

Maryland Department of Health

Developmental Disabilities Administration

Self-Directed Services Budget Sheet - Revised July 21 2022 - FMCS Addition

Revised July 21, 2022

Overview

The Developmental Disabilities Administration's (DDA's) Self-Directed Services (SDS) Budget Sheet is used by participants to allocate their self-directed budget based on the federally approved waiver program (i.e., Family Supports, Community Supports, and Community Pathways Waivers) in which they are enrolled.

The SDS Budget Sheet is a fillable Microsoft Excel spreadsheet that captures information related to the Person Centered Plan's (PCP) approved services and amount, your selected employees and vendors, and your chosen rates of pay within the established reasonable and customary ranges. The sheet is designed to help you develop and stay within your allocated budget. Yellow spaces within the sheet may be filled in. White spaces will auto calculate and cannot be changed.

Allocated Budget - Annual vs Revised Person Centered Plan

Annually, you work with your Coordinator of Community Services (CCS) and team to develop your PCP. The PCP includes the detailed service authorization section which details the specific services and amount (Units) of service needed and calculates the total cost of the requested services. All of the costs for your proposed services are added together and that total is called your **allocated budget total**. This plan is referred to as the **Annual PCP**.

Annual PCP

Effective Jan 1, 2021 - Dec 31, 2021



If your needs change during your annual plan year, then you can request to update your PCP which is referred to as a **Revised PCP**. The detailed service authorization section is revised and updated to reflect changes in your assessed needs (e.g., adding Employment Discovery to support in finding a job, ending Day Habilitation because you have a new job, etc.). To be approved, the Revised PCP will also

require you to submit a revised Self-Directed Budget which reflects the changes noted in the Revised PCP.

It is important to note that the Revised PCP will reflect: (1) services authorized prior to the revised plan; and (2) updated/revised services and units to the end of the plan year which will establish a new service annual cost total and self-directed budget allocation. New services shall be included on the SDS Budget Sheet and reflect the applicable number of weeks from the Revised PCP effective date to the end of the plan year. They should not reflect an entire year until the Annual Plan is completed.

Whether you have requested an increase in services for a currently authorized service; requested a new service and/or a decrease in a current service; and/or a discontinuation of a service in your Revised PCP, this new budget allowance represents the maximum amount that you are authorized to spend during the entire plan year.

Revised PCP

Effective April 1, 2021 - December 31, 2021



You, as the employer, are responsible for ensuring you do not exceed your approved budget and must take into consideration services you received, and expenses paid since the implementation of your Annual PCP up to when your Revised PCP became effective. Your FMCS can provide you with an up-to-date budget statement for year-to-date expenses charged against your approved budget based on staff timesheets and invoices you have authorized for payment. Please keep in mind that staff timesheets and expenses that have not been submitted or processed by your FMCS need to also be considered so that you do not exceed your authorized budget.

Example #1:

Annual PCP - Effective January 2021

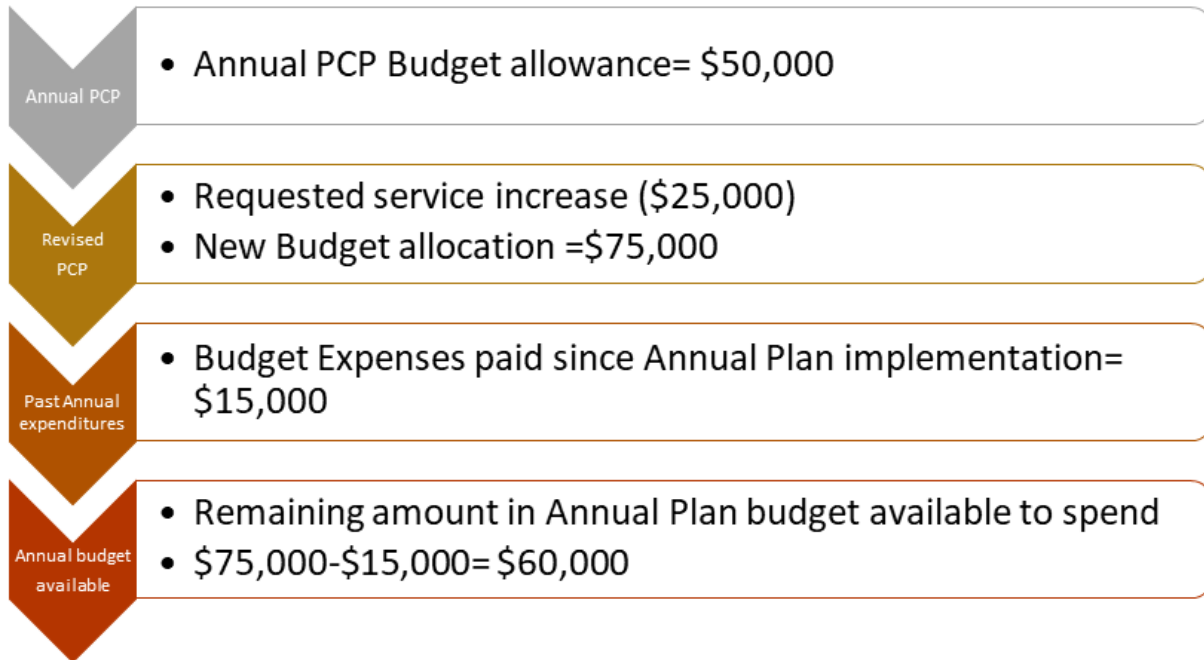
- Annual PCP budget allocation = \$50,000
- You create your Self-Directed Services Budget Sheet using the budget allocation of \$50,000

Revised PCP - Effective April 2021

- Annual PCP budget allocation = \$50,000
- Request to increase Personal Supports that equates to an additional \$25,000 to total cost
- LTSSMaryland recalculates the total annual budget allowance
- Revised PCP budget allocation = \$75,000
- You create your Self-Directed Services Budget Sheet, reflecting the plan year, using the \$75,000 new **annual plan year** budget allocation

Budget Management

- Your **FMCS** provides budget statement reflecting you have spent \$15,000 of your Annual budget up to the effective date of the Revised PCP
- Therefore, you have approximately \$60,000 remaining in your annual budget, minus any outstanding staff timesheets and invoices you have not authorized or the **FMCS** processed, for payment based on your Self-Directed Services Budget Sheet



Example #2:

Annual PCP - Effective January 2021

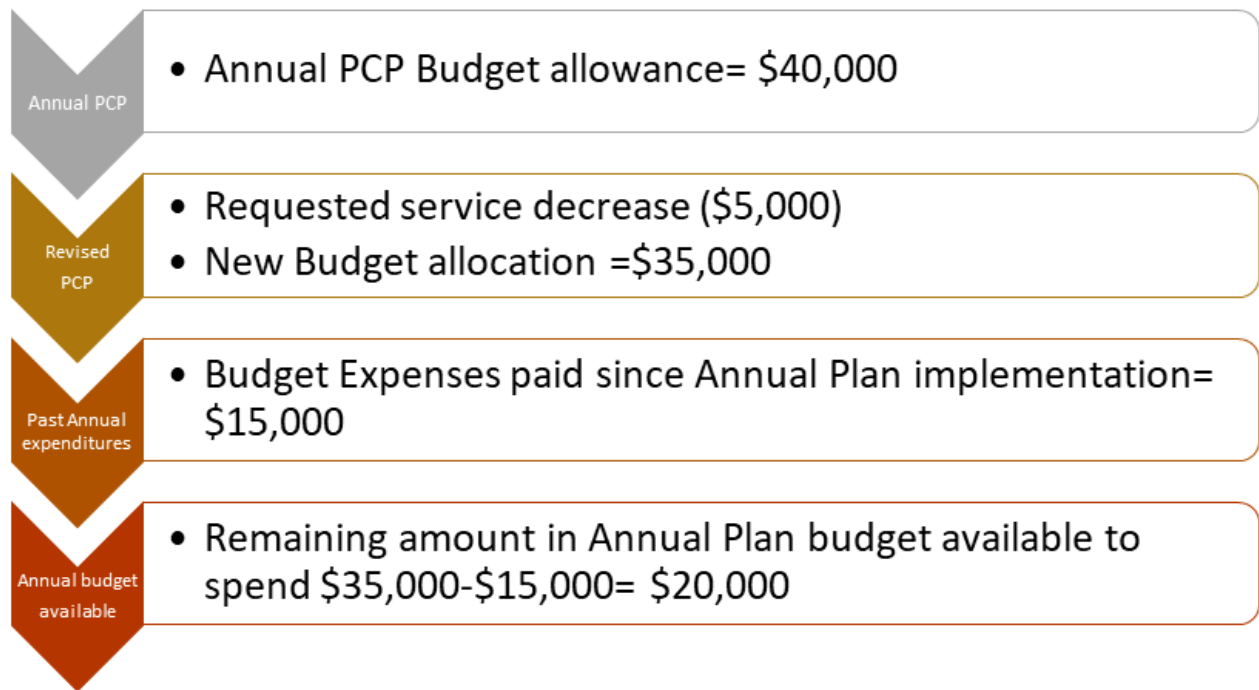
- Annual PCP budget allocation = \$40,000
- You create your Self-Directed Services Budget Sheet using the budget allocation of \$40,000

Revised PCP - Effective April 2021

- Annual PCP budget allocation = \$40,000
- Request to reduce Personal Supports that equates to reduction of \$5,000 to total cost
- LTSSMaryland recalculates the total annual budget allowance
- Revised PCP budget allocation = \$35,000
- You create your Self-Directed Services Budget Sheet, reflecting the plan year, using the \$35,000 new annual plan year budget allocation

Budget Management

- Your **FMCS** provides budget statement reflecting you have spent \$15,000 of your Annual budget up to the effective date of the Revised PCP
- Therefore, you have approximately \$20,000 remaining in your annual budget, minus any outstanding staff timesheets and invoices you have not authorized or the **FMCS** processed, for payment based on your Self-Directed Services Budget Sheet



Employees/Staff vs Vendor

As you develop your budget, you will notice some services require you to list whether you will have employees or staff, vendors/contractors, or both. All employees/staff and vendors *must meet the minimum waiver staff and provider qualification requirements such as having background checks, certifications in CPR/First Aid, etc. Based on your needs, you can also require additional training as per allowed under the Department of Labor regulations.* This is important for budgeting because the Internal Revenue Service (IRS) has different tax requirements for employees and independent contractors/vendors. You must pay taxes for payments you make to your employees. You do not have to pay taxes on payments you make to contractors or vendors. This means that an employee will have a slightly higher cost to you than a contractor/vendor working at the same rate.

One difference between a contractor and an employee is how much control you have over their work. If you decide how and when a worker will do their work, generally this person is an **employee**. If you are asking someone to complete a task but do not tell them how to do it, this person is a **vendor**. Vendors are considered self-employed, but they can be hired for tasks such as employment services, transportation, and other services. An employee is generally guaranteed a regular wage for an amount of time worked. However, contractors are often paid for the job by a flat fee.

For more information, visit <https://www.irs.gov/newsroom/understanding-employee-vs-contractor-designation>.

Staff Benefits, training, and transportation/travel reimbursements

For services for which you have employer authority, you can allocate funds to cover staff benefits such as health benefits, staff training, and transportation/travel reimbursement.

For staff training, you may choose to pay for required training (such as First Aid, CPR, and CMT). You may also choose to pay for other training opportunities for employees that will help them support you (such as job development training [e.g. ACRE] or behavior support training [e.g. MANDT]). You may also include wages and taxes to pay employees hourly for attendance at training.

Depending on your business and reimbursement policies, you may choose to provide travel reimbursement for expenses your employees incur while directly supporting you. It does not include reimbursement for driving to and from work but may be offered for costs incurred during the course of direct service delivery, such as during direct personal support services. Expenses that fall outside of the policies are generally not reimbursed or covered. Receipts are required by most employers except for those that pay a per diem, which means you reimburse your employees a fixed amount of money “each day” to cover incidental expenses such as transportation. You are not required to provide per diem to employees. You may choose to have a per diem payment cover part, or all of the expenses incurred.

Examples

At 8 a.m., your staff drives to your house to pick you up to provide Personal Supports for an 8:30 a.m. start time. At 8:25 a.m. your staff arrives at your house.

- Staff time and travel to your home are not a travel expense

At 8:30 a.m., your staff picks you up and drives you to the grocery store where they will be supporting you in learning skills related to shopping, reading labels, picking out fresh fruits and vegetables, etc.

- Staff time from picking you up until the end of their direct support would be paid based on the rate you hired them.
- Travel expenses such as mileage reimbursement can be covered based on your business and reimbursement policies.

Montgomery County Residents Sick and Safe Leave

For Montgomery County Residents Only, it is mandatory to offer Sick and Safe Leave to your employees. For example, this means an employee may use sick leave to:

- Care for their or their family member’s mental or physical illness, injury, or condition
- Obtain preventative medical care
- Take care of their children if their usual childcare facility is closed due to a public health emergency

If you have more than 5 employees: Employees must earn one hour for every thirty hours worked up to 56 hours per year.

If you have less than 5 employees: Employees must earn one hour for every thirty hours worked up to 32 hours of paid leave and 24 hours of unpaid leave.

If you are a Montgomery County resident, this cost should be factored into your budget calculations for

employees that regularly work 8 or more hours a week. Sick and Safe Leave is not required for vendor Services.

For more information, Montgomery County has made the following fact sheet available:

https://www.montgomerycountymd.gov/humanrights/Resources/Files/EarnedSickandSavedLeave_Poster.pdf

Taxes

For all staff taxes, the standard tax fee of 14% should be used to cover all possible fringe expenses for employees. If there is a savings due to a special tax exemption, your **FMCS** will advise you.

Self-Directed Services Budget Allocation

It is important to note that participants are not required to allocate their entire budget. The budget is based on DDA's traditional rates which includes cost components to address staff training, transportation, employer related cost, program service cost, and administrative cost. **Presently, the DDA is paying for administrative costs associated with Coordinators of Community Services (CCS which will not come out of the participant's budget. The cost associated with FMCS monthly services fees will come from the participant's approved budget allocation.** Therefore, participants should consider their current assessed needs as authorized in their PCP and reasonable and customary rates when developing their SDS Budget Sheet and may decide to offer future pay increases or benefits.

Instructions for Completing the Self-Directed Services Budget Sheet

The following pages provide instructions on how to complete the Self-Directed Services Budget Sheet.

For each DDA self-directed service, you will find a brief description of the services and some important information to consider. We have included a picture of the service as noted on the budget sheet and instructions on what information needs to be included.

Services reflected in your Self-Directed Services Budget Sheet should match the services authorized in your PCP. As the employer of record, you decide whether to hire staff or use a vendor based on the service and also decide what rate to pay based on reasonable and customary ranges.

Notes:

1. [DDA - SDS Budget Sheet - Revised July 21 2022 - FMCS Addition](#)

- This budget sheet is used when a FMCS agency is selected.
- You, with the support of your team, must also create and send your new SDS Budget Sheet to the FMCS using the updated form. The Family As Staff and Wage Exception form (if applicable) should also be sent to the FMCS.
- The team should ensure it meets program standards before submitting.
- The CCS will upload the budget sheet and form into LTSSMaryland.
- The FMCS will review to make sure your Budget Sheet, Wage Exception Forms, and Family-as-Staff

Form meets waiver requirements and other standards.

2. [DDA - Self Directed Services Budget Sheet - Revised April 8, 2022](#)

- This budget sheet is used by participants who have not selected or transitioned to the new FMCS.
- The Budget Sheet,, Wage Exception Forms, and Family-as-Staff Form must be submitted with the PCP.
- The DDA will review to make sure they meet waiver requirements and other standards. The DDA will also send to your current fiscal management agency once approved.

For additional information about services, requirements, staff and provider qualifications, and service limitations, please refer to the federally approved waiver program for which you are enrolled.

LEGAL REFERENCES

[Community Pathways Waiver](#)

[Community Supports Waiver](#)

[Family Supports Waiver](#)

Resources and Tools

- [Self-Directed Service Guidance, Forms, and Webinars](#)
- [DDA FMCS Webpage](#)
- [Financial Management and Counseling Services Agencies](#)
- [Financial Management and Counseling Services - Open Enrollment](#)
- [MDH Memo Financial Management and Counseling Services June 23, 2023](#)
- [MDH Financial Management and Counseling Services - Provider Onboarding and Open Enrollment Letter June 1, 2022](#)

How to Complete the Self Directed Services Budget Sheet

Participant, Program, PCP, and Budget Information (Reference: Rows 1 - 9)

1. **Name** - enter your first and last name (*i.e.*, the participant)
2. **Effective Date** - enter the effective date (*i.e.*, date services should begin as determined in the currently approved Annual or Revised PCP effective date)
3. **Annual Implementation Date (New July 2022)** - enter the date the annual PCP begins.
4. **Number of Months Left in Plan and Number of Weeks Left in Plan (new July 2022)** – the form will automatically calculate based on the Effective Date and Annual Implementation Date listed

Jordan Doe	Effective Date:	7/1/2022	Annual Implementation Date:	7/1/2022
Number of Months Left in Plan:	12.00	Number of Weeks Left in Plan:	52.143	

5. **Initial PCP, Annual PCP, Revised PCP, or FMCS Open Enrollment (New July 2022)**
- select Initial PCP, Annual PCP, Revised PCP, or FMCS Open Enrollment from the drop down to correspond with the applicable PCP for which the budget allocation is associated.
6. **Type of Waiver** - from the drop-down menu, select the waiver in which you, the participant, is currently enrolled (*i.e.*, Family Supports, Community Supports, or Community Pathways)
7. **Employee/Vendor Statement (Optional)**
I will have _____ (number) employees and _____ (number) vendors
This is an **optional** section of the SDS Budget Sheet. If participants and their teams may choose to use the lines to help understand the number of employees and vendors that are being used.
 - enter the number of employees (*i.e.*, *staff*) reflected in the budget
 - enter the number of vendors (e.g., FMCS agencies, Support Broker vendors, companies, DDA Providers, etc.) reflected in the budget
8. **Enter approved budget amount here** - enter the total PCP budget allocation from the approved PCP.

Note: When you worked with your CCS to develop your PCP, the detailed service authorization section was completed which details the specific services you need, units of service, and the LTSSMaryland calculated total cost of the requested service. All of the costs for your proposed services are added together and that total is called your **allocated budget total**. Enter your allocated budget total amount in this field.

Example:

9. As you input the services and items you need in your budget, your SDS Budget Total will be calculated in the box over "SDS Budget Total." Your unallocated funds will be calculated by the spreadsheet (Approved DDA Budget Allocation - SDS Budget Total = Unallocated Funds).

Enter Approved DDA Budget Allocation from the DSA here		\$0.00	\$0.00
		SDS Budget Total	Unallocated Funds

Note: W-Codes for services are no longer included in the DDA - SDS Budget Sheet - Revised July 21 2022 - FMCS Addition. They are used for FMCS and not needed during the team budgeting process.

Financial Management and Counseling Services (Reference: Rows 11-13)

Participants who self-direct their services have budget authority over their Financial Management and Counseling Services (formerly Fiscal Management Services, or FMS).

The Financial Management and Counseling Service (FMCS) monthly cost is now a part of your budget. Choose from the Approved FMCS Agencies and include the rate per month provided by the FMCS.

Note: Participants who have not selected or transitioned to the new FMCS shall use the previous SDS Budget Sheet with a Revised April 8, 2022 reference date. All participants must utilize the updated form once their services transition to the new FMCS. All transitions are to be completed by January 1, 2023 or sooner.

Enter the name of your FMCS under “Chosen FMCS Agency.” Then include the monthly rate that your chosen FMCS charges, and the number of months in your plan year*.

Financial Management and Counseling Service (Required to Self-Direct)				
The Financial Management and Counseling Service (FMCS) is an administrative service that is now a part of your budget . Choose from the Approved FMCS Agencies and include the rate per month provided by the FMCS.	Chosen FMCS Agency	Rate per Month	# of Months	Budget Total
				\$0.00

*For Open Enrollment, Participants and their teams will enter the number of months left in their plan year (months between the Effective Date and the End of the Plan (365 days from the Annual Implementation Date)). **The Budget Sheet calculates this for the participant and their team when the Effective Date and Annual Implementation Date are entered into the Budget Sheet.**

Name: <u>Jordan Doe</u>	Effective Date: <u>10/1/2022</u>	Annual Implementation Date:
Number of Months Left in Plan: <u>9.00</u>	Number of Weeks Left in Plan: <u>39.000</u>	
Version 7/21/22	I will have <u>2</u> (number) employees and <u>2</u> (number) vendors	Type of Waiver:

Financial Management and Counseling Service (Required to Self-Direct)				
The Financial Management and Counseling Service (FMCS) is an administrative service that is now a part of your budget . Choose from the Approved FMCS Agencies and include the rate per month provided by the FMCS.	Chosen FMCS Agency	Rate per Month	# of Months	Budget Total
		\$100.00	9.00	\$900.00

Support Broker (Optional Waiver Service - Orientation, Coaching, and Mentoring Supports (Reference: Rows 14-33)

Support Broker Services are an optional Waiver service that can provide an orientation on your employer responsibilities and coaching and mentoring support in your role as the legal employer of record for your staff. You have the choice to hire staff or use a Support Broker vendor that meets the minimum waiver requirements. When entering the self-directed service delivery model, a Support Broker can provide an orientation on your employer and budget authority responsibilities. Initial orientation and assistance can be provided up to a total of 15 hours. Ongoing information, coaching, and mentoring can be provided up to 4 hours per month unless otherwise authorized by the DDA. As the employer of record, **you** make decisions as to whether you are going to offer your staff benefits, travel reimbursement, etc. and based on the Department of Labor requirements. Note: It is possible that not all staff will receive the same amount or type of training. For example, if you hire a worker who has already completed CPR and First Aid training, you will not need to include the cost of these training for that worker.

14	Support Broker (Optional Waiver Service - Orientation, Coaching and Mentoring Supports)				
15	Support Broker	# of Hours per month	Rate per Hour	# of Months	Budget Total
16	Initial orientation and assistance up to 15 hours				\$0.00
17	Ongoing Monthly Service - Staff				\$0.00
18	Staff Benefits				
19	Health Benefits				
20	PTO Benefits				
21	Other Benefits - list				
22	Sick and Safe (Applicable to Mont. Co. ONLY)				
23	Training	# of Staff	Cost per staff		
24	Training (e.g., CPR/1st Aid/CMT/etc. as applicable)				\$0.00
25	Staff Transportation/Travel Reimbursement	# of Miles	Mileage Rate	# of Weeks	
26	Mileage				\$0.00
27	Staff Transportation/Travel Reimbursement, Cont.	# of Trips	Cost per Trip		
28	Public (Maryland Mass Transit Administration)				\$0.00
29	Taxi/Uber				\$0.00
30	Taxes				
31	Taxes - (indicate percentage)>				\$0.00
32	Support Broker - Vendor/Contractor	# of Hours per Month	Rate per Hour	# of Months	
33	Support Broker - Vendor				\$0.00

1. Initial orientation and assistance up to 15 hours (as applicable)

of Hours per Month - enter up to a maximum of 15 hours

Rate Per Hour - enter the rate per hour you plan to pay based on DDA's reasonable and customary ranges

2. Ongoing Monthly Service - Staff (as applicable)

of Hours per Month - enter up to a maximum of 4 hours per month unless otherwise authorized by the DDA

Rate Per Hour - enter the rate per hour you plan to pay based on DDA's reasonable and customary ranges

Note: If you plan to use a Support Broker agency/vendor instead of hiring your own staff, do not complete these yellow boxes.

Staff Benefits (as applicable)

Health Benefits - enter the projected cost for benefits you plan to offer and enter in the Budget Total column (as applicable)

PTO Benefits - enter the projected cost for PTO benefits you plan to offer and enter in the Budget Total column (as applicable). Note this amount will then be included in the tax calculations

Other Benefits - lists - enter the benefit you plan to offer (as applicable)

Budget Total - enter the projected cost in the Budget Total column (as applicable)

Sick and Safe (Applicable to Mont. Co. ONLY) - enter the projected cost based on the number of staff/employees you hire in the Budget Total column

3. Training

Training (e.g., CPR/1st Aid/CMT/etc. as applicable) may include

- any specific required training such as First Aid, CPR, CMT, as applicable
- any additional training identified to support the delivery of services and supports
- any wages and taxes needed to pay employees hourly for time in training

of Staff - enter "1" for the number of staff for training as you can only hire one Support Broker

Cost per Staff - enter the projected cost for training

4. Staff Transportation/Travel Reimbursement

Mileage (as applicable)

of Miles - enter the projected number of miles you choose to reimburse your staff

Mileage Rate - enter the mileage rate you will pay

of Weeks - enter the number weeks you plan to reimburse for mileage

Public (Maryland Mass Transit Administration) (as applicable)

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxi/Uber (as applicable)

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxes - enter the employer required 14% tax percentage

Note: For all staff taxes, the standard tax fee of 14% should be used to cover all possible fringe expenses for employees. If there is a savings due to a special tax exemption, your **FMCS** will advise you.

5. Support Broker Vendor/Contract (as applicable)

of Hours per Month - enter up to a maximum of 4 hours per month unless otherwise authorized by the DDA

Rate Per Hour - enter the rate per hour you plan to pay based on DDA's reasonable and customary ranges

Note: If you plan to hire your own staff instead of using a Support Broker agency/vendor, do not complete these yellow boxes.

Personal Supports (Reference: Rows 36-69)

Personal Supports provide habilitative services 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 in-home skills development and community integration and engagement skills development.

You have the choice to hire staff or use a Personal Support provider/vendor that meets the minimum waiver requirements such as a DDA-certified Personal Support provider. As the employer of record, you make decisions as to whether you are going to offer your staff benefits, travel reimbursement, etc. and based on the Department of Labor requirements. Note: It is possible that not all staff will receive the same amount or type of training. For example, if you hire a worker who has already completed CPR and First Aid training, you will not need to include the cost of these training for that worker.

35	Services to Support My Daily Living					
36	Personal Supports (PS)	# Hours per Week	Rate per Hour	# of Weeks		Budget Total
37	Personal Supports - Staff				<i>Anything over 82 hrs/wk must be preauthorized by the DDA</i>	\$0.00
38	Personal Supports - Staff					\$0.00
39	Personal Supports - Staff					\$0.00
40	Personal Supports - Staff					\$0.00
41	Personal Supports - Staff					\$0.00
42	Personal Supports - Staff					\$0.00
43	Personal Supports - Staff					\$0.00
44	Personal Supports - Staff					\$0.00
45	Personal Supports - Staff					\$0.00
46	Personal Supports - Staff					\$0.00
47	Personal Supports - Overnight Staff				<i>Tax is not calculated on contractor/vendor services.</i>	\$0.00
48	Personal Supports - Overnight Staff					\$0.00
49	Personal Supports - Overnight Staff					\$0.00
50	Staff Benefits					
51	Health Benefits					
52	PTO Benefits					
53	Other Benefits - list					
54	Sick and Safe (Applicable to Mont. Co. ONLY)					
55	Training	# of Staff	Cost per staff			
56	Training (e.g., CPR/First Aid/CMT/etc. as applicable)					\$0.00
57	Staff Transportation/Travel Reimbursement	# of Miles	Mileage Rate	# of Weeks		
58	Mileage				\$0.00	
59	Staff Transportation/Travel Reimbursement, Cont.	# of Trips	Cost per Trip			
60	Public (Maryland Mass Transit Administration)				\$0.00	
61	Taxi/Uber				\$0.00	
62	Taxes					
63	Taxes - (indicate percentage)				\$0.00	
64	Personal Supports Vendor/Contractor	# Hours per Week	Rate per Hour	# of Weeks		
65	Personal Supports Vendor/Contractor				\$0.00	
66	Emergency Back-Up Staff	# Hours per Week	Rate per Hour	# of Weeks		
67	Back-Up Staff				\$0.00	
68	Back-Up Taxes (indicate percentage)				\$0.00	
69	Back-Up Vendor/Contractor				\$0.00	

1. Personal Supports - Staff *(as applicable for each staff)*

of Hours per Week - enter the number of hours per week each staff member will work

Rate Per Hour - enter the rate per hour you plan to pay each staff member based on DDA's reasonable and customary ranges

of Weeks- enter the number of weeks each staff member will be working during the year

2. Personal Supports - Overnight Staff *(as applicable for each staff)*

of Hours per Week - enter the number of hours per week each staff member will work

Rate Per Hour - enter the rate per hour you plan to pay each staff member based on DDA's reasonable and customary ranges

of Weeks- enter the number of weeks each staff member will be working during the year

Note: If you plan to use a Personal Supports provider/vendor instead of hiring your own staff, do not complete these yellow boxes.

3. Staff Benefits *(as applicable)*

Health Benefits - enter the projected cost for benefits you plan to offer in the Budget Total column *(as applicable)*

PTO Benefits - enter the projected cost for PTO benefits you plan to offer and enter in the Budget Total column *(as applicable)*. *Note this amount will then be included in the tax calculations*

Other Benefits - enter the benefit you plan to offer and Budget Total column *(as applicable)*

Sick and Safe (Applicable to Mont. Co. ONLY) - enter the projected cost based on the number of staff/employees you hire in the Budget Total column. *Note this amount will then be included in the tax calculations*

4. Training

Training (e.g., CPR/1st Aid/CMT/etc. as applicable) may include

- any specific required training such as First Aid, CPR, CMT, as applicable
- any additional training identified to support the delivery of services and supports
- any wages and taxes needed to pay employees hourly for time in training

of Staff - enter the number of staff to receive training

Cost per Staff - enter the projected cost for training

5. Staff Transportation/Travel Reimbursement

Mileage *(as applicable)*

of Miles - enter the projected number of miles you choose to reimburse your staff

Mileage Rate - enter the mileage rate you will pay

of Weeks - enter the number weeks you plan to reimburse for mileage

Public (Maryland Mass Transit Administration) (as applicable)

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxi/Uber (as applicable)

of Trips- enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxes - enter the employer required 14% tax percentage

Note: For all staff taxes, the standard tax fee of 14% should be used to cover all possible fringe expenses for employees. If there is a savings due to a special tax exemption, your **FMCS** will advise you.

6. Personal Supports Vendor/Contract (as applicable)

of Hours - enter the number of hours per week

Rate Per Hour - enter the rate per hour based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks during the year

Note: If you plan to hire your own staff instead of using a Personal Supports provider/vendor, do not complete these yellow boxes.

7. Emergency Back-Up Staff (as applicable)

Back- Up Staff (as applicable)

of Hours - enter the number of hours per week

Rate Per Hour - enter the rate per hour based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks during the year

Taxes - enter the employer required 14% tax percentage

Back-Up Vendor/Contractor (as applicable)

of Hours - enter the number of hours per week

Rate Per Hour - enter the rate per hour based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks during the year

Note: *Emergency Back- Up Staff provides services when your regular workers are not available.*

Supported Living (Reference Line 70-71)

Supported Living services assist the participant to: (a) learn self-direction and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and (b) engage in community-based activities of the participant's choosing within the participant's personal resources.

70	Supported Living	# Days per Year	Rate Per Day		Budget Total
71	Supported Living Vendor/Contractor				\$0.00

Supported Living (as applicable)

Days per Year - enter the number of days per year you are seeking services

Rate Per Day - enter the rate per day you plan to pay based on DDA's reasonable and customary ranges

Respite Care Services (Reference: Rows 72-96)

Respite is short-term care intended to provide both the family or other primary caregiver and the participant a break from their daily routines. Respite relieves families or other primary caregivers from their daily caregiving responsibilities. Respite can be provided (1) in a DDA licensed provider site for a daily rate; (2) by staff or vendors on an hourly basis; and (3) via a camp.

As the employer of record, you make decisions as to whether you are going to offer your staff benefits, travel reimbursement, etc. and based on the Department of Labor requirements. Note: It is possible that not all staff will receive the same amount or type of training. For example, if you hire a worker who has already completed CPR and First Aid training, you will not need to include the cost of these training for that worker.

72	Respite Care Services	# Days per Year	Rate Per Day			Budget Total
73	Respite - DDA Licensed Provider					\$0.00
74	Respite Care - Staff	# Hours	Rate per Hour		<i>Respite care services hourly and daily total hours may not exceed 720 hours within each Person-Centered Plan plan year unless otherwise authorized by the DDA.</i> <i>Note: DDA Licensed Respite Provider services are based on a daily rate and equal 24 hours.</i>	
75	Respite - Staff					\$0.00
76	Respite - Staff					\$0.00
77	Respite - Staff					\$0.00
78	Staff Benefits					
79	Health Benefits					
80	PTO Benefits					
81	Other Benefits - list					
82	Sick and Safe (Applicable to Mont. Co. ONLY)					
83	Training	# of Staff	Cost per staff			
84	Training (e.g., CPR/1st Aid/CMT/etc. as applicable)					\$0.00
85	Staff Transportation/Travel Reimbursement	# of Miles	Mileage Rate	# of Weeks		
86	Mileage				\$0.00	
87	Staff Transportation/Travel Reimbursement, Cont.	# of Trips	Cost per Trip			
88	Public (Maryland Mass Transit Administration)				\$0.00	
89	Taxi/Uber				\$0.00	
90	Taxes					
91	Taxes - (indicate percentage)>				\$0.00	
92	Respite - Camp	Limit to \$7248 per plan year				
93	Respite - Vendor/Contractor	# Hours	Rate per Hour		<i>Respite care services hourly and daily total hours may not exceed 720 hours within each Person-Centered Plan plan year unless otherwise authorized by the DDA.</i>	
94	Respite - Vendor/Contractor					\$0.00
95	Respite - Vendor/Contractor					\$0.00
96	Respite - Vendor/Contractor					\$0.00

1. Respite - DDA Licensed Provider (as applicable)

of Days per Week- enter the number of days per week

Rate Per Day - enter the rate per day based on DDA's reasonable and customary ranges

2. Respite Care - Staff (as applicable for each staff)

of Hours per Week - enter the number of hours per week each staff member will work

Rate Per Hour - enter the rate per hour you plan to pay each staff member based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks each staff member will be working during the year

Note: If you plan to use a Respite provider/vendor instead of hiring your own staff, do not complete these yellow boxes.

3. Staff Benefits (as applicable)

Health Benefits - enter the projected cost for benefits you plan to offer in the Budget Total column (as applicable)

PTO Benefits - enter the projected cost for PTO benefits you plan to offer and enter in the Budget Total column (as applicable). *Note this amount will then be included in the tax calculations*

Other Benefits

Other Benefits - lists - enter the benefit you plan to offer (as applicable)

Budget Total - enter the projected cost in the Budget Total cost (as applicable)

Sick and Safe (Applicable to Mont. Co. ONLY) - enter the projected cost based on the number of staff/employees you hire in the Budget Total column

4. Training

Training (e.g., CPR/1st Aid/CMT/etc. as applicable) may include

- any specific required training such as First Aid, CPR, CMT, as applicable
- any additional training identified to support the delivery of services and supports
- any wages and taxes needed to pay employees hourly for time in training

of Staff - enter the number of staff to receive training

Cost per Staff - enter the projected cost for training

5. Staff Transportation/Travel Reimbursement

Mileage (as applicable)

of Miles - enter the projected number of miles you choose to reimburse your staff

Mileage Rate - enter the mileage rate you will pay

of Weeks - enter the number weeks you plan to reimburse for mileage

Public (Maryland Mass Transit Administration) (as applicable)

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxi/Uber (as applicable)

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxes - enter the employer required 14% tax percentage

Note: For all staff taxes, the standard tax fee of 14% should be used to cover all possible fringe expenses for employees. If there is a savings due to a special tax exemption, your **FMCS** will advise you.

6. Respite - Camp

Budget Total - enter the projected annual cost for camp

7. Respite Care - Vendor/Contract (as applicable)

of Hours per Week - enter the number of hours per week each staff member will work

Rate Per Hour - enter the rate per hour you plan to pay each staff member based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks each staff member will be working during the year

Note: If you plan to hire your own staff instead of using a Respite provider/vendor, do not complete these yellow boxes.

Nursing Support Services (Reference: Rows **97-114**)

Nursing Support Services provides a registered nurse, licensed in the State of Maryland, to perform Nursing Consultation, Health Case Management, and Delegation services, based on the participant's assessed need. Participants self-directing can access nursing consultation and nursing delegation services. Nursing consultation provides recommendations to the participant on how to have the participant's health needs met in the community, including accessing health services available in the community and other community resources and completing the Health Risk Screening Tool. Delegating services provide training to direct support staff on how to address the participant's specific health needs and to perform the delegated nursing tasks, in accordance with the Nursing Care Plan and health care plans and protocols developed. Note: The service does not include direct skilled private duty nursing.

You have the choice to hire staff or use a DDA certified Personal Support provider/vendor that meets the minimum waiver requirements. As the employer of record, you make decisions as to whether you are going to offer your staff benefits, travel reimbursement, etc. and based on the Department of Labor requirements. Note: It is possible that not all staff will receive the same amount or type of training. For example, if you hire a worker who has already completed CPR and First Aid training, you will not need to include the cost of these training for that worker.

Note: Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes nursing services and age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

Note: You may not receive more than 4 hours of Nursing Health Case Management within a 3-month period. Participants with assessed need for delegation services, the frequency of assessment is minimally every 45 days, but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating Registered Nurse (RN) in meeting conditions for delegation. This is a person-centered assessment and evaluation by the RN that determines duration and frequency of each assessment.

97	Nursing Support Services	# Hours per Week	Rate per Hour	# of Weeks		Budget Total
98	Nurse - Staff					\$0.00
99	Staff Benefits					
100	Health Benefits					
101	PTO Benefits					
102	Other Benefits - list					
103	Sick and Safe (Applicable to Mont. Co. ONLY)					
104	Training	# of Staff	Cost per staff			
105	Training (e.g., CPR/1st Aid/CMT/etc. as applicable)					\$0.00
106	Staff Transportation/Travel Reimbursement	# of Miles	Mileage Rate	# of Weeks		
107	Mileage					\$0.00
108	Staff Transportation/Travel Reimbursement, Cont.	# of Trips	Cost per Trip			
109	Public (Maryland Mass Transit Administration)					\$0.00
110	Taxi/Uber					\$0.00
111	Taxes					
112	Taxes - (indicate percentage)>					\$0.00
113	Nurse - Vendor/Contractor	# Hours per Week	Rate per Hour	# of Weeks		
114	Nurse - Vendor/Contractor					\$0.00

1. Nurse - Staff (as applicable for each staff)

of Hours per Week - enter the number of hours per week the nurse will work

Rate per Hour - enter the rate per hour you plan to pay the nurse based on the DDA’s reasonable and customary ranges

of Weeks - enter the number of weeks the nurse will be working during the year

Note: If you plan to use a Nursing Support Services provider/vendor instead of hiring your own staff, do not complete these yellow boxes.

2. Staff Benefits (as applicable)

Health Benefits - enter the projected cost for benefits you plan to offer in the Budget Total column (as applicable)

PTO Benefits - enter the projected cost for PTO benefits you plan to offer and enter in the Budget Total column (as applicable). *Note this amount will then be included in the tax calculations*

Other Benefits - enter the benefit you plan to offer and cost in the Budget Total column (as applicable)

Sick and Safe (Applicable to Mont. Co. ONLY) - enter the projected cost based on the number of staff/employees you hire in the Budget Total column

3. Training

Training (e.g., CPR/1st Aid/CMT/etc. as applicable) may include

- any specific required training such as First Aid, CPR, CMT, as applicable
- any additional training identified to support the delivery of services and supports
- any wages and taxes needed to pay employees hourly for time in training

of Staff - enter the number of staff to receive training

Cost per Staff - enter the projected cost for training

4. Staff Transportation/Travel Reimbursement

Mileage Rate - enter the mileage rate you will pay

of Miles - enter the projected number of miles you choose to reimburse your staff

of Weeks - enter the number weeks you plan to reimburse for mileage

Public (Maryland Mass Transit Administration) (as applicable)

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxi/Uber (as applicable)

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxes - enter the employer required 14% tax percentage

Note: For all staff taxes, the standard tax fee of 14% should be used to cover all possible fringe expenses for employees. If there is a savings due to a special tax exemption, your FMCS will advise you.

5. Nursing Support Services Vendor/Contract (as applicable)

of Hours per Week - enter the number of hours per week each staff member will work

Rate per Hour - enter the rate per hour you plan to pay each staff member based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks each staff member will be working during the year

Note: If you plan to hire your own staff instead of using a Nursing Support Services provider/vendor, do not complete these yellow boxes.

Housing Supports Services (Reference: Rows 115-117)

Housing Support Services are time-limited supports to help participants navigate housing opportunities, address, or overcome barriers to housing, and secure and retain their own home.

Note: You may receive a maximum of 8 hours of Housing Supports Services per day, up to 175 hours per year.

115	Housing Support Services			Budget Total
116	Housing Support Services	# of Hours	Hourly Rate	Max 8 hr/day; 175 hrs/yr
117				

Housing Support Services (as applicable)

of Hours- enter the number of hours of housing support services

Hourly Rate - enter the rate per hour based on DDA's reasonable and customary ranges

Live-In Caregiver Supports (Reference: Rows 118-120)

The purpose of Live-in Caregiver Supports is to pay the additional cost of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who is residing in the same household with an individual.

118	Live-In Caregiver Support			Budget Total
119	Live-In Caregiver Support	# of Months	Monthly amount	The total monthly additional cost of rent and food as determined by the Department of HUD and the USDA monthly food plan at the 2 person moderate plan level. In addition the total monthly cost for rent and food must adhere to the DDA's reasonable and customary standards.
120				

Live-In Caregiver Supports (as applicable)

of Months - enter the number of months of services

Monthly Amount - enter the amount per month

Note: The total monthly additional cost of rent and food is determined by the Department of Housing and Urban Development and the USDA monthly food plan at the 2-person moderate plan level. In addition, the total monthly cost for rent and food must adhere to the DDA's reasonable and customary standards.

Individual and Family Directed Goods & Services (IFDGS) (Reference: Rows 121-126)

Individual and Family Directed Goods and Services are services, equipment, or supplies for self-directing participants that:

1. Relate to a need or goal identified in the Person-Centered Plan
2. Maintain or increase independence
3. Promote opportunities for community living and inclusion
4. Are not available under a waiver service or State Plan services

Annual PCPs can include IFDGS for staff recruitment or advertising only.

Revised PCPs can include items, goods, and services based on cost savings from the budget.

If you utilize IFDGS for staff recruitment or advertising, record the amount budgeted under *IFDGS-Staff Recruitment and Advertising* as noted below.

Individual and Family Directed Goods & Services (IFDGS)		Budget Total
121		
122	Item:	Maximum of \$5,000
123	Item:	IFDGS are purchased from the savings identified and available in the participant's annual budget in accordance with the approved waiver and policy.
124	Item:	
125	Item:	
126	IFDGS-Staff Recruitment and Advertising	Maximum of \$500

Item: - enter the item, good, or service approved in the yellow box *(as applicable)*

Budget Total - enter the associated cost in the Budget Total yellow box

Item: - enter the item, good, or service approved in the yellow box *(as applicable)*

Budget Total- enter the associated cost in the Budget Total yellow box

Item: - enter the item, good, or service approved in the yellow box *(as applicable)*

Budget Total - enter the associated cost in the Budget Total yellow box

IFDGS -Staff Recruitment and Advertising - enter up to a maximum of \$500 *(as applicable)*

Note: The total budget for Individual and Family Directed Goods and Services may not exceed \$5,000.

Note: The total budget for staff recruitment or advertising may not exceed \$500.

Behavioral Support Services (Reference: Rows 127-131)

Behavioral Support Services are an array of services to assist participants who without such supports are experiencing, or are likely to experience, difficulty at home or in the community as a result of behavioral, social, or emotional issues. These services seek to help understand a participant’s challenging behavior, and its function is to develop a Behavior Plan with the primary aim of enhancing the participant’s independence and inclusion in their community.

127	Behavioral Support Services	Units	Unit Rate	Budget Total
128	Behavioral Assessment (Milestone)			\$0.00
129	Behavioral Plan (Milestone)			\$0.00
130	Behavioral Consultation (Hour)			\$0.00
131	Brief Support Implementation Services (Hour)			\$0.00

Behavioral Assessment (as applicable)

Units- enter “1” for units

Unit Rate - enter the unit rate based on DDA’s reasonable and customary ranges

Note: Behavioral Assessment is limited to one per year unless otherwise authorized by DDA.

Behavioral Plan (as applicable)

Units- enter “1” for units

Unit Rate - enter the unit rate based on DDA’s reasonable and customary ranges

Behavioral Consultation (as applicable)

Units - enter number of hours of behavioral consultation services for the year

Unit Rate - enter the rate based on DDA’s reasonable and customary ranges

Brief Support Implementation Services (as applicable)

Units - enter number of hours of brief support implementation services for the year

Unit Rate - enter the rate based on DDA’s reasonable and customary ranges

Employment Services (Previously Supported Employment (Reference: Rows 133-162))

Employment Services provides the participant with a variety of flexible supports to help them identify career and employment interest, find and keep a job, including:

1. *Discovery – a process to assist the participant in finding out who they are, what they want to do, and what they have to offer*
2. *Self-Employment Development Supports – supports to assist a participant whose discovery activities and profile indicate a specific skill or interest that would benefit from resource ownership or small business operation*
3. *Job Development – supports finding a job including customized employment and self-employment*
4. *Ongoing Job Supports – various supports a participant may need to successfully maintain their job*
5. *Follow Along Supports – periodic supports after a participant has transitioned into their job*
6. *Co-Worker Employment Support - supports in a situation when an employer has identified that an onsite job coach would not be optimal, yet the participant could still benefit from additional supports*

Discovery - Milestones #1 - 3 (as applicable)

134	Employment Services (Previously Supported Employment)	# of Milestones	Rate	Budget Total
135	Discovery - Milestone #1			\$0.00
136	Discovery - Milestone #2			\$0.00
137	Discovery - Milestone #3			\$0.00

Discovery - Milestone #1 (as applicable)

of Milestones - enter "1"

Rate - enter the rate based on DDA's reasonable and customary ranges

Discovery - Milestone #2 (as applicable)

of Milestones - enter "1"

Rate - enter the rate based on DDA's reasonable and customary ranges

Discovery - Milestone #3 (as applicable)

of Milestones - enter "1"

Rate - enter the rate based on DDA's reasonable and customary ranges

Self - Employment Development Services (as applicable)

138			Budget Total
139	Self- Employment Development Supports	Business and Marketing Plan	\$0.00

of Milestones - enter "1"

Rate - enter the rate based on DDA's reasonable and customary ranges

Job Development (as applicable)

140		# Hours per Week	Rate per Hour	# of Weeks		Budget Total
141	Job Development				90 hours per year	\$0.00

Hours per week - enter the projected number of hours per week

Rate Per Hour - enter the rate based on DDA's reasonable and customary ranges

of Weeks - enter the projected number of weeks

Ongoing Job Supports (as applicable)

142	Ongoing Job Supports					Budget Total
143	Ongoing Job Supports - Staff					\$0.00
144	Staff Benefits					
145	Health Benefits					
146	PTO Benefits					
147	Other Benefits - list					
148	Sick and Safe(Applicable to Mont. Co. ONLY)					
149	Training	# of Staff	Fee per staff			
150	Training (e.g., CPR/1st Aid/CMT/etc. as applicable)					\$0.00
151	Staff Transportation/Travel Reimbursement	# of miles	Mileage Rate	# of Weeks		
152	Mileage					\$0.00
153	Staff Transportation/Travel Reimbursement, Cont.	# of trips	Cost per trip			
154	Public (Maryland Mass Transit Administration)					\$0.00
155	Taxi/Uber					\$0.00
156	Taxes - (Indicate percentage)>					\$0.00

1. Ongoing Job Supports - Staff (as applicable)

Hours per week - enter the projected number of hours per week

Rate Per Hour - enter the rate based on DDA's reasonable and customary ranges

of Weeks - enter the projected number of weeks

2. Staff Benefits (as applicable)

Health Benefits - enter the projected cost for benefits you plan to offer in the Budget Total

column *(as applicable)*

PTO Benefits - enter the projected cost for PTO benefits you plan to offer and enter in the Budget Total column *(as applicable)*. *Note this amount will then be included in the tax calculations*

Other Benefits

Other Benefits - lists - enter the benefit you plan to offer *(as applicable)*

Budget Total - enter the projected cost in the Budget Total cost *(as applicable)*

Sick and Safe (Applicable to Mont. Co. ONLY) - enter the projected cost based on the number of staff/employees you hire in the Budget Total column

3. Training

Training (e.g., CPR/1st Aid/CMT/etc. as applicable) may include

- any specific required training such as First Aid, CPR, CMT, as applicable
- any additional training identified to support the delivery of services and supports
- any wages and taxes needed to pay employees hourly for time in training

of Staff - enter the number of staff to receive training

Cost per Staff - enter the projected cost for training

4. Staff Transportation/Travel Reimbursement

Mileage *(as applicable)*

of Miles - enter the projected number of miles you choose to reimburse your staff

Mileage Rate - enter the mileage rate you will pay

of Weeks - enter the number weeks you plan to reimburse for mileage

Public (Maryland Mass Transit Administration) *(as applicable)*

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxi/Uber *(as applicable)*

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxes - enter the employer required 14% tax percentage

Note: For all staff taxes, the standard tax fee of 14% should be used to cover all possible fringe expenses for employees. If there is a savings due to a special tax exemption, your **FMCS** will advise you.

Follow Along Supports - Staff *(as applicable)*

158	Follow Along Supports	# Months	Rate per Month		Budget Total
159	Follow Along Supports - Staff				\$0.00

Months - enter the projected number of months per year

Rate Per Month - enter the rate based on DDA's reasonable and customary ranges

Co-Worker Supports (as applicable)

160	Co-Worker Supports			No more than 3 months	\$0.00
-----	--------------------	--	--	-----------------------	--------

Months - enter the projected number of months per year

Rate Per Month - enter the rate based on DDA's reasonable and customary ranges

Note: Months are limited to a maximum of 3

Employment Services Vendor/Contract (as applicable)

161	Employment Services Vendor/Contractor	# Hours per Week	Rate per Hour	# of Weeks		Budget Total
162	Employment Services Vendor/Contractor					\$0.00

Hours per Week - enter the number of hours per week you are seeking supports

Rate Per Hour - enter the rate per hour based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks you are seeking supports during the year

Note: If you plan to hire your own staff instead of using an Employment Services provider/vendor, do not complete these yellow boxes.

Community Development Services (Reference: Rows 163-184)

Community Development Services provide the participant with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities.

163	Community Development Services (CDS)	# Hours per Week	Rate per Hour	# of Weeks	Budget Total
164	CDS - Staff				\$0.00
165	CDS - Staff				\$0.00
166	CDS - Staff				\$0.00
167	CDS - Staff				\$0.00
168	CDS - Staff				\$0.00
169	Benefits				
170	Health Benefits				
171	PTO Benefits				
172	Other Benefits - list				
173	Sick and Safe(Applicable to Mont. Co. ONLY)				
174	Training	# of Staff	Fee per staff		
175	Training (e.g., CPR/1st Aid/CMT/etc. as applicable)				\$0.00
176	Staff Transportation/Travel Reimbursement	# of miles	Mileage Rate	# of Weeks	
177	Mileage				\$0.00
178		# of trips	Cost per trip		
179	Public (Maryland Mass Transit Administration)				\$0.00
180	Taxi/Uber				\$0.00
181	Taxes - (indicate percentage)>				\$0.00
182	Community Development Vendor/Contractor	# Hours per Week	Rate per Hour	# of Weeks	
183	Community Development Vendor/Contractor				\$0.00
184	Community Development Vendor/Contractor				\$0.00

1. CDS -Staff (as applicable for each staff member)

Hours per week - enter the projected number of hours per week

Rate Per Hour - enter the rate based on DDA's reasonable and customary ranges

of Weeks - enter the projected number of weeks

2. Staff Benefits (as applicable)

Health Benefits - enter the projected cost for benefits you plan to offer in the Budget Total column (as applicable)

PTO Benefits - enter the projected cost for PTO benefits you plan to offer and enter in the Budget Total column (as applicable). Note this amount will then be included in the tax calculations

Other Benefits - enter the benefit you plan to offer and cost in the Budget Total column (as applicable)

Sick and Safe (Applicable to Mont. Co. ONLY) - enter the projected cost based on the number of staff/employees you hire in the Budget Total column

3. Training

Training (e.g., CPR/1st Aid/CMT/etc. as applicable) may include

- any specific required training such as First Aid, CPR, CMT, as applicable

- any additional training identified to support the delivery of services and supports
- any wages and taxes needed to pay employees hourly for time in training

of Staff - enter the number of staff to receive training

Cost per Staff - enter the projected cost for training

4. Staff Transportation/Travel Reimbursement

Mileage *(as applicable)*

of Miles - enter the projected number of miles you choose to reimburse your staff

Mileage Rate - enter the mileage rate you will pay

of Weeks - enter the number weeks you plan to reimburse for mileage

Public (Maryland Mass Transit Administration) *(as applicable)*

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxi/Uber *(as applicable)*

of Trips - enter the projected number of trips

Cost per Trip - enter the projected cost per trip

Taxes - enter the employer required 14% tax percentage

Note: For all staff taxes, the standard tax fee of 14% should be used to cover all possible fringe expenses for employees. If there is a savings due to a special tax exemption, your **FMCS** will advise you.

5. Community Development Vendor/Contractor *(as applicable for each vendor)*

of Hours - enter the number of hours per week

Rate Per Hour - enter the rate per hour based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks during the year

Note: If you plan to hire your own staff instead of using a CDS provider/vendor, do not complete these yellow boxes.

Day Habilitation (Reference: Rows 185-187)

Day Habilitation services provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization, through application of formal teaching methods and participation in meaningful activities.

	Day Habilitation	# Hours per Week	Rate per Hour	# of Weeks		Budget Total
185						
186	Day Habilitation Vendor/Contractor					\$0.00
187	Day Habilitation Vendor/Contractor					\$0.00

Day Habilitation Vendor/Contractor (as applicable for each vendor)

of Hours - enter the number of hours per week

Rate Per Hour - enter the rate per hour based on DDA's reasonable and customary ranges

of Weeks - enter the number of weeks during the year

Family and Participant Support/Training (Reference: Rows 188-192)

Family and Peer Mentoring Supports (Reference: Row 189)

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 his or her family members. 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 his or her family.

of Hours - enter the number of hours per week (as applicable)

Hourly Rate - enter the rate per hour based on DDA's reasonable and customary ranges

Family Caregiver Training & Empowerment (Reference: Row 190)

Family Caregiver Training & Empowerment services provide education and support to the family caregiver of a participant that preserves the family unit and increases confidence, stamina, and empowerment to support the participant. Education and training activities are based on the family/caregiver's unique needs and are specifically identified in the Person-Centered Plan.

of Hours - enter the number of hours per week (as applicable)

Hourly Rate - enter the rate per hour based on DDA's reasonable and customary ranges

Participant Education, Training & Advocacy (Reference: Rows 191-192)

Participant Education, Training & Advocacy Supports provides training programs, workshops and conferences that help the participant develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.

Participant Education, Training & Advocacy - hours

of Hours - enter the number of hours per week *(as applicable)*

Hourly Rate - enter the rate per hour based on DDA’s reasonable and customary ranges

Participant Education, Training & Advocacy - fees

Budget Total - enter the up to a maximum of \$500 *(as applicable)*

	Family & Participant Support/Training	# of Hours	Hourly Rate		Budget Total
188	Family and Peer Mentoring Supports			<i>Up to 8 hours per day</i>	
189					\$0.00
190	Family Caregiver Training & Empowerment			<i>Up to \$500 per participant per year</i>	
191					\$0.00
191	Participant Education, Training and Advocacy - hours			<i>Up to 10 hours per year</i>	
192					\$0.00
192	Participant Education, Training and Advocacy - fees	<i>Up to \$500 per participant per year</i>			

Assistive Technology & Services (Reference: Rows 194-198)

The purpose of Assistive Technology is to maintain or improve a participant’s functional abilities, enhance interactions, support meaningful relationships, and promote their ability to live independently, and meaningfully participate in their community.

Item: - enter the item, good, or service approved in the yellow box (as applicable)

Budget Total - enter the associated cost in the Budget Total yellow box

Item: - enter the item, good, or service approved in the yellow box (as applicable)

Budget Total - enter the associated cost in the Budget Total yellow box

Maintenance - enter the item you will be paying for maintenance services approved in the yellow box (as applicable)

Budget Total - enter the associated cost in the Budget Total yellow box

194	Health and Adaptations		
195	Assistive Technology & Services		Budget Total
196	Item:		
197	Item:		
198	Maintenance		

Remote Support Services (Reference: Rows 199-202)

Remote Support Services provide oversight and monitoring within the participant’s home through an off-site electronic support system in order to reduce or replace the number of workers a participant needs.

199	Remote Support Services		Budget Total
200	Item:	Up to \$6000 per year	
201	Item:		
202	Maintenance		

Item: - enter the remote support service item in the yellow box (as applicable)

Budget Total- enter the associated cost in the Budget Total yellow box

Item: - enter the remote support service item in the yellow box (as applicable)

Budget Total - enter the associated cost in the Budget Total yellow box

Maintenance - enter the item you will be paying for maintenance services approved in the yellow box (as applicable)

Budget Total - enter the associated cost in the Budget Total yellow box

Environmental Assessment (Reference: Rows 203-204)

An environmental assessment is an on-site assessment with the participant at his or her primary residence to determine if environmental modifications or assistive technology may be necessary in the participant's home.

203	Environmental Assessment		Budget Total
204	Assessment		

Budget Total - enter rate per based on DDA's reasonable and customary ranges (*as applicable*)

Note: The fixed rate for Environmental Assessments is \$459.80 (effective July 1, 2022).

Environmental Modification (Reference: Rows 205-208)

Environmental Modifications are physical modifications to the participant's home based on an assessment designed to support the participant's efforts to function with greater independence or to create a safer, healthier environment.

205	Environmental Modification		Budget Total
206	Item:	Limit is \$15,000 every three years	
207	Item:		
208	Item:		

Item: - enter the modification in the yellow box (*as applicable*)

Budget Total - enter the associated cost in the Budget Total yellow box

Item: - enter the modification in the yellow box (*as applicable*)

Budget Total - enter the associated cost in the Budget Total yellow box

Item: - enter the modification in the yellow box (*as applicable*)

Budget Total - enter the associated cost in the Budget Total yellow box

Note: The limit on Environmental Modifications is \$15,000 every 3 years.

Vehicle Modification (Reference: Rows 209-211)

Vehicle Modifications are adaptations or alterations to a vehicle that is the participant’s primary means of transportation. Vehicle modifications are designed to accommodate the needs of the participant and enable the participant to integrate more fully into the community and to ensure the health, welfare, safety, and integration by removing barriers to transportation.

209	Vehicle Modification	<i>Limit is \$15,000 over a 10 year period</i>	Budget Total
210	Item:		
211	Vehicle Modification - Maintenance		

Item: - enter the vehicle modification item in the yellow box (*as applicable*)

Budget Total - enter the associated cost in the Budget Total yellow box

Vehicle Modification - Maintenance - enter the item you will be paying for maintenance services approved in the yellow box (*as applicable*)

Budget Total - enter the associated cost in the Budget Total yellow box

Note: The limit on Vehicle Modifications is \$15,000 every 10 years.

Transition Service (Reference: Rows 213-217)

Transition Services provides funding for allowable expenses related to the participant moving from:

1. An institutional setting to a group home or private residence in the community, for which the participant or his or her legal representative will be responsible
2. A community residential provider to a private residence in the community, for which the participant or his or her legal representative will be responsible

213	Household Start-Up	<i>An itemized list must be attached and the total cannot exceed \$5,000</i>	
214	Transition Service		Budget Total
215	Moving Expense		
216	Set-Up fees; non-refundable deposits (<i>utility/service access</i>)		
217	Furniture/kitchen/accessories		

Moving Expense (*as applicable*)

Budget Total - enter the associated cost in the Budget Total yellow box

Set-Up fees; non-refundable deposits (utility/service access) (*as applicable*)

Budget Total - enter the associated cost in the Budget Total yellow box

Furniture/kitchen/accessories (as applicable)

Budget Total - enter the associated cost in the Budget Total yellow box

Note: An itemized list must be attached, and the total cannot exceed \$5,000

Transportation - Independent (Reference: Rows 219-227)

Transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to independently access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan. The participant’s community is defined as places the participant lives, works, shops, or regularly spends their days. The participant’s community does not include vacations in the State or other travel inside or outside of the State of Maryland.

219	Transportation					
220	Transportation - Independent	Cost/Day	# of Day			Budget Total
221	Orientation Services for visual impairments					\$0.00
222	Travel Training					\$0.00
223		Rate per Trip	# of Trips per Week	# of Weeks	<i>For stand-alone Transportation only with in community</i>	
224	Public (Maryland Mass Transit Administration)					\$0.00
225	Taxi/Uber/Lyft					\$0.00
226		Rate per Mile	# of Miles per Week	# of Weeks		
227	Other-mileage					\$0.00

Orientation Services for visual impairments (as applicable)

Cost/Day - enter the cost per day for service

of Days - enter the number of days of services

Travel Training (as applicable)

Cost/Day - enter the cost per day for service

of Days - enter the number of days of services

Public (Maryland Mass Transit Administration) (as applicable)

Rate Per Trip - enter the cost (rate) per trip

of Trips per Week - enter the projected number of trips per week

of Weeks - enter the projected number of weeks

Taxis/Uber/Lyft (as applicable)

Rate Per Trip - enter the cost (rate) per trip

of Trips per Week - enter the projected number of trips per week

of Weeks - enter the projected number of weeks

Other- mileage *(as applicable)*

Rate per Mile - enter the rate per mile

of Miles Week - enter the projected number of miles per week

of Weeks - enter the projected number of weeks

Other services - with DDA Approval (Reference: Rows 229-233)

Item: - enter the item in the yellow box *(as applicable)*

Budget Total - enter the associated cost in the Budget Total yellow box

229	Other Services - With DDA Approval		
230			Budget Total
231	Item:		
232	Item:		
233	Item:		