



**Developmental Disabilities Administration  
Self-Directed Services  
Financial Management and Counseling Services Transition,  
Person-Centered Plan, Self-Directed Budget Sheet, and  
Timesheet/Invoice  
Process Updates and Guidance**

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\*All text in red indicates added/revised language since the prior release date

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## Audience

- Participants Self-Directing Services
- Coordinators of Community Services
- Support Brokers
- Developmental Disabilities Administration (DDA) Staff

## Purpose

The Maryland Department of Health (MDH) has new contracts with Financial Management and Counseling Service (FMCS) agencies to best support Marylanders who self-direct their services. The FMCS **has replaced** the use of the Fiscal Management Service (FMS) agencies. The FMCS agencies will perform the same activities as the current FMS with enhanced support and service. These include:

1. Web portal with real-time reports and monitoring;
  2. Online, phone, and in-person customer service (including a response to questions in one business day);
  3. Assisting with smart phone/tablet applications for staff time keeping and approval;
- and

4. Multiple languages and other accessibility features.

In addition, updates to further support the team process, share information, provide guidance and to comply with federal requirements have been made to the following:

1. The FMCS transition, choice form, and service referral processes;
2. Person-Centered Plan required documents;
3. Self-Directed Budget Sheet; and
4. Timesheet and invoice processes.

This guidance was written in plain language. Not all requirements are listed in this guidance.

Detailed requirements can be found in the Developmental Disabilities Administration (DDA) operated Medicaid Waiver Program applications, applicable laws, regulations, guidance, and policies. The DDA is also updating related guidance. In the event of conflicting information, stakeholders should confirm with the DDA the current applicable standards.

This guidance outlines the specific program standards and processes associated with FMCS agencies for the DDA operated Medicaid Waiver programs.

All FMCS providers shall comply with:

- A. [Community Pathways Waiver](#);
- B. [Community Supports Waiver](#);
- C. [Family Supports Waiver](#);
- D. DDA policies (Reference: [PolicyStat](#));
- E. DDA guidance (Reference: [DDA Website](#)); and
- F. All other applicable federal, State, or local laws

## Definitions

- A. “Allocated Budget” is the total DDA self-directed services funding for participants using the self-directed service delivery model. The Allocated Budget is used to create the individual’s individualized self-directed budget sheet. **The Allocated Budget is generated in LTSSMaryland.**
- B. “Annual Plan” is the person-centered plan (PCP) completed within 365 days of the agreed upon Annual PCP date.
- C. “Annual Plan Date” or “APD” is the date chosen by the person when they first enter services, and the initial PCP is developed.
- D. “Authorized representative” is an individual or organization who acts on behalf of an applicant or participant. Reference: COMAR 10.01.04.12.
- E. “Coordination of Community Services” means targeted case management services provided to help participants receiving and or requesting services funded by the DDA. Targeted case management services are provided in accordance with, COMAR 10.09.48.
- F. “Coordinator of Community Services” or “CCS” is an individual who provides Coordination of Community Services. They can be either an employee or a contractor of a DDA provider of Coordination of Community Services.
- G. “DDA Medicaid Waiver program” refers to the three Medicaid Home and Community-Based Waiver programs operated by the Developmental Disabilities Administration (DDA). These programs serve eligible children and adults with intellectual and developmental disabilities. They are approved by the Centers for Medicare & Medicaid Services (CMS) and include the:
- a. Community Pathways Waiver;
  - b. Community Supports Waiver; and
  - c. Family Supports Waiver.

H. “Dedicated Hours” are 1:1 and 2:1 staff-to-participant support hours. A person’s Dedicated hours are based on the participant’s assessed needs.

I. “Department” means the Maryland Department of Health.

J. “Designated representative” is an individual who acts on behalf of the participant in **directing** the participant’s services under the self-directed services delivery model. They are noted in the Participant Agreement and must follow program requirements.

K. “Detailed Service Authorization” is the LTSS*Maryland* PCP section that lists the DDA funded services including the specific service name, units per month, and annual service cost.

L. “Direct Support Staff” or “Direct Support Professional” (DSP) are individuals who are paid to provide direct care services to a participant.

M. “Extraordinary Care” means care exceeding the range of activities that a legally responsible individual would ordinarily perform for a person without a disability or chronic illness of the same age. The service is necessary to assure the health and welfare of the participant and avoid institutionalization.

N. “Family as Staff Form” is the form used by participants self-directing their services to indicate their choice to hire a relative as staff.

O. “Financial Management and Counseling Services agency” or “FMCS” [formerly called Fiscal Management Services or FMS] are services provided to support a participant using the DDA self-directed services delivery model in using their budget authority and, if applicable, employer authority. FMCS services include, but are not limited to:

- a. Processing claims for payment for waiver program services in accordance with the participant’s self-directed budget allocation, and
- b. Verifying that the DDA provider, vendor, or direct support staff meet all qualifications to provide the waiver program service.

P. “Fiscal Year” means the Maryland state 12-month accounting period that begins on July 1st and ends on June 30th each year.

Q. “Good Life” is a person’s vision for what they want in their life, including what is important to and for them.

R. “Health Risk Screening Tool (HRST)” is the tool used to detect health risks and destabilization early. The HRST assigns scores to 22 health and behaviorally related rating items. The total points result in a Health Care Level with an associated degree of health risk. Health Care Levels (HCL) can range from 1 through 6; Level 1 being the lowest risk for health concerns and Level 6 being the highest risk of health concerns.

S. “Initial PCP” is the:

a. First person-centered plan developed for a participant once they are approved for waiver services; or

b. Is the new PCP for a different DDA program type. It is the first step in applying for another waiver program when the participant is already currently enrolled in another.

T. “Legal guardian” is either:

a. A natural or adoptive parent of an applicant or participant under the age of 18; or

b. A person who has been appointed by a court order as guardian of the person or property of an applicant or participant.

c. “Legally Responsible Person” is an individual who has a legal obligation under the provisions of Maryland law to care for another individual. This includes:

i. A parent (either birth or adoptive), legal guardian; or

ii. An individual otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court).

U. “LTSSMaryland” is an electronic information system, developed and supported by the Maryland Department of Health. It is used by the DDA, the CCS, and DDA providers to create, review, and maintain records about:

a. An individual’s eligibility status for DDA-funded services, and

b. The individual’s person-centered plan, and services and funding authorized by the

DDA.

- V. “Milestone” is a DDA service unit that is paid based on the completion of a particular deliverable such as an Assistive Technology Assessment, Behavioral Plan, Employment - Discovery.
- W. “Overnight Supports” are overnight paid services.
- X. “Participant” is an individual who receives DDA-funded services.
- Y. “Participant Agreement” is the form used by participants self-directing their services to documents the participant’s choice to either:
  - Z. Be the primary person responsible for managing employer and budget authority responsibilities;
  - AA. Appoint a designated representative to be responsible for all tasks; or
  - BB. To appoint team members to assist with specific tasks related to roles and responsibilities under self-direction.
- CC. “Person-centered plan” means a written plan that is developed through a planning process, driven by the individual with a developmental disability to:
  - a. Identify the goals and preferences of the individual with a developmental disability;
  - b. Identify services to support the individual in pursuing the individual’s personally defined outcomes in the most integrated community setting;
  - c. Direct the delivery of services that reflect the individual’s personal preferences and choice; and
  - d. Identify the individual’s specific needs that must be addressed to ensure the individual’s health and welfare.
- DD. “Person-centered thinking” is thinking focused on the language, values, and actions toward respecting the views of the participant and their loved ones. It emphasizes quality of life, well-being, and informed choice.

EE. “Plan Year” means one calendar year from the effective date of the participant’s person-centered plan.

FF. “Regional Office” or “RO” means one of the four local offices of the DDA, serving as the point of contact for applicants, participants, and DDA providers located in certain counties of Maryland. Each RO has the authority to review individual PCPs and authorize funding for services. The RO are:

- a. Central Maryland Regional Office, serving Anne Arundel, Baltimore, Howard, and Harford Counties and Baltimore City;
- b. Eastern Shore Regional Office, serving Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties;
- c. Southern Maryland Regional Office, serving Calvert, Charles, Montgomery, Prince George’s, and St. Mary’s Counties; and
- d. Western Maryland Regional Office, serving Allegany, Carroll, Frederick, Garrett, and Washington Counties. “Relatives” means a natural or adoptive parent, stepparent, or sibling.

GG. “Regional Office Self-Directed Services Lead” is a subject matter expert staff for self-directed services located at each DDA RO.

HH. “Relative” means a natural or adoptive parent, stepparent, or sibling.

II. “Revised PCP” is a plan developed when an active Initial or Annual PCP requires changes of the plan that reflect a change in the person’s needs and wants. Reasons for a revision may include but are not limited to discontinuation, initiation or increase in a service; newly identified outcomes, etc.

JJ. “Rights and Responsibilities Form” is the form used to notify participants of their rights and responsibilities as a participant in a DDA program.

KK. “Self-Directed Services (SDS) Delivery Model” is a model of service delivery that the DDA provides through its Waiver programs. In the SDS Model the participant (not the provider) has the:



LL. Power and responsibility for overseeing, coordinating, and directing the services they have been approved to receive;

MM. Power and responsibility (budget authority) over how the Medicaid funds are spent to purchase authorized services; and

NN. Power and responsibility (employer authority) to recruit, hire, train, and supervise the staff and service providers they want to hire.

a. “Spouse” means an individual legally married under the applicable laws to another individual.

b. “Support Broker” is an individual hired by a self-directing participant to provide employer-related information and advice; information, coaching and mentoring on self-direction roles, rights and responsibilities, PCP and budget processes; assistance with strategies to manage employees, monitor budgets, recognize and report critical events, maintain documentation, prepare backup and emergency plans, and follow all applicable regulations and policies.

c. “Team” means a group of people, chosen by a participant or their legal guardian, who participate in development of the participant’s person-centered plan along with the participant and the CCS. For example, the team includes the CCS, FMCS, and others like family members, other professionals that support the participant, designated person, and legal guardian, if applicable).

## Financial Management and Counseling Services

A. Historically, the DDA offered two fiscal management service agencies to people who self-direct. Participants paid fees for these services with their budget allocation.

B. In June 2022, the Department announced the selection of three Financial Management and Counseling Services (FMCS) agencies:

- a. GT Independence;
- b. Public Partnerships LLC; and
- c. The Arc Central Chesapeake Region.

C. The role of the FMCS agencies is:

- a. To support individuals who choose to self-direct; and
- b. To assist participants and their teams with their Employer and Budget Authority responsibilities. For example, the FMCS will:

- i. Help check that employees and vendors meet requirements to work. The requirements are noted in the approved Waiver program. Examples include background checks, educational requirements, Support Broker certifications, and licenses;
- ii. Remind participants and their teams when employee and vendor training and certifications are due;
- iii. Pay employees and vendors at the request of participants;
- iv. Pay or purchase goods and services at the request of participants;
- v. Track employee and vendor expenses;
- vi. Provide reports and monthly statements to participants to help them keep track of spending of their budget;
- vii. Complete tax reports for the participants, their employees, and vendors; and
- viii. Provide services required by the Department.

c. FMCS may offer additional FMCS related resources, tools, and support for participants and their teams. This information is included in their proposal to the Department.

- d. Participants can contact the FMCS agencies to learn more about their services and additional support.
- D. Every participant who *currently* self-directs will choose an FMCS in a process called “Open Enrollment.”
- E. Participants who are beginning to self-direct after August 1, 2022, will choose an FMCS agency during the PCP process.
- F. Participants will choose a FMCS agency with the support of their Coordinator of Community Services (CCS) and other team members.
- G. For participants enrolled in both a DDA Medicaid Waiver Program and the Community First Choice (CFC) or Community Personal Assistance Services (CPAS) program, the same FMCS agency must be used.
- H. FMCS Budget Authority
  - a. The monthly fees for the FMCS will come from participants’ approved budget allocation.
  - b. Funding for FMCS must be budgeted by participants and their teams using already approved funding allocation.
  - c. Participants’ PCP self-directed budget allocation is based on traditional provider rates.
    - i. The traditional provider rates are considered “fully loaded”. This means each rate includes several “cost categories” or components.
    - ii. One of the cost categories is referred to as general and administrative cost. Examples of costs within this category are cost associated with confirming staff qualifications, paying employees, tax reporting, and accounting. These are some of the functions of the FMCS.
    - iii. Therefore, the service rates used in LTSS*Maryland* to create the budget allocation includes a cost component for the FMCS services.
  - d. FMCS does not show up as an approved service on the LTSS*Maryland* PCP detailed service authorization.
  - e. FMCS agencies can be noted as a support in the PCP Outcome, Important To/For, and Focus Area Exploration sections.
  - f. Each FMCS sets their own monthly fee.
    - i. The fee may change each year on July 1<sup>st</sup>.

- ii. Participants and their teams should include the change in fees in their SDS Budget Sheet. See additional information below in this guidance.

**FMCS Monthly Service Fee**

FMCS Provider	July 2022 - June 2023	July 2023 - June 2024	July 2024 - June 2025	July 2025 - June 2026	July 2026 - June 2027
GT Independence	\$123/month	\$123/month	\$123/month	\$123/month	\$123/month
Public Partnerships LLC	\$83/month	\$85.49/month	\$88.05/month	\$90.70/month	\$93.42/month
The Arc Central Chesapeake Region	\$200/month	\$205/month	\$210.13/month	\$215.17/month	\$220.12/month

**Participant Choice and Service Referral Processes**

**Participant Informed Choice**

- A. All participants who self-direct their services choose which FMCS agency makes the most sense for them.
- B. The DDA has a dedicated webpage for FMCS for participants and their teams to review: <https://health.maryland.gov/dda/Pages/Financial-Management-and-Counseling-Services.aspx>
- C. Each FMCS agency has information about their services on their websites:
  - a. [GT Independence](#)
  - b. [Public Partnerships, LLC](#)
  - c. [The Arc Central Chesapeake Region](#)
- D. New and updated information will also be posted to the DDA's and FMCS webpages.
- E. Once a participant chooses an FMCS, the CCS must complete the *LTSS Maryland* FMCS Service Referral.

## LTSSMaryland - FMCS Service Referral - CCS Guidance

- A. An FMCS Service Referral is required in LTSSMaryland when a participant chooses an FMCS agency for the first time and when a participant changes FMCS agencies.
1. The CCS will indicate the participant's choice in the LTSSMaryland – DDA Module Self-Direction Referral form along with the effective date. Reference: [FMCS Training Guide for Self Direction - Assigning an FMCS Provider to a Client](#)
  2. The service referral is sent to the FMCS once the Self-Direction Referral LTSSMaryland form is saved and submitted.
  3. For participants changing FMCS agencies:
    - (1) The participant can request a change in FMCS at any time during the year.
    - (2) The effective FMCS change date must give the outgoing and incoming FMCS agencies at least 30 calendar day's notice of the change in FMCS.
      - (a) Participants should consider transferring to a new FMCS on the date at the beginning of a pay period
      - (b) The DDA may support participants and their teams to transition in fewer than 30 calendar days in extraordinary circumstances
      - (c) The new FMCS agency will request a "Transition File" directly from the previous FMCS for the participant and their employees. **The Transition File will support the participant and their employees to be set up with the new FMCS. This means that most tax forms and documents will not need to be recreated with the new FMCS.**
    - a) The new FMCS agency will make sure all paperwork required for onboarding the participant and their employees are on file; and if paperwork is missing, the new FMCS agency will reach out to the participant and team.
  4. For new participants to self-direction:

- a. The initial **LTSSMaryland Self-Direction referral** should be completed as soon as the person indicates their choice.
- b. The **FMCS Selection effective date** must be the same date as the date of the service referral in *LTSSMaryland*. Therefore, the effective date can be any day during the year. See example below.

**Referral**

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**Referred To Information**

Program Type

Referred To\* Self-Direct

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**FMCS Selection**

Create Date:	1/27/2022	FMCS Provider Agency:*	Test Training Agency 1
Create by:	Quinones, Nicolas	Effective Date:*	01/24/2022
Reason for Selection:			
End Date:			

Attestation\*

I have confirmed with the participant and other MDH HCBS programs' assigned case managers of the participant's FMCS Provider of choice  Yes  No

- c. After enrollment in self-directed service, future changes of FMCS agency can be completed at any time. The *LTSSMaryland* FMCS assignment **should** be made at least 30 calendar days from the new Effective Date.

B. The FMCS will get a single alert on the date of the service referral.

1. For new participants, the FMCS will be able to access information about the person immediately.
2. For participants with an effective date in the future, the FMCS will be able to access information about the person on the **date of the FMCS referral**. *LTSSMaryland* includes an effective date range overlap check.
  - a. This is to ensure the new *FMCS Selection effective date* entered does not overlap with the span of the existing provider.
  - b. It ensures that a person has only one assigned FMCS agency at a time.
3. If the CCS puts in an *effective date* less than or equal to the current system date, the transfer will take effect immediately. The system will assign an

*expiration date* to the previous FMCS agency as one day less than the *effective date* of the new FMCS agency to avoid overlap.

a. FMCS are to coordinate with the CCS when the FMCS selected date does not meet the following DDA standards:

(1) During Open Enrollment - the Effective Date is October 1, 2022 or January 1, 2023

(2) Future changes after Open Enrollment - the Effective Date is at least 30 calendar days from the notification

(3) The DDA may authorize a transition for fewer than 30 calendar days in extraordinary circumstances.

b. The CCS shall then correct the error by completing the service referral process to assign it back to the current FMCS and then create a new service referral with the correct effective date.

4. If the *FMCS Selected effective date* for the new assignment is set to a future date, then the record will be listed as Pending as seen in the figure below.

a. FMCS users from the pending assignment will be notified of the transfer via an alert but will not gain access to the client’s record until that *FMCS Selected effective date* is reached.

b. Note: For new participants to SDS, the *FMCS Selected effective date* should align with the service referral date. For current participants, the *FMCS Selected effective date* shall align with the beginning of a tax quarter.

Self-Direction Referrals									
<a href="#">Add Self-Direction Referral</a>									
Referral Date	Referred By Staff	Referred To	Program Type	Effective Date	Expiration Date	Active/Inactive	Deactivated By	Deactivation Date	Actions
01/28/2022	Quinones, Nicolas	Self-Direct		01/31/2022	N/A	Pending	N/A	N/A	<a href="#">View</a>
01/28/2022	Quinones, Nicolas	Self-Direct		01/24/2022	N/A	Active	N/A	N/A	<a href="#">View</a> <a href="#">Deactivate</a>

5. If the transfer of an FMCS agency has been initiated with a future *effective date* and the person changed their mind, the CCS can discard that transfer request prior to it becoming effective if it is no longer needed.
6. When the LTSSMaryland Self-Direction referral is submitted, FMCS agency staff, chosen by the participant, will receive an alert letting them know that their agency has been selected. The FMCS agency can click on that alert message and go directly to the participant's record.

## FMCS Transfer Process and Documents

### A. FMCS Transfer Process and Documents

1. During the FMCS transfer, **certain** forms and documents need to be shared with the new FMCS **agency**.
2. The participant, with the support of their team, must share **copies of the** following documents with the new FMCS **agency**. These documents help to support the setup and onboarding prior to the *FMCS Selection effective date*:
  - a. PCP;
  - b. Participant Agreement;
  - c. Family As Staff Form;
  - d. **Most recently used** SDS Budget Sheet;
  - e. Employee information including wage rate;
  - f. Wage Exception Form;
  - g. Vendor Forms;
  - h. Service Implementation Plans;
  - i. Employee/vendor schedules; and
  - j. Other documents to support the transfer and set up the participant and their employees, vendors, and providers with the new FMCS.
3. New Self Directed Budget Sheet
  - a. Participants, with the support of their team, must also create and send their new SDS Budget Sheet using the updated form.



- b. The updated form includes drop down options to select the FMCS.
  - c. The form should mirror the current budget sheet for all other services.
- 4. The FMCS that the participant is currently using must send the participant's newly chosen FMCS:
  - a. A list of expenditures from the current plan year during their service time frame; and
  - b. Tax information associated with the participant and their employees and vendors.
- 5. The new FMCS orients the participant to its processes and sets up the participant's employees for clearance to work.

## Person-Centered Plan, Self-Directed Budget Sheet, and Budget Modification Updates

### Person Centered Plan Process Update

- A. The person-centered planning process will always be driven by the participant, with the support from their team. The CCS will continue to facilitate the process and enter information into LTSSMaryland.
- B. The DDA will continue to **approve and** authorize services based on the participant's assessed needs. The authorization of the PCP creates the SDS budget allocation.
- C. Historically, the DDA required specific documents to be submitted with the PCP, including the SDS Budget Sheet.
- D. The participant with the support of their team will continue to create the SDS Budget Sheet, Family As Staff, and Wage Exception forms.
- a. The documents must be submitted to the participant's FMCS and CCS.
  - b. Effective August 1, 2022, these forms are no longer required to be submitted in the PCP.
  - c. The CCS will upload the documents into the LTSSMaryland Client Attachments section.
    - i. The Client Attachments standard classification of documents includes a "FMCS Documents" category.
    - ii. The SDS Budget Sheet, Family As Staff, and Wage Exception forms (as applicable) shall be uploaded under this category as follows:
      1. Category: FMCS Documents
      2. File name: (Insert Participant'sFirst.LastName)- SDS Budget Sheet – (insert date). Example: Jon.Smith – SDS Budget Sheet 8-15-2022
      3. File name: (Insert Participant'sFirst.LastName)- Family As Staff Form – (insert date). Example: Jon.Smith – Family As Staff Form 8-15-2022

4. File name: (Insert Participant'sFirst.LastName)- Wage Exception – (insert date). Example: Jon.Smith – Wage Exception Form 8-15-2022

- a. Note: The SDS Budget Sheet and Wage Exception forms have been updated in alignment with this guidance. Participants, with the support of their teams must use these updated forms.
- b. The FMCS can process documents that meet the program standards noted below and as per DDA policy and guidance.

E. All other required documents must continue to be submitted with the PCP including:

- a. Participant Agreement;
- b. Rights and Responsibilities;
- c. Service Implementation Plan; and
- d. Other documents to support assessed need and as per DDA policy.

F. The FMCS agencies will receive a nightly data file including the PCP authorized services and total allocated budget for each person for which they support.

G. The FMCS agencies can also view information directly in the LTSSMaryland – DDA Module as of the effective date of the service.

### **Expired Person-Centered Plan Process Update**

A. Participants and their teams must submit annual PCPs that include changes in their goals and assessed needs within required timeframes noted below for the DDA approval.

- a. The CCS are required to submit the plan within **at least** 20 business days of the end date.
- b. PCPs should be submitted as soon as possible. This will provide more time for the participant (with the support of their team) to create the SDS budget sheet. It will

also provide more time for the DDA review and to resolve any clarification requests.

- c. Monthly, the FMCS shall share with the RO a list of all participants with PCP that are expired or going to expire in the next 30 days.
- d. The RO uses this report to follow up with the team to identify the status of the PCPs and assist the participant to make needed changes to the Annual PCP and Budget.

Resources:

- [Person-Centered Planning](#)
- [Service Implementation Plan Form](#)
- [Service Implementation Plan Policy](#)
- [Person Centered Planning Policy](#)

## SDS Budget Sheet Update

- A. Participants, with the support of their teams, will create an individualized [SDS Budget Sheet](#).
- B. The cost associated with the wages, employer related cost, and benefits must be included on the SDS Budget Sheet.
- C. SDS Budget Sheet
  - a. Historically, the SDS Budget Sheet was **submitted with the PCP**.
  - b. After current participants transition to the new FMCS agencies, the SDS budget sheet will no longer be required with the PCP.
  - c. The participant, with the support of their team, will develop the SDS Budget Sheet based on the services and units **approved and** authorized in the PCP.
  - d. The SDS Budget Sheet service and units must **match** the PCP authorized services and units.
  - e. The participant **chooses** whether they want to hire staff or a vendor/provider, the wage or rate of pay, and if any training or benefits will be provided within the reasonable and customary standards and budget allocation which is reflected on the budget sheet.

- f. The participant, with the support of their team, **will make sure** all program rules are followed.
  - g. The SDS budget sheet has been updated to reflect the FMCS agency's name and associated monthly fees.
  - h. The FMCS shall accept the SDS budget sheets that meet the following standards:
    - i. The newly **updated** SDS Budget sheet is used;
    - ii. The services match services authorized in the PCP service authorization section;
    - iii. The service units match service units authorized in the PCP service authorization section;
    - iv. The wages, benefits, and rates **follow** federal, state, and local laws (e.g., minimum wage and Sick and Safe leave laws) and DDA established reasonable and customary standards;
    - v. The budget sheet **shows** the FMCS and fees; and
    - vi. The total SDS budget sheet does not **go over** the total budget allocation.
- D. Self-Directed Services – Employee Wages, Employer Expenses, and Benefits
- a. Participants self-directing their services can **choose** their own staff wages and benefits. Participants must include these rates and benefits in their SDS Budget Sheet.
  - b. Participants self-directing their services must also account for employer related expenses such as staff training, service-related transportation cost, and taxes.
  - c. Staff wages and benefits must be reasonable and customary as established by the DDA. These standards are updated and published on the [DDA Self-Directed Services Guidance, Forms, and Webinars webpage](#).
  - d. SDS Budget Sheet funding allocations:
    - i. Staff Wages - Participants must be hired within the DDA's Reasonable and Customary Wage standards and at or above their jurisdiction's established minimum wage. The rate per hour is reflected on the budget sheet.
    - ii. Reference: Participants can hire staff at their county's established minimum wage. Maryland's minimum wage can be viewed at: Maryland Minimum Wage and Overtime Law at <https://www.dllr.state.md.us/labor/wages/wagehrfacts.shtml>

iii. Staff Benefits - Participants have the choice of offering their employees benefits in the forms of Health Benefits, Paid Time Off, Sick and Safe Leave (applicable to Montgomery County only), and other benefits within reasonable and customary standards.

1. Health Benefits

a. Participants have the option of choosing to offer Health Insurance Premium payments or reimbursements to some or all of their employees. As the employer, participants create policies for Health Insurance Benefits that are fair to all employees within reasonable and customary standards.

b. Participants who provide health benefits should include their written employee policy regarding health insurance benefits with their Self-Directed Budget Sheet. The policy should list the maximum dollar amount(s) that may be used towards an employee's health insurance premium. The employer or employee may choose to have the FMCS make the payment directly to the insurance company or to have the payment sent to the employee as a reimbursement.

2. Payment to Insurance Companies: Participants and their employees who wish to have the Health Insurance benefit paid directly to the employee's insurance company should send the FMCS

a. A W9 for the insurance company;

b. Proof of policy for the period wished to be paid; and

c. Written permission to make the payment (signed by the participant or designated representative).

3. Reimbursement to Employees: Participants and their employees who wish to have the Health Insurance benefit reimbursed to the employees should send the FMCS

a. Proof of policy for the period to be paid;

b. Proof of payment by the employee; and

c. Written permission to pay the reimbursement (signed by the participant or designated representative).

4. Paid Time Off
  - a. Participants can choose to offer paid vacation, holidays, sick, and personal leave within reasonable and customary standards.
  - b. The FMCS **can not pay out** Paid Time Off (PTO), or any other leave benefit **in the form of a bonus at the end of a participant's plan year or upon the termination or resignation of an employee.**
  - c. Participants can choose to carry over employees' PTO from the previous PCP and budget when writing their next year's budget. They must use funding from the new budget allocation to cover this cost.
  
5. Sick and Safe Leave - Participants may be required by Maryland or local law to provide Sick and Safe leave to all or some of their employees. As the employer, participants are responsible to follow the laws of their jurisdictions.
  - a. Depending on if the participant chooses accrual or front-loading of Sick and Safe Leave, the participant may need to account for carry over leave in the next plan year budget allocation.
  - b. The FMCS **may not pay out** any Sick and Safe Leave **in the form of a bonus at the end of a participant's plan year or upon the termination or resignation of an employee.**
  - c. Reference: For more information, Montgomery County has made the following fact sheet available:  
[https://www.montgomerycountymd.gov/humanrights/Resources/Files/MC\\_Earned\\_Sick\\_Factsheet\\_up\\_datedJune2016.pdf](https://www.montgomerycountymd.gov/humanrights/Resources/Files/MC_Earned_Sick_Factsheet_up_datedJune2016.pdf)

6. Background checks - Participants may request their current employee(s) to complete additional background checks during their employment
  - a. Participants are responsible for the **cost of any** background checks **after the first check of an employee. Participants pay for the background checks with** current authorized funds
  - b. The payments will be made through the service-specific “other benefits” line item - example: Personal Supports - Other Benefits
  - c. All background checks should be performed and conducted equitably across employees
  - d. Participants and their teams should ensure compliance with all federal, state, and local law regarding background checks

7. Training

- a. Participants may include costs associated with:
  - i. Specific required training such as CPR, 1<sup>st</sup> Aid, Certified Medication Technician (CMT), etc. required by the waiver program;
  - ii. Additional training identified by the participant to support the delivery of services and supports; and
  - iii. Hourly pay rate and taxes paid to staff for time in training **and staff meetings.**
- b. To reimburse for training, the participant must send the FMCS
  - i. Proof of payment for the training;
  - ii. Proof of training completed such as a certification with employee’s name listed; and
  - iii. Written permission to pay employees for the training or time spent in training (signed by the participant or designated representative).
  - iv. NOTE: The FMCS should be diligent to ensure that employees and vendors are not reimbursed for the same training/classes under multiple participants.



8. Staff Transportation/Transportation reimbursement
  - a. Participants may:
    - i. Choose to reimburse their employees, within applicable reasonable and customary standards, for travel and mileage when the employee is providing a direct DDA funded service to the participant.
    - ii. Choose to reimburse the owner of a specialized, modified, or accessible vehicle driven by an employee of the participant and for the purpose of the participant engaging in activities specified in the recipient's person-centered plan.
  - b. Transportation and Mileage Reimbursement is based on where the participant “lives, works, shops and regularly spends their days.”
  - c. Payments cannot be made for travel and transportation related to vacations.
  - d. As some participants live near bordering states, out-of-state travel must only be paid by the FMCS when it meets the requirements of being where the person lives, works, shops, and regularly spends their days. (Reference Community Pathways Waiver: page 273)
  - e. Mileage Reimbursement - Participants may want to reimburse employees for use of an employee’s vehicle.
    - i. Participants may reimburse employees for mileage up to the current Federal Standard Mileage Rate for Business (issued by the Internal Revenue Service).
    - ii. If the Federal Standard Mileage Rate for Business increases during the participant's plan year, participants may choose to reimburse at the new rate without modifying their plan or budget.
    - iii. If the Federal Standard Mileage Rate for Business decreased during the participant's plan year, the rate must be adjusted for the next annual plan year.

iv. To reimburse the employee for transportation, the participant must send the FMCS:

1. Supporting documentation for delivery of service;
2. An FMCS provided mileage log form that has been approved and signed by the participant or their designated representative system; and
3. Written permission to pay the reimbursement (signed by the participant or designated representative). The signature can be made on the mileage form.
4. Current and valid proof of vehicle insurance
5. Current and valid proof of driver's license

9. Taxes

- a. For all staff taxes, the standard tax fee of 14% is used to cover all possible fringe expenses for employees.
- b. If there is a savings due to a special tax exemption, the FMCS shall inform the participant and their team.

10. FMCS Fees

- a. The monthly fees associated with FMCS services must also be reflected in the SDS Budget Sheet.
- b. These fees will also come out of the participant's budget allocation.
- e. Participants may also decide to offer future pay increases or benefits based on staff performance and within the reasonable and customary standards. Participants can utilize their unallocated funds for these purposes.

E. Self-Directed Services – Staff Wage Exceptions

- a. Participants, with the support of their team, can request an exception to the DDA reasonable and customary staff wage range standard.
- b. It is important for the participant and their team to consider, avoid, and protect against all conflicts of interest when considering staff wage exceptions.
- c. The maximum staff wage exception rate must be noted on the [DDA SDS—Staff Reasonable and Customary Wages](#).

- d. The [DDA SDS—Staff Wage Exception Form](#) is used by the participant and their team to indicate the decision to exceed the standards up to the maximum allowable.
- e. FMCS agencies shall only process Self-Directed Services – Staff Wage Exceptions forms that meet the following standards:
  - i. Request is submitted on the DDA approved form;
  - ii. The proposed wage is allowable as per the DDA established reasonable and customary maximum staff wage exception for the county for which the participant lives. Reference: DDA SDS—Staff Reasonable and Customary Wages – May 1, 2021;
  - iii. The form indicates at least one justification for the exception;
  - iv. The form is submitted with the SDS budget sheet;
  - v. The form is complete;
  - vi. The FMCS does not have any suspicion of conflict of interest or rights violations. The form must be submitted by the Participant, their Authorized Representative, their CCS, or other appointed support person (appointed in the Participant Agreement). If the Authorized Representative or appointed support person is directly affected by the exception as an employee or vendor, the FMCS should work with the team to confirm how conflicts of interest were avoided (i.e., participant, CCS, or other team member attest to the participant’s approval of the request); and
  - vii. The form includes the participant or authorized representative's signature.
- f. The FMCS shall not process the form and pay the higher wage exception when any of the following apply:
  - i. The request is not submitted on the DDA approved form;
  - ii. The proposed wage is not allowed as per the DDA established reasonable and customary maximum staff wage exception for the county for which the participant lives;
  - iii. The form does not indicate at least one justification for the exception;
  - iv. The form was not submitted with the SDS budget sheet; and

- v. The form is not complete (e.g., missing proposed wage staff name noted but relative yes or no not checked, etc.);
  - vi. The form does not include the participant's or authorized representative's signature;
  - vii. The FMCS has any suspicion of Medicaid fraud, waste, or abuse (e.g., forged signatures, alteration of documents); or
  - viii. The FMCS has suspicion of conflict of interest or rights violation (e.g., staff wage exception is for the authorized representative that submitted the form, drastic and sudden wage increases, etc.).
- g. If a Self-Directed Services - Staff Wage Exception Form does not meet the standards of processing, the FMCS will notify the participant and their team by the end of the next business day that it is unable to process the request.
- h. Participants, with the support of their team, can review and resubmit after all requirements are met.
- i. The DDA SDS leads are available to the participant and their team to provide support and assistance if any changes are needed.
- F. Self-Directed Services – Vendor and Provider Rates
- a. Participants, self-directing their services, can also hire vendors and providers to deliver services.
  - b. They can establish their own vendor and provider rates within the reasonable and customary standards as established by the DDA.
    - 1. Reference: [DDA SDS—Provider/Vendor Reasonable and Customary Rates REVISED – July 1, 2022](#)
  - c. The FMCS agency shall process vendor and provider rates that meet the following standards:
    - i. **The vendor and providers meets the waiver service requirements (including certifications and criminal background checks);**
      - 1. **Vendors and providers must submit background check results for all employees who will work for the participant**

2. The Background checks may be completed up to 45 days prior to beginning services with the participant.
  3. When new employees are hired by the vendor/provider and assigned to work for the participant, the vendor/provider must submit evidence of service requirements before the employee may provide services to the participant.
  4. If a vendor or provider has provided evidence of any DSP meeting service requirements to the FMCS, they are not required to resubmit them.
  5. Participants can require new background checks for any vendor or provider at any time.
- ii. The proposed rate is allowable per the DDA established reasonable and customary maximum standards;
  - iii. The rate is noted on the SDS budget sheet or FMCS rate change form;
  - iv. The request form is complete;
  - v. The FMCS does not have any suspicion of conflict of interest or rights violations.
  - vi. The participant or their authorized representative approved the rate.
- d. The FMCS agency shall not process vendor and provider rates when any of the following apply:
- i. The proposed rate is not allowable as per the DDA established reasonable and customary maximum standards;
  - ii. The rate is not noted on the SDS budget sheet or FMCS rate change form; and
  - iii. The request form is incomplete;
  - iv. The form does not include the participant or authorized representative's agreement;
  - v. The FMCS has any suspicion of Medicaid fraud, waste, or abuse (e.g., forged signatures, alteration of documents); or
  - vi. The FMCS has any suspicion of conflict of interest or rights violation (e.g., rate is for the authorized representative that submitted the form, drastic change in rate, etc.).

- e. If the FMCS discovers a request to change a vendor/provider rate does not meet these standards, they will notify the participant by the end of the next business day that it is unable to process the request.
  - f. Participants, with the support of their teams, can review and resubmit after all requirements are met. review and remediate the issue.
  - g. The DDA SDS leads are available to the participant and their team to provide support and assistance if changes are needed.
- G. Lack of Unallocated Funds for FMCS Fees
- a. Participants must include FMCS fees in their annual budget.
  - b. If the participant does not have enough unallocated funds, they will need to work with their team to:
    - i. Revise the PCP if the current active PCP was approved prior to July 1, 2022.
      - 1. Revised PCPs submitted after July 1, 2022, will utilize the recently updated rates.
      - 2. These rates will increase the total budget allocation.
      - 3. The increased budget allocation can be used to complete the new SDS Budget Sheet.
      - 4. The new SDS Budget Sheet must mirror the current budget sheet except for the FMCS fees.
      - 5. After the initial set up with the FMCS, the participant can modify their budget as noted below.
    - ii. Account for the FMCS fees from their current allocation.
      - 1. Participants may choose to decrease:
        - a. The rates for some/all their employees or vendors;
        - b. Benefits for some/all their employees;
        - c. Mileage reimbursement rate or number of miles; and
        - d. Individual and Family Directed Goods and Services (IFDGS) [not recruitment].
      - 2. Participants may not decrease the number of hours in their SDS Budget

## Budget Modifications

- A. Without DDA's prior authorization, participants with the support of their team, may move funding **across approved budget service lines only**:
- a. If they remain within their total approved annual budget amount; and
  - b. To support the following actions:
    - i. Increase and decrease of staff wages or vendor/provider rates within the reasonable and customary standards;
    - ii. Addition, increase, decrease, or deletion of employee related expenses associated with health benefits, paid time off, sick and safe leave, training, and transportation;
    - iii. Adjustment to funding associated with taxes (**teams must ensure enough funds in each wage tax line for services through the end of the plan year**);
    - iv. Changing the use of staff to a vendor or provider for the same type and unit of services;
    - v. Changing the use of a vendor or provider to hiring a staff for the same type and unit of services;
    - vi. Funding allocation for back-up staff for service authorized on the PCP and at the same level;
    - vii. Increase of respite camp funding up to the waiver program service limit currently set at \$7,248;
    - viii. Moving funding associated with the Employment Services - Ongoing Job Supports, Community Development Services, and Day Habilitation to increase or add to Employment Services - Ongoing Job Supports, Community Development Services, **Personal Supports**, and Day Habilitation up to total of combined 40 hours weekly; and
    - ix. Individual and Family Directed Goods and Services (IFDGS):
      1. Staff recruitment up to \$500; and
      2. Provide up to an annual total of \$5000 for allowable goods and services as per DDA's operating waivers, policies, and guidance.
- B. FMCS can only process budget modification requests without DDA's authorization that

meet the above standards in A 1 and 2 (a) – (i).

- C. FMCS cannot process budget modifications that do not meet any of the above standards.
- D. To prevent any conflict of interest, the FMCS cannot process budget modifications that are completed or sent by a Support Broker or employee/paid vendor of the participant. Budget modifications must be completed by the participant with support of their team. The budget modification must be sent by the Participant and/or their CCS.
- E. If the FMCS discovers a budget modification request does not meet these standards of processing, they will notify the participant by the end of the next business day that it is unable to process the request.
- F. Participants with the support of their team can review and resubmit after all requirements are met.
- G. The DDA SDS leads are available to the participant and their team to provide support in making changes that are needed.
- H. Note: Under the current Appendix K emergency authority, without DDA's prior authorization, participants may move funding across approved budget service lines, if they remain within their total approved budget amount, including:
  - a. Changes within current services authorized by DDA, and
  - b. Changes from the current service authorized to a new service covered by the Waiver program in which the participant is enrolled.
  - c. These flexibilities will end on **September 30, 2022**.
  - d. The following forms are used for Appendix K request - [DDA COVID-19 Self-Direction \(DDACOVID Form#5\) - Revised April 8, 2022](#)
  - e. The one exception is related to requesting Personal Supports awake overnight supports as a new service. New Personal Supports overnight support service requests must be requested using the Revised or Annual PCP process as per the [MDH Memo - Personal Supports - Overnight Supports](#).

Resources:

- [DDA Appendix K #11 - Self Directed Service Delivery Model Exceptions - Revised June 17, 2022](#)



## Processing Timesheets and Invoices

- A. Participants, with the support of their team, are responsible for reviewing and approving employees, vendors, and providers invoices or timesheets for actual services rendered, in accordance with policies, procedures, and program standards and to prevent Medicaid Fraud.
- B. Participants, with the support of their team, are responsible for monitoring and staying within their budget.
- C. Each FMCS will establish a website that provides information and access for participants and their staff/workers. The information can be accessed using smart phones, computers, and tablets. The web-based information will include account status, budget balances, and payment history that is up-to-date within one (1) business day.
- D. Participants shall not exceed or overspend their budget.
- E. Participants, with the support of their team, must review their FMCS monthly statements and reports and remediate budget line items at risk of overspending.
- F. FMCS shall process employees, vendors, and providers invoices or timesheets after conducting a quality review. Program rules must be met before processing.
- G. The Department will work with the FMCS agencies to standardize invoice templates and supporting documentation requirements. The goal is to have similar tools used by the FMCS agencies. This will help the participant and teams when they change FMCS.
  - a. For example:
    - i. Environmental Assessments processes for invoicing may include:
      - 1. Review of the Environmental Assessment Service Report for meeting program rules. The program rules require the report to have specific information. For example, the report must state the process used, findings, and recommendations. Recommendations are for the home modification and assistive technology. The report is to be typed. It is to be completed within 10 business days of the assessment. It is to be forwarded to the participant and their CCS. It is to be in an accessible format.
    - b. Environmental Modification processes for invoicing may include:
      - 1. Invoice and payment for an initial deposit of up to 1/3 of total cost. A written work schedule would be required. The schedule must include the estimated start date and completion date.

2. Subsequent payments should be paid at the completion of the participant/contractor agreed upon project work schedule or tasks. For example, completion on one of the home projects.
  3. The remaining balance could be paid after receipt of the project progress reports, documented final inspections. A signed statement from the participant, or their authorized representative, would also be needed. The signed statement is to make sure the work meets the agreed scope of work and quality.
- c. Support Broker Vendors processes for invoicing **must** include:
1. Invoice that notes the specific date **the supports were provided**
  2. The total amount charged in the billing cycle.
  3. The signature of the Support Broker.
- H. FMCS agencies shall process employees, vendors, and provider invoices or timesheets that are authorized in the PCP and SDS Budget sheet based on program rules.
- I. Prior to making payment transactions, the FMCS will:
- a. Check to make sure the participant is eligible under the program;
  - b. Check to make sure timesheets and invoices follow the program rules. For example, they are included in the authorized PCP, SDS Budget Sheet, and other program requirements;
  - c. Confirm required deliverables and supporting documents are submitted with the invoice. Some services include specific reports, reporting requirements, and other supporting documentation. The FMCS will check to make sure the rules are being met before they make a payment.
- J. FMCS agencies can process employees, vendors, and providers invoices or timesheets that meet the following requirements:
- a. Service from staff, vendors, and providers meet required training and qualifications. These rules always need to be followed. This includes when first hiring the staff or provider and every time they provide a service to the participant.
    - i. Each service qualification requirement is noted in Appendix C of the approved waiver. Depending on the Waiver service, this may include background checks, CPR/First Aid certifications, and other standards.
    - ii. Other training needs may be required, based on the participant's preferences and needs.

- b. All services and goods submitted via a timesheet or invoice must meet the DDA's [Guidelines for Service Authorization and Provider Billing Documentation - Revised March 29, 2022](#), policies, and guidance. Note these standards apply to both self-directed services and services from a DDA provider; and
- c. Participants must authorize payment.
  - i. The FMCS may have different ways authorization can be provided.
  - ii. For example, participants may be able to authorize on their phone or web portal.
- K. FMCS agencies cannot process employees, vendors, and providers invoices or timesheets that are not in line with program rules. They are not able to process when:
  - a. Services and goods are not authorized in the PCP or SDS Budget Sheet (unless noted as a Budget Modification option in this guidance);
  - b. Services and goods exceed the authorized service limit (unless otherwise noted in this guidance);
  - c. Services, goods, and benefits exceed the reasonable and customary standards;
  - d. Service from staff, vendors, and providers do not initially and continuously meet the staff and provider qualifications at the time of service;
  - e. Vendor and provider invoices for services without support documentation of timesheets and tasks performed;
  - f. Services exceed the service budget allocation;
  - g. Services billed for multiple participants for the same time and service;
  - h. Suspicion of Medicaid fraud, waste, or abuse; and
  - i. Services and goods not permitted under the federally approved waiver programs, regulations, policies, and guidance.
- L. FMCS shall notify participants and their team when:
  - a. They are at risk of depleting or overspending a line item; and
  - b. When 20% of their budget remains.
- M. FMCS shall support the participant and their team in fixing budget concerns and risk. One option may be to do a budget modification.

N. The DDA may authorize payments on a depleted budget due to extraordinary circumstances.

## **Support Broker Startup**

- A. The DDA supports participants new to self-direction to hire a Support Broker for up to 15 hours of support prior to the participant’s start date. New participants may be:
  - a. New people enrolling in the waiver (e.g. Transitioning Youth (TYs), Waiting Lists, etc.)
  - b. Participants transition from the DDA’s Traditional Model to Self-Direction
- B. Participants must include the amount of startup needed in their SDS Budget Sheet
- C. On or after the participant’s FMCS Effective date, the team may submit a Support Broker invoice for up to 15 hours.
  - a. The invoice must include
    - i. An invoice that notes the specific date the services were provided
    - ii. The total amount charged
  - b. As with all invoices, the participant must approve the invoice
  - c. Support Broker startup cannot be paid out through a timesheet.
- D. After the invoice has been submitted and approved by the participant/team, the FMCS will process payment as per DDA guidance.

## **Family as Staff**

- A. The DDA SDS Family As Staff form is required when hiring a relative and must be submitted with the following:
  - a. Initial Person-Centered Plans.
  - b. Revised Person-Centered Plans.
  - c. Annual Person-Centered Plans
- B. The FMCS can process Family As Staff forms that are in accordance with policies, procedures, and program standards.

Resources:

- Family As Staff Form Guidance

## Criminal Background Checks

### Background Check Requirements

- A. FMCS agencies are required to ensure current and new employees meet provider qualifications per the Waiver and DDA policies. This includes running criminal background checks.
- B. Participants self-directing their services will determine the type of background check(s) they want for their employees.
- C. The DDA programs allows for two types of criminal background checks:
  - a. A **Maryland State-only** criminal background check via fingerprinting with the Maryland Department of Public Safety's Criminal Justice Information System (CJIS); or
  - b. A **National** criminal background check through a private agency with whom the FMCS agency contracts. The criminal background check must include court or other records "in each state in which [the participant employer] knows or has reason to know the eligible employee [or contractor] worked or resided during the past 7 years."
- D. The type of background check to conduct is determined by the participant. Participants with the support of their **team, should consider which background check option best supports them.**
  - a. The **Maryland State-only** criminal background check requires fingerprinting. It will only return information on criminal activity in Maryland. It includes future alerts if an employee engages in criminal activity in Maryland.
  - b. The **National** criminal background check through a private agency will check for criminal activity conducted in the United States. It will also include a check in each state the employee has worked or resided in the past 7 years. It will not include future alerts.
- E. All current employees must receive updated background checks from their employer's chosen FMCS.
  - a. The choice of background check type applies to participants clearing new employees, beginning November 1, 2022.

- b. If a FMCS agency has conducted background checks on an employee during FMCS onboarding, they do not need to be completed again.
  - c. Background checks run from July 1, 2022 through October 31, 2022 by an FMCS agency meet the DDA requirements.
- F. Paying for Criminal Background Checks:
- a. FMCS agencies are responsible for paying for and conducting initial background checks on all employees.
  - b. Participants may request both background check types be conducted as part of the onboarding.
    - i. One background check would be paid for directly by the FMCS agency.
    - ii. The other background check would be paid for using the participant's current authorized funds. Payment would be made through the service-specific "Other Benefits" line item. (For example, Personal Supports - Other Benefits)
- G. Participants may request for their current employee(s) to complete additional background checks during their employment.
- a. Participants are responsible for the cost of subsequent background checks by using current authorized funds.
  - b. The payments will be made through the service-specific "other benefits" line item - example: Personal Supports - Other Benefits
  - c. All background checks should be performed and conducted equitably across employees.
  - d. Participants and their teams must ensure compliance with all federal, state, and local law regarding background checks.
- H. The FMCS agency provides the participant with results of criminal background checks for review.

## **Child Protective Services (CPS) Background Checks**

- A. Employees working for a participant under the age of 18 years must have a Child Protective Services (CPS) Background Check completed.
1. The FMCS agency must give instructions to employers and employees on how to complete the CPS Background checks.
  2. If participants, families, or employees incur costs related to an initial CPS Background Checks, the FMCS must provide reimbursement.
    - a. The FMCS must provide resources for free notarization of any documents;
    - b. The FMCS may provide complimentary notary services
  3. Required CPS Background Check must be completed and received by the FMCS agency in order for employees to be cleared for work.
  4. Participants may choose to complete CPS background checks after the first check using authorized funding.
- D. CPS Background Checks are required for any employee or vendor hired to work for a participant under the age of 18, unless otherwise authorized by the DDA.
- F. The FMCS agency will notify the participant if an employee's child protective services check may preclude them from providing services.

## **Waiving Background Check Results**

- A. If an employee or prospective employee is found to have a criminal history that indicates behavior potentially harmful to individuals receiving services, the participant cannot employ or contract them.
- B. If an employee or prospective employee is found to have a criminal history, but does not indicate behavior potentially harmful to the participant, the FMCS will notify the participant. In this case, the participant may:
- a. Choose to end the hiring process or terminate the employee immediately; or
  - b. Request that the DDA waive the background check results.
- C. If the participant chooses to waive the results of the criminal background check, the FMCS shall send a request to the DDA RO SDS Lead and DDA Statewide Coordinator of Self

Direction, within two business days of the participant's request. The background check results must be included with the email to the following as applicable

- D. The DDA will issue its determination to the FMCS within two business days of receipt of the request.
- E. The FMCS will notify the Participant or their Designated Representative of the DDA's determination.
  - a. If the DDA waived the results, the Participant may continue the hiring and onboarding process with the employee.
  - b. If the DDA denies the request to waive the results, the FMCS will inform the Participant that the employee may not be hired.
- F. The employee/prospective employee may not begin work for the participant until the waiver is granted.



## Inactivation of Employees

- A. Some participants utilize staff for specific times of the year. For example: during summer months when school is not in session. In addition, some employees like college students prefer to only work during their school breaks.
- B. To support participants in their employer authority, employees can be placed in an “inactivate” status up to six months. This means staff can be off work for six months and then return.
- C. Inactivation does not terminate the employee.
- D. The inactivation will allow the employee to remain on the employer’s roll without having to go through multiple employee application/onboarding processes.
- E. The FMCS will allow the participant the ability to extend the inactivation of an employee by up to 12 months. The FMCS will share with the participant and their team the form or process to request the extension.
- F. When an employee begins working again, the FMCS will confirm that the employee meets the requirements of employment.

## Payments after the End of a Plan or Fiscal Year

- A. Participants with the support of their teams should ensure that payments to employees and vendors/providers are processed timely when received. Participants and their teams should follow all federal, state, and local labor laws regarding payment to employees.
  - a. Maryland requires that employees are paid every two weeks, or twice per month. All FMCS agency payroll calendars follow a pay calendar of every two weeks.
  - b. Best practice for payment of invoices is within 30 days of the services being rendered
- B. The FMCS agencies are required to make payment on timesheets and invoices submitted within one calendar year of the services being rendered if the following standards are met:
  - a. The service was authorized in the PCP as of the date the service was

- rendered;
  - b. The participant has not exceeded the the authorized units as of the date the service was rendered;
  - c. The wage or vendor rate is within reasonable and customary rates;
  - d. The participant has available funding in the budget line item associated with the date of service; and
  - e. The participant or their designated representative authorized the payment of the service.
- C. When invoices and timesheets are submitted to the FMCS after the fiscal or PCP plan year has ended for a participant, the FMCS will:
- a. Verify that the following standards are met:
    - i. The service was authorized in the PCP as of the date the service was rendered;
    - ii. The participant has not exceeded the authorized units as of the date the service was rendered;
    - iii. The wage or vendor rate is within reasonable and customary rates;
    - iv. The participant has available funding in the budget associated with the date of service; and
    - v. The participant or their designated representative authorized the payment of the service;
  - b. Process the payment to the vendor or employee; and
  - c. Submit an invoice with supporting documentation to the DDA's Fiscal team for processing.
- D. The DDA will then:
- a. Verify that the following standards are met:
    - i. The service was authorized in the PCP as of the date the service was rendered;
    - ii. The participant has not exceeded the authorized units as of the date the service was rendered;
    - iii. The wage or vendor rate is within reasonable and customary rates;
    - iv. The participant has available funding in the budget associated with the date of service; and
    - v. The participant or their designated representative authorized the payment of the service;

- b. Process payment to the FMCS.

## Ending FMCS Services

A. In the event a person chooses to no longer use the self-directed service delivery model, the CCS can end the FMCS services. This action is done in the *LTSSMaryland – DDA Module Self-Direction Referral*. The CCS will click the “deactivate” link. This will end the FMCS access to the participant’s record.

B. The CCS must note the reason for ending in *LTSSMaryland*. The following is a list of reasons for ending services:

- a. Deceased;
- b. Denial/Disenrolled;
- c. Involuntary Disenrolled from Self-Direction;
- d. Referred individual declined/refused services;
- e. Unable to contact due to incorrect/missing information;
- f. Voluntarily Disenrollment from Self-Direction;
- g. Other – when this option is selected a comment is required to be entered.

C. The CCS will receive a prompt to indicate they are sure they want to end the service before the action is taken.

Are you sure you want to deactivate this request?