

SELF-DIRECTED SERVICES – STAFF WAGE EXCEPTION FORM

Participant Name: _____ Date: _____

Waiver Service: _____ Proposed Wage: \$ _____ per hour

Staff Name (To Be Determined): _____ Relative: _____ Yes _____ No

Overview

Participants, using the self-directed service delivery model, can request an exception to the DDA reasonable and customary staff wage standard. If staff have not been hired yet, please note “TBD”. The reason(s) for the exception request shall be noted on this form and submitted with the Self-Directed Services (SDS) Budget Sheet.

- ___ Lack of available workforce (e.g., rural, high cost of living/wage area)
- ___ Intensity of participant’s behavior or health support
- ___ Uncommon hours or schedule (e.g., small number, time of day)
- ___ Expectation of short duration of employment - approximately _____
- ___ Participant has a history of high staff turnover
- ___ Staff certification(s) - please list : _____
- ___ Staff specialized training- please list: _____
- ___ Years of experience - please note: _____ years
- ___ Longevity with participant - please note time frame: _____
- ___ Others - note reason(s): _____

Participant Signature: _____

Or Authorized Representative Name: _____

NOTES:

1. The proposed wage cannot exceed the DDA provider/vendor standard maximum rate minus 14% for staff related taxes.
2. This form must be submitted to the Coordinator of Community Services (CCS). The CCS shall upload in **LTSSMaryland** with the Self-directed Budget Sheet.

Signature: _____

▶ Issue date: 5.6.2021