

## Community Development Services

Service Definition
<p>A. Community Development Services provide the participant with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities.</p> <p>B. Community-based activities under this service will provide the participant access and supports to engage in community-based activities for development, acquisition, and maintenance of skills to increase the participant's independence related to community integration with individuals without disabilities, such as:</p> <ol style="list-style-type: none"><li>1. Promoting positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities;</li><li>2. Learning <del>social skills behaviors</del> that can promote further community integration; and</li><li>3. Learning self-advocacy skills.</li></ol> <p>C. Community Development Services may include participation in the following activities:</p> <ol style="list-style-type: none"><li>1. Engaging in activities that facilitate and promote integration and inclusion of a participant in their chosen community, including identifying a path to employment for working age participants;</li><li>2. Travel training;</li><li>3. Participating in self-advocacy classes and activities;</li><li>4. Participating in local community events;</li><li>5. Volunteering;</li><li>6. Time-limited generic paid and unpaid internships and apprenticeships for the development of employment skills; and</li></ol>

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7. Time-limited participation in Project Search, or similar programs approved by the DDA.

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

E. Community Development Services include:

1. Provision of direct support services that enable the participant to learn, develop, and maintain general skills related to participation in community activities as provided in Sections A-C above;
2. Transportation to, from, and within this ~~Medicaid w~~Waiver ~~p~~Program service;
3. Delegated nursing tasks or other Nursing Support Services covered by this ~~Medicaid w~~Waiver program based on assessed need; and
4. Personal care assistance, based on an assessed need and subject to limitations set forth below.

### SERVICE REQUIREMENTS:

- A. The participant must be 18 years of age or older and no longer enrolled in primary or secondary school.
- B. The level of staffing and meaningful activities provided to the participant under this ~~Medicaid w~~Waiver program ~~service~~ must be based on the participant's assessed level of service need.
  1. Based on the participant's assessed need, the DDA may authorize a 1:1 and 2:1 staff-to-participant ratio;
  2. The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:
    - a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs ~~unless otherwise authorized by the DDA~~; or

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b. The participant has an approved Nursing Care Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs ~~unless otherwise authorized by the DDA.~~

c. The DDA may authorize dedicated support for participants new to services and participants in services who have a specific, documented behavioral or health and safety need for up to 6 months while a Behavior Support Plan and Nursing Care Plan gets authorized and developed.

C. Community Development Services are separate and distinct from residential services.

1. Participants may return home or to the provider-operated site during time-limited periods of the day **to participate in supports provided virtually or** due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the **participant's file PCP and service implementation plan.**

2. **Supports provided virtually can happen in the home or a licensed residential setting when the participant does not need paid direct support.**

3. Residential **and Personal Support Services** cannot be billed during these times.

D. If personal care assistance services are provided as part of this **Medicaid w**~~Waiver~~ program service, then the personal care assistance may not comprise the entirety of the service. For purposes of this **Medicaid w**~~Waiver~~ program service, personal care assistance means the provision of support to assist a participant in performing activities of daily living and instrumental activities of daily living.

E. For participants enrolled in the Self-Directed Services Delivery Model, this Medicaid waiver program service includes:

1. The reasonable and customary costs of training the participant's direct support staff, including First Aid and Cardiopulmonary Resuscitation (CPR) certifications;

2. Travel reimbursement, benefits, and leave time for the participant's direct support staff, are subject to the following requirements:

a. The reimbursement, benefits and leave time requested are:

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- i. Within applicable reasonable and customary standards as established by the DDA policy; or
  - ii. Required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws; and
- b. Any reimbursement, travel reimbursement (e.g., mileage), benefit and leave time requested by the participant must comply with applicable federal, State, or local laws.
- c. Cost for training, mileage, benefits, and leave time are allocated from the participant's total budget allocation.
- d. Mileage reimbursement, under the Self-Directed Services Delivery Model, to the owner of a specialized, modified, or accessible vehicle driven by an employee of the participant and for the purpose of the participant engaging in activities specified in the recipient's Person-Centered Plan of service.
- ~~F. Until the service transitions to the LTSS Maryland system, under the traditional service delivery model, a participant's PCP may include a mix of employment and day related daily Waiver services units such as Day Habilitation, Career Exploration, Employment Discovery and Customization, Supported Employment, and Employment Services provided on different days.~~
- F. Service may be provided in a group of up to 4 participants, all of whom have similar interests and goals as outlined in their Person-Centered Plan, unless it is to participate in a time-limited internship through Project Search, or a similar program approved by the DDA.
- G. If transportation is provided as part of this Medicaid wWaiver program service, then:
- 1. The participant cannot receive Transportation services separately at the same time as provision of this Medicaid wWaiver program service;
  - 2. The Provider or participants self-directing their services must:
    - a. Provide, or arrange for provision of transportation to meet the needs of the participant as identified in the participant's file PCP; and
    - b. Use the most cost-effective mode of transportation, with priority given to the use of public transportation; and

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c. Transportation services may not compromise the entirety of this ~~Medicaid w~~Waiver program service.

H. If direct support staff perform delegated nursing tasks as part of this ~~Medicaid w~~Waiver program service, then:

1. The participant must receive Nursing Support Services under this ~~Medicaid w~~Waiver program service; and

2. The delegated nursing tasks:

a. Must be provided by direct support staff who are ~~currently~~ certified as a Medication Technician by the Maryland Board of Nursing (MBON); and

b. May not compromise the entirety of this ~~Medicaid w~~Waiver program service.

I. An individualized schedule ~~is required will be used~~ to provide an estimate of what the participant will do and where the participant will spend their time when in this service. Updates should be made as needed to meet the changing needs, desires, and circumstances of the participant. The individualized schedule will be based on a Person-Centered Plan that clearly outlines how this time would be used.

J. A legally responsible person, legal guardian, or a relative (who is not a spouse) ~~and~~ of a participant may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

K. Prior to accessing DDA funding for this service, all other available and appropriate funding sources ~~which may include, as applicable, private insurance, including those~~ services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), Department of Human Services (DHS), and ~~or~~ any other federal or State government funding program, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant's file.

2. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts and reasons that these services do not meet the participant's needs shall be ~~documented written~~ in the participant's ~~file PCP~~.

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3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the ~~Medicaid w~~Waiver program.

~~M. Until the service transitions to the LTSS Maryland system, Community Development Services daily service units are not available:~~

~~1. On the same day a participant is receiving Career Exploration, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services under the Traditional Services delivery model; 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 Transportation services.~~

~~L. Effective July 1, 2020, 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, Personal Supports, Respite Care Services, Shared Living, **Supported Employment**, Supported Living, or Transportation services.~~

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

N. Nursing Support Services, as applicable, can be provided during activities so long as it is not the primary or only service provided. The scope of the Nursing Support Services are defined under the stand-alone service in Appendix C.

O. In the event that additional Nursing Support Services Delegation training supports are needed as indicated in the Health Risk Screening Tool (HRST) because of a change in the participant's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by the DDA's Regional Office and additional standalone Nursing Support Services hours can be authorized.

P. Direct Support Professional staffing 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.

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1. The State has mechanisms in place to prevent duplicate billing for both institutional and home and community-based services.
2. These necessary Waiver services:
  - a. Must be identified in the participant's ~~file PEP~~;
  - b. Must be provided to meet the participant's needs and are not covered in such settings;
  - c. Should not substitute for services that the setting is obligated to provide through its condition of participation under federal or State law, under another applicable requirement; and
  - d. Should be designed to ensure smooth transitions between the setting and the home community-based setting and preserve the participant's functional abilities.

### Q. Virtual Supports

~~Services which are provided virtually, must:~~

1. Virtual supports is an electronic method of service delivery.
2. Supports provided virtually must be provided in accordance with federal and State requirements, policies, guidance, and regulations, including Health Insurance Portability and Accountability Act (HIPPA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH), and their applicable regulations to protect the privacy and security of the participant's protected health information.
3. Supports provided virtually support a participant to reach identified outcomes in their Person-Centered Plan.
4. Supports provided virtually may not be used for the provider's convenience.
5. This Medicaid waiver program service may not be provided entirely via virtual supports. Supports provided virtually may supplement in-person direct supports.

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6. Supports provided virtually must be delivered using a live, real-time audio-visual connection that allows the staff member to both see and hear the participant. Text messaging and emailing do not constitute virtual supports and, therefore, will not be considered provision of direct supports under this Medicaid waiver program service.
7. Supports provided virtually cannot be used to assess a participant for a medical emergency.
8. The participant and provider, as applicable, ~~provider~~ must have written policies, train direct support staff on those policies, and advise people and their person-centered planning teams regarding those policies that address:
  - a. Identifying whether the participant's needs, including health and safety, can be addressed safely while they are using Supports provided virtually;
  - b. Identifying individuals to intervene (such as uncompensated caregivers present in the participant's home), and ensuring they are present while services are being provided virtually, as indicated, in case the participant experiences an emergency; and
  - c. How a participant will get emergency interventions if the participant experiences an emergency, including contacting 911 if necessary.
9. MDH-licensed providers providing a Medicaid waiver program service through virtual supports must include it as a service delivery method in their provider Program Service Plan, required by Code of Maryland Regulations Title 10, Subtitle 22.
10. For participants enrolled in the self-directed service delivery model using individual providers to provide a Medicaid waiver program service through virtual supports, they must include it as a service delivery method in their provider service implementation plan or job description.
11. The ~~Medicaid w~~Waiver program will not fund any costs associated with the provider obtaining, installing, implementing, or using virtual supports, such as equipment, internet, software applications, and other related expenses. These costs, in the delivery of new business models, are part of the provider's operating cost.
- R. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.



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Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Community Development Services may not exceed a maximum of 8 hours per day or 40 hours weekly, including in combination with any of the following other <span style="color: red;">Medicaid w</span> Waiver program services in a single day: Employment Services – Job Development, <span style="color: red;">Supported Employment</span> , Career Exploration, <span style="color: red;">Employment Discovery and Customization</span> and Day Habilitation Services.
Service Delivery Method (check each that applies):
<input checked="" type="checkbox"/> Participant-directed as specified in Appendix E  <input checked="" type="checkbox"/> Provider managed  <span style="color: red;"><input checked="" type="checkbox"/> Remote/via Telehealth</span>
Specify whether the service may be provided by (check each that applies):
<input checked="" type="checkbox"/> Legally Responsible Person <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Legal Guardian
Provider Category(s) (check one or both):
<input checked="" type="checkbox"/> Individual. List types:
Community Development Services Professional
<input checked="" type="checkbox"/> Agency. List the types of agencies:
Community Development Services Provider
Provider Type:

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Community Development Services Professional
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Individuals must complete the <del>MDH DBA</del> provider application and be <del>approved</del> <del>certified</del> based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Possess current First Aid and CPR certification;               <ol style="list-style-type: none"> <li>a. The CPR training must include a hands-on, in-person component.</li> <li>b. At minimum, employees must participate in an in-person skills session that will require them to show that they are able to perform CPR and First Aid skills.</li> <li>c. Written materials may be used online and at the employee's own pace.</li> </ol> </li> <li>3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>4. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and their medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to Code of Maryland Regulations 10.27.11;</li> </ol>

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5. Possess a valid driver's license if the operation of a vehicle is necessary to provide services;
6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;
7. ~~Satisfactorily complete~~ ~~Complete~~ required orientation and training designated by DDA ~~including:~~
  - a. Training requirements required before supporting a participant:
    - (1) Seizure disorders;
    - (2) Mandt Training;
    - (3) The aging process and the special needs of the elderly;
    - (4) All staff and care providers receive training in blood-borne pathogens in accordance with OSHA guidelines found in 29 Code of Federal Regulations §1910.1030, which is incorporated by reference; and
    - (5) Inappropriate sexual behavior awareness and prevention training, in accordance with Code of Maryland Regulations 10.01.18.04.
  - b. Training requirements required within 3 months of hire in the following:
    - (1) Community integration and inclusion;
    - (2) Individual-directed, outcome-orientation planning for individuals;
    - (3) General characteristics and needs of individuals served;
    - (4) Fundamental rights of individuals with developmental disabilities;
    - (5) Communicable diseases;
    - (6) Supporting individuals and families in making choices;

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(7) Communication skills; and

(8) Basics of Employment First.

8. Satisfactorily complete ~~Complete~~ necessary pre/in-service training based on the Person-Centered Plan;

9. Have 3 professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's ~~policy values~~ in Annotated Code of Maryland, Health General, Title 7;

10. Demonstrate financial integrity through Internal Revenue Services, ~~Maryland~~ Department ~~of Health~~, and Medicaid Exclusion List checks;

11. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA; and

12. Have a signed Medicaid provider agreement.

Individuals providing services for participants self-directing their services must meet the standards 1 through 6 noted above. They do not need to complete the DDA provider application. Individuals must submit forms and documentation as required by the Financial Management and Counseling Services agency. Financial Management and Counseling Services must ensure the individual or entity performing the service meets the qualifications.

Participants in self-directing services, as the employer, may require additional reasonable staffing requirements based on their preferences and level of needs.

Provider Type:

Community Development Services Provider

License (specify)

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Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the <del>MDH DDA</del> provider application and be <del>approved certified</del> based on compliance with meeting all of the following standards:                     <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland <del>business entity corporation</del>, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of 5 years demonstrated experience and capacity providing quality <del>similar</del> <b>developmental disability community engagement</b> services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. <del>Except for currently DDA licensed or certified Day Habilitation providers; Demonstrated</del><b>demonstrate</b> the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:                             <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide Community Development Services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> </ol> </li> </ol> </li> </ol>

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- (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
- E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D;
- F. Be in good standing with the Internal Revenue Service (IRS) and State Department of Assessments and Taxation (~~SDAT~~~~MDAT~~);
- G. Have Workers' Compensation Insurance;
- H. Have Commercial General Liability Insurance;
- I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-~~and per DDA policy~~;
- J. Submit documentation of staff certifications, licensees, and/or trainings as required to perform services;
- K. ~~Satisfactorily complete~~ ~~Complete~~ required orientation and training;
- L. Comply with the DDA standards related to provider qualifications; and
- M. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA.
- N. All ~~new~~ providers must meet and comply with the federal community settings regulations and requirements prior to enrollment;
- O. Have a signed Medicaid provider agreement;
- P. Have documentation that all vehicles used in the provision of services have automobile insurance; and
- Q. Submit a provider renewal application at least 60 days before expiration of its existing approval~~as per DDA policy~~. ~~The renewal license is good for up to a 3 year period.~~

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

Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:

1. Be at least 18 years old;
2. Possess current First Aid and CPR certification;
  - a. The CPR training must include a hands-on, in-person component.
  - b. At minimum, employees must participate in an in-person skills session that will require them to show that they are able to perform CPR and First Aid skills.
  - c. Written materials may be used online and at the employee's own pace.
3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
4. Satisfactorily complete ~~Complete~~ necessary pre/in-service training based on the Person-Centered Plan;
5. Satisfactorily complete ~~Complete~~ required orientation and training designated by DDA including:
  - a. Training requirements required before supporting a participant:
    - (1) Seizure disorders;
    - (2) Mandt Training;
    - (3) The aging process and the special needs of the elderly;

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(4) All staff and care providers receive training in blood-borne pathogens in accordance with OSHA guidelines found in 29 Code of Federal Regulations §1910.1030, which is incorporated by reference; and

(5) Inappropriate sexual behavior awareness and prevention training, in accordance with Code of Maryland Regulations 10.01.18.04.

b. Training requirements required within 3 months of hire in the following:

(1) Community integration and inclusion;

(2) Individual-directed, outcome-orientation planning for individuals;

(3) General characteristics and needs of individuals served;

(4) Fundamental rights of individuals with developmental disabilities;

(5) Communicable diseases;

(6) Supporting individuals and families in making choices;

(7) Communication skills; and

(8) Basics of Employment First.

6. Unlicensed direct support professional staff who administer medication or perform delegatable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and their medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to Code of Maryland Regulations 10.27.11;

7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and

8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.



## Community Development Services

Verification of Provider Qualifications
Provider Type:
Community Development Services Professional
Entity Responsible for Verification:
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> - for approval of Community Development Services Professional.</li> <li>2. Financial Management and Counseling Services providers, as described in Appendix E, for participants self-directing services.</li> </ol>
Frequency of Verification
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> – Initially and at least every 3 years.</li> <li>2. Financial Management and Counseling Services providers provider - Prior to service delivery and continuing thereafter.</li> </ol>
Provider Type:
Community Development Services Provider
Entity Responsible for Verification:
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> - for approval of <del>certified provider</del> Community Development Services <del>Provider</del><del>Professional</del>.</li> <li>2. Provider for <del>verification of</del> individual staff member's licenses, certifications, and training, as applicable.</li> <li>3. Financial Management and Counseling Services providers, as described in Appendix E.</li> </ol>
Frequency of Verification

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1. ~~MDH DDA~~ – Initially and annually.
2. Provider – **Prior** to service delivery and continuing thereafter.

Proposal