



# Developmental Disabilities Administration (DDA) Self-Directed Services Family As Staff and Participant Agreement

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November 29, 2021



# Agenda

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- Introduction
- Self-Directed Services - Family As Staff Form
- Self-Directed Services - Participant Agreement
- Resources
- Questions

*Developmental Disabilities Administration*

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# Introduction

# Introduction

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- The Developmental Disabilities Administration (DDA) supports participants rights to self-determination and choice to self-direct their services. Self-determination means making your own choices, learning to effectively solve problems, and taking control and responsibility for one's life
- Self-direction gives the participant the freedom to choose the services and supports they need to live independently and be an active member of their community. The core functions of self-direction are choice and control over how services are provided, and who is hired and being paid to provide these services

# Introduction

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- Services through the DDA Programs are provided in two different ways or through what DDA calls service delivery models
  - Self-Directed Services delivery model
  - Traditional Services delivery model
- The participant with the support of their team can choose the model that best supports the participant to live their “Good Life”

# Introduction

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- Traditional Services Model - the participant and or their team choose a DDA provider who is then responsible for overseeing, coordinating, hiring staff, and providing services
- Self-Directed Services Model - the participant (not the provider) and or their team have the responsibility for overseeing, coordinating and directing the services the participant has been approved to receive. In this model participants and or their team have specific employer and budget responsibilities (referred to as authorities) to direct the participant's approved delivery of their services

# Introduction

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- Self-Directed Services - Employer Authority
  - Decision-making responsibilities to recruit, hire, train, and supervise the staff, vendors, and service providers the participant wants to hire. They can also fire staff and providers, as necessary
- Self-Directed Services - Budget Authority
  - Decision-making responsibilities over how the Medicaid funds in the participant's budget are spent to purchase authorized services

# Introduction

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- Important team members associated with the self-directed service delivery model include:
  - Coordinator of Community Services (CCS);
  - Fiscal Management Services (FMS) provider;
  - Employees/staff, vendors, or contractors; and
  - Other team members selected by the participant such as family and friends
- The participant may also have a Support Broker, which is an optional service provided only to people who self-direct services



# Introduction

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- It is important to remember that the participant is always at the center of planning a vision for their personally-defined good life
- There are many roles and responsibilities for directing services that are specific to participants and their selected support teams
- The participant's selected team members each has a specific role to support the person in developing and maintaining their services
- Participants may ask or delegate specific responsibilities to members of their team or complete themselves

# Introduction

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- Participants may also hire a relative, legally responsible person, and legal guardian as an employee or staff member
  - A relative is defined as natural or adoptive parent, stepparent or sibling who is not also a legally responsible person
  - A legally responsible person is defined as a person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes: (1) a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court)
- When a participant hires a relative to be an employee or staff member, the Family as Staff Form must be completed

*Self-Directed Services*

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# Family As Staff

# Family As Staff

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Participants self-directing services can hire a relative for the following services:

- Community Development Services
- Employment Services (Ongoing job supports and follow along only)
- Nursing Support Services
- Personal Support Services
- Respite Care Services
- Support Broker Services
- Supported Living
- Transportation

# Family As Staff – When to Use

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- The Family as Staff Form must be completed by the self-directing participant or another member of their team when:
  - The participant is hiring a relative to provide an approved DDA eligible self-directed waiver service;
  - The participant is submitting a Person-Centered Plan (PCP) and a relative was chosen to provide a service; and
  - The participant wants to continue to use a relative they hired during the Appendix K public health emergency authority to provide an eligible service as noted above
- The DDA SDS Family as Staff form must be submitted to the participant's CCS

# Family As Staff – PCP Requirements

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The DDA SDS Family As Staff form is required when hiring a relative and must be submitted with the following:

- Initial Person-Centered Plans;
- Revised Person-Centered Plans; and
- Annual Person-Centered Plans

# Family As Staff Form



## DDA SDS Family as Staff Form

### Background and Purpose

The Developmental Disabilities Administration (DDA) supports individuals with intellectual and developmental disabilities and their families to live lives of their choosing and thrive!

The DDA Self-Directed Services (SDS) Family as Staff form is used by participants who are self-directing. Participants use it to inform their team, Coordinator of Community Services (CCS), Fiscal Management Services Agency, and the DDA if they are hiring a relative to provide an approved DDA self-directed service. Relatives are defined as a natural or adoptive parent, stepparent, or sibling.

**IMPORTANT:** This document can be completed by the participant or another team member.

### Section 1: My Family as Staff Choice

#### Option #1 - I do not want to hire a relative

- No** - I do not want to hire a relative to be one of my staff.  
\*If **NO** is selected, then please sign and submit this form to your CCS as it is. You do not need to complete the rest of the form.

#### Option #2 - I want to hire a relative to be my Support Broker

- YES** - I want to hire a relative to be my Support Broker  
\*If **YES** is selected, then please complete the entire form and then submit to your CCS.  
\*If hiring a relative as a Support Broker, then you are unable to hire a relative as other staff. When relatives work as staff, a neutral, third-party support broker is required. If your current direct support staff is a relative, you must change your direct support staff prior to completing this form.

#### Option #3 - I want to hire a relative(s) to be my Direct Support Staff

- YES** - I want to hire a relative to be my direct support staff  
\*If **YES** is selected, then please complete the entire form and then submit to your CCS.  
\*If hiring a relative as a direct support staff, then you are unable to hire a relative as a Support Broker. When relatives work as staff, a neutral, third-party support broker is required. If your current Support Broker is a relative, you must change your support broker prior to completing this form.

[Reference: DDA SDS Family As Staff Form](#)

# Family As Staff Form

## Section 2: Family as Staff

I will be paying the following relatives (natural or adoptive parent, stepparent or sibling) as a member(s) of my staff:

Name of Person	Relationship to Me	Job They Will Have	Rate of Pay	Hours Per Week

### IMPORTANT:

1 - Relatives can only have jobs for the following DDA Waiver services:

- Personal Supports (PS),
- Respite Care Services,
- Ongoing Job Supports,
- Support Broker (SB) Services,
- Community Development Services (CDS),
- Nursing Support Services (NSS),
- Supported Living (SL), or
- Transportation

2 - Examples of a "Job They Will Have" include CDS Staff, PS Staff, Transportation, and Job Coach.



# Family As Staff Form

Please describe why hiring the person(s) listed above is in your best interest?

Please describe how:

Having a family member as your staff will help you to be more integrated in your community?

Having a family member as your staff will increase your independence?

Having a family member as your staff will expand your circle of support or natural supports?

Any special circumstances (such as location of home, time of day supports are needed, etc.):

*Reminder: The participant is always at the center of planning a vision for their personally-defined good life*

# Family As Staff Form

Check all that apply:

- This is my choice and is supported by my team.
- My team and I will review and discuss if the staff I have chosen are meeting my needs at least once a year or when needed.
- My team and I have a plan to help me when my family is no longer available.
- There is a lack of qualified staff to meet my needs.
- My family member provides no more than 40-hours per week of the service unless otherwise authorized by the DDA.
- My family member has unique abilities to meet my needs such as knowledge of who I am, ability to communicate with me, availability, connect me to the community, special skills or training.
- My family member will help increase my independence and community participation, integration and belonging.
- I have a Participant Agreement that identifies people, beyond family members, who will support me in making my own decision.
- My relative(s) agree to implement my PCP and provide services as required by the federal and State rules, laws and regulations of this program.

## Signature

By signing below, I, the participant and, if applicable, my legal guardian or designated representative, hereby acknowledge that I have received and agree to this document. I am aware that if I have any questions, I should contact my Coordinator of Community Services (CCS).

\_\_\_\_\_

Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Legal Guardian Name (if any)

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Designated Representative Name (if any)

\_\_\_\_\_  
Designated Representative Signature

\_\_\_\_\_

Date

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date

# Appendix K Flexibilities – Hiring Relatives

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- Participants can continue to employ a relative that was hired under the Appendix K flexibility after the December 31, 2021, for the following services only:
  - Community Development Services
  - Employment Services (Ongoing job supports and follow along only)
  - Nursing Support Services
  - Personal Support Services
  - Respite Care Services
  - Support Broker Services
  - Supported Living
  - Transportation
- If a relative was hired during the public health emergency for a service not noted above, then the participant has the options to hire a new staff member that is not a relative, hire a vendor, or hire a provider

# Appendix K Flexibilities – Unwinding

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- The participant or a member of their team complete the DDA SDS Family As Staff
- The form must be sent to the participant's CCS who will:
  - Confirm with the participant their choice to hire the relative and ensure the form is complete
  - Upload completed form to the participant's record in the LTSS*Maryland*-DDA Module Client Attachments and send a copy to the FMS
- Forms that are not complete will be sent to the DDA Regional Office SDS Lead for review and remediation
- To avoid disruption in payment for services, form should be completed as soon as possible

# Family As Staff - FAQs

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Can a relative act as a Support Broker while another relative acts as direct staff?

- No. Per the waiver programs, when a legally responsible person, legal guardian, or relative is the Support Broker or designated representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide direct care services." Reference: [Community Pathways Waiver](#) Appendix C: Participant Services C-2 page 288
- If a participant has relatives working as staff and they choose to have a Support Broker, that Support Broker must be a neutral third-party (non-relative)

# Family As Staff - FAQs

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Can a person get "special authorization" to allow for a relative to serve as a Support Broker when another relative is paid staff?

- No

Can participants still employ Legal Guardians?

- Yes. Legal Guardians can provide the following services:
  - Community Development Services
  - Personal Supports
  - Nursing Support Services

# Family As Staff - FAQs

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On the FAS form it states, “When relatives work as staff, a neutral, third-party support broker is required”. Does this mean that anyone that hires a relative as staff has to also hire a Support Broker, and that Support Broker must be a neutral third-party. Does this mean a Support Broker is then mandatory?

- No
- Participants can hire relatives to be direct support staff or hire a relative to be their support broker
- Participants can not hire relatives to be direct support staff and hire a relative to be their support broker
- If a participant has relatives working as staff and they choose to have a Support Broker, that Support Broker must be a neutral third-party (non-relative)
- Participants who hire relatives are not obligated to have Support Brokers. The Support Broker service is optional

*Self-Directed Services*

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# Participant Agreement



# SDS - Participant Agreement



## Self-Directed Services Participant Agreement

### Background and Purpose

The Developmental Disabilities Administration (DDA) supports individuals with intellectual and developmental disabilities and their families to live lives of their choosing and thrive!

The Self-Directed Services (SDS) Participant's Agreement documents both the participant's request for assistance in self-directing their services, and the team members' agreement to assist and support with the specific work or tasks described in this Agreement.

### What do participants and their teams need to know when choosing the Self-Directed Services delivery model?

- If participants choose the SDS delivery model they must acknowledge that they understand and can meet the responsibilities as written in the DDA's Notice of a Participant's Rights & Responsibilities, and all laws, regulations, and requirements.
- All members of a participant's team must also commit to understanding and honoring the rights of the participant, and to provide services as written in the Person-Centered Plan (PCP) and approved by DDA.
- It is important that the participant and all members of their team understand and agree to follow the rules, laws, regulations, and requirements of the waiver program and Self-Direction model.
- If the participant does not agree with the rules or is unable to adhere to the requirements, then the Traditional Model of Service provision may be more fitting. However, there are a lot of resources and tools to help you and your team be successful in Self-Direction.
- If DDA determines that a participant or members of a participant's team have broken the terms of this agreement, DDA has the authority to remove the participant from the SDS model. If this happens, the Coordinator of Community Services (CCS) will help the participant identify traditional waiver services and providers under the traditional service delivery model. The CCS will also provide information about the right to appeal this decision.

Effective Date: 11.09.2021

### (2) Appointment for Specific Tasks

**Important:** It is necessary that the team avoid and protect against any and all conflicts of interest when assignment work and specific tasks to team members.

A conflict of interest can happen in situations where individuals are being paid to do something that could alter or improperly influence the advice or recommendations, they offer to participants whose person-centered teams they belong to. There are ways to protect against this, particularly in a team situation where checks and balances can be established to assure all members on a participant's team are accountable to the participant. For example, in a situation where a legal guardian or family member are serving as paid staff to a participant, another team member can be tasked to assure that the services being provided reflect the participant's desires and interests.

Additionally, it is important to note that a team member cannot be assigned a specific task another team member is already paid to do. It is important that there is clear description of tasks among team members.

For each row below, please check **either** the "Employer (Participant)" box **or** the "Team Member" box.

Employer (Participant)	Team Member	Task
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Choose how the budget is spent based on assessed need in PCP ensuring applicable taxes and reasonable and customary rates are included
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	In conjunction with FMS, monitor my budget to ensure I do not exceed my DDA approved budget
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Find, screen, and hire qualified employees, subject to verification of qualifications by the FMS provider

# SDS - Participant Agreement

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What do participants and their teams need to know when choosing the Self-Directed Services delivery model?

- Must understand and agree to follow the rules, laws, regulations, and requirements of the waiver program and Self-Direction mode
- Must commit and honor the participant's rights and provide services as written in the PCP and approved by the DDA
- Team members can be added at any time
  - If a participant chooses a person or people to act on their behalf, they become part of the participant's PCP team
  - Participants can also add people who are *not* going to assist them with employer and budget responsibilities but that they want to have involved in the planning of their lives and the services needed to support them

# SDS - Participant Agreement

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- The agreement begins and lasts (or is in use) for 12 months, or up to one calendar year, from the date of last signature by the participant and all team members named in this document
- The agreement may be ended or terminated at any time by the participant along with their team. The participant or their team must provide written notice such as a letter or email to the participant's CCS and team member

# SDS - Participant Agreement

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- If the participant does not agree with the rules or is unable to adhere to the requirements, then the Traditional Model of Service provision may be more fitting
- If DDA determines that a participant or members of a participant's team have broken the terms of the agreement, the DDA has the authority to remove the participant from the SDS model. If this happens, the CCS will help the participant identify traditional waiver services and providers under the traditional service delivery model. The CCS will also provide information about the right to appeal this decision

# SDS - Participant Agreement - Process

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- The CCS assist the participant to:
  - Complete the agreement per the participant's preferences and best interest
  - Update the agreement if changes are requested
  - Review the agreement quarterly
  - Make sure the participant and their team roles and responsibilities do not conflict with program requirements and rules
- The participant and their team members (as applicable) must:
  - Review the agreement completely before they sign it
  - Sign the last page which means that they agree with the document and its contents

# SDS - Participant Agreement

## Agreement

(1) Please choose **ONE** of the following four options:

I, the participant, will be the primary person responsible for managing my employer authority and budget authority under the SDS delivery model. I, the participant, do not have a legally responsible person or legal guardian and I do not wish to appoint a representative or establish other supports with my PCP team.

I, the participant, have a legally responsible person or legal guardian who, will serve as my representative.

I, the participant, have appointed a designated representative. My representative will be responsible for the items in this agreement. I and my representative understand that the this is an unpaid position, and they are prohibited from working for me in any capacity. We further understand that if my representative is my parent or sibling, no other parent or sibling can work as paid staff for me under self-direction, per the rules outlined in DDA's waiver programs.

I, the participant, hereby appoint the following individuals, who are part of my PCP team (including paid and unpaid team members) to assist me with specific tasks related to my roles and responsibilities under self-direction.

The following team members will assist me with specific tasks as noted below in (2):

- Person #1: \_\_\_\_\_
- Person #2: \_\_\_\_\_
- Person #3: \_\_\_\_\_
- Person #4: \_\_\_\_\_
- Person #5: \_\_\_\_\_



# SDS - Participant Agreement - Conflicts

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- It is important that the team *avoid and protect against any and all conflicts of interest* when assignment work and specific tasks to team members
  - A conflict of interest can happen in situations where individuals are being paid to do something that could alter or improperly influence the advice or recommendations, they offer to participants whose person-centered teams they belong to
  - There are ways to protect against this, particularly in a team situation where checks and balances can be established to assure all members on a participant's team are accountable to the participant
- Additionally, it is important to note that a team member cannot be assigned a specific task another team member is already paid to do. It is important that there is clear description of tasks among team members

# SDS - Participant Agreement

For each row below, please check **either** the "Employer (Participant)" box **or** the "Team Member" box.

Employer (Participant)	Team Member	Task
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Choose how the budget is spent based on assessed need in PCP ensuring applicable taxes and reasonable and customary rates are included
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	In conjunction with FMS, monitor my budget to ensure I do not exceed my DDA approved budget
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Find, screen, and hire qualified employees, subject to verification of qualifications by the FMS provider

Employer (Participant)	Team Member	Task
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Supervise and train employees
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Schedule employees
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Track the time and date my employees work
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Authorize overtime for employees while ensuring I am not exceeding my DDA approved budget
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Sign employee timesheets
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Address performance issues with my employees
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Discipline or fire employees
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Understand and act upon written information related to my employees
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Keep my workplace free from harassment
<input type="checkbox"/>	<input type="checkbox"/> Name: _____	Maintain applicable employee records



# SDS - Participant Agreement - Signatures

## Signatures:

By signing below, I hereby acknowledge that I have received and read this document and agree with its contents. As a member of the participant's team, I agree to provide the supports as outlined in this agreement.

I am aware that if I have any questions, I should contact the Coordinator of Community Services or the DDA Regional Office.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legally Responsible Person (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator of Community Services

\_\_\_\_\_  
Date

Additional Team Members as outlined in this agreement:

\_\_\_\_\_  
Team Member #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Member #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Member #3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Member #4 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team Member #5 Signature

\_\_\_\_\_  
Date

By signing below, I hereby acknowledge that I assisted the participant and, if applicable, legally responsible person, legal guardian, and PCP team in completing this form. I hereby certify that the substance of these decisions was made solely by the participant, legally responsible person, legal guardian, or their team.

**Witness Name:** \_\_\_\_\_

(Coordinator of Community Services)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

▶ Effective Date: 11.09.2021

# Participant Agreement - FAQs

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What is the difference between a Legal Guardian and Designated Representative? Why are there restrictions on Designated Representative and not Legal Guardian? Wouldn't the same conflicts potentially exist across both roles?

- *Legal guardian* means either: (1) A natural or adoptive parent of an applicant or participant under the age of 18; or (2) A person who has been appointed as guardian of the person or property of an applicant or participant by an order of a court of competent jurisdiction
- *Designated representative* means an individual who acts on behalf of the participant in managing the participant's services under the self-directed services delivery
- In both situations there are potentials for conflicts. Therefore, it is important for the team to discuss to identify, avoid, and protect against any and all conflicts of interest when assignment work and specific tasks to team members. Checks and balances can be established to assure all members on a participant's team are accountable to the participant

# Participant Agreement - FAQs

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With the Participant Agreement, if there are situations where the family has dual roles (*i.e.*, management of SDS tasks and is paid staff) how is that navigated? What is and is not allowed?

- Yes. For example, a relative could provide personal supports and also perform tasks such as:
  - Monitor the budget to ensure it is not exceeded
  - Find, screen, and hire qualified employees
- As noted previously all potential conflicts of interest should be considered and checks and balances put into place.

If the Legal Guardian is paid staff, do they also sign timesheets?

- No as this is a conflict of interest

# Participant Agreement - FAQs

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Some people are under the impression that someone that acts on behalf of the participant in managing their services under the self-directed services delivery model is automatically a Designated Representative. For example: A person's parent has always taken on the role of making decisions and acting on behalf of the participant in meetings. Therefore, the CCS considered this parent to be the Designated Representative by implication, and they must complete the SDS Participant Agreement stating that they are the Designated Representative. By doing so, the parent would now also be prohibited from being the participant's employee.

- A designated representative is someone that is explicitly identified or designated, and it is not a role that someone is automatically placed in based on the tasks in which they have historically engaged

# Participant Agreement - FAQs

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The SDS Participant Agreement states that when a parent or sibling is the designated representative, the participant cannot have any other parent or sibling work as paid staff. In situations where a participant wishes to avoid this stipulation, can they choose to list the desired parent or sibling as a member of the PCP team instead of identifying them as the designated representative?

- The SDS Participant Agreement should be truthfully and accurately completed. If a participant chooses to have a designated representative, it should be reflected on the agreement. However, a designated representative is not required, and someone is able to choose PCP team members to assist them with completing specific tasks, as noted in the SDS Participant Agreement

# Participant Agreement - FAQs

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If a participant appoints a designated representative, does the FMS need to establish the designated representative as the employer of record and transfer all employees under a new Employer Identification Number (EIN)?

- No. The designated representative, acting as an agent on behalf of the participant, does not need to have an EIN established unless specifically requested by the participant and agreed by the designated representative
- The participant can appoint or designate a specific representative or different team members - acting as their agent - to complete specific tasks as noted under the Appointment of Specific Tasks
- All the tasks would be conducted under the participants EIN as an EIN would not be established for each team member

# Participant Agreement - FAQs

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There is no signature line on the SDS Participant Agreement for the designated representative. Are they prohibited from signing?

- When a designated representative is used, their name and signature should be noted as Team Member #1 under Additional Team members

# Participant Agreement - FAQs

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If the Participant Agreement needs to be updated during the PCP year, how is that submitted to the Regional Offices?

- The Participant Agreement should be uploaded to the Clients Attachment and an email sent to the Regional Office SDS Lead as follows:
  - Email Subject: (Insert Person's LTSSID#) - Participant Agreement Update
  - Message: The Participant Agreement has been updated to reflect:
    - (Summarize changes with bullets)



# Resources and Tools

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- [Self-Directed Service Guidance, Forms, and Webinars](#)
- [Self-Directed Services - Family As Staff Form Guidance](#)
- [DDA SDS Family As Staff Form](#)
- [DDA Self-Directed Services - Participant Agreement](#)

# Questions

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