



MARYLAND DEPARTMENT OF HEALTH
Developmental Disabilities Administration

GUIDELINES FOR SERVICE AUTHORIZATION and PROVIDER BILLING DOCUMENTATION

Updated: February 5, 2021

Introduction

This guidance provides information on the Developmental Disabilities Administration's (DDA) programs including the three Medicaid Home and Community Based Services Waivers (i.e., Family Supports Waiver, Community Supports Waiver, and Community Pathways Waiver) 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 applications
- **Instructions for Authorizing Services** – Description of requirements need for DDA authorization (e.g., age restrictions, documentation requirements for the participant's Person-Centered Plan, Health Risk Screen Tool (HRST) requirements, having exhausted non-waiver services, upper pay limits, etc.)
- **Provider Billing Documentation Guidelines** – Description of what must be recorded and/or kept by the provider as evidence of service delivery (e.g., progress notes, 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 (PCP), 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 PCP.

Providers, vendors, and staff selected by the participants must meet all required qualification requirements and be a DDA licensed or DDA certified (as applicable) to provide the service under the applicable waiver program. If you have questions, please reach out to the Regional Office Provider Relations team.

Please note rates associated with services authorized and billed through PCIS2 are posted on the [DDA Rates and Invoice webpage](#). Rates associated with the Pilot program, Personal Supports, and Supported Living are posted on the DDA [LTSSMaryland webpage](#).

Please review this guidance carefully, in addition to applicable policies, regulations, and the federally approved Waivers themselves. 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:

[Family Supports Waiver](#)

[Community Supports Waiver](#)

[Community Pathways Waiver](#)

[PolicyStat](#)

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

[Process Flow -Meaningful Day Services - Relationship Between LTSSMaryland and PCIS2 Services](#)

[Guidance for Operating in PCIS2 and LTSSMaryland](#)

[At a Glance - Meaningful Day Services](#)

[At a Glance - Support Services](#)

[At a Glance - Residential Services](#)

[At a Glance - Personal Supports Services](#)

[LTSSMaryland](#)

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MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Employment Services (ES) Available: Dec 1, 2019 for Pilot program and as service transitions into LTSSMaryland	See individual services below	<p>Employment Services (ES) includes:</p> <ul style="list-style-type: none"> - <i>Discovery (3 milestones)</i> <ul style="list-style-type: none"> o <i>Assessment</i> o <i>Observations</i> o <i>Profile</i> - <i>Job Development (15 minute)</i> - <i>Ongoing Job Supports (15 minute)</i> - <i>Follow Along Supports (monthly payment)</i> - <i>Co-worker Employment Supports (monthly payment)</i> - <i>Self-Employment Development Supports (1 milestone)</i> <p>Service includes:</p> <ul style="list-style-type: none"> - <i>Direct support services;</i> - <i>Transportation;</i> - <i>Nursing support services; and</i> - <i>Person care assistance.</i> <p>Service Characteristics:</p> <ul style="list-style-type: none"> - <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</i> 	See individual services below and applicable policies in PolicyStat .	See individual services below and applicable policies in PolicyStat .	Employment Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, or Transportation (except during Follow Along Supports) services.



		<p>outlined in the DDA Meaningful Day Training Policy.</p> <ul style="list-style-type: none"> - <i>Ongoing Job Supports include personal care (PC), behavioral supports, and nursing support services but may not comprise the entirety of the service.</i> - <i>Employment services can be provided virtually after meeting applicable waiver requirements and authorized/approved in PCP.</i> - <i>ES do NOT include volunteering, apprenticeships or internships unless it is part of the discovery process and time limited.</i> - <i>ES do NOT include payment for supervision, training, support and adaptations typically available to other workers.</i> <p>Self-Direction also includes cost for:</p> <ul style="list-style-type: none"> o <i>Training for direct support staff; and</i> o <i>Travel reimbursement, benefits, and leave time.</i> 			
<p>ES - Discovery Services</p>	<p><i>(Milestone)</i></p>	<p>A time limited comprehensive, person-centered, and community-based employment planning</p>	<p><i>Service Authorization requirements for Discovery Services include the following:</i></p>	<p><i>Required Documentation for each Milestone includes:</i></p>	



<p>Available: Dec 1, 2019 for Pilot program and as service transitions into LTSSMaryland</p>		<p>support service to identify the person’s abilities, conditions, and interests, delivered in three (3) milestone phases:</p> <ul style="list-style-type: none"> - #1 - Assessment: Home visit, community survey, review of experience. - #2 - Observations: Of the person in at least 3 community settings. - #3 - Profile: Includes resume and job development plan. 	<ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in high school;</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; AND</i> - <i>Has a documented interest in employment or employment exploration in their PCP; OR</i> - <i>Is currently employed and there is documentation in the PCP of interest in a different job.</i> <p>Service limits for Discovery Services are as follows:</p> <ul style="list-style-type: none"> - <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><i>See applicable policies in PolicyStat.</i></p>	<p>Milestone #1: to include:</p> <ul style="list-style-type: none"> - <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> - <i>Documentation that the visit included discussion of the person’s interests and preferred activities or hobbies, including how they spend their time.</i> - <i>An in-person survey of the community near and around the person’s home; AND</i> - <i>Documentation of record reviews for pertinent job experience, education and assessments.</i> <p>Milestone #2: Completion of Milestone 1 and Community Observation to include:</p> <ul style="list-style-type: none"> - <i>Documentation of individualized skill assessment including information on the learning and teaching styles;</i> - <i>Documentation of observations in 3 community-based situations; and/or</i> 	
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				<p><i>informational interviews with area employers; AND</i></p> <ul style="list-style-type: none"> - <i>Documentation of what has emerged and what was learned from observations; AND</i> - <i>Evidence of a team discussion and coordination.</i> <p>Milestone #3: <i>Completion of Milestone 1&2 and Discovery Profile to include:</i></p> <ul style="list-style-type: none"> - <i>Compilation of information collected to-date, any additional activities that have occurred; AND,</i> - <i>A final summary outlining who the person is; AND</i> - <i>Picture, video, and/or written resume; AND</i> - <i>Team meeting and/or collaboration to compile all information into a final Employment Plan which includes recommended next steps.</i> <p><i>See applicable policies in PolicyStat.</i></p>	
<p>ES - Job Development Available:</p>	<p><i>(15-minute)</i></p>	<p>Supports to obtain competitive integrated employment in the general workforce, including:</p> <ol style="list-style-type: none"> 1. Customized employment 	<p>Service Authorization requirements for Job Development include the following:</p>	<p>Required documentation for Job Development includes the following:</p>	



<p>Dec 1, 2019 for Pilot program and as service transitions into LTSSMaryland</p>		<p>2. Self-employment</p>	<ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in high school;</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; AND</i> - <i>Has a documented interest in Employment Services in their PCP; OR</i> - <i>Is currently employed and there is documentation in the PCP of interest in a different job.</i> <p><i>Service limits for Job Development are as follows:</i></p> <ul style="list-style-type: none"> - <i>Services may be authorized for a limit of 8 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Ongoing Job Supports.</i> - <i>Initial authorization should not exceed 90 hours.</i> - <i>Services can be authorized up to twice a year for a total of 180 hours.</i> - <i>DDA may authorize additional hours with another provider if documentation indicates that the</i> 	<ul style="list-style-type: none"> - <i>Staff timesheets with start and end times and dates of service; AND</i> - <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 PCP, i.e. service note.</i> <p><i>See applicable policies in PolicyStat.</i></p>	
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			<p><i>provider did not put forth a good faith effort to identify opportunities that align with that person's Employment Plan and/or PCP.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>		
<p>ES - Follow Along Supports</p> <p>Available: Dec 1, 2019 for Pilot program and as service transitions into LTSSMaryland</p>	<p><i>(Month)</i></p>	<p>Direct and Indirect Supports that occur after the person has transitioned into their job:</p> <ul style="list-style-type: none"> - Ensure the person has the assistance necessary to maintain their job(s); AND - Includes at least two (2) monthly direct support contacts 	<p>Service Authorization requirements for Follow Along Supports include the following:</p> <ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in high school;</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;</i> - <i>There is documentation in the PCP that follow along supports are needed for the person to maintain employment; AND</i> - <i>The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance.</i> <p>Transportation Exception:</p> <ul style="list-style-type: none"> - <i>Except during Follow Along Supports, the participant cannot receive Transportation services</i> 	<ul style="list-style-type: none"> - Requirement documentation for Follow Along Supports includes the following: <i>Staff timesheets denoting the date/time/location of at least two (2) direct support contacts;</i> - <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> - <i>Monthly progress note documenting service provision and progress toward outcome(s).</i> <p><i>See applicable policies in PolicyStat.</i></p>	



			<p><i>separately at the same time as provision of this Waiver program service.</i></p> <p>Service limits for Follow Along Supports are as follows:</p> <ul style="list-style-type: none"> - <i>Services will be authorized on an ongoing basis unless the PCP specifies the time limit or the competitive integrated employment terminates.</i> <p><i>See applicable policies in PolicyStat.</i></p>		
<p>ES - Ongoing Job Supports</p> <p>Available: Dec 1, 2019 for Pilot program and as service transitions into LTSSMaryland</p>	<p><i>(15-minute)</i></p>	<p>Supports in learning and completing job tasks to successfully maintain a job including:</p> <ul style="list-style-type: none"> - When beginning a new job; - After a promotion; - After a significant change in duties; AND/OR - When there is a change in circumstances, AND/OR, <p>Individualized supports a participant may need to successfully maintain their job:</p> <ul style="list-style-type: none"> - Job coaching; - Facilitation of natural supports; - Ongoing job supports; - Systematic instruction; - Travel training; and - Personal care assistance, behavioral supports, and delegated nursing tasks, based 	<p>Service Authorization requirements for Ongoing Job Supports include the following:</p> <ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in high school;</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i> - <i>There is documentation in the PCP that ongoing job supports are needed for the person to maintain employment; AND</i> - <i>The person and their team certify that the employment situation meets the criteria of competitive</i> 	<p>Required documentation for Ongoing Job Supports includes the following:</p> <ul style="list-style-type: none"> - <i>Staff timesheets with start and end times and dates of service; AND</i> - <i>Documentation of tasks completed and their correlation toward goals of the person as stated in the PCP, i.e. a service note.</i> <p><i>See applicable policies in PolicyStat.</i></p>	



		<p>on assessed need, to support the employment but may not comprise the entirety of the service.</p> <p>When appropriate, ongoing job supports must include a “fading plan” that notes the anticipated number of support hours needed.</p>	<p><i>integrated employment outlined in DDA’s guidance.</i></p> <p>When appropriate:</p> <ul style="list-style-type: none"> - A “Fading Plan”, that notes the anticipated number of support hours needed. <p>Service limits for Ongoing Job Supports are as follows:</p> <ul style="list-style-type: none"> - 10 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services-Job Development. <p>See applicable policies in PolicyStat including the <u>Competitive Integrated Employment Policy</u></p>		
<p>ES - Co-worker Employment Supports</p> <p>Available:</p>	<p><i>(Month)</i></p>	<p>Time-limited support provided by the employer to assist the person with extended orientation and training. Supports are provided by a</p>	<p>Service Authorization requirements for Co-worker Employment Supports include the following:</p> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; 	<p>Required documentation for Co-Worker Employment Supports includes the following:</p> <ul style="list-style-type: none"> - Invoice from the employer documenting the services 	



<p>Dec 1, 2019 for Pilot program and as service transitions into LTSSMaryland</p>		<p>co-worker who may receive additional compensation.</p> <p>Co-Worker supports are limited to the first three (3) months of employment, unless approved by DDA.</p>	<ul style="list-style-type: none"> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services;</i> - <i>There is documentation in the PCP that co-worker employment supports are needed for the person to maintain employment; AND</i> - <i>The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA’s guidance.</i> <p><i>Service limits for Co-worker Employment Supports are as follows:</i></p> <ul style="list-style-type: none"> - <i>Services may be authorized for the first three months of employment unless otherwise authorized by the DDA</i> - <i>Compensation is at the discretion of the employer.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p><i>were provided and signed and dated by the person receiving services and the employee providing the services.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	
<p>ES - Self Employment Development Supports</p> <p>Available:</p>	<p><i>(Milestone)</i></p>	<p>Supports to develop a business and marketing plan.</p>	<p><i>Service Authorization requirements for Self Employment Development Supports include the following:</i></p> <ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in high school;</i> - <i>The person has exhausted all appropriate and available services</i> 	<p><i>Required documentation for Self-Employment Development Supports includes the following:</i></p> <ul style="list-style-type: none"> - <i>Business and Marketing Plan that includes potential sources of business financing and other assistance in</i> 	



<p>Dec 1, 2019 for Pilot program and as service transitions into LTSSMaryland</p>			<p><i>through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services;</i></p> <ul style="list-style-type: none"> - <i>Has completed Discovery (must review the Discovery Milestones) and there is a recommendation to pursue self-employment produced from the 3 Discovery milestones.</i> <p>Service limits for Self Employment Development Supports are as follows:</p> <ul style="list-style-type: none"> - <i>Self-Employment /Development Supports can be authorized 1 time per year; AND</i> - <i>Medicaid funds may NOT be used to defray the expenses associated with starting or operating a business.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p><i>developing, launching and operating a business.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	
<p>Supported Employment</p> <p>Available: Legacy service currently billed in PCIS2.</p>	<p><i>(Day)</i></p>	<p>Community-based supports to obtain competitive integrated employment in the general workforce, including:</p> <ol style="list-style-type: none"> 1. Customized employment; 2. Self-employment; 3. On-the-job training in work and work-related skills; 4. Facilitation of natural supports in the workplace; 	<p>Service Authorization requirements for Supported Employment include the following:</p> <ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in high school;</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State</i> 	<p>Required documentation for Job Development includes the following:</p> <ul style="list-style-type: none"> - <i>Staff timesheets with start and end times and dates of service; AND</i> - <i>Documentation of tasks completed and their correlation toward goals of</i> 	<p>From July 1, 2018 through June 30, 2022, Supported Employment daily service units are not available:</p> <ol style="list-style-type: none"> 1. On the same day a participant is receiving Career Exploration, Community



		<p>5. Ongoing support and monitoring of the individual's performance on the job;</p> <p>6. Training in related skills needed to obtain and retain employment such as using community resources and public transportation.</p> <p>Service Provision includes:</p> <ul style="list-style-type: none"> - Direct support services; - Transportation; - Nursing support services; and - Person care assistance. <p>Service characteristics include:</p> <ul style="list-style-type: none"> - Service can be provided virtually after meeting applicable waiver requirements and authorized/approved in PCP. - Self-Direction also includes cost for: <ul style="list-style-type: none"> o Training for direct support staff; and o Travel reimbursement, benefits, and leave time. 	<p><i>Department of Education, and Department of Human Services; AND</i></p> <ul style="list-style-type: none"> - <i>Has a documented interest in employment in their PCP; OR</i> - <i>Is currently employed and there is documentation in the PCP of interest in a different job; OR</i> - <i>There is documentation in the PCP that:</i> <ul style="list-style-type: none"> o <i>Ongoing job supports are needed for the person to maintain employment; AND</i> o <i>The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance.</i> <p>When appropriate,</p> <ul style="list-style-type: none"> - <i>A "Fading Plan", that notes the anticipated number of support hours needed.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p><i>the person as stated in the PCP, i.e. service note.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	<p>Development Services, Day Habilitation, Medical Day Care, or Employment Discovery & Customization services; and</p> <p>2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>
<p>Employment Discovery & Customization</p>	<p><i>(Day)</i></p>	<p>A time limited comprehensive, person-centered, and community-based employment planning support service to identify the</p>	<p><i>Service Authorization requirements for Employment Discovery & Customization Services include the following:</i></p>	<p>Required Documentation includes:</p> <p><i>#1: Assessment to include:</i></p>	<p>From July 1, 2018 through June 30, 2022, Employment Discovery and Customization</p>



<p>Available: Legacy service currently billed in PCIS2.</p>		<p>person’s abilities, conditions, and interests including:</p> <ul style="list-style-type: none"> - #1 - Assessment: Home visit, community survey, review of experience. - #2 - Observations: Of the person in at least 3 community settings. - #3 - Profile: Includes resume and job development plan. <p>Service includes: : :</p> <ul style="list-style-type: none"> o Direct support services; o Transportation; o Nursing support services; and o Person care assistance. 	<ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in high school;</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; AND</i> - <i>Has a documented interest in employment or employment exploration in their PCP; OR</i> - <i>Is currently employed and there is documentation in the PCP of interest in a different job.</i> - <i>Activities must be completed within a six (6) month period unless otherwise authorized by the DDA.</i> <p>Service limits are as follows:</p> <ul style="list-style-type: none"> - <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> - <i>Services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Career Exploration, Community Development Services, and Day Habilitation services).</i> 	<ul style="list-style-type: none"> - <i>Documentation the person received a face to face visit;</i> - <i>Documentation of team discussion of the person’s employment goals;</i> - <i>An environmental scan of job opportunities available to the person; AND</i> - <i>Documentation of record reviews for pertinent job experience, education and assessments.</i> <p>#2: Completion of # 1 and Community Observation to include:</p> <ul style="list-style-type: none"> - <i>Documentation of observations in 3 community-based situations; AND</i> - <i>Documentation of team discussion.</i> <p># 3: Completion of # 1&2 and Discovery Profile to include:</p> <ul style="list-style-type: none"> - <i>Resume; AND</i> - <i>Job Development Plan.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p>services are not available:</p> <ol style="list-style-type: none"> 1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Supported Employment services; and 2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.
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			<i>See applicable policies in PolicyStat.</i>		
Community Development Services (CDS)	PCIS2 - (Day) LTSSMaryland -(15 minute)	<p>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.</p> <p>Service include:</p> <ul style="list-style-type: none"> - Direct support services; - Transportation; - Nursing support services; and - Person care assistance. - <p>Service Characteristics:</p> <ul style="list-style-type: none"> - Must be provided in the community; - Provide opportunities to develop skills and increase independence related to community integration; - Promote positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities; <ul style="list-style-type: none"> o Time limited generic paid and unpaid 	<p>Service Authorization requirements for Community Development Services include the following:</p> <ul style="list-style-type: none"> - The person must be 18 years old and no longer in high school. - An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person’s preferences and PCP goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services. <p>Authorized staffing levels are determined by the person’s needs.</p> <ul style="list-style-type: none"> - 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. <p>For people with medical needs</p>	<p>Required documentation for Community Development Services includes the following:</p> <ul style="list-style-type: none"> - 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; - Service note describing service/activities as authorized by the PCP; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed. <p>Required documentation for 1:1 and 2:1 staffing:</p> <ul style="list-style-type: none"> - Audit trail should provide a link between the person and the staff providing the support; AND - Service notes must support the provision of services as specified in the BP and/or nursing care plan. 	<p>From July 1, 2018 through June 30, 2022, Community Development Services daily service units are not available:</p> <ol style="list-style-type: none"> 1. On the same day a participant is receiving Career Exploration, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and 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



		<p>internships and apprenticeships for development of employment skills, and</p> <ul style="list-style-type: none"> ○ Time-limited participation in Project Search, or similar programs approved by the DDA; <ul style="list-style-type: none"> - 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 PCP; - Service can be provided virtually after meeting applicable waiver requirements and authorized/approved in PCP. <p>Note: 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</p>	<ul style="list-style-type: none"> ○ 1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/authorized by RN. ○ 2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/authorized by RN. <ul style="list-style-type: none"> - For people with behavioral needs <ul style="list-style-type: none"> ○ 1:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 1:1 supports. ○ 2:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 2:1 supports. <p>Service limits for Community Development Services are as follows:</p> <ul style="list-style-type: none"> - 8 hours per day; AND - 40 hours per week including Career Exploration, Day Habilitation, Supported Employment, Employment Discovery and Customization; Employment Services Job Development and Ongoing Job Supports. <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 (“DORS”), State</i></p>	<p><i>See applicable policies in PolicyStat.</i></p>	<p>Transportation services.</p> <p>Effective Dec 1, 2019, as service transitions into LTSSMaryland, 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 Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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		<p>only service provided during CDS; AND</p> <ul style="list-style-type: none"> - Self-Direction also includes cost for: <ul style="list-style-type: none"> - Training for direct support staff; and - Travel reimbursement, benefits, and leave time. 	<p><i>Department of Education, and Department of Human Services, must be explored and exhausted 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 PolicyStat.</i></p>		
<p>Day Habilitation Services</p>	<p>PCIS2 - (Day)</p> <p>LTSSMaryland -(15-minute)</p>	<p>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, and vocation and socialization, through application of formal teaching methods and participation in meaningful activities.</p>	<p>Service Authorization requirements for Day Habilitation Services include the following:</p> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in High School; - An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person's preferences and PCP goals; the schedule is used to determine the authorization of hours and is not 	<p>Required documentation for Day Habilitation Services includes the following:</p> <ul style="list-style-type: none"> - Attendance log with in and out times; - Documented affirmation the service was provided, such as a service note or activity log and individualized schedules. - Providers should maintain copies of staff timesheets that document the presence 	<p>From July 1, 2018 through June 30, 2022, Day Habilitation services are not available:</p> <ol style="list-style-type: none"> 1. On the same day a participant is receiving Career Exploration, Community Development Services, Employment



		<p>Service include:</p> <ul style="list-style-type: none"> - Direct support services; - Transportation; - Nursing support services; and - Person care assistance. <p>Service Characteristics:</p> <ul style="list-style-type: none"> - Services may be provided in small groups (i.e., 2 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; - May include time-limited participation in Project Search, or similar programs approved by the DDA; - 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 PCP; 	<p><i>intended to dictate the actual provision of services; AND</i></p> <ul style="list-style-type: none"> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i> <p>Authorized staffing levels are determined by the person’s needs:</p> <ul style="list-style-type: none"> - <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"> o <i>Small Groups (2-5); and</i> o <i>Large Groups (6-10)</i> - <i>For people with medical needs</i> <ul style="list-style-type: none"> o <i>1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/ authorized by RN.</i> o <i>2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/ authorized by RN.</i> - <i>For people with behavioral needs</i> <ul style="list-style-type: none"> o <i>1:1: HRST documenting the need for dedicated staff; AND a BP specifying the provision of 1:1 supports.</i> o <i>2:1: HRST documenting the need for dedicated staff; AND a BP specifying the provision of 2:1 supports.</i> 	<p><i>of staff who provided the services under the hours billed.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	<p>Discovery and Customization, Medical Day Care, or Supported Employment services; and</p> <p>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.</p> <p>Effective Dec 1, 2019, as service transitions into LTSSMaryland</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</p>
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		<ul style="list-style-type: none"> - Service can be provided virtually after meeting applicable waiver requirements and authorized/approved in PCP. - Services cannot be provided in the person’s home or other residential setting; AND - Day Habilitation services are provided Monday through Friday. <p>Note: 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>Service limits for Day Habilitation Services are as follows:</p> <ul style="list-style-type: none"> - 8 hours per day; - 40 hours per week including Career Exploration, Community Development Services, Employment Services – Job Development, and Employment Services – Ongoing Job Supports; AND - Only available Monday – Friday and, therefore, cannot be provided on Saturdays or Sundays. <p>See applicable policies in PolicyStat.</p>		<p>Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
<p>Career Exploration (CE)</p>	<p>PCIS2 – (Day) LTSSMaryland -(15-minute)</p>	<p>Career Exploration are time limited services to help the person to learn skills to work toward competitive integrated employment, through:</p> <ul style="list-style-type: none"> - Facility-Based Supports at a fixed site owned, operated, or controlled by a licensed provider or doing work under a contract being paid by a licensed provider and are only available Monday – Friday. - Small and Large Groups where people complete tasks under a 	<p>Service Authorization requirements for Career Exploration include the following:</p> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - Prior to July 2018, the person <ul style="list-style-type: none"> o Has been working under a supported employment contract; OR o Has been working in a situation that is not competitive or integrated. 	<p>Required documentation for Career Exploration includes the following:</p> <ul style="list-style-type: none"> - Attendance log to include in and out times; - Documented affirmation the service was provided, such as a service note; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the 	<p>From July 1, 2018 through June 30, 2022, Career Exploration daily services units are not available:</p> <ol style="list-style-type: none"> 1. On the same day a participant is receiving Community Development Services, Day Habilitation, Employment Discovery and



		<p>contract with the provider at a community site not owned, operated or controlled by the licensed provider, i.e. enclaves, mobile crews:</p> <ul style="list-style-type: none"> ○ Small: 2 – 8 people; OR ○ Large: 9 – 16 people. <p>Service include:</p> <ul style="list-style-type: none"> - Direct support services; - Transportation; - Nursing support services; and - Person care assistance. <ul style="list-style-type: none"> - Note: CE may include personal care assistance and nursing support services, based on assessed need, when provided in combination with other allowable CE activities; that is, personal care and nursing support services may not be the primary or only service provided during CE. 	<ul style="list-style-type: none"> ○ Has been receiving Day Habilitation or Supported Employment; AND <ul style="list-style-type: none"> - The person’s PCP includes <ul style="list-style-type: none"> ○ An employment goal that outlines transition to competitive integrated employment AND ○ Documentation that the person has been informed of other meaningful day services. - A person must be reauthorized annually to receive this service. <p>Service limits for Career Exploration are as follows:</p> <ul style="list-style-type: none"> - 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 PCP, along with evidence that the person and the team is still working on the outlined trajectory toward competitive integrated employment outcomes. - 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, unless approved by DDA due to 	<p>services under the hours billed.</p> <p>Required documentation for Small and Large Group Supports:</p> <ul style="list-style-type: none"> - Attendance log listing all people in a group (Small: 2-8; Large: 9-16) to include in and out times and the location of service provision; - Documented affirmation the service was provided, such as a service note; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed. <p>See applicable policies in PolicyStat.</p>	<p>Customization, Medical Day Care, or Supported Employment services; and</p> <p>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.</p> <p>Effective Dec 1, 2019, as service transitions into LTSSMaryland, Career Exploration services are not available at the same time as the direct provision of Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation,</p>
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			<p><i>extenuating circumstances; including:</i></p> <ul style="list-style-type: none">○ <i>At the end of the plan year, there were unused hours due to a health issue that the person experienced;</i>○ <i>At the end of the plan year, there were unused hours because a previous provider did not provide the service hours as authorized. 8 hours per day; AND</i> <ul style="list-style-type: none">- <i>40 hours per week including Community Development Services, Day Habilitation, Employment Services – Job Development, and Employment Services – Ongoing Job Supports.</i>- <i>Facility-based services are limited to Monday – Friday.</i> <p><i>See applicable policies in PolicyStat.</i></p>		<p>Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>
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SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Assistive Technology and Services	(Items)	<p>Assistive Technology (AT) – An AT item, computer application, piece of equipment or product system that may be acquired commercially, modified, or customized.</p> <p>Assistive Ttechnology Services (ATS) – assistance in the selection, acquisition, use or maintenance of an AT device</p> <p>Included in AT:</p> <ul style="list-style-type: none"> - 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; - Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers; - Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices; - Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones; 	<p><i>Service Authorization requirements for Assistive Technology and Services include the following:</i></p> <p><u>AT < \$1,000</u></p> <ul style="list-style-type: none"> - Does not require a formal assessment but may be requested by the waiver participant. - 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; - 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 (“DORS”), Maryland State Department of Education, and Maryland Department of Human Services; AND 	<p><i>Required documentation for Assistive Technology and Services includes the following:</i></p> <p>All provider types</p> <ul style="list-style-type: none"> - AT Assessment: <ul style="list-style-type: none"> o A description of the participant’s needs and goals; o A description of the participant’s functional abilities without Assistive Technology; o A description of whether and how Assistive Technology will meet the participant’s needs and goals; and o A list of all Assistive technology, and other 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. o Assessment signed and dated by the professional completing the assessment and an invoice that lists the person’s name, date and signature. 	



		<ul style="list-style-type: none"> - Environmental control devices such as voice activated lights, lights, fans, and door openers; - Aids for daily living such as weighted utensils, adapted writing implements, dressing aids; - Cognitive support devices and items such as task analysis applications or reminder systems; - Remote support devices such as assistive technology health monitoring such as blood pressure bands and oximeter and personal emergency response systems; - Adapted toys and specialized equipment such as specialized car seats and adapted bikes. <p>Included in ATS:</p> <ul style="list-style-type: none"> - Assistive Technology needs assessment; - Programs, materials, and assistance in the development of adaptive materials; - Training or technical assistance for the individual and their support network including family members; - Repair and maintenance of devices and equipment; 	<ul style="list-style-type: none"> - <i>The AT is not experimental or prohibited by State or Federal Authority.</i> <p><u>AT > \$1,000</u></p> <ul style="list-style-type: none"> - <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> - <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 (“DORS”), Maryland State Department of Education, and Maryland Department of Human Services;</i> - <i>The AT is not experimental or prohibited by State or Federal Authority; AND</i> - <i>An independent AT assessment that lists all AT that would be most effective to meet the person’s needs; AND</i> <ul style="list-style-type: none"> o <i>Lowest cost option is selected; OR</i> 	<ul style="list-style-type: none"> - <i>Other ATS: Invoice that includes an itemized list of AT services, the person’s name, date and signature of person or authorized representative acknowledging receipt.</i> - <i>AT: Invoice that includes an itemized list of AT, the person’s name, date and signature acknowledging receipt.</i> <p>OHCDS</p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDS / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p><i>See applicable policies in PolicyStat.</i></p>	
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		<ul style="list-style-type: none"> - Programming and configuration of devices and equipment; - Coordination and use of assistive technology devices and equipment with other necessary therapies, - interventions, or services in the PCP; AND - Services consisting of purchasing or leasing devices. 	<ul style="list-style-type: none"> o <i>An explanation of why the chosen option is cost effective.</i> <p><i>Payment rates for ATS must be customary and reasonable as established by DDA.</i></p> <p><i>The below costs are not included in the rate for Assistive Technology and Services:</i></p> <ul style="list-style-type: none"> - <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 DORS;</i> - <i>Services, equipment, items or devices that are experimental or not authorized by the State or Federal authority; OR</i> - <i>Smartphones and associated monthly service line or data costs.</i> 		
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<p>Behavioral Support Services</p>	<p>See individual services below</p>	<p>Behavioral Support Services are an array of services to assist people who are, or may experience difficulty as a result of behavioral, social, or emotional issues. These services seek to understand a person’s challenging behavior and its function to develop a Behavior Plan with the primary aim of enhancing the person’s independence and inclusion in their community.</p> <p>BSS includes:</p> <ul style="list-style-type: none"> - 2 services reimbursed as a milestone payment: <ul style="list-style-type: none"> o Behavior Assessment (BA); AND o Behavior Plan (BP). and - 2 fee-for-service services: <ul style="list-style-type: none"> o Behavioral Consultation; AND o Brief Support Implementation Services. <p>Note: If the requested Behavioral Support Services, or Behavior Plan, 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 set forth in the participant’s behavior plan in accordance with applicable regulations and policies governing</p>	<p><i>See individual services below</i></p> <p><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></p> <p><i>See applicable policies in PolicyStat.</i></p>	<p><i>See individual services below and applicable policies in PolicyStat.</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>
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		restrictions of participant rights, behavior plans, and positive behavior supports.			
Behavioral Assessment (BA)	<i>(Milestone)</i>	Services identify the person’s challenging behaviors by collecting and reviewing relevant data, discussing the information with the person’s support team, and, if needed, developing a Behavior Plan (BP) that best addresses the function of the behavior.	<p><i>Service Authorization requirements for Behavioral Assessment (BA) include the following:</i></p> <ul style="list-style-type: none"> - <i>Person has a documented history of behaviors resulting in difficulty in the home or community (ex. past BP or functional BA from school); OR</i> - <i>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.)</i> <p><i>Additional requirements:</i></p> <ul style="list-style-type: none"> - <i>For children under the age of 21, there must be documentation that these services are above and beyond what is available through EPSDT and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i> 	<p><i>To qualify for the BA milestone payment, the following must be documented, in the formal written BA:</i></p> <ul style="list-style-type: none"> - <i>Onsite observations in multiple settings and the implementation of existing programs;</i> - <i>Environmental assessment of all primary environments;</i> - <i>Medical assessment including a review of medication prescribed to modify challenging behaviors and potential side effect of each medication;</i> - <i>Collection and review of relevant data;</i> - <i>The person’s history, based upon the records and interviews with the person and people important to/ for the person;</i> - <i>Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it;</i> - <i>Discussion with the person’s PCP team;</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.



			<ul style="list-style-type: none"> - People receiving Community Living-Enhanced Supports cannot receive a BA. - State funds may be authorized for the service if the person is not eligible for Medicaid and/or other modes of payment are unavailable. <p>Services limits for Behavioral Assessment are as follows:</p> <ul style="list-style-type: none"> - Only one BA will be authorized per PCP year unless the quality of the assessment conducted by the provider did not meet DDA standards. - Ongoing assessment, after the initial BA, is then conducted under the BC services. <p>See applicable policies in PolicyStat.</p>	<ul style="list-style-type: none"> - Description of challenging behaviors in behavioral terms (i.e. topography, frequency, duration, intensity, severity, variability, cyclical); AND - Specific hypotheses for the identified challenging behavior. <p>See applicable policies in PolicyStat.</p>	
Behavior Plan (BP)	<i>(Milestone)</i>	<p>The BP is developed that best addresses the function of the behavior, if needed based on DDA requirements.</p> <p>Service Characteristics:</p> <ul style="list-style-type: none"> - The DDA policies, procedure and guidance must be followed when developing a behavior plan. 	<p><i>The behavior plan will be authorized simultaneously with the behavioral assessment. However, the behavior plan will only be reimbursed IF the assessment indicates a need for a behavior plan.</i></p> <p>Additional requirements:</p> <ul style="list-style-type: none"> - For children under the age of 21, there must be documentation that these services are above and beyond what is available through EPSDT and are aimed at improving 	<p>Required documentation for the Milestone payment includes the following:</p> <ul style="list-style-type: none"> - Behavioral Assessment indicating the need for a formalize behavioral plan; AND - Recommended positive behavioral supports and implementation plan based on DDA requirements. 	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><i>and maintaining the ability of the child to remain in and engage in community activities; and</i></p> <ul style="list-style-type: none"> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i> <p>Services limits for Behavioral Plan are as follows:</p> <ul style="list-style-type: none"> - <i>Only one behavior plan will be authorized per PCP year unless the quality of the assessment conducted by the provider did not meet DDA standards.</i> - <i>Development and updates to the behavioral plan as required by regulations is then conducted under the Behavioral Consultation services.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p><i>See applicable policies in PolicyStat.</i></p>	
Behavioral Consultation (BC)	<i>(15 Minute)</i>	<p>Services that oversee, monitor, and modify the BP, including:</p> <ul style="list-style-type: none"> - Recommendations for subsequent professional evaluation services; - Consultation, after development of the BP; - Working with the person and caregivers to implement the BP; 	<p>Behavioral Consultation will be authorized simultaneously with the behavioral assessment.</p> <p>Service Authorization requirements for Behavioral Consultation hours include the following:</p> <ul style="list-style-type: none"> - <i>BC hours are based on assessed needs, supporting data, plan</i> 	<p>Required documentation for BC includes Monitoring Progress Note that includes, at a minimum:</p> <ul style="list-style-type: none"> - <i>Assessment of behavioral supports in the environment;</i> - <i>Notes that detail the specific BP interventions that have</i> 	<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"> - Ongoing education on recommendations, strategies, and next steps; - Ongoing assessment and documentation of progress in all pertinent environments against identified goals; - Development of updates to the BP as required by regulations; AND/OR - Monitoring and ongoing assessment of the implementation of the BP. 	<p><i>implementation, and authorization from DDA;</i></p> <ul style="list-style-type: none"> - <i>Generally, the need for BC will be related to staff training, oversight and monitoring of BP implementation, and may be authorized as specified in the BP.</i> - <i>If BC is not specified in the BP, additional documentation is necessary to support the request, including but not limited to documentation that:</i> <ul style="list-style-type: none"> o <i>The person is not demonstrating progress; OR</i> o <i>The BP is no longer effective due to a change in needs.</i> - <i>People receiving Community Living Enhanced Supports cannot receive Behavioral Consultation</i> <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"> - <i>Monthly for the first 6 months.</i> - <i>Quarterly after the first 6 six months.</i> <p>Additional requirements:</p> <ul style="list-style-type: none"> - <i>For children under the age of 21, there must be documentation that these services are above and beyond what is available through</i> 	<p><i>been implemented and consequent outcomes;</i></p> <ul style="list-style-type: none"> - <i>Data, trend analysis and graphs to detail progress on target behaviors identified in a BP;</i> - <i>Recommendations;</i> - <i>Providers should document that tasks associated with the behavioral plan were completed (ex. Signature, check box, etc.); AND</i> - <i>Providers are required to retain staff time sheets or payroll information documenting the provision of the services.</i> <p><i>See applicable policies in PolicyStat.</i></p>	
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			<p><i>EPSDT and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and</i></p> <ul style="list-style-type: none"> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i> <p>Service Limits - 8 hours per day</p> <p>See applicable policies in PolicyStat.</p>		
Brief Support Implementation Services (BSIS)	(15 Minute)	<p>Time-limited services to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement the BP including:</p> <ul style="list-style-type: none"> - On-site and in person execution and modeling of behavioral support strategies; - Timely written feedback on the effectiveness of the BP; AND/OR - On-site meetings or instructional sessions with the person’s support network regarding BP. 	<p>Service Authorization requirements for Brief Support Implementation Services include the following:</p> <ul style="list-style-type: none"> - <i>BSIS service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA;</i> - <i>Person has a formal BP as per DDA requirements; AND</i> - <i>There is a documented need for additional onsite execution and modeling of identified behavioral support strategies.</i> - <i>Brief Support Implementation Services cannot duplicate other services being provided (e.g. 1:1 supports).</i> 	<p>Required documentation for BSIS includes the following:</p> <ul style="list-style-type: none"> - <i>Staff timesheets or payroll information documenting the staff present during service provision of the service;</i> - <i>Notes that detail the specific support implementation services provided; AND</i> - <i>Signature/date of provider.</i> <p>See applicable policies in PolicyStat.</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.



			<ul style="list-style-type: none"> - People receiving Community Living Enhanced Supports cannot receive Brief Support Implementation Services. <p>Service limits: 8 hours per day.</p> <p>See applicable policies in PolicyStat.</p>		
Environmental Assessment (EA)	<i>(Milestone)</i>	<p>Environmental Assessment 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>The assessment includes:</p> <ul style="list-style-type: none"> - An evaluation of the person; - Environmental factors in the person’s home; - The person's ability to perform activities of daily living; - The person's strength, range of motion, and endurance; - The person's need for assistive technology and or modifications; and - The person's support network, including family members’ capacity to support independence. 	<p>Service Authorization requirements for Environmental Assessment include the following:</p> <ul style="list-style-type: none"> - 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; - May not be completed prior to waiver eligibility (exception: person is transitioning from an institution); AND - Documentation verifying the item(s) isn’t covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services. 	<p>Required documentation for Environmental Assessment includes the following:</p> <p>All provider types Typed assessment that includes:</p> <ul style="list-style-type: none"> - A description of the EA process conducted on-site with the person in his/her primary residence; - Findings; - Recommendations for EM and/or AT; AND - Signature/date of provider. <p>OHCDS</p> <ul style="list-style-type: none"> - Documentation that the vendor meets all applicable provider qualifications and standards; AND - Signed, dated OHCDS / Qualified Provider Agreement 	



			<p>Service limits for Environmental Assessments are as follows:</p> <ul style="list-style-type: none"> - Person may only receive one (1) EA annually unless otherwise authorized by the DDA due to quality of assessment or participant or participant resides in different residents throughout the year (e.g., splits time with parents). <p>See applicable policies in PolicyStat.</p>	<p>that meets the specifications of DDA policy.</p> <p>See applicable policies in PolicyStat.</p>	
<p>Environmental Modifications</p>	<p>(Item)</p>	<p>Environmental Modifications (EM) are physical modifications to a person’s home designed to promote independence or create a safer healthier environment for the person.</p> <p>Service includes: 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, raised/lowered electrical switches and sockets, safety screen doors, training on use of modification and service and maintenance of modifications.</p>	<p>Service Authorization requirements for Environmental Modifications include the following:</p> <ul style="list-style-type: none"> - 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; - Documentation verifying the item(s) isn’t covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; - Pre-approval from property manager or home owner that the person will be allowed to remain in 	<p>Required documentation for Environmental Modifications includes the following:</p> <p>All provider types</p> <ul style="list-style-type: none"> - Receipts for materials purchase and labor costs provided in an invoice; AND - EM that require a building permit require a complete inspection. - Signature by the provider and the person, or their authorized representative that the EM has been completed and is effective to meet the person’s needs. <p>OHCDs</p>	



		<p>Note: If the requested Environmental Modification 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 set forth in the participant’s behavior plan in accordance with applicable regulations and policies governing restrictions of participant rights, behavior plans, and positive behavior supports.</p> <p>Deliverable Requirements:</p> <ul style="list-style-type: none"> - Prior to installation, the provider must obtain any required permits or approvals from State or local governmental units for the Environmental Modification. - The provider must provide this Waiver program service in accordance with a written schedule that: <ul style="list-style-type: none"> o The provider provides to the participant and the Coordinator of Community Services prior to commencement of the work; and o Indicates an estimated start date and completion date 	<p><i>the residence for at least one year; AND</i></p> <ul style="list-style-type: none"> - <i>Any restrictive modifications are approved in the person’s approved BP.</i> <p>>\$2,000</p> <ul style="list-style-type: none"> - <i>EA assessment that recommends EM; AND</i> - <i>Unless otherwise approved by DDA, three (3) bids must be provided with the lowest bid selected.</i> <p>The below costs are not included in the rate for Environmental Modifications:</p> <ul style="list-style-type: none"> - <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> - <i>EM that add to the home’s total square footage unless the construction is directly related to the person’s accessibility needs.</i> - <i>EM provided by a family member or relative.</i> - <i>Purchase of a generator for use other than to support medical health devices used by the person that require electricity.</i> <p>Service limits for Environmental Modifications are as follows:</p>	<p><i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i></p> <ul style="list-style-type: none"> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p>Note: <i>If provided to a person transitioning from an institution – service is billed as a Medicaid administrative cost.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	
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		<ul style="list-style-type: none"> - The provider must provide progress reports regarding work to the participant, the Coordinator of Community Services, the Fiscal Management Services provider, and, if applicable, the property owner. - 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. - The provider must obtain any final inspections and ensure work passes required inspections. - 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. 	<ul style="list-style-type: none"> - <i>Costs of services must be customary, reasonable, and may not exceed a total of \$15,000 every three years.</i> - <i>Elevators are excluded from coverage</i> <p><i>See applicable policies in PolicyStat.</i></p>		
Family Caregiver Training & Empowerment	<i>(Item)</i>	Family Caregiver Training & Empowerment includes: <ul style="list-style-type: none"> - Educational materials, training programs, workshops and 	<i>Service Authorization requirements for Family Caregiver Training & Empowerment include the following:</i>	<i>Required documentation for Family Caregiver Training and Empowerment includes the following:</i>	



		<p>conferences that help the family caregiver to:</p> <ul style="list-style-type: none"> ○ Understand the disability of the person supported; ○ Achieve greater competence and confidence in providing supports; ○ Develop and access community and other resources and supports; ○ Develop or enhance key parenting strategies; ○ Develop advocacy skills; and ○ Support the person in developing self-advocacy skills 	<ul style="list-style-type: none"> - <i>Service must be provided to an unpaid family member who is providing support, training, companionship or supervision of the person; AND</i> - <i>Documentation verifying the services aren't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p>Service Limits for Family Caregiver Training & Empowerment are as follows:</p> <ul style="list-style-type: none"> - <i>Training is limited to maximum of 10 hours per year per unpaid family caregiver per year</i> - <i>Educational materials and training programs, workshops and conference registration costs are limited to \$500 per unpaid family caregiver per year.</i> <p>The below costs are not included in the rate for Family Caregiver Training & Empowerment:</p> <ul style="list-style-type: none"> - <i>Cost of travel, meals, or overnight lodging.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<ul style="list-style-type: none"> - <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> <p>*Note: <i>OHCDs is not a qualified provider.</i></p>	
<p>Family and Peer Mentoring Supports</p>	<p><i>(15-minute)</i></p>	<p>Peer and family mentors explain community services, programs, and strategies they have used to achieve</p>	<p>Service Authorization requirements for Family and Peer Mentoring Supports include the following:</p>	<p>Required documentation for Family and Peer Mentoring Supports includes the following:</p>	



		<p>persons' goals. Shared experiences provide support and guidance to the person and/or family members to navigate a broad range of community resources beyond those offered through the waiver with other waiver persons and their families. Limited in nature, service is aimed at providing support and advice based on lived experience of a family member or self-advocate.</p> <p>Service includes:</p> <ul style="list-style-type: none"> - Family and Peer Mentoring Supports include support to siblings from others with shared experiences. - Facilitation of connection between: <ul style="list-style-type: none"> o The participant and the participant's relatives; and o A mentor; and - Follow-up support to assure the match between the mentor and the participant and the participant's relatives meets peer expectations. 	<ul style="list-style-type: none"> - <i>Service need is identified in the person's PCP; AND</i> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Service limits for Family and Peer Mentoring Supports are as follows:</i></p> <ul style="list-style-type: none"> - <i>Service is limited to 8 hours per day.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<ul style="list-style-type: none"> - <i>Provider timesheets or payroll records documenting the start/end time of staff/mentor providing services; AND</i> - <i>For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. service note.</i> <p><i>*Note: OHCDs is not a qualified provider.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	
<p>Housing Support Services</p>	<p>(15-minute)</p>	<p>Housing Support Services (HSS) include:</p> <ul style="list-style-type: none"> - Housing Information and Assistance to obtain and retain independent housing; 	<p><i>Service Authorization requirements for Housing Support Services include the following:</i></p> <ul style="list-style-type: none"> - <i>Person is 18 years or older;</i> 	<p><i>Required documentation for Housing Support Services includes the following:</i></p>	



		<ul style="list-style-type: none"> - Housing Transition Services to assess housing needs and develop individualized housing support plan; and - Housing Tenancy Sustaining Services which assist the individual to maintain living in their rented or leased home. 	<ul style="list-style-type: none"> - <i>Service need is identified in the person’s PCP;</i> - <i>Documentation verifying service isn’t covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; AND</i> - <i>Supports must be consistent with programs available through HUD and MD Housing.</i> <p><i>Service limits for Housing Support Services are as follows:</i></p> <ul style="list-style-type: none"> - <i>Service limits are 8 hours per day/ 175 hours annually.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<ul style="list-style-type: none"> - <i>Provider timesheets for payroll records documenting the start/end time of staff providing service; AND</i> - <i>For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. service note, housing support plan, etc.</i> <p><i>Housing Support Plan Requirements:</i></p> <ul style="list-style-type: none"> - <i>Be incorporated into the participant’s PCP.</i> - <i>Contain the following components:</i> <ul style="list-style-type: none"> ○ <i>A description of the participant’s barriers to obtaining and retaining housing;</i> ○ <i>The participant’s short and long-term housing goals;</i> ○ <i>Strategies to address the participant’s identified barriers, including prevention and early intervention services when housing is jeopardized; and</i> ○ <i>Natural supports, resources, community-based service providers, and services to support the goals and strategies</i> 	
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				<p><i>identified in the housing support plan.</i></p> <p><i>*Note: OHCDs is not a qualified provider.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	
<p>Individual and Family-Directed Goods and Services (IFDGS)</p>	<p>(Item)</p>	<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>IFDGS includes dedicated funding up to \$500 that persons may choose to use to support staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries</p> <p>Purchase of equipment or supplies for self-directing individuals that relate to a need or goal identified in the PCP, maintain or increase independence, promote opportunities for community living and inclusion, and are not available under a waiver service, Medicaid state plan, or another source.</p>	<p><i>Service Authorization requirements for Individual and Family-Directed Goods and Services include the following:</i></p> <ul style="list-style-type: none"> - <i>Person is self-directing services;</i> - <i>Person has cost savings within their self-directed budget with the exception of the dedicated \$500 to support people to recruit staff;</i> - <i>Service need is identified in the person's PCP;</i> - <i>Service item:</i> <ol style="list-style-type: none"> 1. <i>Is related to a need or goal identified in the PCP;</i> 2. <i>Maintain or increase independence;</i> 3. <i>Promote opportunities for community living and inclusion;</i> AND <ol style="list-style-type: none"> 4. <i>Are not available under a waiver service or State Plan services.</i> - <i>Service item:</i> <ol style="list-style-type: none"> 1. <i>Decrease the need for Medicaid services,</i> 2. <i>Increase community integration,</i> 	<p><i>Required documentation for Individual and Family-Directed Goods and Services includes the following:</i></p> <p><i>FMS documentation for IFDGS includes the following:</i></p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards;</i> - <i>Written assessment, behavioral or housing support plan, etc. as per required by specific service; and</i> - <i>Receipts for purchased items.</i> <p><i>Note: Transition services provided to an individual leaving an institution up to 180 days prior to moving is billed as a Medicaid administrative cost.</i></p>	<p>Individual and Family Directed Goods and Services are not available to participants at the same time the participant is receiving support services in Career Exploration, Community Living-Enhanced Supports, Community Living-Group Home, Day Habilitation, Medical Day Care, or Shared Living services.</p>



		<p>Service includes:</p> <ul style="list-style-type: none"> - Up to \$500 for staff recruitment; - Dental services recommended by a licensed dentist and not covered by health insurance, Fitness memberships and items, weight loss program services other than food; - Nutritional consultation and supplements recommended by a professional licensed in the relevant field; AND - Certain other goods and services that meet the service requirements noted above. <p>Services not ot Included:</p> <ul style="list-style-type: none"> - Items that have no benefit to the person; - Utility charges; - Co-payment for medical services, over the counter medications, or homeopathic services; - Items used solely for entertainment or recreational purposes (e.g. televisions, video recorders, game stations, DVD player, and monthly cable fees); - Experimental or prohibited goods and treatments; - Monthly telephone fees; - Room & board, including deposits, rent, and mortgage expenses and payments; 	<ol style="list-style-type: none"> 3. <i>Increase the participant’s safety in the home, or</i> 4. <i>Support the family in the continued provision of care to the participant.</i> <p>Service limits for Individual and Family-Directed Goods and Services are as follows:</p> <ul style="list-style-type: none"> - <i>Up to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to support people to recruit staff.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p><i>See applicable policies in PolicyStat.</i></p>	
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		<ul style="list-style-type: none">- Food;- Fees associated with telecommunications;- Tobacco products, alcohol, marijuana, or illegal drugs;- Vacation expenses;- Insurance; vehicle maintenance or any other transportation-related expenses;- Tickets and related costs to attend recreational events;- Personal trainers; spa treatments;- Goods or services with costs that significantly exceed community norms for the same or similar good or service;- 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;- Staff bonuses and housing subsidies;- Subscriptions;- Training provided to paid caregivers;- Services in hospitals;			
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		<ul style="list-style-type: none"> - Costs of travel, meals, and overnight lodging for staff, families and natural support network members to attend a training event or conference; - Service animals and associated fees; - Additional units or costs beyond the maximum allowable for Medicaid or waiver services; OR - Therapeutic interventions to maintain or improve function including art, music, dance, and therapeutic swimming or horseback riding. 			
Live-In Caregiver Supports <i>(Available under CP Waiver only)</i>	(Month)	Live-In Caregiver Supports includes: Rent and food costs of a live-in caregiver that is providing supports and services in the person’s own home.	Service Authorization requirements for Live-In Caregiver Supports include the following: <ul style="list-style-type: none"> - <i>The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Shared Living Services;</i> - <i>Verification that the person has a valid rental agreement or home 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</i> - <i>Written agreements including detailed service expectations, arrangement termination procedures, resources for unfulfilled</i> 	Required documentation for Live-In Caregiver Supports includes the following: <i>OHCDs (only qualified provider)</i> <ul style="list-style-type: none"> - <i>Invoice signed by the 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> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement</i> 	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><i>obligations, and monetary considerations signed by the person and the caregiver.</i></p> <ul style="list-style-type: none"> - <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> - <i>The monthly amount authorized is based on the HUD/fair market housing for rental costs.</i> - <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> - <i>The monthly amount authorized for food is the USDA Monthly Food Plan Cost at the 2-person moderate plan level. See: https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-reports.</i> 	<p><i>that meets the specifications of DDA policy.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	
<p>Nurse Consultation</p> <p>Note: Service ending February 2021 and transitioned to Nursing Support Services</p>	15 minute	<p>Reviews information about self-directing the person’s health; provides recommendations to the person on how to have these needs met in the community; and in collaboration with the person (who is the employer of record), recommends care protocols for the</p>	<p><i>Service Authorization requirements for Nursing Consultation include the following:</i></p> <ul style="list-style-type: none"> - <i>The person is enrolled in SDS;</i> - <i>Over 21 years of age (under 22 – should be referred to EPSDT);</i> - <i>Living in his/her own home or family home; AND</i> 	<p><i>Required documentation for Nursing Consultation includes the following:</i></p> <ul style="list-style-type: none"> - <i>A comprehensive assessment;</i> - <i>HRST that details training and service recommendations reviewed/updated initially, at</i> 	<p>Nurse Consultation services are not available to participants receiving supports in other Nursing services, including Nurse Health Case Management and Nurse Case Management and Delegation Services.</p>



		<p>person to use when the person trains their staff.</p> <p>Service is provided to people who are self-directing services (SDS), to:</p> <ul style="list-style-type: none"> - Verify the accuracy of the HRST; - Conduct a comprehensive nursing assessment; - Identify health care issues; AND - Collaborate with the person/caregivers in protocol development. <p>Note: Service does NOT include delegation of medication administration or treatment.</p>	<ul style="list-style-type: none"> o Able to self-medicate; o Requires no medications or treatments; OR o Receiving support from gratuitous (unpaid) caregivers and has no paid caregivers. <p>Nurse Consultation Services cannot be provided:</p> <ul style="list-style-type: none"> - In a DDA-licensed residential or day site. - If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility. - If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services. <p>Service limits for Nursing Consultation are as follows: Requested hours will be authorized up to a limit of 4 hours per quarter; OR 64 15-minute units per year.</p>	<p><i>every quarterly consultation, and PRN;</i></p> <ul style="list-style-type: none"> - <i>Documentation of the person's ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN; AND</i> - <i>Health protocol recommendations reviewed/updated initially and PRN.</i> <p>Required as applicable to the need for and provision of services:</p> <ul style="list-style-type: none"> - <i>Documentation within the person's file of recommendations for utilizing community resources.</i> <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 PolicyStat.</i></p>	<p>Nurse Consultation 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 Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Supported Employment, or Transportation services.</p>
<p>Nurse Health Case Management</p>	<p><i>(15 minute)</i></p>	<p>Provides a licensed Registered Nurse (RN), when direct support staff are employed by a DDA provider agency to perform health services other</p>	<p>Service Authorization requirements for Nursing Health Case Management include the following:</p>	<p>Required documentation for Nursing Health Case Management includes the following:</p> <ul style="list-style-type: none"> - <i>A comprehensive assessment;</i> 	<p>Nurse Health Case Management services are not available to participants receiving supports in other Nursing services including Nurse Consultation, and Nurse</p>



<p>Note: Service ending February 2021 and transitioned to Nursing Support Services</p>		<p>than medication and treatment administration. The RN:</p> <ul style="list-style-type: none"> - Reviews the person’s health services and supports as part of a collaborative process; - Assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet the person’s health needs; AND - Uses available resources to promote quality person health outcomes and cost-effective care. <p>Service includes:</p> <ul style="list-style-type: none"> - Review/Update HRST; - Complete a comprehensive nursing assessment; - Determine if person can self-medicate; - Determine if tasks can be delegated; - Provide recommendations to access health services and supports; - Ensure the person, the PCP team and providers have health information and recommendations related to the provision of health services (annual written report); 	<ul style="list-style-type: none"> - <i>A person may qualify for this service if they are: (1) receiving services via the Traditional Services 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> - <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 from delegation from the 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><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</i></p>	<ul style="list-style-type: none"> - <i>HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN;</i> - <i>Documentation of the person’s ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN;</i> - <i>Comprehensive health care plan developed at initial consultation and reviewed/updated every 90 days and PRN;</i> - <i>Documentation of training and staff remediation provided, including training content, people trained, names of supervised staff and tasks they are responsible for supervising;</i> - <i>Documentation of collaboration with the health care providers and the person’s clinical team including the name of the health care provider, names of team members and a description of the collaboration; AND</i> 	<p>Case Management and Delegation Services.</p> <p>Nurse Health Case Management services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.</p>
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		<ul style="list-style-type: none"> - Develop health care plans and train, supervise, evaluate and remediate protocols for the provision of supports for <ul style="list-style-type: none"> o Activities of Daily Living (ADL); o Emergency interventions; AND/OR o Other health monitoring; - Monitor health services and health data; AND/OR - Telephone Triage. <p>In provision of Nurse Health Case Management Services, the RN will collaborate with the DDA licensed provider agency in the development of policies and procedures required for delegation of any nursing tasks.</p> <p>Note: This service does NOT include delegation of medication administration.</p>	<p><i>(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></p> <p><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></p> <p><i>Nursing Health Case Management standalone support services cannot be provided:</i></p> <ul style="list-style-type: none"> - <i>In a DDA-licensed residential or day site.</i> - <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> - <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i> <p><i>Service limits for Nursing Health Case Management are as follows:</i></p> <ul style="list-style-type: none"> - <i>Up to 4 hours per quarter or 64 15-minute units per year.</i> 	<ul style="list-style-type: none"> - <i>Documentation of review/monitoring of health services and health data.</i> <p><i>Required as applicable to the need for and provision of services:</i></p> <ul style="list-style-type: none"> - <i>Telephone triage.</i> - <i>Documentation within the person's file of recommendations for utilizing community resources.</i> - <i>Annual written report to the PCP team.</i> <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 PolicyStat.</i></p>	
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			<p><i>See applicable policies in PolicyStat.</i></p>		
<p>Nurse Case Management and Delegation Services</p> <p>Note: Service ending February 2021 and transitioned to Nursing Support Services</p>	<p>(15 minutes)</p>	<p>Provides health case management AND delegates nursing tasks to unlicensed staff who are certified to administer medication and treatments.</p> <p>Service includes:</p> <ul style="list-style-type: none"> - Review/Update HRST; - Complete a comprehensive nursing assessment; - Determine if person can self-medicate; - Determine if tasks can be delegated; - Provide recommendations to access health services and supports; - Ensure the person, the PCP team and providers have health information and recommendations related to the provision of health services (annual written report); - Develop health care plans and train, supervise, evaluate and remediate protocols for the provision of supports for <ul style="list-style-type: none"> o Activities of Daily Living (ADL); o Emergency interventions; AND/OR o Other health monitoring; 	<p>Service Authorization requirements for Nursing Health Case Management and Delegation include the following:</p> <ul style="list-style-type: none"> - 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. <p>Additionally:</p> <ol style="list-style-type: none"> 1. The person's health conditions must be determined by the RN 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. 2. The person must require delegation as assessed by the RN as being unable to perform their own care. 3. The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the 	<p>Required documentation for Nursing Health Case Management and Delegation includes the following:</p> <ul style="list-style-type: none"> - A comprehensive assessment; - HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN; - Documentation of the person's ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN; - Health care plan developed at initial consultation and reviewed/updated every 90 days and PRN; - Documentation of training and staff remediation provided, including training content, people trained, names of supervised staff and tasks they are responsible for supervising; - Documentation of collaboration with the health care providers and the person's clinical team 	<p>Nurse Case Management and Delegations Services are not available to participants receiving supports in other Nursing services including Nurse Consultation, and Nurse Health Case Management.</p> <p>Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.</p>



		<ul style="list-style-type: none"> - Monitor health services and health data; - Telephone triage; AND - Delegation of nursing tasks; <ul style="list-style-type: none"> o Assessment o Delegation o Training, supervision and remediation of unlicensed staff; AND Provision of on call services to staff administering medication. 	<p><i>RN CM/DN's assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations.</i></p> <p><i>The person is over 21 years of age (under 22 – should be referred to EPSDT).</i></p> <p><i>Nursing Health Case Management & Delegation cannot be provided:</i></p> <ul style="list-style-type: none"> - <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> - <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i> <p><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></p> <ul style="list-style-type: none"> - <i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST 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</i> 	<p><i>including the name of the health care provider, names of team members and a description of the collaboration;</i></p> <ul style="list-style-type: none"> - <i>Documentation of review/monitoring of health services and health data; AND</i> - <i>Medication Administration Record (MAR).</i> <p><i>Required as applicable to the need for and provision of services:</i></p> <ul style="list-style-type: none"> - <i>Telephone triage.</i> - <i>Documentation within the person's file of recommendations for utilizing community resources.</i> - <i>Annual written report to the PCP team.</i> <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 PolicyStat.</i></p>	
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			<p><i>Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i></p> <p>Service limits for Nursing Health Case Management and Delegation are as follows:</p> <ul style="list-style-type: none"> - <i>Assessment is minimally every 45 days but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation.</i> 		
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<p>Nursing Support Services</p> <p>Note: Service beginning March 2021</p>	<p><i>(15 minutes)</i></p>	<p>Provides a registered nurse, licensed in the State of Maryland, to perform Nursing Consultation, Health Case Management, and Delegation services, based on the participant’s assessed need.</p> <p>Service includes:</p> <ul style="list-style-type: none"> - Initial nursing assessment including: <ul style="list-style-type: none"> o Complete a comprehensive nursing assessment; 	<p>Service Authorization include the following:</p> <p>Nursing Consultation</p> <ul style="list-style-type: none"> - <i>Enrolled in the Self-Directed Services Program</i> - <i>Over 21 years of age (under 22 – should be referred to EPSDT);</i> - <i>Living in his/her own home or family home; AND</i> - <i>Able to self-medicate;</i> - <i>Requires no medications or treatments; OR</i> 	<p>Required documentation:</p> <ul style="list-style-type: none"> - <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</i> 	<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>
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		<ul style="list-style-type: none"> o Clinical review/update HRST; o Determine if person can self-medicate; - Nursing Consultation including: <ul style="list-style-type: none"> o Provide recommendations to access health services and supports o Develop or review health care protocols o Develop or review communication systems - Health Case Management including: <ul style="list-style-type: none"> o Provide recommendations to access health services and supports o Develop a Nursing Care Plan and protocols o Provide training to the provider's direct support staff o Determine if tasks can be delegated - Nursing delegation including: <ul style="list-style-type: none"> o Provide recommendations to access health services and supports o Develop a Nursing Care Plan and protocols o Provide training to direct support staff o Monitor the direct support staff's performance of delegated nursing tasks 	<ul style="list-style-type: none"> - <i>Receiving supports from gratuitous (unpaid) caregivers and has no paid caregivers.</i> - Nurse Consultation Services cannot be provided: <ul style="list-style-type: none"> o <i>In a DDA-licensed residential or day site.</i> o <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> o <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i> - Nurse Consultation Service limits are as follows: <ul style="list-style-type: none"> o <i>Requested hours will be authorized up to a limit of 4 hours per quarter; OR 64 15-minute units per year</i> <p>Nursing Health Case Management –</p> <ul style="list-style-type: none"> - <i>A person may qualify for this service if they are: (1) receiving services via the Traditional Services 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> 	<p><i>accordance with applicable Maryland laws and regulations, Department policies, and standards of nursing care.</i></p> <p>Required as applicable to the need for and provision of services:</p> <ul style="list-style-type: none"> - <i>Telephone triage.</i> - <i>Documentation within the person's file of recommendations for utilizing community resources.</i> - <i>Annual written report to the PCP team.</i> <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 PolicyStat.</i></p>	<p>Nurse Support Services are not available to participants at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.</p>
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		<ul style="list-style-type: none"> ○ Continually monitor the participant’s health by conducting nursing assessments and reviewing health data ○ Ensure available on a 24/7 basis, or provide qualified back-up, to address the participant’s health needs as may arise emergently <p><i>Nursing Support Services (i.e., Nurse Consultation, Health Case Management and Nurse Case Management and Delegation services) do not include provision of any direct nursing care services to a participant.</i></p>	<ul style="list-style-type: none"> - <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 from delegation from the 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> - <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> - <i>This service is not available to a person if the person: (1) cannot perform self-medication and treatments; (2) medications and</i> 		
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			<p><i>treatments are provided for by paid direct support staff; or (3) the direct support staff is not employed by a DDA community provider.</i></p> <ul style="list-style-type: none"> - <i>Nursing Health Case Management standalone support services cannot be provided:</i> <ul style="list-style-type: none"> o <i>In a DDA-licensed residential or day site.</i> o <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> o <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i> - <i>Service limits for Nursing Health Case Management are as follows:</i> <ul style="list-style-type: none"> o <i>Up to 4 hours per quarter or 64 15-minute units per year</i> <p><i>Nursing Delegation</i></p> <ul style="list-style-type: none"> - <i>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.</i> 		
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			<ul style="list-style-type: none">- <i>The person's health conditions must be determined by the RN 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>- <i>The person must require delegation as assessed by the RN as being unable to perform their own care.</i>- <i>The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the RN CM/DN's assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations.</i>- <i>The person is over 21 years of age (under 22 – should be referred to EPSDT).</i>- <i>Nursing Delegation cannot be provided:</i><ul style="list-style-type: none">o <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>		
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			<ul style="list-style-type: none">○ <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services</i>- <i>Service limits for Nursing Delegation are as follows:</i><ul style="list-style-type: none">○ <i>Assessment is minimally every 45 days but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation</i> <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">- <i>The participant's health needs do not require performance of any nursing tasks or administration of any medication;</i>- <i>The nursing tasks are not delegable in accordance with applicable Maryland regulations; or</i>		
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			<ul style="list-style-type: none"> - <i>The participant does not have any direct support staff paid, to provide any Waiver program service either under the traditional services delivery model or self-directed services delivery model, or any uncompensated caregivers.</i> <p><i>A participant cannot qualify, or receiving funding from the Waiver program Nurse Consultation, Health Case Management, or Delegation services if the participant:</i></p> <ul style="list-style-type: none"> - <i>Requires provision of direct nursing care services; or</i> - <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> <p><i>Service Authorization requirements for Nursing Support Services - Delegation Services standalone support:</i></p> <ul style="list-style-type: none"> - <i>In the event that additional Nurse delegation training supports are needed, in a meaningful day or residential services that include</i> 		
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			<p><i>nursing support services as a component, as indicated in the HRST 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 PolicyStat.</i></p>		
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Participant Education, Training, and Advocacy Supports	<i>(Item)</i>	<p>Participant Education, Training, and Advocacy Supports provides funding for the cost associated with training programs, workshops and conferences to assist the person develop skills</p> <p>Covered expenses include:</p> <ul style="list-style-type: none"> - Enrollment fees associated with training programs, conferences, and workshops; - Books and educational materials; AND 	<p><i>Service Authorization requirements for Participant Education, Training, and Advocacy Supports include the following:</i></p> <ul style="list-style-type: none"> - <i>Service need is identified in the person's PCP; AND</i> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> 	<p><i>Required documentation for Participant Education, Training, and Advocacy Supports includes the following:</i></p> <p><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 person of attendance or receipt of materials.</i></p>	Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.
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		<ul style="list-style-type: none"> - Transportation that enables the participant to attend and participant in the training programs, conferences, and workshops . <p>Not Included:</p> <ul style="list-style-type: none"> - Tuition, airfare, cost of meals or overnight lodging 	<p>Service limits for Participant Education, Training, and Advocacy Supports are as follows:</p> <ul style="list-style-type: none"> - Service is limited to 10 hours of training per person per year - The amount of training or registration fees is limited to \$500 per person per year. <p>See applicable policies in PolicyStat.</p>	<p>*Note: OHCDS is not a qualified provider.</p> <p>See applicable policies in PolicyStat.</p>	
Personal Supports	(15 minute)	<p>Habilitative 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:</p> <ul style="list-style-type: none"> - In home skills development; - Community integration and engagement skills development; AND - Personal care assistance services. <p>Service includes:</p> <ul style="list-style-type: none"> - Direct support services - Transportation; and - Person care assistance <p>Self-Direction also includes cost for:</p> <ul style="list-style-type: none"> o Training for direct support staff; and 	<p>Service Authorization requirements for Personal Supports include the following:</p> <ul style="list-style-type: none"> - The person lives in their own home or their family’s home; - The person needs habilitative supports for community engagement (outside of meaningful day services) or home skills development; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; - Family and natural supports have been explored and exhausted; AND - This service is the most cost-effective service to meet the person’s needs. 	<p>Required documentation for Personal Supports includes the following:</p> <ul style="list-style-type: none"> - Service note describing activities/supports that align with the PCP; AND - Start and stop time of the services provided will be documented in the EVV system maintained and provided by the Maryland Department of Health (MDH)/DDA. - Providers are required to retain staff time sheets or payroll information documenting the provision of the services. 	<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 Discovery and Customization, Employment Services, Medical Day Care, Respite Care Services, Supported Employment, Supported Living, or Transportation services.</p>



		<ul style="list-style-type: none"> o <i>Travel reimbursement, benefits, and leave time.</i> - <i>Personal care assistance services</i> 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 <i>only when in combination with other allowable Personal Supports activities occurring.</i> - <u>Transportation to and from and within this service is included within the LTSSMaryland service rates or self-directed budget when new rates applied.</u> - 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. 	<p><i>Personal Supports cannot be authorized:</i></p> <ul style="list-style-type: none"> - <i>When PS supplants or duplicates CFC.</i> - <i>In lieu of respite or supervision.</i> - <i>If personal care comprise the entirety of the service.</i> <p><i>Supporting documentation to demonstrate assessed need for Personal Supports includes the following:</i></p> <ul style="list-style-type: none"> - <i>The number of hours requested must be commensurate with the outcomes, purpose, and services objectives maintained in the person’s PCP. The number of hours authorized will be determined based on:</i> <ul style="list-style-type: none"> • <i>Information provided in the person’s schedule of activities; AND</i> • <i>Documented outcomes included in the PCP and the alignment of the supports requested with those outcomes.</i> <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</i></p>		
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		<ul style="list-style-type: none"> - 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 PCP. - Service can be provided virtually after meeting applicable waiver requirements and authorized/approved in PCP. 	<p><i>care for a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver person.</i></p> <ul style="list-style-type: none"> - <i>Assessment of the person’s age, exceptional care needs, outcome, and activities is needed.</i> <p><i>Service limits for Personal Supports are as follows:</i></p> <ul style="list-style-type: none"> - <i><u>Personal Support services are limited to 82 hours per week unless otherwise pre- authorized by the DDA.</u></i> <p><i>Legal guardians and relatives may not be paid for greater than 40-hours per week for services unless otherwise approved by the DDA.</i></p> <p><i>Authorization for 2:1 staffing levels:</i></p> <ul style="list-style-type: none"> - <i>Initial authorization up to three months.</i> - <i>Additional authorization after initial authorization and assessment of fading plan and continued assessed need.</i> - <i>Documented and justification of assessed need in the participant’s PCP and nursing care plan or behavior support plan as applicable.</i> - <i>Adaptive equipment or other modifications, including the use of</i> 		
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			<p><i>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></p> <ul style="list-style-type: none"> - <i>The request shall also include a fading plan that can include natural supports, adaptive equipment or other modifications.</i> <p>Enhanced Personal Supports rate may be provided, based upon a person’s needs when:</p> <ul style="list-style-type: none"> - <i>The person has an approved Behavioral Plan; and/or</i> - <i>The participant has a Health Risk Screening Score of 4 or higher.</i> <p>See applicable policies in PolicyStat.</p>		
Remote Support Services (RSS)	<i>(Item)</i>	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.	<p>Service Authorization requirements for Remote Support Services (RSS) include the following:</p> <ul style="list-style-type: none"> - <i>Person is 18+ years old and is not receiving Community Living – Enhanced Supports or Shared Living;</i> - <i>Team has conducted a preliminary assessment to consider the person’s</i> 	<p>Required documentation for Remote Support Services includes the following:</p> <p>All provider types</p> <ul style="list-style-type: none"> - <i>Invoice that includes an itemized list of RSS, the person’s name, date and signature of person or</i> 	Remote Support Services are not available to participants receiving support services in Community Living Enhanced Supports or Shared Living services.



		<p>Remote Support Services (RSS) includes:</p> <ul style="list-style-type: none"> - Electronic support system installation, repair, maintenance, and back-up system; - Training and technical assistance for the person and his/her support network; - Off-site system monitoring staff; AND - Stand-by intervention staff for notifying emergency personnel such as police, fire, and back-up support staff. 	<p><i>goals, level of support needs, behavioral challenges, risks and benefits and other residents in the home and is documented in the person's PCP;</i></p> <ul style="list-style-type: none"> - <i>DDA approved RSS provider policies detailing procedures to ensure the person's health, welfare, independence, and privacy and system security;</i> - <i>Informed consent has been obtained from all people living in the home;</i> - <i>Unless exempted by DDA, demonstration that RSS cost no more than direct staffing; AND</i> - <i>Verification that RSS are done in real time by awake staff at a monitoring base using:</i> <ul style="list-style-type: none"> o <i>Live 2-way communication;</i> o <i>Motion sensing;</i> o <i>Radio frequency identification;</i> o <i>Web-based monitoring systems; AND/OR</i> o <i>Other devices approved by DDA</i> <p><i>The provider must have develop, maintain, and enforce written policies, approved by the DDA in effect, which address:</i></p> <ul style="list-style-type: none"> - <i>How the provider, and electronic support system used, will maintain the participant's privacy;</i> - <i>How the provider will ensure the electronic support system used</i> 	<p><i>authorized representative acknowledging receipt.</i></p> <p>OHCDS</p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDS / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p><i>See applicable policies in PolicyStat.</i></p>	
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			<p><i>meets applicable information security standards; and</i></p> <ul style="list-style-type: none"> - <i>How the provider will ensure its provision of Remote Support Services complies with applicable laws governing individuals' right to privacy</i> <p>Note: <i>Time limited direct supports from the existing services are available during transition to remote monitoring. If a person has overnight support and requests RSS 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 RSS.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>		
Respite Care	<i>(15 minute) (Daily) (Item)</i>	<p>Respite Care is short-term care intended to provide both the family or other primary caregiver and the person with a break from their daily routines. It is a one to one service.</p> <p>Respite can be provided in:</p> <ul style="list-style-type: none"> - The person's own home, - The home of a respite care provider, - A licensed residential site, - State certified overnight or youth camps, OR 	<p>Service Authorization requirements for Respite Care include the following:</p> <ul style="list-style-type: none"> - <i>Description of support needed;</i> - <i>Cannot be used to replace day care while the person's parent or guardian is at work;</i> - <i>The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Rare and Expensive Medical Care (REM); AND</i> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of</i> 	<p>Required documentation for Respite Care includes the following:</p> <p>Person's own home</p> <ul style="list-style-type: none"> - <i>Timesheet signed/dated by provider</i> <p>Home of provider or licensed site</p> <ul style="list-style-type: none"> - <i>Attendance log with staff in and out times.</i> <p>Non-camp settings:</p>	<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-</p>



		<ul style="list-style-type: none"> - Other settings and camps as approved by DDA. <p>Not included:</p> <ul style="list-style-type: none"> - Fees associated with respite such as membership fees at a recreational facility, community activities or insurance fees. - Habilitative supports or activities 	<p><i>Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i></p> <ul style="list-style-type: none"> - <i>Payment rates must be customary and reasonable as established by DDA.</i> <p>Service limits for Respite Care are as follows:</p> <ul style="list-style-type: none"> - <i>Respite care services hourly and daily total hours may not exceed 720 hours within each plan year unless otherwise authorized by the DDA.</i> - <i>Camp cannot exceed \$7,248 within each plan year.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<ul style="list-style-type: none"> - <i>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> <p>Camp:</p> <ul style="list-style-type: none"> - <i>The provider must document verification that the respite camp was provided (an affirmative verification) and paid.</i> <p>*Note: <i>OHCDs is not a qualified provider.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	<p>Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Supported Employment, Supported Living, or Transportation services.</p>
Support Broker	(Hour)	<p>Optional self-directed service delivery model support that provides employer related information, coaching, and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services and available budget.</p> <p>Services include:</p> <ul style="list-style-type: none"> - Information, coaching, and mentoring and <i>Benefits and leave time.</i> 	<p>Service Authorization requirements for Support Broker include the following:</p> <ul style="list-style-type: none"> - <i>Person is self-directing services;</i> - <i>Service need is identified in the person’s PCP.</i> <p>Note: <i>Support Broker Services are an <u>optional</u> service for people who self-direct.</i></p> <p>Service limits for Support Broker Services are as follows:</p> <ul style="list-style-type: none"> - <i>Initial orientation and assistance up to 15 hours;</i> 	<p>Required documentation for Support Broker Services includes the following:</p> <p>FMS requirements include:</p> <ul style="list-style-type: none"> - <i>Documentation that the Support Broker meets all applicable provider qualifications and standards;</i> - <i>Timesheet with description of support provided noted</i> 	



			<ul style="list-style-type: none"> - Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by DDA. - Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there significant changes in the participant's health or medical situation. <p>Note: Service hours must be necessary, documented, and evaluated by the team.</p> <p>See applicable policies in PolicyStat.</p>	<p>See applicable policies in PolicyStat.</p>	
Transition Services	(Item)	<p>Transition Services are allowable expenses related to moving from:</p> <ol style="list-style-type: none"> 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 2. Community residential provider to a private residence in the community, for which the person or their legal representative will be responsible. <p>Service includes: :</p>	<p>Service Authorization requirements for Transition Services include the following:</p> <ul style="list-style-type: none"> - Documentation in the PCP that the person is unable to pay for or obtain assistance from other sources for transition related costs; - Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; 	<p>Required documentation for Transition Services includes the following:</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>OHCDs</p> <ul style="list-style-type: none"> - Documentation that the vendor meets all applicable 	



		<ul style="list-style-type: none"> - Security deposits that is required to obtain a lease on an apartment or home; - Reasonable cost, as defined by the DDA, of essential household goods; - Fees or deposits associated with set-up of essential utilities - telephone, electricity, heating and water; - Cost of services necessary for the person's health and safety, such as pest removal services and one-time cleaning prior to moving in; AND/OR - Moving expenses. <p>Not included:</p> <ul style="list-style-type: none"> - Monthly rent or mortgage, food, telephone fees, regular utility charges, and entertainment costs, such as cable fees; - Items purchased from the person's relatives, legal guardians or other legally responsible person; AND/OR - Payment for room and board. <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</p>	<ul style="list-style-type: none"> - <i>Log of items requested to be reviewed/authorized by DDA; AND</i> - <i>Transition services are furnished only to the extent that they are reasonable, necessary and based on the person's needs.</i> <p>Service limits for Transition Services are as follows:</p> <ul style="list-style-type: none"> - <i>\$5,000 lifetime limit unless authorized by DDA.</i> - <i>Transition items and goods must be procured <u>within 60 days after moving.</u></i> <p><i>See applicable policies in PolicyStat.</i></p>	<ul style="list-style-type: none"> - <i>provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p>Note: <i>Transition services provided to an individual leaving an institution up to 180 days prior to moving is billed as a Medicaid administrative cost.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	
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		<p>purchased under this service, the item shall be returned to the DDA unless otherwise directed.</p> <p>All goods must be in good operating condition and repair in accordance with applicable specifications.</p> <p>All services must be performed in accordance with standard workmanship and applicable specifications.</p>			
Transportation Services	(Item)	<p>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 PCP.</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</p>	<p><i>Service Authorization requirements Transportation Services include the following:</i></p> <ul style="list-style-type: none"> - <i>Person lives in their own home or their family’s home</i> - <i>Description of transportation services and frequency to access community activities within their own community</i> - <i>Transport within a person’s own community and is not transportation related to a medical service; AND</i> 	<p><i>Required documentation for Transportation Services includes the following:</i></p> <p><i>All Orientation services, accessing mobility and volunteer transportation services, travel training documentation includes:</i></p> <ul style="list-style-type: none"> - <i>Timesheet signed and dated by the provider; AND</i> - <i>Service note describing the service provided.</i> <p><i>All Prepaid transportation vouchers and cards documentation includes:</i></p>	<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 Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care, Shared Living, Supported Employment, or Supported Living services.</p>



		<p>inside or outside of the State of Maryland.</p> <p>Transportation Services can include:</p> <ul style="list-style-type: none"> - Orientation to using other senses or supports for safe movement; - Accessing Mobility and volunteer transportation services; - Travel training; - Transportation services including: public and community transportation, taxi services, and non-traditional transportation providers; - Purchase of prepaid transportation vouchers and cards; AND/OR - Mileage reimbursement for transportation provided by another individual using their own car. <p>Not included:</p> <ul style="list-style-type: none"> - Payment to spouses or legally responsible individuals for furnishing transportation services. 	<ul style="list-style-type: none"> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p>Service limits for Transportation Services are as follows:</p> <ul style="list-style-type: none"> - <i>\$7,500 annual limit for people using traditional services.</i> <p>Note: <i>For people self-directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized PCP and budget.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	<ul style="list-style-type: none"> - <i>Receipt(s) signed/dated by the person acknowledging receipt.</i> <p>All Mileage reimbursement documentation includes:</p> <ul style="list-style-type: none"> - <i>Mileage log to include travel date and signature of the provider and the person.</i> <p>OHCDs also require:</p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p><i>See applicable policies in PolicyStat.</i></p>	
<p>Vehicle Modifications (VM)</p>	<p><i>(Item)</i></p>	<p>Vehicle Modifications are adaptations or alterations to a vehicle that is the person's or the person's family's primary means of transportation.</p>	<p>Service Authorization requirements for Vehicle Modifications include the following:</p> <ul style="list-style-type: none"> - <i>Proof of vehicle registration/ownership to the person or legally responsible parent</i> 	<p>Required documentation for Vehicle Modifications includes the following:</p> <p>All Provider Types:</p> <ul style="list-style-type: none"> - <i>Vehicle Modifications: Verification that the modified</i> 	



		<p>Vehicle Modifications may include:</p> <ul style="list-style-type: none"> - 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; - 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; - Non-warranty vehicle modification repairs; AND - Training on use of the modification. 	<ul style="list-style-type: none"> - <i>of a minor or other primary caretaker;</i> - <i>Assessment recommending the needed modification (unless Division of Rehabilitation Services (“DORS”) assessment has been completed in the past year);</i> - <i>Documentation in the person’s PCP the changes are a necessary component of achieving the PCP outcomes;</i> - <i>A prescription for vehicle modification completed by a qualified provider;</i> - <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> - <i>Documentation verifying the vehicle modification isn’t covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.</i> <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>	<p><i>vehicle meets safety standards.</i></p> <ul style="list-style-type: none"> - <i>All VM Services:</i> <ul style="list-style-type: none"> - <i>Invoice that includes an itemized list of VM Services, provider’s signature, date and signature of person or authorized representative acknowledging receipt; AND</i> - <i>Retain assessment, prescription for vehicle modification, and cost breakdown as applicable.</i> <p><i>OHCDs</i></p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p><i>See applicable policies in PolicyStat.</i></p>	
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			<ul style="list-style-type: none"> - Purchase of new/used vehicles, general vehicle maintenance or repair, State inspections, insurance, gas, fines, tickets or warranty purchase. - VM purchased by the program that have been damaged in an accident. - Modifications to provider owned vehicles. <p>Service limits for Vehicle Modifications are as follows:</p> <ul style="list-style-type: none"> - Must be within the \$15,000 ten-year limit. <p>See applicable policies in PolicyStat.</p>		
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RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Community Living-Group Home Support	(Day)	Community Living-Group Home Support 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>The following criteria will be used for new persons to access Community Living – Group Home services:</p> <ol style="list-style-type: none"> 1. The person is 18 years of age or older unless otherwise authorized by the DDA; 2. Person has critical support needs that cannot be met by other residential or in-home services and supports; 	<p>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</p> <p>Documentation requirements for Community Living-Group Home Support includes the following:</p> <ul style="list-style-type: none"> - Attendance log acknowledging that the 	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



		<p>Service Provision includes:</p> <ul style="list-style-type: none"> ○ Direct support services ○ Transportation ○ Nursing support services; and ○ Person care assistance <p>Service Characteristics include:</p> <ul style="list-style-type: none"> - 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; - Transportation to and from and within this service is included within the services; and - Nurse Case Management and Delegation Services. <p>Acute Care Hospital Stay Supports:</p> <p>Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant's</p>	<p>3. <i>This residential model is the most integrated and most cost-effective service to meet needs; AND</i></p> <p>4. <i>The person meets one of the following criteria:</i></p> <ul style="list-style-type: none"> a) <i>They currently lives on their own and unable to care for himself or herself even with services and supports;</i> b) <i>They currently lives on their own or with family or other unpaid caregivers and such living situation presents an imminent risk to their physical or mental health and safety or the health and safety of others;</i> 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> 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> 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</i> 	<p><i>person was in the home at least 6 hours; AND</i></p> <ul style="list-style-type: none"> - <i>Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc.</i> <p>Providers are required to retain:</p> <ul style="list-style-type: none"> - <i>Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i> - <i>Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i> - <i>Documentation that staff meet all qualifications as required for this specific service and DDA.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p>Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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		<p>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 PCP. Note: Services are provided in a provider licensed and owned or operated group home setting.</p>	<p><i>significant health changes include a long-term illness or permanent injury;</i></p> <ul style="list-style-type: none"><i>f) There is no family or unpaid caretaker to provide needed care;</i><i>g) There is a risk of abuse or neglect to the person in their 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 CPS or APS involvement or (2) removal from the home by CPS or APS;</i><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><i>i) Extenuating circumstances; AND</i>		
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			<p>j) <i>The residential service is the most cost-effective means to meet the participant's assessed need</i></p> <p><i>If the person is living in their own, or a family home:</i></p> <ul style="list-style-type: none">- <i>Documentation that CFC and personal supports have been explored and are insufficient to meet the person's needs; OR</i>- <i>Documentation that the person's health and welfare is jeopardized in their current living situation. Examples of documentation include APS referrals, increased ER visits, critical incident reports, etc.</i> <p><i>If the person is in an institutional setting or homeless:</i></p> <ul style="list-style-type: none">- <i>Documentation that less restrictive living options have been explored and cannot meet the person's needs.</i> <p><i>Service Authorization requirements for Nursing Support Services - Delegation Services standalone support:</i></p> <ul style="list-style-type: none">- <i>In the event that additional Nursing Delegation training supports are needed as indicated in the HRST because of a change in the person's health status or after discharge</i>		
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			<p><i>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>Community Living - Group Home Retainer Fee:</p> <ul style="list-style-type: none">- <i>Limited to up to 18 days per calendar year per recipient per provider.</i>- <i>Effective March 2021, retainer fees will no longer show on the PCP but may be billed via the Provider Portal.</i> <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 ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.</i></p>		
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			<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 PolicyStat.</i></p>		
<p>Community Living-Group Home Support: Dedicated Hours</p>	<p>(15 minute)</p>	<p>Dedicated 1:1 or 2:1 staff-to-participant supports within Community Living - Group Home supports.</p> <p>Service characteristics include:</p> <ul style="list-style-type: none"> - Dedicated hours can be used to support more than one participant if it meets their 	<p>Teams may request authorization of dedicated staff hours when base shared hours and overnight supervision (as applicable) does not meet the person's needs:</p> <ul style="list-style-type: none"> - A copy of the schedule noting the base shared, overnight, and dedicated hours currently authorized in the person's home should be submitted; AND 	<p>Required documentation for Community Living-Group Home Support: Dedicated Hours includes the following:</p> <ul style="list-style-type: none"> - Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND - For each block of consecutive units of service, document service performed. 	<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 Discovery and Customization,</p>



		<p>assessed needs and the following circumstances are met:</p> <ul style="list-style-type: none"> ○ 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; ○ The dedicated hours are documented in each participant’s respective PCP and the Provider Implementation Plan; and ○ The DDA provider may only bill the dedicated hours for one participant, to avoid duplication. 	<ul style="list-style-type: none"> - <i>Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i> <p>Notes:</p> <p>1- Shared hours</p> <ul style="list-style-type: none"> ○ <i>Service <u>with</u> overnight supports</i> <ul style="list-style-type: none"> ○ <i>1 - 3 residents = 128 hours</i> ○ <i>4 - 5 residents = 196 hours</i> ○ <i>6 - 8 residents = 272 hours</i> ○ <i>Service <u>without</u> overnight supports</i> <ul style="list-style-type: none"> ○ <i>1 - 3 residents = 72 hours</i> ○ <i>4 - 5 residents = 140 hours</i> ○ <i>6 - 8 residents = 216 hours</i> <p>2- <i>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>Based on assessed need, authorization can be for specified months or for the entire year.</i></p> <p>Supporting documentation to demonstrate assessed need include:</p> <p>All 1:1 dedicated hours:</p> <ul style="list-style-type: none"> - <i>HRST documenting the need for 1:1 staffing,</i> - <i>SIS,</i> - <i>Behavioral Plan, and/or</i> 	<p>Dedicated hours (behavioral):</p> <ul style="list-style-type: none"> - <i>Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p>Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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			<ul style="list-style-type: none">- <i>Community integration goals</i> <p><i>If 1:1 dedicated hours are requested for medical needs:</i></p> <ul style="list-style-type: none">- <i>Dedicated hours must be recommended by an Nursing Care Plan or Behavior Plan; AND</i>- <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>- <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>- <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> <p><i>If 1:1 dedicated hours are requested for behavioral needs:</i></p> <ul style="list-style-type: none">- <i>Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff;</i>- <i>Recent (within 90 days) incident reports document the need for dedicated staff; AND</i>		
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			<ul style="list-style-type: none">- <i>Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.</i>- <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 unless otherwise noted in policy or this guidance.</i> <p><i>Residential Services: Use of Dedicated Supports During Meaningful Day Hours:</i></p> <ul style="list-style-type: none">- <i>May be requested up to 40 hours per week, Monday through Friday based on the participant's assessed need</i>- <i>Criteria to be authorized:</i><ul style="list-style-type: none">o <i>Assessed need for day supports, that cannot be addressed through a Meaningful Day service or other non-work related support; AND</i>o <i>Time limited services/short-term transition period</i> 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 services for five or more consecutive days as a result; OR		
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			<ul style="list-style-type: none">○ <i>Partial requests may be authorized when the participant receives less than 40 hours of Meaningful Day Services but a support gap (based on assessed need) has been identified during traditional Meaningful Day hours that cannot be met by Meaningful Day services;</i>OR○ <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">▪ <i>Meaningful Day services have been explored and do not meet the participant's assessed needs</i>▪ <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> <p><u>Reference PolicyStat - Residential Services: Use of Dedicated Supports During Meaningful Day Hours</u></p>		
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			<p>Documentation to support 2:1 dedicated hours includes:</p> <ul style="list-style-type: none">- HRST, SIS, or Behavioral Plan documenting need for 2:1 staffing; AND- A copy of the schedule noting the base 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. <p>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</p> <ul style="list-style-type: none">- The 2nd staff is needed to relieve the 1st staff.- The 1st staff is responsible for implementing the BP, the 2nd staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.		
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			<ul style="list-style-type: none">- <i>The person requires constant monitoring while in transport and the 2nd staff is needed to drive.</i>- <i>The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</i> <p><i>Dedicated hours</i></p> <ul style="list-style-type: none">- <i>May be used to support more than one participant if it meets their assessed needs and the following requirements are met:</i><ul style="list-style-type: none">o <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;</i>o <i>Support is documented in each participant's PCP s and provider implementation plan; and</i>o <i>Dedicated hours are billed for only one participant.</i> <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 ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the</i></p>		
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			<p><i>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>Note: All participants in this setting must be authorized for Community Living - Group Home services.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>		
<p>Community Living-Enhanced Supports</p> <p>This service is only authorized and billed through <i>LTSSMaryland</i></p>	<p><i>(Day)</i></p>	<p>Community Living-Enhanced Supports provide the participant, who exhibits challenging behaviors or have court ordered restrictions, 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>Service Provision includes:</p> <ul style="list-style-type: none"> ○ <i>Direct support services</i> 	<p>Service Authorization requirements for Community Living-Enhanced Supports include the following:</p> <ol style="list-style-type: none"> <i>1. The person is 18 years of age or older unless otherwise authorized by the DDA;</i> <i>2. The person has critical support needs that cannot be met by other residential or in-home services and supports; and</i> <i>3. The person meets the following criteria:</i> <ol style="list-style-type: none"> <i>a) The person has (i) court ordered restrictions to community living; or (ii) demonstrated history of severe</i> 	<p>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</p> <ul style="list-style-type: none"> - <i>Attendance log acknowledging that the person was in the home at least 6 hours; AND</i> - <i>Documented affirmation the service was provided as authorized by the PCP, i.e. daily service note.</i> <p>Required documentation for Community Living-Enhanced Supports includes the following:</p>	<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 Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse</p>



		<ul style="list-style-type: none"> ○ <i>Transportation</i> ○ <i>Nursing support services;</i> ○ <i>Behavioral Support Services; and</i> ○ <i>Person care assistance</i> <p>Service Characteristics:</p> <ol style="list-style-type: none"> 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; 2. Transportation to and from and within this service is included within the services; 3. Nurse Case Management and Delegation Services; and 4. Behavioral support services. <p>Acute Care Hospital Stay Supports:</p> <ul style="list-style-type: none"> - Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant’s personal, behavioral and 	<p><i>behaviors requiring restrictions and the need for enhanced skills staff; or (iii) extensive needs; and</i></p> <p><i>b) Community Living – Enhanced Support Services are the most integrated environment to meet needs.</i></p> <p>Supporting documentation to demonstrate assessed need include:</p> <ul style="list-style-type: none"> - <i>Critical support needs that cannot be met by other less restrictive residential or in-home services and supports; OR</i> - <i>Court order restricting community living; OR</i> - <i>Documentation of severe behaviors requiring restrictions and the need for staff with enhanced training and skills.</i> <p><i>Note: Person’s base rate will be determined by 1:1 staffing ratios during awake hours and shared staffing overnight; Household size cannot exceed 4 people unless pre-authorized by DDA.</i></p> <p>Community Living – Enhanced Supports Retainer Fee:</p>	<ul style="list-style-type: none"> - <i>Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i> - <i>Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i> - <i>Documentation that staff meet all qualifications as required for this specific service and DDA.</i> <p><i>See applicable policies in PolicyStat.</i></p>	<p>Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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		<p>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 PCP.</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>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 PCP.</p>	<ul style="list-style-type: none"> - <i>Limited to up to 18 days per calendar year per recipient per provider.</i> - <i>Effective March 2021, retainer fees will no longer show on the PCP but may be billed via the Provider Portal.</i> <p><i>Service Authorization requirements for Nursing Support Services - Delegation Services standalone support:</i></p> <ul style="list-style-type: none"> - <i>In the event that additional Nursing Delegation training supports are needed as indicated in the HRST 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> <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 (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the</i></p>		
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			<p><i>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 PolicyStat.</i></p>		
<p>Community Living-Enhanced Supports: Dedicated Hours</p> <p>This service is only authorized and billed through <i>LTSSMaryland</i></p>	<p><i>(15 minute)</i></p>	<p>Dedicated 1:1 or 2:1 staffing within Community Living-Enhanced Supports</p> <p>Teams may request authorization of dedicated staff hours when base rate hours do not meet the person's needs; authorized hours are not limited to services provided inside the home.</p>	<p><i>Teams may request authorization of dedicated staff hours when base shared hours and overnight supervision does not meet the person's needs:</i></p> <ul style="list-style-type: none"> - <i>A copy of the schedule noting the base shared, overnight, and dedicated hours currently authorized in the person's home should be submitted; AND</i> - <i>Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i> 	<p><i>Required documentation for Community Living-Enhanced Supports: Dedicated Hours includes the following:</i></p> <ul style="list-style-type: none"> - <i>Staff timesheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</i> - <i>For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. services</i> 	<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 Discovery and Customization, Employment Services, Medical Day Care, Nurse</p>



			<p>Notes:</p> <p>1- Shared hours</p> <ul style="list-style-type: none"> o Service <u>with</u> overnight supports <ul style="list-style-type: none"> o 1 - 3 residents = 128 hours o 4 - 5 residents = 196 hours o Service <u>without</u> overnight supports <ul style="list-style-type: none"> o 1 - 3 residents = 72 hours o 4 - 5 residents = 140 hours <p>2- 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.</p> <p>Based on assessed need, authorization can be for specified months or for the entire year.</p> <p>Service Authorization requirements for Community Living- Enhanced Supports: Dedicated Hours include the following:</p> <p>1:1 dedicated hours:</p> <ul style="list-style-type: none"> - Dedicated hours may be authorized for overnight staffing when documentation indicates base hours for overnight shared staffing is inadequate to prevent harm to self or others. <p>2:1 dedicated hours:</p>	<p><i>note or behavioral plan data tracking form.</i></p> <p>See applicable policies in PolicyStat.</p>	<p>Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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			<p><i>are time limited with the intention of the person transitioning to 1:1 support, when:</i></p> <ul style="list-style-type: none">- Documentation indicates that the person is:<ul style="list-style-type: none">o Unable to participate in meaningful day activities; ANDo Has a need for 2:1 staffing as documented by the HRST, SIS, or BP. <p>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</p> <ul style="list-style-type: none">- The 2nd staff is needed to relieve the 1st staff.- The 1st staff is responsible for implementing the BP, the 2nd staff is needed to ensure the safety and security of the environment.- The person requires constant monitoring while in transport and the 2nd staff is needed to drive.- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others. <p>Note: Based on assessed need, authorization can be for specified months or for the entire year.</p> <p>See applicable policies in PolicyStat.</p>		
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<p>Residential Retainer Fee: Community Living-Group Home and Community Living - Enhanced Supports</p>	<p>Day</p>	<p>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.</p>	<p><i>Service Authorization requirements for Residential Retainer Fee include the following:</i></p> <ul style="list-style-type: none"> - <i>18 days are authorized annually for the provider of each person receiving Community Living-Group Home and -Enhanced Living;</i> - <i>Each time the person changes Community Living providers an additional 18 days of retainer services is authorized for the new provider; AND</i> - <i>This authorization is within the total number of days authorized for the service and will be made automatically available in LTSS.</i> <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 (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted 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</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"> - <i>Attendance log documenting the person’s absence due to hospitalization, behavioral respite or family visit.</i> <p><i>See applicable policies in PolicyStat.</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 Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>
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			<p><i>State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>		
<p>Trial Experience - Community Living – Group Home and Enhanced Support</p>	<p>(Day)</p>	<p>This service offers a trial experience with a provider for people transitioning from an institutional or non-residential site on a temporary basis.</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>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 (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted 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</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 PolicyStat.</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 Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>



			<p><i>otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>		
<p>Supported Living</p> <p>Service is authorized and billed through LTSS effective 1/1/21.</p>	(Day)	<p>Supported Living services provide persons with a variety of individualized community living services to support living independently in the community in their own home.</p> <p>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.</p> <p>Service includes:</p> <ul style="list-style-type: none"> - Direct support services - Transportation - Nursing support services; and - Person care assistance <p>Acute Care Hospital Stay Supports:</p>	<p>Service Authorization requirements for Supported Living include the following:</p> <ol style="list-style-type: none"> 1. <i>Person chooses to live independently or with roommates; and</i> 2. <i>This residential model is the most cost-effective service to meet the person's needs.</i> <p>If the person is living in their own, or a family home:</p> <ul style="list-style-type: none"> - <i>Documentation that CFC and personal supports have been explored and are insufficient to meet the person's needs; AND</i> - <i>Documentation that the person's health and welfare is jeopardized in their current living situation.</i> - <i>Documentation that less restrictive living options have been explored and cannot meet the person's needs.</i> - <i>This residential model is the most cost-effective service to meet the person's needs.</i> 	<p>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day:</p> <ul style="list-style-type: none"> - <i>Attendance log acknowledging that the person was in the home at least 6 hours; AND</i> - <i>Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc.</i> <p>Required documentation for Supported Living includes the following:</p> <ul style="list-style-type: none"> - <i>Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i> - <i>Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i> - <i>Documentation that staff meet all qualifications as</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 Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.</p>



		<ul style="list-style-type: none"> - 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 PCP. 	<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 there is a safety risk associated with not providing overnight direct staff and has the authority to deny requests to “turn off” overnight base staffing.</i></p> <p><i>Service Authorization requirements for Nursing Support Services - Delegation Services standalone support:</i></p> <ul style="list-style-type: none"> - <i>In the event that additional Nursing Delegation training supports are needed as indicated in the HRST 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> <p><i>See applicable policies in PolicyStat.</i></p>	<p><i>required for this specific service and DDA.</i></p> <p><i>See applicable policies in PolicyStat.</i></p>	
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<p>Supported Living: Dedicated Hours</p>	<p>(15 minute)</p>	<p>Dedicated 1:1 or 2:1 staffing within Supported Living</p>	<p><i>Teams may request authorization of dedicated staff hours when base shared hours and overnight supervision does not meet the person's needs:</i></p> <ul style="list-style-type: none"> - A copy of the schedule noting the base, shared, and dedicated hours currently authorized in the person's home should be submitted; AND - Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home. <p><i>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>Based on assessed need, authorization can be for specified months or for the entire year.</i></p> <p>Supporting documentation to demonstrate assessed need include:</p> <p>Supporting documentation to demonstrate assessed need include:</p> <p>All 1:1 dedicated hours:</p> <ul style="list-style-type: none"> - HRST documenting the need for 1:1 staffing, - SIS, - Behavioral Plan, and/or - Community integration goals 	<p>Required documentation for Supported Living: Dedicated Hours includes the following:</p> <p>All Dedicated hours</p> <ul style="list-style-type: none"> - Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND - For each block of consecutive units of service, document how the service performed relates to the PCP service authorization. <p>Dedicated hours (behavioral):</p> <ul style="list-style-type: none"> - Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes. <p><i>See applicable policies in PolicyStat.</i></p>	<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 Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.</p>
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			<p><i>If 1:1 dedicated hours are requested for medical needs:</i></p> <ul style="list-style-type: none">- <i>Dedicated hours must be recommended by an RN or BSS; AND</i>- <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>- <i>When dedicated hours are requested for mobility/ambulation, there must be documentation that DME has been explored as an alternative to dedicated staff.</i>- <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> <p><i>If 1:1 dedicated hours are requested for behavioral needs:</i></p> <ul style="list-style-type: none">- <i>Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff;</i>- <i>Recent (within 90 days) incident reports document the need for dedicated staff; AND</i>		
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			<ul style="list-style-type: none">- <i>Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.</i>- <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>Documentation to support 2:1 dedicated hours includes:</p> <ul style="list-style-type: none">- <i>HRST, SIS, or BP documenting need for 2:1 staffing; AND</i>- <i>A copy of the schedule noting the base 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.</i>		
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			<p>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</p> <ul style="list-style-type: none">- The 2nd staff is needed to relieve the 1st staff.- The 1st staff is responsible for implementing the BSP, the 2nd staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.- The person requires constant monitoring while in transport and the 2nd staff is needed to drive.- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others. <p>Dedicated hours</p> <ul style="list-style-type: none">- May be used to support more than one participant if it meets their assessed needs and the following requirements are met:<ul style="list-style-type: none">o 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;o Support is documented in each participant's PCPs and provider implementation plan; and		
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			<ul style="list-style-type: none"> o <i>Dedicated hours are billed for only one participant.</i> <p><i>See applicable policies in PolicyStat.</i></p>		
<p>Shared Living</p>	<p>(Monthly)</p> <p>PCIS2 - Contracted Services</p> <p>LTSSMaryland - Rate per level</p>	<p>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. The approach is based on a mutual relationship where both parties agree to share their lives.</p> <p>Service includes:</p> <ol style="list-style-type: none"> 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 and activities, and use of community resources; 2. Nurse Case Management and Delegation Services; and 	<p><i>Service Authorization requirements for Shared Living include the following criteria:</i></p> <ol style="list-style-type: none"> 1. <i>Person must be 18 years of age or older unless otherwise authorized by the DDA</i> 2. <i>Person does not have family or relative supports;</i> 3. <i>Person chooses this living option; and</i> 4. <i>This residential model is the most cost-effective service to meet the person's needs.</i> <p><i>Beginning July 1, 2020, when service transitions to LTSSMaryland billing, the level of support is based upon service needs as follows:</i></p> <ul style="list-style-type: none"> - <i>Level 1 Basic: Person does not require continuous supervision and monitoring.</i> - <i>Level 2 Intermediate: Person requires increased supervision and monitoring.</i> - <i>Level 3 Advanced: Person requires continuous supervision and monitoring including designated 1:1 assistance for more than two</i> 	<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;</i> <i>AND</i></p> <ul style="list-style-type: none"> - <i>Monthly invoice signed and dated by the host home provider to include dates host home services were provided.</i> <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 PolicyStat.</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 Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Supported Living, Supported Employment or Transportation services.</p> <p>Shared Living services are not available to participants receiving support services in other residential models including Community</p>



		<p>3. Transportation.</p> <p>Note: 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>hours daily to mitigate behavioral risk or provide medical supports.</i></p> <p>Examples of situation that may indicate the need for increased or continuous supervision and monitoring:</p> <ul style="list-style-type: none">- The person needs assistance for mobility.- The person needs an increased level of support for ADLs.- The person has a behavioral plan.- 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. <p>For level 3, the person:</p> <ul style="list-style-type: none">- Has a HRST score of 5 with a Q indicator that is not related to behavior support;- Requires maximum assistance for mobility support and gets around in a wheelchair or needs adaptive equipment for ambulation;- Requires maximum assistance for frequent medical appointments, medications, and specialist or health intervention for health and safety.		<p>Living-Group Homes, Community Living-Enhanced Supports, and Supported Living service.</p>
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			<ul style="list-style-type: none">- Requires maximum assistance to complete activities of daily living and may display severe challenging behaviors that require a behavior plan.- Is not able to recognize and avoid dangerous situations and need maximum assistance to evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate. <p>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</p> <p><i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST 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 Nurse Case Management and Delegation Service support service hours can be authorized.</i></p> <p>See applicable policies in PolicyStat.</p>		
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