



# **Developmental Disabilities Administration**

## **Self-Directed Services Training Series**

### **Module 9: Self-Directed Services Forms**

*Updated May 2025*



# Overview

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- This training module will provide you with an overview of Self-Directed Services forms
- This training is a summary with important information on this topic
- More information and requirements are found in the Medicaid waiver program applications, laws, regulations, guidance and policies
- The most updated information regarding Self-Directed Services is published in the Self-Directed Services policy and manual that can be found on the DDA's website at <https://health.maryland.gov/dda/Pages/sdforms.aspx>

# Required Self-Directed Services Forms

The thumbnail shows a document header with the Maryland Department of Health logo and the title "DDA Funded Services Participant Rights and Responsibilities". The document is divided into sections: "Background and Purpose", "General Rights & Responsibilities", and a list of three numbered points. The footer contains contact information and the date "Issued: 01.31.2023".

**DDA Funded Services Participant Rights and Responsibilities**

**Background and Purpose**

The Developmental Disabilities Administration (DDA) supports individuals with intellectual and developmental disabilities and their families to live lives of their choosing and thrive!

This document is intended to notify you of your rights and responsibilities as a participant enrolled in one of Medicaid's three DDA operated Home and Community-Based Services Waiver Programs – Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver (each a "DDA Program") or DDA State funds.

These rights and responsibilities also apply to any legal guardian and/or designated representative acting on the participant's behalf.

By participating in one of the DDA's Programs, a participant, their legal guardian, and/or designated representative must comply with these rights and responsibilities, and all applicable laws, regulations, and requirements.

This document is intended to provide access to guidance regarding the DDA Program's requirements for participant, legal guardian or designated representative as set forth in the DDA's federally approved Medicaid Waiver Program application and any applicable laws or regulations.

**General Rights & Responsibilities**

I understand that:

1. In addition to my Coordinator of Community Services (CCS), I may identify other person-centered planning team members to assist me in planning my support and services and developing my trajectory to a good life.
2. I, my legal guardian(s) or designated representative(s) must be capable of making informed decisions regarding my DDA services ensuring there is: (a) no lapse or decline in the participant's quality of care; (b) no increased risk to the health or safety of the participant; and (c) no violation of laws, regulations, and requirements.
3. My Person-Centered Plan (PCP) documents my goals, objectives, needs and what services I seek to receive under the DDA Program.

Developmental Disabilities Administration Find Out More: 844.253.8494 | dda.health.maryland.gov Issued: 01.31.2023  
Page 1

- Rights and Responsibilities Form
- The Participant Agreement
- The Family as Staff Form

# Rights and Responsibilities Form

A thumbnail image of the 'Rights and Responsibilities Form' document. The document has a header with the Maryland Department of Health Developmental Disabilities Administration logo on the left and the title 'DDA Funded Services Participant Rights and Responsibilities' on the right. Below the title is a yellow horizontal line. The main body of the document contains four paragraphs of text. The first paragraph is titled 'Background and Purpose' and describes the DDA's mission. The second paragraph states the document's purpose for participants in Medicaid's DDA programs. The third paragraph notes that rights and responsibilities also apply to legal guardians. The fourth paragraph states that participants must comply with applicable laws. The fifth paragraph states the document provides access to guidance regarding the DDA Program's requirements.

 **Maryland**  
DEPARTMENT OF HEALTH  
DEVELOPMENTAL DISABILITIES  
ADMINISTRATION

**DDA Funded Services  
Participant Rights and  
Responsibilities**

**Background and Purpose**

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- Rights and Responsibilities Form ([English](#) and [Spanish](#))
- Specific responsibilities for Self-Directed Services
  - Budget Authority
  - Employer Authority
- Included with the Plan submission to DDA

# The Participant Agreement

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## Self-Directed Services Participant Agreement

### Background and Purpose

The Developmental Disabilities Administration (DDA) supports individuals with intellectual and developmental disabilities and their families to live lives of their choosing and thrive!

The Self-Directed Services (SDS) Participant's Agreement documents both the participant's request for assistance in self-directing their services, and the team members' agreement to assist and support with the specific work or tasks described in this Agreement.

**\*All text in red indicates added/revised language since the prior release date**

- [Participant Agreement Form](#)
- Documents the participant's request for assistance
- Lists who in the team will assist
- Included with the Person-Centered Plan submission to DDA

## The Participant Agreement (Financial Management and Counseling Services Authorization)

- A participant or designated representative may authorize others to contact their Financial Management and Counseling Services Provider
- The authorization is recorded in the Participant Agreement
- Authorization does not grant anyone the power to decide on the participant's services or supports

Financial Management and Counseling Services Authorization	
I authorize the below individual(s) to contact my Financial Management and Counseling Services provider by phone or email on my behalf, without my presence.	
Note: This section may be used regardless of whether Option 1, 2, or 3 is selected.	
Note: These authorized individuals may not make decisions about the participant's services or supports, but may discuss issues and address questions with the Financial Management and Counseling Services provider.	
Name	Relationship
Person #1:	
Person #2:	
Person #3:	
Person #4:	
Person #5:	



# The Participant Agreement (Choice)

## Option – choose one

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

☐ **Option 2: I, the participant, choose to appoint, a designated representative. My representative will be responsible for ALL of the items in this agreement.** I and my representative understand that this is an unpaid position, and that the acceptance of this position will prohibit this representative from working for me in a paid capacity under any waiver service category. We further understand that if this designated representative is a relative (i.e., my parent, stepparent or sibling) no other relative (parent, stepparent or sibling) can work as paid staff for me under self-direction, per the rules outlined in DDA's waiver programs. The individual who will be serving as my designated representative under this option is: \_\_\_\_\_  
Relationship \_\_\_\_\_

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

Important to consider and  
avoid all conflicts of interest

# The Participant Agreement (Signatures)

## Signatures:

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

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legally Responsible Person (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated Representative (if applicable)

\_\_\_\_\_  
Date

Additional Team Members as outlined in this agreement:



# Family as Staff Requirements (1 of 4)

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- **“Relative”**
  - Natural / adoptive parent
  - Step-parent
  - Child
  - Step-child
  - Sibling
- **Can be hired for certain services**



## Family as Staff Requirements (2 of 4)

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- Participant's choice and is supported by their team
- Lack of qualified staff to meet the participant's needs
- Family member(s) will help increase the participant's independence, community participation, integration, and belonging
- The family member(s) agree(s) to provide services as required by the federal and State rules, laws, and regulations for the DDA-operated Medicaid waiver programs

## Family as Staff Requirements (3 of 4)

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- Family as Staff Form is required for all participants who self-direct
  - Initial Person-Centered Plan
  - Revised Person-Centered Plan
  - Annual Person-Centered Plan
  - Changes in information
- If a relative is a Support Broker, no other relative can be hired
- When a relative serves as paid staff, a Support Broker must be hired
- Cannot work more than 40 hours per week without authorization by the DDA

## Family as Staff Requirements (4 of 4)

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- Must meet all qualification requirements as listed in the DDA-operated Medicaid waiver program and guidance
  - Criminal background check
  - First Aid and Cardiopulmonary Resuscitation (CPR) certification
  - Other participant-requested training
- The Financial Management and Counseling Services provider cannot pay for services rendered by an employee who does not meet all requirements

# The Family as Staff Form (Section 1)

## Section 1: My Family as Staff Choice

### Option #1 - I do not want to hire a relative

☐ **No** - I do not want to hire a relative to be one of my staff.

\*If **NO** is selected, then please sign and submit this form to your CCS as it is. You do not need to complete the rest of the form.

### Option #2 - I want to hire a relative to be my *Support Broker*

☐ **YES** - I want to hire a relative to be my Support Broker

\*If **YES** is selected, then please complete the entire form and then submit to your CCS.

\*If your current direct support staff is a relative, you must change your direct support staff prior to completing this form.

### Option #3 - I want to hire a relative(s) to be my *Direct Support Staff*

☐ **YES** - I want to hire a relative to be my direct support staff

\*If **YES** is selected, then please complete the entire form and then submit to your CCS.

\*If hiring a relative as a direct support staff, then you are unable to hire a relative as a Support Broker. When relatives work as staff, a neutral, third-party support broker **can be considered to prevent conflict of interest**. If your current Support Broker is a relative, you must change your supportbroker prior to completing this form.

# The Family as Staff Form (Section 2)

If Options 2 or 3 are selected:

I will be paying the following relatives (natural or adoptive parent, stepparent or sibling) as a member(s) of my staff:

Name of Person	Relationship to Me	Job They Will Have	Rate of Pay	Hours Per Week



# The Family as Staff Form (Attestation)

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- Participant must sign
- Legal guardian (if applicable) may sign
- Designated Representative (if applicable) must sign
- Uploaded into Financial Management and Counseling Services Client Attachments with the Person-Centered Plan

# Spouses

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- Spouses ***cannot*** serve as a staff with the exception of Support Broker Services
- A spouse can provide Support Broker Services but ***cannot be paid*** for the service by the Medicaid waiver program

# Other Documents

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- Daily Schedule
- Behavioral Support Plan
- Nursing Care Plan
- Professional Assessment
- Service Implementation Plan(s)

# Requesting Exceptions from the DDA

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- The DDA provides opportunities for the participant to request an exception to the following:
  - Family Members working over 40 hours per week (Family as Staff Overtime Request Form)
  - Employee Reasonable and Customary Rates (Wage Exception Form)
- The Participant's Coordinator of Community Services completes both forms, with supporting documentation provided by the team

## Requesting Family Members to Work Overtime (1 of 5)

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- The [Family as Staff Overtime Request Form](#) is completed by the participant's Coordinator of Community Services to request overtime for family members who serve as staff
- One form should be completed for each family member employee
- The form submission must include:
  - The Participant's LTSS *Maryland* Identification Number
  - The Participant's Name
  - Family Member Employee Name
  - Relationship to of the employee to the participant

## Requesting Family Members to Work Overtime (2 of 5)

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- Participants who self-direct their services are responsible for ensuring that overtime work does not over-utilize funds in their Self-Directed Services budget
- Overtime pay may significantly affect budget utilization



## Requesting Family Members to Work Overtime (3 of 5)

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- **Brief Request (14 days or fewer)**
  - Serious inclement weather
  - Sickness of the participant
  - Sickness of another employee

## Requesting Family Members to Work Overtime (4 of 5)

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- **Temporary (15 - 90 days)**
  - Sudden notification of an employee's resignation
  - Sudden notification of an employee's death
  - Sudden notification of of an employee's intention to use unpaid leave
  - Emergency termination of an employee due to fraud, waste, or abuse
  - Inability to hire employees

## Requesting Family Members to Work Overtime (5 of 5)

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### The request must include:

- An explanation of the request
- Schedule for the employee
- Explanation of how the participant has a risk to their health or safety without the approved overtime
- Documentation must be provided with the form to show the need for the request

## Documentation for Brief Requests (14 or fewer days)

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Justification for Family Member Overtime	DDA Standard for Approval
Serious inclement weather	Inclement weather for the dates requested
Sickness of the participant	Documentation from a medical professional noting the illness of the participant
Sickness of another employee	Documentation from a medical professional noting the illness of the employee

## Documentation for Temporary Requests (15-90 days) (1 of 2)

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Justification for Family Member Overtime	DDA Standard for Approval
Sudden notification of an employee's resignation	Letter signed by the employee with the date of resignation noted
Sudden notification of an employee's death	Signed attestation from the participant
Sudden notification of an employee's intention to use unpaid leave	Letter signed by the employee requesting dates to use unpaid leave
Emergency termination of an employee due to fraud, waste, or abuse	<ul style="list-style-type: none"><li>• Documentation of the incident report filed regarding the alleged fraud, waste, or abuse, <b>or</b></li><li>• Letter signed by the employer with the date of termination</li></ul>

## Documentation for Temporary Requests (15-90 days) (2 of 2)

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Justification for Family Member Overtime	DDA Standard for Approval
Inability to hire employee(s)	<ul style="list-style-type: none"><li>• Documentation that the job position in question was advertised for the previous 3 months <b>and</b></li><li>• Documentation that at least 5 interviews for the position occurred in the previous 3 months <b>and</b></li><li>• Documentation that the interviews were not attended <b>or</b> that the the applicants did not meet the written requirements of the job description</li></ul>



## Requesting Wage Exceptions

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- The [Wage Exception Form](#) must be completed by the participant's Coordinator of Community Services
- One form for each job position, as needed
- Must include
  - Participant's LTSS*Maryland* ID
  - Participant's Name
  - The waiver service the employee provides
  - Participant's county of residence
  - Proposed wage for the employee
  - Employee's name (as applicable)
  - A notation if the employee is a family member
  - A chosen reason the wage is being requested

# Reasons to Request a Wage Exception

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- At least one reason for the Wage Exception must be chosen from the following:
  - Lack of available workforce
  - Intensity of the participant's behavioral or health support
  - Uncommon hours or schedule
  - Expectation of short duration of employment
  - History of high staff turnover
  - Employee certification(s)
  - Employee specialized training
  - Employee's years of experience
  - Employee's longevity with the participant
- Supporting documentation for the reason(s) must be uploaded with the request

# Wage Exception Form - Lack of Available Workforce

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Should only be requested if the position is not filled by a current employee

- Documentation that the job position in question was advertised for the previous 3 months; AND
- Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND
- Documentation that the:
  - Interviews were not attended; OR
  - Applicants did not meet the written requirements of the job description; OR
  - Applicant refused to accept the offer within the reasonable and customary range

## **Wage Exception Form - Intensity of the Participant's Behavioral or Health Support (1 of 2)**

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Documentation of the following is required:

- An HRST score of 4 or higher; AND
- A Behavior Support Plan or Nursing Care Plan that documents the support needs

## Wage Exception Form - Intensity of the Participant's Behavioral or Health Support (2 of 2)

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*If the requested position is not filled by a current employee, the following is also required:*

- Documentation that the job position in question was advertised for the previous 3 months; AND
- Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND
- Documentation that:
  - The interviews were not attended; OR
  - The applicants did not meet the written requirements of the job description; OR
  - The applicant refused to accept the offer within the Reasonable and Customary range

## Wage Exception Form - Uncommon Hours or Schedule

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- Documentation of the uncommon hours or schedule for the position

*If the requested position is not filled by a current employee, the following is also required:*

- Documentation that the job position in question was advertised for the previous 3 months; AND
- Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND
- Documentation that:
  - The interviews were not attended; OR
  - The applicants did not meet the written requirements of the job description; OR
  - The applicant refused to accept the offer within the Reasonable and Customary range



## Wage Exception Form - Expectation of Short Duration of Employment

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- Written attestation that the employer plans to employ the employee for no more than 30 days

*If the requested position is not filled by a current employee, the following is also required:*

- Documentation that the job position in question was advertised for the previous 3 months;  
AND
- Documentation that at least 5 interviews for the position occurred in the previous 3 months;  
AND
- Documentation that:
  - The interviews were not attended; OR
  - The applicants did not meet the written requirements of the job description; OR
  - The applicant refused to accept the offer within the Reasonable and Customary range

## Wage Exception Form- History of High Staff Turnover

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- Documentation that the position has had 3 or more employees in the same position in the past 365 days; AND
- Documentation that shows each of the employees:
  - Resigned; OR
  - Were terminated with documented cause

## Wage Exception Form - Employee Possession of Certification(s) (1 of 2)

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- A copy of the certification(s) required for the position; AND
- Documentation of 2 job advertisements in Maryland, which:
  - Are unrelated to the Self-Directed Services program,
  - Are posted within 365 days of the request, AND
  - Require the certification listed with a pay rate at or above the requested rate.

***Note: First Aid, CPR, or any other waiver required certification does not meet the qualifications for a Wage Exception.***

## Wage Exception Form - Employee Possession of Certification(s) (2 of 2)

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*If the requested position is not filled by a current employee, the following is also required:*

- Documentation that the job position in question was advertised for the previous 3 months; AND
- Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND
- Documentation that:
  - The interviews were not attended; OR
  - The applicants did not meet the written requirements of the job description; OR
  - The applicant refused to accept the offer within the Reasonable and Customary range

# Wage Exception Form - Employee Possession of Specialized Training (1 of 2)

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- Documentation of the employee's specialization; AND
- Documentation of 2 job advertisements in Maryland, which:
  - Are unrelated to the Self-Directed Services program,
  - Are posted within 365 days of the request, AND
  - Require the specialization listed with a pay rate at or above the requested rate

***\*Note: First Aid, CPR, or any other waiver required certification does not meet the qualifications for a Wage Exception.***

# Wage Exception Form - Employee Possession of Specialized Training (2 of 2)

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*If the requested position is not filled by a current employee, the following is also required:*

- Documentation that the job position in question was advertised for the previous 3 months; AND
- Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND
- Documentation that:
  - The interviews were not attended; OR
  - The applicants did not meet the written requirements of the job description; OR
  - The applicant refused to accept the offer within the Reasonable and Customary range

## Wage Exception Form- Employee's Years of Experience

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- A copy of the employee's resume OR CV (Curriculum Vitae) that documents at least 10 years of experience directly relevant to the service provided to the participant

*If the requested position is not filled by a current employee, the following is also required:*

- Documentation that the job position in question was advertised for the previous 3 months;  
AND
- Documentation that at least 5 interviews for the position occurred in the previous 3 months;  
AND
- Documentation that:
  - The interviews were not attended; OR
  - The applicants did not meet the written requirements of the job description; OR
  - The applicant refused to accept the offer within the Reasonable and Customary range

# Wage Exception Form- Employee's Longevity with the Participant

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- Documentation that the employee has been employed by or for the employer for a cumulative of at least 8 years shown by:
  - Employment records as obtained by the participant's Financial Management and Counseling Services provider **or**
  - Copy of a new hire letter with date **or**
  - Written attestation of employment which involved regular direct contact with the participant while employed by a DDA provider in the Traditional model **or**
  - Written attestation of employment which involved regular direct contact with the participant while employed by a school the participant attended



## Review of Wage Exception Forms

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All Wage Exception Forms that do not meet the listed standards are denied and returned to the participant with appeal rights.

## Resources (1 of 2)

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- [Self-Directed Services Comprehensive Policy](#)
- [Self -Directed Services Manual](#)
- [Person-Centered Planning Manual](#)
- [Participant Agreement Form](#)
- [Family as Staff Overtime Request Form](#)
- [Wage Exception Form](#)

## Resources (2 of 2)

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### Rights and Responsibilities

- [DDA Participant Rights and Responsibilities](#)
- [DDA Participant Rights and Responsibilities](#)  
(Spanish)
- [DDA Know Your Rights Flyer \(Box version\)](#)
- [DDA Know Your Rights Flyer \(Narrative version\)](#)

## Summary (1 of 2)

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- Required forms for all participants self-directing their services include:
  - Participant Rights and Responsibilities Form
  - Participant Agreement Form
  - Family as Staff Form

## Summary (2 of 2)

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- Other forms can be used to request exceptions to Self-Directed Services standards:
  - Family Overtime Request Form
  - Wage Exception Form
- These forms:
  - Are submitted by the Coordinator of Community Services
  - Require documentation