NASDDDS

National Association of State Directors of Developmental Disabilities Services

Report and Recommendations: Maryland's Community Pathways Medicaid Home and Community-Based Waiver

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This report was prepared pursuant to a contract between the Maryland Developmental Disabilities Administration and the National Association of State Directors of Developmental Disabilities Services (NASDDDS). Contributing staff from NASDDDS include Nancy Thaler, Robin Cooper, Jeanine Zlockie and Mary Sowers.

Contents

Executive Summary

The State of Maryland's Developmental Disabilities Administration (DDA) contracted with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to conduct a review of the state's Community Pathways 1915(c) Medicaid Home and Community Based Services waiver. This project entailed reviewing the waiver with consideration of best practices employed by states nationally on supporting individuals with intellectual and developmental disabilities, a review of the approved waiver in consideration of the final Home and Community Based Services (HCBS) regulation, and, importantly, facilitating discussions with a variety of stakeholders to hear from those most directly impacted by the services provided through the waiver.

NASDDDS has undertaken a systematic review of the approved waiver, correspondence with CMS regarding the operation of the waiver (historical documents), regulations and certain other underlying documents. In addition, NASDDDS facilitated 15 listening sessions across the State:

- 4 In-person Regional Sessions with Self-Advocates
- 4 In-person Regional Sessions with Families
- 4 In-person Regional Sessions with Providers
- 1 Facilitated Phone Call with a Wide Audience (aimed at self-advocates and families)
- 1 Session with the Developmental Disabilities Coalition
- 1 Session with People on the Go

Through this work, NASDDDS has discovered that Maryland has much strength, both historical and contemporary, upon which to build. The waiver program and service array is comprehensive, lending great opportunity to serve individuals in a holistic and person-centered manner. In addition, Maryland boasts one of the most effective stakeholder coalitions nationally, contributing to a strong foundation to leverage in ongoing systemic improvement. There are, however, a number of broad systems-related, administrative and/or process issues and waiver structural/service items that would benefit from State attention. This report details these findings and recommendations and provides resources to inform potential next steps.

A waiver is a financing tool and should be a reflection of the state's overall goals and objectives, within broad federal guidelines, for supporting individuals and their families in the most integrated and person-centered manner possible.

Background

The Maryland Developmental Disabilities Administration (DDA) historically has administered the Community Pathways and New Directions Waiver programs. The two programs are Medicaid home and community-based services (HCBS) waivers and require renewal by the Federal government, through the Centers for Medicare & Medicaid Services (CMS), every five years.

Maryland submitted a renewal application for the Community Pathways Waiver that was approved March 26, 2014 with an effective start date of July 1, 2013. The renewal merges the Community Pathways and New Directions Waivers.

While the effective date for this waiver is July 2013, the transition to the fully merged waiver will occur over the course of 18 months from the waiver approval date. DDA is currently developing guidelines and strategies to assist individuals, their families and providers during this transition period.

In addition to the transition period for the waiver's own implementation, there is also a broad effort for all states, including Maryland, to develop a transition plan to come into compliance with the new regulations for Medicaid HCBS[1].

Each of these periods of transition offers an opportunity for Maryland to make systemic improvements to the system of supports for individuals with developmental disabilities. As such, DDA has undertaken a review of the waiver to identify areas for improvement that will further the goals of autonomy, choice and community integration for the individuals served.

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[1] Home and Community-Based State Plan Services Program, Waivers, and Provider Payment Reassignments (CMS-2249-F) http://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf

Broad Systemic Issues and Items for Consideration

Through feedback obtained through the listening sessions, written comments submitted by key stakeholders including individuals and families, and through a thorough review of the waiver, policy conveyances and related documents and information systems, NASDDDS has identified key themes of issues that DDA may wish to address to build and fortify essential elements for overall system performance.

DDA Business Practices:

The following areas came up consistently in each of the four regional broad listening sessions, and in the subsequent meeting with key stakeholder groups:

Communication – There is an overarching desire among stakeholders to have improved, more frequent and clearer and consistent communications from DDA to stakeholders. Importantly, this communication must be in simple terms to ensure wide and consistent understanding among individuals receiving services and their families, as well as professionals within DDA and its key business partners. Furthermore, this communication should be targeted and address issues relevant to the stakeholder community, and be regular and timely so individuals' have the ability to understand, anticipate and plan for any changes.

Complexity – Any service delivery system, particularly one operating within a Medicaid framework, has some inherent complexity. There was broad-based sentiment, however, that DDA's waiver and related administrative processes were more complex than necessary. This related to both materials and information sharing with families and self-advocates as well as business practices with service providers in both traditional and self-directed program areas. In addition to the complexity of the bureaucracy and how to navigate within it, there was a concern that the services themselves and policies related to their implementation were difficult to understand, that changes are being made with insufficient time for input, and without the opportunity to ask questions and bring clarity to the processes and expectations.

Responsiveness – DDA's administrative processes, which, as reported, contributed to delays in individuals entering the waiver and/or receiving essential services. While this is related to the issue of complexity, it also reflects the need for DDA to improve infrastructure and strategies to ensure that customer service and responsiveness is a priority, enabling the state to ensure individuals are

receiving needed services and to build trust among all stakeholders in the system that DDA is a partner.

DDA System Capacity – A significant portion of community concern was related to the perception that DDA staff, as well as key partners such as Resource Coordinators and providers, require greater strength and skill development and consistent oversight to ensure that the information they provide to individuals and families is consistent and understandable, comprehensive and communicated in a manner that keeps individuals at the center of the discussion. It was noted there are varied understandings and considerable confusion of DDA staff as well as all stakeholders on critical components of the DDA system. In particular, there was varied understanding of the merging of the New Directions Waiver with the now Community Pathways, and what the opportunities or effects are for participants that were previously being supported by New Directions.

Trust – The notion of trust was raised in a number of contexts, including a fear among all types of stakeholders that DDA does not trust them as partners seeking to do the right thing. In addition, many comments reflected a lack of trust in DDA due to the nature of interactions, delays and inconsistent decision-making and messaging. There was concern that past opportunities to illicit feedback have not produced any closure with regards to the recommendations or acknowledgement of how DDA planned to use the information.

Recommendations:

Issue related to the stakeholders' desire for improved DDA business practices impacting communication, simplicity, greater competency and a higher level of trust can be addressed through:

1) Improvements in administrative organization with clearer lines of authority and responsibility within and between the central and regional offices;

2) Streamlined administrative processes (e.g. waiver enrollment process or request for service change), including adhering to established timelines, and using common language that all can understand;

3) Increased communication with stakeholders by leadership through advisory and planning groups for the purpose of establishing relationships of trust and to assure that policy is correctly communicated to the stakeholder leadership.

Availability of and Access to Medicaid Services:

Most individuals served by DDA are Medicaid-eligible, including all individuals in the Community Pathways waiver and a portion of individuals who have been determined support services-only eligible or who are on the waiting list for waiver services.

All individuals eligible for Medicaid are entitled to an array of state plan benefits offered by the State. In addition, all Medicaid-eligible children, up to age 21, are eligible for any service identified in Section 1905(a) of the Social Security Act (SSA). This benefit, entitled Early and Periodic Screening, Diagnostic and Treatment (EPSDT), represents a rich array of medically-necessary services for children, whether or not the State Medicaid program has included them within their Medicaid State Plan. Furthermore, with the passage of the Deficit Reduction Act of 2005 and the Affordable Care Act of 2010, states may offer additional HCBS-related state plan benefits, known as 1915(i) HCBS as a State Plan Option and 1915(k) Community First Choice state plan benefits. Maryland has received approval from the Centers for Medicare & Medicaid Services (CMS) to operate a 1915(k) benefit.

Through the listening sessions, it seemed that there is not a strong familiarity among individuals, families and other stakeholders on the availability of Medicaid state plan services, and, when there was understanding, there seemed to be challenges with navigating both DDA's and Medicaid's system of supports. It was further noted that the understanding among DDA staff of Medicaid services could be improved to promote a consistent statewide understanding among all stakeholders.

Recommendations:

Issues related to availability and access to Medicaid services can be addressed by:

1) Establishing and nurturing formal working relationships with Medicaid at the leadership and staff levels, with regular meetings to:
    a. Identify barriers;
    b. Discuss solutions;
    c. Develop consistent guidance and establish efficient processes and protocols that individuals with I/DD can use to access needed services. These processes should take into account the need to coordinate across both the waiver and state plan benefits, smoothing systemic differences wherever possible to enable a seamless access to service delivery.

2) Developing strong DDA staff capacity within central office and each regional office regarding Medicaid state plan services available within Maryland to ensure individuals have full access to services to which they are entitled. This knowledge base will assist in education other key partners, such as providers and resource coordination.

Role of Resource Coordination

Nationally, Case Management, called Resource Coordination in Maryland, is the cornerstone of community-based service delivery systems. They serve multiple and essential roles of working with individuals and families to develop person-centered plans that reflect what is important to the individual as well as what is important for the individual, provide essential information on available supports, both formal and informal, and serve as an essential arm of the state in helping to ensure the health and welfare of individuals receiving services while monitoring the quality of services and supports to ensure they are meeting the individuals personal outcomes. Maryland's system of Resource Coordination has undergone significant change during the past 18 months. While this issue will receive detailed analysis and recommendations under the auspices of another project currently underway, the challenges with Resource Coordination came up significantly in the context of the waiver review and related listening sessions.

Recommendations:

Continue efforts to improve system of Resource Coordination within the state, providing solutions for both administrative and content issues that may be hindering optimal performance.

Strengthen efforts to improve Resource Coordination by:

1) Providing training and on-going coaching on person centered planning such that resource coordinators are knowledgeable about employment, self-direction opportunities, non-DDA community supports and other key elements that will promote an individual's ability to engage fully and meaningfully in their communities.
2) Providing detailed and ongoing information and training to Resource Coordinators regarding available Medicaid services, guidance documents that support development of ISP goals and action plans, and establish access strategies that enable them to be effective in assisting individuals to access needed services.

3) Establishing a caseload ratio (or a range dependent on the needs of individuals served by a resource coordination entity) that results in a more manageable ratio.

4) Modifying the current unit limitations which restrict RC's from providing necessary supports.

5) Identifying the core functions and core competencies needed for an RC.

6) Simplifying the administrative and billing processes.

7) Establishing metrics to benchmark performance.

8) Enhancing training opportunities that allow for question and answer time to build competencies and affirm roles and responsibilities of those providing this essential support.

9) Establishing regular and formal opportunities for DDA to dialogue with Resource Coordination entities to address implementation issues and focus on systemic improvement.

10) Training, empowering and encouraging Resource Coordinators to ensure that individuals are supported to receive services in the most integrated settings, including developing supports that separate housing from services, enabling individuals to have maximum control over their lives.

As noted above, a comprehensive review of Resource Coordination is underway. Utilizing the results and recommendations that will be forthcoming from this review will further strengthen the state's system of case management.

Administrative and Process Issues

DDA is a large agency with many staff at headquarters and within four regional offices. In addition, DDA oversees a complex system which includes many provider agencies and resource coordination agencies, all collectively working together to serve thousands of individuals with disabilities throughout the state. As noted above, any system of significant size, particularly one operating within a Medicaid framework, has some built-in complexity. However, given the nature of the relationship between the system (including DDA and all providers) and the individuals it seeks to serve, it is essential to strive for simplicity whenever possible. This will make the system more responsive, understandable and easy to navigate for those who need it the most, and will also aid the state in providing clear expectations and engaging in straightforward oversight and accountability.

Issues related to administrative complexity were raised in relation to many system touch-points. Self-advocates and families expressed concern about complex processes such as:

- applying for services and gaining entry into the waiver,
- gaining approval for changes to services when individuals needs change,
- obtaining adequate information related to transition from school to DDA services,
- gaining understandable and consistent information on available services and methods for service delivery (for example, self direction), and,
- understanding the interplay between the administrative rules that previously governed the New Directions Waiver with those that now govern the Community Pathways Waiver.

Providers and other key partners echoed the concerns of families related to approval timelines and processes for changing service needs, and also expressed concern with consistency in message and complex billing practices.

While these examples of administrative challenges are not all encompassing, they do highlight areas of potential improvement within the system.

Recommendations:

To address administrative and process complexity issues, DDA should establish a DDA-wide expectation for simplicity in operation to enhance customer service and to improve system consistency:

1) Map major processes (define what the process is supposed to accomplish, who is responsible, what the steps are and how the success of a business process can be determined) such eligibility determination, service authorization, etc. to identify opportunities for simplification and efficiency and to assure statewide consistency.

2) Engage self-advocates and families in the redesign of the processes that affect them ;

3) Publish the revised processes and engage stakeholders to determine whether goals of simplicity and consistency have been met.

Waiver-Specific Issues and Recommendations

There are a number of issues identified in each section of the waiver application. To facilitate

Waiver Section	Statement of the Issue	Recommendations for Consideration
General Comments	Simplification 1. There are many legacy elements contained within the approved waiver that can be updated, streamlined and modernized 2. A waiver that is supported by strong state regulations and policies need not contain the level of detail that is included in Community Pathways. 3. There are significant areas of overlap between and among service definitions. 4. The availability and expectation of use of Medicaid state plan services is not prominently highlighted within the waiver. 5. The current service delivery system regiments individuals into service categories with little flexibility to adjust to changing needs and/or daily schedules.	1. Recommend that elements of the waiver that may have roots in historic issues/challenges be updated, streamlined and modernized. Ensure that the waiver is reflective of the goals of community integration, in congruence with the HCBS regulation. 2. Identify all state policies and regulations and remove redundant language from the waiver application. Policies and regulations may be referenced in the application. 3. Recommend reducing redundancy and duplication within the waiver service definitions, where possible. When overlap is needed, providing clarity on distinctions between and among services is important.

		4. Recommend clarifying when individuals are able to avail themselves of Medicaid state plan benefits, including EPSDT for children. 5. Recommend developing a service plan/funding strategy that enables real life rhythms to evolve for individuals, based on their needs, strengths, preferences and circumstances.
Appendix A	Appendix A sets forth the methods by which DDA will carry out functions delegated to them by Medicaid. This section identifies the methods by which Medicaid oversees the functions of DDA. Both the oversight methods described within the waiver and the quality metrics for Appendix A are akin more to a "look behind" than to an oversight strategy of the operating agency.	Recommend reviewing the strategy to set forth in the waiver an approach to refocus Medicaid oversight of DDA's work, rather than doing specific sample work of their own. For example: One strategy may include more frequent reporting on DDA activities to provide more current information on active work by DDA in the performance of the delegated functions.
	Appendix A provides non-specific information regarding the community based organizations that assist DDA in the operation of the waiver.	Recommend adding increased specificity regarding what functions are delegated to whom and provide greater detail regarding DDA oversight. Regular procurement oversight is important but may not, in and of itself, provide DDA with the information needed to

		ascertain whether the specific delegated functions are carried out as DDA requires.
	Appendix A.3 enumerates functions that do not precisely align with the waiver operational and administrative activities as listed in A.7.	Recommend revising A.3 to more closely align the description of delegated function to those which are listed in A.7, which are CMS' recognized operational and administrative functions.
	Within Appendix A, the role of OHCQ is not fully detailed.	Recommend clarifying their role in the operation of the waiver.
Appendix B	B.1.b Level of Care Criteria appears to be susceptible to subjectivity, potentially contributing to inconsistent application throughout the state and the possible exclusion of eligible individuals.	Recommend a review of Maryland's LOC criteria and process for determining eligibility. Recommend reviewing strategies employed by other states to increase consistency and ensure accuracy of LOC determinations, which are critical to ensure that individuals get needed services. See Attachment 1 regarding state practices and level of care
	B.3.c. Reserved Capacity – Maryland does not currently have obvious elements within the waiver aimed at engaging with individuals and families early.	Maryland includes a number of laudable reserved capacity categories. Recommend consideration of including a category for certain children to support efforts to engage with families early. This consideration should be contemplated in the context that the state is undertaking

		to support families through the lifecourse. This might include parent-to-parent networks, training opportunities and peer supports.
	B.5.b.1 PETI – The response related to PETI generally references "residential settings" without definition. The current PETI calculation takes 50% of individuals' earned income, potentially discouraging employment.	Recommend adding specificity on which specific service settings would be subject to the higher contributions to care. Recommend change to enable individuals to retain 100% of all earned income to encourage greater employment.
	B.6.a.ii. Frequency for services requirements – Maryland currently requires the receipt of one service monthly. Particularly for children, this may inadvertently incentivize service utilization without specific need in order to maintain eligibility.	Recommend consideration of removing the monthly service requirement. This would require monthly monitoring but may avoid incenting individuals to use services more frequently and can also be an important element in supporting families who have intermittent needs for services often revolving around school schedules.
	B.6.d. Level of Care Criteria/Process for determination – Related to issue raised above, the level of care criteria would benefit from review and some standard application. The state does not appear to have a specific tool to improve consistency. Furthermore, the process for LOC and waiver enrollment seems to pose challenges with timely waiver enrollment and service initiation.	As noted above, recommend a review of the LOC. Minimally, recommend removing unnecessary reference to "active treatment", replacing with the HCBS waiver regulatory eligibility concept that, but for the provision of waiver services, an individual may require institutional services. Consider a standard

		tool/mechanism to consistently and accurately determine level of care. States have used nationally validated tools such as DDP, ICAP and SIS and have also created "local" tools such as the CT. Level of Need process. Also, consider mapping LOC and waiver enrollment processes to ensure timely access to waiver for all eligible individuals, including those who are in the group defined at 42 CFR 435.217.
	B.7 Freedom of Choice – The freedom of choice process description includes a level of detail beyond required elements in the waiver application. This section could benefit from simplification (both in description and in process utilized).	Recommend streamlining the response to B.7 to meet the minimum requirements outlined in CMS technical guide. The process may be simplified to include information and consent forms in the waiver application process and the response within Appendix B.7 can simply note that the person-centered planning process will be utilized to inform individuals of all alternatives under the waiver.
Appendix C		
	General Comments As noted above, there is significant complexity in the service descriptions contained in the waiver, in some instances appearing duplicative of typical regulatory or policy contents. The service array, including applicable limits on certain services, as currently constructed, appears to	Recommend streamlining waiver definitions to align with the CMS core service definitions. While not feasible for each of Maryland's services, the approach will aid in simplifying services, while potentially adding greater flexibility for person-centered, person-tailored

	inadvertently incentivize residential habilitation provided in provider-owned/operated settings. While the coupling of housing and services remains a permissible practice in Medicaid HCBS, there is a regulatory requirement for individuals to have leases and/or residency agreements, supporting the notion that individuals should be afforded rights of tenancy.	service delivery. Recommend enhancing distinctions among available services within the waiver. There are many areas of apparent overlap within the services. While that is justifiable in many instances, it may be critical to review the definitions to ensure that such overlap is warranted and to ensure that the distinctions between services can be clearly understood by all stakeholders and that the services all enhance opportunities for community integration. Recommend review of entire service array to enhance opportunities for individuals to live in their own home or family home and receive a service array sufficiently robust to meet their needs. Consider highlighting strong provider practices afoot in Maryland to support individuals in this model of service to foster evolution of service delivery. (See attachment 6 a memo from CMS regarding housing opportunities and furthering Olmstead compliance)
	Community Residential Habilitation – The current service definition has vestiges of an ICF model of service delivery with a heavy emphasis on clinical service provision without as much focus on ensuring meaningful lives and community integration.	Recommend a significant simplification of this service definition to focus more on community integration of individuals served, with ancillary supports available as needed (and as

		otherwise unavailable to the individual through the Medicaid state plan). The current service definition has many vestiges of ICF requirements, that may hinder optimum community integration for individuals served and are potentially burdensome and costly for providers. Recommend that the state build into the service definition overt elements of the CMS final rule on HCBS related to individual autonomy, choice, and opportunities to gain employment and engage in the broader community. This should include emphasis on an individual's daily experiences and personal outcomes, as well as their tenancy rights. Recommend decoupling therapies from the service and instead provide them on an as-needed basis (encouraging individuals to access community therapists/providers when necessary). Recommend emphasizing that individuals should be accessing state plan medical transportation for transport to medical appointments where possible.

		Recommend reviewing the unit/minimum requirements for hours for reimbursement. Consider a less than full day unit of service to accommodate individuals when they have plans away from the residential service. Recommend reviewing need for OHCDS provider qualification for residential habilitation providers. **Additional considerations**: 1. For certain individuals, a comprehensive bundled service may provide optimum outcomes, but it has to be carefully constructed and include important elements such as; increased resource coordination monitoring and quality reporting on personal outcomes to ensure that such an arrangement is in the best interest of the individuals served (including outcomes related to employment). 2. Develop a new service or expand this one, similar in scope to CSLA that embodies the key elements of residential habilitation supports without tying the service to provider-owned settings. This is one potential approach that would equalize the ability of individuals;

		even those with significant or complex support needs, to receive services in their own home or their family home.
	Shared Living – Successful shared living strategies focus on relationships. The current service definition includes many elements that are more akin to a clinical or traditional residential habilitation.	Recommend rewriting the service definition to embody the relationship-based nature of shared living. Recommend emphasizing individuals' ability to engage in their community, and deemphasize the shared living provider as a medical service coordinator. See Attachment 2: Shared Living Guide for best practices in service structures.
	Live-In Caregiver Rent – This service, according to submitted CMS 372 reports, has little to no utilization within the state.	Recommend promoting this service to enhance prevalence of individuals residing in their own homes. Recommend consideration of how this can be leveraged with other services to maximize opportunities for individuals to engage meaningfully in their communities. This could be an important tool to encourage relationship-based service delivery.
	Day Habilitation – Similar to residential habilitation, day	Similar to Residential, recommend simplification to

	habilitation could benefit from increased emphasis on individual outcomes and community integration opportunities.	ensure congruence with the HCBS rules and to focus the service on individual outcomes that are age appropriate and based on individualized goals and interests.. Recommend reviewing Attachment 3. 2011 CMS Core Service definitions for day and employment services. And Attachment 4. SELN Recommendations. Recommend reviewing and changing units of billing to ensure maximum flexibility for individuals who may require day habilitation to wrap around employment or other community supports.
	CSLA/Personal Supports – these services have potential areas of overlap with both state plan services and with other services within the waiver. In addition, there is a limitation on the number of hours that was raised as a challenge for individuals at the listening sessions.	Recommend reviewing services against available state plan (including 1915(k) resources for systemic planning purposes. Recommend simplifying service definition and, rather than imposing a hard cap on services, recommend equating the amount of available service to the amount that an individual would be entitled to in another setting. This is important to ensure that the state is not inadvertently incentivizing more restrictive settings for individuals who could live successfully in their own

		home.
	Family and Individual Support Service – F/ISS has many potential uses, but appears to duplicate other services within the waiver. This service has great promise to provide flexible services to meet individual and family needs.	Recommend raising this service for review in the context of the Supporting Families project to ascertain what elements may be most critical to determine if changes or additions need to be made to further the efforts of that work, and continue to provide maximum flexibility for families.
	Nursing – The availability of nursing as only a component of other services may inadvertently incentivize more restrictive service utilization.	Nursing services are incorporated only in certain services. Recommend consideration of a standalone nursing service. The state can utilize prior authorization and certain strategies to ensure that only those individuals needing the service access it and ensuring that functions are delegated whenever possible. This can remain a component of services where appropriate. Recommend also strong partnership and advocacy to enhance delegation authority where possible.
	Transportation – This is an essential component of a system promoting employment and community integration.	To further the goals of DDA and to promote the full inclusion of individuals into the community, reviewers would recommend a detailed look at the current limits.

		Strategies to ensure the most cost effective, most inclusive modes can be built in as preferential, but individual circumstances and needs should also be considered in determining the best mode of transportationin a given situation. Consider factoring in costs of parking in the transportation service. Various utilization controls can be established to ensure that the service remains cost effective. Some states have leveraged brokers within their state to manage this, particularly for individuals living in their own homes or their family homes.
	Support Brokerage – Issues with the role and capacities of support brokers were raised repeatedly within the listening sessions.	NASDDDS defers to the recommendations of the subject matter expert reviewing the self-direction components of the waiver. However, there is a recommendation to ensure that the qualifications are strong for this role, that the role is clearly distinguished from resource coordination and, minimally, if/when families provide the service, protections or alternative representatives are required to ensure a conflict of interest is mitigated. Recommend also that families receive training that

		considers their unique circumstances and responsibilities as support brokers.
	Respite Care – Listening session participants raised concerns that the provider types for respite may be unnecessarily limited.	Recommend review of qualified providers to ensure the most robust potential array of respite providers possible to encourage maximum community opportunities for individuals.
	Community Learning – CL has a strong potential within the waiver, but the rate structure may hinder provider capacity building. In addition, this could be more broadly applicable to helping individuals gain access to the community.	This service has many wonderful elements. Recommend broadening the desired outcomes to include community participation. Also recommend revisiting the units to ensure that this service is flexibly available to all individuals. Note: this review should ensure that the ratios underlying the rate are aligned with the ratios outlined within the service definition.
	Supported Employment – There are payment structural and definitional content issues that require addressing to further the state's employment goals.	Refer to recommendations provided by SELN (attachment). Recommend reviewing payment mechanisms and units of service to promote, rather than dissuade service election. Consider strategies to ensure flexibility to wrap services around employment opportunities (including accounting for non-conventional work hours).

	Behavior Supports – The delay or lack of availability of this service was raised during the listening sessions.	Recommend review of this service and qualified providers against New Mexico and Ohio definitions to incorporate best practices and strong availability of services throughout the state. Consider use of technology and other strategies when possible and appropriate to stretch limited provider pool and to provide access to skilled providers in all parts of the state.
	Employment Discovery and Customization (see SE comments above)	Like SE and Day, recommend reviewing SELN recommendations and recommend utilizing more flexible methods of reimbursement than a daily rate. Payment methods can be an essential element of encouraging exploration. Include opportunities for internships within the discovery process to provide job experiences and identify strengths and interests.
	Assistive Technology	Consider tiering the circumstances/amounts requiring prior authorization to ensure that individuals receive needed technology expeditiously.
	Other services	Explore opportunities to support individuals while experiencing hospitalizations such as retainer payments. Other services may benefit from simplification and use

		of the CMS core service definitions.
	App C.4 Payment for legal guardians and family caregivers – Consider greater protections for individuals when payment is made to family or legally responsible individuals.	Recommend adding requirement for alternative representative/decision support individual when a family member is receiving payment for certain services (particularly those that involve developing plans of care).
Appendix D	Person Centered Planning and Service Delivery – The process and content require clarification and strengthening.	Encourage use of contractor (Michael Smull) to review individual planning processes. Recommend clarifying, standardizing and simplifying the manner in which the plan is included in the information system. Consider review of Ohio's information system to incorporate person-centered decision-support into the business tools supporting person-centered planning with that currently included in the PCIS2 system. Recommend that resource coordinators are supported in ensuring that the sequence of plan development is driven by the person, optimizes individual choice and is based on an individual's identified outcomes. Note: Review of Resource Coordination will provide more specific recommendations related to

		processes and roles in this area.
Appendix E	Participant Direction	Defer to technical expert on construct. Recommend greater clarity on individual budget development process, ensuring equal access of service regardless of whether individual is self-directing or receiving traditional service delivery.
Appendix F	Participant Rights	Clarify that Resource Coordinators can assist an individual in pursuing their right to due process and fair hearings. This is essential to ensuring that individuals have the real opportunity to pursue their due process rights.
Appendix G	Participant Safeguards	The roles and responsibilities outlined in the waiver and in supporting documentation reveal some potential gaps in incident reporting follow up and accountability activities. Recommend a detailed review of the incident reporting and investigation process to further identify opportunities for improvement.
Appendix H	Systems Improvement The use of a key stakeholder group in the area of quality is strong.	Recommend continued engagement with this group to inform system improvements, but also to assist DDA in the broad view of quality, including individual outcomes and other elements that inform

		the overall system performance, in addition to the waiver-specific requirements.
Appendix I	Rate Determination Methodologies	When any changes are made to the service definitions, a concomitant review of rate build up is essential to ensure that the payment incentives are appropriately aligned with desired service outcomes. DDA is undertaking a review of rates and methods, and this review should entail a review of the "to be" services, rather than only reviewing the existing array/construct.
Appendix J	Cost Estimates	This section should be updated commensurate with changes elsewhere in the application, including a shift of expenditures from Factor D to D' if individuals are able to utilize state plan benefits more regularly in the future.

Summary and Conclusions

There are many strong aspects to Maryland's system that can serve as a firm foundation for future improvements. We note that many of the recommendations contained herein will require detailed operational guidelines, process development, and implementation considerations, all requiring strong stakeholder outreach and engagement as well as guiding principles of efficiency and simplicity.

As Maryland's leadership continues to make improvements to this system, the compass that leads the direction of change should be based foremost on the information obtained from the listening sessions, which provides key, current information on individuals' experiences within Maryland.

Maryland has been a leader in HCBS in the field of intellectual and developmental disabilities for decades. The recommendations contained here will assist the state in achieving its mission of partnering with individuals and their families to provide leadership and resources to live personally defined and fulfilling lives.

Attachments:

Attachment 1: LOC

Attachment 2: Shared Living Guide

Attachment 3: 2011 CMS Bulletin

Attachment 4: SELN Reports and Resources

Attachment 5: Payment for Family Caregivers

Attachment 6: 2012 CMS Informational Bulletin:
New Housing Resources to Support Olmstead Implementation