



Developmental Disabilities Administration Coordinators of Community Services Self-Directed Services Policy, Manual, and Forms Webinar

November 6, 2024



Agenda

- Role of the Coordinator of Community Services
- <u>Self-Directed Services Comprehensive Policy</u>
- Self-Directed Services Manual
- Clarity in Guidance
- Updated Processes and Forms
 - Individual and Family Directed Goods and Services Request Form
 - Wage Exception Form
 - Family as Staff Overtime Request Form
- Self-Directed Services Training Series



Coordinator of Community Services in Self-Direction (1 of 4)

- Helps with the person-centered planning process
 - Creates the Person-Centered Plan in LTSSMaryland
 - Helps with completion of Self-Directed
 Services documents



Coordinator of Community Services in Self-Direction (2 of 4)

- Conducts quarterly face-to-face monitoring and follow-up
 - Makes sure services are being delivered according to the approved
 Person-Centered Plan
 - Reviews participant satisfaction with services
 - Helps to prevent conflicts of interest
 - Helps to emphasize the participant's voice





Coordinator of Community Services in Self-Direction (3 of 4)

• Community resource coordination

Explores, coordinates, and monitors use of community resources to meet assessed needs and achieve goals





Coordinator of Community Services in Self-Direction (4 of 4)

 Coordinators of Community Services cannot influence the participant or legal guardian's choice of service delivery model

Participants and legal guardians must independently choose Self-Directed Services or Traditional services



Self-Directed Services Comprehensive Policy

- Policy for all aspects of Self-Directed Services
- Updated to consolidate all previous Self-Directed
 Services policy

Reference: <u>Self-Directed Services Comprehensive Policy</u>



Self-Directed Services Manual

- Updated to consolidate all guidance related to Self-Directed Services
- Provides clarity on procedures and requirements for approvals
- The Support Broker Code of Conduct is a list of best practices for Support Brokers
- Effective November 21, 2024 unless otherwise noted in the Manual
 - New timesheet requirements effective January 1, 2025
 - New invoice requirements effective January 1, 2025



Understanding Reasonable and Customary Standards

- Employee wage rates cannot be changed for a date in the past
- Holiday wages may not exceed the Reasonable and Customary wage range

		Exception Rates (Must have approved Wage Exception Form)		
Waiver Service	Billable Unit	Reasonable and Customary Wage Maximum	Standard Exception Maximum	Calvert, Charles, Frederick, Montgomery or Prince George's Only Exception Maximum
Personal Supports	Hour	\$32.18	\$37.53	\$43.07



Individual and Family Directed Goods and Services Form (1 of 2)

- Updated Individual and Family Directed Goods and Services
 Request Form
 - Must be submitted by the Coordinator of Community Services
 - Additional documentation requirements

Reference: <u>Individual and Family Directed Goods and Services</u>

<u>Request Form</u>



Individual and Family Directed Goods and Services Form (2 of 2)

- Only one form should be completed for each request
- Not used for Recruitment and Advertising
- Not used for Day-to-Day Administrative Supports



Demographics Information (Individual and Family Directed Goods and Services Request Form)

This is the LTSSID of the person who is self-di	recting their services
This field is required	
Participant Name *	



Waiver Information (Individual and Family Directed Goods and Services Request Form)

Participant Waiver * Community Pathways Waiver Community Supports Waiver Family Supports Waiver Region * Central Maryland Regional Office Eastern Shore Regional Office Southern Maryland Regional Office Western Maryland Regional Office



Person-Centered Plan Information (Individual and Family Directed Goods and Services Request Form)

Partic <mark>i</mark> pant's Finan	icial Management and Counseling Services Provider *
O The Arc of the	Central Chesapeake Region
O GT Independe	nce
O Public Partner	ships, LLC
Does the Participa in LTSSMaryland *	ant have an Approved Self-Directed Services Person-Centered Plan
○ Yes	
○ No	



Request Category (Individual and Family Directed Goods and Services Request Form)

Request Category * From the list below, choose the category of Individual and Family Directed Goods and Services request
O Activities that promotes health
O Fees for programs and activities that promote socialization and independence
Small kitchen appliances that promote independent meal preparation
Laundry appliances to promote independence and self-care
O Sensory items related to the person's disability
Safety equipment related to the person's disability
O Personal electronic devices
O Toothbrushes and electric toothbrushes
Weight loss program services
O Dental services recommended by a licensed dentist
O Nutritional consultation and supplements
O Internet services
Other



Explanation of Services (Individual and Family Directed Goods and Services Request Form)

Describe why t	he Good / Service give to the participant? *	
Cost of the Go	od / Service *	



Budget Information (Individual and Family Directed Goods and Services Request Form)

Sheet?	ood / Service cost included in the Self-Directed Services (SDS) Budget
	est was not included in the Self-Directed Services Budget Sheet, a Budget on must be completed.
○ Yes	
O No	



Needs Information (Individual and Family Directed Goods and Services Request Form)

Requirements for Individual and Family Directed Goods and Services Approval

Individual and Family Directed Goods and Services must help the person meet a need or goal *

Describe how the good / service helps the person meet a need or goal



Health Information (Individual and Family Directed Goods and Services Request Form)

Does the good / service compromise the person's hea	Ith or safety? *
○ Yes	
○ No	
Is this request for a good or service that is provided to of only the person self-directing? * O Yes No	o, or directed toward the benefit



Additional Requirements (Individual and Family Directed Goods and Services Request Form)

Additional Individual and Family Directed Goods and Services Requirements *
Individual and Family Directed Goods and Services must decrease the need for Medicaid services, increase community integration, increase the participant's safety in the home, or support the family in the continued provision of care to the participant.
Choose which requirement(s) this request meets. One must be selected, but more may be chosen
Decrease the Need for Medicaid Services
Increase Community Integration
☐ Increase Safety in the Home
Support the family in the continued provision of care for the person



Cost Information (Individual and Family Directed Goods and Services Request Form)

Individual and Fam	ily Directed	Goods and S	Service	s cann	ot be	approved	if another
funding source is a	vailable *						
177							

List all funding sources that were denied or not available related to this request

Individual and Family Directed Goods and Services must be cost effective *

Describe how the good / service is cost effective for the person



Personal Funds Documentation (Individual and Family Directed Goods and Services Request Form)

Does the participant have any bank accounts?	*
○ Yes	
○ No	



File Upload and Attestation (Individual and Family Directed Goods and Services Request Form)

	Drag and drop files here or browse files
Coordinator of Comm	nunity Services Attestation *
	nunity Services Attestation * elow, I attest that the Participant/legal guardian/designated representative has made an



Individual and Family Directed Goods and Services Requests - Documentation Requirements (1 of 6)

Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
Activities that promote health	 An uploaded invoice or other documentation of price for the activity, AND A schedule of when the activities will be attended, AND Documentation that shows that all other funding sources were attempted.
Fees for programs and activities that promote socialization and independence	 An uploaded invoice or other documentation of price for the activity, AND A schedule of when the programs or activities will be attended, AND Documentation that shows that all other funding sources were attempted.



Individual and Family Directed Goods and Services Requests - Documentation Requirements (2 of 6)

Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
Small kitchen appliances that promote independent meal preparation	 An uploaded invoice or other documentation of price for the appliance, AND Documentation that shows that all other funding sources were attempted.
Laundry appliances to promote independence and self-care	 An uploaded invoice or other documentation of price for the appliance, AND Documentation that shows that all other funding sources were attempted.
Sensory items related to the participant's disability	 An uploaded invoice or other documentation of price for the item, AND Documentation that the item is not covered by insurance or health plans, AND Documentation that shows that all other funding sources were attempted.



Individual and Family Directed Goods and Services Requests - Documentation Requirements (3 of 6)

Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
Safety equipment related to the participant's disability	 An uploaded invoice or other documentation of price for the item, AND Documentation that the equipment is not covered by insurance or health plans, AND Documentation that shows that all other funding sources were attempted.
Personal electronic devices	 An uploaded invoice or other documentation of price for the item, AND Documentation that the device has not been approved by any other funding source (including through Assistive Technology in the Person-Centered Plan), AND Documentation that shows that all other funding sources were attempted.



Individual and Family Directed Goods and Services Requests - Documentation Requirements (4 of 6)

Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
Toothbrushes and electric toothbrushes	 An uploaded invoice or other documentation of price for the toothbrush(es), AND Documentation that shows that all other funding sources were attempted.
Weight loss program services	 An uploaded invoice or other documentation of price for the service, AND Documentation that the service is not covered by insurance or health plans, AND Documentation that shows that all other funding sources were attempted.



Individual and Family Directed Goods and Services Requests - Documentation Requirements (5 of 6)

Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
Dental services recommended by a licensed dentist	 An uploaded invoice or other documentation of price for the service, AND Documentation that the service is not covered by insurance or health plans, AND Documentation that shows that all other funding sources were attempted, AND Documentation that the service was recommended by a dentist.
Nutritional consultation and supplements	 An uploaded invoice or other documentation of price for the service, AND Documentation that the item is not covered by insurance or health plans, AND Recommendation by a medical professional, AND Documentation that shows that all other funding sources were attempted.



Individual and Family Directed Goods and Services Requests - Documentation Requirements (6 of 6)

Category of Individual and Family Directed Goods and Services Request	Required Supporting Documentation
Internet services	 An uploaded invoice or other documentation of price for the service, AND Documentation that shows that all other funding sources were attempted.
Other	 An uploaded invoice or other documentation of price for the good / service, AND Documentation that shows that all other funding sources were attempted.
	The DDA will ask for additional documentation related to "Other" Requests in order to confirm the request is within the scope of the waiver service.



Wage Exception Form

Updated Wage Exception Form (online Smartsheet)

- Used to request a rate higher than the Reasonable and Customary standard
- Must be submitted by the Coordinator of Community Services
- Additional documentation requirements
- One form for each:
 - Job position
 - Employee



Demographic Information (Wage Exception Form)

Participant LTSS ID *	
Participant Name *	
Participant's Financial Management and Counseling Services Provider *	
O GT Independence	
O Public Partnerships LLC	
The Arc of Central Chesapeake Region	



Waiver/County Information (Wage Exception Form)

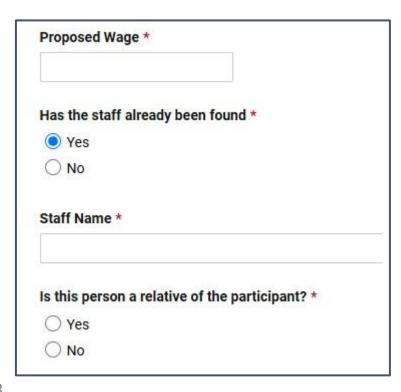
Waiver Service *
Community Development Services
 Employment Services (Ongoing Job Supports)
O Nursing Support Services
O Individual and Family Directed Goods and Services Day to Day Administrator
O Personal Supports
O Personal Supports - Enhanced
Respite Care Services
Support Broker Services

Participant's County *

Choose the county the participant live in



Employee Information (Wage Exception Form)





Reasons for Request (Wage Exception Form)

Reason(s) for the Wage Exception Request
Reason(s) for the Wage Exception Form Request *
Lack of available workforce
 Intensity of the participant's behavioral or health support
Uncommon hours or schedule
Expectation of short duration of employment
Participant has a history of high staff turnover
Staff certifications
Staff specialized training
☐ Years of experience
 Longevity with the participant
Other

Lack of Available Workforce * Please share more information on the reason "lack of available workforce" was selected.	
What about the area in which the employer lives makes it more difficult to hire employees?	
Please share all strategies and actions used to find employees, including recruitment plans, advertisements, job descriptions, and results.	



Attestation and Uploads (Wage Exception Form)

Coordinator of Community Service Attestation

By signing and submitting this Wage Exception Form request, you are attesting that all the contents within the requests are accurate and complete.

Falsification of all or portions of this request is considered Medicaid Fraud and subject to appropriate reporting.

Signature *

By typing my name below, I attest that the Participant/legal guardian/designated representative has made an informed decision.

Note: Completing this form before the participant/legal guardian/designated representative has made an informed choice is considered falsification of the document.



Wage Exception Form - Documentation Requirements (1 of 10)

Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
Lack of available workforce	 Documentation that the job position in question was advertised for the previous 3 months; AND Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND Documentation that the interviews were not attended; OR the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range



Wage Exception Form - Documentation Requirements (2 of 10)

Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
Intensity of the participant's behavioral or health support	 Documentation that the job position in question was advertised for the previous 3 months; AND Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND Documentation that the interviews were not attended; OR the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range; AND Documentation of an HRST score of 4 or higher; AND Documentation of a Behavior Support Plan; OR Nursing Care Plan that documents the support needs



Wage Exception Form - Documentation Requirements (3 of 10)

Justification for Wage Exception	DDA's Standards for Approval
	All items listed are required to provide justification for the request
Uncommon hours or schedule	 Documentation that the job position in question was advertised for the previous 3 months; AND Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND Documentation that the interviews were not attended; OR the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range; AND Documentation of the uncommon hours or schedule for the position



Wage Exception Form - Documentation Requirements (4 of 10)

Justification for Wage Exception	DDA's Standards for Approval All items listed are required to provide justification for the request
Expectation of short duration of employment	 Documentation that the job position in question was advertised for the previous 3 months; AND Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND Documentation that the interviews were not attended; OR the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range; AND Written attestation that the employer plans to employ the employee for no more than 30 days



Wage Exception Form - Documentation Requirements (5 of 10)

Justification for Wage Exception	DDA's Standards for Approval
	All items listed are required to provide justification for the request
History of high staff turnover	 Documentation that the position has had 3 or more employees in the same position in the past 365 days; AND Documentation that shows each of the employees resigned; OR were terminated with documented cause



Wage Exception Form - Documentation Requirements (6 of 10)

Justification for Wage Exception	DDA's Standards for Approval
	All items listed are required to provide justification for the request
*Note: First Aid, CPR, or any other waiver required certification does not meet the qualifications for a Wage Exception.	 Documentation that the job position in question was advertised for the previous 3 months; AND Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND Documentation that: the interviews were not attended; OR the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range; AND A copy of the certification(s) required for the position; AND Documentation of 2 job advertisements in Maryland, which: Are unrelated to the Self-Directed Services program, Are posted within 365 days of the request, AND Require the certification listed with a pay rate at or above the requested rate.



Wage Exception Form - Documentation Requirements (7 of 10)

Justification for Wage Exception	DDA's Standards for Approval
	All items listed are required to provide justification for the request
*Note: First Aid, CPR, or any other waiver required certification does not meet the qualifications for a Wage Exception.	 Documentation that the job position in question was advertised for the previous 3 months; AND Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND Documentation that the interviews were not attended; OR the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range; AND Documentation of the employee's specialized training; AND Documentation of 2 job advertisements in Maryland, which: Are unrelated to the Self-Directed Services program, Are posted within 365 days of the request, AND Require the specialized training listed with a pay rate at or above the requested rate



Wage Exception Form - Documentation Requirements (8 of 10)

Justification for Wage Exception	DDA's Standards for Approval
	All items listed are required to provide justification for the request
Employee's Years of Experience	 Documentation that the job position in question was advertised for the previous 3 months; AND Documentation that at least 5 interviews for the position occurred in the previous 3 months; AND Documentation that the interviews were not attended; OR that the the applicants did not meet the written requirements of the job description; OR the applicant refused to accept the offer within the reasonable and customary range; AND A copy of the employee's resume OR CV (Curriculum Vitae) that documents at least 10 years of experience directly relevant to the service provided to the participant



Wage Exception Form - Documentation Requirements (9 of 10)

Justification for Wage Exception	DDA's Standards for Approval
Employee's Longevity with the participant	 Documentation that the job position in question was advertised for the previous 3 months, AND Documentation that at least 5 interviews for the position occurred in the previous 3 months, AND Documentation that the interviews were not attended OR that the the applicants did not meet the written requirements of the job description, AND Documentation that the employee has been employed by or for the employer for a cumulative of at least 8 years shown by: Employment records as obtained by the participant's Financial Management and Counseling Services (FMCS), OR Copy of a new hire letter with date, OR Written attestation of employment which involved regular direct contact with the participant while employed by a DDA provider in the Traditional model, OR Written attestation of employment which involved regular direct contact with the participant while employed by a school the participant attended.



Wage Exception Form - Documentation Requirements (10 of 10)

Justification for Wage Exception	DDA's Standards for Approval
Other	Supporting documentation for another reason will be reviewed by the DDA on a case-by-case basis.



Family as Staff Overtime Requests

- No relative may work more than 40 hours per week for a participant, across all waiver services
- A relative may be authorized to temporarily work more than 40 hours per week if authorized by the DDA
- All requests for family members to work overtime must be requested and approved by the DDA

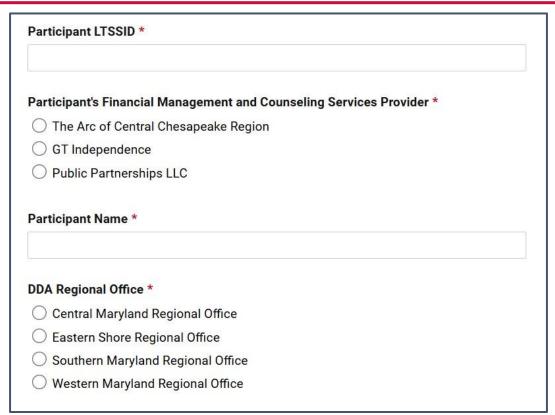


Family Member Overtime Requests

- New Family as Staff Overtime Request Form (online Smartsheet)
 - Must be submitted by the Coordinator of Community Services
 - Includes documentation requirements
- All overtime affects the participant's budget
- Multiple overtime requests in a year will be reviewed by the DDA to make sure participants are safe in the Self-Directed Services model



Demographic Information (Family Member Overtime Request Form)





Employee Information (Family Member Overtime Request Form)

Family Member that is Requesting Overtime * Overtime is defined as over 40 hours in a workweek.
Relationship of the Family Member to the Particiant *
Natural or Adoptive Parent
○ Step-parent
Child
○ Stepchild
Sibling
Is the family member the participant's legal guardian or legally responsible person? *
○ Yes
○ No



Length of Request (Family Member Overtime Request Form)

Length of Request *

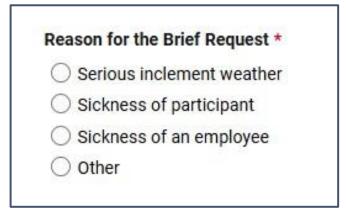
Choose how long the request is for

- Brief (14 days or fewer)
- Temporary (15 90 days)



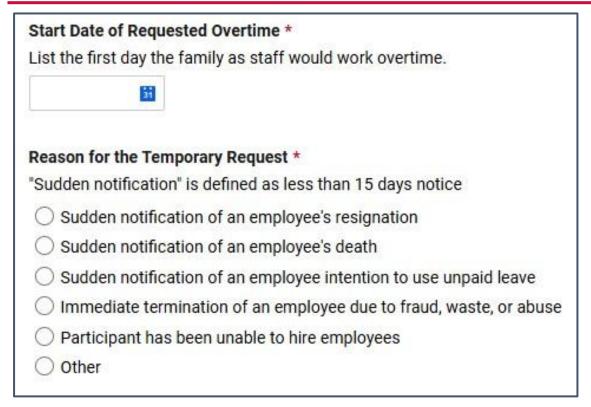
Brief Requests: 14 days or fewer (Family Member Overtime Request Form)

Start Date of Requested Overtime * List the first day the family as staff would work overtime.





Temporary Requests: 15-90 days (Family Member Overtime Request Form)





Explanation and Schedule (Family Member Overtime Request Form)

Explanation of the Request for Overtime *

Explain in detail why the participant is requesting this family member employee to work overtime.

Schedule of Overtime Hours Requested *

Share the hours per week the family employee will be working by service. <u>All waiver services the family employee works must be included.</u>

Use the format:

[Day of the Week]: [Total Number of Hours]-[Start Time], [End Time], [Waiver Service] Monday: 12 hours, 8am-8pm, Personal Supports

A schedule of the request and the Person-Centered Plan schedule must be uploaded with this request.

Number of Hours Re	equested per	Week *
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This is the total number of hours the family member is requesting to work per week.



Health and Safety (Family Member Overtime Request Form)

Risk to Health ar	nd Safety *
n detail, explain overtime approv	how the participant has a risk to their health and/or safety without the ed.
Are the hours re	quested already listed in the Person-Centered Plan? *
The DDA cannot	quested already listed in the Person-Centered Plan? * approve overtime requests that allow more hours to be worked than the Person-Centered Plan.
The DDA cannot	approve overtime requests that allow more hours to be worked than



File Upload and Attestation (Family Member Overtime Request Form)

File Upload * Requests must include documentation of the requested schedule of hours and Person-Centered Plan schedule Supporting documentation is also required to show the reason for the request such as: Proof of inclement weather • Doctor's note showing employee or employer sickness • Dated resignation letter or termination letter · Dated obituary of employee • Dated letter from employee requesting use of unpaid leave Proof of advertisements and interviews All requests without supporting documentation will be returned to the team. Drag and drop files here or browse files CCS Email Address *



Family as Staff Overtime - Documentation Requirements (1 of 3)

Justification for Family Member Overtime	DDA's Standards for Approval	
Brief Requests (14 or fewer days)		
Serious inclement weather	Inclement weather for the dates requested	
Sickness of the participant	Documentation from a medical professional noting the illness of the participant	
Sickness of another employee	Documentation from a medical professional noting the illness of the employee	
Other	Supporting documentation for another reason will be reviewed by the DDA on a case-by-case basis.	



Family as Staff Overtime - Documentation Requirements (2 of 3)

Justification for Family Member Overtime	DDA's Standards for Approval
Temporary Requests (15 - 90 days) "Sudden notification" is defined as less that 15 days notice	
Sudden notification of an employee's resignation	Letter signed by the employee with the date of resignation noted
Sudden notification of an employee's death	Signed attestation from the participant
Sudden notification of an employee's intention to use unpaid leave	Letter signed by the employee requesting dates to use unpaid leave



Family as Staff Overtime - Documentation Requirements (3 of 3)

Justification for Family Member Overtime	DDA's Standards for Approval	
Temporary Requests (15 - 90 days) "Sudden notification" is defined as less that 15 days notice		
Emergency termination of an employee due to fraud, waste, or abuse	 Documentation of the incident report filed regarding the alleged fraud, waste, or abuse, OR Letter signed by the employer with the date of termination 	
Inability to hire employee(s)	 Documentation that the job position in question was advertised for the previous 3 months, Documentation that at least 5 interviews for the position occurred in the previous 3 months, AND Documentation that the interviews were not attended OR that the the applicants did not meet the written requirements of the job description 	
Other	Supporting documentation for another reason will be reviewed by the DDA on a case-by-case basis.	



Self-Directed Services Training Series

- 17 modules on various topics related to self-direction
- Modules are an overview of the SDS Policy and Manual
- The modules are publicly available for anyone to view at any time
- The training series will be used with other training materials to train Coordinators of Community Services in 2025

Reference: <u>Self-Directed Services Training Series</u>



Summary (1 of 2)

- The Self-Directed Services Policy and Manual contain standards for Self-Directed Services in Maryland
- Updated forms and processes include
 - Updated Individual and Family Directed Goods and Services Request Form
 - Updated Wage Exception Form
 - Family as Staff Overtime Request Form



Summary (2 of 2)

- All forms should be submitted by the Coordinator of Community Services
- All forms require supporting documentation to be uploaded in order to be approved
- Self-Directed Services Training Series is currently available; additional Coordinator of Community Services training will be available in 2025



Questions

