

Community Pathways Waiver Amendment #1 – Proposal

The Department of Health and Mental Hygiene (DHMH) will be making changes to the Community Pathways Waiver to create a more flexible, person-centered, family oriented system of supports. The changes contained herein are based on feedback from individuals receiving services and their families, recommendations from the independent consultants, and are aimed at furthering compliance with new federal rules and requirements from the Center for Medicare and Medicaid Services (CMS) and the Department of Labor (DOL).

Requests to make changes to the waiver program are made by submitting a Waiver Amendment to CMS. DHMH plans to make several changes to the waiver program in the coming months that require sequencing, therefore amendments will occur in stages and will address new federal rules; will reflect the development of new services, improved business rules, processes, and service rates; and will provide ample opportunity for meaningful public engagement on the prospective changes.

Copies of the proposed changes are available for public review at the DDA Website and the DDA Headquarter and Regional Offices. Public comments can be submitted to wfb.dda@maryland.gov through January 31, 2016.

Amendment #1 Purpose

The amendment is based on feedback from individuals receiving services and their families including 15 listening sessions across the State, recommendations from independent consultants, and is aimed at furthering compliance with new federal rules and requirements from the Center for Medicare and Medicaid Services (CMS) and the Department of Labor (DOL).

Additional information regarding listening sessions can be viewed at Community Pathways Waiver Feedback 2015 at <http://dda.dhmh.maryland.gov/SitePages/Waiver%20Feedback.aspx>.

The purposes of this amendment are to:

1. Enhance self-directed service model by removing 82 hour service preauthorization requirement and update personal support services by removing support staff hour requirements and restrictions including preauthorization requirement for more than 40 hour work week, 8 consecutive hours, time off between shifts, and time spent sleeping.

Reference: Personal Support Changes below

2. Update program capacity by adjusting projections for the number of unduplicated participant based on current trends, new reserved capacity, and legislative appropriation to support new participants each year.

Reference: Program Capacity Changes below

3. Update and establish new reserve waiver capacity for waiver participants.

Reference: Reserved Capacity Changes below

4. Update projected service cost based on adjustment to unduplicated participant count and current service utilization; *Reference: Projected Service Cost Changes below*
5. Remove requirement for active treatment in order to be eligible for the Waiver.
Reference: Active Treatment Changes below
6. Change personal supports unit of service from an hour to 15 minute units.
Reference: Personal Support Unit Changes below
7. Update terminology, language, and calculations (such as removing previous information about waiver merger and replacing resource coordination with coordination of community services) in various sections including: Waiver Descriptions, Program Goals, Public Input, Transition Plan, Independent Advocacy, Attachment 1 – Transition Plan, Attachment #2 – Home and Community-Based Setting Waiver Transition Plan, and Cost Neutrality Demonstration.
Reference: Terminology and Language Changes below

Personal Support Changes

Purpose:

Enhance self-directed service model by removing 82 hour service preauthorization requirement and update personal support services by removing support staff hour requirements and restrictions including preauthorization requirement for more than 40 hour work week, 8 consecutive hours, time off between shifts, and time spent sleeping.

Overview

The federal Department of Labor (DOL) published the Home Care Final Rule requiring employers to pay minimum wage and ensure overtime pay protections under the Fair Labor Standards Act (FLSA) for most home care workers.

The DDA fully supports self-determination and waiver participants' rights to self-direct their services. Individuals self-directing their services, as the employer of their services, have the right to hire, set pay rates, train, and fire personal support staff. They determine the number of hours they need and work schedules based on their approved budget.

To further enhance the employer authority of participants self-directing services, the following two requirements for participants self-directing personal support services will be removed:

- (1) Personal Supports is limited to 82 hours per week unless otherwise preauthorized by DDA.
- (2) Direct service workers providing personal support services (a) shall work no more than 40 hours per week unless preauthorized by the DDA; (b) may work no more than 8 consecutive hours unless preauthorized by the DDA; (c) must be off duty for 8 hours or more before starting another shift; and (d) shall not be paid for time spent sleeping.

Agencies providing personal support services establish staffing schedules based on business models and the needs of the participant. The following requirement will also be removed for agencies providing personal support services:

(1) Direct service workers providing personal support services (a) shall work no more than 40 hours per week unless preauthorized by the DDA; (b) may work no more than 8 consecutive hours unless preauthorized by the DDA; (c) must be off duty for 8 hours or more before starting another shift; and (d) shall not be paid for time spent sleeping.

Current language page 69:

D. Personal Support is limited to 82 hours per week unless otherwise preauthorized by DDA. To be approved, a service must be either the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need, or short- term, which means that the services are provided for up to but no more than three months in order to meet identified medical and behavioral needs.

Revision:

D. **For individuals not self-directing their services**, Personal Support is limited to 82 hours per week unless otherwise preauthorized by DDA. To be approved, a service must be either the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need, or short- term, which means that the services are provided for up to but no more than three months in order to meet identified medical and behavioral needs.

Current language page 69:

K. Direct service workers providing personal support services (a) shall work no more than 40 hours per week unless preauthorized by the DDA; (b) may work no more than 8 consecutive hours unless preauthorized by the DDA; (c) must be off duty for 8 hours or more before starting another shift; and (d) shall not be paid for time spent sleeping.

Revision:

The language was removed/deleted

~~K. Direct service workers providing personal support services (a) shall work no more than 40 hours per week unless preauthorized by the DDA; (b) may work no more than 8 consecutive hours unless preauthorized by the DDA; (c) must be off duty for 8 hours or more before starting another shift; and (d) shall not be paid for time spent sleeping.~~

Program Capacity Changes

Purpose:

Update program capacity by adjusting projections for the number of unduplicated participant based on current trends, new reserved capacity, and legislative appropriation to support new participants each year.

Overview

In 2013, the state projected the number of programs participants based on previous trends and anticipated legislative appropriation to support new participants each year. An individual that enters, exists, and re-enters the waiver during one waiver year count as one unduplicated waiver participant. Trends demonstrate individuals are leaving the waiver due to various reasons including: voluntary leaving services or never having started services; entering an institution (e.g. hospital, SETT, MHA facility); moving to another state; being incarcerated; and losing financial eligibility. The change to capacity will not impact current participants and no current waiver participants will be removed from the program. Individuals that leave the waiver program may reapply during the waiver year that they left.

Waiver Year	Current	Proposed Change
Year 1 – (7/1/13 – 6/30/14)	14725	14725
Year 2 – (7/1/14 – 6/30/15)	15450	15450
Year 3 – (7/1/15 – 6/30/16)	16175	16175
Year 4 – (7/1/16 – 6/30/17)	16900	15985
Year 5 – (7/1/17 – 6/30/18)	17625	16815

Reference: *Community Pathways Waiver pages 33 on the DDA Website at:*
<http://dda.dhmd.maryland.gov/SitePages/AppForms/WRenewal/MD0023R0600.pdf>

Reserved Capacity Changes

Purpose:

Update and establish new reserve waiver capacity for waiver participants.

Overview

The State currently reserves waiver capacity for the following priority groups: Money Follows the Person, Court Involved, Emergency, Waiting List Equity Funds, and Transitioning Youth. These categories will be adjusted based on trends and stakeholder input including increasing the capacity for Money Follows the person and Transitioning Youth.

The State will also establish the following new reserved capacity categories: Psy Hospital Transitions (individuals transitioning from a mental health facility), State Funded Conversions, and Military dependents.

Individuals with developmental disabilities that transition from an inpatient mental health facilities need community supports and services. Transitions from an inpatient mental health facility is not covered under the federal Money Follows the Person grant. The State has identified this group as a priority and therefore is establishing reserved capacity.

State Funded Conversions refers to individuals receiving ongoing services funded with 100 percent State general funds. This includes prior year waiver year participants that lost waiver eligibility. Some individuals may leave the waiver for various reasons such as entering a hospital or rehabilitation facility to meet their needs at that time. If the individual is unable to transition out prior to the end of the waiver year, their space in the waiver is no longer available. The State has supported these individuals with 100 percent State General Funds for services instead of placing them on a waiting list if they do not meet any of the existing reserved capacity priority categories. By establishing this priority category, the State can provide additional waiver services to meet individual needs and maximize State General Funds to support additional individuals in the waiver.

Military Families category is based on legislation (Senate Bill 563) passed during the Fiscal Year 2015 session to support reentry of individuals' into services after returning to the State. The U.S. Department of Defense has put out information and fact sheets related to eligibility requirements and lengthy waiting list hindering military families from obtaining support and services for members with special needs during critical transitions periods. There are national efforts to allow dependents of service members to retain their priority for receiving home and community-based services.

Category	Current	Proposed Change
Money Follows the Person	20	50
Court Involvement	25	25
Emergency	50	100
Waiting List Equity Funds	40	25
Transitioning Youth	608	700
State Funded Conversions	N/A	500
Psy Hospital Discharges	N/A	10
Military Families	N/A	20
Total	743	1430

Reference: Community Pathways Waiver pages 34 -36 on the DDA Website at: <http://dda.dhmd.maryland.gov/SitePages/AppForms/WRenewal/MD0023R0600.pdf>

Projected Service Cost Changes

Purpose:

Update projected service cost based on adjustment to unduplicated participant count and current service utilization

Overview

The waiver includes an estimated annual average Medicaid cost for home and community-based services for individuals in the waiver program. Projected cost are noted in Appendix J for each waiver year (1- 5) based on the number of participants and projected service utilization. Cost projections are being updated based on the revised number of unduplicated participant count and current service utilization.

Reference: Community Pathways Waiver pages 244 -250 on the DDA Website at:
<http://dda.dhmh.maryland.gov/SitePages/AppForms/WRenewal/MD0023R0600.pdf>

- Proposed Change - Year 4 (July 1, 2016 – June 30, 2017)
- Proposed Change - Year 5 (July 1, 2017 – June 30, 2018)

Active Treatment Changes

Purpose:

Remove requirement for active treatment in order to be eligible for the Waiver.

Overview

All waiver participants must meet the definition of "developmental disability" found in Maryland Annotated Code, Health-General Article, Section 7-101(e), which is comparable to the federal definition found at 45 CFR 1385.3. Individuals meeting the Section 7-101 (e) definition of "development disability" meet the waiver's level of care criteria for an ICF/IID.

During the waiver renewal, an attempt to clarify and further define waiver level of care eligibility, the need for active treatment, as described in 42 CFR § 483.440 and as required by 42 CFR § 440.150(a), was added. The federal definition for ICF/IID admission requires the need for active treatment. However, active treatment cannot be a criterion for the level of care standard to get into the waiver. Section 1915 (c) does not require that individuals served under the waiver “resemble” individuals who remain in the institution. Section 1915 (c) require home and community-based service are provided to individuals with respect to whom there has been a determination that but for the provision of waiver services the individual would require a level of care provided in an institution. Therefore the requirement for active treatment will be removed from the waiver.

Current language page 30:

Maryland seeks to serve individuals with developmental disabilities of any age in the Community Pathways waiver. All waiver participants will meet the criteria for developmental disability in accordance with Annotated Code of Maryland, Health - General Article, Section 7-701 (e) which is comparable to the federal definition found at 45 CFR 1385.3. The level of care instrument and process are the same for both the HCBS Waiver and ICF/IIDs. In accordance with COMAR 10.09.26.11, in order to be eligible for the Waiver, individuals meeting the Section 7-101 (e) definition of "developmental disability" must also meet the level of care criteria for an ICF/IID, including the need for active treatment, as described in 42 CFR § 483.440 and as required by 42 CFR § 440.150(a).

Reference: Community Pathways Waiver page 30 on the DDA Website at:
<http://dda.dhmf.maryland.gov/SitePages/AppForms/WRenewal/MD0023R0600.pdf>

Revision:

Maryland seeks to serve individuals with developmental disabilities of any age in the Community Pathways waiver. All waiver participants will meet the criteria for developmental disability in accordance with Annotated Code of Maryland, Health - General Article, Section 7-701 (e) which is comparable to the federal definition found at 45 CFR 1385.3. The level of care instrument and process are the same for both the HCBS Waiver and ICF/IIDs. In accordance with COMAR 10.09.26.11, in order to be eligible for the Waiver, individuals meeting the Section 7-101 (e) definition of "developmental disability" must also meet the level of care criteria for an ICF/IID; ~~including the need for active treatment, as described in 42 CFR § 483.440 and as required by 42 CFR § 440.150(a).~~

Current language page 45:

All waiver participants will meet the definition of "developmental disability" found in Maryland Annotated Code, Health-General Article, Section 7-101(e), which is comparable to the federal definition found at 45 CFR 1385.3. In accordance with COMAR 10.09.26.11, in order to be eligible for the Waiver, individuals meeting the Section 7-101 (e) definition of "development disability" must also meet the level of care criteria for an ICF/IID, including the need for active treatment, as described in 42 CFR § 483.440 and as required by 42 CFR § 440.150(a).

Reference: Community Pathways Waiver page 45 on the DDA Website at:
<http://dda.dhmf.maryland.gov/SitePages/AppForms/WRenewal/MD0023R0600.pdf>

Revision:

All waiver participants will meet the definition of "developmental disability" found in Maryland Annotated Code, Health-General Article, Section 7-101(e), which is comparable to the federal

definition found at 45 CFR 1385.3. In accordance with COMAR 10.09.26.11, in order to be eligible for the Waiver, individuals meeting the Section 7-101 (e) definition of "development disability" must also meet the level of care criteria for an ICF/IID, ~~including the need for active treatment, as described in 42 CFR § 483.440 and as required by 42 CFR § 440.150(a).~~

Personal Support Unit Changes

Purpose:

Change personal supports unit of service from an hour to 15 minute units.

Overview

Recognizes that support needs don't fit nicely in hour increments, the unit of service is being changed from hourly to 15 minute increments to increase participant and family flexibility in their use of authorized services.

Reference Personal Support unit of service noted on the Projected Service Cost spreadsheets.

Terminology, Calculations, and Language Changes

Purpose:

Update terminology and language such as removing previous information about waiver merger and replacing resource coordination with coordination of community services in various sections including: Waiver Descriptions, Program Goals, Public Input, Transition Plan, Independent Advocacy, Attachment 1 – Transition Plan, Attachment #2 – Home and Community-Based Setting Waiver Transition Plan, and Cost Neutrality Demonstration.

Overview

Terminology and language updated in various waiver application sections including: Waiver Description, Program Goals, Public Input, Transition Plan, Oversight of Performance, Independent Advocacy Attachment #1 – Transition Plan, Attachment #2 – Home and Community-Based Setting Waiver Transition Plan, and Derivation of Estimates. See additional information noted below.

Terminology changes throughout include updates for DDA Quality Advisory Council and Coordination of Community Services which was formerly referred to as Resource Coordination.

Waiver Description Changes/Examples

Current language page 4:

The State of Maryland is requesting renewal of the Community Pathways waiver, a 1915(c) home and community-based services waiver for people with developmental disabilities. The State proposes to merge its Independence Plus 1915(c) home and community-based services waiver for individuals with developmental disabilities (New Directions - #0424-IP) which was originally effective July 1, 2005 with the renewed Community Pathways (#0023) creating one waiver for

people with developmental disabilities. The renewed Community Pathways waiver will include self-directed and traditional service options. The current New Directions has provided services to individuals to enable them to live in their own home or their family's home and lead more self-determined lives. Although the New Directions waiver is being merged with Community Pathways, no existing services will be deleted from the service package and providers rates will not be reduced. This newly merged waiver will continue to be administered by the Maryland Developmental Disabilities Administration (DDA). The Maryland State Medicaid Agency within the Department of Health and Mental Hygiene will continue to retain Administrative Authority for ensuring that the waiver is administered based on all applicable requirements.

The goals of the Community Pathways waiver are to:

- 1-Deliver person-centered services that leverage natural and community supports
- 2-Maximize individuals self-determination, self-advocacy, and self-sufficiency
- 3-Increase individuals' ability and control to design and deliver services that meet their needs
- 4-Increase opportunities for community integration through employment, life-long learning, recreation, and socialization
- 5-Provide quality services and improve participant outcomes
- 6-Ensure the health, well-being and safety of the people served

Objectives in this waiver renewal include:

- 1-Streamlining access to self-directed services
- 2-Updating and standardizing service descriptions and provider qualifications
- 3-Enhancing quality and oversight activities
- 4-Standardizing resource coordination services
- 5-Improving outcome-based quality assurance systems

Participants in the renewed Community Pathways waiver will access resource coordination (i.e. case management) through the Medicaid State Plan Targeted Case Management (TCM) authority. This State Plan amendment was approved by CMS for a July 1, 2013 implementation date. Resource coordinators will assist participants in finding and connecting with community resources, developing a person-centered plan on which their annual Individual Plan (i.e. plan of care) is based, ensuring individual health and safety needs are met, and assuring that participants are satisfied with the services they are receiving. Services are delivered through a network of licensed community-based service providers and independent providers throughout the State that are charged with implementing waiver participants individual plans by providing services that enhance an individual's quality of life as defined by the individual.

Reference: Community Pathways Waiver pages 4 on the DDA Website at:

<http://dda.dhmd.maryland.gov/SitePages/AppForms/WRenewal/MD0023R0600.pdf>

Revision:

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~~people with developmental disabilities. The renewed Community Pathways waiver will include self directed and traditional service options. The current New Directions has provided services to individuals to enable them to live in their own home or their family's home and lead more self-determined lives. Although the New Directions waiver is being merged with Community Pathways, no existing services will be deleted from the service package and providers rates will not be reduced. This newly merged waiver will continue to be administered by the Maryland Developmental Disabilities Administration (DDA). The Maryland State Medicaid Agency within the Department of Health and Mental Hygiene will continue to retain Administrative Authority for ensuring that the waiver is administered based on all applicable requirements.~~

The goals of the Community Pathways waiver are to:

- 1-Deliver person-centered services that leverage natural and community supports
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- ~~4-Standardizing resource coordination services~~
- ~~5-Improving outcome based quality assurance systems~~

~~Participants in the renewed Community Pathways waiver will access resource Coordination of Community Services (CCS) (i.e. case management) through the Medicaid State Plan Targeted Case Management (TCM) authority. This State Plan amendment was approved by CMS for a July 1, 2013 implementation date. Resource Coordinators will assist participants in finding and connecting with community resources, developing a person-centered plan on which their annual Individual Plan (i.e. plan of care) is based, ensuring individual health and safety needs are met, and assuring that participants are satisfied with the services they are receiving.~~

Services are delivered through a network of licensed community-based service providers and independent providers throughout the State that are charged with implementing waiver participants individual plans by providing services that enhance an individual's quality of life as defined by the individual.

Public Input Changes/Examples

Current language page 8:

The Maryland Department of Health and Mental Hygiene obtained public input in the development of the Community Pathways waiver renewal from stakeholders including participants, families,

providers, and advocates. In order to facilitate constructive input on the waiver renewal application, the Department held a series of meetings and circulated drafts to interested parties with components of the application. In addition, 138 individuals participated in webinars established to support statewide participation. The DDA established a designated web page with stakeholder presentations, information, resources, and public feedback summaries related to the renewal including links to the existing waivers via the CMS website and the CMS waiver technical guide. A designated email address to an independent third party was established to collect and summarize all stakeholder feedback. Stakeholders have been actively involved in this process.

Meetings to seek input on priorities for changes and improvements in waiver services included the following people and organizations: Waiver Participants, Family Members, People on the Go (self-advocacy group), Self-Advocates Networks (regional), Maryland Developmental Disabilities Coalition, Maryland Association of Community Services (provider association), Maryland Department of Disabilities, Maryland Developmental Disabilities Council, The ARC of Maryland, Maryland Disability Law Center, Maryland Employment First Workgroup, Resource Coordination Providers, and the general public.

Revision:

The Maryland Department of Health and Mental Hygiene obtained public input in the development of the Community Pathways Waiver Amendment #1 from stakeholders including participants, families, self-advocates, providers, advocacy organizations, and consultants.

In order to facilitate constructive input on the waiver renewal application, the Department hired independent consultants to review the waiver services and structure, coordination of community services, and self-directed services. The Department also obtained technical assistance from a CMS consultant on person-centered planning.

Independent consultants conducted 15 listening sessions around the State meeting separately with groups composed of individuals receiving services, self-advocates, family members, service providers, and advocacy organizations. Consultant reports and recommendations were shared with stakeholders for additional input. Surveys were also used to capture stakeholder input.

The DDA established a designated web page with stakeholder presentations, information, resources, and public feedback summaries related to the consultant reports and information related to amendment #1 including presentations shared with various groups. A designated email address was used to collect stakeholder feedback.

Meetings to seek input on priorities for changes and improvements in waiver services included the following people and organizations: Waiver Participants, Family Members, People on the Go (self-advocacy group), DDA Quality Advisory Council, Maryland Developmental Disabilities Coalition, Maryland Association of Community Services(provider association), Maryland Department of Disabilities, Maryland Developmental Disabilities Council, The ARC of Maryland, Maryland

Disability Law Center, Maryland Employment First Workgroup, Resource Coordination Providers, and the general public.

Final proposed Amendment #1 was sent out to all stakeholders on December 18, 2015 with links to the DDA Waiver Amendment #1 designated web page and locations where hard copies can be obtain. The information also included the due date for input by January 31, 2016. Information about the amendment was also posted in the Maryland Registry on December 28, 2015. All input will be considered prior to final submission to CMS.

Reference: Community Pathways Waiver page 8 on the DDA Website at:
<http://dda.dhmh.maryland.gov/SitePages/AppForms/WRenewal/MD0023R0600.pdf>

Attachment #1 – Transition Plan Changes/Examples

Current language page 10-11

The State of Maryland proposes to merge its New Directions (ND) Independence Plus 1915(c) home and community-based services waiver for individuals with developmental disabilities with Community Pathways (CP), creating one waiver. The existing service packages and providers from both existing waivers will continue under the merger with the exception of resource coordination which will be provided under the State Plan Targeted Case Management authority. In addition, the State will be adding Environmental Assessments as a waiver service and increasing the current traditional transportation limit. An Individual Goods and Services option is also being added under Family and Individual Support Services (FISS) for people that self-direct. Community Supported Living Arrangement services are being transitioned to a new waiver service name known as Personal Supports. In addition to the name change, the unit of service is transitioning from a "day" unit to an "hourly" unit to increase quality and fiscal audits of providers. Behavior Support Services will be provided under a 1915(b) authority which will be submitted during the first waiver year. The transition of participants to the renewed waiver and alignment of Individual Plans to include any new service options will occur over the course of eighteen months from the waiver approval date during annual meetings or sooner as determined by the participant and their team. This new merged waiver will continue to be administered by the Maryland Developmental Disabilities Administration (DDA). The Maryland State Medicaid Agency within the Department of Health and Mental Hygiene will continue to retain Administrative Authority for ensuring that the waiver is administered based on all applicable requirements.

The redesigned CP waiver will continue to provide: Assistive Technology and Adaptive Equipment, Behavior Support Services, Community Learning Services, Day Habilitation, Employment Discovery and Customization, Family and Individual Support Services (FISS), Environmental Accessibility Adaptations, Medical Day, Live In Caregiver, Community Supported Living Arrangement which will transition to Personal Supports, Respite, Supported Employment, Transition Services, Transportation, and Vehicle Adaptations (formerly under Assistive Technology and Adaptive Equipment).

Existing limitations to these services will continue to apply as they currently exist under the traditional services and self-directed service delivery options with the exception of Transportation under the traditional model which has been increased.

The current service differences relate to Residential Habilitation and self-directed supports (Support Brokers and Fiscal Management Services) which will continue under the merger. The current requirement for a minimum of four (4) hours of Support Broker services per month is being changed to reflect the needs of the

person. This will allow participants to make the decision on the type and amount of support needed or desired which may be less than the existing standard.

New services to be provided under the merger include Environmental Assessments (which all participants can access) and an Individual Directed Goods and Services option under Family and Individual Support Services (FISS) for people that self-direct.

Residential Habilitation which was previously offered under CP only will continue to be provided and will now incorporate Residential Habilitation II and Community Exploration which was previously under Transition Services. Residential Habilitation II and Community Exploration services are and will continue to be linked within Residential Habilitation. Residential Habilitation II is now called Residential Retainer Fees which is available for 33 days per year per recipient when the recipient is unable to be in Residential Habilitation due to hospitalization, behavioral respite, family visits, etc.

Community Exploration is an opportunity for the individual to experience short-term overnight stays with a community provider under Residential Habilitation and for the provider to learn about and form a relationship with the Residential Habilitation individual prior to the transition.

Community Exploration requires preauthorization and will be tracked by regional offices. Residential retainer fees are tracked via DDA's provider client information system. In addition, Maryland is developing new MMIS codes to further track and trend.

In addition under the merger, the former Individual Family Care Residential service model will be a standalone service titled Shared Living.

As is the case in the current waiver, Day Habilitation, Medical Day, and Residential Habilitation services will not be eligible for self-direction.

All participants in the current ND and CP waivers that continue to meet eligibility will continue to be served under the merged waiver. The merger will not affect eligibility for the waiver.

The renewed CP waiver is establishing criteria related to the use of family members to ensure the choice and voice of the participant and to address any conflict of interest. This criteria addresses conflict of interest when several family members are utilized under the self-direction options as Support Brokers and direct service providers. The State will work with participants to consider all service, support, and provider options during the first year upon approval of the waiver renewal.

As per the current policy, all participants will continue to be advised of their opportunity for a Fair Hearing.

Transition of services will be supported by resource coordinators who are required to conduct quarterly monitoring which includes the current status on the delivery of services. The resource coordinators assesses whether the individual has received all services identified in the IP that are due at the time of this contact; whether goals have been implemented as identified in the plan; whether there has been progress toward goals; and whether the individual is receiving staff ratios as indicated in the IP.

Employment Services

Maryland's Stakeholder Employment Workgroup has made recommendations to enhance employment options and supports for integrated competitive employment including splitting the current Supported Employment service into an individual and group service and creating a new stand-alone Pre-Vocational service. These proposed changes are in alignment with the CMS CMCS Information Bulletin (September 16, 2011) which provided updates on technical guidance regarding employment services. In addition, the group has recommended changing day and employment services units to half a day to allow participants to receive

two different services on the same day and include benefits counseling as par to of these services. Before Maryland can make this change, further research and development of rates, policies, information tools, and a transition process will be developed. Maryland Medicaid intends to submit a waiver amendment for these changes to be implemented in future waiver years.

Nursing Services

Medically necessary nursing services provided by a licensed registered nurse or licensed practical nurse will continue to be provided when preauthorized by the DDA and included in the IP and includes:

1. Short-term skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse to allow individuals to return to the community or stay in the community following a serious illness or hospitalization;
2. Part-time or intermittent skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse for individuals who need brief nursing intervention;
3. Nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 which may include:
 - a. Meeting with provider's staff to discuss how the medical services that are identified in the IP will be implemented; and
 - b. Education, supervision, and training of waiver participants in health-related matters. Professional services based on an assessed need and not available under Medicaid is also provided as a component of residential habilitation services and cost are included in the rate.

The DDA will be further exploring with stakeholders other nursing service models as potential standalone waiver services. Before Maryland can make this change, further research, cost analysis, quality assurances, and policy is needed. Results of these actions may lead to a waiver amendment for these changes to be implemented in future waiver years.

Revision:

CMS Waiver Application Amendment Instructions: Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

Areas:

- ✓ Adding or decreasing limits to a service or a set of services, as specified in Appendix C.
- ✓ Reducing the unduplicated count of participants (Factor C).

Specify the transition plan for the waiver:

Personal Support Services - removing specific limitations:

1. Individuals self-directing services received a letter on November 10, 2015, informing them they were preauthorized to exceed the current limit of 82 hours per week unless preauthorized by DDA based on their needs and individual budget.
2. A copy of the letter was shared with Coordinators of Community Services, Support Brokers, and Fiscal Management Services agencies.
3. Upon approval of the waiver amendment, the DDA will:

- a) Send letter to participants self-directing services to inform them the requirement was removed from the waiver.
- b) Send letter to licensed agency providers of personal support services to advise them of removal of limitation related to direct service worker hours.
- c) Update payment systems to reflect change in unit of service
- d) Provide information and technical assistance to service providers regarding changes to the service unit.

Reducing Unduplicated Count:

The change to capacity will not impact current participants and no current waiver participants will be removed from the program. Individuals that leave the waiver program may reapply during the waiver year that they left.

Attachment #2 – Home and Community-Based Settings Waiver Transition Plan Changes/Examples

New language for page 12:

The State of Maryland submitted the Statewide Transition Plan (STP) for Compliance with Home and Community-Based Setting Rule in March 2015. The State received a response from CMS on November 10, 2015 with follow up questions and guidance regarding the plan. The State participated in a conference call with CMS on December 2, 2015. The State is reviewing the CMS questions, remediation strategies, and working with stakeholder transition teams on possible revisions to the STP.

The plan notes specific waiver services, associated regulations, and processes that need further review and remediation to fully comply with the regulatory requirements. The State will work with stakeholders and providers of these services to implement the changes needed to achieve full compliance.

The plan is posted to the Department website at:

<https://mmcp.dhmh.maryland.gov/waiverprograms/Final Rule Plans and Procedures/B -20HCBS Final Rule Transition Plan/Final Transition Plan.pdf>

On August 14, 2015, the DDA issued a memo establishing a moratorium on group homes, in accordance with the guidance issued by CMS on June 26, 2015 (Q.16). On August 28, 2015, the DDA issued another memo to provide further clarification regarding the “Group Home Moratorium” issued on August 14, 2015 and shared a policy as follows:

1. The DDA will support development of NEW homes to support up to four individuals.
2. The DDA will continue to support current funding for individuals in homes with more than four individuals based on current occupancy.

3. Providers currently serving more than four individuals may fill a vacancy as they occur based on the homes current occupancy.
4. The DDA will not support expansion beyond current occupancy for homes supporting more than four individuals.

Remediation Strategies

The following remediation strategies have been implemented or are in process:

1. Transition Advisory Teams have been created and are meeting.
2. Community Pathways Waiver Review was completed by independent consultants, including 15 public listening sessions across the State, recommendations shared with stakeholders, and input obtained.
3. Maryland's Community Support Standards - The DDA issued a memo on August 14, 2015 establishing a Moratorium on Group Home expansion.
4. Maryland Statute and regulations crosswalk and reviews were completed and shared as attachments to the plan.
5. Maryland Disability Law Center and Legal Aid has reviewed county tenant requirements and assisting the Department is drafting example leases for public input.
6. Transition Teams are reviewing provider surveys and providing input on questions for the pilot survey.
7. The DDA held a conference to share communities of practice and provider transition strategies on June 16 & 17, 2015.
8. The DDA Rate Study contractor has been selected and the first public Town Hall meeting was conducted on October 7, 2015.
9. Program policies, procedures, service plans and forms are under review and revisions being drafted.

Each of these activities has an overt or underlying objective to ensure that the system of supports is positioned to incentivize and pay for services that further the goals of the HCBS regulations.

Terminology and Language Changes/Examples

Terminology and language updated throughout the waiver application in various section such as:

- Resource Coordination changed to Coordination of Community Services
- Resource Coordinator changed to Coordinator of Community Services

Note: Resource Coordination changed to Coordination of Community Services and Resource Coordinator changed to Coordinator of Community Services on the following pages: 1, 4, 6, 8, 10, 11, 14, 45, 46, 51, 52, 53, 64, 70, 71, 72, 75, 77, 82, 83, 85, 87, 88, 98, 99, 106, 107, 109, 110, 118, 119, 129, 130, 134, 140, 153, 154, 155, 156, 157, 158, 159, 172, 173, 174, 175, 178, 182, 184, 185, 187, 189, 190, 191, 193, 194, 196, 199, 200, 207, 213, 214, 215, 215, 225, 228, and 235

Waiver Advisory Committee Changes/Examples

Overview:

Waiver Advisory Committee changed to Waiver Quality Advisory Council; Waiver Quality Performance Group and Waiver Advisory Committee deleted on the following pages: 13, 217, and 218.

Current language example (page 13):

Results of data analysis will be shared with a new Waiver Quality Performance group composed of representatives from both DDA and the SMA. The group will recommend quality design changes and system improvement. These recommendations shall be shared with the State Waiver Quality Council and the Waiver Advisory Committee for input on ongoing quality strategies and prioritization. Final recommendations shall be reviewed by the SMA and DDA for considered implementation. In addition, there may be circumstances when system improvement plans originate in the Waiver Quality Council because there are over-arching design changes indicated that impact all or some of Maryland's waivers.

Revision:

Results of data analysis will be shared with ~~a new Waiver Quality Performance group~~ the DDA Quality Advisory Council composed of ~~representatives from both DDA and the SMA~~ various stakeholder including waiver participants, family members, providers, advocacy organizations, and State representatives. The group will recommend quality design changes and system improvement. Final recommendations shall be reviewed by the SMA and DDA for considered implementation. In addition, there may be circumstances when system improvement plans originate in the Waiver Quality Council because there are over-arching design changes indicated that impact all or some of Maryland's waivers.

Results of data analysis will be shared with the DDA Quality Advisory Council composed of various stakeholder including waiver participants, family members, providers, advocacy organizations, and State representatives. The group will recommend quality design changes and system improvement. Final recommendations shall be reviewed by the SMA and DDA for considered implementation. In addition, there may be circumstances when system improvement plans originate in the Waiver Quality Council because there are over-arching design changes indicated that impact all or some of Maryland's waivers.

Oversight of Performance Changes/Examples

Overview:

The DDA Quality Advisory Council was established and replaced previous quality groups.

Oversight of Performance Current Language example page 13:

Results of data analysis will be shared with a new Waiver Quality Performance group composed of representatives from both DDA and the SMA. The group will recommend quality design changes and system improvement. These recommendations shall be shared with the State Waiver Quality Council and the Waiver Advisory Committee for input on ongoing quality strategies and prioritization. Final recommendations shall be reviewed by the SMA and DDA for considered implementation. In addition, there may be circumstances when system improvement plans originate in the Waiver Quality Council because there are over-arching design changes indicated that impact all or some of Maryland's waivers.

Revision:

Results of data analysis will be shared with the DDA Quality Advisory Council group composed of various stakeholders. ~~a new Waiver Quality Performance group composed of representatives from both DDA and the SMA.~~ The group will recommend quality design changes and system improvement. ~~These recommendations shall be shared with the State Waiver Quality Council and the Waiver Advisory Committee for input on ongoing quality strategies and prioritization.~~ Final recommendations shall be reviewed by the SMA and DDA for considered implementation. In addition, there may be circumstances when system improvement plans originate in the Waiver Quality Council because there are over-arching design changes indicated that impact all or some of Maryland's waivers.

Independent Advocacy Changes/Examples
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Overview:

The DDA has established a Director of Advocacy Supports and peer Advocacy Specialist in each of the four regions.

Independent Advocate Current language page 184:

In addition to information and assistance provided by the DDA, Resource Coordinators, and Support Brokers, the DDA contracts with a part-time independent advocate to provide technical assistance, training, and advocacy services for participants who desire to self-direct their services. The DDA provides office space and technical support, computer, telephone, etc.) to the independent advocate. The contractor participates in DDA trainings on self-direction, provides one-to-one information and technical assistance, provides one-to-one advocacy services, and makes frequent contact with Resource Coordination agencies in order to assist participants seeking advocacy services related to self-direction. Participants may contact the independent advocate via telephone or email or at trainings to avail themselves of advocacy services.

The independent advocate is procured as part of a contract bidding process consistent with State procurement regulations; the contract is reviewed on an annual basis for renewal by DDA. The current contract may not exceed \$25,000/yr. Increases in the contract rate will be considered in relation to the number of waiver participants, assessed need for the independent advocate's services, and the DDA budget.

The independent advocate is available to provide training, technical assistance, and advocacy services to participants interested in self-directing their services or who are seeking assistance to address an issue of concern. The independent advocate will provide information, technical assistance, and advocacy via the internet, telephone, or in person as required. The independent advocate will assist with workshop and training efforts with specific application to information provided on the topics of self-determination, self-advocacy, and the availability of advocacy services.

Annually, the contract for the independent advocate is reviewed by the DDA based on previous performance and with recognition of the unique role of an advocate in influencing human service delivery systems and the established “firewall” between the independent advocate and DDA staff.

Revision:

The DDA has established a Director of Advocacy Supports and peer Advocacy Specialist in each of the four regions to:

1. Provide information, technical assistance, and training on self-direction, self-advocacy, and the availability of advocacy services across the State.
2. Provide feedback to DDA staff on communications with individuals receiving DDA community based services.
 3. Build relationships with self-advocates, self-advocacy groups and providers.
 4. Support other self-advocates to learn about and understand DDA services.
 5. Provide general support to people receiving services from DDA.
 6. Develop and conduct additional training that meets the needs of Self-Advocates in their regions.

The Director of Advocacy Supports works at the DDA headquarters’ office as part of the leadership team and oversees the four regional advocates. Advocates 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 self-direction.

Access

Participants may contact the independent advocates via telephone or email or at trainings to avail themselves of advocacy services. The independent advocates are available to provide assistance to address an issue of concern, training, technical assistance, and advocacy services to participants currently directing their own services or interested in self-directing their services. The independent advocates provide information, technical assistance, and advocacy via the internet, telephone, or in person as requested.

Cost Neutrality Demonstration Changes/Examples

Overview:

Composite Overview and Demonstration of Cost Neutrality Formula Current language page 237:

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 – Col4)
1	52572.72	7303.09	59875.81	219499.21	4740.84	224240.05	164364.24
2	52901.88	7668.25	60570.13	226084.19	4883.07	230967.25	170397.12
3	53806.26	8051.66	61857.92	232866.71	5029.56	237896.27	176038.35
4	54437.92	8454.24	62892.16	239852.71	5180.44	245033.15	182140.99
5	55190.25	8876.95	64067.20	247048.29	5335.86	252384.15	188316.95

Revision (**Changes noted in red below**):

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 – Col4)
1	52572.72	7303.09	59875.81	219499.21	4740.84	224240.05	164364.24
2	52901.88	7668.25	60570.13	226084.19	4883.07	230967.25	170397.12
3	53806.26	8051.66	61857.92	232866.71	5029.56	237896.27	176038.35
4	59194.43	9961.36	69155.79	239852.71	5180.44	245033.16	175877.37
5	59517.35	10459.43	69976.78	247048.29	5335.86	252384.15	182407.38

Derivation of Estimates Current language page 239 (**Changes noted in red below**):

i. Factor D Derivation. The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

The Average Cost per Unit per waiver year is based on DDA’s average costs and limits for services and increased by 2% each waiver year for a cost-of-living adjustment for all services except for Live In Caregiver; Personal Supports Retainer Fees; Community Supported Living Arrangements (CSLA) I, II, and Retainer Fees; Assistive Technology and Adaptive Equipment; Transition Services; Behavioral Supports; Individual Directed Goods and Services; Environmental Adaptations; Transportation; and Vehicle Modifications.

For Waiver Years 4- 5, the unit for Personal Supports and Personal Supports Retainer Fees changes from hourly to 15 minute increments, so the unit cost is adjusted accordingly. Additionally, the unit costs for Family and Individual Support Services and Transportation Self-Direction are based on FY15 average costs.

The Average Units per User for Community Residential Habitation, Traditional Day Habitation, Supported Employment and CSLA I and II or Personal Supports are based on the total days of operation multiplied by the historical FY13 utilization percentage by service. Historic utilization or current fiscal year utilization are the basis for the average units per user for all other services. **For Waiver Years 4- 5, Personal Supports average units per user are based on FY16 utilization.**

The number of unduplicated recipients has been estimated as follows:

Community Residential Habilitation Services users have been estimated at approximately 40% of the total number of waiver users as estimated in Appendix B-3 for Waiver Year 1. Waiver Years 2-5 users estimated to grow by the compound annual growth rate of 2.72%. Residential Retainer Fees users have been estimated to grow by the compound annual growth rate of 3%.

CSLA I and II users are approximately 15% of the total number of waiver users as estimated in Appendix B-3 for Waiver Year 1. For CSLA I and II and Personal Supports, Waiver Years 2-3 estimated user growth based on the compound annual growth rate of 6.6%. CSLA II user annual growth rate is 5%. **For Waiver Years 4- 5, the number of Personal Supports unduplicated recipients is based on FY16 data with estimated user growth based on the compound annual growth rate of 6.6%.**

Supported Employment is estimated at about 30% of the total number of waiver users as estimated in Appendix B-3 for Waiver Year 1. Waiver Years 2-5 users growth based on the compound annual growth rate of 4.36%.

Day Habilitation users have been estimated at 48% of the total users as estimated in Appendix B-3 for Waiver Year 1. Day Habilitation Waiver Years 2-5 users estimated at the compound annual growth rate of 4.27%.

Family and Individual Support Services users are based on actual users for FY14 with a compound annual growth rate of 3.75% for Waiver years 1-3. **For Waiver Years 4-5, Family and Individual Support Services users are based on actual users for FY15 with a compound annual growth rate of 3.75%.**

Shared Living users are based on actual users of Individual Family Care in FY14 with a compound annual growth rate of 4.09%.

Transportation and Transportation Self Directed, Transition Services, Community Exploration and Medical Day users have been estimated to increase 2% each year. **For Waiver Years 4-5, Transportation Self-Direction users are estimated to increase by 25% each year.**

The following services are all based on approximately 10% of the total number of waiver users as estimated in Appendix B-3; Assistive Devices and Adaptive Equipment, Environmental Assessments, Environmental Accessibility Adaptations, Live –In Caregiver, Support Broker, Personal Supports Retainer Fee, Employment Discovery and Customization are estimated to grow by 5% per year. Respite users are expected to grow by a compound annual growth rate of 37% and Community Learning Services users are expected to grow by the compound annual growth rate of 32.29%.

Behavioral Supports users are based on actual FY14 unique user data and projected to grow by 2% except for Behavioral Mobile Crisis Intervention where users are expected to grow by 5%.

Individual Goods and Services users in Waiver Year 2 are based on an estimate of those individuals who self-direct their services in FY14 with an estimated 5% growth rate. **For Waiver Years 4-5, estimated users based on FY16 utilization with an estimated 5% growth rate.**

ii. Factor D' Derivation. The estimates for Factor D' for each waiver year are included in item J-1. The basis of these estimates is as follows:

For all factors, the baseline cost used to project forward were actual costs from FY12. The average per capita cost was reported in on the CMS 372(S) Lag Report, Reporting Period 7/1/11 – 6/30/12 and has been increased 5% for each waiver year. **The average per capita cost reported on the CMS 372, Reporting Period 7/1/13-6/30/14 was used to project forward for Waiver Years 4- 5 and has been increased 5% for each waiver year.**

Amendment #1 - Public Comment

Public comments can be submitted to wfb.dda@maryland.gov through January 31, 2016.

Derivation of Estimates Appendix J - Year 4

Revised Waiver Year: Year 4

Waiver Service/Component	Unit	# Users	Avg. Units per User	Avg. Cost/Unit	Component Cost	Total Cost
Community Residential Habilitation Services:						516,593,641.98
Community Residential Habilitation Services	Day	6,081	338.00	247.26	508,212,764.28	
Community Exploration	Day	27	3.00	247.26	20,028.06	
Residential Retainer Fees	Day	3,074	11.00	247.26	8,360,849.64	
Day Habilitation-Traditional:						164,668,827.00
Day Habilitation- Traditional	Day	8,025	212.00	96.79	164,668,827.00	
Live-In Caregiver:						33,000.00
Live-In Caregiver	Month	6	11.00	500.00	33,000.00	
Medical Day Care:						11,047,928.32
Medical Day Care	Day	824	176.00	76.18	11,047,928.32	
Personal Supports:						104,861,165.88
Personal Supports-Retainer Fees Self-Direction	15 minutes	5	300.00	9.37	14,055.00	
Personal Supports	15 minutes	2,766	5,272.00	7.19	104,847,110.88	
Respite:						830,793.60
Respite	Day	280	12.00	247.26	830,793.60	
Supported Employment:						99,150,127.36
Supported Employment	Day	4,832	212.00	96.79	99,150,127.36	
Supports Broker:						1,162,142.80
Supports Broker	Month	245	104.00	43.61	1,162,142.80	
Assistive Technology & Adaptive Equipment:						84,000.00
Assistive Technology & Adaptive Equipment	Item	40	1.00	2,100.00	84,000.00	
Behavioral Supports:						7,033,388.00
Behavioral Mobile Crisis Intervention	30 minutes	47	14.00	150.00	98,700.00	
Behavioral Assessment	Assessment	428	1.00	1,300.00	556,400.00	
Behavioral Consultation	30 minutes	1,336	29.00	77.00	3,429,888.00	
Behavioral Support Services	30 minutes	1,008	18.00	50.00	907,200.00	
Behavioral Respite Services	Day	27	34.00	1,400.00	2,041,200.00	
Community Learning Services:						12,545,629.43
Community Learning Services	Day	571	227.00	96.79	12,545,629.43	
Employment Discovery and Customization:						12,195.54
Employment Discovery and Customization	Day	6	21.00	96.79	12,195.54	
Environment Accessibility Adaptations:						148,750.00
Environmental Accessibility Adaptations	Item	17	1.00	8,750.00	148,750.00	
Environmental Assessment Total:						6,993.29
Environmental Assessment	Assessment	17	1.00	411.37	6,993.29	
Family & Individual Support Services:						19,715,861.17
Family & Individual Support Services	Month	991	11.00	1,808.17	19,710,861.17	
Individual Goods and Services	Item	5	2.00	500.00	5,000.00	
Shared Living:						6,894,249.78
Shared Living	Month	226	11.00	2,773.23	6,894,249.78	
Transition Services:						530,400.00
Transition Services	Item	136	1.00	3,900.00	530,400.00	
Transportation:						886,365.96
Transportation	Day	81	12.00	116.67	113,403.24	
Transportation-Self Direction	Month	244	12.00	263.99	772,962.72	
Vehicle Modifications Total:						17,500.00
Vehicle Adaptations	Item	2	1.00	8,750.00	17,500.00	
GRAND TOTAL:						946,222,960.11
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS:						15,985.00
FACTOR D (Divide total by number of participants)						59,194.43
AVERAGE LENGTH OF STAY ON THE WAIVER:						350.03

NOTES: Changes were made to the yellow highlighted boxes.
Date: 12/15/2015

Derivation of Estimates Appendix J - Year 5

Waiver Year: Year 5

Waiver Service/Component	Unit	# Users	Avg. Units per User	Avg. Cost/Unit	Component Cost	Total Cost
Community Residential Habilitation Services:						541,256,531.55
Community Residential Habilitation Services	Day	6,246	338.00	252.21	532,452,637.08	
Community Exploration	Day	27	3.00	252.21	20,429.01	
Residential Retainer Fees	Day	3,166	11.00	252.21	8,783,465.46	
Day Habilitation-Traditional:						175,148,599.68
Day Habilitation- Traditional	Day	8,368	212.00	98.73	175,148,599.68	
Live-In Caregiver:						33,000.00
Live-In Caregiver	Month	6	11.00	500.00	33,000.00	
Medical Day Care:						11,487,168.00
Medical Day Care	Day	840	176.00	77.70	11,487,168.00	
Personal Supports:						114,130,259.52
Personal Supports-Retainer Fees Self-Direction	15 minutes	5	300.00	9.36	14,340.00	
Personal Supports	15 minutes	2,949	5,272.00	7.34	114,115,919.52	
Respite:						1,159,157.16
Respite	Day	383	12.00	252.21	1,159,157.16	
Supported Employment:						105,553,822.68
Supported Employment	Day	3,043	212.00	98.73	105,553,822.68	
Supports Broker:						1,248,224.64
Supports Broker	Month	258	104.00	46.52	1,248,224.64	
Assistive Technology & Adaptive Equipment:						88,200.00
Assistive Technology & Adaptive Equipment	Item	42	1.00	2,100.00	88,200.00	
Behavioral Supports:						7,210,678.00
Behavioral Mobile Crisis Intervention	30 minutes	50	14.00	150.00	105,000.00	
Behavioral Assessment	Assessment	436	1.00	1,300.00	566,800.00	
Behavioral Consultation	30 minutes	1,566	29.00	77.00	3,496,878.00	
Behavioral Support Services	30 minutes	1,028	18.00	50.00	925,200.00	
Behavioral Respite Services	Day	28	54.00	1,400.00	2,116,800.00	
Community Learning Services:						13,447,026.00
Community Learning Services	Day	600	227.00	98.73	13,447,026.00	
Employment Discovery and Customization:						12,439.98
Employment Discovery and Customization	Day	6	21.00	98.73	12,439.98	
Environment Accessibility Adaptations:						148,750.00
Environmental Accessibility Adaptations	Item	17	1.00	8,750.00	148,750.00	
Environmental Assessment Total:						7,133.20
Environmental Assessment	Assessment	17	1.00	419.60	7,133.20	
Family & Individual Support Services:						20,881,084.46
Family & Individual Support Services	Month	1,029	11.00	1,844.34	20,876,084.46	
Individual Goods and Services	Item	3	2.00	500.00	5,000.00	
Shared Living:						7,312,163.65
Shared Living	Month	235	11.00	2,828.69	7,312,163.65	
Transition Services:						542,100.00
Transition Services	Item	139	1.00	3,900.00	542,100.00	
Transportation:						1,100,331.48
Transportation	Day	82	12.00	116.67	114,803.28	
Transportation-Self Direction	Month	305	12.00	269.27	985,528.20	
Vehicle Modifications Total:						17,500.00
Vehicle Adaptations	Item	2	1.00	8,750.00	17,500.00	
GRAND TOTAL:						1,000,784,170.00
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS:						16,815.00
FACTOR D (Divide total by number of participants)						59,517.35
AVERAGE LENGTH OF STAY ON THE WAIVER:						350.03

NOTE: Changes made to yellow highlighted boxes.

Date: 12/13/2013

Public comments can be submitted to
wfb.dda@maryland.gov
through January 31, 2016.