

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

The Maryland Department of Health’s (MDH) Family Supports, Community Supports, and Community Pathways Medicaid home and community-based services waivers provide individual and family supports for persons with developmental disabilities. The public comment period for the Waiver Renewals 2023 proposal was held from September 6, 2022 - October 6, 2022. In total, 318 unduplicated individuals, families, providers, and advocacy agencies submitted input. Below is a summary of the specific recommendations from the public and responses. All comments received apply to all three waivers.

## Introduction/Purpose of Amendment/General Comments & Appendix A - Waiver Administration and Operation

Introduction/Purpose of Amendment/General Comments <b>Appendix A - Waiver Administration and Operation</b>		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation: Keep language in the renewal, “Until the service transitions, the legacy service definitions and rates paid for the requested services and the overall authorized plan budget amount is based on rates in PCIS2.”	Accepted with amendment	The following language will be added to the Brief Waiver Description:  Until the DDA system has fully transitioned into the LTSSMaryland - DDA Module, the DDA will be operating in two systems: LTSSMaryland - DDA Module and the current Provider Consumer Information System (PCIS2). Person Centered Plans will be completed and approved in the LTSSMaryland- DDA Module, and services will be authorized and billed through PCIS2 until the service provider transitions to the LTSSMaryland- DDA Module fee for service billing.
2. Recommendation: Include a summary of the End the Wait Act of 2022 (SB 636/HB 1403), which requires the Maryland Department of Health to develop plans to reduce the waitlist for all three	Accepted	The following language will be added:  During the 2022 legislative session, the Maryland Department of Health - Waiver Programs - Waitlist and Registry Reduction (End the Wait Act) was passed. The law requires the Department to develop plans to reduce the

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DDA waivers, beginning in FY2024		DDA waitlist by 50% beginning in fiscal year 2024. The waiver has been increased to account for supporting people off the waitlist.
3. Recommendation to add the following language at the end B on page 10: "Except in certain circumstances when the individual needs behavioral or assistance with communicating with hospital staff and said support does not duplicate services provided through the hospital OR the individual requires his/her own staff be present."	Clarification	<p>The language on page 10 is from the federal waiver application template and cannot be modified.</p> <p>As noted in Appendix C for applicable services, "Direct Support Professional staffing services may be provided in an acute care hospital for the purposes of supporting the participant's personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short-term institutional services."</p>

## Appendix B - Participant Access and Eligibility

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Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Reserved Waiver Capacity:</p> <ul style="list-style-type: none"> <li>a. Include information about the End the Wait Act</li> <li>b. Examine the waiting list numbers and align the reserved capacity with the prediction for the number of people to be served after recent wait list changes</li> <li>c. Consider underutilization during the pandemic years</li> </ul>	Accepted with amendments	<p>A new End the Wait Act 2022 and Crisis Resolution Reserved categories were added. All individuals determined to meet the crisis resolution category are offered the opportunity to apply to the waiver.</p> <p>Waiver slots in all three waivers and reserved capacities were reviewed and adjusted as applicable based on utilization and projected assumptions such as:</p> <ul style="list-style-type: none"> <li>● FSW <ul style="list-style-type: none"> <li>○ New Crisis Resolution category was added to note 50 slots</li> </ul> </li> </ul>

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<ul style="list-style-type: none"> <li>d. Adjust numbers back up in all categories</li> <li>e. Increase number of transitioning youth category</li> <li>f. Increase the number of Money Follows the Person category</li> </ul>		<ul style="list-style-type: none"> <li>○ New End the Wait Act 2022 category was added to note 75</li> <li>● CSW <ul style="list-style-type: none"> <li>○ New Crisis Resolution category was added to note 75</li> <li>○ New End the Wait Act 2022 category was added to note 250</li> <li>○ Transitioning Youth category was increased as the majority of the youth will be supported by this waiver program</li> </ul> </li> <li>● CPW <ul style="list-style-type: none"> <li>○ New Crisis Resolution category was added to note 100</li> <li>○ New End the Wait Act 2022 category was added to note 75</li> <li>○ Transitioning Youth category was adjusted to reflect projected number of Transitioning Youth that may need residential services</li> <li>○ Court Order category was increased based on history and utilization</li> </ul> </li> </ul> <p>Money Follow the Person – The State has transitioned up to 20 individuals during a one-year period under the federal program. No changes were made.</p> <p>Note: The State can request to increase slots and reserved capacity at any time via an amendment</p>
<p>2. Recommendation: Explanation or correction to suggested track change edits to CPW c-2. Regular Post-Eligibility Treatment of Income: 209(B) State</p>	<p>Clarification</p>	<p>Track change edit information was noted in error as the information is already reflected in b-1. Regular Post-Eligibility Treatment of Income: SSI State noted on page 27. It will be deleted.</p>

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Reference: page 40 CPW		
<p>4. Recommendation: Remove the age limitation for the Community Pathways Waiver and Community Supports Waiver.</p>	Not accepted	<p>Each Waiver program will support a targeted group:</p> <ul style="list-style-type: none"> <li>● The Family Supports Waiver (FSW) supports children up to age 21;</li> <li>● The Community Supports Waiver (CSW) supports Individuals 18 years of age and older; and</li> <li>● The Community Pathways Waiver (CPW) supports individuals 18 years of age or older in need of residential services.</li> </ul> <p>The FSW has always supported children only. Children receive services through the Individuals with Disabilities Education Act (IDEA) and therefore shall have a portion of their daily support and supervision needs covered by the school system. The FSW provides several services to support them after school, during school breaks (e.g., winter and summer breaks, etc.), holidays, and weekends.</p> <p>The CSW includes our Meaningful Day services and Support Services. This program supports new applicants 18 years and older if no longer in school.</p> <p>The CPW will support new applicants 18 and older with an assessed need for residential services. New participants will also be supported with Meaningful Day and Support services based on assessed need.</p>
<p>5. Recommendation: Allow individuals under 18 to access Community Living Services</p>	Not accepted	<p>The DDA is one of many resources, services and supports available to assist individuals and families as they build their lives toward their vision of a “Good Life”. The DDA works collaboratively with other government agencies to offer appropriate support services and resources to children</p>

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		<p>who are in need of residential services. The DDA’s residential services are designed and licensed to support adults.</p> <p>As per Maryland Statute and regulations, the DDA approves and the Office of Health Care Quality licenses residential group homes that provide services to individuals with developmental disabilities. The DDA funds licensed group homes to support adults. The Department of Human Services (DHS) funds licensed group homes to support children.</p> <p>The DDA works with DHS, MSDE, and school systems to locate appropriate residential services. This includes connecting them with DDA licensed providers for which DHS or the school system funds and oversees.</p> <p>Youth, ages 18-20 who meet DDA’s eligibility, may move into a DDA licensed adult home with the approval of the Deputy Secretary. For youth who receive funding from DHS, the home must also be approved by DHS, to allow DHS funding to continue until the age of 21. This supports a better transition for many youth who have had multiple placement changes in their life.</p> <p>Local Care Teams (LCTs) are multidisciplinary teams composed of representatives from the local school system; local Department of Social Services; local Department of Juvenile Services; local management board; local behavioral health administration; and a representative from the DDA regional office. There may also be other community partners that are brought to the table. The LCTs are held throughout the various jurisdictions in Maryland and convene at the request of the family or professionals on behalf of the family. The LCT offers resources and assists the family in accessing services and supports needed.</p>
<p>6. Recommendation: No changes should be made to eligibility standards or definitions, including the</p>	<p>Clarification</p>	<p>No changes have been made to eligibility standards or developmental disability definition. A “development disability, as defined in § 7-101 of</p>

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<p>definition of developmental disability.</p>		<p>the Health-General Article of the Maryland Annotated Code, which is comparable to the federal definition found at 45 C.F.R. § 1325.3”as noted in Appendix B - Participant Access and Eligibility on page 2.</p>
<p>7. Recommendation: Page 60 – the LOC training for CCS should be further specified/explained, as this is not currently a readily-available training (i.e., webinar or document) through DDA.</p>	<p>Clarification</p>	<p>The DDA provides training and guidance to CCS related to waiver eligibility requirements including the level of care which is noted on the DDA website and within the LTSSMaryland system.</p>
<p>8. Recommendation: Reinstate the signature space for the witness in the application form to protect all parties to prove that the participant has in fact selected traditional or self-directed services. (Freedom of Choice Form, page 72)</p>	<p>Not accepted</p>	<p>The DDA does not require a witness for every form. The form is signed by the individual or their legally authorized representative and the Coordinator of Community Services.</p> <p>The participant’s choice of service model is also reflected in their person-centered plan which is developed with the support of the participant’s self-identified team.</p>
<p>9. Recommendation: Freedom of Choice Form</p> <ul style="list-style-type: none"> <li>a. Add a notice of choice of service model (provider-managed or self-directed) and what the participant's choice is.</li> <li>b. If an individual chooses self-direction, make notification of the availability of a support broker part of this form.</li> <li>c. The individual should sign that they were made aware of this choice on this form.</li> </ul>	<ul style="list-style-type: none"> <li>a. Clarification</li> <li>b. Not accepted</li> <li>c. Clarification</li> </ul>	<ul style="list-style-type: none"> <li>a. The Freedom of Choice form already includes the choice of service delivery models.</li> <li>b. Support Broker service is an optional service unless otherwise required by the program. Waiver services are based on assessed need and reflected in the PCP. The form also does not include a list of waiver services.</li> <li>c. The form is signed by the individual or their legally authorized representative.</li> </ul>

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## Appendix C - Participant Services

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Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Delete language in each service about exhausting all resources before accessing the service.</p>	<p>Clarification</p>	<p>The waiver does not require a participant to exhaust all resources before accessing a service. The waiver language states that services provided by other funding sources, “must be examined, explored, and, if applicable, exhausted. If these services are deemed by the participant's person-centered planning team to be inappropriate to meet the specific needs of the participant, the exploration efforts and reasons that these services do not meet the participant's needs shall be documented in the participant's person-centered plan.”</p> <p>If the item is covered by another program, but does not meet the person’s unique needs or the program does not have the funding, then the item could be provided under the waiver. If an item is covered by another waiver service (e.g., environmental modification) or Medicaid service (e.g., wheelchair), then the item would be funded under that service or program.</p>
<p>2. Recommendation: HRST</p> <ul style="list-style-type: none"> <li>a. Delete requirement for HRST score to be used to determine whether a participant qualifies for 1:1 or 2:1 supports</li> <li>b. Add another criteria to authorize</li> </ul>	<p>Accepted with amendment</p>	<p>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</p> <ul style="list-style-type: none"> <li>a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</li> <li>b. The participant has an approved Nursing Care Plan documenting</li> </ul>

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		1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.
<p>3. Recommendation: Volunteers</p> <p style="margin-left: 40px;">a. Eliminate the requirement for volunteers to have DDA training.</p> <p style="margin-left: 40px;">b. Eliminate the proposed requirement for a background check for a person or volunteer who spends “any time alone” with a person.</p>	Not accepted	<p>Volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards.</p> <p>Criminal background checks are not required for people who interact with or assist individuals as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification etc.</p>
<p>4. Recommendation: Clarify that “assessed need” is based on the person-centered planning team process and decisions, recommendations, and determinations made by the team.</p>	Not accepted	<p>Services are determined based on assessed needs identified through the development of the PCP and are subject to standards and criteria specified in Appendix C.</p>
<p>5. Recommendation: Quality Improvement Strategy - DDA should work with providers to develop a reasonable timeframe and process for quality improvement activities that are meaningful and results-oriented.</p>	Clarification	<p>To improve compliance with the Qualified Provider performance measures, the below quality improvement activities will be implemented to ensure providers continue to meet required licensure and standards.</p> <ul style="list-style-type: none"> <li>● The DDA’s Provider Services staff will notify providers via email at least 90 days prior to the DDA license approval expiration date to submit the DDA provider renewal application. Technical assistance will be available throughout the process.</li> <li>● The DDA’s Provider Services staff will meet with providers 75–90 days prior to the renewal date to review a new provider self assessment tool to assess current status, updates, challenges,</li> </ul>

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		and concerns related to their renewal application (e.g., Program Service Plan(s), Quality Assurance Plan Community Settings Rule compliance, incident reporting, and provider performance). Technical assistance will be provided, and remediation strategies and due dates developed as applicable.
6. Recommendation: Promulgate regulations that match the waiver.	Clarification	The Department is finalizing Medicaid regulations for the waiver programs.
7. Recommendation: Remove reference to HIPAA in all three waivers.	Not accepted	During Amendment #3 2020 discussions with CMS, they requested assurances and language in each applicable service definition on how the state will ensure that individuals’ rights to privacy are met, including others in the home. The State will comply with HIPAA and all federal and State requirements, policies, guidance, and regulations.
8. Recommendation: Background Checks  <ul style="list-style-type: none"> <li>a. Maintain the current flexibility of allowing CJIS or private criminal background checks for community provider staff.</li> <li>b. Remove fingerprinting criminal background check regulations for all direct support staff and professionals.</li> <li>c. Eliminate requirement for criminal background checks with fingerprinting for employees of people who self direct.</li> <li>d. Allow people who self direct to waive the fingerprinting requirement.</li> </ul>	Clarification	<p>The DDA’s current regulation requires providers to have criminal background checks prior to service delivery. The DDA’s regulations also require that each DDA-licensed and DDA-certified community-based providers complete either: (1) a State criminal history records check via the Maryland Department of Public Safety’s Criminal Justice Information System; or (2) a National criminal background check via a private agency, with whom the provider contracts. If the provider chooses the second option, the criminal background check must pull court or other records “in each state in which [the provider] knows or has reason to know the eligible employee [or contractor] worked or resided during the past 7 years.”</p> <p>The same requirements are required for participants self-directing services as indicated within each service qualification. Participants self-directing will have the choice of seeking fingerprinting background checks.</p>

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Reference: page 434 CPW		
<p>9. Recommendation: The SDS participants should be able to make judgment about whether they feel the criminal behavior would potentially harm them.</p> <p>Reference: page 434 CPW</p>	Not accepted	Participants enrolled in DDA’s Self-Directed Services delivery model may request that DDA waive these criminal background check results. The DDA may permit waiver of the criminal background check requirements only if the criminal background check when: (1) the conviction or plea was entered 10 or more years ago; and (2) the criminal history does not indicate behavior that is potentially harmful to participants.
<p>10. Recommendation: Virtual Supports - Clarify that this provision only applies during activities in which personal health information is exchanged or discussed.</p> <p>M. 1. Services which are provided virtually must 1. Be provided in accordance with federal and State requirements, policies, guidance, and regulations, including ...HIPAA...and HITECH Act and their applicable regulations to protect the privacy and security of the participant’s protected health information; <u>M.2. “Support a participant to reach identified outcomes in the Person-Centered Plan;”</u> <u>M.3. Not be used for the provider’s convenience;</u> and</p>	Clarification	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 participant’s protected health information.
<p>11. Recommendation: Delete the phrase mentioned throughout Appendix C, “These costs, in the delivery of new business models, are part of the provider’s operating cost.”</p>	Not accepted	The Waiver program 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.

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<p>12. Recommendation: Any new and/or additional training requirements must be funded by the DDA, including back-filling with staff while others are being trained.</p>	<p>Clarification</p>	<p>Service rates include training related cost components including back up staff while the primary staff are in training.</p>
<p>13. Recommendation: Consider that a documented forensic history or past court ordered restrictions would qualify a participant for enhanced supports</p> <p>Reference: page 62 CPW</p>	<p>Clarification</p>	<p>Forensic history or past court orders restrictions may no longer apply. However, current restrictions would be noted in a Behavior Support Plan.</p> <ol style="list-style-type: none"> <li>1. The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:             <ol style="list-style-type: none"> <li>a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</li> <li>b. The participant has an approved Nursing Care Plan documenting 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.</li> </ol> </li> </ol> <p>The following criteria will be used to determine if the participant has an assessed need for Community Living – Enhanced Supports Services:</p> <ol style="list-style-type: none"> <li>1. The participant has critical support needs that cannot be met by other residential or in home services and supports; and</li> <li>2. The participant meets the following criteria:             <ol style="list-style-type: none"> <li>a. The participant has (i) court ordered restrictions to community living; (ii) demonstrated history of severe</li> </ol> </li> </ol>

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		<p>behaviors requiring restrictions and the need for enhanced skills staff; or (iii) extensive needs; and</p> <p>b. Community Living – Enhanced Support Services are provided in the most integrated environment to meet the participant’s needs.</p>
<p>14. Recommendation: Retain that minimum education requirements for Direct Support Staff to be a minimum of a HS diploma, GED, or equivalent (equivalent as documented through official attestation).</p>	<p>Not accepted</p>	<p>Services qualifications should reflect that staff’s ability to perform the service. A high school diploma or GED does not ensure the staff have the required skills and competency to perform the service. As demonstrated by the public health emergency, individuals who do not meet those standards have been hired and have provided quality supports.</p> <p>Participants may request and providers may require these minimum education standards based on their business model.</p>
<p>15. Recommendation: Add waiver language which would allow for individuals to access services that will assist with housekeeping/laundry.</p>	<p>Clarification</p>	<p>Personal Supports provide habilitative services and overnight supports to assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence. These services include In home skills development including house cleaning/chores and laundry.</p>
<p>16. Recommendation: Provide clear language for all Meaningful Day and Employment services that begin at the person’s home and end when the person arrives back at their home.</p> <p>Alternatively, permit stand-alone transportation to be used to pay for time and costs from the person’s home to first program activity and for the time and expenses from the last program activity back to the</p>	<p>Clarification</p>	<p>Meaningful Day services can start at the participant’s home and at an agreed meeting location in the community if the person is already in the community. The DDA has provided guidance in the Meaningful Day Service policy “<a href="#">Meaningful Day Transportation Visual Scenarios</a>” attachment.</p> <p>Standalone Transportation Services are a separate service that a person may request to support independent transportation needs in the person centered plan</p>

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person's home.		
17. Recommendation: Do not increase training requirements for staff while there is a workforce shortage.	Accepted	No additional training requirements will be added.
18. Recommendation: Equalize the funding for mileage to be equitable between people who self-direct and those who use provider services.	Clarification	<p>The traditional service delivery rates are used for both people self-directing services and people who choose the traditional provider directed model. This provides funding equality for both models.</p> <p>For the self directed model, the participant as the employer of record, decides how they will reimburse for mileage with their budget allocation. They do not get additional funding from the DDA for mileage reimbursement.</p> <p>For the traditional provider directed model, the provider decides how they will reimburse for mileage.</p>
19. Recommendation: Remove requirement for professional qualifications for the self directed services delivery model.	Not accepted	<p>To support participants' health and safety and ensure qualified providers, the DDA has established specific professional standards, training requirements, and provider qualification requirements associated with each waiver service.</p> <p>For participants self directing employer authority services, the staff, vendor, provider must meet the minimum standards noted in Appendix C.</p> <p>Participants self-directing services, as the employer, may require additional reasonable staffing requirements based on their preferences and level of needs.</p>

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<p>20. Recommendation: Delete “or its designee”, or specify an alternate entity, such as an FMCS for people who self-direct.</p> <p>Reference: page 15 and 141 FSW, page 166 and 256, CSW, page 198 and 290 CPW</p>	<p>Clarification</p>	<p>The Department contracts with entities that may perform functions on behalf of the DDA including Financial Management and Counseling Services (FMCS).</p>
<p>21. Recommendation: Provide greater flexibility in the scheduling for Personal Supports, Enhanced Personal Supports and Respite, so that families can carry over hours of service that are not used in a month and use these hours in a future month.</p>	<p>Not accepted</p>	<p>Comprehensive person-centered planning supports the participant’s life aspirations and addresses any unmet needs. This includes immediate needs, needs for the upcoming year, and unanticipated needs.</p> <p>“Flexibility” means the ability to adjust quickly and easily respond to an identified need. Specifically, PCP flexibilities take into account unanticipated or future needs that allow the person to readily access pre-authorized support to increase independence, build relationships, achieve career goals, and engage in their community within DDA service limitations and definitions.</p> <p>The DDA embraces the Lifecourse Model for service planning and believes that the integrated star model is a critical tool available to people and their teams as they discuss needed services and flexibilities within those services.</p> <p>As the team is considering employment support needs, it's important to remember that Maryland is an <b>Employment 1st State</b>, meaning we presume that all people who want to work, can work. The DDA’s goal is to ensure work can be a reality for everyone and that it's critical to ensure flexibility when stacking and braiding employment and meaningful day services for a person so they can maximize their opportunities.</p>

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<p>22. Recommendation: Provide greater flexibility in the scheduling for Personal Supports, Enhanced PS, and Respite. Families should be able to carry over hours of service that are not used in a month and use these hours in a future month.</p>	<p>Not accepted</p>	<p>This service is authorized base on a monthly basis. Comprehensive person-centered planning supports the participant’s life aspirations and addresses any unmet needs. This includes immediate needs, needs for the upcoming year, and unanticipated needs.</p>
<p>23. Recommendation: Safeguards to ensure the use of a legally responsible person to provide services is in the best interest of the participant</p> <ul style="list-style-type: none"> <li>a. Clarify that the written agreement, referenced in (c).6 under Safeguards, is not intended to be a supported decision-making agreement.</li> <li>b. Add language to refer to documentation of how the team will expand the participant’s support network and ensure that they are provided appropriate accommodations so that they can make their own decisions.</li> </ul> <p>Reference:Renewal, App. C, page 441 CPW, page 444 CSW, page 241 FSW</p>	<p>Accepted</p>	<p>The reference to written agreement is not intended to be a supported decision-making agreement. The language will be updated in both sections to reflect:</p> <p>6. A Self Directed Services Participant Agreement that identifies people, beyond family members, who will support the participant in making their own decision, is completed;</p>
<p>24. Recommendation: Clarify if services are to be listed after this sentence: “Waiver services are provided in the community or the individual’s own home, with the exception of the following services for which are site-based services:” on page 46 CPW.</p>	<p>Clarification</p>	<p>This sentence will be deleted.</p>



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services.		
10. Recommendation: Amend language to make it clear that Vendors under SDS do not need to be certified by DDA.	Clarification	Services are provided by individuals or provider organizations (i.e., private entities) that meet applicable requirements set forth in Appendix C prior to rendering services. Appendix C includes information related to provider qualifications including licensing and certification.

## Assistive Technology and Services

Assistive Technology and Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Assistive Technology Providers</p> <p style="padding-left: 40px;">a. Add language that would expand AT provider qualification Assistive Technology Specialist/Practitioner to increase the pool of eligible specialists able to provide assistive technology assessments.</p> <p>Reference: page 55 FSW, page 7 CSW, page 8 CPW</p> <p style="padding-left: 40px;">b. Add Enabling Technology Integration Specialist (ETIS) as an acceptable type of certification. SHIFT provides this type of</p>	Not accepted	Enabling Technology Integration Specialist (ETIS) is an online learning community offering courses, professional connections, interactive webinars, and community discussion related to technology. The various programs available aim to standardize professional skill development that facilitates the increased utilization of supportive technology as a natural support for home, employment, and community.

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<p>certification and is specifically developed for CCSs, Providers and Advocates;</p>		
<p>2. Recommendation: Under Service Requirements, A., Increase the cost threshold for an assistive technology assessment up to</p> <ul style="list-style-type: none"> <li>a. \$2500</li> <li>b. \$3000</li> </ul> <p>Reference: page 255 FSW, page 6-7 CSW, page 7 CPW</p>	<p>Accepted with amendment</p>	<p>Language will be edited to note if the Assistive Technology, requested for the participant, has a cost that equals or exceeds \$2,500 then an Assistive Technology Needs Assessment is required prior to acquisition of the Assistive Technology.</p>
<p>3. Recommendation: Increase the allowable budget for technology to \$10,000, with the potential for DDA to authorize a higher amount with an appropriate and documented need.</p>	<p>Clarification</p>	<p>The waiver programs do not include a cost cap of \$10,000 for Assistive Technology.</p>
<p>4. Recommendation: Include internet access, smart phones, and smart phone services in the waiver as per the Self-Direction Act of 2022</p>	<p>Not accepted</p>	<p>The Developmental Disabilities Administration – Self–Directed Services (Self–Direction Act of 2022) includes the provision for people self-directing their services the ability to use their approved budget to pay for administrative expenses needed to operate their plan of service including internet service.</p> <p>The DDA will propose internet service be an allowable item under Individual and Family Directed Goods and Services (IFDGS). IFDGS are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid state plan.</p> <p>Note: Prior to accessing DDA funding for this service, all other available and appropriate funding must be explored. There are many resources where people can access smartphones including but not limited to:</p>

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		<p><a href="https://www.safelinkwireless.com/">https://www.safelinkwireless.com/</a>; Maryland Free cell phone providers: Access Wireless, American Assistance, Assist Wireless, Assurance Wireless, Cintex Wireless, Conexion Wireless, EnTouch Wireless, Life Wireless, Q Link Wireless, Safelink Wireless, Stand Up Wireless, Tag Mobile, Tempo Communications, Terracom Wireless, TruConnect, and US Connect.</p> <p><a href="#">Lifeline</a> is a federal program that lowers the monthly cost of phone and internet. It provides subscribers a discount on monthly telephone service, broadband internet access service, or a voice-broadband bundled service purchased from participating providers. Medicaid recipients are eligible for Lifeline.</p> <ul style="list-style-type: none"> <li>• <a href="https://www.fcc.gov/consumers/guides/lifeline-support-affordablecommunications">https://www.fcc.gov/consumers/guides/lifeline-support-affordablecommunications</a></li> <li>• <a href="https://www.lifelinesupport.org/">https://www.lifelinesupport.org/</a></li> </ul> <p>Note: CMS does not approve internet services as a waiver service.</p>
<p>5. Recommendation: Eliminate requirement that multiple entities must provide a denial for the cost of Assistive Technology. Reduce the requirement to 1 denial from a private insurance company or no denial letter.</p> <p>Reference: page 255 FSW, page 6-7 CSW, page 7 CPW</p>	<p>Clarification</p>	<p>Prior to accessing DDA funding for this service, all other available and appropriate funding must be explored. In accordance with 42 CFR §433 Subpart D, FFP may not be claimed for services when another third party (e.g., other third-party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. This requirement applies to all Medicaid services, including waiver services. The Medicaid program functions as the payer of last resort. Reference: <a href="#">CMS Technical Guide</a> page 53.</p>
<p>6. Recommendation: Expand the threshold that triggers the requirement for 3 bids for an assessment (currently the threshold is for items</p>	<p>Accepted with amendment</p>	<p>The funding threshold will be increased to \$2,500.</p>

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<p>or services above \$1,000) and instead create a process for approval that focuses on the technology a person needs per team decision.</p> <p>Reference: page 255 FSW, page 6-7 CSW, page 7 CPW</p>		<p>The DDA can authorize services and items based on an Assistive Technology Needs Assessment which includes the following:</p> <ol style="list-style-type: none"> <li>1. A description of the participant’s needs and goals;</li> <li>2. A description of the participant’s functional abilities without Assistive Technology;</li> <li>3. A description of whether and how Assistive Technology will meet the participant’s needs and goals; and</li> <li>4. A list of all Assistive technology, and other Waiver program services (including a combination of any of the elements listed) that would be most effective to meet the technology needs of the participant.</li> </ol>
<p>7. Recommendation: Include that if someone has successfully used certain assistive technology or device, and it is the most appropriate technology or device to meet their needs, they should be able to purchase that item and not have to choose the least costly option.</p>	<p>Clarification</p>	<p>The most cost-effective option that best meets the participant’s needs shall be selected from the lists of available options unless an explanation of why the chosen option is the most cost effective.</p>
<p>8. Recommendation: Include the definition of AT consistent with the MD Technology First program. Ensure the scope is the same.</p>	<p>Clarification</p>	<p>Under the waiver, Assistive Technology is a service.</p> <p>The Purpose of Technology First Initiative is as follows: Empowering all Marylanders with disabilities to have access to technology that will enhance their ability to pursue their best life as they define it.</p>

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## Behavioral Support Services

Behavioral Support Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Insert “The observation should occur in the appropriate environment(s), at the discretion of the team and/or the clinical professional.” In the Behavioral Assessment A.3</p>	<p>Clarification</p>	<p>As noted in the waiver programs, the Behavioral Assessment is based on the principles of person-centered thinking, a comprehensive Functional Behavioral Assessment (FBA), and supporting data. It includes:</p> <ol style="list-style-type: none"> <li>1. An onsite observation of the interactions between the participant and their caregiver(s) and/or others who support them in multiple settings and observation of the relationships between the participant and others in their environment, and the implementation of existing strategies (if any);</li> <li>2. An environmental assessment of all primary environments.</li> </ol> <p>The clinical professional, with input from the team, will determine the environments to assess based on professional standards.</p>
<p>2. Recommendation: Under Service Requirements, A.5.h and i, clarify, in terms of where the development of behavioral goals occurs in the development of the behavior plan</p> <p>Reference: page 68 FSW, page20 CSW, page 20 CPW</p>	<p>Accepted</p>	<p>Information will be updated to reflect:</p> <p>h. Development of the Behavior Support Plan, if applicable, with goals that are specific, measurable, attainable, relevant, time based, and based on a person-centered approach.</p>

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<p>3. Recommendation: under Under Service Requirements, B.5 and B.6 for Behavior Consultant Services:</p> <ul style="list-style-type: none"> <li>a. Edit to reflect the ongoing assessment of progress for all “appropriate” environments related to the behavior support plan.</li> <li>b. In B.5 in the sentence “The environment as related to the behavior support plan. Delete all, replace with “appropriate.</li> <li>c. B.5 Change to in home and community environments, including those where they live, spend their days, work, volunteer, etc. in all pertinent environments (i.e. home, day program, job, and community)</li> </ul> <p>B.6. Ongoing assessment of progress in all pertinent environments against [added] identified goals in all environments.</p> <p>Reference: page 69 FSW, page 20 CSW, page 21 CPW</p>	<p>Accepted with amendment</p>	<p>B. 5. No changes will be made as this relates to ensuring that the participant is able to continue to participate in home and community environments.</p> <p>B.6. will be updated to reflect: Ongoing assessment of progress in all appropriate environments against identified goals related to the behavior support plan.</p>
<p>4. Recommendation: Clear policy guidance on the expectations of the “40 hours of training” for staff in the Brief Support Implementation Services. Since these services overlap both Behavior Support Services and Community Living Group Home-Enhanced Supports; we feel that clarity on this training requirement is paramount.</p>	<p>Accepted</p>	<p>The DDA will provide policy guidance related to the training requirement.</p>

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<p>5. Recommendation: Allow a participant to have more than one Behavior Support Plan based on their different needs in different environments.</p>	<p>Clarification</p>	<p>A participant can have a behavior support plan that reflects different environments (e.g., home, community, employment, day program, residential program).</p> <p>The DDA Behavioral Support provider authorized shall support the participant across various environments and services including for both residential and meaningful day service, to provide a holistic and consistent approach to behavior supports. This includes assessments, consultations, and development of behavioral strategies in applicable environments.</p>
<p>6. Recommendation: Under Service Definitions B.2, Remove the word, “implement” from Behavioral Consultation as those services should only oversee, monitor, and modify Behavior Support Plans. And the further definition in Section B does not include any information about implementation.</p> <p>Reference: page 67 FSW, page 18 CSW, page 18 CPW</p>	<p>Accepted</p>	<p>The word will be removed.</p>
<p>7. Recommendation: Remove reference to “Applied Behavior Analysis” as a service that must be explored before a person can access Behavioral Support Services.</p>	<p>Not accepted</p>	<p>Prior to accessing DDA funding for this service, all other available and appropriate funding must be explored including the Medicaid State Plan Applied Behavior Analysis. Effective January 1, 2017, the Maryland Department of Health covers medically necessary Applied Behavior Analysis (ABA) therapy services for Medical Assistance Program enrolled members under the age of 21.</p> <p>Applied Behavior Analysis (ABA) is an evidence-based treatment for individuals that includes many different techniques to:</p> <ul style="list-style-type: none"> <li>● Increase useful or desired behaviors such as communication and social skills, and</li> </ul>

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

		<ul style="list-style-type: none"> <li>Reduce behaviors that may interfere with learning or behaviors that may be harmful.</li> </ul>
<p>8. Suggestion: Replace mention of ABA with “analysis of different styles of communication and communication challenges related to behavior”. Add this as a priority as well as assessing environmental considerations even if uncomfortable for the providers.</p>	Clarification	<p>The Behavioral Assessment is based on the principles of person-centered thinking, a comprehensive Functional Behavioral Assessment (FBA), and supporting data.</p> <p>Individuals who provide behavioral assessments and consultation services must have training and experience in analysis of different styles of communication and communication challenges related to behavior</p>
<p>9. Remove “and psychological” from 3(e). pg. 28. Since this section of the waiver is about behavioral support services, it is not necessary to require psychological or other specific mental health services.</p> <p>Reference: page 76 FSW, page 28 CSW, page 28 CPW</p>	Clarification	<p>This section is related to required competencies for the professional providing the behavioral assessment and consultation services. They must have training and experience in ethical considerations related to behavioral and psychological services.</p>
<p>10. Recommendation: Development of a comprehensive behavior support service that can ensure participants receive appropriate support to help them thrive in the community including ways to provide specialized and responsive behavior supports to those with the most complex behavioral needs.</p>	Clarification	<p>The State of Maryland has several systems and strategies to support behavioral support needs including for people with the most complex behavioral needs.</p> <p>The Behavioral Health Administration (BHA), as part of the Maryland Department of Health, has oversight responsibility for publicly-funded inpatient and outpatient (community) behavioral health services, which includes a comprehensive array of services and supports to help individuals with substance-related disorders, mental health disorders, co-occurring disorders, and problem-gambling disorders recover.</p>

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

		<p>Additionally, BHA is the entity responsible for regulating and licensing all behavioral health programs in Maryland’s Public Behavioral Health System and has oversight responsibility to ensure provider compliance with COMAR 10.63 and state policy.</p> <p>The DDA Waivers Behavioral Support Services include:</p> <ol style="list-style-type: none"> <li>1. Behavioral Assessment - identifies a participant’s challenging behaviors by collecting and reviewing relevant data, discussing the information with the participant’s support team, and developing a Behavior Support Plan that best addresses the function of the behavior, if needed;</li> <li>2. Behavioral Consultation - services that implement, oversee, monitor, and modify the Behavior Support Plan; and</li> <li>3. Brief Support Implementation Services - time limited service to provide direct assistance and modeling to families, staff, caregivers, and any other individuals supporting the participant so they can independently implement the Behavior Support Plan.</li> </ol> <p>The DDA routinely collaborates with the Behavioral Health Administration on challenges and issues as they arise. In addition, the DDA has contracts for Behavioral and Mental Health Crisis Supports with independent community organizations for crisis hotline services, mobile crisis services, and behavioral respite services to support participants and families during a participant's behavioral and mental health crisis.</p>
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# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>11. Recommendations: Support renewal proposed changes made to behavioral support services; and specifically:</p> <ul style="list-style-type: none"> <li>● We support emphasis on “enhancing ... <i>quality of life...</i>” on Page 18</li> <li>● We support “Behavioral Consultation - services that <i>implement</i> ... Behavior Support Plan,” on Page 18</li> <li>● We support the focus on “the interactions between the participant and his/her <i>their</i> caregiver(s) <i>and/or others who support</i> them in multiple settings and observation of <i>the relationships between the participant and others in their environment, and the implementation of existing strategies (if any),</i>” on Page 19</li> <li>● We support the “<i>Assessment of communication skills and how challenges with communication may relate to behavior (if applicable),</i>” on Page 19.</li> </ul>	<p>Not applicable</p>	<p>The stakeholder recommendation is to support the Department’s proposed changes.</p>
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# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

## Career Exploration

Career Exploration		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

## Community Development Services

Community Development Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Remove, “Mileage reimbursement, under the self-directed service delivery model, to 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 of service.”</p> <p>Reference: page 24 CSW, page 43 CPW</p>	Not accepted	Participants self-directing services, as the employer of record, decide their staff wages, additional training, reimbursement, benefits, and leave time. Funding for these expenditures are included in the traditional rates used to create their budget. Therefore, this language is stating that they can use their budget to allocate funding to cover these costs. It does not include additional funding for the services.

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>2. Recommendation: CDS Group Size</p> <p>a. Restore the maximum number of people in a CDS group to 4.</p> <p>b. Maintain a 1:4 ratio as supported by the rate. Ensure any changes to factors that contribute to the rate, must prompt a rate change if the formulas used are considered valid.</p> <p>Reference: page 42 CSW, page 43 CPW</p>	<p>Accepted</p>	<p>Community Development Services may be provided in a group of up to four (4) participants.</p> <p>Note: The rate for this service is based on a 1:1.5 participant ratio and not a group size of 4.</p>
<p>3. Recommendation: Under the self directed model, include language that SDS participants may access this service as a 1:1</p>	<p>Clarification</p>	<p>Community Development Services can be provided in groups of up to four participants all of whom have similar interests and goals outlined in their Person-Centered Plan. A group is not required in order for the service to be provided. The service can also be provided for one participant based on their choice of activity regardless of the service delivery model.</p> <p>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</p> <p>a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</p> <p>b. The participant has an approved Nursing Care Plan documenting 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.</p>
<p>4. Recommendation: Ensure that providers have the</p>	<p>Not accepted</p>	<p>These activities are covered by the program support rate component.</p>

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<p>ability to bill for indirect Community Development Services through communication with businesses/volunteer providers, community centers, and other organizations to increase independence and fading opportunities for community members.</p>		
<p>5. Recommendation: Strike “Updates should be made as needed to meet the changing needs, desires, and circumstances of the participant.” as noted below:</p> <p style="padding-left: 40px;">An individualized schedule will be used to provide an estimate of what the participant will do and where the participant will spend their time when in this service. <del>Updates should be made as needed to meet the changing needs, desires, and circumstances of the participant.</del> The individualized schedule will be based on a Person-Centered Plan that clearly outlines how this time would be used</p>	<p>Not accepted</p>	<p>The individualized schedule will be used to provide an estimate of what the participant will do and where the participant will spend their time when in this service. Update should be made based on the participant’s changing needs, desires, and circumstances.</p>
<p>6. Recommendation: Under Service Requirements M, N, and O, Make appropriate corrections: Comment: N and O read like sub-descriptions of M and may need to be marked as M1&amp;2.</p> <p>Reference: page 44 CPW</p>	<p>Accepted</p>	<p>The formatting will be updated to reflect:</p> <p>M. Until the service transitions to the LTSSMaryland system, Community Development Services daily service units are not available:</p> <ol style="list-style-type: none"> <li>1. On the same day a participant is receiving Career Exploration, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services under the Traditional Services delivery model; and</li> </ol>

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		<p>2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p>
<p>7. Recommendation: Remove the service requirement that a participant have a Health Risk Screening Tool (HRST) score of 4 or higher to receive 1:1 or 2:1 staff ratio.</p> <p>Reference: page 40 CSW, page 41 CPW</p>	<p>Accepted</p>	<p>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</p> <ul style="list-style-type: none"> <li>a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</li> <li>b. The participant has an approved Nursing Care Plan documenting 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.</li> </ul>
<p>8. Recommendation: For participants who self-direct, there should be no need for 1:1 separate approval by DDA since SDS services are provided based on an employer-employee relationship or participant-vendor relationship.</p> <p>Reference: page 40 CSW, page 41 CPW</p>	<p>Clarification</p>	<p>An enhanced rate is used when 1:1 and 2:1 staff-to-participant ratio are authorized.</p> <p>Therefore, participants self-directing services will be authorized CDS group unless they meet the following criteria:</p> <p>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</p> <ul style="list-style-type: none"> <li>a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</li> <li>b. The participant has an approved Nursing Care Plan documenting</li> </ul>

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		1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.
9. Recommendation: Add language from earlier versions of waiver applications, of service definitions so it is clear that the following are acceptable activities in both CDS and Day Habilitation: “meeting new people, making friends, and going to classes or activities for fun, fitness, or to learn.”	Clarification	Community Development Services (CDS) provide the participant with development and maintenance of skills related to community membership through engagement in community-based activities. Information related to activities are noted in guidance and policy. Reference: <a href="https://tinyurl.com/42yzeh58">Meaningful Day Services policy</a> at <a href="https://tinyurl.com/42yzeh58">https://tinyurl.com/42yzeh58</a>
10. Recommendation: Under Service Definitions, B.2, Change the language, “socially acceptable behavior” to instead to learn “behaviors that can promote further community integration.”  Reference: page 39 CSW, page 40 CPW	Accepted	The language will be revised to note:  1. Learning behaviors that can promote further community integration
11. Recommendation: The waiver should explicitly allow CDS in a person’s home for more than just periodic visits during CDS time	Not accepted	This service is provided in the community with the exception of time-limited periods of the day when supports are needed in the home due to lack of accessible restrooms and public areas to support personal care, health, emotional, and behavioral needs as indicated in the Person-Centered Plan. Supports in the home can be provided under Personal Supports.
12. Recommendation: Add a daily rate for CDS similar to the daily rate for respite. Individuals could put hours or days in the PCP, and bill depending on if they wish to receive one service for the day instead of switching between	Not accepted	Beginning July 2019, meaningful day services began transitioning to an hourly basis (now noted as 15 minute increments) providing new opportunities and flexibility for participants to receive various meaningful day services to meet their individualized goals on the same day.

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multiple services.		
<p>13. Recommendation: For self directed services:</p> <ul style="list-style-type: none"> <li>a. Include staffing hours to attend training required by the waiver and/or the participants.</li> <li>b. Include a staffing line on the budget sheet.</li> <li>c. Do not count these hours within the 40 hour limit for CDS.</li> </ul>	Accepted with amendments	<p>Similar to DDA providers business models, participants self directing services can offer to pay for staff time attending training. The DDA has updated the self directed budget sheet to include a line item associated with this possible training costs. The 40 hours per week limitation is related to direct services. It does not relate to time staff are in training. The DDA’s guidance and policies will be updated accordingly.</p>
<p>14. Recommendation: Ensure that there is stakeholder input to develop scope of CDS to truly reflect the options available to and used by other employers in the state.</p>	Clarification	<p>The DDA partners with people in services, self-advocates, family members, service providers, advocacy organizations, and subject matter experts to enhance services and supports for Marylanders with developmental disabilities. This partnership includes working with various groups related to employment, self-direction, technology, supporting children and families, person-centered planning, coordination of services, supporting children, training, system platforms, and rates.</p> <p>Stakeholders also have opportunities to provide comments during the open comments period to include their suggestions.</p>
<p>15. Recommendation: Add another criteria to support individuals who have very unique activities and individualized supports that would never be performed with others in a group (specific volunteering position, unique activities such as working with horses, etc.)</p>	Clarification	<p>This service can be provided for one participant up to a group of 4 participants.</p>

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<p>16. Recommendation: Self Directed services reimbursement, benefits and leave time reasonable and customary standards should include stakeholder input.</p>	<p>Accepted with amendment</p>	<p>Reasonable and customary employee wages and vendor/provider rates are available on the DDA website.</p> <p>The DDA has drafted reasonable and customary benefits and will be seeking stakeholder input.</p>
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## Community Living--Group Home

Community Living--Group Home		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Restore retainer days to 33 days for Community Living Services.</p>	<p>Not accepted</p>	<p>As per federal requirements, the time limit for the retainer payment may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for a "bed-hold" in nursing facilities. Currently, Maryland Medicaid State Plan nursing facility "bed-hold" days are limited to 18 days.</p>

## Day Habilitation

Day Habilitation		
Recommendation	Dept. Response	Dept. Comment

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<p>2. Recommendation: Add a daily rate for day habilitation similar to the daily rate for respite. Individuals could put hours or days in the PCP, and bill depending on if they wish to receive one service for the day instead of switching between multiple services.</p>	<p>Not accepted</p>	<p>Beginning July 2019, meaningful day services began transitioning to an hourly basis (now noted as 15-minute increments) providing new opportunities and flexibility for participants to receive various Meaningful Day services to meet their individualized goals on the same day.</p>
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## Employment Discovery and Customization

Employment Discovery and Customization		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

## Employment Support Services

Employment Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Job Development and other related Employment Services should include the</p>	<p>Not accepted</p>	<p>Participants using the Self-Directed Service Delivery Model have employer authority for Employment Services – On going job supports</p>

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<p>ability for people to have Employer Authority under the self directed model.</p>		<p>and follow along. They also have budget authority but not employer authority for Job Development. The DDA has established specific professional standards, training requirements, and qualification requirements associated with this service. Participants self directing services have budget authority associated with these services.</p>
<p>2. Recommendation: Expand provider qualifications to allow ACRE certification as an option to qualify an employee of ESS for people in self direction.</p>	<p>Clarification</p>	<p>Employment Services (specifically, discovery, job development, and self-employment development supports) must be provided by staff who have the appropriate proof of competency required as outlined in the <a href="https://tinyurl.com/5h9byz56">DDA Meaningful Day Training Policy</a>. See <a href="https://tinyurl.com/5h9byz56">https://tinyurl.com/5h9byz56</a></p> <p>Participants self directing services can request their staff have ACRE certification in addition to CESP certification.</p>
<p>3. Recommendation: Ensure people can receive on-going employment supports more than 40 hours a week and any day of the week. The process to get more than 40 hours a week should be easy and flexible.</p>	<p>Clarification</p>	<p>The renewal proposals include the removal of the limit of Ongoing job supports to 10 hours per day or 40 hours per week to support participants that work overtime on a particular day.</p>
<p>4. Recommendation: Remove requirement to have a provider for people in self direction.</p>	<p>Not accepted</p>	<p>Participants using the Self-Directed Service Delivery Model have employer authority for Employment Services – On going job supports and follow along. They can hire staff or a vendor or provider for these services. They also have budget authority for the other employment related services like Job Development. The DDA has established specific professional standards, training requirements, and qualification requirements associated with this service. Therefore they will need to hire a DDA certified provider.</p>
<p>5. Recommendation: Allow family members to provide employment services. Do not require a</p>	<p>Not accepted</p>	<p>Family members that meet the required qualifications can provide services. Employment Services (specifically, discovery, job development,</p>

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>certificate.</p>		<p>and self-employment development supports) must be provided by staff who has the appropriate proof of competency</p> <p>required as outlined in the <a href="https://tinyurl.com/5h9byz56">DDA Meaningful Day Training Policy</a>. See <a href="https://tinyurl.com/5h9byz56">https://tinyurl.com/5h9byz56</a></p>
<p>6. Recommendation: Job development and Ongoing Job Supports</p> <p>Clarify language which notes that Job development and Ongoing Job Supports are reimbursed based on hourly increments.</p> <p>Reference: F and G page 94 CSW, page 126 CPW</p>	<p>Clarification</p>	<p>Job Development and Ongoing Job Supports will be updated to reflect the following services as 15-minute increments.</p>
<p>7. Recommendation: Under Service Requirements Remove the word “and” before Delegation training for the sentence below noted in M.:</p> <p>In the event that additional Nursing Support Services/<del>Nurse Case Management</del> and Delegation training supports are needed, as indicated in the HRST because of a change in the participant’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nursing Support Services Delegation Service support service hours can be authorized.</p> <p>Reference: page 95 CSW, page 130 CPW</p>	<p>Accepted</p>	<p>Language will be revised to note:</p> <p>X. In the event that additional Nursing Support Services/<del>Nurse Case Management and Delegation</del> training supports are needed, as indicated in the HRST because of a change in the participant’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nursing Support Services Delegation Service support service hours can be authorized.</p>

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<p>8. Recommendation: Increase the 90 hour per year restriction on Job Development services.</p>	<p>Not accepted</p>	<p>The current waiver language provides flexibility to authorize additional hours. The waiver notes: Job Development services cannot exceed a total maximum of 90 hours per year unless otherwise authorized by DDA.</p>
<p>9. Recommendation: Allow for alternative service delivery methods (e.g., Skype, Zoom, Facetime, telephone) instead of only allowing face to face visits where the participant and their team have noted in the Person-Centered Plan that they prefer these alternative means to face to face visits per month.</p>	<p>Clarification</p>	<p>In person and virtual supports are service delivery models that providers can include in their program service plan and participants can choose via the person centered planning process. Virtual support must:</p> <ol style="list-style-type: none"> <li>1. Be provided in accordance with federal and State requirements, policies, guidance, and regulations, including 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 participant’s protected health information; and</li> <li>2. Support a participant to reach identified outcomes in their Person-Centered Plan.</li> </ol> <p>As per the Meaningful Day Services policy:</p> <ol style="list-style-type: none"> <li>1. Follow-Along Supports include at least two direct support contacts with the participant in the course of the month, but may also include other types of interventions, such as, but not limited to:             <ol style="list-style-type: none"> <li>a. Phone calls to the participant and/or employer; and</li> <li>b. General coordination needed to support a participant to maintain their employment.</li> </ol> </li> <li>2. Direct support contacts are not required to take place at the</li> </ol>

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		<p>employment site if this is a preference of the participant and/or the employer.</p> <p>3. Direct support contacts can be completed via remote technology as indicated in the participant's person-centered plan (for example: Skype or Facetime) if preferred by the participant and outlined in the participant's person-centered plan.</p>
<p>11. Recommendation: Allow a relative, legally responsible person or legal guardian to provide these services, if chosen by the participant and deemed in the participant's best interests by the team.</p>	<p>Not accepted</p>	<p>A relative (who is not a spouse, legal guardian, or legally responsible person) may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2. A legally responsible person or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.</p>

## Environmental Assessment

Environmental Assessment		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Remove the following Environmental Services Professional qualification requirements:</p> <p style="padding-left: 20px;">a. Professional must complete the DDA provider application and be certified</p>	<p>Not accepted</p>	<p>Environmental Assessment Professional must complete the DDA provider application. The DDA will be issuing a condensed application for individual professionals. In addition, they must complete the person specific pre/in-service training to be aware of the participants</p>

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<p>based on compliance with meeting program standards</p> <p>b. Complete necessary pre/in-service training based on the Person-Centered Plan.</p>		<p>communication preferences, sensitivities, and health or behavior strategies so they can adapt training as needed.</p>
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## Environmental Modifications

Environmental Modifications		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: We appreciate that the limit of the cost of environmental modification was raised to \$50,000 and believe with this increase, elevators should become an allowable cost (CPW Renewal, App. C, pg. 151).</p>	<p>Not accepted</p>	<p>Elevators and the installation of elevators are not covered under the waivers. This service includes installation of lifts and stair glides (with the exception of elevators), such as overhead lift systems and vertical lifts.</p>
<p>2. Recommendation: Make Environmental Modifications available to those in Supported Living.</p>	<p>Clarification</p>	<p>This service is available to participants using Supported Living services.</p>
<p>3. Recommendation: Delete the three-bid requirement, or allow for an exception if there</p>	<p>Clarification</p>	<p>The programs currently allow an exception. The service notes “Unless otherwise approved by the DDA, if the requested Environmental</p>

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are not enough vendors in an area to provide three bids.		Modification is estimated to cost over \$2,000 over a 12-month period, then the participant must provide at least three bids.”
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## Family Caregiver Training and Empowerment

Family Caregiver Training and Empowerment		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

## Family and Peer Mentoring Supports

Family and Peer Mentoring Supports		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

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## Housing Support Services

Housing Support Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Remove annual cap of 175 hours on HSS.</p>	Not accepted	Housing Support Services are limited to 8 hours per day and may not exceed a maximum of 175 hours annually.
<p>2. Recommendation: Under Service Definition replace proposed language in E.4, (e.g., sending monthly rent payment to landlord, sending payment to utilities, etc.) with, “(e.g. Assistance with setting up and monitoring systems to pay rent, mortgage, utilities and other related housing expenses.”)</p> <p>Reference: Service Definition, page 148 CSW, page 181 CPW</p>	Accepted	<p>The language will be updated to reflect:</p> <p>Assistance with bill paying services (e.g., Assistance with setting up and monitoring systems to pay rent, mortgage, utilities and other related housing expenses).</p>
<p>3. Recommendation: Under Waiver Section, Housing Support Specialist Other Standard: Add the ability for staff to provide Housing Support Services under the oversight of a Housing Support Services certified employee for a limited time, similar to Discovery and Job Development services.</p> <ul style="list-style-type: none"> <li>● Suggested language: Employees who have not yet completed a HSS training</li> </ul>	Not accepted	Employees providing Housing Support Services must meet the requirements in Appendix C, including completing required training.

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<p>designated by DDA may provide housing support services for up to 12 months provided their work is reviewed and approved by a certified Housing Support Specialist.</p>		
<p>4. Recommendation: Under Provider Qualification 3.J, Training: add “personal” in between “creating” and before “budgets.  Reference: Provider Qualification, page 151 and 159 CSW, page 183 and 191 CPW</p>	<p>Accepted</p>	<p>The language will be updated to reflect:  J. Creating personal budgets with individuals with developmental disabilities.</p>
<p>5. Recommendation: Add “assistance with financial benefits” to what Housing Information and Assistance can include.</p>	<p>Not accepted</p>	<p><a href="#">Benefits counseling</a> provides information about how working may affect your financial and health benefits. In Maryland, these counselors are called Community Work Incentives Coordinators (CWICs) and they work for Work Incentives Planning and Assistance (WIPA).</p> <p>The WIPA program is funded by the Social Security Administration (SSA) to provide you with information about the impact of working on your SSI or SSDI cash and health benefits. Each WIPA project has Community Work Incentives Coordinators. The WIPA project in Maryland is the Maryland Work Incentives Network.</p> <p>The Division of Rehabilitation Services (DORS) also has benefits counselors, sometimes called benefits planners, to help you understand the impact of work may have on benefits.</p>
<p>6. Recommendation: Delete: 9. Complete necessary pre/in-service training based on the Person-Centered Plan</p>	<p>Not accepted</p>	<p>Housing Support Services staff must complete the person specific pre/in-service training to be aware of the participants communication</p>

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Reference: Provider Qualification J.3, page 184 CPW		preferences, sensitivities, and health or behavior strategies so they can adapt training as needed.
<p>7. Recommendation: Related to staff educational requirements to have a Bachelor’s degree.</p> <p>a. Keep standard for High School diploma or GED</p> <p>b. Provide additional options for meeting the education requirement for housing support professionals, including (1) a Bachelor’s degree or (2) an Associate’s degree plus two years of experience in a human services or housing-related field or (3) seven years of experience in a human services or housing-related field.</p> <p>c. Require that staff must have either a Bachelor’s degree; an Associate’s degree and 2 years experience in human services or housing; or 4 years experience in human services or housing. . Also, current staff who have taken the training for this certification and are already providing this service should be grandfathered in.</p> <p>d. Remove the requirement for HSS to have a BA. An alternative could be that the person has 5 years of experience providing housing supports.</p> <p>e. Change the education requirements for staff working for or contracted with the agency to have a bachelor’s degree OR an associate’s degree with 2 years of experience in human service or housing related field, OR have 7 years</p>	<p>Accepted with amendment</p>	<p>The proposed requirement for a Bachelor’s degree will be removed.</p>

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<p>of experience in human services or housing related field.</p> <p>f. Change language: 2. Educational Requirements: Have a. bachelor’s degree in a human service or housing-related field or; b. Associated degree with two (2) years' experience in human service or housing-related field; or c. Seven (7) years’ experience in human service or housing-related field.</p> <p>g. Housing Support Professionals who were certified prior to July 1, 2023 are exempt from the new requirements.</p> <p>h. Change the education requirements for staff working for or contracted with the agency to have a bachelor’s degree OR an associate’s degree with 2 years of experience in human service or housing related field, OR equivalent of education and/or years of experience combined in human services or housing related field (4 years).</p> <p>i. Minimum of five years demonstrated experience and capacity providing quality housing support services to persons</p> <p>j. Allow a provider offering residential, supported living or personal supports for five years to qualify to offer this service so that there is a big enough pool of service providers to offer choice to people statewide.</p>		
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# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>k. Professionals who have already been approved to provide this service should be grandfathered in and allowed to keep their certification to be a Housing Support Professional.</p> <p>l. Add: and/or a Maryland real estate license, documented work experience and/or courses or certification related to expertise in rental housing and tenancy.</p> <p>Reference: Provider Qualifications, page 150 and 157 CSW, page 182 and 189 CPW</p>		
<p>8. Recommendation: Increase the Housing Support Services reimbursement to the rate for Coordination of Community Services (CCS).</p>	<p>Not accepted</p>	<p>The rate for Housing Support Services is based on the same Bureau of Labor Statistics (BLS) classification and wage as CCS. However, the rate calculated is different and does pertain to Housing Support Services.</p>
<p>9. Recommendation: Use annual upper payment limits instead of monthly limits for HSS authorizations.</p>	<p>Accepted with amendment</p>	<p>The Department will explore changes to the PCP detail service authorization section to reflect this service as an upper service limit.</p>

## Individual and Family Directed Goods and Services

Individual and Family Directed Goods and Services		
Recommendation	Dept. Response	Dept. Comment

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>1. Recommendation: Individuals Family Directed Goods and Services</p> <p>Delete this service as there is no other service in the waiver that is means tested on a service level. It is not clear how that could be operationalized or would be equitable.</p> <p>Reference: IFDGS (page 135 FSW, page 160 CSW, page 192 CPW) Remove</p>	<p>Not accepted</p>	<p>Individual and Family Directed Goods and Services are services, equipment, activities, or supplies, for participants who self-direct their services, and purchased from a participant-directed budget. They must be based on a participant’s assessed needs as written in the PCP.</p>
<p>2. Recommendation: Use of allotted budget funding for Individual and Family Directed Goods and Services should not require DDA approval.</p>	<p>Not accepted</p>	<p>There is no limit on the amount an individual may expend on goods and services from their individualized budget so long as the totality of services purchased through the individualized budget addresses the needs identified in the individual’s person-centered plan.</p> <p>However, expenditures for goods or services in excess of \$5000 require prior authorization by the DDA to ensure the goods/service meets the criteria stipulated in service specification, alignment with the person-centered plan, and to ensure that the purchase represents the most cost effective means of meeting the identified need.</p>
<p>3. Recommendation: Complete removal of \$5000 cap on Individual/Family Directed Goods &amp; Services (IFDGS).</p>	<p>Clarification</p>	<p>There is no limit on the amount an individual may expend on IFDGS.</p> <p>Per the proposal: There is no limit on the amount an individual may expend on goods and services from their individualized budget so long as the totality of services purchased through the individualized budget addresses the needs identified in the individual’s person-centered plan. However, expenditures for goods or services in excess of \$5000 require prior authorization by the DDA to ensure the goods/service meets the</p>

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		<p>criteria stipulated in service specification, alignment with the person-centered plan, and to ensure that the purchase represents the most cost effective means of meeting the identified need.</p>
<p>4. Recommendation: Include in allowable costs:</p> <ul style="list-style-type: none"> <li>a. Services like an Amazon prime membership should be considered as payable expenses for a participant, however under that circumstance additional documentation may be required.</li> <li>b. Home modifications (elevators and stair lifts) should be allowable under certain circumstances if it can meet and individual’s health and safety needs.</li> <li>c. Alarm systems and medical alert systems to ensure health and safety; do not require budget modification/plan update.</li> </ul>	<p style="text-align: center;">Not accepted</p>	<p>Individual and Family Directed Goods and Services (IFDGS) must meet the requirement noted in Appendix C including:</p> <p>IFDGS must be clearly noted and linked to an assessed participant need established in the Person-Centered Plan.</p> <p>IFDGSs must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. The item or service would decrease the need for other Medicaid services;</li> <li>2. Promote inclusion in the community; OR</li> <li>3. Increase the participant’s safety in the home environment; AND</li> <li>4. The participant does not have the funds to purchase the item or service; and</li> <li>5. The item or service is not available through another source.</li> </ol> <p>IFDGS must not compromise the participant’s health and safety.</p> <p>The goods and services provided must be cost-effective alternatives to standard waiver or State Plan services (i.e., the service is not available from any other source, is least costly to the State, and reasonably meets the identified need).</p> <p>To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services</p>

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		<p>not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.</p> <p>Stair lifts may be covered under environmental modifications.</p> <p>Alarm systems and medical alert systems may be covered under Medicaid Durable Medical Equipment or Assistive Technology and Services.</p>
<p>5. Recommendation: The DDA should study the amount of individual and family directed goods and services used by people in self-directed services. After analysis, create parity in the opportunity to access funding for goods and services for people in traditional services.</p> <p>Reference: page 135 FSW, page 160 CSW, page 192 CPW</p>	<p>Clarification</p>	<p>As per the Self-Direction Act of 2022, the Department will collect utilization data on recipients of self-directed services and determine the fiscal impact of expanding services.</p> <p>As per <a href="#">CMS Waiver Technical Guide</a>: Individual Directed Goods and Services are purchased from the participant-directed budget.</p>
<p>6. Recommendation: Remove language, “The participant does not have the funds to purchase the item or service”.</p> <p>Reference: page 140 FSW, page 165 CSW, page 197 CPW</p>	<p>Not accepted</p>	<p>As per the <a href="#">CMS Waiver Technical Guide</a>, “Individual Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid state plan that address an identified need in the service plan (including improving and maintaining the participant’s opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; AND/OR promote inclusion in the community; AND/OR increase the participant’s safety in the home environment; AND, the participant does not have the funds to purchase the item or service or the item or service is not available through another source. Individual Directed Goods and Services are purchased from the participant-directed budget. Experimental or</p>

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		prohibited treatments are excluded. Individual Directed Goods and Services must be documented in the service plan.'
<p>7. Recommendation: Include internet access, smart phones, and smart phone services in the waiver as per the Self-Direction Act of 2022</p> <p>Reference: page 136 FSW, page 162 CSW, page 194 CPW</p>	<p>Accepted with amendment</p>	<p>The Developmental Disabilities Administration – Self-Directed Services (Self-Direction Act of 2022) includes the provision for people self-directing their services the ability to use from their approved to pay for administrative expenses needed to operate their plan of service including internet service.</p> <p>The DDA will propose internet service be an allowable item under Individual and Family Directed Goods and Services (IFDGS). IFDGS are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid state plan.</p> <p>Note: Prior to accessing DDA funding for this service, all other available and appropriate funding must be explored. There are many resources where people can access smartphones including but not limited to: <a href="https://www.safelinkwireless.com/">https://www.safelinkwireless.com/</a>; Maryland Free cell phone providers: Access Wireless, American Assistance, Assist Wireless, Assurance Wireless, Cintex Wireless, Conexion Wireless, EnTouch Wireless, Life Wireless, Q Link Wireless, Safelink Wireless, Stand Up Wireless, Tag Mobile, Tempo Communications, Terracom Wireless, TruConnect, and US Connect.</p> <p><a href="#">Lifeline</a> is a federal program that lowers the monthly cost of phone and internet. It provides subscribers a discount on monthly telephone service, broadband internet access service, or a voice-broadband bundled service purchased from participating providers. Medicaid recipients are eligible for Lifeline.</p>

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		<ul style="list-style-type: none"> <li>• <a href="https://www.fcc.gov/consumers/guides/lifeline-support-affordablecommunications">https://www.fcc.gov/consumers/guides/lifeline-support-affordablecommunications</a></li> <li>• <a href="https://www.lifelinesupport.org/">https://www.lifelinesupport.org/</a></li> </ul> <p>Note: CMS does not approve internet services as a waiver service.</p>
<p>8. Recommendation: Make changes to “Individual and Family Directed Goods and Services do not include services, activities, goods, or items;” including:</p> <ul style="list-style-type: none"> <li>a. Monthly cable fees - Add something about paying for just the internet portion of a cable or satellite bill or a portion of a cell phone bill should be added to this list.</li> <li>b. Monthly telephone fees -Add something about paying for just the internet portion of a cable or satellite bill or a portion of a cell phone bill should be added to this list.</li> <li>c. Vacation expenses and travel avengers - allow vacation or travel expenses</li> <li>d. Tickets and related cost to attend recreational events - add except for additional tickets or costs associated with staff required to accompany the</li> </ul>	<p>Not accepted</p>	<p>The Developmental Disabilities Administration – Self–Directed Services (Self–Direction Act of 2022) includes the provision for people self-directing their services the ability to use from their approved budget to pay for administrative expenses needed to operate their plan of service including internet service.</p> <p>The DDA will propose internet service be an allowable item under Individual and Family Directed Goods and Services (IFDGS). IFDGS are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid state plan.</p> <p>Medicaid home and community based service waivers can include a broad range of health and health-related services, social and supportive services, and individual supports. Social and supportive services related to social and recreational programming.</p> <p>Medicaid does not pay for vacations, tickets, and activity costs. As per federal instructions, services that are diversional/recreational in nature fall outside the scope of §1915(c) of the Act. There are various community activities, vacations packages, resources, and entities that support or do not require fees for staff to support individuals with disabilities.</p>

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participant for health and safety reasons to the event.		Participants can consider using their personal funds to acquire these services similar to the general public.
9. Recommendation: By eligibility rules, waiver participants are Medicaid eligible, which means they have minimal income and assets. Therefore Medicaid criteria alone means participants do not have personal funds for these activities, and a simple attestation by the participant should be all that is necessary to receive these supports.	Not accepted	Each participant's financial status varies based on several factors including but not limited to competitive integrated employment and ABLÉ accounts. The federal Achieving a Better Life Experience ( <a href="#">ABLE</a> ) Act authorized states to establish tax-advantaged savings programs so individuals with disabilities can save and invest money without jeopardizing eligibility for public benefits.

## Live-In Caregiver Supports

Live-In Caregiver Supports		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation: Live in Caregiver Supports should also be available to people in Supported Living.	Not accepted	<p>The purpose of Live-in Caregiver Supports is to pay the additional cost of rent and food that can be reasonably attributed to a live-in personal caregiver who is residing in the same household with an individual.</p> <p>Supported Living services provide care and assistance. This service assists the participant to: (a) learn self-direction and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and (b)</p>

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		engage in community-based activities of the participant’s choosing within the participant’s personal resources.
<p>2. Recommendation: Include legally responsible persons and legal guardians of adults to provide services.</p> <p>Reference: page 203 CPW</p>	Not accepted	<p>The purpose of Live-in Caregiver Supports is to pay the additional cost of rent and food that can be reasonably attributed to a live-in personal caregiver who is residing in the same household with an individual.</p> <p>A legally responsible person, parent, spouse, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service. Siblings may be paid to provide this waiver service</p>

## Medical Day Care

Medical Day Care		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

## Nursing Support Services

Nursing Support Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation:</p> <ul style="list-style-type: none"> <li>a. Non-delegable nursing services (Skilled or “Direct” Nursing Services) should be a stand-alone service with an adequate funding rate</li> <li>b. Add skilled nursing</li> </ul>	Not accepted	The Waivers provide habilitative community-based services and supports. The Nursing Support Services includes nurse consultation, health case management and delegation services. They do not include skilled private duty nursing.
<p>2. Recommendation: Allow students (age 16-18) in a CNA/GNA program votech program, who are on a career path, to provide services as appropriate.</p>	Clarification	The DDA does not oversee CNA/GNA programs.
<p>3. Recommendation: Delete requirement for personnel providing nursing services to “attend all DDA provided nurse meetings.” There is concern that this requirement could be onerous and make it difficult for nurses to complete their direct care responsibilities.</p> <p>Reference: page 180 and 186 FSW, page 226 and 233 CSW, page 260 and 267</p>	Not accepted	The DDA nurse meetings are conducted quarterly to share updates to program guidance, data trends, and policies. The DDA will review opportunities for greater flexibility around training times.

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<p>4. Recommendation: Re-evaluate criteria used to interpret the Maryland Board of Nursing’s regulations and the availability of technology to assist with delegation in nursing assessment. This will ensure that in reasonable circumstances simple and discrete tasks such as insulin management may be delegable.</p>	<p>Clarification</p>	<p>The Maryland Board of Nursing is an independent entity from the DDA. They establish regulations and requirements associated with delegation.</p>
<p>5. Recommendation: Reinstate the language DDA accepted in its 2020 Waiver Amendment Comment indicating that a person is only ineligible to receive this nursing service if they are currently receiving nursing services in an institutional setting paid for by the Maryland Medicaid Program or the Department such as hospital services, skilled nursing or rehabilitation facility services.</p>	<p>Not accepted</p>	<p>The reference waiver amendment language included:</p> <p>B. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine (REM) is providing staff for the provision of nursing and health services</p> <p>G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.</p> <p>L. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.</p>

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<p>6. Recommendation: Ensure that if a person’s skilled nursing need is covered under another program, but limited to a certain time period, and they require a delegable nursing task during another period, that they have access to DDA nursing services.</p>	<p>Clarification</p>	<p>Delegation services can be provided as permitted by the Maryland Board of Nursing and the Nursing Care Plan.</p>
<p>7. Recommendation: Make nursing service a stand-alone service (not bundled into some other services). Having it included in the rate in some services and not others is confusing and does not give people equal access to the service or the community.</p>	<p>Not accepted</p>	<p>Services that include nursing as part of the service include cost components in the rate.</p>
<p>8. Recommendation: Nursing Assessment should include the HRST, which can be redone as needed. Nurses, not Coordinators of Community Supports, are best positioned to complete the HRST, but the expense of nurses completing the HRST would need to be funded by DDA.</p>	<p>Not accepted</p>	<p>The CCS completes the electronic Health Risk Screening Tool (HRST) for all participants annually as part of the PCP planning process. Nurses complete the Clinical review of the participant’s Health Risk Screening Tool (HRST), in accordance with Department policy.</p>
<p>9. Recommendation: Annual limit for nurse consultation services which could be bunched within a three-month period. If additional funding is needed for this service due to extenuating circumstances, unallocated funds or funds from other services should be able to</p>	<p>Not accepted</p>	<p>Nurse Consultation services – Assessment and document revisions and recommendations of the participant’s health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.</p>

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be moved to cover it.		
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### Participant Education, Training and Advocacy Supports

Participant Education, Training and Advocacy Supports		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

### Personal Supports

Personal Supports		
Recommendation	Dept. Response	Dept. Comment
<ol style="list-style-type: none"> <li>1. Recommendation: Specifically include awake overnight supports to be provided. The new law about self-directed services allows for awake overnight supports. This needs to transfer equally to traditional services.</li> </ol>	Clarification	As noted in the proposal, Personal Supports includes overnight supports including awake overnight supports for both service delivery models.

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<p>2. Recommendation: Add a provision for an exception, to allow a family member to provide this service if a participant chooses to live with family and requires more than what's allowed; up to 24/7.</p>	<p>Clarification</p>	<p>As noted in the Waivers, a legally responsible individual, legal guardian, or a relative of a participant (who is not a spouse) may be paid to provide this service. See the <a href="#">Personal Supports policy</a> for additional information.</p>
<p>3. Recommendation: Allow legally responsible parties to be employed by participant family members with approval from the participant without any restriction other than the legally responsible party person must be approved by the person and the person's team, and cannot work more than 40 hours a week per legally responsible party.</p>	<p>Not accepted</p>	<p>Legally responsible individuals, legal guardians, or relatives may be paid to provide this service when they meet staff qualifications and service requirements. In addition the following criteria are met and documented in the participant's person-centered plan:</p> <ol style="list-style-type: none"> <li>1. The individual is the choice of the participant, which is supported by the team;</li> <li>2. There is a lack of qualified staff or providers to meet the participant's needs;</li> <li>3. When the individual is not also serving as the participant's Support Broker or designated representative directing services on behalf of the participant;</li> <li>4. The individual provides no more than 40-hours per week of the service; and</li> <li>5. The individual has the unique ability to meet the needs of the participant (<i>i.e.</i>, has special skills or training, like nursing license).</li> <li>6. A legally responsible person may only be paid to provide Personal Supports to meet the participant's extraordinary care needs due to the participant's disability.</li> <li>7. When a legally responsible person, legal guardian, or relative is the Support Broker or designated representative who exercises</li> </ol>

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		<p>decision making authority for the participant, then other legal guardians and relatives are not permitted to provide direct care services.</p>
<p>4. Recommendation: Remove the requirement that someone have a HRST Score of 4 or higher in order to access overnight supports as well as the enhanced rate.</p> <p>Reference: Service Requirements, page 5-6 FSW, page 246-247 CSW, page 280-281 CPW</p>	<p>Accepted</p>	<p>The following criteria will be used to authorize overnight supports:</p> <ul style="list-style-type: none"> <li>a. The participant has an approved Behavior Support Plan documenting the need for overnight supports necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</li> <li>b. The participant has an approved Nursing Care Plan documenting the need for overnight supports necessary to support the person</li> </ul>

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		<p style="text-align: center;">with specific health and safety needs unless otherwise authorized by the DDA.</p> <p>The following criteria will be used to authorize the enhance rate:</p> <ul style="list-style-type: none"> <li>a. The participant has an approved Behavior Support Plan documenting the need for enhanced supports necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</li> <li>b. The participant has an approved Nursing Care Plan documenting the need for enhanced supports necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.</li> </ul>
<p>5. Recommendation: Under Service Requirements, Remove “awake” from criteria used to authorize overnight supports. Overnight support can be awake or not.</p> <p>Reference: Service Requirements, page 6-7 FSW page 246-247 CSW page 280-281 CPW</p>	<p>Accepted</p>	<p>“Awake” will be removed.</p>
<p>6. Recommendation: Specifically include awake overnight supports to be provided. The new law about self-directed services allows for awake overnight supports. This needs to transfer equally to traditional services.</p> <p>Reference: Service Requirements, page 6-7 FSW page 246-247 CSW page 280-281 CPW</p>	<p>Clarification</p>	<p>Personal Supports includes awake overnight supports.</p>

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<p>7. Recommendation: Under personal supports remove the habilitative service requirement.</p> <p>Reference: Service Definitions, page 4 FSW, page 245 CSW, page 279 CPW</p>	<p>Not accepted</p>	<p>The Waivers note: Personal Supports provide habilitative services and overnight supports to assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence.</p>
<p>8. Recommendation: Based on the addition of Personal Supports overnight supports cannot be provided virtually point to the opportunity that Maryland, a Tech First State, offers in overnight support.</p> <p>Reference: Service Requirements O.4, page 11 FSW, page 252 CSW, page 288 CPW</p>	<p>Clarification</p>	<p>As per the Personal Supports policy:</p> <p>Assistive Technology, Adaptive equipment, Remote Support Services, or other environmental modifications, including the use of assistive technology, must have been assessed and determined not to be an effective alternative to meet the participant’s overnight support needs.</p>
<p>9. Recommendation: Consider adding allowable provider costs for virtual supports (internet, devices, etc.).</p> <p>Reference: Service Requirements Q, page 11 FSW, page 252 CSW, page 288 CPW</p>	<p>Not accepted</p>	<p>The Waiver program 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.</p>
<p>10. Recommendation: Waive EVV requirements for paid family members residing in the home with the participant.</p>	<p>Not accepted</p>	<p>All employees, including family members, are required to use EVV for Personal Support.</p> <p>Family members are not exempt from the EVV requirements as they are considered an employee under a Medicaid program.</p>

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<p>11. Recommendation: Remove the limit on hours provided in Personal Supports (82 hours per week) and replace with a process that allows the team to determine the appropriate number of hours needed to meet the needs of the person.</p> <p>Reference: page 15 FSW, page 256 CSW, page 290 CPW</p>	<p>Not accepted</p>	<p>Authorized services are based on an assessed need and waiver service requirements as noted in the approved waiver applications.</p> <p>Please note that each person’s person-centered plan provides a picture of the person’s self-identified Good Life, and includes various focus area exploration topics such as employment and housing.</p> <p>Based on the information that comes out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person’s life; not just eligibility specific supports.</p>
<p>12. Recommendation: Allow Emergency Backup services for unpaid caregivers in Personal Supports instead of respite.</p>	<p>Clarification</p>	<p>Participants with the support of their team develop back up plans including in the event of an emergency. The person-centered planning process should be used to identify unmet needs and unanticipated needs such as when the unpaid caregiver is not available.</p>

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## Remote Support Services

Remote Support Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Remove (N), “Remote Support Services does not include electronic audio-visual conferencing software applications reliant on the participant to maintain the connection.”</p> <p>Reference: page 303 CPW</p>	Not accepted	<p>Remote Support Services provide oversight and monitoring within the participant’s home through an off-site electronic support system in order to reduce or replace the amount of staffing a participant needs, while ensuring the participant’s health, safety, and welfare. The Remote Support Services must be provided in real-time, by awake staff at a monitoring base, who observe and provide prompts to the participant via an electronic support system that includes one or more of the following features:</p> <ol style="list-style-type: none"> <li>1. Live two-way communication with the participant being monitored;</li> <li>2. Motion sensing systems;</li> <li>3. Radio frequency identification;</li> <li>4. Web-based monitoring systems; and</li> <li>5. Other devices approved by the DDA.</li> </ol>
<p>2. Recommendation: Add Remote Services for CCS Providers. This will provide CCS Providers with more flexibility with services.</p>	Clarification	<p>Remote Support Services provide oversight and monitoring within the participant’s home through an off-site electronic support system in order to reduce or replace the amount of staffing a participant needs, while ensuring the participant’s health, safety, and welfare.</p>

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		It differs from virtual supports.
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## Respite Care Services

Respite Care Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation: Make Respite Care available to those with skilled nursing and behavioral needs.	Clarification	Respite care is available to all participants.
2. Recommendation: Create an enhanced rate for respite care that is provided to people with enhanced behavioral or healthcare needs.	Accepted with amendment	This recommendation will be shared with the <a href="#">MDH Rate Review Advisory Group</a> for consideration of an enhanced rate for participants with enhanced behavioral or healthcare needs.
3. Recommendation: Provide clarity around how many hours need to be provided in order to bill for a daily rate for respite	Clarification	Information will be included in the billing guidelines.
4. Recommendation: Allow the participant to stay over one night during a day trip if it is needed for their wellbeing or as an accommodation.	Not accepted	Respite can be provided in:  1. The participant’s own home;  2. The home of a respite care provider;

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		<p>3. A licensed residential site;</p> <p>4. State certified overnight or youth camps; and</p> <p>5. Other settings and camps as approved by the DDA.</p> <p>Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, travel adventures (unless it is a day trip), vacations, or insurance fees)</p>
<p>5. Recommendation: Under limits on amount frequent or duration: Increase the cap for services due to inflation and rate increases.</p> <p>Reference: page 29 FSW, page 270 CSW, page 316 CPW</p>	<p>Not accepted</p>	<p>Respite care services include up to 720 hours and funding for camp.</p>
<p>6. Recommendation: Hourly respite services should be paid at the same rate as personal supports and provide an option for an enhanced respite services rate to support those individuals with greater support needs.</p>	<p>Accepted with amendment</p>	<p>The recommendation for an enhanced rate will be shared with the <a href="#">MDH Rate Review Advisory Group</a>.</p>
<p>7. Recommendation: Waive EVV requirements for paid family members residing in the home with the participant.</p>	<p>Not accepted</p>	<p>All employees, including family members, are required to use EVV for Personal Support.</p> <p>Family members are not exempt from the EVV requirements as they are considered an employee under a Medicaid program.</p>

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<p>8. Recommendation: Remove “travel adventures (unless it is a day trip)” from J on pg. 312 of the CPW Renewal, App. C.</p>	<p>Not accepted</p>	<p>This language is to clarify that respite funding can not be used for travel adventures. A person can be out in their community during the day.</p>
<p>9. Recommendation: (J) Allow camp to be included as a respite service, and allow camp to cover fees including the cost of activities or travel adventures exceeding a day trip or a vacation.</p> <p>Reference: Service Requirements J., page 28 FSW, page 268 CSW, page 314 (J)</p>	<p>Not accepted</p>	<p>Respite can be provided in:</p> <ol style="list-style-type: none"> <li>1. The participant’s own home;</li> <li>2. The home of a respite care provider;</li> <li>3. A licensed residential site;</li> <li>4. State certified overnight or youth camps; and</li> <li>5. Other settings and camps as approved by the DDA.</li> </ol> <p>Respite does not cover activities and travel adventures.</p> <p>Medicaid home and community based service waivers can include a broad range of health and health-related services, social and supportive services, and individual supports. Social and supportive services related to social and recreational programming.</p> <p>As per federal instructions, services that are diversional/recreational in nature fall outside the scope of §1915(c) of the Act. There are various community activities, vacations packages, resources, and entities that support or do not require fees for staff to support individuals with disabilities. Participants can consider using their personal funds to acquire these services similar to the general public.</p>
<p>10. Recommendation: Add language to include overnight for unpaid primary caregiver need,</p>	<p>Clarification</p>	<p>Respite is available overnight.</p>

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respite break or vacation.		
11. Recommendation: Respite hours and funds should not be required to be used in order to provide the emergency supports needed when an unpaid caregiver is not able to provide their normal supports.	Clarification	<p>Respite is short-term care intended to provide both the family or other primary caregiver and the participant with a break from their daily routines and as an emergency backup plan for unpaid caregivers.</p> <p>Respite relieves families or other primary caregivers from their daily care giving responsibilities.</p> <p>Respite is one of many support options. It is not required in order to support the participant or unpaid caregivers.</p>

## Shared Living

Shared Living		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation: Participants who self-direct should have the option of entering into a contract with a non-agency host home who must meet the same requirements. It should not be necessary to have this service supplied through a provider agency, especially when a sibling or other family member (cousin, aunt, etc.) is involved. The provider agency would not mitigate or prohibit any issues that might arise, they only	Not accepted	<p>To support participants’ health and safety and ensure qualified staff and providers, the DDA has established specific professional standards, training requirements, and qualification requirements associated with each waiver service.</p> <p>The Shared Living arrangement is chosen by the participant, with input from their person-centered planning team, and with the Shared Living host and Shared Living Provider in accordance with the participant’s needs. The primary life sharing host caregiver may receive additional assistance and relief based on the needs of the participant.</p>

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<p>take away a portion of the money used to provide the direct services to the participant</p>		<p>Compensation to host home includes additional staff assistance, relief, host home related transportation costs, and Nursing Support Services associated with the provision of service is covered within the rate.</p> <p>Siblings can provide this service.</p>
<p>2. Recommendation: Insert the word “may” between “that” and “require”</p> <p>Reference: Service Requirements, E2,3 page 340 CPW</p>	<p>Not accepted</p>	<p>“Level 2” – will be used to support participants that require an increased level of supervision and monitoring.</p> <p>“Level 3” – will be used to support participants that require ongoing supervision and monitoring to mitigate behavioral risk or provide health and safety supports.</p>
<p>3. Recommendation: Insert "may" between "They" and "participate"</p> <p>Reference: Service Requirements, E2,3 page 340 and 341 CPW</p>	<p>Accepted</p>	<p>The sentence will be revised to note:</p> <p>They may participate in meaningful day services or have a job.</p>
<p>4. Recommendation: Change wording to: "They may not be able to ...."</p> <p>Reference: Service Requirements, E.1,2,3 page 340 and 341 CPW</p>	<p>Not accepted</p>	<p>This level of service is for participants that are not able to recognize and avoid dangerous situations and cannot independently evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate.</p>
<p>5. Recommendation: Include this sentence for Level 2 - “This is neither an exhaustive list of reasons an individual would require a Level 3 nor do all conditions need to be present concurrently.”</p>	<p>Not accepted</p>	<p>“Level 2” – will be used to support participants that require an increased level of supervision and monitoring. These individuals require moderate assistance for mobility support or gets around in a wheelchair, and assistance with frequent medical appointments and medications. They may require moderate assistance to complete activities of daily living and may display challenging behaviors requiring a Behavior Support Plan.</p>

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<p>Reference: Service Requirements, E2 page 340 and 341 CPW</p>		<p>They may participate in meaningful day services or have a job. They are not able to recognize and avoid dangerous situations and cannot independently evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate.</p>
<p>6. Recommendation: insert siblings to the following sentence “As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives”</p> <p>Reference: Service Requirements Q, page 346 CPW</p>	<p>Accepted</p>	<p>The sentence will be revised to note:</p> <p>As defined in Appendix C-2, the following individuals may not be paid either directly or indirectly (via a licensed provider) to provide this service: legally responsible person, spouse, legal guardian, or relatives except siblings.</p>
<p>7. Recommendation: Under SDS, host home services should be able to be established via a direct contract between participant and host person or family. It should NOT require the additional level of a DDA-approved provider to put the two together. SDS has administrative support for such an arrangement via support broker and/or supported decision making team.</p>	<p>Not accepted</p>	<p>To support participants’ health and safety and ensure qualified staff and providers, the DDA has established specific professional standards, training requirements, and qualification requirements associated with each waiver service.</p> <p>The Shared Living arrangement is chosen by the participant, with input from their person-centered planning team, and with the Shared Living host and Shared Living Provider in accordance with the participant’s needs. The primary life sharing host caregiver may receive additional assistance and relief based on the needs of the participant.</p> <p>Compensation to host home includes additional staff assistance, relief, host home related transportation costs, and Nursing Support Services associated with the provision of service is covered within the rate.</p>

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## Support Broker

Support Broker		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Increase Support Broker hours and require participants to utilize a Support Broker during initial start-up transition to Self-Directed services for a minimum of 15 hours / 3 month.</p>	<p>Not accepted</p>	<p>As per the Self Directed Service Act 2022, Support Broker Services are required only when a relative, legally responsible individual, representative payee, and guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.</p> <p>Otherwise it is an optional service for which the participant has the choice to request .</p> <p>Support Broker services include:</p> <ol style="list-style-type: none"> <li>1. Initial orientation and assistance up to 15 hours.</li> <li>2. Support Broker Services up to 4 hours per month.</li> </ol> <p>As per the Self Directed Service Act 2022, Support Broker Services up to 30 hours per month, as needed by the participant and within the participant’s total approved annual budget, may be purchased with unallocated funds under the budget authority due to extraordinary circumstances such extensive the participant needs like 24/7 supports; lacks a strong family or natural network; or has language barriers.</p>
<p>2. Recommendation: Require individuals who provide assistance and information to participants and their families should be required to have, at a minimum, a GED or</p>	<p>Not accepted</p>	<p>Services qualifications should reflect that staff’s ability to perform the service. A high school diploma or GED does not ensure the staff have the required skills and competency to perform the service. As demonstrated</p>

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<p>high school diploma or high school certificate</p> <p>Reference: page 16 FSW, page 257 CSW, page 360 CPW</p>		<p>by the public health emergency, individuals who do not meet those standards have been hired and have provided quality supports.</p> <p>Participants may require these education standards when hiring their staff.</p>
<p>3. Recommendation: A Support Broker should be hired when help is needed but not consume part of the participant's budget when not needed.</p>	<p>Clarification</p>	<p>As per the Self Directed Service Act, Support Broker Services are required only when a relative, legally responsible individual, representative payee, and guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.</p>
<p>4. Recommendation: Remove the requirement of having a Support Broker if a participant employs a relative. The Support Broker should not be a requirement for paid family members in every situation.</p>	<p>Not accepted</p>	<p>As per the Self Directed Service Act 2022, Support Broker Services are required only when a relative, legally responsible individual, representative payee, and guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.</p>
<p>5. Recommendation: Support Broker limits</p> <ul style="list-style-type: none"> <li>a. Remove the phrase “extraordinary circumstances” limiting support broker hours to four (4) per month.</li> <li>b. Suggestion to replace it with the following language: “...the scope, frequency, and intensity of supports requested/needed by the participant as a matter of their choice, the lack of other supports to assist with managing the SDS program, and/or the intensity of the program, such as 24/7 supports and</li> </ul>	<p>Accepted with amendment</p>	<p>The language will be revised to note:</p> <p>Additional Support Broker Services up to 30 hours per month, as needed by the participant and within the participant’s total approved annual budget, may be purchased with unallocated funds due to:</p> <ul style="list-style-type: none"> <li>a. The scope, frequency, and intensity of supports needed (for example 24/7 supports, multiple staff and services);</li> <li>b. Language barriers; and</li> <li>c. The lack of support network to assist with the self directed service model requirements.</li> </ul>

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<p style="text-align: center;">multiple staff and services.”</p> <p>Reference page 199 FSW, page 298 CSW, page 358 CPW</p>		
<p>6. Recommendation: Support Broker Policy Manual</p> <ul style="list-style-type: none"> <li>a. Create a Maryland Support Broker Policy Manual to maintain support brokers policy and updates to guide the support broker duties and responsibilities to their clients.</li> <li>b. In addition, outline specifically the separation of duties between employer, support broker, and Coordinator of Community Services.</li> </ul>	<p>Accepted</p>	<p>A Support Broker Services policy will be shared for public input. The DDA will also explore Support Brokers specific guidance, tools, and update training requirements.</p>
<p>7. Recommendation: Remove requirement for CQL and CARF accreditations for a support broker agency, and make qualifications for agencies and independent Support Brokers (whether waived or not). Instead, include quality indicators specific to Support Brokers (such as Applied Self Direction and NCAPPS standards for Support Brokers (I &amp; A personnel).</p>	<p>Clarification</p>	<p>Support Broker agencies are not required to have CQL and CARF accreditation.</p> <p>Agency requirements are outlined in Appendix C and include, but not limited to:</p> <ul style="list-style-type: none"> <li>a. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>b. A minimum of five (5) years demonstrated experience and capacity providing quality similar services; and</li> </ul>

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		<p>c. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations.</p> <p>The DDA Deputy Secretary may waive the requirements for an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation.</p>
<p>8. Recommendation: List Department of Labor Requirements under qualifications.</p>	<p>Clarification</p>	<p>Competency related to the Department of Labor was included in the renewal proposal.</p> <p>Appendix C staff qualifications note:</p> <p>Be certified by the DDA to demonstrate core competency related to self-determination, Department of Labor requirements, consumer directed services and service systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies.</p>
<p>9. Recommendation: Terminology</p> <p>a. Ensure consistency when using the terms participant, legal representative, legally responsible person, legal guardian, and representative payee and others. Clarify when there are needed</p>	<p>Clarification</p>	<p>Based on the topic of discussion, different terms may be used due to legal definitions</p> <p>For example when talking about a person who is applying to the program “individual” will be used. Compared to details associated with people who are already enrolled in the program who are referenced as participants</p>

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<p>distinctions.</p>		<p>In addition, these terms are defined in Appendix C as noted below:</p> <p>Relative</p> <ul style="list-style-type: none"> <li>For purposes of this waiver, a relative is defined as a natural or adopted parent, stepparent, child, stepchild or sibling who is not also a legal guardian or legally responsible person.</li> </ul> <p>Legal Guardian</p> <ul style="list-style-type: none"> <li>For purposes of this waiver, a legal guardian is defined as an individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code’s Family Law or Estates &amp; Trusts Articles.</li> </ul> <p>Spouse</p> <ul style="list-style-type: none"> <li>For purposes of this waiver, a spouse is defined as an individual legally married under applicable law to the participant.</li> </ul> <p>Legally Responsible Person</p> <ul style="list-style-type: none"> <li>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 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).</li> </ul>
<p>10. Recommendation: Remove language, “serving as the agent of the participant or family” and replace it with, “assisting the</p>	<p>Accepted</p>	<p>The language will be revised to note:</p> <p>A.3. b. Assists the participant (or the participant’s family or representative, as appropriate) in identifying immediate and long-term needs, developing</p>

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<p>participant or family to identify...”</p> <p>Reference: page 199 FSW, page 354 CSW, page 352 CPW</p>		<p>options to meet those needs and accessing identified supports and services</p>
<p>11. Recommendation: Pg. 354 of the CPW Renewal, App. C, outlines that the support broker can provide “independent advocacy to assist in filing grievances and complaints when necessary.” To ensure that it is clear that the participant or their legal representatives are directing when grievances and complaints are filed, suggest striking the word “independent” and adding “and directed by the participant” to the end of the sentence so it reads that the support broker can provide: “advocacy to assist in filing grievances and complaints when necessary and directed by the participant.”</p> <p>Reference: page 201 FSW, page 296 CSW, page 355 CPW</p>	<p>Not accepted</p>	<p>All Support Broker services are as directed by the participant.</p>
<p>12. Recommendation: Clarify if the Support Broker Services up to 30 hours per month, may be provided from unallocated funds for the plan year</p> <p>Reference page 199 FSW, page 298 CSW, page 358 CPW</p>	<p>Clarification</p>	<p>As per the Self Directed Service Act 2022, Support Broker Services up to 30 hours per month, as needed by the participant and within the participant’s total approved annual budget, may be purchased with unallocated funds under the budget authority due to extraordinary circumstances such extensive the participant needs like 24/7 supports; lacks a strong family or natural network; or has language barriers.</p>

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<p>13. Recommendation: Allow Support Brokers to bill initial orientation and assistance at the time services are provided, as opposed to waiting after the PCP/Budget is approved.</p>	<p>Not accepted</p>	<p>The service must be approved in the PCP and the participants' individual budget sheet.</p>
<p>14. Recommendation: Allow Support Brokers to assist/support by preparing a plan/budget form.</p>	<p>Clarification</p>	<p>Individuals may seek assistance related to the PCP and budget from a Support Broker. Supported decision making means a process by which an adult, with or without having entered a supported decision-making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult's own life decisions.</p>
<p>15. Recommendation: Insert "as outlined on the Participant Agreement" to the following sentence: Scope and duration of Support Broker Services may vary depending on the participant's choice and need for support, assistance, or existing natural supports. The scope and duration must be within the service description, requirements, and limitations.</p> <p>Reference: page 203 FSW, page 298 CSW page 358 CPW</p>	<p>Not accepted</p>	<p>Scope and duration of Support Broker Services may vary depending on the participant's choice and need for support, assistance, or existing natural supports. The scope and duration must be within the service description, requirements, and limitations.</p> <p>Information and requirements related to the Participant Agreement and Service Implementation Plan are outlined in policy and guidance.</p>
<p>16. Recommendation: Insert after "Services ", for hours over and above the limits listed below (15 hours for initial orientation and assistance; 4 hours per month after effective date of service), to the following sentence: Support Broker Services up to 30 hours per month, as needed by the participant and</p>	<p>Not accepted</p>	<p>Support Broker Services up to 30 hours per month may be purchased with unallocated funds under the budget authority.</p>

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<p>within the participant’s total approved annual budget, may be purchased with unallocated funds under the budget authority due to extraordinary circumstances.</p> <p>Reference Service Requirements I, page 203 FSW, page 299 CSW, page 358 CPW</p>		
<p>17. Recommendation: Revise “Support Brokers shall not make any decision for the participant, sign off on service delivery or timesheets, or hire or fire workers.” If authorized by the participant, support brokers should be able to sign off on timesheets or payment documents (other than their own).</p> <p>Reference Service Requirements I, page 203 FSW, page 298 CSW, page 358 CPW</p>	<p>Accepted with amendment</p>	<p>The sentence will be revised to note:</p> <p>Support Brokers shall not make any decision for the participant, sign off on their own timesheets or invoices, or hire or fire workers.</p>
<p>18. Recommendation: Insert: "1. The support broker is an employee of the participant. " related to option to provide benefits and leave time to a Support Broker</p> <p>Reference Service Requirements, page 358 CPW, page 298 CSW, page 204 FSW</p>	<p>Accepted</p>	<p>The first requirement will be noted as:</p> <p>1. The Support Broker is an employee of the participant.</p>

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## Supported Employment

Supported Employment		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendations: Allow legal guardians and /or legally responsible persons to provide this service.</p>	<p>Not accepted</p>	<p>A relative (who is not a spouse, legal guardian, or legally responsible person) may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2. A legally responsible person or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.</p>

## Supported Living

Shared Living		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Remove the requirement that someone have a HRST Score of 4 or higher to access 1:1 staff ratio.</p> <p>Reference: page 370 CPW</p>	<p>Accepted</p>	<p>The following criteria will be used to authorize 1:1 and 2:1 staff-to-participant ratio:</p> <ul style="list-style-type: none"> <li>a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</li> </ul>

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		<p>b. The participant has an approved Nursing Care Plan documenting 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.</p>
<p>2. Recommendation: Add "d. Regardless of HRST score or the presence or absence of a Behavior and/or Nursing Plan, the participant lives alone and needs these support services to remain in the community." associated with the requirements associated with dedicated hours used to support more than one participant.</p> <p>Reference: page 370 CPW</p>	<p>Not accepted</p>	<p>Dedicated hours can be used to support more than one participant if it meets their assessed needs and the following requirements are met:</p> <p>a. The participants are retired, transitioning from one meaningful day service to another, recovering from a health condition, or receives less than 40 hours of meaningful day services;</p> <p>b. Support is documented in each participant’s Person-Centered Plans and provider implementation plan; and</p> <p>c. Dedicated hours are billed for only one participant.</p>

## Transition Services

Transition Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation:</p> <p>a. Reinstate optional transition funding for anyone moving from their family home to a supported community</p>	<p>Not accepted</p>	<p>The DDA’s previous request to CMS to expand the options was not accepted. During the 2018 renewal, CMS instructed the State to revise the waiver service definition to delete the option to support the services being provided when a person transitions from “another community residential setting that provides more independent living according to the individual’s</p>

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<p>setting, or from community setting to community setting.</p> <ul style="list-style-type: none"> <li>b. Provide transition services to anyone moving, based on assessed need and the determination of the team</li> <li>c. Provide one-time assistance to any individual in establishing their own home for the first time</li> <li>d. Add additional criteria: (3) a family home into their own home for the first time. (4) at any time that an individual is initially establishing their own home</li> <li>e. Add language that indicates participants who self-direct are allowed to use Transition Services when moving from their family home to a home of their own (rented or owned), in a setting that contains needed accommodations (human and environmental) for independent living.</li> </ul>		<p>needs and preferences.” They noted these services are not designed to pay for an individual to move from one group home to another group home.</p> <p>As per the <a href="#">CMS waiver technical guide</a>, “Community Transitions Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.”</p> <p>Transition Services provides funding for allowable expenses related to the participant moving from: (1) an institutional setting to a group home or private residence in the community, for which the participant or their legal representative will be responsible; or (2) a community residential provider to a private residence in the community, for which the participant or their legal representative will be responsible.</p> <p>Note environmental accommodations can be considered under the Environmental Modification waiver service</p>
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## Transportation

Transportation		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation:</p> <p>a. Create parity in this service by making transportation a stand-alone service. Currently, individuals living independently have a \$7,500 budget per year for transportation; however funding for traditional services is tied to the provider's general reimbursement and is not a comparable amount of compensation for the cost of transporting a person served by the waiver.</p> <p>b. Transportation Services (references throughout waiver application) should be pulled out the brick and available as a standalone service so that providers can receive payment for transportation in a manner that is more fair, to account for transportation in rural areas (distance) and/or in areas of high congestion (time) with consistency across the state.</p>	<p>Not accepted</p>	<p>The stand alone Transportation Services are designed specifically to improve the participant's and the family caregiver's ability to independently access community activities within their own community in response to needs identified through the participant's Person-Centered Plan. It is available to participants using the self directed model and traditional service delivery models.</p> <p>Traditional providers service rates include a component for transportation based on provider general ledgers. The transportation component also increased for services to support community integration.</p> <p>Data associated with rate components will be collected for future changes to the transportation cost component.</p>

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>2. Recommendation: For people self-directing services, an individual providing these services under an agreement with a participant should not need to meet the service requirements listed under a transportation professional or vendor.</p>	<p>Not accepted</p>	<p>Transportation includes a variety of categories including orientation services and travel training services. Participants self directing have budget authority for this service. Transportation Professionals and Vendors must meet the minimum requirements noted in Appendix C. Participants may also require additional training as per state and federal laws.</p>
<p>3. Recommendation: Under Provider Qualifications, 7, Remove the requirements to “complete necessary pre/in-service training” for transportation vendors like Uber and Lyft.</p> <p>Reference: page 217-218 and 221 FSW, page 343 and 346 CSW, page 420-421, 424 CPW</p>	<p>Accepted with amendment</p>	<p>Non commercial drivers and professionals must complete the person specific pre/in-service training to be aware of the participants communication preferences, sensitivities, and health or behavior strategies so they can adapt support and training as needed.</p> <p>The language will be revised to note:</p> <ul style="list-style-type: none"> <li>● Complete necessary pre/in-service training based on the Person-Centered Plan for non-commercial drivers.</li> </ul> <p>Organized Health Care Delivery System Providers must ensure the individual or entity performing the service meets the qualifications. Commercial providers like Uber and Lyft do not complete pre/in-service training.</p>
<p>4. Recommendation: Clarify language that states that stand-alone transportation can be used for transportation costs for the person's employment, which includes Ability One employment.</p>	<p>Clarification</p>	<p>Employment Services - Ongoing Job Supports and Follow-Along Supports provide services for participants in competitive integrated employment. “Competitive integrated employment” means a position that has competitive wages and the same opportunities for advancement and benefits as individuals without a disability and requires that the individual work in an integrated location.</p>

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		<p>Employment Services includes transportation as a component of the service. The Provider or participants self-directing their services must:</p> <ol style="list-style-type: none"> <li>1. Provide, or arrange for provision of, transportation to meet the needs of the participant identified in the participant’s person-centered plan; and</li> <li>2. Use the most cost-effective mode of transportation, with priority given to the use of public transportation.</li> </ol> <p>Ongoing Job Supports also includes Travel training to independently get to the job.</p> <p>Stand-alone transportation can be used to support a person receiving Employment Follow- Along Supports.</p> <p>It can not be used for Ability One employment as they do not meet the criteria for Competitive Integrated Employment.</p>
<p>5. Recommendation: Specify that transportation can be provided by the provider (whether through provider vehicles or staff vehicles).</p>	<p>Not accepted</p>	<p>Transportation services shall be provided by the most cost-efficient mode available that meets the needs of the participant and shall be wheelchair accessible when needed.</p> <p>Providers determine their program design and business model for transportation with consideration of the participants' assessed needs.</p>
<p>6. Recommendation: Remove the following requirements for transportation professionals or vendors:</p> <ol style="list-style-type: none"> <li>a. Complete the DDA provider application and be certified based on compliance with meeting standard</li> </ol>	<p>Not accepted</p>	<p>Transportation includes a variety of categories including orientation services and travel training services. The Transportation Professional or Vendor provider type is for individuals and entities that are applying to become a Medicaid provider. They must complete the DDA provider application. The DDA will be issuing a condensed application for individual professionals.</p>

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<p>b. Have a GED or High school diploma.</p> <p>c. Complete necessary pre/in-service training based on the Person-Centered Plan</p> <p>Reference: page 217-218 and 221 FSW, page 343 and 346 CSW, page 420-421, 424 CPW</p>		<p>The renewal proposal includes removing the GED and High School diploma requirement.</p> <p>Non commercial professionals and vendors including Orientation, Mobility, and Travel Training Specialists must complete the person specific pre/in-service training to be aware of the participants communication preferences, sensitivities, and health or behavior strategies so they can adapt training as needed.</p>
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## Vehicle Modification

Vehicle Modification		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Remove service requirements for:</p> <p style="margin-left: 20px;">a. A vehicle modification assessment and/or a driving assessment will be required when not conducted within the last year by the Division of Rehabilitation Services (DORS).</p> <p style="margin-left: 20px;">b. A prescription for vehicle modifications must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist. The prescription for</p>	<p>Not accepted</p>	<p>The vehicle modification assessment is to ensure the appropriate lift and ramps are identified and the vehicle's condition.</p> <p>The certified driving instructors and occupational therapists driver assessment is to determine the participants ability to drive motor vehicles.</p>

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<p>vehicle modifications applies only to the year/make/model of the vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA).</p> <p>Reference: Service Requirements, A and B page 424 CPW.</p>		
<p>2. Recommendation: Under Provider Qualifications 4., Delete requirement for a vehicle modification vendor “complete necessary pre/in-service training based on the Person-Centered Plan.”</p> <p>Reference: page 226 FSW, page 351 CSW, page 429 CPW</p>	<p>Accepted with amendment</p>	<p>Language will be changed to reflect training requirements when a driving assessment is conducted as noted below:</p> <p>For driving assessments, complete person specific pre/in-service training to be aware of the participants communication preferences, sensitivities, and health or behavior strategies so they can adapt training as needed.</p>

## Appendix D Participant-Centered Service Planning and Delivery

Appendix D		
Recommendation	Dept. Response	Dept. Comment
<p>1. CCS Training:</p>	<p>Clarification</p>	<p>The DDA meets regularly with CCS to share information and updates to process, guidance, and policies. In addition the DDA conducts topic specific training and will be creating training modules specific to self-directed services including creating self directed individual budgets.</p>

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<ul style="list-style-type: none"> <li>a. Recommendation: Include that training for CCS's should be continuous throughout the year</li>   <li>b. Recommendation: When discussing the skillset for a CCS, it is important to add communication because a CCS should always be able to communicate with an organization and their agency in a timely and efficient manner.</li>   <li>c. Recommendation: On page 11 - It is important to remember that although CCS's are only required to meet with individuals quarterly the precedent should be for them to check in with the individual as much as possible and if the individual wants to meet more than quarterly then their request should be granted.</li>   <li>d. Recommendation: Each CCS must possess the skills necessary to: <ul style="list-style-type: none"> <li>i. Time management skills to ensure target deadlines are met</li>   <li>ii. Professional presentation skills to educate participants and families on all services and service</li> </ul> </li> </ul>		<p><a href="#">COMAR 10.09.48.05 Targeted Case Management for People with Developmental Disabilities - Conditions for Participation — Staff Requirements</a> includes additional details related to CCS training requirements including but not limited to demonstrating competency-based skills and working knowledge in the following areas:</p> <ol style="list-style-type: none"> <li>1. Negotiation and conflict management;</li> <li>2. Crisis management;</li> <li>3. Coordinating and facilitating planning meetings;</li> <li>4. Assessing, planning, and coordinating services;</li> <li>5. Assisting participants in gaining access to services and supports;</li> <li>6. Monitoring the provision of services to participants.</li> </ol> <p>The CCS monitoring activities verify that the individual is receiving the appropriate type, amount, scope, duration, and frequency of services to address the individual's assessed needs and desired outcome statements as documented in the approved and authorized PCP. It also ensures that the participant has access to services, has a current back-up plan and exercises free choice of providers. When changes in a participant's needs occur, the monitoring affords an opportunity for discussion and planning for increased or decreased support, as needed. Increased monitoring may be warranted based on the participant's health and safety needs.</p>
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<p>models available, including self-direction.</p> <p>iii. In-depth knowledge of self-direction including services provided by the Support Broker and FMCS and when a Support Broker is required and how to contact several</p>		
<p>2. Recommendation: In the reference about regional offices conducting onsite reviews of participant services, make it mandatory that an advocate assist in participating and writing these onsite reviews in order to ensure the individual is heard and represented.</p>	<p>Not accepted</p>	<p>One of the DDA monitoring activities include Regional Offices conducting onsite reviews of participant services and providers implementation including elements related to staff knowledge of services, service delivery as noted in the PCP, and health and welfare (e.g., medication administration records and health assessments completed).</p> <p>The DDA will be participating in the National Core Indicators (NCI) In Person Surveys (IPS) this coming year. These surveys are conversations with participants receiving services conducted by self advocates and the new DDA Quality Improvement Organization. The Core Indicators are the standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern, including employment, respect/rights, service planning, community inclusion, choice, and health and safety.</p>
<p>3. Recommendation: Use the word, “people, “person”, or individual”” instead of “participant.”</p>	<p>Clarification</p>	<p>Based on the topic of discussion, different terms may be used due to legal definitions.</p> <p>For example when talking about a person who is applying to the program “individual” will be used. Compared to details associated with people who are already enrolled in the program who are referenced as participants.</p>

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<p>4. Recommendation: Include in the text, "If the participant selects the self-directed services model, the participant, their legal guardian or authorized representatives (if applicable), and their family members should be offered support broker services and presented a list from which to contact eligible support brokers.</p> <p>Reference: page 4-5 FSW CSW, and CPW</p>	<p style="text-align: center;">Not accepted</p>	<p>Appendix D is related to participant-centered planning and service delivery. The CCS assists the individual and the team in coordinating generic resources, natural supports, services available through other programs, Medicaid State Plan services, and Waiver program services. The CCS assists the individual to connect with this array of services and supports and ensures their coordination which includes Support Brokers.</p> <p>Appendix E is related to participant direction of services also referred to as self-direction. This appendix includes language associated with Support Brokers. If the participant is interested in the Self-Directed Service Model as the delivery model for services, then they will work with their CCS, along with a Support Broker, as applicable, to organize their person-centered planning team, develop a PCP, and request enrollment in the Self-Directed Service Model.</p>
<p>5. Recommendation: Under "Who develops", insert, "If family is projected to be staff, a support broker should be included as soon as possible in this process."</p> <p>Reference: page 5 FSW, CSW, and CPW</p>	<p style="text-align: center;">Not accepted</p>	<p>Related information is included in Appendix E., Support Broker services are offered as an optional service to all participants who enroll in the Self-Directed Service Delivery Model, and as a required service if the participant employs a relative, designated representative, legal guardian or day to day administrative assistant that is a direct support employee.</p>
<p>6. Recommendation: Under (a) Development of the Person-Centered Plan, Who Develops, delete "direct and manage" from the paragraph. The participant, along with any needed supports from their team, directed and manages the planning process with facilitation from the CCS.</p>	<p style="text-align: center;">Accepted</p>	<p>Language will be revised to read:</p> <p>The CCS facilitates the planning process.</p>

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Reference: page 5 FSW, CSW, and CPW		
<p>7. Recommendation: A CCS should have the option to hold one monitoring virtually per year to accommodate the participants preference and right to choose, as well as to account for agency visitor restrictions related to the COVID-19 pandemic.</p> <p>Reference: page 10 FSW, CSW, and CPW</p>	Not accepted	<p>COMAR 10.09.48.06(F)(2)(c) states that “For participants receiving community coordination services, monitoring and follow up activities shall be performed: (i) On a minimum quarterly basis; (ii) Face to face with the participant...”</p> <p>The CCS may conduct additional monitoring and follow-up activities through various means including telephone conferences, emails, virtual meetings, and face-to-face meetings with the participant, their legal guardian or authorized representative (if applicable), and other identified planning team members, and service.</p> <p>In the event of an outbreak due to the coronavirus, applicable guidance and precautions should be followed.</p>
<p>4. Recommendation: Training related to supported decision making</p> <p>a. Supported decision-making is now recognized in Maryland. The CPW renewal should include references to supported decision-making, honor the intent of supported decision-making, and include services and training for people with intellectual and developmental disabilities (IDD), their families, and Coordinators of Community Service (CCS) to help people learn about and use supported decision-making.</p> <p>b. We recommend that these</p>	Not accepted	<p>In 2022, Maryland passed a bill legally recognizing and authorizing the use of supported decision-making. Individuals may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision-making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.</p> <p>Disability Rights Maryland (DRM) established and chairs Maryland’s Cross-Disability SDM Coalition to create and implement an action plan to recognize SDM in Maryland. The SDM Coalition work includes developing educational materials on SDM and providing training across the state to a myriad of different audiences. For more information see: <a href="#">Disability Rights Maryland</a></p>

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<p>additional services and training for people with IDD, families, and CCS do not add requirements for providers or direct support professionals</p>		
<p>9. Recommendation: (d) How Development Process Ensures Plan Addresses the Participant’s Goals, Needs, and Preferences - related to the transition to LTSSMaryland - Add information to discuss self-direction and to reflect the FMCS document review and sharing in LTSS and the change in the CCS responsibility to upload financial documentation</p> <p>Reference page 8, FSW, CSW, and CPW</p>	<p>Not accepted</p>	<p>The DDA requires each CCS to use an individual-directed, person-centered planning approach. This approach identifies the individual’s strengths, assets, and those things that are both Important To and Important For, as well as needs, preferences, goals, access to paid and non-paid supports, health status, risk factors, and other information for a Person-Centered Plan. As part of this person-centered planning approach, the CCS gathers information from the individual, their legal guardian, or authorized representative(s) (if applicable), their circle of support (family and friends), assessments, observations, and interviews.</p> <p>Based on a person-centered planning approach, a Person-Centered Plan (PCP) is developed. The PCP identifies supports and services to meet the participant’s needs, outcomes, and preferences in order for them to live in their home or community and whether those supports and services will be provided by natural or informal supports, other local, State, and federal programs, or this Waiver program. Skills to be developed or maintained under Waiver program services are determined based on the individualized goals and outcomes as documented in their PCP. The PCP will also address any need for training for the individual their legal guardian or authorized representative(s) (if applicable), family member(s), and provider, or direct care staff in implementing the Person-Centered Plan.</p>
<p>10. Recommendation: The HRST should be conducted by a nurse or better training and</p>	<p>Not accepted</p>	<p>To promote optimum health, to mitigate or eliminate identified risks, and to avert unnecessary health complications or deaths, the CCS must</p>

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<p>reliability assessments performed.</p>		<p>complete the electronic Health Risk Screening Tool (HRST) for all participants annually as part of the PCP planning process.</p> <p>CCS must complete the online HRST Rater training.</p> <p>Participants with an HRST level score of 3 or higher are considered higher risk thus require increased monitoring and supervision by their health care professionals and service provider (as applicable).</p> <p>Any concerns in the Rating will be referred back to the CCS by the RN Clinical Reviewer for re-evaluation/corrections.</p>
<p>11. Recommendation: Insert language to the following sentence: For participants choosing to Self-Direct Services delivery model, the CCS informs the participant of their options under the employer authority to identify and select their staff and service providers.</p> <p>a. After "CCS" and before "informs" insert "provides the team with a copy of the SDS participant hand book and" to the following sentence:</p> <p>b. At end of paragraph add: "If family is projected to be staff, the CCS will inform the team that a support broker is required and present them with a list of eligible support brokers to be interviewed."</p> <p>Reference: page 14, FSW, CSW, and CPW</p>	<p>Not accepted</p>	<p>The CCS provides information to each participant, their legal guardian or authorized representative, and other identified planning team members regarding available Waiver program services, service delivery models (i.e., Self-Directed Service and Traditional Service Delivery Model), and qualified providers and availability of service providers. For participants choosing to Self-Direct Services delivery model, the CCS informs the participant of their options under the employer authority to identify and select their staff and service providers.</p> <p>The DDA will be creating additional information and training related to self directed services.</p>

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12. RO staff should receive training on self-direction	Accepted with amendment	The DDA will enhance and expand information and training related to self directed services for all stakeholders.
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## Appendix E - Participant-Direction of Services

Appendix E - Participant-Direction of Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation: Provide a definition of what is meant by “supported-decision making”.	Clarification	<p>In 2022, Maryland passed a bill legally recognizing and authorizing the use of supported decision-making.</p> <p>As per the Disability Rights Maryland (DRM) website: Supported decision-making is a tool that offers support to people with disabilities in making important decisions about their lives without compromising their legal right to make these decisions. A person using supported decision-making selects supporters, such as friends and family members, who they trust to help the them make choices and communicate those choices to others. It is fundamentally how all of us, with or without disabilities make decisions, but for people with disabilities, it can be a tool that eliminates or limits the need for guardianship.</p> <p>We included in the renewal that participants may seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision-making agreement, utilizes support</p>

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		<p>from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.</p> <p>Disability Rights Maryland (DRM) established and chairs Maryland’s Cross-Disability Supported Decision Making *SDM) Coalition to create and implement an action plan to recognize SDM in Maryland. The SDM Coalition work includes developing educational materials on SDM and providing training across the state to a myriad of different audiences. For more information see: <a href="#">Disability Rights Maryland</a>.</p> <p>The DDA will include additional information in guidance and policy.</p>
<p>2. Recommendation: Supported decision making:</p> <p style="padding-left: 40px;">a. Move the following statement from page 9 to page 8 under definitions: perhaps under (a) Nature of Opportunities Afforded to Participants under the Self-Directed Service Model (page 8-9, CPW):</p> <p style="padding-left: 80px;">“Individuals may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision–making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.”</p>	<p style="text-align: center;">Accepted with amendment</p>	<p>The following new title will be added on page 10 to note:</p> <p>(d) Support Decision Making</p> <p>Participants may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision–making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.</p>

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<p>b. All verbiage related to supported decision making is in this form - Person and the team that they designate that may include and is not limited to family, friends, CCS, Support Broker, Regional Advocacy Coordinator, employees, vendors, people who assist in decision making and planning.</p> <p>Reference: page 10 CSW, FSW, and CPW</p>		
<p>3. Recommendation: Supported-decision making team:</p> <p>a. Strike all reference to “supported decision-making teams” as it conflicts with the new law associated with supported-decision making and simply keep reference to the definition of supported decision-making outlined in (c) Support for Participants in the Self-Directed Service Model on pg. 9.</p> <p>b. Delete the paragraph: “Individuals may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision-making agreement, utilizes</p>	<p>Accepted with amendment</p>	<p>The language on page 10 will be revised to note:</p> <p>Participants may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision-making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.</p> <p>All references to a “supported decision-making team” will be updated to note “team”.</p>

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<p>support from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.” As it does not seem necessary.”</p> <p>c. On Page 2 and throughout the document, Recommend the term “Supported Decision Making Teams” be removed and replaced with Person Centered Planning Team to clarify the person maintains direction over his/her plan and may receive assistance through a chosen supporter (see Supported Decision Making Law) and/or with guidance from their Person-Centered Planning Team.</p> <p>d. Clarify what supported decision making is and how it can be used. Delete references to “supported decision making teams” and “series of relationships.”</p> <p>e. Provide consistency when referencing the person’s team: “supported-decision making team” and their decision-making team”.</p> <p>Reference: page 10 CSW, FSW, and CPW</p>		
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<p>4. Recommendation: Clarify statement: Facilitating the timely development and revision of the Person-Centered Plan (PCP).</p> <p>Reference: (c)4, page 6 CPW</p>	<p>Clarification</p>	<p>Support Brokers assists the participant (or the participant’s family or representative, as appropriate) in arranging for, directing, and managing services.</p>
<p>5. Recommendation: Nature of Opportunities Afforded to Participants under the Self-Directed Service Model</p> <p>Reference: Revise language in E-1 (a)</p> <p>a. Clarify language to specify who specifically will be named as the employer of record: Currently, “Under the Self-Directed Service Model, a participant, along with their supported-decision making team, their legal guardian, or their designated representative (as applicable) will have decision-making authority as the employer of record.” (page 3-4 CPW)</p> <p>b. Revise to read: “In the Self-Directed Service Model the participant and if chosen, their <u>legal guardian</u>, <del>their</del> <u>designated representative, and person-centered planning team, will have opportunities to:</u> (page 3 CPW)</p> <p>Reference: page 2-3 FSW, CSW, CPW</p>	<p>Accepted with amendment</p>	<p>The language will be revised to note:</p> <p>Under the Self-Directed Service Model, the participant or their legal guardian (as applicable) has decision-making authority as the employer of record, including Employer and Budget Authorities. They have direct responsibility for management of their services and meeting program requirements. Participants may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision-making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.</p>

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<p>6. Recommendation:</p> <ul style="list-style-type: none"> <li>a. Clarify statement, “A Support Broker services works at the direction of and for the benefit of an individual who uses self-directed services, including by assisting another individual chosen by the individual with:” As is, this sentence is confusing, as it refers to both “individual” or “participant”?</li> <li>b. The support broker must take direction from the individual using self-direction. Delete “including by assisting another individual chose by the individual” from the statement</li> </ul> <p>Reference: page 7 FSW, CSW, and CPW</p>	<p style="text-align: center;">Accepted</p>	<p>The sentence will be edited to note:</p> <p>A Support Broker works at the direction of and for the benefit of an individual who uses self-directed services including assisting with:</p>
<p>7. Recommendation: Clarify that all duties for which the Support Broker will provide assistance should be noted on the Participant Agreement form; and if Support Broker duties are to be detailed only in Participant Agreement form or also the PCP.</p> <p>Reference: page 7 FSW, CSW, and CPW</p>	<p style="text-align: center;">Clarification</p>	<p>All duties for which the Support Broker will provide assistance should be noted on the Participant Agreement form and Service Implementation Plan. These documents can be included the PCP or LTSS Maryland Client Attachments.</p>
<p>8. Recommendation: Clarify language, “A participant’s relative or legal guardian can only be a Support Broker for that person if</p>	<p style="text-align: center;">Accepted with amendment</p>	<p>The language will be revised to note:</p> <p>A participant’s relative or legal guardian can only be a Support Broker for</p>

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<p>they do not provide any other direct services, and there are no other family members that provide direct services.” Should this be no other “relative” that provides .... If not, the definition of family member should be provided.</p> <p>Reference: page 8 FSW, CSW, and CPW</p>		<p>that person if they do not provide any other direct services, and there are no other relatives that provide direct services.</p>
<p>9. Recommendation: Consider making a third party, (i.e. SMRO or SB) also attest to the participant on the CCS attestation of delivery model choice.</p> <p>Reference: page 12 FSW, CSW, and CPW</p>	<p>Not accepted</p>	<p>The CCS will document the participants' service delivery model choice on the initial Freedom of Choice Form. In addition, the CCS will attest to informing the participant of their right to choose the service delivery model (either the Self Directed Model or Traditional/Provider Model) on the PCP signature sheet.</p> <p>The participant and their authorized representative also attest that they understand the participant is free to choose the service delivery model (either the Self Directed Model or Traditional/Provider Model) on the PCP signature sheet.</p>
<p>10. Recommendation: Require that the FMCS reimburse participant staff for fees associated with criminal background check within 5 business days from receiving a properly completed reimbursement request from the employee.</p>	<p>Not Accepted</p>	<p>Each FMCS has a process associated with background checks to either pay directly or reimburse the individual getting the background check completed.</p>
<p>11. Recommendation: Clarify if applicants will be reimbursed for criminal background check fees if they are not subsequently hired?</p>	<p>Clarification</p>	<p>Applicants should be reimbursed for background checks even if they are not subsequently hired.</p>

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<p>12. Recommendation: Self Directed Budget Allocation</p> <ul style="list-style-type: none"> <li>a. Clarify this statement: “A participant’s self-directed budget allocation will be determined annually through a person-centered planning process and demonstrated assessed need. The participant’s self-directed budget will encompass all services in their PCP.</li> <li>b. Delete “budget” from allocation. The result would be “SD allocation” which is completely distinct from the “SD budget amount”.</li> </ul> <p>Reference: page 32 FSW, CSW, and CPW</p>	<p>Not accepted</p>	<p>The “budget allocation” is the total DDA self-directed services funding for participants using the self-directed service delivery model. The total amount is based on services authorized in the PCP. The budget allocation is used to create the individual’s individualized self-directed budget sheet.</p>
<p>13. Recommendation: Re: iii. Informing Participant of Budget Amount. Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.</p> <p>Reference: page 34 FSW, CSW, CPW</p>	<p>Clarification</p>	<p>The Coordinator of Community Services (CCS) and Support Broker will share information about the Waiver program, to include the various services and supports and budget caps. Once the PCP is completed, The DDA reviews and authorizes the PCP based on the participant’s needs. The DDA sends notice to the participant and legal guardian or designated representative (if applicable) of the final authorized budget.</p> <p>The self-directed budget is based on the assessed service need, documented in the initial and Annual PCP, and traditional rates. If there is a new health and safety service need assessed, the participant, along with their supported-decision making team, legal guardian, or their designated representative (as applicable) notifies the CCS. The CCS will revise the PCP and associated documents to reflect the health and safety requested service(s) which is then submitted to the DDA Regional Office for review. If</p>

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		<p>approved, the revised PCP and associated budget allocation is then used to create the self directed budget sheet, which is provided to the team and FMCS.</p> <p>If the DDA denies the request for a Waiver program service or reduces the approved budgeted amount, the participant has the right to request a Medicaid Fair Hearing as described in Appendix F.</p>
<p>14. Recommendation: Include language on page 4 that all services that can be Self-Directed, by nature, are 1:1 supports; and ensure that services will be provided at an enhanced 1:1 rate.</p>	<p>Not accepted</p>	<p>Most, but not all, services are provided for one participant. Some services can be provided in groups from one participant up to a maximum. Participants self directing their services may choose to receive services in a group such as under Day Habilitation.</p> <p>Enhanced rates are used for authorize 1:1 and 2:1 staff-to-participant ratio supports when:</p> <ul style="list-style-type: none"> <li>a. The participant has an approved Behavior Support Plan documenting the need for 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or</li> <li>b. The participant has an approved Nursing Care Plan documenting 1:1 or 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.</li> </ul>
<p>15. Recommendation: Financial Management Counseling Services should be available to people in Personal Supports and Community Living who have Housing Support Services and are not self-directing. This service can assist people with paying rent, mortgage, taxes, home maintenance and repair, utilities</p>	<p>Not accepted</p>	<p>Community Living – Group Home service is a provider owned and operated service. It is not a self-directed service.</p> <p>Financial Management Counseling Services are provided for participant’s self directed their services.</p>

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and other housing-related expenses.		The DDA has proposed assistance with bill paying under the Housing Support Service.
16. Recommendation: Clarify inconsistency noted in Appendix E. Ensure that the terms: participant, legal representative, non-legal representative, designated representative, legal guardian, and others are clearly defined and used consistently. Ensure that legal authority is only referenced as appropriate.	Accepted	The DDA has reviewed Appendix E to ensure consistency of terminology.
<p>17. Recommendation: iv. Participant Exercise of Budget Flexibility</p> <p style="margin-left: 40px;">a. Ensure people have direct control over their budgets by deleting <u>“with the support of their team”</u> from: Participants with the support of their team may move funding across approved budget service lines as per the DDA policy and guidance noted in the Self Directed Services Financial Management and Counseling Services Transition, Person Centered Plan, Self Directed Budget Sheet, and Timesheet/Invoice Guidance and subsequent updates.</p> <p style="margin-left: 40px;">b. Revise to language to note: Participants, with the support of their team, may move funding</p>	Accepted with amendment	<p>The language will be revised to reflect:</p> <p>Participants may move funding across approved budget service lines as per the DDA policy and guidance.</p>

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<p>across approved budget service lines as per the DDA policy and guidance noted in the Self Directed.</p> <p>c. Add language to note the participant has the ability to move funding across budget lines in a manner that gives the participant maximum flexibility over the use of funding that is authorized according to the Service Authorization section of each participant’s PCP.</p> <p>d. Budget mods should be allowed between ANY approved lines on the SDS budget to any other approved line on the budget sheet with few exceptions; but especially between direct support services: PS/Respite to CDS and vice versa.</p> <p>Reference: page 34-35 FSW, CSW, and CSW</p>		
<p>18. Recommendation: Under sub-section I. Voluntary Termination of Participant Direction:</p> <p>Deletion of “designated representative” from the authority over who can terminate a person’s enrollment in the self-directed services model. A designated representative does not have the legal authority to terminate services.</p>	<p>Accepted with amendment</p>	<p>The language will be changed to note:</p> <p>The participant or their legal guardian (as applicable) may choose to terminate the participant’s enrollment in the Self-Directed Services Model at any time, without cause, in order to receive services under the Traditional Services delivery model, directly from a provider.</p> <p>In order to terminate participation in the Self-Directed Service Model and transition to the Traditional Services delivery model, the participant or their legal guardian (as applicable), must notify the participant’s Coordinator of Community Services (CCS). The CCS will assist the</p>

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<p>Reference: i. Voluntary Termination of Participant Direction, page 25-26 FSW, CSW, and CPW</p>		<p>participant in transitioning to the Traditional Services delivery model and selecting licensed/certified provider(s) to provide services. The CCS will work with the participant, legal guardian (as applicable), and the participants team to develop a transition plan that include strategies that ensure service continuity and assure the participant’s health and welfare.</p>
<p>19. Recommendation: Add clarifying language to the sentence below that the fees are paid with participant funds: “The cost of criminal background checks are paid by the FMCS provider <u>with the participant’s funds.</u>”</p> <p>Reference: ii. Participant Decision Making Authority, page 30 FSW, CSW, and CPW</p>	<p>Not accepted</p>	<p>The cost of criminal background checks are paid by the FMCS provider.</p>
<p>20. Recommendation: Revise the following language in sub-section v. from The FMCS provider will provide a real time web-based access to <del>monthly reports</del> expenditure reports to the participant” to, “The person and whomever they list/designate in their agreement.”</p> <p>Reference: v. Expenditure Safeguards. page 35 FSW, CSW, and CPW</p>	<p>Accepted with amendment</p>	<p>The sentence will be revised to note:</p> <p>The FMCS provider will provide a real time web- based access to expenditure reports to the participant and their legal guardian (as applicable) with information related to expenditures and current budget balance. The participant can also ask their FMCS to provide additional access to their designated representative and their team based on their choice.</p>
<p>21. Recommendation: Revise this language: “The FMCS provider assists the participant, along with their supported-decision making team, legal guardian, or designated representative, as applicable: to read “The FMCS provider assists the participant, <u>along with their team,</u></p>	<p>Accepted with amendment</p>	<p>The sentence will be revised to note:</p> <p>The FMCS provider assists the participant,along with their team, legal guardian, or designated representative (as applicable):</p>

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<p>legal guardian, or designated representative, <u>"if chosen"</u>.</p> <p>Reference: (c) Support by Entities for Participants in the Self-Directed Service Model - page 20 FSW, CSW, and CPW</p>		
<p>22. Recommendation: Remove this language: The DDA offers the Self- Directed Service Model for participants... (2) no increased risk to the health or safety of the participant.</p> <p>Reference: Appendix E-1 (Overview) sub-section a. Description of Participant Direction, page 5 FSW, CSW, CPW</p>	<p>Not accepted</p>	<p>The CCS, with input from the participant’s team, will share information with the participant about the rights, risks, and responsibilities of managing his/her own services and managing and using an individual budget. This process is documented with completion of the Self-Directed Services Participant Agreement Form to indicate the participant, legal guardian, or his or her designated representative (as applicable) is capable of making informed decisions such that there is: (1) no lapse or decline in the quality of care; (2) no increased risk to the health or safety of the participant; and (3) understands the responsibilities of employer and budget authorities.</p>
<p>23. Recommendation: Clarify that technical assistance is optional. After the phrase, “technical assistance”, insert the phrase, <u>“if requested by the Participant and team.”</u></p> <p>Reference: Description of Participant Direction, page 6 CPW</p>	<p>Not accepted</p>	<p>The DDA RO SDS Leads provide technical assistance to participants who self direct and their teams related to guidance, policy, and waiver requirements.</p>
<p>24. Recommendation: Take out the phrase, <i>“Support Brokers must not”, and replace with “Support Brokers may assist with 1. Developing modifications, 2. Making decisions related to employer and budget authority, 3. Signing off on payment</i></p>	<p>Accepted with amendment</p>	<p>This information will be deleted as Support Broker services are noted in Appendix C.</p> <p>The following language will be added:</p>

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<p><i>documents for employees and vendors other than the support broker when authorized by the Participant to do so, and 4. Hiring or firing workers.”</i></p> <p>Reference: Description of Participant Direction, page 8 FSW, CSW, and CPW</p>		<p>Support Broker service may include the performance of activities that nominally overlap the provision of case management services. In general, such overlap does not constitute duplicate provision of services. For example, a “support broker” may assist a participant during the development of a person-centered plan to ensure that the participant’s needs and preferences are clearly understood even though a CCS is responsible for the development of the service plan. Duplicate provision of services generally only arises when exactly the same activity is performed and billed on behalf of a waiver participant. Where the possibility of duplicate provision of services exists, the participant’s PCP and record should clearly delineate responsibilities for the performance of activities.</p>
<p>25. Recommendation: insert "disabilities" after “with or without”</p> <p>Reference: (d) Supported Decision Making, page 10 FSW, CSW, and CPW</p>	<p>Not accepted</p>	<p>The sentence is related to having a supported decision-making agreement. It is not related to “with or without” disabilities.</p> <p>The sentence will read:</p> <p>Participants may also seek support with decision making from a specific person or a team of individuals. Supported decision making means a process by which an adult, with or without having entered a supported decision–making agreement, utilizes support from a series of relationships in order to make, communicate, or put into action the adult’s own life decisions.</p>
<p>26. Recommendation: Page 13, (4) replace “delineated” with “overlap”. Additionally, bullet (4): This section needs to state that there is incidental overlap of the CCS and SB roles in some manner.</p> <p>Reference: Description of Participant Direction, page 8</p>	<p>Accepted with amendment</p>	<p>The DDA will update the section associated with Support Brokers to reflect:</p> <p>Support Broker service may include the performance of activities that nominally overlap the provision of case management services. In general, such overlap does not constitute duplicate provision of services. For example, a “support broker” may assist a participant during the development of a person-centered plan to ensure that the participant’s</p>

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FSW, CSW, and CPW		needs and preferences are clearly understood even though a CCS is responsible for the development of the service plan. Duplicate provision of services generally only arises when exactly the same activity is performed and billed on behalf of a waiver participant. Where the possibility of duplicate provision of services exists, the participant's PCP and record should clearly delineate responsibilities for the performance of activities.
27. Recommendation: Make FMCS a waiver service.	Not accepted	Financial Management and Counseling Services have historically and will continue to be provided as an administrative service.
28. Recommendation: Page 18 (ii) Correct COMAR reference number  Reference: CPW - ii. Payment for FMS page 18 FSW, CSW, and CPW	Accepted	The COMAR reference will be revised to note: COMAR 10.22.17.13.
29. Recommendation: In sub-section e, insert this sentence at end of paragraph: "The participant will also attest and sign that, if they choose self-direction, they were made of aware of the option to hire a support broker to help them with start-up of their program and monthly after the effective date of the program and that they were provided with information on eligible support brokers and how to contact them for assistance."  Reference: e. Information Furnished to Participant, page 12 FSW, CSW, and CPW	Not accepted	<p>The Coordinator of Community Services (CCS) is responsible for providing information to the participant about available Waiver program services and delivery models, including the DDA's Traditional and Self-Directed Service Models.</p> <p>Support Broker service is an optional service unless otherwise required by the program.</p> <p>The participant and their authorized representative attest that they understand the participant is free to choose the service delivery model (either the Self Directed Model or Traditional/Provider Model) on the PCP signature sheet.</p>

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<p>30. Recommendation: Add “dated 7-21-2022” to, “guidance noted in the Self Directed Services Financial Management and Counseling Services Transition, Person Centered Plan, Self Directed Budget Sheet, and Timesheet/Invoice Guidance and subsequent updates.”</p> <p>Reference: page 35 FSW, CSW, and CPW</p>	<p>Not accepted</p>	<p>There is no reference was deleted.</p>
<p>31. Recommendation: The definition of support broker should match the wording in the SDS Act of 2022 or at least reference it</p> <p>Reference: Page 7 CPW</p>	<p>Accepted with amendment</p>	<p>The following language will be noted:</p> <p>Note: Please see Appendix C for additional information related to Support Brokers service descriptions, requirements, limitation, and qualification requirements.</p>
<p>32. Recommendation: Include Employer Authority for Employment Discovery and Customization as an employee or vendor could have the necessary certifications to perform these tasks and should not have to be affiliated with a DDA provider.</p> <p>Reference: g. Participant-Directed Services, page 15 FSW, CSW, and CPW</p>	<p>Not accepted</p>	<p>Employment Discovery and Customization is no longer provided under the Self Directed service model as services have transitioned to the Employment Services.</p> <p>This service will be updated in Appendix C and removed from Appendix E. g. Participant-Directed Services.</p>
<p>33. Recommendation: g. Participant-Directed Services:</p> <p>a. All of the services on page 15 should</p>	<p>Not accepted</p>	<p>To support participants’ health and safety and ensure qualified providers, the DDA has established specific professional standards, training requirements, and provider qualification requirements associated with</p>

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<p>have employer authority checked</p> <p>b. Community Living Group Home and Enhanced Group Home services for which the participant has Budget Authority</p> <p>Reference: page 15 FSW, CSW, and CPW</p>		<p>each waiver service and therefore the employer authority options are not available for some services.</p> <p>Community Living Group Home and Community Living Enhanced Supports are provided in licensed sites owned and operated by providers.</p>
<p>34. Recommendation: c. Availability of Participant Direction by Type of Living Arrangement:</p> <p>a. Select the second option for: “Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor”</p> <p>b. Add Community Living Group Home and Enhanced Group Home services for which the participant has Budget Authority</p> <p>Reference: page 10 CPW</p>	<p>Not accepted</p>	<p>Participant direction opportunities are available to participants who live with other individuals under a lease or Shared Living waiver service arrangement.</p> <p>Community Living Group Home and Community Living Enhanced Supports are not an option under the self directed model.</p>
<p>35. Recommendation: Clarify definitions of Authorized Representative and Designated Representative; these are used interchangeably. Suggest using the term,</p>	<p>Clarification</p>	<p>“Authorized representative” means an individual or organization who acts on behalf of an applicant or participant pursuant to and in accordance with COMAR 10.01.04.12.</p>

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<p>“designated”.</p>		<p>“Designated representative” means an individual who acts on behalf of the participant in managing the participant’s services under the self-directed services delivery model.</p>
<p>36. Recommendation: Language edits:</p> <ul style="list-style-type: none"> <li>a. Page 2 - Instead of “Having budget authority maximizes the opportunities of a ... to live in their chosen communities...’.... empower”.. – use “With budget authority people have choice and control over needed long-term services...”</li> <li>b. Page 4- Recommended wording “By regulation, the CCSs (etc) will provide information about the SDS Model in the continuum of service delivery models as a regular part of their ...</li> <li>c. Support the removal of the language around SDS being appropriate for people who are at risk or declining, etc.</li> <li>d. Page 7 - introduction of another new term / role, “day to day administrative assistant.” Please Clarify role.</li> <li>e. Page 12 – Please clarify what a Freedom of Choice Form is and if it is used for eligibility.</li> <li>f. Page 17 – Please clarify the statement: Providers certified by the DDA as an</li> </ul>	<ul style="list-style-type: none"> <li>a. Accepted with amendment</li> <li>b. Not accepted</li> <li>c. Not applicable</li> <li>d. Clarification</li> <li>e. Clarification</li> <li>f. Clarification</li> <li>g. Accepted with amendment</li> <li>h. Clarification</li> <li>i. Clarification</li> <li>j. Clarification</li> <li>k. Clarification</li> </ul>	<ul style="list-style-type: none"> <li>a. The sentence will be revised to reflect: With budget authority participants have choice and control over needed long-term services long-term services and supports, and helps to maintain and improve the participant’s health and quality of life in their community</li> <li>b. There will be no change to the current sentence.</li> <li>c. Comment is in agreement with the proposed language.</li> <li>d. The day to day administrative supports which include assistance with all aspects of household and personal management essential to maintain community living, including support with scheduling and maintaining appointments and money management. Reference: Appendix C within the Individual and Family Directed Goods and Services service.</li> <li>e. The Freedom of Choice form is part of the Waiver application packet and indicates the person’s choice to receive home and community based services instead of institutional care.</li> <li>f. The Financial Management and Counseling Services providers are certified as an OHCDs.</li> <li>g. The sentence will be revised to note: As per COMAR 10.22.17.13, the cost of services are to be deducted from a participant’s Medicaid Waiver self-directed budget.</li> <li>h. The FMCS provides information and tools to support budget management. This includes portal access to real time information</li> </ul>

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<p>Organized Health Care Delivery Systems (OHCDs) in accordance with applicable State regulations provide this service. Providers are identified ...</p> <p>g. Page 18 - recommended wording “Charged to the person’s medicaid waiver/DDA budget”</p> <p>h. Page 21 – Clarify role of FMCS- Is it the FMCSs charge to assure that people stay within their budgets or to provide the tools so that a person can?</p> <p>i. Page 27 – Please clarify the accuracy of, the failure of someone other than the person or the guardian, would be cause for termination of the service.</p> <p>j. Page 5 - Information and training for CCS related to the roles and service needs to be widely understood. What can be added to the waiver for CCSs to be able to develop so that it doesn’t take away from their billable needs and is part of a flourishing developing role?</p> <p>k. Page 5 - 6 People using SDS need a direct connection to the Regions SDS liaisons, not by way of the CCS.</p>		<p>on budget status and expenditures. The FMCS shall process employees, vendors, and providers invoices or timesheets after conducting a quality review. Program rules must be met before processing.</p> <p>i. While enrolled in the Self-Directed Service Model, participants, along with their, their legal guardians, their designated representatives, and team (as applicable) are required to comply with the requirements set forth in this Waiver program application and all applicable federal, State, and local laws, regulations, and Department policies and procedures.</p> <p>j. The DDA will be updating information and training related to self directed services that will be offered for all stakeholders. Roles and responsibilities are also noted in the <a href="#">Self-Directed Services A Handbook for People with Developmental Disabilities Who Are Interested in Directing their DDA Services in Maryland - Revised Jan 31, 2022</a></p> <p>k. The RO SDS Leads and RO Advocacy Specialist are available to provide assistance.</p>												
<table border="1" style="width: 100%; border-collapse: collapse; margin: 0 auto;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Region</th> <th style="padding: 5px;">SDS Lead Name</th> <th style="padding: 5px;">Email</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Central</td> <td style="padding: 5px;">Ola Otuyelu</td> <td style="padding: 5px;"><a href="mailto:olasubomi.otuyelu@maryland.gov">olasubomi.otuyelu@maryland.gov</a></td> </tr> <tr> <td style="padding: 5px;">Eastern Shore</td> <td style="padding: 5px;">Jonna Krabill</td> <td style="padding: 5px;"><a href="mailto:jonna.krabill@maryland.gov">jonna.krabill@maryland.gov</a></td> </tr> <tr> <td style="padding: 5px;">Southern</td> <td style="padding: 5px;">Tia Henry</td> <td style="padding: 5px;"><a href="mailto:tia.henry2@maryland.gov">tia.henry2@maryland.gov</a></td> </tr> </tbody> </table>			Region	SDS Lead Name	Email	Central	Ola Otuyelu	<a href="mailto:olasubomi.otuyelu@maryland.gov">olasubomi.otuyelu@maryland.gov</a>	Eastern Shore	Jonna Krabill	<a href="mailto:jonna.krabill@maryland.gov">jonna.krabill@maryland.gov</a>	Southern	Tia Henry	<a href="mailto:tia.henry2@maryland.gov">tia.henry2@maryland.gov</a>
Region	SDS Lead Name	Email												
Central	Ola Otuyelu	<a href="mailto:olasubomi.otuyelu@maryland.gov">olasubomi.otuyelu@maryland.gov</a>												
Eastern Shore	Jonna Krabill	<a href="mailto:jonna.krabill@maryland.gov">jonna.krabill@maryland.gov</a>												
Southern	Tia Henry	<a href="mailto:tia.henry2@maryland.gov">tia.henry2@maryland.gov</a>												

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Western</td> <td style="width: 30%;">Cara Buckman</td> <td style="width: 50%;"><a href="mailto:cara.buckman@maryland.gov">cara.buckman@maryland.gov</a></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20%;">Region</th> <th style="width: 30%;">Advocacy Specialist</th> <th style="width: 50%;">Email</th> </tr> </thead> <tbody> <tr> <td>Central</td> <td>Vacant</td> <td>Not applicable</td> </tr> <tr> <td>Eastern Shore</td> <td>Cody Drinkwater</td> <td><a href="mailto:cody.drinkwater@maryland.gov">cody.drinkwater@maryland.gov</a></td> </tr> <tr> <td>Southern</td> <td>Patricia Porter</td> <td><a href="mailto:patricia.porter@maryland.gov">patricia.porter@maryland.gov</a></td> </tr> <tr> <td>Western</td> <td>Jessica Stine</td> <td><a href="mailto:jessica.stine@maryland.gov">jessica.stine@maryland.gov</a></td> </tr> </tbody> </table>	Western	Cara Buckman	<a href="mailto:cara.buckman@maryland.gov">cara.buckman@maryland.gov</a>	Region	Advocacy Specialist	Email	Central	Vacant	Not applicable	Eastern Shore	Cody Drinkwater	<a href="mailto:cody.drinkwater@maryland.gov">cody.drinkwater@maryland.gov</a>	Southern	Patricia Porter	<a href="mailto:patricia.porter@maryland.gov">patricia.porter@maryland.gov</a>	Western	Jessica Stine	<a href="mailto:jessica.stine@maryland.gov">jessica.stine@maryland.gov</a>
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Western	Jessica Stine	<a href="mailto:jessica.stine@maryland.gov">jessica.stine@maryland.gov</a>																		
<p>37. Recommendation: (b) How Participants May Enroll in the Self-Directed Service Model</p> <p style="margin-left: 20px;">a. Insert at the first time that waiver services (HCBS) are discussed with participant. "This discussion will be part of the Freedom of Choice form and will include a discussion of the availability of support broker services to assist in the process of self-direction. All of these discussions will be noted on the</p>	<p>a. Not accepted</p> <p>b. Accepted with amendment</p>	<p>a. This section is related to enrolling in the self directed service model.</p> <p>b. The sentence will be revised to note: The CCS and Support Broker, with input from the participant’s team, will share information with the participant about the rights, risks, and responsibilities of managing their own services, and managing and using an individual budget</p>																		

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<p>form. The CSS will assist the participant in locating a support broker if they so desire."</p> <p>Reference: page 4 FSW, CSW, and CPW</p> <p>b. Insert language in the second paragraph: after CCS "and/or the Support Broker, if selected, with input...." (b) page 4 CPW</p> <p>c. After "the" and before "DDA" Insert: "Freedom of Choice Form,"</p> <p>d. Clarify what the documents are "to indicate". (b)</p> <p>Reference: page 4 FSW, CSW, and CPW</p>	<p>c. Not accepted</p> <p>d. Accepted</p>	<p>c. The information is noted in the DDA Participant Rights and Responsibilities and Self-Directed Services Participant Agreement Form. It is not associated with the Freedom of Choice form.</p> <p>d. This sentence will be revised to note: This process is documented with completion of the DDA Participant Rights and Responsibilities and Self-Directed Services Participant Agreement Form.</p>
<p>38. Recommendation: Financial Management and Counseling Services should be required to have safeguards in place to protect the personal information of participants, employees &amp; vendors (ie SSN, birthdates &amp; bank accounts), and any other identification that could aid in identity theft.</p> <p>Reference: page 4 FSW, CSW, and CPW</p>	<p>Clarification</p>	<p>Financial Management and Counseling Services are required under their contract to:</p> <ul style="list-style-type: none"> <li>● Comply with and adhere to the State IT Security Policy and Standards</li> <li>● Implement administrative, physical, and technical safeguards to protect State data that are no less rigorous than accepted industry best practices for information security</li> <li>● Adhere to HIPPA requirements</li> <li>● Apply data encryption to protect State data, especially personal identifiable information, from improper disclosure or alteration. For State data the Contractor manages or controls, data</li> </ul>

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		encryption should be applied to State data in transit over networks and, where possible, at rest; as well as to State data when archived for backup purposes. Encryption algorithms which are utilized for this purpose must comply with current Federal Information Processing Standards (FIPS).
<p>39. Recommendation: Add: language after A.3: <u>Performing other tasks "as assigned by the individual and as authorized by regulations adopted or guidance issued by the Federal Centers for Medicare and Medicaid Services under Section 1915(c) of the Social Security Act."</u></p> <p>Reference: page 7 FSW, CSW, and CPW</p>	Accepted	<p>The sentence will be revised to note:</p> <ul style="list-style-type: none"> <li>● Performing other tasks as assigned by the individual and as authorized by regulations adopted or guidance issued by the Federal Centers for Medicare and Medicaid Services under Section 1915(c) of the Social Security Act.</li> </ul>
<p>40. Recommendation: Add a comma between "guardian" and "representative"</p> <p>Reference: (a) Support by Entities for Participants in the Self-Directed Service Model, page 7 FSW, CSW, and CPW</p>	Accepted	<p>The sentence will be revised to note:</p> <p>If a Support Broker is a participant’s legal guardian, representative payee, or relative, there must be a policy in place that addresses conflict of interest and ensures oversight and integrity in provision of services.</p>
<p>41. Recommendation: DDA Regional Office (RO) Self-Directed Services (SDS) Leads</p> <p>Add “if asked by the participant” to the following sentence: The RO SDS Lead can also support participants and teams to mitigate conflicts of interest by providing feedback to the annual Participant</p>	Not accepted	<p>The information noted includes various examples of technical assistance that can be provided by the RO SDS Leads if asked by the participant.</p>

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<p style="text-align: center;">Agreement and other PCP documents.</p> <p>Reference: (a) Support by Entities for Participants in the Self-Directed Service Model, page 6 FSW, CSW, and CPW</p>		
<p>42. Recommendation: Clarify if a support broker can be a SSI rep payee.</p> <p>Reference: (a) Support by Entities for Participants in the Self-Directed Service Model, page 7 FSW, CSW, and CPW</p>	<p>Clarification</p>	<p>Individuals and organizations providing Support Broker services may provide no other paid service to that participant.</p>
<p>43. Recommendation: Require a participant to maintain a Support Broker for their first 12 months within waiver services, and as described in Appendix E &amp; C, except when a family member is employed as a DSP with at least three non-family members living outside the home being employed as the participants DSP on a regular weekly scheduled basis.</p>	<p>Not accepted</p>	<p>Support Broker services are offered as an optional service to all participants who enroll in the Self-Directed Service Delivery Model.</p> <p>The only exception is Support Brokers services are required if the participant employs a relative, designated representative, legal guardian or day to day administrative assistant that is a direct support employee as per the Self Directed Service Act 2022.</p>

## Appendix F - Participant Rights

Appendix F - Participant Rights		
Recommendation	Dept. Response	Dept. Comment

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>1. Recommendation: PCP Denials</p> <ul style="list-style-type: none"> <li>a. Change language to clarify that denial of one aspect of a participant's plan does not result in the entire plan being denied or delayed.</li> <li>b. Establish a partial denial process that allows the undisputed aspects of a plan to move forward while the participant appeals the denied portion.</li> </ul>	<p>Accepted with amendment</p>	<p>The LTSSMaryland PCP can be approved or denied. The system does not allow for partial approval.</p> <p>The DDA will explore changes to support this recommendation.</p>
<p>2. Recommendation: Appeal Letter and EDD Redetermination Letters</p> <ul style="list-style-type: none"> <li>a. The window of time for an appeal should not start until the letter/notification is received by regular mail or read in electronic mail.</li> <li>b. Require some form of verification that a denial letter or notification has been received and read by the participant or their designated representative.</li> <li>c. Include that the mailing requires a signature that received or a notice from the carrier that it was delivered.</li> <li>d. After "representative" and before the comma ADD: "and emailed to the individual, their family members, CCS, Support Broker, and other members known to DDA as part of</li> </ul>	<p>Not accepted</p>	<p>Individuals may file appeals in accordance with COMAR 10.01.04 and 42 CFR § 431.221.</p> <p>Applicants and participants can create an account in MD THINK to have real time information related to their Medicaid Waiver application and redetermination. MD THINK, 'Maryland Total Human-services Integrated Network' is the states new technology platform to provide integrated access to programs administered by agencies including Department of Human Services (DHS), the Department of Juvenile Services (DJS), the Department of Labor, Licensing, and Regulation and the Department of Health. Reference: <a href="https://mymdthink.maryland.gov/home/#/">https://mymdthink.maryland.gov/home/#/</a></p> <p>MyMDThink Consumer Portal link: <a href="https://mymdthink.maryland.gov/home/#/">https://mymdthink.maryland.gov/home/#/</a></p>

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<p>their planning team. The letter will specify:"</p> <p>e. Cross out " and specifies after making above addition to the paragraph</p> <p>Reference: Procedures for Offering Opportunity to Request a Fair Hearing, Page 2 CPW</p>		
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## Appendix G - Participant Safeguards

Appendix G - Participant Safeguards		
Recommendation	Dept. Response	Dept. Comment
Not applicable		

## Appendix H - Quality Improvement Strategy

Appendix H - Quality Improvement Strategy		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: The DDA should develop a plan to assure appropriate oversight of self-directed services, including a plan to address and mitigate any conflicts of</p>	<p>Clarification</p>	<p>Waiver appendices include information related to quality assurance and safeguards. Examples include but not limited to:</p>

# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>interest that may arise in the provision of those services.</p>		<ol style="list-style-type: none"> <li>1. Timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization.</li> <li>2. Waiver services directed by a legally responsible person, legal guardian or relative (who is not a spouse), and non-legal representatives are freely chosen and in the best interest of the participant.</li> <li>3. CCS monitoring of the implementation of the PCP to ensure delivery in accordance with the PCP and consistent with safeguarding the participant's health and welfare.</li> <li>4. Support Broker Services are required when a relative, legally responsible individual, representative payee, and guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.</li> <li>5. Individuals and organizations providing Support Broker services may provide no other paid service to that participant.</li> <li>6. If this designated representative is a relative (i.e., parent, stepparent or sibling) no other relative (parent, stepparent or sibling) can work as paid staff under self-direction.</li> <li>7. A spouse or legally responsible person may provide Support Broker services, but may not be paid by this Waiver program.</li> </ol> <p>In addition the new Quality Improvement Organization (QIO) quality reviews include participants using the self directed service delivery model.</p>
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## Appendix I - Financial Accountability

Appendix I - Financial Accountability		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Rate structure</p> <p>a. Simplify the rate structure for services</p> <p>b. Transportation and nursing services are included in certain services and not others. Take a “menu” approach to services such as transportation and nursing can be utilized and funded separately to meet the needs of people using DDA supports and services.</p>	Not accepted	<p>The current methodology is a data-driven methodology driven by the DSP hourly rate and takes into account the costs associated with delivering one hour of care for services. The current methodology is the result of legislation that was passed in 2014.</p> <p>All residential and ongoing meaningful day services service models include transportation and nursing support services as a component of the service.</p>
<p>2. Recommendation: Consider changing payment of ESS to a milestone</p>	Accepted with amendment	<p>The DDA will continue to explore and seek stakeholder input related to rates via the DDA Employment First Workgroup and the <a href="#">MDH Rate Review Advisory Group</a>.</p>
<p>3. Recommendation: Increase the rate for follow-along supports.</p>	Accepted with amendment	<p>The DDA will continue to explore and seek stakeholder input related to rates via the DDA Employment First Workgroup and the <a href="#">MDH Rate Review Advisory Group</a>.</p>

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<p>4. Recommendation: Transportation Cost Component</p> <ul style="list-style-type: none"> <li>a. Allow provider to bill for service when staff are in route to and from the participant’s home</li> <li>b. Transportation should cover the costs associated with mileage reimbursement staff who travel from their house to the participant.</li> </ul>	<p>Not accepted</p>	<p>Transportation is included as part of the following services: Meaningful Day Services: Community Development Services, Day Habilitation, Employment Discovery and Customization, Employment Services (excluding Follow Along Supports), Medical Day Care, Supported Employment, and Career Exploration.</p> <p>Time spent transporting a participant to/from the location from which their service occurs is not considered billable time, while transportation to/from various locations while in the service is considered billable time</p> <p>Traditional providers service rates include a component for transportation based on provider general ledgers. The DDA increased the transportation component in the initial brick to further support community integration.</p> <p>Data associated with rate components will be collected for future changes to the transportation cost component. Previous rate review cycle also supported data analysis to further inform transportation considerations for FY 24.</p>
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**Appendix J - Cost-Neutrality Demonstration**

Appendix J - Cost-Neutrality Demonstration		
Recommendation	Dept. Response	Dept. Comment
<p>Note: Appendix J cost estimates were updated due to increase in slots.</p>		

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**Other**

Other		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation: Add benefits counseling services a stand-alone service for all participants</p>	<p>Not accepted</p>	<p><a href="#">Benefits counseling</a> provides information about how working may affect your financial and health benefits. In Maryland, these counselors are called Community Work Incentives Coordinators (CWICs) and they work for Work Incentives Planning and Assistance (WIPA).</p> <p>The WIPA program is funded by the Social Security Administration (SSA) to provide you with information about the impact of working on your SSI or SSDI cash and health benefits. Each WIPA project has Community Work Incentives Coordinators. The WIPA project in Maryland is the Maryland Work Incentives Network.</p> <p>The Division of Rehabilitation Services (DORS) also has benefits counselors, sometimes called benefits planners, to help you understand the impact of work may have on benefits.</p>
<p>2. Recommendation: Add interpretation services as a billable service under the waivers either through an enhanced brick rate or as a stand-alone service.</p>	<p>Not accepted</p>	<p>The Maryland Medical Assistance Provider Agreement includes the requirement to provide Services in compliance with Section 1557 of the Affordable Care Act (42 U.S.C 18116) that requires Providers to post a non-discrimination statement, language accessibility statement, grievance procedure and taglines advising that language assistance is available, at no cost, in at least the top 15 language spoken by individuals with limited English proficiency of Maryland.</p> <p>The DDA provider agreement includes the provider must follow: 2.2.8.7. Non-Discrimination laws, including, but not limited to, as the American with</p>

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		<p>Disabilities Act, as further described in the Medicaid Program’s Provider Agreement.</p> <p>As required by state and federal law, private and public entities must provide qualified interpreters and other accommodations (such as real-time captioning) for deaf and hard of hearing constituents.</p> <p>Provider cost components can be captured in new general ledger collection tools to inform future rate priorities for the <a href="#">MDH Rate Review Advisory Group</a>.</p>
<p>3. Recommendation: Add waiver language to allow for the purchase of autonomous devices such as vacuums, lawnmowers, any other labor saving devices that might promote independence and reduce time for support staff. With the caveat that support staff will not totally be replaced, there may be instances where a support staff has to assist the individual with the use of assistive technology.</p>	<p>Not accepted</p>	<p>Devices may be provided under Assistive Technology and Services. The purpose of assistive technology is to maintain or improve a participant’s functional abilities, enhance interactions, support meaningful relationships, and promote their ability to live independently, and meaningfully participate in their community.</p>
<p>4. Add “Facilitator Role” as a new service</p> <p>“The Facilitator role is related to the day-to-day facilitation of services, with all its tasks designed to support people and their families. Specifically, a Facilitator works with individuals and families to support independence and choices by expanding community networks, natural supports related to personal outcomes, and ensuring effective supports in a day-to-day facilitation</p>	<p>Accepted with amendment</p>	<p>The DDA will review the information shared, explore options, seek stakeholder input, and consider for a future amendment.</p>

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<p>to help people’s services work effectively for them. This day-to-day focus differentiates it from the Coordinator of Community Services (CCS) overarching role, which is designed to address the overall planning, monitoring, and global community connections.”</p>		
<p>5. Recommendation: Add stand-alone services for Speech/Language Pathologists (SLPs) and Registered Dietitian Nutritionists (RDNs) in the treatment of dysphagia for individuals with Intellectual Developmental Disabilities (IDD).</p>	<p>Not accepted</p>	<p>Treatment for dysphagia would be covered by a participant's health insurance.</p> <p>The PCP, Behavior Plans, and/or Nursing Care Plans may outline strategies and processes to support a participant with dysphagia based on medical professionals recommended treatment plan.</p>
<p>6. Recommendation: Ensure language is clear, concise, and covers all possibilities. Avoid limits to how they are provided, what they provide, and by whom.</p>	<p>Clarification</p>	<p>Previous and current waiver revisions include language update to support better understanding and clarity. The DDA uses various methods and tools to share information related to program requirements including topic specific guidance, policies, and At A Glance documents. The DDA will be issuing a new guide to services written in plain language.</p>

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<p>7. Recommendation: Limited English Proficient</p> <p>a. Increase accessibility to services for Limited English Proficient Persons</p> <p>b. Collect language preference for an applicant’s primary caregiver/legal guardian</p> <p>c. Specifically name the vital documents that will be translated into other languages when a participant or caregiver/legal guardian has indicated a language preference other than English</p> <p>d. Create clear and easy to follow policies and practices for requesting language interpreters when needed, and these practices are embedded throughout the agency’s work (including when participants are working with coordination agencies, service providers, support brokers and fiscal management agencies)</p> <p>e. Regularly train staff and coordination agency staff on cultural proficiency and using interpreters effectively</p>	<p>Accepted with amendments</p>	<p>The DDA is committed to supporting people with limited English proficiency and making documents and content available and accessible to all. We are undertaking efforts to achieve this aim including creating documents available in preferred languages. The DDA application is available in <a href="#">English</a> and <a href="#">Spanish</a> with additional translation needs available upon request.</p> <p>The DDA follows the guidelines established by the Department’s Office of Equal Opportunity Programs and their Equal Access Compliance Unit.</p> <p>DDA Providers are required to be in compliance with Section 1557 of the Affordable Care Act (42 U.S.C 18116) that requires Providers to post a non-discrimination statement, language accessibility statement, grievance procedure and taglines advising that language assistance is available, at no cost, in at least the top 15 language spoken by individuals with limited English proficiency of Maryland.</p> <p>The DDA Provider Agreement also include:</p> <p>2.2.8.7. Non-Discrimination laws, including, but not limited to, as the American with Disabilities Act, as further described in the Medicaid Program’s Provider Agreement.</p> <p>The Maryland Department of Information Technology (“DoIT”) offers translations of website content through Google Translate including in 103 different languages.</p> <p>The DDA will explore opportunities to collect and automate new data on preferred language from applicants, participants, their primary caregivers, and legal representatives.</p> <p>The DDA will explore stakeholder and staff training opportunities to further support understanding of requirements, options and resources.</p>
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# Family Supports, Community Supports, and Community Pathways Waiver Renewals 2023 Public Comment Summary

<p>8. Recommendation: Ensure documents are fully accessible to all stakeholders, including being compatible with screen readers, written in plain language, and universally accessible.</p>	<p>Accepted</p>	<p>The DDA is committed to making documents and content available and accessible to all and are undertaking efforts to achieve this aim. Documents are made available in preferred languages upon request.</p> <p>The DDA follows the guidelines established by the Department’s Office of Equal Opportunity Programs and their Equal Access Compliance Unit.</p>
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