Developmental Disabilities Administration
Waiver Transition Memos
Frequently Asked Questions
Update June 26, 2015

Background: The Developmental Disabilities Administration (DDA) issued Waiver Transition Guideline Memos on April 22, 2015 to assist waiver participants, families, coordinators of community services, service providers, and State staff with the transition to the newly approved waiver. The Memos provided an overview, guidance, and/or roadmaps specific to a particular service or federal requirement that may apply to a particular stakeholder or the entire service delivery system.

The DDA shared information on these memos during regional provider meetings the week of May 4th – 8, 2015 and also established a designated email address for transition specific questions (communitypathways@maryland.gov.). Below are questions received during and after the meetings and responses. If a similar question was submitted that was already addressed, it was not included.

Updates are noted as "**Update 6/19/15**" followed by the new information.

Waiver Memo #1 Overview

None

Waiver Memo #2 Person-Centered Planning

1. Will DDA develop a standard format or guidelines?

   A final decision has not been made at this time. The DDA has asked consultants to review the DDA service delivery system's person-centered planning processes for compliance with federal regulations and to work with service providers to obtain input on how to enhance current practices. Consultants include the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Support Development Associates LLC. Consultant recommendations will be shared with stakeholder for public input prior to a final decision being made.

2. What is the timeframe for the guidelines?

   The consultant's report will be shared in June for stakeholder input. We anticipate sharing initial guidelines in July.

3. What information does DDA need? The IP or service record?

   The DDA needs both items. There are several federal and State requirements associated with a person-centered plan, waiver service plan, and DDA's Individual Plan (IP). To protect and ensure true person-centered planning, the DDA is considering two distinct documents/items instead of one called the "IP." One document is the person-centered plan that indicates the individual's goals, preferences, needs, interest, and includes what is important to them and what is important for them. The second document would be consider the service record which includes federal and State required data elements like the services, frequency, scope, duration, provider, emergency back-up plans, etc.

4. What information is needed for CMS compliance?

   The Code of Federal Regulations (42 CFR Part 430, 431 et al.) define person-centered planning requirements. In addition, the federal Administration on Community Living provided additional guidance on the standards for Person-Centered Planning in a June 6, 2014 memo titled "Section 2402(a) of the Affordable Care Act – Guidance for Implementing Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs." The complete document can be viewed at http://www.acl.gov/Programs/CDAP/OIP/docs/2402-a-Guidance.pdf.

   CMS also indicates requirements associated waiver services plans in the "Instructions, Technical Guide and Review Criteria" for the 1915(c) waiver applications. The link to this document is: http://www.nasddds.org/uploads/documents/Version3.5InstructionsJan2015.pdf.

5. Is what is printed from PCIS considered the IP?

   Yes. The DDA and OHCQ recognize the service record in PCIS2 as the IP. Please note that the PCIS2 IP is not considered a person-centered planning methodology. It is the service record of required federal and State requirements. The IP shall be developed by utilizing a person-centered planning methodology (such as Essential Lifestyle Plans, MAPS, PATHS, etc.) based on the preference of the individual.

6. How do timelines related to PCIS relate to this timeline?

   The timelines related to Memo #2 Person-Centered Planning relate to planning guidelines and not to future edits and changes to PCIS2.

Waiver Memo #3 Health and Welfare

1. How does this relate to the process in #4 of unbundling and how will families maintain their flexibility?

   This memo is about ensuring the services, equipment, items, and devices requested under the waiver do no harm to individuals. The State will not fund experimental or federal or State prohibited services, equipment, items, and devices. Some services, equipment, items, and devices may require a professional assessment and recommendations based on the request.

   All approved services, equipment, items, and devices that restricts the participant's rights must be supported by a specific assessed need, justified in the service plan, and must be reviewed, approved, and monitored by the agency's standing committee as indicated in COMAR 10.22.02.14E.

   The interest and preferences of individuals and families should always be considered within the scope, professional assessment and recommendation (if applicable), and limitation as noted within the approved waiver and Medicaid State Plan.

2. Will State-only plans stay state only?

   Individuals who are State funded should be assessed to see if they meet waiver eligibility to maximize limited State funding. In addition, waiver participants with State funded services are also being assessed to see if the current services are waiverable under a different service name or model. The DDA receives a 50% federal funds match for waiver service costs which can increases the availability of State funds and expand the DDA's ability to expand critical services to individuals on the waiting list. If the individual is not waiver eligible then the services will remain State funded.

3. How is this process different than what was previously done?

   The DDA Regional Offices practice has been to request supporting documentation such as professional assessment and recommendation or medical industry approval of unknown treatments for items included in service funding plans. This memo stresses the importance to ensure the rights and safety of the person and also offers additional resources to consider such as the Maryland Technology Assistance Program and list of Medicaid Durable Medical Equipment and Medical Supplies. It requires the documentation to be submitted with the request.

Waiver Memo #4 Unbundling Services

1. Will this include any administrative fees?

   There are no changes to administrative fees or rates.

2. Will new SFPs need to be done to unbundle services?

   No. A new "Service Alignment Process and Form" to unbundle the supplemental services that are now recognized as standalone waiver services (e.g. respite, transportation, etc.) has been developed. This process will reduce the administrative tasks needed to align the current service authorization. It is important to note that any new or increase in services beyond what is currently authorized would require a Request for Service Change and Service Funding Plan as per current policy.

3. Will Community of Practice money to move people into the community be unbundled?

   If the service is not covered by the waiver, it should be reviewed to determine if it can be provided under an approved waiver services to maximize limited State funds.

4. Where are the definitions of the 19 services located?

   The federally approved Community Pathways waiver includes a service description for each waiver services. They can be viewed by clicking on this link: http://dda.dhmh.maryland.gov/SitePages/WRenewal/MD0023R0600.pdf.

5. Will unbundling require RFSC?

   A RFSC will be required for any new or increase in services beyond what is currently authorized as per current policy. If the action is to align services, then the new Service Alignment process will be used.

6. Will PCIS reflect these changes in the IP module?

   Yes. Changes are being made to PCIS2 to reflect the stand alone services within the IP Module.

Waiver Memo #5 SE, ED&C, CLS, Day - Services, Volunteering & Regulations

1. How will one rate allow for difference in needed ratios between services?

   We are exploring bringing the current Supported Employment, Employment Discovery and Customization, and Community Learning Services rates up to the Day Habilitation rate to support employment services until the rate study is completed. Under the DDA's forthcoming rate setting study, factors such as ratios will be looked at in determining the rate.

2. Does DDA receive one rate from CMS regardless of service?

   No. The DDA's rate system currently has different rates for Day and SE. Furthermore, the final rate for a day of service is determined by an individual's matrix score and other factors and the amount paid to a provider is claimed to CMS.

3. Providers may not understand the process to add additional services to their license. (*How do providers add additional services like CLS and ED& C to their license?)*

   Providers interested in adding CLS or ED&C to their license should submit a formal request to the Deputy Secretary of DDA for a license "waiver" to regulations. The request should include the provider's program service plan for the specific service being offered. The request can be emailed to Janet Furman, janet.furman@maryland.gov, who will facilitate the review.

4. Required ratios (CLS has 1:4, what if a person has a 1:1? Is 1:4 the maximum?)

   There are no required staff to client ratios. The waiver states Community Learning Services can be provided in groups of no more than four individuals.

5. Matrix scores are required for some services but not others. Will matrix scores be required for everyone?

   New matrix scores will not be required. The current Day or Supported Employment score will be used for any of the other day services (Day, SE, CLS, ED&C).

6. How many services can one person have? How specific does SFP need to be?

   A person can have a combination of Supported Employment, Employment Discovery & Customization, Community Learning Services, and Day Habilitation. Currently, they need to be provided on different days. The SFP should note the specific services and not the specific days.

   Update 6/19/15 - *There will be flexibility in which service can be provided on any day, as long as only one service is billed in a day, and the total number of operational days for the year is not exceeded.*

7. A person has a certain number of days that are approved, will this continue?

   Yes.

8. Rate structure for new service, ratio for day does not support CLS.

   Rate structure will be addressed once the rate study is complete.

9. How will new rate structure affect the cost report, and what is the level of detail that will be required?

   There will not be any changes to the FY15 cost report. However, the FY16 cost report will include CLS, ED&C, and Personal Supports. While the FY16 cost report will include the additional service they will capture the same level of detail.

10. Ratios are different in SE and Day Hab.

    Rate structure will be addressed once the rate study is complete.

11. Is there any discussion of rate realignment to accommodate the ratio of 1:1 typical with SE? There will be a lag between implementing this and a rate, DDA needs to have a real-time way to implement changes. The current rates do not fit the reality of providing the service.

    We are exploring bringing the current Supported Employment rate up to the Day Habilitation rate to support employment services until the rate study is completed. Under the DDA's forthcoming rate setting study, factors such as ratios will be looked at in determining the Support Employment rate.

12. Practice of not allowing people to step foot in facility in CLS and ED&C is not reasonable, people need bathroom breaks, lunch breaks etc.

    Community Learning Services are provided in the community and not facility based. Some providers coordinate transportation for community activities by bringing individuals to a central location before going out. There are no restrictions for use of restroom or eating lunch.

    ED&C includes a variety of activities. There are no restrictions to providing these activities at provider sites.

13. Will providers from every region be represented in the HCBS waiver group?

    Provider representatives include MACS, ARC of Maryland, ARC of Baltimore, Catholic Charities, ARC of Howard, Worchester Development Center, SEEC, and Mary T. Maryland.

14. Does a RFSC need to be done for people who are volunteering under SE?

    A Request for Service Change or the new Service Alignment Form will be needed as volunteering is not an allowable activity under supported employment. Volunteering does fall under CLS and day habilitation services.

15. Timeframe for alignment is half over, can that be adjusted?

    Service alignment must be completed by September 2015 unless otherwise noted in the transition roadmap timelines.

16. If current provider does not provide all the services a person wants a person may have to leave a provider they like.

    Only qualified (i.e. licensed) providers can deliver services. If a provider does not choose to deliver a specific service, then individuals will need to identify a new provider. Providers can consider expanding their service delivery options. DDA will provide technical assistance needed.

17. How can someone who has SE matrix do CLS which has a different matrix and rate?

    Yes, individuals with a SE matrix can receive CLS. The same matrix will be used. We are exploring bringing the current Supported Employment, Employment Discovery and Customization, and Community Learning Services rates up to the Day Habilitation rate to support employment services until the rate study is completed. Under the DDA's forthcoming rate setting study, factors such as ratios will be looked at in determining the rate.

18. SFP should not lock-in days or service. Keep the service broad and allow for a variety of options. Flexibility is important.

    Currently SFP must delineate specific services but does not need to note specific days of service.

19. Resources are needed to providers if they need to re-categorize people and go through the RFSC process.

    Providers in need of technical assistance can contact the Regional Office for assistance.

20. What is DDA's timeline for people to be able to "split a day" for funding of different services on the same day? (e.g., SE and CLS in the same day)?

    To implement this option, the rate study is needed which is projected to be completed in approximately two years.

21. Will people be able to do SE and volunteering (under day hab or CLS) on the same day as of July 1?

    Individuals can work, volunteer, and do a variety of other activities during the day. Based on the current service model, providers are only able to bill for one day service (i.e. SE, ED&C, CLS, or Day) per day. At this time, teams need to identify the primary waiver service needed during the day. Each service includes a variety of activities that are covered which combined should equal a minimum of four hours per day.

    For example, the September 12, 2014 DDA Transitmal #DDA2014019 regarding Supported Employment Activities notes that participants must be engaged in supported employment activities a minimum of four hours per day. Supported employment services are individualized and include a variety of activities that may occur on or off the job site such as:

    - ✓ *Job coaching;*
    - ✓ *Individualized employment counseling;*
    - ✓ *Training related to networking with coworkers;*
    - ✓ *Assistive technology and accommodations assessment and training;*
    - ✓ *Benefits awareness, planning, counseling, and management;*
    - ✓ *Exploration of individualized integrated employment;*
    - ✓ *Training related to acclimating in the workplace, communicating needs, and accessing workforce development or higher education opportunities;*
    - ✓ *Mobility and travel training; and*
    - ✓ *Transportation.*

22. **Update 6/19/15 -** Couldn't a volunteer job qualify as "Training related to acclimating in the workplace, communicating needs, and accessing workforce development or higher education opportunities"? When is the line drawn between training towards employment and volunteering? Along the same lines, wouldn't a community-based job seeking class (job club) qualify as well under SE? We just want to be sure we are not going through the process of changing peoples' services if it is not necessary.

    Volunteering as a job trial or to shadow, it is usually 1-5 days based on SE best practices. If it is an internship, it is normally less than 45 days. Most internships that go above 45 days are paid internships. If it goes over 45 day, it leaves the world of job trial and skill development and enters the world of unpaid labor. If it takes more than 45 days to teach someone the skill/task it's most likely not a good match for the person's skills. Job development time demand on volunteer placements or internships can be just as time consuming as it is in finding a paid job. Karen Lee, DDA Employment Public Policy Fellow, can provide assistance and can be reached at Karen.lee@maryland.gov.

23. **Update 6/19/15-** Will the SE matrix score for the client be used to determine the CLS rate vs. using their Day matrix score?

As per the "Updates on Supported Employment Rates, Community Learning Services and Employment Discovery and Customization Rates, Attendance Calendars and Matrixes" memo dated June 11, 2015 effective July 1, 2015, existing matrix scores for either Day Habilitation (Day) or Supported Employment (SE) will be utilized for all newly authorized Community Learning Services (CLS) and Employment Discovery and Customization (ED&C) services. Day matrix will be used for CLS. SE matrix will be used for ED&C.

Waiver Memo #6 - Family Member, Relative, Legal Guardian and Legally Responsible Individual as a Service Provider

1. How does living situation impact this for adult family member still living in the same home? What are the parameters for parents?

   It is important to reference the federally approved waiver as it includes a description of each waiver service, limitations, and provider qualifications. For example, respite services provided by a person residing in the same residence or property will not be funded.

   Parents that meet the requirement for a legally responsible individual cannot be paid for services. A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant.

2. What is the DDA approved provider agreement for family members providing services?

   The "Self-Directed Services ~ Community Pathways Waiver Agreement" is a form used to document the agreement between individuals self-directing their services, guardians (if applicable), and DDA regarding responsibilities in participating in the self-direction. The form can be viewed at: http://dda.dhmh.maryland.gov/SitePages/Developments/2015/SD%20Participant%20Agreement-Revised%2012-9-14.pdf.

3. OHCDS training was promised in December but has not happened.

   OHCDS training will be provided this summer. Information about the training will be sent out to all service providers.

4. Does this apply to surrogate decision makers?

   The Office of the Attorney General is researching the legally. Additional information will be shared with stakeholders.

5. Family member working in their own home who administer medical services needs to be under the direction of a delegating nurse. If family member is not an employee and gives medications or they are an employee but not on the clock when giving meds a delegating nurse is not required.

   If a family member is paid to give medication and treatments then a delegation nurse is required and must person must be a CMT unless the person meets the 10.27.11.01 D exclusion.

6. What is the definition of family member?

   The proposed waiver regulations defined family members as "adult relative of the waiver applicant or participant who is responsible under Maryland law for ensuring that the individual is cared for, including:
   (a) The waiver applicant or participant's spouse;
   (b) A parent of a dependent child; or
   (c) An individual who has full and unrestricted powers of guardianship over the waiver applicant or participant."

Waiver Memo #7 - CSLA to Personal Supports

1. How can CSLA SFP convert to PS SFP without a full team meeting?

   The services are not being increased or decreased. The current hours authorized in PCIS2 under CSLA will be used for Personal Supports. **Update 6/19/15** - *The conversion from CSLA to PS hours will be automatic in PCIS2 if there are no other changes that require a RFSC or service alignment form.*

2. Quarterly review process may not include contacting the same staff that would participate in helping to modify services.

   The currently authorized services will be converted to Personal Supports. Any modifications (i.e. increases or decreases) to services will need to go through the Request for Service Change process

3. Need for flexibility in service hours and the ability to reconcile annually.

   We agree. To support more flexibility, hours will be authorized on a yearly basis and may be flexed to meet the unique needs of an individual over the course of the year.

4. During unbundling of services will the rate paid for services change?

   The rate will not change as the CSLA rate tables will be used for Personal Supports. If all authorized services are provided, the provider will receive the same payment. **Update 6/19/15** - *A blended rate methodology will be adopted for people receiving more than 82 hours of support in a week,*

5. How will audits be affected by change from CSLA to PS?

   Audits will be more focused on specific billing events and will likely not need a review of data for a given fiscal year. Audits will focus on verifying that 100% of billed service is provided.

6. How will DDA insure timely payment?

   Quarterly pre-payments will continue with reconciliations occurring 2 quarters after service has been provided.

7. For old CSLA plans that include housing -- how will this be included in PS?

   Service will need to be unbundled to reflect the personal supports and any state-only supplemental services.

8. Community First Choice personal care supports (formerly MAPC) are in conflict with CSLA -- will CSLA hours be reduced by CFC personal care supports?

   We are working with Medicaid on concerns regarding service duplication and will provide additional guidance when available.

9. Is the overall plan for providers to bill the feds directly?

   No. Hourly billing will come through PCIS2.

10. Can DDA agree to cover services needed until this process can be worked out rather than push this on the person to figure out?

    Update 6/19/15: *Services will continue. We will transition the service which will allow billing to occur immediately. If the service authorization needs to be adjusted a request for service change form or the new service alignment form can be submitted long before the end of the fiscal year.*

11. Will lack of rate structure and possible differences between providers be a problem with Medicaid?

    The current federally approved rate structure will continue to be used.

12. What rate will Q1 payment be?

    The Q1 payment will be made under CSLA using historical attendance and current service authorization (no change). The Q2 payment under Personal Supports will be based on the number of authorized hours for the year and the requirements of the pre-payment system.

13. What programs are being unbundled? What does unbundling really mean?

    For CSLA, it simply means clarifying the supplements that are already in the system and moving CSLA to hourly billing under the service name of person supports. We are not breaking out the rate into components or changing the rate system. The service is transitioning from a daily to an hourly billing.

14. People are dropping off of the waiver for seemingly random reasons (Dr. did not submit a form, IP not received on time) Why is this happening?

    There have been no changes in the waiver redetermination process. We all need to work to support individuals maintaining waiver eligibility. Individuals can lose eligibility for failure to submit required documents such as bank statements or being overscaled. Coordinated and timely responses are needed to provide requested documents and planning personal fund use is needed to prevent establishing large amounts of funding in bank accounts.

15. This is more than a name change, more like unbundling of CSLA.

    This is correct. There are also changes to the billing unit and process and unbundling of supplemental services like housing and transportation.

16. Is there anything that people are currently receiving that will no longer be funded after the name change?

    Any service that doesn't fit the waiver definition will need to be noted as a supplemental service and/or evaluated to see if a more appropriate service exists.

    Update 6/19/15- If any service is discontinued, adequate notice for appeal will be provide.

17. Does this give providers the opportunity to transition from CSLA to FISS?

    Only if FISS better meets the needs of an individual. If so, a Request for Service Change would need to be submitted.

18. If services are not received at 100% some providers are putting money away in a "what if" account, if services go to hourly this will not be allowed.

    Waiver services and corresponding funding is approved on an individual basis. Pulling funds for other uses is not permitted.

19. For people who go over their allocated number of hours in a year – will their needs be approved by DDA? In the past providers had more flexibility to meet unexpected increase in needs.

    Provider should be monitoring services and not exceed authorized hours. A Request for Service Change will be needed in the event of unexpected increase in needs.

20. Additional transportation money for people in rural services? The distance they have to drive is greater than people living in other environments.

    Community Transportation is a standalone service and is currently limited to $1400 annually for participants not self-directing services. This suggestion to increase the limit will be consider for future amendments to the waiver.

21. How will providers be paid?

    Providers will be paid quarterly with a prepayment based on an individual's annual Personal Supports budget. This payment will be reconciled two quarters later.

22. New information was shared in this session (providers will bill hourly but providers will be paid prospectively starting July 2015. Fiscal Unit will be doing a webinar in a few weeks.) How will this be communicated to other regions?

    A notice of the upcoming webinar will be sent to all providers.

    Update 6/19/15- As shared during the DDA Webinar on June 18, 2015: Personal supports will continue to be paid quarterly as an advance plus a win/loss calculation to reconcile the advance paid two quarters earlier. Advances will be calculated based on an individual annualized budget value instead of historical attendance. As we transition from CSLA to Personal supports, win/losses will be calculated for CSLA in both the Q2 and Q3 payments of FY16 but no advance will be given since everyone will have transferred to personal supports by the time these payments are run. The first personal supports advance will be paid out in the Q2 payment.

23. How far down will the CSLA services be unbundled to PS?

    Current hours for CSLA will be used for Personal Supports hours. Service Funding Plans for CSLA with supplemental services for rent, transportation, etc. will be unbundled using the new Service Alignment Form.

24. How will the transportation dollar amount be reflected in PCIS in PS?

    Transportation will be noted as a supplement within PCIS2.

25. How does this affect OTO/Supplemental invoicing date of July 1?

    There is no effect to the OTO/supplemental service invoicing process that begins July 1st.

26. How will PS system allow for flexibility (didn't use all hours one week so can they use them the following week)?

    Hours will be authorized for the entire year and may be flexed to meet the unique needs of an individual over the course of a year.

27. How can flexibility be built in for the 19 services (overspend on one service but not spend as much on another service)? What will the process be to "transfer" the funds?

    We can explore new service delivery options for future waiver amendments. Traditional services are currently established based on a rate-based model which has some limitations. Self-directed services provide more opportunities to move funds within an approved budget.

28. Some SFPs were written years ago and updates / changes were subsequently made in the IP. When unbundling in PCIS which should be used, SFP or IP?

    The IP should be used.

29. When unbundling services, how do providers know what hours are shared?

    Hours are indicated in the approved Service Funding Plan. Contact the DDA RO for specific individual questions.

30. Need more information on shared rates. Two staff working with two different people using a different rate is not fair.

    As with CSLA, Personal Supports rates will adjust for multiple people. With more people in the home the rate decreases assuming some economics of scale and based on sharing of staff resources.

31. Is ISS moving to PS or will it continue under the ISS Grant?

    FISS waiver services will continue under ISS and FSS grants.

32. CSLA service definitions include CSLA 2 which supports people going out into the community. This does not translate to service definitions in Personal Supports. Concern that strong component of CSLA will be going away if staff can only be paid for personal support. How does this relate to federal definitions that do include supporting people to be integrated in their community?

    As noted in the approved Community Pathways Waiver on page 68, personal supports provide regular personal assistance, support, supervision, and training to assist the individual to participate fully in their home and community life. These supports can be provided in the participant's own home, family home, in the community, and at an individual competitive, integrated work site. The waiver can be viewed at: http://dda.dhmh.maryland.gov/SitePages/WRenewal/MD0023R0600.pdf.

33. What is the forum for problem solving issues?

    Providers should work with their respective Regional Offices.

34. Is anything being done with IFC and the billing of that service?

    IFC is now called Shared Living. There are no changes to the billing.

35. What is the communication plan for people in services?

    Coordinators of community services and providers should share information with individuals and families that are specific to a given service.

36. People enforcing regs and process changes are not the same people providing information and answering concerns. There is a lack of consistency and knowledge related to changes. This makes it difficult for providers to implement changes and comply with expectations and timeframes.

    The DDA meets regularly with the Office of Health Care Quality. Any questions or concerns with surveys should be directed to Janet Furman, DDA Provider Relations.

37. Should a provider hold off on RFSC on SE to CLS because it is currently too complicated?

    The current Request for Service Change process is still in effect and should be used as per the policy. The DDA has developed a new Service Alignment Form that can be used to align these services.

38. Re-aligning services should be done at a person's annual meeting if done by CCS. Could the provider do this? If time is an issue, the provider should do it.

    *The DDA has developed a new Service Alignment Form that can be used to align the services. The **service provider** would complete the form and share a copy with the coordinator of community services. The coordinator of community services will then alert the DDA Regional Office of any discrepancies with the current IP and person's choices.*

39. PS should be billed based on hours provided.

    Yes, Personal Supports should be billed based on hours provided. As noted in the transition memo, PCIS2 is being updated to support this billing.

40. Allow providers to have absence days, bank hours, providers still have overhead costs even when person does not receive service.

    These options are not allowable under the DDA programs.

41. Look at 21-day retainer for all people in CSLA/PS (not just for people in CSLA self directed services).

    This option is not allowable under the DDA programs.

42. Transportation costs should be adjusted based on the needs of the individual, including length of commute for employment, geographic distance to achieve community integration, etc.

    There are two types of transportation services. One is the stand alone community transportation service and the other is within Day, CLS, ED&C, SE, and Residential services.

    Community transportation services are designed specifically to enhance a participant's ability to access community activities in response to needs identified through the participant's Individual Plan. Services should increase individual independence and reduce level of service need. These services are available to the participant living in the participant's own home or in the participant's family home

    Services can include mobility and travel training including supporting the person in learning how to access and utilize informal, generic, and public transportation for independence and community integration. Transportation services may be provided by different modalities, including public transportation, taxi services, and non-traditional transportation providers. It should be provided by the most cost-efficient mode available and shall be wheelchair accessible when needed.

    Day, CLS, ED&C, SE, and Residential services transportation assistance to and from activities shall be provided by the provider that achieves the least costly, most integrated, and most appropriate means of transportation for the individual, with the priority given to the use of public transportation or natural supports. Individuals should be encouraged to utilize public transportation and transportation supplied by family, friends, neighbors or volunteers, as appropriate to the individual's needs and abilities.

    Transportation cost included in Day, CLS, ED&C, SE, and Residential will be considered in the upcoming rate study. Increasing the limits on the standalone waiver service of transportation will be considered during future waiver amendments.

43. Providers need flexibility in how services are provided. Give families flexibility by bringing back absence days so they can go on vacations (recommendation from a parent in attendance).

    This option is not allowable under the DDA programs.

44. Consider doing one waiver addendum and including all needed changes.

    Waiver amendments will need to be staged to allow time for stakeholder input, development of business processes, rates, and information/education for participants, family members, providers, OHCQ, and DDA staff.

45. Offer a hold harmless period that is communicated in writing.

    There will be no hold harmless. The current hours of CSLA will continue under Personal Supports and authorized on a yearly basis. This authorization will be built up on an expected weekly hour utilization based on need as currently done with CSLA.

    Personal supports will be paid quarterly as an advance based on an individual's annualized budget value instead of historical attendance. The hourly rate paid for each unit of personal support will calculate based on the average weekly authorization for an individual using the existing rate tables.

Additional information and guidance will be shared during the upcoming webinar on this topic.

46. How are we going to do attendance in this system? If it is not a daily system, I hope you are note expecting hourly attendance.

    The DDA is open to different options for the attendance calendar within PCIS2. The following objectives must be met: 1- capture hours of person supports services for each day of the month and 2- capture hours of professional service add-on for each day of the month. The DDA is not expecting providers to enter the time of service but providers should maintain adequate records of provided services. Additional information and guidance will be shared during the upcoming webinar on this topic.

47. Is DDA going to bill Medicaid or are providers expected to bill Medicaid?

    The existing process will continue and the DDA will bill Medicaid.

Update 6/19/15 - Service Alignment Process

Note: The Service Alignment Process and form has been revised based on additional input from stakeholders. Version #2 was issued June 26, 215.

1. Nowhere in the process does it indicate a need for a team meeting. Is it correct that if we are only aligning services/not requesting anything additional that the team does not need to meet?

   You are correct that a team meeting is not required if the action it to align services.

   The Service Alignment Process and form has been revised based on additional input from stakeholders. The Service Alignment form is to be used: (1) when there is no change to the current DDA funded services being provided as a generic supplemental services under Day, Res, SE, and CSLA or FISS and (2) to align Day and SE services when the actual services and supports are covered under a different waiver service as listed within the approved waiver. For example, an service alignment is needed when SE is authorized but the person is receiving supports for volunteering. In this situation, the service needs to be aligned to Day or CLS. Another example is when Day is authorized but the individual is receiving CLS in the community.

2. The service alignment form indicates Unbundles Service Authorization in the second table. Do we still use this form if there is nothing to unbundle? For example, switching from SE to Day or CLS?

   We will use the Service Alignment process to: (1) unbundle supplemental services and (2) to align Day and SE services when the actual services and supports are covered under a different waiver service as listed within the approved waiver. For example, an service alignment is needed when SE is authorized but the person is receiving supports for volunteering. In this situation, the service needs to be aligned to Day or CLS. Another example is when Day is authorized but individual is receiving CLS in the community.

   As note however that the RFSC and Service Funding Plan (SFP) process must be used to increase or decrease currently authorized services, request additional new services, and when a waiver participant chooses to change service models based on their individual goals (e.g. they want a job and no longer wish to volunteer). Person-centered team meetings are required to initiate the RFSC and SFP processes."

3. Do you want the service alignment forms emailed in bulk or individually?

   The forms can be emailed in bulk or individually. The Service Alignment Form should be sent via encrypted email to the DDA Regional Offices and a copy to the coordinator of community services to confirm the request is a service alignment and does not meet the requirement for a RFSC.

   Bulk email subject line should state "(Provider Name) - Service Alignment Forms" and be emailed to the appropriate RO.

   Individual email subject line should state "(Service Provider Name) -Service Discrepancy – (

4. Does unbundling affect Day and SE funded individuals? Would no form be completed for no changes?

   Yes, unbundling affects Day and SE when supplemental services are funded. Unbundling is in reference to supplemental services which are currently authorized within Day Habilitation (Day), Residential Habilitation (Res), Supported Employment (SE), and Community Supported Living Arrangement (CSLA) or under Individual Support Services (ISS) and Family Support Services (FSS) contracts (Reference Waiver Transition Guideline Memo #4 dated April 22, 2015). Therefore for individuals in Day and SE with supplemental services would need to be reviewed and supplemental services unbundled. The new service alignment process is to be used to unbundle/align the services.

   It will also be used to align Day and SE when the actual services and supports are covered under a different waiver service as listed within the approved waiver. For example, a service alignment is needed when SE is authorized but the person is receiving supports for volunteering. In this situation, the service needs to be aligned to Day or CLS. Another example is when Day is authorized but individual is receiving CLS in the community.

5. I also have a small ISS grant. Only one person in it is waivered. Would that be the only person to do the unbundling for or would all 12 need unbundled?

   As noted in the new Service Alignment Process Operational Protocol, this process is being completed for all individuals receiving funding for services (both in the waiver and State funded) to improve data consistency. Therefore, please review all 12 individuals in your program.

6. It sounds like we will be receiving a list of our clients with approved services from SMRO by June 15th, correct? To whom will this list be sent?

   The DDA will send a report listing individuals with supplemental services currently funded within Day, Res, SE, and/or CSLA to each provider's Executive Director who can share with the appropriate staff within the agency. The report will be sent the week of June 22nd.

7. Are we then to fill out one of the Service Realignment Forms for each client?

   Yes, a Service Alignment form is to be completed for each individual with a supplemental service. It will also be used to align Day and SE when the actual services and supports are covered under a different waiver service as listed within the approved waiver. For example, a service alignment is needed when SE is authorized but the person is receiving supports for volunteering. In this situation, the service needs to be aligned to Day or CLS. Another example is when Day is authorized but individual is receiving CLS in the community.

8. If we have a client for whom we want to change from SE to CLS; or have part of their service be CLS, we should indicate the change to or addition of CLS under "Unbundled Service Authorization"?

   Providers should use the Service Alignment form when the currently authorized SE services and supports are covered under a different waiver service as listed within the approved waiver. For example, a service alignment is needed when SE is authorized but the person is receiving supports for volunteering. In this situation, the service needs to be aligned to Day or CLS.

   Please note that the RFSC and Service Funding Plan (SFP) process must be used to increase or decrease currently authorized services, request additional new services, and when a waiver participant chooses to change service models based on their individual goals (e.g. they want a job and no longer wish to volunteer). Person-centered team meetings are required to initiate the RFSC and SFP processes."

9. On page two of the Service Realignment Process document it indicates that the Service Alignment Form would only be completed for clients who will not have any changes to their services, however the examples indicate we would be entering CLS and Employment Customization and Discovery. The example seems to contradict the statement on page 2 paragraph 3, sentence 1. Can you clarify?

   We will use the Service Alignment process to: (1) unbundle supplemental services and (2) to align Day and SE services when the actual services and supports are covered under a different waiver service as listed within the approved waiver. For example, a service alignment is needed when SE is authorized but the person is receiving supports for volunteering. In this situation, the service needs to be aligned to Day or CLS. Another example is when Day is authorized but individual is receiving CLS in the community.