

Maryland Department of Health  
Developmental Disabilities Administration  
Self-Directed Services Budget Sheet  
Revised March 8, 2021

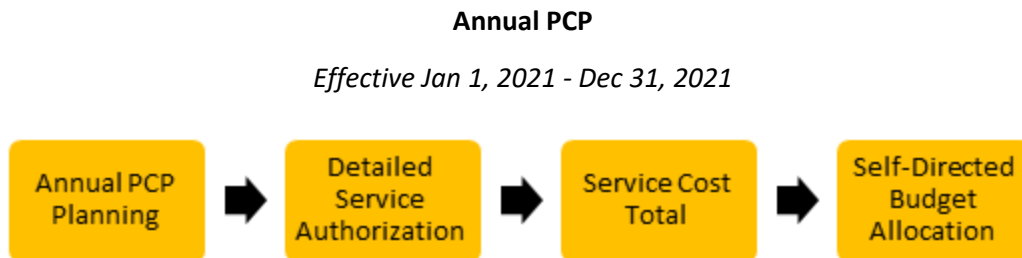
Overview:

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**.



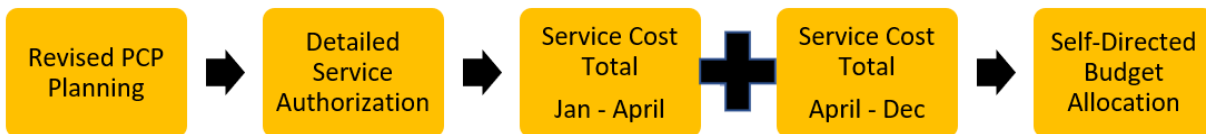
If your needs change during your annual plan year, then you can request to update your PCP which is referred to as a **Revised PCP**. The detailed service authorization section is revised and updated to reflect changes in your assessed needs (e.g., adding Employment Discovery to support in finding a 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 March 8, 2021)

### 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 FMS 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 FMS 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

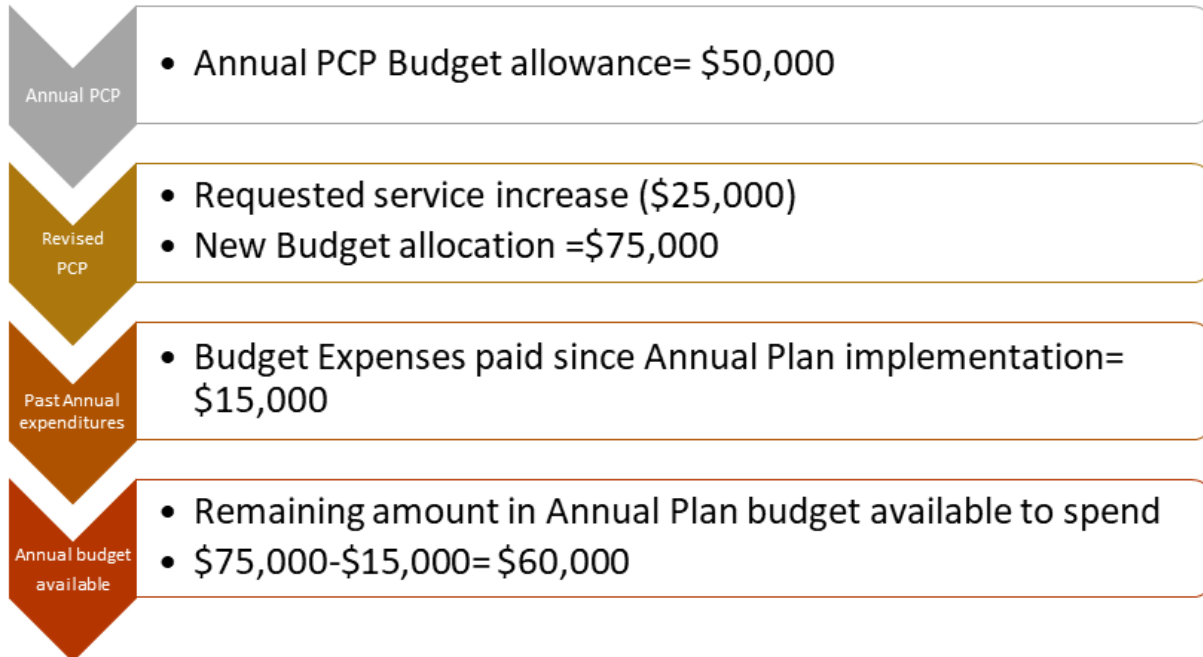
Revised PCP - Effective April 2021

- 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 FMS 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 FMS processed, for payment based on your Self-Directed Services Budget Sheet



**Example #2:**

Annual PCP - Effective January 2021

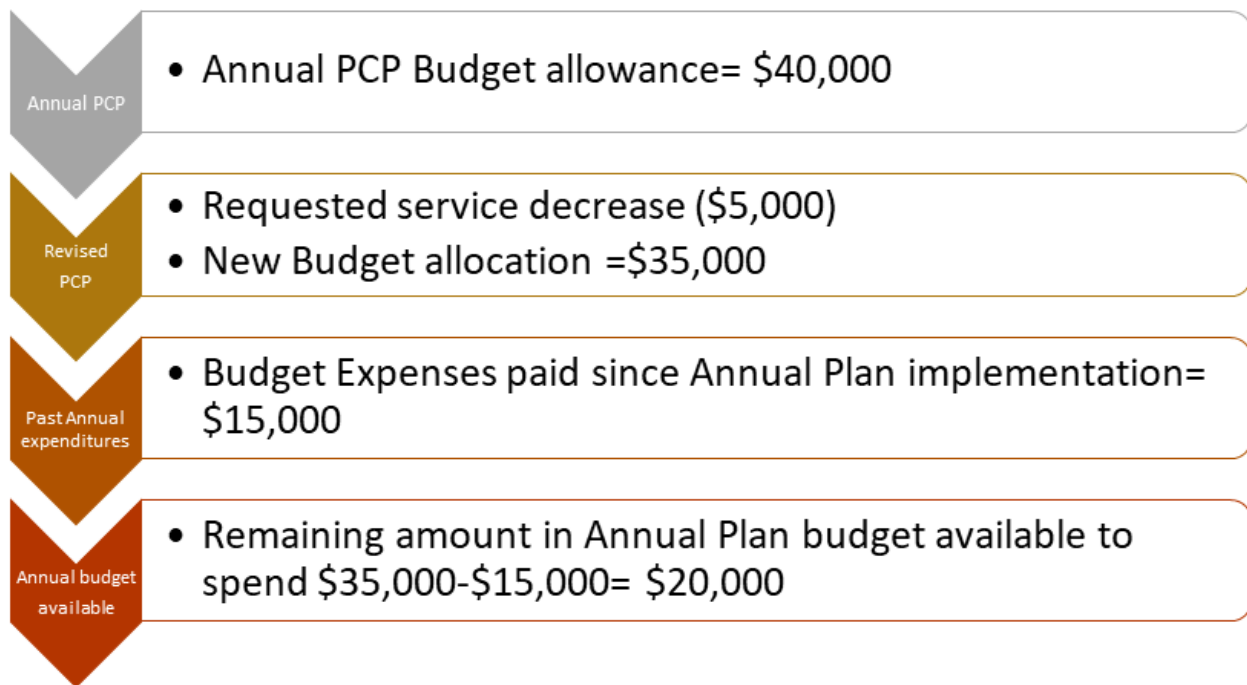
- Annual PCP budget allocation = \$40,000
- You create your Self-Directed Services Budget Sheet using the budget allocation of \$40,000

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
- LTSS *Maryland* 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 FMS 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 FMS 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.

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/MC\\_Earned\\_Sick\\_Factsheet\\_updatedJune2016.pdf](https://www.montgomerycountymd.gov/humanrights/Resources/Files/MC_Earned_Sick_Factsheet_updatedJune2016.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 FMS 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) and Fiscal Management Services (FMS) which will not come out of the participant's budget.** 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.

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](#)

## How to Complete the Self Directed Services Budget Sheet

### Participant, Program, PCP, and Budget Information (Reference: Rows 1 - 7)

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. **Initial PCP, Annual PCP or Revised PCP** - select Annual PCP or Revised PCP from the drop down to correspond with the applicable PCP for which the budget allocation is associated.
4. **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)
5. **~ I will have \_\_\_\_\_ (number) employees and \_\_\_\_\_ (number) vendors ~**  
 - enter the number of employees (*i.e.*, *staff*) reflected in the budget  
 - enter the number of vendors (e.g., companies, DDA Providers, etc.) reflected in the budget
6. **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:*

Enter approved budget amount here
\$10,000.00

### Administrative Service - FMS Information (Reference: Rows 9 -10)

The Fiscal Management Service (FMS) is an administrative service and not part of your budget, therefore costs are not included on this worksheet.

Enter the name of your FMS in the yellow box.

9	<b>Administrative Service - FMS</b>			
10	The Fiscal Management Service is an administrative service and not part of your budget, therefore cost are not included on this worksheet. Please note the name of the FMS in next box.			Budget Total

## Support Broker (Optional Waiver Service - Orientation, Coaching, and Mentoring Supports (Reference: Rows 11 -29)

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.

Support Broker (Optional Waiver Service - Orientation, Coaching and Mentoring Supports)						
Support Broker		# of Hours per month	Rate per Hour	# of Months		Budget Total
	Initial orientation and assistance up to 15 hours					\$0.00
	Ongoing Monthly Service - Staff					\$0.00
	Staff Benefits					
	Health Benefits					
	PTO Benefits					
	Other Benefits - list					
	Sick and Safe (Applicable to Mont. Co. ONLY)					
	Training	# of Staff	Cost per staff			
WS888 - CPW	Training (e.g., CPR/1st Aid/CMT/etc. as applicable)					\$0.00
WS889 - CSW	Staff Transportation/Travel Reimbursement	# of Miles	Mileage Rate	# of Weeks		
WS890 - FSW	Mileage					\$0.00
	Staff Transportation/Travel Reimbursement, Cont.	# of Trips	Cost per Trip			
	Public (Maryland Mass Transit Administration)					\$0.00
	Taxi/Uber					\$0.00
	Taxes					
	Taxes - (indicate percentage)>					\$0.00
	Support Broker - Vendor/Contractor	# of Hours per Month	Rate per Hour	# of Months		
	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.



**3. 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 (New March 8, 2021)*

**Other Benefits**

**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

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

**# 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

**Mileage (as applicable)**

**# of Miles** - enter the projected 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 FMS will advise you.

**4. 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 32 - 60)

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.

32 Services to Support Mg Daily Living						
33 Personal Supports (PS)		# Hours per Week	Rate per Hour	# of Weeks	Budget Total	
34	Personal Supports - Staff					\$0.00
35	Personal Supports - Staff					\$0.00
36	Personal Supports - Staff					\$0.00
37	Personal Supports - Staff					\$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	Staff Benefits					
45	Health Benefits					
46	w5811 - CPW PTO Benefits					
47	w5813 - CSW Other Benefits - list					
48	w5815 - FSW Sick and Safe (Applicable to Mont. Co. <b>ONLY</b> )					
49	Enhanced Rate Training	# of Staff	Cost per staff			
50	w2139 - CPW Training (e.g., CPR/1st Aid/CMT/etc. as applicable)					\$0.00
51	w2140 - CSW Staff Transportation/Travel Reimbursement	# of Miles	Mileage Rate	# of Weeks		
52	w2141 - FSW Mileage					\$0.00
53	Staff Transportation/Travel Reimbursement, Cont.	# of Trips	Cost per Trip			
54	Public (Maryland Mass Transit Administration)					\$0.00
55	Taxi/Uber					\$0.00
56	Taxes					
57	Taxes - (indicate percentage)					\$0.00
58	Personal Supports Vendor/Contractor	# Hours per Week	Rate per Hour	# of Weeks		
59	Personal Supports Vendor/Contractor					\$0.00
60	Emergency Back-Up Staff	# Hours per Week	Rate per Hour	# of Weeks		
61	Back-Up Staff					\$0.00
62	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

Note: If you plan to use a Personal Supports 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 (New March 8, 2021)

**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

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

**# of Staff** - enter the number of staff to receive training

**Cost per Staff** - enter the projected cost for training

**Mileage** (as applicable)

**# of Miles** - enter the projected 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 FMS will advise you.

3. **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.

**4. 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

**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 61 -62)**

*Supported Living services assists 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.*

61	<b>Supported Living</b>		<b># Days per Year</b>	<b>Rate Per Day</b>		<b>Budget Total</b>
62	W5621	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 65 - 86)

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 vendor 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.

Respite Care Services		# Days per Year	Rate Per Day		Budget Total
65	W5823 - CPW W5825 - CSW W5827 - FSW	<b>Respite - DDA Licensed Provider</b>			\$0.00
67		<b>Respite Care - Staff</b>	# Hours	Rate per Hour	
68		Respite - Staff			\$0.00
69		Respite - Staff			\$0.00
70		Respite - Staff			\$0.00
71		Staff Benefits			
72		Health Benefits			
73		PTO Benefits			
74		Other Benefits - list			
75	W5831 - CPW W5833 - CSW W5835 - FSW	Sick and Safe (Applicable to Mont. Co. <b>ONLY</b> )			
76		Training	# of Staff	Cost per staff	
77		Training ( e.g., CPR/1st Aid/CMT/etc. as applicable)			\$0.00
78		Staff Transportation/Travel Reimbursement	# of Miles	Mileage Rate	# of Weeks
79		Mileage			\$0.00
80		Staff Transportation/Travel Reimbursement, Cont.	# of Trips	Cost per Trip	
81		Public (Maryland Mass Transit Administration)			\$0.00
82		Taxi/Uber			\$0.00
83		Taxes			
84		Taxes - (indicate percentage)			\$0.00
85	W5851 - CPW W5853 - CSW W5855 - FSW	<b>Respite - Camp</b>	Limit to \$248 per plan year		
86		<b>Respite - Vendor/Contractor</b>	# Hours	Rate per Hour	
87	W5831 - CPW W5833 - CSW W5835 - FSW	Respite - Vendor/Contractor			\$0.00
88		Respite - Vendor/Contractor			\$0.00
89		Respite - Vendor/Contractor			\$0.00

### 1. Respite - DDA Licensed Provider (as applicable)

**# of Days per Week**- enter the number of day 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 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 (New March 8, 2021)*

**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

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

**# of Staff** - enter the number of staff to receive training

**Cost per Staff** - enter the projected cost for training

**Mileage (as applicable)**

**# of Miles** - enter the projected 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 FMS will advise you.

**4. Respite - Camp**

**Budget Total** - enter the projected annual cost for camp

**5. 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 Personal Supports provider/vendor, do not complete these yellow boxes.*

## Nursing Support Services (Reference: Rows 87-103)

*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.

90	Nursing Support Services		# Hours per Week	Rate per Hour	# of Weeks	Budget Total
91	Nurse - Staff					\$0.00
92	Staff Benefits					
93	Health Benefits					
94	PTO Benefits					
95	Other Benefits - list					
96	Sick and Safe (Applicable to Mont. Co. <b>ONLY</b> )					
97	Training	# of Staff	Cost per staff			
98	Training ( e.g., CPR/1st Aid/CMT/etc. as applicable)					\$0.00
99	Staff Transportation/Travel Reimbursement	# of Miles	Mileage Rate	# of Weeks		
100	Mileage					\$0.00
101	Staff Transportation/Travel Reimbursement, Cont.	# of Trips	Cost per Trip			
102	Public (Maryland Mass Transit Administration)					\$0.00
103	Taxi/Uber					\$0.00
104	Taxes					
105	Taxes - (indicate percentage)					\$0.00
106	<b>Nurse - Vendor/Contractor</b>	# Hours per Week	Rate per Hour	# of Weeks		
107	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 (New March 8, 2021)*

**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

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

**# of Staff** - enter the number of staff to receive training

**Cost per Staff** - enter the projected cost for training

**Mileage Rate** - enter the mileage rate you will pay

**# of Miles** - enter the projected 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 FMS will advise you.*

3. **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 104-106)

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.

104	Housing Support Services				Budget Total
105	W2017 - CPW	Housing Support Services	# of Hours	Hourly Rate	Max 8 hrs/day, 175 hrs/yr
106	W2019 - CSW				
	W2021 - FSW				

#### 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 107-109)

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.

107	Live-In Caregiver Support				Budget Total
108	W5878	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.
109					

#### 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 110-115)

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
110			
111	Item:	Maximum of \$5,000	
112	W5790 - CPW Item:	<i>IFDGS are purchased from the savings identified and available in the participant's annual budget in accordance with the approved waiver and policy and only associated with a Revised FCP.</i>	
113	W5792 - CSW Item:		
114	W5794 - FSW Item:		
115	W5791 - CPW W5793 - CSW W5795 - FSW 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 116-120)

*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.*

	Behavioral Support Services		Units	Unit Rate	Budget Total
116	W5701 - CPW W5703 - CSW W5705 - FSW	Behavioral Assessment (Milestone)			
117	W5711 - CPW W5713 - CSW W5715 - FSW	Behavioral Plan (Milestone)			\$0.00
118	W5706 - CPW W5739 - CSW W5737 - FSW	Behavioral Consultation (Hour)			\$0.00
119	W5731 - CPW W5733 - CSW W5735 - FSW	Brief Support Implementation Services (Hour)			\$0.00
120					\$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 123-151))

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 have 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)

Meaningful Day Services					
Employment Services (Previously Supported Employment)		# of Milestones	Rate		Budget Total
123	W5655 - CPW W5657 - CSW	Discovery - Milestone #1		Discovery is a time-limited comprehensive, person-centered, and community-based employment planning support service to assist the participant to identify the participant's abilities, conditions, and interests.	\$0.00
124	W5644 - CPW W5646 - CSW	Discovery - Milestone #2			\$0.00
125	W5648 - CPW W5650 - CSW	Discovery - Milestone #3			\$0.00
126					\$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)

					Budget Total
127	W5675 - CPW W5677 - CSW	Self-Employment Development Supports		Business and Marketing Plan	\$0.00
128					

# of Milestones - enter "1"

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

### Job Development (as applicable)

129			# Hours per Week	Rate per Hour	# of Weeks		Budget Total
130	W2003 - CPW W2005 - CSW	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)**

135		<b>Ongoing Job Supports</b>					Budget Total
136		<b>Ongoing Job Supports - Staff</b>					\$0.00
137		Staff Benefits					
138		Health Benefits					
139		PTO Benefits					
140		Other Benefits - list					
141		Sick and Safe (Applicable to Mont. Co. <b>ONLY</b> )					
142	W2007 - CPW	Training	# of Staff	Fee per staff			
143	W2009 - CSW	Training (e.g., CPR/1st Aid/CMT/etc. as applicable)					\$0.00
144		Staff Transportation/Travel Reimbursement	# of miles	Mileage Rate	# of Weeks		
145		Mileage					\$0.00
146		Staff Transportation/Travel Reimbursement, Cont.	# of trips	Cost per trip			
147		Public (Maryland Mass Transit Administration)					\$0.00
148		Taxi/Uber					\$0.00
149		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 (New March 8, 2021)

**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

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

**# of Staff** - enter the number of staff to receive training

**Cost per Staff** - enter the projected cost for training

**Mileage (as applicable)**

**# of Miles** - enter the projected 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 FMS will advise you.

**Follow Along Supports - Staff (as applicable)**

145						
146	W5663 - CPW	Follow Along Supports	# Months	Rate per Month		Budget Total
147	W5665 - CSW	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)**

148						
149	W5663 - CPW W5665 - CSW	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)**

150		Employment Services Vendor/Contractor	# Hours per Week	Rate per Hour	# of Weeks		Budget Total
151		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 152-172)

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.

157	Community Development Services (CDS)		# Hours per Week	Rate per Hour	# of Weeks	Budget Total
158		CDS - Staff				\$0.00
159		CDS - Staff				\$0.00
160		CDS - Staff				\$0.00
161		CDS - Staff				\$0.00
162		CDS - Staff				\$0.00
163		Benefits				
164		Health Benefits				
165		PTO Benefits				
166		Other Benefits - list				
167		Sick and Safe (Applicable to Mont. Co. <b>ONLY</b> )				
168	W1991 - CPW	Training	# of Staff	Fee per staff		
169	W1993 - CSW	Training (e.g., CPR/1st Aid/CMT/etc. as applicable)				\$0.00
170		Staff Transportation/Travel Reimbursement	# of miles	Mileage Rate	# of Weeks	
171		Mileage				\$0.00
172			# of trips	Cost per trip		
173		Public (Maryland Mass Transit Administration)				\$0.00
174		Taxi/Uber				\$0.00
175		Taxes - (indicate percentage)				\$0.00
176		Community Development Vendor/Contractor	# Hours per Week	Rate per Hour	# of Weeks	
177		Community Development Vendor/Contractor				\$0.00
178		Community Development Vendor/Contractor				\$0.00

- 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
- 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 (New March 8, 2021)

**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

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

**# of Staff** - enter the number of staff to receive training

**Cost per Staff** - enter the projected cost for training

**Mileage** (as applicable)

**# of Miles** - enter the projected 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 FMS will advise you.

**3. 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 173-175)**

*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
173						
174	W1996 - CPW	Day Habilitation Vendor/Contractor				\$0.00
175	W1998 - CSW	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 176 - 180)**

	Family & Participant Support/Training		# of Hours	Hourly Rate	Budget Total
176	W2011 - CPW	Family and Peer Mentoring Supports			\$0.00
	W2013 - CSW				
177	W2015 - FSW				
	W5771 - CPW	Family Caregiver Training & Empowerment			\$0.00
	W5773 - CSW				
178	W5775 - FSW				
	W5781 - CPW	Participant Education, Training and Advocacy - hours			\$0.00
	W5783 - CSW				
179	W5785 - FSW				
180		Participant Education, Training and Advocacy - fees			<i>Up to \$500 per participant per year</i>



## Family and Peer Mentoring Supports (Reference: Row 177)

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.

177	W2011 - CPW	Family and Peer Mentoring Supports			Up to 8 hours per day	\$0.00
	W2013 - CSW					
	W2015 - FSW					

**# 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 178)

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.

178	W5771 - CPW	Family Caregiver Training & Empowerment			Up to \$500 per participant per year	\$0.00
	W5773 - CSW					
	W5775 - FSW					

**# 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 179 -180)

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.

179	W5781 - CPW	Participant Education, Training and Advocacy - hours			Up to 10 hours per year	\$0.00
	W5783 - CSW					
180	W5785 - FSW	Participant Education, Training and Advocacy - fees			Up to \$500 per participant per year	

### 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)

## Assistive Technology & Services (Reference: Rows 179 -180)

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

182	Health and Adaptations		
183	Assistive Technology & Services		Budget Total
184	W5691 - CPW	Item:	
185	W5693 - CSW	Item:	
186	W5695 - FSW	Maintenance	

## Remote Support Services (Reference: Rows 187-190)

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.

187	Remote Support Services		
188			Budget Total
189	W5821	Item:	Up to \$6000 per year
190		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 191-192)

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.

191	<b>Environmental Assessment</b>			Budget Total
192	W5741 - CPW W5743 - CSW W5745 - FSW	Assessment		

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

Note: The fixed rate for Environmental Assessments is \$434.39.

## Environmental Modification (Reference: Rows 193-196)

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.

193	<b>Environmental Modification</b>			Budget Total
194	W5751 - CPW	Item:	<i>Limit is \$15,000 every three years</i>	
195	W5753 - CSW	Item:		
196	W5755 - FSW	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 197-199)

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.

197	<b>Vehicle Modification</b>			Budget Total
198	W5872 - CPW	Item:	<i>Limit is \$15,000 over a 10 year period</i>	
	W5874 - CSW			
199	W5876 - FSW	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 202-206)

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

201	<b>Household Start-Up</b>				
202	<b>Transition Service</b>		<i>An itemized list must be attached and the total cannot exceed \$5,000</i>	Budget Total	
203		Moving Expense			
204	W5861	Set-Up fees; non-refundable deposits <i>(utility/service access)</i>			
205					
206		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 208-216)

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.

208 Transportation							
209 Transportation - Independent		Cost/Day	# of Day				Budget Total
210		Orientation Services for visual impairments					\$0.00
211		Travel Training					\$0.00
212	W5863 - CPW		Rate per Trip	# of Trips per Week	# of Weeks	For stand-alone Transportation only with in community	
213	W5865 - CSW	Public (Maryland Mass Transit Administration)					\$0.00
214	W5870 - FSW	Taxi/Uber/Lyft					\$0.00
215			Rate per Mile	# of Miles per Week	# of Weeks		
216		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 218 - 222)

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

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

218 Other Services - With DDA Approval		
219		Budget Total
220	Item:	
221	Item:	
222	Item:	