

Community Pathways Waiver – Current Services

Service Type: Statutory Service

Service (Name):

Alternative Service Title: **LIVE-IN CAREGIVER RENT**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition:

- A. Live-in Caregiver Rent includes rent for an unrelated personal caregiver who is residing in the same household with an individual who, but for the assistance of such caregiver would require admission to an intermediate care facility.
- B. A caregiver is defined as someone unrelated by blood or marriage who is providing Personal Supports (formerly Community Supported Living Arrangements (CSLA)) services in the individual's home.
- C. Live-in Caregiver Rent must comply with 42 CFR §441.303(f)(8) and be approved by DDA based on the following:
 - 1. Within a multiple-family dwelling unit, the actual difference in rental costs between a 1 and 2-bedroom (or 2 and 3-bedroom, etc.) unit. Rental rates must fall within Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD).
 - 2. Within a single-family dwelling unit, the difference in rental costs between a 1 and 2-bedroom (or 2 and 3-bedroom, etc.) unit based on the Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD).
- D. Prior authorization for this service is required before service initiation.
- E. Explicit agreements, including detailed service expectations, arrangement termination procedures, recourse for unfulfilled obligations, and monetary considerations must be executed and signed by both the individual receiving services (or his/her legal representative) and the caregiver. This agreement will be forwarded to DDA as part of the request for authorization, and a copy will be maintained by the Coordinators of Community Service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- A. Live-in Caregiver Rent for live-in caregivers is not available in situations in which the recipient lives in their family's home, the caregiver's home or a residence owned or leased by a DDA-licensed provider.
- B. DDA and the State Medicaid agency will pay for this service for only those months that the arrangement is successfully executed, and will hold no liability for unfulfilled rental obligations. Upon entering in the agreement with the caregiver, the individual (or his/her legal representative) will assume this risk for this contingency.
- C. Payment for services is based on compliance with billing protocols and supporting documentation are required as proof of delivery of services.
- D. Payment rates for services must be reasonable, customary, and necessary as established by the program.

Service Delivery Method (check each that applies)

Participant Directed as specified in Appendix E

Provider Managed

Specify whether the service may be provided by (check all that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20
Individual	Qualified vendor/landlord for People Self Directing

Provider Specifications for Services

Provider Category: Agency

Provider Type: DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20

Provider Qualifications License (specify):

License (specify):

Licensed provider as per COMAR 10.22.02

Certificate (specify):

Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20

Other Standard (specify):

Any qualified vendor (i.e. landlord) chosen by the waiver participant providing residences at a reasonable and customary cost within limits established.

Verification of Provider Qualifications Entity

Responsible for Verification:

- OHCQ for license
- DDA for OHCDs
- FMS for people self-directing services

Frequency of Verification:

- Annual for license
- Initial for OHCDs certification
- FMS for self directed services initial

Provider Category: Individual

Provider Type: Qualified vendor/landlord for People Self Directing

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

Any qualified vendor (i.e. property manager, landlord) chosen by the waiver participant providing residences at a reasonable and customary cost within limits established.

Verification of Provider Qualifications

Entity Responsible for Verification:

- FMS

Frequency of Verification:

- Prior to services delivery