

## FAMILY SUPPORTS WAIVER

Service Type: Other Service

Service (Name):

Alternative Service Title: **TRANSPORTATION**

### **Service Definition:**

- A. Transportation services are designed specifically to improve the person's and the family caregiver's ability to access community activities within their own community in response to needs identified through the individual's person-centered plan.
- B. Transportation services support individuals and families with all of their complexity, strengths and unique abilities to achieve self-determination, interdependence, productivity, integration and inclusion in all facets of community life across the lifespan as they focus on life experiences that point the trajectory toward a good quality of life across the lifespan. They can support integrated life domains that are important to a good quality of life, including daily life, safety and security, community living, healthy lifestyle, social and spirituality, and citizenship and advocacy. Transportation services can help to build on current support structures that focus on self-determination, community living, social capital and economic sufficiency to achieve individually defined life outcomes.
- C. Transportation services can include:
  - 1. Orientation services in using other senses or supports for safe movement from one place to another;
  - 2. Mobility such as transportation coordination and accessing resources;
  - 3. Travel training such as supporting the individual and family in learning how to access and utilize informal, generic, and public transportation for independence and community integration;
  - 4. Transportation services provided by different modalities, including: public and community transportation, taxi services, transportation specific prepaid transportation cards, mileage reimbursement, volunteer transportation, and non-traditional transportation providers; and
  - 5. Purchase of prepaid transportation vouchers and cards such as the Charm Card and Taxi Cards.

### **SERVICE REQUIREMENTS:**

- A. Services are available to the individual living in their own home or in the individual's family home.
- B. For individuals self-directing their services, transportation budget is based on their preferences and funds availability from their authorized person centered plan and budget.
- C. The Program will not make payment to spouses or legally responsible individuals for furnishing transportation services.

- D. A relative or legal guardian (who is not a spouse or legally responsible person) of an individual recipient participating in Self-Directed Services may be paid to provide this service, provided however, the DDA pre-approves such payment in accordance with the applicable requirements set forth in Section C-2.
- E. Payment rates for services must be customary and reasonable as established or authorized by the Program.
- F. Transportation service shall be provided by the most cost-efficient mode available and shall be wheelchair accessible when needed.
- G. Transportation services will not be covered if other transportation service is available under the individual's private insurance, the Medicaid State Plan, educational services, the Rehabilitation Act, other waiver services, or through other resources.
- H. Transportation services will not be covered when transportation is part of another waiver service such as Day Habilitation, Community Development Services, Employment Services, or Residential Habilitation services.
- I. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method (check each that applies)**

- Participant Directed as specified in Appendix E
- Provider Managed

**Specify whether the service may be provided by (check all that applies):**

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Individual – for self-directed services
Agency	DDA Certified Organized Health Care Delivery System Provider

**Provider Specifications for Services**

**Provider Category:** Individual

**Provider Type:** Individual for self-directed services only

**Provider Qualifications License (specify):**

For individuals providing direct transportation -Staff must have valid Class C Driver's License and car insurance

**Certificate (specify):**

The following minimum standards are required:

- A. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities:
  - 1. Easter Seals Project Action (ESPA)
  - 2. American Public Transit Association
  - 3. Community Transportation Association of America
  - 4. National Transit Institute (NTI)
  - 5. American Council for the Blind
  - 6. National Federation of the Blind
  - 7. Association of Travel Instruction
  - 8. Other recognized entities based on approval from the DDA
- B. Current first aid and CPR training and certification; and
- C. Passing a criminal background investigation and Child Protective Services Background Clearance (required if supporting a child).

**Other Standard (specify):**

All provider qualifications would be reviewed and approved by the individual or their designee.

Individuals in self-directing services may require additional provider requirements based on their preferences and level of needs such as:

- 1. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);
- 2. Signing a self-directed provider agreement verifying qualifications and communicating expectations.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

- Fiscal Management Service providers for verification of provider qualifications
- Coordinator of Community Services for use of a relative and legal guardian as a service provider

**Frequency of Verification:**

- Fiscal Management Service providers – prior to delivery of services
- Coordinator of Community Services prior to service initiation and during annual team meetings

**Provider Category:** Agency

**Provider Type:** DDA Certified Organized Health Care Delivery System Provider

**Provider Qualifications License (specify):**

**License (specify):**

**Certificate (specify):**

DDA certified Organized Health Care Delivery System (OHCDS) provider as per COMAR 10.22.02 and 10.22.20

**Other Standard (specify):**

OHCDS providers shall verify the licenses and credentials of individuals providing services with whom they contract or employs and have a copy of the same available upon request.

OHCDS must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:

1. For individuals providing direct transportation, the following minimum standards are required:
  - a. Be at least 18 years old
  - b. Current first aid and CPR certification
  - c. Pass a criminal background investigation and Child Protective Services Background Clearance (required if supporting a child)
  - d. Valid driver's license for vehicle necessary to provide services
  - e. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care.
2. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities:
  - a) Easter Seals Project Action (ESPA)
  - b) American Public Transit Association
  - c) Community Transportation Association of America
  - d) National Transit Institute (NTI)
  - e) American Council for the Blind
  - f) National Federation of the Blind
  - g) Association of Travel Instruction
  - h) Other recognized entities based on approval from the DDA

**Verification of Provider Qualifications Entity**

**Responsible for Verification:**

- DDA for verification of the Organized Health Care Delivery System certification
- Organized Health Care Delivery System (OHCDS) provider for verification of staff qualifications
- Coordinator of Community Services for use of a relative and legal guardian as a service provider

**Frequency of Verification:**

- DDA - Annual for certification
- OHCDS – prior to service delivery
- Coordinator of Community Services prior to service initiation and during annual team meetings

Family Support Waiver Draft Proposal