



Developmental Disabilities Administration

Self-Directed Services Training Series

Module 9: Self-Directed Services Forms

Updated October 2025



Overview

- 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 the top portion of a form titled "DDA Funded Services Participant Rights and Responsibilities". It includes the Maryland Department of Health logo and the following sections:

- 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 participants, 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.

At the bottom, it says: "Developmental Disabilities Administration Find Out More: 844-253-8894 | dda.health.maryland.gov Issued: 01.31.2022 Page 1"

- Rights and Responsibilities Form,
- The Participant Agreement,
- The Family as Staff Form, and
- Self-Directed Services Orientation Checklist (for participants who are new to the Self-Directed Services Delivery Model only).

Other Self-Directed Services Forms

- Wage Exception Form

Covered in Module 8: The Self-Directed Services Budget Sheet and Modification

- Self-Directed Services Budget Sheet, and
- Budget Modification Form.

Covered in Module 13: Individual and Family Directed Goods and Services

- Day-to-Day Administrative Supports Decision Tree

Rights and Responsibilities Form

- The Rights and Responsibilities Form ([English](#) and [Spanish](#)) is required for everyone who receives services from the DDA.
- The form covers specific responsibilities for Self-Directed Services:
 - Budget Authority, and
 - Employer Authority.
- The Rights and Responsibilities Form must be included with the Plan submission to DDA.

The Participant Agreement



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**

- The [Participant Agreement Form](#) documents the participant's request for assistance.
- It lists who in the team will assist.
- The form must be included with the Person-Centered Plan submission to DDA.

Participant Agreement: Choice [1 of 3]

Participants have three (3) options to choose from in the Participant Agreement:

Option 1: I choose myself as the primary person responsible for managing my employer authority and budget authority. (This option is available for anyone over the age of 18 years old).

Participant Agreement: Choice [2 of 3]

Option 2: I choose to appoint a designated representative who will be responsible for managing my employer authority and budget authority.

- This option is **required** for anyone **under** the age of 18 years old. This is an update to the Participant Agreement.
- This option is available to anyone over the age of 18 years old.

Participant Agreement: Choice [3 of 3]

Option 3: I choose to appoint people, who are part of my Person-Centered Plan team to assist me with specific tasks related to managing my employer and budget authority.

- This option is available to anyone over the age of 18 years old.
- Option 3 includes a list of tasks that you will assign to your team members.

Participant Agreement: Appointment of Special Tasks (Option 3 Only)

- If the participant chooses Option 3, they can identify team members who will *assist* them to complete tasks related to their employer and budget authority.
- The participant is always the final decision maker.
- The participant can ask for help with some tasks and decide to complete others on their own.
- If the participant chooses a team member, that team member will be considered the point of contact for that specific task.

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.	
<u>Name</u>	Relationship
Person #1: 	
Person #2: 	
Person #3: 	

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:

What is the Family as Staff Form?

- The DDA Self-Directed Services Family as Staff Form is used to inform a participants team, Coordinator of Community Services, Financial Management and Counseling Services provider, and the DDA if they are hiring a relative, legally responsible person, or legal guardian to provide an approved self-directed service. It is required for all Person-Centered Plans for anyone in the Self-Directed Services Delivery Model.
- Relatives, legally responsible persons, and legal guardians may be hired to provide certain waiver services.

Definitions: Relatives

A relative is a natural or adoptive parent, step-parent, grandparent, step-grandparent, child, stepchild, sibling, step-sibling, aunt, uncle, niece, or nephew.

Definitions: Legally Responsible Person

A legally responsible person is a person who, according to the rules in Maryland, has a legal duty to take care of someone else. This can be:

- A parent of someone who is under 18 year old (whether they are born to them or adopted);
- A person who is officially responsible for the well-being of another person as their legal guardian; or
- Someone else who is legally in charge of taking care of a minor, like a foster parent or a family member chosen by a court.

Definitions: Legal Guardian

A legal guardian is either:

- A natural or adoptive parent of a participant under the age of 18; or
- An individual who has been appointed by a court order as guardian of the person.

Waiver Services that Can be Provided

Relatives, legally responsible persons, and legal guardians may provide the following waiver services:

- Community Development Services,
- Employment Services (Ongoing Job Supports and Follow Along Supports),
- Personal Support Services
- Support Broker Services, and
- Respite Care Services.

Additional Waiver Services Relatives May Provide

Relatives (*who are not legally responsible persons or legal guardians*) may provide the following waiver services:

- Day-to-Day Administrative Supports,
- Live-in Caregiver Supports, and
- Transportation Services.

Requirements for Relatives, Legally Responsible Persons and Legal Guardians (1 of 3)

The following must be true in order for a relative, legally responsible person, or legal guardian to provide waiver services:

- It is the participant's choice to hire each relative, legally responsible person, or legal guardian.
- There is a lack of qualified non-relative staff to meet the participant's needs.

Requirements for Relatives, Legally Responsible Persons and Legal Guardians (2 of 3)

- The relatives, legally responsible persons, and legal guardians hired as staff will help increase the participant's independence, community participation, integration, and belonging.
- The relatives, legally responsible persons, and legal guardians hired as staff agree(s) to implement the participant's Person-Centered Plan and provide services as required by federal and State rules, laws and regulations for the DDA-operated Medicaid waiver programs.

Requirements for Relatives, Legally Responsible Persons and Legal Guardians (3 of 3)

- The participant and their team must review and discuss if the relative, legally responsible person, or legal guardian hired as staff meets the participant's needs.

Additional Requirements for Support Brokers

- If a relative, legally responsible person, or legal guardian is a Support Broker, no other relative, legally responsible person, or legal guardian can provide waiver services to the participant.
- When a relative, legally responsible person, or legal guardian provides waiver services, a Support Broker must be hired.

Up to 40 Hours per Week

- Relatives, legally responsible persons, and legal guardians may work up to 40 hours per week for a participant across all waiver services.
- This applies when a relative, legally responsible person, or legal guardian works as an employee, for a vendor, and for a DDA provider.
- Beginning October 6, 2025, there will be no exception for the 40 hour per week limit.

The Family as Staff Form: Section 1 (1 of 2)

In the Family as Staff Form, participants have three options to choose from:

- Option 1: I do not want to hire a relative, legally responsible person, or legal guardian.
- Option 2: I want to hire a relative, legally responsible person, or legal guardian to be my Support Broker.
- Option 3: I want to hire relative(s), legally responsible persons, or legal guardians to be my direct support staff.

The Family as Staff Form: Section 1 (2 of 2)

Section 1: My Family as Staff Choice

Option #1 - I do not want to hire a relative, **legally responsible person, or legal guardian**.

- ☐ **No** - I do not want to hire a relative, **legally responsible person, or legal guardian** to be one of my staff. If "**no**" is selected, then please sign and submit this form to your Coordinator of Community Services as it is. You do not need to complete the rest of the form.

Option #2 - I want to hire a relative, **legally responsible person, or legal guardian** to be my *Support Broker*.

- ☐ **YES** - I want to hire a relative, **legally responsible person, or legal guardian** to be my Support Broker
- If "**yes**" is selected, then please complete the entire form and then submit to your Coordinator of Community Services.
 - If your current direct support staff is a relative, **legally responsible person, or legal guardian** you must change your direct support **before completing this form**.

The Family as Staff Form: Section 1 (2 of 2)

Option #3: I want to hire relative(s), legally responsible persons, or legal guardians to be my *Direct Support Staff*.



YES - I want to hire a relative, legally responsible person, or legal guardian 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, legally responsible person, or legal guardian as a direct support staff, then you are unable to hire a relative, legally responsible person, or legal guardian as a Support Broker.
- When relatives work as staff, a neutral, third-party Support Broker **is required**.

The Family as Staff Form: Section 2 (1 of 2)

If Options 2 or 3 are selected:

Section 2: Family as Staff

I will be paying the following relatives, **legally responsible persons, or legal guardians** (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: Section 2 (1 of 2)

In Section 2, the participant and team should also:

- Describe why hiring the person(s) listed above is in the participant's best interest;
- Describe how having a relative, legally responsible person, or legal guardian as staff will help you to be more integrated in the community;
- Describe how having a relative, legally responsible person, or legal guardian as staff will increase your independence;
- Describe how having a relative, legally responsible person, or legal guardian as staff will expand your circle of support or natural supports; and
- Describe any special circumstances.

The Family as Staff Form: Attestation

- 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

- 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.

Self-Directed Services Orientation

- The Self-Directed Services Orientation is an opportunity for participants and their teams to learn about the rights and responsibilities of Self-Directed Services.
- The orientation helps participants and their teams be best prepared to begin Self-Directed Services.

Orientation Meeting

- The Coordinator of Community Services facilitates the orientation meeting.
- The participant must be present and may invite any team members they would like to the orientation meeting.
- The orientation meeting may be virtual (online) or in-person.
- The orientation meeting should be scheduled quickly after the request for it - within 10 business days.

Orientation Videos

- The Self-Directed Services Orientation consists of the first three modules of the Self-Directed Services Training Series:
 - Module 1: Self-Direction Overview;
 - Module 2: The Self-Directed Services Team; and
 - Module 3: Person-Centered Planning.
- The orientation meeting should be scheduled for at least 2 hours to make sure there is enough time to view the videos and have breaks in between.

Orientation Meeting Schedule

During the orientation meeting, your Coordinator of Community Services will:

- Play the video of each module;
- Review the Orientation Frequently Asked Questions Tool (provided by the DDA);
- Share the contact information for the the DDA Self-Directed Services staff; and
- Complete the **Self-Directed Services Orientation Checklist**.

What is the Orientation Checklist?

- The Orientation Checklist notes:
 - All team members who are present at the orientation meeting;
 - When the three videos were completed during the meeting;
 - Confirmation that the Frequently Asked Questions were reviewed; and
 - Confirmation that the regional office contact information was shared.
- The Orientation Checklist must be uploaded in LTSS*Maryland*.

Orientation Checklist: Participant Information

On the first page, the participant and their Coordinator of Community Services will note:

- The Participant's Name,
- The Participant's Address
- The Participant's Phone Number,
- The Date of the Orientation,
- The Time of the Orientation, and
- Whether the orientation was virtual (online) or in-person.

Participant Name:			
Address:			
Phone Number:			
Date of Orientation:		Time of Orientation:	
In-Person or Virtual:			

Orientation Checklist: Team Members in Attendance

Team Members in Attendance	
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

On the next page, all team members who were present at the orientation must be listed, including the relationship between the team members and the participant.

Orientation Checklist: Orientation Videos

On page 3, the Coordinator of Community Services and participant check that each of the three videos have been watched and the time they were completed.

Orientation Videos

Self-Directed Services Orientation consists of the first three modules of the [Self-Directed Services Training Series](#). After each video is viewed, the Coordinator of Community Services should note the time the video finished.

☐ Module 1: Self-Direction Overview - Time Completed:

☐ Module 2: The Self-Directed Services Team - Time Completed:

☐ Module 3: Person-Centered Planning - Time Completed:

Orientation Checklist: Frequently Asked Questions Tool

Next the Coordinator of Community Services will confirm that they have reviewed the Frequently Asked Questions Tool with the participant and their team.

The Coordinator of Community Services signs the Checklist here to confirm that this was reviewed.

Frequently Asked Questions Tool

After completing the videos, the Coordinator of Community Services will review the Frequently Asked Questions document with the participant and team.

- ☐ As the Coordinator of Community Services, I attest that the Frequently Asked Questions Tool was shared with the participant and their team.

Coordinator of Community Services Name:

Coordinator of Community Services Signature:

Orientation Checklist Regional Office Contact Information

After reviewing the videos and Frequently Asked Questions Tool, the Coordinator of Community Services will share the contact information for the Self-Directed Services Lead for the participant's region.

The Coordinator of Community Services will sign again to confirm this has been shared.

Regional Office Self-Directed Services Contact Shared

After reviewing the videos and Frequently Asked Questions Tool, the Coordinator of Community Services will share the contact information for the Self-Directed Services Lead for the participant's region. Contact information for each region is available on the last page of this document.

- ☐ As the Coordinator of Community Services, I attest that the appropriate Self-Directed Services Lead contact information was shared with the participant and their team.

Coordinator of Community Services Name:

Coordinator of Community Services Signature:

Uploading the Orientation Checklist

After the orientation meeting, the Coordinator of Community Services will upload the completed Self-Directed Services Orientation Checklist into *LTSSMaryland* in the “Client Attachments - Self-Direction Documents” section for the participant.

Note: Effective October 6, 2025, “FMCS Documents” will be renamed to “Self-Direction Documents”.

Other Documents

The Person-Centered Plan can also include several other documents to demonstrate needs, plans and strategies to support health and behavioral challenges, and service implementation plans with vendors and providers such as:

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

Requesting Exceptions from the DDA

- The DDA provides opportunities for the participant to request an exception to the Employee Reasonable and Customary standards.
- A [Wage Exception Form](#) is used to request an exception to the standard.
- The Wage Exception Form is completed by the Coordinator of Community Services with the participant and other team members.
- One form should be completed for each job position, as needed.

Requesting Wage Exceptions

All Wage Exception Forms 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, and
- A chosen reason the wage is being requested.

Reasons to Request a Wage Exception

- 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, or
 - 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

Lack of Available Workforce may 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 2 weeks; **and**
- Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; **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 3)

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 3)

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 2 weeks; **and**
- Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; **and**

Wage Exception Form - Intensity of the Participant's Behavioral or Health Support (3 of 3)

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

- 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 (1 of 2)

- 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 2 weeks; **and**

Wage Exception Form - Uncommon Hours or Schedule (2 of 2)

- Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; **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

- 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 2 weeks; **and**
- Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; **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

- 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)

- 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)

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 2 weeks; **and**
- Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; **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)

- 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)

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 2 weeks; **and**
- Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; **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

- 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 2 weeks; **and**
- Documentation that at least 3 interviews for the position were scheduled with 3 different applicants; **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

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, school, or provider of other Medicaid services.

Review of Wage Exception Forms

- The DDA reviews Wage Exception Forms within 20 business days.
- 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)

- [Self-Directed Services Comprehensive Policy](#)
- [Self -Directed Services Manual](#)
- [Person-Centered Planning Manual](#)

Resources (2 of 2)

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)

- 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)

- Other forms can be used to request exceptions to Self-Directed Services standards:
 - Wage Exception Form
- This form:
 - Is submitted by the Coordinator of Community Services
 - Require documentation