Service Definition

- A. Support Broker Services assist the participant:
- 1. Making informed decisions in arranging for, directing, and managing services the individual receives, including decisions related to personnel requirements and resources needed to meet the requirements;
- 2. Accessing and managing identified supports and services;
- 3. Performing other tasks as assigned by the participant and as authorized by regulations adopted or guidance issued by the federal Center for Medicare and Medicaid Services (CMS) under 1915 (c) of Social Security Act.
- B. Support Brokers Services provides information and assistance in support of self-direction. Support Broker Services is used to:
- 1. Provide information to ensure that participants understand the responsibilities involved with directing their services; and
- 2. Assist the participant in developing the skills necessary to independently direct and manage their Medicaid waiver program services and providers (including employees, vendors, and DDA Providers) as the employer of record.
- C. Through this service, information may be provided to the participant about:
- 1. Person-centered planning and how it is applied;
- 2. The range and scope of individual choices and options;
- 3. The process for changing the Person-Centered Plan and the individual self-directed budget;
- 4. The grievance process;
- 5. Risks and responsibilities of self-direction;
- 6. Free of choice of provider and employees;

- 7. Individual rights; and
- 8. The reassessment and review of support schedules.
- D. Assistance may be provided to the participant with:
- 1. Defining goals, needs and preferences, identifying and accessing services, supports and resources;
- 2. Practical skills training to enable participants to independently direct and manage waiver services. Examples of skills training include: providing information on recruiting and hiring direct support professionals, managing workers, terminating workers, and providing information on effective communication, problem-solving, and conflict resolution.
- 3. Development of risk management agreements;
- 4. Development of an emergency backup plan;
- 5. Recognizing and reporting critical events; and
- 6. Independent advocacy, to assist in filing grievances and complaints when necessary; and
- 7. Developing strategies for training all of the participant's employees on PORII and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA.
- A. Support Broker Services assist the participant in:
- 1. Making informed decisions in arranging for, directing, and managing services the individual receives, including decisions related to personnel requirements and resources needed to meet the requirements;
- 2. Accessing and managing identified supports and services;
- 3. Performing other tasks as assigned by the participant and as authorized by regulations adopted or guidance issued by the federal Center for Medicare and Medicaid Services (CMS) under 1915 (e) of Social Security Act the including:

- a. Assists the participant (or the participant's family or representative, as appropriate) in arranging for, directing, and managing services;
- b. Assists the participant (or the participant's family or representative, as appropriate) in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services.
- e. Practical skills training to enable families and participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication and problem-solving.
- d. Providing information to ensure that participants understand the responsibilities involved with directing their services. The extent of the assistance furnished to the participant or family is specified in the service implementation plan.
- B. Support Broker Services can be employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget.
- C. Information, coaching, and mentoring may be provided to participant about:
- 1. Self-direction including roles and responsibilities and functioning as the common law employer;
- 2. Other employment related subjects pertinent to the participant and/or family in managing and directing services;
- 3. Person-Centered planning and how it is applied;
- 4. The range and scope of individual choices and options;
- 5. The process for changing the Person-Centered Plan and individual budget;
- 6. The grievance process;
- 7. Risks and responsibilities of self-direction;

8. Policy on Reportable Incidents and Investigations (PORH); 9. Free choice of providers, including control over the selection and hiring of qualified individuals as workers; 10. Individual and employer rights and responsibilities; 11. The reassessments and review of work schedules; and 12. Other subjects pertinent to the participant in managing and directing waiver services. D. Assistance, as necessary and appropriate, if chosen by the participant, may be provided with: 1. Defining goals, needs, and preferences; 2. Identifying resources and accessing services, supports and resources; 3. Practical skills training (e.g., hiring, managing, and terminating workers, problem solving, conflict resolution); 4. Development of risk management agreements; 5. Development of an emergency back-up plan; 6. Recognizing and reporting critical events; 7. Independent advocacy, to assist in filing grievances and complaints when necessary; 8. Developing strategies for recruiting, interviewing, and hiring staff; 9. Developing staff supervision and evaluation strategies; 10. Developing terminating strategies; 11. Developing employer related risk assessment, planning, and remediation strategies;

- 12. Developing strategies for managing the budget and budget modifications including reviewing monthly Financial Management and Counseling Services reports to ensure that the individualized budget is being spent in accordance with the approved Person-Centered Plan and budget and conducting audits;
- 13. Developing strategies for managing employees, supports and services;
- 14. Developing strategies for facilitating meetings and trainings with employees;
- 15. Developing service quality assurance strategies;
- 16. Developing strategies for reviewing data, employee timesheets, and communication logs;
- 17. Developing strategies for effective staff back-up and emergency plans;
- 18. Developing strategies for training all of the participant's employees on PORH and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA; and
- 19. Developing strategies for complying with all applicable regulations and policies, as well as standards for self-direction including staffing requirements and limitations as required by the DDA.

SERVICE REQUIREMENTS:

- A. The extent of the assistance furnished to the participant or family is specified in the service implementation plan or job description.
- B. This service does not duplicate other Medicaid waiver services, including case management. Support Broker Services may not duplicate, replace, or supplant case management (Coordination of Community Service).
- C. Additional Support Broker Services up to 30 hours per month, as needed by the participant and within the participant's total approved annual budget, may be purchased with unallocated funds due to:

- a. The scope, frequency, and intensity of supports needed (for example 24/7 supports, multiple staff and services);
- b. Language barriers; and
- c. The lack of support network to assist with the self-direction Self-Directed Services Delivery Model requirements.
- D. Service hours must be necessary, documented, and evaluated by the team.
- E. Support Brokers shall not make any decision for the participant, sign off on any their own timesheets or invoices, or hire or fire workers. Support Brokers may provide support for reviewing timesheets and invoices but the participant always makes the decision.
- F. Support Broker Services are required:
- 1. When a relative, legally responsible person individual, representative payee, and legal guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.
- 2. When the participant selects a relative, legal guardian, or legally responsible person as their designated representative.
- 3. When the participant employs any person to provide Day-to-Day Administrative Supports.
- **G**. Support Brokers must:
- 1. Sign and adhere to a code of conduct;
- 2. Satisfactorily complete Complete all DDA required Support Broker trainings and requirements; and
- 3. Provide assurances that they will implement the Person-Centered Plan as approved by DDA or their designee in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.
- H. Individuals and organizations providing Support Broker Services may provide no other paid service to the DDA-operated Medicaid waiver participant.

I. To ensure quality services, Support Brokers can provide collectively for all participants they support up to 40 hours per week of Support Broker Services.

- IJ. Support Broker administrative non-billable activities include:
- 1. Attending training;
- 2. Correspondence or research;
- 3. Creating and issuing invoices; and
- 4. Travel.

JK. Support Broker Services are an optional service to support participants enrolled in the SDS Delivery Model that do not use a relative, legally responsible individual, representative payee, and guardian serve as paid staff, as further described in Appendix E. A participant enrolled in the Traditional Services Delivery Model is not eligible to receive this service.

KE. A relative (who is not a spouse), legally responsible person, legal guardian, or Social Security Administration representative payee of the participant may be paid to provide this Medicaid wWaiver program service in accordance with applicable requirements set forth in Appendix C-2.

- 1. A spouse or legally responsible person may provide Support Broker services, but may not be paid by this Medicaid w\text{\text{\$\text{W}}}\ aiver program.
- 2. A relative who is paid to provide Support Broker services cannot:
- a. Provide this Medicaid w\text{\text{\text{\text{W}}}} aiver program service for more than 40 hours a week;
- b. Serve as the participant's designated representative, managing the participant's as provided in Appendix E; or
- c. Provide any other Medicaid w\wave aiver program services which are funded by the Medicaid w\wave aiver program under this Appendix C.

- LM. Scope and duration of Support Broker Services may vary depending on the participant's choice and need for support, assistance, or existing natural supports. The scope and duration must be within the service description, requirements, and limitations.
- MN. If any employee is a relative, legally responsible person, representative payee, or legal guardian; then no relative, legally responsible person, representative payee, or legal guardian may serve as Support Broker.
- NO. A designated representative may never be a Support Broker for that participant.
- OP. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.
- A. Support Broker Services are an optional service to support participants enrolled in the SDS Delivery Model that do not use a relative, legally responsible individual, representative payee, and guardian serve as paid staff, as further described in Appendix E. A participant enrolled in the Traditional Services—Delivery Model is not eligible to receive this service.
- B. Support Broker Services are required when a relative, legally responsible individual, representative payee, and guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.
- C. A relative (who is not a spouse), legally responsible person, legal guardian, or Social Security Administration representative payee of the participant may be paid to provide this Waiver program service in accordance with applicable requirements set forth in Appendix C-2.
- 1. A spouse or legally responsible person may provide Support Broker services, but may not be paid by this Waiver program.
- 2. A relative who is paid to provide Support Broker services cannot:
- a. Provide this Waiver program service for more than 40 hours a week;
- b. Serve as the participant's designated representative, managing the participant's as provided in Appendix E; or
- e. Provide any other Waiver program services which are funded by the Waiver program under this Appendix C.

- D. Support Brokers must provide assurances that they will implement the PCP as approved by DDA or their designee in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.
- E. Individuals and organizations providing Support Broker Services may provide no other paid service to that participant.
- F. Support Broker Services may not duplicate, replace, or supplant Coordination of Community Service.
- G. Scope and duration of Support Broker Services may vary depending on the participant's choice and need for support, assistance, or existing natural supports. The scope and duration must be within the service description, requirements, and limitations.
- H. Additional Support Broker Services up to 30 hours per month, as needed by the participant and within the participant's total approved annual budget, may be purchased with unallocated funds due to:
- a. The scope, frequency, and intensity of supports needed (for example 24/7 supports, multiple staff and services);
- b. Language barriers; and
- e. The lack of support network to assist with the SDS Model requirements.
- I. Service hours must be necessary, documented, and evaluated by the team.
- J. Support Brokers shall not make any decision for the participant, sign off on their own timesheets or invoices, or hire or fire workers.
- K. This service includes the option to provide benefits and leave time to a Support Broker subject to the following requirements:
- 1. The Support Broker is an employee of the participant.
- 2. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws:

3. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local laws; and
4. Cost for training, mileage, benefits, and leave time are allocated from the participant's total annual budget allocation.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Person-Centered Plan authorization for:
 Initial orientation and assistance up to 15 hours. Support Broker Services up to 4 hours per month.
Service Delivery Method (check each that applies):
X Participant-directed as specified in Appendix E
(Don't Check) Provider managed
(Don't Check) Remote/via Telehealth
Specify whether the service may be provided by (check each that applies):
X Legally Responsible Person X Relative X Legal Guardian
Provider Category(s) (check one or both):
X Individual. List types:

Support Broker Professional
X Agency. List the types of agencies:
Support Broker Agency
Provider Type:
Support Broker Professional
License (specify)
Certificate (specify)
Other Standard (specify)
Individual employees must meet the following standards:
1. Be at least 18 years old;
2. Current First Aid and CPR certification;
3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
3. Be certified by the DDA to demonstrate core competency related to self-determination, Department of Labor requirements, consumer directed services and service systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies.

4. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; and
4. Satisfactorily complete Complete all required orientation and training designated by DDA including the Policy on Reportable Incidents and Investigations and Support Broker trainings; and
5. Agree and adhere to the Support Broker Code of Conduct.
Individuals must submit forms and documentation as required by the Financial Management and Counseling Services agency. Financial Management and Counseling Services must ensure the individual or entity performing the service meets the qualifications.
Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs.
Provider Type:
Support Broker Agency
License (specify)
Certificate (specify)
Other Standard (specify)
Agencies must meet the following standards:
A. Be properly organized as a Maryland business entity corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;

- B. A minimum of 5 years demonstrated experience and capacity providing quality information and assistance for self-directed similar services;
- C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency's programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;
- D. Except for currently DDA licensed or certified providers, demonstrate Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:
- (1) A program service plan that details the agency's agencies service business delivery model;
- (2) A business plan that clearly demonstrates the ability of the agency to provide services;
- (3) A written quality assurance plan to be approved by the DDA;
- (4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and
- (1) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
- 2. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.
- 3. Be in good standing with the Internal Revenue Service and State Department of Assessments and Taxation HDAT;
- 4. Have Workers' Compensation Insurance;
- 5. Have Commercial General Liability Insurance;
- 6. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-aand per DDA policy;
- 7. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;

- 8. Satisfactorily complete Complete required orientation and training;
- 9. Comply with the DDA standards related to provider qualifications; and
- 10. Complete and sign any agreements required by the Maryland Department of Health (MDH) or DDA.
- 11. Have documentation that all vehicles used in the provision of services have automobile insurance; and
- 12. Submit a provider renewal application at least 60 days before expiration of its existing approvalas per DDA policy. The renewal license is good for up to a 3 year period.

The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as CQL or CARF for similar services for individuals with developmental disabilities, and be in good standing with the IRS and SDATMDAT.

Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:

- 1. Be at least 18 years old;
- 2. Current First Aid and CPR certification;
- 3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
- 3. Be certified by the DDA to demonstrate core competency related to self-determination, Department of Labor requirements, consumer directed services and service systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies.
- 4. Satisfactorily complete Complete all required orientation and training designated by DDA including the Policy on Reportable Incidents and Investigations and Support Broker trainings; and

5. Complete necessary pre/in-service training based on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information as noted in the Person-Centered Plan and DDA required training prior to service delivery; and
6. Agree and adhere to the Support Broker Code of Conduct.
7. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and
8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.
Individuals must submit forms and documentation as required by the Financial Management and Counseling Services agency. Financial Management and Counseling Services must ensure the individual or entity performing the service meets the qualifications.
Verification of Provider Qualifications
Provider Type:
Support Broker Professional
Entity Responsible for Verification:
1. Financial Management and Counseling Services provider, as described in Appendix E, for participants self-directing services.
Frequency of Verification
Financial Management and Counseling Services provider – Prior to service delivery and continuing thereafter.
Provider Type:
Support Broker Agency

Entity Responsible for Verification:

- 1. Financial Management and Counseling Services provider, as described in Appendix E.
- 2. Support Broker Agency for verification of individual staff members' certifications and training.

Frequency of Verification

- 1. FMCS provider Prior to service delivery.
- 2. Support Broker Agency Provider Prior to service delivery and annually thereafter.