to self-direct other services for E-1 c. Availability of Participant Direction by Type of Living Arrangement.	Clarification Not accepted	Participant direction opportunities are available for individuals who live with other individuals under a lease. This provides flexibility to consider different options including services provided under the waiver’s supported living service. The second option includes living arrangements that can be “funded” under difference sources which may not meet the federal’s community settings requirement in order to receive services under the waiver.
27. Recommendation to offer employer authority in E-1 g. Participant-Directed Services for the following services: Employment Discovery and Customization, Employment Services, and Supported Living and add Shared Living as a service that can be participant-directed with Budget Authority.	Not accepted	The DDA has established specific professional standards and training requirements associated with these services and therefore these options are not available. For example, the new employment services require national certifications of staff in discovery and customization best practices.
28. Recommendation related to E-1 i. Provision of	Not accepted	Financial Management Services (FMS) have

<p>Financial Management Services to check that this is a waiver service instead of an administrative activity and adjust the rest of this section as needed as a result of this change, such as creating a Service Definition in Appendix C.</p>		<p>historically and will continue to be provided as an administrative service.</p>
<p>29. Recommendation related to E-2 a.ii. Participant-Directed Budget to add language that provides for the self-directing budget to keep pace with the budget of an individual with similar needs who receives services under the traditional service model and reflect that in any location that discusses budget development.</p>	<p>Accepted</p>	<p>The sentence was edited to read “A participant’s self-directed budget will be determined annually through a person-centered planning process and demonstrated assessed need.”</p>
<p>30. Recommendation related to E-2. a.iv. Participant Exercise of Budget Flexibility to check the box that indicates: The participant has the authority to modify the services included in the participant-directed budget without prior approval.</p> <p>Put the following specifications in the next box. Participants may move funds among line items or increase the rate of services for line items so long as the changes do not pose a risk to health and safety, as verify by the signature on a budget modification document signed by the TCM. Participants wishing to add a new services to the PCP must submit plan and budget modifications to DDA for approval after signed by the participant (or their legal guardian), the support broker (if involved) and the TCM, whose signature assures that the change does not put the participant’s health and safety at risk.</p>	<p>Clarification</p> <p>Not accepted</p>	<p>The Waiver application template for this item is provides two options to check and does not support the entry of additional language or details.</p> <p>To support payment of qualified providers, a modification is needed in the PCP. The options selected states the modifications to the budget must be preceded by a change in the service plan. For current services, a budget modification forms will be used which is a change in the plan.</p> <p>Not all changes need to be approved by the DDA; however they do need to be included in the PCP for authorization of payment. Further guidance will be provided by the DDA.</p>
<p>31. Recommendation to remove all references to</p>	<p>Clarification</p>	<p>A participant may direct his or her own services or</p>

<p>designated representative (DR). All participants can self-direct with the correct support from their team. Requiring an individual to have a DR will result in a loss of autonomy and a weakening of the participant directed team. Whatever supports an individual needs to self-direct can be delineated in the Participant Agreement which should be signed by all team members. If a family member is the DR than all immediate family members would be ineligible to work as staff when appropriate. This requirement greatly impacts the participants' employer authority as well as access to qualified staff members.</p>	<p>Not accepted</p>	<p>appoint a “designated representative” to direct on their behalf under the Self-Directed Service Model.</p> <p>A designated representative <i>is not required</i> and is an option a person can choose.</p> <p>The DDA is working with the Self-directed Advocacy Network (SDAN) who will be proposing to the DDA new options related to team members conducting various employer and budget authority tasks as designated representatives.</p>
<p>32. Comment that the DDA appears to be placing excessive requirements on professionals who are already properly licensed and certified by other, more qualified governing bodies. Such restrictions will limit participant access to qualified professionals and impose unnecessary limits on the participant’s budget authority.</p>	<p>Clarification</p>	<p>Qualified providers are one of the waiver assurance that must be met to support participants’ health and welfare.</p> <p>States must specify the qualifications of the individuals or agencies that furnish each waiver service.</p> <p>Provider qualifications are listed for each waiver service listed in Appendix C to ensure quality services from competency based and/or licensed professionals. Individuals providing services under the self-directed service delivery model are not required to complete all of the tradition service delivery requirements. Specific requirements under the self-directed service delivery model are listed and may require criminal background check in addition to a license.</p>
<p>33. Comment that separation of funding for home-based service and community-based services is impractical. The same staff support my daughter in the home and</p>	<p>Clarification</p>	<p>In July 2020, the DDA’s meaningful day services will provide people new opportunities and choice to receive various types of services and supports</p>

<p>community. It is now very unclear how to budget for these necessary supports in the structure of the new budget and I have been informed that these services are at risk of not being funded in the future.</p>		<p>during the day.</p> <p>Each person’s person-centered plan provides a picture of the person’s self-identified Good Life, and includes various focus area exploration topics such as employment. Based on the information that come out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person’s life; not just eligibility specific supports.</p> <p>The DDA will continue to work with stakeholders and develop guidance, webinars, and tools to educate stakeholders.</p>
<p>34. Comment that the limit on benefits that DDA currently imposes on the support staff of self-directed clients is too low now that healthcare costs have increased dramatically. Self-directed clients can’t compete with agencies for staff when they can’t offer reasonable benefits.</p>	<p>Clarification</p>	<p>Under the self-directed services delivery model, specific services include the option to provide funding for staff training, benefits, and leave time.</p> <p>Participants set wages within reasonable and customary ranges and also determine benefits.</p>

<p>35. Comment that the person does not want any changes made to the Self-Directed program. Please listen to our cry to support freedom of choice and rights for the Disabilities community.</p>	<p>Clarification</p>	<p>The proposed amendment includes the expansion of services under the self-directed service delivery model. The amendments increase the number of services that will be available under this model such as adding nursing services for the FSW, adding employment and day habilitation services for the CSW, and adding support broker services for CP.</p>
<p>36. DRM has concerns about the direction DDA is moving in with respect to self-determination and criteria for accessing self-directed services.</p>	<p>Clarification</p>	<p>Based on stakeholder input, the DDA agrees to make the following edits to E-1 (b):</p> <p>2. Delete this sentence: “Criteria for participation in the Self-Directed Service Model, the DDA must ensure, with recommendations by the CCS and team, that the participant, or his or her designated representative, is capable of making informed decisions regarding how services are provided such that there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant.”</p> <p>2. Edit this sentence to reflect: This process is documented with the Self-directed Services Agreement to indicate the participant or his or her designated representative is capable of making informed decisions <i>such that there is: (1) no lapse or decline in the quality of care; (2) no increased risk to the health or safety of the participant; and (3) understands the responsibilities of employer and budget authority.</i></p>
<p>37. Comment that designated representative should never be used when participants with designated supports are able to make any informed choices. There</p>	<p>Clarification</p>	<p>A participant may direct his or her own services or appoint a “designated representative” to direct on their behalf under the Self-Directed Service Model.</p>

<p>should also be enough flexibility in the amendments so that that there is a caveat that participants can only exercise the full range of decision making authority when in the participants best interest.</p>		<p>A designated representative <i>is not required</i> and is an option a person can choose.</p>
<p>38. Comment related to E-1a that the waiver participant should choose their own team, including a support broker.</p>	<p>Clarification</p>	<p>In addition to the coordinator of community services and fiscal management service provider, participants can choose their team including a support broker.</p>
<p>39. Recommendation for E-1b to remove "criteria" to self-direct. Let the participant/team form a plan, manage all aspects of the plan and manage the budget.</p>	<p>Clarification</p>	<p>Based on stakeholder input, the DDA agrees to make the following edits to E-1 (b):</p> <p>3. Delete this sentence: “Criteria for participation in the Self-Directed Service Model, the DDA must ensure, with recommendations by the CCS and team, that the participant, or his or her designated representative, is capable of making informed decisions regarding how services are provided such that there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant.”</p> <p>2. Edit this sentence to reflect: This process is documented with the Self-directed Services Agreement to indicate the participant or his or her designated representative is capable of making informed decisions <i>such that there is: (1) no lapse or decline in the quality of care; (2) no increased risk to the health or safety of the participant; and (3) understands the responsibilities of employer and budget authority.</i></p>
<p>40. Recommendation related to E-1c. that Support</p>	<p>Clarification</p>	<p>Support Broker services are an optional services for</p>

<p>brokers should be involved in the day to day management of all aspects of the participants plan. There should be no limit in the amount of billable hours per month when proof of necessity is provided.</p>	<p>Not accepted</p>	<p>participants who elect to self-direct their own services. Support Brokers can provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies. Additional details related to the scope of service and requirements are noted in Appendix C.</p> <p>The support broker provides specific information, coaching, mentoring, and assistance, as necessary and appropriate, if <i>chosen by the participant</i>. Support Brokers do not manage day to day services, make any decision for the participant, sign off on service delivery or timesheets, or hire or fire workers.</p> <p>In its Medicaid waiver application, a state must specify the scope and nature of each waiver service and any limits on amount, frequency and duration that the state elects to apply to a service. The DDA consulted with national subject matter experts on setting the limitation based on the scope and purpose of the services. The DDA can authorize additional hours when there are significant changes in the participant’s health or medical situation.</p>
<p>41. Comment that the participant should have multiple choices of who they want to hire as their FMS.</p>	<p>Clarification</p>	<p>The Department will be issuing a joint request for proposal to acquire high quality and fiscally accountable fiscal management services related to various Medicaid home and community-based programs. The solicitation must follow the procurement laws and regulations according to the</p>

		State of Maryland.
42. Recommendation related to E-1g that the participant should have Employer Authority to hire employees who are qualified to provide employment discovery and individually-centered services.	Not accepted	The DDA has established specific professional standards and training requirements associated with these services and therefore this option is not available. For example, the new employment services require national certifications of staff in discovery and customization best practices.
43. Recommendation related to E-2a.ii that self directed budgets should be paid at the same individual rate as traditional services with the same support requirements.	Clarification	<p>The DDA uses the following approach for determining a participant's self-directed budget:</p> <ol style="list-style-type: none"> 1. The Coordinator of Community Services (CCS) and team will assess the needs of the participant through a person-centered planning process; 2. The CCS and Team will develop a Person-Centered Plan to meet those needs and service request (expressed in service units and cost reimbursement services); and 3. A dollar value will be assigned to the plan using payment rates from the Traditional Services delivery model. <p>Therefore the budget is the same as the traditional service delivery model.</p>
44. Recommendation related to E-2a.iv that participants should have the flexibility to move funding from on service to another without cumbersome paperwork and approval by DDA as long as the participants health and safety is not jeopardized and the team agrees on the change. Only new changes or request for additional funding should require DDA approval.	<p>Clarification</p> <p>Not accepted</p>	<p>The Waiver application template for this item is provides two options to check and does not support the entry of additional language or details.</p> <p>To support payment of qualified providers, a modification is needed in the PCP. The options selected states the modifications to the budget must be preceded by a change in the service plan. For current services, a budget modification forms will</p>

		<p>be used which is a change in the plan.</p> <p>Not all changes need to be approved by the DDA; however they do need to be included in the PCP for authorization of payment. Further guidance will be provided by the DDA.</p>
<p>45. Recommendation for the removal of evaluation and “criteria” to self-direct of being capable of making informed decision as a requirement of self-direction for the person to maintain control.</p>	<p>Clarification</p>	<p>Based on stakeholder input, the DDA agrees to make the following edits to E-1 (b):</p> <p>4. Delete this sentence: “Criteria for participation in the Self-Directed Service Model, the DDA must ensure, with recommendations by the CCS and team, that the participant, or his or her designated representative, is capable of making informed decisions regarding how services are provided such that there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant.”</p> <p>2. Edit this sentence to reflect: This process is documented with the Self-directed Services Agreement to indicate the participant or his or her designated representative is capable of making informed decisions <i>such that there is: (1) no lapse or decline in the quality of care; (2) no increased risk to the health or safety of the participant; and (3) understands the responsibilities of employer and budget authority.</i></p>
<p>46. Comment that those who have legal guardians should not be deemed as needing a DR, thus forcing them to be unable to have family members, who know and care for them best, as personal support staff. Legal</p>	<p>Clarification</p>	<p>A participant may direct his or her own services or appoint a “designated representative” to direct on their behalf under the Self-Directed Service Model.</p>

guardians are court ordered and their role is to make competent decisions for the person.		A designated representative <i>is not required</i> and is an option a person can choose.
Appendix F - Participant Rights		
Recommendation	Dept. Response	Dept. Comment
<p>Comment that the new language in the text box lists five topics of appeal, which do not match up exactly with the three topics in the language in the introductory paragraph of Appendix F-1.</p> <p>Clarification was requested whether the language in the text box limits, keeps the same as before, or expands the types of decisions which a Participant may appeal.</p>	Clarification	<p>The federal waiver application template for Appendix F requires states to provide an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The State provides notice of action as required in 42 CFR §431.210.</p> <p>In the text box, the DDA describes how the individual and his/her family or his/her legal representative are informed of the opportunity to request a Medicaid Fair Hearing by providing a written explanation of the right to appeal certain adverse decisions made by the DDA. Specifically they have the opportunity for a Medicaid Fair Hearing if he or she brings a claim that: (1) his or her application for eligibility for this waiver was denied; (2) he or she disputes DDA’s determination of his or her priority on the waiting list; (3) DDA did not provide a determination on his or her application within 60 days from the date of application; (4) his or her request for services has been erroneously denied or not acted upon with reasonable</p>

		promptness; or (5) DDA or Medicaid acted erroneously. Reference: COMAR 10.01.04.02.
Appendix G - Participant Safeguards		
Recommendation	Dept. Response	Dept. Comment
Comment relate to the removal of the word “approved” from standing committee role on Pg. 8 removes. Unclear what their role is – seems like a word is missing.	Accepted	The word was deleted only in the Community Pathways Waiver in error. The DDA will change to read as follows: Is approved by the team and standing committee as specified in regulations
Appendix H - Quality Improvement Strategies		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Appendix I - Financial Accountability		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Appendix J - Cost Neutrality Demonstration		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Other		
Recommendation	Dept. Response	Dept. Comment

<p>1. Recommendation for the “special needs individual, parents and/or legal guardians need to and must be able to see and review the SIS before it is submitted.”</p>	<p>Clarification</p>	<p>The Support Intensity Scale (SIS) is submitted via a secured web portal. Parents and/or legal guardians should work closely with the person and the SIS assessor to that all parties are aware of what is being submitted as well as having a final copy of the completed SIS.</p>
<p>2. Comment that many of the worker that help our young adults they do not last in job due to lack of training and have the burden of carry on too many duties without compensation.</p>	<p>Clarification</p>	<p>The DDA expects all providers to properly train their staff as per COMAR 10.22.02.11 as well as to be able to implement their job duties with the proper compensation.</p>
<p>3. Recommendation to use the term "Participant" uniformly throughout the document. Most of the text used the word "participant", but sometimes uses the word "individual".</p>	<p>Clarification</p>	<p>The term individual is used when describing processes when a person is applying but not yet enrolled in the waiver. The term participant is used when referring to processes and services associated with people enrolled in the waiver program.</p>
<p>4. Recommendation for reasonable activity costs to be included in Day Hab, CDS, Personal Support, and Community Living. Individuals may have needs that are not just staff support. In the past, these needs were met by ISS and supplemental funding. It is not possible to engage in community activities that are 100% free, and yet, many individuals and families will not or are not able to provide any personal funds to cover their admission, fees, or tuition costs. For those who do wish to participate in activities that require a support staff and are willing to pay their own admission, the staff's costs are still an issue as to how to fund.</p>	<p>Not accepted</p>	<p>Medicaid home and community based service waivers can include a broad range of health and health-related services, social and supportive services, and individual supports. Social and supportive services related to social and recreational programming. They do not pay for activity cost.</p> <p>The DDA will continue to encourage and recommend that people engage in community activities that are free or use their personal funds. The DDA will not pay for admission food, or tuition cost for the person or their staff.</p> <p>Resources related to free events include: https://washington.org/free-things-to-do https://weta.org/local/calendar</p>

		https://www.eventbrite.com/d/md--baltimore/free--events/
<p>5. There does not appear to be a path forward to allow for the difference in cost of providing an hour of service for one person versus another. All the consultants involved so far in rate setting have unanimously agreed that an acuity factor is needed. The proposal of having three levels of staff training requirements, and people assigned to these three levels seems one approach, but has not been discussed with providers or other stakeholders. Without rates, it is difficult to know if this will be sufficient, or even manageable. There are many details that need to be explored related to different levels and rates for staff, including how often it is evaluated, who approves the level determined as a need, and how it will be documented and audited.</p>	<p>Clarification</p>	<p>The DDA will not be using an acuity factor. Instead supports and services will be based on the person’s assessed needs and supports identified in the participant’s person-centered plan based on the Health Risk Screening Tool, the Support Intensity Scale, team recommendations, and other professional evaluation that support behavioral, health and safety needs.</p> <p>The rates are developed based on the service definition, staff qualifications (e.g. training), and level of support needs. For example, the rate for an individual in Day Services supported in a "Small Group" will be different from someone in Day Services receiving 1:1 staff supports.</p> <p>The DDA is working with the Technical Group comprised of DDA community provider related to training. The DDA is also exploring the addition of an enhanced rate for personal supports to meet the additional training needs of staff who work with individuals with behavioral or medical complexities.</p>
<p>6. There is language in the CSW and FSW that say that if a person no longer meets the eligibility criteria, DDA will remove them from the waiver. Currently, there is a grace period for CPW if a person falls out of the waiver to correct this. We need language which gives some time period for correction when paperwork is not processed, someone is over the asset limit, etc.</p>	<p>Clarification</p>	<p>Individuals are required to maintain waiver eligibility to receive services. As per federal requirements, waiver eligibility is reassessed annually such as completing their annual person-centered plan, meet an institutional level of care, and meet the Waiver’s Medicaid financial criteria. Some people need to submit documentation</p>

	<p>Not accepted</p>	<p>related to their financial eligibility such as bank statements. It is important to be responsive to the information being requested to maintain eligibility.</p> <p>If people do not complete these processes, they will be disenrolled from the Waiver program and will not be able to continue to access waiver services or Medicaid medical care unless they appeal timely. Individuals will be notified by the Eligibility Determination Division (EDD) of their disenrollment from the waiver program. The notice will include how to appeal the decision. If a person submits an appeal within the required timeline, then services will continue until the appeal has been completed.</p> <p>If the decision is upheld, then services will be discontinued. If a person does not file an appeal within the required timeframe, the services will end; however they still have the right for a Medicaid appeal hearing.</p> <p>People are notified in advance of the need to complete the redetermination process. Redetermination notices are system generated and go out 45 days in advance of the month they are due. People can request an extension based on unique circumstances. If information is not returned, the system will generate three additional notices before the person is disenrolled.</p>
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7. Recommendation to consider a rate in the brick for community job development and then a direct and indirect rate tied to the individual.	Clarification	The DDA will be looking at services and rates during the 2nd amendment.
8. Comment related to concerns that the number of different services provided in a day with overlapping definitions and the one hour unit for each service will reduce flexibility for an individual being supported, and result in billing errors.	Clarification	<p>In July 2020, the DDA’s meaningful day services will provide people new opportunities and choice to receive various types of services and supports during the day.</p> <p>Each person’s person-centered plan provides a picture of the person’s self-identified Good Life, and includes various focus area exploration topics such as employment. Based on the information that come out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the</p>

		<p>individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.</p> <p>The DDA has worked with the Technical Group composed of providers to identify billing documentation requirements. For any Meaningful Day hourly-based service rendered, a provider would be required to document that the service was rendered as billed. A draft of DDA's Service Authorization manual on DDA's website, can be found at this link - https://dda.health.maryland.gov/Documents/Service%20Authorization%20and%20Provider%20Billing%20Documentation%20Guidelines_Revised_%202-8-19.pdf</p> <p>The DDA will continue to work with stakeholders and develop guidance, webinars, and tools to educate and support service delivery, billing, and quality</p>
<p>9. Comment related to services not always occurring in hour increments and recommendation to see if some billing flexibility can be added and rounding rules added.</p>	<p>Clarification</p>	<p>The DDA has worked with the Rate Study Technical Group composed of providers to identify billing documentation requirements. For any Meaningful Day hourly-based service rendered, a provider would be required to document that the service was rendered as billed. A draft of DDA's Service Authorization manual on DDA's website, can be found at this link - https://dda.health.maryland.gov/Documents/Service%20Authorization%20and%20Provider%20</p>

		<p>Billing%20Documentation%20Guidelines_Revised_%202-8-19.pdf.</p> <p>We will continue to assess practices and explore options as needs arise.</p>
<p>10. Comment that low wages for DSPs create constant problems for everyone involved in supporting an adult with a severe disability. DSPs work with challenging clients with complex behavioral and/or medical issues for dreadfully low wages, plus they have to contend with irregular schedules and lack of routine benefits such as health insurance and paid holidays.</p>	<p>Clarification</p>	<p>The rate study includes cost components associated with staff wages, program support, employee related expenses such as benefits, and general and administrative costs.</p> <p>The DDA is also exploring the addition of an enhanced rate for personal supports to meet the additional training needs of staff who work with individuals with behavioral or medical complexities.</p>
<p>11. Comment related to the need for organizational support in regards to recruiting and hiring staff, exploring more areas of personal interest, and developing more connections to the community under the self-directed service delivery model.</p>	<p>Clarification</p>	<p>People using the self-directed service delivery model has access individual and family directed goods and services includes dedicated funding up to \$500 that participants may choose to use to support staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries.</p> <p>Each person’s person-centered plan provides a picture of the person’s self-identified Good Life, and includes various focus area exploration topics such as community involvement, day to day life, relationships, and employment. Based on the information that come out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs.</p>

		<p>In July 2020, the DDA’s meaningful day services will provide people new opportunities and choice to receive various types of services and supports during the day.</p> <p>The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person’s life; not just eligibility specific supports.</p>
<p>12. Comment that removing transportation billing as a separate item and including it within an already strained rate structure will compromise participants’ ability to retain qualified staff and access services as desired in the community.</p>	<p>Clarification</p>	<p>Transportation supports have historically been a components of meaningful day and residential services. The rate study includes cost components associated with transportation.</p> <p>The stand alone transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p>
<p>13. Comment that the proposed amendments are not</p>	<p>Clarification</p>	<p>The DDA is one of many resources, services and</p>

<p>flexible enough so that participant's individual needs can be addressed in an IP</p>		<p>supports available to assist people and families as they build their lives towards their vision to a "Good Life" through a robust person-centered planning that is based on an assessed need and what's "important TO" the person.</p> <p>Each person's person-centered plan provides a picture of the person's self-identified Good Life, and includes various focus area exploration topics such as community involvement, day to day life, relationships, and employment. Based on the information that come out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs.</p> <p>In July 2020, the DDA's meaningful day services will provide people new opportunities, choice, and flexibility to receive various types of services and supports during the day.</p> <p>The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a</p>
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		more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.
14. Comment to help to make the program continue to allow individuals continue with family.	Clarification	It's the intent of the DDA to support people with developmental disabilities to live in the least restrictive environment and maintain with their family if that is what's important to the person.
15. Recommendation related to transportation reimbursements under self-directed services to keep the current practice of having a single line item for all miles driven for both Community Development and Personal Supports and allows employees to be reimbursed for mileage at the approved IRS rate and receive non-taxable reimbursements for all miles driven	Clarification Not Accepted	The stand alone transportation services are designed specifically to improve the participant's and the family caregiver's ability to <i>independently</i> access community activities within their own community in response to needs identified through the participant's Person-Centered Plan. Transportation supports are a component of meaningful day and residential services. Payment for transportation related expenses are based on the self-directed participant's employer business model and can be noted as a single line item in the person's budget.
16. Comment that the DDA states that amendments are needed due to CMS constraints, forecast funding models, and paid consultant input. Many have dug into the supposed CMS constraints and find nothing that aligns with these statements, nor does DDA demonstrate where misalignment exists. DDA will not provide information regarding future funding models.	Clarification	The purpose of the amendments is to continue to: (1) support DDA's five priority focus areas (employment, self-determination, self-direction, supporting families, and supported housing); (2) align the waivers with DDA's transformation and incorporate feedback received through DDA transformation meetings, trainings, and presentations; (3) support program integrity (e.g. quality assurance/federal performance measures,

		<p>protect people’s rights, prevent fraud); and (4) ensure fiscal accountability.</p> <p>The first amendments will include programmatic adjustments, such as:</p> <ol style="list-style-type: none"> 1. Alignment of the services scope, requirements, limitations, qualifications, and effective date for the three home and community-based service waivers programs that support individuals with developmental disabilities which includes the Family Supports Waiver, Community Supports Waiver, and the Community Pathways Waiver. 2. Adjustment of some of the service implementation to provide additional time for rate setting and development of critical operational and billing functionality. <p>The DDA’s practices, services, and policies are informed by the federal directives, policies, regulations, and guidance provided to the state by the Center for Medicare and Medicaid Services (CMS), Workforce Innovation and Opportunity Act (WIOA), and others.</p> <p>In terms of future funding models, the DDA was mandated by 2014 legislation to transition from a prospective payment system to a reimbursement model. A rate study was conducted for which source documentation and assumptions are current being verified and validated. The DDA is working with the provider technical group on specific issues to</p>
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		finalize structures and rates. The DDA will be sharing information with all stakeholders via town hall meetings in the upcoming months.
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