

Virtual Support Service Delivery Models

I. APPLICABILITY

B. This policy applies to:

1. People receiving Developmental Disabilities Administration funded services through its traditional or self-directed services delivery model;
2. Their families and representatives; and
3. Coordinators of Community Services; Self-Directed staff, vendors, Support Brokers; Financial Management and Counseling Services Providers; DDA providers; and DDA staff.

II. IMPLEMENTATION DATE

- B. This policy begins 30 days after posting and overrides any other policies or guidance related to virtual support services delivery models.
- C. In the event of a public health emergency or state of emergency, this policy can be overruled by any and all federal authorities.

III. PURPOSE

- B. This policy describes the DDA's requirements and guidance for virtual support services delivery models, funded through a DDA's Medicaid Waiver program or State funds services.

IV. DEFINITIONS

- B. "Coordination of Community Services" are targeted case management services to help people receiving and/or requesting services funded by the DDA. Targeted case management services are provided in accordance with [COMAR 10.09.48](#).
- C. "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 approved Provider of Coordination of Community Services.

- D. "DDA" is the Developmental Disabilities Administration.
- E. "DDA-Operated Medicaid Waiver Program" is one of three Medicaid Home and Community-Based Waiver Programs operated by the Developmental Disabilities Administration that serve eligible children and adults with intellectual and developmental disabilities. These programs are approved by the Centers for Medicare & Medicaid Services and include the:
1. Family Supports Waiver;
 2. Community Pathways Waiver; and
 3. Community Supports Waiver.
- F. "DDA Provider" is an individual or entity, licensed or certified by the Maryland Department of Health, that provides DDA-funded services to people in accordance with the DDA's requirements.
- G. "Department" is the Maryland Department of Health.
- H. "Financial Management and Counseling Services" or "FMCS" are services provided to support a person in 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:
1. Processing claims for payment for Waiver Program services in accordance with the person's self-directed budget allocation; and
 2. Verifying that the DDA provider, vendor, or direct support staff meet all qualifications to provide the Waiver Program service.
- I. "Legal guardian" is either:
1. A natural or adoptive parent of a person under the age of 18; or
 2. An individual who has been appointed by a court order as guardian of the person.

- J. "Legally Responsible Individual" is an individual who has a legal obligation under the provisions of Maryland law to care for another individual. This includes:
1. A parent of a minor (either natural or adoptive);
 2. Legal guardian; or
 3. An individual otherwise legally responsible for the care of a minor (such as, a foster parent or relative appointed by court).
- K. "Person" is an individual who is eligible to receive or receives DDA-funded services.
- L. "Person-Centered Plan" or "PCP" is a written plan, developed through a collaborative planning process, driven by the person with a developmental disability to:
1. Identify their goals and preferences;
 2. Identify services to support them to pursue their personally defined outcomes in the most integrated community setting;
 3. Direct the delivery of services that reflect their personal preferences and choice; and
 4. Identify their specific needs that must be addressed to ensure their health and welfare.
- M. "Policy on Reportable Incidents and Investigations" or "PORII" is policy, required by [COMAR 10.22.02.01](#) to ensure the health, safety and welfare of people receiving DDA-funded services by formalizing a process to identify, report, investigate, and resolve incidents in a timely manner.
- N. "Regional Office" or "RO" is one of the DDA's four local offices. ROs are the point of contact for applicants, people getting DDA-funded services, families and DDA providers living and working in the counties they serve. Each RO has the authority to review individual Person-Centered Plans and approve funding for services. The ROs are:

1. Central Maryland Regional Office, serving Anne Arundel, Baltimore, Howard, and Harford Counties and Baltimore City;
 2. Eastern Shore Regional Office, serving Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties;
 3. Southern Maryland Regional Office, serving Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties; and
 4. Western Maryland Regional Office, serving Allegany, Carroll, Frederick, Garrett, and Washington Counties.
- O. "Relative" is a natural or adoptive parent, child, step-child, step parent, or sibling of an applicant or person, who is not also a legal guardian or legally responsible person.
- P. "Representative" is an individual person chosen or appointed to act or speak for another person. Examples include but not limited to:
1. Authorized or designated representatives;
 2. Legal representatives;
 3. Supported decision team member; and
 4. Person Centered Team members.
- Q. "Respite Care Services" or "Respite" is short-term care that:
1. Provides a break to families, primary caregivers, and people getting DDA funded-services from their daily routines; or
 2. Is used as an emergency backup plan for unpaid caregivers
- R. "Self-Directed Services Delivery Model" or "SDS Delivery Model" is a model of service delivery that the DDA provides through its Waiver Programs. In the SDS Model the person (not the provider) has:
1. The power and responsibility for overseeing, coordinating and directing the services they have been approved to receive;
 2. Budget authority over how the Medicaid funds are spent to purchase authorized services; and

3. Employer authority to recruit, hire, train, and supervise the staff and service providers they want to hire.
- S. "Service Implementation Plan" or "SIP" is the DDA required form used to document the DDA provider's or direct support professionals' service delivery implementation strategy for the requested services to support the person's chosen outcome. Service Implementation Plans must include specific strategies for goal implementation that are specific, measurable, achievable, relevant to the person's identified outcomes, and have clear proposed timelines for achievement.
 - T. "Team" is a group of people, chosen by a person or their legal guardian, who participate in the development of their Person-Centered Plan, along with the person and the CCS.
 - U. "Traditional Service Delivery Model" is a service delivery model that the DDA provides through its Waiver Programs. In the Traditional Service Delivery model the person chooses a DDA Provider who is responsible for overseeing, coordinating and providing their approved services.
 - V. "Waiver Program service" is a service funded by a DDA-operated Medicaid Waiver Program.

V. POLICY

- B. Virtual supports are an electronic method of service delivery.
- C. Virtual supports are not a distinct separate service, under the DDA Waiver Programs, but a way for certain services to be provided to a person.

VI. STANDARDS

- B. Services provided virtually can:
 1. Increase access to services;
 2. Increase continuity of services;

3. Support flexibility in when services are delivered; and
4. Support a person to reach their personal outcomes in their Person-Centered Plan (PCP).

C. Services provided virtually must:

1. Help to maintain or improve a person's abilities,
2. Enhance interactions,
3. Support meaningful relationships,
4. Promote the person's ability to live independently, and
5. Support the person to meaningfully participate in their community.

D. Services provided virtually are geared towards maintaining and intentional learning, helping a person to do something more independently. Examples of virtual learning include, but are not limited to;

1. Job coaching;
2. Career planning;
3. Taking a bread making class; or
4. Skill building.

E. Virtual supports service delivery models may be provided for the following services:

1. Community Development Services;
2. Day Habilitation;
3. Employment Services;
4. Personal Supports; and
5. Supported Employment.

- F. The DDA funded service (for which virtual supports is used) may not be provided entirely via virtual supports. Services must also include in person supports.
- G. The person's PCP must include information regarding virtual supports.
- H. Provider's [Service Implementation Plan](#) must include information regarding when and how services will be provided virtually.
- I. The virtual supports must use a live, real-time audio-visual connection that allows a staff member to both see and hear the person. Text messaging and emailing are not considered virtual supports.
- J. Services can be provided virtually if:
 - 1. It is the choice of the person;
 - 2. It meets the person's goals outlined in their PCP.
 - 3. The person's rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured;
 - 4. The virtual supports do not isolate the person from the community or interacting with people without disabilities;
 - 5. The person has other opportunities for integration in the community through other waiver and/or non-waiver services;
 - 6. The use of virtual supports to provide direct support has been agreed to by the person and their team and is outlined in their PCP; and
 - 7. The privacy and personal information of all people living in the home is protected.
- K. A provider must document a person's consent to the use of virtual supports.
- L. Virtual supports cannot be used for the provider's convenience;
- M. The virtual supports must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA),

as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their applicable regulations to protect the privacy and security of the person's protected health information.

N. Virtual supports cannot be used to assess a person for a medical emergency. The provider must have written policies, train direct support staff on those policies, and advise people and their person-centered planning teams regarding those policies that address:

1. Identifying whether the person's needs, including health and safety, can be addressed safely while they are using virtual supports;
2. Identifying individuals to intervene (such as uncompensated caregivers present in the person's home), and ensuring they are present while services are being provided virtually, as indicated, in case the person experiences an emergency; and
3. How a person will get emergency interventions if the person experiences an emergency, including contacting 911 if necessary.
4. Providers providing a Waiver program service through virtual supports must include it as a service delivery method in their provider Program Service Plan, required by [COMAR Title 10, Subtitle 22](#).

O. Virtual supports must comply with all federal and state requirements, policies, guidance, and regulations.

P. Exclusions

1. Virtual supports do not include telehealth or telemedicine.
2. This policy does not apply to virtual training or certification requirements for staff.

Q. Special Service Requirements and Limitations

1. Virtual supports cannot be the only way a service is provided to a person.
2. The combination of virtual supports and direct supports cannot exceed the services authorized within the PCP.
3. Virtual supports cannot be provided for two services at the same time (e.g., Personal Supports and Day Habilitation).
4. The person with the support of their team must assess the quality and effectiveness of virtual supports.
 - a. The Coordinator of Community Services must assess and document the quality and effectiveness of virtual supports during the quarterly monitoring and assessment and more frequently as noted in the PCP.
 - b. If the person wants to change the way services are provided, a revised Provider Service Implementation Plan is required.
 - c. Under the Traditional Service Delivery model, if the person wants to change providers, a revised PCP is required.
 - d. Health and safety concerns associated with virtual supports must be reported to the DDA Regional Office Quality Enhancement staff.
5. Incident reports shall be reported as per the [Policy on Reportable Incidents and Investigations PORII](#).
6. DDA Provider Requirements:
 - a. In accordance with [Comar 10.22.02.10](#), DDA providers must develop, maintain, and enforce written policies for their virtual supports services delivery models. The policies must address:
 - (1) How the provider will ensure the participant will ensure the person's rights of privacy,

dignity, respect, and freedom from coercion and restraint;

- (2) How the provider will ensure the virtual supports used meets applicable information security standards; and
- (3) How the provider will ensure its provision of virtual supports complies with applicable laws governing the person's rights to privacy.

b. Provider Program Service Plan:

- (1) DDA providers must include virtual support as a service delivery method in their provider Program Service Plan for each service as per their proposed business model.
- (2) For each service, DDA Providers must note the service delivery methods (i.e., direct in-person and virtual supports) as applicable, and include the scope and methodology in using these delivery methods.

7. The DDA will not fund any costs associated with the provider obtaining, installing, implementing, or using virtual supports, such as equipment, internet, software applications, and other related expenses. These costs, in the delivery of new business models, are part of the provider's operating cost.

R. Billing

1. Providers must be approved or licensed to provide the services including having Virtual Supports included in their approved Program Services Plan.
2. Virtual supports are paid at the same rate as in person supports.
 - a. Rates under the Traditional Service Delivery Model are posted on the [DDA Rates and Invoices](#) webpage and [LTSSMaryland](#) webpage.

- b. People under the Self-Directed Service Delivery Model determine pay rates based on the reasonable and customary rates posted on the DDA Self-Directed Forms webpage.
3. Traditional Providers must follow authorization and documentation in accordance with the DDA Guidelines for Service Authorization and Provider Billing Documentation.
4. Under the traditional service delivery model services are billed in *LTSSMaryland*, based on [DDA guidance for Operating in PCIS2 and LTSSMaryland](#).
5. The use of virtual supports must be documented just like any in-person direct supports, and include the service delivery method (e.g., Skype, Zoom, Facetime, telephonic, or direct care), name of staff person providing service, and start and end times.
6. Under the Self-Directed Service delivery model, timesheets and invoices must be submitted as per the person's FMCS agency's policies and practices.
7. Personal Support Billing (Traditional Service Delivery Model only):
 - a. To bill for a service provided virtually providers may:
 - (1) Enter time in the *LTSSMaryland* Electronic Visit Verification (EVV) app as the service is delivered; or
 - (2) Where allowed, submit manual time entries through Provider Portal, per the Maryland Department of Health's [Service Modification Guide](#).
 - b. Manual time submissions for Personal Support Services must include:
 - (1) That the service was provided virtually, and
 - (2) A description of the services.

S. Legally Responsible Individuals, Legal Guardians, or Relatives Requirements

1. Legally responsible individuals, legal guardians, or relatives may be paid depending on the service provided, as found within their respective policies.

VII. LEGAL REFERENCES

- B. [Community Pathways Waiver](#)
- C. [Community Supports Waiver](#)
- D. [Family Supports Waiver](#)
- E. [COMAR 10.09.48](#)
- F. [COMAR Title 10, Subtitle 22](#)
- G. [COMAR 10.22.02.01](#)

VIII. RELATED POLICIES

- B. [Employment Services and Conflict of Interest](#)
- C. [Meaningful Day Services](#)
- D. [Person Centered Planning](#)
- E. [Personal Supports](#)
- F. [Policy on Reportable Incidents and Investigations](#)
- G. [Service Implementation Plan](#)

IX. REFERENCE MATERIALS

- A. [DDA Traditional Service Delivery Model Guidance for Electronic Visit Verification Systems Use](#)
- B. [Health Insurance Portability Accountability Act of 1996](#)

A. [LTSSMaryland Electronic Visit Verification \(EVV\) Training](#)

X. ATTACHMENTS

B. [Service Modification Guide 2020](#)

C. [Service Implementation Plan](#)

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