

## Family and Peer Mentoring Supports

### Service Definition

~~A. Family and Peer Mentoring Supports provide mentors who have shared experiences as the participant, family, or both participant and family and who provide support and guidance to the participant and their family members, respectively. Family and Peer mentors explain community services, programs, and strategies they have used to achieve the waiver participant's goals. It fosters connections and relationships which builds the resilience of the participant and their family.~~

A. Family and Peer Mentoring Supports connect participants and their primary unpaid family caregivers with mentors who have lived similar experiences. These mentors provide invaluable support in navigating systems, local resources, and community services, while helping participants and families build knowledge, skills, and confidence to achieve their goals and live their best life.

B. Family and Peer Mentoring Supports fosters meaningful relationships and strengthens the resilience of both participants and their families through use of a mentor.

C. Family and Peer Mentoring Supports services encourage participants and their family members to share their successful strategies and experiences in navigating a broad range of community resources beyond those offered through the waiver with other waiver participants and their families.

D. Family and Peer Mentoring Supports includes:

1. Facilitation of connection between:

i. The participant and the participant's relatives; and

ii. A mentor; and

2. Follow-up support to assure the match between the mentor and the participant and the participant's relatives ~~meets the participant's needs~~peer expectations.

E. Family and Peer Mentoring Supports do not include the provision of any other Medicaid waiver services such as:

## Family and Peer Mentoring Supports

1. Provision of Coordination of Community Services;
2. Determination of participant eligibility for enrollment in the ~~Medicaid w~~Waiver program, as described in Appendix B;
3. Development of the Person Centered Plan, as described in Appendix D; ~~or~~
4. Support Broker Services, as described in Appendices C and E.

### SERVICE REQUIREMENTS:

- A. Family and Peer Mentoring Supports are provided ~~by from an experienced peer mentor parent or other family member to a peer, another parent or family caregiver who is the primary unpaid support to the participant.~~ DDA-approved Family and Peer Mentors. Family Mentoring is provided to the participant's primary unpaid caregiver while Peer Mentoring is provided to the participant.
- B. Support needs for peer mentoring are identified in the participant's ~~file~~ PCP.
- C. The mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities.
- D. Mentors cannot mentor their own family members. 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.
  1. 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), ~~and~~ Department of Human Services (DHS), ~~and or~~ any other federal or State government funding program, must be explored and exhausted to the extent applicable.
  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.

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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.

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:

Peer and Family Mentoring Services are limited to 8 hours per day.

Service Delivery Method (check each that applies):

☒ Participant-directed as specified in Appendix E

☒ Provider managed

**NONE CHECKED** Remote/via Telehealth

Specify whether the service may be provided by (check each that applies):

**NONE CHECKED**

☐ Legally Responsible Person

☐ Relative

☐ Legal Guardian

Provider Category(s)  
(check one or both):

☒ Individual. List types:

Family or Peer Mentor

## Family and Peer Mentoring Supports

X Agency. List the types of agencies:
Family and Peer Mentoring Provider
Provider Type:
Family or Peer Mentor
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Individuals must complete the <del>MDH DDA</del>-provider application and be <del>approved</del> <b>certified</b> 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. <del>Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service;</del> Family Mentors must have lived experience in caring for and supporting a family member with intellectual and developmental disabilities to help them live their best life. They must have knowledge and firsthand experience in navigating and accessing State and local resources, supports, and services.</li> <li>3. Peer Mentors must have an intellectual and developmental disability themselves, and they offer valuable insights from their own experiences, helping others access resources and supports to live their best life;</li> <li>4. 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> </ol> </li> </ol>

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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.

5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;

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

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

8. Satisfactorily complete~~Complete~~ required orientation and training designated by the DDA;

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

10. Have 3 professional references which attest to the individual's ~~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;

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

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

13. Have a signed Medicaid Provider Agreement.

Provider Type:

Family and Peer Mentoring Provider

License (specify)

## Family and Peer Mentoring Supports

Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <p>A. Complete the <del>MDH DDA</del> provider application and be <del>approved</del> <del>certified</del> based on compliance with meeting all of the following standards:</p> <p>B. Be properly organized as a Maryland <del>business entity</del> <del>corporation</del>, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</p> <p>C. A minimum of 5 years demonstrated experience and capacity with providing quality similar services such as self-advocacy and parent organizations;</p> <p>D. 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;</p> <p>E. 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:</p> <p>(1) A program service plan that details the <del>agency's</del> <del>agencies</del> service delivery model;</p> <p>(2) A business plan that clearly demonstrates the ability of the agency to provide mentoring services;</p> <p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p>

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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.

F. If currently licensed or ~~approved~~**certified**, produce upon written request from the DDA the documents required under D;

G. Be in good standing with the Internal Revenue Service and ~~State Department of Assessments and Taxation~~**MDAT**;

H. Have Workers' Compensation Insurance;

I. Have Commercial General Liability Insurance;

J. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-~~and per DDA policy~~;

K. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;

~~L. Satisfactorily complete~~**Complete** required orientation and training **designated by the DDA**;

M. Comply with the DDA standards related to provider qualifications; and

N. 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.**

~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as Council on Quality Leadership or Commission on Accreditation of~~

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~~Rehabilitation Facilities for similar services for individuals with developmental disabilities, and be in good standing with the Internal Revenue Service and State Department of Assessments and TaxationMDAT.~~

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. ~~Have a Bachelor's Degree or demonstrated life experiences and skills to provide the service;~~ Family Mentors must have lived experience in caring for and supporting a family member with intellectual and developmental disabilities to help them live their best life. They must have knowledge and firsthand experience in navigating and accessing State and local resources, supports, and services.
3. Peer Mentors must have an intellectual or developmental disability themselves, and they offer valuable insights from their own experiences, helping others access resources and supports to live their best life;
4. 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.~~
5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
6. ~~Satisfactorily completeComplete~~ necessary pre/in-service training based on the Person Centered Plan;
7. ~~Satisfactorily completeComplete~~ required orientation and training designated by ~~the~~ DDA;
8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and



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9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.
Verification of Provider Qualifications
Provider Type:
Family or Peer Mentor
Entity Responsible for Verification:
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del>—for approval of the <del>certified</del> Family and Peer Mentors.</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 provider – <b>Prior</b> to service delivery and continuing thereafter.</li> </ol>
Provider Type:
Family and Peer Mentoring Provider
Entity Responsible for Verification:
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del>—for approval of the Family and Peer Mentoring Provider.</li> <li>2. Financial Management and Counseling Services provider, as described in Appendix E, for participants self-directing services.</li> <li>3. Family and Peer Mentoring Provider <b>for</b> verification of staff standards.</li> </ol>
Frequency of Verification

## Family and Peer Mentoring Supports

1. ~~MDH DDA~~ – Initially and at least every 3 years.
2. Provider – Prior to service delivery and continuing thereafter.

Proposal