



Developmental Disabilities Administration (DDA)

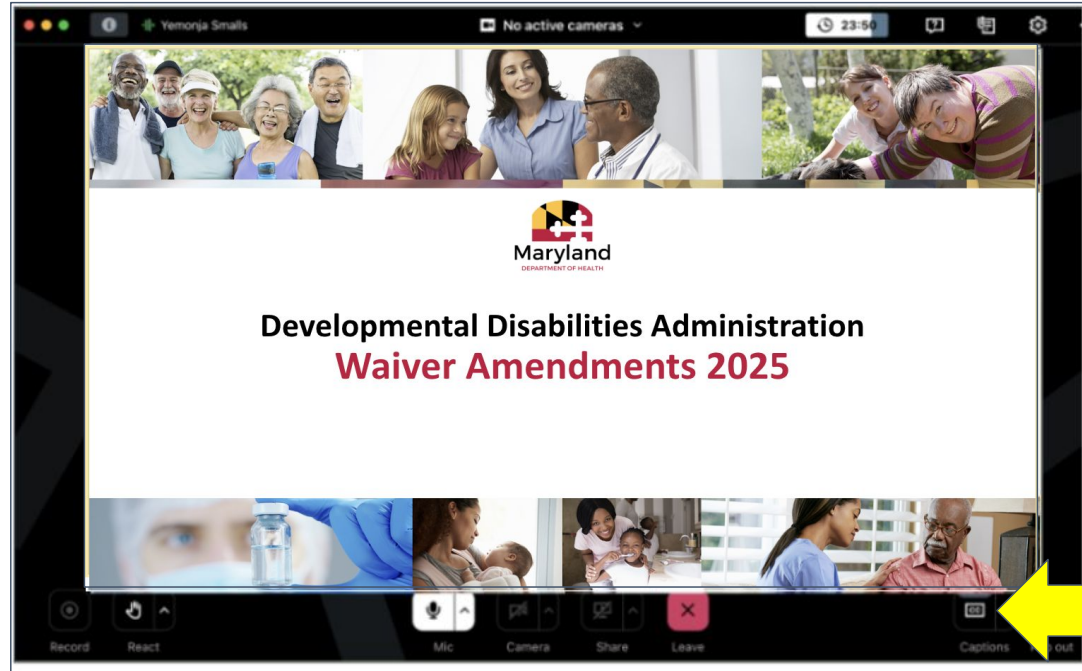
Waiver Amendment 2025

Self-Directed Services New and Updated Forms

October 1, 2025



Housekeeping



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Housekeeping

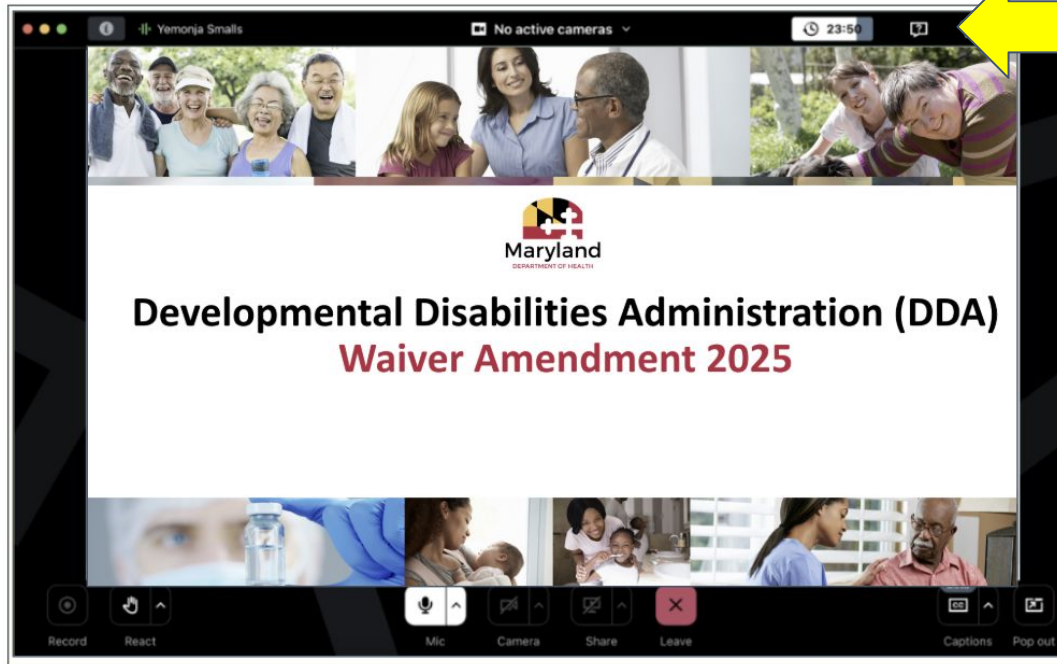


Housekeeping



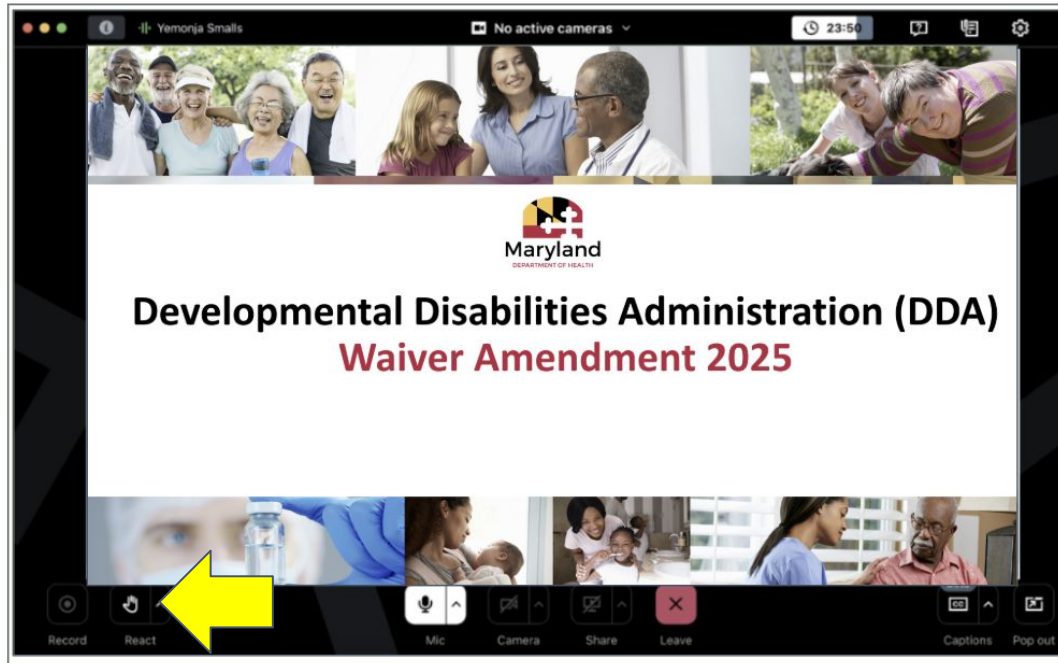
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Housekeeping



Click the question mark to type a question for us

Housekeeping



Click the hand icon to raise your hand

Conduct

The free expression of diverse viewpoints is an essential value for our group. This freedom comes with the responsibility to engage respectfully, which involves treating one another with dignity and respect in good faith.

Uncivil behavior, disruptive conduct, abusive language, threats, or harassment will not be tolerated and may lead to being excused from the meeting.

Welcome

Agenda

- Updated Forms
 - Participant Agreement
 - Self-Directed Service Budget Sheet
 - Budget Modification Form
 - Family as Staff Form
- New Forms
 - Day-to-Day Administrative Supports Decision Tree
 - Self-Directed Services Orientation Checklist

Updated Forms

Participant Agreement

What is the Participant Agreement?

The Participant Agreement documents your request for assistance in self-directing their services, and your team members' agreement to assist and support you with the specific work or tasks described in the Agreement.

The Participant Agreement:

- Is required for all people who self-direct their services,
- Begins and lasts for 12 months, or up to one calendar year, and
- May be ended or changed by you at any time.

Walkthrough

- The Participant Agreement is required for all participants each Person-Centered Planning year.
- The Participant Agreement must be included when the Person-Centered Plan is submitted in LTSS*Maryland*.
- The Participant Agreement was updated for the changes on October 6, 2025. It should be used when next time you need to complete a Participant Agreement.

Requirements of the Agreement (Page 3)

- Page 3 of the Participant Agreement explains the requirements of the agreement.
- The participant and all their Person-Centered Plan team members should be listed.

(5) This participant agreement is for:		
(6) The members of my PCP Team are the following:		
	<u>Name</u>	<u>Role</u>
Person #1:		
Person #2:		
Person #3:		
Person #4:		
Person #5:		
Person #6:		
Person #7:		
Person #8:		
Person #9:		
Person #10:		

Participant Choice [1 of 3]

You have three (3) options to choose from in the Participant Agreement:

Option 1: I choose myself as the primary person responsible for managing my employer authority and budget authority.

- This option is available for anyone 18 years or older.

Participant Choice [2 of 3]

Option 2: I choose to appoint a designated representative who will be responsible for managing my employer authority and budget authority.

- This option is **required** for anyone **under** the age of 18 years old. This is an update to the Participant Agreement.
- This option is available to anyone over the age of 18 years old.

Participant Choice [3 of 3]

Option 3: I choose to appoint people, who are part of my Person-Centered Plan team to assist me with specific tasks related to managing my employer and budget authority.

- This option is available to anyone over the age of 18 years old.
- Option 3 includes a list of tasks that you will assign to your team members.

Appointment of Special Tasks (Option 3 Only)

- If you choose Option 3, you can identify team members who will *assist* you to complete tasks related to your employer and budget authority.
- You are always the final decision maker.
- You can ask for help with some tasks and decide to complete others yourself.
- If you choose a team member, they will be considered the point of contact for you for that specific task.

Financial Management and Counseling Services Authorization

- You or your designated representative may give approval for others to contact your Financial Management and Counseling Services provider.
- The approval is given in the Participant Agreement.
- This approval **does not** grant anyone the power to make decisions about your services or supports.
- The approval **does** allow for others to discuss issues and address questions with your Financial Management and Counseling Services provider.

Signatures

The Participant Agreement includes a section for required signatures.

- Signing the Participant Agreement acknowledges that the document has been reviewed and the signer agrees with its contents.
- All team members mentioned in the agreement must sign the agreement.

Example: Requirements of the Agreement

(5) This participant agreement is for: Mel Jenkins

(6) The members of my Person-Centered Planning Team are the following:

	Name	Role
Person #1:	Elizabeth Jones	Coordinator of Community Services
Person #2:	Lisa Jenkins	Sister
Person #3:	Jerry Smith	Support Broker
Person #4:	Terry Hunt	Personal Support Professional
Person #5:	Mason Leonard	Community Dev. Professional
Person #6:	Bev Cooley	Friend / Emergency Backup
Person #7:		

Example: Option 3



Option 3: I, the participant, choose to appoint the following individuals, who are part of my PCP team (including paid and unpaid team members) to assist me with specific tasks related to my roles and responsibilities under self-direction. No individual listed below shall in any way be considered as my designated representative, and their assistance with these tasks will in no way restrict their ability to work for me as paid staff or a paid vendor under any waiver service category. Additionally, this option also allows me to hire other relatives as paid staff even if a relative is listed as my support for one or more of the following tasks. Individuals who will assist me under Option 3 with specific tasks are noted below.

Example: Financial Management and Counseling Services Authorization

Financial Management and Counseling Services Authorization

I authorize the below individual(s) to contact my Financial Management and Counseling Services provider by phone or email on my behalf without my presence.

Note: This section may be used regardless of whether Option 1, 2, or 3 is selected.

Note: These authorized individuals may not make decisions about the participant's services or supports, but may discuss issues and address questions with the Financial Management and Counseling Services provider.

Name	Relationship
Person #1: Jerry Smith	Support Broker
Person #2: 	
Person #3: 	

Example: Appointment of Special Tasks

Team Member	Task
Name: <input type="text"/>	Choose how the budget is spent based on assessed need in the Person-Centered Plan ensuring applicable taxes and reasonable and customary rates are included
Name: <input type="text"/>	In conjunction with Financial Management and Counseling Services provider, monitor my budget to ensure I do not exceed my DDA approved budget
Name: Jerry Smith	Find, screen, and hire qualified employees, subject to verification of qualifications by the Financial Management and Counseling Services provider
Name: <input type="text"/>	Supervise and train employees
Name: <input type="text"/>	Schedule employees
Name: <input type="text"/>	Track the time and date my employee's work
Name: <input type="text"/>	Authorize overtime for employees while ensuring I am not exceeding my DDA approved budget
Name: Lisa Jenkins	Help review employee time sheets and invoices Note: Employees cannot sign or approve any time sheets
Name: <input type="text"/>	Address performance issues with my employees, vendors, and providers
Name: <input type="text"/>	Discipline or terminate employees, vendors, or providers
Name: <input type="text"/>	Understand and act upon written information related to my employees, vendors, and providers
Name: <input type="text"/>	Keep my workplace free from harassment
Name: Jerry Smith	Maintain applicable employee records

Example: Signatures

<u>Mel Jenkins</u>	<u>10/1/25</u>
Participant Signature	Date
<u></u>	<u></u>
Legally Responsible Person (if applicable)	Date
<u></u>	<u></u>
Legal Guardian (if applicable)	Date
<u></u>	<u></u>
Designated Representative (if applicable)	Date

<u>Lisa Jenkins</u>	<u>10/1/25</u>
Team Member #1 Signature	Date
<u>Bev Cooley</u>	<u>10/1/25</u>
Team Member #2 Signature	Date
<u>Jerry Smith</u>	<u>10/1/25</u>
Team Member #3 Signature	Date
<u>Elizabeth Jones</u>	<u>10/1/25</u>
Team Member #4 Signature	Date
<u>Terry Hunt</u>	<u>10/1/25</u>
Team Member #5 Signature	Date
<u>Mason Leonard</u>	<u>10/1/25</u>

What has Changed?

- The Participant Agreement now makes sure that if you are under 18, you must name a Designated Representative to help manage your services. (Option 2 on the form)
- You'll need to use the new form during your **next plan year or immediately** if something changes in your situation.

Questions



Updated Forms

Self-Directed Services Budget Sheet

What is the Self-Directed Services Budget Sheet?

The Self-Directed Services Budget Sheet is a fillable Microsoft Excel spreadsheet that gathers information related to your Person-Centered Plan approved services. The Budget Sheet includes:

- The number of hours you will receive from each waiver service;
- The rates and wages you can pay employees, vendors, and providers (up to the Reasonable and Customary standard);
- Taxes and other employer costs; and
- Benefits you will provide employees.

How is the Budget Sheet Created?

Your Self-Directed Services Budget Sheet is created by you and the people on your chosen team. Your Coordinator of Community Services helps you fill out the Budget Sheet.

- The Budget Sheet is submitted to your Financial Management and Counseling Services provider for review.
- Your Financial Management and Counseling Services provider makes sure that your Budget Sheet matches what is approved in your plan and follows the DDA's Reasonable and Customary standards.

Walkthrough

- Your Self-Directed Budget Sheet must be submitted to your Financial Management and Counseling Services provider after your Person-Centered Plan is reviewed each year.
- The sections of the Budget Sheet that are in yellow may be used; white and blue boxes will automatically calculate.
- The Budget Sheet was updated for the changes on October 6, 2025. It should be used when next time you need to complete a Budget Sheet.
- **The screen will be shared to walkthrough the Budget Sheet.**

Budgeting for Vendors and DDA Providers

When Vendors and DDA Providers are budgeted for in the Self-Directed Services Budget Sheet, taxes and employer costs are included in the rate.

The way the following services are budgeted for when using a Vendor or DDA provider is very similar. We will walk through two services as examples.

- Personal Support Services
- Shared Living
- Supported Living
- Respite Care Services
- Nursing Support Services
- Housing Support Services
- Day-to-Day Administrative Supports
- Employment Services
- Community Development Services
- Day Habilitation

Budgeting for Employees

When Employees are budgeted for in the Self-Directed Services Budget Sheet, you must include taxes and all employer costs.

Participants can hire an employee to provide the following services:

- Support Broker Services
- Personal Supports Services
- Respite Care Services
- Nursing Support Services
- Day-to-Day-Administrative Supports
- Community Development Services
- Employment Services (Ongoing Job Supports and Follow Along Supports)

Budgeting for Other Waiver Services

- Support Broker Services
- Live-in Caregiver
- Individual and Family Directed Goods and Services
- Assistive Technology
- Remote Support Services
- Environmental Assessments and Modifications
- Vehicle Modifications
- Transition Services
- Transportation Services

What has Changed?

- This form was updated to be easier to understand and use.
 - For example, Individual and Family Directed Goods and Services lines now help to make sure you stay within the \$5,000 limit.
- Use the new form next time you need to create or change your budget.

Questions



Updated Forms

Budget Modification Form

What is the Budget Modification Form?

- Budget modifications allow you to make changes to your Self-Directed Services budget sheet during the plan year.
- Budget modifications can be submitted to your Financial Management and Counseling Services provider when you need to change your budget.

Budget Modification Actions (1 of 2)

Budget modifications can be used to complete the following actions:

- Increase or decrease staff wages or vendor/provider rates;
- Add, delete, increase, or decrease employee-related expenses associated with employee benefits;
- Change funding associated with taxes;
- Change the use of staff to a vendor or provider for the same type and unit of services;
- Change the use of a vendor or provider to hiring a staff person for the same type and unit of services;

Budget Modification Actions (2 of 2)

- Increase of respite camp funding up to the Medicaid waiver program service limit, currently set at \$7,248 per plan year;
- Moving funding associated with Ongoing Job Supports, Community Development Services, Support Broker Services, Personal Supports and Personal Supports - Enhanced, and Day Habilitation (up to the approved number of hours per week); or
- Changing Individual and Family Directed Goods and Services within applicable limits.

Walkthrough

- Your Self-Directed Budget Sheet must be submitted to your Financial Management and Counseling Services provider after your Person-Centered Plan is reviewed each year.
- The sections of the Budget Sheet that are in yellow may be used. White and blue boxes will automatically calculate.
- The Budget Sheet was updated for the changes on October 6, 2025. It should be used when next time you need to complete a Budget Sheet.

Participant Information

In the first rows of the budget modification, you should include your personal information, such as your:

- Name
- Date you and your team are completing the modification,
- Annual Plan Date (the day your plan starts),
- Financial Management and Counseling Services provider,
- Region of Maryland.

Self-Direction Budget Modification	
Updated October 6, 2025	
Participant Name:	
Budget Modification Date:	
Annual Plan Date:	
Financial Management and Counseling Services Provider	
Region:	

Budget Allocation

In the next rows, there are boxes to put in your budget information:

	DDA Budget Allocation (Total Budget Allocation from the Detailed Service Authorization)
	SDS Budget Total (Budget Total from the Budget Sheet)
	Total Unallocated Funds
Total Unallocated Funds will Calculate	\$ -

- DDA Budget Allocation (this comes from your Person-Centered Plan)
- SDS Budget Total (the amount you budgeted for when you completed the SDS Budget).

The boxes automatically calculate what your “Unallocated Funds” amount is.

Section 1: Services Being Reduced or Taken from Unallocated Funds

Service(s) Being Reduced or Taken from Unallocated Funds	
Services	Amount
Total Reduced/Taken from Unallocated	\$ -

- In the “Services” column, list what services are being reduced. (If unallocated funds are being used, write “unallocated funds”)
- In the “Amount” column, list how much is being taken away or reduced.
- The form calculates the total.

Section 1: Services Being Increased

Service(s) Being Increased	
Services	Amount
Total Increased	\$ -

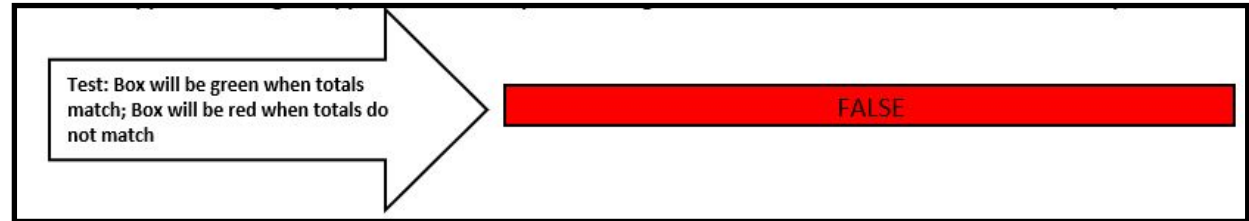
- In the “Services” column, list what services are added or increased.
- In the “Amount” column, list how much is being added or increased.
- The form calculates the total.

Section 1: Test Box

The test box will be green when the totals match



The test box will be red when the totals do not match.



Section 2

Section 2 - Required
Please include a few sentences on why the modification is being completed.

- In Section 2, include a few sentences about why the modification is being completed.
- If Section 2 is not complete, the modification cannot be processed by the Financial Management and Counseling Services provider.

Section 3: Signatures

Section 3 - Required	
Participant Approval: By signing below, certify that I approve the request being made.	
Self-Directed Services Participant / Legal Guardian / Designated Representative Signature:	
Coordinator of Community Service Attestation: By signing below, I attest that the Participant / Legal Guardian / Designated Representative has approved the above request.	
Coordinator of Community Services Name:	
Coordinator of Community Services Signature:	
Date:	

- You or your designated representative must sign the budget modification.
- Your Coordinator of Community Services must attest and sign the modification.

Example

- Mel Jenkins currently receives 20 hours of Personal Supports per week from a DDA provider.
- Mel wants to hire an employee to provide those 20 hours of Personal Supports instead.
 - Mel wants to pay this employee \$28.00 per hour.
 - There are 30 weeks left in Mel's plan year.

Example: Participant Information

Self-Direction Budget Modification													
Updated October 6, 2025													
Participant Name:	Mei Jenkins												
Budget Modification Date:	10/1/2025												
Annual Plan Date:	3/24/2025												
Financial Management and Counseling Services Provider	GT Independence (GT)												
Region:	Eastern Shore Regional Office												
<table><thead><tr><th colspan="2">DDA Budget Allocation (Total Budget Allocation from the Detailed Service Authorization)</th></tr></thead><tbody><tr><td>\$</td><td>100,000.00</td></tr><tr><th colspan="2">SDS Budget Total (Budget Total from the Budget Sheet)</th></tr><tr><td>\$</td><td>72,000.00</td></tr><tr><th colspan="2">Total Unallocated Funds</th></tr><tr><td>\$</td><td>28,000.00</td></tr></tbody></table>		DDA Budget Allocation (Total Budget Allocation from the Detailed Service Authorization)		\$	100,000.00	SDS Budget Total (Budget Total from the Budget Sheet)		\$	72,000.00	Total Unallocated Funds		\$	28,000.00
DDA Budget Allocation (Total Budget Allocation from the Detailed Service Authorization)													
\$	100,000.00												
SDS Budget Total (Budget Total from the Budget Sheet)													
\$	72,000.00												
Total Unallocated Funds													
\$	28,000.00												
Total Unallocated Funds will Calculate													

Example: Section 1 (1 of 2)

Calculations for the budget modification:

- Hours: 20 per week
- Number of weeks left: 30 weeks
- Rate of pay: \$28.00 per hour

$20 \text{ hours} * 30 \text{ weeks} * \$28.00 = \$16,800$

- 14 % for taxes and other employer benefits

$\$16,800 * .14 = \$2,352$

Example: Section 1 (2 of 2)

Service(s) Being Reduced or Taken from Unallocated Funds	
Services	Amount
Personal Supports - DDA Provider	\$ 16,800.00
Personal Supports - DDA Provider	\$ 2,352.00
Total Reduced/Taken from Unallocated	\$ 19,152.00
Service(s) Being Increased	
Services	Amount
Personal Supports - Employee	\$ 16,800.00
Personal Supports - Employee taxes	\$ 2,352.00
Total Increased	\$ 19,152.00

Example: Test Box for Totals

The totals being increased and decreased must match. The test box is green, showing that the amounts match.

Total Increased	\$	19,152.00
<p>*Your total cost of services reduced must equal the total cost of services increased or added. Note: New services not authorized in the Person-Centered Plan, increases to current authorized service units (not reflected above), and Personal Supports overnight supports must be requested using the Revised or Annual Person-Centered Plan process.</p>		
<p>Test: Box will be green when totals match; Box will be red when totals do not match</p>		TRUE

Example: Section 2

Mel adds the reason for the modification. Mel notes that no employee benefits are required at this time.

Section 2 - Required
Please include a few sentences on why the modification is being completed.
Mel wants to hire an employee to provide Personal Supports instead of the DDA provider Mel was using. Because the employee is part time, the employee will not be offered any benefits.

Example: Section 3

Mel and their
Coordinator of
Community Services
sign the budget
modification form.

Section 3 - Required	
Participant Approval: By signing below, certify that I approve the request being made.	
Self-Directed Services Participant / Legal Guardian / Designated Representative Signature:	
Coordinator of Community Service Attestation: By signing below, I attest that the Participant / Legal Guardian / Designated Representative has approved the above request.	
Coordinator of Community Services Name:	Elizabeth Jones
Coordinator of Community Services Signature:	
Date:	10/1/2025

What has Changed?

- This form was also updated to be clearer.
- It now shows that the Individual and Family Directed Goods and Services are limited to \$5,000 per year.
- You have to use the updated form next time you make a budget change.

Questions



Updated Forms

Family as Staff Form

What is the Family as Staff Form?

The **DDA Self-Directed Services Family as Staff Form** is used to inform your team, Coordinator of Community Services, Financial Management and Counseling Services provider, and the DDA if you are hiring a relative, legally responsible person, or legal guardian to provide an approved self-directed service.

Definitions: Relatives

- The definition of “relative” has been updated in the Community Pathways Waiver.
- A relative is a natural or adoptive parent, step-parent, **grandparent, step-grandparent**, child, **stepchild**, sibling, **step-sibling**, aunt, uncle, niece, or nephew.

Definitions: Legally Responsible Person

A legally responsible person is a person who, according to the rules in Maryland, has a legal duty to take care of someone else. This can be:

- A parent of someone who is under 18 year old (whether they are born to them or adopted);
- A person who is officially responsible for the well-being of another person as their legal guardian; or
- Someone else who is legally in charge of taking care of a minor, like a foster parent or a family member chosen by a court.

Definitions: Legal Guardian

A legal guardian is either:

- A natural or adoptive parent of a participant under the age of 18; or
- An individual who has been appointed by a court order as guardian of the person.

Section 1: My Family as Staff Choice (1 of 2)

In the Family as Staff Form, you have three options to choose from:

- Option 1: I do not want to hire a relative, legally responsible person, or legal guardian.
- Option 2: I want to hire a relative, legally responsible person, or legal guardian to be my Support Broker.
- Option 3: I want to hire relative(s), legally responsible persons, or legal guardians to be my direct support staff.

Section 1: My Family as Staff Choice (2 of 2)

Section 1: My Family as Staff Choice

Option #1 - I do not want to hire a relative, **legally responsible person, or legal guardian**.

- ☐ No - I do not want to hire a relative, **legally responsible person, or legal guardian** to be one of my staff. If "no" is selected, then please sign and submit this form to your Coordinator of Community Services as it is. You do not need to complete the rest of the form.

Option #2 - I want to hire a relative, **legally responsible person, or legal guardian** to be my *Support Broker*.

- ☐ YES - I want to hire a relative, **legally responsible person, or legal guardian** to be my Support Broker
- If "yes" is selected, then please complete the entire form and then submit to your Coordinator of Community Services.
 - If your current direct support staff is a relative, **legally responsible person, or legal guardian** you must change your direct support **before completing this form**.

Option #3: I want to hire relative(s), **legally responsible persons, or legal guardians** to be my *Direct Support Staff*.

- ☐ YES - I want to hire a relative, **legally responsible person, or legal guardian** to be my direct support staff.
- If "yes" is selected, then please complete the entire form and then submit to your CCS.
 - If hiring a relative, **legally responsible person, or legal guardian** as a direct support staff, then you are unable to hire a relative, **legally responsible person, or legal guardian** as a Support Broker.
 - When relatives work as staff, a neutral, third-party Support Broker **is required**.

Section 2: Family as Staff

If Options 2 or 3 are selected, you should list:

- The name of each relative, legally responsible person, or legal guardian;
- The relationship they have with you
- The waiver service(s) they will provide;
- Their rate of pay; and
- The number of hours they will work (up to 40 hours).

Section 2: Family as Staff

I will be paying the following relatives, **legally responsible persons, or legal guardians** (as a member(s) of my staff:

Name of Person	Relationship to Me	Job They Will Have	Rate of Pay	Hours Per Week

Section 2: Family as Staff

In Section 2, you should also:

- Describe why hiring the person(s) listed above is in the participant's best interest;
- Describe how having a relative, legally responsible person, or legal guardian as staff will help you to be more integrated in the community;
- Describe how having a relative, legally responsible person, or legal guardian as staff will increase your independence;
- Describe how having a relative, legally responsible person, or legal guardian as staff will expand your circle of support or natural supports; and
- Describe any special circumstances.

Attestations (1 of 3)

To complete the Family as Staff Form, you must attest (or agree) that the following are true:

- This is my choice and is supported by my team.
- My team and I will review and discuss if the staff I have chosen are meeting my needs at least once a year or when needed.
- There is a lack of qualified staff to meet my needs.
- The staff listed will provide no more than 40 hours per week.

Attestations (2 of 3)

- The staff listed have unique abilities to meet my needs such as knowledge of who I am, ability to communicate with me, availability, connect me to the community, special skills or training.
- The staff listed will help increase my independence and community participation, integration and belonging.

Attestations (3 of 3)

- I have a Participant Agreement that identifies people, beyond family members, who will support me in making my own decision.
- The staff listed agree to implement my PCP and provide services as required by the federal and State rules, laws and regulations of this program.

Signatures

- You and your authorized representative (if applicable) must sign the Family as Staff Form.
- A legal guardian may sign the form.
- Your Designated Representative must sign the form (if applicable).

Signature	
By signing below, I, the participant and, if applicable, my legal guardian or designated representative, hereby acknowledge that I have received and agree to this document. I am aware that if I have any questions, I should contact my Coordinator of Community Services (CCS).	
<div></div> <div>Participant Name</div>	<div></div> <div>Date</div>
<div></div> <div>Participant Signature</div>	<div></div> <div>Relationship to Participant</div>
<div></div> <div>Legal Guardian Name (if any)</div>	<div></div> <div>Date</div>
<div></div> <div>Legal Guardian Signature</div>	<div></div> <div>Relationship to Participant</div>
<div></div> <div>Designated Representative Name (if any)</div>	<div></div> <div>Date</div>
<div></div> <div>Designated Representative Signature</div>	

Example

- Mel Jenkins has hired their nephew, Jerry Smith, to be their Support Broker.
- Because Jerry is Mel's nephew, no other relative, legally responsible person, or legal guardian can work for Mel.

Example: Section 1

- Mel Jenkins has hired their nephew, Jerry Smith, to be their Support Broker.
- Because Jerry is Mel's nephew, no other relative, legally responsible person, or legal guardian can work for Mel.

Option #2 - I want to hire a relative, **legally responsible person, or legal guardian** to be my *Support Broker*.



YES - I want to hire a relative, **legally responsible person, or legal guardian** to be my Support Broker

- If **"yes"** is selected, then please complete the entire form and then submit to your Coordinator of Community Services.
- If your current direct support staff is a relative, **legally responsible person, or legal guardian** you must change your direct support **before completing this form**.

Example: Section 2 (1 of 3)

Section 2: Family as Staff

I will be paying the following relatives, **legally responsible persons, or legal guardians** (as a member(s) of my staff:

Name of Person	Relationship to Me	Job They Will Have	Rate of Pay	Hours Per Week
Jerry Smith	Nephew	Support Broker	\$30.00	1-2

Example: Section 2 (2 of 3)

Please describe why hiring the person(s) listed above is in your best interest?

Jerry has been a Support Broker for a long time. He has a lot of experience which will be good for me.

Please describe how: _____

Having a family member as your staff will help you to be more integrated in your community?

Jerry is familiar with my neighborhood and what will be available to me.

Having a family member as your staff will expand your circle of support or natural supports?

Because Jerry is a professional Support Broker who works for a lot of people, I know he will be able to connect me to more people who can help me.

Example: Signatures

Mel Jenkins

Participant Name

Mel

Participant Signature

Legal Guardian Name (if any)

Legal Guardian Signature

Designated Representative Name (if any)

Designated Representative Signature

10/1/25

Date

Relationship to Participant

Date

Relationship to Participant

Date

What has Changed?

- Definition of relative has been updated.
- This form must be used when relatives, legally responsible persons, and legal guardians provide waiver services to you.
- You must use the updated form during your next plan year, or if something has changed.

Questions



New Forms

Day-to-Day Administrative Supports Decision Tree

What is the Day-to-Day Administrative Supports Decision Tree Form?

- If you are asking for Day-to-Day Administrative Supports in your Person-Centered Plan, the Decision Tree must be filled out and submitted with the Person-Centered Plan.
- If you are not asking for these supports, the Decision Tree does not need to be completed.

Team Members

All team members who are present to complete the Decision Tree should be listed in the “Team Members in Attendance” Section.

Team Members in Attendance

For each line, enter the name of team members present with the participant during this assessment and their relationship to the participant (e.g., Parent, Support Broker, legal guardian).

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

Decision Tree Form: Task Identification

<input type="checkbox"/> Scheduling medical appointments
Notes: _____ _____
<input type="checkbox"/> Scheduling house maintenance (e.g., furnace checks)
Notes: _____ _____
<input type="checkbox"/> Scheduling repairs (e.g., dishwasher repair)
Notes: _____ _____
<input type="checkbox"/> Scheduling snow removal
Notes: _____ _____
<input type="checkbox"/> Scheduling lawn care
Notes: _____ _____

Section 1: Task Identification

- The team should check all tasks that apply to you. This includes tasks that you can complete independently and with support.
- If checked, provide specific details about the task as it relates to you in the “Notes” line by the task.

Decision Tree Form: Participant Assessment

Section 2: Participant Assessment

- For the tasks that apply to you, check whether you can complete those tasks independently, need support to complete the tasks, or cannot complete the tasks.
- In the “Task” column, type what tasks you need support with.

Task	The participant can complete the task independently.	The participant can complete the task with support.	The participant cannot complete the task.
[insert task here]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[insert task here]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Decision Tree Form: Available Supports

Task	What support, training, or education is available for the participant to learn how to complete the task?	Which team members can support the participant to complete the task?	What waiver services (e.g. Personal Supports, Live-in Caregiver) does the participant receive that can support the participant to complete the task?
[insert task here]			
[insert task here]			

Section 3: Available Supports

- For the tasks that you cannot complete independently, complete Section 3 to note what help or resources are available to you.
- In the “Task” column, type what tasks you need support with.

Decision Tree Form: Unmet Needs

Task	Reason Support is Unavailable	Is Day-to-Day Administrative Supports Needed for this task?	If Day-to-Day Administrative Supports are needed, how many hours per month are needed to complete the task?
[insert task here]			
[insert task here]			

Section 4: Unmet Needs

- After completing Section 3, list any tasks where you still need help that isn't available.
- In the "Task" column, type what tasks you need support with.

Decision Tree Form: Total Hours

**Total Hours being Requested for
Day-to-Day Administrative Supports**
(up to 10 hours per month):

- In the “Total Hours being Requested for Day-to-Day Administrative Supports” box, type how many hours of Day-to-Day Administrative Supports hours are being requested.
 - *Up to 10 hours per month in quarter-hour increments may be requested.*
- The total number of hours being requested should be included in the Person-Centered Plan Detailed Service Authorization.

Decision Tree Form: Attestation and Signatures

By signing this document, I attest (confirm) that I have met with my team and considered all resources available to support me. I attest (confirm) that all information shared is true to the best of my knowledge.

Participant or (Authorized Representative) Name:

Signature:

By signing this document, I attest (confirm) that this team considered all resources available for the participant. I attest (confirm) that all information shared is true to the best of my knowledge.

Coordinator of Community Services Name:

Coordinator of Community Services Signature:

Section 5: Attestation and Signatures - You as your Coordinator of Community Services must review and sign the Decision Tree Form.

Example: Team Members in Attendance

Team Members in Attendance

For each line, enter the name of team members present with the participant during this assessment and their relationship to the participant (e.g., Parent, Support Broker, legal guardian).

Name: Elizabeth Jones

Relationship: Coordinator of Community Service

Name: Lisa Jenkins

Relationship: Sister

Name: Jerry Smith

Relationship: Support Broker

Name: Bev Cooley

Relationship: Friend / Emergency Backup

Name:

Relationship:

Example: Task Identification

Section 1: Task Identification

Check all tasks that apply to the participant. This includes tasks that the participant can complete independently and with support. If checked, provide specific details about the task as it relates to the participant.

☒ Scheduling medical appointments

Notes: _____

Need help with scheduling therapy appointments

☐ Scheduling house maintenance (e.g., furnace checks)

Notes: _____

☐ Scheduling repairs (e.g., dishwasher repair)

Notes: _____

☒ Scheduling snow removal

Notes: _____

Need support to call for snow removal from front porch

☐ Scheduling lawn care

Notes: _____

Example: Participant Assessment

Section 2: Participant Assessment

For the tasks that apply to the participant, check whether the participant can complete those tasks independently, needs support to complete the tasks, or cannot complete the tasks.

Task	The participant can complete the task independently.	The participant can complete the task with support.	The participant cannot complete the task.
Scheduling therapy appointments	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Scheduling snow removal from front porch	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Example: Available Supports

Section 3: Available Supports <i>For the tasks that the participant cannot complete independently, complete Section 3 to note what help or resources are available to the participant.</i>			
Task	What support, training, or education is available for the participant to learn how to complete the task?	Which team members can support the participant to complete the task?	What waiver services (e.g. Personal Supports, Live-in Caregiver) does the participant receive that can support the participant to complete the task?
Scheduling therapy appointments		Bev can schedule time with me on the weekends over Zoom to help me schedule my appointments	
Schedule snow removal	Need help to learn how	Bev, but may not be available during the work week	Personal Support employees may be able to help when working

Example: Unmet Needs

Section 4: Unmet Needs

After completing Section 3, list any tasks where the participant still needs help that isn't available.

Task	Reason Support is Unavailable	Is Day-to-Day Administrative Supports Needed for this task?	If Day-to-Day Administrative Supports are needed, how many hours per month are needed to complete the task?
Scheduling snow removal	Employees and Bev may not be able available when it snows	Yes	Less than 1 hour in the winter months (.5 monthly)

Example: Number of Hours per Month

**Total Hours being Requested for
Day-to-Day Administrative Supports**
(up to 10 hours per month):

.5

The total number of hours being requested should be included in the Person-Centered Plan Detailed Service Authorization.


Example: Attestations and Signatures

Section 5: Attestations and Signatures

The participant and Coordinator of Community Services must review and sign this document. It should then be uploaded into the Documents section of the Person-Centered Plan. It will be reviewed by the DDA to confirm any assessed need for Day-to-Day Administrative Supports.

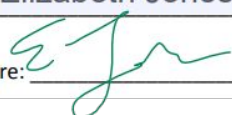
By signing this document, I attest (confirm) that I have met with my team and considered all resources available to support me. I attest (confirm) that all information shared is true to the best of my knowledge.

Participant or (Authorized Representative) Name: Mel Jenkins

Signature: 

By signing this document, I attest (confirm) that this team considered all resources available for the participant. I attest (confirm) that all information shared is true to the best of my knowledge.

Coordinator of Community Services Name: Elizabeth Jones

Coordinator of Community Services Signature: 

Decision Tree Form: Upload and Review

If Day-to-Day Administrative Supports are being requested in a Person-Centered Plan that is being submitted on or after October 6, 2025, the Decision Tree Form.

- It must be completed and uploaded into the “Documents” section of the Person-Centered Plan.
- Documents should be uploaded using this format:
 - DecisionTree.LastNameFirstName.FormDate;
 - For example DecisionTree.BrownAnna.11-13-25.
- It will be reviewed by the DDA to confirm any assessed need for Day-to-Day Administrative Supports.

Day-to-Day Administrative Supports Updates Roll Out

- If you are currently receiving Day-to-Day Administrative Supports, you can continue to do so in the way you are receiving them *until your next plan year*.
- The updates to Day-to-Day Administrative Supports will apply to you in your next Person-Centered Plan.
 - This is when you will work with your team to complete the Decision Tree.
 - This is when Day-to-Day Administrative Supports will be limited to up to 10 hours per month.

Questions



New Forms

Self-Directed Services Orientation Checklist

Self-Directed Services Orientation

- The Self-Directed Services Orientation is an opportunity for you and your team to learn about the rights and responsibilities of Self-Directed Services.
- The orientation helps you and your team be best prepared to begin Self-Directed Services.

Orientation Meeting

- Your Coordinator of Community Services facilitates the orientation meeting.
- You be present and you invite any team members you would like to the orientation meeting.
- The orientation meeting may be virtual (online) or in-person.
- The orientation meeting should be scheduled quickly after you request it - within 10 business days.

Orientation Videos

- The Self-Directed Services Orientation consists of the first three modules of the Self-Directed Services Training Series:
 - Module 1: Self-Direction Overview;
 - Module 2: The Self-Directed Services Team; and
 - Module 3: Person-Centered Planning.
- The orientation meeting should be scheduled for at least 2 hours to make sure there is enough time to view the videos and have breaks in between.

Orientation Meeting Schedule

During the orientation meeting, your Coordinator of Community Services will:

- Play the video of each module;
- Review the **Orientation Frequently Asked Questions Tool** (provided by the DDA);
- Share the contact information for the the DDA Self-Directed Services staff; and
- Complete the **Self-Directed Services Orientation Checklist**.

What is the Orientation Checklist?

The Orientation Checklist notes:

- All team members who are present at the orientation meeting;
- When the three videos were completed during the meeting;
- Confirmation that the **Frequently Asked Questions** were reviewed; and
- Confirmation that the regional office contact information was shared.

Participant Information

On the first page, you and your Coordinator of Community Services will note:

- Your Name,
- Your Address
- Your Phone Number,
- The Date of your Orientation,
- The Time of you Orientation, and
- Whether the orientation was virtual (online) or in-person.

Participant Name:	<input type="text"/>		
Address:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Date of Orientation:	<input type="text"/>	Time of Orientation:	<input type="text"/>
In-Person or Virtual:	<input type="text"/>		

Team Members in Attendance

Team Members in Attendance	
Name: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Relationship: <input type="text"/>

On the next page, list all team members who were present at your orientation.

Include the relationship you have with each team member.

Orientation Videos

On page 3, check that each of the three videos have been watched and the time they were completed.

Orientation Videos

Self-Directed Services Orientation consists of the first three modules of the [Self-Directed Services Training Series](#). After each video is viewed, the Coordinator of Community Services should note the time the video finished.

☐ Module 1: Self-Direction Overview - Time Completed:

☐ Module 2: The Self-Directed Services Team - Time Completed:

☐ Module 3: Person-Centered Planning - Time Completed:

Frequently Asked Questions Tool

- Your Coordinator of Community Services will confirm that they have reviewed the Frequently Asked Questions Tool with you and your team.
- They sign the Checklist here to confirm that this was reviewed.

Frequently Asked Questions Tool

After completing the videos, the Coordinator of Community Services will review the Frequently Asked Questions document with the participant and team.

- ☐ As the Coordinator of Community Services, I attest that the Frequently Asked Questions Tool was shared with the participant and their team.

Coordinator of Community Services Name:

Coordinator of Community Services Signature:

Regional Office Contact Information (1 of 3)

- After reviewing the videos and Frequently Asked Questions Tool, the Coordinator of Community Services will share the contact information for the Self-Directed Services Lead for the participant's region.
- The Coordinator of Community Services will sign again to confirm this has been shared.

Regional Office Self-Directed Services Contact Shared

After reviewing the videos and Frequently Asked Questions Tool, the Coordinator of Community Services will share the contact information for the Self-Directed Services Lead for the participant's region. Contact information for each region is available on the last page of this document.

- ☐ As the Coordinator of Community Services, I attest that the appropriate Self-Directed Services Lead contact information was shared with the participant and their team.

Coordinator of Community Services Name:

Coordinator of Community Services Signature:

Regional Office Contact Information (2 of 3)

Central Maryland Regional Office

The Central Maryland Region includes Anne Arundel, Baltimore, Howard, and Harford Counties, and Baltimore City.

Self-Directed Services Lead: Ola Otuyelou

Email: olasubomi.otuyelu@maryland.gov

Phone: 443-928-7843

Southern Maryland Regional Office

The Southern Maryland Region includes Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties.

Self-Directed Services Lead: Tia Henry

Email: tia.henry2@maryland.gov

Phone: 240-294-8378

Regional Office Contact Information (3 of 3)

Eastern Shore Regional Office

The Eastern Shore Region includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.

Self-Directed Services Lead: Jonna Krabill

Email: jonna.krabill@maryland.gov

Phone: 443-909-6363

Western Maryland Regional Office

The Western Maryland Region includes Allegany, Carroll, Frederick, Garrett, and Washington Counties

Self-Directed Services Lead: Tina Swink

Email: tina.swink@maryland.gov

Phone: 443-473-2950

Uploading the Orientation Checklist

- After the orientation meeting, the Coordinator of Community Services will upload the completed Self-Directed Services Orientation Checklist into *LTSSMaryland* in the “Client Attachments - Self-Direction Documents” section for the participant.
 - OrientationChecklist.LastNameFirstName.FormDate;
 - For example: OrientationChecklist.BrownAnna.11-13-25.
- Note: Effective October 6, 2025, “FMCS Documents” will be renamed to “Self-Direction Documents”.

Example: Participant Information

Participant Name: Mel Jenkins

Address: 1234 South St. Baltimore, MD 21212

Phone Number: 555-555-5555

Date of Orientation: 7/1/25 Time of Orientation: 10:00am

In-Person or Virtual: In-Person

Example: Team Members in Attendance

Team Members in Attendance	
Name: <input type="text" value="Elizabeth Jones"/>	Relationship: <input type="text" value="Coordinator of Community Services"/>
Name: <input type="text" value="Lisa Jenkins"/>	Relationship: <input type="text" value="Sister"/>
Name: <input type="text" value="Bev Cooley"/>	Relationship: <input type="text" value="Friend / Emergency Backup"/>
Name: <input type="text"/>	Relationship: <input type="text"/>

Example: Orientation Videos

Orientation Videos

Self-Directed Services Orientation consists of the first three modules of the [Self-Directed Services Training Series](#). After each video is viewed, the Coordinator of Community Services should note the time the video finished.

- ☐ Module 1: Self-Direction Overview - Time Completed: 10:34 a.m.
- ☐ Module 2: The Self-Directed Services Team - Time Completed: 11:20 a.m.
- ☐ Module 3: Person-Centered Planning - Time Completed: 12:04 p.m.

Example: Frequently Asked Questions Tool

Frequently Asked Questions Tool

After completing the videos, the Coordinator of Community Services will review the Frequently Asked Questions document with the participant and team.

- ☒ As the Coordinator of Community Services, I attest that the Frequently Asked Questions Tool was shared with the participant and their team.

Coordinator of Community Services Name: Elizabeth Jones

Coordinator of Community Services Signature: 

Example: Regional Office Information

Regional Office Self-Directed Services Contact Shared

After reviewing the videos and Frequently Asked Questions Tool, the Coordinator of Community Services will share the contact information for the Self-Directed Services Lead for the participant's region. Contact information for each region is available on the last page of this document.

- ☒ As the Coordinator of Community Services, I attest that the appropriate Self-Directed Services Lead contact information was shared with the participant and their team.

Coordinator of Community Services Name: Elizabeth Jones

Coordinator of Community Services Signature: 

Requirement for Participants New to Self-Direction

Required for anyone interested in self-directing, including:

- Those who are **new** to services and want to self-direct, and
- Those who are currently using Provider Managed Services and want to **transition** to Self-Directed Services.

The Self-Directed Services Orientation is **not required** if you have been self-directing your services ***before October 6, 2025.***

Roll Out of the Self-Directed Services Orientation

- If you choose self-direction between October 6 and December 31, 2025, you must complete the orientation by March 31, 2026.
- If you choose to self-direct with an Annual Plan Date of January 1, 2026 or later, you must complete the orientation before beginning Self-Directed Services.

Questions



Resources

Webinar Series - Save the Dates

Date	Topic	Time
October 3, 2025	LTSS <i>Maryland</i> Updates	12 - 1:30 pm

[Register once](#) to be automatically enrolled for all webinars.

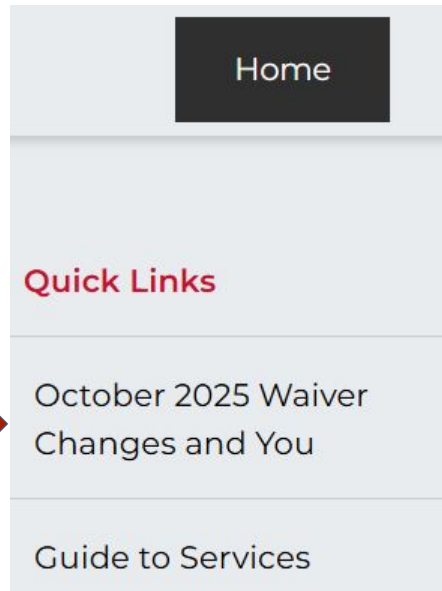
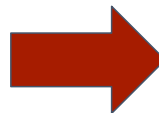
Who do I contact with questions?

You can reach out to:

- Your **Coordinator of Community Services**, or
- Your **DDA [Regional Office](#)**.

More Information

- For updates and more details, visit the new “[October 2025 Waiver Changes and You](#)” webpage.
- You can also sign up for email updates from the DDA [through the DDA Connection newsletter](#).
- [Self-Directed Services Manual](#)



Questions

