

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input 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 Amendments #3 2020 proposal was held from September 1, 2020 - September 30, 2020. In total, 71 unduplicated individuals, families, providers, and advocacy agencies submitted input. Below is a summary of the specific recommendations from the public and responses.

Introduction/Purpose of Amendment		
Recommendation	Dept. Response	Dept. Comment
Note: Recommendations related to eligibility and services noted in the Purpose of the Amendment were included under the Appendix B and C sections.		
Recommendation to edit sentences in the Brief Waiver Description to reflect the purpose/intent of HCBS services is to maintain and acquire, as possible, independence and skills. this sentence needs to be adjusted appropriately.	Accepted	The sentence was revised to read: <i>The intent of services and supports are to maintain, acquire, and increase individuals’ independence and reduce their level of services needed.</i>
Appendix A - Waiver Administration and Operation		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation for revision of language in the Brief Waiver Description to reflect supports across the lifespan due to the minimum age limitation.	Clarification	The Community Pathways Waiver currently supports people of all ages who will continue to be supported by the program. Therefore, it will continue to support participants across their lifespans.
2. Recommendation for revision of language in the Brief Waiver Description to expand case	Clarification	The sentence referenced, noted below, recommended for this edit is referring to the

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>management language to include supporting participants with dreams, independence and less reliance on state services.</p>		<p>Person-Centered Plan and not the scope of the case manager's assistance.</p> <p><i>Each Coordinator of Community Services (CCS) assists participants in developing a Person-Centered Plan, which identifies individual health and safety needs and supports that can meet those needs.</i></p>
<p>3. Recommendation to include how children with residential needs will be supported, as they will be no longer admitted into CPW. For example, information, facilitation, referral to other state programs that may provide residential services to children. Or the use of state funding only.</p> <p>4. Recommendation that children under 18 with DD who have not received community service and can no longer remain in their family homes be included in all DDA waiver programs</p>	<p>Accepted with amendment</p>	<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 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 license residential group homes that provide services to individuals with developmental disabilities. The DDA funds licensed group homes to support adults. The Department of Human</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>Services (DHS) funds licensed group homes to support children.</p> <p>Local public school systems are required, by Maryland and federal law, to provide individualized or special education and related services, at no charge, to students with disabilities from birth until they leave high school. For some children this includes residential services.</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</p>
--	--	--

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>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 LCT are held throughout the various jurisdictions in Maryland and convenes 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>The DDA has created a Children's Unit that will share information and guidance related to resources available to children in need of residential supports.</p>
<p>5. Recommendation to add language that legacy service definitions and rates will apply during the transition period.</p>	<p>Accepted</p>	<p>The following language was added: <i>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.</i></p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

Appendix B - Participant Access and Eligibility		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to have DDA eligibility fact sheets/bulletins with specific examples for everyone to understand.	Accepted	The DDA will develop user friendly informational tools such as At A Glance documents related to DDA eligibility.
2. Clarify what happens to an individual in both CPW and CSW. The Waiver states the individual is not enrolled simultaneously enrolled in another Medicaid Waiver.	Clarification	Individuals can only be enrolled in one Medicaid Waiver program. Therefore a person would not be in both the Community Pathways and Community Supports Waivers at the same time, as they can only be in one Medicaid waiver at a time.
3. Waiver Slots and Reserved Capacity <ol style="list-style-type: none"> a. Recommendation to clarify the basis for limitation of waiver slots for all waiver programs and transitioning youths. b. Increase capacity for TY c. Increase capacity for Court Order d. Increase capacity for Emergency 	Not Accepted	Waiver slots and reserved capacities were adjusted based on utilization and projected assumptions such as: <ul style="list-style-type: none"> ● CSW supporting most Transitioning Youth (with the exception of those with an assessed need for residential services); ● Increased Court Order based on history and utilization; ● Reduction of Emergency placements based on historical trends; ● All DHS age out will use residential services; ● Program attritions 2% per year for FY 22 and FY 23;

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ul style="list-style-type: none"> • Exceeding a previous year’s capacity; and • Slower projected growth.
4. Clarify what happens if the reserved capacity is exceeded	Clarification	The State can request to increase slots and reserved capacity at any time via an amendment.
5. Clarify who will be included in the TY capacity.	Clarification	<p>Individuals transitioning from educational services including public school systems and nonpublic school placements that meet the requirements noted in COMAR 10.22.12.07 B. (4) Category IV - Transitioning Youth.</p> <p>Youth aging out of the Department of Human Services (DHS) foster care system will be noted under the DHS Foster Kids Age Out.</p>
6. Clarify the significance of changing from 180 days to 183 days.	Clarification	There are an average of 183 days during a six month period.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>7. Eligibility related requirements:</p> <ul style="list-style-type: none"> a. Remove the age limitation for the Community Pathways Waiver. b. Recommendation to remove the age limit for CSW. c. Recommendation to remove technical eligibility from waiver programs criteria as it segregates certain people with DD into separate waivers. 	<p>Not accepted</p>	<p>Each Waiver will support a targeted group:</p> <ul style="list-style-type: none"> ● Family Supports Waiver (FSW)- Children up to age 21; ● Community Supports Waiver (CSW)- Individuals 18 years of age and older; and ● Community Pathways Waiver (CPW)- Individuals 18 years of age or older in need of residential services. <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 supported children whose service cost exceeded the FSW cap. This amendment removes the cap, therefore children with supports needs that exceeded the cap can now be supported in the FSW.</p> <p>The CSW includes our Meaningful Day services and therefore will support new applicants 18 years and older if not longer in school. Removal of the cost</p>
---	---------------------	---

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>cap means this program will support needs unless the person has an assessed need for residential services.</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>All current participants prior to the implementation of the amendments, regardless of age, will remain in their current Waiver program. This new eligibility criteria will only apply to new applicants as of the effective date for the Waiver Amendments #3.</p>
<p>8. Recommendation for adding if someone is disenrolled from the waiver, they can re-apply during that waiver year.</p>	<p>Not accepted</p>	<p>As per CMS Technical Guide -Unduplicated Participant page 332, a person who enters, exits and then reenters the waiver is considered to be one unduplicated participant.</p> <p>The DDA will explore inclusion, as appropriate, in other areas of the application and/or policies and regulations.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>9. Consider restating language around the individual being maintained in the community to “... the individual’s health, safety and welfare can be maintained in the community.”</p>	<p>Accepted</p>	<p>This sentence was revised to reflect:</p> <p><i>In combination with available natural supports, community supports, and services funded by other programs, the individual’s needs can be met by the Waiver program’s services such that the individual’s health, safety, and welfare can be safely maintained in the community.</i></p>
<p>10. Recommend adding language or reference policy that defines criteria for those who qualify for emergency reserved capacity.</p>	<p>Clarification</p>	<p>The DDA will share via PolicyStat the policy related to reserved capacity that can then be referenced at a future date.</p>
<p>11. Recommendation to consistently use “reserved capacity categories,” instead of priority category.</p>	<p>Clarification</p>	<p>A state may reserve a portion of a waiver’s capacity for specified purposes. <i>Reserving waiver capacity</i> means that some waiver openings (a.k.a., “slots”) are set aside for persons who will be admitted to the waiver on a <i>priority</i> basis for the purpose(s) identified by the state. If capacity is not reserved, then all waiver openings are considered available to all target group members who apply for waiver services and are eligible to receive them. Reserved capacity is not available to persons who are not in the state-specified priority population.</p>
<p>12. Recommend adding language for Current</p>	<p>Clarification</p>	<p>The language associated with Current Request relates globally to the DDA Waiting List priority</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

Requests consistent with DDA guidance that TY students be referred for CCS services at age 14.		categorizes. It is not specific to TY but applies to all people determined to meet this category.
13. Recommendation to add LOC to LTSSModule.	Clarification	LTSS <i>Maryland</i> includes a Level of Care (LOC) module which is located under “Programs” from the left navigation panel. LTSS <i>Maryland</i> includes various functionality related to LOCs including alerts to CCS of recertifications due and quarterly LOC reports to help manage and oversee.
14. Clarify technical assistance for remediation of problems will come from Regional Office DDA CCS staff.	Clarification	DDA’s Coordination of Community Services staff, including both Headquarters and Regional Office staff, will provide technical assistance and support for CCS.
15. Recommend changing licensed to certified for consistency in the Remediation section.	Accepted with amendment	The reference to “licensed” was removed.
16. Clarify “Methods include providing interpreters at no cost to individuals, and making available language translations of various forms and documents.” noted on page 38	Clarification	Appendix B-8 - Access to Services by Limited English Proficient Person ask the State to specify the methods uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons” (68

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>FR 47311 - August 8, 2003).</p> <p>As noted on page 38, the State provides meaningful access to individuals with Limited English Proficiency (LEP) who are applying for or receiving Medicaid services. Methods include providing interpreters at no cost to individuals, and making available language translations of various forms and documents. Additionally, interpreter resources are available for individuals who contact the DDA for information, requests for assistance, or complaints.</p>
<p>17. Recommendation to add “and appropriate as a qualifier in the consideration of utilization of natural supports when combined with waiver services and the addition of a statement that creates a mechanism for team agreement on what is reasonable natural support versus what might be considered “extraordinary” support if required of a family. (App b page 2 5.c.)</p>	<p>Not accepted</p>	<p>The qualifier “and appropriate” is not necessary as we ask that all teams consider not only natural supports but other resources that can contribute to meeting the needs of a person as they create their best life.</p>
<p>18. Recommendation for restoring the previous language associated with State Funded Conversation reserved capacity or revising the</p>	<p>Not accepted</p>	<p>Further details as to the reason why a person does not maintain program eligibility is not needed in this section. The primary reason people fail to maintain</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>statement to read “participants did not maintain their waiver program eligibility due to participant, provider, or other system failures.”</p>		<p>eligibility is failure to complete the financial redetermination process. It is true that the person or their legal representative which can include a provider as the rep payee are responsible for providing the required financial documentation.</p>
<p>19. Recommendation for the DHS Foster Kids Age Out reserved capacity for Year 1 be re-examined as it seems unlikely that no children will age out of foster care and NOT need residential services and supports offered through the Community Pathways Waiver.</p>	<p>Clarification</p>	<p>DHS Foster Kids Age Out reserved capacity was added to the Waiver during Amendment #1 and therefore was not a designated category in Waiver Year 1. People that meet this criteria were previously supported under other reserved capacity categories.</p>
<p>20. Level of Care</p> <ul style="list-style-type: none"> a. Recommendation to create an objective level of care tool to evaluate whether a person meets level of care criteria b. Recommendation to have trained professionals make ultimate eligibility determination c. Recommendation to use CCS recommended eligibility determination 	<p>Not accepted</p>	<p>People found to meet the ‘developmental disabled’ criteria outlined in Maryland’s statute and regulations are deemed to meet the level of care for the Waiver programs. The CCS completes a Comprehensive Assessment in LTSS <i>Maryland</i> and submits to the DDA along with various supporting documents such as IEPs, professional assessment, and other documents to demonstrate adaptive and functional skills. DDA trained eligibility staff review submitted information to assess meeting the required criteria and make recommendations to the DDA Regional Office Director who makes the</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		decision. As needed, the DDA can seek independent consultation from additional subject matter experts.
Appendix C - Participant Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation for support and recognition of positive proposed change to the waiver includes new flexibilities allowing for staff support for someone in acute care hospital if the hospital services provided to not meet the needs of the person and the availability of remote supports. Both discoveries came out of the pandemic and some people have benefited significantly from the availability of both options.”	Accepted	The DDA included flexibilities utilized under the emergency Appendix K authority.
2. Recommendation to change all references to DDA funded nursing and the consolidated stand alone Nurse Case Management and Delegation Service to “Nursing Support Services”.	Accepted	Terminology will be updated throughout the waivers. NOTE: The Department’s comments throughout this summary will refer to Nursing Support Services (i.e., <i>Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation Services</i>). References to <i>Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation Services</i> will be changed to <i>Nursing Support Services</i>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<i>throughout the Waiver as applicable.</i>
3. Clarify if people who are not “family” but serve as an unpaid caregiver can sign the written agreement, as part of the safeguards for individuals in services.	Clarification	The DDA will further review and provide guidance.
4. Recommendation to eliminate the requirement for receiving in person services in order to be receive remote services.	Not accepted	Remote/telehealth supports is an electronic method of service delivery. The purpose of remote supports 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. This service model option is available under specific services. Direct supports can include a combination of both in-person direct supports and remote/telehealth direct support. Remote/telehealth supports may not be used to isolate people from their community or interacting with others. Remote/telehealth supports should be a chosen support method of the person in services, as opposed to provided for the convenience of the provider.
5. Clarify which services transportation is a part of.	Clarification	Transportation is included as part of the following waiver services: Community Development Services, Community Living-Enhanced Supports,

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>Community Living--Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services (excluding Follow Along Supports), Medical Day Care, Participant Education Training and Advocacy Supports, Personal Supports, Shared Living, Supported Living, Supported Employment, and Career Exploration.</p>
<p>6. Recommendation to add the PCP process and the assessment tool used to meet the assessed need requirement unless there is a specific assessment tool mentioned in the waiver.</p>	<p>Accepted with amendment</p>	<p>Based on the services requested there are various assessment tools and supporting documents that may be needed such as a Health Risk Screening Tool, Support Intensity Scale, Behavior Plan, Assistive Technology Assessment, and Environmental Assessment to support the request and assessed need As applicable, this information is noted in several of the services.</p> <p>Appendix D: Participant-Centered Planning and Service Delivery specifically address the PCP process and associated forms such as the Cost Detail Tool, Detailed Service Authorization Tool. Therefore this information is not duplicated in every service definition.</p> <p>The DDA will include information related to</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		assessment tools and PCP processes and forms in service specific policies and guidance.
7. Clarify that “assessed need” is based on the person-centered planning team process and decisions, recommendations, and determinations made by the team.	Clarification	Assessed need is based on the recommendations from the person-centered planning team process and supporting documentation as noted in the Services Authorization and Provider Billing Documentation guidance, policies, and federally approved Waiver applications.
8. Recommendation for HRST score of 3 or higher is used as a threshold for persons to receive enhanced services such as in PS.	Not accepted	<p>The DDA has established the following standards related to enhanced services:</p> <p>For people with medical needs</p> <ul style="list-style-type: none"> ● 1:1 staff to participant ratios: HRST documenting the need for 1:1 dedicated staff to be reviewed/authorized by RN ● 2:1 staff to participant ratios: HRST documenting the need for 2:1 dedicated staff to be reviewed/authorized by RN. <p>For people with behavioral needs</p> <ul style="list-style-type: none"> ● 1:1 staff to participant ratios: HRST documenting the need for dedicated staff AND a BP specifying the provision of 1:1 supports. ● 2:1 staff to participant ratios: HRST

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>documenting the need for dedicated staff AND a BP specifying the provision of 2:1 supports.</p> <p>Personal Supports</p> <ul style="list-style-type: none"> Enhanced rate will be used for participants that score a 4 or higher on the HRST. <p>Shared Living - Level 3</p> <ul style="list-style-type: none"> Health Risk Screening Tool (HRST) score is 5 with a Q indicator that is not related to behavior support.
<p>9. Recommendation that billing begins once the person is in the transportation vehicle.</p>	<p>Not Accepted</p>	<p>Transportation is included as part of the following 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</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		considered billable time.
10. Recommendation for a supplemental or augmented service for Community Living-Group Home and Supported Living. The service would be the same as outlined in Community Living-Group Home and Supported Living but the person(s) have a HRST score of 3 or higher and/or a Behavior Plan would receive this support. Persons in Community Living Group Home or Supported Living could with person(s) in supplemented or augmented service. A supplement rate would be established.	Accepted with amendment	<p>In LTSSMaryland, rates for Community Living-Group Home and Supported Living include shared hours based on the size of the home. There is also an option for shared overnight hours. In addition, “Dedicated hours” can be requested when a person needs more staffing support than what is included in the service shared hours that are included in the base rate for the size of the home. These are hours that provide one-to-one or two-to-one staffing for a person.</p> <p>The DDA will assess the services and rates for any future adjustments and revisions.</p>
11. Clarify, how 30 dedicated hours for residents in meaningful day services weekly can impact shared support in Community Living - Group Home	Clarification	<p>If shared hours, which are provided when participants are not engaged in meaningful day services, will not meet the needs then dedicated hours can be requested. As noted in the Person-Centered Plan Development and Authorization SOP Final - 2020-10-01, the provider need to assess the need for dedicated hours based on:</p> <ul style="list-style-type: none"> a) Participant’s assessed need (i.e. medical, behavioral, community); b) Number of people in the home supported by shared hours;

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ul style="list-style-type: none"> c) Provider’s business model (i.e. overnight support staff vs no overnight support staff) and d) Provider staffing model (e.g., use overnight support staff vs hiring dedicated staff).
<p>12. Clarify the use of dedicated hours and shared hours and how to document and request for these in the PCP</p>	<p>Clarification</p>	<p>The DDA has developed, shared, and posted information related to the use of dedicated and shared hours. As noted in the recent DDA Person-Centered Plan Development and Authorization SOP Final - 2020-10-01, the provider need to assess the need for dedicated hours based on:</p> <ul style="list-style-type: none"> a) Participant’s assessed need (i.e. medical, behavioral, community); b) Number of people in the home supported by shared hours; c) Provider’s business model (i.e. overnight support staff vs no overnight support staff) and d) Provider staffing model (e.g., use overnight support staff vs hiring dedicated staff). <p>Additional resources include:</p> <ul style="list-style-type: none"> • Guidance for Operating in PCIS2 and

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p style="text-align: center;">LTSSMaryland</p> <ul style="list-style-type: none"> • DDA Transformation At A Glance June 15, 2020 • At a Glance - Meaningful Day Services • At a Glance - Support Services • At a Glance - Residential Services • At a Glance - Personal Supports Services
13. Recommendation for nutrition services to be funded as a professional service for those in residential services.	Not accepted	The DDA established stand alone support services during the 2018 waiver renewal and does not fund nutritional services as a professional services. Participants primary care physicians should be contacted with any assessed need for nutrition services.
14. Recommendation to provide funding for individuals in residential services for housing and food, supplies, furnishings, and all household items.	Not accepted	Medicaid Waiver programs do not cover housing costs and food. As per the CMS Technical Guide Item 6-C: Room and Board page 52, room and board expenses must be met from participant resources or through other sources. The term “room” means shelter type expenses, including all property-related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services. The term “board” means three meals a day or any other full nutritional regimen.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>Based on the residential services model chosen, the residential site may already include furnishing and household items.</p> <p>In addition, Transition Services, provided under the Community Pathways Waiver, provides funding for essential household goods, such as furniture, window coverings, and kitchen, bed, and bath items. Allowable expenses are 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 his or her legal representative will be responsible; or (2) a community residential provider to a private residence in the community, for which the participant or his or her legal representative will be responsible.</p>
<p>15. Clarify the multiple meaningful day service definitions and fifteen minutes unit, and service caps as they reduce choice, resulting in a more rigid, predetermined daily schedules, and more unbillable hours for providers.</p>	<p style="text-align: center;">Clarification</p>	<p>The DDA’s Meaningful Day service delivery system has been developed to meet the needs of a wide variety of people, in a manner that is flexible and provides choices for service within a day, throughout a person’s week and throughout the year. Individual services should be based on the needs of the person and their desired outcomes as outlined in</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		the Person Centered Plan.
<p>16. Recommendation for a day service, billed in a daily unit, be added to the waiver as an option for those who want to experience a range of options during the day including vocational training, skill development in communication, inclusion in social and recreational activities designed to build social/behavioral skills, health and fitness activities, and exploration of interests and preferences.</p>	<p>Not accepted</p>	<p>These activities can be supported in Day Habilitation. The DDA has worked with the Employment 1st workgroup to unbundle Meaningful Day services to include a menu of discrete Employment Services that can be billed hourly, monthly and via milestone payments. DDA’s current system of daily service delivery and billing does not allow for the level of flexibility people need to mix employment and other meaningful day services within the same day. This unbundling will support people to have the flexibility to receive the services they need daily, based on their personally identified outcomes and goals. Employment services have been infused with best practices and higher competency and training requirements so that people are able to obtain specific outcomes related to employment.</p> <p>Unbundling has also allowed each service to have an identified rate that’s based on findings from DDA’s comprehensive rate study.</p>
<p>17. Recommendation for everywhere that “short term institutional stay” appears throughout the waiver, add clarity by amending to say “short term institutional stay, including a skilled nursing</p>	<p>Accepted</p>	<p>Sentences were updated to include the example.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

facility....”		
<p>18. Recommendation to remove the following requirement related to Criminal History and/or Background Investigations noted on page 232, or at a minimum, be limited to the initial hiring or appointment.</p> <p>“Each DDA-licensed and DDA-certified community-based provider (including the Fiscal Management Services provider) must provide a copy of the criminal background check of its Executive Director and its Board Members as part of its initial and renewal application to the Department for licensure or certification. Otherwise, the DDA-licensed or DDA- certified community-based provider and Fiscal Management Services provider are responsible for complying with these requirements for each individual hired.”</p>	<p>Not accepted</p>	<p>Individuals may pass a background check during initial hiring or appointment but may not pass in the future.</p> <p>Therefore, the DDA requires a background check as part of the provider’s initial and renewal application processes.</p>
<p>19. Recommendation for the insertion of the word “keep”, “maintain” or “retain” when referring to skills whenever the purpose/intent of a waiver intervention is described.</p> <p>20. Recommendation to use consistent language and include maintenance of skills. For example, “The intent of services and supports are to; increase</p>	<p>Clarification</p>	<p>Services descriptions include the terms acquire, maintain, or improve skills or related terms such as learn, develop, and maintain.</p> <p>Appendix A, under Waiver purpose, notes that the intent of services and supports are to maintain, acquire, and increase individuals’ independence and reduce their level of services needed.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>individuals’ independence, maintain skills, and/or reduce their level of services needed.”</p>		
<p>21. Recommendation that if someone receives one or more habilitative interventions as part of overnight hours supports, the entire shift shall be considered habilitative in nature.</p>	<p style="text-align: center;">Not accepted</p>	<p>Overnight supports, available under the residential services offered under the Community Pathways Waiver, address medical and behavioral risks and challenges as per a Nursing Care Plan or Behavioral Plan as applicable. Any incidental habilitative interventions during an overnight shift does not categorize the entire shift to be habilitative in nature. Therefore we would only pay for time that habilitative services are provided.</p> <p>CMS Technical Guide - Requirements Concerning the Specification of the Scope of Services page 159: states under the habilitation core service definition that services are designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.</p> <p>Overnight supports, including 1:1 and 2:1 supports, are available under the following services: Supported Living, Community Living- Group Home, Community Living- Enhanced Supports, and Shared Living.</p> <p>Overnight supports are not available under the meaningful day services and supports services</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		including Personal Supports.
22. Recommendation for keeping Nursing Services as a stand-alone service with a rate and funding that may be accessed if a person served in a meaningful day waiver services has an assessed need for nursing support (nursing assessments, and delegated services).	Not Accepted	<p>Nursing Support Services are included within the rates for Meaningful Day Services.</p> <p>Nursing Support Services (i.e., Nurse health case management and delegation services) should be provided based on assessed need. Therefore, not every participant receiving support is required to have Nursing Support Services if there is no assessed need.</p>
23. Recommendation for the removal of the word “only”, or the inclusion of a statement that allows room for appropriate alternatives to what is contained in the list.	Not accepted	<p>As noted in CMS Technical Guide - Requirements Concerning the Specification of the Scope of Services page 125:As provided in 42 CFR 441.301(b)(4), a state is required to: “describe the services to be furnished so that each service is separately defined.” The definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service. The definition of the service (including any conditions that apply to its provision) is termed the “scope” of the service. When specifying the scope of a service do not use terms such as "including but not limited to . . .," "for example . . .," "including . . .," "etc." CMS will not approve vague, open-ended or overly broad service definitions. The scope of a service must be readily</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>ascertainable from the state’s service definition – that is, the nature of what is provided to a waiver participant is expressed in understandable terms.</p> <p>The use of the word "only" is to designate when a list of examples is supposed to be exhaustive and anything not fitting those examples is not covered by the service.</p>
<p>24. Recommendation for:</p> <p>a. The inclusion of the word “reasonable” when referring to transportation that is included in a waiver service whenever Transportation is referenced.</p> <p>b. Restoration of the word “appropriate” when referring to transportation. In Section H. 2. b., for example: “use the most cost- effective (add) and appropriate mode of transportation.” This additional qualifier is important as sometimes the most cost-effective mode of transportation is inappropriate to meet the needs of the person.</p>	<p>Clarification</p>	<p>Service providers that receive funding under the DDA’s Medicaid Waiver and State Funded programs must provide or arrange transportation using the mode of transportation that is the least costly and most appropriate means of transportation for the participant. When appropriate, priority should be given to the use of public transportation. Provide or arrange means the cost of the transportation is included in the rate for provision of applicable Meaningful Day service.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>25. Recommendation for:</p> <p>a. A revision to statements that “services covered under the state plan, MSDE, DORS, State Department of Education and DHS shall be examined and explored. If these services are deemed by the team to be inappropriate to meet the needs of participants, the exploration efforts and reasons for rejection of these services shall be documented in the individual file.”</p> <p>b. Clarification that people shall not be required to exhaust an inferior service that is not determined by the team to be appropriate to meet assessed needs.</p> <p>c. Recommendation to amend this language to reflect that Waiver participants are not required to exhaust services that are not appropriate for them.</p>	<p>Accepted with amendment</p>	<p>The language has been updated to say:</p> <p><i>Prior to accessing DDA funding for this service, services covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), Maryland State Department of Education (MSDE), Department of Human Services (DHS) or any other federal or State government funding program shall 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. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the Waiver program.</i></p>
<p>26. Recommendation for moving the statement on page 232 which states “Direct contact is defined as physically present...” to the following page (page 233) after the first statement on the page. This change in location for the statement with provide context for the statement.</p>	<p>Not accepted</p>	<p>The sentence defining direct contact is within the context of the information noted above it that begins on 231 as noted below and with emphasis added.</p> <p>The following individuals must complete a criminal background check:</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ol style="list-style-type: none"> 1. All employees and Board members of a community-based provider providing services under the Traditional Services delivery model; 2. All contractors and volunteers of a community-based provider hired to provide <i>direct care</i>; and 3. All employees and staff of a Participant providing services under the Self-Directed Services delivery model.
<p>27. Recommendation to review the waiver program service limitation will be insufficient to provide the level of services needed to provide wrap around in-home supports that prevent institutionalization and crisis in some cases for children</p>	<p>Clarification</p>	<p>The DDA reviews service utilization and assessed needs for consideration of any adjustment to services including limitation.</p>
<p>28. Recommendation to change age revision and allow children under 19 to get residential care.</p>	<p>Not accepted</p>	<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 who are in need of residential services. The DDA’s residential services are designed and licensed to support adults.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		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.
29. Recommendation to add Fiscal Management Services as a waiver service.	Not accepted	Financial Management Services (FMS) have historically and will continue to be provided as an administrative service.
30. Recommendation that participants and families have input into the reasonable and customary rates and be the ultimate decider as long as budget will allow it.	Clarification	Participants using the Self-Directed Service Delivery model can establish their own payment rates for approved services. However, these rates must be reasonable and customary. Please note that customary and reasonable are as being the amount paid for a DDA service in Maryland based on what providers in the area usually charge for the same or similar service. Hence the rates are developed based on what DDA pays for traditional services proving a

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>range for SD participants.</p> <p>The traditional rates include various cost components such as Wage Selection that includes service level from the state BLS, employment related expenses (e.g., benefits that employers may elect to provide and those that are mandated by local and State governments), program support (e.g., expenses of supporting the program like supplies), transportation related cost, staff training (e.g., DDA training expectations, MTTP, Mandt, etc., general and administrative (i.e., expenses that any business is likely to have, regardless of the nature of the business they are in).</p>
<p>31. Recommendation to restore ability to hire individuals if they have the required certifications and it is in the best interest of the participant for the following services: Employment Discovery & Customization; Employment Services; Environmental Assessment; Environmental Modifications; Family & Peer Mentoring; Housing Supports; IFDGS; Live-In Caregiver Supports; Participant Education, Training & Advocacy Supports; Respite; Shared Living; Transportation (Standalone); and Vehicle Modifications.</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 each waiver service.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>32. Recommendation that professional vendors should not require any additional DDA certifications, licenses, etc. other than those required by the State.</p>		
<p>33. Recommendation that the list of circumstances when payment may be made for the provision of Personal Supports or similar services by legally responsible individuals are mutually exclusive and should not have an “and” in the section.</p>	<p style="text-align: center;">Not accepted</p>	<p>Participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) or Traditional Service Delivery Model may use their legally responsible person to provide services in the following circumstances, as documented in the participant’s Person-Centered Plan (PCP):</p> <ol style="list-style-type: none"> 1. The proposed provider is the choice of the participant, which is supported by the team; 2. There is a lack of qualified providers to meet the participants needs; 3. When a relative or spouse is not also serving as the participant’s Support Broker or designated representative directing services on behalf of the participant; 4. The legally responsible person provides no more than 40-hours per week of the service that the DDA approves the legally responsible person to provide; and 5. The legally responsible person has the unique ability to meet the needs of the

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>participant (e.g. has special skills or training, like nursing license).</p>
<p>34. Recommendation that “<i>The proposed individual is the choice of the participant, which is supported by the team</i>” is the only requirement for when payment may be made to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.</p>	<p>Not accepted</p>	<p>The legal guardian or relative (who is not a spouse) may provide these specified services in the following circumstances, as documented in the participant’s Person-Centered Plan (PCP):</p> <ol style="list-style-type: none"> 1. The proposed individual is the choice of the participant, which is supported by the team; 2. Lack of qualified provider to meet the participant’s needs; 3. When another legally responsible person, legal guardian, or relative is not also serving as the participant’s Support Broker or designated representative directing services on behalf of the participant; 4. The legal guardian or relative provides no more than 40- hours per week of the service that that the DDA approves the legally responsible person to provide; and 5. The legal guardian or relative has the unique ability to meet the needs of the

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		participant (e.g. has special skills or training like nursing license).
35. Clarify if nursing services have always been included in meaningful day services. Clarify, if nursing delegation is included in meaningful day services.	Clarification	Nurse health case management services have historically been a component of meaningful day services. Nursing Support Services, which includes delegation as needed, are included within the rates for Meaningful Day Services.
36. Recommendation to provide additional guidance around cost details tools and billing for more than one meaningful day service.	Clarification	<p>The DDA has issued guidance related to billing and the use of the cost detail tool. The DDA will conduct additional webinars on these topics.</p> <p>Resources:</p> <ul style="list-style-type: none"> ● Person-Centered Plan Development and Authorization SOP Final - 2020-10-01 ● Guidance for Operating in PCIS2 and LTSSMaryland ● At a Glance - Meaningful Day Services ● At a Glance - Support Services ● At a Glance - Residential Services ● At a Glance - Personal Supports Services ● Residential Services Planning & Authorization

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ul style="list-style-type: none"> • Meaningful Day Services Planning & Authorization • Personal Supports Service Planning & Authorization • Support Services Planning & Authorization • Training and Webinars
37. Clarify if telehealth is now a permanently approved service	Clarification	Once Amendment #3 is approved by CMS, remote supports/telehealth will become an option under the specific services noted in the Waiver application.
Assistive Technology and Services		
Recommendation	Dept. Response	Dept. Comment
<ol style="list-style-type: none"> 1. Clarify if three estimates are needed for AT requests less than \$1,000. 2. Recommendation that three estimates are not required but documentation is shown to show that an attempt was made to get three estimates. 	Not accepted	<p>1. Assistive Technology devices less than \$1,000 do not require three estimates. However, the most cost effective device that meets the person's assessed needs should be explored.</p> <p>2. If the Assistive Technology devices, requested for the participant, has a cost that equals or exceeds more than \$1,000, prior to acquisition of the Assistive Technology, the participant must submit three estimates for the Assistive Technology and</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>services for review and selection by the DDA. New language was added to clarify estimates to better clarify.</p>
<p>3. Recommendation to cover smartphones. This would include the initial cost of the device and not monthly billing fees.</p> <p>4. Recommendation to cover smartphones and monthly services cost to promote community engagement, including helping to ensure health and safety.</p> <p>5. Recommendation to include smartphones and internet connections to the list of Assistive Technology</p>	<p>Not accepted</p>	<p>The waiver does not pay for smartphones and associated monthly service line or data cost. These items can be purchased by the participant with their own personal funds similar to the general public.</p> <p>However, there are many resources where people can access smartphones including: https://www.safelinkwireless.com/; 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>Lifeline 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</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>Lifeline.</p> <ul style="list-style-type: none"> • https://www.fcc.gov/consumers/guides/lifeline-support-affordablecommunications • https://www.lifelinesupport.org/
<p>6. Recommendation to use language that specifically references applications, and consult with DORS for a more expansive list on blind and low vision/applications.</p> <p>7. Recommendation for the list for Assistive Technology, that “applications, and support to install and access applications” be included under that which is allowable.</p> <p>8. Recommendation for the list for Assistive Technology, that “...or devices not specifically designed for speech and communication but when fortified with apps or other software, meet communication and speech needs.” be added.</p>	<p>Not accepted</p>	<p>Service Definition C. states “<i>Assistive Technology means an item, <u>computer application</u>, piece of equipment, or product system. Assistive Technology may be acquired commercially, modified, or customized.</i>” emphasis added.</p> <p>Therefore various software applications including speech/screen reading applications are included.</p> <p>The sentence that follows “Assistive Technology devices only include:” is specific to devices.</p>
<p>9. Clarify if an item is covered by another service or program whether it will or will not be provided by the waiver.</p>	<p>Clarification</p>	<p>Prior to accessing DDA funding for this service, services covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), Maryland State Department of Education (MSDE), Department of Human Services (DHS) or any other federal or State</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>government funding program shall 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. The DDA has authority to determine if further efforts must be made, and documented, prior to authorization of funding for the service under the Waiver program.</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.</p> <p>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>10. Recommendation to remove provider requirements that an individual must complete the DDA provider application.</p>	<p>Not accepted</p>	<p>If an individual is applying to be a private vendor and bill directly to Medicaid for those services, they must become a DDA provider and meet specific qualifications. If they are hired via a DDA</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>11. Recommendation that credentialed individuals certified or licensed by the state of Maryland should not need additional credentials from DDA.</p>		<p>agency that has been approved to provide Assistive Technology services, then they do not have to complete the provider application.</p>
<p>12. Recommendation that Vendors hired by those who self-direct should only need to be licensed by state.</p>	<p>Not accepted</p>	<p>To ensure qualified providers, this service has budget authority only. Vendors must meet specific qualifications requirements.</p>
<p>13. Recommendation to remove language limiting services to only those listed as there may be other types of Assistive Technology that people may need to meet their goal and improve their functional abilities</p>	<p>Not accepted</p>	<p>As noted in CMS Technical Guide - Requirements Concerning the Specification of the Scope of Services page 125:As provided in 42 CFR 441.301(b)(4), a state is required to: “describe the services to be furnished so that each service is separately defined.” The definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service. The definition of the service (including any conditions that apply to its provision) is termed the “scope” of the service. When specifying the scope of a service do not use terms such as "including but not limited to . . .," "for example . . .," "including . . .," “etc.” CMS will not approve vague, open-ended or overly broad service definitions. The scope of a service must be readily ascertainable from the state’s service definition – that is, the nature of what is</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>provided to a waiver participant is expressed in understandable terms.</p> <p>The use of the word "only" is to designate when a list of examples is supposed to be exhaustive and anything not fitting those examples is not covered by the service.</p> <p>Assistive Technology means an item, computer application, piece of equipment, or product system. Assistive Technology may be acquired commercially, modified, or customized. The specific assistive technology devices covered under the programs are listed.</p>
14. Recommendation to add an example of allowable technology to include “devices for remote services/telehealth, when recommended.”	Clarification	Assistive Technology means an item, computer application, piece of equipment, or product system. Assistive Technology may be acquired commercially, modified, or customized. Remote support devices are noted in #8.
15. Recommendation to remove blanket exclusion for “wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription as it allows DDA to deny needed assistive technology	Not accepted	<p>DDA Waiver funded services should not duplicate other services or programs.</p> <p>If an item is covered by another Waiver service or program then the item would be funded under that service or program. For example:</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ul style="list-style-type: none"> • Wheelchairs are covered under Maryland Medicaid; • Architectural modifications are covered under the Environmental Modification waiver service and DORS; • Adaptive driving and vehicle modifications are covered under the Vehicle Modification waiver service and DORS; • Devices requiring a prescription by physicians or medical other licensed health care providers when these items are covered either through: (i) the Medicaid State Plan as Durable Medical Equipment (DME).
<p>16. Clarification for why DDA is requesting Assistive Technology Assessment to address this new information. Concern that evaluators may not be familiar with various DDA Waiver services and may not be qualified to comment on non-AT needs and goals</p>	<p>Clarification</p>	<p>Assistive Technology assessment has been a component of this service for some time.</p> <p>Previous language stated: <i>“The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant.”</i></p> <p>We provided additional details regarding the requirements of the assessment to include:</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ol style="list-style-type: none"> 1. A description of the participant’s needs and goals; 2. A description of the participant’s functional abilities without Assistive Technology; 3. A description of whether and how Assistive Technology will meet the participant’s needs and goals; and 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 <u>technology</u> needs of the participant. <p>We will add “<i>technology</i>”, as noted above and underlined, to the last item to clarify this is specific to technology needs.</p>
<p>17. Recommendation to include other technology conditions instead of just those under “good repair, concern that people may only be able to afford upfront expense.</p>	<p style="text-align: center;">Not accepted</p>	<p>Assistive technology is purchased with Medicaid funding. Participants do not have any upfront or other cost sharing costs.</p> <p>Upon delivery to the participant (including installation) or maintenance performed, the assistive technology must be in good operating condition and repair in accordance with applicable specifications.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>18. Recommendation to include “...or devices not specifically designed for speech and communication but when fortified with apps or other software, meet communication and speech needs.” (This would cover tablets, iPads, etc.)</p>	<p>Clarification</p>	<p>Assistive Technology includes tablets based on assessed needs. The descriptions notes speech and communication devices examples such as speech generating devices, text-to-speech devices and voice amplification devices.</p>
<p>19. Recommendation to remove “may be requested in the following sentence:”<i>If the Assistive Technology requested for the participant, costs up to, but does not equal or exceed, \$1,000, then an assistive technology needs assessment is not required, <u>but may be requested, prior to acquisition of the Assistive Technology.</u></i>”</p>	<p>Not accepted</p>	<p>Participants have the right, but are not required, to request an assistive technology needs assessment when the cost does not equal or exceed \$1,000. There are various types of assistive technology devices. As each person is unique, a device that may work for one person may not work or meet the needs of another person. Therefore, people have the right to request an assessment to have subject matter expert advice on devices and equipment that may best meet their needs.</p>
<p>20. Recommendation to change D. to read “If the item costs over \$1000, the most cost effective option that best meets the person’s needs shall be selected from the list developed in the Assistive Technology assessment described in C. above, unless there is an explanation of why the chosen option is not the most cost effective.”</p>	<p>Accepted</p>	<p>The DDA sentence was revised to read: <i>If the item costs over \$1000, the most cost effective option that best meets the participant’s needs shall be selected from the list, developed in the Assistive Technology assessment described in C. above, must be selected for inclusion on the Person-Centered Plan unless an explanation of why the chosen option is the most cost effective.</i></p>
<p>21. Clarify professional credentialing requirements.</p>	<p>Not accepted</p>	<p>The current language does not state the assessor</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>22. Recommendation to change language associated with for Service Requirement A. which states “Individuals performing assessments for Assistive Technology (except for Speech Generating Devices) must meet following” to read “must have one or more of the following certifications.” The proposed language would require the professional to have all of the certifications, which is unlikely and may unnecessarily restrict access.</p>		<p>must have all of the certifications. The language as noted below and emphasized states “as appropriate” and includes a list of certifications required as “a”, “b”, <u>or</u> “c”.</p> <ol style="list-style-type: none"> 1. Individuals performing assessments for Assistive Technology (except for Speech Generating Devices) must meet following requirements: Assistive Technology assessments, with the exception for Speech Generating Devices, must be completed by a specialist that has any of the following certifications as appropriate: <ol style="list-style-type: none"> a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP); b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).
<p>23. Recommendation for Service Requirement A. for the insertion of the words “by the waiver participant” after “may be requested”</p>	<p>Accepted</p>	<p>The language has been updated to reflect this change.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>24. Recommendation for Service Requirement D, for the insertion of the word “not” in the section which states “unless an explanation of why the chosen option is NOT the most cost effective.</p>	<p>Clarification</p>	<p>The current sentence notes that a device or item that is not the least expensive option from the list, may be selected for inclusion on the Person-Centered Plan if there is an explanation of why the chosen option is the most cost effective.</p>
<p>Behavioral Support Services</p>		
<p>Recommendation</p>	<p>Dept. Response</p>	<p>Dept. Comment</p>
<p>1. Recommendation to remove the requirement that brief support implementation services must be provided in person.</p>	<p>Clarification</p>	<p>Brief Support Implementation Services are time limited services to provide <i>direct assistance</i> and modeling to families, staff, caregivers, and any other individuals supporting the participant so they can independently implement the Behavior Plan. It is an onsite, in person modeling of identified behavioral support strategies outlined in the Behavioral Plan.</p> <p>During the COVID-19 state of emergency, Brief Support Implementation Services may be provided remotely as per the Appendix K emergency authority. This is the only exception on when the service can be provided remotely.</p>
<p>2. Recommendation to add to BSIS and Behavior Consulting, clinical support to staff in a pre-crisis</p>	<p>Not accepted</p>	<p>The DDA contracts with independent community organizations for crisis hotline services, mobile</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>situation, on-call services to the families and staff supporting the individual.</p>		<p>crisis services, and behavioral respite services to support participants and families during a participant's behavioral and mental health crisis.</p>
<p>3. Recommendation that BSS can be authorized under respite services.</p>	<p>Not accepted</p>	<p>Behavioral Support Services are an array of services to assist participants who without such supports are experiencing, or are likely to experience, difficulty at home or in the community as a result of behavioral, social, or emotional issues. These services seek to help understand a participant's challenging behavior and its function is to develop a Behavior Plan with the primary aim of enhancing the participant's independence and inclusion in their community.</p> <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.</p> <p>The DDA contracts with independent community organizations for behavioral respite services to support participants and families during a participant's behavioral and mental health crisis.</p>
<p>4. Recommendation that additional guidance is provided regarding assessments that clinicians should use.</p>	<p>Accepted</p>	<p>The DDA will include information related to clinical assessment in guidance and policy.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>5. Recommendation to delete “only” in “B. Behavioral Consultation services only include:”</p>	<p>Clarification</p>	<p>Behavioral Consultation are services that oversee, monitor, and modify the Behavior Plan. The specific scope of consultation is listed.</p>
<p>6. Recommendation to remove the requirement where an individual must complete the DDA provider application. If an individual has a professional certification, or license to perform a specific service and they are not providing services exclusively to those served by DDA this should not be a requirement.</p>	<p>Clarification</p>	<p>If an individual is applying to be a private vendor and bill directly to Medicaid for those services, they must become a DDA provider. If they are hired via a DDA agency that has been approved to provide BSS services, then they do not have to complete the provider application.</p>
<p>7. Recommend the requirement that an individual providing this service must have completed a high school diploma or equivalent, or higher this may preclude the possibility of individuals with disabilities providing these types of services.</p>	<p>Clarification</p>	<p>An individual is qualified to complete the behavioral assessment and consultation services if they have one of the following licenses include:</p> <ol style="list-style-type: none"> 1. Licensed psychologist; 2. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology); 3. Licensed professional counselor; 4. Licensed certified social worker; and 5. Licensed behavioral analyst. <p>Staff providing the Brief Support Implementation</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>Services must be a person who has:</p> <ol style="list-style-type: none"> 1. Demonstrated completion of high school or equivalent/higher, 2. Successfully completed a 40-hour behavioral technician training, and 3. Receives ongoing supervision by a qualified clinician who meets the criteria to provide behavioral assessment and behavioral consultation.
<p>8. Clarify if a provider just starting out would be excluded from providing this service due to 10 year licensing review comment.</p>	<p>Clarification</p>	<p>Behavioral Support Services Professionals must have three (3) professional references which attest to the provider’s ability to deliver the support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7</p> <p>Behavioral Support Services Provider must have a minimum of five (5) years demonstrated experience and capacity providing quality similar services.</p>
<p>9. Provide specific examples of when exceptions would be granted for provider requirements.</p>	<p>Accepted with amendment</p>	<p>The DDA will add examples to guidance and policy.</p>
<p>10. Recommendation that Vendors hired by those who</p>	<p>Not accepted</p>	<p>To ensure qualified providers, this service has</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

self-direct should only need to be licensed by state.		budget authority only. Vendors must meet specific qualifications requirements.
Career Exploration		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that Career exploration needs to be allowed for all people regardless of when they begin the service. Limiting the service to ninety days is arbitrary, and not based on a person centered process.	Not Accepted	Career Exploration is a pre-vocational service, which CMS requires be time-limited.
Community Development Services		
Recommendation	Dept. Response	Dept. Comment
1. Clarify and provide specific examples of “institutional qualities.”	Clarification	<p>In guidance issued March 22, 2019, the Centers for Medicare and Medicaid Services (CMS) provides examples of settings that have the quality of institutional settings, including:</p> <ul style="list-style-type: none"> ● Settings that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment; ● Settings that are in a building located on the grounds of, or immediately adjacent to, a public institution; and

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ul style="list-style-type: none"> • Any other settings that have the effect of isolating individuals receiving Medicaid home and community-based services (HCBS) from the broader community of individuals not receiving Medicaid HCBS. <p>Furthermore, CMS guidance explains that settings that have the effect of isolating may include:</p> <ul style="list-style-type: none"> • Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS; • The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or • The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary’s person-centered service plan.
--	--	--

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>2. Recommendation to provide additional clarification of meaning and guidance around services during “acute care stay,” and “short-term institutional stay”.</p>	<p>Clarification</p>	<p>Direct Support Professional services may be provided in an acute care hospital or during a short-term institutional stay 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>
<p>3. Clarify how remote telehealth services will be covered in the Self-Direction Service Delivery model.</p>	<p>Clarification</p>	<p>Remote/telehealth supports is an electronic method of service delivery. The purpose of remote supports is to maintain or improve a participant’s functional abilities, enhance interactions, support meaningful relationships, and promote his/her ability to live independently, and meaningfully participate in their community. This service model option is available under specific services. Direct supports can include a combination of both in-person direct supports and remote/telehealth direct support. Remote/telehealth supports may not be used to isolate people from their community or interacting with others. Remote/telehealth supports should be a chosen support method of the person in services, as opposed to provided for the convenience of the provider.</p>
<p>4. Recommendation to provide additional guidance related to Personal Care Assistance.</p>	<p>Clarification</p>	<p>Personal care assistance means provision of supports to assist a participant in performing activities of daily living and instrumental activities</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>of daily living. Examples include: Bathing and completing personal hygiene routines; Dressing and changing clothes; Eating; Mobility; Preparing meals;</p> <p>Performing light chores that are incidental to the personal care assistance provided to the participant; Shopping for groceries; and Nutritional planning.</p>
<p>5. Recommendation to provide additional guidance around level of staffing based on the individual’s assessed need.</p>	<p>Clarification</p>	<p>This service may be provided in groups of no more than four (4) participants, unless in a time limited internship through Project Search, or a similar program approved by the DDA</p> <p>The level of staffing and meaningful activities provided to the participant is based on the participant’s assessed level of service need.</p> <p>Some participant’s have an assessed need for 1:1 and 2:1 staff-to-participant ratio supports. This level of supports can be requested in the Person-Centered Plan.</p>
<p>6. Recommendation to remove IADLs from the following sentence: “If Personal care assistance services are provided as part of this Waiver program service, then the personal care assistance</p>	<p>Not accepted</p>	<p>Personal care assistance means directly performing the tasks. Instrumental activities of daily living (IADL) include, but are not limited to:</p> <ul style="list-style-type: none"> ● Preparing meals;

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>may not comprise the entirety of the service. For purposes of this Waiver program service, personal care assistance means the provision of supports to assist a participant in performing activities of daily living and instrumental activities of daily living.”</p>		<ul style="list-style-type: none"> ● Performing light chores that are incidental to the personal care assistance provided to the participant; ● Shopping for groceries; ● Nutritional planning; ● Traveling as needed; ● Managing finances and handling money; ● Using the telephone or other appropriate means of communication; ● Reading; and ● Planning and making decisions
<p>7. Recommendation to add “7. Time-limited paid or volunteer internships in the community.” to C as noted below so as to exclude the ability of a person to have paid or unpaid internships except Project SEARCH. Limiting internships to one model does not support all people and is too limiting.</p> <p><i>C. Community Development Services may include participation in the following activities:</i></p> <p><i>1. Engaging in activities that facilitate and promote integration and inclusion of a participant in their chosen community,</i></p>	<p>Accepted</p>	<p>Time-limited paid or volunteer internships in the community were added as an activity.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p><i>including identifying a path to employment for working age individuals;</i></p> <ol style="list-style-type: none"> 2. <i>Travel training;</i> 3. <i>Participating in self-advocacy classes and activities;</i> 4. <i>Participating in local community events; and</i> 5. <i>Volunteering; and</i> 6. <i>Time-limited participation in Project Search, or similar programs approved by the DDA</i> 		
<p>8. Recommendation to add counseling benefits as a fundable service under CDS. There are instances where individuals will refuse employment or promotion and raises because of their fear that they would lose services from DORS</p>	<p>Not Accepted</p>	<p>Certified benefits counseling is a service available through Vocational Rehabilitation.</p> <p>To be a certified benefits counselor in Maryland requires specialized training, credentially and ongoing certification.</p>
<p>9. Clarify if nurses can bill for CDS time.</p>	<p>Clarification</p>	<p>Nursing Support Services time can not be billed as it is a component of the service rate.</p>
<p>10. Clarify if people can only receive one type of day service per day.</p>	<p>Clarification</p>	<p>Currently, and until DDA provider organizations transition to the new Meaningful Day Service rates, the DDA-funded Meaningful Day Services are paid at a daily rate based on a four (4) hour minimum of service provision. This includes Supported</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		Employment, Employment Discovery & Customization, Community Development Services, Career Exploration (Facility-Based, Small Group and Large Group), and Day Habilitation
11. Clarify if telephonic support has to have both a visual and audio component.	Clarification	<p>Remote/telehealth supports is an electronic method of service delivery. The purpose of remote supports is to maintain or improve a participant’s functional abilities, enhance interactions, support meaningful relationships, and promote his/her ability to live independently, and meaningfully participate in their community. This service model option is available under specific services. Direct supports can include a combination of both in-person direct supports and remote/telehealth direct support. Remote/telehealth supports may not be used to isolate people from their community or interacting with others. Remote/telehealth supports should be a chosen support method of the person in services, as opposed to provided for the convenience of the provider.</p> <p>The mode of technology used is contingent upon the needs of the person and what is outlined in the person’s Person Centered Plan.</p>
12. Clarify is Nurse Case Management and Delegation Management Service is included in the service.	Clarification	Nursing Support Services are included as a component of the service.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>13. Clarify if Job Development will be reimbursed as an hourly payment or milestone.</p>	<p>Clarification</p>	<p>To further explore value based payment models and seek stakeholder and subject matter expert input, Job Development will remain an hourly service.</p>
<p>14. Recommendation that Job Development carry a higher reimbursement given the training requirements and the skill needed to be a good job developer.</p>	<p>Clarification</p>	<p>The DDA agrees that Job Development, Discovery and Self Employment Development Services, require a higher skill (competency level) than other Employment Services. Therefore, the rates for those DDA services include time and costs associated with various components, including the costs with all required training as well as time to study and sit for the Certified Employment Services Professional (CESP) certification exam.</p>
<p>15. Recommendation that Ongoing supports on the job, if needed, should be fully funded.</p>	<p>Clarification</p>	<p>Ongoing Job supports are authorized according to a person’s assessed needs. A person may receive up to 40 hours of Ongoing Job Supports, based on assessed need, in combination with other Meaningful Day Services.</p> <p>Note: To further explore value based payment models and seek stakeholder and subject matter</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		expert input, On-going Supports and Follow Along Supports will not be combined at this time.
16. Clarify if CDS can be done on weekends, the amendment states 40 hours a week where Day Hab states only Monday to Friday	Clarification	<p>CDS can occur any day of the week. While services are still billed based on a daily rate, CDS can only be provided 5 days within a 7 day period.</p> <p>Once new rates are billed through LTSSMaryland, Service limits for Community Development Services are as follows: - 8 hours per day; AND - 40 hours per week including Career Exploration, Day Habilitation, Supported Employment, Employment Discovery and Customization; Employment Services Job Development and Ongoing Job Supports.</p>
17. Recommendation that nursing costs should be covered by the stand-alone	Not Accepted	<p>Nursing Support Services are included within the rates for Meaningful Day Services.</p> <p>Nursing Support Services (i.e., Nurse health case management and delegation services) should be provided based on assessed need. Therefore, not every participant receiving support is required to have Nursing Support Services if there is no assessed need.</p>
18. Clarify if an individual can receive more than one meaningful day service, as long as they are on	Clarification	Currently, and until DDA provider organizations transition to the new Meaningful Day Service rates,

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

different days.		<p>the DDA-funded Meaningful Day Services are paid at a daily rate based on a four (4) hour minimum of service provision. This includes Supported Employment, Employment Discovery & Customization, Community Development Services, Career Exploration (Facility-Based, Small Group and Large Group), and Day Habilitation.</p> <p>Until the new rates begin, a person can only receive one Meaningful Day service per day.</p>
19. Clarify, is nursing delegation included in meaningful day services	Clarification	Nursing Support Services, which includes delegation as needed, are included within the rates for Meaningful Day Services.
20. Recommendation to add "...unless approved by DDA." to SERVICE REQUIREMENTS: A. The participant must be 18 years of age or older and no longer enrolled in primary or secondary school.	Not accepted	Participants are entitled to educational services and therefore would be engaged in educational services during the day.
21. Clarify who decides what the time limit is for returning home on Pg 22C	Clarification	Participants may return home or to the provider operated site during time-limited periods of the day due to lack of accessible restrooms and public areas to support personal care, health, emotional, and

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		behavioral needs as indicated in the Person-Centered Plan. Based on the need, the time-limited period will vary. Support for a person’s health, emotional, and behavioral needs should be included in their Nursing Care Plan and Behavior Plan (as applicable). Support for person care is based on the time it takes to complete the personal care.
22. Recommendation to add clarification for sections M and N under Appendix C are due to running dual systems.	Clarification	The planned transition to DDA’s fee-for-service payment methodology, supported by the new software system known as LTSSMaryland, has been delayed. There until the service is transitioned, participants will receive a combination of new services and equivalent legacy service to ensure that their needs and preferences, as documented in the person-centered plan (PCP), are met. To facilitate service authorization during the transition period, the DDA has developed and published guidance, including a service mapping chart to match the services identified in the detailed service authorization in <i>LTSSMaryland</i> with their equivalent legacy service in PCIS2.
23. Clarification request regarding parameters of waiver program services being provided entirely remotely or consider referencing DDA procedures	Accepted	Remote/telehealth supports is an electronic method of service delivery. The purpose of remote supports is to maintain or improve a participant’s functional

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>for these parameters.</p> <p>a. Recommend include language about parameters to determine. For example is it determined by time unit, i.e. per day, week, month etc?</p>		<p>abilities, enhance interactions, support meaningful relationships, and promote his/her ability to live independently, and meaningfully participate in their community. This service model option is available under specific services. Direct supports can include a combination of both in-person direct supports and remote/telehealth direct support. Remote/telehealth supports may not be used to isolate people from their community or interacting with others. Remote/telehealth supports should be a chosen support method of the person in services, as opposed to provided for the convenience of the provider.</p> <p>The DDA will provide additional guidance and policy related to remote/telehealth supports.</p>
<p>24. Recommendation to remove the limitation: expand hours for greater flexibility to support a person's trajectory for a good life.</p>	<p>Not accepted</p>	<p>Each person's person-centered plan provides a picture of the person's self-identified Good Life including time for themselves when not engaged in acquiring, developing, and maintaining skills. Meaningful day services can be authorized up to 40 hours per week.</p>
<p>25. Recommendation to replace "learn socially acceptable behavior" with language, such as "the goals of CDS are to help people develop the skills that they desire which are appropriate for their age</p>	<p>Not accepted</p>	<p>Community Development Services provide help with developing and maintaining skills related to community membership through engagement in community-based activities with people without</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>and cultural background and general interests.”</p>		<p>disabilities. Community-based activities provide the participant access and supports to engage in community-based activities for development, acquisition, and maintenance of skills to increase the participant’s independence related to community integration with individuals without disabilities, such as:</p> <ol style="list-style-type: none"> 1. Promoting positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities; 2. Learning socially acceptable behavior; and 3. Learning self-advocacy skills.
<p>26. Recommends re-examining the cap, limiting it to eight hours per day. There may be trips, or other activities for community engagement which could exceed eight hours.</p>	<p style="text-align: center;">Not Accepted</p>	<p>The service limitation for Community Development Services is 8 hours of support a day. However, this is not intended to limit activities of a longer duration in a person’s life.</p> <p>The DDA recommends Person Centered Planning tools, like the Integrated Support Star to guide their thinking about supports and services. It is possible that all of a person’s needs may not be met through eligibility specific, DDA services. The Integrated Start can be used for mapping</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>current services and supports, problem-solving for a specific need, or planning the next steps. The star can help explore current needs, identify gaps, or plan how to access supports for the future.</p>
<p>27. Clarify if there is language within CMS regulations that makes it lawful for employees who happen to be family members not to be paid overtime.</p>	<p>Clarification</p>	<p>As per CMS Technical Guide - Item C-2-d: Provision of Personal Care or Similar Services by Legally Responsible Individuals Instructions page 120, when a state provides for the payment to legally responsible individuals for extraordinary care, the service must meet all the waiver criteria required when delivered by a customary provider, as well as to satisfy some additional protections. State policies should include additional safeguards such as:</p> <ul style="list-style-type: none"> ● Determining that the provision of personal care or similar services by a legally responsible individual is in the best interests of the waiver participant. A state should consider establishing safeguards when the legally responsible individual has decision-making authority over the selection of providers of waiver services to guard against self-referral. ● Limiting the amount of services that a

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		legally responsible individual may furnish. For example, a state may decide to limit the amount to no more than 40 hours in a week and thereby take into account the amount of care that a legally responsible individual ordinarily would provide. When there is such a limitation, it should be reflected in the limitations section of the service specification in Appendix C-3.
28. Recommendation to allow people in CDS to bill separately for transportation.	Not Accepted	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
29. Recommendation to make remote/telehealth supports options available to self-directing participants as well as traditional. For those in self-direction installation/equipment maintenance and software applications should be covered.	Clarification	Remote/telehealth support option is available under both the self-direction service delivery model and the traditional model. Assistive Technology may be requested based on assessed need.
30. Recommendation to remove the language stating that personal care assistance services may not comprise the entirety of these services. Concern that using such language will limit access to the Waiver for people with DD who may have times of day	Not Accepted	DDA funded support services are distinct from Medicaid State Plan services as they are designed to be habilitative in nature; meaning they should support people to learn, keep or improve skills and functional abilities. Personal care assistance

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>when personal care comprises a large part of their need and who are otherwise eligible and meet criteria for a given service</p>		<p>services can be provided during in-home skills development and community activities when the person is unable to do it for themselves only when in combination of other allowable Personal Supports activities occurring.</p> <p>Community First Choice services includes personal assistance services to provide assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), emergency back-up systems, supports planning, transition services, and items that substitute for human assistance. These services can support individuals in their home, community, and employment. The program is also expanding to offer a new self-directed option.</p>
<p>31. Recommendation to amend language to reflect that Waiver participants are not required to exhaust services that are not appropriate for them; that prior to any denial based on failure to explore or exhaust any relevant services, must facilitate their access to those services.</p>	<p>Clarification</p>	<p>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including 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 <i>exhausted to the extent applicable</i>.</p> <p>If the item is covered by another program, but does not meet the person’s unique needs or the program</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		does not have the funding, then the item could be provided under the waiver.
<p>32. Recommendation to replace “short-term” with “non-permanent” in the following:</p> <p>“R. Direct Support Professional staffing services may be provided in an acute care hospital or during a short- term institutional stay 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>	Not accepted	<p>Section 3715 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act allows States to pay for home and community-based (HCBS) services for participants who are patients in acute care hospitals if the services are “designed to ensure smooth transitions” between the hospital and community settings.</p> <p>CMS Appendix K guidance and terminology is for “short-term” and therefore that is the language we are submitting.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>33. Recommendation to amend language related to Remote support/telehealth supports in S. 3. e. and f. to require live, real-time audio- visual video connection unless it is determined in the PCP that this is not the person’s choice or best choice for the person for remote/virtual learning.</p>	<p>Not accepted</p>	<p>Remote/telehealth supports is an electronic method of service delivery. The remote/telehealth supports must be delivered using a live, real-time audio-visual connection that allows the staff member to both see and hear the participant. Text messaging and emailing do not constitute remote/telehealth supports and, therefore, will not be considered provision of direct supports under this Waiver program service.</p>
<p>34. Recommendation to delete the below requirement, related to Remote support/telehealth supports and address safety concerns as part of the PCP. This requirement will hamper the use of remote supports for people who don’t have, or need, a caregiver in the home with them during the provision of remote supports. Many people use supports remotely in order to avoid the need for in- home caregivers or staff.</p> <p>“S.3.i(ii) Identifying individuals to intervene (such as uncompensated caregivers present in the participant’s home), and ensuring they are present</p>	<p>Not accepted</p>	<p>As noted within the MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020, under no circumstances should phones or other telehealth technology be used to assess a participant for a medical emergency.</p> <p>The provider must develop and maintain written policies, train direct support staff on those policies, and advise participants and their person-centered planning team regarding those policies that address:</p> <ul style="list-style-type: none"> ● Identifying whether the participant’s needs, including health and safety, can be

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>during provision of remote/telehealth supports in case the participant experiences an emergency during provision of remote/telehealth supports; and”</p>		<p>addressed safely via remote/telehealth supports;</p> <ul style="list-style-type: none"> • Identifying individuals to intervene (such as uncompensated caregivers present in the participant’s home), and ensuring they are present during provision of remote/telehealth supports in case the participant experiences an emergency during provision of remote/telehealth supports; and • Processes for requesting such intervention if the participant experiences an emergency during provision of remote/telehealth supports, including contacting 911 if necessary.
<p>35. Recommendation to delete the following language noted below related to S. Remote support/telehealth supports #5. It is possible that people who use supports and families could assume that this statement implies that the costs of things like Wi-Fi in a participant’s home are to be covered by the provider as part of their operating expense.</p> <p>“These costs, in the delivery of new business</p>	<p>Not accepted</p>	<p>The language notes emphasis added: “The Waiver program will not fund any <i>costs associated with the provider obtaining</i>, installing, implementing, or using remote/telehealth 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>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>models, are part of the provider's operating cost.” It does not change the meaning of the section, and it clarifies the statement.</p>		<p>As noted in similar questions related to the internet, Medicaid does not cover these costs.</p>
<p>36. Recommendation to add an additional requirement related to informed decision-making that clarifies people will have an informed choice between in person and remote supports; that remote supports cannot be the only service delivery provision for a person seeking the given service; and that participants must affirmatively choose remote service provision over in-person supports. This will help ensure people have all the information needed to agree to the use of remote support.</p>	<p>Accepted</p>	<p>Language has been revised in all services that offer remote supports to read:</p> <p><i>c. The use of remote/telehealth supports to provide direct support has been agreed to by the participant and their team and is outlined in the Person-Centered Plan;</i></p> <ul style="list-style-type: none"> <i>i. Participants must have an informed choice between in person and remote supports;</i> <i>ii. Remote supports cannot be the only service delivery provision for a participant seeking the given service; and</i> <i>iii. Participants must affirmatively choose remote service provision over in-person supports.</i>
<p>37. Recommendation to allow CDS in participant home</p>	<p>Not Accepted</p>	<p>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</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		needs as indicated in the Person-Centered Plan. Supports for community projects can be provided using natural and community supports or under personal supports.
38. Clarify if ongoing job supports will be eliminated or only be available to individuals with HRST score of 4 or higher or a participant in BSP	Clarification	<p>To further explore value based payment models and seek stakeholder and subject matter expert input, On-going Supports and Follow Along Supports will not be combined at this time.</p> <p>Ongoing job supports are authorized based on assessed needs for people who are employed. There is no requirement of a particular HRST score to receive this funding. Services can be authorized for up to 40 hours a week.</p>
39. Recommendation to add language from earlier versions of the 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	<p>Community Development Services (CDS) includes the provision of direct support Support services that enable the participant to learn, develop, and maintain general skills related to community integration, volunteering with an organization, or performing a paid or unpaid internship to participate in community activities as provided the service definition.</p> <p>Activities listed in the service definition are not</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		meant to be exhausting, but instead will be based on the individual needs and identified outcomes that can be met by the service definition.
40. Recommendation to add language that the service can be provided in a participant's home to support activities related community project and specified in the participant's plan. An individual's home is part of the community. Participant's should be able to pursue cottage-industry jobs, like crafting and volunteer projects in the home when these projects/tasks result in engagement in the community on other occasions.	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 for community projects can be provided using natural and community supports or under personal supports.
41. Recommendation to remove the eight hour daily cap.	Not Accepted	The service limitation for Community Development Services is 8 hours of support a day. If there are additional support needs identified beyond those 8 hours the person, along with CCS and support team should explore and identify other supports and services beyond Community Development Services.
Community Living--Enhanced Supports		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to allow flexibility for 2:1	Clarification	Community Living - Enhanced Supports includes

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

staffing in emergency situations.		2:1 staff-to-participant supports as noted in Service Requirement C.
2. Recommendation to use “most integrated environment,” instead of “least restrictive environment.”	Accepted	The sentence was updated to read: <i>Community Living – Enhanced Support Services are the most integrated environment to meet needs.</i>
3. Recommendation to include the cost of CMT certification as a part of the service for self-directing participants.	Clarification	Community Living - Enhanced Supports is not a service under self-direction.
4. Clarify the reason for the change to 18 Residential Retainer days.	Clarification	As per CMS Technical Guide - 7. Residential Habilitation page 161 retainer payments may be made to providers of residential habilitation while the waiver participant is hospitalized or absent from his/her home as per Olmstead Update #3 (July 25, 2000) . 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.
5. Please clarify the reason DSPs are required to be trained in “person-centered planning?”	Clarification	Direct Support Professionals (DSP) are required to complete necessary pre/in-service training based on the Person-Centered Plan (PCP). The PCP training is not training on person-centered planning

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>which is the process for developing the PCP. The PCP includes the various person’s specific outcomes, goals, preference, communication preferences, technology used, and specific service implementation plans, Nurse Care Plan (as applicable), and Behaviour Plan (as applicable) that the DSP should be trained on in order to provide appropriate services and supports.</p>
<p>6. Recommendation to allow persons with this service to reside with other persons who do not need Community Living -Enhanced Supports.</p> <p>7. Recommendation to add another CL-services-CL-GH-Supplement service, which would permit a person who receives CL-GH to live with CL-Supplement. To be eligible to receive CL-Supplement, you would need a HRST score of 3 or higher and/or have a Behavior Plan.</p>	<p>Not accepted</p>	<p>Participants should be supported in the most integrated, least restrictive setting.</p> <p>Community Living-Enhanced Supports provides support for participants, who exhibit challenging behaviors or have court ordered restrictions, in a community residential licensed setting specifically set up and designed to support more restrictive environments and service delivery.</p> <p>Participants should be supported in the most integrated setting to meet their assessed needs. Therefore, it would not be appropriate for a participant, that does not require environmental or personal restrictions, to live in a home established with these restrictions.</p>
<p>8. Recommendation to add the following to service definition criteria, and make all criteria required:</p>	<p>Not accepted</p>	<p>Community Living-Enhanced Supports criteria includes:</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>HRST score of 4 or more, and Behavioral Plan.</p>		<ol style="list-style-type: none"> 1. The participant has critical support needs that cannot be met by other residential or in-home services and supports; and 2. The participant meets the following criteria: <ol style="list-style-type: none"> a. The participant has (i) court ordered restrictions to community living; (ii) demonstrated history of severe behaviors requiring restrictions and the need for enhanced skills staff; or (iii) extensive needs; and b. Community Living – Enhanced Support Services are the most integrated environment to meet needs. <p>Various documents including the HRST, approved Behavioral Plan, and court order (as applicable) will be reviewed to demonstrate assessed needs.</p>
<p>10. Clarify if a person must have court ordered restrictions to be eligible for Community Living Enhance.</p>	<p>Clarification</p>	<p>Community Living-Enhanced Supports provides support for participants, who exhibit challenging behaviors or have court ordered restrictions, in a community residential licensed setting specifically set up and designed to support more restrictive environments and service delivery.</p>
<p>11. Clarify what services can be provided in the</p>	<p>Clarification</p>	<p>Direct Support Professional services may be</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>hospital setting that does not conflict with hospital services, and how many hours can be provided.</p>		<p>provided in an acute care hospital or during a short-term institutional stay 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>
<p>12. Clarify if retainer days will be 18 days once Appendix K expires.</p>	<p>Clarification</p>	<p>Once Appendix K ends, retainer days will be limited to 18 days.</p>
<p>13. Recommendation to grandfather in providers with larger homes to allow for more than 4 individuals in a single residence.</p>	<p>Clarification</p>	<p>As per Service Requirement E. no more than four participants may receive this Waiver program service in a single residence, unless otherwise approved by the DDA</p>
<p>14. Recommendation to remove “as indicated in the Health Risk Screening Tool (HRST)” referenced in Service Requirement O. related to when additional nurse delegation can be authorized. Agrees with DDA’s use the HRST with other information about a person’s health status, concern that it is inappropriate for a person to have to wait for a new HRST after a change in health status and/or entrance into an institution such as a hospital or nursing facility in order to get additional Nurse Case Management and</p>	<p>Not accepted</p>	<p>Provider agencies’ nurses must update the HRST when there is a change in health status such as changes to medications, diagnosis, etc. Provider nurses provide health case management in addition to training and delegation.</p> <p>Therefore when a person’s health changes that results in the need for additional training support hours, the provider shares the need for additional delegation hours and their agency’s nurse updates and submits the HRST. The DDA reviews the</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>Delegation training they need for their health</p>		<p>HRST and other supporting documentation submitted to authorize the service.</p>
<p>15. Recommendation to remove criteria related to needs not being met by institutional or in home supports and in the least restrictive environment</p>	<p>Clarification</p>	<p>The criteria includes the participant has critical support needs that cannot be met by other residential or in-home services and supports. Other residential services refer to Community Living -Group Homes, Shared Living, and Supported Living, and does not mean institutional services.</p>
<p>16. Recommendation to add to SERVICE REQUIREMENTS E. 4. noted below “unless two participants choose each other as roommates because they prefer to share a room, or they are married or otherwise in a relationship and choose to share a bedroom.”</p> <p>“4.Each participant receiving this Waiver program service must have his or her own bedroom be provided with a private, single occupancy bedroom.”</p>	<p>Not accepted</p>	<p>Community Living-Enhanced Supports provides support for participants, who exhibit challenging behaviors or have court ordered restrictions, in a community residential licensed setting specifically set up and designed to support more restrictive environments and service delivery.</p> <p>The goal is to support individuals so that they can transition to a more integrated environment such as Community Living - Group Homes and Supported Living where they can share rooms.</p>
<p>17. Recommendation to add clarity to SERVICE REQUIREMENTS M by amending as follows: “Residential Retainer Fee is available for up to 18 days per calendar year, per recipient, when the</p>	<p>Accepted</p>	<p>The language has been updated.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>recipient is unable to receive services due to hospitalization, behavioral respite, rehabilitation, or family / <u>friend</u> visits.”</p> <p>Note: This recommendation applies to all places with this language.</p>		
<p>18. Recommendation to remove “relative” from SERVICE REQUIREMENTS S that states “S. A legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.”</p>	<p>Not accepted</p>	<p>Community Living-Enhanced Supports provides support for participants, who exhibit challenging behaviors or have court ordered restrictions, in a community residential licensed setting specifically set up and designed to support more restrictive environments and service delivery.</p> <p>Relatives can not be paid to provide this service.</p>
<p>19. Recommendation for removing the words “on staff” within the provider qualification section that states “Agency must contract or have employ Licensed Behavioral Analysis (LBA), Board Certified Behavioral Analysis (BCBA), Psychologist, or Licensed Clinician (LCPC, LCSW-C, LGPC, LMSW) on staff that has experience in the following areas:”</p> <p>The rationale for this change is that providers often contract as needed with these professionals but do not have the resources to employ them</p>	<p>Clarification</p>	<p>The current language includes language that the agency may <i>contract</i> or <i>employ</i>, therefore this is supportive of provider business models.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

ongoing or keep them as contractual employees on staff.		
20. Recommendation that Community Living - Enhanced Support trial experience be increased to a maximum cap of 30 days, with the number of days within this structure to be determined by the team to provide appropriate transition time including time for the team to convene if needs are higher or lower than initially suggested.	Not accepted	Community Living - Enhanced Supports trial experience for people transitioning from an institutional or non-residential site on a temporary, trial basis. Services may be provided for a maximum of seven (7) days or overnight stays within the 180 day period in advance of their move.
21. Recommendation to include this service under the self-directed service model for budget authority.	Not accepted	Community Living - Enhanced Supports services are provided in provider owned and operated licensed sites and based on shared staffing models. Therefore, it is not an option under the self-directed service delivery model.
Community Living--Group Home		
Recommendation	Dept. Response	Dept. Comment
1. Clarify the change of retainer payments back to 18	Clarification	As per CMS Technical Guide - 7. Residential Habilitation page 161 retainer payments may be made to providers of residential habilitation while the waiver participant is hospitalized or absent from his/her home as per Olmstead Update #3 (July 25, 2000) .

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>2. Recommendation to increase Retainer days to 30.</p>	<p>Not accepted</p>	<p>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>
<p>3. Recommendation to provide additional guidance around services during acute care stay and short term institutional stay.</p>	<p>Clarification</p>	<p>The waiver states Direct Support Professional services may be provided in an acute care hospital or during a short-term institutional stay 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>
<p>4. Recommendation to remove 24-hour a day, 7 days a week provider requirement and that services be available as outlined in the person's PCP, including access to back-up and emergency support.</p> <p>5. Recommendation to revise Service Requirement I to "if there is an assessed need for 24-7 access to services in the participants person centered plan"</p>	<p>Not accepted</p>	<p>The current requirement, as noted below, is that providers must ensure services are "<i>available</i>" to meet needs. It does not mandate that staff must be on site at all times unless outlined in the Person-Centered Plan.</p> <p>"The provider must have an organizational structure that ensures services are available at each licensed site on a 24-hour, 7-day a week basis, including back-up and emergency support, in</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>instead of “in accordance with....” There are some group homes within close vicinity to others with AON staff so if support is needed, support can be provided timely, but the support is not required to be “at each licensed site”.</p>		<p>accordance with staffing requirements set forth in each participant’s person-centered plan.”</p>
<p>6. Clarify what happens to agencies with more than 4. Does the grandfathering of large capacity remain in place?</p> <p>7. Recommendation related to Service Requirements E.2 to:</p> <p style="padding-left: 20px;">a. Revised to read “No more than four participants may receive this Waiver program service in a single residence, unless <u>currently living in a home with more than 4</u> residents, or otherwise approved by the DDA.</p>	<p style="text-align: center;">Not accepted</p>	<p>As per Service Requirement E. no more than four participants may receive this Waiver program service in a single residence, unless otherwise approved by the DDA.</p> <p>DDA also issued additional guidance in a Memo regarding Group Home Moratorium Clarification issued on August 28 2015</p>
<p>8. Recommendation that the PCP process is the desired assessment tool. If not, then provide additional guidance regarding required assessment tools.</p>	<p style="text-align: center;">Accepted with amendment</p>	<p>Based on the services requested there are various assessment tools and supporting documents that may be needed such as a Health Risk Screening Tool, Behavior Plan, Assistive Technology Assessment, and Environmental Assessment to support the request and assessed need As applicable, this information is noted in several of the services.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>Appendix D: Participant-Centered Planning and Service Delivery specifically address the PCP process and associated forms such as the Cost Detail Tool, Detailed Service Authorization Tool. Therefore this information is not duplicated in every service definition.</p> <p>The DDA will include information related to assessment tools and PCP processes and forms in service specific policies and guidance.</p>
<p>9. Clarify Service Requirements “C.2. Dedicated hours can be used to support more than one participant if it meets their assessed needs and the following requirements are met:</p> <ul style="list-style-type: none"> 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;” 1) Clarify if 3 residents who live together each attend Meaningful Day for 30 hours per week, can you request 10 hours of dedicated supports to support them an additional 10 hours at home? If so, how does this impact the shared support hours 	<p>Clarification</p>	<p>To support needs and provide flexibility, residential dedicated supports during meaningful day hours can be requested. As each person’s assessed need and residential home supports vary, the DDA will issue guidance and policy related to the availability and interaction between base shared hours and dedicated hours.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>in CLGH?</p> <p>2) Are there circumstances where a second staff would not be required for someone who is home sick and lives with someone who is retired with a 1:1?</p>		
<p>10. Recommendation related to Service Requirements C.2.a to provide clear guidance regarding billing implementation if the service is billed for 1 participant but provided to more than 1 person.</p>	<p>Accepted</p>	<p>The DDA will provide billing guidance related to shared services.</p>
<p>11. Recommendation to add to SERVICE REQUIREMENTS E. 4. noted below “unless two participants choose each other as roommates because they prefer to share a room, or they are married or otherwise in a relationship and choose to share a bedroom.”</p> <p>“4.Each participant receiving this Waiver program service must have his or her own bedroom be provided with a private, single occupancy bedroom.”</p>	<p>Accepted</p>	<p>The sentence was revised to read: <i>Each participant receiving this Waiver program service must be provided with a private, single occupancy bedroom unless two participants choose each other as roommates because they prefer to share a room, or they are married or otherwise in a relationship and choose to share a bedroom</i></p>
<p>12. Recommendation to add clarity to SERVICE REQUIREMENTS K by amending as follows: “Residential Retainer Fee is available for up to 18</p>	<p>Accepted</p>	<p>The language has been updated.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>days per calendar year, per recipient, when the recipient is unable to receive services due to hospitalization, behavioral respite, rehabilitation, or family / <u>friend</u> visits.”</p> <p>Note: This recommendation applies to all places with this language.</p>		
--	--	--

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>13. Recommendation for adding that individuals with extraordinary needs for nursing support services, may receive additional dedicated nursing hours to meet those needs. Individuals that require a level of nursing intervention and health support that the traditional rates will not support. This may include g-tube flushing and assessments and training, nursing interventions for rectal protractions or other physical conditions, mixed insulin syringe preparation and sliding scale charting, etc. which may be safely provided in the community at the same time as another service such as community living direct support, and are less costly than nursing home or other long term care.</p>	<p>Clarification</p>	<p>The DDA Waiver Nursing Support Services includes nurse consultation, health case management and delegation services. They do not include skilled private duty nursing. Service Requirement M. notes “In the event that additional Nurse Case Management 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 Nurse Case Management and Delegation Service support service hours can be authorized.”</p> <p><i>Note: References to Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation Services will be changed to Nursing Support Services throughout the Waiver as applicable.</i></p>
---	----------------------	---

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>14. Recommendation that the DDA work with Medicaid and CMS to change the nursing home bed hold days in our state plan so that people in DDA waiver services have access to a minimum of 30 retainer days per calendar year.</p>	<p>Clarification</p>	<p>The DDA is and will continue to work with Medicaid and CMS to advocate for flexibility with retainer payments.</p> <p>Currently, 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 unless otherwise approved under the Appendix K authority.</p> <p>Reference:</p> <p>Center for Medicare and Medicaid Services (CMS) Application for a §1915(c) Home and Community-Based Waiver [Version 3.6, January 2019] Instructions, Technical Guide and Review Criteria Release Date: January 2019</p>
<p>15. Recommendation to revise language in the provider qualifications section to match the language used in the background check requirements section which clarify that “volunteers who are part of an organized volunteer program, or who provide direct care services must meet the following minimum standards.”</p>	<p>Clarification</p>	<p>Appendix C-2: General Service Specifications: Criminal History and/or Background Investigations specifies the State’s policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>Without this clarification, the definition used here might be interpreted to include church fellows who, as part of a church fellowship with the individual, volunteer to stop by to give the individual a ride to church. This strict definition may interfere with natural support development and individual choice and freedom of association.</p>		<p>Background screening is required for volunteers who:</p> <p>(1) Are recruited as part of an agency’s formal volunteer program; and</p> <p>(2) Spend time alone with participants.</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>16. Recommendation to include this service under the self-directed service model for budget authority.</p>	<p>Not accepted</p>	<p>Community Living - Group Home services are provided in provider owned and operated licensed sites and based on shared staffing models. Therefore, it is not an option under the self-directed service delivery model.</p>
<p>Day Habilitation</p>		
<p>Recommendation</p>	<p>Dept. Response</p>	<p>Dept. Comment</p>
<p>1. Clarify: Define or explain “project search.” What is the time limitation and does it include paid or unpaid internship</p>	<p>Clarification</p>	<p>Project Search is a nationally recognized, time limited, business-led, employment preparation internship program that takes place entirely at the</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>workplace.</p> <p>Time limitations for paid or unpaid internships may vary and are typically based on various industry standards. For more guidance about volunteerism read Volunteering, Internships and Unpaid Work Experiences: Legal and Practical guidelines prepared by David Hoff, Institute for Community Inclusion, UMass Boston for the Massachusetts</p>
<p>2. Clarify, does Project Search provide the only internship opportunity or can internship opportunities be attained through other programs?</p> <p>3. Recommendation to cite programs such as “project search” as an example in discovery as it can be perceived as promotional and potentially limiting</p>	<p>Clarification</p>	<p>Paid and unpaid internships, not just those accessed through Project Search, are supported activities within Day Habilitation, as long as all service requirements are met for Day Habilitation.</p>
<p>4. Clarification as to whether someone authorized for 1:1 or 2:1 staffing can also participate in either small or large groups.</p>	<p>Clarification</p>	<p>Yes. The group is based on the Person-Centered Plan and assessed needs of the person. The DDA will provide additional information in policy and guidance. However, if a person has a 1:1 or 2:1 it usually means that the person's preference due to health or safety would best be met in a smaller group.</p>
<p>5. Recommendation to amend language related to</p>	<p>Not accepted</p>	<p>Remote/telehealth supports is an electronic method</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>Remote support/telehealth supports in V. 3. f to require live, real-time audio- visual video connection unless it is determined in the PCP that this is not the person’s choice or best choice for the person for remote/virtual learning.</p>		<p>of service delivery. The remote/telehealth supports must be delivered using a live, real-time audio-visual connection that allows the staff member to both see and hear the participant. Text messaging and emailing do not constitute remote/telehealth supports and, therefore, will not be considered provision of direct supports under this Waiver program service.</p>
<p>6. Clarify if Day Hab staff can go into the hospital to assist participants</p>	<p>Clarification</p>	<p>In person Day Habilitation services can be provided by the Direct Support Professional in an acute care hospital or during a short-term institutional stay, including a skilled nursing facility, 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> <p>Activities such as medical appointments, Speech Therapy, Occupational Therapy (OT), Physical Therapy (PT), or other types of therapy, counseling etc. are activities that should be supported either through EPSDT, Medicaid State Plan Transportation, Personal Supports, or a Residential Service as applicable.</p> <p>If a person needs emergency medical treatment</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		while receiving Day supports, they should be supported until such time as other supports are available.
Employment Discovery and Customization		
Recommendation	Dept. Response	Dept. Comment
1. Please clarify the ending date of June 30, 2022.	Clarification	The end date was extended to support additional time for the transition to LTSS <i>Maryland</i> if needed.
2. Recommendation for relatives, legally responsible persons or legal guardians to perform this service under the self-directed service model if they are certified.	Not accepted	To ensure qualified providers, this service has budget authority only.
Employment Services		
Recommendation	Dept. Response	Dept. Comment
1. Clarify language around relative providers. It seems confusing.	Clarification	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. 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.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>2. Recommendation that Job Development milestone be split into two milestone payments.</p>	<p>Not accepted</p>	<p>The DDA will not include the proposal to change Job Development to a milestone payment. To further explore value based payment models and seek stakeholder and subject matter expert input, Job Development will remain an hourly service at this time.</p>
<p>3. Clarify that job development every two year limitation refers to milestone payments.</p> <p>4. Clarify what a one-time milestone payment means. Recommendation to provide hourly payments based on steps or monthly progress.</p> <p>5. Clarify the difference between job development and milestone payment. It is our understanding that job development will transition to a milestone payment, however it is also stated that it can not exceed 90 hours a year.</p> <p>6. Recommendations to approve an enhanced milestone payment for people who need additional hours for Job Development.</p> <p>7. Recommendation to remove proposed change to employment services specifically transition of job development to milestone payment and two tier of</p>	<p>Clarification</p>	<p>The DDA will not include the proposal to change Job Development to a milestone payment. To further explore value based payment models and seek stakeholder and subject matter expert input, Job Development will remain an hourly service at this time.</p> <p>Initial authorization should not exceed 90 hours. Services can be authorized up to twice a year for a total of 180 hours.</p> <p>DDA may authorize additional hours with another provider if documentation indicates that the provider did not put forth a good faith effort to identify opportunities that align with that person’s Employment Plan and/or PCP.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

follow along		
8. Clarify proposed changes as they do not appear to reflect a commitment to Employment First and incentivizes providers to focus more on day habilitation and other services that are more closely reimbursed on a fee for service mode.	Clarification	The DDA proposed to transition employment services to value based payments by combining Ongoing Supports and Follow Along supports and to create a milestone payment for Job Development. The DDA will continue to explore and seek stakeholder input to develop value based payment models for Employment Services to incentivize Employment First philosophy.
9. Recommendation to pay Follow Along Supports providers an hourly rate based on the number of hours a client is working in a week or month, which would incentivize more independence at employment for clients, and provide appropriate compensation to providers.	Not Accepted	The DDA will continue to explore value based payment models and seek stakeholder and subject matter expert input related to On-going Supports and Follow Along Supports
10. Clarify why an individual would need an HRST score of 4 instead of 3 to be considered for significant support.	Clarification	To further explore value based payment models and seek stakeholder and subject matter expert input, proposed changes will not be implemented at this time.
11. Clarify if job development would be an option for a person who is working 15 hours/week but working on obtaining a second part-time job, but has exceeded their approved hours.	Clarification	Job Development may be authorized for someone interested in obtaining a new or second job. However, service limits for Job Development are as follows: - Services may be authorized for a

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>limit of 8 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Ongoing Job Supports. - Initial authorization should not exceed 90 hours. - Services can be authorized up to twice a year for a total of 180 hours.</p>
--	--	---

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>12. Clarify if job development services can be implemented if an individual loses their job within two years. Explain what options the provider would have to support an individual obtaining employment again.</p>	<p>Clarification</p>	<p>DDA funded Job Development can be authorized only when a person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services;</p> <p>DDA funded Job Development services may be authorized for a limit of 8 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Ongoing Job Supports. - Initial authorization should not exceed 90 hours. - Services can be authorized up to twice a year for a total of 180 hours.</p>
--	----------------------	--

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>13. Clarify what you mean is included in the approved certification in employment</p>	<p>Clarification</p>	<p>The DDA will add clarifying language that reads: “Employment Services (i.e. specifically, discovery, job development, and self-employment development supports) must be provided by staff who has the appropriate proof of competency required as outlined in the DDA Meaningful Day Training Policy”</p>
<p>14. Recommendation to reconsider the additional requirement for job developers to pass a certification is excessive and expensive.</p>	<p>Clarification</p>	<p>National best practices support the fact that Job Development requires a different skill set and competency level than other Employment Services and/or Day services. Therefore, the rates for those DDA services include time and costs associated with various components, including the costs with all required training as well as time to study and sit for the Certified Employment Services Professional (CESP) certification exam. This supports DDA’s desired outcome of increasing employment outcomes for people of working age.</p>
<p>15. Recommendation to establish an alternative to CIE to allow a person to have paid work which does not meet this definition and this option should not be time limited.</p>	<p>Not Accepted</p>	<p>DDA Employment Services are designed to support competitive integrated employment outcomes.</p> <p>People may engage in time limited paid work under our pre-vocational service. Per CMS’ 2011</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		Informational Bulletin and Technical Guide on Employment , pre-vocational services are not an end point, but a time limited service for the purpose of helping someone obtain competitive employment.
16. Recommendation to include transportation which is necessary for independence and employment opportunities.	Clarification	The DDA agrees that transportation support is an important component in successful long term employment. Transportation is a component of this service. In addition, stand alone Transportation services may be authorized to support Follow Along Supports as per service requirements and policies.
17. Recommendation to remove limitation of Job Development Employment services and require that recommendations are made about length of services and identify necessary service changes to make services more effective.	Not Accepted	Currently, DDA funded Job Development services may be authorized for a limit of 8 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Ongoing Job Supports. The initial authorization should not exceed 90 hours. Services can be authorized up to twice a year for a total of 180 hours.
18. Clarify the beginning December 1, 2019 reference date.	Clarification	The start date of December, 1, 2019 was to accommodate the start of new employment services for people participating in DDA’s LTSS <i>Maryland</i> pilot group.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>19. Recommendation to remove the job development 90 hour/year cap given that it is a milestone payment, should be eliminated.</p>	<p>Clarification</p>	<p>To further explore value based payment models and seek stakeholder and subject matter expert input, proposed changes will not be implemented at this time. Therefore the limitation still applies.</p>
<p>20. Recommendation to add language that gives DDA the ability to approve job development more than once every two years, if the need is demonstrated</p>	<p>Clarification</p>	<p>Current DDA funded Job Development can be authorized only when a person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services;</p> <p>DDA may authorize additional hours with another provider if documentation indicates that the provider did not put forth a good faith effort to identify opportunities that align with that person’s Employment Plan and/or PCP.</p>
<p>21. Recommendation to remove the limitations on Job Development Services currently proposed to be limited to every two years. Job Development Services should be available upon team decision and verification of a participant’s need for the service</p>	<p>Not Accepted</p>	<p>DDA funded Job Development can be authorized only when a person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services;</p> <p>DDA funded Job Development services may be authorized for a limit of 8 hours a day and 40 hours</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Ongoing Job Supports. The initial authorization should not exceed 90 hours. Services can be authorized up to twice a year for a total of 180 hours.</p> <p>DDA may authorize additional hours with another provider if documentation indicates that the provider did not put forth a good faith effort to identify opportunities that align with that person’s Employment Plan and/or PCP.</p>
<p>22. Recommendation to add an additional requirement related to informed decision-making that clarifies people will have an informed choice between in person and remote supports; that remote supports cannot be the only service delivery provision for a person seeking the given service; and that participants must affirmatively choose remote service provision over in-person supports. This will help ensure people have all the information needed to agree to the use of remote support.</p>	<p>Accepted</p>	<p>Language has been revised in all services that offer remote supports to read:</p> <p><i>c. The use of remote/telehealth supports to provide direct support has been agreed to by the participant and their team and is outlined in the Person-Centered Plan;</i></p> <ul style="list-style-type: none"> <i>i. Participants must have an informed choice between in person and remote supports;</i> <i>ii. Remote supports cannot be the only service delivery provision for a participant seeking the given service; and</i> <i>iii. Participants must affirmatively choose remote service provision over in-person</i>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<i>supports.</i>
23. Recommendation to include the cost of CMT certification as a part of the service for self-directing participants.	Clarification	<p>The cost of training is a component for staffing for participants using the self-Directed Service Delivery model which should be outlined in the self-directed budget sheet.</p> <p>The establishing of the self-directed budget allocation is based on traditional rates. The traditional rates include various cost components such as staff training.</p>
24. Recommendation for legally responsible persons and legal guardians to perform this service under the self-directed service model.	Not accepted	To ensure qualified providers, this service has budget authority only. National competency based training are identified for the DDA approved certification in employment to ensure a pool of qualified providers.
Environmental Assessment		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation for the addition of “or more often upon a move” after the language describing the proposed limitation.	Accepted with amendment	The language was changed to read “Environment assessment is limited to one (1) assessment annually <i>unless otherwise authorized by the DDA</i> ” to support the need for an assessment due to the quality of the initial assessment and if a person

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		moves within the year.
Environmental Modifications		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that service be available to those in Supported Living.	Clarification	Environmental modifications are available to participants receiving Supported Living services. Environmental Modifications are physical modifications to the participant’s home based on an assessment designed to support the participant’s efforts to function with greater independence or to create a safer, healthier environment. Participants in Supported Living own or have a lease for their home.
2. Recommendation to restore “unless otherwise approved by DDA” language to allow DDA to approve the environmental modifications without three bids.	Accepted	The language has been added.
3. Recommendation for removing Service Requirement D 2.b. or amending the statement to suggest the property manager provides in writing that “the participant will be allowed to remain in the primary residence in accordance with his/her lease unless they breach the legal terms of their continued	Not accepted	The DDA’s requirement is that the participant will be allowed to remain in the primary residence for at least one year when the environmental modification has been made to the home.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

occupancy.”		
4. Recommendation for revising OHCDs qualification requirement to read instead: “Obtain and maintain worker’s comp insurance sufficient to cover all employees, or, if sole proprietor, complete IRS form “Sole Proprietor Status as Covered Employee” documenting declination to become a covered employee.” Sole proprietors with no employees are exempt from workers’ comp insurance requirements in the state of Maryland. We believe this change in wording will support the availability and access to qualified vendors while protecting the state from liability.	Accepted	The following language was added: <i>Obtain Workers Compensation if required by applicable law.</i>
Family Caregiver Training and Empowerment		
Recommendation	Dept. Response	Dept. Comment
1. Clarify if people who are not “family” but serve as an unpaid caregiver can utilize this service.	Clarification	Family Caregiver Training and Empowerment is offered only for a family caregiver who is providing unpaid support training, companionship, or supervision for a participant who is currently living in the family home
2. Clarify the federal requirements referenced.	Clarification	As per CMS Technical Guide - Training and Counseling Services for Unpaid Caregivers page183:

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ul style="list-style-type: none"> • FFP is available for the costs of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the service plan. • <i>FFP is not available for the costs of travel, meals and overnight lodging to attend a training event or conference.</i>
Family and Peer Mentoring Supports		
Recommendation	Dept. Response	Dept. Comment
1. Please clarify if people who are not “family” but serve as an unpaid caregiver can utilize this service.	Clarification	A person who is an unpaid caregiver but not a family member can not utilize this service.
Housing Support Services		
Recommendation	Dept. Response	Dept. Comment
1. Recommend adding bill paying to this service.	Not accepted	Housing Support Services are time-limited supports to help participants to identify and navigate housing opportunities, address or overcome barriers to housing, and secure and retain their own home. They assist participants with developing skills. They are not bill paying services.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>2. Recommendation to expand Housing support service or include another service that includes rental assistance for individuals who want to move into their own apartments or homes with support. (Casey Shea 09/30/2020)</p>	<p>Not accepted</p>	<p>Medicaid Waiver programs do not cover housing costs and therefore rental assistance can not be included as a waiver service. As per the CMS Technical Guide Item 6-C: Room and Board page 52, room and board expenses must be met from participant resources or through other sources.</p>
Individual and Family Directed Goods and Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Clarify which Medicaid services the IFDGS support is to “decrease?”</p>	<p>Clarification</p>	<p>Individual and Family Directed Goods and Services are services, equipment, or supplies that enable the participant to maintain or increase independence and promote opportunities for the participant to live in and be included in the community, relate to a participant’s need or goal identified in the participant’s Person-Centered Plan, and are not available under the Waiver program or Maryland Medicaid Program.</p> <p>Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, increase the participant’s safety in the home, or support the family in the continued provision of care to the participant.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		Based on the person’s assessed needs and circumstances, goods and services can improve health and decrease the need for Medicaid physician visits, hospitalization, pharmacy use, and other services.
2. Clarify or define family.	Clarification	The DDA Waiver programs support both adults and children. Parents and other legally responsible person, of children may choose the self-directed service delivery model, therefore the family was included in the service name.
3. Recommendation to remove reference to savings within the Individual budget.	Not accepted	Individual and Family Directed Goods and Services are purchased from the participant-directed budget and must be documented in the Person-Centered Plan. The goods and services must fit within the participant’s budget without compromising the participant’s health and safety. Individual and Family Directed Goods and Services are purchased from the savings identified and available in the participant’s annual budget.
4. Recommendation to expand allowed therapies to include habilitative speech and language therapy, occupational therapy, physical therapy, and mobility training for blind individuals.	Not accepted	During Amendment #2, the DDA proposed to increase therapies under this service. CMS advised the State that therapies could not be covered under this service.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>Medically necessary therapies recommended by professional clinicians are covered under Medicaid.</p> <p>Mobility training for individuals with visual impairments can be provided under the Transportation Support Service.</p>
<p>5. Recommend that DDA re-examine its policy of no longer paying for services which are clearly habilitative in nature such as gym memberships, music therapy, or therapeutic horseback riding.</p>	<p>Clarification</p>	<p>The goods and services include Fitness memberships and can support music activities, and horseback riding that meet the service requirements.</p> <p>During Amendment #2, the DDA proposed to increase therapies under this service. CMS advised the State that therapies could not be covered under this service.</p>
<p>6. Recommendation for the removal of the word only noted in Service Definition E. which states “The goods and services only include:”</p> <p>7. Recommendation that the list of goods and services be expanded. Activities such as horseback riding, music and art experiences rather than therapies should be included in the definition.</p>	<p>Clarification</p>	<p>The specific goods and services covered under the programs are listed as noted below:</p> <ol style="list-style-type: none"> 1. Fitness memberships; 2. Fitness items that can be purchased at most retail stores; 3. Toothbrushes or electric toothbrushes; 4. Weight loss program services other than food;

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<ul style="list-style-type: none"> 5. Dental services recommended by a licensed dentist and not covered by health insurance; 6. Nutritional consultation and supplements recommended by a professional licensed in the relevant field; and 7. Other goods and services that meet the service requirements under A through D <p>The DDA will develop additional guidance related to other goods and services such as horseback riding, music and art experiences.</p>
<p>8. Recommendation for the removal of Service Requirements G. 24. Which states “Therapeutic interventions to maintain or improve function including art, music, dance, and therapeutic swimming or horseback riding.” are not covered.</p>	<p style="text-align: center;">Clarification</p>	<p>During Amendment #2, the DDA proposed to increase therapies under this service. CMS advised the State that therapies could not be covered under this service.</p>
<p>9. Recommendation that if a savings can be identified at the beginning of a plan; i.e., individual needs 30 hours of CDS a week but family will provide 2 hours of that unpaid, then the 2 hours of weekly savings should be able to be applied to the IFDGS at the beginning of the plan so that gym memberships and other monthly paid programs do not lose their funding temporarily.</p>	<p style="text-align: center;">Not accepted</p>	<p>To support an integrated “community life” versus a “service life”, the PCP should include generic, natural, community, local, and other resources to meet need(s) and address risk.</p> <p>Individual and Family Directed Goods and Services are purchased from the savings identified and available in the participant’s annual budget.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		Savings are accumulated throughout the year and are not allocated annually.
<p>10. Recommendations to un-restrict or eliminate the list and expand the definition of this service.</p> <p>11. Recommendations to for the following changes or exceptions to items not covered:</p> <ul style="list-style-type: none"> a. Monthly cable fees - portion of the bill should be payable; b. Monthly telephone fees; c. Fees associated with telecommunications; d. Vacations expenses - except for additional expenses incurred because of staffing needed; and e. Tickets and related cost to attend recreational events - except for additional expenses incurred due to staff attending and needing an additional ticket. 	Not accepted	<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 internet 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> <p>Participants can consider using their personal funds to acquire these services similar to the general public. The waiver does not pay for smartphones and associated monthly service line or data cost. However, there are many resources where people can access smartphones including: https://www.safelinkwireless.com/; Maryland Free cell phone providers: Access Wireless, American</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>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>Lifeline 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">• https://www.fcc.gov/consumers/guides/lifeline-support-affordablecommunications• https://www.lifelinesupport.org/
--	--	---

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

Live-In Caregiver Supports		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation this service is available to persons 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 an unrelated live-in personal caregiver who is residing in the same household with an individual.</p> <p>Supported Living provides direct support services which would be duplicative the personal caregiver arrangement under Live-In Caregiver Supports.</p>
Medical Day Care		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to include this service under the self-directed service model for budget authority.	Not accepted	Medical Day Care services are provided in provider owned and operated sites and based on shared staffing models. Therefore, it is not an option under the self-directed service delivery model.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

Nursing Support Services (i.e. Nurse Case Management and Delegation)		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommend for nursing services to be a stand alone service or a stand alone service with a HRST score of 3 or more.</p>	<p>Clarification</p>	<p>Nursing Support Services are:</p> <ol style="list-style-type: none"> 1. A component of meaningful day and residential services; and 2. A stand alone service to support <ol style="list-style-type: none"> a. Nurse consultation services for participant self-directing; b. Nurse case management and delegation services for participants receiving Personal Supports services; and c. Additional meaningful day and residential services nurse delegation training needs. In the event that additional Nurse 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 hours can

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		be authorized.
<p>2. Clarify if nursing delegation is included in meaningful day services or can delegating nursing services be funded separately.</p>	<p>Clarification</p>	<p>Historically, nurse health case management services have been a component of meaningful day services. The Amendment combines all nursing services under one title Nursing Support Services which now includes all components of the previous stand alone nurse consultation, nurse health case management and nurse delegation services.</p> <p>Therefore Nursing Support Services which includes nurse delegation is a service component included in meaningful day services. Services are provided based on assessed need.</p> <p>In the event that additional nurse 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 hours can be authorized.</p>
<p>3. Clarify when NCMD would be approved as a stand alone service as NCMD is now a part of meaningful day, community living, supported living, and</p>	<p>Clarification</p>	<p>In the event that additional nurse delegation training supports is needed as indicated in the HRST because of a change in the participant’s health status or after</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>personal supports services.</p>		<p>discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nursing Support Services hours can be authorized.</p>
<p>4. Recommendation to remove Service Requirement B. 3. f. as it does not account for situations where direct nursing services are only for a small portion of the week or day, and that support is insignificant compared to the total waiver service but needed by the person.</p>	<p>Not accepted</p>	<p>B. 3. f is specific to nursing delegating services. Skilled nursing care needs, even if the need is once a day ongoing, cannot be delegated or provided under this service.</p>
<p>5. Recommendation to remove Service Requirement F as the language could be interpreted to suggest that all people who are even eligible for care in a hospital, skilled nursing facility, or other program like REM would be ineligible for DDA nursing services.</p>	<p>Accepted with amendment</p>	<p>To clarify and prevent misinterpretation, the language was revised to read:</p> <p><i>F. A participant cannot qualify, or receive funding from the Waiver program, for this Waiver program service if the participant:</i></p> <ol style="list-style-type: none"> <i>1. Requires provision of direct nursing care provided by a licensed nurse;</i> <i>2. Currently receives 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; or</i>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>3. <i>Currently receives, or is eligible to receive, nursing services in a home- or community-based setting paid for by the Maryland Medicaid Program or the Department, such as the Medicaid Program's Rare and Expensive Case Management Program's private duty nursing services.</i></p>
<p>6. Recommendation to change the service name to Nursing Support Service.</p>	<p>Accepted</p>	<p>Terminology will be updated throughout the waivers.</p>
<p>Participant Education, Training and Advocacy Supports</p>		
<p>Recommendation</p>	<p>Dept. Response</p>	<p>Dept. Comment</p>
<p>1. Clarify or provide examples that would meet the criteria of education and training.</p>	<p>Clarification</p>	<p>Participant Education, Training and Advocacy Supports provides funding for the costs associated with training programs, workshops and conferences that help to assist the participant in developing self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.</p> <p>Therefore, training programs, conferences, and workshops related to developing self-advocacy skills, exercising civil rights, and acquiring skills needed to exercise control and responsibility over</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		other support services could be requested.
<p>2. Clarify why this service is limited only to 10 hours per year.</p> <p>3. Comment that \$500 is insufficient, as books, other materials, and possibly assistive technology is needed for educational endeavors.</p>	Clarification	<p>Participant Education, Training and Advocacy Supports is a service added during the 2018 Waiver Renewal with an established limit of :</p> <ol style="list-style-type: none"> 1. 10 hours of training per participant per year; and 2. The amount of training or registration fees for registrations costs at specific training events, workshops, seminars or conferences is limited to \$500 per participant per year. <p>The DDA will monitor service utilization and explore adjustments based on available State general funding.</p>
<p>4. Clarify why tuition is not covered under this service. Is this to exclude individuals from enrolling in a school based program?</p>	Clarification	<p>Participant Education, Training and Advocacy Supports provides funding for the costs associated with training programs, workshops and conferences that help to assist the participant in developing self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. The DDA does not pay for tuition. The DDA encourages people to explore financial aid scholarships, and use their personal funds. In</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		addition, some schools may waive tuition based on unique circumstances.
5. Recommendation to add “and opportunities” to the Service Definition B. 1. such as “A....provides funding for the costs associated with training programs, workshops, conferences, <i>and opportunities</i> , to assist the participant in developing self-advocacy skills, exercise civil rights...”	Not accepted	Participant Education, Training and Advocacy Supports provides funding for the costs associated with training programs, workshops and conferences that help to assist the participant in developing self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. The phrase “and opportunities” is broad and can be misinterpreted.
Personal Supports		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to allow for 2:1 staffing ratio for individuals.	Clarification	Service Requirement B. notes: <i>1. Based on the participant’s assessed need, the DDA may authorize a 1:1 and 2:1 staff-to-participant ratio.</i>
2. Recommendation to not include 2:1 support, especially, if a client requires and historically has been receiving 1:1 and it, 1:1, has been effective. However, providing the option to transition from 1:1 to 2:1(i.e. improving social skills) for and by the client/ family as an option could be acceptable.	Clarification	Service Requirement B. notes both the 1:1 and 2:1 staff-to-participant ratio supports based on the person’s assessed need and with input from their team members including family (as applicable).

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>3. Clarify if 2:1 means two support people to one individual or two individuals to one support person?</p>	<p>Clarification</p>	<p>2:1 means there are two (2) direct support professionals (i.e., staff) supporting one participant.</p>
<p>4. Recommend adding Personal Supports 2:1 services and having a technical rate group review the rate for this service.</p>	<p>Clarification</p>	<p>Service Requirement B. notes 2:1 supports. Rates are based on input that has been received from the rate group on other 2:1 supports.</p>
<p>5. Recommendation for Personal support services to be allowed for overnight hours.</p>	<p>Not accepted</p>	<p>Personal support services are designed to be habilitative in nature; meaning they should support people to learn, keep or improve skills and functional abilities.</p> <p>The Waiver includes other service support models that include overnight supports that can be explored.</p>
<p>6. Recommendation to provide additional guidance related to assessed needs for 2:1 as well as definitions, process and requirements for authorization of 2:1</p>	<p>Clarification</p>	<p>As noted in DDA’s Service Authorization and Provider Billing Documentation guidance, authorized staffing levels are determined by the person’s needs.</p> <p>For people with medical needs</p> <ul style="list-style-type: none"> ● 1:1 staff to participant ratios: HRST documenting the need for 1:1 dedicated staff to be reviewed/authorized by RN ● 2:1 staff to participant ratios: HRST

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>documenting the need for 2:1 dedicated staff to be reviewed/authorized by RN.</p> <p>For people with behavioral needs</p> <ul style="list-style-type: none"> ● 1:1 staff to participant ratios: HRST documenting the need for dedicated staff AND a BP specifying the provision of 1:1 supports. ● 2:1 staff to participant ratios: HRST documenting the need for dedicated staff AND a BP specifying the provision of 2:1 supports.
7. Clarify if an individual needs an HRST score of 4 or more to receive this service.	Clarification	<p>The following criteria will be used to authorize the enhanced rate:</p> <ol style="list-style-type: none"> a. The participant has an approved Behavioral Plan; or b. The participant has a Health Risk Screening Tool (HRST) Score of 4 or higher
8. Recommendation to remove the requirement that service be solely habilitative, as state plan services remain to be inadequate.	Not accepted	<p>Personal Supports provide habilitative services 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>
9. Recommendation to remove 82 hour cap.	Not accepted	<p>The DDA Waiver programs include various</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>service options from drop in home supports to full residential service in a licensed site.</p> <p>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. 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>Authorized services are based on an assessed need and waiver service requirements as noted in the approved waiver applications.</p>
--	--	--

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		The current language notes “ <i>Personal Support services are limited to 82 hours per week unless otherwise pre-authorized by the DDA.</i> ” Services above the 82 hours can be authorized based on assessed need regardless of service delivery model chosen.
<p>10. Recommendation to remove language where personal supports is defined as drop-in supports.</p> <p>11. Recommendation to expand the definition as allowed to include overnight supports/supervision.</p>	Not accepted	<p>Personal Supports are individualized drop in supports, delivered in a personalized manner, to support independence in a participant’s own home and community in which the participant wishes to be involved, based on their personal resources.</p> <p>Personal Supports provide habilitative services 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>12. Recommendation to make changes to language in the Personal Supports Service Definition. Amend second sentence of Section “B” to say “These services include, but are not limited to:</p>	Clarification	<p>As noted in CMS Technical Guide - Requirements Concerning the Specification of the Scope of Services page 125:As provided in 42 CFR 441.301(b)(4), a state is required to: “describe the services to be furnished so that each service is separately defined.” The definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>participants, including any conditions that apply to the provision of the service. The definition of the service (including any conditions that apply to its provision) is termed the “scope” of the service. When specifying the scope of a service do not use terms such as "including but not limited to . . .," "for example . . .," "including . . .," “etc.” CMS will not approve vague, open-ended or overly broad service definitions. The scope of a service must be readily ascertainable from the state’s service definition – that is, the nature of what is provided to a waiver participant is expressed in understandable terms.</p>
<p>13. Recommendation to make changes to language in the Personal Supports Service Definition.</p> <ul style="list-style-type: none"> a. change development to “maintenance or development” b. To include : support with behavioral needs as an allowable service 	<p style="text-align: center;">Not accepted</p>	<p>Language currently reflects:</p> <ul style="list-style-type: none"> a. Personal Supports provide habilitative services to assist participants who live in their own or family homes with <i>acquiring, building, or maintaining</i> the skills necessary to maximize their personal independence. b. Direct support services providing habilitation services to the participant. This includes the implementation of strategies as outlined in the participant’s Person-Centered Plan and Behavioral Plan (as applicable).

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>14. Recommendation to remove requirements for enhanced rates for personal support services. Instead of the score of at least 4 on the HRST tool, the person-centered planning team makes a recommendation about the rate needed to provide the intensity and skill level required to support the person.</p>	<p>Clarification</p>	<p>The following criteria will be used to authorize the enhanced rate:</p> <ol style="list-style-type: none"> 1. The participant has an approved Behavioral Plan; or 2. The participant has a Health Risk Screening Tool (HRST) Score of 4 or higher
<p>15. Recommendation to define designation in Personal support drop in request for definition even if the individual determines the scope of the drop in services</p>	<p>Accepted with amendment</p>	<p>The DDA will provide further information in guidance and regulations.</p>
<p>16. Recommendation for keeping Service Definition B.3. noted below as it is considered by many to be important to preserving the intent of Personal Support services and why people need it.</p> <p>B. 3. Personal care assistance services during in-home skills development and community activities. Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination of other allowable Personal</p>	<p>Clarification</p>	<p>Personal care assistance reference language was revised and moved to Service Definition C to and Service Requirement H as noted below.</p> <p>C. This Waiver program service includes the provision of:</p> <ol style="list-style-type: none"> 1. Direct support services, providing habilitation services to the participant; 2. The following services provided, in combination with, and incidental to, the provision of habilitation services: <ol style="list-style-type: none"> a. Transportation to, from, and within this Waiver program service;

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>Supports activities occurring.</p>		<ul style="list-style-type: none"> b. Delegated nursing tasks, based on the participant’s assessed need; and c. Personal care assistance, based on the participant’s assessed need. <p>H. If personal care assistance services are provided as part of this Waiver program service, then the personal care assistance may not comprise the entirety of the service. For purposes of this Waiver program service, personal care assistance means the provision of supports to assist a participant in performing activities of daily living and instrumental activities of daily living.</p> <p>The revision is to better clarify what is and is not included.</p>
<p>17. Recommendation for keeping Service Requirement B.3. that a person needs to have an HRST score of 4 or higher to access enhanced rate of pay be reconsidered as the threshold is too high for people, particularly those with intensive behavioral support needs, with a need for more highly skilled staff, that will may not reach a score of 4 or higher on the HRST tool.</p>	<p>Clarification</p>	<p>As noted in Service Requirement B.3.a.and b. below, the enhanced rate can be authorized for people with intensive behavioral supports needs as indicated by an approved Behavioral Plan and for people with a HRST of 4 or higher. At least one of the criteria must be met.</p> <p>The following criteria will be used to authorize the enhanced rate:</p> <ul style="list-style-type: none"> a. The participant has an approved

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		Behavioral Plan; <u>or</u> b. The participant has a Health Risk Screening Tool (HRST) Score of 4 or
18. Recommendation for Service Requirement E. language that Personal Supports may be accessed, in accordance with assessed needs “On nights, (add) overnights, and weekends.”	Not accepted	Personal Supports provide habilitative services to assist participants who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence.
19. Recommendation that DDA provides guidance on how EVV will work when a 2:1 is provided as two DSPs cannot be logged into the system providing Personal Supports to the same person at the same time.	Accepted	The DDA will provide guidance on billing of 2:1 supports.
20. Recommendation to provide guidance for providers on how to bill for remote personal supports under EVV	Clarification	Medicaid Provider Services have provided guidance on how to bill for remote supports under EVV. Information has also been shared in the DDA webinar. For more information refer to the DDA EVV dedicated page .
21. Clarify “supplementary” care.	Clarification	This means completing or enhancing the person's support.
22. Recommendation replacing the term "exceptional care" with "extraordinary care".	Accepted	The sentence was updated.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>23. Clarify how personal care portion of PS can be done remotely.</p>	<p>Clarification</p>	<p>Personal care services that only require verbal cueing (the ability to hear a verbal response from the participant) can also be delivered by phone providing it meets service requirements and policies.</p> <p>They can only be provided in combination of in-home skills development and community engagement skill development.</p>
Remote Support Services		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation that service be provided on a trial basis to explore to determine if overnight supervision can be faded out.</p>	<p>Clarification</p>	<p>Service Requirement K. supports this and notes: <i>Time limited direct supports from the existing services are available during transition to remote monitoring.</i></p>
<p>2. Clarify if there is a minimum and maximum time that remote supports can be used?</p>	<p>Clarification</p>	<p>Before a participant may request this service, the participant’s team must conduct a preliminary assessment for appropriateness in ensuring the health and welfare of all individuals in the residence. The preliminary assessment includes consideration of the participant’s goals, level of support needs, behavioral challenges, health risk,</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		benefits, risk, and other residents in the home. The preliminary assessment must be documented in the participant’s Person-Centered Plan. Remote Support Services should be implemented in a cost neutral manner with exception due to unique circumstances. There is not minimum or maximum requirements.
Respite Care Services		
Recommendation	Dept. Response	Dept. Comment
1. There should be an enhanced form of this service.	Not accepted	<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.</p> <p>The DDA contracts with independent community organizations for behavioral respite services. In addition, Personal Supports includes an enhanced rate to support people with medical or behavioral complexities.</p>
2. Provide clarity regarding when day is billed versus an hour and whether days and hours can be used contiguously.	Clarification	<p>A daily rate is billed when services are provided in a licensed residential site. An hourly rate is used when services are provided in the participant’s home or non-licensed respite provider’s home up to 24 hour in a day.</p> <p>A person’s person-centered plan can include both</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		daily and hour respites services up to a total of 720 each plan year based on assessed need.
3. Recommendation to eliminate requirement that staff or contractors providing respite services especially at participant homes have all DDA required training. Concern that this will make it difficult for families to select someone they trust to provide services especially since it's only for a few days a year.	Clarification	<p>Providers must complete training designated by the DDA. At this time, the DDA has designated First Aid, CPR certification; necessary person specific pre/in-service training based on the Person-Centered Plan. For example, if a person is sensitive to loud noises, odors, etc., the provider must be informed in order to consider alternative building materials and modification strategies.</p> <p>Unlicensed direct support professional staff who administer medication or perform delegatable nursing tasks as part of this Waiver service must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and his or her medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.11.</p>
Shared Living		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to update and clarify the nursing services offered under Shared Living.	Clarification	Shared Living includes Nursing Support Services (i.e., Nurse Case Management and Delegation Services)

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>2. Recommendation to change language “They have a Health Risk Screening Tool (HRST) score of 5” the current language infers that an individual needs to get to level 5 in order to receive Shared Living</p>	<p>Clarification</p>	<p>Shared Living includes three services levels. “Level 3” is used to support participants that require the highest level of supports and ongoing supervision and monitoring to mitigate behavioral risk or provide health and safety supports. They require maximum assistance for frequent medical appointments, medications, and specialist or health intervention for health and safety. The criteria for this level is a Health Risk Screening Tool (HRST) score of 5 with a Q indicator that is not related to behavior support.</p>
<p>3. Recommendation to clarify and/or combine the following statement : “the following individuals may not be paid directly or indirectlylegally responsible person, spouse, legal guardian or relatives” and “Except for siblings, a legally responsible person, relative or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.”</p>	<p>Clarification</p>	<p>Legally responsible person, relative, or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service with the only exception being a sibling.</p>
<p>4. Recommend that families are allowed to serve as host homes.</p>	<p>Not accepted</p>	<p>The host home arrangement for this service can be with an individual, couple or non-related family.</p> <p>Legally responsible person, relative, or legal guardian of the participant cannot be paid by the</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		Waiver program, either directly or indirectly, to provide this Waiver program service with the only exception being a sibling
5. Recommendation that Self-Directed Services [SDS] participants of the Autism Waiver should continue to receive pay for their Staff Support of the Participant if they do take the participant in and make them part of their home.	Clarification	The DDA does not administer the Autism Waiver.
6. Recommendation that the DDA should be able to make an exception for more than 2 people in a Shared Living home if the participants are all eligible and related family members.	Accepted	The DDA revised Service Requirement B. to read: <i>Shared Living services are direct (face-to-face) and indirect, DDA-licensed or DDA-certified community-based providers managed services that is limited to homes in which one or two participants are supported unless authorized by the DDA.</i>
7. Recommendation to include this service under the self-directed service model for budget authority.	Not accepted	To ensure qualified providers, this service is not available under the self-directed service delivery Model. The DDA will further consider during the Waiver renewal process.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

Support Broker		
Recommendation	Dept. Response	Dept. Comment
1. Clarify the need for services if an individual wants to transition from traditional to self-directed services.	Clarification	Support Broker Services are employer related information and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services within the available budget. It is an optional service that may be requested.
2. Recommendation to remove service cap.	Not accepted	Initial orientation and assistance up to 15 hours. Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by the DDA. As noted in the Service Requirements, the 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. Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there are significant changes in the participant's health or medical situation.
3. Clarify what counts for 4 hours per month for	Clarification	Supports as permitted under the Service Definition and Requirements up to a total of four (4) hours

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

support brokers.		may be billed.
4. Clarify when the state offers certification and when it does not provide extension documentations.	Clarification	Support Brokers are certified when they complete DDA required Support Broker training. The DDA will provide guidance related to when a certification is extended.
5. Recommendation for capping support broker hours at “10 hours per month unless otherwise authorized” with initial support being capped at “15 hours with additional hours authorized by DDA” as needed to support the person with getting their SDS plan and supports successfully off the ground.	Not accepted	Information, coaching, and mentoring up to 4 hours per month are permitted unless otherwise authorized by the DDA. As noted in the Service Requirements, the 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. Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there are significant changes in the participant’s health or medical situation.
6. Recommendation to revise Service Requirement I. to read: Support Brokers shall not make any decision for the participant and will only support the participant in the duties and manner as delineated in the Participant/Team Agreement signed by all members of the participants team.	Not accepted	Support Brokers provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		If selected by the participant, the Support Broker may be identified as a designated representative to assist with specific duties providing there is no conflict of interest.
Supported Employment		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Supported Living		
Recommendation	Dept. Response	Dept. Comment
1. Clarify recovering from a health condition.	Clarification	Participants may remain home to recover from a health condition such as after a major surgery.
2. Clarify the definition of “personal care assistance.	Clarification	Personal care assistance means provision of supports to assist a participant in performing activities of daily living and instrumental activities of daily living. Examples include: Bathing and completing personal hygiene routines; Dressing and changing clothes; Eating; Mobility; Preparing meals;

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		Performing light chores that are incidental to the personal care assistance provided to the participant; Shopping for groceries; and Nutritional planning.
3. Recommend permitting a relative, which includes spouse, legally responsible individual and legal guardian be able to be paid as long as it is in the best interest of the person, directed by the person.	Not accepted	<p>A relative (who is not a spouse, legally responsible person, or legal guardian or who does not live in the residence) may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2.</p> <p>A legally responsible person, legal guardian, or relative who lives in the residence with the participant cannot be paid, either directly or indirectly, to provide this Waiver program service.</p>
4. Recommendation to allow SD participants to hire their own staff including family and relatives	Not accepted	Participants using the Self-Directed Service Delivery Model have budget authority but not employer authority for this service. They can work with a Supported Living provider to hire staff as permitted under the Service Requirements.
5. Recommendation to add a Supported Living Enhanced service to enable people with extra needs to have the same level of choice in where they live.	Not accepted	Based on the participant’s assessed needs, the DDA may authorize dedicated hours for 1:1 and 2:1 staff-to-participant supports.
6. Recommendation to add retainer days to Supported	Not accepted	Retainer payments are available under provider owned and operated license sites to support the

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

Living.		ongoing cost of the home when the participant is absent. Supported Living services are provided in the participant’s own house or apartment. They are responsible for the home and related cost.
7. Recommendation to include home costs in waiver or language to reflect how an individual would be supported in acquiring home cost funding in supported living	Not accepted	<p>Medicaid Waiver programs do not provide funding for the cost or purchasing of homes. The Maryland Department of Disabilities has several resources related to housing including:</p> <ul style="list-style-type: none"> • <u>HOME OWNERSHIP ASSISTANCE</u> • <u>EMERGENCY HOUSING & HOMELESSNESS ASSISTANCE</u> • <u>UTILITY BILL ASSISTANCE PROGRAMS</u> • <u>HOME MODIFICATIONS & UNIVERSAL DESIGN</u> • <u>HOUSING RIGHTS FOR PEOPLE WITH DISABILITIES</u>
8. Recommendation to allow participants to live with family members and relatives.	Not accepted	Supported Living services are provided in the participant’s own house or apartment
9. Recommendation that Supported Living is not an appropriate service for those in self-direction as	Not accepted	Supported Living is a service designated with budget authority under the self-directed services

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

compared to the Personal Supports option		delivery model. Participants have the choice to access this service.
10. Recommendation that SDS participants should have employer authority of this service so that if the other recommendations related to personal supports are not adopted then the SDS participant will be able to maintain employer authority over the staff who provide this service and continue to pay them at a rate commensurate with the rate paid under SDS for other services.	Not accepted	Supported Living is a service designated with budget authority under the self-directed services delivery model. Participants can explore with providers to hire current staff.
Transition Services		
Recommendation	Dept. Response	Dept. Comment
<ol style="list-style-type: none"> 1. Transition services should be available for anyone moving into a residential service. 2. Recommendation to allow people moving from their family home to a group home or private residence in the community, to access transition services. 	Not accepted	<p>As per the CMS waiver technical guide, “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>CMS instructed the State to revise the waiver</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		renewal 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 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.
Transportation		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to specify in Service Definition C. that transportation can be provided by the provider (whether through provider vehicles or staff vehicles).	Clarification	Transportation services shall be provided by the most cost-efficient mode available that meets the needs of the participant. Providers may use a variety of business models.
2. Clarify if agencies can directly provide and bill for transportation if all other criteria to find the most efficient and cost-effective transportation has been met and the staff meet the standard outlined under “Other Criteria” for transportation provider.	Clarification	Yes. DDA-certified providers of transportation service may provide services.
3. Recommendation that family members be paid for transportation expenses.	Clarification	A relative (who is not a spouse or legally responsible person) of a participant may be paid to provide this service in accordance with the

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		applicable requirements set forth in Appendix C-2. A legally responsible person, legal guardian, or spouse cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.
4. Recommendation to not restrict what trips the Transportation category can be used for and explicitly state in the waiver that families are allowed to be reimbursed for mileage/usage of a specialized vehicle that the participant requires.	Clarification	A relative (who is not a spouse or legally responsible person) of a participant may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2. A legally responsible person, legal guardian, or spouse cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.
5. Recommendation to delete Service Definition B. that states: <i>For purposes of this Waiver program service, the participant's community is defined as places the participant lives, works, shops, or regularly spends their days. The participant's community does not include vacations in the State or other travel inside or outside of the State of Maryland.</i>	Not accepted	Transportation services are designed specifically to improve the participant's and the family caregiver's ability to independently access community activities <i>within their own community</i> in response to needs identified through the participant's Person-Centered Plan. Community is defined to better clarify the service.
6. Recommendation to explicitly state in the waiver that families are allowed to be reimbursed for	Not accepted	As noted in Service Requirements D. a relative (who is not a spouse) of a participant may be paid to

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>mileage/usage of a specialized vehicle that the participant requires and explicitly state how that reimbursement will be obtained.</p>		<p>provide this service in accordance with the applicable requirements set forth in Appendix C-2. A legally responsible person, legal guardian, or spouse cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.</p> <p>Participants choose the modality that best meets their needs, staff, and reimbursement as per local, State and Waiver requirements. The Fiscal Management Service providers processes timesheets and invoices, as per approved by the participant, and in accordance with program requirements.</p>
Vehicle Modification		
Recommendation	Dept. Response	Dept. Comment
Not applicable		
Appendix D - Participant-Centered Planning and Delivery		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation to note, under "Who Develops", that the plan is directed by the person. The person</p>	Accepted	<p>The following language was added: <i>The participant directs the development of their Person-Centered Plan (PCP).</i></p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>and or family directs the process - always, the CCS leads the process of the development, they do not exclusively develop.</p>		
<p>2. Recommendation to add “leading” person-centered planning under “Necessary Skills for a CCS” .</p>	<p>Clarification</p>	<p>Current list of skills includes the ability to coordinate, facilitate, create, negotiate, and resolve conflicts. The person leads and directs the development of the process.</p>
<p>3. Recommendation to remove the “important for “ from Appendix D - Participant-Centered Service Planning and Delivery appendix.</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.</p>
<p>4. Recommend adding language that chosen provider of services are also central members of the planning of the PCP.</p>	<p>Clarification</p>	<p>The CCS assists the participant and their team by facilitating the team meeting and creating a Person-Centered Plan. There can be several central members to a team based on the participant’s choices including family, friends, community members, medical professionals, service providers, and others. To prevent the exclusion of a particular team member and to not imply participants must include all of the listed potential members, we are referencing the person’s team.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>5. Clarify if the provider will have access to view the quarterly monitoring section completed by the CCS in LTSSMaryland.</p>	<p>Clarification</p>	<p>Service providers do not have access to view the quarterly monitoring section.</p>
<p>6. Recommendation to add language to under Responsibility for Service Plan Development to reflect requirements for conflict free case management</p>	<p>Clarification</p>	<p>42 CFR 441.301(c)(1)(vi) requires conflict free case management services. Therefore providers of Waiver services can not provide case management activities or develop the person-centered service plan. Reference: CMS Mitigating Conflict of Interest in Case Management Outcomes to Date</p> <p>The recommendation is to add language to Case Manager qualifications noted on page1 which does not align with the intent of this section.</p>
<p>7. Recommendation to replace the word “goal in life course goals with the word outcomes throughout the document as CCSs do not develop goals but outcomes</p>	<p>Accepted</p>	<p>Language was updated as applicable.</p>
<p>8. Recommendation to expand the language of discussion about available waiver programs to make language more generic.</p>	<p>Accepted</p>	<p>The sentence was revised to reflect: <i>During initial meetings, quarterly monitoring activities, and the annual Person-Centered Plan</i></p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<i>development meeting, the CCS shares information with the individual, and his or her legal or authorized representative (if applicable) about available Waiver program services, as well as generic resources, natural supports, and services available through other programs, Medicaid State Plan services, and qualified providers (e.g., individuals, community-based service agencies, vendors and entities).</i>
9. Recommendation to use either participant or individual throughout the document to promote consistency	Clarification	Based on the topic and section of the Waiver application the reference used will vary. For example when covering people applying to the waiver they are referenced as individuals because they have not been enrolled and therefore are not considered participants. As applicable, updates were made to the language.
10. Recommendation to remove the sentence that states the CCS completes the Cost Detail Tool for participants with no service provider selected.	Not accepted	The CCS completes the Cost Detail Tool for participants with no service provider selected so that the services can be appropriately authorized in the PCIS2 system.
11. Recommendation for adding direction if, upon review by the DDA Regional Office, changes are needed to the Cost Detail Tool, that DDA RO will directly contact the provider to address pending	Not accepted	The DDA Regional Office will work with the CCS and providers related to any questions or concerns with the Cost Detail Tool. These processes are more appropriate to indenticate in guidance and

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>issues. If as a result the CDT is revised, the provider shall re-submit to the CCS. This will support the process to be more efficient.</p>		<p>policies than the application.</p>
<p>12. Recommendation to change language noted under How or When the Plan is Updates (Appendix D-pg 5g) to say : This process is coordinated by the CCS. The PCP meetings are facilitated by the CCS based on the direction of the participant.</p>	<p>Clarification</p>	<p>The current sentence reads “At least annually, or more frequently when there is a change in an individual’s needs, health status, or circumstances, the individual, his or her legal or authorized representative(s) (if applicable), his or her family (if appropriately authorized by the participant), and his or her self-selected person-centered planning team must come together to review and revise the PCP. This process must be facilitated by the CCS. The person directs it.</p>
<p>13. Recommendation for removing reference to CCS and simply refer to the HRST rater.</p>	<p>Not accepted</p>	<p>Information in this section helps to clarify who is responsible for completing the HRST and who is responsible for reviewing. The CCS is responsible for completing the HRST and is referenced in the sentence noted below. Under the HRST, the person completing it is referred to as the HRST Rater. HRST with a score of 3 or higher requires a certified nurse to review. They are referred to as HRST Reviewers.</p> <p><i>The HRST contains a comments section where the</i></p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<i>CCS (the HRST Rater) can give reasons for why a score was selected.</i>
14. Recommendation to change language related to the monitoring implementation of plans to “monitor the implementation of the PCP <u>and the services authorized in the DSA</u> to ensure”	Not accepted	The CCS and DDA monitor the implementation of the PCP which includes various components including outcomes, mitigations strategies, and the detailed service authorization section. Therefore it is not necessary to specifically mention one component of the plan.
15. Concerns that proposed change with language referencing “assessed needs” allows DDA to override needs identified in an individual’s person centered plan by imposing an unknown assessment tool which DDA will then use to make determinations which differ from the PCP determination process.	Clarification	As per the CMS Technical Guide federally required Waiver assurance related to Service Plan, the State must demonstrate it has designed and implemented an effective system for reviewing the adequacy of service plans for the waiver participants. This includes ensuring that service plans address all individual’s <i>assessed</i> needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. References: CMS Instructions, Technical Guide and Review Criteria Release Date: January 2019 - CMS Waiver Assurances and Other Federal Requirements 4. page 10
16. Recommendation for Risk Mitigation Strategies page 7, in the first paragraph, there is a requirement that mitigation strategies “must	Not accepted	The participant leads the PCP process and is presumed to agree and contribute to mitigation efforts. The person also has a choice not to follow

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>ensure health and safety”. This is not entirely possible when team-considered and calculated risk is involved. We have concerns that people will be denied the right to, and dignity of, acceptable risk that is afforded to people without disabilities if providers are mandated to ensure health and safety. We recommend replacing this language with “and must promote (and/or support) health and safety while affording a participant the dignity of risk”</p>		<p>those mitigation efforts, but that does not remove the fact that agencies are still responsible for the health/safety of the individuals in their care and for providing the necessary supports to ensure health and safety.</p>
<p>17. Recommendation for Risk Mitigation Strategies page 7, adding “5.) other strategies as identified through an approved Behavior Support Plan.”</p>	<p>Accepted</p>	<p>This language was added.</p>
<p>18. Recommendation to add in the last paragraph or maybe in another portion- under the monitoring and follow up activities, including corrective action for CCS or DDA staff when plans are delayed, incomplete or non-existent.</p>	<p>Not accepted</p>	<p>Appendix D-2: Service Plan Implementation and Monitoring after the plan has been approved to. It specifies: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.</p>
<p>19. Recommendation for Performance Measure #1</p>	<p>Clarification</p>	<p>Waiver programs include federal assurance related</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>for:</p> <ul style="list-style-type: none"> a. Defining what is used to determine assessed needs and how amount of needs are determined. b. Also, consider including the representative sample size as well as frequency (quarterly, annually, etc...). 		<p>to Service Plans (i.e., the Person-Centered Plan). Specifically the state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants. States create performance measures to assess compliance with federal waiver assurances. Sub-assurance a. requires that PCP address all participants' <i>assessed needs</i> (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means. Service planning is the process through which each waiver participant's <i>needs</i>, goals and preferences are identified, and strategies are developed to address those <i>needs</i>, goals and preferences. The DDA utilized various information and tools such as Behavior Plans, Nursing Care Plans, HRST, and others to assess needs which are included in service descriptions.</p> <p>The sampling approach states that a representative sample size with 95% confidence is used based on the total number of participants that required a PCP.. The frequency of sampling is also noted as quarterly.</p>
--	--	--

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

20. Recommendation to changing language that CCS must complete the electronic HRST for participants to say : The CCS coordinates the completion of the HRST	Not accepted	The CCS is required to complete HRST annually. It is completed on line into the systems portal.
21. Recommendation to remove reference to CCS in section stating: the “CCS give reasons why score is selected on the HRST selection....” to simply refer to HRST later	Not accepted	The HRST contains a comments section where the CCS (the HRST Rater) can give reasons for why a score was selected.
Appendix E - Participant-Direction of Services		
Recommendation	Dept. Response	Dept. Comment
1. Clarify how LTSSMaryland will affect people who self-direct their services?	Clarification	<p>The following functions are completed in <i>LTSSMaryland</i> as it relates to participants using the self-directed service delivery model:</p> <ul style="list-style-type: none"> ● Person-centered plans are completed and approved; ● DDA waiver related applications and annual eligibility redetermination and recertification processes; and ● Coordination of Community Services activities including monitoring and follow up activities and case notes.
2. Recommendation for additional guidance for vendors who support those in self-direction in	Accepted	The DDA will develop guidance.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>terms of building budgets.</p>		
<p>3. Recommendation that vendors who serve participants self-directing service be able to:</p> <ul style="list-style-type: none"> a. Receive payment the cost of training, travel reimbursement, benefits and leave time; and b. Be reimbursed if a person is absent from services. 	<p>Not accepted</p>	<p>As noted in the federal Waiver application, participant’s using the self-directed service delivery model, as the employer of record, can hire individual staff, vendors, and community providers for the delivery of their services and supports. They can also establish pay rate, training, and benefits.</p> <p>Allocation of funding for the cost of training, travel reimbursement, benefits, and leave time are associated with individual staff.</p> <p>Vendors hired are paid a rate for direct services. They are not paid if the participant chooses to not receive services.</p>
<p>4. Recommendation to allow SD participants to continue to receive COLA, as it is the only way to offer potential employees any chance of staying on the job at a pay rate doable for them.</p>	<p>Clarification</p>	<p>Self direction budgets are created using the Cost Detail Tool that includes the COLA when approved by the legislative session.. The Cost Detail Tool includes the various DDA services and associated rates that are used to establish the participant’s total budget. The rates are updated annually with COLA. Participants' self-directing services use the total budget established by the Cost Detail Tool to then create their self-directed budget sheet that lists</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		the rates they will pay their staff. Therefore, the DDA will not apply an additional 4% to self-directed budgets as this would mean the COLA was applied twice.
5. Recommendation that the language be clarified so that SDS will receive the same COLA as initial providers.	Clarification	Current proposed language notes: <i>Annually, if approved by the General Assembly, the DDA applies a Cost of Living Adjustment (COLA) to traditional service rates which is updated in the Cost Detail Tool. The required use of the Cost Detail Sheet for both participants using the self-directed and traditional service delivery models ensure fair and equitable funding regardless of the service model chosen.</i>
6. Clarify the process and decision makers involved in determining if an individual is capable of making an informed decision.	Clarification	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

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		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.
7. Recommendation to make Support Broker Services a requirement for individuals in self-direction.	Not accepted	Participants using the self-directed service delivery model have the option to use a Support Broker. This choice is made by the participant and not a mandatory requirement.
8. Clarify CJIS background checks, including if they are required for staff as well as designated representatives, and who is responsible for the cost of CJIS checks.	Clarification	<p>Background checks are required for staff as noted in each services provider qualification section and designated representatives.</p> <p>Appendix C-2 a. includes additional information related to Criminal History and/or Background Investigations. The DDA’s regulation requires specific providers to have criminal background checks prior to services delivery. 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 (CJIS); or (2) a National criminal background check via a private agency, with whom the provider contracts. If the provider chooses the second option,</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>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.” The same requirements are required for participants self-directing services as indicated within each service qualification.</p> <p>The Fiscal Management Service provider completes the background check which is paid as an administrative cost.</p> <p>Currently designated representatives are not required to have a background check.</p>
<p>9. Recommendation in flexibility for self-directing participants to choose if their staff will get a CJIS background check or one done from a private company.</p>	<p>Clarification</p>	<p>Background checks are required for staff as noted in each services provider qualification section.</p> <p>The Fiscal Management Service provider completes the background check which is paid as an administrative cost.</p>
<p>10. Clarify FMS role in managing nursing access, as well as HRST administration and who is required to have an HRST.</p>	<p>Clarification</p>	<p>All participants are required to have an HRST. Based on the participants choice of provider for Nursing Support Services, the FMS submits the</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		nurse's information to the HRST company. The HRST company then provides access to the HRST portal for the specific nurse to complete the HRSTs.
11. Clarify the participant's responsibility related to financial and technical eligibility redetermination.	Clarification	<p>Participants must initially and annually meet all Waiver eligibility requirements. Technical eligibility includes being a Maryland resident. Financial eligibility includes providing requested financial and related documentation such as bank statements, trust, etc.</p> <p>Participants are responsible for providing information and updates to the Eligibility Determination Division when requested.</p>
12. Clarify the circumstances around an individual losing their right to self-direct due to their rights being violated.	Clarification	<p>As per the CMS Technical Guide - Item E-1-m: Involuntary Termination of Participant Direction page 222, states are to "specify the circumstances under which the state will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition."</p> <p>The DDA may terminate the participant's</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>enrollment in the Self-Directed Service Model when the rights of the participant are being compromised. This is part of the oversight of services and the welfare of the participant for ensuring this model is appropriate. If we have evidence that their rights are compromised, then the appropriate action will be taken.</p>
<p>13. Recommendation for transportations under the self-directed model be a stand alone service, and mileage reimbursement should continue to be done as it is currently.</p>	<p>Not accepted</p>	<p>Some waiver services such as Community Development services and Supported Employment currently include both staff support and transportation within the scope of the services.</p> <p>The stand alone transportation services is designed specifically to improve the participant’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 used when the person does not need staff supports such as for community engagement, habilitation skills development, and employment.</p> <p>People self-directing can designate funding, wage rates, and benefits on their self-directed budget including transportation to address this need.</p>
<p>14. Recommendation the process of manually adding</p>	<p>Clarification</p>	<p>The waiver notes:</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

COLA to SDS budgets is documented.		<i>Annually, if approved by the General Assembly, the DDA applies a Cost of Living Adjustment (COLA) to traditional service rates which is updated in the Cost Detail Tool. The required use of the Cost Detail Sheet for both participants using the self-directed and traditional service delivery models ensure fair and equitable funding regardless of the service model chosen.</i>
15. Clarify if the Self-Directed Services Rights and Responsibilities Form is a new form.	Clarification	The current Self-Directed Services Participant Agreement form was revised and updated. The name will stay the same.
16. Recommendation the background checks for the designated representative be maintained under the FMS roles.	Clarification	Background checks for employees under the self directed model are conducted by the FMS
17. Recommendation additional guidance is provided regarding the Designated Representative Form.	Accepted	The DDA will provide additional guidance specific to the form to use to designate representatives.
18. Recommendation to define who will complete FMS roles and responsibilities that have been removed under i. Provision of Financial Management Services.	Clarification	The sentences were deleted as the scope is in noted other sections in Appendix E and therefore were duplicative.
19. Recommendation to define “timely manner” of PCP submission and how failure to submit will be	Clarification	Timely manner will be based on the required annual PCP update process and DDA policies.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>assessed, as it relates to involuntary termination of self-direction.</p>		
<p>20. Recommendation for circumstances around an individual losing their right to use the self-directed model that rather than restrict services, define what is needed if the person does not want to receive services for 90 days.</p>	<p>Accepted</p>	<p>The DDA may review and take appropriate action when a person’s Person-Centered Plan notes they need services weekly and they are not getting the service for 90 days.</p> <p>The language was revised to read: <i>The participant does not receive services under the Self-Directed Services Model, in accordance with the participant's Person-Centered Plan and annual budget, for 90 days or more, with the exception of extenuating circumstances.</i></p>
<p>21. Recommendation for replacing with language that references DDA policy/procedure and guidance to support flexibility as DDA develops and finalizes this process.</p>	<p>Clarification</p>	<p>Under the Participant-Directed Budget section, states are asked to describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available. Therefore the DDA included details regarding the Cost Detail Tool which is used to establish the self-directed</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		budget until the transition to the LTSS <i>Maryland</i> PCP detailed service authorization.
22. Recommend adding language to define how notice regarding authorized budget is sent and to include the CCS on the notice.	Accepted with amendment	The DDA will include these details into standard operating procedures.
23. Recommendation to define forms associated with a revised PCP submission.	Not accepted	Based on the services requested in a Revised PCP supporting documents may be needed such as an updated HRST, Behavior Plan, Cost Detail Tool, Detailed Service Authorization Tool, Assistive Technology Assessment, Environmental Assessment, etc. to support the request and assessed need Therefore specific documents and forms are not listed.
24. Recommendation for changing Page 2 which states (b): The CCS completes the self-directed Rights and Responsibilities form and indicates whether the person is capable of making informed decisions to read “indicates the supports a person needs to make informed decisions.”	Clarification	The current language reads: <i>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 Rights and Responsibilities 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</i>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p><i>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.</i></p> <p>Note: The reference to the Self-Directed Services Rights and Responsibilities Form was changed to read “Self-Directed Services designated form.</p>
<p>25. Recommendation to remove "capable of making an informed decision".</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 Rights and Responsibilities Form to indicate the participant, legal guardian, or his or her designated representative (as applicable) is capable of making informed decisions. Therefore, if the person is unable to make an informed decision but their representative is then they can access this service model. In this form participants will indicate their designated representative(s) and the specific duties each team member will be providing assistance.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		Note: The reference to the Self-Directed Services Rights and Responsibilities Form was changed to read “Self-Directed Services designated form.
<p>26. Recommendation to add “budget authority” as noted in the following sentence. Use a Support Broker as an optional service to assist with employer <i>and budget authorities</i> responsibilities;</p>	Not accepted	Support Brokers provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies.
<p>27. Recommendation to add to the scope of Support Broker under the section related to Support by Entities for Participants in the Self-Directed Service Model to include:</p> <p>a. “as well as their responsibilities with budget authority and working with vendors. Support Broker services are designed to assist participants with the management of their day-to-day services and assist individuals to gain skills necessary to manage their own services. This can include all activities described in Section C1/C3 of Appendix C in Support Broker Service Definitions B&C as designed or needed by the participant and as delineated in the Participant/Team Agreement.”</p> <p>b. “Support Brokers do not make decisions for</p>	<p>Clarification</p> <p>Not accepted</p>	<p>Support Brokers provide assistance by mentoring and coaching the participant on their responsibilities as a common law employer related to staffing as per federal, State, and local laws, regulations, and policies.</p> <p>If selected by the participant, the Support Broker may be identified as a designated representative to assist with specific duties providing there is no conflict of interest and payment.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>participant/Employer of Record nor hire or fire workers. They merely assist the participant in making decisions along with other members of their team. Support Brokers have a fiduciary duty to the participant.”</p>		
<p>28. Recommendation to delete the following language:</p> <p>“Support Brokers must not:</p> <ol style="list-style-type: none"> 1. Make any decisions for the participant as the Employer of Record; 2. Sign-off on timesheets for service delivery; or 3. Hire or fire workers. <p>Support Broker services are designed to assist participants (or their designated representative) with the human resources employer-related functions necessary for successful self-direction. This includes:</p> <ol style="list-style-type: none"> 1. An initial introductory orientation related to rights and responsibilities of the employer of record, such as Department of Labor, and applicable federal, State and local employment requirements; 2. Development of staff policies, procedures, schedules, and backup plan strategies; and 3. Recruitment, advertising, and interviewing 	<p>Clarification</p>	<p>This section provides information related to the Support by Entities for Participants in the Self-Directed Service Model provided by Support Brokers.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

potential staff.”		
29. Recommendation for the FMS services to be a waiver service and that participants should have a choice regarding what company provides this service from as many companies as wish to do business in Maryland.	Not accepted	Financial Management Services (FMS) have historically and will continue to be provided as an administrative service.
30. Recommendation related to c. Availability of Participant Direction by Type of Living Arrangement to select the option for <i>“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.”</i>	Not accepted	Participant direction opportunities are available for individuals who live with other individuals under a lease. This provides flexibility to consider different options including services provided under the waiver’s supported living service. The second option includes living arrangements that can be “funded” under difference sources which may not meet the federal’s community settings requirement in order to receive services under the waiver.
31. Recommendation related to d. Election of Participant Direction to: <ul style="list-style-type: none"> a. Select the option for <i>“The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are</i> 	Not accepted	The waiver currently supports the second option that states: <i>“The waiver is designed to afford every participant (or the participant’s representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.”</i>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p><i>available for participants who decide not to direct their services or do not meet the criteria.”</i></p> <p>b. Indicate in criteria that participants can select which services they receive under traditional providers and which they will self-direct. If this option is not checked, then all services should be available to self-directing participants under Budget Authority.</p>		<p>As per the CMS Technical Guide Item E-1-d: Election of Participant-Direction page 230, which states:</p> <ul style="list-style-type: none"> • This selection“applies in waivers where participants may elect to direct their waiver services but also have the option of receiving their waiver services solely on a provider-managed basis (i.e., the waiver does not solely target persons who want to direct their waiver services) or a combination of both service delivery options. The waiver must provide that there are comparable provider managed services available for participants who elect not to direct their services. When this choice is selected, the waiver does not impose additional criteria on the election of participant direction. Any participant may freely elect to direct some or all of their waiver services. • If the waiver does not support participant direction in some types of living arrangements, then the election of participant direction choice applies only to participants who reside in living arrangements where participant direction is
---	--	--

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>supported. The election of participant direction also is affected by whether a person’s service plan includes services that may be participant-directed, as specified in Appendix C-3.</p> <ul style="list-style-type: none"> ● The third selection (<i>i.e., which was recommended</i>) permits specifying whether the election of participant direction is subject to additional criteria (over and above participant living arrangement, if applicable). For example, participant direction might not be offered to participants who have substantial cognitive impairments and who do not have a representative or circle of support to assist in directing their services. Alternatively, participant direction might not be offered to persons who are involved in the criminal justice system or exhibit other challenges that require close supervision. A waiver may reasonably require that participant direction only will be offered to participants who have received an orientation to participant direction in advance of deciding to direct some or all of their services. ● When additional criteria are specified that
--	--	---

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		have the effect of restricting the participants who may elect participant direction, they must be stated clearly in the text field.
32. Recommendation related to f. Participant Direction by a Representative to utilize the agreement provided to DDA by SDAN.	Accepted with amendment	The DDA revised the language to read: A participant enrolled in the Self-Directed Services Delivery Model (as provided in this Appendix E) may authorize a non-legal representative to direct services on their behalf as documented <i>in a form approved by the DDA and associated with the participant's Person-Centered Plan (PCP).</i>
33. Recommendation related to g. Participant-Directed Services to: a. Provider employer authority for the following services: Employment Discovery and Customization, Nurse Consultation, and Supported Living b. Provide budget authority for Shared Living	Not accepted	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 services and therefore the employer and budget authority options are not available for some services.
34. Recommendation related to i. Provision of Financial Management Services to revise language to read: a. Employer and Budget Authorities tasks including but not limited to: 5. Preparing and distributing	Not Accepted	The participant determines the level and extent of supports they would like to receive from their Support Broker. The participant can decide if they want reports shared with their Support Broker.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>reports (e.g., budget status and expense reports) to participants, their CCS, DDA, <u>Support Brokers (if applicable)</u>, and other entities as requested.</p> <p>b. Other services and supports 4. Perform fiscal accounting and disseminate expense reports to the participant or family, <u>Support Brokers (if applicable)</u>, and State authorities.</p>		
<p>35. Recommendation that the DDA actively promote self-direction.</p>	<p>Accepted</p>	<p>The DDA will continue to actively promote the self-directed service delivery model.</p>
<p>36. Recommendation that the reasonable and customary rates be increased annually by the percentage of the COLA.</p>	<p>Accepted with amendment</p>	<p>The reasonable and customary rates are increased annually.</p>
<p>37. Recommendation that SDAN and other stakeholders should be able to ensure their comments on the Self-Directed Service Manual were accepted or learn why not before the manual is released/adopted for use.</p>	<p>Accepted with amendment</p>	<p>The DDA will share with SDAN and stakeholders information as to why recommendations were not accepted or included in the manual.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>38. Recommendation related to iv. Participant Exercise of Budget Flexibility to:</p> <ul style="list-style-type: none"> a. Select <i>“The participant has the authority to modify the services included in the participant directed budget without prior approval.”</i> b. <i>Note in text box “Participants may move funds among line items or increase the rate of services for line items so long as the changes do not pose a risk to health and safety, as verified by the signature on a budget modification document of the individual's TCM. Participants wishing to add a new services not yet approved by DDA to the PCP must submit plan and budget modifications to DDA for approval after signed by the participant (or their legal guardian), the support broker (if applicable) and the TCM, whose signature assures that the change does not put the participant's health and safety at risk.”</i> 	<p>Not accepted</p>	<p>The Waiver application template for this item provides two options to check.</p> <p>To support payment of qualified providers, a modification is needed in the PCP. The options selected states the modifications to the budget must be preceded by a change in the service plan. For current services, a budget modification forms will be used which is a change in the plan. Not all changes need to be approved by the DDA; however they do need to be included in the PCP for authorization of payment. Further guidance will be provided by the DDA.</p>
<p>39. Recommendation related to v. Expenditure Safeguards to insert Support Broker to the following sentence: “The participant, legal guardian, and his or her designated representative (as applicable), with the support of the <u>Support</u></p>	<p>Not accepted</p>	<p>The participant determines the level and extent of supports they would like to receive from their Support Broker. The participant can decide if they want reports shared with their Support Broker.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p><i>Broker (if applicable).</i> Coordinator of Community Service, and the FMS provider, will monitor funds spent on services and the projected spending for the participant’s fiscal person-centered plan year.”</p> <p>Support Brokers could be designated by the participant, via the Participant/Team Agreement to monitor these funds. The third paragraph in this section discusses, "The use of a multi-layered review process ensures that potential budget problems are identified on a timely basis." Yet the one person of the team who has traditionally tracked the budget in an up-to-date way is being eliminated from the process. Helping with monitoring the budget is an optional service that participants can ask a support broker to assist with, per the definition in Appendix C. Therefore, the support broker needs to obtain those statement documents in order to provide that assistance if requested by the participant.</p>		<p>If the participant chooses to designated the Support Broker to assist, they would be covered under the reference to the designated representative.</p>
<p>40. Please clarify if “Independent Advocates” is referring to the DDA Regional Advocacy Specialists. If so, recommendation to be consistent with the term independent advocates</p>	<p>Accepted</p>	<p>Independent Advocates does refer to the Advocacy Specialist. Language was updated.</p>
<p>41. Recommendation for keeping language</p>	<p>Accepted</p>	<p>The language was revised to read: <i>The DDA, Advocacy Specialist, and Coordinator of</i></p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

referencing the DDA under How Participants May Enroll in the Self-Directed Model		<i>Community Services (CCS) will provide information about the Self-Directed Service Model to all participants and their families, legal guardian, or designated representatives (as applicable).</i>
42. Recommendation that individuals have the ability to hire family members provided they meet all the requisite requirements.	Clarification	The Waiver programs include several services for which a relative who meets qualification can provide supports as noted in Appendix C.
43. Recommendation to add language to responsibilities to reflect Support broker must not: <ul style="list-style-type: none"> a. Develop modifications, Form 5's when used per DDA b. Make budgetary decisions for participants 	Accepted with amendment	The Appendix K Form 5 is specific to the emergency authority therefore it will not be included. The information was updated to reflect: Support Brokers must not: <ol style="list-style-type: none"> 1. Develop modifications; 2. Make any decisions for the participant as the /Employer of Record including budgetary decisions; 3. Sign-off on timesheets for service delivery; or 4. Hire or fire workers.
44. Recommendation that FMS should have until the	Not accepted	The waiver does not state a specific day monthly reports must be shared to provide the flexibility

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>last day of the following month to provide the participant their monthly financial report</p>		<p>with contract requirements and provider proposals.</p>
<p>45. Recommendation to clarify that the cost detail tool relates to the overall budget and participants maintain full budget authority to pay their employees within reasonable and customary rates for each service</p>	<p>Accepted</p>	<p>The following language was added: <i>The Cost Detail Tool establishes the overall budget and participants maintain full budget authority to pay their employees within reasonable and customary rates for each service.</i></p>
<p>46. Recommendation to develop a true quality quality assurance and improvement for individuals in self directed services to test service aptitude of support brokers CCS and FMS</p>	<p>Accepted</p>	<p>The DDA will work with stakeholders to develop quality assurance and enhancement strategies specific to the self-directed service delivery model.</p>
<p>47. Recommendation to add references to other tools to be use in addition to “LifeCourse Planning” for person centered planning especially for individuals under self direction based on their needs.</p>	<p>Accepted</p>	<p>The sentence was revised to reflect: In the Self-Directed Service Model, the participants, or their designated representative, will have opportunities to:</p> <ol style="list-style-type: none"> 1. <i>Identify goals to support a trajectory for a good life in consideration of person-centered planning methodologies such as the Charting the Lifecourse (i.e., Integrated Support Star, Life Trajectory, and Exploring Life Possibilities), Integrated Long-Term Services and Supports – Needs</i>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<i>Template and Before and After Integrated Supports, Essential Lifestyle Planning, Personal Futures Planning, MAPS, PATH, or an equivalent person-centered planning strategy;</i>
48. Recommendation to replace or modify “designated representative” language to make it an option for an individual who wishes to use it while at the same time discussing the Participant/Team Service Agreement where assistance with the duties and responsibilities of the Participant will be assigned to various members of the team as needed or desired by the Participant. with participant or team agreement	Not accepted	Participants may direct his or her own services, or appoint a legal guardian or designated representative to direct on their behalf. A designated representative is an option and not a requirement. Participants that choose to use a representative will indicate the person(s) to assist them within a Self-Directed Services designated form.
49. Recommendation to give budget authority over all services to in all waivers for individuals under Self Direction	Not accepted	The DDA’s residential services are not available under the self-directed service delivery model. This includes Community Living - Group Home which are provider owned and operated. In addition, 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 services and therefore the employer and budget authority options are not available for some services.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>50. Recommendation that Maryland requests that Waivers be considered for Independence Plus designation.</p>	<p style="text-align: center;">Clarification</p>	<p>The DDA is committed to participant direction. Self-determination and self-direction are priorities. During the initial review of the waiver renewal, CMS directed the State to unselect this designation due to some services only being available under the traditional service model.</p>
<p>Appendix F - Participant Rights</p>		
<p>Recommendation</p>	<p>Dept. Response</p>	<p>Dept. Comment</p>
<p>1. Recommendation to include eligibility determinations be given the opportunity to be heard in a Medicaid Fair Hearing.</p>	<p style="text-align: center;">Clarification</p>	<p>The current language references eligibility determinations including priority category determination on the DDA waiting list.</p>
<p>2. Recommend adding language to make clear that Appeal rights also apply to a reduction or decrease of services or funding as a result of the PCP review. Suggest providing guidance on roles/responsibilities and the overall process.</p>	<p style="text-align: center;">Accepted</p>	<p>The current language references in the event a request for services has been erroneously denied.</p> <p>The DDA will develop guidance on the process including roles and responsibilities.</p>
<p>3. Recommendation to not shorten the time frame to appeal a DDA determination by removing “(90 days plus 4-day grace period allowed for mail to be received)” language related to the timeframe within which the hearing must be requested.</p>	<p style="text-align: center;">Clarification</p>	<p>The DDA is not shortening the timeframe for people to appeal a determination. This level of detail is included in appeal letters, regulations, and policies. All appeal letters sent to individuals include the following statement which notes the 94 days.:</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<i>You have the right to a hearing on the decision(s) stated in the enclosed DDA Determination Letter (the letter that approved or denied your request for services). In order to have a hearing on the decision(s), you must send your written request for a Medicaid Fair Hearing within 94 days from the date on this Determination Letter. The request must be postmarked, delivered in person, or sent by e-mail or facsimile to the Maryland Department of Health. If you do not request a hearing, the decision stated in the Determination Letter will be final.</i>
Appendix G - Participant Safeguards		
Recommendation	Dept. Response	Dept. Comment
1. Recommend replacing “provider” with “provider who is providing a service at the time of the incident must report . . .” in the following sentence: “If a critical event or incident is governed by PORII, then the provider must report the event or incident in the DDA’s software database called the “Provider Consumer Information System” (PCIS2).	Accepted	The sentence has been updated to reflect: <i>If a critical event or incident is governed by PORII, then the provider, who is providing services at the time of the incident, must report the event or incident in the DDA’s software database called the “Provider Consumer Information System” (PCIS2).</i>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>implemented.</p> <p>LTSS<i>Maryland</i> provides new opportunities to measure personal outcomes such as employment.</p> <p>For specific system improvements, DDA will monitor the antecedent data to ascertain whether the interventions have had the desired, positive impacts (based on ongoing review of the informing data).</p> <p>The specific data and frequency of monitoring may vary based on the system improvement and therefore can not be listed.</p> <p>The DDA will explore with the Quality Advisory Council additional data for monitoring and analyzing the effectiveness of system design changes.</p>
<p>3. Recommendation to define antecedent data and frequency of monitoring data</p>	<p>Clarification</p>	<p>For specific system improvements, DDA will monitor the antecedent data to ascertain whether the interventions have had the desired, positive impacts (based on ongoing review of the informing data).</p> <p>The specific data and frequency of monitoring may vary based on the system improvement and</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		therefore can not be listed.
4. Recommendation to update reference to DDA’s Quality Advisory Council	Accepted	The reference has been updated.
Appendix I - Financial Accountability		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation that the MD Bureau of Labor Statistics (BLS) rate used to develop the rates for DSP services should be equal to the full BLS rate for the entire State of Maryland. The DDA rates should be re-calibrated for the Maryland region outside of DC to utilize \$15.92 as the DSP rate in the brick method.	Not accepted	The rates used in the new rate structure are based on the U.S. Bureau of Labor Statistics (BLS). The statewide average wage is based on the wages in the entire state. Given that the new rate structure includes a rate schedule for a geographic differential, the consultants recommended a rate schedule based on the rest of the State, excluding the areas that are subject to the geographic differential. The DDA concurred with their recommendation.
2. Recommendation to not move to 15 minute billing increments. It would be difficult for providers to monitor and provide administrative oversight if billing increments for fee for service move to 15 minutes rather than an hour.	Not accepted	Converting one (1) hour services to a 15 minute billing increment mitigates the loss of revenue by providers. Without the 15 minute billing unit, providers will have to provide at least 53 minutes of service to bill for one (1) hour of service. With a 15 minute billing unit, that same provider will be able to bill three (3) units for 52 minutes of service.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>3. Recommendation that the rate considered for nursing services be re-examined to determine appropriateness if nursing delegation and DSP MTTP certifications are going to be considered a built- in component of meaningful day waiver services.</p>	<p>Not accepted</p>	<p>The training component of the rate includes the MTTP training requirements and individual training in the assumptions.</p>
<p>4. Recommendation that an appropriate rate for the administration of services and supports, provided by an OHCD, be established with input from stakeholders.</p>	<p>Accepted</p>	<p>The DDA shared the methodology with the rate setting Technical Work Group. Their feedback was used to develop two (2) rates - one for the vetting of a service or product and another for the actual payment.</p>
<p>5. Recommendation to increase the nursing and transportation portion of the rate for Shared Living. It is low, when administrative costs are factored out.</p>	<p>Clarification</p>	<p>The rates for Shared Living were developed with significant input from the current Shared Living providers. DDA has committed to meet with the providers again to address the rates.</p>
<p>6. Clarify if there is a different nursing hourly rate when additional services are approved, for CDS.</p>	<p>Clarification</p>	<p>Yes, the rate for the stand alone Nursing Support Services is used.</p>
<p>7. Recommendation to keep the current rate differential of 7.9% as it is appropriate, and should be used in the new system.</p>	<p>Not Accepted</p>	<p>The new rate methodology is based on the BLS wage and the relationship of other costs to wage expenses.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>8. Recommendation to review the loss of the add on for transportation of persons with wheelchairs as it is not adequately replaced by the percent in the brick for services that include transportation. The percent is also not sufficient for the increased expectation that people will be transported out in the community daily multiple times.</p>	<p>Not Accepted</p>	<p>The rates for services that include transportation are based on information contained in the General Ledgers submitted to JVGA and based on the analysis of a limited number of providers done by the MACS consultants. However, DDA has committed to re-basing the rates in the third year of implementation which will provide the data needed to re-evaluate the cost components such as transportation.</p>
<p>9. Recommendation for a funding source for the purchase of vehicles for people in rural areas without public transportation and for those with intensive needs not able to use public transportation.</p>	<p>Not Accepted</p>	<p>Neither State General Funds nor Federal Funds can be used to purchase vehicles.</p>
<p>10. Recommendation for a funding mechanism for Community Living to compensate for acuity factors other than more staff hours. The current funding system is unfair and does not promote health and safety for all participants.</p>	<p>Clarification</p>	<p>The DDA is not using an acuity factor and instead is using dedicated supports based on the HRST, the SIS, and other assessments to determine the needs of the participant to take into consideration during their person-centered planning meeting.</p>
<p>11. Recommendation that the BLS rate for DSPs in Maryland of \$15.91 per hour be applied to the other 19 counties.</p>	<p>Not Accepted</p>	<p>Since the DDA is recommending a Geographic Differential rate for certain areas, the recommendation by Optumas, DDA consultant, was to back out the five (5) geographical differential</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		counties from the statewide average to calculate a wage based on the other 19 counties.
12. Recommendation that DDA publish actual rates that will be paid to Providers for support services rather than only the average unit costs.	Clarification	<p>The DDA publishes rates on the dedicated DDA Rates and Invoice webpage and LTSSMaryland dedicated webpage with <u>CURRENT RATES in LTSS.</u></p> <p>The rates noted in Appendix J of the waiver are calculated based on the guidelines issued by the Centers of Medicare and Medicaid Services (CMS) which require the use of average rate costs. The DDA will publish any updates to <i>LTSSMaryland</i> rates to be paid prior to the transition from a prospective payment to a fee-for-service model.</p>
13. Recommendation that DDA share the brick workbook model to help providers make a more reliable assessment of the potential funding impact.	Accepted	The DDA will publish the Master Rate File when the rates are next issued.
14. Recommendation for fiscal impact analysis to see if an agency will be financially able to provide services under the new system.	Accepted	The DDA intends to share a template with providers to conduct their own fiscal impact analysis of the rates.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>15. Recommendation for providing agencies with sufficient training and support as they ramp up to this new billing model.</p>	<p style="text-align: center;">Accepted</p>	<p>The DDA will provide training and support prior to the new billing process within the LTSS <i>Maryland</i> billing model</p>
<p>16. Recommendation for using the complete BLS rate of \$15.91 per hour as the floor for determining pay rates for DSPs.</p>	<p style="text-align: center;">Not Accepted</p>	<p>Since the DDA is recommending a Geographic Differential rate for certain areas, the recommendation by Optumas, DDA consultant, was to back out the five (5) geographical differential counties from the statewide average to calculate a wage based on the other 19 counties. This mitigates the overinflation of the rate. DDA accepted their recommendation.</p>
<p>17. Recommendation for broadening the calculations of the geographic differential to be inclusive of the fact that people may necessarily live in one county and work in another.</p>	<p style="text-align: center;">Clarification</p>	<p>The application of the geographic differential is based on the residency of the person receiving services. Where a person receives services may vary, therefore making it more difficult to track and verify.</p>
<p>18. Recommendation that rates for nursing homes, mental health, division of rehabilitation services, etc. be considered in DDA rates.</p>	<p style="text-align: center;">Not Accepted</p>	<p>The rate methodology used by DDA is based on information submitted by a sample group of service providers and based on assumptions of how the DDA services will be provided.</p>
<p>19. Recommendation that the auditing threshold of 86% services being provided be monitored and modified as needed to ensure people receive all</p>	<p style="text-align: center;">Not Accepted</p>	<p>The expectation of CMS and the State is that billings reflect the provision of services. Audit standards reflect this premise and will continue to</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

needed services.		do so in the future. The DDA is accountable for the use of public funds and must ensure they are used appropriately.
20. Recommendation for replacing references to SFP with DSA and checking remaining documents and replacing as appropriate.	Accepted	The DDA will be updating the various resources and documents with the most current information and replacing SFP with the appropriate form names.
21. Recommendation to continue to use the Community Living and Supported Living rate to incentivize 1-person living situations. (S Beamer, S Keener, 9/30/2020)	Clarification	These services are based on shared service hours and not intended to incentivize one person living arrangements.
22. Recommendation to increase rates for Housing Support Services to \$82.88	Not Accepted	The rate for Housing Support Services is based on the same BLS classification and wage as CCS. However the rate calculated is different and does pertain to Housing Support Services.
23. Recommendation that Housing Support Services should be reimbursed at the same level as Coordination of Community Supports.	Not Accepted	The rate for Housing Support Services is based on the same BLS classification and wage as CCS. However the rate calculated is different and does pertain to Housing Support Services.
24. Recommendation that the 3-person rates for Supported Living and Community Livings should take into account the additional costs of supporting the two additional people, including those related to person centered planning, nursing, money management support, benefits management	Accepted with amendment	The DDA continues its work with the Technical Work Group on residential rates. The items recommended for consideration should be captured in Program Support expenditures.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>support, communication with families and guardians, and quality assurance.</p>		
<p>25. Recommendation that additional time, attention, and analysis be put into creating a base funding system that is built on both realistic geographic differences (if they are determined to exist), while also ensuring the stability and sufficiency of base rates with proper consideration to the implications for counties that share borders with the higher-BLS base (geographic differential) counties. The DSP component that used to develop the rates for services must, at a minimum, be equal to the full BLS rate for the entire state of Maryland.</p>	<p>Clarification</p>	<p>The wage data published by the U.S Bureau of Labor Statistics shows a geographic differential between certain Maryland Metropolitan Statistical Areas and the rest of the state. Since the DDA is recommending a rate structure with a geographic differential, the DDA consultant recommended that the average wages for the five (5) counties eligible for the geographical differential rate should be excluded from the statewide average wage to establish the wage for the other 19 counties. This mitigates an overinflation of the rate.</p>
<p>26. Recommendation to change/modify language requiring submission of receipts instead of invoices because payment options are changing with companies such as Amazon</p>	<p>Not accepted</p>	<p>Invoices are needed for the payment process. This is outside of DDA's control.</p>
<p>27. Recommendation for reasonable activity costs be included in Day Hab, CDS, Personal Support, and Community Living.</p>	<p>Not accepted</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</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>programming. They do not pay for activity costs.</p> <p>The DDA will continue to encourage and recommend that people engage in community activities that are free or use their personal funds. The DDA will not pay for admission food, or tuition cost for the person or their staff.</p> <p>Resources related to free events include: https://washington.org/free-things-to-do https://weta.org/local/calendar https://www.eventbrite.com/d/md--baltimore/free--e-vents/</p>
Appendix J - Cost-Neutrality Demonstration		
Recommendation	Dept. Response	Dept. Comment
<p>1. Recommendation that the rate for all nursing services under Self-Directed Supports should take into consideration benefits for the nurse, as DDA is not the employer and does not provide benefits to the nurse. Benefits should be calculated at 1/3 of the salary/hourly rate.</p>	<p>Clarification</p>	<p>Participants using the Self-Directed Service Delivery model can establish their own payment rates for approved services. However, these rates must be reasonable and customary. Please note that customary and reasonable as being the amount paid for a DDA service in Maryland based on what providers in the area usually charge for the same or similar service. Hence the rates are developed based on what DDA pays for traditional services proving a range for SD participants.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

		<p>The traditional rates include various cost components such as Wage Selection that includes service level from the state BLS, employment related expenses (e.g., benefits that employers may elect to provide and those that are mandated by local and State governments), program support (e.g., expenses of supporting the program like supplies), transportation related cost, staff training (e.g., DDA training expectations, MTTP, Mandt, etc., general and administrative (i.e., expenses that any business is likely to have, regardless of the nature of the business they are in).</p>
<p>2. Clarify why the unduplicated number of participants decreases in Y3 and Y4.</p>	<p>Clarification</p>	<p>The DDA overestimated Nursing Services in WY2 as we did not have any historical utilization data as a basis for the estimates. The estimates were adjusted in WYs 3-5 based on current service utilization.</p>
<p>3. Recommend including what DDA attributes to this decrease in cost/funding per person from Y2 to Y3 (\$77K to \$70K).</p>	<p>Clarification</p>	<p>The DDA overestimated Nursing Services in WY2 as we did not have any historical utilization data as a basis for the estimates. The estimates were adjusted in WYs 3-5 based on current service utilization.</p>

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

Other		
Recommendation	Dept. Response	Dept. Comment
1. Recommendation to revisit LTSSMaryland system used in person-centered planning process.	Accepted	The DDA is in the process of reviewing the Person-centered planning process with a group of stakeholders
2. Clarify if board members require background checks	Clarification	Board members require background checks.
3. Recommendation to make documents more accessible by testing screen reader compatibility and creating one waiver amendment document instead of separating by appendices.	Accepted	The DDA is following the CMS template provided to be transparent of what we are submitting under each section. We are open for recommendations on what would be accessible for people who use screen readers.
4. Recommendation to remove all gender specific (he/she) word and use general neutral references (they/their)	Accepted	Language was updated.
5. Recommendation to consistently use the word “legacy or traditional” service models.	Clarification	These words have different meanings. Legacy is used when referring to services the DDA has provided that are being phased out like Supported Employment. Traditional refers to the Traditional Services Delivery Model where services are provided by DDA-licensed or DDA-certified providers who are the common law employer.

Family Supports, Community Supports, and Community Pathways Waivers Amendments # 3 2020

Stakeholder Input Summary

<p>6. Recommendation any "Waiver" amendment, current or in the future be created, implemented, or be interpreted to supersede the federal laws as stated and provided by the Americans with Disabilities Act or the U.S. Supreme Court's Ruling in the Olmstead Case.</p>	<p style="text-align: center;">Clarification</p>	<p>Waiver amendments are reviewed and approved by the Center for Medicaid and Medicaid Services (CMS) based on federal laws and policies.</p>
<p>7. Recommendation to build relationship between DDA and the individuals they serve (respect, support and encouragement)</p>	<p style="text-align: center;">Accepted</p>	<p>The DDA seeks input and opportunities to further development relationships with individuals with developmental and intellectual disabilities.</p>