



## **GUIDELINES FOR SERVICE AUTHORIZATION and PROVIDER BILLING DOCUMENTATION**

\*All text in red indicates added/revised language since the prior release date with the exception of spelling out acronyms.

**Effective: October 6, 2025**

# Introduction

This guidance provides information on the Developmental Disabilities Administration's (DDA) programs including the Medicaid Home and Community Based Services Community Pathways Waiver (CPW) and the State Funded program. For each service, the guidance includes the following information:

- **Service Name** - Title of the service
- **Service Billing Unit** – Service specific unit descriptor, for example, 15 minutes, daily, monthly, and milestone
- **Service Description** - Brief summary of the service. For additional details and service requirements refer to the federally approved Waiver application
- **Instructions for Authorizing Services** – Description of requirements need for DDA authorization (e.g., age restrictions, documentation requirements for the participant's Person-Centered Plan, having explored non-waiver services, upper pay limits, etc.)
- **Provider Billing Documentation Guidelines** – Description of what must be recorded and/or kept by the person self-directing their services, Financial Management and Counseling Services (FMCS) **provider**, and provider as evidence of service delivery (e.g., progress notes, service logs, staff time sheets or payroll records, receipts, etc.)
- **Conflicts** – List of services that may not be authorized or delivered during the same service billing units

Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support their desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall Person-Centered Plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the Person-Centered Plan.

Anyone paid to provide a Medicaid waiver service, including employees of participants self-directing services, vendors and DDA Providers, is considered a Medicaid Provider, subject to all laws and regulations associated with being a Medicaid Provider. DDA Providers, vendors, and staff (**employees**) selected by the participants must meet all required qualification requirements and be a DDA licensed, DDA certified, or Organized Health Care Delivery System provider (as applicable) to provide the service under the applicable waiver program. If you have questions, please reach out to your Regional Office Provider Services team.

Rates associated with services authorized and billed through LTSSMaryland fee-for-service are posted on the [DDA Rates and Invoice webpage](#). Persons under the Self-Directed Service Delivery Model determine pay rates based on the reasonable and customary rates posted on the [DDA Rates and Invoice webpage](#). Under the Self-Directed Service Delivery Model, the person must submit **timesheet** or invoices as per their **Financial Management and Counseling Services provider's** policies and practices.

***Please review this guidance carefully, in addition to applicable policies, regulations, and the federally approved Medicaid waiver. If you have questions, please reach out to the Regional Director or Deputy Director.***

This guidance is effective upon publication. In the event of a public health emergency or state of emergency, the approval of federal disaster relief under the Medicaid State Plan, Emergency Preparedness and Response Appendix K, or other federal authorities may supersede these standards and requirements.

**REFERENCES:**

[Community Pathways Waiver](#)

[PolicyStat](#)

- [At A Glance - DDA Policies](#)
- [At A Glance - Policy Stat](#)

[LTSSMaryland](#)

[Electronic Visit Verification \(EVV\)](#)

[Self-Directed Services Guidance, Forms, and Webinars](#)

[Financial Management and Counseling Services](#)

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## Meaningful Day

### Employment Services (ES)

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Service Name: Employment Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Employment Services (ES)</b>  Available for services authorized and billed through the LTSSMaryland fee-for-service payment methodology.	See individual services below	<p><b>Employment Services (ES) includes:</b></p> <ul style="list-style-type: none"><li>- <i>Discovery (3 milestones)</i><ul style="list-style-type: none"><li>o <i>Assessment</i></li><li>o <i>Observations</i></li><li>o <i>Profile</i></li></ul></li><li>- <i>Job Development (15 minute)</i></li><li>- <i>Ongoing Job Supports (15 minute)</i></li><li>- <i>Follow Along Supports (monthly payment)</i></li><li>- <i>Co-worker Employment Supports (monthly payment)</i></li><li>- <i>Self-Employment Development Supports (1 milestone)</i></li></ul> <p><b>Service includes:</b></p> <ul style="list-style-type: none"><li>- <i>Direct support services;</i></li><li>- <i>Transportation;</i></li><li>- <i>Nursing support services;</i></li><li><i>and</i></li></ul>	<i>See individual services below and applicable policies in <a href="#">PolicyStat</a>.</i>	<i>See individual services below and applicable policies in <a href="#">PolicyStat</a>.</i>	<i>Employment Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, Personal Supports, Respite Care Services, or Transportation (except during Follow Along Supports) services.</i>

Service Name: Employment Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- <i>Person care assistance.</i></li>   <b>Service Characteristics:</b> <li>- <i>Employment Services (specifically, discovery, job development, and self-employment development supports) must be provided by staff who have the appropriate proof of competency required as outlined in the DDA Meaningful Day Training Policy.</i></li> <li>- <i>Ongoing Job Supports include personal care (PC), behavioral supports, and nursing support services but may not comprise the entirety of the service.</i></li> <li>- <i>Employment services can be provided virtually after meeting applicable waiver requirements and authorized/approved in Person-Centered Plan.</i></li> <li>- <i>Employment Services do NOT include</i></li> </ul>			

	<p><i>volunteering, apprenticeships or internships unless it is part of the discovery process and time limited.</i></p> <ul style="list-style-type: none"> <li>- <i>ES do NOT include payment for supervision, training, support and adaptations typically available to other workers.</i></li> </ul> <p><b><i>Self-Direction also includes cost for:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Training for direct support staff; and</i></li> <li>- <i>Employee Benefits, within Reasonable and Customary standards, as determined by the participant employer.</i></li> </ul>			
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## Employment Services (ES)- Discovery Services

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Service Name: ES - Discovery Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
	(Milestone)	<p>A time limited comprehensive, person-centered, and community- based employment planning support service to identify the person's abilities, conditions, and interests, delivered in three (3) milestone phases:</p> <p><b>#1- Visit/Observation:</b> Documentation of a visit with the participant including their preferred interests, record reviews and an in-person survey of the participant's community.</p> <p><b>#2 – Assessment:</b> Including skills assessment, job trials or interviews, and documentation of findings and team discussions.</p> <p><b>#3 - Overview:</b> Of</p>	<ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school.</i></li> <li>- <i>The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services; AND</i></li> <li>- <i>The person has a documented interest in employment or employment exploration in their Person-Centered Plan OR</i></li> <li>- <i>The person is currently employed and there is documentation in the Person-Centered Plan</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Documentation of a visit/observation with the person and their team in the person's home or in an alternate mutually decided upon location aside from a provider site.</i></li> <li>- <i>Documentation that the visit included discussion of the person's interests and preferred activities or hobbies, including how they spend their time.</i></li> <li>- <i>An in-person survey of the community near and around the person's home; AND</i></li> </ul> <p><i>Documentation of record reviews for pertinent job experience, education, and assessments.</i></p> <p><i>Milestone #2: Completion of Milestone 1 and Community Observation to include:</i> <i>Documentation of individualized skill</i></p>	

		<p>information collected to date, summary of who the participant is, written/visual resume and a person-centered planning team meeting with a final employment plan.</p>	<p><i>of interest in a different job.</i></p> <p><b>Service limits for Discovery Services are as follows:</b>  <i>Discovery Services will be authorized once every 24 months unless the person experiences an unexpected life event that requires a discovery service more than once in a 24- month period.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	<p><i>assessment including information on the learning and teaching styles.</i></p> <ul style="list-style-type: none"> <li>- <i>Documentation of observations in 3 community-based situations; and/or informational interviews with area employers; AND</i></li> <li>- <i>Documentation of what has emerged and what was learned from observations; AND</i></li> <li>- <i>Evidence of a team discussion and coordination.</i></li> </ul> <p><i>Milestone #3: Completion of Milestone 1&amp;2 and Discovery Profile to include:</i></p> <ul style="list-style-type: none"> <li>- <i>Compilation of information collected to-date, any additional activities that have occurred; AND,</i></li> <li>- <i>A final summary outlining who the person is; AND</i></li> <li>- <i>A written or visual resume; AND</i></li> <li>- <i>Team meeting and/or</i></li> </ul>	
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				<i>collaboration to compile all information into a final Employment Plan which includes recommended next steps.</i>	
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## Employment Services (ES)- Job Development

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Service Name: ES – Job Development	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Employment Services - Job Development</b>  Available for services authorized and billed through the MDH LTSSMaryland fee-for-service payment methodology.	(15-minute)	<b>Supports to obtain competitive integrated employment in the general workforce, including:</b> 1. Customized employment 2. Self-employment	<i>Service Authorization requirements for Job Development include the following:</i> <ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school;</i></li> <li>- <i>The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services; AND</i></li> <li>- <i>Has a documented interest in Employment Services in their Person-Centered</i></li> </ul>	<i>Required documentation for Job Development includes the following:</i> <ul style="list-style-type: none"> <li>- <i>Staff timesheets with start and end times and dates of service; AND</i></li> <li>- <i>Documentation of tasks completed (both with and without the person) and their correlation toward goals of the person as stated in the Employment Plan and/or Person-Centered Plan, i.e. service note.</i></li> <li>- <i>Clear documentation of when indirect service was provided, duration of service, and for who.</i></li> <li>- <i>There should be clear indication of direct vs. indirect and a clear accounting of time to ensure it does not exceed the 50% threshold.</i></li> </ul>	

			<p><i>Plan; OR</i>  <i>-Is currently employed and there is documentation in the Person-Centered Plan of interest in a different job.</i></p> <p><b><i>Service limits for Job Development are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Initial authorization should not exceed 90 hours per plan year.</i></li> <li>- <i>8 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Job Development.</i></li> <li>- <i>Services can be authorized up to twice a year for a total of 180 hours.</i></li> <li>- <i>At least 50% Direct/Up to 50% Indirect directly related to the person's job-related outcomes.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	
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## Employment Services (ES)- Follow Along Supports

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Service Name: ES – Follow Along Supports	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<p><b>Employment Services - Follow Along Supports</b></p> <p>Available for services authorized and billed through the MDH LTSS Maryland fee-for-service payment methodology.</p>	(Month)	<p><b>Direct and Indirect Supports that occur after the person has transitioned into their job:</b></p> <ul style="list-style-type: none"> <li>- Ensure the person has the assistance necessary to maintain their job(s); AND</li> </ul>	<p><i>Service Authorization requirements for Follow Along Supports include the following:</i></p> <ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school. The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services.</i></li> <li>- <i>There is documentation in the Person-Centered Plan that follow along supports are needed for the person to maintain employment; AND</i></li> </ul> <p><i>The person and their team</i></p>	<p><i>Requirement documentation for Follow Along Supports includes the following:</i></p> <ul style="list-style-type: none"> <li>- <i>Staff timesheets denoting the date/time/location of at least two (2) direct support contacts;</i></li> <li>- <i>Documentation that the person is working in the month service was provided; or that the person is employed but not working and DDA approved extenuating circumstances indicating that the person needed this support to maintain their job; AND</i></li> </ul> <p><i>Monthly progress note documenting service provision and progress toward outcome(s).</i></p> <p><i>See applicable policies in PolicyStat</i></p>	

			<p><i>certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance.</i></p> <p><b>Transportation</b></p> <p><b>Exception:</b> Standalone transportation can be authorized for someone receiving follow along supports.</p> <p><b>Service limits for Follow Along Supports are as follows:</b></p> <ul style="list-style-type: none"><li>- Services will be authorized on an ongoing basis unless the Person-Centered Plan specifies the time limit or the competitive integrated employment terminates.</li></ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>		
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## Employment Services (ES)- Ongoing Job Supports

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Service Name: Ongoing Job Supports	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Employment Services - Ongoing Job Supports</b>  Available for services authorized and billed through the MDH LTSSMaryland fee-for-service payment methodology.	(15-minute)	<b>Supports in learning and completing job tasks to successfully maintain a job including:</b> <ul style="list-style-type: none"><li>- When beginning a new job.</li><li>- After a promotion.</li><li>- After a significant change in duties; AND/OR</li><li>- When there is a change in circumstances, AND/OR,</li></ul> Individualized supports a participant may need to	<i>Service Authorization requirements for Ongoing Job Supports include the following:</i> <ul style="list-style-type: none"><li>- <i>The person is 18 years of age or older and no longer in high school;</i></li><li>- <i>The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State</i></li></ul>	<i>Required documentation for Ongoing Job Supports includes the following:</i> <ul style="list-style-type: none"><li>- <i>Staff timesheets with start and end times and dates of service; AND</i></li><li>- <i>Documentation of tasks completed and their correlation toward goals of the person as stated in the Person-Centered Plan, i.e. a service note.</i></li></ul>	

Service Name: Ongoing Job Supports	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>successfully maintain their job:</p> <ul style="list-style-type: none"> <li>- Coaching;</li> <li>- Developing natural supports;</li> <li>- Learning new tasks;</li> <li>- Travel training; and</li> <li>- Personal care assistance, behavioral support, and delegated nursing tasks, based on assessed need but may not comprise the entirety of the service.</li> </ul> <p>When appropriate, ongoing job supports must include a “fading plan” that notes the anticipated number of support hours needed.</p>	<p><i>Department of Education, and Department of Human Services.</i></p> <ul style="list-style-type: none"> <li>- <i>There is documentation in the Person-Centered Plan that ongoing job supports are needed for the person to maintain employment; AND</i></li> <li>- <i>The person and their team certify that the employment situation meets the criteria of competitive.</i></li> <li>- <i>Direct support can be provided via remote technology as preferred by the person and outlined in the Person-Centered Plan.</i></li> </ul> <p><b>When appropriate:</b></p> <ul style="list-style-type: none"> <li>- <i>A “Fading Plan”, that notes the anticipated number of support hours needed.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a> including the <a href="#">Competitive Integrated Employment Policy</a></i></p>	<p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	

## Employment Services (ES)– Co-worker Employment Supports

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Service Name: ES – Co-Worker Employment Supports	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<p><b>Employment Services - Co-worker Employment Supports</b></p> <p>Available for services authorized and billed through the MDH LTSS Maryland fee-for-service payment methodology.</p>	(Month)	<p><b>Time-limited support provided by the employer to assist the person with extended orientation and training. Support is provided by a co-worker who may receive additional compensation.</b></p> <p>Co-Worker supports are limited to the first three (3) months of employment.</p>	<p><b>Service Authorization requirements for Co-worker Employment Supports include the following:</b></p> <ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school.</i></li> <li>- <i>The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services.</i></li> <li>- <i>There is documentation in the Person-Centered Plan that co-worker employment supports are needed for the person to maintain employment; AND</i></li> <li>- <i>The person and their team certify that the employment situation meets the criteria of competitive integrated</i></li> </ul>	<p><b>Required documentation for Co-Worker Employment Supports includes the following:</b></p> <ul style="list-style-type: none"> <li>- <i>Invoice from the employer documenting the services were provided and signed and dated by the person receiving services and the employee providing the services.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	

			<p><i>employment outlined in DDA's guidance.</i> <i>Service limits for Co-worker Employment Supports are as follows:</i></p> <ul style="list-style-type: none"><li><i>- Services may be authorized for the first three months of employment.</i></li><li><i>- Compensation is at the discretion of the employer.</i></li></ul> <p><i>See applicable policies in <a href="#"><u>PolicyStat</u></a>.</i></p>		
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## Employment Services (ES)- Self Employment Development Supports

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Service Name: ES– Self Employment Development	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<p><b>Employment Services - Self Employment Development Supports</b></p> <p>Available for services authorized and billed through the MDH LTSSMaryland fee-for-service payment methodology.</p>	(Milestone)	Supports to develop a business and marketing plan.	<p><b>Service Authorization requirements for Self-Employment Development Supports include the following:</b></p> <ul style="list-style-type: none"><li>- The person is 18 years of age or older and no longer in high school.</li><li>- The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (DORS), State Department of Education, and Department of Human Services.</li><li>- The person has completed Discovery (must review the Discovery Milestones) and there is a recommendation to pursue self-employment produced from the 3 Discovery milestones.</li></ul> <p><b>Service limits for Self-Employment Development Supports are as follows:</b></p>	<p><b>Required documentation for Self- Employment Development Supports includes the following:</b></p> <ul style="list-style-type: none"><li>- Business and Marketing Plan that includes potential sources of business financing and other assistance in developing, launching and operating a business.</li></ul> <p>See applicable policies in <a href="#">PolicyStat</a></p>	

			<p><i>- Self-Employment /Development Supports can be authorized 1 time per year; AND</i></p> <p><i>Medicaid funds may NOT be used to defray the expenses associated with starting or operating a business.</i></p> <p><i>See applicable policies in <a href="#"><u>PolicyStat</u></a></i></p>		
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## Community Development Services (CDS)

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Service Name: Community Development Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Community Development Services (CDS)	LTSSMaryland -(15 minute)	<p><b>Community-based services that provide the person with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities.</b></p> <p><b>Service includes:</b></p> <ul style="list-style-type: none"> <li>- Direct support services.</li> <li>- Transportation.</li> <li>- Nursing support services; and</li> <li>- Personal care assistance.</li> <li>-</li> </ul> <p><b>Service Characteristics:</b></p> <ul style="list-style-type: none"> <li>- Must be provided in the community.</li> <li>- Provide opportunities to develop skills and increase independence related to community integration.</li> <li>- Promote positive growth and developing general skills and social support</li> </ul>	<p><b>Service Authorization requirements for Community Development Services include the following:</b></p> <ul style="list-style-type: none"> <li>- The person must be 18 years old and no longer in high school.</li> <li>- An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person's preferences and Person-Centered Plan goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND</li> <li>- The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of</li> </ul>	<p><b>Required documentation for Community Development Services includes the following:</b></p> <ul style="list-style-type: none"> <li>- Activity log listing all people in a group (limited to no more than 4 people) to include in and out times and the location of service provision;</li> <li>- Service note describing service/activities as authorized by the Person-Centered Plan; AND</li> <li>- Person self-directing services and Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</li> </ul>	<p><b>Community Development Services daily service units are not available:</b></p> <ol style="list-style-type: none"> <li>1. At the same time as the direct provision of Career Exploration, Day Habilitation, Medical Day Care, or Employment services; and</li> <li>2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living—Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</li> </ol>

Service Name: <b>Community Development Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>necessary to gain, retain, or advance competitive integrated employment opportunities.</p> <ul style="list-style-type: none"> <li>• Time limited generic paid and unpaid internships and apprenticeships for development of employment skills, and</li> <li>• Time-limited participation in Project Search, or similar programs approved by the DDA.</li> </ul> <ul style="list-style-type: none"> <li>- Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant's personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short- term institutional services. Service must be identified in the <b>Person-Centered Plan</b>;</li> <li>- Service can be provided virtually after meeting</li> </ul>	<p><i>Human Services.</i></p> <p><b>Authorized staffing levels are determined by the person's needs.</b></p> <ul style="list-style-type: none"> <li>- <i>For people who do not require dedicated 1:1 or 2:1 staffing, the service may not be provided in a ratio greater than 1 to 4 people at a time.</i></li> </ul> <p><b><i>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</i></b></p> <ul style="list-style-type: none"> <li>• <i>The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs or</i></li> <li>• <i>The participant has an approved Nursing Care Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio</i></li> </ul>	<p><b>Required documentation for 1:1 and 2:1 staffing:</b></p> <ul style="list-style-type: none"> <li>- Audit trail should provide a link between the person and the staff providing the support; AND</li> <li>- Service notes must support the provision of services as specified in the Behavior Support Plan and/or nursing care plan.</li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<p>Community Development Services are not available at the same time as the direct provision of Career Exploration, Community Living— Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>

Service Name: <b>Community Development Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>applicable waiver requirements and authorized/approved in the person's record.</p> <p><b>Note:</b> Only include personal care assistance and nursing support services, based on assessed need, when provided in combination with other allowable CDS activities; that is, personal care and nursing support services may not be the primary or only service provided during CDS.</p> <p><b>Self-Direction also includes cost for:</b></p> <ul style="list-style-type: none"> <li>- Training for direct support staff; and</li> <li>- Travel reimbursement, benefits, and leave time.</li> </ul>	<p><i>necessary to support the person with specific health and safety needs.</i></p> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. <i>The DDA may authorize dedicated support for participants new to services and participants in services who have a specific documented behavioral need for up to 6 months while a Behavior Support Plan gets authorized and developed.</i></li> <li>2. <i>The Health Risk Screening Tool is still used to assess the person's health and safety needs. It is not required for higher levels of support as noted above.</i></li> <li>3. <i>The DDA may authorize Nursing Support Services in an Emergency Revised Plan for participants in services who have a specific, documented health and safety need</i></li> </ol>		

*to support the development of a Nursing Care Plan and subsequent request for dedicated support.*

***Service limits for Community Development Services are as follows:***

- 8 hours per day; or*
- 40 hours per week including Career Exploration, Day Habilitation, and Employment Services Job Development.*

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Service Name: <b>Community Development Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, which may include, as applicable, private insurance, services offered by Maryland's State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services, must be explored to the extent applicable. These efforts must be documented in the participant's file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>		

## Day Habilitation Services

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Service Name: Day Habilitation Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Day Habilitation Services	LTSSMaryland -(15-minute)	<p><b>Community and facility-based services that provide the person with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, or vocation and socialization, through application of formal teaching methods and participation in meaningful activities. Service includes:</b></p> <ul style="list-style-type: none"> <li>- Direct support services;</li> <li>- Transportation;</li> <li>- Nursing support services; and</li> <li>- Person care assistance.</li> </ul>	<p><i>Service Authorization requirements for Day Habilitation Services include the following:</i></p> <ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in High School;</i></li> <li>- <i>An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person's preferences and Person-Centered Plan goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND</i></li> </ul>	<p><i>Required documentation for Day Habilitation Services includes the following:</i></p> <ul style="list-style-type: none"> <li>- <i>Attendance log with in and out times;</i></li> <li>- <i>Documented affirmation the service was provided, such as a service note or activity log and individualized schedules.</i></li> </ul> <p><i>Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</i></p>	<p>Day Habilitation services are not available at the same time as the direct provision of: Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>

Service Name: Day Habilitation Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p><b>Service Characteristics:</b></p> <ul style="list-style-type: none"> <li>- Services may be provided in small groups (i.e., 1 to 5 participants) or large groups (i.e., 6 to 10 participants based on the participant's assessed level of service need and activity. May be provided in a variety of settings in the community or a facility owned or operated by the provider agency;</li> <li>- May include time-limited participation in Project Search, or similar programs approved by the DDA;</li> <li>- Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant's personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short- term institutional services.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services.</i></li> </ul> <p><b>Authorized staffing levels are determined by the person's needs:</b></p> <ul style="list-style-type: none"> <li>- <i>For people who do not require dedicated 1:1 or 2:1 staffing, the service is provided in Day Habilitation Groups including:</i> <ul style="list-style-type: none"> <li>○ <i>Small Groups (1-5); and</i></li> <li>○ <i>Large Groups (6-10)</i></li> </ul> </li> </ul> <p><b>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</b></p> <ul style="list-style-type: none"> <li>- <i>The participant has an</i></li> </ul>	<p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	

Service Name: Day Habilitation Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- Service must be identified in the Person-Centered Plan;</li> <li>- <b>Supports may be provided virtually in a participant's private residence and other DDA residential living arrangements;</b> and</li> <li>- Day Habilitation services can be provided any day of the week.</li> </ul> <p><b>Note:</b> Day Habilitation services may include personal care assistance and nursing support services, based on assessed need, when provided in combination with other allowable Day Habilitation activities; that is, personal care and nursing support services may not be the primary or only service provided during Day Habilitation.</p>	<p><i>approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs or;</i></p> <p><i>The participant has an approved Nursing Care Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs.</i></p> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. <i>The DDA may authorize dedicated support for people new to services (including transitioning youth) and people in services who have a specific behavioral need for up to 6 months while a Behavior Support Plan gets authorized and developed.</i></li> <li>2. <b><i>The DDA may authorize Nursing Support Services in an Emergency Revised</i></b></li> </ol>		

			<p><i>Plan for participants in services who have a specific, documented health and safety need to support the development Nursing Care Plan and subsequent request for dedicated support.</i></p> <p>3. <i>The Health Risk Screening Tool is still used to assess the person's health and safety needs. It is not required for higher levels of support as noted above.</i></p>		
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Service Name: Day Habilitation Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><i>Service limits for Day Habilitation Services are as follows:</i></p> <ul style="list-style-type: none"> <li>- 8 hours per day; or</li> <li>- 40 hours per week including Career Exploration, Community Development Services, and Employment Services – Job Development.</li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>		

## Career Exploration (CE)

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Service Name: Career Exploration (CE)	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Career Exploration (CE)	LTSSMaryland -(15-	Career Exploration are time limited services to help the person to learn skills to work toward competitive	<i>Service Authorization requirements for Career Exploration include the following:</i>	<i>Required documentation for Career Exploration includes the following:</i>	Career Exploration services are not available at the same time as the direct

Service Name: Career Exploration (CE)	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
	minute)	<p><b>integrated employment, through:</b></p> <ul style="list-style-type: none"> <li>- Facility-Based Supports can be at a fixed site owned, operated, or controlled by a licensed provider or an off-site location. It also includes doing work under a contract being paid by a licensed provider. Services are available any day of the week.</li> <li>- Small and Large Groups where people complete tasks under a contract with the provider at a community site not owned, operated or controlled by the licensed provider, i.e. enclaves, mobile crews: <ul style="list-style-type: none"> <li>o Small: 1 – 8 people; OR</li> <li>o Large: 9 – 16 people.</li> </ul> </li> </ul> <p><b>Service includes:</b></p> <ul style="list-style-type: none"> <li>- Direct support services;</li> <li>- Transportation;</li> <li>- Nursing support services; and</li> <li>- Personal care assistance.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>The person is 18 years of age or older and no longer in high school;</i></li> <li>- <i>Prior to July 2018, the person</i> <ul style="list-style-type: none"> <li>o <i>Has been working under an Employment Services contract; OR</i></li> <li>o <i>Has been working in a situation that is not competitive or integrated.</i></li> <li>o <i>Has been receiving Day Habilitation or Employment Services; AND</i></li> </ul> </li> <li>- <i>The person's Person-Centered Plan includes</i> <ul style="list-style-type: none"> <li>o <i>An employment goal that outlines transition to competitive integrated employment AND</i></li> <li>o <i>Documentation that the person has been informed of other meaningful day services.</i></li> </ul> </li> <li>- <i>A person must be reauthorized annually to receive this service.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>include in and out times; Documented affirmation the service was provided, such as a service note; AND</i></li> <li>- <i>Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</i></li> </ul> <p><b>Required documentation for Small and Large Group Supports:</b></p> <ul style="list-style-type: none"> <li>- <i>Attendance log listing all people in a group (Small: 1-8; Large: 9-16) to include in and out times and the location of service provision;</i></li> <li>- <i>Documented affirmation the service was provided, such as a service note; AND</i></li> <li>- <i>Providers should maintain copies of staff timesheets that document the presence of staff who provided the services</i></li> </ul>	provision of: Community Development Services, Community Living— Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

Service Name: Career Exploration (CE)	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- <b>Note:</b> CE may include personal care assistance and nursing support services, based on assessed need, when provided in combination with other allowable CE activities. Personal care and nursing support services may not be the primary or only service provided during CE.</li> </ul>	<p><i>Service limits for Career Exploration are as follows:</i></p> <ul style="list-style-type: none"> <li>- <i>In order for a person previously authorized for this service before July 1, 2019, to be reauthorized, they will need to maintain a current employment goal in their Person-Centered Plan, along with evidence that the person and the team is still working on the outlined trajectory toward competitive integrated employment outcomes.</i></li> <li>- <i>New people authorized for Career Exploration, after July 1, 2019, can be authorized for up to 720 hours for one plan year, with no ability to be reauthorized.</i></li> </ul>	<p><i>under the hours billed.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	

Service Name: Career Exploration (CE)	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<ul style="list-style-type: none"> <li>- <i>Career Exploration may not exceed a maximum of 8 hours per day or 40 hours per week including in combination with any of the following other Medicaid waiver program services in a single day: Community Development Services, Employment Services- Job Development and Day Habilitation Services.</i></li> <li>- <i>Facility-based services are available any day of the week.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>		

## Medical Day Care

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Service Name: Medical Day Care (MDC)	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Medical Day Care	LTSSMaryland – (Day)	<p><b>Medical Day Care</b> services are medically supervised, health-related services provided to participants in a program with an assessed need for this service.</p> <p><b>Medical Day Care</b> services support participants in a group program that provides health care, nursing, physical therapy, occupational therapy, nutrition, personal care, social and related activities. This is in provider programs or in the community.</p>	<p><b>Service Authorization requirements for Medical Day Care include the following:</b></p> <ul style="list-style-type: none"><li>- To be paid for Medical Day Care services, a provider of Medical Day Care services must be appropriately licensed and certified by the Department to provide this Waiver Program service in accordance with COMAR 10.12.04.</li><li>- Medical Day Care services cannot be billed during the same period of time that the individual is receiving other day or employment waiver services.</li><li>- Services and activities take place in non-institutional, community-based settings.</li></ul> <p>A provider must meet all applicable requirements as set forth in DDA regulations, policy, guidance, and the DDA Medicaid Waiver Program.</p> <p><b>Service limits for Medical Day Care are as follows:</b></p> <ul style="list-style-type: none"><li>- The participant must attend</li></ul>	<p><b>Required documentation for Medical Day Care includes the following:</b></p> <ul style="list-style-type: none"><li>- Physician's order</li><li>- Attendance log with in and out times;</li><li>- Documented affirmation the service was provided, such as a service note or activity log and individualized schedules.</li><li>- Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</li></ul> <p>See applicable policies in <a href="#">PolicyStat</a>.</p>	<ul style="list-style-type: none"><li>- Medical Day Care services may not be provided at the same time as the direct provision of Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Nursing Support Services, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services</li><li>- A Legally Responsible Person, relative, or legal guardian cannot be paid by the waiver program, either directly or indirectly, to provide</li></ul>

			<p><i>the MDC at least 4 hours per day for services to be reimbursed.</i></p> <p><i>The person has explored all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services.</i></p>		<p><i>Medical Day Care services.</i></p>
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## Support Services

### Assistive Technology and Services

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Service Name: <b>Assistive Technology and Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Assistive Technology and Services	(Items)	<p><b>Assistive Technology (AT)</b> – An AT is an item, computer application, piece of equipment or product system that may be acquired commercially, modified, or customized.</p> <p><b>Assistive Technology Services (ATS) includes:</b></p> <ul style="list-style-type: none"><li>- Assistance in the selection, acquisition, use or maintenance of an AT device</li><li>- Speech and communication devices also known as augmentative and alternative communication devices (AAC) such as speech generating devices, text-to-speech devices and voice amplification devices;</li><li>- Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers;</li></ul>	<p><i>Service Authorization requirements for Assistive Technology and Services include the following:</i></p> <p><b><i>AT &lt; \$2,500</i></b></p> <ul style="list-style-type: none"><li>- <i>Does not require a formal assessment but may be requested by the waiver participant.</i></li><li>- <i>Documentation that the AT is to maintain, improve the person's functional abilities, enhance interactions, support meaningful relationships, promote independent living or participate in the community;</i></li><li>- <i>Documentation verifying the item(s) isn't covered under the Medicaid state plan such as a Durable Medical Equipment (DME), personal emergency response system (PERS), a stand-alone waiver service such as a vehicle or home modification, or available through another funding source such as Maryland Medicaid State Plan, Division of Rehabilitation Services,</i></li></ul>	<p><i>Required documentation for Assistive Technology and Services includes the following:</i></p> <p><b>All provider types:</b></p> <ul style="list-style-type: none"><li>- <i>Assistive Technology Assessment:</i><ul style="list-style-type: none"><li>o <i>A description of the participant's needs and goals;</i></li><li>o <i>A description of the participant's functional abilities without Assistive Technology;</i></li><li>o <i>A description of whether and how Assistive Technology will meet the participant's needs and goals; and</i></li><li>o <i>A list of all Assistive technology, and other Medicaid waiver program services (including a combination of any of the elements listed) that would be most effective to meet the technology needs of the participant.</i></li></ul></li></ul>	

Service Name: <b>Assistive Technology and Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices;</li> <li>- Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones;</li> <li>- Programming and configuration of devices and equipment;</li> <li>- Coordination and use of assistive technology devices and equipment with other necessary therapies,</li> <li>- <b>Monthly service fees</b>,</li> <li>- interventions, or services in the <b>Person-Centered Plan</b>; AND</li> <li>- Services consisting of purchasing or leasing devices.</li> </ul>	<p><i>Maryland State Department of Education, and Maryland Department of Human Services; AND</i></p> <ul style="list-style-type: none"> <li>- <i>The Assistive Technology is not experimental or prohibited by State or Federal Authority.</i></li> </ul> <p><b><u>AT &gt; \$2,500</u></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the Assistive Technology is to maintain, improve the person's functional abilities, enhance interactions, support meaningful relationships, promote independent living or participate in the community;</i></li> <li>- <i>Documentation verifying the item(s) isn't covered under the Medicaid state plan such as a Durable Medical Equipment (DME), a stand-alone waiver service such as a vehicle or home modification, or available through another funding source such as Maryland Medicaid State Plan, Division of Rehabilitation Services, Maryland State Department of Education, and Maryland Department of Human Services;</i></li> <li>- <i>The Assistive Technology is not</i></li> </ul>	<ul style="list-style-type: none"> <li>○ <i>Assessment signed and dated by the professional completing the assessment and an invoice that lists the person's name, date and signature.</i></li> <li>- <i>Other Assistive Technology Service: Invoice that includes an itemized list of Assistive Technology services, the person's name, date and signature of person or authorized representative acknowledging receipt.</i></li> <li>- <i>Assistive Technology: Invoice that includes an itemized list of Assistive Technology, the person's name, date and signature acknowledging receipt.</i></li> </ul> <p><b><i>Organized Health Care Delivery Services</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></li> <li>- <i>Signed, dated Organized Health Care Delivery Services / Qualified Provider</i></li> </ul>	

		<ul style="list-style-type: none"> <li>- <i>experimental or prohibited by State or Federal Authority; AND</i></li> <li>- <i>An independent Assistive Technology assessment that lists all AT that would be most effective to meet the person's needs; AND</i> <ul style="list-style-type: none"> <li>o <i>Lowest cost option is selected; OR</i></li> <li>o <i>An explanation of why the chosen option is cost effective.</i></li> </ul> </li> </ul> <p><i>Payment rates for Assistive Technology Services must be customary and reasonable as established by DDA.</i></p> <p><b><i>The below costs are not included in the rate for Assistive Technology and Services:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription by physicians or medical providers when these items are covered either through the Medicaid State Plan as Durable Medical Equipment (DME), a stand-alone waiver service (i.e. environmental modification and vehicle modifications), or through the Division of Rehabilitation Services; Services, equipment, items or devices that are experimental or not authorized by the State or Federal authority; OR</i></li> <li>- <i>Smartphones and associated monthly service line or data costs.</i></li> </ul>	<p><i>Agreement that meets the specifications of DDA policy.</i></p> <p><i>See applicable policies in <a href="#"><u>PolicyStat</u></a>.</i></p>	
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## Behavioral Support Services

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Service Name: <b>Behavioral Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Behavioral Support Services</b>	See individual services below	Behavioral Support Services are an array of services to assist people who are, or may experience difficulty as a result of behavioral, psychological, social, or emotional issues. These services seek to understand a person's challenging behavior and its function to develop a Behavior Support Plan with the primary aim of enhancing the person's independence, quality of life, and inclusion in their community.  <b>Behavioral Support Services includes:</b>	<i>See individual services below</i>  <i>Note: People receiving Community Living Enhanced Supports cannot be authorized standalone Behavioral Support Services as these services are included in this residential service.</i>  <i>See applicable policies in <a href="#">PolicyStat</a></i>	<i>See individual services below and applicable policies in <a href="#">PolicyStat</a>.</i>	Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports, Respite Care Services or Behavioral Respite.

Service Name: <b>Behavioral Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- <b>2 services reimbursed as a milestone payment:</b> <ul style="list-style-type: none"> <li>o Behavior Assessment (BA); AND</li> <li>o Behavior Support Plan (BSP). and</li> </ul> </li> <li>- <b>2 fee-for-service services:</b> <ul style="list-style-type: none"> <li>o Behavioral Consultation; AND</li> <li>o Brief Support Implementation Services.</li> </ul> </li> </ul> <p><b>Virtual Supports:</b></p> <ul style="list-style-type: none"> <li>- Virtual Supports is an electronic method of service delivery,</li> <li>- Supports provided virtually must be provided in accordance with federal and state requirements, policies, guidance, and regulations,</li> <li>- Supports provided virtually support a participant to reach outcomes identified in their Person-Centered Plan,</li> <li>- Supports provided virtually may not be used for the provider's convenience,</li> <li>- This waiver program service may not be provided entirely via virtual supports. Supports provided virtually may supplement in-person direct</li> </ul>			

		<p>supports; and</p> <ul style="list-style-type: none"> <li>- Services must be provided via live, real-time audio-visual interaction (not text or email) and cannot be used to assess a participant for medical emergencies</li> <li>- Brief Support Implementation Services (BSIS) cannot be provided virtually.</li> </ul> <p><b>Note:</b> If the behavior support plan restricts a person's rights as described in <a href="#">COMAR 10.22.10</a> then the need for the restriction needs to be clearly outlined in the persons Behavior Support Plan to ensure the persons rights and positive behavior supports are provided.</p>			
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## Behavioral Assessment (BA)

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Service Name: <b>Behavioral Assessment</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Behavioral Assessment (BA)</b>	(Milestone)	<b>Services identify the person's challenging behaviors by</b>	<i>Service Authorization requirements for Behavioral Assessment include</i>	<i>To qualify for the Behavioral Assessment milestone payment, the following must be</i>	Behavioral Supports Services are not available at the same time as

Service Name: <b>Behavioral Assessment</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p><b>collecting and reviewing relevant data, assessing clinically relevant environment, discussing the information with the participant's support team, and if appropriate, developing a Behavior Support Plan that best addresses the function of the behavior.</b></p>	<p><b><i>the following:</i></b></p> <ul style="list-style-type: none"> <li>- Person has a documented history of behaviors resulting in difficulty in the home or community (ex. past Behavior Support Plan or functional Behavioral Assessment from school); OR</li> <li>- A person who has had an event that is impacting their well-being (ex. Death in the family, severe physical trauma, new emerging behaviors of unknown etiology, etc.)</li> </ul> <p><b><i>Additional requirements:</i></b></p> <ul style="list-style-type: none"> <li>- For children under the age of 21, there must be documentation that these services are above and beyond what is available through Early and Periodic Screening, Diagnostic, and Treatment and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and</li> <li>- The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services.</li> </ul>	<p><b><i>documented, in the formal written Behavioral Assessment:</i></b></p> <ul style="list-style-type: none"> <li>- Onsite observations of the person and others who support them in multiple settings, including where the person lives and spends their time, frequency, duration, intensity/severity, and variability/cyclicity of the behaviors;</li> <li>- Assessment of communication skills and how challenges with communication may relate to behavior (if applicable);</li> <li>- Environmental assessment of all primary environments;</li> <li>- Assessment of the participant's medical conditions and needs, and how they relate to their behavior, (somatic and psychiatric), the rationale for prescribing each medication, and the potential side effects of each medication;</li> <li>- Collection and review of relevant data;</li> <li>- The person's history, based upon the records and</li> </ul>	<p>the direct provision of Community Living-Enhanced Supports, Respite Care services or Behavioral Respite.</p>

		<ul style="list-style-type: none"> <li>- <i>People receiving Community Living-Enhanced Supports cannot receive a Behavioral Assessment. State funds may be authorized for the service if the person is not eligible for Medicaid and/or other modes of payment are unavailable.</i></li> </ul> <p><b><i>Service limits for Behavioral Assessment are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Behavioral Assessment and Behavior Support Plan is limited to one per person-centered plan year.</i></li> <li>- <i>Ongoing assessment, after the initial BA, is then conducted under the BC services.</i></li> <li>- <i>See applicable policies in <a href="#">PolicyStat</a></i></li> </ul>	<p><i>interviews with the person and people important to/for the person;</i></p> <p><i>Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it;</i></p> <p><i>Discussion with the person's Person-Centered Plan team;</i></p> <p><i>Specific hypotheses for the identified challenging behavior; and</i></p> <p><i>Development of the Behavior Support Plan, if applicable, with goals that are specific, measurable, attainable, relevant, time based and based on a person-centered approach. See applicable policies in <a href="#">PolicyStat</a></i></p>	
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## Behavior Support Plan (BP)

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Service Name: <b>Behavior Support Plan</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Behavior Support Plan (BSP)</b>	(Milestone)	<p><b>The behavior support plan is developed that best addresses the function of the behavior, if needed based on DDA requirements.</b></p> <p><b>Service Characteristics:</b></p> <ul style="list-style-type: none"> <li>- The DDA policies, procedures and guidance must be followed when developing a behavior support plan.</li> </ul>	<p><i>The behavior support plan will be authorized simultaneously with the behavioral assessment. However, the behavior support plan will only be reimbursed IF the assessment indicates a need for a behavior support plan.</i></p> <p><b>Additional requirements:</b></p> <ul style="list-style-type: none"> <li>- <i>For children under the age of 21, there must be documentation that these services are above and beyond what is available through Early and Periodic Screening, Diagnostic, and Treatment and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and</i></li> <li>- <i>The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services.</i></li> </ul> <p><b>Services limits for Behavioral Plans are as follows:</b></p>	<p><b>Required documentation for the Milestone payment includes the following:</b></p> <ul style="list-style-type: none"> <li>- Behavioral Assessment indicating the need for a formalize behavioral plan; AND</li> <li>- Recommended positive behavioral supports and implementation plan based on DDA requirements.</li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<p>Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports, Respite Care Services or Behavioral Respite.</p>

			<ul style="list-style-type: none"><li>- <i>Only one behavior support plan will be authorized per Person-Centered Plan year unless the quality of the assessment conducted by the provider did not meet DDA standards.</i></li><li>- <i>Development and updates to the behavioral plan as required by regulations is then conducted under the Behavioral Consultation under the Behavioral Consultation.</i></li></ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>		
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## Behavioral Consultation (BC)

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Service Name: <b>Behavioral Consultation (BC)</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Behavioral Consultation (BC)	(15 Minute)	<p><b>Services that oversee, monitor, and modify the behavior support plan, including:</b></p> <ul style="list-style-type: none"> <li>- Recommendations for subsequent professional evaluation services;</li> <li>- Consultation, after development of the behavior support plan;</li> <li>- Working with the person and caregivers to implement the behavior support plan;</li> <li>- Ongoing education on</li> </ul>	<p>Behavioral Consultation can be authorized simultaneously with the behavioral assessment.</p> <p><b><i>Service Authorization requirements for Behavioral Consultation hours include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Behavioral Consultation hours are based on assessed needs, supporting data, plan implementation, and authorization from DDA;</i></li> </ul>	<p><b><i>Required documentation for Behavioral Consultation includes Monitoring Progress Note that includes, at a minimum:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Assessment of behavioral supports in the environment; Notes that detail the specific behavior support plan interventions that have been implemented and consequent outcomes; Data, trend analysis and</i></li> </ul>	Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports, Respite Care Services or Behavioral Respite.

Service Name: <b>Behavioral Consultation (BC)</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- recommendations, strategies, and next steps;</li> <li>- Ongoing assessment and documentation of progress in all appropriate environments against identified goals;</li> <li>- Development of updates to the behavior support plan as required by regulations; AND/OR</li> <li>- Monitoring and ongoing assessment of the implementation of the behavior support plan.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Generally, the need for BC will be related to staff training, oversight and monitoring of behavior support plan implementation, and may be authorized as specified in the behavior support plan.</i></li> <li>- <i>If Behavioral Consultation is not specified in the behavior support plan, additional documentation is necessary to support the request, including but not limited to documentation that:</i> <ul style="list-style-type: none"> <li>o <i>The person is not demonstrating progress; OR</i></li> <li>o <i>The behavioral support plan is no longer effective due to a change in needs.</i></li> </ul> </li> <li>- <i>People receiving Community Living Enhanced Supports cannot receive Behavioral Consultation</i></li> </ul> <p><i>Note: When authorizing, note that monitoring is an essential part of this service and must occur as dictated by progress against identified goals but at least:</i></p> <ul style="list-style-type: none"> <li>- <i>Monthly for the first 6 months.</i></li> <li>- <i>Quarterly after the first 6 six months.</i></li> </ul> <p><b><i>Additional requirements:</i></b></p>	<p><i>graphs to detail progress on target behaviors identified in a behavior support plan;</i></p> <ul style="list-style-type: none"> <li>- <i>Recommendations;</i></li> <li>- <i>Providers should document that tasks associated with the behavioral plan were completed (ex. Signature, check box, etc.); AND</i></li> <li>- <i>Providers are required to retain staff time sheets or payroll information documenting the provision of the services.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	

Service Name: <b>Behavioral Consultation (BC)</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<ul style="list-style-type: none"> <li>- <i>For children under the age of 21, there must be documentation that these services are above and beyond what is available through Early and Periodic Screening, Diagnostic, and Treatment and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and</i></li> <li>- <i>The person has explored all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services.</i></li> </ul> <p><b>Service Limits</b> - 8 hours per day</p> <p>See applicable policies in <a href="#">PolicyStat</a>.</p>		

## Brief Support Implementation Services (BSIS)

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Service Name: <b>Brief Support Implementation Services (BSIS)</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Brief Support Implementation Services</b>	(15 Minute)	<p><b>Time-limited services to provide direct assistance <b>and models behavioral strategies</b> to families, agency staff, and caregivers so they can independently implement the Behavior Support Plan including:</b></p> <ul style="list-style-type: none"> <li>- On-site and in person execution and modeling of behavioral support strategies;</li> <li>- Timely written feedback on the effectiveness of the behavioral support plan and strategies for supporting positive behavior; AND</li> <li>- On-site meetings or instructional sessions with the person's support network regarding behavioral support plan</li> </ul>	<p><b><i>Service Authorization requirements for Brief Support Implementation Services include the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA;</i></li> <li>- <i>Person has a formal behavioral support plan as per DDA requirements; AND</i></li> <li>- <i>There is a documented need for additional onsite execution and modeling of identified behavioral support strategies.</i></li> <li>- <i>Brief Support Implementation Services cannot duplicate other services being provided (e.g. direct supports, 1:1 or 2:1 dedicated supports).</i></li> <li>- <i>People receiving Community Living Enhanced Supports cannot receive Brief Support Implementation Services.</i></li> </ul> <p><b><i>This Waiver program service <b>cannot</b> be</i></b></p>	<p><b><i>Required documentation for Brief Support Implementation Services includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Staff timesheets or payroll information documenting the staff present during service provision of the service;</i></li> <li>- <i>Notes that detail the specific support implementation services provided; AND</i></li> <li>- <i>Signature/date of provider.</i></li> </ul> <p><b><i>See applicable policies in <a href="#">PolicyStat</a>.</i></b></p>	<p>Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports, Respite Care Services or Behavioral Respite.</p>

*provided virtually.*

***Service limits:***

- *8 hours per day.*

*See applicable policies in [PolicyStat](#).*

## Environmental Assessment (EA)

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Service Name: Environmental Assessment	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Environmental Assessment	(Milestone)	<p><b>Environmental Assessment</b> is an on-site evaluation with the person at their primary residence to determine if environmental modifications or assistive technology may be necessary in the participant's home.</p> <p><b>The assessment includes:</b></p> <ul style="list-style-type: none"> <li>- An evaluation of the person;</li> <li>- Environmental factors in the person's home;</li> <li>- The person's ability to perform activities of daily living;</li> <li>- The person's strength, range of motion, and endurance;</li> <li>- The person's need for assistive technology and or <b>environmental</b> modifications; and</li> <li>- The person's support network, including family members' capacity to support independence</li> </ul>	<p><b>Service Authorization requirements for Environmental Assessment include the following:</b></p> <ul style="list-style-type: none"> <li>- For people in residential models including Community Living— Enhanced Supports and Community Living-Group Home services when they have NEW accessibility needs (e.g., grab bars, ramp, stair glide, etc.) and the service is necessary to support health, safety, access to the home, and independence;</li> <li>- <b>May not be completed prior to waiver eligibility (exception: person is transitioning from an institution); AND</b></li> <li>- Documentation verifying the item(s) isn't covered under <b>private insurance</b>, the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services and any other federal or state government funding program.</li> </ul> <p><b>Service limits for Environmental Assessments are as follows:</b></p> <ul style="list-style-type: none"> <li>- Person may only receive one (1)</li> </ul>	<p><b>Required documentation for Environmental Assessment includes the following:</b></p> <p><b>All provider types:</b> Typed assessment that includes:</p> <ul style="list-style-type: none"> <li>- A description of the Environmental Assessment process conducted on-site with the person in his/her primary residence;</li> <li>- Findings;</li> <li>- Recommendations for Environmental Modification and/or Assistive Technology;</li> <li>- AND</li> <li>- Signature/date of provider.</li> </ul> <p><b>Organized Health Care Delivery System</b></p> <ul style="list-style-type: none"> <li>- Documentation that the vendor meets all applicable provider qualifications and standards; AND</li> <li>- Signed, dated Organized</li> </ul>	

			<p><i>Environmental Assessment annually <b>per plan year</b>.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	<p><i>Health Care Delivery Services/ Qualified Provider Agreement that meets the specifications of DDA policy.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	
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## Environmental Modifications

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Service Name: <b>Environmental Modifications</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Environmental Modifications	(Item)	<p><b>Environmental Modifications are physical modifications to a person's home <b>based on an assessment</b> designed to promote independence or create a safer healthier environment for the person.</b></p> <p><b>Service includes:</b> Grab bars, ramps, railings, warnings on walking surfaces, alert devices, adaptations to electrical, phone and lighting systems, widening of doorways and halls, door openers, installation of lifts and stair glides, bathroom and kitchen modifications for accessibility, alarms or locks, protective coverings, Plexiglas,</p>	<p><b>Service Authorization requirements for Environmental Modifications include the following:</b></p> <ul style="list-style-type: none"> <li>- For people in residential models including Community Living— Enhanced Supports and Community Living-Group Home services when they have NEW accessibility needs (e.g. grab bars, ramp, stair glide, etc.) and the service is necessary to support health, safety, access to the home, and independence;</li> <li>- Documentation verifying the item(s) isn't covered under <b>private insurance</b>, the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of</li> </ul>	<p><b>Required documentation for Environmental Modifications includes the following:</b></p> <p><b>All provider types</b></p> <ul style="list-style-type: none"> <li>- Receipts for materials purchase and labor costs provided in an invoice; AND</li> <li>- Environmental Modifications that require a building permit require a complete inspection.</li> <li>- Signature by the provider and the person, or their authorized representative that the Environmental Modifications have been completed and is effective to</li> </ul>	

Service Name: <b>Environmental Modifications</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>raised/lowered electrical switches and sockets, safety screen doors, training on use of modification and service and maintenance of modifications. <b>Smart home devices that require attachment to the home such as voice-activated door openers, blinds and shade openers</b></p> <p><b>Note:</b> If the requested Environmental Modifications restricts the participant's rights, as set forth in Title 7 of the Health-General Article of the Maryland Annotated Code or COMAR Title 10, Subtitle 22, then the need for the restriction must be written in the participant's behavior support plan in accordance with applicable regulations and policies governing restrictions of participant rights, behavior support plans, and positive behavior supports.</p> <p><b>Deliverable Requirements:</b></p> <ul style="list-style-type: none"> <li>- Prior to installation, the provider must obtain any required permits or approvals from State or local governmental units for the Environmental Modifications.</li> <li>- The provider must provide this Waiver program service in accordance with a written</li> </ul>	<p><i>Education, Department of Human Services and any other federal or state government funding program.</i></p> <ul style="list-style-type: none"> <li>- <i>Pre-approval from property manager or homeowner that the person will be allowed to remain in the residence for at least one year; AND</i></li> <li>- <i>Any restrictive modifications are approved in the person's approved BSP.</i></li> <li>- <i>&gt;\$2,000 Environmental Assessment that recommends the Environmental Modifications; AND</i></li> <li>- <i>Three (3) bids must be provided with the lowest bid selected. The DDA may accept less than 3 bids due to lack of contractors.</i></li> </ul> <p><i>The below costs are not included in the rate for Environmental Modifications:</i></p> <ul style="list-style-type: none"> <li>- <i>Home improvements such as carpeting, roof repair, decks, air conditioning that are of general utility, not of direct medical or remedial benefit to the person.</i></li> <li>- <i>Environmental Modifications</i></li> </ul>	<p><i>meet the person's needs.</i></p> <p><b>Organized Health Care Delivery System</b></p> <p><i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></p> <ul style="list-style-type: none"> <li>- <i>Signed, dated Organized Health Care Delivery Services / Qualified Provider Agreement that meets the specifications of DDA policy.</i></li> </ul> <p><b>Note:</b> If provided to a person transitioning from an institution – service is billed as a Medicaid administrative cost.</p> <p><i>See applicable policies in <b>PolicyStat</b>.</i></p>	

		<p>schedule that:</p> <ul style="list-style-type: none"> <li>○ The provider provides to the participant and the Coordinator of Community Services prior to commencement of the work; and</li> <li>- Indicates an estimated start date and completion date. The provider must provide progress reports regarding work to the participant, the Coordinator of Community Services, the Financial Management and Counseling Services provider, and, if applicable, the property owner.</li> <li>- The provider must perform all work in accordance with applicable laws and regulations, including, but not limited to, the Americans with Disabilities Act and State and local building codes.</li> <li>- The provider must obtain any final inspections and ensure work passes required inspections.</li> <li>- Upon delivery to the participant (including installation) or maintenance performed, the Environmental Modification must be in good operating condition and repair in accordance with applicable specifications.</li> </ul>	<p><i>that add to the home's total square footage unless the construction is directly related to the person's accessibility needs.</i></p> <p><i>Environmental Modifications provided by a family member or relative.</i></p> <p><i>Purchase of a generator for use other than to support medical health devices used by the person that require electricity.</i></p> <p><b><i>Service limits for Environmental Modifications are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Costs of services must be customary, reasonable, and may not exceed a total of \$50,000 every three years.</i></li> <li>- <i>Elevators are excluded from coverage</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	
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## Family Caregiver Training & Empowerment

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Service Name: <b>Family Caregiver Training &amp; Empowerment</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Family Caregiver Training &amp; Empowerment</b>	(Item)	<p><b>Family Caregiver Training &amp; Empowerment includes:</b></p> <ul style="list-style-type: none"> <li>- Educational materials, training programs, workshops and conferences that help the family caregiver to: <ul style="list-style-type: none"> <li>○ Understand the disability of the person supported;</li> <li>○ Achieve greater competence and confidence in providing supports;</li> <li>○ Develop and access community and other resources and supports;</li> <li>○ Develop or enhance key parenting strategies;</li> <li>○ Develop advocacy skills; and</li> <li>○ Support the person in developing self-advocacy skills</li> </ul> </li> </ul>	<p><b>Service Authorization requirements for Family Caregiver Training &amp; Empowerment include the following:</b></p> <ul style="list-style-type: none"> <li>- <i>Service must be provided to an unpaid family member who is providing support, training, companionship or supervision of the person; AND</i></li> <li>- <i>Documentation verifying the services aren't covered under private insurance, the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services and any other federal or state government funding program.</i></li> </ul> <p><b>Service Limits for Family Caregiver Training &amp; Empowerment are as follows:</b></p> <ul style="list-style-type: none"> <li>- <i>Training is limited to maximum of 10 hours per year per unpaid family caregivers per participant per plan year</i></li> </ul> <p><i>Educational materials, training</i></p>	<p><b>Required documentation for Family Caregiver Training and Empowerment includes the following:</b></p> <ul style="list-style-type: none"> <li>- <i>A copy of the training or conference agenda, invoice detailing the costs of the training, conference or materials, and a signed and dated acknowledgement of the caregiver of attendance or receipt of materials.</i></li> </ul>	

		<p><i>programs, workshops and conference registration fees for unpaid family caregivers are limited to \$500 per participant per year.</i></p> <p><i>The below costs are not included in the rate for Family Caregiver Training &amp; Empowerment:</i></p> <ul style="list-style-type: none"><li><i>- Cost of travel, meals, or overnight lodging.</i></li></ul> <p><i>See applicable policies in</i> <b><u>PolicyStat</u></b></p>		
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## Family and Peer Mentoring Supports

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Service Name: <b>Family and Peer Mentoring Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Family and Peer Mentoring Supports</b>	(15-minute)	<p><b>Family and Peer Mentoring Supports</b> connect participants and their primary unpaid family caregivers with mentors who have lived similar experiences. These mentors provide invaluable support in navigating systems, local resources, and community services, while helping participants and families build knowledge, skills, and confidence to achieve their goals and live their best life. Family and Peer Mentoring Supports fosters meaningful relationships and strengthens the resilience of both participants and their families through use of a mentor.</p>	<p><b>Service Authorization requirements for Family and Peer Mentoring Supports include the following:</b></p> <ul style="list-style-type: none"><li>- Service need is identified in the person's Person-Centered Plan; AND</li><li>- Documentation verifying service isn't covered under <b>private insurance</b>, the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services and any other federal or state government funding program.</li></ul>	<p><b>Required documentation for Family and Peer Mentoring Supports includes the following:</b></p> <ul style="list-style-type: none"><li>- Provider timesheets or payroll records documenting the start/end time of staff/mentor providing services; AND</li><li>- For each block of consecutive units of service, document how the service performed</li></ul>	

Service Name: <b>Family and Peer Mentoring Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		Family Mentors must have lived experience in caring for and supporting a family member with intellectual and developmental disabilities to help them live their best life. They must have knowledge and firsthand experience in navigating and accessing State and local resources, supports, and services. Peer Mentors must have an intellectual and developmental disability themselves, and they offer valuable insights from their own experiences, helping others access resources and supports to live their best life;	<p><i>Service limits for Family and Peer Mentoring Supports are as follows:</i></p> <ul style="list-style-type: none"> <li>- Service is limited to 8 hours per day.</li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	<p><i>relates to the Person-Centered Plan service authorization, i.e., service note.</i></p> <p><b>*Note:</b> Organized Health Care Delivery Services is not a qualified provider.</p> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	

## Housing Support Services

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Service Name: <b>Housing Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Housing Support Services</b>	(15-minute)	<b>Housing Support Services include:</b> <ul style="list-style-type: none"> <li>- Housing Information and Assistance to obtain and retain independent housing;</li> </ul>	<p><i>Service Authorization requirements for Housing Support Services include the following:</i></p> <ul style="list-style-type: none"> <li>- Person is 18 years or older;</li> <li>- Service need is identified in the</li> </ul>	<p><i>Required documentation for Housing Support Services includes the following:</i></p> <ul style="list-style-type: none"> <li>- Provider timesheets for payroll records documenting</li> </ul>	

Service Name: <b>Housing Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- Housing Transition Services to assess housing needs and develop individualized housing support plan; and</li> <li>- Housing Tenancy Sustaining Services which assist the individual to maintain living in their rented or leased home.</li> </ul>	<p><i>Participant's file;</i></p> <p><i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services; AND</i></p> <p><i>Supports must be consistent with programs available through U.S. Department of Housing and Urban Development (HUD) and Maryland Housing.</i></p> <p><b><i>Service limits for Housing Support Services are as follows:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Service limits are 8 hours per day/ 175 hours annually.</i></li> <li>- <i>Housing Support Services may be direct or indirect</i></li> <li>- <i>Housing Support Services can be provided with virtual supports but may not be used for the provider's convenience or provided entirely via virtual supports.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	<p><i>the start/end time of staff providing service; AND</i></p> <p><i>For each block of consecutive units of service, document how the service performed relates to the Person-Centered Plan service authorization, i.e. service note, housing support plan, etc.</i></p> <p><b><i>Housing Support Plan Requirements:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Be incorporated into the participant's file.</i></li> <li>- <i>Contain the following components:</i> <ul style="list-style-type: none"> <li>○ <i>A description of the participant's barriers to obtaining and retaining housing;</i></li> <li>○ <i>The participant's short and long-term housing goals;</i></li> <li>○ <i>Strategies to address the participant's identified barriers, including prevention and early intervention services when housing is jeopardized; and</i></li> <li>○ <i>Natural supports, resources, community-based service providers, and services to support the</i></li> </ul> </li> </ul>	

Service Name: <b>Housing Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
				<p><i>goals and strategies identified in the housing support plan.</i></p> <p><b>*Note:</b> <i>Organized Health Care Delivery Services is not a qualified provider.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	

## Individual and Family-Directed Goods and Services (IFDGS)

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Service Name: <b>Individual and Family-Directed Goods and Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Individual and Family-Directed Goods and Services</b>	(Item)	<p>Individual and Family-Directed Goods and Services are services, equipment, or supplies not otherwise provided through the waiver or through the Medicaid State Plan and meet the service requirements.</p> <p>It also includes the option for day-to-day administrative supports</p>	<p><b>Service Authorization requirements for Individual and Family-Directed Goods and Services include the following:</b></p> <ul style="list-style-type: none"> <li>- <a href="#"><u>Person is self-directing services</u></a>.</li> <li>- Goods and services are limited to \$5,000 per year for cost savings in the self-directed budget.</li> <li>- Recruitment and Advertising efforts such as developing and printing</li> </ul>	<p><b>Required documentation for Individual and Family-Directed Goods and Services includes the following:</b></p> <ul style="list-style-type: none"> <li>- <a href="#"><u>Individual and Family Directed Goods and Services Request Form</u></a></li> </ul>	<p>Individual and Family Directed Goods and Services direct supports are not available to participants at the same time the participant is receiving direct support services in Career Exploration, Community Living-Enhanced Supports, Community Living-Group Home, Day Habilitation, Medical Day Care, or</p>

			<p>flyers and using staffing registries are limited to \$500.</p> <ul style="list-style-type: none"> <li>- Day-to-Day Administrative Supports is limited to 10 hours per month.</li> <li>- <i>Relates to a need or goal identified in the person's Person-Centered Plan.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Financial Management and Counseling Services Documentation for Individual and Family Directed Goods and Services includes the following:</i></li> <li>- <i>Documentation that the service provider meets all applicable provider qualifications and standards;</i></li> <li>- <i>Written assessment, behavioral or housing support plan, etc. as per required by specific service; and</i></li> <li>- <i>Receipts for purchased items.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	Shared Living services.
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Service Name: Individual and Family-Directed Goods and Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>that provide assistance with the participant's household management and scheduling medical appointments.</p> <p><b>Purchase of equipment or supplies for self-directing individuals that:</b></p> <ul style="list-style-type: none"> <li>• Relate to a need or goal identified in the Person-Centered Plan,</li> <li>• Maintain or increase independence,</li> <li>• Promote opportunities for community living and inclusion, and</li> <li>• Are not available under a waiver service, Medicaid state plan, or another source.</li> </ul>	<p><b><i>Service item must meet the following criteria:</i></b></p> <ol style="list-style-type: none"> <li>1. <i>Is related to a need or goal identified in the Person-Centered Plan;</i></li> <li>2. <i>Are for the purpose of maintaining or increasing independence;</i></li> <li>3. <i>Promote opportunities for community living, integration, and inclusion; AND</i></li> <li>4. <i>Are able to be accommodated without compromising the participant's health or safety; and,</i></li> <li>5. <i>Are provided to, or directed exclusively toward, the benefit of the participant.</i></li> </ol> <p><b><i>Service items must meet the following requirements:</i></b></p> <ol style="list-style-type: none"> <li>1. <i>Decrease the need for Medicaid services; OR</i></li> <li>2. <i>Promote inclusion in the community; OR</i></li> <li>3. <i>Increase the participant's safety in the home; AND</i></li> </ol>		

Service Name: <b>Individual and Family-Directed Goods and Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>Service includes:</p> <ul style="list-style-type: none"> <li>- Up to \$500 for staff recruitment.</li> <li>- <b>Day-to-Day Administrative Supports.</b></li> <li>- Certain other goods and services that meet the service requirements noted in policy.</li> </ul> <p><b>Services not included:</b></p> <ul style="list-style-type: none"> <li>- Service, goods, or supports provided to or directly benefiting persons other than the participant.</li> <li>- Otherwise covered by the <b>Medicaid waiver program</b> or the Medicaid State Plans.</li> <li>- Additional units or costs beyond the maximum allowable for any <b>Medicaid waiver program</b> service or Medicaid State Plan, with the exception of a second wheelchair.</li> <li>- Items used for entertainment or recreational purposes, such as televisions, video recorders, game stations, and DVD player except as needed to meet an assessed</li> </ul>	<p>4. <i>The person does not have the funds to purchase the item or service; AND</i></p> <p>5. <i>The items or service is not available through another source.</i></p> <p><b>Service limits for Individual and Family-Directed Goods and Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- <i>Other Individual and Family Directed Goods and Services requests are 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.</i></li> <li>- <i>Effective October 6, 2025, participants currently approved Individual and Family Directed Goods and Services above this limit can continue to utilize the authorized amount through the end of their plan year.</i></li> <li>- <i>Fitness items that can be purchased at most retail stores</i></li> </ul>		

		<p>behavioral or sensory need documented in a Behavior Support Plan;</p> <ul style="list-style-type: none"> <li>- Monthly cable fees;</li> <li>- Utility charges;</li> <li>- Co-payment for medical services, over the counter medications, or homeopathic services;</li> <li>- Experimental or prohibited goods and treatments;</li> <li>- Monthly telephone fees;</li> <li>- Room &amp; board, including deposits, rent, and mortgage expenses and payments;</li> <li>- Food;</li> <li>- Fees associated with telecommunications;</li> <li>- Tobacco products, alcohol, marijuana, or illegal drugs;</li> <li>- Vacation expenses and travel adventures;</li> <li>- Insurance; vehicle maintenance or any other transportation-related expenses;</li> <li>- Tickets and related costs to attend recreational events;</li> <li>- Personal clothing and shoes</li> <li>- Haircuts, nail services, and spa treatments;</li> <li>- Goods or services with costs that significantly exceed community</li> </ul>	<p><i>not to exceed \$1,000 per item.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>		
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Service Name: <b>Individual and Family-Directed Goods and Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>norms for the same or similar good or service;</p> <ul style="list-style-type: none"> <li>- Tuition including post-secondary credit and non-credit courses; educational services otherwise available through a program funded under the Individuals with Disabilities Education Action (IDEA), including private tuition, Applied Behavioral Analysis (ABA) in schools, school supplies, tutors, and homeschooling activities and supplies;</li> <li>- Staff bonuses and housing subsidies;</li> <li>- Subscriptions;</li> <li>- Training provided to paid caregivers;</li> <li>- Services in hospitals;</li> <li>- Costs of travel, meals, and overnight lodging for staff, families and natural support network members to attend a training event or conference;</li> <li>- Service animals and associated fees;</li> <li>- Exercise rooms, swimming pools, and hot tubs;</li> <li>- Fines, debts, legal fees or advocacy fees;</li> </ul>			

Service Name: <b>Individual and Family-Directed Goods and Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- Contributions to ABLE Accounts and similar saving accounts;</li> <li>- Country club membership or dues;</li> <li>- Leased or purchased vehicles;</li> <li>- Items purchased prior to the approved Person-Centered Plan; or</li> <li>- Additional units or costs beyond the maximum allowable for Medicaid or waiver services.</li> </ul>			

## Live-In Caregiver Supports

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Service Name: <b>Live-In Caregiver Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Live-In Caregiver Supports</b>	(Month)	<p><b>Live-In Caregiver Supports includes:</b></p> <p>Live-in Caregiver Supports is used to pay a portion of the cost of rent and food that can be reasonably attributed to a live-in personal caregiver who is residing in the same household with a participant.</p>	<p><i>Service Authorization requirements for Live-In Caregiver Supports include the following:</i></p> <ul style="list-style-type: none"> <li>- The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Shared Living Services;</li> <li>- Verification that the person has a valid rental agreement or home</li> </ul>	<p><i>Required documentation for Live-In Caregiver Supports includes the following:</i></p> <p><i>Organized Health Care Delivery Services (only qualified provider)</i></p> <ul style="list-style-type: none"> <li>- Invoice signed by the</li> </ul>	<p>Live-In Caregiver Rent is not available to participants receiving support services in residential models, including Community Living-Enhanced Supports, Community Living-Group Home, Shared Living and Supported Living services.</p>

Service Name: Live-In Caregiver Supports	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><i>ownership and are not living in the home of family, the caregiver or a home that is owned or leased by a DDA licensed provider; AND Written agreements including detailed service expectations, arrangement termination procedures, resources for unfulfilled obligations, and monetary considerations signed by the person and the caregiver.</i></p> <ul style="list-style-type: none"> <li>- <i>If the person is receiving Section 8 rental assistance, documentation of the rental agreement and the section 8 status if the dwelling must be provided.</i></li> <li>- <i>The monthly amount authorized is based on the HUD/fair market housing for rental costs.</i></li> <li>- <i>Within a single-family dwelling unit, the difference in rental costs between a 1-bedroom and 2-bedroom (or 2-bedroom and 3-bedroom, etc.) unit based on the Fair Market Rent (FMR) for the jurisdiction as determined by HUD.</i></li> <li>- <i>The monthly amount authorized for food is the U.S. Department of Agriculture (USDA) Monthly Food Plan Cost at the 2-person moderate plan level.</i></li> </ul> <p><i>See:</i>  <a href="https://www.fns.usda.gov/research/cnpp/usda-food-plans">https://www.fns.usda.gov/research/cnpp/usda-food-plans</a></p>	<p><i>person or their guardian, including dates service was provided, the signature of the live-in caregiver, and statement that the services were successfully executed;</i></p> <ul style="list-style-type: none"> <li>- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></li> <li>- <i>Signed, dated Organized Health Care Delivery Services/ Qualified Provider Agreement that meets the specifications of DDA policy.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	

## Nursing Support Services

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Service Name: <b>Nursing Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Nursing Support Services</b>	(15 minutes)	<p><b>Provides a registered nurse, licensed in the State of Maryland or has an active compact license, to perform Nursing Consultation, Health Case Management, and Delegation services, based on the participant's assessed need.</b></p> <p><b>Service includes but not limited to:</b></p> <ul style="list-style-type: none"> <li>- Initial nursing assessment including: <ul style="list-style-type: none"> <li>o Complete a Comprehensive nursing assessment;</li> <li>o Clinical review/update Health Risk Screening Tool; and</li> <li>o Determine if person can self medicate.</li> </ul> </li> <li>- Nursing Consultation including: <ul style="list-style-type: none"> <li>o Provide recommendations to access health services and supports;</li> <li>o Develop or review health care protocols; and</li> <li>o Develop or review communication systems.</li> </ul> </li> </ul>	<p><b>Service Authorization includes the following:</b></p> <p><b>Nursing Consultation</b></p> <ul style="list-style-type: none"> <li>- <i>Enrolled in the Self-Directed Services Program</i></li> <li>- <i>Over 21 years of age (under 22 – should be referred to Early and Periodic Screening, Diagnostic, and Treatment);</i></li> <li>- <i>Living in his/her own home or family home; AND</i></li> <li>- <i>Able to self-medicate;</i></li> <li>- <i>Requires no medications or treatments; OR</i></li> <li>- <i>Receiving supports from gratuitous (unpaid) caregivers and has no paid caregivers.</i></li> <li>- <b><i>Nurse Consultation Services cannot be provided:</i></b> <ul style="list-style-type: none"> <li>o <i>In a DDA-licensed residential or day site.</i></li> <li>o <i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or</i></li> </ul> </li> </ul>	<p><b>Required documentation:</b></p> <ul style="list-style-type: none"> <li>- <i>The registered nurse must complete and maintain documentation of delivery services, including any nursing assessments, nursing care plans, health care plans and protocols, training of participant, direct support staff, and/or uncompensated caregivers, and any other documentation of services, in accordance with applicable Maryland laws and regulations, Department policies, and standards of nursing care.</i></li> </ul> <p><b>Required as applicable to the need for and provision of services:</b></p> <ul style="list-style-type: none"> <li>- <i>Telephone triage.</i></li> <li>- <i>Documentation within the person's file of recommendations for utilizing community</i></li> </ul>	<p>Nurse Support Services are not available to participants receiving meaningful day or residential supports as it is a component of that service. The only exception is when there is a new assessed need for additional nursing delegation as noted in this guidance.</p> <p>Nurse Support Services are not available to participants at the same time as the direct provision of Medical Day Care or Transportation services.</p>

Service Name: <b>Nursing Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<ul style="list-style-type: none"> <li>- Health Case Management including: <ul style="list-style-type: none"> <li>o Provide recommendations to access health services and supports; and</li> <li>o Develop a Nursing Care Plan and protocols.</li> </ul> </li> <li>- Nursing delegation including: <ul style="list-style-type: none"> <li>o Provide recommendations to access health services and supports;</li> <li>o Develop a Nursing Care Plan and protocols;</li> <li>o Provide training to direct support staff; and</li> <li>o Monitor the direct support staff's performance of delegated nursing tasks.</li> </ul> </li> </ul>	<p><i>rehabilitation facility.</i></p> <ul style="list-style-type: none"> <li>o <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i></li> <li>- <b><i>Nurse Consultation Service limits are as follows:</i></b></li> <li>o <i>Requested hours will be authorized up to a limit of 4 hours once every 3 months.</i></li> <li>- <b><i>Nursing Health Case Management</i></b></li> <li>o <i>A person may qualify for this service if they are: (1) receiving services via the Provider Managed delivery model at a DDA- licensed community provider site, including residential, day, or employment type services; or (2) receiving Personal Support services from a DDA-licensed or DDA-certified community provider.</i></li> <li>- <i>A person may qualify for this service if they are: (1) able to perform self-medication and treatments as determined by the Nurse Health Case Manager; or (2) medications and treatments are provided for using the exemption</i></li> </ul>	<p><i>resources.</i></p> <ul style="list-style-type: none"> <li>- <i>Annual written report to the Person-Centered Plan team.</i></li> </ul> <p><i>Each continuous block of units must include the date of services and name and signature of the RN providing services.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	

		<p><i>from delegation from the Maryland Board of Nursing (MBON) related to the gratuitous provision of care; and (3) direct support professional staff performing health services are employed by a DDA-licensed community provider.</i></p> <ul style="list-style-type: none"> <li><i>- Prior to initiation of the service, the Nurse Health Case Manager is required to determine that the person is able to perform self-medication and treatments. If unable to perform self-medication and treatments, the Nurse Health Case Manager is to: (1)(i) verify that the medications and treatments are provided for by unpaid supports; or (ii) that no medications/treatments are required; and (2) ensure that the direct support professional staff are employed by a DDA-licensed or DDA-certified community-based provider.</i></li> <li><i>This service is not available to a person if the person: (1) cannot perform self-medication and treatments; (2) medications and treatments are provided for by paid direct support staff; or (3) the direct support staff is not employed by a DDA community provider.</i></li> </ul>			
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Service Name: <b>Nursing Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><b>Nursing Health Case Management</b> standalone support services cannot be provided:</p> <ul style="list-style-type: none"> <li>○ In a DDA-licensed residential or day site.</li> <li>○ If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</li> <li>○ If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</li> </ul> <p>- <b>Service limits for Nursing Health Case Management are as follows:</b></p> <ul style="list-style-type: none"> <li>○ Up to 4 hours once every 3 months.</li> </ul> <p><b>Nursing Delegation</b></p> <ul style="list-style-type: none"> <li>- A person may qualify for this service if they are either: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community-based provider site, including residential, day, or employment type services; (2) receiving Personal Support services; or (3) enrolled in the Self-Directed Services Program.</li> </ul>		

Service Name: <b>Nursing Support Services</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<ul style="list-style-type: none"> <li>- <i>The person's health conditions must be determined by the Registered Nurse (RN) Case Management /Delegation Nursing (CM/DN) to meet applicable delegation criteria (i.e., be chronic, stable, routine, predictable and uncomplicated) and nursing tasks are assessed to be eligible for delegation as per the Maryland Board of Nursing regulations.</i></li> <li>- <i>The person must require delegation as assessed by the RN as being unable to perform their own care.</i></li> <li>- <i>The Registered has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the Registered Nurse's assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations.</i></li> <li>- <i>The person is over 21 years of age (under 22 – should be referred to Early and Periodic Screening, Diagnostic, and Treatment).</i></li> </ul>		

		<ul style="list-style-type: none"> <li>- <b><i>Nursing Delegation cannot be provided:</i></b> <ul style="list-style-type: none"> <li><i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</i></li> <li>○ <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i></li> </ul> </li> <li>- <b><i>Service limits for Nursing Delegation are as follows:</i></b> <ul style="list-style-type: none"> <li>○ <i>Assessment is minimally every 45 days but may be more frequent based on the Maryland Board of Nursing COMAR 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation.</i></li> </ul> <p><i>A participant is not eligible to receive any of these additional nursing services beyond the initial assessment (i.e., Nurse Consultation, Health Case Management, or Delegation services) if:</i></p> <ul style="list-style-type: none"> <li>- <i>The participant's health needs do not require performance of any nursing tasks or administration of any medication;</i></li> <li>- <i>The nursing tasks are not</i></li> </ul> </li> </ul>		
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			<p><i>delegable in accordance with applicable Maryland regulations;</i></p> <ul style="list-style-type: none"> <li>- <i>The participant does not have any direct support staff paid, to provide any Waiver program service either under the provider managed services delivery model or self-directed services delivery model, or any uncompensated caregivers.</i></li> </ul> <p><b><i>A participant cannot qualify, or receiving funding from the Waiver program Nurse Consultation, Health Case Management, or Delegation services if the participant:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Requires provision of direct nursing care services; or</i></li> <li>- <i>Currently receives, or is eligible to receive, nursing services in another health care program paid for by the Maryland Medicaid Program or the Department, such as hospital services, skilled nursing or rehabilitation facility services, or Medicaid Program's Rare and Expensive Case Management Program's private duty nursing services.</i></li> </ul> <p><b><i>Service Authorization requirements for Nursing Support Services - Delegation Services standalone support:</i></b></p> <p><i>In the event that additional Nurse delegation training supports are needed, in a meaningful day or</i></p>		
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		<p><i>residential services that include nursing support services as a component, as indicated in the Health Risk Screening Tool because of a change in the person'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 Nursing Support Service - Delegation Service support service hours can be authorized.</i></p> <p><i>See applicable policies in <a href="#"><u>PolicyStat</u></a></i></p>		
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## Participant Education, Training, and Advocacy Supports

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Service Name: <b>Participant Education, Training, and Advocacy Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Participant Education, Training, and Advocacy Supports</b>	(Item)	<p><b>Participant Education, Training, and Advocacy Supports</b> provides funding for the cost associated with training programs, workshops and conferences to assist the person develop skills.</p> <p><b>Covered expenses include:</b></p> <ul style="list-style-type: none"> <li>- Registration fees associated with training programs, conferences, and workshops;</li> <li>- Books and educational materials; AND</li> <li>- Transportation that enables the participant to attend and participate in the training programs, conferences, and workshops. <b>Transportation services may not compromise the entirety of this Medicaid waiver program service.</b></li> </ul> <p><b>Not Included:</b></p> <ul style="list-style-type: none"> <li>- Tuition, airfare, cost of meals or lodging.</li> </ul>	<p><b>Service Authorization requirements for Participant Education, Training, and Advocacy Supports include the following:</b></p> <ul style="list-style-type: none"> <li>- Service need is identified in the <b>Participant's file</b>; AND</li> <li>- Documentation verifying service isn't covered under <b>private insurance</b>, the <b>Maryland Medicaid State Plan</b>, <b>Division of Rehabilitation Services</b>, <b>State Department of Education</b>, <b>Department of Human Services</b> and any other federal or state government funding program.</li> </ul> <p><b>Service limits for Participant Education, Training, and Advocacy Supports are as follows:</b></p> <ul style="list-style-type: none"> <li>- Service is limited to 10 hours of training per participant per plan year.</li> <li>- The amount of training or registration fees for costs at specific training events,</li> </ul>	<p><b>Required documentation for Participant Education, Training, and Advocacy Supports includes the following:</b></p> <p>A copy of the training or conference agenda, invoice detailing the costs of the training, conference or materials, and a signed and dated acknowledgement of the person of attendance or receipt of materials.</p> <p><b>*Note:</b> Organized Health Care Delivery Services is not a qualified provider.</p> <p>See applicable policies in <b><u>PolicyStat</u></b>.</p>	<p>Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.</p>

*workshops, seminars, or conferences is limited to \$500 per participant per plan year.*

*See applicable policies in [PolicyStat](#).*

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## Personal Supports

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Service Name: <b>Personal Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Personal Supports</b>	(15 minute)	<p><b>Services assist people who live in their own or family homes with acquiring and building the skills necessary to maximize their personal independence. These services include:</b></p> <ul style="list-style-type: none"> <li>- In home skills development;</li> <li>- Community integration and engagement skills development; AND</li> <li>- Overnight <b>staff</b>.</li> </ul> <p><b>Service includes:</b></p> <ul style="list-style-type: none"> <li>- Direct support services</li> <li>- Transportation;</li> <li>- Delegated nursing tasks (as applicable); and</li> <li>- Personal care assistance</li> </ul> <p><b>Self-Direction also includes cost for:</b></p> <ul style="list-style-type: none"> <li>o Training for direct support staff; and</li> <li>o Travel reimbursement, benefits, and leave time.</li> </ul>	<p><b>Service Authorization requirements for Personal Supports include the following:</b></p> <ul style="list-style-type: none"> <li>- The person lives in their own home or their family's home;</li> <li>- The person needs habilitative supports for community engagement (outside of meaningful day services) or home skills development;</li> <li>- The person has explored all appropriate and available services including as applicable, private insurance, services offered by the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services and any other federal or state government funding program.</li> <li>- Family and natural supports have been explored; AND</li> <li>- This service is the most cost-effective service to meet the person's needs.</li> </ul>	<p><b>Required documentation for Personal Supports includes the following:</b></p> <ul style="list-style-type: none"> <li>- Service note describing activities/supports that align with the Person-Centered Plan; AND</li> <li>- Start and stop time of the services provided will be documented in the Electronic Visit Verification system maintained and provided by the Maryland Department of Health (MDH)/DDA or the Financial Management and Counseling Services provider for participants self-directing services.</li> <li>- Providers and participants using the self-direction service model are required to retain staff time sheets or payroll information documenting the provision of the services.</li> </ul>	<p>Personal Supports services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>

			<p><b><i>Personal Supports cannot be authorized:</i></b></p> <ul style="list-style-type: none"> <li>- When Personal Supports supplants or duplicates Community First Choice.</li> <li>- In lieu of respite or supervision.</li> <li>- If personal care comprises the entirety of the service.</li> </ul> <p><b><i>Supporting documentation to demonstrate assessed need for Personal Supports includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- The number of hours requested must be commensurate with the outcomes, purpose, and services objectives maintained in the person's Person-Centered Plan. The number of hours authorized will be determined based on: <ul style="list-style-type: none"> <li>● Information provided in the person's schedule of activities; AND</li> <li>● Documented outcomes included in the Person-Centered Plan and the alignment of the supports requested with those outcomes.</li> </ul> </li> </ul>		
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Service Name: <b>Personal Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
	(15 minute)	<p><b>Personal care assistance services</b> include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do it for themselves <b>only when in combination with other allowable Personal Supports activities occurring.</b></p> <ul style="list-style-type: none"> <li>- Transportation to and from and within this service is included within the LTSSMaryland service rates or self-directed budget when new rates applied.</li> <li>- Transportation will be provided or arranged by the provider or self-directing participant and funded through the rate system. The provider 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.</li> <li>- Direct support staff services may</li> </ul>	<p><i>Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the person's extraordinary care needs due to the person's disability that are above and beyond the typical, basic care a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver participant.</i></p> <ul style="list-style-type: none"> <li>- <i>Assessment of the person's age, exceptional care needs, outcome, and activities are needed.</i></li> </ul> <p><i>Service limits for Personal Supports are as follows:</i></p> <p><i>Legally responsible persons, legal guardians and relatives may not be paid for greater than 40-hours per week for services.</i></p> <p><i>The following criteria will be used to authorize an enhanced rate:</i></p> <ul style="list-style-type: none"> <li>o <i>The participant has an approved Behavior Support Plan documenting the need for enhanced support necessary to support the person with specific behavioral needs or</i></li> <li>o <i>The participant has a Nursing Care Plan developed by an active DDA Registered Nurse Case Manager/</i></li> </ul>		

		<p>be provided in an acute care hospital for the purposes of supporting the participant's personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short-term institutional services.</p> <p>Service must be identified in the <i>Person-Centered Plan</i>.</p> <ul style="list-style-type: none"> <li>- Service can be provided virtually after meeting applicable waiver requirements and authorized/approved in the <i>Person-Centered Plan</i>.</li> <li>- Note: Personal Supports <b>enhanced and</b> overnight supports cannot be provided virtually.</li> </ul>	<p><i>Delegating Nurse (CM/DN) documenting the need for enhanced supports necessary to support the person with specific health and safety needs.</i></p> <p><i>The DDA may authorize Nursing Support Services in an Emergency Revised Plan for participants in services who have a specific, documented health and safety need to support the development Nursing Care Plan and subsequent request for dedicated support.</i></p> <p><i>The following criteria will be used to authorize 2:1 staff-to-participant ratio supports:</i></p> <ul style="list-style-type: none"> <li>o <i>The participant has an approved Behavior Support Plan documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs; or</i></li> <li>o <i>The participant has a Nursing Care Plan developed by an active DDA Registered Nurse Case Manager/Delegating Nurse (CM/DN) documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs.</i></li> </ul>		
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			<p><i>The DDA may authorize Nursing Support Services in an Emergency Revised Plan for participants in services who have a specific, documented health and safety need to support the development of a Nursing Care Plan and subsequent request for dedicated support.</i></p> <p><i>The following criteria will be used to authorize overnight supports:</i></p> <ul style="list-style-type: none"><li>○ The participant has an approved Behavior Support Plan documenting the need for overnight supports necessary to support the person with specific behavioral needs; or</li><li>○ The participant has a Nursing Care Plan developed by an active DDA Registered Nurse Case Manager/ Delegating Nurse (CM/DN) documenting the need for overnight supports necessary to support the person with specific health and safety needs.</li><li>○ The DDA may authorize dedicated support for participants new to services and participants in services who have a specific, documented behavioral need for up to 6 months while a Behavior Support Plan gets authorized and developed.</li></ul>		
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			<ul style="list-style-type: none"><li>○ The DDA may authorize Nursing Support Services in an Emergency Revised Plan for participants in services who have a specific, documented health and safety need to support the development Nursing Care Plan and subsequent request for dedicated support.</li></ul> <p><i>Overnight services must be specifically documented within the participant's file. This includes information that details the need for the overnight supports, including alternatives explored such as the use of assistive technology and other strategies.</i></p> <p><i>Notes:</i></p> <ol style="list-style-type: none"><li>1. <i>The Health Risk Screening Tool is still used to assess the person's health and safety needs. It is not required for higher levels of support as noted above.</i></li></ol>	
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Service Name: <b>Personal Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
	(15 minute)		<p><b><i>Authorization for 2:1 staffing levels:</i></b></p> <ul style="list-style-type: none"> <li>- The participant has an approved Behavioral Support Plan documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs; or</li> <li>- The participant has a Nursing Care Plan developed by an active DDA Registered Nurse Case Manager/Delegating Nurse (CM/DN) documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs</li> <li>- The DDA may authorize dedicated support for participants new to services and participants in services who have a specific, documented behavioral need for up to 6 months while a Behavior Support Plan gets authorized and developed.</li> <li>- The DDA may authorize Nursing Support Services in an Emergency Revised Plan for participants in services who have a specific, documented health and safety need to support the development Nursing Care Plan and subsequent request for dedicated support.</li> </ul>		

		<ul style="list-style-type: none"> <li>- <i>Initial authorization up to three months.</i></li> <li>- <i>Additional authorization after initial authorization and assessment of fading plan and continued assessed need.</i></li> <li>- <i>Documented and justification of assessed need in the participant's Person-Centered Plan and nursing care plan or behavior support plan as applicable.</i></li> <li>- <i>Adaptive equipment or other modifications, including the use of assistive technology, must have been assessed and determined not to be an effective alternative to meet the participant's needs; or there must be a plan to have adaptive equipment or other modifications in place within 90 calendar days of the initial request for 2:1 staffing.</i></li> <li>- <i>The request shall also include a fading plan that can include natural supports, adaptive equipment or other modifications</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	
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## Remote Support Services

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Service Name: Remote Support Services (RSS)	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Remote Support Services	(Item)	<p><b>Remote Support Services provide oversight and monitoring within the person's home through an off-site electronic support system in order to reduce or replace the amount of staffing a person needs while ensuring health, safety, and welfare.</b></p> <p><b>Remote Support Services provide the participant with the options to have control over the equipment, including the ability to turn off the remote monitoring device/equipment, if they choose to do so unless otherwise required as noted in a Behavioral Support Plan or Nursing Care Plan</b></p> <p><b>Remote Support Services includes:</b></p> <ul style="list-style-type: none"> <li>- Electronic support system installation, repair, maintenance, and back-up system;</li> <li>- Training and technical assistance for the person and their support network;</li> <li>- Off-site system monitoring staff;</li> </ul>	<p><b>Service Authorization requirements for Remote Support Services include the following:</b></p> <ul style="list-style-type: none"> <li>- Person is 18+ years old and is not receiving Community Living – Enhanced Supports or Shared Living;</li> <li>- Team has conducted a preliminary assessment to consider the person's goals, level of support needs, behavioral challenges, risks and benefits and other residents in the home and is documented in the participant's file;</li> <li>- DDA approved Remote Support Services provider policies detailing procedures to ensure the person's health, welfare, independence, and privacy and system security;</li> <li>- Informed consent has been obtained from all people living in the home;</li> <li>- Unless exempted by DDA, demonstration that Remote Support Services cost no more than direct staffing; AND <ul style="list-style-type: none"> <li>o Verification that Remote Support Services are done in real time by</li> </ul> </li> </ul>	<p><b>Required documentation for Remote Support Services includes the following:</b></p> <p><b>All provider types</b></p> <ul style="list-style-type: none"> <li>- Invoice that includes an itemized list of Remote Support Services, the person's name, date and signature of person or authorized representative acknowledging receipt.</li> </ul> <p><b>Organized Health Care Delivery System</b></p> <ul style="list-style-type: none"> <li>- Documentation that the vendor meets all applicable provider qualifications and standards; AND</li> <li>- Signed, dated Organized Health Care Delivery Services / Qualified Provider Agreement that meets the specifications of DDA policy.</li> </ul>	<p>Remote Support Services are not available to participants receiving support services in Community Living Enhanced Supports or Shared Living services.</p>

		<p>AND</p> <ul style="list-style-type: none"> <li>- Stand-by intervention staff for notifying emergency personnel such as police, fire, and back-up support staff.</li> </ul>	<p><i>awake and alert staff at a monitoring base using:</i></p> <ul style="list-style-type: none"> <li>○ <i>Live 2-way communication;</i></li> <li>○ <i>Motion sensing;</i></li> <li>○ <i>Radio frequency identification;</i></li> <li>○ <i>Web-based monitoring systems;</i></li> </ul> <p><i>AND/OR</i></p> <ul style="list-style-type: none"> <li>○ <i>Other devices approved by DDA</i></li> </ul> <p><i>The provider must develop, maintain, and enforce written policies, approved by the DDA in effect, which address:</i></p> <ul style="list-style-type: none"> <li>- <i>How the provider, and electronic support system used, will maintain the participant's privacy;</i></li> <li>- <i>How the provider will ensure the electronic support system used meets applicable information security standards; and</i></li> <li>- <i>How the provider will ensure its provision of Remote Support Services complies with applicable laws governing individuals' right to privacy</i></li> </ul> <p><b>Note:</b> <i>Time limited direct supports from the existing services are available during transition to remote monitoring. If a person has overnight support and requests Remote Support Services in conjunction with overnight support, this may be approved ONLY during a time-limited transition period of 90 days, and the goal is to step down to only Remote Support Services.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	
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## Respite Care Services

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Service Name: Respite Care	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Respite Care Services	(15 minute) (Daily)	<p><b>Respite Care Services are short-term care intended to provide both the family or other primary caregiver and the person with a break from their daily routines.</b></p> <p><b>Respite can be provided in:</b></p> <ul style="list-style-type: none"> <li>- The person's own home,</li> <li>- The home of a respite care provider,</li> <li>- A licensed residential site; and</li> <li>- State overnight or youth camps, certified by the Maryland Department of Health.</li> </ul> <p><b>Not included:</b></p> <ul style="list-style-type: none"> <li>- Fees associated with respite such as membership fees at a recreational facility, community activities or insurance fees.</li> </ul>	<p><b>Service Authorization requirements for Respite Care Services include the following:</b></p> <ul style="list-style-type: none"> <li>- <i>Description of support needed;</i></li> <li>- <i>Cannot be used to replace day care while the person's parent or guardian is at work;</i></li> <li>- <i>The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Rare and Expensive Medical Care (REM); AND Documentation verifying service isn't covered by private insurance, under the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services and any other federal or state government funding program.</i></li> <li>- <i>Payment rates must be customary and reasonable as established by DDA.</i></li> </ul> <p><b>Service limits for Respite Care Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- Respite Care Services hourly and daily total hours may not exceed</li> </ul>	<p><b>Required documentation for Respite Care Services includes the following:</b></p> <p><b>Person's own home</b></p> <ul style="list-style-type: none"> <li>- <i>Timesheet signed/dated by staff person.</i></li> <li>- <i>Start and stop time of the services provided will be documented in the Electronic Visit Verification system maintained and provided by the Maryland Department of Health (MDH)/DDA or the Financial Management and Counseling Services provider for participants self-directing services.</i></li> <li>- <i>Providers and participants using the self-directed service delivery model are required to retain staff time sheets or payroll information documenting the provision of the services.</i></li> </ul>	<p>Respite Care Services are not available to participants receiving support services in Community Living Enhanced Supports, Community Living-Group Home, or Supported Living services.</p> <p>Respite Care Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Personal Supports, Supported Living, or Transportation services.</p>

			<ul style="list-style-type: none"> <li>- <i>720 hours within each plan year. Camp cannot exceed \$7,248 within each plan year.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<p><b>Home of provider or licensed site</b></p> <ul style="list-style-type: none"> <li>- <i>Attendance log with staff in and out times.</i></li> <li>- <i>Start and stop time of the services provided will be documented in the Electronic Visit Verification system maintained and provided by the Maryland Department of Health (MDH)/DDA or the Financial Management and Counseling Services provider for participants self-directing services.</i></li> <li>- <i>Providers and participants using the self-directed service delivery model are required to retain staff time sheets or payroll information documenting the provision of the services.</i></li> <li>- <i><b>Non-camp settings:</b> A service note must be included for each continuous span of units that document caregiver relief. The note should be written, signed, and dated by the person providing the respite and by the caretaker.</i></li> </ul>	
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Service Name: Respite Care	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
				<p><b>Camp:</b></p> <ul style="list-style-type: none"> <li>- The provider must document verification that the respite camp was provided (an affirmative verification) and paid.</li> </ul> <p>See applicable policies in <a href="#">PolicyStat</a>.</p>	

## Support Broker

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Service Name: Support Broker	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Support Broker	(Hour)  Note: May be billable by quarter hour.	<p><b>Support Brokers services provides information and assistance in support of self-direction. Support Broker Services is used to:</b></p> <ul style="list-style-type: none"> <li>- Provide information to ensure that participants understand the responsibilities involved with directing their services; and</li> <li>- Assist the participant in developing the skills necessary to independently direct and manage their Medicaid waiver program services and providers (including</li> </ul>	<p><b>Service Authorization requirements for Support Broker include the following:</b></p> <ul style="list-style-type: none"> <li>- Person is self-directing services;</li> <li>- Service need is identified in the person's Person-Centered Plan.</li> </ul> <p><b>Service authorization limits for Support Broker Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- Initial orientation and assistance up to 15 hours;</li> </ul> <p><b>Support Broker services up to 4 hours per month.</b></p>	<p><b>Required documentation for Support Broker Services includes the following:</b></p> <p><b>Financial Management and Counseling Services provider's requirements include:</b></p> <ul style="list-style-type: none"> <li>- Documentation that the Support Broker meets all applicable provider qualifications and standards;</li> <li>- Timesheet for employees with date of service and description of support</li> </ul>	

		<p>employees, vendors, and DDA Providers) as the employer of record.</p> <p>Through this service, information may be provided to the participant about: Person-centered planning and how it is applied, the range and scope of individual choices and options, the process for changing the person-centered plan and the individual self-directed budget, the grievance process, risk and responsibilities of self-direction, free of choice of provider, and employees, individual rights and the reassessment and review of support schedules.</p>	<p><i>Note:</i></p> <ol style="list-style-type: none"> <li>1. <i>Up to 30 hours per month of Support Broker Service hours may be budgeted and purchased with unallocated funds.</i></li> <li>- <i>Funding for these supports comes from the person's total approved annual budget.</i></li> <li>- <i>These additional supports may be needed due to:</i> <ul style="list-style-type: none"> <li>• <i>The scope, frequency, and intensity of supports needed (for example 24/7 supports, multiple staff, and services);</i></li> <li>• <i>Language barriers; and</i></li> <li>• <i>The lack of support network to assist with the self-directed service model requirements.</i></li> </ul> </li> <li>2. <i>Cost for training, mileage, benefits, and leave time are allocated from the participant's total annual budget allocation.</i></li> </ol> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<p><i>provided noted; and</i></p> <p><i>Invoice for vendors with date of service and description of support provided noted.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	
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Service Name: <b>Support Broker</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p><b>Support Broker Services are:</b></p> <ol style="list-style-type: none"> <li>1. An optional service to support people who choose the Self- <b>Directed</b> Service Delivery Model and do not use a relative, legally responsible person, representative payee, or guardian as paid staff; and</li> <li>2. Required for a person who chooses the Self- <b>Directed</b> Service Delivery Model when a relative, legally responsible person, representative payee or guardian serves as paid staff.</li> </ol> <p><b>Services include:</b></p> <ul style="list-style-type: none"> <li>- Options to offer <i>benefits and leave time for employees.</i></li> </ul>			

## Transition Services

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Service Name: Transition Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Transition Services	(Item)	<p><b>Transition Services provides certain funding for allowable expenses related to moving from:</b></p> <ol style="list-style-type: none"> <li>1. An institutional setting to a group home or private residence in the community, for which the person or their legal representative will be responsible; or</li> <li>2. Community residential provider to a private residence in the community, for which the person or their legal representative will be responsible.</li> </ol> <p><b>Service includes:</b></p> <ul style="list-style-type: none"> <li>- Security deposit that is required to obtain a lease on an apartment or <b>house</b>;</li> <li>- Reasonable cost, as defined by the DDA, of essential household goods;</li> <li>- Fees or deposits associated with set-up of essential utilities - telephone, electricity, heating and water;</li> <li>- Cost of services necessary for the person's health and safety, such</li> </ul>	<p><b>Service Authorization requirements for Transition Services include the following:</b></p> <ul style="list-style-type: none"> <li>- Documentation in <b>the participant's file</b> that the person is unable to pay for or obtain assistance from other sources for transition-related costs;</li> <li>- Documentation verifying service isn't covered under <b>private insurance</b>, the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services and any other federal or state government funding program;</li> <li>- Log of items requested to be reviewed/authorized by DDA; AND</li> <li>- Transition services are furnished only to the extent that they are reasonable, necessary and based on the person's needs.</li> </ul> <p><b>Service limits for Transition Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- \$5,000 lifetime limit <b>per</b></li> </ul>	<p><b>Required documentation for Transition Services includes the following:</b></p> <p>Receipts which reconcile with the approved log of items, to include the person's name, date and signature acknowledging receipt of the goods purchased within 60 days of the move.</p> <p><b>Organized Health Care Delivery System</b></p> <ul style="list-style-type: none"> <li>- Documentation that the vendor meets all applicable provider qualifications and standards; AND</li> <li>- Signed, dated Organized Health Care Delivery Services / Qualified Provider Agreement that meets the specifications of DDA policy.</li> </ul> <p><b>Note:</b> Transition services provided to an individual leaving an institution up to 180 days prior to moving is billed as a Medicaid administrative cost.</p>	

		<p>as pest removal services and one-time cleaning prior to moving in and</p> <ul style="list-style-type: none"> <li>- Moving expenses.</li> <li>- Transition Services may include the cost for training direct support professionals prior to the transition date who will be supporting participants with complex medical or behavioral needs to ensure health and welfare on the first day of community services.</li> </ul> <p><b>Not included:</b></p> <ul style="list-style-type: none"> <li>- Monthly rent or mortgage, food, telephone fees, regular utility charges, internet startup and ongoing cost, and entertainment costs, such as cable fees;</li> <li>- Items purchased from the person's relatives, legal guardians or other legally responsible person; AND/OR</li> <li>- Payment for room and board.</li> </ul> <p>Note: The person will own all of the items purchased under this service and the items shall transfer with the person to their new residence and any subsequent residence. If the participant no longer wants any item purchased under this</p>	<p><i>participant.</i></p> <ul style="list-style-type: none"> <li>- <i>Transition items and goods must be procured <u>within 60 days after moving.</u></i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	<p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>	
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		<p>service, they may sell and/or donate their items.</p> <p>All goods must be in good operating condition and repaired in accordance with applicable specifications.</p> <p>All services must be performed in accordance with standard workmanship and applicable specifications.</p>			
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## Transportation Services

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Service Name: Transportation Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Transportation Services	(Item)	<p><b>Transportation services are designed to improve the person's and the family caregiver's ability to independently access community activities within their own community in response to needs identified through the participant's file.</b></p> <p>The participant's community is defined as places the participant lives, works, shops, or regularly spends their days. The participant's community does not include vacations in the State or other travel inside or outside of the State of Maryland unless it is a day trip.</p>	<p><b>Service Authorization requirements Transportation Services include the following:</b></p> <ul style="list-style-type: none"> <li>- Person lives in their own home or their family's home</li> <li>- Description of transportation services and frequency to access community activities within their own community</li> <li>- Transport within a person's own community and is not transportation related to a medical service; AND Documentation verifying service isn't covered under <b>private insurance, the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services, and any other federal or state funding program.</b></li> </ul>	<p><b>Required documentation for Transportation Services includes the following:</b></p> <p><b>All Orientation services, accessing mobility and volunteer transportation services, travel training documentation includes:</b></p> <ul style="list-style-type: none"> <li>- Timesheet signed and dated by the provider; AND</li> <li>- Service note describing the service provided.</li> </ul> <p><b>All Prepaid transportation vouchers and cards documentation include (as applicable):</b></p> <ul style="list-style-type: none"> <li>- Receipt(s) signed/dated by the person acknowledging</li> </ul>	<p>Transportation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, or Supported Living services.</p> <p>Note: Transportation supports are available for participants supported with Follow-Along Job Supports. This means that a person receiving Follow-Along Job Supports, can access the stand-alone Transportation support service to get to/from their job even if they are also authorized for residential services.</p>

Service Name: Transportation Services	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p><b>Transportation Services can include:</b></p> <ul style="list-style-type: none"> <li>- Orientation to using other senses or supports for safe movement;</li> <li>- Accessing Mobility and volunteer transportation services;</li> <li>- Travel training;</li> <li>- Transportation services including: public and community transportation, taxi services, and non-traditional transportation providers;</li> <li>- Purchase of prepaid transportation vouchers and cards; AND/OR</li> <li>- Mileage reimbursement for transportation provided by another individual using their own car.</li> </ul> <p><b>Not included:</b></p> <ul style="list-style-type: none"> <li>- Payment to spouses or legally responsible individuals for furnishing transportation services.</li> </ul>	<p><b>Service authorization limits for Transportation Services are as follows:</b></p> <ul style="list-style-type: none"> <li>- <i>\$7,500 annual limit per year per participant.</i></li> </ul> <p><b>Note:</b> For people self-directing their services, the transportation individualized self-directed budget is based on their need while considering their preferences and funds availability from their authorized budget allocation.</p> <p>See applicable policies in <a href="#">PolicyStat</a></p>	<p><i>receipt</i></p> <ul style="list-style-type: none"> <li>- Uber and Lyft application ride history/log;</li> <li>- Cab service monthly invoice;</li> <li>- Ride service log noting date of ride; start and end location; cost of ride; receipt or proof of payment.</li> </ul> <p><b>All Mileage reimbursement documentation includes:</b></p> <ul style="list-style-type: none"> <li>- Mileage log to include travel date and signature of the provider and the person.</li> </ul> <p><b>Organized Health Care Delivery System also require:</b></p> <ul style="list-style-type: none"> <li>- Documentation that the vendor meets all applicable provider qualifications and standards; AND</li> <li>- Signed, dated Organized Health Care Delivery Services / Qualified Provider Agreement that meets the specifications of DDA policy.</li> </ul> <p>See applicable policies in <a href="#">PolicyStat</a>.</p>	

## Vehicle Modification

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Service Name: <b>Vehicle Modifications</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Vehicle Modifications	(Item)	<p><b>Vehicle Modifications</b> are adaptations or alterations to a vehicle that is the person's or the person's family's primary means of transportation.</p> <p><b>Vehicle Modifications may include:</b></p> <ul style="list-style-type: none"> <li>- Assessment to determine specific needs of the person as a driver or passenger, review modification options, and develop a prescription for required modifications of a vehicle;</li> <li>- Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the person, or legally responsible parent of a minor or other caretaker as approved by DDA;</li> <li>- Non-warranty vehicle modification repairs; AND</li> <li>- Training on use of the modification.</li> </ul>	<p><i>Service Authorization requirements for Vehicle Modifications include the following:</i></p> <ul style="list-style-type: none"> <li>- <i>Proof of vehicle registration/ ownership to the person or legally responsible parent of a minor or other primary caretaker;</i></li> <li>- <i>Assessment recommending the needed modification (unless Division of Rehabilitation Services assessment has been completed in the past year);</i></li> <li>- <i>Documentation in the person's Person-Centered Plan the changes are a necessary component of achieving the Person-Centered Plan outcomes;</i></li> <li>- <i>A prescription for vehicle modification completed by a qualified provider;</i></li> <li>- <i>With new/used vehicle purchase in which the portion of the cost for the modification is request there must be a cost breakdown that specifies the cost of the modification; AND</i></li> </ul>	<p><i>Required documentation for Vehicle Modifications includes the following:</i></p> <p><b>All Provider Types:</b></p> <ul style="list-style-type: none"> <li>- <i>Vehicle Modifications: Verification that the modified vehicle meets safety standards.</i></li> </ul> <p><b>All Vehicle Modifications Services:</b></p> <ul style="list-style-type: none"> <li>- <i>Invoice that includes an itemized list of vehicle modification Services, provider's signature, date and signature of person or authorized representative acknowledging receipt; AND</i></li> <li>- <i>Retain assessment, prescription for vehicle modification, and cost breakdown as applicable.</i></li> </ul>	

Service Name: <b>Vehicle Modifications</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<ul style="list-style-type: none"> <li>- Documentation verifying the vehicle modification isn't covered under <b>private insurance</b>, the Maryland Medicaid State Plan, Division of Rehabilitation Services, State Department of Education, <b>Department of Human Services</b> and any other federal or state government funding program.</li> </ul> <p><i>Note: Authorized costs of assessment, repairs and modification training must be customary and reasonable as established by DDA.</i></p> <p><i>The below costs are not included in the rate for Vehicle Modification:</i></p> <ul style="list-style-type: none"> <li>- Purchase of new/used vehicles, general vehicle maintenance or repair, State inspections, insurance, gas, <b>charging electric vehicles</b>, fines, tickets or warranty purchase.</li> <li>- Vehicle Modifications purchased by the program that have been damaged in an accident.</li> <li>- Modifications to provider owned vehicles.</li> </ul> <p><i>Service limits for Vehicle Modifications are as follows:</i></p> <ul style="list-style-type: none"> <li>- Must not exceed a total of \$15,000 within 10 calendar years.</li> </ul>	<p><b>Organized Health Care Delivery System</b></p> <ul style="list-style-type: none"> <li>- Documentation that the vendor meets all applicable provider qualifications and standards; AND</li> <li>- Signed, dated Organized Health Care Delivery Services / Qualified Provider Agreement that meets the specifications of DDA policy.</li> </ul> <p>See applicable policies in <a href="#"><u>PolicyStat</u></a>.</p>	

## Residential Services

### Community Living- Group Home Support

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Service Name: <b>Community Living – Group Home Support</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Community Living- Group Home Support	(Day)	<p><b>Community Living-Group Home Support</b> services provide the person with development, acquisition, and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a community residential setting.</p> <p><b>Service Provision includes:</b></p> <ul style="list-style-type: none"> <li>○ Direct support services;</li> <li>○ Transportation;</li> <li>○ Nursing support; services; and</li> <li>○ Person care assistance.</li> </ul> <p><b>Service Characteristics include:</b></p> <ul style="list-style-type: none"> <li>- Support for learning socially acceptable</li> </ul>	<p><b><i>The following criteria will be used for new persons to access Community Living – Group Home services:</i></b></p> <ol style="list-style-type: none"> <li>1. <i>The person is 18 years of age.</i></li> <li>2. <i>Person has critical support needs that cannot be met by other residential or in-home services and supports;</i></li> <li>3. <i>This residential model is the most integrated and most cost-effective service to meet needs; AND</i></li> <li>3. <i>The person meets one of the following criteria:</i> <ol style="list-style-type: none"> <li>a) <i>They currently live on their own and unable to care for themselves with services and supports;</i></li> <li>b) <i>They currently live on their own or with family or other unpaid caregivers and such living</i></li> </ol> </li> </ol>	<p><b><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></b></p> <p><b><i>Documentation requirements for Community Living-Group Home Support includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</li> <li>- Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc.</li> </ul> <p><b><i>Providers are required to retain:</i></b></p> <ul style="list-style-type: none"> <li>- Staff time sheets or payroll information documenting the provision of the staffing</li> </ul>	Community Living— Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living- Enhanced Supports, Day Habilitation, Employment Services, Medical Day Care, Nursing Support Services, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

Service Name: <b>Community Living – Group Home Support</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
	(Day)	<p>behavior; effective communication; self-direction and problem solving; engaging in safety practices; performing household chores in a safe and effective manner; performing self-care; and skills for employment;</p> <ul style="list-style-type: none"> <li>- Transportation to and from and within this service is included within the services; and</li> <li>- Nurse Case Management and Delegation Services.</li> </ul> <p><b>Acute Care Hospital Stay Supports:</b></p> <p>Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant's personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short-term institutional services.</p>	<p><i>situation presents an imminent risk to their physical or mental health and safety or the health and safety of others;</i></p> <p>c) <i>The person is (i) homeless and living on the street; (ii) has no permanent place to live; or (ii) at immediate risk of homelessness or having no permanent place to live;</i></p> <p>d) <i>The person currently lives with family or other unpaid caregivers and documentation exists that in-home services available through the other waiver services would not be sufficient to meet the needs of the person;</i></p> <p>e) <i>The person's family's or unpaid caregiver's health changes significantly where the primary caregiver is incapacitated and there is no other available caregiver. Examples of such significant health changes include a long-term illness or permanent injury;</i></p> <p>f) <i>There is no family or unpaid caretaker to provide needed care;</i></p> <p>g) <i>There is a risk of abuse or neglect to the person in their</i></p>	<p><i>hours specified for the home;</i></p> <ul style="list-style-type: none"> <li>- <i>Service documentation (i.e., medication administration record, service notes, etc.) and have available upon request; AND</i></li> <li>- <i>Documentation that staff meet all qualifications as required for this specific service and DDA.</i></li> </ul> <p><i>See applicable policies in <b>PolicyStat</b>.</i></p>	<p>Note: Transportation supports are available for participants supported with Follow-Along Job Supports. This means that a person receiving Follow-Along Job Supports, can access the stand-alone Transportation support service to get to/from their job even if they are also authorized for residential services.</p>

Service Name: <b>Community Living – Group Home Support</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
	(Day)	<p>Service must be identified in the <i>Person-Centered Plan</i>.</p> <p>Note: Services are provided in a provider licensed and owned or operated group home setting.</p> <p>Residential total shared staffing hours include an allocation for base staffing hours plus an allocation of flexible hours per home to support and promote individualized supports. The total home hours are referred to as “shared hours.”</p>	<p><i>current living situation as evidenced by: (1) recurrent involvement of the Child Protective Services (CPS) or Adult Protective Services (APS) as documented by the case manager that indicates the person's health and safety cannot be assured and attempts to resolve the situation are not effective with Child Protective Services or Adult Protective Services involvement or (2) removal from the home by Child Protective Services or Adult Protective Services;</i></p> <p><i>h) With no other home or residential setting available, the person is: (1) ready for discharge from a hospital, nursing facility, State Residential Center, psychiatric facility, or other institution; (2) ready for release from incarceration; (3) residing in a temporary setting such as a shelter, hotel, or hospital emergency department (4) transitioning from a residential school; or (5) returning from an out of State placement; or</i></p> <p><i>i) Extenuating circumstances; AND</i></p>		

		<p>j) <i>The residential service is the most cost-effective means to meet the participant's assessed need.</i></p> <p><b><i>If the person is living in their own, or a family home:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Documentation that Community First Choice and personal supports have been explored and are insufficient to meet the person's needs; OR</i></li> <li>- <i>Documentation that the person's health and welfare is jeopardized in their current living situation. Examples of documentation include Adult Protective Services referrals, increased emergency room visits, critical incident reports, etc.</i></li> </ul> <p><b><i>If the person is in an institutional setting or homeless:</i></b></p> <p><i>Documentation that less restrictive living options have been explored and cannot meet the person's needs.</i></p> <p><b><i>Service Authorization requirements for Nursing Support Services - Delegation Services standalone support:</i></b></p> <p><i>In the event that additional Nursing Delegation training supports are needed as indicated in the Health Risk</i></p>		
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		<p><i>Screening Tool because of a change in the person's from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nursing Support Service - Delegation Service support service hours can be authorized.</i></p> <p><b><i>Community Living - Group Home Retainer Fee:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Limited to up to 18 days per calendar year per recipient per provider.</i></li> </ul> <p><i>Effective March 2021, retainer fees will no longer show on the Person-Centered Plan but may be billed via the Provider Portal.</i></p> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to <b>private insurance</b>, those offered by Maryland's State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services and any other federal or state government funding program must be explored to the extent applicable. These efforts must be documented in the participants' file. To the extent any listed services are covered under the Medicaid State Plan,</i></p>		
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*the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.*

*See applicable policies in [PolicyStat](#).*

## Community Living – Group Home Support: Dedicated Hours

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Service Name: <b>Community Living – Group Home Support: Dedicated Hours</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Community Living- Group Home Support: Dedicated Hours</b>	(15 minute)	<p><b>Dedicated 1:1 or 2:1 staff-to-participant supports within Community Living – Group Home supports.</b></p> <p><b>Service characteristics include:</b></p> <ul style="list-style-type: none"> <li>- Dedicated hours can be used to support more than one participant if it meets their assessed needs and the following circumstances are met: <ul style="list-style-type: none"> <li>○ The participants are retired, transitioning from one meaningful day service to another, recovering from a health condition, or receive less than 40 hours of meaningful day services per week;</li> <li>○ The dedicated hours are documented in each participant's respective</li> </ul> </li> </ul>	<p><i>Teams may request authorization of dedicated staff hours when shared hours and overnight supervision (as applicable) does not meet the person's needs as set forth in DDA's policies and guidance.</i></p> <p><b>Notes:</b></p> <p><b>1- Shared hours</b></p> <ul style="list-style-type: none"> <li>○ <i>Service with overnight supports</i> <ul style="list-style-type: none"> <li>○ <i>1 resident = 138 hours</i></li> <li>○ <i>2 residents = 179 hours</i></li> <li>○ <i>3 residents = 199.5 hours</i></li> <li>○ <i>4 residents = 302 hours</i></li> <li>○ <i>5 residents = 322.5 hours</i></li> <li>○ <i>6 residents = 415 hours</i></li> <li>○ <i>7 residents = 473.5 hours</i></li> <li>○ <i>8 residents = 494 hours</i></li> </ul> </li> </ul> <p><b>○ <i>Service without overnight supports</i></b></p> <ul style="list-style-type: none"> <li>○ <i>1 resident = 82 hours</i></li> <li>○ <i>2 residents = 123 hours</i></li> </ul>	<p><i>Required documentation for Community Living-Group Home Support: Dedicated Hours includes the following:</i></p> <ul style="list-style-type: none"> <li>- <i>Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours;</i></li> <li><b>AND</b></li> <li>- <i>For each block of consecutive units of service, document service performed.</i></li> </ul> <p><b>Dedicated hours (behavioral):</b></p> <ul style="list-style-type: none"> <li>- <i>Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.</i></li> </ul>	<p>Community Living—Group Home Dedicated Hours are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>

		<p>Person-Centered Plan and the Service Implementation Plan; and</p> <p>The DDA provider may only bill the dedicated hours for one participant, to avoid duplication.</p> <p><b><u>Reference PolicyStat - Residential Services: Use of Dedicated Supports During Meaningful Day Hours</u></b></p> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<ul style="list-style-type: none"> <li>○ 3 residents = 143.5 hours</li> <li>○ 4 residents = 246 hours</li> <li>○ 5 residents = 266.5 hours</li> <li>○ 6 residents = 303 hours</li> <li>○ 7 residents = 361.5 hours</li> <li>○ 8 residents = 382 hours</li> </ul> <p><i>2- Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i></p> <p><i>3 - The authorized hours are not limited to services provided inside the home and can support the person with community engagement, including for individualized transportation needs.</i></p> <p><i>4 - Based on assessed need, authorization can be for specified months or for the entire year.</i></p> <p><b><i>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</i></b></p> <ul style="list-style-type: none"> <li>- The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs or</li> <li>- The participant has an approved Nursing Care Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio</li> </ul>	<p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	
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		<p><i>necessary to support the person with specific health and safety needs.</i></p>	<p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. <i>The DDA may authorize dedicated support for participants new to services and participants in services who have a specific, documented behavioral need for up to 6 months while a Behavior Support Plan gets developed and authorized.</i></li> <li>2. <i>The DDA may authorize Nursing Support Services in an Emergency Revised Plan for participants in services who have a specific, documented health and safety need to support the development of a Nursing Care Plan and subsequent request for dedicated support.</i></li> <li>3. <i>The Health Risk Screening Tool is still used to assess the person's health and safety needs. It is not required for higher levels of support as noted above.</i></li> </ol> <p><i>2 -If 1:1 dedicated hours are requested for <b>medical</b> needs:</i></p> <ul style="list-style-type: none"> <li>- <i>Dedicated hours must be recommended by a Nursing Care Plan or Behavior Support Plan; AND</i></li> <li>- <i>Needs that may merit dedicated hours include but are not limited</i></li> </ul>		
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			<p><i>to fractures impacting mobility, post- operative and post- hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc.</i></p> <ul style="list-style-type: none"> <li><i>- When dedicated hours are requested for mobility/ ambulation, there must be documentation that DME and AT has been explored as an alternative to dedicated staff.</i></li> <li><i>- Dedicated hours may be authorized in lieu of day services when the person's health status is compromised by leaving the home or they are of retirement age.</i></li> </ul> <p><b>3 - If 1:1 dedicated hours are requested for <b>behavioral</b> needs:</b></p> <ul style="list-style-type: none"> <li><i>- Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff.</i></li> <li><i>- Recent (within 90 days) incident reports document the need for dedicated staff; AND</i></li> <li><i>- Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.</i></li> <li><i>- Dedicated hours <b>CANNOT</b> be authorized as an alternative to day habilitation if the person is of working age (as determined by</i></li> </ul>		
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			<p><i>Social Security guidelines) AND is refusing both employment AND CDS options unless otherwise noted in policy or this guidance.</i></p> <p><b>4 - Residential Services: Use of Dedicated Supports During Meaningful Day Hours:</b></p> <ul style="list-style-type: none"> <li>- <i>May be requested up to 30 hours per week, Monday through Friday based on the participant's assessed need.</i></li> <li>- <i>Criteria to be authorized:</i> <ul style="list-style-type: none"> <li>○ <i>Assessed need for day supports that cannot be addressed through a Meaningful Day service or other non-work-related support; AND</i></li> <li>○ <i>Time limited services/short-term transition period while person is seeking new Meaningful Day service provider or recovering from a medical or mental health condition and is not able to participate in Meaningful Day service provider or recovering from a medical or mental health condition and is not able to participate in Meaningful Day services for five or more consecutive days; OR</i></li> <li>○ <i>Partial requests may be authorized when the</i></li> </ul> </li> </ul>		
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			<p><i>participant receives less than 30 hours of Meaningful Day Services, but a support gap (based on assessed need) has been identified during traditional Meaningful Day hours cannot be met by Meaningful Day services; OR</i></p> <ul style="list-style-type: none"> <li>○ <i>Residential Dedicated Supports during Meaningful Day Hours may be authorized for up to 40 hours per week when:</i> <ul style="list-style-type: none"> <li>○ <i>Meaningful Day services have been explored and do not meet the participant's assessed needs.</i></li> <li>○ <i>The participant has medical/psychiatric support needs that cannot be met in Meaningful Day services. The challenges could include, but are not limited to, acute medical and/or psychiatric, chronic medical and/or psychiatric, hospice, significant medical and/or psychiatric appointments, and recovery from injuries and/or illness.</i></li> </ul> </li> </ul>		
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Service Name: <b>Community Living – Group Home Support: Dedicated Hours</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><b><u><a href="#">Reference PolicyStat - Residential Services: Use of Dedicated Supports During Meaningful Day Hours</a></u></b></p> <p><b><i>5 - Documentation to support 2:1 dedicated hours includes:</i></b></p> <ul style="list-style-type: none"> <li>- <i>All 2:1 dedicated hours should be based on an identified need clearly outlined in the Person-Centered Plan. Team can also use the Health Risk Screening Tool, Support Intensity Scale, Behavior Support Plan or Nursing Care Plan to help communicate the need; AND</i></li> <li>- <i>A copy of the schedule noting the shared and dedicated hours currently authorized in the person's home; when other people in the home have dedicated staffing, the regional office may request documentation to determine if dedicated 2:1 staffing is necessary to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person</i></li> </ul>		

		<p><i>doesn't harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary.</i></p> <p><b><i>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</i></b></p> <ul style="list-style-type: none"> <li><i>- The 2<sup>nd</sup> staff is needed to relieve the 1<sup>st</sup> staff.</i></li> <li><i>- The 1<sup>st</sup> staff is responsible for implementing the BSP, the 2<sup>nd</sup> staff is needed to ensure the safety and security of the environment, i.e., the person has PICA and puts non-edibles in their mouth.</i></li> <li><i>- The person requires constant monitoring while in transport and the 2<sup>nd</sup> staff is needed to drive.</i></li> <li><i>- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</i></li> </ul> <p><b><i>6 - Dedicated hours</i></b></p> <ul style="list-style-type: none"> <li><i>- May be used to support more than one participant if it meets their assessed needs and the following requirements are met:</i></li> <li><i>o The participants are retired, transitioning from one meaningful day service to another, recovering from a health condition or receive</i></li> </ul>		
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		<p><i>less than 40 hours of meaningful day services;</i></p> <ul style="list-style-type: none"> <li>○ <i>Support is documented in each participant's Person-Centered Plan and Service Implementation Plan; and</i></li> <li>○ <i>Dedicated hours are billed for only one participant.</i></li> </ul> <p><b>7- <i>Dedicated hours to support community integration</i></b> (for participants without an assessed need for 1:1 or 2:1 due to a medical or behavioral assessed need) beyond the shared hours will need to be supported by a schedule demonstrating how shared hours are utilized and the additional hours needed.</p> <p><b>8- <i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to private insurance, those offered by Maryland's State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services, and any other federal or state government funding program, must be explored to the extent applicable.</i></b></p>		
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			<p><i>These efforts must be documented in the participant's file.</i></p> <p><i>9 - To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p> <p><i>10 - All participants in this setting must be authorized for Community Living - Group Home services.</i></p> <p><i>See applicable policies in <a href="#"><u>PolicyStat</u></a></i></p>		
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Community Living- Enhanced Supports  
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Service Name: <b>Community Living – Enhanced Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Community Living- Enhanced Supports</b>	<i>(Day)</i>	<p><b>Community Living-Enhanced Supports</b> provide the participant, who exhibits challenging behaviors, have court ordered restrictions, or has extensive assessed needs with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, socialization, and safety of self and others, by providing additional observation and direction in a community residential setting.</p> <p><b>Service Provision includes:</b></p> <ul style="list-style-type: none"> <li>- Direct support services</li> <li>- Transportation</li> <li>- Nursing support services;</li> <li>- Behavioral Support Services; and</li> <li>- Person care assistance</li> </ul> <p><b>Service Characteristics:</b></p>	<p><i>Service Authorization requirements for Community Living-Enhanced Supports include the following:</i></p> <ol style="list-style-type: none"> <li>1. <i>The person is 18 years of age or older.</i></li> <li>2. <i>The person has critical support needs that cannot be met by other residential or in-home services and supports; and</i></li> <li>3. <i>The person meets the following criteria:</i> <ol style="list-style-type: none"> <li>a) <i>The person has (i) court ordered restrictions to community living; or (ii) demonstrated history of severe behaviors requiring restrictions and the need for enhanced skills staff; or (iii) extensive needs; and</i></li> <li>b) <i>Community Living – Enhanced Support Services are the most integrated environment to meet needs.</i></li> </ol> </li> </ol>	<p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <ul style="list-style-type: none"> <li>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</li> <li>- Documented affirmation the service was provided as authorized by the Person-Centered Plan, i.e. daily service note.</li> </ul> <p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <ul style="list-style-type: none"> <li>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</li> <li>- Documented affirmation the service was provided as authorized by the Person-Centered Plan,</li> </ul>	<p>Community Living- Enhanced Supports services are not available at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Community Living- Group Homes, Day Habilitation, Employment Services, Medical Day Care, Nursing Support Services, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p> <p>Note: Transportation supports are available for participants supported with Follow-</p>

Service Name: <b>Community Living – Enhanced Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>1. Support for learning socially acceptable behavior; effective communication; self-direction and problem solving; engaging in safety practices; performing household chores in a safe and effective manner; performing self-care; and skills for employment;</p> <p>2. Transportation to and from and within this service is included within the services;</p> <p>3. Nurse Case Management and Delegation Services; and</p> <p>4. Behavioral support services.</p> <p><b>Acute Care Hospital Stay Supports:</b></p> <ul style="list-style-type: none"> <li>- Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant's personal,</li> </ul>	<p><b><i>Supporting documentation to demonstrate assessed need include:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Critical support needs that cannot be met by other less restrictive residential or in-home services and supports; OR</i></li> <li>- <i>Court order restricting community living; OR</i></li> <li>- <i>Documentation of severe behaviors requiring restrictions and the need for staff with enhanced training and skills.</i></li> </ul> <p><b><i>Note: Household size cannot exceed 4 people unless pre-authorized by DDA.</i></b></p> <p><b><i>Community Living – Enhanced Supports Retainer Fee:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Limited to up to 18 days per calendar year per recipient per provider.</i></li> <li>- <i>Effective March 2021, retainer fees will no longer show on the Person-Centered Plan but may be billed via the Provider Portal.</i></li> </ul>	<p><i>i.e. daily service note.</i></p> <p><b><i>Required documentation for Community Living-Enhanced Supports includes the following:</i></b></p> <ul style="list-style-type: none"> <li>- <i>Staff time sheets or payroll information documenting the provision of the staffing hours specified for the home;</i></li> <li>- <i>Service documentation (i.e., Medication Administration Record (MAR), service notes, etc.) and have available upon request; AND</i></li> <li>- <i>Documentation that staff meet all qualifications as required for this specific service and DDA.</i></li> </ul> <p><b><i>See applicable policies in <a href="#">PolicyStat</a>.</i></b></p>	<p>Along Job Supports. This means that a person receiving Follow-Along Job Supports, can access the stand-alone Transportation support service to get to/from their job even if they are also authorized for residential services.</p>

Service Name: <b>Community Living – Enhanced Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p>behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short-term institutional services. Service must be identified in the Person-Centered Plan.</p> <p><b>Residential total shared staffing hours</b> include an allocation for base staffing hours plus an allocation of flexible hours per home to support and promote individualized supports. The total home hours are referred to as “shared hours.”</p> <p>Note: Service is provided in a group home setting, owned or operated by the provider. Services may be provided to no more than four (4) individuals (including the person) in one home unless approved by DDA.</p>	<p><b><i>Service Authorization requirements for Nursing Support Services - Delegation Services standalone support:</i></b></p> <ul style="list-style-type: none"> <li>- <i>In the event that additional Nursing Delegation training supports are needed as indicated in the Health Risk Screening Tool because of a change in the person’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 Nursing Support Services support service hours can be authorized.</i></li> </ul> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland’s State Plan, Division of Rehabilitation Services, State Department of Education, and Department of Human Services, must be explored to the extent applicable. These efforts must be documented in the participant’s file. To the extent any listed services are covered under the Medicaid State Plan, the</i></p>		

		<p>The provider must have an organizational structure that ensures services are available at each licensed site on a 24-hour, 7- day a week basis, including back- up and emergency support, in accordance with staffing requirements set forth in each participant's Person-Centered Plan.</p>	<p><i>services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p> <p><i>See applicable policies in <a href="#"><u>PolicyStat</u></a>.</i></p>		
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## Community Living- Enhanced Supports: Dedicated Hours

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Service Name: <b>Community Living – Enhanced Supports: Dedicated Hours</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Community Living- Enhanced Supports: Dedicated Hours</b>	(15 minute)	<p>Dedicated 1:1 or 2:1 staffing within Community Living- Enhanced Supports.</p> <p>Teams may request authorization of dedicated staff hours when shared hours do not meet the person's needs; authorized hours are not limited to services provided inside the home.</p>	<p><b>Teams may request authorization of dedicated staff hours when shared hours and overnight supervision does not meet the person's needs as set forth in DDA's policies and guidance.</b></p> <p>Notes:</p> <ul style="list-style-type: none"> <li>1- Shared hours</li> <li>Service <u>with</u> overnight supports <ul style="list-style-type: none"> <li>○ 1 resident = 138 hours</li> </ul> </li> </ul>	<p><b>Required documentation for Community Living-Enhanced Supports: Dedicated Hours includes the following:</b></p> <ul style="list-style-type: none"> <li>- Staff timesheets or payroll records documenting the start/end time of staff providing dedicated hours;</li> <li>AND</li> <li>- For each block of</li> </ul>	<p>Community Living— Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living- Enhanced Supports,</p>

Service Name: <b>Community Living – Enhanced Supports: Dedicated Hours</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<ul style="list-style-type: none"> <li>○ <i>2 residents = 179 hours</i></li> <li>○ <i>3 residents = 199.5 hours</i></li> <li>○ <i>4 residents = 302 hours</i></li> </ul> <p><i>Service <u>without</u> overnight supports</i></p> <ul style="list-style-type: none"> <li>○ <i>1 resident = 82 hours</i></li> <li>○ <i>2 residents = 123 hours</i></li> <li>○ <i>3 residents = 143.5 hours</i></li> <li>○ <i>4 residents = 246 hours</i></li> </ul> <p><i>2- Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i></p> <p><i>3- The authorized hours are not limited to services provided inside the home and can support the person with community engagement, including for individualized transportation needs.</i></p> <p><i>4- Based on assessed need, authorization can be for specified months or for the entire year.</i></p> <p><b><i>Service Authorization requirements for Community Living- Enhanced Supports: Dedicated Hours include</i></b></p>	<p><i>consecutive units of service, document how the service performed relates to the Person-Centered Plan service authorization, i.e. services note or behavioral plan data tracking form.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<p>Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>

Service Name: Community Living – Enhanced Supports: Dedicated Hours	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><b><i>the following:</i></b></p> <p><i>All dedicated hours should be based on an identified need clearly outlined in the Person-Centered Plan.</i></p> <p><b><i>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</i></b></p> <ul style="list-style-type: none"> <li>• <i>The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs; or</i></li> <li>• <i>The participant has an approved Nursing Care Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs</i></li> </ul>		

Service Name: Community Living – Enhanced Supports: Dedicated Hours	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. <i>The DDA may authorize dedicated support for participants new to services and participants in services who have a specific, documented behavioral need for up to 6 months while a Behavior Support Plan gets authorized and developed.</i></li> <li>2. <i>The DDA may authorize Nursing Support Services in an Emergency Revised Plan for participants in services who have a specific, documented health and safety need to support the development of a Nursing Care Plan and subsequent request for dedicated support.</i></li> <li>3. <i>The Health Risk Screening Tool is still used to assess the person's health and safety needs. It is not required for higher levels of support.</i></li> </ol> <p><b>1:1 dedicated hours:</b></p> <ul style="list-style-type: none"> <li>- <i>Dedicated hours may be authorized for overnight staffing when documentation indicates shared hours for overnight shared</i></li> </ul>		

		<p><i>staffing is inadequate to prevent harm to self or others.</i></p> <p><b>2:1 dedicated hours: are time limited with the intention of the person transitioning to 1:1 support, when:</b></p> <ul style="list-style-type: none"> <li>- Documentation indicates that the person is:           <ul style="list-style-type: none"> <li><i>Unable to participate in meaningful day activities; AND</i></li> <li>○ Has a need for 2:1 staffing as documented by the Health Risk Screening Tool, Support Intensity Scale, or Behavior Support Plan.</li> </ul> </li> </ul> <p><b>Examples of situations that may indicate the need for 2:1 dedicated hours include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>- The 2nd staff is needed to relieve the 1st staff.</li> <li>- The 1st staff is responsible for implementing the BSP, the 2nd staff is needed to ensure the safety and security of the environment.</li> <li>- The person requires constant monitoring while in transport and the 2nd staff is needed to drive.</li> <li>- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</li> </ul> <p><b>Note:</b> Based on assessed need,</p>		
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			<p>authorization can be specified for months or for the entire year.</p> <p>See applicable policies in <a href="#">PolicyStat</a></p>		
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## Residential Retainer Fee: Community Living-Group Home and Community Living - Enhanced Supports

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Service Name: <b>Residential Retainer Fee: Community Living – Group Home and Community Living – Enhanced Supports</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Residential Retainer Fee: Community Living-Group Home and Community Living - Enhanced Supports	Day	<p><b>Retainer Fee is available for up to 18 days per calendar year, per person, when the person is unable to receive services due to hospitalization, behavioral respite, or family visits.</b></p>	<p><b>Service Authorization requirements for Residential Retainer Fee include the following:</b></p> <ul style="list-style-type: none"> <li>- 18 days are authorized annually for the provider of each person receiving Community Living-Group Home and -Enhanced Living;</li> <li>- Each time the person changes Community Living providers an additional 18 days of retainer services is authorized for the new provider; AND</li> <li>- This authorization is within the total number of days authorized for the service and will be made automatically available in LTSS.</li> </ul> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to private</i></p>	<p><i>Required documentation for Residential Retainer Fee: Community Living-Group Home and Community Living-Enhanced Support includes the following:</i></p> <ul style="list-style-type: none"> <li>- Attendance log documenting the person's absence due to hospitalization, behavioral respite or family visit.</li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<p>Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>

			<p><i>insurance, those offered by Maryland's State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services, and any other federal or state government funding program must be explored to the extent applicable. These efforts must be documented in the participant's file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p> <p><i>See applicable policies in <a href="#"><u>PolicyStat</u></a></i></p>		
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## Trial Experience - Community Living – Group Home and Enhanced Support

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Service Name: Trial Experience – Community Living – Group Home and Enhanced Support	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Trial Experience - Community Living – Group Home and Enhanced Support	(Day)	<p><b>This service offers a trial experience with a provider for people transitioning from an institutional or non-residential site on a temporary basis.</b></p>	<p><i>Service may be authorized on a temporary, trial basis not to exceed 7 days/overnights if the person transitioning from an institutional or non-residential site can reasonably be expected to be eligible for and to enroll in the waiver.</i></p> <p><i>Maximum authorization of 7 days within the 180-day period in advance of a move from an institution or non-residential site.</i></p>	<p><i>Services provided to a person transitioning from a Medicaid institutional setting are billable when the person leaves the institutional setting and enters the waiver. Services are billed to Medicaid as an administrative cost.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<p>Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living- Enhanced Supports, Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>

Service Name: Trial Experience – Community Living – Group Home and Enhanced Support	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to <b>private insurance</b>, those offered by Maryland's State Plan, Division of Rehabilitation Services, State Department of Education, Department of Human Services and any other federal or state government funding program must be explored to the extent applicable. These efforts must be documented in the participant's file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>		

## Supported Living

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Service Name: <b>Supported Living</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
<b>Supported Living</b>  <b>Service is authorized and billed through LTSS effective 1/1/21.</b>	(Day)	<p><b>Supported Living services provide persons with a variety of individualized community living services to support living independently in the community in their own home.</b></p> <p><b>This residential service is for people living in a setting that is not owned or leased by a provider. The people living in the home or parent/guardian own or lease the home. Home size is limited to no more than 4 people.</b></p>	<p><b><i>Service Authorization requirements for Supported Living include the following:</i></b></p> <ol style="list-style-type: none"> <li><b><i>1. A person chooses to live independently or with roommates; and</i></b></li> <li><b><i>2. A person is able to live in a home of their own choice, located where they want.</i></b></li> <li><b><i>3. A person gets to live more independently in the community, such as moving from a residential group home or from their parents' house.</i></b></li> <li><b><i>4. This residential model is a cost-</i></b></li> </ol>	<p><b><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day:</i></b></p> <ul style="list-style-type: none"> <li><b><i>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</i></b></li> <li><b><i>- Documented affirmation the service was provided; examples include but are not limited to: Medication Administration Record (MAR), service notes, etc.</i></b></li> </ul>	<p>Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation,</p>

Service Name: Supported Living	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
		<p><b>Service includes:</b></p> <ul style="list-style-type: none"> <li>- Direct support services</li> <li>- Transportation</li> <li>- Nursing support services; and</li> <li>- Person care assistance</li> </ul> <p><b>Acute Care Hospital Stay Supports:</b></p> <ul style="list-style-type: none"> <li>- Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant's personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short-term institutional services. Service must be identified in the Person-Centered Plan.</li> <li>- Supported Living total shared staffing hours include an allocation for base staffing hours plus an allocation of flexible hours per home to support and</li> </ul>	<p><i>effective service to meet the person's needs and independent living goals.</i></p> <p><i>If the person is living in their own, or a family home:</i></p> <ul style="list-style-type: none"> <li>- Documentation that Community First Choice and personal supports have been explored and are insufficient to meet the person's needs; AND</li> <li>- Documentation that the person's health and welfare is jeopardized in their current living situation.</li> <li>- Documentation that less restrictive living options have been explored and cannot meet the person's needs.</li> <li>- <i>This residential model is the most cost-effective service to meet the person's needs.</i></li> </ul> <p><i>Providers may request authorization to NOT staff a supported living home overnight. If authorized to NOT staff a supported living home, the costs of overnight direct staff are "turned off" or removed from the base rate.</i></p> <p><i>The regional office may exercise discretion in determining whether</i></p>	<p><i>Required documentation for Supported Living includes the following:</i></p> <ul style="list-style-type: none"> <li>- Staff time sheets or payroll information documenting the provision of the staffing hours specified for the home;</li> <li>- Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</li> <li>- Documentation that staff meet all qualifications as required for this specific service and DDA.</li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	<p>Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, or Shared Living.</p>

		<p>promote individualized supports. The total home hours are referred to as “shared hours.”</p>	<p><i>there is a safety risk associated with not providing overnight direct staff and has the authority to deny requests to “turn off” overnight staffing.</i></p> <p><i>Service Authorization requirements for Nursing Support Services - Delegation Services standalone support:</i></p> <ul style="list-style-type: none"> <li><i>- In the event that additional Nursing Delegation training supports are needed as indicated in the Health Risk Screening Tool because of a change in the person’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 Nursing Support Services - Delegation Service support service hours can be authorized.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>		
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Supported Living: Dedicated Hours  
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Service Name: Supported Living: Dedicated Hours	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Supported Living: Dedicated Hours	(15 minute)	Dedicated 1:1 or 2:1 staffing within Supported Living	<p><b>Teams may request authorization of dedicated staff hours when shared hours and overnight supervision does not meet the person's needs as set forth in DDA's policies and guidance.</b></p> <p>Notes:</p> <ul style="list-style-type: none"> <li>1 - Shared hours <ul style="list-style-type: none"> <li>○ <u>Service with overnight supports</u> <ul style="list-style-type: none"> <li>○ 1 resident = 138 hours</li> <li>○ 2 residents = 179 hours</li> <li>○ 3 residents = 199.5 hours</li> <li>○ 4 residents = 302 hours</li> </ul> </li> <li>○ <u>Service without overnight supports</u> <ul style="list-style-type: none"> <li>○ 1 resident = 82 hours</li> <li>○ 2 residents = 123 hours</li> <li>○ 3 residents = 143.5 hours</li> <li>○ 4 residents = 246 hours</li> </ul> </li> </ul> </li> <li>2 - Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</li> <li>3 - The authorized hours are not limited to services provided inside the home and can support the person with community</li> </ul>	<p><b>Required documentation for Supported Living: Dedicated Hours includes the following:</b></p> <p><b>All Dedicated hours</b></p> <ul style="list-style-type: none"> <li>- Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</li> <li>- For each block of consecutive units of service, document how the service performed relates to the Person-Centered Plan service authorization.</li> </ul> <p><b>Dedicated hours (behavioral):</b></p> <ul style="list-style-type: none"> <li>- Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.</li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>	Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living- Enhanced Supports, Community Living- Group Homes, Day Habilitation, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, or Shared Living.

Service Name: <b>Supported Living: Dedicated Hours</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><i>engagement, including for individualized transportation needs.</i></p> <p><i>4 - Based on assessed need, authorization can be for specified months or for the entire year.</i></p> <p><b><i>Supporting documentation to demonstrate assessed need include:</i></b></p> <p><i>All dedicated hours should be based on an identified need clearly outlined in the Person-Centered Plan. Team can also use the Health Risk Screening Tool, Support Intensity Scale, Behavior Support Plan or Nursing Care Plan to help communicate the need.</i></p> <p><b><i>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</i></b></p> <ul style="list-style-type: none"> <li>● <i>The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs; or</i></li> <li>● <i>The participant has an approved Nursing Care Plan documenting the need for 1:1 or 2:1 staff-to-</i></li> </ul>		

		<p><i>participant ratio necessary to support the person with specific health and safety needs.</i></p> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. <i>The DDA may authorize dedicated support for participants new to services and participants in services who have a specific, documented behavioral need for up to 6 months while a Behavior Support Plan gets authorized and developed.</i></li> <li>2. <i>The Health Risk Screening Tool is still used to assess the person's health and safety needs. It is not required for higher levels of support as noted above.</i></li> </ol> <p><i>5 - 1:1 dedicated hours are requested for medical needs:</i></p> <ul style="list-style-type: none"> <li>- <i>Dedicated hours must be recommended by an RN or Behavioral Support Services AND</i></li> <li>- <i>Needs that may merit dedicated hours include but are not limited to fractures impacting mobility, post-operative and post-hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc.</i></li> </ul> <p><i>When dedicated hours are requested for mobility/ambulation, there must</i></p>		
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Service Name: <b>Supported Living: Dedicated Hours</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><i>be documentation that DME has been explored as an alternative to dedicated staff.</i></p> <ul style="list-style-type: none"> <li>- <i>Dedicated hours may be authorized in lieu of day services when the person's health status is compromised by leaving the home or they are of retirement age.</i></li> </ul> <p><i>6 - If 1:1 dedicated hours are requested for <b>behavioral</b> needs:</i></p> <ul style="list-style-type: none"> <li>- <i>Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff</i></li> <li>- <i>Recent (within 90 days) incident reports document the need for dedicated staff; AND</i></li> <li>- <i>Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.</i> <p><i>Dedicated hours CANNOT be authorized as an alternative to day habilitation if the person is of working age (as determined by Social Security guidelines) AND is refusing both employment AND CDS options.</i></p> </li></ul>		

Service Name: <b>Supported Living: Dedicated Hours</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><b>7 - Documentation to support 2:1 dedicated hours includes:</b></p> <ul style="list-style-type: none"> <li>- A copy of the schedule noting the shared and dedicated hours currently authorized in the person's home; when other people in the home have dedicated staffing, the regional office may request documentation to determine if dedicated 2:1 staffing is necessary to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person doesn't harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary.</li> </ul> <p><b>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>- The 2<sup>nd</sup> staff is needed to relieve the 1<sup>st</sup> staff.</li> <li>- The 1<sup>st</sup> staff is responsible for implementing the Behavior Support Plan, the 2<sup>nd</sup> staff is needed to ensure the safety and security of the</li> </ul>		

Service Name: <b>Supported Living: Dedicated Hours</b>	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><i>environment, i.e. the person has PICA and puts non-edibles in <b>their</b> mouth.</i></p> <ul style="list-style-type: none"> <li>- <i>The person requires constant monitoring while in transport and the 2<sup>nd</sup> staff is needed to drive.</i></li> <li>- <i>The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</i></li> </ul> <p><b>8 - Dedicated hours</b></p> <ul style="list-style-type: none"> <li>- <i>May be used to support more than one participant if it meets their assessed needs and the following requirements are met:</i></li> <li>○ <i>The participants are retired, transitioning from one meaningful day service to another, recovering from a health condition, or receives less than 40 hours of meaningful day services; Support is documented in each participant's Person-Centered Plans and Service Implementation Plan; and</i></li> <li>○ <i>Dedicated hours are billed for only one participant.</i></li> </ul> <p><i>See applicable policies in <a href="#">PolicyStat</a>.</i></p>		

## Shared Living

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Service Name: Shared Living	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Shared Living	(Monthly)  LTSSMaryland - Rate per level	<p><b>Shared Living is an arrangement in which an individual, couple or a family in the community share their home and life's experiences with a person with a disability.</b></p> <p><b>The approach is based on a mutual relationship where both parties agree to share their lives.</b></p> <p><b>Service includes:</b></p> <ol style="list-style-type: none"> <li>1. Assistance, support, and guidance (e.g., physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions</li> </ol>	<p><i>Service Authorization requirements for Shared Living include the following criteria:</i></p> <ol style="list-style-type: none"> <li>1. Person must be 18 years of age or older;</li> <li>2. Person does not have family or relative supports;</li> <li>3. Person chooses this living option; and</li> <li>4. This residential model is the most cost-effective service to meet the person's needs.</li> </ol> <p><i>The level of support is based upon service needs as follows:</i></p> <ul style="list-style-type: none"> <li>- <i>Level 1 Basic: Person does not require continuous supervision and monitoring.</i></li> <li>- <i>Level 2 Intermediate: Person requires increased supervision and monitoring.</i></li> <li>- <i>Level 3 Advanced: Person requires continuous supervision and monitoring including designated 1:1 assistance for more than two hours daily to</i></li> </ul>	<p><i>Required documentation for Shared Living includes the following:</i></p> <p><i>Progress note signed by agency staff to indicate the date of face-to-face monitoring and findings; AND</i></p> <ul style="list-style-type: none"> <li>- <i>Monthly invoice signed and dated by the host home provider to include dates host home services were provided.</i></li> </ul> <p><i>Providers are required to retain staff time sheets or payroll information documenting staffing for the provision of waiver services.</i></p> <p><i>See applicable policies in <b>PolicyStat</b>.</i></p>	<p>Shared Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living- Enhanced Supports, Community Living- Group Homes, Day Habilitation, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Supported Living, or Transportation services.</p> <p>Shared Living services are not available to participants receiving support services in other residential models</p>

Service Name: Shared Living	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<p>and activities, and use of community resources;</p> <p>2. Nurse Case Management and Delegation Services; and</p> <p>3. Transportation.</p> <p><b>Note:</b> Transportation is included in the cost of Shared Living and may not be billed as a separate service, unless the person wants to access their community independently.</p>	<p><i>mitigate behavioral risk or provide medical supports.</i></p> <p><b>Examples of situation that may indicate the need for increased or continuous supervision and monitoring:</b></p> <ul style="list-style-type: none"> <li>- The person needs assistance for mobility.</li> <li>- The person needs an increased level of support for ADLs.</li> <li>- The person has a behavioral plan.</li> <li>- The person is unable to recognize and avoid dangerous situations and cannot independently evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate.</li> </ul> <p><b>For level 3, the person:</b></p> <ul style="list-style-type: none"> <li>- Has a Health Risk Screening Tool score of 5 with a Q indicator that is not related to behavior support;</li> <li>- May require maximum assistance for mobility support and gets around in a wheelchair or needs adaptive equipment for ambulation;</li> <li>- May require maximum assistance for frequent medical</li> </ul>		<p>including Community Living-Group Homes, Community Living-Enhanced Supports, and Supported Living service</p>

		<p><i>appointments, medications, and specialist or health intervention for health and safety.</i></p> <ul style="list-style-type: none"> <li><i>- May require maximum assistance to complete activities of daily living and may display severe challenging behaviors that require a behavior support plan.</i></li> <li><i>- May not recognize and avoid dangerous situations and may need maximum assistance to evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate.</i></li> <li><i>- This is neither an exhaustive list of reasons an individual would require a Level 3 nor do all conditions need to be present concurrently.</i></li> </ul> <p><b><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></b></p> <p><i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the Health Risk Screening Tool because of a change in the person's health status or after discharge from a hospital or</i></p>		
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Service Name: Shared Living	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>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.</i></p> <p><i>See applicable policies in <a href="#">PolicyStat</a></i></p>		

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