

## Participant Education, Training and Advocacy Supports

Service Definition
<p>A. Participant Education, Training and Advocacy Supports provides funding for the costs associated with training programs, workshops, and conferences to assist the participant in developing self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.</p> <p>B. Covered expenses include:</p> <ol style="list-style-type: none"><li>1. <del>Registration</del> <del>Enrollment</del> fees associated with training programs, conferences, and workshops;</li><li>2. Books and other educational materials; and</li><li>3. Transportation that enables the participant to attend and participate in training courses, conferences, and other similar events. <del>Transportation services may not compromise the entirety of this Medicaid w</del> <del>Waiver program service.</del></li></ol> <p>C. The following expenses are not covered:</p> <ol style="list-style-type: none"><li>1. Tuition;</li><li>2. Airfare; or</li><li>3. Costs of meals or lodging, as per federal requirements.</li></ol>
<p>SERVICE REQUIREMENTS:</p> <p>A. Participant Education, Training, and Advocacy Supports may include education and training for participants directly related to building or acquiring skills.</p> <p>B. Support needs for education and training are identified in the participant's <del>file</del> <del>PCP</del>.</p> <p>C. Prior to accessing DDA funding for this service, all other available and appropriate funding sources <del>which may include, as applicable, private insurance, including those</del> services offered by Maryland Medicaid State Plan, Maryland State Department of</p>

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Education (MSDE), Division of Rehabilitation Services (DORS), ~~and~~ Department of Human Services (DHS), ~~and or~~ any other federal or State government funding program, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant's file.
2. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts, and reasons that these services do not meet the participant's needs must be documented in the participant's ~~file PCP~~.
3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the ~~Medicaid w~~ Medicaid Waiver program.

D. Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.

E. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of ~~receiving community based services and~~ avoiding institutionalization.

F. A legally responsible individual, legal guardian, or a relative of a participant may be ~~not~~ paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

G. ~~Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.~~

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

1. Participant Education, Training and Advocacy Supports is limited to 10 hours of training per participant per ~~plan~~ year.
2. The amount of training or registration fees for ~~registration~~ costs at specific training events, workshops, seminars, or conferences is limited to \$500 per participant per ~~plan~~ year.

## Participant Education, Training and Advocacy Supports

Service Delivery Method (check each that applies):
<input checked="" type="checkbox"/> Participant-directed as specified in Appendix E <input checked="" type="checkbox"/> Provider managed <span style="color: red;">(<u>Don't Check</u>) Remote/via Telehealth</span>
Specify whether the service may be provided by (check each that applies):
<span style="color: red;"><input checked="" type="checkbox"/> Legally Responsible Person</span> <span style="color: red;"><input checked="" type="checkbox"/> Relative</span> <span style="color: red;"><input checked="" type="checkbox"/> Legal Guardian</span>
Provider Category(s) (check one or both):
<span style="color: red;"><input checked="" type="checkbox"/> Individual. List types:</span>
<span style="color: red;"><del>Participant Support Professional</del></span>
<input checked="" type="checkbox"/> Agency. List the types of agencies:
Participant Education, Training, and Advocacy Supports Agency
<span style="color: red;">Organized Health Care Delivery System Provider</span>
Provider Type:
<span style="color: red;"><del>Participant Support Professional</del></span>
License (specify)

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Certificate (specify)
Other Standard (specify)
<p><del>Individual must complete the DDA provider application and be approved/certified based on compliance with meeting the following standards:</del></p> <ol style="list-style-type: none"> <li><del>1. Be at least 18 years old;</del></li> <li><del>2. Have a Bachelor's Degree, professional license, certification by a nationally recognized program, or demonstrated life experiences and skills to provide the service;</del></li> <li><del>3. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</del></li> <li><del>4. Have documentation that all vehicles used in the provision of services have automobile insurance;</del></li> <li><del>5. Complete required orientation and training designated by the DDA;</del></li> <li><del>6. Complete necessary pre/in-service training based on the Person-Centered Plan;</del></li> <li><del>7. Have 3 professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's values in Annotated Code of Maryland, Health General, Title 7;</del></li> <li><del>8. Demonstrate financial integrity through the IRS, Department, and Medicaid Exclusion List checks;</del></li> <li><del>9. Complete and sign any agreements required by the Maryland Department of Health (MDH) or DDA; and</del></li> <li><del>10. Have a signed Medicaid Provider Agreement.</del></li> </ol> <p><del>Individuals providing services for participants self-directing their services must meet the standards 1 through 4 noted above. They do not need to complete the DDA provider application. Individuals must submit forms and documentation as required by the</del></p>

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<del>Financial Management and Counseling Services agency. Financial Management and Counseling Services must ensure the individual or entity performing the service meets the qualifications.</del>
Provider Type:
Participant Education, Training and Advocacy Supports Agency
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the <del>MDH DDA</del> provider application and be <del>approved</del> <del>certified</del> based on compliance with meeting all of the following standards:                     <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland <del>business entity</del> <del>corporation</del>, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of 5 years demonstrated experience and capacity with providing quality <del>similar</del> participant education, training or <del>advocacy</del> services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</li> </ol> </li> </ol>

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- (1) A program service plan that details the ~~agency's~~ ~~agencies~~ service delivery model;
  - (2) A business plan that clearly demonstrates the ability of the agency to provide services;
  - (3) A written quality assurance plan to be approved by the DDA;
  - (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and
  - (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
- E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.
- F. Be in good standing with the Internal Revenue Service and ~~State Department of Assessments and Taxation~~ ~~MDAT~~;
- G. Have Workers' Compensation Insurance;
- H. Have Commercial General Liability Insurance;
- I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a ~~and per DDA policy~~;
- J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;
- K. ~~Satisfactorily complete~~ ~~Complete~~ required orientation and training;
- L. Comply with the DDA standards related to provider qualifications; and
- M. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA.
1. Have a signed Medicaid Provider Agreement;

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2. Have documentation that all vehicles used in the provision of services have automobile insurance; and
3. Submit a provider renewal application at least 60 days before expiration of its existing approval ~~as per DDA policy~~. The renewal license is good for up to a 3 year period.

~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as Council on Quality Leadership or Commission on Accreditation of Rehabilitation Facilities for similar services for individuals with developmental disabilities, and be in good standing with the Internal Revenue Service and State Department of Assessments and Taxation.~~

Verification of Provider Qualifications

Provider Type:

~~Participant Support Professional~~ Organized Health Care Delivery System Provider

License (specify)

Certificate (specify)

Other Standard (specify)

Agencies must meet the following standards:

1. Be approved by the DDA to provide at least one Medicaid waiver service; and
2. Complete the MDH provider application to be an Organized Health Care Delivery System provider.

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3. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.
Entity Responsible for Verification:
1. MDH for approval of the Organized Health Care Delivery System. 2. Organized Health Care Delivery System provider for verification of staff qualifications. <del>1. DDA for approval of certified Participant Support Professional.</del> <del>2. Financial Management and Counseling Services provider as described in Appendix E, for participants self-directing services.</del>
Frequency of Verification
1. MDH - Initially and at least every 3 years. 2. Organized Health Care Delivery System – Prior to service delivery and continuing thereafter.
Provider Type:
Participant Education, Training and Advocacy Supports Agency
Entity Responsible for Verification:
1. <del>MDH DDA</del> - for approval of Participant Education, Training and Advocacy Supports Agency. 2. Provider for verification of staff standards.
Frequency of Verification
1. <del>MDH DDA</del> – Initially and at least every 3 years.



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2. Provider – Prior to service delivery and continuing thereafter.