

## Family Caregiver Training and Empowerment Services

| Service Definition   |
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| <p>A. Family Caregiver Training and Empowerment Services provide education and support to the family caregiver of a participant that preserves the family unit and increases confidence, stamina, and empowerment to support the participant. Education and training activities are based on the family/caregiver's unique needs and are specifically identified in the <b>participant's filePCP</b>.</p> <p>B. This service includes educational materials, training programs, workshops and conferences that help the family caregiver to:</p> <ol style="list-style-type: none"><li>1. Understand the disability of the person supported;</li><li>2. Achieve greater competence and confidence in providing supports;</li><li>3. Develop and access community and other resources and supports;</li><li>4. Develop or enhance key parenting strategies;</li><li>5. Develop advocacy skills; and</li><li>6. Support the person in developing self-advocacy skills.</li></ol> <p>C. Family Caregiver Training and Empowerment does not include the cost of travel, meals, or overnight lodging as per federal requirements.</p> |
| <p>SERVICE REQUIREMENTS:</p> <p>A. Family Caregiver Training and Empowerment is offered only for a family caregiver who is providing unpaid support training, companionship, or supervision for a participant who is currently living in the family home.</p> <p>B. Prior to accessing DDA funding for this service, all other available and appropriate funding sources <b>which may include, as applicable, private insurance, including those</b> services offered by Maryland Medicaid State Plan, Maryland State Department of Education (MSDE), Division of Rehabilitation Services (DORS), <b>and</b> Department of Human Services (DHS), <b>and or</b> any other federal or State government funding program, must be explored and exhausted to the extent applicable.</p>   |

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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 in the participant's ~~file PCP~~.
  3. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the ~~Medicaid w~~Waiver program.
- C. 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.
- D. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the ~~Medicaid w~~Waiver program, either directly or indirectly, to provide this ~~Medicaid w~~Waiver program service.
- E. ~~Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.~~

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

1. Family Caregiver Training and Empowerment Services are limited to a maximum of 10 hours of training for unpaid family ~~caregiversearegiver~~ per participant per ~~plan~~ year.
2. Educational materials, training programs, workshops, and conference registration ~~fees costs~~ for unpaid family ~~caregivers earegiver is-are~~ limited to up to \$500 per participant per ~~plan~~ year.

Service Delivery Method (check each that applies):

X Participant-directed as specified in Appendix E

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| X Provider managed<br><br><u>(Don't Check)</u> Remote/via Telehealth   |
| Specify whether the service may be provided by (check each that applies):  |
| <b>NONE CHECKED</b><br><input type="checkbox"/> Legally Responsible Person<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Legal Guardian |
| Provider Category(s)<br>(check one or both):   |
| X Individual. List types:  |
| Family Support Professional  |
| <u>X</u> Agency. List the types of agencies:   |
| Parent Support Agency<br><b>Organized Health Care Delivery System Provider</b>   |
| Provider Type:   |
| Family <b>Support</b> Professional   |
| License (specify)  |
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| Certificate (specify)  |

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| Other Standard (specify)  |
| <p>Individual must complete the <del>MDH DDA</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. Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service;</li> <li>3. <del>Satisfactorily complete</del> <del>Complete</del> required orientation and training designated by <del>the</del> DDA;</li> <li>4. Have 3 professional references which attest to the provider's ability to deliver the support/service in compliance with the Department's <del>policy values</del> in Annotated Code of Maryland, Health General, Title 7;</li> <li>5. Demonstrate financial integrity through Internal Revenue Services, <del>Maryland</del> Department <del>of Health</del>, and Medicaid Exclusion List checks;</li> <li>6. Complete and sign any agreements required by <del>the</del> Maryland Department of Health (MDH) or DDA; and</li> <li>7. Have a signed Medicaid Provider Agreement.</li> </ol> |
| Provider Type:  |
| Parent Support Agency   |
| License (specify)   |
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| Certificate (specify)   |
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### Other Standard (specify)

Agencies must meet the following standards:

1. Complete the ~~MDH DDA~~ provider application and be ~~approved~~ ~~certified~~ based on compliance with meeting all of the following standards:
  - A. Be properly organized as a Maryland ~~business entity~~ ~~corporation~~, or, if operating as a foreign corporation, be properly registered to do business in Maryland;
  - B. A minimum of 5 years demonstrated experience and capacity with providing quality ~~similar~~ ~~developmental disability training~~ services;
  - 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;
  - D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:
    - (1) A program service plan that details the agencies service delivery model;
    - (2) A business plan that clearly demonstrates the ability of the ~~agency~~ ~~agencies~~ to provide services;
    - (3) A written quality assurance plan to be approved by the DDA;
    - (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and
    - (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
  - E. If currently licensed or ~~approved~~ ~~certified~~, to produce, upon written request from the DDA, the documents required under D.

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- F. Be in good standing with the Internal Revenue Service and State Department of Assessments and Taxation;
- 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, licenses, and/or trainings as required to perform services;
- K. ~~Satisfactorily complete~~**Complete** required orientation and training **designated by the DDA**;
- L. Comply with the DDA standards related to provider qualifications; and
- M. Complete and sign any agreements required by ~~the~~ Maryland Department of Health (MDH) or DDA.
  - 1. Have a signed Medicaid Provider Agreement;
  - 2. Have documentation that all vehicles used in the provision of services have automobile insurance; and
  - 3. Submit a provider renewal application at least 60 days before expiration of its existing approval~~as per DDA policy~~. **The renewal license is good for up to a 3 year period.**

~~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.~~

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:

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1. Be at least 18 years old;
2. Have a Bachelor's Degree; professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;
3. ~~Satisfactorily complete~~**Complete** necessary pre/in-service training based on the Person-Centered Plan;
4. ~~Satisfactorily complete~~**Complete** required orientation and training designated by the DDA.

Provider Type:

**Organized Health Care Delivery System Provider**

License (specify)

Certificate (specify)

Other Standard (specify)

**Agencies must meet the following standards:**

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

**Organized Health Care Delivery System providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employ and have a copy of the same available upon request.**

**Family Caregiver Training and Empowerment Services requirements:**

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| <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor's Degree; professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;</li> <li>3. Satisfactorily complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>4. Satisfactorily complete required orientation and training designated by the DDA.</li> </ol> |
| Verification of Provider Qualifications  |
| Provider Type:   |
| Family Support Professional  |
| Entity Responsible for Verification:   |
| <ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> for approval of <del>certified</del> Family Supports Professional.</li> <li>2. Financial Management and Counseling Services provider, 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 – Initially and continuing thereafter.</li> </ol>  |
| Provider Type:   |
| Parent Support Agency  |
| Entity Responsible for Verification:   |



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| <ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> for approval of Parent Support Agencies.</li> <li>2. Parent Support Agency for <b>verification of</b> staff qualifications and requirements.</li> <li>3. Financial Management and Counseling Services provider, 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. Parent Support Agency – Prior to service delivery and continuing.</li> <li>3. Financial Management and Counseling Services – Initially and continuing thereafter.</li> </ol>   |
| Provider Type:  |
| <b>Organized Health Care Delivery System Provider</b>   |
| Entity Responsible for Verification:  |
| <ol style="list-style-type: none"> <li>1. MDH for approval of Organized Health Care Delivery System.</li> <li>2. Organized Health Care Delivery System providers for verification of entities and individuals they contract or employ.</li> </ol>   |
| Frequency of Verification   |
| <ol style="list-style-type: none"> <li>1. Organized Health Care Delivery System – Initially and at least every 3 years.</li> <li>2. Organized Health Care Delivery System Providers – prior to service delivery and continuing thereafter.</li> </ol>   |