



Developmental Disabilities Administration (DDA) Waiver Amendment #3 – 2020 Guidance Memos

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February 26, 2021



Agenda

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DDA Amendment #3 Memo Guidance



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Current Initiatives

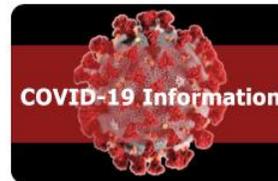
- > DDA's Transformation Plan
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Welcome to the Maryland Developmental Disabilities Administration (DDA)



COVID-19 Updates and Resources

The Developmental Disabilities Administration (DDA) has gathered resources and developed guidance to support individuals with developmental disabilities with the delivery of community-based services in response to COVID-19.



Customer Service

Join our mailing list

Report Abuse or Concern

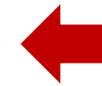
What's New at DDA

Latest DDA Updates



Approval of DDA Waiver Programs - Amendment #3 2020

- Family Supports Waiver Federally Approved Application
- Community Supports Waiver Federally Approved Application
- Community Pathways Federally Approved Application
- DDAAmendment#3 - 2020 Memo/Guidance



Reference: : [DDA Website- What's New at DDA](https://dda.health.maryland.gov/Pages/new%20updates.aspx)
<https://dda.health.maryland.gov/Pages/new%20updates.aspx>

DDA Amendment #3 Memo Guidance

DDA Amendment #3 - 2020 Memo/Guidance

On January 19, 2021, the Centers for Medicare and Medicaid Services (CMS) approved the Maryland Department of Health (MDH) Developmental Disabilities Administration (DDA) Waiver Amendments #3 2020 with an effective date of January 19, 2021.

The purpose of this webpage is to inform stakeholders of changes to the DDA's Home and Community-Based Services (HCBS) Waiver programs (i.e., Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver) and operations based on the approved Amendment #3-2020.

Memos

- [Memo #1 - DDA Amendment #3 - Waiver Eligibility – February 16, 2021](#)
- [Memo #2 - DDA Amendment #3 - Person Centered Plan Changes - February 16, 2021](#)
- [Memo #3 - DDA Amendment #3 - Virtual Supports - February 16, 2021](#)
- [Memo #4 - DDA Amendment #3 - Acute Care Hospital Supports - February 16, 2021.](#)
- [Memo #5 - DDA Amendment #3 - Personal Supports - February 16, 2021](#)
- [Memo #6 - DDA Amendment #3 - Dedicated Hours to Support More than One Participant - February 16, 2021](#)
- [Memo #7 - DDA Amendment #3 - Nursing Support Services Provider Program Service Plan Update - February 16, 2021](#)
- [Memo #8 - DDA Amendment #3 - Coordination of Community Services – Certification - February 16, 2021](#)

Federally Approved Waivers

- [Family Supports Waiver – Amendment #3 2020](#)
- [Community Supports Waiver – Amendment #3 2020](#)
- [Community Pathways Waiver – Amendment #3 2020](#)

Reference:

[DDA Amendment #3 – 2020 Memo/Guidance](#)

DDA Amendment #3 Memo Guidance

- Please note that the guidance memos are intended to highlight the changes in the DDA Waiver programs created by Amendment #3 - 2020
- Guidance memos do not address all applicable DDA Waiver program requirements
- To review all applicable DDA Waiver program requirements, please refer directly to Amendment #3 of the DDA Waiver program application, effective January 19, 2021
- As applicable, the [DDA Appendix K Emergency Preparedness and Response](#) may supersede this guidance, standards, and requirements

Memo #1 - Waiver Eligibility

DDA Waiver Amendment #3 - 2020

Waiver Eligibility

- Memo #1 Guidance relates to the DDA Waiver program eligibility criteria for the Family Supports, Community Supports, and Community Pathways Waivers
- To be eligible for participation in a DDA Waiver program, the applicant must meet all applicable criteria for technical, medical, and financial eligibility
- All current participants, regardless of age or services, will remain in their current Waiver program. The new eligibility criteria will only apply to new applicants as of the January 19, 2021

Waiver Eligibility

- Each of the DDA Waiver programs will support a specific targeted group of individuals with a developmental disability

Waiver Program	Age
Family Supports Waiver	Birth to 21 years
Community Supports Waiver	18 years or older
Community Pathways Waiver	18 years or older with assessed need for residential service

Note: Family Support Waiver participants may remain on the waiver through the end of the school year that the individual turns 21 years old.

Waiver Eligibility

- If a participant is disenrolled from a DDA Waiver program (e.g., because the participant temporarily does not meet applicable eligibility criteria) and then reapplies, then they may be enrolled in a new Waiver program, based on the following criteria:
 - Individuals whose previous or current providers are authorized to provide services under the new Waiver program, will be considered for a new DDA Waiver program, based on established targeted criteria noted on the previous slide
 - Individuals whose previous or current providers are not authorized to provide services under the new Waiver program, will be considered for their previous DDA Waiver program

Waiver Eligibility

- Participants enrolled in the Community Supports Waiver with an assessed need for residential service may request to be enrolled in the Community Pathways Waiver
 - The Coordinator of Community Services (CCS) complete an Initial PCP for the Community Pathways Waiver and demonstrate the assessed residential service need
 - The DDA will assess the need and available slots for enrollment in the Community Pathways Waiver (e.g., Emergency; Community Supports Waiver Participant with Increased Needs)

Reference: Refer a DDA Waiver Participant to Another Home and Community Based Waiver Program Policy

LTSS *Maryland* Wave Placement

LTSS <i>Maryland</i> Wave Program Selection			
Age	Family Supports Waiver	Community Supports Waiver	Community Pathways Waiver
All children under the age of 18	✓		
Individuals age 18 to 21 <i>without</i> an assessed need for residential service	✓	✓	
Individuals age 22 and older <i>without</i> an assessed need for residential service		✓	
Individuals age 22 and older <u>with</u> a potential assessed need for residential service		✓	✓
Individuals age 18 and older <u>with</u> an assessed need for residential service			✓

Individual Cost Cap Discontinued Processes

Discontinued Processes and Forms:

- Waiver Budget Form
- DDA Regional Office Family Supports Waiver and Community Supports Waiver Individual Cost Limit Exception Form

Service Budget

Person Name		Total Individual Budget
Plan Type		Traditional
County	Baltimore County	Individual Services Request
Supervision/Assistance Level (Day Services)	N/A	
Health/Medical Level (Day Services)	N/A	

Meaningful Day Services

Provider (Optional)	Service Name	Unit Type	Rate	Days	Total Amount
Meaningful Day Services Subtotal					\$ -

Medical Day Care

Provider (Optional)	Service Name	Unit Type	Rate	Days	Total Amount
Medical Day Care Subtotal					\$ -

Personal Supports

Provider (Optional)	Service Name	Unit Type	Rate	Units	Total Amount
Personal Supports Subtotal					\$ -

Support Services

Provider (Optional)	Service Name	Unit Type	Rate	Units	Total Amount	Service Ent
Additional Supports Subtotal						\$ -

Residential Services

Provider (Optional)	Service Name	Total Individual Budget
Residential Services Subtotal		\$ -

**DDA Regional Office
Family Supports Waiver and Community Supports Waiver
Individual Cost Limit Exception Form**

Person: _____ LTSS ID#: _____ Date: _____

Waiver Program: Family Supports Waiver Community Supports Waiver

Person-Centered Plan Type: Revised Annual (check one) Created Date: _____

Findings: *(Please check all that apply and summarize and cite specific supporting information)*

<input checked="" type="checkbox"/>	Criteria for DDA Authorization of Funding in Excess of Individual Cost Limit	Summarize and cite specific parts of PCP or MSFPR that support that decision
<input type="checkbox"/>	1. The participant's condition or circumstances post-entrance to the waiver has resulted in the provision of services in an amount that exceeds the cost limit in order to support the participant's life trajectory goals or assure the participant's health and safety.	
<input type="checkbox"/>	2. There are no other natural, community, local, State, or federal services or supports available to meet the Waiver participant's assessed health and safety needs and life trajectory goals.	
<input type="checkbox"/>	3. The PCP or Modified Service Plan Request ("MSFPR") includes documentation that such alternative services and supports have been fully explored.	
<input checked="" type="checkbox"/>	Criteria for Denying Request	Summarize and cite specific parts of PCP, MSFPR, or other source that support that decision
<input type="checkbox"/>	1. Service needs are not in excess of the individual cost limit of the FSW or CSW in which the Waiver participant is currently enrolled;	
<input type="checkbox"/>	2. Service needs are covered under the Medicaid State Plan or other State or federal funding source;	
<input type="checkbox"/>	3. Service needs are met with available natural and community supports;	
<input type="checkbox"/>	4. Service(s) requested are not covered under the FSW or CSW in which the Waiver participant is currently enrolled;	
<input type="checkbox"/>	5. Lack of documentation to demonstrate an assessed need for the service(s) requested; or	
<input type="checkbox"/>	6. Other reason the Waiver participant's request does not meet the criteria for authorization listed above.	

DDA Regional Staff Name: _____ Date: _____

Questions



Memo #2 - Person-Centered Plan Service Changes

DDA Waiver Amendment #3 - 2020

Person-Centered Plan Service Changes

Memo #2 relates to Person-Centered Plans changes including:

- Hourly service units changing to 15-minute units;
- Day Habilitation Groups replacing Day Habilitation Small and Large Group;
- Nursing Supports Services replacing Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation Services; and
- Community Living Retainer Fee no longer displaying in the detailed service authorization

Hourly Units Changing to 15- Minute Units

Unit Calculation Type: Daily

All

May June July August September October

November December January February March April

May

Sunday: hours minutes

Monday: hours minutes

Tuesday: hours minutes

Wednesday: hours minutes

Thursday: hours minutes

Friday: hours minutes

Saturday: hours minutes

Days Per Week: (max 7 days a week)

How Many Weeks: * (max 3 weeks)

Units Per Week:

Calc Type	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Actions
Daily	64	164	168	162	173	159	162	180	162	152	180	152	69	<input type="button" value="Editing..."/>

To provide more flexibility for participants to design meaningful day services to meet their needs and choices of activities and mitigate the loss of revenue by providers, one (1) hour services units will now be noted as **15-minute** billing increments going forward



Hourly Units Changing to 15- Minute Units

Meaningful Day Services	Residential Services
Career Exploration Services - Facility Based	Dedicated Hours for Community Living - Enhanced Supports (1:1)
Career Exploration Services - Large Group	Dedicated Hours for Community Living - Enhanced Supports (2:1)
Career Exploration Services - Small Group	Dedicated Hours for Community Living - Group Home (1:1)
Community Development Services 1:1 Staffing Ratio	Dedicated Hours for Community Living - Group Home (2:1)
Community Development Services 2:1 Staffing Ratio	Dedicated Hours for Supported Living (1:1)
Community Development Services Group (1-4)	Dedicated Hours for Supported Living (2:1)
Day Habilitation 1:1 Staffing Ratio	
Day Habilitation 2:1 Staffing Ratio	Support Services
Day Habilitation Large Group (6-10)	Family and Peer Mentoring Supports
Day Habilitation Small Group (2-5)	Housing Support Services
Employment Services - Ongoing Job Supports	Respite Hour
Employment Services - Job Development	

Hourly Units Changing to 15- Minute Units

Service Status & Effective Date	Service and Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Annual Service Cost	Actions	Provider Status	Provider Status Date
▶ Changed - 01/26/2021	Personal Supports - [redacted]	32	128	128	160	128	128	160	128	144	144	128	160	96	\$13,827.84		Accepted	12/21/2020
▶ Changed - 01/26/2021	Community Development Services Group (1-4) - [redacted]	8	48	0	0	0	0	0	0	0	0	0	0	0	\$1,752.80		Accepted	12/21/2020
Annual - 01/26/2021	Community Development Services Group (1-4) - [redacted]	0	0	240	192	208	224	192	224	208	192	224	208	192	\$17,994.24		Accepted	12/21/2020

Hourly →

15 minute →

LTSSMaryland
PCP View



Hourly Units Changing to 15- Minute Units

Provider Portal Service View



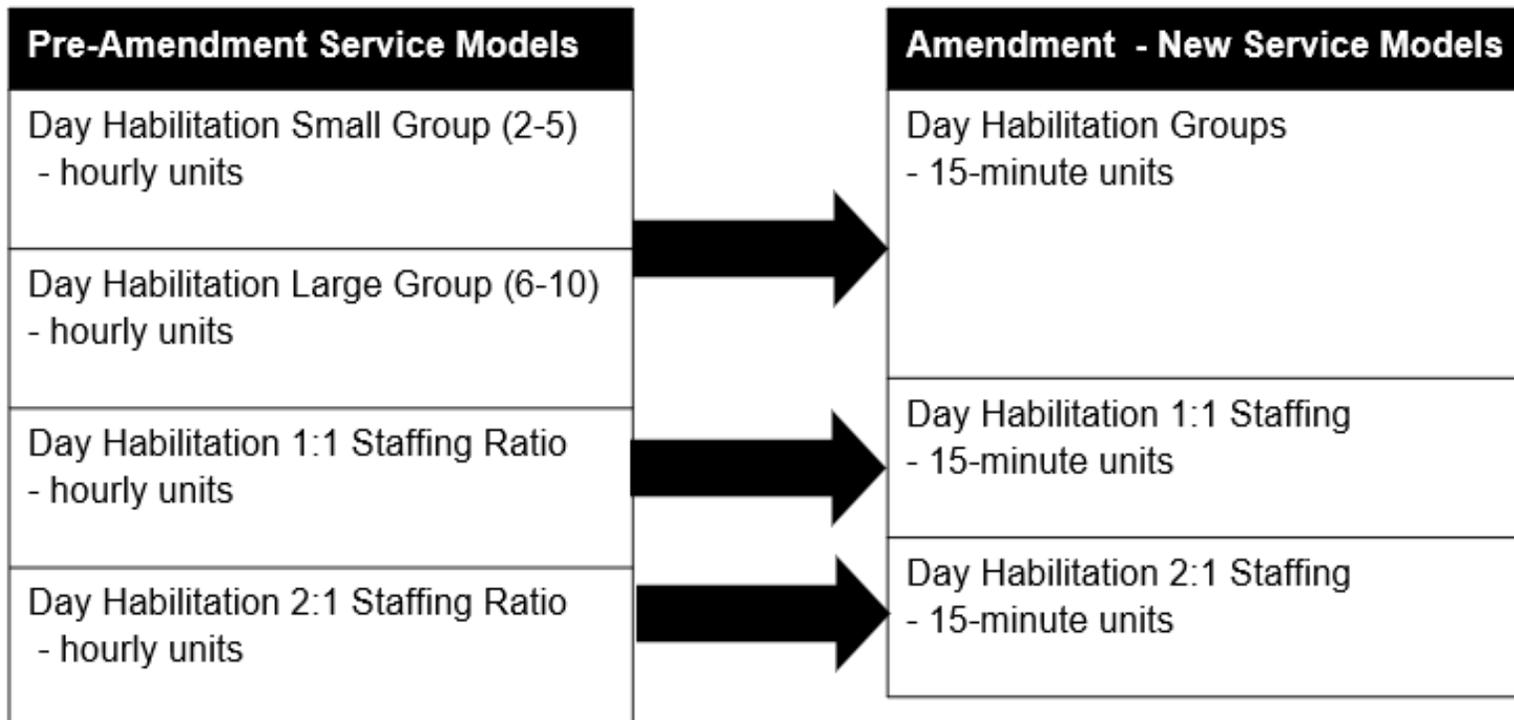
Plan Type & Effective Date	Billing Unit	Service and Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Annual Service Cost
Annual - 01/26/2021	15 minute increment	Personal Supports	32	128	128	160	128	128	160	128	144	144	128	160	96	\$13,827.84
Annual - 01/26/2021	Hour	Community Development Services Group (1-4)	8	48	0	0	0	0	0	0	0	0	0	0	0	\$1,752.80
Annual - 01/26/2021	15 minute increment	Community Development Services Group (1-4)	0	0	240	192	208	224	192	224	208	192	224	208	192	\$17,994.24

Hourly Units Changing to 15- Minute Units

- PCPs with effective dates on or after March 1, 2021 will only reflect the 15-minute units for services
- PCPs that are in “**Pending Regional Review**” status or “**Approved**” status will not require any additional action by the CCS, Providers, or Regional Offices for the update
- PCPs that are in “**In Progress**” or “**Pending Clarification**” status with the CCS may require DDA Provider acceptance for the updated 15-minute services lines

DAY HABILITATION SERVICES

Effective March 1, 2021, to provide more flexibility for participants to receive day habilitation services in either small or large groups, the PCP's detailed service authorization service option will now reflect Day Habilitation Groups



DAY HABILITATION SERVICES

- All approved PCPs that have an effective period that crosses March 1, 2021 will be automatically updated to reflect another service line with Day Habilitation Group unit calculations

Service Status & Effective Date	Service and Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Annual Service Cost	Actions	Provider Status	Provider Status Date
▶ Existing - 01/19/2021	Day Habilitation Small Group (2-5) -	54	120	0	0	0	0	0	0	0	0	0	0	0	\$6,003.00		Accepted	1/19/2021
New - 01/20/2021	Community Living - Group Home -	12	28	31	30	31	30	31	31	30	31	30	31	19	\$115,832.75		Accepted	1/19/2021
▶ Existing - 01/19/2021	Day Habilitation Groups -	0	0	552	528	504	528	528	528	528	504	528	552	312	\$48,147.12		Accepted	1/19/2021



DAY HABILITATION SERVICES

Provider Portal Service View

Plan Type & Effective Date	Billing Unit	Service and Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Annual Service Cost
Revise - 01/20/2021	Hour	 Day Habilitation Small Group (2-5) - [REDACTED]	54	120	0	0	0	0	0	0	0	0	0	0	0	\$6,003.00
Revise - 01/20/2021	Day	 Community Living - Group Home - [REDACTED]	12	28	31	30	31	30	31	31	30	31	30	31	19	\$115,832.75
Revise - 01/20/2021	15 minute increment	 Day Habilitation Groups - [REDACTED]	0	0	552	528	504	528	528	528	528	504	528	552	312	\$48,147.12



DAY HABILITATION SERVICES

- PCPs that are in “**Pending Regional Review**” status or “**Approved**” status will not require any additional action by the CCS, Providers, or Regional Offices for the update
- PCPs that are in “**In Progress**” or “**Pending Clarification**” status with the CCS may require DDA Provider acceptance for the Day Habilitation Groups services line
- Day Habilitation Groups – PCP Related Rate
 - Effective March 1, 2021, the PCP detailed service authorization for the Day Habilitation Group service will reflect the Day Habilitation Small Group rate

DAY HABILITATION SERVICES

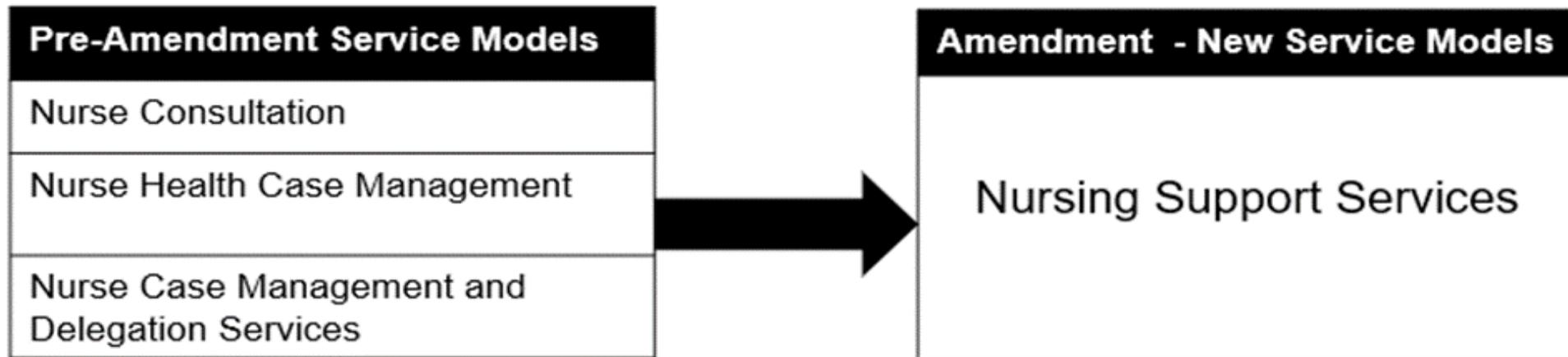
- Revising Day Habilitation Services
 - Day Habilitation Small Group (2-5) and Day Habilitation Large Group (6-10) that end on or before February 28, 2021, cannot be edited
 - If the CCS attempts to revise these services, the system will display a message that “This service cannot be provided after 02/28/2021.”
- Adding Day Habilitation Services
 - For Adding the Day Habilitation Services, available only after March 1, 2021, unit calculation months available are only after March and previous months are grayed out
 - The system will display a message that “This service is effective 03/01/2021.”

DAY HABILITATION SERVICES

- When adding a Day Habilitation Groups provider to a PCP:
 - If a DDA Provider has not been selected, the CCS can complete the Provider Search process to select the provider the participant has chosen
 - If a DDA Provider has already been noted for the Day Habilitation Groups through the data patch, the CCS will need to modify the existing service authorization as needed. If the CCS attempts to add another Day Habilitation Groups line to the service authorization section, the following message will be displayed “The Selected Provider # is already authorized for Day Habilitation Groups in this PCP. Please modify units on the existing authorization, if needed.”

NURSING SUPPORT SERVICES

Effective March 1, 2021, the PCP's detailed service authorization service option will no longer include Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation Services as a Support Service option and will now reflect Nursing Support Services



NURSING SUPPORT SERVICES

All approved PCPs that have an effective period that crosses March 1, 2021 will be automatically updated to reflect another service line with Nursing Support Services unit calculations



Service Status & Effective Date	Service and Provider	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Annual Service Cost	Actions	Provider Status	Provider Status Date
New - 09/15/2020	Nursing - Nurse Case Management and Delegation - [REDACTED]	120	232	220	232	228	208	0	\$26,883.20		Accepted	1/12/2021
New - 09/15/2020	[REDACTED]	0	0	0	0	0	0	24	\$520.32		Accepted	1/12/2021

LTSSMaryland
PCP View

NURSING SUPPORT SERVICES

- PCPs that are in “**Pending Regional Review**” status or “**Approved**” status will not require any additional action by the CCS, Providers, or Regional Offices for the update
- PCPs that are in “**In Progress**” or “**Pending Clarification**” status with the CCS may require DDA Provider acceptance for the Nursing Support Services service line
- Nursing Support Services – PCP Related Rate
 - Effective March 1, 2021, the PCP detailed service authorization for Nursing Support Services will reflect the current Nurse Case Management and Delegation Services rate

NURSING SUPPORT SERVICES

PCP - Revising Nursing Services

Nursing - Nurse Case Management and Delegation

Unit Calculation Type: Daily

All

September October November December January February

March April May June July August

September

Sunday: hours minutes

Monday: hours minutes

Tuesday: hours minutes

Wednesday: hours minutes

Thursday: hours minutes

Friday: hours minutes

Saturday: hours minutes

Days Per Week: (max 7 days a week)

How Many Weeks: * (max 3 weeks)

Units Per Week:

This service cannot be provided after 02/28/2021

PCP - Adding Nursing Services

Nursing Support Services

Unit Calculation Type: Daily

All

September October November December January February

March April May June July August

September

Sunday: hours minutes

Monday: hours minutes

Tuesday: hours minutes

Wednesday: hours minutes

Thursday: hours minutes

Friday: hours minutes

Saturday: hours minutes

Days Per Week: (max 7 days a week)

How Many Weeks: * (max 3 weeks)

Units Per Week:

This service is effective on 03/01/2021

NURSING SUPPORT SERVICES

- When adding a Nursing Support Services provider to a PCP:
 - If a DDA Provider has not been selected, the CCS can complete the Provider Search process to select the provider the participant has chosen
 - If a DDA Provider has already been noted for the Nursing Support Services through the data patch, the CCS will need to modify the existing service authorization as needed. If the CCS attempts to add another Nursing Support Service line to the service authorization section, the following message will be displayed “The Selected Provider # is already authorized for Nursing Support Service in this PCP. Please modify units on the existing authorization, if needed.”

Community Living Retainer Fee

Effective March 1, 2021, the PCP detailed service authorization section will no longer display Community Living Retainer Fee as a separate service line

LTSSMaryland PCP View

[Community Living - Group Home -](#) 12 28 31 30 31 30 31 31 30 31 30 31 19

[Community Living - Group Home -](#)



Note

18 retainer days will be allowed for this service

Provider Portal Service View

[Community Living - Group Home](#) 12 28 31 30 31 30 31 31 30 31 30 31 19



Note

18 retainer days will be allowed for this service

Questions



Memo #3 - Virtual Support

DDA Waiver Amendment #3 - 2020

Virtual Supports

- Memo #3 relates to the option for participants to receive and providers to offer virtual supports for the following services:
 - Employment Services;
 - Supported Employment Services;
 - Community Development Services;
 - Day Habilitation Services; and
 - Personal Support Services

Note: Virtual supports are an electronic method of service delivery. Virtual supports are not a distinct, separate service under the DDA Waiver programs, but a means by which certain services (listed above) may be delivered to a participant

Virtual Supports

- The purpose of virtual supports 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
- Virtual supports are geared towards intentional learning (e.g., career planning, taking a bread making class, skill building) and can also be used towards helping a person do something more independently like remote job coaching

Virtual Supports - Requirements

Direct support can be provided via virtual supports, provided however that the virtual supports meet all of the following requirements:

1. Ensure the participant's rights of privacy, dignity and respect, and freedom from coercion and restraint;
2. Do not isolate the participant from the community or interacting with people without disabilities;
3. The participant has other opportunities for integration in the community via the other Waiver program services the participant receives and are provided in community settings;

Virtual Supports – Requirements

Requirements continued:

4. The use of virtual supports to provide direct support has been agreed to by the participant and their team and is outlined in the PCP:
 - Participants must have an informed choice between in-person and virtual supports;
 - Virtual supports cannot be the only service delivery provision for a participant seeking the given service;
 - Participants must affirmatively choose virtual service provision over in-person supports; and
 - DDA Providers shall include in their Provider Implementation Plan (PIP), which shall be uploaded to the LTSS *Maryland* PCP Documentation section;

Virtual Supports - Requirements

Requirements continued:

5. Virtual supports cannot be used for the DDA Provider's convenience. The virtual supports must be used to support a participant to reach identified outcomes in the participant's Person-Centered Plan;
6. The use of virtual supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method (e.g., Skype, Zoom, Facetime, telephonic, or direct care), name of staff person providing service, and start and end times;

Virtual Supports - Requirements

Requirements continued:

7. The virtual supports must be delivered using a live, real-time audio-visual connection that allows the staff member to both see and hear the participant. Please note text messaging and emailing do not constitute virtual supports and, therefore, will not be considered provision of direct supports under this Waiver program service;

Virtual Supports - Requirements

Requirements continued:

8. The virtual supports must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their applicable regulations to protect the privacy and security of the participant's protected health information;
9. The Waiver program service (for which virtual supports is used) may not be provided entirely via virtual supports. Virtual supports may supplement in-person direct supports;

Virtual Supports - Requirements

Requirements continued:

10. Virtual supports, including use of phones, cannot be used to assess a participant for a medical emergency. The DDA Provider must develop and maintain written policies to address processes for preventing and responding to a medical emergency during use of virtual supports, train direct support staff on those policies, and advise participants and their person-centered planning team regarding those policies;
11. The virtual supports must comply with all federal and State requirements, policies, guidance, and regulations; and

Virtual Supports - Requirements

Requirements continued:

12. The DDA Provider must develop, maintain, and enforce written policies, approved by the DDA, which address:

- How the provider will ensure the participant's rights of privacy, dignity and respect, and freedom from coercion and restraint;
- How the provider will ensure the virtual supports used meets applicable information security standards; and
- How the provider will ensure its provision of virtual supports complies with applicable laws governing individuals' right to privacy

Virtual Supports - Requirements

Provider Program Service Plan:

- DDA Providers interested in furnishing service via virtual supports must include virtual supports as a service delivery method in their provider Program Service Plan for each service as per their proposed business model
- For each service, DDA Providers shall specifically note the service delivery methods (i.e., direct in-person and virtual supports) as applicable, and include the scope and methodology in using these delivery methods

Virtual Supports - Requirements

Provider Program Service Plan:

- Current DDA Providers must submit an amendment to their current Program Service Plan to the DDA Regional Office Provider Relations liaison and receive approval prior to implementing virtual supports outside of the current Appendix K authority
- DDA Providers shall update their Program Service Plan for the applicable services they propose to include a virtual support service delivery model option:
 - As part of their annual re-licensure/re-certification application; and
 - Prior to the end of the Appendix K authority

Virtual Supports - Requirements

Provider Program Service Plan:

- The DDA Waiver programs will not fund any costs associated with the DDA Provider obtaining, installing, implementing, or using virtual supports. These costs, in the delivery of new business models, are part of the DDA Provider's operating cost such as:
 - Equipment;
 - Internet;
 - Software applications; and
 - Other related expenses such as additional staff and training
- Participants with an assessed need for assistive technology can be requested within their PCP

Virtual Supports

Quality Assurance:

- Participants and their teams shall assess the quality and effectiveness of virtual supports to meet the participant's assessed needs and preferences in accordance with requirements in the guidance
- The CCS shall assess and document the quality and effectiveness of virtual supports during the quarterly monitoring review and more frequently as noted in the PCP
- If there is a desire by the participant to change the way services are delivered, a revised PCP and Provider Implementation Plan will be required
- Health and safety concerns shall be reported to the DDA Regional Office Quality Enhancement Staff

Virtual Supports

Service Limitation, Utilization, and Audit:

- The combination of virtual supports and direct supports for a given DDA Waiver program service cannot exceed services authorized by the DDA within the PCP
- Virtual supports cannot be provided for two services at the same time (e.g., Personal Supports and Day Habilitation)
- The State has mechanisms in place to prevent duplicate billing home and community-based services including:
 - Service utilization reviews; and
 - Audits

Questions



Memo #4 – Acute Care Hospital Supports

DDA Waiver Amendment #3 - 2020

Acute Care Hospital Supports

- Memo #4 relates to the provision of supports during an acute care hospital stay
- Direct Support services (*i.e.*, personal, behavioral and communication supports) can be provided in an acute hospital setting, under the following services:
 - Community Development Services;
 - Day Habilitation Services;
 - Personal Support Services;
 - Community Living - Group Home Services;
 - Community Living - Enhanced Support Services; and
 - Supported Living Services

Acute Care Hospital Supports – Requirements

Personal, behavioral, and communication supports needs otherwise provided in the acute care hospital must be:

- Identified in the participant's PCP (e.g., Provider Implementation Plan, Nursing Care Plan, Behavioral Plan);
- Must be provided to meet the participant's needs and are not otherwise covered in hospital settings;
- Should not substitute for services that the hospital is obligated to provide to its patients by applicable laws and regulations or accreditation requirements; and
- Should be designed to ensure smooth transitions between the hospital setting and the home- and community-based setting

Acute Care Hospital Supports – Requirements

Provider Program Service Plan:

- DDA Providers interested in furnishing service during an acute care hospital stay must include this service delivery method in their provider Program Service Plan for each service as per their proposed business model
- Current DDA Providers must submit an amendment to their current Program Service Plan to the DDA Regional Office Provider Relations liaison and receive approval prior to providing support services during an acute care hospital stay outside of the current Appendix K authority

Acute Care Hospital Supports – Requirements

- DDA Providers must document in the participant's record provision of such supports to a participant during their stay in an acute care hospital setting including:
 - Service note describing service/activities as authorized by the PCP
 - A description of the service provided, including: the date of service, service provided, time of service, location of service, and name of the staff person that provided the service
- DDA Providers should:
 - Maintain copies of staff timesheets that document the presence of staff who provided the services under the time billed
 - Provide documentation upon request by the Maryland Department of Health

Acute Care Hospital Supports – Requirements

Quality Assurance:

- The CCS shall assess and document the quality and effectiveness of the supports provided in the hospital setting during the follow up on status and discharge planning
- Health and safety concerns shall be reported to the DDA Regional Office Quality Enhancement Staff

Acute Care Hospital Supports – Requirements

Service Limitation, Utilization, and Audit:

- The total combination of supports, whether provided during an acute care hospital stay or in community-based setting, cannot exceed services authorized by the DDA within the PCP
- Only one DDA Waiver program service can be provided and billed for a specific timeframe
- The State has mechanisms in place to prevent duplicate billing home and community-based services including:
 - Service utilization reviews; and
 - Audits

Questions



Memo #5 – Personal Supports

DDA Waiver Amendment #3 - 2020

Personal Supports

- Memo #5 relates to the provision of Personal Supports:
 - Authorization of 2:1 (staff to participant) supports based on the participant's assessed needs and
 - Implementation of the transportation service component
- As per the approved waiver programs, Personal Supports includes provision of:
 - Direct support services;
 - Transportation to, from, and within the scope of this service,
 - Delegated nursing tasks, based on the participant's assessed need; and
 - Personal care assistance based on the participant's assessed need but cannot compromise the entirety of the service

Personal Supports

- 2:1 staffing support must be documented in the PCP *Risks* section as one of the mitigation efforts in addressing applicable behavior or medical risks. The request must also include a fading plan
- Justification for increased staffing and associated information must be documented within the PCP and either the Nursing Care Plan or Behavior Plan, as applicable, including information related to the following:
 - Need(s)/risk(s)
 - When 2:1 supports are specifically needed
 - Descriptions of other applicable resources explored including assistive technology, adaptive equipment, or other environmental modifications

Personal Supports

- When adaptive equipment, assistive technology, or other environmental modifications can address the need:
 - DDA may authorize temporarily 2:1 staffing supports while adaptive equipment, assistive technology, or environmental modifications are put into place
 - If DDA does temporarily authorize 2:1 staffing supports, the adaptive equipment, assistive technology, or environmental modifications must be in place within 90 calendar days of the initial request for 2:1 staffing
 - If the assistive technology, adaptive equipment, or environmental modifications provided are later determined to not be able to mitigate the need for 2:1 staffing support, then a Revised PCP can be reviewed by DDA to determine if the 2:1 should continue and if this is the appropriate level of service

Personal Supports

- If the DDA authorizes 2:1 staffing supports, then they will be approved for an initial three (3) month period
- During this initial approval timeframe, and any subsequent approvals, the participant's PCP team shall:
 - Implement the fading plan and assess the effectiveness; and
 - If needed, submit a Revised PCP based on the participant's assessed need to extend the time of the supports and update the fading plan
- After the initial approval, 2:1 staffing supports can then be approved for additional months up to an annual approval based on assessed needs and extenuating circumstances

Personal Supports – Transportation Component

- The rate for Personal Supports includes transportation services as a component of this service.
- Therefore, request for authorization and billing for stand-alone Transportation services can not be approved at the same time as Personal Supports
- Participants using the self-directed service delivery model, shall work with their CCS, to revise their Person-Centered Plan and Self-Directed Services Budget Sheet as per the [DDA Memo - Self-Directed Services Person-Centered Plan Process and Rate Increase dated December 31, 2020](#)

Personal Supports

Service Utilization and Audit

- The State has mechanisms in place to prevent duplicate billing home and community-based services including:
 - Service utilization reviews; and
 - Audits

Questions



**Memo #6 – Dedicated Hours to
Support More than on Participant**

DDA Waiver Amendment #3 - 2020

Dedicated Hours to Support More than one Participant

- Memo #6 relates to the provision of supports to more than one participant under Community Living - Group Home Services and Supported Living services based on the participants' assessed needs and specific criteria being met

Dedicated Hours to Support More than on Participant

- For Community Living – Group Home and Supported Living services, the level of support and meaningful activities provided to the participant under a DDA Waiver program must be based on the participant's level of service need
- 1:1 and 2:1 staff-to-participant ratio, referred to as dedicated hours, may be authorized
- Please note that 1:1 and 2:1 dedicated supports authorized for a participant due to medical or behavioral needs cannot be shared with other participants residing in the same residential setting

Dedicated Hours to Support More than one Participant

- The DDA may authorized dedicated supports to be used to support more than one participant residing in the same residential setting if it meets each of their assessed needs and the following circumstances are met:
 - The participants are retired, transitioning from one meaningful day service to another, recovering from a health condition, OR receive less than 40 hours of meaningful day services per week;
 - The dedicated supports hours are documented in each participant's respective Person-Centered Plan and the Provider Implementation Plan; and
 - The DDA provider may only bill the dedicated supports hours for one participant, to avoid duplication

Dedicated Hours to Support More than one Participant

Provider Program Service Plan:

- DDA Providers interested in providing dedicated support hours to support more than one participant must include this service delivery method in their provider Program Service Plan
- Current DDA Providers must submit an amendment to their current Program Service Plan to the DDA Regional Office Provider Relations liaison and receive approval prior to using this service delivery model and implementing dedicated support hours

Dedicated Hours to Support More than on Participant

- DDA Providers must establish and enforce written policies to ensure:
 - Each participant's assessed needs are being met;
 - Ensure the participant's rights of privacy, dignity and respect, and freedom from coercion and restraint;
 - Shared supports have been agreed to by the participants and their team and is outlined in the Person-Centered Plan;
 - Shared supports must be documented appropriately for each participant, including the name of the staff person providing service, and start and end times; and
 - Processes for accounting and tracking for billing dedicated support hours for one participant

Dedicated Hours to Support More than on Participant

Service Utilization and Audit

- The State has mechanisms in place to prevent duplicate billing home and community-based services including:
 - Service utilization reviews; and
 - Audits

Questions



Memo #7 – Nursing Support Service Program Service Plan

DDA Waiver Amendment #3 - 2020

Nursing Support Service Program Service Plan

- Amendment #3 consolidated the three nursing support services (*i.e.*, Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation) into a single DDA Waiver program service, now called Nursing Support Services
- Memo #7 relates to providers certified to provide Nurse Consultation, Nurse Health Case Management, and/or Nurse Case Management and Delegation Services need to update their Program Service Plans to reflect the change to Nursing Support Services

Nursing Support Service Program Service Plan

Provider Program Service Plan:

- Current DDA Providers certified to provide Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation Services must submit an amendment to their current Program Service Plan:
 - As part of their annual re-licensure/re-certification process; and
 - Prior to the end of this current fiscal year

Questions



Memo #8 – Coordination of Community Services Certification

DDA Waiver Amendment #3 - 2020

Coordination of Community Services Certification

- Memo #8 relates to the change of Coordination of Community Services from being a DDA-licensed service to a DDA-certification service
- During the next annual reapplication process, the current CCS Providers will complete the process for DDA- recertification. It will not go through the licensure process with the Office of Health Care Quality

Questions

