

# Appendix E: Participant Direction of Services

**Applicability** (from Application Section 3, Components of the Waiver Request):

<input checked="" type="checkbox"/>	<b>Yes. This waiver provides participant direction opportunities.</b> Complete the remainder of the Appendix.
<input type="checkbox"/>	<b>No. This waiver does not provide participant direction opportunities.</b> Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.*

**Indicate whether Independence Plus designation is requested** (select one):

<input checked="" type="checkbox"/>	<b>Yes. The State requests that this waiver be considered for Independence Plus designation.</b>
<input type="checkbox"/>	<b>No. Independence Plus designation is not requested.</b>

## Appendix E-1: Overview

- a. Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and (d) other relevant information about the waiver’s approach to participant direction.

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The DDA has established a service delivery model in which a participant or their legal guardian; if (as applicable); may direct their own services ~~or appoint a legal guardian or designate~~ designate an -authorized representative to direct on their behalf. This model is known as the Self-Directed Service Model. The DDA offers the Self-Directed Service Model for participants, along with their supported-decision making team, their legal guardians,; or their designated representative (as applicable), -capable of making informed decisions, and be supported in making decisions, regarding how services are provided ~~such that while -there~~ ensuring there is: (1) no lapse or decline in the quality of care; and (2) no increased risk to the health or safety of the participant.

**1. Nature of Opportunities Afforded to Participants under the Self-Directed Service Model**

Under the Self-Directed Service Model, a participant, along with their supported-decision making team, their legal guardian,; or their designated representative (as applicable) will have decision-making authority as the employer of record, including Employer and Budget Authorities, over and take direct responsibility for management of specific services with the assistance of available supports chosen by the participant, along with their supported-decision making team, their legal guardian, or designated representative (as applicable). ~~have Employer and Budget Authorities over specific services as the employer of record.~~ This includes the rights and obligations of an employer under applicable federal, State, and local law and regulations.- In addition, the participant, along with their supported-decision making team, their legal guardian, or their designated representative (as applicable) will have the responsibility and authority over how funds in a budget are spent within the total approved to manage their approved annual budget. Having budget authority maximizes the opportunities of a participant to live as independently as possible in the most inclusive community-based setting of the individual’s choice, empowers them to exercise choice and control over needed long-term services and supports, and helps to maintain and improve the participant’s health and quality of life in their community.

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In the Self-Directed Service Model, the participant, or their legal guardian or designated representative, with the support of their person-centered planning team, will have opportunities to:

2. Identify goals to support a trajectory for a good life in consideration of the person-centered planning methodologies such as the Charting the Life ~~C~~course (i.e., Integrated Support Star, Life Trajectory, and Exploring Life Possibilities), Integrated Long-Term Services and Supports – Needs Template and Before and After Integrated Supports, Essential Lifestyle Planning, Personal Futures Planning, MAPS, PATH, or an equivalent person-centered planning strategy;
3. Make choices about and direct all aspects of their lives, including by choosing and controlling the delivery of waiver services, who provides the services, and how services are provided;
4. ~~Choose, s~~Set wages (within reasonable and customary range) and the DDA-approved annual budget, ~~and schedule workers;~~
5. Choose, recruit, Ttrain, hire, schedule, managesupervise, and discharge ~~workersemployees and vendors that furnish their services;~~
6. Identify needed supports and services to ~~support-include in~~ their Person-Centered Plan (PCP) in accordance with their approved annual budget;
7. Control and manage a budget annually for the purchase of services and supports as specified in their PCP;
8. Use a Support Broker as an optional service to assist with all aspects of self-direction as outlined in the Participant Agreementemployer responsibilities, or as a required service if employing a relative, family member, designated representative, or legal guardian or using staff as an administrative assistantwith employer responsibilities; and
9. Use a ~~ServicesFinancial Management and Counseling Services (FMSFMCS)Fiscal Management Services provider (FMS)-provider~~ to assist with budget and payment

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responsibilities, which is required for participation in the Self-Directed Services Model.

**(b) How Participants May Enroll in the Self-Directed Service Model**

The DDA, Advocacy Specialists, and Coordinator of Community Services (CCS) will provide information about the Self-Directed Service Model to all participants and their families, legal guardian, or designated representatives (as applicable). If the participant is interested in the Self-Directed Service Model as the delivery model for services, then they will work with their CCS, along with a Support Broker, ~~if identified as applicable,~~ to organize their person-centered planning team, develop a PCP and request enrollment in the Self-Directed Service Model.

The CCS, with input from the participant’s team, will share information with the participant about the rights, risks, and responsibilities of managing their own services and managing and using an individual budget. This process is documented with completion of the DDA Participant Rights and Responsibilities and Self-Directed Services Participant Agreement Form to indicate the participant, their supported decision-making team, legal guardian, or their designated representative (as applicable) ~~is capable of making informed decisions such that there is: (1) no lapse or decline in the quality of care; (2) no increased risk to the health or safety of the participant; and (3) understands the responsibilities of employer and budget authorities.~~

**(c) Support by Entities for Participants in the Self-Directed Service Model**

The following entities will provide support services to participants in the Self-Directed Service Model: the Coordinator of Community Services (CCS), DDA Regional Office Self-Directed Services Leads, Advocacy Specialists, Support Brokers ~~(optional)~~, and the ~~Fiscal Management Services~~ Financial Management and Counseling Services (FMSFMCS) provider.

The CCS will provide supports that enable the participant to identify and address how to meet their needs and goals, including but not limited to:

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- 1. Providing information to the participant to support informed decisions about what service design and delivery models (Self-Directed Services and Traditional Services) will work best for the participant and their support network in accordance with their needs and goals;
  - ~~2. Explain roles and responsibilities of the Support Broker (if chosen) and the FMS provider pertaining to the types of available supports within the Self-Directed Service Model;~~
  - ~~3. Providing information related to Waiver program services available under the Self-Directed Services model (including Support Brokers, and the FMCS provider services), and providers/vendor options for the participant to choose;~~
  - ~~2. Explaining roles and responsibilities of the participant, Support Broker and the FMCS agency, employer and budget authorities responsibilities, and the participant agreement of the Support Broker and the FMCS provider pertaining to the types of available supports within the Self-Directed Service Model;~~
  - 4.3. Facilitating the timely development and revision of the Person-Centered Plan (PCP) and self-directed services budget designed to meet the participant’s needs, preferences, goals, and outcomes in the most integrated setting and cost-effective manner;
  - 5.4. Providing information, making referrals, and assisting participants with applications for services provided by community organizations, federal, State and local programs and community activities; and
  - 6.5. Monitoring the provision of services ~~as well as~~ conducting related follow-up activities.
- DDA Regional Office (RO) Self-Directed Services (SDS) Leads
- 1. The DDA RO SDS Leads provide technical assistance to participants who self-direct and their teams.

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2. Technical assistance can include:

- a. Supporting participants and their teams to understand waiver requirements and the rights/responsibilities of self-direction;
- b. Clarification requests of Person-Centered Plans and documents; and
- c. Meeting with teams to address requests that do not meet waiver requirements or show assessed need.

3. The RO SDS Lead can also support participants and teams to mitigate conflicts of interest by providing feedback to the annual Participant Agreement and other PCP documents.

Advocacy Specialists provide informational supports for participants considering or enrolled in the Self-Directing Services, including:

- 1. Providing information and technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State;
- 2. Facilitating and building relationships with self-advocates, self-advocacy groups and providers.
- 3. Supporting other self-advocates to learn about and understand DDA’s Self-Directed Services Model;
- 4. Providing general support to participants enrolled in the Self-Directed Services Model; and
- 5. Developing and conducting additional topic specific training that meets the needs of self-directed services participants in their regions such as -abuse, neglect, exploitation, and nepotism.

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A Support Broker services works at the direction of and for the benefit of an individual who uses self-directed services, including by assisting another individual chosen by the individual with:

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 for the individual; and
3. Performing other tasks.

Support Broker can also assist with budget authority responsibilities and working with vendors. All duties for which the Support Broker will provide assistance should be noted on the Participant Agreement form. Support Brokers can assist the participant, along with their supported decision-making team and/or designated representative, with any task associated with self-direction.

Support Broker services are offered as an optional service to all participants who enrolled in the Self-Directed Services Delivery Model, and as required service if the participant employs a relative, designated representative, legal guardian or day to day administrative assistant that is an direct support employee.- If a Support Broker is a participant’s legal guardian representative payee, or relative, there must be a policy in place that addresses conflict of interest and ensures oversight and integrity in provision of services. A participant’s relative or legal guardian can only be a Support Broker for that person if they do not provide any other direct services, and there are no other family members that provide direct services. A designated representative cannot be a participant’s Support Broker.

Support Brokers provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies.

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1. Develop modifications;
2. Make any decisions for the participant as the Employer of Record including budgetary decisions;
3. Sign-off on timesheets for service delivery; or
4. Hire or fire workers.

Support Broker services ~~are designed can also to~~ assist participants, along with their supported-decision making team, legal guardians, or their (or their designated designated -representatives (as applicable)) with the human resources employer-related functions necessary for successful self-direction. This includes:

- a. An initial introductory orientation related to the rights and responsibilities of the “employer of record”, such as Department of Labor, and applicable federal, State, and local employment requirements;
- b. Development of staff policies, procedures, schedules, and backup plan strategies; and
- c. Recruitment, advertising, and interviewing potential staff.

~~Fiscal Management Services~~ Financial Management and Counseling Services  
(~~FMS~~FMCS)

1. The FMCS provider acts as a fiscal intermediary to assist the participant with employer and budget related accounting and payroll functions as per federal, State, and local laws, regulations, and policies necessary for successful self-direction. The FMCS provider assists the participant, along with their supported-decision making team, legal guardian, or designated representative (as applicable); in financial transactions and managing legal employment requirements and employer related functions including:

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- a. Verifying that potential employees and vendors meet applicable qualifications to render the services as set forth in this Waiver program application and applicable laws and regulations;
  - b. Facilitating the employment of staff by the participant, along with their supported-decision making team, legal guardian, or designated representative (as applicable);
  - c. Managing, tracking, and directing the disbursement of funds;
  - d. Processing payroll, withholding federal, State, and local tax and making tax payments to appropriate tax authorities;
  - e. Performing fiscal accounting processes; and
  - f. Making and sharing monthly expenditure reports with the participant, along with their supported-decision making team, legal guardian, their designated representative (as applicable), and State authorities.
- Individuals may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision-making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.

**b. Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

- Participant – Employer Authority.** As specified in *Appendix E-2, Item a*, the participant (or the participant’s representative) has decision-making authority over workers who provide waiver services. The participant may function as the common

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	law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
<input type="radio"/>	<b>Participant – Budget Authority.</b> As specified in <i>Appendix E-2, Item b</i> , the participant (or the participant’s representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
<input checked="" type="radio"/>	<b>Both Authorities.</b> The waiver provides for both participant direction opportunities as specified in <i>Appendix E-2</i> . Supports and protections are available for participants who exercise these authorities.

**c. Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

<input checked="" type="checkbox"/>	<b>Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.</b>
<input type="checkbox"/>	<b>Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.</b>
<input checked="" type="checkbox"/>	<p><b>The participant direction opportunities are available to persons in the following other living arrangements</b></p> <p><i>Specify</i> these living arrangements:</p>
	Participant direction opportunities are available to participants who live with other individuals under a lease <u>or Shared Living waiver service arrangement</u> .

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**d. Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

<input type="radio"/>	<b>Waiver is designed to support only individuals who want to direct their services.</b>
<input checked="" type="checkbox"/>	<b>The waiver is designed to afford every participant (or the participant’s representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.</b>
<input checked="" type="checkbox"/>	<p><b>The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.</b></p> <p><i>Specify the criteria</i></p> <p><u>The Self-Directed Services (SDS) Participant’s Agreement must be completed that documents both the participant’s request for assistance in self-directing their services, and the team members’ agreement to assist and support with the specific work or tasks described in this Agreement.</u></p>

**e. Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant’s representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and (c) how and when this information is provided on a timely basis.

The Coordinator of Community Services (CCS) ~~of each participant~~ is responsible for providing information to the participant; and their legal guardian, ~~or and their~~ designated

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representative (as applicable) about available Waiver program services and delivery models, including the DDA’s Traditional and Self-Directed Service Models. The CCS provides information on availability of services, benefits, responsibilities, and liabilities associated with participation in the Self-Directed Service Model. The CCS provides this information during the initial meeting, the annual Person-Centered Planning Meeting, and upon request. The CCS will document the participants service delivery model choice on the initial Freedom of Choice Form. In addition, the CCS will attest to informing the participant of their right to choose the service delivery model (either the Self Directed Model or Traditional/Provider Model) on the PCP signature sheet. The participant and their authorized representative also attest that they understand the participant is free to choose the service delivery model (either the Self Directed Model or Traditional/Provider Model) on the PCP signature sheet.

The DDA also provides information about its Self-Directed Service Model via webinars, workshops, conferences, DDA’s website, and upon request.

**f. Participant Direction by a Representative.** Specify the State’s policy concerning the direction of waiver services by a representative (*select one*):

<input type="radio"/>	<b>The State does not provide for the direction of waiver services by a representative.</b>
<input checked="" type="checkbox"/>	<b>The State provides for the direction of waiver services by representatives.</b>  Specify the representatives who may direct waiver services: ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/>	<b>Waiver services may be directed by a legal representative of the participant.</b>
<input checked="" type="checkbox"/>	<b>Waiver services may be directed by a non-legal representative freely chosen by an adult participant.</b> Specify the policies that apply regarding the

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		<p>direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:</p> <p>A participant enrolled in the Self-Directed Services Delivery Model (as provided in this Appendix E) may authorize a non-legal representative to direct services on their behalf as documented <u>in the DDA Self-Directed Services Participant Agreement</u> <del>form approved the DDA and associated included with the participant’s Person-Centered Plan (PCP).</del> <u>The Self-Directed Services (SDS) Participant’s Agreement documents both the participant’s request for assistance in self-directing their services, and the team members’ agreement to assist and support with the specific work or tasks described in the Agreement.</u></p> <p><u>Requirements of the Agreement include:</u></p> <ol style="list-style-type: none"> <li><u>1. The participant’s CCS must assist the participant and their team to complete this agreement per the participant’s preferences and best interests.</u></li> <li><u>2. The CCS must assist the participant and their team to update this agreement if any changes are requested by the participant or their team members.</u></li> <li><u>3. The CCS must review this document with the participant on a quarterly basis to: a. Make sure that the team members are those that the participant chooses, and b. Confirm that each team member’s agreement to assist and support the participant as stated in this document is current.</u></li> <li><u>4.4. The CCS must make sure that the participant’s team roles and responsibilities do not conflict with program requirements and rule. The roles, work, and responsibilities of each team member are different. This means that the work of one team member cannot be completed by another team member. The roles and responsibilities of each member are outlined and described or defined in the DDA Self Directed Services Handbook and applicable DDA Waiver. Those roles include:</u> <ol style="list-style-type: none"> <li><u>a. Participant;</u></li> </ol> </li> </ol>
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		<p><u>b. Coordinator of Community Services (CCS);</u></p> <p><u>c. Employee, Provider, Vendor, and Contractor;</u></p> <p><u>d. Financial Management and Counseling Services (FMCS) provider; and</u></p> <p><u>e. Support Broker.</u></p> <p><del>To ensure the use of a non-legal representative to direct services is in the best interest of the participant, the following criteria must be documented in the participant's PCP:</del></p> <p><del>1. Choice of individual truly reflects the participant's wishes and desires;</del></p> <p><del>2. The provision of service by the non-legal representative is in the best interests of the participant;</del></p> <p><del>3. The provision of support by the non-legal representative is appropriate and based on the participant's identified support needs; and</del></p> <p><del>4. The Designated Representative has passed a background check through the Criminal Justice Information System as provided in Appendix C-2-a;</del></p> <p><del>5.1.A completed and signed Designated Representative form that reflects the participant's appointment of the non-legal representative to act on the participant's behalf in the Self-Directed Services Model, is completed in accordance with applicable federal and State laws and regulations governing the Waiver program.</del></p>
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**g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3. *(Check the opportunity or opportunities available for each service):*

Participant-Directed Waiver Service	Employer	Budget
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	<b>Authority</b>	<b>Authority</b>
Assistive Technology and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community Development Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Day Habilitation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Discovery & Customization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental Modifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family and Peer Mentoring Supports	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Caregiver Training & Empowerment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individual and Family Directed Goods and Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nurse Consultation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing Health Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing Case Management and Delegation Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Participant Education, Training, and Advocacy Supports	x	<input checked="" type="checkbox"/>
Personal Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respite Care Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support Broker Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supported Employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle Modifications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

<input checked="" type="radio"/>	<p><b>Yes. Financial Management Services are furnished through a third party entity.</b>  <i>(Complete item E-1-i).</i>                  Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i></p>
<input type="checkbox"/>	<b>Governmental entities</b>
<input checked="" type="checkbox"/>	<b>Private entities</b>
<input type="radio"/>	<p><b>No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.</b> <i>Do not complete Item E-1-i.</i></p>

**i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

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○	FMS are covered as the waiver service	
	specified in Appendix C-1/C-3 <b>The waiver service entitled:</b>	
X	<b>FMS are provided as an administrative activity.</b>  <i>Provide the following information</i>	
i.	<b>Types of Entities:</b> Specify the types of entities that furnish FMS and the method of procuring these services:  Providers certified by the DDA as an Organized Health Care Delivery Systems (OHCDS) in accordance with applicable State regulations provide this service. Providers are identified through the Maryland Department of Health request for proposal procurement processes.	
ii.	<b>Payment for FMS.</b> Specify how FMS entities are compensated for the administrative activities that they perform:  The <u>FMSFMCS</u> is compensated for administrative activities as per their contract with MDH. <u>As per COMAR 10.27.17.13, the cost of fiscal management services are to be deducted from an individual’s budget.</u>	
iii.	<b>Scope of FMS.</b> Specify the scope of the supports that FMS entities provide ( <i>check each that applies</i> ):  Supports furnished when the participant is the employer of direct support workers:	
	<input checked="" type="checkbox"/>	<b>Assists participant in verifying support worker citizenship status</b>
	<input checked="" type="checkbox"/>	<b>Collects and processes timesheets of support workers</b>

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<input checked="" type="checkbox"/>	<b>Processes payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance</b>
<input checked="" type="checkbox"/>	<p><b>Other</b></p> <p><i>Specify:</i></p> <p>Employer and Budget Authorities tasks including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Verifying that potential staff or vendors meet applicable qualifications including background checks, certifications, trainings, and licensing requirements;</li> <li>2. Managing and directing the disbursement of funds contained in the <u>participant's</u> self-directed services budget <u>sheet</u>, <del>approved by the DDA</del>;</li> <li>3. Acting as a neutral bank, receiving, and disbursing public funds and tracking and reporting on the status of each participant's budgeted funds (received, disbursed, and any balances);</li> <li><u>4.</u> Processing and paying for approved services in the PCP;</li> <li><u>4.5.</u> <u>Ensuring that all payments meet program standards;</u></li> <li><u>5.6.</u> Preparing and distributing reports (e.g., budget status and expense reports) to participants, their CCS, DDA, and other entities as requested; and</li> <li><u>6.7.</u> <u>Manag<u>ing</u></u> nursing access to the Health Risk Screening Tool (HRST) to support participants enrolled in the self-directed service delivery model unless otherwise directed by the DDA.</li> </ol> <p>Supports furnished when the participant exercises budget authority:</p>
<input checked="" type="checkbox"/>	<b>Maintains a separate account for each participant's participant-directed budget</b>

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<input checked="" type="checkbox"/>	<b>Tracks and reports participant funds, disbursements and the balance-of participant funds</b>
<input checked="" type="checkbox"/>	<b>Processes and pays invoices for goods and services approved in the service plan</b>
<input checked="" type="checkbox"/>	<b>Provide participant with periodic reports of expenditures and the status of the participant-directed budget</b>
<input checked="" type="checkbox"/>	<p><b>Other services and supports</b></p> <p><i>Specify:</i></p> <ol style="list-style-type: none"> <li>1. The <u>FMSFMCS</u> provider assists the participant, <u>along with their supported-decision making team,</u> legal guardian, or designated representative (as applicable) to:             <ol style="list-style-type: none"> <li>a. Manage and direct the disbursement of funds contained in the <u>current</u> approved <u>annual</u> self-directed budget <u>allocation</u>;</li> <li>b. Facilitate the employment of staff by the participant, legal guardian, or designated representative (as applicable), by performing as the participant’s agent to verify employee and vendor qualifications, processing payroll, withholding Federal, State, and local tax and making tax payments to appropriate tax authorities; and</li> <li>c. Perform fiscal accounting and disseminate expense reports to the participant or, <u>legal guardian, or their designated representative (as applicable), <del>and</del> State authorities, and other entities as requested.</u></li> </ol> </li> </ol>

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	<p>d. The FMCS provider assists the participant, legal guardian, or designated representative (as applicable) with Budget Authority tasks such as:</p> <ul style="list-style-type: none"> <li>i. Acting as a neutral bank, receiving, and disbursing public funds, tracking and reporting on the status of the participant’s budgeted funds (received, disbursed and any balances);</li> <li>ii. Maintaining a separate account for each participant’s self-directed budget;</li> <li>iii. Tracking <u>and distributing</u> a participant's funds, as approved by the DDA <del>and, and disbursements</del> in accordance with Waiver program requirements;</li> <li>iv. <u>Ensuring that the participant stays within their budget and managing cost savings, including unallocated funds for goods and services not explicitly approve in the participant’s PCP as per program requirements;</u></li> <li>v. Processing and paying invoices for Waiver program services in accordance with the DDA’s authorization; and</li> <li>vi. Preparing and distributing reports (e.g., budget status and expenditure reports) to participants, the DDA, and other entities as requested</li> <li>vii. Additional <del>f</del>Functions/activities such as- provid<u>ing</u>e other entities specified by the State with periodic reports of expenditures and the status of the self-directed budget</li> </ul>
	Additional functions/activities:

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<input type="checkbox"/>	<b>Executes and holds Medicaid provider agreements as authorized under a written agreement with the Medicaid agency</b>
<input checked="" type="checkbox"/>	<b>Receives and disburses funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency</b>
<input checked="" type="checkbox"/>	<b>Provides other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget</b>
<input type="checkbox"/>	<b>Other</b>  <i>Specify:</i>
<b>iv.</b>	<b>Oversight of FMS Entities.</b> Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and (c) how frequently performance is assessed.
	<p>The FMCS provider is required to obtain annual independent financial audits.</p> <p>On an annual basis, the DDA <u>or its designee</u> will conduct a representative sample review of Self-Directed Services participants’ budgets, billing, and payments.</p> <p><u>If there are concerns about billing, the FMCS provider may be referred to the DDA and/or OLTSS staff, or to the Department’s Internal Audit and Control (IAC) staff. A referral may also be made to Maryland’s Medicaid Fraud Control Unit, which may conduct audits when there is a strong likelihood of fraud.</u><del>If there are concerns about billing, the FMS provider may be referred to DDA and OLTSS auditing staff or to the Department’s Office of the Inspector General. A referral may also be made to</del></p>

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Maryland’s Medicaid Fraud Control Unit, which may conduct audits when there is a strong likelihood of fraud.

- j. Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

<input checked="" type="checkbox"/>	<p><b>Case Management Activity.</b> Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.</p> <p><i>Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:</i></p>
<p>A participant, enrolled in either Self-Directed Services or Traditional Services delivery models, must receive targeted case management services from a Coordinator of Community Services (CCS). The CCS provides supports to participant, <u>along with their supported-decision making team</u>, legal guardian, or designated representative (as applicable), and their families, <u>to help them identify with</u>-all of their <del>complexity</del>, strengths, and unique abilities to achieve self-determination, independence, productivity, integration, and inclusion in all facets of community life across the lifespan. This includes learning about options under the DDA’s Self-Directed Service Model, planning for the participant’s future, and accessing needed services and supports. The CCS promotes services that are planned and delivered in a manner that are timely executed to meet the participant’s needs as stated in their Person-Centered Plan (PCP) <u>and</u>, encourages self-sufficiency, health and safety, meaningful community participation, and the participant’s desired quality of life.</p>	

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<input checked="" type="checkbox"/>	<b>Waiver Service Coverage.</b> Information and assistance in support of participant direction are provided through the waiver service coverage (s) specified in Appendix C-1/C-3 (check each that applies):	
	<b>Participant-Directed Waiver Service</b>	<b>Information and Assistance Provided through this Waiver Service Coverage</b>
	Support Broker Services	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<b>Administrative Activity.</b> Information and assistance in support of participant direction are furnished as an administrative activity.  <i>Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and (e) the entity or entities responsible for assessing performance:</i>	

**k. Independent Advocacy** (select one).

<input type="radio"/>	<b>No. Arrangements have not been made for independent advocacy.</b>
<input checked="" type="radio"/>	<b>Yes.</b> Independent advocacy is available to participants who direct their services.  <i>Describe the nature of this independent advocacy and how participants may access this advocacy:</i>  Advocacy Specialists:

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	<ol style="list-style-type: none"> <li>1. Provide information, technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State;</li> <li>2. Provide feedback to <u>the</u> DDA staff on communications with <del>individuals-participants</del> receiving the DDA’s Self-Directed Services delivery model;</li> <li>3. Build relationships with self-advocates, self-advocacy groups and providers.</li> <li>4. Provide and support other self-advocates to learn about and understand the DDA’s <u>Self-Directed Services delivery model</u><del>self-directed services</del>;</li> <li>5. Provide general support to people receiving <u>self-directed</u> services from DDA; and</li> <li>6. Develop and conduct additional training that meets the needs of Self-Advocates in their regions.</li> </ol> <p><u>Advocacy Specialists</u> <del>Advocates</del> participate in various DDA trainings, committees, and workgroups; provide one-to-one information and technical assistance; provide one-to-one advocacy services; and make frequent contact with Coordinators of Community Service in order to assist participants seeking advocacy services related to the Self-Directed Services delivery model.</p> <p><b>PARTICIPANT ACCESS</b></p> <p>Participants may contact the <u>Advocacy Specialists</u> <del>advocates</del> via telephone or email or at trainings to <del>avail themselves of</del><u>obtain</u> advocacy services. The independent <u>Advocacy Specialists</u> <del>advocates</del> are available to provide assistance to address an issue of concern, training, technical assistance, and <u>other</u> advocacy services to participants currently directing their own services or interested in self-directing their services. The <del>-</del><u>Advocacy Specialists</u> <del>advocates</del> provide information, technical assistance, and advocacy via the internet, telephone, or in person as requested.</p>

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**l. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

The participant, legal guardian, or their designated representative (as applicable) may choose to terminate the participant’s enrollment in the Self-Directed Services Model at any time without cause in order to receive services under the Traditional Services delivery model, directly from a provider.

In order to terminate participation in the Self-Directed Service Model and transition to the Traditional Services delivery model, the participant, legal guardian, or their designated representative (as applicable) , must notify the participant’s Coordinator of Community Services (CCS). The CCS will assist the participant in transitioning to the Traditional Services delivery model and selecting licensed/certified provider(s) to provide services. The CCS ~~shall~~will work with the participant, and their legal guardian ~~their or~~ designated representative, and their family team to develop a transition plan ~~to that~~ includes strategies ~~to that~~ ensure service continuity and assure the participant’s health and welfare.

**m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

While enrolled in the Self-Directed Service Model, participants, along with their supported-decision making team, their legal guardians, and-or their designated representatives (as applicable) are required to comply with the requirements set forth in this Waiver program application and all applicable federal, State, and local laws, regulations, and Department policies and procedures.

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The DDA has the authority to restrict the availability of services under the Self-Directed Service Model or to terminate the participant’s enrollment in Self-Directed Service Model if one of the following circumstances occurs:

- 1) The participant no longer meets eligibility criteria for the waiver;
- 2) The participant’s Person-Centered Plan (PCP) and/or self directed services budget has not been submitted to the DDA (for DDA’s review and approval) in a timely manner and this failure is attributable to the participant, their supported-decision making team, legal guardian, or their designated representative ;
- 3) The participant does not receive services under the Self-Directed Services Model, in accordance with the participant's Person-Centered PlanPCP and annual budget, for 90 days or more, with the exception of extenuating circumstances;
- 4) The health, safety, or welfare of the participant is compromised by continued participation in the Self-Directed Service Model;
- 5) The rights of the participant are being compromised;
- 6) Failure of the participant, their supported-decision making team, legal guardian, or the participant’s designated representative (as applicable) to comply with any applicable federal, State, or local law, regulation, policy, or procedure; or
- 7) Failure of the participant, their supported-decision making team, legal guardian, or the participant’s designated representative (as applicable) to manage funds within the DDA-approved annual budget, including expending or attempting to expend funds inconsistent with the DDA-approved annual budget.

In the event the DDA restricts or terminates the participant’s enrollment in the Self-Directed Service Model in accordance with this section, the DDA shall notify in writing the participant, legal guardian, or their designated representative (as applicable), their Coordinator of Community Service (CCS), Support Broker, and the FMCS provider. This

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notice shall include: (1) the date and basis of the DDA’s determination; and (2) the participant’s right to a Medicaid Fair Hearing as described in Appendix F.

The CCS shall work with the participant, legal guardian, or their designated representative (as applicable), and their family-person-centered planning team to develop a transition plan to include strategies to ensure service continuity and assure the participant’s health and welfare.

- n. **Goals for Participant Direction.** In the following table, provide the State’s goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

<b>Table E-1-n</b>		
	<b>Employer Authority Only</b>	<b>Budget Authority Only or Budget Authority in Combination with Employer Authority</b>
<b>Waiver Year</b>	<b>Number of Participants</b>	<b>Number of Participants</b>
<b>Year 1</b>		<u>100693</u>
<b>Year 2</b>		<u>936200</u>
<b>Year 3</b>		<u>1214300</u>
<b>Year 4</b>		<u>1528325</u>
<b>Year 5</b>		<u>1877350</u>

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**Appendix E-2: Opportunities for Participant-Direction**

**a. Participant – Employer Authority** *Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:*

**i. Participant Employer Status.** Specify the participant’s employer status under the waiver. *Select one or both:*

	<p><b>Participant/Co-Employer.</b> The participant (or the participant’s representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.</p> <p>Specify the types of agencies (a.k.a., “agencies with choice”) that serve as co-employers of participant-selected staff:</p>
<input checked="" type="checkbox"/>	<p><b>Participant/Common Law Employer.</b> The participant (or the participant’s representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant’s agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.</p>

**ii. Participant Decision Making Authority.** The participant (or the participant’s representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

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<input checked="" type="checkbox"/>	<b>Recruit staff</b>
<input type="checkbox"/>	<b>Refer staff to agency for hiring (co-employer)</b>
<input checked="" type="checkbox"/>	<b>Select staff from worker registry</b>
<input checked="" type="checkbox"/>	<b>Hire staff (common law employer)</b>
<input checked="" type="checkbox"/>	<b>Verify staff qualifications</b>
<input checked="" type="checkbox"/>	<p><b>Obtain criminal history and/or background investigation of staff</b></p> <p>Specify how the costs of such investigations are compensated:</p> <p><u>The cost of criminal background checks are paid by the FMCS provider.</u></p> <p><del>Criminal background checks are paid for by the DDA.</del></p>
<input checked="" type="checkbox"/>	<b>Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.</b>
<input checked="" type="checkbox"/>	<b>Determine staff duties consistent with the service specifications in Appendix C-1/C-3.</b>
<input checked="" type="checkbox"/>	<b>Determine staff wages and benefits subject to applicable State limits</b>
<input checked="" type="checkbox"/>	<b>Schedule staff</b>
<input checked="" type="checkbox"/>	<b>Orient and instruct-staff in duties</b>

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<input checked="" type="checkbox"/>	<b>Supervise staff</b>
<input checked="" type="checkbox"/>	<b>Evaluate staff performance</b>
<input checked="" type="checkbox"/>	<b>Verify time worked by staff and approve time sheets</b>
<input checked="" type="checkbox"/>	<b>Discharge staff (common law employer)</b>
<input type="checkbox"/>	<b>Discharge staff from providing services (co-employer)</b>
<input type="checkbox"/>	<b>Other</b> Specify:

**b. Participant – Budget Authority** *Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:*

**i. Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget.

*Select one or more:*

<input checked="" type="checkbox"/>	<b>Reallocate funds among services included in the budget</b>
<input checked="" type="checkbox"/>	<b>Determine the amount paid for services within the State’s established limits</b>
<input checked="" type="checkbox"/>	<b>Substitute service providers</b>

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<input checked="" type="checkbox"/>	<b>Schedule the provision of services</b>
<input checked="" type="checkbox"/>	<b>Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3</b>
<input checked="" type="checkbox"/>	<b>Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3</b>
<input checked="" type="checkbox"/>	<b>Identify service providers and refer for provider enrollment</b>
<input checked="" type="checkbox"/>	<b>Authorize payment for waiver goods and services</b>
<input checked="" type="checkbox"/>	<b>Review and approve provider invoices for services rendered</b>
<input type="checkbox"/>	Other Specify:

**ii. Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

A participant’s self-directed budget allocation will be determined annually through a person-centered planning process and demonstrated assessed need. The participant’s self-directed budget will encompass all services in their PCP ~~and will be presented as part of the person-centered planning process.~~

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~~The following approach must be used for determining a participant’s self-directed budget until the budget process is transitioned to the LTSSMaryland detail service authorization process noted below:~~

- ~~1. The Coordinator of Community Services (CCS) and Team will assess the needs of the participant through a person-centered planning processes;~~
- ~~2. The CCS and Team will develop a Person-Centered Plan to meet those needs and service request (expressed in service units and cost reimbursement services); and~~
- ~~3. The CCS will complete and submit the DDA Cost Detail Tool with the PCP. The Cost Detail Tool includes all available services and associated rate based on the traditional service delivery model. Annually, if approved by the General Assembly, the DDA applies a Cost of Living Adjustment (COLA) to traditional service rates which is updated in the Cost Detail Tool. The Cost Detail Tool establishes the overall budget and participants maintain full budget authority to pay their employees within reasonable and customary rates for each service. The required use of the Cost Detail Sheet for both participants using the self-directed and traditional service delivery models ensure fair and equitable funding regardless of the service model chosen.~~
- ~~4. The CCS submits the Person-Centered Plan with the Cost Detail Tool to the DDA Regional Office for approval.~~
- ~~5. Once the PCP and Cost Detail Sheet is approved by the DDA, the participant can then create or finalize their self-directed budget sheet and determine pay rates based on reasonable and customary program standards.~~

Effective January 1, 2021, during the initial, ~~revised~~, and annual PCP planning processes, the participant’s self-directed budget will be determined based on the approved LTSSMaryland PCP detailed service authorization. The LTSSMaryland PCP detailed service authorization form includes all available services and associated rates based on the traditional service delivery model. The required use of the LTSSMaryland PCP detailed service authorization for participants, enrolled in either

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the self-directed services or traditional services delivery models, ensure fair and equitable funding regardless of the service model chosen.

Information regarding the PCP development and authorization process and budget methodology for participant-directed budgets ~~is available on the DDA’s website~~ will be made available to the public via the federally approved waiver application, regulations, and a new self-directed services manual. The new manual is anticipated to be released in the Fall 2020 or sooner.

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

The Coordinator of Community Services (CCS) and Support Broker will share information about the Waiver program, to include the various services and supports and budget caps. Once the PCP is completed, the DDA reviews and authorizes the PCP based on the participant’s needs. The DDA sends notice to the participant and legal guardian or designated representative (if applicable) of the final authorized budget.

The self-directed budget is based on the assessed service need, documented in the initial and Annual PCP, and traditional rates. If there is a new health and safety service need assessed, the participant, along with their supported-decision making team, legal guardian, or their designated representative (as applicable) notifies the CCS. ~~Participants or their designated representative notifies their CCS regarding a new assessed Waiver program service need.~~ A The CCS will ~~revised the~~ PCP and associated documents ~~are completed~~ to reflect the health and safety requested service(s) which is then submitted to DDA Regional Office for review. If approved, the revised PCP and associated budget allocation is then used to create the self-directed budget sheet, which is ~~submitted~~ provided to the team and ~~FMSFMCS~~.

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If the DDA denies the request for a Waiver program service or reduces the approved budgeted amount, the participant has the right to request a Medicaid Fair Hearing as described in Appendix F.

**iv. Participant Exercise of Budget Flexibility.** *Select one:*

<input checked="" type="checkbox"/>	<b>Modifications to the participant directed budget must be preceded by a change in the service plan.</b>
<input type="checkbox"/>	<p><b>The participant has the authority to modify the services included in the participant directed budget without prior approval.</b></p> <p>Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:</p>
	<p><u>Participants with the support of their team may move funding across approved budget service lines as per the DDA policy and guidance noted in the Self Directed Services Financial Management and Counseling Services Transition, Person Centered Plan, Self Directed Budget Sheet, and Timesheet/Invoice Guidance and subsequent updates.</u></p>

**v. Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

The participant, along with their supported-decision making team, their legal guardian, or ~~and~~ their designated representative (as applicable), with the support of the

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Coordinator of Community Service, and the MSFMCS provider, will monitor funds spent on services and the projected spending for the participant’s person-centered plan year. The FMSFMCS provider will provide a real time web-based access to monthly report expenditure reports to the participant, legal representative guardian, ~~and~~ their designated representative, and team (as applicable), -with information related to expenditures and current balance.

The DDA or its designee will monitor: (1) the FMSFMCS provider for proper allocation of funding and services provided; and (2) the participant, along with their supported-decision making team, legal guardian, and their designated representative (as applicable) for possible over- and under-utilization of services.

The use of a multi-layered review process ensures that potential budget problems are identified on a timely basis. When over- or under-utilization is “flagged,” the Coordinator of Community Services or their FMSFMCS provider contacts the participant, along with their supported-decision making team, and their legal guardian or designated representative (as applicable) to assess the reasons for over- or under-utilization and whether technical assistance, further training, or changes in the plan and budget, such as a reprioritization of services, are required.

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