

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Maryland

B. Waiver Title: Family Supports, Community Supports, and, Community Pathways Waivers

C. Control Number: Family Supports (MD.1466.R01.02), Community Supports (MD.1506.R01.02), and Community Pathways (MD.0023.R07.03)

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

F. **Proposed Effective Date: Start Date: March 13, 2020 Anticipated End Date: March 12, 2021**

G. **Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. **Geographic Areas Affected:**

These actions will apply across the waivers to all individuals impacted by the COVID-19 virus

I. **Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. **X Access and Eligibility:**

i. **X Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

The projected cost of Waiver program services set forth in the person-centered plans of individuals applying for enrollment in either the Family Supports Waiver or the Community Supports Waiver may exceed the currently established cost limit up to \$50,000 to support expediting the waiver application processing as long as the services needed are included in the associated waiver program.

ii. **X Temporarily modify additional targeting criteria.**

[Explanation of changes]

Additional services in excess of the individual cost limit

The actual cost of Waiver program services set forth in the person-centered plans of participants enrolled in either the Family Supports Waiver or Community Supports Waiver may exceed the currently established cost limit due to change in service needs and limits approved in this

Appendix K authority without prior authorization from the DDA, as long as the services needed are included in the associated waiver program.

b. X Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

The following waiver services limits may be temporarily exceeded to provide needed services for emergency service provision based on current authorized funding unless specified below. When the emergency is declared to end, service requirement exceptions and utilization of services for individuals must return to the approved standards and frequency and duration as authorized in a participant's person-centered plan prior to the emergency unless otherwise authorized by the DDA.

Service Requirements and Limits in Appendix C-1/C-3

Residential Services (Set forth in the Community Pathways Waiver)

Community Living - Group Home

Additional authorizations may be added for shared supports in each group home, based on the participants' needs, as follows unless otherwise authorized by the DDA:

1. Up to 8 additional hours in a home serving up to three participants;
2. Up to 16 additional hours, in a home serving up to five participants; and
3. Up to 24 additional hours, in a home serving up to nine participants.

Supported Living

Additional authorizations may be added for shared supports in each home based on the participants' needs, as follows unless otherwise authorized by the DDA:

- Up to 8 additional hours in a home serving up to three participants;

Meaningful Day Services including: Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services (CDS), and Day Habilitation (Set forth in the Community Pathways Waiver and the Community Supports Waiver)

1. Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.
2. The timeframe for completion of Employment Discovery and Customization activities may exceed the currently required six (6) month authorization period.
3. The requirement that a minimum of six hours of services be provided during a single day is temporarily suspended.

Support Services (Set forth in all Three Waiver programs: Community Pathways Waiver, Community Supports Waiver, and Family Support Waiver)

Environmental Modifications

Cost may exceed a total of \$15,000, if approved by the DDA.

Family and Peer Mentoring Services

Family and Peer Mentoring Services may exceed 8 hours per day.

Family Caregiver Training and Empowerment

Family Caregiver Training and Empowerment services can exceed 10 hours of training

Housing Support Services

Housing Support Services may exceed 8 hours per day.

Individual and Family Directed Goods and Services (IFDGS)

Staff recruitment and advertising dedicated funding may be increased to up to \$1000 per person-centered plan year.

Nursing Services including Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation

1. Initial Nursing Services can be provided without prior authorization by the DDA.
2. Increases to Nurse Case Management and Delegation Services needed as a result of the change in the participant's health status or after the participant's discharge from a hospital or skilled nursing facility can be provided without prior authorization by the DDA.

Personal Supports

1. Legal guardians and relatives may be paid for greater than 40-hours per week for services without prior authorization by the DDA.
2. Personal Support services may exceed 82 hours per week without prior authorization by the DDA within the authorized budget.
3. Participants may exceed their current authorization by the DDA within their overall authorized budget without prior authorization by the DDA.

Respite Care Services

An additional up to 360 hours specifically related to the COVID - 19 emergency can be provided without prior authorization by the DDA.

Support Broker Services

Support Broker Services may be provided up to 20 hours per month, unless otherwise authorized by the DDA without prior authorization by the DDA.

Transition Services

Subject to initial approval by the DDA, the cost of Transition Services may be up to \$5,000 for allowable expenses related to the participant moving from one residence community residential site to another location or site due to medical, behavioral, or quarantine challenges.

Goods and services funded by Transition services must be procured within 90 days of the end of the Maryland State of Emergency unless otherwise authorized by the DDA.

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. _X_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Due to possible need to relocate participants due to the need for separating, self-isolating, or quarantining, services may be provided in alternative settings (whether or not the setting has been surveyed by the State prior to use), including, but not limited to, hotels, schools, churches, other community established sites, alternative facility based setting, or the home of a direct care worker.

v. _X_ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

Waiver Program services may be provided in surrounding states.

Each participant's Coordinator of Community Services will monitor the provision of Waiver program services in out-of-state settings by contacting the participant via telephone on a monthly basis, at minimum.

Maryland DDA-licensed or certified providers would need to accompany the participants to the other state to provide services.

If the participant is enrolled in the self-directed services delivery model, the participant's staff would need to provide the services in the out-of-state location.

c. ___ **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. **X** **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i. **X** **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Licensing and Certification Renewals

Pursuant to the Governor’s authority under the Constitution and Laws of Maryland, on March 12, 2020, the Governor issued an Executive Order extending the expiration date of all licenses, permits, registrations, and other authorizations issued by any agency of the State of Maryland, including, but not limited to, the Maryland Board of Nursing, until the 30th day after the date by which the state of emergency is terminated and the catastrophic health emergency is rescinded by the Governor of Maryland. You may read the Executive Order by clicking on the following link: <https://governor.maryland.gov/wpcontent/uploads/2020/03/Licenses-Permits-Registration.pdf>.

Age Requirement

Individuals 16 years of age or older, including family members, neighbors and certified babysitter, that meet revised qualifications can provide direct support for Waiver program services that normally require that the direct support professional be 18 years of age or older. This individual direct support staff would have to be deemed responsible by: (1) the participant or the participant’s legal representative if the participant is enrolled in the self-directed services delivery model; or (2) the provider if the participant is enrolled in the traditional services delivery model.

Expedited hiring, training and on-boarding of direct support professionals

Waiver of High School or GED Requirement

Direct Support Professionals do not need to have a high school diploma or GED certificate in order to provide Waiver program services during this emergency.

Legally-Responsible Family Members

Legally-responsible family members (spouses and parents of minor children) and relatives may provide services under both the self-directed and traditional service delivery models.

Tracking Legally-Responsible Family Members

The authority to hire and pay spouses and parents of minor children will terminate after the state of emergency ends. Providers are encouraged to track spouses and parents of minor children separately in their employment systems.

Background Checks

A provider who chooses to utilize non-traditional staff in direct support positions must initiate appropriate background checks, and MVA checks (if driving), but may place the staff person on the schedule immediately after performing an abbreviated background check using the name, birthdate, and social security number of the potential new hire.

Training Requirements

To expedite the hiring of staff and their ability to work with participants immediately, the DDA will temporarily waive all but the most essential staff training requirements for direct support staff under both the self-directed and traditional service delivery models.

The essential training requirements that will still be required, prior to working with a participant, during this crisis are: (1) completion of online CPR & First Aid training; (2) training on the participant's person-centered plan to whom the staff will provide direct care; (3) basic condensed training in fundamental rights, including abuse, neglect, restraints, and seclusion; and (4) condensed training in DDA's Policy on Reportable Incidents and Investigations (PORII). All training completed must be documented in the personnel record.

In an effort to expedite service delivery during the pandemic, training requirements would be waived for family members willing to provide services to participants until 60 days following the end of the state of emergency.

For new employees, agencies that utilize abbreviated training formats for the purpose of accelerating the onboarding of direct support professionals must ensure that all employees meet pre-existing annual training requirements within 120 days of onboarding. For current employees, annual training requirements for direct support professionals, who have previously completed all training requirements, will be extended ninety days.

CPR & First Aid Training

Provider agencies may choose to provide on-line training, such as CPR and First Aid, in lieu of in-person training. Training may also be conducted by telephone or electronic means (e.g., Skype or Zoom). Appropriate (full) CPR/first aid certification must be obtained if the staff person maintains a direct support position 90 days after the end of the state of emergency.

Staff without current CPR/first aid may provide direct support as long as they are working with a nurse or at least one other direct support person who has CPR/first aid certifications. CPR and First Aid Certifications current as of March 13, 2020, but expiring between March 13, 2020 and the end of the state of emergency shall not be required to be renewed until 90 days after the end of the state of emergency.

MTTP/Medication Technician Training

The MTTP/Medication Technician requirements have not changed at this time with some exceptions. All staff who are responsible for administering medication must have medication administration training. Direct Support Professionals who have taken and passed MTTP course may begin administering medications immediately and MTTP licenses current as of March 13, 2020, but expiring between March 13, 2020 and the end of the state of emergency shall not be required to be renewed until 90 days after the end of the state of emergency.

Nursing Required Training

Temporarily waive requirement that a registered nurse receive training from DDA regarding delegating nursing until the state of emergency is terminated.

Waiving the Health Screen and PPD test

Providers may waive the basic health screen and PPD skin test as a condition of employment for all direct support professionals serving individuals enrolled in Medicaid or a waiver program, including legally-responsible family members.

Training in Participant's Person-Centered Plan, Nursing Care Plan, and Behavior Plan

All direct support professionals must receive training on the participant's PCP, Nursing Care Plan, and Behavior Plan for whom they are rendering these services. Training on the PCP must consist of basic health and safety support needs for that participant, including, but not limited to, the aspiration, dehydration, constipation and seizures.

MANDT training requirements shall be suspended at this time and are not required unless the staff person maintains a direct support position 90 days after the end of the state of emergency. All direct support professional staff assigned to support an individual with a behavior support plan shall receive training on the plan by another direct support professional DSP who has experience supporting the individual or a supervisor, prior to working independently with the individual.

Policy on Reportable Incidents and Investigation (PORII) Training

The PORII training may be provided in a condensed form and must include, at minimum, the definitions of reportable and serious reportable incidents and the agency's procedures for reporting.

Exception to Maryland Professional Licenses

Temporarily waive requirements that healthcare professionals in accordance with the following Executive Order, issued by the Governor of Maryland on March 16, 2020. Reference: <https://governor.maryland.gov/wp-content/uploads/2020/03/Executive-Order-Health-Care-Matters.pdf>

Among other things, this Executive Order: (1) permits any person who holds a valid, unexpired license as a health care practitioner in another U.S. state to practice within the scope of that license in the State of Maryland; and (2) permits expedited reinstatement of inactive licenses of health care practitioners.

Provider Organizations:

The staff person hired may be placed in a direct support position immediately upon completion of the above requirements.

If provider agencies need to share staff, a written document can be accepted from a Direct Support Professional's primary employer stating that they have required training and background checks in order for them to work for a different agency. These employees must still receive specific training regarding the participant's needs and services as set forth in the participant's person-centered and, if applicable, nursing care plan and behavior plan (including crisis intervention, if necessary), including services to be provided in accordance with the person-centered plan and site-specific emergency response training. This training may be condensed at the discretion of the provider and must be documented and kept with personnel records.

Providers are encouraged to work with families to explore the availability of natural supports, if needed.

Providers are encouraged to utilize all staff in the provision of direct support. This includes management and clerical staff, as examples. The training expectations for this staff is the same as described in this section.

Special Considerations for Participants Enrolled in Self-Directed Services Delivery Model:

A participant, with the assistance of their person-centered planning teams (Team) will be able to hire caregivers they deem to be responsible adults. including family members, neighbors and other trusted adults. The Fiscal Management Services providers (FMS) are given authority to compensate new caregivers at staff rates already included in the participant's budget, approved by DDA.

The requirement that staff be a Certified Medication Technician (CMT) if performing delegated nursing tasks shall temporarily be suspended for Self-Directing participants. The team can elect to either defer any nursing delegation home visit or utilize telecare/remote nursing assistance options.

Current certification in CPR and First Aid can be temporarily waived with respect to legally responsible family members providing services to participants enrolled in the self-directed services delivery model.

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the .provider type for each service].

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Provider and Staff Licensing and Certification Requirements

Pursuant to the Governor's authority under the Constitution and Laws of Maryland, on March 12, 2020, the Governor issued an Executive Order extending the expiration date of all licenses, permits, registrations, and other authorizations issued by any agency of the State of Maryland, including, but not limited to, the Maryland Board of Nursing, until the 30th day after the date by which the state of emergency is terminated and the catastrophic health emergency is rescinded by the Governor of Maryland. You may read the Executive Order by clicking on the following link: <https://governor.maryland.gov/wpcontent/uploads/2020/03/Licenses-Permits-Registration.pdf>

Setting Limitations and Staff Ratios

Community Living - Group Home, Supported Living, and Shared Living

1. Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as non quarantine or quarantine sites
2. Staffing ratios as required by licensure, service definition and/or a participant's person-centered plan may be exceeded due to staffing shortages

Day Habilitation and Community Development Services

1. Staffing ratios as required by licensure, service definition, and/or a participant's person-centered plan may be exceeded due to staffing shortages.
2. The requirement to provide services in the community is suspended

Community Development Services

1. The requirement that no more than 4 people can be supported at a time is suspended. They must be served remotely.
2. The requirement to provide services in the community is suspended.

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

Level of care recertification may be postponed up to one year after the end of the emergency when conditions do not allow the Coordinator of Community Services to complete the process.

f. X Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

The following service rates may be increased for supporting participants that tested positive for the COVID-19 virus, and therefore are quarantined, to account for: (1) excess overtime of direct support professionals to cover staffing needs; and (2) additional infection control supplies and service costs. These services are: Community Living - Group Home, Supported Living, Shared Living, Personal Supports, and Nursing Services (e.g. Nurse Health Case Management & Delegation Services, Nurse Consultation, and Nurse Health Case Management).

To receive any increased rate, the provider must submit an invoice with documentation that the participant tested positive.

The rate setting methodology is the same as currently in effect. The DDA may increase rates for Community Living - Group Home, Supported Living, and Personal Supports because of a participant needing to be quarantined, due to testing positive for COVID-19, by up to 50% to account for the added risk to staff providing services, which would allow providers to pay overtime for staff working in these situations.

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

Incident Reporting

The requirement to conduct an investigation of any incident of deviation in staffing as outlined in a participant's person-centered plan may be suspended, if deemed necessary by the Department.

The requirement to submit an incident report for any deviation in staffing as outlined in a participant's person-centered plan may be suspended. If this requirement is suspended, providers still must report any incidents in which staffing shortages result in a failure to provide care, if deemed necessary by the Department.

Allow for entry of incidents into the DDA incident reporting systems (i.e. PCIS2) outside of typical time frames in instances in which staff shortages due to COVID-19 occur. Response to incidents will not be impacted.

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

Allow payment for communication assistance, behavioral supports, and personal care through the following services for purposes of supporting waiver participants who are in an acute care hospital or receiving a short-term institutional stay:

Community Living - Group Home
Supported Living
Personal Supports
Community Development Services
Day Habilitation

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Maryland may allow for additional payments for COVID-19 related retainer payments for the following services that include personal assistance when participants are not receiving planned services under either the self-directed services delivery model or the traditional services delivery model:

Traditional Service Delivery Model

1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation, up to 80% of the rate up to 30 consecutive days.
2. Personal Supports, up to 30 consecutive days for a maximum of 120 hours within the authorized limit, unless otherwise authorized by the DDA
3. Community Living - Group Home, up to 30 consecutive days.
4. Supported Living, up to 30 consecutive days.

Self-Directed Service Delivery Model

1. Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation, up to 30 consecutive days for a maximum of 120 hours unless otherwise authorized by the DDA.
2. Personal Supports, up to 30 consecutive days for a maximum of 120 hours up to the authorized limit, unless otherwise authorized by the DDA.

Retainer payment will occur on a case by case basis when the provider or participant self-directing services is directly impacted by COVID-19. Retainer payments will not be authorized when a self-directed staff or provider is providing services to the participant.

Self-Directed participants and providers must produce supporting documentation of the participant being unable to be supported, displaced, or other circumstances related to the COVID-19 crisis, and must notify the Coordinator of Community Services, resume habilitative services, and document when the participant is back in their services.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Waiving certain self-directed budget modification requirements

1. Fiscal Management Services (FMS) providers can authorize budget modification in accordance with a participant's current authorized budget for:
 - a. Changes within current services authorized by DDA, and
 - b. Changes from current service authorized to a new service.
2. FMS can authorize up to \$2000 above the authorized budget to support any of the following (1) increased need in services (e.g., Personal Supports, Community Development Services); (2) increase Support Broker hours, (3) Staff Recruitment; and (4) Personal Protective Equipment/Supplies.

Requests more than \$2000 above the authorized budget must be approved by the DDA.

Transition Delay

The DDA's highest priority is the health and safety of the people we support, our staff, and the many people working in our provider network. The most important focus now is responding to the COVID-19 outbreak. The Deputy Secretary of DDA is delaying the full transition to LTSS Maryland until after this crisis has passed, there is time for recovery, and our service system is ready to move forward.

The delay will allow providers, CCSs, and other stakeholders needed prep time given the pandemic and allow for shifting resources to pandemic response. The transition included moving from Supported Employment/Employment Discovery and Customization to the new Employment Services, Day Habilitation Service grouping (i.e. small and large groups), and the new Community Living-Enhanced Supports. No prior authorization or person-centered plan change is required for people to continue to receive current services through the legacy PCIS2 authorization and billing system.

The DDA will ensure PCP revisions occur for anyone who desires a service change. All current services including Supported Employment and Employment Discovery and Customization Services may continue past June 30, 2021, with the new corresponding services (i.e. Job Development, On-Going, and Discovery) beginning based on the PCP processes. Employment services (i.e. Job Development, On-Going, and Discovery) noted within the LTSS Maryland PCP detailed services authorization will be authorized in PCIS2 as Supported Employment and/or Employment Discovery and Customization.

Audits and Fiscal Reporting

Temporarily extend all associated deadlines with audits and fiscal reporting requirements. for service providers during the public health crisis/emergency and for 90 additional days following the end of the state of emergency.

Flexibility in Performance of Required Activities

The Department requests flexibility with respect to deadlines and timetables for performance of required activities conducted by the Department, providers, and contracted entities. These reports and activities include but are not limited to quality reports.

Waiver of Public Notice Requirements

The Department requests flexibility in modifying Tribal Governments consultation timeframe.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation

- iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
- v. Other *[Describe]*:

Electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home and community settings including:

The following services based on needs of the participant and scope of services:

- Behavioral Support Services including Brief Support Implementation Services
- Case Management (i.e. Coordination of Community Services)
- Community Development Services
- Day Habilitation
- Employment Discovery and Customization
- Employment Services
- Personal Supports
- Supported Employment
- Nursing Services

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

Relatives and Legally Responsible Individuals (including spouses and parents of minor children)

Community Living - Group Home, Supported Living, Community Development Services, Personal Supports, or Nursing Services may be rendered by relatives or legally responsible individuals (including spouses and parents of minor children) when they have been hired by the participant self-directing or provider agency authorized on the Person-Centered Plan (PCP). Relatives and legally responsible individuals must receive training on the participant's PCP for whom they are rendering these services. Training on the PCP must consist of basic health and safety support needs for that participant including but not limited to the aspiration, dehydration, constipation and seizures.

The authority to hire and pay spouses and parents of minor children will terminate after the state of emergency ends.

When one of these services is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Community Living - Group Home, Supported Living, Community Learning Services, Personal Supports, or Nursing Services service, is responsible for ensuring that services are provided as authorized in the PCP and that billing occurs in accordance with DDA requirements.

For participants enrolled in the self-directed services delivery model, when one of these services is rendered by relatives or legally responsible individuals, the participant and their support team is responsible for ensuring that services are provided as authorized in the PCP and that billing occurs in accordance with DDA requirements.

Services may be provided by relatives or legally responsible individuals in the Community Living - Group Home residential site, Supported Living home, or the private home of the relative or legally responsible individual.

New Provider Types

To increase provider options and direct support and clinical staff available for needed service settings during the emergency, providers approved and staff qualified can provider services and supports as follows:

Personal Supports and Community Development Services

Residential Services Agencies include providers authorized under the Medicaid Community First Choice program.

Nurse Health Case Management and Delegation, Nurse Consultation, and Nurse Health Case Management

Nursing agencies approved by the Department's Division of Nursing Services may be used for the provision of Nursing Services and Personal Supports.

Individuals that meet criteria noted in the March 12, 2020 Executive Order "Extending Certain Licenses, Permits, Registrations, and Other Governmental Authorizations, and Authorizing Suspension of Legal Time Requirements. Reference: <https://governor.maryland.gov/wp-content/uploads/2020/03/Licenses-Permits-Registration.pdf>.

Behavior Support Services

Providers, Agencies, and Entities authorized, certified, or approved by: Medicaid for Applied Behavioral Analysis, Behavioral Health Administration (BHA), local school systems, nonpublic schools for mental health professionals, Special Education teachers, and Instructional Assistants.

A provider organization's director or MANDT trainer, who are not otherwise licensed to write Behavior Plans, are permitted to develop temporary Emergency Behavior Safety Plans to keep safe when the person has to social isolate or is quarantined.

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Rhonda
Last Name Workman
Title: Director of Federal Programs
Agency: Developmental Disabilities Administration
Address 1: 201 West Preston Street
Address 2: Click or tap here to enter text.
City Baltimore
State Maryland
Zip Code 21201
Telephone: 410-767-8690
E-mail Rhonda.workman@maryland.gov
Fax Number Click or tap here to enter text.

8. Authorizing Signature

Signature:

Date:

State Medicaid Director or Designee

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	COMMUNITY LIVING – GROUP HOMES
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> 1. Due to possible need to relocate participants due to the COVID-19 related need for separating, self-isolating or quarantining, services may also be provided in but not limited to hotels, schools, churches, other community established sites, alternative facility based setting, family or friends homes, and the home of direct care workers. 2. Additional authorizations may be added for shared supports in each group home, based on the participants’ needs, as follows unless otherwise authorized by the DDA: <ol style="list-style-type: none"> a. Up to 8 additional hours in a home serving up to three participants; b. Up to 16 additional hours, in a home serving up to five participants; and c. Up to 24 additional hours, in a home serving up to nine participants. 3. Nurse Case Management and Delegation supports for training direct support professionals needed as a result of the change in the participant’s health status or after discharge from a hospital or skilled nursing facility can be provided without prior authorization. 4. Service definition limitations on the number of people who can a residence may be exceeded without prior approval by the DDA. Providers may exceed this limit to protect the health and safety of participants due to the need to separate or self-isolate/quarantine groups of people. 5. Legally responsible person, spouse, legal guardian, or relatives can provide services and be paid by the providers. 6. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services 7. A COVID-19 Retainer Payment up to 30 days is also available when participants are not receiving planned services due to the emergency. <p>A.Community Living Group Home services provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a community residential setting.</p> <ol style="list-style-type: none"> 1. Skills to be developed or maintained under this service will be determined based on the participant’s individualized goals and outcomes as documented in his or her person-centered plan. 2. Formal teaching methods are used such as systematic instruction. 3. This service will provide the participant with opportunities to develop skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization including: <ol style="list-style-type: none"> (a) Learning socially acceptable behavior; 	

- (b) Learning effective communication;
- (c) Learning self-direction and problem solving;
- (d) Engaging in safety practices;
- (e) Performing household chores in a safe and effective manner;
- (f) Performing self-care; and
- (g) Learning skills for employment.

4. This service includes Nurse Case Management and Delegation Services.

B. Community Living Group Home services include coordination, training, supports, or supervision (as indicated in the Person-Centered Plan) related to development and maintenance of the participant's skills.

C. Transportation to and from and within this service is included within the services. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

D. Services are provided in a provider owned or operated group home setting.

SERVICE REQUIREMENTS:

A. Participants must be preauthorized by the DDA based on documented level of supports needed.

B. Staffing is based on level of service need.

C. Effective July 1, 2018, the following criteria will be used for new participants to access Community Living – Group Home services:

1. Participant has critical support needs that cannot be met by other residential or in-home services and supports;

2. This residential model is the least restrictive and most cost effective service to meet needs; and

3. The participant meets one of the following criteria:

(a) He or she currently lives on his or her own and unable to care for himself or herself even with services and supports;

(b) He or she currently lives on his or her own or with family or other unpaid caregivers and such living situation presents an imminent risk to his or her physical or mental health and safety or the health and safety of others;

(c) The participant is (i) homeless and living on the street; (ii) has no permanent place to live; or (ii) at immediate risk of homelessness or having no permanent place to live;

(d) The Participant currently lives with family or other unpaid caregivers and documentation exists that in-home services available through the other waiver services would not be sufficient to meet the needs of the participant;

(e) The participant's family's or unpaid caregiver's health changes significantly where the primary caregiver is incapacitated and there is no other available caregiver. Examples of such significant health changes include a long-term illness or permanent injury;

(f) There is no family or unpaid caretaker to provide needed care;

(g) There is a risk of abuse or neglect to the participant in his or her current living situation as evidenced by: (1) recurrent involvement of the Child Protective Services (CPS) or Adult Protective Services (APS) as documented by the case manager that indicates the participant's health and safety cannot be assured and attempts to resolve the situation are not effective with CPS or APS involvement or (2) removal from the home by CPS or APS;

(h) With no other home or residential setting available, the participant is: (i) ready for discharge from a hospital, nursing facility, State Residential Center, psychiatric facility, or other institution; (ii) ready for release from incarceration; (iii) residing in a temporary setting such as a shelter, hotel, or hospital

emergency department (iv) transitioning from a residential school; or (v) returning from an out of State placement; or

(i) Extenuating circumstances.

D. The provider must ensure that the home and community-based setting in which the services are provided comply with all applicable federal, State, and local law and regulation , including, but not limited to, 42 C.F.R. § 441.301(c)(4), as amended.

E. Services may be provided to no more than four (4) individuals (including the participant) in one home unless approved by the DDA.

F. Community Living - Group Home trial experience for people transitioning from an institutional or nonresidential site on a temporary, trial basis.

1. Service must be preauthorized by the DDA.

2. Services may be provided for a maximum of seven (7) days or overnight stays within the 180 day period in advance of their move.

3. When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver.

4. The individual must be reasonably expected to be eligible for and to enroll in the waiver. Services are billed to Medicaid as an administrative cost.

G. A Residential Retainer Fee is available for up to 30 days per year, per recipient, when the recipient is unable to receive services due to hospitalization, behavioral respite, or family visits.

H. Community Living – Group Home services shall be provided for at least 6 hours a day to a participant or when the participant spends the night in the residential home.

I. In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the participant’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.

J. The Medicaid payment for Community Living - Group Home service may not include either of the following items which the provider is expected to collect from the participant:

1. Room and board; or

2. Any assessed amount of contribution by the participant for the cost of care.

K. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives.

L. From July 1, 2018 through June 30, 2019, Community Living - Group Home service may include professional services (i.e. nursing services) not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the new stand alone nursing services.

M. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland’s State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

N. Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.

O. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

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

1. Community Living - Group Home Retainer Fee is limited to up to 30 days per year per recipient per provider.
2. COVID-19 Retainer Payment up to 30 consecutive days is also available when participants are not receiving planned services due to the emergency.
3. Community Living - Group Home trial experience is limited to a maximum of seven (7) days or overnight stays per provider.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
--	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:	Supported Living ** BEGINNING JULY 1, 2019**
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope):	COVID -19 Appendix K exceptions

1. Due to possible need to relocate participants due to the COVID-19 related need for separating, self-isolating or quarantining, services may also be provided in but not limited to hotels, schools, churches, other community established sites, alternative facility based setting, family or friends homes, and the home of direct care workers.
2. Additional authorizations may be added for shared supports in each group home, based on the participants' needs, as follows unless otherwise authorized by the DDA:
 - Up to 8 additional hours in a home serving up to three participants;
3. Nurse Case Management and Delegation supports for training direct support professionals needed as a result of the change in the participant's health status or after discharge from a hospital or skilled nursing facility can be provided without prior authorization.
4. Service definition limitations on the number of people who can a residence may be exceeded without prior approval by the DDA. Providers may exceed this limit to protect the health and safety of participants due to the need to separate or self-isolate/quarantine groups of people.
5. Legally responsible person, spouse, legal guardian, or relatives can provide services and be paid by the providers.
6. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
7. A COVID-19 Retainer Payment up to 30 days is also available when participants are not receiving planned services due to the emergency.

**** BEGINNING JULY 1, 2019****

A. Supported Living services provide participants with a variety of individualized services to support living independently in the community.

1. Supported Living services are individualized to the participant's needs and interests as documented in the participant's Person-Centered Plan and must be delivered in a personalized manner.
2. Supported Living services assists the participant to: (a) learn self-direction and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and (b) engage in community-based activities of the participant's choosing within the participant's personal resources.
3. Supported Living services enables the participant to: (a) live in a home of his or her choice located where he or she wants to live; and (b) live with other participants or individuals of his or her choosing (not including relatives, legal guardians, or legally responsible persons as defined in Appendices C-2-d and C-2-e).
4. This service includes Nursing Case Management and Delegation Services

B. Supported Living services are provided in the participant's own house or apartment.

C. Service includes provision of coordination, training, supports, and/or supervision (as indicated in the Person-Centered Plan).

SERVICE REQUIREMENTS:

A. Staffing is based on the participant's level of service need as documented in his or her Person-Centered Plan.

B. Under Supported Living service, the following requirements and restrictions relating to the residence applies:

1. If participants choose to live with housemates, no more than four (4) individuals (including other participants receiving services) may share a residence; each housemate, including the participant, is hereinafter referred to as a "resident" or collectively as "residents".
2. If the participant shared his or her home with another individual (who may be a participant as well) who is his or her spouse, domestic partner, their child, siblings, or significant other, they may share a

bedroom if they choose;

3. Except as provided in B.2 above, each resident of the setting shall have a private bedroom;

4. Services may include up to 24 hours of shared support per day, as specified in the Person-Centered Plan;

5. The residence must be a private dwelling and is not a licensed individual site of a provider. The residence must be owned or leased by at least one of the individuals residing in the home or by someone designated by one of those individuals such as a family member or legal guardian;

6. The residents are legally responsible for the residence in accordance with applicable federal, State, and local law and regulation and any applicable lease, mortgage, or other property agreements ; and

7. All residents must have a legally enforceable lease that offers them the same tenancy rights that they would have in any public housing option.

C. The following criteria will be used for participants to access Supported Living:

1. Participant chooses to live independently or with roommates; and

2. This residential model is the most cost-effective service to meet the participant's needs.

D. In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the participant's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.

E. Supported Living services are not available to participants receiving supports in other residential support services models including Community Living Group Home, Shared Living, and Community Living Enhanced Supports.

F. Transportation to and from and within this service is included within the services. Transportation will be provided or arranged by the approved provider and funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

G. As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives who live in the residence. However, a relative (who is not a spouse, legally responsible person, or legal guardian or who does not live in the residence) of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

H. Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.

I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file. The DDA is the payer of last resort.

J. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

K. Supported Living can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan.

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

COVID-19 Retainer Payment up to 30 consecutive days is also available when participants are not receiving planned services due to the emergency.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:

EMPLOYMENT SERVICES ** BEGINNING DECEMBER 1, 2019**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Personal care assistance can comprise the entirety of the service.
3. Service can exceed 40 hours per week within a person's authorized budget.
4. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
5. Participants enrolled in the self-directed services delivery model and receiving Employment Services may exercise employment authority for Follow Along support
6. A COVID-19 Retainer Payment up to 30 days, unless otherwise authorized by the DDA, is also available when participants are not receiving planned services due to the state of emergency.

** BEGINNING DECEMBER 1, 2019**

A. Employment Services provides the participant with a variety of flexible supports to help the participant to identify career and employment interest, find and keep a job including:

1. Discovery – a process to assist the participant in finding out who they are, what they want to do, and what they have to offer;
2. Job Development – supports finding a job including customized employment and self-employment;
3. Ongoing Job Supports – various supports a participant may need to successfully maintain their job;
- Follow Along Supports – periodic supports after a participant has transitioned into their job;
5. Self-Employment Development Supports – supports to assist a participant whose discovery activities and profile indicate a specific skill or interest that would benefit from resource ownership or small business operation;
6. Co-Worker Employment Support-supports in a situation when an employer has identified that an onsite job coach would not be optimal, yet the participant could still benefit from additional supports; and
7. Nurse Health Case Management services based on assessed need.

B. Discovery is a time limited comprehensive, person-centered, and community-based employment planning support service to assist the participant to identify the participant's abilities, conditions, and interests. Discovery includes:

1. A visit to a participant's home or community location, a review of community employers, job trials, interest inventory to create a profile and picture resume; and
2. The development of a Discovery Profile.

C. Job Development is support for a participant to obtain an individual job in a competitive integrated employment setting in the general workforce, including:

1. Customized employment - a flexible process designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of both. It is based on an individualized match between the strengths, conditions, and interests of a job candidate and the identified business needs of an employer; and
2. Self-employment - including exploration of how a participant's interests, skills and abilities might be suited for the development of business ownership.

D. Ongoing Job Supports are supports in learning and completing job tasks either when beginning a new job, after a promotion, or after a significant change in duties or circumstances and individualized supports a participant may need to successfully maintain their job. Ongoing Job Supports include:

1. Job coaching (e.g. job tasks analysis and adaptations, self-management strategies, natural and workplace supports facilitation, and fading assistance), needed to complete job tasks like setting up workstations;
2. The facilitation of natural supports in the workplace;
3. Systematic instruction and other learning strategies based on the participant's learning style and needs;
4. Travel training to independently get to the job; and
5. Personal care assistance, behavioral supports, transportation, and delegated nursing tasks to support the employment activity.

E. Follow Along Supports:

1. Occurs after the participant has transitioned into their job.
2. Ensure the participant has the assistance necessary to maintain their jobs; and
3. Include at least two face to face contacts with the participant in the course of the month.

F. Self-Employment Development Supports include assistance in the development of a business and marketing plan, including potential sources of business financing and other assistance in developing and launching a business. The completion of a business and marketing plan does not guarantee future funding to support a business outlined in the plans.

G. Co-Worker Employment Supports are time-limited supports provided by the employer to assist the participant, upon employment, with extended orientation and training beyond what is typically provided for an employee.

SERVICE REQUIREMENTS:

- A. The participant must be 18 years of age or older and no longer in high school.
- .B. As per Attachment #1: Transition Plan, beginning December 2019, employment related services will begin to transition from supported employment and employment discovery and customization to applicable employment services (i.e. discovery, job development, ongoing job supports, and follow along).
- C. Personal care assistance, behavioral supports, and delegated nursing tasks may not comprise the entirety of the service.
- D. Discovery includes three distinct milestones. Best practices demonstrate that quality person-centered discovery milestones can typically be completed within 90 days. However, the completion of each milestone is flexible and will be considered in conjunction with the participant's unique circumstances.
- E. Each discovery milestone must be completed as per DDA regulations and policy with evidence of completion of the required activities before being paid.
- F. Discovery activities shall be reimbursed based on the following milestones:
 1. Milestone #1 - includes home visit, survey of the community near the individual's home, record reviews for pertinent job experience, education, and assessments.
 2. Milestone #2 – includes observation of the job seeker in a minimum of three (3) community-based situations in order to identify skills, interest, and learning style.
 3. Milestone #3 – includes discovery profile, picture and/or written resume, and the creation of an Employment Plan, outlining next recommended steps, including a Job Development plan if applicable.
- G. Job Development is reimbursed based on an hourly basis.
- H. Ongoing Job Supports is reimbursed based on an hourly basis and includes a “fading plan”, when

appropriate, that notes the anticipated number of support hours needed.

I. Follow Along Supports are reimbursed as one monthly payment.

J. Self-Employment Development Supports shall be reimbursed based on one milestone for the completion of a business and marketing plan.

K. Employment Services (i.e. discovery, job development, and self-employment development supports) are provided by staff who has a DDA approved certification in employment.

L. Participants that are promoted with new job tasks or changes positions or circumstances, can receive Ongoing Job Supports.

M. Co-Worker Employment Supports are not intended to replace the support provider's work, rather, it is an additional mentoring/support role for which coworkers could receive additional compensation above what they receive in the course of their typical job responsibilities. The payment of this compensation is at the discretion of the employer. Co-worker employment supports may be provided by a co-worker or other job site personnel provided that the services that are furnished are not part of the normal duties of the coworker, supervisor or other personnel.

N. A participant's Person-Centered Plan may include a mix of hourly employment and day services units such as Day Habilitation, Community Development Services, Co-Worker Supports, and Career Exploration provided at different times.

O. Employment Services does not include:

1. Volunteering, apprenticeships, or internships unless it is part of the discovery process and time limited; and
2. Payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.

P. Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.

Q. Transportation to and from and within the activities will be provided or arranged by the provider and funded through the rate system except for follow along supports. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the participant with priority given to the use of public transportation when appropriate.

R. Employment Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, or Transportation (except during follow along supports) services.

S. Division of Rehabilitation Services (DORS) service must be accessed first if the service the participant needs is provided and available by DORS and funding is authorized.

T. Documentation must be maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

U. A relative (who is not a spouse or legally responsible person) of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

V. Nurse Health Case Management services, as applicable, can be provided during day habilitation activities so long as it is not the primary or only service provided. The scope of the Nurse Health Case Management services are defined under the stand alone service in Appendix C.

W. Under the self-directed services delivery model, participants may exercise employment authority for Ongoing Job Supports only.

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

1. Discovery services are limited to once every two years unless otherwise authorized by the DDA.
2. Job Development services are limited to eight (8) hours per day and total maximum of 90 hours unless otherwise authorized by DDA.
3. otherwise authorized by DDA.
4. Job Development and Ongoing Job Support services are limited to 40 hours per week total including other Meaningful Day Services (e.g. Community Development Services, Career Exploration, and Day Habilitation services).
5. Ongoing Job Support services are limited of up to 10 hours per day.
Co-Worker Employment Supports are limited to the first three months of employment unless otherwise authorized by the DDA.

COVID-19 Appendix K Exception - COVID-19 Retainer Payment up to 30 days unless otherwise authorized by the DDA.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
--	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:

SUPPORTED EMPLOYMENT ** ENDING JUNE 30, 2021**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Personal care assistance can comprise the entirety of the service.
3. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
4. A COVID-19 Retainer Payment up to 30 days, unless otherwise authorized by the DDA, is also available when participants are not receiving planned services due to the state of emergency.

** ENDING JUNE 30, 2021**

A. Supported Employment services include a variety of supports to help an individual identify career and employment interest, as well as to find and keep a job.

B. Supported Employment activities include:

1. Individualized job development and placement;
2. On-the-job training in work and work-related skills;
3. Facilitation of natural supports in the workplace;
4. Ongoing support and monitoring of the individual's performance on the job;
5. Training in related skills needed to obtain and retain employment such as using community resources and public transportation;
6. Negotiation with prospective employers; and
7. Self-employment supports.

C. Supported Employment services include:

1. Support services that enable the participant to gain and maintain competitive integrated employment;
2. Transportation to, from, and within the activity; and
3. Personal care assistance can be provided during supported employment activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

SERVICE REQUIREMENTS:

A. The participant must be 18 years of age or older and no longer in high school.

B. Services and supports are provided for individuals in finding and keeping jobs paid by a community employer including self-employment.

C. Staffing is based on level of service need.

D. Under self-directing services, the following applies:

1. Participant or his/her designated representative self-directing services is considered the employer of record;
2. Participant or his/her designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;
3. Supported Employment includes the cost associated with staff training such as First Aid and CPR;
4. Costs associated with training can occur no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. In these situations, the cost are billed to Medicaid as an administrative cost; and
5. Supported Employment staff, with the exception of legal guardians and relatives, must be compensated

over-time pay as per the Fair Labor Standards Act from the self-directed budget.

E. Under the self-directed services delivery model, this service includes the option to provide staff training, benefits and leave time subject to the following requirements:

1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local employment laws; and
3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.

F. Under the traditional service delivery system, Supported Employment is paid based on a daily rate. In accordance with COMAR 10.22.17.10 Payment for Services Reimbursed by Rates is for a minimum of four hours of service. Participants can engage in Supported Employment activities when they are unable to work four hours.

G. Under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related daily waiver services units such as Day Habilitation, Community Development Services, Career Exploration, and Employment Discovery and Customization provided on different days.

H. Under the self-directed service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related waiver services such as Day Habilitation, Community Development Services, Career Exploration, and Employment Discovery and Customization provided at different times days.

I. Supported Employment services does not include:

1. Volunteering, apprenticeships, or internships unless it is part of the discovery process and time limited; and
2. Payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.

J. Supported Employment does not include payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.

K. Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.

L. Transportation to and from and within this service is included within the Supported Employment Services. The mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate. Transportation will be provided or arranged by the licensed provider or participant self-directing and funded through the rate system or the Supported Employment self-directed budget.

M. Supported Employment services can also include personal care, behavioral supports, and delegated nursing tasks to support the employment activity.

N. A legally responsible individual (who is not a spouse) and relatives of a participant may be paid to provide this service, in accordance with the applicable requirements set forth in Appendix C-2. .

O. A relative of a participant may not be paid for more than 40-hours per week of services.

P. From July 1, 2018 through June 30, 2019, Supported Employment service may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.

Q. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland's Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the individual's file.

R. Documentation must be maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

S. From July 1, 2018 through June 30, 2021, Supported Employment Services daily service units are not

available:

1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Employment Discovery and Customization services under the Traditional Services delivery model; and
2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

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

A COVID-19 Retainer Payment up to 30 days unless otherwise authorized by the DDA.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>		Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:

EMPLOYMENT DISCOVERY AND CUSTOMIZATION ** ENDING JUNE 30, 2021**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. Personal care assistance can comprise the entirety of the service.
3. The timeframe for completion of Employment Discovery and Customization activities may exceed the currently required six (6) month authorization period.
4. Service can exceed 8 hours per day within a person's authorized budget.
5. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services

** ENDING JUNE 30, 2021**

A. Employment Discovery and Customization services are time limited services to identify and develop customized employment options for participants working towards competitive integrated employment or self-employment.

B. Employment Discovery is a time-limited comprehensive, person-centered, community-based employment planning process. The Employment Discovery process and activities include:

1. Completing assessment and employment-related profiles in a variety of community settings;
2. Assessment of the community surrounding the participant's home;
3. Work skills and interest inventory;
4. Community-based job trials and community-based situations in order to identify skills, interest, and learning style;
5. Identification of the ideal conditions for employment for the participant which may include self employment; and
6. Development of an Employment Discovery Profile with all pertinent information about the participant's skills, job preferences, possible contributions to an employer, and useful social networks. The profile may also include a picture or written resume.

C. Customization is support to assist a participant to obtain a negotiated competitive integrated job or self employment. The Customization process and activities include:

1. The use of the participant's social network, community resources and relationships, the American Job's Centers, and provider business contacts to identify possible employers.
2. Flexible strategies designed to assist in obtaining a negotiated competitive integrated job including: (a) job development, (b) job carving, (c) job sharing, (d) self-employment; and other national recognized best practices, based on the needs of both the job seeker and the business needs of the employer.

SERVICE REQUIREMENTS:

A. The participant must be 18 years of age or older and no longer in high school.

B. Employment Discovery and Customization services and supports are provided for participants wanting to work in competitive integrated jobs paid by a community employer or through self-employment.

C. From July 1, 2018 through June 30, 2021, under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related daily waiver services units such as Day Habilitation, Community Development Services, Career Exploration, and Supported Employment Services provided on different days.

D. Beginning July 1, 2020, a participant’s Person-Centered Plan may include a mix of employment and day related hourly waiver services such as Day Habilitation, Community Development Services, Career Exploration, and Employment Services provided at different times.

E. Transportation to and from and within this services in included within the Employment

F. and Customization service. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

G. Employment Discovery and Customization does not include volunteering, apprenticeships, or internships unless it is part of the discovery process and time limited.

H. Employment Discovery and Customization services can also include personal care, behavioral supports, and delegated nursing tasks to support the activity.

I. From July 1, 2018 through June 30, 2021, Employment Discovery and Customization daily services units are not available:

1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Supported Employment services under the Traditional Services delivery model; and

2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.

K. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

L. Documentation must be maintained in the file of each participant receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

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

1. Employment Discovery and Customization activities must be completed within a six (6) month period unless otherwise authorized by the DDA. **Appendix K exception - The timeframe for completion of Employment Discovery and Customization activities may exceed the currently required six (6) month authorization period.**
2. Employment Discovery and Customization services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Career Exploration, Community Development Services, and Day Habilitation services). **Appendix K exception - Service can exceed 8 hours per day within a person’s authorized budget.**

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed



Service Specification	
Service Title:	CAREER EXPLORATION
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings. Personal care assistance can comprise the entirety of the service. Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget. The requirement that a minimum of six hours of services be provided during a single day is temporarily suspended. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services A COVID-19 Retainer Payment up to 30 days, unless otherwise authorized by the DDA, is also available when participants are not receiving planned services due to the state of emergency. <p>A. Career Exploration is time limited services to help participants learn skills to work toward competitive integrated employment.</p> <ol style="list-style-type: none"> Teaching methods based on recognized best practices are used such as systematic instruction. Career Exploration provide the participant with opportunities to develop skills related to work in a competitive employment position in an integrated community environment including learning: 	

- a. skills for employment, such as time-management and strategies for completing work tasks;
- b. socially acceptable behavior in a work environment;
- c. effective communication in a work environment; and
- d. self-direction and problem-solving for a work task.

B. Career Exploration includes (1) Facility-Based Supports; (2) Small Group Supports; and (3) Large Group Supports.

1. Facility-Based Supports are provided at a fixed site that is owned, operated, or controlled by a licensed provider or doing work under a contract being paid by a licensed provider.

2. Small Group Supports are provided in groups of between two (2) and eight (8) individuals (including the participant) where the group completes work tasks on a contract-basis. This work must be conducted at another site in the community not owned, operated, or controlled by the licensed provider. Supports models include enclaves, mobile work crews, and work tasks on a contract-basis. The licensed provider is the employer of record and enters into the contract on behalf of the group.

3. Large Group Supports are provided in groups of between nine (9) and sixteen (16) individuals (including the participant) where the group completes work tasks on a contract-basis. This work must be conducted at another site in the community not owned, operated, or controlled by the licensed provider. The licensed provider is the employer of record and enters into the contract on behalf of the group.

C. Career Exploration services include:

- 1. Staff support services that enable the participant to learn skills to work toward competitive integrated employment;
- 2. Transportation to, from, and within the activity;
- 3. Nursing Health Cases Management services based on assessed need; and
- 4. Personal care assistance can be provided during activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

SERVICE REQUIREMENTS

A. The participant must be 18 years of age or older and no longer in high school.

B. Career Exploration and supports must be provided in compliance with all applicable federal, State, and local laws and regulations.

C. Participants previously receiving facility based, small group, and large group supports under Supported Employment or Day Habilitation services will transition to Career Exploration services by creating an employment goal within their Person-Centered Plan during their annual planning process that outlines how they will transition to community integrated employment (such as participating in discovery and job development).

D. Participants must have an employment goal within their Person-Centered Plan that outlines how they will transition to community integrated employment (such as participating in discovery and job development) or another service.

E. Staffing is based on level of service need.

F. From July 1, 2018 through June 30, 2021, under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related daily waiver services units such as Day Habilitation, Community Development Services, and Employment Discovery and Customization Services provided on different days.

G. Beginning December 2019, a participant's Person-Centered Plan may include a mix of employment and day type services such as Day Habilitation, Community Development Services, and Employment Discovery and Customization Services provided at different times under both service delivery models.

H. Transportation to and from and within this service is included within the Career Exploration. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the participant with priority given to the use of public transportation when appropriate.

I. From July 1, 2018 through June 30, 2019, Career Exploration may include professional services not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the current or new stand alone waiver services.

J. From July 1, 2018 through June 30, 2021, Career Exploration daily services units are not available:

1. On the same day a participant is receiving Community Development Services, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services under the Traditional Services delivery model; and
2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

K. Effective July 1, 2020, Career Exploration services are not available at the same time as the direct provision of Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

L. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland's Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the individual's file.

M. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

N. Nurse Health Case Management services, as applicable, can be provided during day habilitation activities so long as it is not the primary or only service provided. The scope of the Nurse Health Case Management services are defined under the stand alone service in Appendix C.

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

1. Career Exploration – Facility Based supports are provided Monday through Friday only.
2. Career Exploration may not exceed a maximum of eight (8) hours per day (including other Community Development, Supported Employment, Employment Service – On-going Supports, Employment Discovery and Customization, and Day Habilitation services).
3. Career Exploration is limited to 40 hours per week.
4. Career Exploration services for participants accessing this service for the first time is limited to up to 720 hours for the plan year unless otherwise authorized by DDA.

COVID-19 Appendix K Exception - Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.

COVID-19 Retainer Payment up to 30 days unless otherwise authorized by the DDA.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
---	--------------------------	----------------------------	--------------------------	-------------------------

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
--	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:	COMMUNITY DEVELOPMENT SERVICES
----------------	--------------------------------

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

- Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
- Individualized schedule and updates related to what the participant will do and where the participant will spend their time when in service is suspended.
- Personal care assistance can comprise the entirety of the service.
- Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person's authorized budget.

5. The requirement that a minimum of six hours of services be provided during a single day is temporarily suspended.
6. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
7. A COVID-19 Retainer Payment up to 30 days, unless otherwise authorized by the DDA, is also available when participants are not receiving planned services due to the state of emergency.

A. Community Development Services provide the participant with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities.

1. Community-based activities under this service will provide the participant with opportunities to develop skills and increase independence related to community integration with people without disabilities including:

- a. Promoting positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities;
- b. Learning socially acceptable behavior; and
- c. Learning self-advocacy skills.

B. Community Development Services may include participation in the following activities:

1. Engaging in activities that facilitate and promote integration and inclusion of a participant in their chosen community, including identifying a path to employment for working age individuals;
2. Travel training;
3. Participating in self-advocacy classes and activities;
4. Participating in local community events; and
5. Volunteering.

C. Community Development Services include:

1. Support services that enable the participant to learn, develop, and maintain general skills related to community integration, volunteering with an organization, or performing a paid or unpaid internship;
2. Transportation to, from, and within activities;
3. Nursing Health Case Management services based on assessed need; and
4. Personal care assistance can be provided during community activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

SERVICE REQUIREMENTS:

A. The participant must be 18 years of age or older and no longer in high school.

B. Community Development Services can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person's preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person's overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person centered plan.

C. Staffing is based on level of service need.

D. Community Development Services are separate and distinct from residential services. Participants may return home or to the provider operated site during time-limited periods of the day due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the Person-Centered Plan. Residential services cannot be billed during these times.

E. Personal care assistance may not comprise the entirety of the service.

F. Under self-directing services, the following applies:

1. Participant or their designated representative self-directing services are considered the employer of record;

2. Participant or their designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;

3. Community Development Services includes the cost associated with staff training such as First Aid and CPR; and

4. Community Development Services staff, with the exception of legal guardians and relatives, must be compensated overtime pay as per the Fair Labor Standards Act from the self-directed budget.

G. Under the self-directed services delivery model, this service includes the option to provide staff training, benefits, and leave time subject to the following requirements:

1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local employment laws; and
3. All funded benefits and leave time shall be included in and be part of the participant's annual budget.

H. From July 1, 2018 through June 30, 2021, under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related daily waiver services units such as Day Habilitation, Career Exploration, Employment Discovery and Customization, Supported Employment, and Employment Services provided on different days.

I. Service may be provided in groups of no more than four (4) participants, all of whom have similar interests and goals outlined in their Person-Centered Plan.

J. Transportation to and from and within this service is included within the Community Development Services. The mode of transportation which achieves the least costly, and most appropriate, means of transportation for the participant with priority given to the use of public transportation when appropriate. Transportation will be provided or arranged by the licensed provider or self-directed participant and funded through the rate system or the Community Development Services self-directed service budget.

K. An individualized schedule will be used to provide an estimate of what the participant will do and where the participant will spend their time when in this service. Updates should be made as needed to meet the changing needs, desires and circumstances of the participant. The individualized schedule will be based on a Person-Centered Plan that clearly outlines how this time would be used. A legally responsible individual relative (who is not a spouse) and relative of a participant in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

L. A legally responsible individual (who is not a spouse) and relatives of a participant may be paid to provide this service, in accordance with the applicable requirements set forth in Appendix C-2.

M. From July 1, 2018 through June 30, 2019, Community Development Services service may include professional services (i.e. nursing services) not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the new stand alone nursing services.

N. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the individual's file.

O. From July 1, 2018 through June 30, 2020/2021, Community Development Services daily service units are not available:

1. On the same day a participant is receiving Career Exploration, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services under the Traditional Services delivery model; and
2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or

Transportation services.

P. Effective July 1, 2020, Community Development Services are not available at the same time as the direct provision of Career Exploration, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.

Q. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

R. Nurse Health Case Management services, as applicable, can be provided during day habilitation activities so long as it is not the primary or only service provided. The scope of the Nurse Health Case Management services are defined under the stand alone service in Appendix C.

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

1. Community Development Services are limited to 40 hours per week.
2. Community Development Services may not exceed a maximum of eight (8) hours per day (including other Employment Services, Supported Employment, Career Exploration, Employment Discovery and Customization and Community Development Services).

COVID-19 Appendix K Exception - Services can exceed eight hours a day and 40 hours per week within a person's authorized budget.

COVID-19 Retainer Payment up to 30 days unless otherwise authorized by the DDA.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
---	--------------------------	----------------------------	--------------------------	-------------------------

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------



Service Specification	
Service Title:	DAY HABILITATION
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> 1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant’s home; family and friend’s homes; residential settings; or other community settings. 2. Individualized schedule and updates related to what the participant will do and where the participant will spend their time when in service is suspended. 3. Personal care assistance can comprise the entirety of the service. 4. Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person’s authorized budget. 5. The requirement that a minimum of six hours of services be provided during a single day is temporarily suspended. 6. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services 7. A COVID-19 Retainer Payment up to 30 days, unless otherwise authorized by the DDA, is also available when participants are not receiving planned services due to the state of emergency. <p>A. Day Habilitation services provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization, through application of formal teaching methods and participation in meaningful activities.</p> <ol style="list-style-type: none"> 1. Teaching methods based on recognized best practices are used such as systematic instruction. 2. Meaningful activities under this service will provide the participant with opportunities to develop skills related to the learning new skills, building positive social skills and interpersonal skills, greater independence, and personal choice including: <ol style="list-style-type: none"> (a) Learning skills for employment (b) Learning acceptable social skills; (c) Learning effective communication; (d) Learning self-direction and problem solving; (e) Engaging in safety practices; (f) Performing household chores in a safe and effective manner; and (g) Performing self-care. <p>B. Day habilitation services may include participation in the following regularly scheduled meaningful activities:</p> <ol style="list-style-type: none"> 1. Learning general skills that can be used to do the type of work the person is interested in; 	

2. Participating in self-advocacy classes/activities;
3. Participating in local and community events;
4. Volunteering;
5. Training and supports designed to maintain abilities and to prevent or slow loss of skills for individuals with declining conditions; and
6. Transportation services.

C. Day Habilitation Services include:

1. Support services that enable the participant to participate in the activity;
2. Transportation to, from, and within the activity;
3. Nursing Health Cases Management services based on assessed need; and
4. Personal care assistance can be provided during day habilitation activities so long as it is not the primary or only service provided. Personal care assistance is defined as services to assist the participant in performance of activities of daily living and instrumental activities of daily living.

SERVICE REQUIREMENTS:

- A. The participant must be 18 years of age or older and no longer in high school.
- B. Day Habilitation services can be provided in a variety of settings in the community or in a facility owned or operated by the provider agency. Services take place in non-residential settings separate from a participant's private residence or other residential living arrangements.
- C. Staffing is based on level of service need.
- D. Day Habilitation services are separate and distinct from other waiver services, including residential services.
- E. From July 1, 2018 through June 30, 2021, under the traditional service delivery model, a participant's Person-Centered Plan may include a mix of employment and day related daily waiver services units such as Supported Employment, Employment Discovery and Customization, Community Development Services, and Career Exploration provided on different days.
- F. An individualized schedule will be used to provide an estimate of what the participant will do and where the participant will spend their time when in this service. Updates should be made as needed to meet the changing needs, desires and circumstances of the participant. The individualized schedule will be based on a Person-Centered Plan.
- G. Transportation to and from and within this service is included within the Day Habilitation services. Transportation will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.
- H. Personal care assistance may not comprise the entirety of the service.
- I. Day Habilitation includes supports for volunteering and time limited generic paid and unpaid internships and apprenticeships for development of employment skills.
- J. Day Habilitation does not include meals as part of a nutritional regimen.
- K. Day Habilitation does not include vocational services that: (1) teach job task specific skills required by a participant for the primary purpose of completing those tasks for a specific facility based job or (2) are delivered in an integrated work setting through employment supports.
- L. From July 1, 2018 through June 30, 2019, Day Habilitation service may include professional services

(i.e. nursing services) not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the new stand alone nursing services.

M. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland’s State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable . These efforts must be documented in the individual’s file.

N. From July 1, 2018 through June 30, 2021, Day Habilitation daily services units are not available:

1. On the same day a participant is receiving Career Exploration, Community Development Services, Employment Discovery and Customization, Medical Day Care, or Supported Employment services under the Traditional Services delivery model; and
2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

O. Effective July 1, 2020, Day Habilitation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Employment Discovery and Customization, Employment Services, Nurse Consultation, Medical Day Care, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.

P. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Q. As per Attachment #1: Transition Plan, beginning December 2019, services will begin to transition to small groups (i.e. 2 to 5 people) and large groups (i.e. 6 to 10) to support the development and maintenance of skills during community engagement and provider offered activities.

R. Nurse Health Case Management services, as applicable, can be provided during day habilitation activities so long as it is not the primary or only service provided. The scope of the Nurse Health Case Management services are defined under the stand alone service in Appendix C.

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

1. Day Habilitation services are provided Monday through Friday only.
2. Day Habilitation services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Career Exploration, Employment Discovery and Customization and Community Development Services).

COVID-19 Appendix K Exception - Services can be provided any day of the week and exceed eight hours a day and 40 hours per week within a person’s authorized budget.

A COVID-19 Retainer Payment up to 30 days unless otherwise authorized by the DDA.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:

Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):				
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (<i>check each that applies</i>):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed



Service Specification	
Service Title:	Medical Day Care
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions:</p> <p>An emergency executive order by Governor Larry Hogan closed all Adult Medical Day Care facilities until further notice. The Department proposes to allow certain unbundled medical day care services to be rendered telephonically to program participants. Providers are required to make daily contact with participants to determine if: 1) they have enough food and fluids; 2) have access to - and - are taking all of their prescribed medications; 3) have essential supplies; 4) and to remind participants to contact their doctor if they do not feel well. These daily encounters must be documented using the Office of Health Care Quality (OHCQ) Daily Care Connection form. These telephonic services will be reimbursed through a lower administrative per diem rate to ensure the well-being of participants during this time.</p> <p>A. Medical Day Care (MDC) is a medically supervised day program.</p> <p>B. Medical Day Care includes the following services:</p> <ol style="list-style-type: none"> 1. Health care services; 2. Nursing services; 3. Physical therapy services; 4. Occupational therapy services; 	

5. Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene;
6. Nutrition services;
7. Social work services;
8. Activity Programs; and
9. Transportation services.

Service Requirements:

- A. A participant must attend the Medical Day Care a minimum of four (4) hours per day for the service to be reimbursed.
- B. Medical Day Care services cannot be billed during the same period of time that the individual is receiving other day or employment waiver services.
- C. Services and activities take place in non-institutional, community-based settings.
- D. Nutritional services do not constitute a full nutritional regimen.
- E. This waiver service is only provided to individuals age 16 and over.
- F. Medical Day Care services are not available to participants at the same time a participant is receiving Supported Employment, Employment Discovery and Customization, Employment Services, Career Exploration, Community Development Services, Day Habilitation, or Respite Care Services.
- G. Medical Day Care services may not be provided at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Services, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.
- H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.
- I. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

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

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed



Service Specification	
Service Title:	BEHAVIORAL SUPPORT SERVICES
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> 1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings. 2. Behavioral Support Services can be provided at the same time as the direct provision of Respite Care Services. 3. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services 4. A provider organization's director or MANDT trainer, who are not otherwise licensed to write Behavior Plans, are permitted to develop temporary Emergency Behavior Safety Plans to keep safe when the person has to social isolate or is quarantined. <p>A. Behavioral Support Services are an array of services to assist participants who without such supports are experiencing, or are likely to experience, difficulty at home or in the community as a result of behavioral, social, or emotional issues. These services seek to help understand a participant's challenging behavior and its function is to develop a Behavior Plan with the primary aim of enhancing the participant's independence and inclusion in their community.</p> <p>B. Behavioral Support Services includes:</p> <ol style="list-style-type: none"> 1. Behavioral Assessment - identifies a participant's challenging behaviors by collecting and reviewing relevant data, discussing the information with the participant's support team, and developing a Behavior Plan that best addresses the function of the behavior, if needed; 2. Behavioral Consultation - services that oversee, monitor, and modify the Behavior Plan; and 3. Brief Support Implementation Services - time limited service to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement the Behavior Plan. 	

SERVICE REQUIREMENT:

A. Behavioral Assessment:

1. Is based on the principles of person-centered thinking, a comprehensive Functional Behavioral Assessment (FBA), and supporting data;
2. Is performed by a qualified clinician;
3. Requires development of specific hypotheses for the challenging behavior, a description of the challenging behaviors in behavioral terms, to include topography, frequency, duration, intensity/severity, and variability/cyclicalness of the behaviors;
4. Must be based on a collection of current specific behavioral data; and
5. Includes the following:
 - a. An onsite observation of the interactions between the participant and his/her caregiver(s) in multiple settings and observation of the implementation of existing programs;
 - b. An environmental assessment of all primary environments;
 - c. A medical assessment including a list of all medications including those specifically prescribed to modify challenging behaviors, the rationale for prescribing each medication, and the potential side effects of each medication;
 - d. A participant's history based upon the records and interviews with the participant and with the people important to/for the person (e.g. parents, caregivers, vocational staff, etc.);
 - e. Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it;
 - f. Recommendations, after discussion of the results within the participant's interdisciplinary team, for behavioral support strategies, including those required to be developed in a Behavior Plan; and
 - g. Development of the Behavior Plan, if applicable.

B. Behavioral Consultation services include:

1. Recommendations for subsequent professional evaluation services (e.g., Psychiatric, Neurological, Psychopharmacological, etc.), not identified in the Behavioral Assessment, that are deemed necessary and pertinent to the behavioral challenges;
2. Consultation, subsequent to the development of the Behavioral Plan which may include speaking with the participant's Psychiatrists and other medical/therapeutic practitioners;
3. Developing, writing, presenting, and monitoring the strategies for working with the participant and his or her caregivers;
4. Providing ongoing education on recommendations, strategies, and next steps to the participant's support network (i.e. caregiver(s), family members, agency staff, etc.) regarding the structure of the current environment, activities, and ways to communicate with and support the participant;
5. Developing, presenting, and providing ongoing education on recommendations, strategies, and next steps to ensure that the participant is able to continue to participate in all pertinent environments (i.e. home, day program, job, and community) to optimize community inclusion in the least restrictive environment;
6. Ongoing assessment of progress in all pertinent environments against identified goals;
7. Preparing written progress notes on the participant's goals identified in the Behavior Plan at a minimum include the following information:

- a. Assessment of behavioral supports in the environment;
- b. Progress notes detailing the specific Behavior Plan interventions and outcomes for the participant;
- c. Data, trend analysis and graphs to detail progress on target behaviors identified in a Behavioral Plan; and
- d. Recommendations;
- 8. Development and updates to the Behavioral Plan as required by regulations; and
- 9. Monitoring and ongoing assessment of the implementation of the Behavioral Plan based on the following:
 - a. At least monthly for the first six months; and
 - b. At least quarterly after the first six months or as dictated by progress against identified goals.
- C. Brief Support Implementation Services includes:
 - 1. Onsite execution and modeling of identified behavioral support strategies;
 - 2. Timely semi-structured written feedback to the clinicians on the provision and effectiveness of the Behavior Plan and strategies;
 - 3. Participation in onsite meetings or instructional sessions with the participant’s support network regarding the recommendations, strategies, and next steps identified in the Behavior Plan;
 - 4. Brief Support Implementation Services cannot be duplicative of other services being provided (e.g. 1:1 supports); and
 - 5. The Brief Support Implementation Services staff is required to be onsite with the caregiver in order to model the implementation of identified strategies to be utilized in the Behavior Plan.
- D. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.
- E. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- F. Behavioral Assessment is reimbursed based on a milestone for a completed assessment.
- G. The Behavior Plan is reimbursed based on a milestone for a completed plan.
- H. Behavioral Support Services may not be provided at the same time as the direct provision of Community Living – Enhanced Supports or Respite Care Services.
- I. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

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

- 1. Behavioral Assessment is limited to one per year unless otherwise approved by DDA.
- 2. Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA.

3. Behavioral Consultation and Brief Support Implementation Services service hours are limited to 8 hours per day.

COVID-19 Appendix K Exception - Behavioral Consultation and Brief Support Implementation Services can be provided without prior authorization by the DDA.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed



Service Specification

Service Title:	ENVIRONMENTAL MODIFICATIONS
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> 1. A proposed Environmental Modification, that costs over \$2,000, will not require three bids. 2. Environmental modifications services can be provided by a family member or relative. 3. Cost may exceed a total of \$15,000, if approved by the DDA. <p>A. Environmental modifications are physical modifications to the participant’s home based on an assessment designed to support the participant’s efforts to function with greater independence or to create a safer, healthier environment.</p>	

B. Environmental Modifications include:

1. Installation of grab bars;
2. Construction of access ramps and railings;
3. Installation of detectable warnings on walking surfaces;
4. Alerting devices for participant who has a hearing or sight impairment;
5. Adaptations to the electrical, telephone, and lighting systems;
6. Generator to support medical and health devices that require electricity;
7. Widening of doorways and halls;
8. Door openers;
9. Installation of lifts and stair glides (with the exception of elevators), such as overhead lift systems and vertical lifts;
10. Bathroom modifications for accessibility and independence with self-care;
11. Kitchens modifications for accessibility and independence;
12. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; Plexiglas, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the participant;
13. Training on use of modification; and
14. Service and maintenance of the modification.

C. Not covered under this service are improvements to the home, such as carpeting, roof repair, decks, and central air conditioning, which:

1. Are of general utility;
2. Are not of direct medical or remedial benefit to the participant; or
3. Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to accessibility needs of the participant.

SERVICE REQUIREMENTS:

- A. An environmental assessment must be completed as per the environmental assessment waiver services requirements.
- B. Environmental Modifications recommended by the team that cost up to \$2,000 does not require a formal assessment.
- C. If the modification is estimated to cost over \$2,000 over a 12-month period, at least three bids are required (unless otherwise approved by DDA).
- D. All restrictive adaptive measures, such as locked windows, doors, and fences, must be included in the participant's approved behavior plan as per DDA's policy on positive behaviors supports.
- E. All modifications shall be pre-approved by the property manager or owner of the home, if not the participant, who agrees that the participant will be allowed to remain in the residence at least one year.
- F. Environmental modifications services provided by a family member or relative are not covered.
- G. Excluded modifications includes elevators.
- H. Excluded are adaptations or improvements required by local, county, and State regulations when purchasing or licensing a home.
- I. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the

home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

J. Not covered under this service is the purchase of a generator for use other than to support medical and health devices used by the participant that require electricity.

K. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

L. Environmental Modifications to support participants with new accessibility needs (e.g. grab bars, ramp, stair glide, etc.) to support health, safety, access to the home, and independence are available to participants receiving support services in residential models including Community Living—Enhanced Supports and Community Living-Group Home services.

M. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

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

Cost of services must be customary, reasonable, and may not exceed a total of \$15,000 every three years.

COVID -19 Appendix K exceptions- Cost may exceed a total of \$15,000, if approved by the DDA

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
---	--------------------------	----------------------------	--------------------------	-------------------------

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
--	--------------------------	---	--------------------------	------------------

Service Specification

Service Title:

FAMILY AND PEER MENTORING SUPPORTS

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
2. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services.
3. Family and Peer Mentoring Services may exceed 8 hours per day.

A. Family and Peer Mentoring Supports provide mentors who have shared experiences as the participant, family, or both participant and family and who provide support and guidance to the participant and his or her family members. Family and Peer mentors explain community services, programs, and strategies they have used to achieve the waiver participant's goals. It fosters connections and relationships which builds the resilience of the participant and his or her family.

B. Family and Peer Mentoring Supports services encourage participants and their family members to share their successful strategies and experiences in navigating a broad range of community resources beyond those offered through the waiver with other waiver participants and their families.

SERVICE REQUIREMENTS:

A. Family and Peer Mentoring Supports are provided from an experienced peer mentor, parent or other family member to a peer, another parent or family caregiver who is the primary unpaid support to the participant.

Family and Peer Mentoring Supports include supports to siblings from others with shared experiences.

C. Family and Peer Mentoring Supports include facilitation of peer, parent, or family member "matches" and follow-up support to assure the matched relationship meets peer expectations.

D. Family and Peer Mentoring Supports do not provide targeted case management services to a waiver participant; peer mentoring does not include determination of level of care, functional or financial eligibility for services or person-centered service planning.

E. Family and Peer Mentoring Supports may not duplicate, replace, or supplant Coordination of Community Service or Support Broker Services. This service, limited in nature, is aimed at providing support and advice based on lived experience of a family member or self-advocate.

F. Support needs for peer mentoring are identified in the participant's Person-Centered Plan.

G. The mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities.

H. Mentors cannot mentor their own family members.

I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.

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

Peer and Family Mentoring Services are limited to 8 hours per day.

COVID -19 Appendix K exception - Family and Peer Mentoring Services may exceed 8 hours per day.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Organized Health Care Delivery System
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed
---	---	---	---	------------------



Service Specification

Service Title:	FAMILY CAREGIVER TRAINING AND EMPOWERMENT SERVICES Service
----------------	--

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

- Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; residential settings; or other community settings.
- Service can be offered for individuals providing unpaid or paid supports, training, companionship, or supervision for a participant, who are newly identified as providing these supports to a participant during the crisis.

3. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services

A. Family Caregiver Training and Empowerment services provide education and support to the family caregiver of a participant that preserves the family unit and increases confidence, stamina and empowerment to support the participant. Education and training activities are based on the family/caregiver’s unique needs and are specifically identified in the Person-Centered Plan.

B. This service includes educational materials, training programs, workshops and conferences that help the family caregiver to:

1. Understand the disability of the person supported;
2. Achieve greater competence and confidence in providing supports;
3. Develop and access community and other resources and supports;
4. Develop or enhance key parenting strategies;
5. Develop advocacy skills; and
6. Support the person in developing self-advocacy skills.

Service Requirements:

A. Family Caregiver Training and Empowerment is offered only for a family caregiver who is providing unpaid support training, companionship, or supervision for a person participating in the waiver who is living in the family home.

B. Family Caregiver Training and Empowerment does not include the cost of travel, meals, or overnight lodging as per federal requirements.

C. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted. to the extent applicable These efforts must be documented in the participant’s file.

D. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

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

1. Family Caregiver Training and Empowerment services are limited to 10 hours of training for unpaid family caregiver per participant per year.
2. Educational materials and training programs, workshops and conferences registration costs for unpaid family caregiver is limited to up to \$500 per participant per year.

COVID -19 Appendix K exceptions -Family Caregiver Training and Empowerment services can exceed 10 hours of training

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed



Service Specification	
Service Title:	HOUSING SUPPORT SERVICES
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services Housing Support Services may exceed 8 hours per day. <p>A. Housing Support Services are time-limited supports to help participants to navigate housing opportunities, address or overcome barriers to housing, and secure and retain their own home.</p> <p>B. Housing Support Services include:</p> <ol style="list-style-type: none"> Housing Information and Assistance to obtain and retain independent housing; Housing Transition Services to assessing housing needs and develop individualized housing support plan; and Housing Tenancy Sustaining Services which assist the individual to maintain living in their rented or leased home. <p>SERVICE REQUIREMENT:</p> <p>A. The participant must be 18 years of age or older.</p> <p>B. Housing Information and Assistance including:</p>	

1. Housing programs' rules and requirements and their applicability to the participant;
 2. Searching for housing;
 3. Housing application processes including obtaining documentation necessary to secure housing such as State identification, birth certificate, Social Security card, and income and benefit information;
 4. Assessing the living environment to determine it meets accessibility needs, is safe, and ready for movein;
 5. Requesting reasonable accommodations in accordance with the Fair Housing Act to support a person with a disability equal opportunity to use and enjoy a dwelling unit, including public and common use areas;
 6. Identifying resources for security deposits, moving costs, furnishings, assistive technology, environmental modifications, utilities, and other one-time costs;
 7. Reviewing the lease and other documents, including property rules, prior to signing;
 8. Developing, reviewing and revising a monthly budget, including a rent and utility payment plan;
 9. Identifying and addressing housing challenges such as credit and rental history, criminal background, and behaviors; and
 10. Assistance with resolving disputes.
- C. Housing Transition Services including:
1. Conducting a tenant screening and housing assessment including collecting information on potential housing barriers and identification of potential housing retention challenges;
 2. Developing an individualized housing support plan that is incorporated in the participant's PersonCentered Plan and that includes:
 - (a) Short and long-term goals;
 - (b) Strategies to address identified barriers including prevention and early intervention services when housing is jeopardized; and
 - (c) Natural supports, resources, community providers, and services to support goals and strategies.
- D. Housing Tenancy Sustaining Services which assist the participant to maintain living in their rented or leased home including:
1. Education and training on the role, rights and responsibilities of the tenant and landlord; how to be a good tenant; and lease compliance;
 2. Coaching to develop and maintain key relationships with landlord/property manager and neighbors;
 3. Assistance with housing recertification process;
 4. Early identification and intervention for behaviors that jeopardize tenancy;
 5. Assistance with resolving disputes with landlords and/or neighbors;
 6. Advocacy and linkage with community resources to prevent eviction; and
 7. Coordinating with the individual to review, update and modify the housing support plan.
- E. The services and supports must be provided consistent with programs available through the US Department of Housing and Urban Development, the Maryland Department of Housing and Community Development, and applicable State and local policies.

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

Housing Support Services are limited to 8 hours per day and may not exceed a maximum of 175 hours annually.

COVID -19 Appendix K exceptions -Housing Support Services may exceed 8 hours per day.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
--	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:	INDIVIDUAL AND FAMILY DIRECTED GOODS AND SERVICES
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> Staff recruitment and advertising dedicated funding may be increased to up to \$1000 per person-centered plan year. COVID-19 related Personal Protective Equipment and supplies can be purchased. IFDGS may fund the following goods and services that provide or direct an exclusive benefit to the participant: Food including delivery services; Utility charges; Fees associated with telecommunications and internet; and Service animals and associated costs. 	

4. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services
5. Fiscal Management Services (FMS) provider can authorize up to \$2000 above the authorized budget to support any of the following (1) increased need in services (e.g., Personal Supports, Community Development Services); (2) increase Support Broker hours, (3) Staff Recruitment; and (4) Personal Protective Equipment/Supplies.

A. Individual and Family Directed Goods and Services are services, equipment, or supplies for self-directing participants that:

1. Relate to a need or goal identified in the Person-Centered Plan;
2. Maintain or increase independence;
3. Promote opportunities for community living and inclusion; and
4. Are not available under a waiver service or State Plan services.

B. Individual and Family Directed Goods and Services includes dedicated funding up to \$500 that participants may choose to use to support staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries.

C. Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, increase the participant's safety in the home, or support the family in the continued provision of care to the participant.

D. The goods and services may include:

1. Fitness memberships;
2. Fitness items that can be purchased at most retail stores;
3. Toothbrushes or electric toothbrushes;
4. Weight loss program services other than food;
5. Dental services recommended by a licensed dentist and not covered by health insurance;
6. Nutritional consultation and supplements recommended by a professional licensed in the relevant field; and
7. Other goods and services that meet the service requirements under A.1-4 and C.

E. Experimental or prohibited goods and treatments are excluded.

F. Individual and Family Directed Goods and Services do not include services, goods, or items:

1. That have no benefit to the participant;
2. Otherwise covered by the waiver or the Medicaid State Plans;
3. Additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair;
4. Co-payment for medical services, over-the-counter medications, or homeopathic services;
5. Items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, DVD player, and monthly cable fees;
6. Monthly telephone fees;
7. Room & board, including deposits, rent, and mortgage expenses and payments;
8. Food;
9. Utility charges;
10. Fees associated with telecommunications;
11. Tobacco products, alcohol, marijuana, or illegal drugs;

12. Vacation expenses;
13. Insurance; vehicle maintenance or any other transportation- related expenses;
14. Tickets and related cost to attend recreational events;
15. Personal trainers; spa treatments;
16. Goods or services with costs that significantly exceed community norms for the same or similar good or service;
17. Tuition including post-secondary credit and noncredit courses, educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA), including private tuition, Applied Behavior Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;
18. Staff bonuses and housing subsidies;
19. Subscriptions;
20. Training provided to paid caregivers;
21. Services in hospitals;
22. Costs of travel, meals, and overnight lodging for staff, families and natural support network members to attend a training event or conference;
23. Service animals and associated costs; or
24. Therapeutic interventions to maintain or improve function including art, music, dance, and therapeutic swimming or horseback riding.

SERVICE REQUIREMENTS:

- A. Participant, legal guardian or the designated representative self-directing services on behalf of the participant make decisions on goods and services based on an identified need in the Person-Centered Plan.
- B. Individual and Family Directed Goods and Services must meet the following requirements:
 1. The item or service would decrease the need for other Medicaid services; OR
 2. Promote inclusion in the community; OR
 3. Increase the participant's safety in the home environment; AND
 4. The item or service is not available through another source.
- C. Individual and Family Directed Goods and Services are purchased from the participant-directed budget and must be documented in the Person-Centered Plan.
- D. Individual and Family Directed Goods and Services must be clearly noted and linked to an assessed participant need established in the Person-Centered Plan. The goods and services must fit within the participant's budget without compromising the participant's health and safety.
- F. The goods and services must provide or direct an exclusive benefit to the participant.
- G. The goods and services provided are cost-effective (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need) alternatives to standard waiver or State Plan services.
- H. The goods and services may not circumvent other restrictions on the claiming of Federal Financial Participation for waiver services, including the prohibition of claiming for the costs of room and board.
- I. Reimbursement shall be reasonable, customary, and necessary, as determined for the participant's needs, recommended by the team, and approved by DDA or its designee.
- J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"),

State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable . These efforts must be documented in the participant’s file.

K. Individual and Family Directed Goods and Services are not available to participants at the same time the participant is receiving support services in Career Exploration, Community Living-Enhanced Supports, Community Living-Group Home, Medical Day Care, or Shared Living services.

L. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

M. Dedicated funding for staff recruitment and advertisement efforts does not duplicate the Fiscal Management Services.

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

1. Individual and Family Directed Goods and Services are limited to \$5,500 per year from the total self-directed
2. budget of which \$500 is dedicated to support staff recruitment efforts such as developing and printing flyers and using staffing registries.

COVID -19 Appendix K exceptions

1. Staff recruitment and advertising dedicated funding may be increased to up to \$1000 per person-centered plan year.
2. Fiscal Management Services (FMS) provider can authorize up to \$2000 above the authorized budget to support any of the following (1) increased need in services (e.g., Personal Supports, Community Development Services); (2) increase Support Broker hours, (3) Staff Recruitment; and (4) Personal Protective Equipment/Supplies.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>
			Provider managed



Service Specification	
Service Title:	NURSE CONSULTATION
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> 1. Initial Nursing Services services can be provided without prior authorization by the DDA. 2. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services <p>A. Nurse Consultation services provide participants, who are able to perform and train on self-medication and treatment administration, a licensed Registered Nurse who: (1) reviews information about the participant’s health; (2) based on this review, provides recommendations to the participant on how to have these needs met in the community; and (3) in collaboration with the participant, develops care protocols for the participant to use when the participant trains staff.</p> <p>B. In the event the person is not able to perform and train on self-medication and treatment administration but all health needs, including medication and treatment administration, are performed gratuitously by unpaid caregivers, the Nurse Consultant: (1) reviews information about the participant’s health needs; (2) based on this review, provides recommendations to the participant and his or her gratuitous caregivers on how to have these needs met in the community; and (3) in collaboration with the participant and gratuitous caregivers, may review and develop health care protocols for the participant and gratuitous care givers that describes the health services to be delivered gratuitously.</p> <p>C. At a minimum, Nurse Consultation services must include:</p> <ol style="list-style-type: none"> 1. Performance of a Comprehensive Nursing Assessment to identify health issues and assist the participant, and his or her gratuitous caregivers, to understand the participant’s health needs and risks in order to assist in the development of health care protocols that guide the participant and or gratuitous care provider in performing health tasks; 2. Completion of the Medication Administration Screening Tool, both on an annual basis and when the Nurse Consultant is notified of any changes in the cognitive status of the participant, to determine the level of support needed for medication administration; 3. Review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs to assist the participant to understand his or her health needs and to develop recommendations for obtaining service in the community; 4. Recommendations to the participant, and his or her gratuitous caregivers, for accessing health services 	

that are available in the community and other community resources.

D. In addition, Nurse Consultation services may also include, as appropriate, to address the participant's needs:

1. Reviewing and developing communication systems the participant may need to communicate effectively with all health care providers working to ensure the health of the participant (licensed and unlicensed) and the community to ensure community awareness of the lifesaving medical equipment in use by the participant in the event of an emergency or power loss.
2. Developing emergency protocols, as needed, to guide the participant and his or her staff in responding to an emergency, including accessing emergency services available in the community.

SERVICE REQUIREMENTS:

A. To qualify for this service, the participant must:

1. Live in his or her own home or the family home;
2. Receive gratuitous (unpaid) provision of care to meet health needs or be assessed as able to perform and train on treatments of a routine nature and self-medications; and
3. Employ his/her own staff under the Self-Directed Services delivery model.

B. This service cannot be provided in a DDA-licensed residential or day site or if the participant's direct support professional staff are paid by a DDA-licensed or DDA-certified community-based provider.

C. A participant may qualify for this service if he or she is enrolled in the Self-Directed Services delivery model and is exempt from delegation of nursing tasks as identified above in subsection A's qualifications as per COMAR 10.27.11.01B related to gratuitous health services.

D. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.

E. Nurse Consultation services must include a documented review of the participant's health needs, including comprehensive nursing assessment and protocols, no more frequently than every three (3) months. All resulting revisions to protocols and recommendations completed must be documented by the RN.

F. If the participant was identified in previous assessments to be able to meet criteria for Nurse Consultation but is found during the administration of the Medication Administration Screening Tool to no longer meet criteria (i.e., is unable to self-medicate), and care needs are not able to be met gratuitously, then the Nurse Consultation service is no longer appropriate and the DDA will determine if the participant's health care needs can be met through Nurse Health Case Management and Delegation, another nursing-related waiver service.

G. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Consultation services unless approved by the DDA.

H. Nurse Consultation services may be provided before the effective date of the participant's eligibility for waiver services for participants interested in the Self-Directed Service Delivery model based on preauthorization from the DDA and paid as an administrative service.

I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.

J. Nurse Consultation services are not available to participants receiving supports in other Nursing services, including Nurse Health Case Management and Nurse Case Management and Delegation Services.

K. Nurse Consultation services are not available at the same time as the direct provision of Career Exploration, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Supported Employment, or Transportation services.

L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

M. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions.

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

Assessment and document revisions and recommendations of the participant's health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------

Service Specification

Service Title:

NURSE HEALTH CASE MANAGEMENT

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. Initial Nursing Services services can be provided without prior authorization by the DDA.
2. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services

A. Nurse Health Case Management services provides participants a licensed Registered Nurse (RN), when direct support staff are employed by a DDA provider agency to perform health services other than medication and treatment administration, who: (1) reviews the participant's health services and supports as part of a collaborative process; (2) assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet the participant's health needs; and (3) uses available resources to promote quality participant health outcomes and cost effective care.

B. At a minimum, Nurse Health Case Management services includes:

1. Performing of a comprehensive nursing assessment of the participant identifying his or her health, medical, and nursing needs;
2. Clinical review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist the participant and the team to understand his or her health needs and to make recommendations to the participant and the team for obtaining services in the community;
3. Completing of the DDA Medication Administration Screening Tool, minimally annually and when any significant changes in the cognitive status of the participant occurs, to determine or verify the level of support needed for medication administration;
4. Reviewing the participant's health services and supports delivered by the DDA provider agency direct support staff for safe, appropriate and cost-effective health care as per Maryland Board of Nursing (MBON) definition of case management;
5. Providing recommendations to the team for accessing needed health services that are available in the community and other community resources;
6. Communicating with the participant and his or her person-centered planning team members in order that the team can coordinate the acquisition of services and supports to meet the participant's health needs;
7. Developing health care plans and protocols, as needed, that direct the DDA licensed provider direct support professional staff in the provision of health services to be performed that include (1) Activities of Daily Living (ADL) performance, (2) emergency intervention and (3) other health monitoring provided by the DDA licensed provider staff
8. Completing training, supervision, evaluation and remediation on all health services provided by the

DDA licensed provider staff as identified in (1) Nursing Care Plans that direct the provision of health services to include ADL service and health monitoring and (2) emergency health protocols;

9. Monitoring the health services delivered by the DDA- licensed community staff for compliance with the Nursing Care Plan; and,

10. Monitoring health data collected by the DDA-licensed community provider staff as directed by the Nursing Care Plan.

11. In the provision of Nurse Health Case Management Services, the RN will collaborate with the DDA licensed provider agency in the development of policies and procedures required for delegation of any nursing tasks in accordance with COMAR 10.27.11.

SERVICE REQUIREMENTS:

A. The participant may qualify for this service if he or she is: (1) able to perform self-medication and treatments as determined by the Nurse Health Case Manager; or (2) medications and treatments are provided for using the exemption from delegation from the MBON related to the gratuitous provision of care; and (3) direct support professional staff performing health services are employed by a DDA-licensed community provider.

B. A participant may qualify for this service if he or she is: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community provider site, including residential, day, or employment type services; or (2) receiving Personal Support services from a DDA-licensed or DDA-certified community provider.

C. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital or a nursing facility or rehabilitation facility or when Rare and Expensive Case Management (REM) is providing nursing services that includes staffing.

D. Prior to initiation of the service, the Nurse Health Case Manager is required to determine that the participant is able to perform self-medication and treatments. If unable to perform self-medication and treatments, the Nurse Health Case Manager is to: (1)(i) verify that the medications and treatments are provided for by unpaid supports; or (ii) that no medications/treatments are required; and (2) ensure that the direct support professional staff are employed by a DDA-licensed or DDA-certified community-based provider.

E. Self-Medication and treatment performance is determined by the Nurse Health Case Management Service using the DDA approved Medication Administration Screening Tool.

F. This service is not available to a participant if the participant: (1) cannot perform self-medication and treatments; (2) medications and treatments are provided for by paid direct support staff; or (3) the direct support staff is not employed by a DDA community provider. The Nurse Health Case Manager will determine the appropriateness of other nursing-related services such as Nurse Health Case Management and Delegation Service or Nurse Consultation service.

G. The Nurse Health Case Management Services must include documented review of the participant's health needs, including comprehensive nursing assessment and care plans and protocols, every three (3) months and minimally an annual review or completion of the Medication Administration Screening Tool to verify continued ability to perform tasks of self-medication and treatments. All resulting revisions, recommendations, remediation, and training completed must be documented by the RN.

H. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Health Case Management services unless approved by the DDA.

I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources,

including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

J. Nurse Health Case Management services are included in Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation services based on an assessed need. Nurse Health Case Management services are not available to participants receiving Nurse Consultation or and Nurse Case Management and Delegation Services.

K. Nurse Health Case Management services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.

L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

M. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

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

Nurse Health Case Management services are limited up to a four (4) hour period within a three (3) month period

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------

Service Specification

Service Title:	NURSE CASE MANAGEMENT AND DELEGATION SERVICES
-----------------------	--

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. Initial Nursing Services services can be provided without prior authorization by the DDA.
2. Increases to Nurse Case Management and Delegation Services needed as a result of the change in the participant’s health status or after the participant’s discharge from a hospital or skilled nursing facility can be provided without prior authorization by the DDA.
3. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services.
4. Individuals that meet criteria noted in the March 12, 2020 Executive Order “Extending Certain Licenses, Permits, Registrations, and Other Governmental Authorizations, and Authorizing Suspension of Legal Time Requirements can provide services. Reference: <https://governor.maryland.gov/wp-content/uploads/2020/03/Licenses-Permits-Registration.pdf>.
5. Pursuant to this Executive Order, the Maryland Board of Nursing has issued further guidance (dated March 24, 2020), which, among other things, permits: (1) RNs, as well as LPNs to delegate nursing tasks to unlicensed individuals in accordance with COMAR 10.27.11; and (2) the delegating nurse to conduct the required on-site assessment of the client every 60 days, instead of every 45 days, during the state of emergency. Reference: <https://files.constantcontact.com/f401fd14401/0f1d7c18-02df-4812-9d9c-bf6d43a0f98b.pdf>

A. Nurse Case Management and Delegation Services provides participants a licensed Registered Nurse (the “RN Case Manager & Delegating Nurse” or “RN CM/DN”) who: (1) provides health case management services (as defined below); and (2) delegates nursing tasks for an unlicensed individual to perform acts that may otherwise be performed only by a RN or Licensed Practical Nurse (LPN), as appropriate and in accordance with applicable regulations.

B. At a minimum, the Nurse Health Case Management services includes:

1. Performance of a comprehensive nursing assessment of the participant identifying his or her health, medical appointment, and nursing needs;
2. Clinical review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist the participant to understand his or her health needs and to develop a plan for obtaining health services in the community;
3. Completion of the Medication Administration Screening Tool, both on an annual basis and when any significant changes in the health of the participant occurs, to determine the level of support needed for medication administration;
4. Review the participant’s health services and supports to promote quality client outcomes and cost effective care according to the Maryland Board of Nursing regulations;

5. Providing recommendations to (i) the participant, (ii) caregivers both employed or contracted by the DDA-licensed or DDA-certified community-based provider or a participant enrolled in the Self-Directed Services delivery model and under delegation of the RN, and (iii) the team for health care services that are available in the community;
6. Communicating with the participant and his or her person-centered planning team members in order that the team can coordinate the acquisition of services and supports to meet the participant's health needs;
7. Develop health care plans and protocols, as needed, that direct the paid direct support staff in the provision of health services to be performed that include (i) administration of medications, (ii) performance of medical and nursing treatments, (iii) activities of daily living (ADL) performance, (iv) identifying and intervening in an emergency, and (v) other health monitoring provided by the DDA licensed provider staff;
8. Completion of training, supervision, evaluation and remediation on all health services provided under the delegation of the RN by the paid staff as identified in the Nursing Care Plans;
9. Monitoring services delivered under delegation of the RN by direct support staff for compliance with the Nursing Care Plan; and
10. Monitoring health data obtained by direct support staff under the delegation of the RN and as directed in the Nursing Care Plan.

C. Delegation of Nursing Tasks services includes:

1. Assessment of (a) the needs and abilities of the participant; (b) direct care staff performance of delegated nursing tasks; and (c) the environment of service or care delivery;
2. Delegation of the performance of nursing tasks (i.e., acts of a licensed nurse that include medication administration and treatment administration) to unlicensed direct care staff that may be Certified Medication Technicians ("CMT"), Certified Nursing Assistant ("CNA"), or other Unlicensed Assistive Personnel ("UAP") in accordance with applicable Maryland Board of Nursing regulations;
3. Training, supervision, and remediation of unlicensed direct care staff who provide health services under the delegation of the RN (e.g., administration of medication, treatments, and Activities of Daily Living (ADL) care, health monitoring) as required by applicable Maryland Board of Nursing regulations; and
4. Provision of On-Call service, to paid direct support staff that are performing delegated nursing tasks, while delegation is occurring, for up to 24 hours per day, 365 days per year as required by applicable Maryland Board of Nursing regulations.

D. In provision of Nurse Health Case Management and Delegation Services, the RN CM/DN will collaborate with the DDA-licensed or DDA-certified community-based provider or Self-Directed Services participant in the development of policies and procedures required for delegation of any nursing tasks in accordance with COMAR 10.27.11 and the administration's Medication Technician Training Program (MTTP) .

SERVICE REQUIREMENTS:

- A. A participant may qualify for this service if he or she is either: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community-based provider site, including residential, day, or employment type services; (2) receiving Personal Support services; or (3) enrolled in the Self-Directed Services Program.
- B. A participant cannot qualify for or receive this service if the participant is in a placement where nursing

services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.

C. In order to access services, all of the following criteria must be met:

1. Participant's health conditions must be determined by the RN CM/DN to meet applicable delegation criteria (i.e. be chronic, stable, routine, predictable and uncomplicated) and nursing tasks are assessed to be eligible for delegation as per the Maryland Board of Nursing regulations at COMAR 10.27.11.

Participant must require delegation as assessed by the RN as being unable to perform his or her own care. This includes the use of the Medication Administration Screening Tool to determine the need for delegation of medication.

3. The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the RN CM/DN's assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05.

D. Under this service: RN CM/DN must assess the participant and his or her staff, the environment, and care plan at least once every 45 days, or more often as indicated by the participant's health condition, in accordance with the Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11. All resulting revisions, recommendations, remediation and training completed must be documented by the RN CM/DN.

E. The RN CM/DN may delegate performance of nursing tasks to the participant's appropriately trained and/or certified paid caregivers which may include spouse, parent, legal guardian, siblings, adult children, and licensed provider agency staff. When the delegation is for medication administration, the paid caregiver must be a Certified Medication Technician in accordance with Maryland Board of Nursing requirements.

F. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Case Management and Delegation Services unless approved by the DDA.

G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.

H. Nurse Case Management and Delegations Services are not available to participants receiving Nurse Consultation.

I. Nurse Case Management and Delegation Services are included in the Community Living – Group Home, Community Living -Enhanced Supports, Supported Living, and Shared Living services. If additional training supports are needed as indicated in the HRST because of a change in the participant's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.

J. Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.

K. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

L. Children have access to any medically necessary preventive, diagnostic, and treatment services under

Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

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

The frequency of assessment is minimally every 45 days, but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation. This is a person-centered assessment and evaluation by the RN that determines duration and frequency of each assessment.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
--	--------------------------	---	--------------------------	------------------



Service Specification

Service Title:

PERSONAL SUPPORTS

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; or other community settings.
2. Personal care assistance can comprise the entirety of the service.
3. Legal guardians and relatives may be paid for greater than 40-hours per week for services without prior authorization by the DDA.
4. Personal Support services may exceed 82 hours per week without prior authorization by the DDA within the authorized budget.
5. Participants may exceed the current authorization by the DDA within their overall authorized budget without prior authorization from the DDA.
6. Additional services may be authorized for participants whose meaningful day services are not available due to COVID-19 closing or availability.
7. COVID-19 Retainer Payment for Personal Supports, up to 120 hours within the authorized limit, unless otherwise authorized by the DDA.
8. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services.

A. Personal Supports are individualized supports, delivered in a personalized manner, to support independence in a participant's own home and community in which the participant wishes to be involved, based on their personal resources.

B. Personal Supports services assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence. These services include:

1. In home skills development including budgeting and money management; completing homework; maintaining a bedroom for a child or home for an adult; being a good tenant; meal preparation; personal care; house cleaning/chores; and laundry;
2. Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which participants integrate, engage and navigate their lives at home and in the community. They may include the development of skills or providing supports that make it possible for participants and families to lead full integrated lives (e.g. grocery shopping; banking; getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities) and health management assistance for adults (e.g. learning how to schedule a health appointment; identifying transportation options; and developing skills to communicate health status, needs, or concerns); and
3. Personal care assistance services during in-home skills development and community activities. Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring.

SERVICE REQUIREMENTS:

A. Personal Supports services under the waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.

B. Staffing is based on level of service need.

C. Effective July 1, 2018, the following criteria will be used for participants to access Personal Supports:

1. Participant needs support for community engagement (outside of meaningful day services) or home skills development; and
2. This service is necessary and appropriate to meet the participant's needs;
3. The service is the most cost-effective service to meet the participant's needs unless otherwise authorized by the DDA due to "extraordinary" circumstances.

D. Beginning December 1, 2019, Personal Supports services will begin to transition to the new enhanced rate starting with the small group. The following criteria will be used for participants to be authorized the enhanced rate:

1. The participant has an approved Behavioral Plan; and/or
2. The participant has a Health Risk Screening Score of 4 or higher.

E. Under the self-directed services delivery model, this service includes the option to provide staff training, benefits and leave time subject to the following requirements:

1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant's compliance, as the employer of record, with applicable federal, State, or local laws;
2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local employment laws.
3. All funded benefits and leave time shall be included in and be part of the participant's annual budget; ; and

F. Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the participant's exceptional care needs due to the participant's disability that are above and beyond the typical, basic care for a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver participant.

G. Personal Supports are available:

1. Before and after school;
2. Any time when school is not in session;
3. During the day when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided; and
4. On nights and weekends.

H. Under self-directing services, the following applies:

1. Participant, legal guardian, or his/her designated representative self-directing services are considered the employer of record;
2. Participant, legal guardian, or his/her r designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;
3. Personal Support Services include the costs associated with staff training such as First Aid and CPR; and
4. Personal Support Services staff, with the exception of legal guardians and relatives, must be compensated overtime pay, as per the Fair Labor Standards Act from the self-directed budget.

I. From July 1, 2018 through June 30, 2021, transportation costs associated with the provision of legacy personal supports rate outside the participant's home will be covered under the stand alone transportation services and billed separately.

J. Beginning July 2020, transportation to and from and within this service is included within the service or self-directed budget. Transportation will be provided or arranged by the provider or self-directing participant and funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

K. Personal care assistance services must be provided in combination with home skills development or community integration and engagement skills development and may not comprise the entirety of the service.

L. A legally responsible individual (who is not a spouse) and relative of a participant may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.

M. From July 1, 2018 through June 30, 2019, Personal Support services may include professional services (i.e. nursing services) not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources. These services will transition to the new stand alone nursing services and behavioral support services.

N. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

O. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

P. Personal Supports services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Respite Care Services, Supported Employment, Supported Living, or Transportation services.

Q. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

R. Personal Supports can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person’s preferences and support his or her desired outcomes and goals. The setting should not have institutional qualities. Considering the person’s overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan.

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

1. Legal guardians and relatives may not be paid for greater than 40-hours per week for services unless otherwise approved by the DDA.
2. Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA.

COVID -19 Appendix K exceptions

1. Legal guardians and relatives may be paid for greater than 40-hours per week for services without prior authorization by the DDA.
2. Personal Support services may exceed 82 hours per week without prior authorization by the DDA within the authorized budget.
3. COVID-19 Retainer Payment for Personal Supports, up to 120 hours within the authorized limit, unless otherwise authorized by the DDA.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
			Organized Health Care Delivery System	

Specify whether the service may be provided by (<i>check each that applies</i>):		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):					
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Service Delivery Method					
Service Delivery Method (<i>check each that applies</i>):	X	Participant-directed as specified in Appendix E		X	Provider managed



Service Specification	
Service Title:	REMOTE SUPPORT SERVICES
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <p>Informed consent for all individuals in the residence can be waived to address the limited staffing resources currently available.</p> <p>A. Remote Support Services provide oversight and monitoring within the participant’s home through an offsite electronic support system in order to reduce or replace the amount of staffing a participant needs.</p> <p>B. The purpose of Remote Support Services is to support the participant to exercise greater independence over their lives. It is integrated into the participant’s overall support system and reduces the amount of staff support a person uses in their home while ensuring health and welfare.</p> <p>C. Remote Support Service includes:</p> <ol style="list-style-type: none"> 1. Electronic support system installation, repair, maintenance, and back-up system; 2. Training and technical assistance for the participant and his or her support network; 3. Off-site system monitoring staff; and 4. Stand-by intervention staff for notifying emergency personnel such as police, fire, and back-up support staff. 	

SERVICE REQUIREMENTS:

- A. Before a participant may request this service, the participant’s team must conduct a preliminary assessment for appropriateness in ensuring the health and welfare of the all individuals in the residence. The preliminary assessment includes consideration of the participant’s goals, level of support needs, behavioral challenges, health risk, benefits, risk, and other residents in the home. The preliminary assessment must be documented in the participant’s Person-Centered Plan.
- B. Remote Support Services do not supplant supports for community integration and membership as identified in the Person-Centered Plan.
- C. Remote Support Services are only available for individuals aged 18 or older and must be authorized by the DDA.
- D. Each individual residing in the residence, his or her legal guardians, and teams must be made aware of both the benefits and risks of the Remote Support Service. Informed consent must be obtained for all individuals in the residence.
- E. This service must be designed and implemented to ensure the need for independence and privacy of the participant who receives services in their own home.
- F. Remote Support Services must be done in real time, by awake staff at a monitoring base using one or more of the following:
 - 1. Live two way communication with the participant being monitored;
 - 2. Motion sensing systems;
 - 3. Radio frequency identification;
 - 4. Web-based monitoring systems; and
 - 5. Other devices approved by the DDA.
- G. Systems may include live feeds, sensors (such as infrared, motion, doors, windows, stove, water, and pressure pads); cameras; help pendants; call buttons; and remote monitoring equipment.
- H. Cameras and sensors are typically located in common areas. Other areas on the home will be considered based on assessed need; privacy and right considerations; and informed consent. For example, a person living alone in their own home may choose to use a Remote Support Services method in other areas of their home to support their Person-Centered Plan outcomes.
- I. Use of the system may be restricted to certain hours as indicated in the participant’s Person-Centered Plan.
- J. To be reimbursed for operating an electronic support system, a provider must meet the following requirements:
 - 1. The system to be installed must be preauthorized by the DDA.
 - 2. The provider must have written policies in effect, which detail how the participant’s privacy and the system’s security will be maintained in use of the system, comply with the State’s right and privacy protection requirements, and are approved by the DDA.
 - 3. The electronic support system and on-site response system must be designed and implemented to ensure the health and welfare of the participant(s) and achieve this outcome in a cost neutral manner.
- K. Time limited direct supports from the existing services are available during transition to remote monitoring.
- L. Remote Support Services are not available to participants receiving support services in Community Living Enhanced Supports or Shared Living services.
- M. Remote Support Services should be implemented in a cost neutral manner with exception due to unique circumstances.

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

Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>
			Agency. List the types of agencies:

Specify whether the service may be provided by (<i>check each that applies</i>):		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):					
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Service Delivery Method					
Service Delivery Method (<i>check each that applies</i>):	<input type="checkbox"/>	Participant-directed as specified in Appendix E		<input type="checkbox"/>	Provider managed



Service Specification	
Service Title:	RESPITE CARE SERVICES
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> 1. Services can take place in a variety of settings, instead of the community, including but not limited to the participant's home; family and friend's homes; or other community settings. 2. Respite Care Services can be used to replace daycare or other Meaningful Day services while the participant's parent or guardian is at work. 3. An additional up to 360 hours specifically related to the COVID - 19 emergency can be provided without prior authorization by the DDA. 4. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services. <p>A. Respite is short-term care intended to provide both the family or other primary caregiver and the participant with a break from their daily routines. Respite relieves families or other primary caregivers from their daily care giving responsibilities.</p> <p>B. Respite can be provided in:</p> <ol style="list-style-type: none"> 1. The participant's own home; 2. The home of a respite care provider; 	

3. A licensed residential site;
4. State certified overnight or youth camps; and
5. Other settings and camps as approved by DDA.

SERVICE REQUIREMENTS:

- A. Someone who lives with the participant may be the respite provider, as long as she or he is not the person who normally provides care for the participant and is not contracted or paid to provide any other DDA funded service to the participant.
- B. A relative of a participant (who is not a spouse or legally responsible person) may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.
- C. A neighbor or friend may provide services under the same safeguard requirements as defined in Appendix C-2-e.
- D. Receipt of respite services does not preclude a participant from receiving other services on the same day. For example, the participant may receive day services on the same day they receive respite services so long as these services are provided at different times.
- E. Under self-directing services, the following applies:
 1. Participant or his/her designated representative self-directing services is considered the employer of record;
 2. Participant or his/her designated representative is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers;
 3. Respite Care Services include the cost associated with staff training such as First Aid and CPR; and
 4. Respite Care Services staff, with the exception of legal guardians and relatives, must be compensated overtime pay as per the Fair Labor Standards Act from the self-directed budget.
- F. Payment rates for services must be customary and reasonable, as established by the DDA.
- G. Services are reimbursed based on:
 1. An hourly rate, for services provided in the participant's home or non-licensed respite provider's home;
 2. Daily rate, for services provided in a licensed residential site; or
 3. Reasonable and customary fee, for a camp meeting applicable requirements..
- H. Respite cannot replace day care while the participant's parent or guardian is at work.
- I. If respite is provided in a residential site, the site must be licensed. Services provided in the participant's home or the home of a relative, neighbor, or friend does not require licensure.
- J. Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, or insurance fees).
- K. Respite Care Services are not available to participants receiving support services in Community Living Enhanced Supports, Community Living-Group Home, or Supported Living services.
- L. Respite Care Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Supported Employment, Supported Living, or Transportation services.
- M. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).
- N. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation

Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.

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

1. Respite care services hourly and daily total hours may not exceed 720 hours within each plan year unless otherwise authorized by the DDA.
2. The total cost for camp cannot exceed \$7,248 within each plan year.

COVID -19 Appendix K exceptions

COVID - 19 Respite - An additional up to 360 hours specifically related to the COVID - 19 emergency can be provided without prior authorization by the DDA.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
--	--------------------------	----------------------------	--------------------------	-------------------------

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
---	--------------------------	---	--------------------------	------------------



Service Specification

Service Title: SUPPORT BROKER SERVICES

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

1. The requirement that a Support Broker is prohibited from providing any other Waiver program service, besides Support Broker services, is temporarily waived. The Support Broker may be paid to provide other Waiver program services to the participant at the rate applicable to that other Waiver program service.
2. Support Broker Services may be provided up to 20 hours per month, unless otherwise authorized by the DDA without prior authorization by the DDA.

A. Support Broker Services are employer related information and advice for a participant in support of self direction to make informed decisions related to day-to-day management of staff providing services within the available budget.

B. Information, coaching, and mentoring may be provided to participant about:

1. Self-direction including roles and responsibilities and functioning as the common law employer;
2. Other employment related subjects pertinent to the participant and/or family in managing and directing services;
3. The process for changing the person-centered plan and individual budget;
4. Risks and responsibilities of self-direction;
5. Policy on Reportable Incidents and Investigations (PORII);
6. Choice and control over the selection and hiring of qualified individuals as workers;
7. Individual and employer rights and responsibilities; and
8. The reassessments and review of work schedules.

C. Assistance, as necessary and appropriate, if chosen by the participant, may be provided with:

1. Practical skills training (e.g., hiring, managing and terminating workers, problem solving, conflict resolution);
2. Development of risk management agreements;
3. Recognizing and reporting critical events;
4. Developing strategies for recruiting, interviewing, and hiring staff;
5. Developing staff supervision and evaluation strategies;
6. Developing terminating strategies;
7. Developing employer related risk assessment, planning, and remediation strategies;
8. Developing strategies for managing the budget and budget modifications including reviewing monthly Fiscal Management Services reports to ensure that the individualized budget is being spent in accordance with the approved Person-Centered Plan and budget and conducting audits;
9. Developing strategies for managing employees, supports and services;
10. Developing strategies for facilitating meetings and trainings with employees;
11. Developing service quality assurance strategies;
12. Developing strategies for reviewing data, employee timesheets, and communication logs;
13. Developing strategies for effective staff back-up and emergency plans;
14. Developing strategies for training all of the participant's employees on the Policy on Reportable Incidents and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA; and
15. Developing strategies for complying with all applicable regulations and policies, as well as standards for self-direction including staffing requirements and limitations as required by the DDA.

SERVICE REQUIREMENTS:

- A. Support Broker services are an optional service for participants choosing to self-direct.
- B. Participants may utilize a relative with the exception of spouses, legally responsible persons, and legal representative payee.
- C. Spouses and legally responsible adults (i.e. parents of children) may act only as unpaid support brokers.
- D. A relative of the participant (who is not a spouse or legally responsible person) of an individual recipient participating in Self-Directed Services may be paid to provide this service in accordance with the applicable requirements set forth in Section C-2.
- E. Support Brokers, including relatives, must provide assurances that they will implement the Person-centered Plan as approved by DDA or their designee in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.
- F. Individuals and organizations providing Support Brokerage services may provide no other paid service to that individual.
- G. Support Broker Services may not duplicate, replace, or supplant Coordination of Community Service.
- H. Scope and duration of Support Broker Services may vary depending on the participant’s choice and need for support, assistance, or existing natural supports. The scope and duration must be within the service description, requirements, and limitations.
- I. Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there significant changes in the participant’s health or medical situation.
- J. Service hours must be necessary, documented, and evaluated by the team.
- K. Support Brokers shall not make any decision for the participant, sign off on service delivery or timesheets, or hire or fire workers.
- L. This service includes the option to provide benefits and leave time subject to the following requirements:
 - 1. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant’s compliance, as the employer of record, with applicable federal, State, or local laws;
 - 2. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local laws; and
 - 3. All funded benefits and leave time shall be included in and be part of the participant’s annual budget.

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

- 1. Initial orientation and assistance up to 15 hours.
- 2. Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by the DDA.

COVID -19 Appendix K exceptions

Support Broker Services may be provided up to 20 hours per month, unless otherwise authorized by the DDA without prior authorization by the DDA.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Organized Health Care Delivery System

Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (<i>provide the following information for each type of provider</i>):				
Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (<i>check each that applies</i>):	X	Participant-directed as specified in Appendix E	X	Provider managed



Service Specification	
Service Title:	TRANSITION SERVICES
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>COVID -19 Appendix K exceptions</p> <ol style="list-style-type: none"> COVID-19 Transition Service - Subject to initial approval by the DDA, the cost of Transition Services may be up to \$5000 for allowable expenses related to the participant moving from one residence community residential site to another location or site due to medical, behavioral, or quarantine challenges. Waive requirement for documentation in the service plan of the participant's inability to pay for, or obtain assistance from other sources or services to pay for expenses associated with moving and establishing a new household. A participant may purchase allowable goods and services without prior approval by the DDA. Goods and services funded by Transition services must be procured within 90 days of the end of the Maryland State of Emergency unless otherwise authorized by the DDA. When typical sources of services are unavailable due to the emergency, the waiver will be authorized to provide services <p>A. Transition Services provides funding for allowable expenses related to the participant moving from: (1) an institutional setting to a group home or private residence in the community, for which the participant or</p>	

his or her legal representative will be responsible; or (2) a community residential provider to a private residence in the community, for which the participant or his or her legal representative will be responsible.

B. For purposes of this service definition, “allowable expenses”, are defined as actual costs associated with moving and establishing a new household. Examples may include:

1. Cost of a security deposits that is required to obtain a lease on an apartment or home;
2. Reasonable cost, as defined by the DDA, of essential household goods, such as furniture, window coverings, and kitchen, bed, and bath items which cannot be transferred from the previous location to the new one;
3. Fees or deposits associated with set-up of, initial access to, or installation of essential utilities and for telephone, electricity, heating and water; and
4. Cost of services necessary for the participant’s health and safety, such as pest removal services and one-time cleaning prior to moving in;
5. Moving expenses.

C. Transition Services do not include payment for the costs of the following items:

1. Monthly rental or mortgage expense;
2. Food;
3. Regular utility charges;
4. Monthly telephone fees; and
5. Entertainment related household items or services such as televisions, video game consoles, DVD players, or monthly cable fees.

D. Transition Services will not include payment for room and board.

SERVICE REQUIREMENTS:

A. The participant must be unable to pay for, and is unable to obtain assistance from other sources or services to pay for, expenses associated with moving and establishing a new household, as documented in the participant’s Person-Centered Plan.

B. From the list of allowable expenses, the participant or his or her designated representative will prioritize and select items to be purchased based on the participant’s preferences, up to the maximum amount of funding approved by the DDA.

C. The participant will own all of the items purchased under this service. The items shall transfer with the participant to his or her new residence and any subsequent residence. If the participant no longer wants any item purchased under this service, the item shall be returned to the DDA unless otherwise directed.

D. The DDA must receive, review, and approve the list of items and budget for transition expenses before this service is provided.

E. Transition Services are furnished only to the extent that they are reasonable, necessary, and based on the participant’s needs.

F. Transition Services may be provided to an individual leaving an institution up to 180 days prior to moving out which is billed as a Medicaid administrative services.

G. When furnished to individuals returning to the community from a Medicaid institutional setting, the costs of these services are considered to be an administrative cost.

H. The DDA may approve payment for Transition Services incurred no more than 180 days in advance of participant’s enrollment in this waiver.

I. This service cannot pay for purchase of items and goods from the participant’s relative, legal guardian, or legally responsible individual as defined in C-2-e.

J. Transition Services does not include items or services otherwise available under the individual’s private health insurance (if applicable), the Medicaid State Plan, or through other resources.

K. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but

consistent with waiver objectives of avoiding institutionalization.

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

1. The maximum payment for this service may not exceed \$5,000 per participant during his or her lifetime unless otherwise authorized by DDA.
2. Transition items and goods must be procured within 60 days after moving.

COVID -19 Appendix K exceptions

COVID-19 Transition Service - Subject to initial approval by the DDA, the cost of Transition Services may be up to \$5000 for allowable expenses related to the participant moving from one residence community residential site to another location or site due to medical, behavioral, or quarantine challenges.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Organized Health Care Delivery System

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
---	--------------------------	----------------------------	--------------------------	-------------------------

Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method

Service Delivery Method (check each that applies):	X	Participant-directed as specified in Appendix E	X	Provider managed
--	---	---	---	------------------



Service Specification

Service Title:

VEHICLE MODIFICATIONS

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

COVID -19 Appendix K exceptions

Vehicle modification assessment and/or a driving assessment is not required before DDA approval of vehicle modifications for the vehicle(s) of new caregivers assuming care and support roles as a result of the crisis for the safe transportation of the participant.

A. Vehicle modifications are adaptations or alterations to a vehicle that is the participant's primary means of transportation. Vehicle modifications are designed to accommodate the needs of the participant and enable the participant to integrate more fully into the community and to ensure the health, welfare and safety and integration by removing barriers to transportation.

B. Vehicle modifications may include:

1. Assessment services to (a) help determine specific needs of the participant as a driver or passenger, (b) review modification options, and (c) develop a prescription for required modifications of a vehicle;
2. Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the participant, or legally responsible parent of a minor or other caretaker as approved by DDA;
3. Non-warranty vehicle modification repairs; and
4. Training on use of the modification.

C. Vehicle modifications do not include the purchase of new or used vehicles, general vehicle maintenance or repair, State inspections, insurance, gasoline, fines, tickets, or the purchase of warranties.

SERVICE REQUIREMENTS:

A. A vehicle modification assessment and/or a driving assessment will be required when not conducted within the last year by the Division of Rehabilitation Services (DORS).

B. A prescription for vehicle modifications must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist. The prescription for vehicle modifications applies only to the year/make/model of the vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA).

C. The vehicle owner is responsible for:

The maintenance and upkeep of the vehicle; and

2. Purchasing insurance on vehicle modifications. The program will not correct or replace vehicle modifications provided under the program that have been damaged or destroyed in an accident.

D. Vehicle modifications are only authorized to vehicles meeting safety standards once modified.

E. The Program cannot provide assistance with modifications on vehicles not registered under the participant or legally responsible parent of a minor or other primary caretaker. This includes leased vehicles.

F. Vehicle modification funds cannot be used to purchase vehicles for participants, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle purchase that relates to the cost of accessibility adaptations. In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptation is required.

G. Vehicle modifications may not be provided in day or employment services provider owned vehicles.

H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"),

<p>State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.</p> <p>I. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.</p>			
<p>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</p>			
<p>Vehicle modifications payment rates for services must be customary, reasonable according to current market values, and may not exceed a total of \$15,000 over a ten year period.</p>			
Provider Specifications			
<p>Provider Category(s) (check one or both):</p>	<input type="checkbox"/>	Individual. List types:	X
			Agency. List the types of agencies:
			Organized Health Care Delivery System
<p>Specify whether the service may be provided by (check each that applies):</p>		<input type="checkbox"/>	Legally Responsible Person
		<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Service Delivery Method			
Service Delivery Method (check each that applies):	X	Participant-directed as specified in Appendix E	X
			Provider managed



ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment

rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.