Maryland
DEPARTMENT OF HEALTH

Developmental
Disabilities Administration

DDA-Operated Medicaid Waiver Amendment 2025
Frequently Asked Questions
Updated July 7, 2025

Introduction

These frequently asked questions were received in the public input dedicated email, collected during the Developmental Disabilities Administration Medicaid Waiver Amendment Webinars #3 conducted on June 16, 2025, June 17, 2025, and July 2, 2025, and associated with the Waiver Advisory Council Meeting on June 26, 2025. Questions received that are similar in nature are consolidated to best summarize the answers and resources. Answers to the questions are based on the proposed amendments and current standards in the approved programs.

The DDA is seeking stakeholder input on the proposed amendments including alternative recommendations and standards.

Please see the Community Pathways Amendment #3, 2025 Proposal dedicated webpage for full details about the proposals.

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Questions Related to the Consolidation

1. **When the proposed Waiver Amendments go into effect on October 6, 2025, will participants currently enrolled in the Family Supports Waiver and the Community Supports Waiver automatically be enrolled in the Community Pathways Waiver?**
    - Yes. No action needs to be taken on the part of the participant.

2. **For participants who are currently trying to switch from the Community Supports Waiver to the Community Pathways Waiver, can they now complete a revised Person-Centered Plan to include the need for residential services to become effective on October 6, 2025?**
    - Individuals with an assessed need for residential services should reach out to their Coordinator of Community Services and Regional Office for assistance.

3. **Will the consolidation of the Family Supports Waiver and the Community Supports Waiver into the Community Pathways Waiver reduce the funding for services available to participants?**
    - No. People have access to the same services based on their Person-Centered Plan.

4. **Is there a specific timeline/deadline for providers to consolidate their programs under the Community Pathways Waiver?**
    - DDA-licensed and DDA-certified providers whose Medicaid number only supports the Family Supports and/or the Community Supports Waiver will need to apply to become a Community Pathways Waiver provider before October 6, 2025.
    - DDA's Provider Services team will contact these providers and provide assistance.

5. **Will Providers be required to update their Provider Service Plans (PSPs) to reflect the consolidation of the Waiver programs?**
    - Providers who only provide services to participants in the Family Supports and/or Community Supporters waiver only, will need to update their Program Service Plans to reflect the Community Pathways Waiver.

6. **Will the DDA Provider Application form be updated to reflect these changes to services and the waiver?**
    - The DDA Provider Application form will be updated as needed.

7. **Will active Person-Centered Plans need to be revised if they do not align with the changes to Waiver Services?**
    - No action is needed for active Person-Centered Plans. Participants in the Family Supports and Community Supports Waivers will automatically transition into the Community Pathways Waiver on October 6, 2025.
    - Participant's Person-Centered Plans will automatically be updated to reflect the Community Pathways program.

8. **Will there be any changes to the documents such as the Service Implementation Plan (SIP) and the Detailed Service Authorization Tool (DSAT) following the Waiver Amendments?**
    - Yes. The DDA is reviewing all forms and guidance for updates needed.

9. **How will the consolidation of the Waiver affect operations and services for Provider Agencies?**
    - Providers authorized to provide services to participants under the Family Supports and Community Supports Waiver will automatically be authorized in the participant's new automated Community Pathways Person-Centered Plan with an effective date of October 6, 2025.
    - Providers will bill for services through the Provider Portal.

10. **How is the Long Term Services and Supports System (LTSS*Maryland*) being enhanced to support these upcoming changes to the Waivers?**
    - Program enrollment information will be transmitted from the MDThink Eligibility and Enrollment (E&E) and Medicaid Management Information System (MMIS).
    - System updates and data patches will convert all applications, Person-Centered Plans, forms, and appeals associated with the Family Supports and Community Supports waiver programs participants to reflect the Community Pathways waiver program.
    - The updates will be completed over a dedicated release window in order to execute the data patches.

Questions Related Waiver Services

Assistive Technology

1. **What is a personal emergency response system (PERS)?**
    - Personal emergency response systems are devices that help individuals, especially older adults and those with disabilities, maintain independence by providing a means to quickly summon help in emergencies.

2. **Are there any changes being made to Assistive Technology Services?**
    - Yes. You can find the complete service proposals at the Community Pathways Amendment #3, 2025 dedicated webpage.

Awake Overnight Supports

Note: Based on stakeholder feedback, the requirement for overnight supports to be awake and alert has been removed, for further discussions with stakeholders related to overnight supports.

1. **Are all Awake Overnight Supports staff required to be awake and alert for the duration of their shift?**
    - No

2. **Can Remote Support Services be used for Awake Overnight Supports?**
    - No. Remote Support Services is a separate service with a separate service definition.

3. **Can a provider residential site have both participants receiving Community Living Group Home Awake Overnight Services and Community Living Group Home Services without Awake Overnight Services?**
    - Yes.
    - Participants with a Nursing Care Plan or Behavior Support Plan that required awake overnight staff must be provided by awake and alert staff.

Behavior Support Services

1. **Please clarify the new requirement which indicates that the participant's Progress Notes reflect the information in their Behavior Plan.**
    - As per the current Behavioral Support Services Policy, progress notes must include the following components:
        - Assessment of behavioral supports in the environment;
        - Progress notes detailing the specific interventions implemented in accordance with the behavior plan and outcomes for the participant;
        - Data, trend analysis, and graphs to detail progress on target behaviors identified in a behavior plan; and
        - Recommendations.

2. **Does the Behavior Plan for a participant need to specify the need for dedicated hours or enhanced supports?**
    - Yes. A Behavioral Support Plan recommending dedicated hours or enhanced supports must clearly state, but not limited to:
        - The participant's challenging behavior including but not limited to the environment(s), frequency, duration, intensity/severity, and variability/cyclicality of the behaviors.
        - Proactive or preventative strategies including:
            - Strategies to reinforce the development of healthy relationship;
            - De-escalation strategies;
            - Crisis response strategies desired to keep the participant, and the individuals supporting the participant, safe;
            - Specific times the supports are necessary, identification of risks, and mitigation strategies as applicable; and
            - A description of data collection procedures for target behaviors.
        - Documentation instructions for each use of physical restraint, including response for restraint and duration of restraint.
        - Data and data analysis demonstrating the need for the dedicated hours or enhanced support request.
        - Restrictive techniques to include dedicated staff;
        - Fading plan for restrictive interventions, including the use of dedicated supports.
        - Goals that are specific, measurable, attainable, relevant, time based, and based on a person-centered approach.

3. **Will the approval requirements for Behavior Support Service Providers be the same across both service delivery models?**
    - Yes.

4. **Why is the requirement for a High School Diploma/GED being removed from brief support implementation services staffing qualifications?**
    - This elimination of High School Diploma/GED for expanding the pool of qualified providers and supports staff training taking priority over degree.

Community Development Services

1. **Appendix C, pg 10 Community Development Services Provider Requirements, "Individuals must complete the Maryland Department of Health (MDH) provider application and be approved based on compliance with the following standards". Please clarify the meaning of the Maryland Department of Health provider application.**
    - Community Development Services includes two qualified traditional provider options - Community Development Services Professional and Community Development Services Provider. These types of providers under the provider-managed service delivery model are required to complete the Maryland Department of Health provider application.
    - This requirement does not apply to employees hired by participants self-directing their services.

2. **Are employees who provide Community Development Services required to complete any specific training before beginning employment?**
    - Yes. For a list of required trainings, please see the DDA Provider Training Matrix.

Day-to-Day Administrative Supports

1. **What are some examples of services which a Day-to-Day administrator can provide to participants receiving self-directed services?**
    - Day-to-Day Administrative Supports includes assistance with the participant's household and personal management and scheduling medical appointments.

Household management includes the coordination of essential care and repair of the premises for the following:

- Scheduling house maintenance (e.g. furnace checks) and repairs (e.g. dishwasher repair);
- Scheduling snow removal; and
- Scheduling lawn care.

2. What are the limitations to the Day-to-Day administrator role?

- Day-to-Day Administrative Supports does not include:
  - Making payments for household management care including repairs, snow removal, and lawn care.
  - Making decisions for the participant;
  - Approving and signing timesheets or vendor/provider invoices;
  - Personal Supports Services including budgeting and money management; maintaining a home (e.g. cleaning out refrigerator, ensuring paper products, etc.); meal preparation; personal care; house cleaning/chores; laundry; and overnight supports;
  - Developing staffing schedules and cleaning schedules which can be supported by team members, Support Brokers, and Personal Support Services staff;
  - Financial management such as:
    - Maintaining benefits and Medicaid eligibility (e.g. food stamps, Medicaid waiver, etc.) that can be supported by Coordinators of Community Services, Benefits Counselors, and other resources;
    - Managing money and property management which can be provided by a guardian of property or representative payee. A guardian of property is someone the court names to manage money and property for someone else whom the court has found cannot manage their money and property alone. A representative payee, often shortened to "rep payee," is an individual or organization appointed by the Social Security Administration (SSA) to receive and manage Social Security or Supplemental Security Income (SSI) benefits on behalf of a beneficiary who is unable to manage their own finances.;
  - Development of a Person-Centered-Plan, emergency plan, or staffing back-up plan which is directed by the participant and their legally authorized representative, facilitated by the Coordinator of Community Services, and with support of the team including Support Brokers.
  - Assistance with recruiting and hiring direct support professionals, managing workers, terminating workers, and providing information on effective communication, problem-solving, and conflict resolution which is provided with Support Brokers Services; and

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

3. **Are there any exceptions under which the Day-to-Day administrator can work over 10 hours per month under the proposed waiver amendments?**
    - No

4. **Who can provide Day-to-Day Administration services?**
    - An employee must meet the qualified provider requirements:
        - Be at least 18 years old;
        - Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
        - Must live in the state of Maryland by owning or renting a place to live in Maryland and continuously occupying it; and
        - Submit forms and documentation as required by the Financial Management and Counseling Services provider.
    - A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Medicaid waiver program, either directly or indirectly, to provide this Medicaid waiver program service.
    - Relatives can provide Day-to-Day Administrative Supports if they are not also a legal guardian or legally responsible person.

5. **Can the Day-to-Day Administrator sign or approve employee and vendor timesheets?**
    - No

6. **Can participants elect to use unallocated funds in their budget to obtain additional hours for the Day-to-Day Administrator role?**
    - No

7. **If a Day-to-Day Administrator serves more than one participant can they bill for 10 hours per participant per month or will they need to bill for 10 hours per month across all participants they provide services to?**
    - Day-to-Day Administrative Supports must be reasonable and may be provided up to 10 hours per month per participant.

Note: Based on stakeholder feedback received, the requirement to limit Day-to-Day Administrative Supports providers to provide collectively for all participants they

support up to 40 hours per week of Day-to-Day Administrative Supports has been removed for further discussions with stakeholders.

8. **How many Day-to-Day Administrators can a participant hire at once?**
    - A participant can hire more than one Day-to-Day Administrative Supports provider. However, they may only receive up to 10 hours per month in total.

9. **Are employees hired by the participant as a vendor such as the Day-to-Day Administrative Supports provider considered Medicaid Providers?**
    - Yes. Anyone paid to provide a Medicaid waiver service, including participant's employees, is considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

10. **If a Day-to-Day administrator lives outside of state lines and is within a few minutes of the participant's home in which they support the participant, are they still considered out of state?**
    - No. Providers of Day-to-Day Administrative Supports must live in the state of Maryland by owning or renting a place to live in Maryland and continuously occupying it.

11. **Do providers of Day-to-Day Administrative Support need to be CPR/First Aid certified to provide services to participants?**
    - No.

12. **Are Day-to-Day Administrative supports allowed to provide any other waiver services to participants?**
    - Yes. However, individuals may not provide any other Medicaid waiver program service to the specific participant they are supporting with Day-to-Day Administrative Supports.

13. **Is a representative payee considered a legally responsible person for purposes of providing Day-to-Day Administrative supports?**
    - No. A participant may choose a person or provider to serve as their representative payee. If a representative payee provides paid services, the participant must also have a support broker.

14. **Will Day-to-Day Administrative Supports still be provided as an indirect service.**
    - Day-to-Day Administrative Supports may be provided indirectly.

15. **Can Day-to-Day Administrative Supports be able to be performed when other waiver services are being provided at the same time?**
    - Indirect Day-to-Day Administrative Supports may be provided at the same time as the person is receiving other waiver services. However, the provider of Day-to-Day Administrative Supports may not provide Day-to-Day Administrative Supports or any other service to another participant at the same time.

Family and Peer Mentoring Support

1. **Will Self-Directed Service Vendors be allowed to provide Family and Peer Mentoring Supports to participants?**
    - No. Family and Peer mentors may be provided by an DDA-certified individual provider or an agency.

2. **Are Family and Peer Mentors considered paid staff under the self-directed model?**
    - No. Family and Peer Mentoring is a budget authority only service under the self-directed service delivery model.

3. **What are the new requirements for Family and Peer Mentoring participants who self-direct their services?**
    - You can find the complete service proposals at the Community Pathways Amendment #3, 2025 dedicated webpage.

4. **Can a person provide both Day-to-Day Administrative Supports and Personal Supports?**
    - An individual may provide Day-to-Day Administrative Supports to a participant and Personal Supports to another participant. However, individuals may not provide any other Medicaid waiver program service to the specific participant they are supporting with Day-to-Day Administrative Supports.

5. **Can family members provide Day-to-Day Administrative Supports?**
    - A legally responsible person or legal guardian of the participant cannot be paid by the Medicaid waiver program, either directly or indirectly, to provide this Medicaid waiver program service.
    - Relatives can provide Day-to-Day Administrative Supports if they are not also a legal guardian or legally responsible person.

Housing Support Services

1. **Can Housing Support Services be provided remotely?**
    - Yes. The DDA will update the amendment to reflect this business model option.

Individual and Family Directed Goods and Services

1. **Are Individual and Family Directed Goods and Services being capped at $5,000 per plan year for participants?**
    - The amendment proposal is for Individual and Family Directed Goods and Services requests to be limited to $5,500 per year from the total self-directed budget of which $500 is dedicated to support staff recruitment efforts such as developing and printing flyers and using staffing registries.
    - The limit does not include Day-to-Day Administrative Supports.
2. **Are there any exceptions under which the $5,000 limit for Individual and Family Directed Goods and Services can be extended?**
    - No.
3. **Is coverage for Personal Emergency Response Systems being removed under the scope of what the Individual and Family Directed Goods and Services covers?**
    - Personal Emergency Response Systems are not covered under Individual and Family Directed Goods and Services.
    - Personal Emergency Response Systems coverage is being removed from Assistive Technology, as they are covered under Community First Choice.
4. **For doctor recommended services which health insurance does not fully cover, can Individual and Family Directed Goods and Services funding be used to cover the balance for these services?**
    - No. Individual and Family Directed Goods and Services do not include co-payments for medical services, over-the-counter medications, or homeopathic services and does not also include payments for services in hospitals.

5. **Are memberships such as memberships to the YMCA, Spirit Club being eliminated under Individual and Family Directed Goods and Services?**
    - Individual and Family Directed Goods and Services includes fees for community programs and activities that are inclusive, promote socialization and independence.
    - Individual and Family Directed Goods and Services may not be used for programs and activities that are exclusive for individuals with disabilities.

6. **How can participants and their team demonstrate that other funding sources have been explored before attempting to access Individual and Family Directed Goods and Services funding?**
    - Please work with your Coordinator of Community Services to ensure that other funding sources have been explored. A person must first access integrated programs or activities that are available to the public, free, or at a lower cost in their community.

7. **Does the funding cap of $5,000 for Individual and Family Directed Goods and Services include funding for Day-to-Day Administrative supports?**
    - No. Day-to-Day Administrative Supports is not included in the $5,000 limit and can be billed separately up to 10 hours per month, if needed.

8. **For Individual and Family Directed Goods and Services fitness equipment limitations, are these limits per transaction or for the entire plan year?**
    - The amendment proposal is for fitness items that can be purchased at most retail stores not to exceed $1,000 per item.

9. **What services are covered under Individual and Family Directed Goods and Services?**
    - The waiver proposal includes the following:
        - Activities that promote fitness, such as fitness membership, personal training, aquatics, and horseback riding;
        - Fees for community programs and activities that are inclusive, promote socialization and independence, such as art, music, dance, sports, or other according to the participant's individual interests;
        - Small kitchen appliances that promote independent meal preparation, if the participant lives independently;
        - Laundry appliances (non-commercial washer and/or dryer), if none exist in the home, to promote independence and self-care, if the person lives independently;
        - Sensory items related to the person's disability, such as headphones and weighted vests;

- Safety equipment related to the person's disability and not covered by health insurance, such as protective headgear and arm guards;
- Personal electronic devices, including watches and tablets, to meet an assessed health, communication, or behavioral purpose documented in the Person Centered Plan;
- Fitness items that can be purchased at most retail stores not to exceed $1,000;
- Toothbrushes or electric toothbrushes related to the person's disability and not covered by insurance;
- Weight loss program services other than food related to the person's disability, recommended by a medical professional, and not covered by health insurance;
- Dental services recommended by a licensed dentist and not covered by health insurance such as dental anesthesia and denture services not covered by health insurance;
- Nutritional consultation and supplements recommended by a professional licensed in the relevant field related to the person's disability and not covered by health insurance;
- Internet services; and
- Day-to-Day Administrative Supports.

10. What are considered Individual and Family Directed Goods and Services Integrated Programs?

- This means programs must support full access to the broader community, offering opportunities for meaningful interaction with people both with and without disabilities. This is a requirement per the Home and Community Based Services (HCBS) Settings Rule.

11. Can people using provider managed service delivery utilize Individual and Family Directed Goods and Services?

- No. The Center for Medicare and Medicare Services home and community-based waivers only allow states to offer Individual and Family Directed Goods and Services as a self-directed service.

12. Can participants request a fair hearing for Individual and Family Directed Goods and Services requests which are denied?

- Yes. A participant may request a fair hearing if they receive a denial for any service.

13. **Why is Day-toDay Administrative Supports being capped at 10 hours per month per participant?**
    - The Fiscal Year 2026 Budget Bill allotted $7,000,000 for the purpose of removing the Day–to–Day administrator category of services from Individual and Family Directed Goods and Services and placed this category on a separate service line.
    - The Medicaid waiver is being amended to create a Day-to-Day administrator category of services. The hours are capped at 10-hours per month to allow as many participants as possible to access this service without going over what was appropriated ($7 million).

Meaningful Day Services

1. **Does the removal of funding for day trips from the rate for Transportation Services also include participants who are receiving Employment-Follow Along Supports with standalone transportation?**
    - Standalone transportation supporting Employment-Follow Along Supports is transportation to and from the person's job and is not considered a day trip.

2. **Will the elimination of day trips impact how mileage can be used under Community Development Services?**
    - Community Development Services includes transportation as a component of the Community Development Service.
    - The exclusion of day trips only applies to the stand alone Transportation Services and does not apply to Community Development Services.

3. **If a participant is currently receiving Meaningful Day Services through the Community Pathways Waiver can they remain in the Community First Choice Waiver (CFC) to receive assistance with home care and activities of daily living?**
    - Yes. A participant may receive both Community First Choice and be enrolled in the Community Pathways Waiver based on assessed needs.

4. **Can participants who receive Community Development Services also receive Respite Camp Services?**
    - Yes a participant may be authorized to receive both services. However, Respite Care Services are not available at the same time as the direct provision of Community Development Services.

5. **Are there any changes being made to Employment Services Job Development in this Waiver Amendment?**
    - Yes. You can find proposed changes to waiver services on the Community Pathways Amendment #3, 2025 Proposal dedicated webpage.

6. **What is considered as Competitive Integrated Employment?**
    - Competitive Integrated Employment (CIE) means a position that has competitive wages and the same opportunities for advancement and benefits as individuals without a disability and requires that the individual work in an integrated location.

7. **Are employees who provide Community Development Services required to complete any specific training before beginning employment?**
    - Yes. For a list of required trainings, please see the DDA Provider Training Matrix.

8. **Can public transportation be used by a participant and their employee who does not drive during Community Development Services for community integration?**
    - Yes. A participant and their team should assess whether the person is able to use public transportation, and use that as an available option.

9. **If participants are not utilizing Day Habilitation services will they be required to once the waiver amendment goes into effect?**
    - No.

10. **Where can the Meaningful Day Services Training Policy be found?**
    a. The Meaningful Day Services Training policy can be found at this link - https://tinyurl.com/27a9ps7w.

Nursing Support Services

1. **Can an "on-call" nurse be used to provide Nursing Support Services when the delegating nurse is not available?**
    - Yes.

2. **Is Nursing Case Management being removed from the list of services provided by the DDA under Nursing Support Services?**
    - No.

3. **Are Licensed Practical Nurses (LPNs) qualified to provide services under Nursing Support Services provided in the Community Living Group Home setting?**
    - No. Nursing Services must be provided by a qualified registered nurse.

4. **Does the DDA accept Rare and Expensive Case Management (REM) Nursing Care Plans for medically fragile participants requesting enhanced Supports or dedicated Supports in their home?**
    - No.

Personal Supports

1. **How are relatives defined in determining the 40 hour limit for family as staff providing this service?**
    - A relative is defined as a natural or adoptive parent, step-parent, grandparent, step-grandparent, child, stepchild, sibling, step-sibling, aunt, uncle, niece, nephew. Reference: Appendix C-2.

2. **Is the 40 hours per week limit for family as staff the total of hours across all family working as staff or 40 hours per week per staff?**
    - The 40 hours per week applies to the employee providing the service. If more than one employee is providing a service, each employee may provide up to 40 hours based on the authorized participant's Person-Centered Plan.

3. **Can Personal Supports staff provide over 40 hours per week of services to a participant?**
    - Individuals that are not legally responsible persons, legal guardians, and relatives may be paid for greater than 40-hours per week for services.
    - Legally responsible persons, legal guardians, and relatives may not be paid for greater than 40-hours per week for services unless an Emergency, Unplanned Departures and Temporary exceptions is approved.

4. **If a family member is the primary employee providing Personal Supports services to a participant are they still required to complete progress notes to reflect the Personal Supports goals for the participant?**
    - Yes, anyone paid to provide a Medicaid waiver service, including participant's employees, is considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider. They must follow the Guidelines for Service Authorization and Provide Billing.

5. **Are Personal Supports hours being limited to 82 hours per week across both service delivery models (Self Direction and Traditional Service models) or only in the Traditional Service Delivery model?**
    - No. There is no limitation of 82 hours per week. This was removed from the Provider Managed Delivery System to align with the Self-Directed Delivery System.

6. **Are there any mileage limitations for where Personal Supports can be provided in the community?**
    - No. If transportation is provided as part of Personal Support Service, the provider or participants self-directing their services must:
        - Provide, or arrange for provision of, transportation to meet the needs of the participant identified in the participant's file Person-Centered Plan;
        - Use the most cost-effective mode of transportation, with priority given to the use of public transportation; and
        - Transportation Services may not compromise the entirety of the service.

7. **Since the language, "unless otherwise authorized by DDA" for enhanced Personal Support services is being removed from the Waiver, how will the DDA ensure that participants with rare and complex needs which are not medical or behavioral in nature get the support they need?**
    - The waiver specifies that a participant must have an approved Behavior Support Plan or Nursing Care Plan documenting the need for enhanced supports necessary to support the person with specific health and safety needs or specific behavioral needs. If the need for enhanced supports is medical in nature, the Nursing Care Plan should specify what those needs are and in what circumstances they apply.

8. **What impact will the Waiver Amendments have on participants who currently receive Personal Supports Enhanced virtually?**
    - Enhanced personal support is provided to participants who have an approved Behavior Support Plan or Nursing Care Plan documenting the need for enhanced supports necessary to support the person.
    - The enhanced supports must be provided in person and can not be provided virtually.

9. **For participants new to services who may receive Personal Supports Enhanced for up to 6 months while their team develops a Behavior Plan or a Nursing Care Plan to document the need, what happens to the participant's Person-Centered Plan if the team is unable to provide the required documentation after the 6-month period?**
    - Personal Supports Enhanced will be discontinued and Personal Support will be authorized.

Remote Support Services

1. **What is considered a remote monitoring device or equipment?**
    - Some examples of remote monitoring device or equipment are wearables that can alert a caregiver to a health and safety matter, cameras that allow a caregiver to check in on the person, and sensors such as seizure matters or sensors that are located around the home that will alert caregivers to changes in routine or the health of the person
    - These are used to provide oversight and monitoring for a participant off-site electronic support system in order to reduce or replace the amount of staffing a participant needs, while ensuring the participant's health, safety, and welfare.

Residential Services

1. **Since all three Waiver Programs are being consolidated into the Community Pathways Waiver, does this mean minors who were previously enrolled in the Family Supports Waiver will now have access to residential services?**
    - A participant must be 18 years of age or older to access residential services.

2. **Will Traditional Service Providers now be required to expand their residential services to include residential services for children or will this be optional for Providers?**
    - No. Traditional Service Providers are not required to expand their residential services to include residential services for children.

3. **Why is the requirement for a High School Diploma/GED being removed from staffing qualifications?**
    - This elimination of High School Diploma/GED for expanding the pool of qualified providers and supports staff training taking priority over degree.

4. **Are Providers who support participants with Community Living Group Home services required to complete and submit a new Organized Health Care Delivery System (OHCDS) application for renewals and initial applications?**
    - Community Living - Group Home providers must be licensed by DDA and submit an application every 3 years when they renew their license.
    - Organized Health Care Delivery Systems are not a qualified provider option under this service.

Respite Services

1. **If a Youth Camp has state and Maryland Department of Health certifications, do they also need to go through the official Medicaid Provider application process?**
    - Under the Respite Care Services, camp can be provided or paid through multiple provider options including:
        - Camp
        - Organized Healthcare Delivery System
    - The "Camp" provider type is required to complete the DDA and Medicaid provider application process.
    - Camps paid for by Organized Healthcare Delivery System provider type, do not need to complete the DDA and Medicaid provider application process.

2. **What trainings do Respite Providers need to complete?**
    - For a list of required trainings, please see the DDA Provider Training Matrix.

3. **Can a participant use Respite Services in a Nursing Home in the event of an emergency?**
    - No. Respite cannot be provided while a person is receiving Nursing Home Services.

Note: Based on stakeholder feedback received, the requirement for elimination of day trips under Respite Care Services has been removed for further discussions with stakeholders related to day trips.

Support Broker Services

1. **When are the 15 start-up hours for support broker services effective? Is this before the participant waiver amendment go-live date or after?**
    - Currently, as noted in the Self-Directed Services Manual, funding for Support Broker Services may be authorized in the Person-Centered Plan for maximum of:
        - 15 hours for initial orientation and assistance for the first month only; and
        - 4 hours per month after the first month for information, coaching, and mentoring.

2. **Can a Support Broker provide services as a certified medication technician under a delegating nurse?**
    - No. Support Broker Services do not include delegated nursing tasks.

3. **Which services are Support Brokers authorized to provide to participants they serve?**
    - Support Broker services include providing assistance with:
        - Defining goals, needs and preferences, identifying and accessing services, supports and resources;
        - Practical skills training to enable participants to independently direct and manage waiver services. Examples of skills training include: providing information on recruiting and hiring direct support professionals, managing workers, terminating workers, and providing information on effective communication, problem-solving, and conflict resolution.
        - Development of risk management agreements;
        - Development of an emergency backup plan;
        - Recognizing and reporting critical events;
        - Independent advocacy, to assist in filing grievances and complaints when necessary; and
        - Developing strategies for training all of the participant's employees on Policy on Reportable Incidents and Investigations and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA
        - Developing strategies for training all of the participant's employees on Policy on Reportable Incidents and Investigations and ensuring that all

critical incidents are reported to the Office of Health Care Quality and DDA.

4. **Can participants request over 4 hours per month of support broker services in their person-centered plans?**
    - Initial orientation and assistance up to 15 hours for the first month only and up to 4 hours per month may be requested in Person-Centered Plans.
    - Additional Support Broker Services up to 30 hours per month, as needed by the participant and within the participant's total approved annual budget, may be purchased with unallocated funds due to:
        - The scope, frequency, and intensity of supports needed (for example 24/7 supports, multiple staff and services);
        - Language barriers; and
        - The lack of support network to assist with the self-direction requirements.
5. **Does the limit of 40 hours a week for Support Brokers include vendors as well as employees?**
    - Yes.

    Note: Based on stakeholder feedback received, the requirement to Support Broker Services to provide 40 hours collectively for all participants they support has been removed for further discussions with stakeholders.
6. **Are Support Brokers considered vendors or employees?**
    - A participant may choose to employ an individual Support Broker or a Support Broker vendor.
7. **Can participants hire more than one Support Broker?**
    - Yes.
8. **Are Support Brokers allowed to bill for services provided to the Financial Management and Counseling Services (FMCS)?**
    - No.
9. **Does a certified Support Broker vendor need to register in the electronic Provider Revalidation and Enrollment Portal (ePREP) due to their certification status?**
    - Support Brokers do not need to register in ePREP.

10. What is classified as "non-billable correspondence" with regard to Support Broker services?

- Support Broker administrative non-billable activities include:
  - Attending training;
  - Correspondence or research;
  - Creating and issuing invoices; and
  - Travel.

11. Who is responsible for signing timesheets if Support Brokers are not authorized to complete this task?

- The participant or their designated representative is responsible for signing timesheets. A legally authorized representative may sign timesheets if they are not also a paid employee.

12. If a participant has guardianship, can they hire a relative as a Support Broker?

- Yes. However, a relative who is paid to provide Support Broker services cannot:
  - Serve as the participant's designated representative; or
  - Provide any other Medicaid waiver program services. See the Support Broker Services Amendment.
- If a Support Broker is a relative, no other relative may serve as paid staff for the participant.

13. Do Support Brokers need to be CPR/First Aid certified?

- The proposed amendment removes the requirement for First Aid and CPR.

14. Are Support Brokers authorized to provide other services to participants they do not provide Support Broker services to?

- Yes. You can find more information about Support Brokers in the Self-Directed Services Manual.

15. Do Support Brokers hired directly by a participant (either as a vendor or staff) need to apply to be a DDA provider?

- No. Support Brokers do not need to apply to become a DDA provider. However, anyone paid to provide a Medicaid waiver service, including participant's employees, is considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

16. What is the difference between a Support Broker staff and Support Broker vendor?

- A Support Broker staff is an employee of the person.

- A vendor is an individual or entity contracted by the participant and paid through a Financial Management and Counseling Services provider to provide a service to a participant enrolled in the Self-Directed Services Model.

17. **Can Support Broker services provided to participants before their Person-Centered Plans are approved be billed for by the Support Broker?**
    - No.

18. **Appendix C, pg 7, Support Broker Services (L) no relative legally responsible person or guardian may provide this service but on page 10 the boxes are checked. Please clarify/remove check box, no relative, legally responsible person or guardian can provide the service.**
    - A relative (who is not a spouse), legally responsible person, legal guardian, or Social Security Administration representative payee of the participant may be paid to provide Support Broker Services.
    - No changes were made to the current standard.

19. **If you have one guardian as a provider and one that is not, can the guardian who is not be involved in the decision making process?**
    - An unpaid legal guardian may make decisions within their authority. However, current best practice in guardianships is to allow people to make decisions for which they have the capacity to make so all options and choices should be explored.

20. **Can a guardian that is paid, make decisions outside of their own wages and hours (i.e., if the participant wants to go to camp or requests items in IFDGS)?**
    - A Substitute Judgement process is required for participants who have legally responsible individuals, legal guardians, or relatives providing services that have decision making authority over the selection of waiver service providers

Transportation Services

1. **How are day trips being defined?**
    - Day trips are trips provided outside the participant's community. A participant's community is defined as: places the participant lives, works, shops, or regularly spends their days.

2. **Will Traditional Service Providers no longer be able to take participants on day trips and be reimbursed for mileage?**
    - Traditional providers will continue to be able to support participants under services that include transportation as one component of the services.

Note: Based on stakeholder feedback, the requirement for elimination of day trips under the stand alone Transportation Services has been removed, for further discussions with stakeholders related to day trips related to the stand alone Transportation Services.

Waiver Appendices

Appendix A - Waiver Administration and Operation

1. **Appendix A pg 6 # 15. Please define Change Management**
    - Change Management is a structured approach to transitioning individuals, teams, and organizations to a new state. It involves planning, implementing, and supporting changes to ensure successful adoption and minimize disruption.

Appendix B - Participant Access and Eligibility

1. **Appendix B mentions the addition of pregnant women and children under the criteria of people who can receive services in the Waiver. Is this specific to pregnant women and children who have a developmental disability or to all pregnant women and children?**
    - For the DDA-operated Medicaid waiver program, the person would also need to meet all eligibility criteria including having a developmental disability.
2. **What is considered "targeted case management services"?**
    - Targeted Case Management refers to case management services provided by a Coordinator of Community Services, as outlined in Appendix B.
3. **What is the Waiting List Equity Fund?**
    - The Waiting List Equity Fund, managed by the Maryland Department of Health (MDH), helps individuals with developmental disabilities. When someone with a developmental disability moves out of a State Residential Center (SRC), money equal to the average cost of their care goes with them to pay for their first year

of community-based services. If there's any money left in the Waiting List Equity Fund, it's used to provide community-based services to other eligible individuals who aren't currently receiving them, including those leaving State Residential Centers and others who qualify for DDA funding.

Appendix C - General and C- 2 - 5

Background Checks

1. **Please clarify under Appendix-C 2 if Coordinators of Community Services (CCS) agencies are required to have Child Protective Service checks.**
    - Anyone engaging in direct one-to-one interactions with children under the age of 18 must have a Child Protective Services Background Clearance.

2. **Do employees now need to get yearly background checks since they are now being considered Medicaid Providers under the proposed Waiver Amendment?**
    - Employees have to have a background check completed before they start working with a participant. There is no requirement for annual background checks unless required by the participant self-directing their services or the DDA-licensed or certified provider policies.

Medicaid Providers

1. **Under Appendix-C, are all Self-Directed employees considered Medicaid Providers and will they need to complete a DDA provider application and be certified?**
    - Anyone paid to provide a Medicaid waiver service, including participant's employees, is considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.
    - Direct employees for people self-directing their services do not need to complete a DDA application and be certified.

2. **Do Direct Support Professionals need to apply to be Medicaid Providers?**
    - No. DDA-licensed and certified providers are considered Medicaid providers. Not individual direct support staff employed by a provider agency or participant self-directing their services.

3. **What is the difference between a DDA Provider and a Medicaid Provider?**
    - A DDA provider is a Medicaid provider that is licensed or certified by DDA.
4. **Are providers of Self-Direction Services also required to submit a DDA Provider renewal application?**
    - A DDA provider renewal application is only for DDA-licensed or certified providers.

5. **Are DDA Providers still required to renew their license every three years under the new Waiver Amendment?**
    - Yes. There is no change to the 3 year renewal process.

Legally Responsible Individuals, Legal Guardians Or Relatives

1. **Who is considered a legally responsible person or legal guardian?**
    - A legal guardian is defined as an individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code's Family Law or Estates & Trusts Articles. Reference: Appendix C-2
    - A legally responsible person is defined as a person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court). Reference: Appendix C-2.

2. **Is the extension of the definition of "relative" federally dictated?**
    - The Centers for Medicare and Medicaid Services Technical Guide instructs the state to develop state policies concerning payment for Waiver Services Furnished by Relatives, but allows flexibilities to states on the definition of relative.

3. **What is considered "extraordinary care" as it relates to legal guardians, legal representatives and relatives working as paid caregivers?**
    - Extraordinary care means care exceeding the range of activities that a legally responsible person would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age and which is

necessary to assure the health and welfare of the participant and avoid institutionalization.

4. **Are legal guardians authorized to provide Community Development Services to participants?**
    - Yes. Legal guardians may be authorized to provide Community Development Services.

5. **Why is a supported decision making necessary?**
    - The purpose is to meet the federal requirement for the States process to ensure that legally responsible persons, legal guardians, and/or relatives who have decision-making authority over the selection of waiver service providers use substituted judgement on behalf of the individual.

6. **How will the Supported Decision-Making agreement be used?**
    - The proposal is to use the Supported Decision-Making agreement as the substitute judgement process for participants who have legally responsible individuals, legal guardians, or relatives providing services that have decision making authority over the selection of waiver service providers.
    - The DDA is interested in stakeholders' thoughts and recommendations so that we can support participants' health and welfare and address conflicts of interest when the legally responsible person, legal guardian, and/or relative has decision-making authority over the selection of waiver service providers and services.

7. **Must the supported decision maker be a Maryland resident?**
    - No.

8. **For people who have full decision making authority, do they still have to have a substituted judgement agreement?**
    - No.

9. **Are Supported Decision Making Agreements required for participants without a legal guardian?**
    - The proposal is to use the Supported Decision-Making agreement as the substitute judgement process for participants who have legally responsible individuals, legal guardians, or relatives providing services that have decision making authority over the selection of waiver service providers.

- A Supported Decision Making Agreement is not required for participants who do not have legally responsible individuals, legal guardians or relatives providing services.

10. Do legal guardians need to sign a Supported Decision Making Agreement if they provide personal support services to a participant?

- The proposal is to use the Supported Decision-Making agreement as the substitute judgement process for participants who have legally responsible individuals, legal guardians, or relatives providing services that have decision making authority over the selection of waiver service providers.
- Supported Decision Making Agreements are a document signed by a participant, and would be required if the participant has a legally responsible individual, legal guardian or relative providing services to them.

11. What is "substituted judgement"

- Substituted judgment refers to a decision-making approach used when a participant employs a relative, legal guardian, or legally responsible person to provide services.

12. Can a Coordinator of Community Services or Support Broker serve as substituted judgement?

- No. The role of the Support Broker and Coordinator of Community Services are limited to their respective scopes. They do not make decisions on behalf of the participant.

13. How will The Supported Decision-Making agreement be used?

- The proposal is to use a Supported Decision Making Agreement to meet the federal requirement for the States process to ensure that legally responsible persons, legal guardians, and/or relatives who have decision-making authority over the selection of waiver service providers use substituted judgement on behalf of the individual.

14. Will legally responsible persons be paid to complete their Cardio Pulmonary Resuscitation (CPR) training?

- Under the self-directed services model, the participant as the employer will determine if their paid staff will be offered payment for completing training.
- Under the community provider-managed model, the DDA-licensed provider makes this determination.

15. **Is a request form authorization required before a legally responsible person or legal guardian, or relative can provide any services to the participant?**
    - Yes. Effective April 1, 2026, participants seeking to use a legally responsible person, legal guardian, and/or relative to provide services must submit a request form. The request has to be approved before the legally responsible person, legal guardian, and/or relative can begin providing services.

16. **Are request forms which will now be required by the DDA the same as the family as staff forms?**
    - Family as staff forms are currently required for participants who choose to employ relatives. This form will be updated as necessary and information will be shared prior to any changes.

17. **Appendix C, pg 16. "Effective April 1, 2026, participants seeking to use a legally responsible person to provide services must submit a request form. The request has to be approved before the legally responsible person can begin providing services". Who will be making the decision and what are the criteria for Approval?**
    - The DDA will review and approve. All required information must be completed and noted in the form.

18. **If a participant has two legal guardians and only one of them is employed as staff working with the participant, is the other legal guardian still permitted to participate in the decision-making process for the participant?**
    - For participants who have legal guardians providing services, those legal guardians can not make decisions regarding service delivery (e.g., wage rates, number of hours, etc.). The participant must have a signed Supported Decision Making Agreement to support making independent decisions regarding service delivery.

19. **Which waiver services can legal guardians or legally responsible persons provide to participants?**
    - A relative or legal guardian (who is not a spouse) may provide:
        - Community Development Services;
        - Employment Services;

- Individual and Family Directed Goods and Services - Day-to-Day Administrative Support (relatives can provide this service if they are not also a legal guardian or legally responsible person);
- Nursing Support Services;
- Personal Supports;
- Respite Care Services;
- Shared Living (siblings only);
- Support Broker;
- Supported Living;
- Transportation; and
- Live-in Caregiver Supports (siblings only).

20. Does the 40 hour rule for relatives, legal guardians and legally responsible individuals apply only to Personal Support Services or are relatives, legal guardians and legally responsible individuals limited to 40 hours across all services?

- This applies the following services:
  - Community Development Services;
  - Employment Services;
  - Individual and Family Directed Goods and Services - Day-to-Day Administrative Support (relatives can provide this service if they are not also a legal guardian or legally responsible person);
  - Nursing Support Services;
  - Personal Supports;
  - Respite Care Services;
  - Shared Living (siblings only);
  - Support Broker;
  - Supported Living;
  - Transportation; and
  - Live-in Caregiver Supports (siblings only).
- Relatives, legal guardians and legally responsible individuals may provide no more than 40-hours per week of approved services. This includes when the legally responsible person is an employee for one service and a vendor for another service.

21. Is a request form required for authorization before a legally responsible person, legal guardian or relative provides any services to a participant they provide or only if it includes extraordinary care.

- A request form required for authorization before a legally responsible person, legal guardian or relative provides any services to a participant.

22. Please provide some examples of safeguards.

- Safeguards are policies or procedures that are designed to prevent harm to an individual or to ensure that the application of a policy takes into account potentially adverse effects on a person.
- Some examples of safeguards include: Awake and alert overnight staff; and safeguards that include flagging potential budget over expenditures or budget underutilization.

Appendix E - Participant Direction of Services

1. **How is overutilization of services determined?**
   - "Overutilization" is when a participant authorizes services or payments that exceed the services authorized in their Person-Centered Plan or self-directed service budget.

2. **Could a participant in Self-Directed Services be terminated from Self-Directed Services model due to over utilization of services**
   - The DDA has the authority to terminate the participant's enrollment in the Self-Directed Service Delivery Model, in instances where a participant overutilizes authorized services. However, before involuntarily terminating the participant from the self-directed services model, DDA may first:
     - Require the participant to meet with DDA and their team to review rights and responsibilities including the monitoring and usage of funding for authorized services; and/or
     - Require a corrective action plan from the participant.

3. **How will monitoring visits for quality enhancement purposes be completed for participants receiving Self-Directed Services since their homes are not licensed sites?**
   - Medicaid waiver programs must include safeguards such as policies or procedures that are designed to prevent harm to an individual.

- Coordinators of Community Services quarterly monitoring visits for quality enhancement purposes is required for waiver participants, regardless of service delivery model, to remain in the waiver.
- The DDA is updating safeguards to include:
    - The DDA regional office staff site visits including Quality Enhancement and Nurses will follow-up on health and safety concerns and reported complaints and incidents.
    - The Office of Health Care Quality will conduct site visits and investigations based on complaints and incidents reported.
- Participants sign the DDA Participant Rights and Responsibilities which includes under the General Rights and Responsibilities - Quality Assurance section, the participant must permit the DDA or other Maryland Department of Health staff to perform any home or community visits, at a reasonable time, to conduct any required compliance reviews and satisfaction surveys.

4. **"The Office of Health Care Quality will conduct site visits and investigations based on complaints and incidents reported". Please clarify if this applies to non-licensed "sites" such as a participant's home or family home.**
    - This applies to non-licensed sites including participant's home or family home.

5. **What are the Financial Management and Counseling Services providers requirements for timely responses and resolutions to participant requests**?
    - Financial Management and Counseling Services providers are to respond within 24 business hours.

Appendix F - Participant Rights

1. **Please clarify that a participant no longer can utilize a Case Resolution Conference for resolutions regarding denials of service.**
    - The Maryland Department of Health informs the individual and their family or their legal representative 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 or the Maryland Department of Health.
    - A Case Resolution Conference is offered for DDA's eligibility determination.

2. **Why is the DDA proposing to remove the Case Resolution Conference option to resolve Person-Centered Plans?**
    - The DDA Plan Reviewer checks the Person-Centered Plan to ensure it meets needs and follows rules. They:
        - Approve the plan if it meets requirements and notify the person.
        - Request more information if needed.
        - Deny the plan if requirements are not met.
    - If a Person-Centered Plan is denied, the person can appeal the decision. There are two types of appeals. One type is for people in a Medicaid waiver program, called a Medicaid Fair Hearing. The other type is for people not in a Medicaid waiver program, called a State Hearing.

Appendix H -Systems Improvement

1. **What is the Quality Improvement Organization (QIO) and what is their role?**
    - A Quality Improvement Organization (QIO) organization is an organization approved by the Centers for Medicare & Medicaid Services (CMS) to improve the quality of healthcare. These organizations can assist with quality review, performance measuring, and implementing improvements to enhance the quality of care.
    - The DDA has a contract with Liberty Healthcare as our Quality Improvement Organization. Liberty Healthcare supports the DDA to assess and identify gaps in system performance, guidance/policy, and performance measure reporting in an effort to provide quality enhancement strategies that support improved system performance.
    - Additional information can be reviewed on the DDA's Compliance and Quality Improvement dedicated webpage at this link.

Appendix I - Financial Accountability

1. **What is a fully loaded brick?**
    - The rate methodology for LTSSMaryland services are based on, The Brick Method™, which is a structure used to develop standard fees for disability

services that utilizes cost categories and studies their relationship to direct service support costs, or the wages of people performing the service.

- The foundation of the Brick is the direct support professional wage derived from the State Occupational Employment and Wage Estimate Bureau of Labor Statistics data.
- Included in the rates are 5 standard cost components that are assumed to be common to all social and medical services. They are Employment Related Expenses (ERE), Program Support (PS), Facility Costs (Day Habilitation only), Training, and Transportation. Additionally, fee schedule service rates include a 12% General & Administrative (G&A) cost component.

2. **Is the proposal to include a reduction from 87% to 86% based on the FY2024 Brick?**
    - The Fiscal Year 2026 Budget Bill provided that the hourly payment rate for dedicated hours for Community Living Group Home, Community Living Group Home Enhanced, and Supported Living for fiscal 2026 shall be set at 86% of the fully loaded brick used to determine rates in fiscal 2026.
    - The Waiver is being amended to allow the DDA to adjust the funding percentage associated with Dedicated Hours from 87% to 86%.

Appendix J - Cost Neutrality Demonstration

1. **What does "factor D and G" mean in Appendix-J?**
    - Factor D is the estimated annual cost of waiver services per individual. It includes only the costs of the services provided under the waiver.
    - Factor G is the estimated annual cost of institutional care that the individual would require without the waiver.
    - These factors are used to show that the waiver is a cost-effective alternative to institutionalization.

2. **Is the $35,000 Cost Neutrality concerns for all participants or an individual?**
    - The Hilltop Institute actual allowable cost analysis demonstrates a narrow cost difference margin on average of approximately $35,000 for all individuals in the waiver.
    - Per the Centers for Medicare and Medicaid Services, the total cost of the waiver must be less than the cost of care in an institutional setting.

Miscellaneous

1. **Who is considered a stakeholder?**
    - A stakeholder is any person, group, or organization that has an interest in or is affected by the waiver program. Stakeholders often provide input, feedback, and guidance during waiver development, amendment, renewal, or implementation.

2. **What does DDA do with stakeholder feedback?**
    - DDA reviews all public comments submitted during the public comment period and considers them all.
    - DDA will issue a public summary document summarizing comments. DDA may make changes based on the feedback, or may respond as to why comments are not accepted, or what alternatives are. The summary is posted on the Community Pathways Amendment #3, 2025 dedicated webpage.
    - A summary of public input is also included in the Medicaid waiver application submitted to the Center for Medicare and Medicaid Services.

3. **Will there be any extensions to the 30-day period for public comments to be received by the DDA regarding its Proposed Waiver Amendment?**
    - The public comment period is from **June 9 to July 8, 2025**.
    - Due to challenges with uploads to the DDA website, **Respite Services** and **Supported Living Services** were not posted on June 9, 2025. To address this, the public comment period will be **extended until July 13, 2025, for Respite Services and Supported Living Services only.**

4. **What is an Organized Healthcare Delivery System?**
    - An Organized Health Care Delivery System is a public or private organization that delivers health services. Organized Health Care Delivery System are approved by the Department of Health to provide Waiver Program services to participants in accordance with COMAR 10.22.20.

5. **What is PolicyStat?**
    - PolicyStat is an online platform for the DDA to publish and share policies related to DDA's programs, services, and procedures. Participants, families, and providers can view DDA's active policies at any time through the site. Reference: At A Glance - PolicyStat

6. **Can Licensed Assisted Living Facilities also provide services to participants receiving DDA services?**
    - No.

7. **Will the Regional Office Plan Reviewers also be required to complete trainings to ensure consistency in the review and approval of Person-Centered Plans following the implementation of the Waiver Amendments?**
    - DDA will provide guidance and training for all stakeholders involved with the implementation of the programs including but not limited to: Coordinators of Community Services, Financial Management and Counseling Services providers, Office of Health Care Quality, Support Brokers, and DDA staff.

8. **Where can Providers find a list for Coordination of Community Service providers which they can use to communicate with these agencies as needed?**
    - Coordination of Community Service providers can be searched on the DDA CCS and Provider search website at this link.

9. **Please clarify the proposed change regarding consequences for individuals who are unable or unwilling to participate in the SIS or HRST assessments. Will DDA provide safeguards or technical assistance to ensure these individuals are not denied access to services due to assessment barriers?**
    - Yes.

10. **Is this information about the proposed waiver amendments easily accessible?**
    - Information regarding the waiver amendment proposals can be viewed on the DDA's Community Pathways Amendment #3, 2025 dedicated webpage.
    - The DDA has also provided the following webinar and public input opportunities including:
        - The DDA shared an overview of the proposed amendments to the DDA-operated Medicaid waiver programs in a webinar on Monday, June 16, 2025, from 9 - 11 a.m.
            - Developmental Disabilities Administration (DDA) Waiver Amendments #3 2025 - Presentation
            - Developmental Disabilities Administration (DDA) Waiver Amendments #3 2025 - Webinar
        - The DDA reviewed information on the following topics discussed in the overview as follows:

- Waiver Application Overview and Input Process - June 17, 2025 from 9-10:30a
    - Waiver Application Overview and Input Process - Presentation
    - Waiver Application Overview and Input Process - Webinar

- Self Direction - June 17, 2025 from 12-2p
    - Self-Direction - Presentation
    - Self-Direction - Webinar

- Services and Provider Qualifications - June 17, 2025 from 2:30-4:30p
    - Services and Provider Qualifications - Presentation
    - Services and Provider Qualifications - Webinar

- DDA Waiver Advisory Council Meeting - June 26, 2025

- DDA-Operated Medicaid Waiver Amendments Stakeholder Engagement Webinar - July 2, 2025 from 12:00-2:00p
    - Waiver Amendment Stakeholder Engagement - Presentation
    - Waiver Amendment Stakeholder Engagement - Webinar

11. When will the program sustainability work group be operational and who are the representatives of the work group?

a. DDA will provide more information about the program sustainability workgroup in the near future.