

Personal Support Services

Service Definition
<p>A. Personal Supports are individualized supports, delivered in a personalized manner, to support independence in a participant's own home and community in which the participant wishes to be involved, based on their personal resources.</p> <p>B. Personal Supports provides habilitative services and awake and alert overnight staff support to assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence. These services include:</p> <ol style="list-style-type: none">1. In-home skills development including budgeting and money management; completing homework; maintaining a bedroom for a child or home for an adult; being a good tenant; meal preparation; personal care; house cleaning/chores; and laundry;2. Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which participants integrate, engage, and navigate their lives at home and in the community. They may include the development of skills or providing supports that make it possible for participants and families to lead full integrated lives (e.g., grocery shopping; banking; getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities) and health management assistance for adults (e.g., learning how to schedule a health appointment; identifying transportation options; and developing skills to communicate health status, needs, or concerns); and3. Overnight services supports. <p>C. This Medicaid wWaiver program service includes the provision of:</p> <ol style="list-style-type: none">1. Direct support services providing habilitation services to the participant;2. The following services provided in combination with, and incidental to, the provision of habilitation services:<ol style="list-style-type: none">a. Transportation to, from, and within this Medicaid wWaiver program service;b. Delegated nursing tasks, based on the participant's assessed need; and

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c. Personal care assistance, based on the participant's assessed need.

SERVICE REQUIREMENTS:

A. Personal Supports Services under the ~~Medicaid w~~Waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.

B. The level of support and meaningful activities provided to the participant under this ~~Medicaid w~~Waiver program service must be based on the participant's level of service need.

1. Based on the participant's assessed need, the DDA may authorize an enhanced rate, overnight supports, and 2:1 staff-to-participant ratio supports.

2. The following criteria will be used to authorize the enhanced rate:

a. The participant has an approved Behavior Support Plan documenting the need for enhanced supports necessary to support the person with specific behavioral needs ~~unless otherwise authorized by the DDA~~; or

b. The participant has an approved Nursing Care Plan documenting the need for enhanced supports necessary to support the person with specific health and safety needs ~~unless otherwise authorized by the DDA~~.

~~c. The DDA may authorize an enhanced rate 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.~~

3. The following criteria will be used to authorize 2:1 staff-to-participant ratio:

a. The participant has an approved Behavioral Support Plan documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs ~~unless otherwise authorized by the DDA~~; or

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

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c. The DDA may authorize 2:1 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.

4. The following criteria will be used to authorize overnight supports:

a. The participant has an approved Behavior Support Plan documenting the need for overnight supports necessary to support the person with specific behavioral needs ~~unless otherwise authorized by the DDA~~; or

b. The participant has an approved Nursing Care Plan documenting the need for overnight supports necessary to support the person with specific health and safety needs ~~unless otherwise authorized by the DDA~~.

c. The DDA may authorize overnight 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.

5. Overnight ~~supervision-services~~ supports:

a. ~~Must be provided by staff that are awake and alert;~~

b. Must be specifically documented within the ~~participant's file~~ **PCP**. This includes information that details the need for the overnight support, including alternatives explored such as the use of Assistive Technology and other strategies.

C. The following criteria will be used for participants to access Personal Supports:

1. Participant needs support for community engagement (outside of meaningful day services) or home skills development; and

2. This service is necessary and appropriate to meet the participant's needs;

3. The service is the most cost-effective service to meet the participant's needs ~~unless otherwise authorized by the DDA due to extraordinary circumstances~~.

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D. Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the participant's extraordinary care needs, **as per Appendix C-2**, due to the participant's disability that are above and beyond the typical, basic care ~~for~~ a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver participant.

E. Personal Supports are available:

1. Before and after school;
2. Times when a student is not receiving educational services, for example, when school is not in session;
3. During the day;
4. Evenings;
5. Overnight; and
6. When Nursing Supports Services are provided.

F. 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 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
3. Transportation Services may not compromise the entirety of this **Medicaid wWaiver** program service.

G. If direct support staff perform delegated nursing tasks as part of this **Medicaid wWaiver** program service, then:

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1. The participant must receive Nursing Support Services under this ~~Medicaid w~~Waiver program; 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; and
 - b. May not compromise the entirety of this ~~Medicaid w~~Waiver program service.
- H. 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 supports to assist a participant in performing activities of daily living and instrumental activities of daily living.
- I. For participants enrolled in the Self-Directed Services Delivery Model, this ~~Medicaid w~~Waiver program service includes:
 1. The reasonable and customary costs of training the participant's direct support staff, including First Aid and CPR certifications;
 2. Travel reimbursement, benefits and leave time for the participant's direct support staff, subject to the following requirements:
 - a. The reimbursement, benefits and leave time requested are:
 - i. Within applicable reasonable and customary standards as established by 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 (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.

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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 PCP.

J. A legally responsible individual, legal guardian or a relative of a participant (who is not a spouse) 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), **and** Department of Human Services (DHS), **and or** any other federal or State government funding program, must be explored and exhausted to the extent applicable.

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

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

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

L. 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.

M. 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 Home, Shared Living, Day Habilitation, **Employment Discovery and Customization**, Employment Services, Medical Day Care, Respite Care Services, **Supported Employment**, Supported Living, or Transportation Services.

N. Children have access to any medically necessary preventive, diagnostic, and treatment services under Early and Periodic Screening, Diagnostic, and Treatment services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate

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identified conditions. Supports provided by this Waiver service ~~is~~ are to improve and maintain the ability of the child to remain in and engage in community activities.

O. Personal Supports 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 PCP.~~

P. Direct Support Professional 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.

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 individual's Person-Centered Plan;

b. Must be provided to meet the individual'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~~ preserves the participant's functional abilities.

Q. Virtual Supports

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

1. Virtual supports are an electronic method of service delivery.

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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 must** 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.
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 provider and participants self-directing their services must have written policies, train direct support staff on those policies, and advise participants 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 person'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.

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10. For participants self-directing who use 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 wWaiver 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.

12. Personal Supports enhanced and overnight supports cannot be provided virtually.

R. Anyone paid to provide a Medicaid waiver service, including participant's employees, is 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:

Legally responsible persons, legal guardians, and relatives may not be paid for greater than 40-hours per week for services unless otherwise approved by the DDA or its designee.

~~2. Personal Support Services are limited to 82 hours per week under the Provider Managed Services Delivery Model traditional model unless otherwise approved by the DDA or its designee.~~

Service Delivery Method (check each that applies):

X Participant-directed as specified in Appendix E

X Provider managed

X Remote/via Telehealth

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

X Legally Responsible Person

X Relative

X Legal Guardian

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Provider Category(s) (check one or both):
X Individual. List types:
Personal Supports Professional
X Agency. List the types of agencies:
Personal Supports Provider
Provider Type:
Personal Supports Professional
License (specify)
Certificate (specify)
Other Standard (specify)
<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Possess current First Aid and CPR certification; <ol style="list-style-type: none"> a. The CPR training must include a hands-on, in-person component.

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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.

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

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 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;

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 the DDA;

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~~ **Employees of participants** must meet the standards 1 through 6 noted above. They do not need to complete the DDA provider application.

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~~Individuals-Participants~~ 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:

Personal ~~Supports~~ Provider

License (specify)

Certificate (specify)

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 providing quality ~~developmental disability community integration, independent living skills, and personal care~~ ~~-similar~~ services;

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- 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. ~~Except for currently DDA-licensed or certified Personal Supports providers;~~ Demonstrate ~~demonstrate~~ the capability to provide or arrange for the provision of all Personal Supports services required by submitting, at a minimum, the following documents with the application:
- (1) A program service plan that details the ~~agency's agencies~~ service delivery model;
 - (2) A business plan that clearly demonstrates the ability of the agency to provide ~~Personal Supports services~~;
 - (3) A written quality assurance plan to be approved by the DDA;
 - (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and
 - (5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
- E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D;
- F. Be in good standing with the Internal Revenue Service and ~~State Department of Assessments and Taxation (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-a ~~and per DDA policy~~;
- J. Submit documentation of staff certifications, licensees, and/or trainings as required to perform services;
- K. Complete required orientation and training;

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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.

~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as Council on Quality Leadership or Commission on Accreditation of Rehabilitation Facilities for similar services for individuals with developmental disabilities and be in good standing with the IRS, 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. Possess current First Aid and CPR certification;
3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
4. Complete necessary pre/in-service training based on the Person-Centered Plan;
5. Complete required orientation and training designated by the DDA;
6. 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 as Medication Technicians, except if the participant and their

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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.

Verification of Provider Qualifications

Provider Type:

Personal Supports Professional

Entity Responsible for Verification:

1. ~~MDH DDA~~ for approval of certified **Personal Supports** Professional.

2. Financial Management and Counseling Services providers, as described in Appendix E, for participants self-directing services.

Frequency of Verification

1. ~~MDH DDA~~— Initially and at least every 3 years.

2. Financial Management and Counseling Services provider – Prior to service delivery and continuing thereafter.

Provider Type:

Personal Supports Provider

Entity Responsible for Verification:

1. ~~MDH DDA~~ for approval of certified provider.

2. Provider for verification of staff licenses, certifications, and training.

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3. Financial Management and Counseling Services providers, as described in Appendix E, for participants self-directing services.

Frequency of Verification

1. ~~MDH DDA~~— Initially and at least every 3 years.
2. Provider – Prior to service delivery and continuing thereafter.
3. Financial Management and Counseling Services provider – Prior to service delivery and continuing thereafter.