



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
- [Self-Directed Services Comprehensive Policy](#)
- [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: [Self-Directed Services Comprehensive Policy](#)

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

			<u>Exception Rates (Must have approved Wage Exception Form)</u>	
Waiver Service	Billable Unit	Reasonable and Customary Wage Maximum	Standard Exception Maximum	Calvert, Charles, Frederick, Montgomery or Prince George's Only Exception Maximum <input type="button" value="v"/>
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: [Individual and Family Directed Goods and Services Request Form](#)

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)

LTSS ID *

This is the LTSSID of the person who is self-directing 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)

Participant's Financial Management and Counseling Services Provider *

- The Arc of the Central Chesapeake Region
- GT Independence
- Public Partnerships, LLC

Does the Participant have an Approved Self-Directed Services Person-Centered Plan in LTSSMaryland? *

- Yes
- No

What is the effective date of the Person-Centered Plan? *



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

- Activities that promotes health
- 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
- Sensory items related to the person's disability
- Safety equipment related to the person's disability
- Personal electronic devices
- Toothbrushes and electric toothbrushes
- Weight loss program services
- Dental services recommended by a licensed dentist
- Nutritional consultation and supplements
- Internet services
- Other

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

What benefit does the Good / Service give to the participant? *

Describe why the Good / Service is needed.

Cost of the Good / Service *

This is the total amount for the Good / Service over the plan year

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

Was the Good / Service cost included in the Self-Directed Services (SDS) Budget Sheet?

If the request was not included in the Self-Directed Services Budget Sheet, a Budget Modification must be completed.

- Yes
- 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 health or safety? *

Yes

No

Is this request for a good or service that is provided to, or directed toward the benefit of only the person self-directing? *

Yes

No

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 Family Directed Goods and Services cannot be approved if another funding source is available *

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)

File Upload *

Drag and drop files here or [browse files](#)

Coordinator of Community Services Attestation *

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.

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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none">• An uploaded invoice or other documentation of price for the service, AND• Documentation that shows that all other funding sources were attempted.
Other	<ul style="list-style-type: none">• An uploaded invoice or other documentation of price for the good / service, AND• Documentation that shows that all other funding sources were attempted. <p>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.</p>

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 *

- GT Independence
- 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)
- Nursing Support Services
- Individual and Family Directed Goods and Services Day to Day Administrator
- Personal Supports
- Personal Supports - Enhanced
- Respite Care Services
- Support Broker Services

Participant's County *

Choose the county the participant live in

Employee Information (Wage Exception Form)

Proposed Wage *

Has the staff already been found *

Yes

No

Staff Name *

Is this person a relative of the participant? *

Yes

No

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	<ul style="list-style-type: none">• 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<ul style="list-style-type: none">○ 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	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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
Uncommon hours or schedule	<p>All items listed are required to provide justification for the request</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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
Expectation of short duration of employment	<p>All items listed are required to provide justification for the request</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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
History of high staff turnover	<p>All items listed are required to provide justification for the request</p> <ul style="list-style-type: none">• 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<ul style="list-style-type: none">○ resigned; OR○ were terminated with documented cause

Wage Exception Form - Documentation Requirements (6 of 10)

Justification for Wage Exception	DDA's Standards for Approval
<p>Employee possession of certification(s)</p> <p><i>*Note: First Aid, CPR, or any other waiver required certification does not meet the qualifications for a Wage Exception.</i></p>	<p>All items listed are required to provide justification for the request</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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
<p>Employee possession of specialized training</p> <p><i>*Note: First Aid, CPR, or any other waiver required certification does not meet the qualifications for a Wage Exception.</i></p>	<p>All items listed are required to provide justification for the request</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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
Employee's Years of Experience	<p>All items listed are required to provide justification for the request</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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
<p>Employee's Longevity with the participant</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none">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)

Participant LTSSID *

Participant's Financial Management and Counseling Services Provider *

- The Arc of Central Chesapeake Region
- GT Independence
- Public Partnerships LLC

Participant Name *

DDA Regional Office *

- Central Maryland Regional Office
- Eastern Shore Regional Office
- Southern Maryland Regional Office
- Western Maryland Regional Office

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 Participant *

- 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.



Reason for the Brief Request *

- Serious inclement weather
- Sickness of participant
- Sickness of an employee
- Other

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

Start Date of Requested Overtime *

List the first day the family as staff would work overtime.



Reason for the Temporary Request *

"Sudden notification" is defined as less than 15 days notice

- Sudden notification of an employee's resignation
- Sudden notification of an employee's death
- Sudden notification of an employee intention to use unpaid leave
- Immediate termination of an employee due to fraud, waste, or abuse
- Participant has been unable to hire employees
- Other

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. All waiver services the family employee works must be included.

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 Requested per Week *

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 and Safety *

In detail, explain how the participant has a risk to their health and/or safety without the overtime approved.

Are the hours requested already listed in the Person-Centered Plan? *

The DDA cannot approve overtime requests that allow more hours to be worked than what are listed in the Person-Centered Plan.

- Yes
- No

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	<ul style="list-style-type: none">• Inclement weather for the dates requested
Sickness of the participant	<ul style="list-style-type: none">• Documentation from a medical professional noting the illness of the participant
Sickness of another employee	<ul style="list-style-type: none">• Documentation from a medical professional noting the illness of the employee
Other	<ul style="list-style-type: none">• 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
<p style="text-align: center;">Temporary Requests (15 - 90 days) "Sudden notification" is defined as less than 15 days notice</p>	
<p>Sudden notification of an employee's resignation</p>	<ul style="list-style-type: none"> • Letter signed by the employee with the date of resignation noted
<p>Sudden notification of an employee's death</p>	<ul style="list-style-type: none"> • Signed attestation from the participant
<p>Sudden notification of an employee's intention to use unpaid leave</p>	<ul style="list-style-type: none"> • 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 than 15 days notice	
Emergency termination of an employee due to fraud, waste, or abuse	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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: [Self-Directed Services Training Series](#)

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
