

# Appendix C: Participant Services

## Appendix C-1/C-3: Summary of Services Covered and Services Specifications

**C-1-a. Waiver Services Summary.** Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Statutory Services (check each that applies)		
Service	Included	Alternate Service Title (if any)
Case Management	<input type="checkbox"/>	
Homemaker	<input type="checkbox"/>	
Home Health Aide	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	
Adult Day Health	<input type="checkbox"/>	
Habilitation	X	Personal Supports
Residential Habilitation	<input type="checkbox"/>	
Day Habilitation	<input type="checkbox"/>	
Prevocational Services	<input type="checkbox"/>	
Supported Employment	<input type="checkbox"/>	
Education	<input type="checkbox"/>	
Respite	X	Respite Care Services
Day Treatment	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	
Psychosocial Rehabilitation	<input type="checkbox"/>	

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Clinic Services	<input type="checkbox"/>	
Live-in Caregiver (42 CFR §441.303(f)(8))	<input type="checkbox"/>	
<b>Other Services (select one)</b>		
<input type="radio"/>	Not applicable	
<input checked="" type="radio"/>	As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute ( <i>list each service by title</i> ):	
a.	Assistive Technology and Services	
b.	Behavioral Support Services	
c.	Environmental Assessment	
d.	Environmental Modifications	
e.	Family and Peer Mentoring Supports	
f.	Family Caregiver Training & Empowerment Services	
g.	Housing Support Services	
h.	Individual & Family Directed Goods and Services	
i.	Participant Education, Training, & Advocacy Supports	
j.	Support Broker Services	
k.	Transportation	
l.	Vehicle Modifications	
<del>m.</del>	<del>Nurse Consultation</del>	
<del>n.</del>	<del>Nurse Case Management and Delegation Services</del>	
o.	Nursing Support Services	
<b>Extended State Plan Services (select one)</b>		
<input checked="" type="radio"/>	Not applicable	
<input type="radio"/>	The following extended State plan services are provided ( <i>list each extended State plan service by service title</i> ):	
a.		
b.		
c.		

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Supports for Participant Direction <i>(check each that applies)</i>		
<input type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services.	
<input checked="" type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E.	
<input type="radio"/>	Not applicable	
Support	Included	Alternate Service Title (if any)
Information and Assistance in Support of Participant Direction	X	Support Broker Coordinator of Community Services
Financial Management Services	X	<del>Fiscal Management Service</del> <u>Financial Management and Counseling Services</u>
Other Supports for Participant Direction <i>(list each support by service title):</i>		
a.		
b.		
c.		

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type: Statutory Service

Service (Name): Habilitation

**Alternative Service Title: PERSONAL SUPPORTS**

Service Specification

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HCBS Taxonomy	
Category 1:	Sub-Category 1:
8: Home-Based Services	08010 home-based habilitation
Service Definition (Scope):	
<p>A. Personal Supports are individualized <del>drop-in</del> supports, delivered in a personalized manner, to support independence in an individual’s own home and community in which the participant wishes to be involved, based on their personal resources.</p> <p>B. Personal Supports provide habilitative services <u>and overnight supports</u> to assist individuals who live in their own or family homes with acquiring, building, or maintaining the skills necessary to maximize their personal independence. These services include:</p> <ol style="list-style-type: none"> <li>1. In home skills development including budgeting and money management; completing homework; maintaining a bedroom for a child or home for an adult; being a good tenant; meal preparation; personal care; house cleaning/chores; and laundry; <del>and</del></li> <li>2. Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which individuals integrate, engage and navigate their lives at home and in the community. They may include, the development of skills or providing supports that make it possible for participants and families to lead full integrated lives (e.g., grocery shopping; banking; getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities) and health management assistance for adults (e.g., learning how to schedule a health appointment; identifying transportation options; and developing skills to communicate health status, needs, or concerns); <u>and</u></li> </ol> <p>C. <u>Overnight Supports</u>:-</p>	

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D. This Waiver program service includes the provision of:

- 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:
  - a. Transportation to, from, and within this Waiver program service;
  - b. Delegated nursing tasks, based on the participant’s assessed need; and
  - c. Personal care assistance, based on the participant’s assessed need.

**SERVICE REQUIREMENTS:**

- A. Personal Supports services under the waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.
- B. The level of support and meaningful activities provided to the participant under this Waiver program service must be based on the participant’s level of service need.

- 1. Based on the participant’s assessed need, the DDA may authorize an enhanced rate, a 1:1 overnight supports, T, and 2:1 staff-to-participant ratio supports:

~~An enhanced rate, reflected as Personal Supports—Enhanced in the Person-Centered Plan, will be used to support participant with significant needs;~~

- 2. The following criteria will be used to authorize the enhanced rate:

~~a. The participant has a Health Risk Screening Tool (HRST) Score of 4 or higher; and~~

a. The participant has an approved Behavior Support Plan documenting the need for enhanced supports necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or

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b. The participant has an approved Nursing Care Plan documenting the need for enhanced supports necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.

3. The following criteria will be used to authorize 2:1 staff-to-participant ratio:

~~a. The participant has a Health Risk Screening Tool (HRST) Score of 4 or higher; and~~

~~b.a. The participant has an approved Behavioral Support Plan documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or~~

~~e.b. The participant has an approved Nursing Care Plan documenting the need for 2:1 staff-to-participant ratio necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.~~

4. The following criteria will be used to authorize awake overnight supports:

~~The participant has a Health Risk Screening Tool (HRST) Score of 4 or higher; and~~

~~a. The participant has an approved Behavior Support Plan documenting the need for overnight supports necessary to support the person with specific behavioral needs unless otherwise authorized by the DDA; or~~

~~d.b. The participant has an approved Nursing Care Plan documenting the need for overnight supports necessary to support the person with specific health and safety needs unless otherwise authorized by the DDA.~~

5. Overnight supervision supports must be specifically documentation within the PCP. This includes information that details the need for the overnight supports, including alternatives explored such as the use of assistive technology and other strategies.

C. ~~Effective July 1, 2019, the~~The following criteria will be used for participants to access Personal Supports:

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1. Participant needs support for community engagement (outside of meaningful day services) or home skills development; and
2. This service is necessary and appropriate to meet the participant’s needs;
3. This service is the most cost-effective service to meet the participant’s needs unless otherwise authorized by the DDA due to "extraordinary” circumstances.

D. Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the participant’s extraordinary care needs due to the child’s disability that are above and beyond the typical, basic care for a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver participant.

E. Personal Supports are available:

1. Before and after school;

~~1.2. Times when a student is not receiving educational services, for example, when school is not in session;~~

~~2. Any time when school is not in session;~~

3. During the day ~~when meaningful day services (i.e. Employment Services, Supported Employment, Employment Discovery and Customization, Career Exploration, Community Development Services, and Day Habilitation) are not provided,~~

4. Evenings; and

~~5. Overnight On nights and weekends.~~

6. When Nursing Supports Services are provided.

7. Evenings;

8. Overnights; and

~~5.9. When Nursing Support Services are provided~~

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- F. If transportation is provided as part of this Waiver program service, then:
  - 1. The participant cannot receive Transportation services separately at the same time as provision of this Waiver program service;
  - 2. The provider or participants self-directing their services must:
    - a. Provide, or arrange for provision of, transportation to meet the needs of the participant identified in the participant’s Person-Centered Plan; and
    - b. Use the most cost-effective mode of transportation, with priority given to the use of public transportation; and
  - 3. Transportation services may not compromise the entirety of this Waiver program service.
- G. If direct support staff perform delegated nursing tasks as part of this Waiver program service, then:
  - 1. The participant must receive Nursing Support Services/~~Nurse Case Management and Delegation services~~ under this Waiver program; and
  - 2. The delegated nursing tasks:
    - a. Must be provided by direct support staff who are currently certified as a Medication Technician by the Maryland Board of Nursing; and
    - b. May not compromise the entirety of this Waiver program service.
- 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.
- I. For participants enrolled in the self-directed services delivery model, this Waiver program service includes:

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1. The reasonable and customary costs of training the participant’s direct support staff, including First Aid and Cardiopulmonary Resuscitation certifications;
  2. Travel reimbursement, benefits and leave time for the participant’s direct support staff, subject to the following requirements:
    - a. The reimbursement, benefits and leave time requested are:
      1. Within applicable reasonable and customary standards as established by DDA policy; or
      2. Required for the participant’s compliance, as the employer of record, with applicable federal, State, or local laws; and
    - b. Any reimbursement (e.g., mileage), benefit and leave time requested by the participant must comply with applicable federal, State, or local laws
    - c. Cost for training, mileage, benefits, and leave time are allocated from the participant’s total budget allocation;
    - b.d. Mileage reimbursement, under the self-directed service delivery model, to the owner of a specialized, modified, or accessible vehicle driven by an employee of the participant and for the purpose of the participant engaging in activities specified in the recipient's person-centered plan of service
- J. A legally responsible individual, legal guardian, or a relative of a participant (who is not a spouse) may be paid to provide this service in accordance with the applicable requirements set forth in Section C-2.

~~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~~

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~~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.~~

K. 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, State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant’s file.

~~1.2. 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 must 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.~~

~~K.L.~~ To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

~~L.M.~~ Personal Supports services are not available at the same time as the direct provision of ~~Career Exploration, Community Development Services, Community Living Enhanced Supports, Community Living Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Respite Care Services, Supported Employment, Supported Living,~~ or Transportation Services. ~~(beginning July 2020).~~

M.N. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

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N.O. Personal Supports can be provided in a variety of community settings and activities that promote opportunities for increased independence and inclusion. Through the person-centered planning process, all opportunities should be explored based on the person’s preferences and support their desired outcomes and goals. The setting should not have institutional qualities. Considering the person’s overall person-centered plan, activities should not isolate or segregate. If the individual chooses any disability specific classes, activities, events or programs, the choice must be documented in the person-centered plan.

O.P. Direct Support Professional services may be provided in an acute care hospital for the purposes of supporting the participant’s personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short-term institutional services.

1. The State has mechanisms in place to prevent duplicate billing for both institutional and home and community-based services.
2. These necessary waiver services:
  - a. Must be identified in the individual’s person-centered service plan;
  - b. Must be provided the meet the individual’s needs and are not covered in such settings;
  - c. Should not substitute for services that the setting is obligated to provide through its condition of participation under federal or State law, under another applicable requirement; and
  - d. Should be designed to ensure smooth transitions between the setting and the home community-based setting and preserves the participant’s functional abilities.

Q. Services which are provided virtually, must:

1. Be provided in accordance with federal and State requirements, policies, guidance, and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended

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by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their applicable regulations to protect the privacy and security of the participant’s protected health information;

2. Support a participant to reach identified outcomes in their Person-Centered Plan;

3. Not be used for the provider's convenience; and

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

~~P. Virtual supports~~

~~1. Virtual supports is an electronic method of service delivery.~~

~~2. The purpose of virtual 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.~~

~~3. Direct support can be provided via virtual supports provided however that the virtual supports meet all of the following requirements:~~

~~a. The virtual supports ensure the participant's rights of privacy, dignity and respect, and freedom from coercion and restraint~~

~~b. The virtual supports do not isolate the participant from the community or interacting with people without disabilities.~~

~~e. The participant has other opportunities for integration in the community via the other Waiver program services the participant receives and are provided in community settings.~~

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- ~~d. The use of virtual supports to provide direct support has been agreed to by the participant and their team and is outlined in the Person-Centered Plan;
  - ~~1. Participants must have an informed choice between in-person and virtual supports;~~
  - ~~2. Virtual supports cannot be the only service delivery provision for a participant seeking the given service; and~~
  - ~~3. Participants must affirmatively choose virtual service provision over in-person supports~~~~
  
- ~~e. Virtual supports is not, and will not be, used for the provider's convenience. The virtual supports must be used to support a participant to reach identified outcomes in the participant's Person-Centered Plan;~~
  
- ~~f. The use of virtual supports must be documented appropriately, just like any in-person direct supports, and identify the service delivery method (e.g.,, Skype, Zoom, Facetime, telephonic, or direct care), name of staff person providing service, and start and end times.~~
  
- ~~g. The virtual 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 e-mailing do not constitute virtual supports and, therefore, will not be considered provision of direct supports under this Waiver program service.~~
  
- ~~h. The virtual supports must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their applicable regulations to protect the privacy and security of the participant's protected health information.~~

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~~i.—This Waiver program service may not be provided entirely via virtual supports. Virtual supports may supplement in-person direct supports.~~

~~j.—Virtual supports, including use of phones, cannot be used to assess a participant for a medical emergency. 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:~~

~~1.— Identifying whether the participant’s needs, including health and safety, can be addressed safely via virtual supports;~~

~~2.— Identifying individuals to intervene (such as uncompensated caregivers present in the participant’s home), and ensuring they are present during provision of virtual supports in case the participant experiences an emergency during provision of virtual supports; and~~

~~3.— Processes for requesting such intervention if the participant experiences an emergency during provision of virtual supports, including contacting 911 if necessary.~~

~~k.—The virtual supports meet all federal and State requirements, policies, guidance, and regulations.~~

~~4.— Providers furnishing this Waiver program service via virtual supports must include virtual supports as a service delivery method in their provider Program Service Plan, required by COMAR Title 10, Subtitle 22. Current providers must submit an amendment to their current Program Service Plan to the DDA Regional Office and receive approval prior to implementing virtual supports outside of the Appendix K authority.~~

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

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Specify applicable (if any) limits on the amount, frequency, or duration of this service:						
<p>1. Legally responsible persons, legal guardians and relatives may not be paid for greater than 40-hours per week for services rendered to any Medicaid participant, unless otherwise approved by the DDA <u>or its designee</u>.</p> <p>2. Personal Supports services are limited to 82 hours per week <u>under the traditional model</u> unless otherwise preauthorized by the DDA.</p>						
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s)  <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
		Personal Support Professional			Personal Supports Provider	
<b>Provider Qualifications</b>						
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )		Other Standard ( <i>specify</i> )		
Personal Supports Professional				Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:		

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			<p>1. Be at least 18 years old;</p> <p><del>2.</del> <del>Have a GED or high school diploma;</del></p> <p><del>3.</del><u>2.</u> Possess current first aid and CPR certification;</p> <p><del>4.</del><u>3.</u> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</p> <p><del>5.</del><u>4.</u> Unlicensed direct support professional staff who administer medication or perform delegable 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 their medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.11;</p> <p><del>6.</del><u>5.</u> Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</p>
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			<p><del>7.6.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</p> <p><del>8.7.</del> Complete required orientation and training designated by DDA;</p> <p><del>9.8.</del> Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</p> <p><del>10.9.</del> 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><del>11.10.</del> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p><del>12.11.</del> Complete and sign any agreements required by MDH or DDA; and</p>
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			<p><del>13.12.</del> <u>12.</u> Have a signed Medicaid Provider Agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 through <del>67</del> noted above. <u>They do not have to complete the DDA provider application. Individuals must <del>and</del> submit forms and documentation as required by the <del>Fiscal Management Service</del> <u>Financial Management and Counseling Services (FMSFMCS)</u> agency. The FMCS must ensure the individual or entity performing the service meets the qualifications.</u></p> <p>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs.</p>
<p>Personal Support Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:             <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign</li> </ol> </li> </ol>

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			<p>corporation, be properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA licensed or certified Personal Supports providers, demonstrate the capability to provide or arrange for the provision of all personal support services required by submitting, at a minimum, the following documents with the application:</p>
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			<p>(1) A program service plan that details the agencies service delivery model;</p> <p>(2) A business plan that clearly demonstrates the ability of the agency to provide personal support services;</p> <p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p>
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			<p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers’ Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and as per DDA policy;</p> <p>J. Submit documentation of staff certifications, licensees, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications and;</p> <p>M. Complete and sign any agreements required by MDH or DDA.</p>
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			<p>N. Have a signed Medicaid provider agreement;</p> <p>O. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>P. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities and be in good standing with the IRS, and Maryland Department of Assessments and Taxation.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant</p>
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			<p>must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li><del>2. Have a GED or high school diploma;</del></li> <li><del>3.2.</del> Possess current first aid and CPR certification;</li> <li><del>4.3.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li><del>5.4.</del> Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li><del>6.5.</del> Complete <u>required orientation and designated</u> training <u>designated</u> by DDA <del>After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.</del></li> <li><del>7.6.</del> Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver service</li> </ol>
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			<p>must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians, except if the participant and their medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.11;</p> <p><del>8.7.</del>Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and</p> <p><del>9.8.</del>Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</p>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Personal Support Professional	<ol style="list-style-type: none"> <li>DDA for certified Personal Support Professional</li> <li><del>Fiscal Management Service</del><u>Financial Management and Counseling Services (FMSFMCS)</u> providers, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>DDA - Initially and at least every three years</li> <li><del>FMSFMCS</del> provider - prior to service delivery and continuing thereafter</li> </ol>

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Personal Support Provider	<ol style="list-style-type: none"> <li>1. DDA for certified of provider</li> <li>2. Provider for staff licenses, certifications, and training</li> <li>3. <u>Financial Management and Counseling Service (FMCS) providers, as described in Appendix E, for participants self-directing services</u></li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initially and at least every three years</li> <li>2. Provider – prior to service delivery and continuing thereafter</li> <li>3. <u>FMCS provider - prior to service delivery and continuing thereafter</u></li> </ol>
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Service Type: Statutory

**Service (Name): RESPITE CARE SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09011 respite, out-of-home
Category 2:	Sub-Category 2:
9: Caregiver Support	09012 respite, in-home
Service Definition (Scope):	
<p>A. 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 <u>and as an emergency backup plan for unpaid caregivers</u>. Respite relieves families or other primary caregivers from their daily care giving responsibilities.</p> <p>B. Respite can be provided in:</p> <p>C. The participant’s own home;</p>	

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- D. The home of a respite care provider;
- E. A licensed residential site;
- F. State certified overnight or youth camps; and
- G. Other settings and camps as approved by the DDA.

**SERVICE REQUIREMENTS:**

- A. Someone who lives with the participant may be the respite provider, as long as they are not the person who normally provides care for the participant ~~and is not contracted or paid to provide any other DDA funded service to the participant.~~
- B. A relative of a participant (who is not a spouse), legally responsible person or legal guardian may be paid to provide this service in accordance with the applicable requirements set forth in Appendix C-2. ~~A legally responsible person or legal guardian of the participant cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service.~~
- C. A neighbor or friend may provide services under the same requirements as defined in Appendix C-2-e.
- D. Receipt of respite services does not preclude a participant from receiving other services on the same day. For example, the participant may receive meaningful day services (e.g., Employment Services or Day Habilitation) on the same day they receive respite services so long as these services are provided at different times.
- E. Under self-directing services, the following applies:
  - 1. Participant or their designated representative is considered the employer of record;
  - 2. Participant or their designated representative is responsible for supervising, training and determining the frequency of services and supervision of their direct service workers;
  - 3. Respite Care Services include the cost associated with staff training such as First Aid and CPR; and

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4. Respite Care Services staff, with the exception of legal guardians and relatives, must be compensated overtime pay as per the Fair Labor Standards Act from the self-directed budget.

F. Payment rates for services must be customary and reasonable, as established by the DDA.

G. Services are reimbursed based on:

- 1. An hourly rate for services provided in the participant’s home or non-licensed respite provider’s home;
- 2. Daily rate for services provided in a licensed residential site; or
- 3. Reasonable and customary camp fee for a camp meeting applicable requirements.

H. Respite cannot replace day care while the participant’s parent or guardian is at work.

I. If respite is provided in a residential site, the site must be licensed. Services provided in the participant's home or the home of a relative, neighbor, or friend does not require licensure.

J. Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, travel adventures (unless it is a day trip), vacations, or insurance fees).

K. Respite Care Services are not available at the same time as the direct provision of ~~Career Exploration, Community Development Services, Day Habilitation, Employment Discovery and Customization, Medical Day Care,~~ Personal Supports, ~~Supported Employment,~~ or Transportation services.

L. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).

M. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation

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Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. ~~These efforts must be documented in the participant’s file.~~

1. These efforts must be documented in the participant’s file.

2. 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.

~~N. Participants authorized above the amendment service limit prior to July 1, 2019 can continue to receive their previously authorized service level until their annual person-centered planning meeting. This will support additional time for person-centered service exploration, planning, and service implementation.~~

N. For participants enrolled in the self-directed services delivery model, this Waiver program service includes:

1. The reasonable and customary costs of training the participant’s direct support staff, including First Aid and Cardiopulmonary Resuscitation certifications;

2. Travel reimbursement, benefits and leave time for the participant’s direct support staff, subject to the following requirements:

i. The reimbursement, benefits and leave time requested are:

(1) Within applicable reasonable and customary standards as established by DDA policy; or

(2) Required for the participant’s compliance, as the employer of record, with applicable federal, State, or local laws; and

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ii. Any reimbursement (e.g., mileage), benefit and leave time requested by the participant must comply with applicable federal, State, or local laws.

1.3. Cost for training, mileage, benefits, and leave time are allocated from the participant’s total budget allocation.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Respite care services hourly and daily total hours may not exceed 720 hours within each Person-Centered Plan year unless otherwise authorized by the DDA.
2. The total cost for camp cannot exceed \$7,248 within each plan year.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
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**Provider Specifications**

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Respite Care Supports		Licensed Community Residential Services Provider
		Camp		Respite Care Provider

**Provider Qualifications**

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Respite Care Supports			Individual must complete the DDA provider application and be certified

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			<p>based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 16 years old;</li> <li>2. Possess current first aid and CPR certification;</li> <li>3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2;</li> <li>4. Unlicensed direct support professional staff who administer medication or perform delegable 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 their medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1;</li> <li>5. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</li> </ol>
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			<ol style="list-style-type: none"> <li>6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> <li>7. Complete required orientation and training designated by DDA;</li> <li>8. Complete necessary pre/in-service training based on the Person-Centered <del>Plan and DDA required training prior to service delivery</del>;</li> <li>9. 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;</li> <li>10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>11. Complete and sign any agreements required by MDH or DDA; and</li> <li>12. Have a signed Medicaid provider agreement.</li> </ol>
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			<p>Individuals providing services for participants self-directing their services must meet the standards 1 through <del>67</del> noted above. <u>They do not need to complete the DDA provider application.</u> <u>Individuals must <del>and</del> submit forms and documentation as required by the <u>Financial Management and Counseling Services (FMCS) agency. <del>Fiscal Management Service</del> <u>Financial Management and Counseling Services (FMSFMCS)</u> agency. FMCS must ensure the individual or entity performing the service meets the qualifications.</u></u></p> <p>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs.</p>
Camp			<p>Camp must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be certified based on compliance with meeting the following standards:             <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation or surrounding states, if operating as a foreign corporation, be</li> </ol> </li> </ol>

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			<p>properly registered to do business in Maryland;</p> <p>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Except for currently DDA approved camps, demonstrate the capability to provide or arrange for the provision services required by submitting, at a minimum, the following documents with the application:</p> <p>(1) A program service plan that details the camp’s service delivery model;</p>
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			<p>(2) A summary of the applicant's demonstrated in the field of developmental disabilities;</p> <p>(3) State certification and licenses as a camp including overnight and youth camps; and</p> <p>(4) Prior licensing reports issued within the previous 5 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If a currently approved camp, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers' Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Required criminal background checks, Medicaid Exclusion List,</p>
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			<p>and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Require staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Complete and sign any agreements required by MDH or DDA.</p> <p>2. Have a signed Medicaid Provider Agreement.</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p>
Licensed Community	Licensed Community		Agencies must meet the following standards:

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<p>Residential Services Provider</p>	<p>Residential Services Provider</p>		<p>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:</p> <ul style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Except for currently DDA licensed residential providers, demonstrate the capability to provide or arrange for the</li> </ul>
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			<p>provision of respite care services required by submitting, at a minimum, the following documents with the application:</p> <ol style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide respite care services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ol> <p>E. If currently licensed or certified, produce, upon written request</p>
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			<p>from the DDA, the documents required under D.</p> <p>F. Be licensed by the Office of Health Care Quality;</p> <p>G. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>H. Have Workers’ Compensation Insurance;</p> <p>I. Have Commercial General Liability Insurance;</p> <p>J. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>K. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>L. Complete required orientation and training;</p> <p>M. Comply with the DDA standards related to provider qualifications; and</p>
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			<p>N. Complete and sign any agreements required by MDH or DDA.</p> <ol style="list-style-type: none"> <li>2. Have a signed Medicaid provider agreement;</li> <li>3. Have documentation that all vehicles used in the provision of services have automobile insurance;</li> <li>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy; and</li> <li>5. Respite care services provided in a provider owned and operated residential site must be licensed.</li> </ol> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation.</p>
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			<p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 16 years old;</li> <li>2. Possess current first aid and CPR certification;</li> <li>3. Training by participant/family on participant-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);</li> <li>4. Additional requirements based on the participant’s preferences and level of needs.</li> <li>5. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-;</li> <li>6. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> </ol>
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			<p>7. Complete the <u>required orientation and</u> training designated by DDA. <del>After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.</del></p> <p>8. Unlicensed direct support professional staff who administer medication or perform delegable 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 their medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1;</p> <p>9. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and</p> <p>10. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</p>
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<p>Respite Care Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:                             <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> </ol> </li> </ol>
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			<p>D. Except for currently DDA certified respite care providers, demonstrate the capability to provide or arrange for the provision of respite care services required by submitting, at a minimum, the following documents with the application:</p> <ul style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide respite care services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including</li> </ul>
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			<p>deficiency reports and compliance records.</p> <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers’ Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p>
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			<p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Complete and sign any agreements required by MDH or DDA.</p> <p>2. Have a signed Medicaid Provider Agreement.</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities and be in good standing with the IRS and</p>
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			<p>Maryland Department of Assessments and Taxation.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 16 years old;</li> <li>2. Possess current first aid and CPR certification;</li> <li>3. Training by participant/family on participant-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Complete <u>required orientation</u> <u>and</u> training designated by DDA-</li> </ol>
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			<p><del>After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.</del></p> <p>7. Unlicensed direct support professional staff who administer medication or perform delegable 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 their medication administration or nursing tasks qualifies for exemption from nursing delegation pursuant to COMAR 10.27.1;</p> <p>8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and</p> <p>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</p> <p>Camps requirements including:</p>
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			<ol style="list-style-type: none"> <li>1. Be a certified Organized Health Care Delivery Services provider;</li> <li>2. State certification and licenses as a camp including overnight and youth camps as per COMAR 10.16.06, unless otherwise approved by the DDA; and</li> <li>3. DDA approved camp.</li> </ol>
<p><u>Organized Health Care Delivery System Provider</u></p>			<p><u>Agencies must meet the following standards:</u></p> <ol style="list-style-type: none"> <li>1. <u>Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and</u></li> <li>2. <u>Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</u></li> </ol> <p><u>OHCDs providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.</u></p> <p><u>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant</u></p>

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			<p><u>must meet the following minimum standards:</u></p> <ol style="list-style-type: none"> <li><u>1. Be at least 16 years old;</u></li> <li><u>2. Possess current First Aid and CPR certification;</u></li> <li><u>3. Training by participant/family on participant-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);</u></li> <li><u>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</u></li> <li><u>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</u></li> <li><u>6. Complete required orientation and the training designated by DDA. After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery;</u></li> <li><u>7. Unlicensed direct support professional staff who administer medication or perform delegable nursing tasks as part of this Waiver</u></li> </ol>
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			<p><u>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;</u></p> <p><u>8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and</u></p> <p><u>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</u></p> <p><u>Camps requirements including:</u></p> <ol style="list-style-type: none"> <li><u>1. Be a certified Organized Health Care Delivery Services provider;</u></li> <li><u>2. State certification and licenses as a camp, including overnight and youth camps as per COMAR 10.16.06, unless otherwise approved by the DDA; and</u></li> </ol> <p><u>DDA approved camp</u></p>
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**Verification of Provider Qualifications**

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Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Respite Care Professional	<ol style="list-style-type: none"> <li>1. DDA for approval of Respite Care Supports</li> <li>2. FMCS providers, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and at least every three years</li> <li>2. FMCS provider - prior to service delivery and continuing thereafter</li> </ol>
Camp	<ol style="list-style-type: none"> <li>1. DDA for approval of camps</li> <li>2. FMCS providers, as described in Appendix E. for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and at least every three years</li> <li>2. FMSFMCS provider - prior to service delivery and continuing thereafter</li> </ol>
Licensed Community Residential Services Provider	<ol style="list-style-type: none"> <li>1. DDA for verification of provider license and licensed site</li> <li>2. Licensed Community Residential Services Provider for verification of direct support staff and camps</li> <li>2.3. <u>FMCS providers, as described in Appendix E, for participants self-directing services</u></li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and at least every three years</li> <li>2. Licensed Community Residential Services Provider – prior to service delivery and continuing thereafter</li> <li>2. <u>FMCS providers, as described in Appendix E, for participants self-directing services</u></li> </ol>
DDA Certified Respite Care Provider	<ol style="list-style-type: none"> <li>1. DDA for verification of provider approval</li> <li>2. Respite Care Services Provider for verification of direct support staff and camps</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and at least every three years</li> <li>2. DDA Certified Respite Care Services Provider –</li> </ol>

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	<u>2.3.FMCS providers, as described in Appendix E, for participants self-directing services</u>	prior to service delivery and continuing thereafter <u>2.3.FMCS – prior to service delivery and continuing thereafter</u>
<u>Organized Health Care Delivery System Provider</u>	<ol style="list-style-type: none"> <li><u>1. DDA for OHCDs</u></li> <li><u>2. OHCDs providers for entities and individuals they contract or employ</u></li> <li><u>3. FMCS providers, as described in Appendix E, for participants self-directing services</u></li> </ol>	<ol style="list-style-type: none"> <li><u>1. OHCDs – Initial and at least every three years</u></li> <li><u>4. OHCDs providers – prior to service delivery and continuing thereafter</u></li> <li><u>5. FMCS – prior to service delivery and continuing thereafter</u></li> </ol>

Service Type: Other Service

Service (Name):

**Alternative Service Title: ASSISTIVE TECHNOLOGY AND SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14031 equipment and technology
Service Definition (Scope):	

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- A. The purpose of assistive technology is to maintain or improve a participant’s functional abilities, enhance interactions, support meaningful relationships, and promote their ability to live independently, and meaningfully participate in their community.
  
- B. Assistive Technology and services includes:
  - 1. Assistive technology needs assessment
  - 2. Acquisition of assistive technology
  - 3. Installation and instruction on use of assistive technology; and
  - 4. Maintenance of assistive technology.
  
- C. Assistive Technology means an item, computer application, piece of equipment, or product system. Assistive Technology may be acquired commercially, modified, or customized. Assistive technology devices ~~only~~ includes:
  - 1. Speech and communication devices also known as augmentative and alternative communication devices (AAC), such as speech generating devices, text-to-speech devices and voice amplification devices;
  - 2. Blind and low vision devices, such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers;
  - 3. Deaf and hard of hearing devices, such as alerting devices, alarms, and assistive listening devices;
  - 4. Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones;
  - 5. Environmental control devices, such as voice activated lights, lights, fans, and door openers;
  - 6. Aides for daily living, such as weighted utensils, adapted writing implements, and dressing aids;

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7. Cognitive support devices and items, such as task analysis applications or reminder systems;
8. Remote support devices, such as assistive technology health monitoring such as blood pressure bands and oximeter and personal emergency response systems; and
9. Adapted toys and specialized equipment such as specialized car seats and adapted bikes.

D. Assistive technology service means a service that directly assists ~~a~~participants in the selection, acquisition, use, or maintenance of an assistive technology device. Assistive ~~T~~technology services only include:

1. Assistive Technology needs assessment;
2. Programs, materials and assistance in the development of adaptive materials;
3. Training or technical assistance for the participant and their support network including family members;
4. Repair and maintenance of devices and equipment;
5. Programming and configuration of devices and equipment;
6. Coordination and use of assistive technology devices and equipment with other necessary therapies, interventions, or services in the Person-Centered Plan; and
7. Services consisting of purchasing or leasing devices.

E. Specifically excluded under this service are:

1. Wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription by physicians or other licensed health care providers as these items are covered through: (i) the Medicaid State Plan as Durable Medical Equipment (DME); (ii) other Waiver program services (e.g., environmental modification and vehicle modifications); (iii) the Division of Rehabilitation Services; or (iv) any other State funding program;

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- 2. Services, equipment, items, or devices that are experimental or not authorized by applicable State or Federal authority; and
- 3. Smartphones and associated monthly service line and data cost.

**SERVICE REQUIREMENTS:**

- A. If the Assistive Technology, requested for the participant, costs up to, but does not equal or exceed ~~\$1,000, \$2,500~~, then an ~~A~~assistive ~~T~~technology ~~n~~Needs ~~a~~Assessment is not required, but may be requested by the participant, prior to the acquisition of the Assistive Technology.
- B. If the Assistive Technology, requested for the participant, has a cost that equals or exceeds ~~\$1,000, \$2,500~~, then an Assistive Technology Needs Assessment ~~assistive technology needs assessment~~ is required prior to acquisition of the Assistive Technology.
- C. The Assistive Technology Needs Assessment ~~Assistive technology assessment~~ must contain the following components:
  - 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 technology needs of the participant.
- D. If the item costs over ~~\$1,000, \$2,500~~, 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.
- E. If the Assistive Technology, requested for the participant, has a cost that equals or exceeds \$1,000, \$2,500, prior to acquisition of the Assistive Technology, ~~Prior to acquisition of the Assistive~~

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~~Technology~~, the participant must submit three estimates for the Assistive Technology and services for review and selection by the DDA.

F. 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.

G. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including those offered by 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 must be explored and exhausted to the extent applicable. shall be examined, explored, and, if applicable, exhausted.

1. These efforts must be documented in the participant’s file.
2. 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.

G.H. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

I. 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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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<b>Service Delivery Method</b> ( <i>check each that applies</i> ):					X	Participant-directed as specified in Appendix E		X	Provider managed	
Specify whether the service may be provided by ( <i>check each that applies</i> ):			<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian		
<b>Provider Specifications</b>										
Provider Category(s) ( <i>check one or both</i> ):	X	Individual. List types:			X	Agency. List the types of agencies:				
	Assistive Technology Professional			Organized Health Care Delivery System Provider						
<b>Provider Qualifications</b>										
Provider Type:	License ( <i>specify</i> )			Certificate ( <i>specify</i> )			Other Standard ( <i>specify</i> )			
Assistive Technology Professional							Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification in an area related to the specific type of technology needed as noted below,</li> <li>3. Pass a criminal background investigation and any other required background checks</li> </ol>			

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			<p>and credentials verifications as provided in Appendix C-2-a;</p> <ol style="list-style-type: none"> <li>4. Have Commercial General Liability Insurance;</li> <li>5. Complete required orientation and training designated by DDA;</li> <li>6. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>7. 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;</li> <li>8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>9. Complete and sign any agreements required by MDH or DDA; and</li> </ol>
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			<p>10. Have a signed Medicaid Provider Agreement.</p> <p>Assistive Technology Professional credentialing, licensing, or certification requirements:</p> <ol style="list-style-type: none"> <li>1. Individuals performing assessments for Assistive Technology (except for Speech Generating Devices) must meet following requirements:             <ol style="list-style-type: none"> <li>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP),</li> <li>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate, or</li> <li>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).</li> </ol> </li> <li>2. Individuals performing assessments for any Speech Generating Devices must</li> </ol>
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			<p>meet the following requirements:</p> <ul style="list-style-type: none"> <li>a. Need assessment and recommendation must be completed by a licensed Speech Therapist;</li> <li>b. Program and training can be conducted by a RESNA Assistive Technology Practitioner (ATP) or California State University North Ridge (CSUN) Assistive Technology Applications Certificate professional.</li> </ul> <p>3. Assistive Technology Specialist/Practitioner must have an acceptable certification from any of the following:</p> <ul style="list-style-type: none"> <li>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)</li> </ul>
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			<p>Assistive Technology Practitioner (ATP);</p> <p>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or</p> <p>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP); and</p> <p>d. Minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified.</p> <p>4. Licensed professional must have:</p> <p>a. Maryland Board of Audiologists, Hearing Aid Dispensers &amp; Speech-Language Pathologists license for Speech-Language Pathologist, or</p>
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			<p>b. Maryland Board of Occupational Therapy Practice license for Occupational Therapist.</p> <p>5. Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor.</p>
<p>Organized Health Care Delivery System Provider</p>		<p>.</p>	<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</li> </ol> <p>OHCDs providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employ and have a copy of the same available upon request.</p> <p>Assistive Technology Professional credentialing, licensing, or certification requirements:</p>

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			<ol style="list-style-type: none"> <li>1. Individuals performing assessments for Assistive Technology (except for Speech Generating Devices) must meet following requirements:             <ol style="list-style-type: none"> <li>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP),</li> <li>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate, or</li> <li>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).</li> </ol> </li> <li>2. Individuals performing assessments for any Speech Generating Devices must meet the following requirements:             <ol style="list-style-type: none"> <li>a. Need assessment and recommendation must be completed by a licensed Speech Therapist;</li> </ol> </li> </ol>
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			<p>b. Program and training can be conducted by a RESNA Assistive Technology Practitioner (ATP) or California State University North Ridge (CSUN) Assistive Technology Applications Certificate professional.</p> <p>3. Assistive Technology Specialist/Practitioner must have an acceptable certification from any of the following:</p> <p>a. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP);</p> <p>b. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or</p> <p>c. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP); and</p>
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			<p>d. Minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified;</p> <p>4. Licensed professional must have:</p> <p>a. Maryland Board of Audiologists, Hearing Aid Dispensers &amp; Speech-Language Pathologists license for Speech-Language Pathologist, or</p> <p>b. Maryland Board of Occupational Therapy Practice license for Occupational Therapist.</p> <p>5. Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Assistive Technology Professional	1. DDA for certified Assistive Technology Professional	1. DDA – Initially and at least every three years 2. <u>FMSEFMCS</u> provider

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	2. <u>FMSFMCS</u> provider, as described in Appendix E, for participants self-directing services	- prior to services and continuing thereafter
Organized Health Care Delivery System Provider	1. DDA for OHCDS 2. OHCDS providers for entities and individuals they contract or employ	1. OHCDS – Initial and at least every three years 2. OHCDS providers – prior to service delivery and continuing thereafter

Service Type: Other

Service (Name):

**Alternative Service Title: BEHAVIORAL SUPPORT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
10: Other Mental Health and Behavioral Services	10040 behavior support
Service Definition (Scope):	
<p>A. 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, <u>psychological</u>, social, or emotional issues. These services seek to help understand a participant’s challenging behavior and its function is to develop a Behavior <u>Support</u> Plan with the primary aim of enhancing the participant’s independence, <u>quality of life</u>, and inclusion in their community.</p> <p>B. Behavioral Support Services includes:</p>	

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1. Behavioral Assessment - identifies a participant’s challenging behaviors by collecting and reviewing relevant data, discussing the information with the participant’s support team, and developing a Behavior Support Plan, that best addresses the function of the behavior, if needed;
2. Behavioral Consultation - services that implement, oversee, monitor, and modify the Behavior Support Plan; and
3. ~~Brief~~ Support Implementation Services - time limited service ~~that~~ provides direct assistance and modeling to families, staff, caregivers, and any other individuals supporting the participant so they can independently implement the Behavior Support Plan

**SERVICE REQUIREMENTS:**

A. Behavioral Assessment:

1. Is based on the principles of person-centered thinking, a comprehensive Functional Behavioral Assessment (FBA), and supporting data;
2. Is performed by a qualified clinician;
3. Requires development of specific hypotheses for ~~the a participant’s~~ challenging behavior, a description of the ~~challenging~~ behaviors in behavioral terms, to include where the person lives and spends their time~~topography~~, frequency, duration, intensity/severity, and variability/cyclical~~ity~~ of the behaviors;
4. Must be based on a collection of current specific behavioral data; and
5. Includes the following:
  - a. An onsite observation of the interactions between the participant and his/her/their caregiver(s) and/or others who support them in multiple settings and observation of the relationships between the participant and others in their environment, and ~~the~~ implementation of existing strategies (if any);

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b. An environmental assessment of all primary environments;

c. Assessment of communication skills and how challenges with communication may relate to behavior (if applicable);

~~b.d.~~ An ~~medical~~ assessment of the participant’s medical conditions and needs, and how they relate to their behavior, (somatic and psychiatric), including a list of all medications including those specifically prescribed to modify challenging behaviors, the rationale for prescribing each medication, and the potential side effects of each medication;

~~e.e.~~ A participant’s history based upon the records and interviews with the participant and with the people important ~~T~~to ~~and/F~~for the person (e.g., parents, caregivers, vocational staff, etc.);

~~e.f.~~ Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it;

~~e.g.~~ Recommendations, after discussion of the results within the participant’s interdisciplinary team, ~~for-on~~ behavioral support strategies, including those required to be developed in a Behavior Support Plan; and

~~f.h.~~ Development of the Behavior Support Plan, if applicable, with goals that are specific, measurable, attainable, relevant, time based, and based on a person-centered approach;

~~g.i.~~ Development of the Behavior Plan, if applicable.

B. Behavioral Consultation services only include:

1. Recommendations for subsequent professional evaluation services (e.g., Psychiatric, Neurological, Psychopharmacological, etc.), not identified in the Behavioral Assessment, that are deemed necessary and help support positive behavior~~pertinent to the behavioral challenges;~~

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2. Consultation, subsequent to the development of the Behavioral Support Plan which may include speaking with the participant’s Psychiatrists and other medical/therapeutic practitioners;
3. Developing, writing, presenting, and monitoring the strategies for working with the participant and their caregivers;
4. Providing ongoing education on recommendations, strategies, and next steps to the participant’s support network (i.e. caregiver(s), family members, agency staff, etc.) regarding the structure of the current environment, activities, and ways to communicate with and support the participant;
5. Developing, presenting, and providing ongoing education on recommendations, strategies, and next steps to ensure that the participant is able to continue to participate in home and community environments, including those where they live, spend their days, work, volunteer, etc in all pertinent environments (i.e. home, day program, job, and community) to optimize community inclusion in the most integrated environment.
6. Ongoing assessment of progress in all pertinent environments in all appropriate environments against identified goals in all environments related to the behavior support plan.
7. Preparing written progress notes on the status of participant’s goals identified in the Behavior Support Plan at a minimum include the following information:\
  - (a) Assessment of behavioral and environmental supports in the environment;
  - (b) ~~Progress notes detailing the s~~Specific Behavior Support Plan interventions and outcomes for the participant;
  - (c) Data, trend analysis and graphs to detail progress on target behaviors identified in a Behavior Support Plan; and
  - (d) Recommendations for ongoing supports;

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- 8. Development and updates to the Behavioral Support Plan as required by regulations; and
- 9. Monitoring and ongoing assessment of the implementation of the Behavior Support Plan based on the following:
  - a. At least monthly for the first six months; and
  - b. At least quarterly after the first six months or more frequently as determined as ~~dictated~~ by progress against-in meeting their identified goals.

C. Brief Support Implementation Services includes:

- ~~10.1.~~ On-site execution and modeling of identified behavioral support strategies
- ~~11.2.~~ Timely semi-structured written feedback to the clinicians on the provision and effectiveness of the Behavior Support Plan and strategies;
- ~~12.3.~~ Participation in onsite meetings or instructional sessions with the participant’s support network regarding the recommendations, strategies, and next steps identified in the Behavior Support Plan;
- ~~13.4.~~ Brief Support Implementation Services cannot be duplicative of other services being provided (e.g., 1:1 supports); and
- ~~14.5.~~ Staff must provide Brief Support Implementation Services on-site and in person with the individuals supporting the participant in order to model the implementation of identified strategies to be utilized in the Behavior Support Plan.

~~C.D.~~ The DDA policies, procedure and guidance must be followed when developing a behavior plan.

~~D.~~ If the requested Behavioral Support Services, or Behavior Support Plan, restricts the participant’s rights, as set forth in Title 7 of the Health-General Article of the Maryland Annotated Code or COMAR Title 10, Subtitle 22, then the need for the restriction must be set forth written in the participant’s ~~b~~Behavior Support ~~p~~Plan in accordance with applicable

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regulations and policies governing restrictions of participant rights, ~~B~~behavior Support Plans, and positive behavior supports.

E. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including to those offered by Maryland Medicaid State Plan such as Applied Behavior Analysis, Division of Rehabilitation Services, (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant’s file.
2. 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.

~~E.F.~~ To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

~~F.G.~~ Behavioral Assessment is reimbursed based on a milestone for a completed assessment.

~~G.H.~~ The Behavior Support Plan is reimbursed based on a milestone for a completed plan.

~~H.I.~~ Behavioral Support Services may not be provided at the same time as the direct provision of Respite Care Services.

~~I.J.~~ Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA.

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J.K. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

L. 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.

M. Services which are provided virtually, must:

1. Be provided in accordance with federal and State requirements, policies, guidance, and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their applicable regulations to protect the privacy and security of the participant’s protected health information;

2. Support a participant to reach identified outcomes in their Person-Centered Plan;

3. Not be used for the provider's convenience; and

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

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Behavioral Assessment and Behavior Support Plan is limited to one per person-centered plan year unless otherwise approved by DDA.

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2. For Behavioral Consultation and Brief Support Implementation Services, the Waiver program will fund up to a maximum of 8 hours per day.

Note: Behavior Support Plan updates are completed under Behavioral Consultation.

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	X	Participant-directed as specified in Appendix E	X	Provider managed
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) ( <i>check one or both</i> ):	X	Individual. List types:	X	Agency. List the types of agencies:
		Behavioral Support Service Professional		Behavioral Support Services Provider
<b>Provider Qualifications</b>				
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )	
Behavioral Support Service Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have required credentials, license, or certification as noted below;</li> <li>3. Pass a criminal background investigation and any other required background checks and credentials</li> </ol>	

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			<p>verifications as provided in Appendix C-2-a;</p> <ol style="list-style-type: none"> <li>4. Complete required orientation and training designated by DDA;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan <del>and DDA required training prior to service delivery;</del></li> <li>6. 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;</li> <li>7. Have Commercial General Liability Insurance;</li> <li>8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>9. Complete and sign any agreements required by MDH or DDA; and</li> <li>10. Have a signed Medicaid provider agreement.</li> </ol> <p>An individual is qualified to complete the behavioral assessment and</p>
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			<p>consultation services if they have one of the following:</p> <ol style="list-style-type: none"> <li>11. Licensed psychologist;</li> <li>12. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology);</li> <li>13. Licensed professional counselor;</li> <li>14. Licensed certified social worker; and</li> <li>15. Licensed behavioral analyst.</li> </ol> <p>In addition, an individual who provides behavioral assessment and/or consultation services must have the following training and experience:</p> <ol style="list-style-type: none"> <li>1. A minimum of one year of clinical experience under the supervision of a <del>Maryland-IL</del> licensed Health <del>Occupations</del>-professional <u>as described above, who has-with</u> training and experience in functional analysis and tiered behavior support plans with the I/DD population;</li> <li>2. A minimum of one-year clinical experience working with individuals</li> </ol>
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			<p>with co-occurring mental health or neurocognitive disorders; and</p> <p>3. Competencies in areas related to:</p> <ul style="list-style-type: none"> <li>a. Analysis <u>of different styles of communication and communication related challenges; of verbal behavior to improve socially significant behavior;</u></li> <li>b. Behavior <u>reduction/elimination support</u> strategies that promote least restrictive approved alternatives, including positive reinforcement/schedules of reinforcement;</li> <li>c. Data collection, tracking and reporting;</li> <li>d. Demonstrated expertise with populations being served;</li> <li>e. Ethical considerations related to behavioral <u>and psychological</u> services;</li> <li>f. Functional analysis and functional assessment and development of functional</li> </ul>
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			<p>alternative behaviors and generalization and maintenance of behavior change;</p> <p>g. Measurement of behavior and interpretation of data, including ABC (antecedent-behavior-consequence) analysis including antecedent interventions;</p> <p>h. Identifying <u>person-centered</u> desired outcomes;</p> <p>i. Selecting intervention strategies to achieve <u>person-centered</u> <del>desired</del> outcomes;</p> <p>j. Staff/caregiver training;</p> <p><del>k. Support plan monitorings and revisions;</del> and</p> <p><u>k. Positive behavioral supports and trauma informed care.</u></p> <p><del>l. Self-management.</del></p> <p>Staff providing the Brief Support Implementation Services must be a person who has:</p> <p>4. Demonstrated completion of high school or equivalent/higher,</p>
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			<p>5. Successfully completed a 40-hour <del>Registered Behavioral Technician (RBT)</del> training <u>and training in positive behavioral supports and trauma informed care</u>, and</p> <p>Receives ongoing supervision by a qualified clinician who meets the criteria to provided behavioral assessment and behavioral consultation.</p>
<p>Behavioral Support Services Provider</p>			<p>Agencies must meet the following standards:</p> <p>(a) Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:</p> <p>(b) Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</p> <p>(c) A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</p> <p>(d) Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee</p>

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			<p>including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>(e) Except for currently DDA licensed or certified Behavioral Support Services providers, demonstrate the capability to provide or arrange for the provision of all behavioral support services required by submitting, at a minimum, the following documents with the application:</p> <p>(f) A program service plan that details the agencies service delivery model;</p> <p>(g) A business plan that clearly demonstrates the ability of the agency to provide behavioral support services;</p> <p>(h) A written quality assurance plan to be approved by the DDA;</p> <p>(i) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(j) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including</p>
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			<p>deficiency reports and compliance records.</p> <p>(k) If currently licensed or certified, produce, upon written request from the DDA, the documents required under D;</p> <p>(l) Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>(m) Have Workers’ Compensation Insurance;</p> <p>(n) Have Commercial General Liability Insurance;</p> <p>(o) Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>(p) Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>(q) Complete required orientation and training;</p> <p>(r) Comply with the DDA standards related to provider qualifications; and</p>
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			<p>(s) Complete and sign any agreements required by MDH or DDA.</p> <p>(t) Have a signed Medicaid provider agreement.</p> <p>(u) Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>(v) Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant</p>
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			<p>must meet the following minimum standards:</p> <ul style="list-style-type: none"> <li>(w) Be at least 18 years old;</li> <li>(x) Have required credentials, license, or certification as noted below;</li> <li>(y) Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>(z) Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li><del>(aa) — Complete <u>required orientation and the the</u> training designated by DDA <u>including training in positive behavioral supports and trauma informed care</u> . After July 1, 2019, all new hires must complete the DDA required training prior to independent service delivery.</del></li> </ul> <p>An individual is qualified to complete the behavioral assessment and consultation services if they have one of the following licenses:</p> <ul style="list-style-type: none"> <li>(a) Licensed psychologist;</li> </ul>
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			<p>(b) Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology);</p> <p>(c) Licensed professional counselor;</p> <p>(d) Licensed certified social worker; and</p> <p>(e) Licensed behavioral analyst.</p> <p>In addition, an individual who provides behavioral assessment and/or consultation services must have the following training and experience:</p> <p>(f) A minimum of one year of clinical experience under the supervision of a <del>Maryland</del>-licensed Health <del>Occupations</del>-professional <u>as defined above</u>, with training and experience in functional analysis and tiered behavior support plans with the I/DD population;</p> <p>(g) A minimum of one-year clinical experience working with individuals with co-occurring mental health or neurocognitive disorders; and</p> <p>(h) Competencies in areas related to:</p>
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State:	
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			<p>(i) <u>Analysis of different styles of communication and communication challenges related to behavior;</u></p> <p><del>(i) Analysis of verbal behavior to improve socially significant behavior;</del></p> <p>(j) Behavior <u>reduction/elimination</u> support strategies that promote least restrictive approved alternatives, including positive reinforcement/schedules of reinforcement;</p> <p>(k) Data collection, tracking and reporting;</p> <p>(l) Demonstrated expertise with populations being served;</p> <p>(m) Ethical considerations related to behavioral <u>and psychological</u> services;</p> <p>(n) Functional analysis and functional assessment and development of functional alternative behaviors and generalization and maintenance of behavior change;</p> <p>(o) Measurement of behavior and interpretation of data, including ABC</p>
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			<p>(antecedent-behavior-consequence) analysis including antecedent interventions;</p> <p>(p) Identifying <u>person-centered</u> desired outcomes;</p> <p>(q) Selecting intervention strategies to achieve <del>desired</del> <u>person-centered</u> outcomes;</p> <p>(r) Staff/caregiver training; <u>and</u></p> <p><u>(s)</u> Support plan monitor<u>ings</u> and revisions; <del>and</del></p> <p><u>(t) Positive behavioral supports and trauma informed care.</u></p> <p><del>Self management.</del></p> <p>Staff providing the Brief Support Implementation Services must be a person who has:</p> <p><del>(s)(u)</del> <u>(s)(u)</u> Demonstrated completion of high school or equivalent/higher,</p> <p><del>(+)(v)</del> <u>(+)(v)</u> Successfully completed a 40-hour behavioral technician training <del>and training in positive behavioral supports and trauma informed care,</del></p> <p>and</p> <p>Receives ongoing supervision by a qualified clinician who meets the criteria</p>
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			to provided behavioral assessment and behavioral consultation.
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Behavioral Support Services Professional	<ol style="list-style-type: none"> <li>DDA for certified Behavioral Support Services Professional</li> <li><b>FMSFMCS</b> provider, as described in Appendix E for participants self-directing services</li> </ol>		<ol style="list-style-type: none"> <li>DDA – Initially and at least every three years</li> <li><b>FMSFMCS</b> provider – prior to service delivery and continuing thereafter</li> </ol>
Behavioral Support Services Provider	<ol style="list-style-type: none"> <li>DDA for verification of Behavioral Support Services provider</li> <li>Providers for verification of clinician’s and staff’s qualifications and training</li> </ol>		<ol style="list-style-type: none"> <li>DDA – Initially and at least every three years</li> <li>Providers – prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other Service

Service (Name):

**Alternative Service Title: ENVIRONMENTAL ASSESSMENT**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:

State:	
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14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. An environmental assessment is an on-site assessment with the participant at their primary residence to determine if environmental modifications or assistive technology may be necessary in the participant’s home.</p> <p>B. Environmental assessment includes:</p> <ol style="list-style-type: none"> <li>1. An evaluation of the participant;</li> <li>2. Environmental factors in the participant’s home;</li> <li>3. The participant's ability to perform activities of daily living;</li> <li>4. The participant's strength, range of motion, and endurance;</li> <li>5. The participant's need for assistive technology and or modifications; and</li> <li>6. The participant's support network including family members’ capacity to support independence.</li> </ol> <p><b>SERVICE REQUIREMENTS:</b></p> <p>A. The assessment must be conducted by an Occupational Therapist licensed in the State of Maryland.</p> <p>B. The Occupational Therapist must complete an Environmental Assessment Service Report to document findings and recommendations based on an onsite environmental assessment of a home or residence (where the participant lives or will live) and interviews the participant and their support network (e.g., family, direct support staff, delegating nurse/nurse monitor, etc.).</p> <p>The report shall:</p>	

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1. Detail the environmental assessment process, findings, and specify recommendations for the home modification and assistive technology that are recommended for the participant;
2. Be typed; and
3. Be completed within 10 business days of the completed assessment and forwarded to the participant and their Coordinator of Community Service (CCS) in an accessible format.

- C. 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.
- D. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.
- E. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.
- F. 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

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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Environment assessment is limited to one (1) assessment annually unless otherwise authorized by the DDA.						
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed		
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s)  ( <i>check one or both</i> ):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
	Environment Assessment Professional		Organized Health Care Delivery System Provider			
<b>Provider Qualifications</b>						
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )			
Environment Assessment Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Be a licensed Occupational Therapist by the Maryland Board of Occupational Therapy Practice or a Division</li> </ol>			

State:	
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			<p>of Rehabilitation Services (DORS) approved vendor;</p> <ol style="list-style-type: none"> <li>3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>4. Have Commercial General Liability Insurance</li> <li>5. Complete required orientation and training designated by DDA;</li> <li>6. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</li> <li>7. 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;</li> <li>8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> </ol>
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State:	
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			<p>9. Complete and sign any agreements required by MDH or DDA; and</p> <p>10. Have a signed Medicaid provider agreement.</p>
<p>Organized Health Care Delivery System Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</li> </ol> <p>OHCDS providers shall:</p> <ol style="list-style-type: none"> <li>1. Verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request; and</li> <li>2. Obtain Workers Compensation if required by applicable law.</li> </ol>

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		<p>Environmental Assessment</p> <p>Professional requirements:</p> <ol style="list-style-type: none"> <li>1. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or</li> <li>2. Contract with a Division of Rehabilitation Services (DORS) approved vendor</li> </ol>
<b>Verification of Provider Qualifications</b>		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Environmental Assessment Professional	<ol style="list-style-type: none"> <li>1. DDA for certified Environmental Assessment Professional</li> <li>2. <del>FMSFMCS</del> provider, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and at least every three years</li> <li>2. <del>FMSFMCS</del> provider - prior to initial services and continuing thereafter</li> </ol>
Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> <li>1. DDA for OHCDS</li> <li>2. OHCDS provider will verify Occupational Therapist (OT) license and DORS approved vendor</li> </ol>	<ol style="list-style-type: none"> <li>1. OHCDS – Initial and at least every three years</li> <li>2. OT license and DORS approved vendor - prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other Service

State:	
Effective Date	

Service (Name):

**Alternative Service Title: ENVIRONMENTAL MODIFICATIONS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. 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.</p> <p>B. Environmental Modifications include:</p> <ol style="list-style-type: none"> <li>1. The following types of environmental modifications:                             <ol style="list-style-type: none"> <li>i. Installation of grab bars;</li> <li>ii. Construction of access ramps and railings;</li> <li>iii. Installation of detectable warnings on walking surfaces;</li> <li>iv. Alerting devices for participant who has a hearing or sight impairment;</li> <li>v. Adaptations to the electrical, telephone, and lighting systems;</li> <li>vi. Generator to support medical and health devices that require electricity;</li> <li>vii. Widening of doorways and halls;</li> <li>viii. Door openers;</li> <li>ix. Installation of lifts and stair glides (with the exception of elevators), such as overhead lift systems and vertical lifts;</li> </ol> </li> </ol>	

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- x. Bathroom modifications for accessibility and independence with self-care;
  - xi. Kitchen modifications for accessibility and independence;
  - xii. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; Plexiglas, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the participant;
2. Training on use of modification; and
  3. Service and maintenance of the modification.

C. Environmental Modifications do not include:

1. Improvements to the residence that:
  - i. Are of general utility;
  - ii. Are not of direct medical or remedial benefit to the participant or otherwise meets the needs of the participant as defined in Sections A-B above; or
  - iii. Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to the participant's primary residence; or
  - iv. Are required by local, county, or State law when purchasing or licensing a residence;
2. A generator for use other than to support the participant's medical and health devices that require electricity for safe operations; or
3. An elevator.

**SERVICE REQUIREMENTS:**

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- D. If an Environmental Assessment is required prior to authorization of Environmental Modification services, then it must be completed by as per the environmental assessment waiver services requirements.
1. If the estimated cost of the requested Environmental Modification is equal to or greater than \$2,000, then the participant must receive an Environmental Assessment, performed in a reasonable amount of time prior to installation of an Environmental Modification.
  2. If the estimated cost of the requested Environmental Modification is less than \$2,000, then an Environmental Assessment is not required.
- E. Unless otherwise approved by the DDA, if the requested Environmental Modification is estimated to cost over \$2,000 over a 12-month period, then the participant must provide at least three bids ~~unless otherwise approved by DDA.~~
- F. If the requested Environmental Modification restricts the participant’s rights, as set forth in Title 7 of the Health-General Article of the Maryland Annotated Code or COMAR Title 10, Subtitle 22, then the need for the restriction must be set forth in the participant’s ~~b~~Behavior Support pPlan in accordance with applicable regulations and policies governing restrictions of participant rights, ~~B~~behavior Support pPlans, and positive behavior supports.
- G. For a participant to be eligible to receive Environmental Modification services funded by the Waiver program, either:
1. The participant is the owner of the primary residence; or
  2. If the participant is not the owner of the primary residence, the property manager or owner of the primary residence provides in writing:
    - i. Approval for the requested Environmental Modification; and
    - ii. Agreement that the participant will be allowed to remain in the primary residence for at least one year.
- H. Deliverable Requirements:

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1. Prior to installation, the provider must obtain any required permits or approvals from State or local governmental units for the Environmental Modification.
  2. The provider must provide this Waiver program service in accordance with a written schedule that:
    - i. The provider provides to the participant and the Coordinator of Community Services prior to commencement of the work; and
    - ii. Indicates an estimated start date and completion date
  3. The provider must provide progress reports regarding work to the participant, the Coordinator of Community Services, the ~~Fiscal Management Service~~Financial Management and Counseling Services provider, and, if applicable, the property owner.
  4. The provider must perform all work in accordance with applicable laws and regulations, including, but not limited to, the Americans with Disabilities Act and State and local building codes.
  5. The provider must obtain any final inspections and ensure work passes required inspections.
  6. Upon delivery to the participant (including installation) or maintenance performed, the Environmental Modification must be in good operating condition and repair in accordance with applicable specifications.
- I. 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.
- J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable.
1. These efforts must be documented in the participant’s file.

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2. 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.

K. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Cost of services must be customary, reasonable, and may not exceed a total of \$50,000 every three years unless otherwise authorized by the DDA. ~~15,000 every three years.~~

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed		
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>						
Provider Category(s) ( <i>check one or both</i> ):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Environmental Modifications		Organized Health Care Delivery System		
		Professional		Provider		
<b>Provider Qualifications</b>						
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )			

State:	
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<p>Environmental Modifications Professional</p>			<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ul style="list-style-type: none"> <li>a. Be at least 18 years old;</li> <li>b. Be a licensed home contractor or Division of Rehabilitation Services (DORS) approved vendor;</li> <li>c. Be properly licensed or certified by the State;</li> <li>d. Obtain and maintain Commercial General Liability Insurance;</li> <li>e. Obtain and maintain worker’s compensation insurance sufficient to cover all employees, if any;</li> <li>f. Be bonded as is legally required;</li> <li>g. Complete required orientation and training designated by DDA;</li> <li>h. 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</li> </ul>
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			<p>Annotated Code of Maryland, Health General, Title 7;</p> <ul style="list-style-type: none"> <li>i. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>j. Complete and sign any agreements required by MDH or DDA; and</li> <li>k. Have a signed Medicaid Provider Agreement.</li> </ul> <p>Environmental Modification Professional shall:</p> <ul style="list-style-type: none"> <li>l. Ensure all staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection</li> <li>m. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which</li> </ul>
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			<p>may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and</p> <ul style="list-style-type: none"> <li>n. Ensure all home contractors and subcontractors of services shall:</li> <li>o. Be properly licensed or certified by the State;</li> <li>p. Be in good standing with the Department of Assessments and Taxation to provide the service;</li> <li>q. Obtain and maintain Commercial General Liability Insurance; <del>and</del></li> <li>r. Obtain and maintain worker’s compensation insurance sufficient to cover all employees, if required by law; and</li> <li>s. Be bonded as is legally required.</li> </ul>
<p>Organized Health Care Delivery System Provider</p>			<p>Agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and</li> </ul>

State:	
Effective Date	

			<p>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</p> <p>OHCDS providers shall ensure the following requirements and verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request including:</p> <ol style="list-style-type: none"> <li>1. Be licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors;</li> <li>2. All staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection;</li> <li>3. Obtain, in accordance with Department of Labor and Licensing requirements, a Home Improvement License for projects which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; and</li> </ol>
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State:	
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			<p>4. All home contractors and subcontractors of services shall:</p> <ul style="list-style-type: none"> <li>a. Be properly licensed or certified by the State;</li> <li>b. Be in good standing with the Department of Assessments and Taxation to provide the service;</li> <li>c. Obtain and maintain Commercial General Liability Insurance; and</li> <li>d. Obtain and maintain worker’s compensation insurance sufficient to cover all employees, if required by law</li> <li>e. Be bonded as is legally required.</li> </ul>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Environmental Modifications Professional	<ul style="list-style-type: none"> <li>1. DDA for certified Environmental Modifications professional</li> <li>2. <del>FMSFMCS</del> providers, as described in Appendix E, for participants self-directing services</li> </ul>	<ul style="list-style-type: none"> <li>1. 1. DDA – Initial and at least every three years</li> <li>2. <del>FMSFMCS</del> provider - prior to service delivery and continuing thereafter</li> </ul>

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Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> <li>1. DDA for approval of the OHCDS</li> <li>2. Organized Health Care Delivery System provider for verification of the contractors and subcontractors to meet required qualifications</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and at least every three years</li> <li>2. OHCDS - Contractors and subcontractors prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other

**Service (Name): FAMILY AND PEER MENTORING SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09020 caregiver counseling and/or training
Category 2:	Sub-Category 2:
13: Participant Training	13010 participant training
Service Definition (Scope):	
<p>A. Family and Peer Mentoring Supports provide mentors who have shared experiences as the participant, family, or both participant and family and who provide support and guidance to the participant and their family members. Family and Peer mentors explain community services, programs, and strategies they have used to achieve the waiver participant’s goals. It fosters connections and relationships which builds the resilience of the participant and their family.</p> <p>B. Family and Peer Mentoring Supports services encourage participants and their family members to share their successful strategies and experiences in navigating a broad range of community</p>	

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resources beyond those offered through the waiver with other waiver participants and their families.

C. Family and Peer Mentoring supports includes:

1. Facilitation of connection between:

- i. The participant and the participant’s relatives; and
- ii. A mentor; and

2. Follow-up support to assure the match between the mentor and the participant and the participant’s relatives meets peer expectations.

D. Family and Peer Mentoring Supports do not include:

- 1. Provision of Coordination of Community Services;
- 2. Determination of participant eligibility for enrollment in the Waiver program, as described in Appendix B;
- 3. Development of the person-centered plan, as described in Appendix D;
- 4. Support Broker services, as described in Appendices C and E.

**SERVICE REQUIREMENTS:**

- A. Family and Peer Mentoring Supports are provided from an experienced peer mentor, parent or other family member to a peer, another parent or family caregiver who is the primary unpaid support to the participant.
- B. Support needs for peer mentoring are identified in the participant's Person-Centered Plan.
- C. The mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities.

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D. Mentors cannot mentor their own family members. 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.

E. 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, State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant’s file.
2. 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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Peer and Family Mentoring Services are limited to 8 hours per day.

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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**Provider Specifications**

Provider Category(s) ( <i>check one or both</i> ):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Family or Peer Mentor		Family and Peer Mentoring Provider	

State:	
Effective Date	

<b>Provider Qualifications</b>			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
Family or Peer Mentor			<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor’s Degree or demonstrated life experiences and skills to provide the service;</li> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</li> <li>6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</li> </ol>

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			<ol style="list-style-type: none"> <li>7. Complete required orientation and training designated by DDA;</li> <li>8. Complete necessary pre/in-service training based on the Person-Centered Plan <del>and DDA required training prior to service delivery;</del></li> <li>9. 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;</li> <li>10. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>11. Complete and sign any agreements required by MDH or DDA; and</li> <li>12. Have a signed Medicaid Provider Agreement.</li> </ol>
<p>Family and Peer Mentoring Provider</p>			<p>Agencies must meet the following standards:</p>

State:	
Effective Date	

			<p>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:</p> <ul style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services such as self-advocacy and parent organizations;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>D. Demonstrate the capability to provide or arrange for the provision of all services</li> </ul>
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			<p>required by submitting, at a minimum, the following documents with the application:</p> <ul style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</li> </ul> <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p>
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			<ul style="list-style-type: none"> <li>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</li> <li>G. Have Workers’ Compensation Insurance;</li> <li>H. Have Commercial General Liability Insurance;</li> <li>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</li> <li>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</li> <li>K. Complete required orientation and training;</li> <li>L. Comply with the DDA standards related to provider qualifications; and</li> <li>M. Complete and sign any agreements required by MDH or DDA.</li> </ul> <ul style="list-style-type: none"> <li>2. Have a signed Medicaid provider agreement;</li> <li>3. Have documentation that all vehicles used in the provision of</li> </ul>
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			<p>services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor’s Degree or demonstrated life experiences and skills to provide the service;</li> </ol>
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			<ol style="list-style-type: none"> <li>3. Possess current first aid and CPR certification;</li> <li>4. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>5. Complete necessary pre/in-service training based on the Person-Centered Plan;</li> <li>6. Complete the training designated by DDA. <del>After July 1, 2019, all new hires must complete the DDA required training.</del></li> <li>7. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and</li> <li>8. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</li> </ol>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	

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Family or Peer Mentor	<ol style="list-style-type: none"> <li>1. DDA for certified Family and Peer Mentors</li> <li>2. <del>FMSFMCS</del> provider, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and at least every three years</li> <li>2. <del>FMSFMCS</del> provider - prior to service delivery and continuing thereafter</li> </ol>
Family and Peer Mentoring Provider	<ol style="list-style-type: none"> <li>1. DDA for approval of Family and Peer Mentoring Provider</li> <li>2. Provider for staff standards</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA - Initial and at least every three years</li> <li>2. Provider - prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other

**Service (Name): FAMILY CAREGIVER TRAINING AND EMPOWERMENT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09020 caregiver counseling and/or training
Service Definition (Scope):	
<p>A. Family Caregiver Training and Empowerment services provide education and support to the family caregiver of a participant that preserves the family unit and increases confidence, stamina, and empowerment to support the participant. Education and training activities are based on the family/caregiver’s unique needs and are specifically identified in the Person-Centered Plan.</p>	

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- B. This service includes educational materials, training programs, workshops and conferences that help the family caregiver to:
- C. Understand the disability of the person supported;
- D. Achieve greater competence and confidence in providing supports;
- E. Develop and access community and other resources and supports;
- F. Develop or enhance key parenting strategies;
- G. Develop advocacy skills; and
- H. Support the person in developing self-advocacy skills.
- I. Family Caregiver Training and Empowerment does not include the cost of travel, meals, or overnight lodging as per federal requirements.

**SERVICE REQUIREMENTS:**

- A. 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.
- B. 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~~ must be examined, explored, and, ~~if applicable,~~ exhausted to the extant applicable.
  - a. These efforts must be documented in the participant’s file.
  - a.b. 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

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must be made, and documented, prior to authorization of funding for the service under the Waiver program.

~~B.C.~~ To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

~~C.D.~~ 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

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Family Caregiver Training and Empowerment services are limited to a maximum of 10 hours of training for unpaid family caregiver per participant per year.
2. Educational materials and training programs, workshops and conferences registration costs for unpaid family caregiver is limited to up to \$500 per participant per year.

<b>Service Delivery Method</b> (check each that applies):	X	Participant-directed as specified in Appendix E	X	Provider managed
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Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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**Provider Specifications**

Provider Category(s) (check one or both):	X	Individual. List types:	X	Agency. List the types of agencies:
		Family Support Professional		Parent Support Agency

**Provider Qualifications**

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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<p>Family Support Professional</p>			<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor’s Degree or demonstrated life experiences and skills to provide the service;</li> <li>3. Complete required orientation and training designated by DDA;</li> <li>4. 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;</li> <li>5. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>6. Complete and sign any agreements required by MDH or DDA; and</li> </ol>
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			<p>7. Have a signed Medicaid Provider Agreement.</p>
<p>Parent Support Agency</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:                     <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s</li> </ol> </li> </ol>

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			<p>programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <ul style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> </ul>
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			<p>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers’ Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or</p>
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			<p>trainings as required to perform services;</p> <p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Complete and sign any agreements required by MDH or DDA.</p> <p>2. Have a signed Medicaid provider agreement;</p> <p>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for</p>
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		<p>Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor’s Degree, professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;</li> <li>3. Complete necessary pre/in-service training based on the Person-Centered Plan; and</li> <li>4. Complete <del>the required</del> <u>orientation and</u> training designated by DDA.</li> </ol>
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<b>Verification of Provider Qualifications</b>		
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>
Family Supports Professional	<ol style="list-style-type: none"> <li>DDA for certified Family Supports Professional</li> <li><del>FMSFMCS</del> provider, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and at least every three years</li> <li><del>FMSFMCS</del> – Initially and continuing thereafter</li> </ol>
Parent Support Agency	<ol style="list-style-type: none"> <li>DDA for approval of Parent Support Agencies</li> <li>Parent Support Agency for staff qualifications and requirements</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and at least every three years</li> <li>Parent Support Agency – prior to service delivery and continuing</li> </ol>

Service Type: Other

**Service (Name): HOUSING SUPPORT SERVICES**

<b>Service Specification</b>	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
17: Other Services	17030 Housing Consultation
Service Definition (Scope):	

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- A. 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.
- B. Housing Support Services include:
  - 1. Housing Information and Assistance to obtain and retain independent housing;
  - 2. Housing Transition Services to assessing housing needs and develop individualized housing support plan; and
  - 3. Housing Tenancy Sustaining Services which assist the individual to maintain living in their rented or leased home.
- C. Housing Information and Assistance includes:
  - 1. Reviewing housing programs’ rules and requirements and their applicability to the participant;
  - 2. Searching for housing;
  - 3. Assistance with processes for applying for housing and housing assistance programs;
  - 4. Assessing the living environment to determine it meets accessibility needs, is safe, and ready for move-in;
  - 5. Requesting reasonable accommodations in accordance with the Fair Housing Act to support a person with a disability equal opportunity to use and enjoy a dwelling unit, including public and common use areas;
  - 6. Identifying resources for security deposits, moving costs, furnishings, assistive technology, environmental modifications, utilities, and other one-time costs;
  - 7. Reviewing the lease and other documents, including property rules, prior to signing;
  - 8. Developing, reviewing, and revising a monthly budget, including a rent and utility payment plan;

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- 9. Identifying and addressing housing challenges such as credit and rental history, criminal background, and behaviors; and
- 10. Assistance with resolving disputes.

D. Housing Transition Services includes:

- 1. Conducting a tenant screening and housing assessment including collecting information on potential housing barriers and identification of potential housing retention challenges;
- 2. Developing an individualized housing support plan that is incorporated in the participant’s Person-Centered Plan or record and that includes:
  - a. Short and long-term goals;
  - b. Strategies to address identified barriers including prevention and early intervention services when housing is jeopardized; and
  - c. Natural supports, resources, community providers, and services to support goals and strategies.

E. Housing Tenancy Sustaining Services assist the participant to maintain living in their rented or leased home, and includes:

- 1. 1. Education and training on the role, rights and responsibilities of the tenant and landlord; how to be a good tenant; and lease compliance;
- 2. Coaching to develop and maintain key relationships with landlord/property manager and neighbors;
- 3. Assistance with housing recertification process;
- 4. Assistance with bill paying services (e.g., assistance with setting up and monitoring systems to pay rent, mortgage, utilities and other related housing expenses.”); ~~sending monthly rent payment to landlord, sending payment to utilities, etc.);~~

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- 5. Early identification and intervention for behaviors that jeopardize tenancy;
- 6. Assistance with resolving disputes with landlords and/or neighbors;
- 7. Advocacy and linkage with community resources to prevent eviction; and
- 8. Coordinating with the individual to review, update and modify the housing support plan.

**SERVICE REQUIREMENTS:**

- A. The participant must be 18 years of age or older.
- B. A housing support plan must be completed in accordance with the following requirements:
  - 1. The housing support plan must be incorporated into the participant’s person-centered plan.
  - 2. The housing support plan must contain the following components:
    - a. A description of the participant’s barriers to obtaining and retaining housing;
    - b. The participant’s short and long-term housing goals;
    - c. Strategies to address the participant’s identified barriers, including prevention and early intervention services when housing is jeopardized; and
    - d. Natural supports, resources, community-based service providers, and services to support the goals and strategies identified in the housing support plan.
- C. The services and supports must be provided consistent with programs available through the US Department of Housing and Urban Development, the Maryland Department of Housing and Community Development, and applicable federal, State and local laws, regulations, and policies.
- D. 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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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Housing Support Services are limited to 8 hours per day and may not exceed a maximum of 175 hours annually.				
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	Relative	Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) ( <i>check one or both</i> ):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Housing Support Professional		Housing Support Service Provider
<b>Provider Qualifications</b>				
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )	
Housing Support Professional			Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have <del>GED or high school diploma</del> <del>Bachelor's degree</del> <del>a GED or high school diploma</del>;</li> <li>3. Training <del>for</del> <u>in</u> the following:</li> </ol>	

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			<p>4. Conducting a housing assessment;</p> <p>5. Person-centered planning;</p> <p>6. Knowledge of laws governing housing as they pertain to individuals with disabilities;</p> <p>7. Affordable housing resources;</p> <p>8. Leasing processes;</p> <p>9. Strategies for overcoming housing barriers;</p> <p>10. Housing search resources and strategies;</p> <p>11. Eviction processes and strategies for eviction prevention; and</p> <p><u>12.</u> Tenant and landlord rights and responsibilities.</p> <p><del>12.</del><u>13.</u> <u>Creating personal budgets with individuals with developmental disabilities.;</u></p> <p><del>13.</del><u>14.</u> Possess current first aid and CPR certification;</p> <p><del>14.</del><u>15.</u> Pass a criminal background investigation and any other required background checks and</p>
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			<p>credentials verifications as provided in Appendix C-2-a;</p> <p><del>15.16.</del> Possess a valid driver’s license if the operation of a vehicle is necessary to provide services;</p> <p><del>16.17.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</p> <p><del>17.18.</del> Complete required orientation and training designated by DDA;</p> <p><del>18.19.</del> Complete necessary pre/in-service training based on the Person-Centered Plan <del>and DDA required training prior to service delivery</del>;</p> <p><del>19.20.</del> 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><del>20.21.</del> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p>
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			<p><del>21.22.</del> Complete and sign any agreements required by MDH or DDA; and</p> <p><del>22.23.</del> Have a signed Medicaid Provider Agreement.</p>
<p>Housing Support Service Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:</li> <li>2. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>3. A minimum of five (5) years demonstrated experience and capacity providing quality housing support services to persons with disabilities who successfully transitioned to independent renting or similar services;</li> <li>4. Experience with federal affordable housing or rental assistance programs;</li> </ol>

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			<ol style="list-style-type: none"> <li>5. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> <li>6. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</li> <li>7. A program service plan that details the agencies service delivery model;</li> <li>8. A business plan that clearly demonstrates the ability of the agency to provide services;</li> <li>9. A written quality assurance plan to be approved by the DDA;</li> <li>10. A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> </ol>
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			<p>11. Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>12. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>13. Have Workers’ Compensation Insurance;</p> <p>14. Have Commercial General Liability Insurance;</p> <p>15. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>16. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>17. Complete required orientation and training;</p>
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			<p>18. Comply with the DDA standards related to provider qualifications; and</p> <p>19. Complete and sign any agreements required by MDH or DDA.</p> <p>20. Have a signed Medicaid provider agreement.</p> <p>21. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>22. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p>
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			<p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <p>23. Be at least 18 years old;</p> <p>24. Have <del>GED or high school diploma</del> <del>Bachelor's dDegree</del> <del>a GED or high school diploma</del>;</p> <p>25. Possess current first aid and CPR certification;</p> <p>26. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</p> <p>27. Complete necessary pre/in-service training based on the Person-Centered Plan;</p> <p>28. Complete <del>the required orientation and</del> training designated by DDA: <del>After July 1, 2019, all new hires must complete the DDA required training</del> prior to independent service delivery.</p>
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			<p>29. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and</p> <p>30. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</p> <p>31. Housing assistance staff minimum training requirements include:</p> <p>32. Conducting a housing assessment;</p> <p>33. Person-centered planning;</p> <p>34. Knowledge of laws governing housing as they pertain to individuals with disabilities;</p> <p>35. Affordable housing resources;</p> <p>36. Leasing processes;</p> <p>37. Strategies for overcoming housing barriers;</p> <p>38. Housing search resources and strategies;</p> <p>39. Eviction processes and strategies for eviction prevention; <del>and</del></p> <p><u>40.</u> Tenant and landlord rights and responsibilities; <del>and</del></p>
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			40.41. <u>Creating personal budgets with individuals with developmental disabilities-</u>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Housing Support Professional	<ol style="list-style-type: none"> <li>DDA for approval of Housing Support Professional</li> <li><del>Fiscal Management Service</del><u>Financial Management and Counseling Services</u> providers for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and at least every three years</li> <li><del>FMSFMCS</del> - prior to initial service delivery and continuing thereafter</li> </ol>	
Housing Support Service Provider	<ol style="list-style-type: none"> <li>DDA for verification of provider approval</li> <li>Provider for staff requirements</li> </ol>	<ol style="list-style-type: none"> <li>DDA - Initial and at least every three years</li> <li>Provider - prior to service delivery and continuing thereafter</li> </ol>	

Service Type: Other Service

**Alternative Service Title: INDIVIDUAL AND FAMILY DIRECTED GOODS AND SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
17: Other Services	17010 goods and services

State:	
Effective Date	

Service Definition (Scope):

- A. Individual and Family Directed Goods and Services (IFDGS) are services, equipment, activities, or supplies, for participant’s who self-direct their services, not otherwise provided through this waiver or through the Medicaid State Plan that addresses an identified need in a participant’s Person-Centered Plan, which includes improving and maintaining the individual’s opportunities for full membership in the community. ~~They~~IFDGS 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.~~
- B. ~~Individual and Family Directed Goods and Services~~IFDGS are services, equipment, activities or supplies ~~for self-directing participants~~ must meet the following criteria that:
  - a. Relate to a need or goal identified in the Person-Centered Plan;
  - b. Are for the purpose of mMaintaining or increasinge independence;
  - c. Promote opportunities for community living, integration, and inclusion; and
  - d. Are able to be accommodated without compromising the participant’s health or safety; and,
  - ~~d.c. Are not available under another waiver service or services provided under the State Plan services. Are provided to, or directed exclusively toward, the benefit of the participant.~~
  - e. ~~Are not available under another waiver service or services provided under the State Plan services.~~
- C. Individual and Family Directed Goods and Services includes dedicated funding up to \$500 that participants may choose to use for costs associated with staff recruitment and advertisement efforts such as developing and printing flyers and using staffing registries.
- D. 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.

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E. The goods and services ~~only may~~ include:

- a. Activities that promote fitness, such as fitness membership, personal training, aquatics, and horseback riding;
- b. Fees for programs and activities that promote socialization and independence, such as art, music, dance, sports, or other according to the participant's individual interests;
- c. Small kitchen appliances that promote independent meal preparation;
- d. Laundry appliances (washer and/or dryer) to promote independence and self-care, if none exist in the home;
- e. Sensory items related to the person's disability, such as headphones and weighted vests;
- f. Safety equipment related to the person's disability and not covered by health insurance, such as protective headgear and arm guards;
- g. ~~Fitness memberships;~~ Personal electronic devices, including watches and tablets, to meet an assessed health, communication, or behavioral purpose documented in the Person-Centered Plan;
- h. Day to day administrative supports which include assistance with all aspects of household and personal management essential to maintain community living, including support with scheduling and maintaining appointments and money management;
- ~~a.~~ Fitness memberships;
- ~~b.i.~~ Fitness items that can be purchased at most retail stores;
- ~~e.j.~~ Toothbrushes or electric toothbrushes;
- ~~d.k.~~ Weight loss program services other than food;
- ~~e.l.~~ Dental services recommended by a licensed dentist and not covered by health insurance;

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~~f.m.~~ Nutritional consultation and supplements recommended by a professional licensed in the relevant field; ~~and~~

~~g.n. Internet services; and~~

~~h.o. Other goods and services that meet this waiver's service requirements under A. through D.~~

F. Experimental or prohibited goods and treatments are excluded.

G. Individual and Family Directed Goods and Services do not include services, goods, or items:

- a. Services, goods or supports provided to or directly benefiting persons other than the participant. They That have no benefit to the participant;
- b. Otherwise covered by the waiver or the Medicaid State Plan Services;
- c. Additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair;
- d. Co-payment for medical services, over-the-counter medications, or homeopathic services;
- e. Items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, and DVD player, ~~and monthly cable fees~~; except as needed to meet an assessed behavioral or sensory need documented in a Behavior Support Plan; ~~and~~
- f. Monthly cable fees;
- g. Monthly telephone fees;
- h. Room & board, including deposits, rent, and mortgage expenses and payments;
- i. Food;
- j. Utility charges;
- k. Fees associated with telecommunications;
- l. Tobacco products, alcohol, marijuana, or illegal drugs;

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- m. Vacation expenses and travel adventures;
- n. Insurance; vehicle maintenance or any other transportation- related expenses;
- o. Tickets and related cost to attend recreational events;
- p. Personal- clothing ~~trainers~~; and shoes;
- ~~p-q.Haircuts, nail services, and~~Personal ~~trainers~~; ~~tennis shoes~~; and spa treatments;
- ~~q-r.~~ Goods or services with costs that significantly exceed community norms for the same or similar good or service;
- ~~r-s.~~ Tuition including post-secondary credit and noncredit courses; educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA), including private tuition, Applied Behavior Analysis (ABA) in schools, school supplies, tutors, and home schooling~~home-schooling~~ activities and supplies;
- ~~s-t.~~ Staff bonuses and housing subsidies;
- ~~t-u.~~ Subscriptions;
- ~~u-v.~~ Training provided to paid caregivers;
- ~~v-w.~~ Services in hospitals;
- ~~w-x.~~ Costs of travel, meals, and overnight lodging for staff, families, and natural support network members to attend a training event or conference;
- y. Service animals and associated costs;
- z. Exercise rooms, swimming pools, and hot tubs;
- aa. Fines, debts, legal fees or advocacy fees;
- bb. Contributions to ABLE Accounts and similar saving accounts;
- cc. Country club membership or dues;

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~~x-dd. Leased or purchased vehicles; or~~

~~ee. Items purchased prior to the approved Person-Centered Plan. Therapeutic interventions to maintain or improve function including art, music, dance, and therapeutic swimming or horseback riding.~~

**SERVICE REQUIREMENTS:**

A. Participant or the designated authorized representative self-directing services on behalf of the participant make decisions on goods and services based on an identified need in the Person-Centered Plan.

B. Individual and Family Directed Goods and Services must meet the following requirements:

- 1. The item or service would decrease the need for other Medicaid services; OR
- 2. Promote inclusion in the community; OR
- 3. Increase the participant’s safety in the home environment; AND

~~4. The participant does not have the funds to purchase the item or service; ~~or~~ANDOR~~

~~4.5. The~~ item or service is not available through another source.

C. Individual and Family Directed Goods and Services are purchased from the participant-directed annual budget allocation and must be documented in the ~~Person-Centered Plan~~participant’s record

D. Individual and Family Directed Goods and Services must be clearly noted and linked to an assessed participant need established in the Person-Centered Plan.

E. The goods and services, except for \$500.00 for recruitment activities, - must fit within the participant’s annual budget allocation 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 in accordance with the following requirements:

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1. Except for \$500 per year for costs associated with recruitment of staff, the DDA will not authorize additional funding for Individual and Family Directed Goods and Services in the participant’s annual budget.
2. The participant must identify savings in the participant’s annual budget to be used to purchase Individual and Family Directed Goods and Services.
3. The identified savings may not be used if doing so would deplete the participant’s annual budget in a manner that compromises the participant’s health or safety.
4. The services, equipment, activities, or supplies to be purchased pursuant to this Waiver program service must be documented in the participant’s Person-Centered Plan and authorized by the DDA or it’s designee in accordance with applicable policy.

F. The goods and services must provide or direct an exclusive benefit to the participant.

G. The goods and services provided must be cost-effective alternatives to standard waiver or State Plan services (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need.)

H. The goods and services may not circumvent other restrictions on the claiming of Federal Financial Participation for waiver services, including the prohibition of claiming for the costs of room and board;

I. Reimbursement shall be reasonable, customary, and necessary, as determined for the participant’s needs, recommended by the team, and approved by DDA or it’s designee.

J. 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 exhausted to the extent applicable.

1. These efforts must be documented in the participant’s file.

~~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~~

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~~(MSDE), Department of Human Services (DHS) or any other federal or State government funding program shall be examined, explored, and, if applicable, exhausted.~~

- 2. 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.

~~J.K.~~ To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

~~K.L.~~ Dedicated funding for staff recruitment and advertisement efforts does not duplicate the ~~Fiscal Management Services~~ Financial ManegmentManagement and Counseling Services.

M. 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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

There is no limit on the amount an individual may expend on goods and services from their annual individualized budget so long as the totality of services purchased through the annual individualized budget addresses the needs identified in the individual’s person-centered plan. However, expenditures for any specific goods and/or services in excess of \$5000 require prior authorization by the DDA to ensure the goods/service meets the criteria stipulated in service specification, alignment with the person-centered plan, and to ensure that the purchase represents the most cost effective means of meeting the identified need.

~~Individual and Family Directed Goods and Services are limited to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to support staff recruitment efforts such as developing and printing flyers and using staffing registries.~~

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<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>				
Provider Category(s) ( <i>check one or both</i> ):	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Entity – for participants self-directing services		
<b>Provider Qualifications</b>				
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )	
Entity – for people self-directing services			Based on the service, equipment or supplies vendors may include: <ol style="list-style-type: none"> <li>1. Commercial business</li> <li>2. Community organization</li> <li>3. Licensed professional</li> </ol>	
<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Entity – for participants self-directing services	<u>FMSFMCS</u> provider, as described in Appendix E		Prior to purchase	

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~~Service Type: Other~~

~~Service (Name): NURSE CONSULTATION\*\* ENDING March 2021\*\*~~

Service Specification	
<del>HCBS Taxonomy</del>	
<del>Category 1:</del>	<del>Sub-Category 1:</del>
<del>05: Nursing</del>	<del>05020 skilled nursing</del>
<del>Service Definition (Scope):</del>	
<p><del>** ENDING March 2021**</del></p> <p><del>A. Nurse Consultation services provides participants, who are able to perform and train on self-medication and treatment administration, a licensed Registered Nurse who: (1) reviews information about the participant’s health, (2) based on this review, provides recommendations to the participant on how to have these needs met in the community, and (3) in collaboration with the participant, develop care protocols for the participant to use when the participant trains staff.</del></p> <p><del>B. In the event the person is not able to perform and train on self-medication and treatment administration but all health needs including medication and treatment administration are performed gratuitously, the Nurse Consultant: (1) reviews information about the participant’s health needs; (2) based on this review, provides recommendations to the participant and gratuitous caregivers on how to have these needs met in the community; and (3) in collaboration with the participant and gratuitous caregivers, may review and develop health care protocols for the participant and gratuitous caregivers that describes the health services to be delivered gratuitously.</del></p> <p><del>C. At a minimum, Nurse Consultation services must include:</del></p>	

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- ~~1. Performs a Comprehensive Nursing Assessment to identify health issues and assist the participant, and their gratuitous caregivers, to understand the participant’s health needs and risks in order to assist in the development of health care protocols that guide the participant and or gratuitous care provider in performing health tasks.~~
- ~~2. Completion of the Medication Administration Screening Tool, both on an annual basis and when the Nurse Consultant is notified of any changes in the cognitive status of the participant to determine the level of support needed for medication administration;~~
- ~~3. Review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in health of the participant occurs, to assist the participant to understand their health needs and to develop recommendations for obtaining service in the community;~~
- ~~4. Recommendations to the participant, and their gratuitous caregivers, for accessing health services that are available in the community and other community resources.~~

~~D. In addition, Nurse Consultation services may also include as appropriate to address the participant’s needs:~~

- ~~1. Reviewing and developing communication systems the participant may need to communicate effectively with all health care providers working to ensure the health of the participant (licensed and unlicensed) and the community to ensure community awareness of the lifesaving medical equipment in use by the participant in the event of an emergency or power loss.~~
- ~~2. Developing emergency protocols, as needed, to guide the participant and their staff in responding to an emergency, including accessing emergency services available in the community.~~

**SERVICE REQUIREMENTS:**

~~A. To qualify for this service, the participant must:~~

- ~~1. Live in their own home or the family home;~~
- ~~2. Receives gratuitous (unpaid) provision of care to meet health needs or be assessed as able to perform and train on treatments of a routine nature and self medications; and~~
- ~~3. Employ their own staff under the Self Directed Service delivery model.~~

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- ~~B. This service cannot be provided if the participant’s direct support professional staff are paid by a DDA licensed or DDA certified community based provider.~~
- ~~C. A participant may qualify for this service if they are enrolled in Self Directed Services Program and must be exempt from delegation of nursing tasks as identified above in subsection A qualifications as per COMAR 10.27.11.01B related to gratuitous health services.~~
- ~~D. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine is providing staff for the provision of nursing and health services.~~
- ~~E. Nurse Consultation services must include documented review of participant’s health needs, including comprehensive nursing assessment and protocols, no more frequently than every three (3) months. All resulting revisions to protocols and recommendations completed must be documented by the RN.~~
- ~~F. If the participant was identified in previous assessments to be able to meet criteria for Nurse Consultation but is found during the administration of the Medication Administration Screening Tool to no longer meet criteria (i.e., is unable to self-medicate), and care needs are not able to be met gratuitously, then the Nurse Consultation service is no longer appropriate and the DDA will determine if the participant’s health care needs can be met through Nurse Health Case Management and Delegation, another nursing related waiver service.~~
- ~~G. A relative, legal guardian, or legally responsible person, as defined in Appendix C-2, may not be paid to provide Nurse Consultation services unless approved by the DDA.~~
- ~~H. Nurse Consultation services may be provided before the effective date of the participant’s eligibility for waiver services for participants interested in the Self Directed Service Delivery model based on preauthorization from the DDA and paid as an administrative service.~~
- ~~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~~

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~~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.~~

~~J. Nurse Consultation services are not available to participants receiving supports in other Nursing services, including Nurse Case Management and Delegation Services.~~

~~K. Nurse Consultation services are not available at the same time as the direct provision of Personal Supports, Respite Care Services, and Transportation services.~~

~~L. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.~~

~~M. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.~~

~~Specify applicable (if any) limits on the amount, frequency, or duration of this service:~~

~~Assessment and document revisions and recommendations of the participant’s health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.~~

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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**Provider Specifications**

<b>Provider Category(s)</b> <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Registered Nurse		Nursing Services Agency

**Provider Qualifications**

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license		Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: <ol style="list-style-type: none"> <li>1. Possess valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;</li> <li>3. Be active on the DDA registry of DD RN CM/DNs;</li> <li>4. Complete the online HRST Rater and Reviewer training;</li> <li>5. Attend mandatory DDA trainings;</li> </ol>

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			<p><del>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</del></p> <p><del>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del></p> <p><del>8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</del></p> <p><del>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del></p> <p><del>10. Have Commercial Liability Insurance;</del></p> <p><del>11. Complete required orientation and training designated by DDA;</del></p> <p><del>12. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</del></p> <p><del>13. 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;</del></p>
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			<p><del>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</del></p> <p><del>15. Have a signed DDA Provider Agreement to Conditions for Participation; and</del></p> <p><del>16. Have a signed Medicaid provider agreement.</del></p> <p><del>Individuals providing services for participants self-directing their services must meet the standards 1 through 10 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</del></p>
<p>Nursing Services Agency</p>			<p>Agencies must meet the following standards:</p> <p><del>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:</del></p> <p><del>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly</del></p>

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			<p><del>registered to do business in Maryland;</del></p> <p><del>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</del></p> <p><del>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</del></p> <p><del>D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application:</del></p> <p><del>(1) A program service plan that details the agencies service delivery model;</del></p> <p><del>(2) A business plan that clearly demonstrates the ability of</del></p>
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			<p><del>the agency to provide nursing services;</del></p> <p><del>(3) A written quality assurance plan to be approved by the DDA;</del></p> <p><del>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</del></p> <p><del>(5) Prior licensing reports issued within the previous 10 years from any in-State or out of State entity associated with the applicant, including deficiency reports and compliance records.</del></p> <p><del>E. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</del></p> <p><del>F. Have Workers' Compensation Insurance;</del></p> <p><del>G. Have Commercial General Liability Insurance;</del></p> <p><del>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</del></p>
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			<p><del>I.— Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</del></p> <p><del>J.— Complete required orientation and training;</del></p> <p><del>K.— Comply with the DDA standards related to provider qualifications; and</del></p> <p><del>L.— Have a signed DDA Provider Agreement to Conditions for Participation.</del></p> <p><del>2.— Have a signed Medicaid provider agreement.</del></p> <p><del>3.— Have documentation that all vehicles used in the provision of services have automobile insurance; and</del></p> <p><del>4.— Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</del></p> <p><del>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for</del></p>
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~~similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation.~~

~~Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:~~

- ~~1. Possess valid Maryland and/or Compact Registered Nurse license;~~
- ~~2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;~~
- ~~3. Be active on the DDA registry of DD RN CM/DNs;~~
- ~~4. Complete the online HRST Rater and Reviewer training;~~
- ~~5. Attend mandatory DDA trainings;~~
- ~~6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;~~
- ~~7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;~~

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			<p><del>8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</del></p> <p><del>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del></p> <p><del>10. Complete required orientation and training designated by DDA; and</del></p> <p><del>11. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery.</del></p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse	<p><del>1. DDA for certified Registered Nurses</del></p> <p><del>2. FMS provider, as described in Appendix E, for participants self-directing services</del></p>	<p><del>1. DDA— Initial and at least every three years</del></p> <p><del>2. FMS— Initially and continuing thereafter</del></p>
Nursing Services Provider	<p><del>1. DDA for approval of providers</del></p> <p><del>2. Nursing Service Agency for verification of staff member’s licenses, certifications, and training</del></p>	<p><del>1. DDA— Initial and at least every three years</del></p> <p><del>2. Nursing Services Provider— prior to service delivery and continuing thereafter</del></p>

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Service Type: Other

Service (Name): ~~NURSE CASE MANAGEMENT AND DELEGATION SERVICES\*\*  
ENDING March 2021\*\*~~

Service Specification	
HCBS Taxonomy	
Category 1:	Sub Category 1:
05: Nursing	05020 skilled nursing
Service Definition (Scope):	
<p><del>** ENDING March 2021**</del></p> <p><del>A. Nurse Case Management and Delegation Services provides participants a licensed Registered Nurse (the “RN Case Manager &amp; Delegating Nurse” or “RN CM/DN”) who: (1) provides health case management services (as defined below); and (2) delegates nursing tasks for an unlicensed individual to perform acts that may otherwise be performed only by a RN or Licensed Practical Nurse (LPN), as appropriate and in accordance with applicable regulations.</del></p> <p><del>_____</del></p> <p><del>B. At a minimum, the Nurse Health Case Management services includes:</del></p> <ol style="list-style-type: none"> <li><del>1. Performance of a comprehensive nursing assessment of the participant identifying their health, medical appointment, and nursing needs;</del></li> <li><del>2. Clinical review of the Health Risk Screening Tool (HRST) at Level 3 or above, both on an annual basis and when any significant changes in the health of the participant occurs, to assist</del></li> </ol>	

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~~the participant to understand their health needs and to develop a plan for obtaining health services in the community;~~

- ~~3. Completion of the Medication Administration Screening Tool, both on an annual basis and when any significant changes in the health of the participant occurs, to determine the level of support needed for medication administration;~~
- ~~4. Review the participant’s health services and supports to promote quality client outcomes and cost effective care according to the Maryland Board of Nursing regulations;~~
- ~~5. Providing recommendations to (i) the participant, (ii) caregivers employed or contracted by the DDA licensed or DDA certified community based provider or participant in Self Directed Services delivery model and under delegation of the RN, and (iii) the team for health care services that are available in the community;~~
- ~~6. Communicating with the participant and their person-centered planning team members in order that the team can coordinate the acquisition of services and supports to meet the participant’s health needs;~~
- ~~7. Develop health care plans and protocols, as needed, that direct the paid direct support staff in the provision of health services to be performed that include (a) administration of medications, (b) performance of medical and nursing treatments, (c) activities of daily living (ADL) performance, (d) identifying and intervening in an emergency, and (e) other health monitoring provided by the DDA licensed provider staff;~~
- ~~8. Completion of training, supervision, evaluation and remediation on all health services provided under the delegation of the RN by the paid staff as identified in the Nursing Care Plans;~~
- ~~9. Monitoring services delivered under delegation of the RN by direct support staff for compliance with the Nursing Care Plan; and,~~
- ~~10. Monitoring health data obtained by direct support staff under the delegation of the RN and as directed in the Nursing Care Plan.~~

~~C. Delegation of Nursing Tasks services includes:~~

- ~~1. Assessment of (a) the needs and abilities of the participant; (b) direct care staff performance of delegated nursing tasks; and (c) the environment of service or care delivery;~~
- ~~2. Delegation of the performance of nursing tasks (i.e., acts of a licensed nurse that include medication administration and treatment administration) to unlicensed direct care staff that may~~

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~~be Certified Medication Technicians (“CMT”), Certified Nursing Assistant (“CNA”), or other Unlicensed Assistive Personnel (“UAP”) in accordance with applicable Maryland Board of Nursing regulations;~~

~~3. Training, supervision, and remediation of unlicensed direct care staff who provide health services under the delegation of the RN. (e.g., administration of medication, treatments, and Activities of Daily Living (ADL) care, health monitoring) as required by applicable Maryland Board of Nursing regulations; and,~~

~~4. Provision of On-Call service, to paid direct support staff that are performing delegated nursing tasks, while delegation is occurring, for up to 24 hours per day, 365 days per year as required by applicable Maryland Board of Nursing regulations.~~

~~D. In provision of Nurse Health Case Management and Delegation Services, the RN CM/DN will collaborate with the DDA licensed or DDA certified community based provider or Self-Directed Service participant in the development of policies and procedures required for delegation of any nursing tasks in accordance with COMAR 10.27.11 and the administration’s Medication Technician Training Program (MTTP).~~

**SERVICE REQUIREMENTS:**

~~A. A participant may qualify for this service if they is either: (1) receiving services via the Traditional Services delivery model at a DDA licensed community provider site, (2) receiving Personal Support services; or (3) enrolled in the Self-Directed Services Program.~~

~~B. A participant cannot qualify for or receive this service if the participant is in a placement where nursing services are provided as part of the services, including a hospital, a nursing or rehabilitation facility or when Rare and Expensive Medicine (REM) is providing staff for the provision of nursing and health services.~~

~~C. In order to access services, all of the following criteria must be met:~~

~~1. Participant’s health conditions must be determined by the RN CM/DN to meet applicable delegation criteria (i.e. be chronic, stable, routine, predictable and uncomplicated) and nursing~~

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~~tasks are assessed to be eligible for delegation as per the Maryland Board of Nursing regulations at COMAR 10.27.11.~~

~~2. Participant must require delegation as assessed by the RN as being unable to perform their own care. This includes the use of the Medication Administration Screening Tool to determine the need for delegation of medication.~~

~~3. The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the RN CM/DN’s assessment, training, and supervision allow for the safe delivery of delegated nursing services in accordance with Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11.03, 10.27.11.04, 10.27.11.05.~~

~~D. Under this service: RN CM/DN must assess the participant and their staff, the environment, and care plan at least once every 45 days, or more often as indicated by the participant’s health condition, in accordance with the Maryland Board of Nursing regulations, including but not limited to COMAR 10.27.11. All resulting revisions, recommendations, remediation and training completed must be documented by the RN CM/DN.~~

~~E. The RN CM/DN may delegate performance of nursing tasks to the participant’s appropriately trained and/ or certified paid caregivers which may include spouse, parent, legal guardian, siblings, adult children, and licensed provider agency staff. When the delegation is for medication administration, the paid caregiver must be a Certified Medication Technician in accordance with Maryland Board of Nursing requirements.~~

~~F. A relative, legal guardian, or legally responsible person, as defined in Appendix C 2, may not be paid to provide Nurse Case Management and Delegation Services unless approved by the DDA.~~

~~G. 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~~

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~~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~~

~~H. Nurse Case Management and Delegations Services are not available to participants receiving Nurse Consultation.~~

~~I. Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.~~

~~J. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.~~

~~K. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.~~

~~Specify applicable (if any) limits on the amount, frequency, or duration of this service:~~

~~The frequency of assessment is minimally every 45 days but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting~~

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~~conditions for delegation. This is a person-centered assessment and evaluation by the RN that determines duration and frequency of each assessment.~~

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
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~~Provider Specifications~~

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Registered Nurse		Nursing Services Provider

~~Provider Qualifications~~

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license		Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards: 1. Possess a valid Maryland and/or Compact Registered Nurse license;

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			<ol style="list-style-type: none"> <li><del>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;</del></li> <li><del>3. Be active on the DDA registry of DD RN CM/DNs;</del></li> <li><del>4. Complete the online HRST Rater and Reviewer training;</del></li> <li><del>5. Attend mandatory DDA trainings;</del></li> <li><del>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</del></li> <li><del>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del></li> <li><del>8. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;</del></li> <li><del>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del></li> <li><del>10. Have Commercial Liability Insurance;</del></li> <li><del>11. Complete required orientation and training designated by DDA;</del></li> <li><del>12. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery;</del></li> </ol>
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			<p><del>13. 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;</del></p> <p><del>14. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</del></p> <p><del>15. Have a signed DDA Provider Agreement to Conditions for Participation; and</del></p> <p><del>16. Have a signed Medicaid Provider Agreement.</del></p> <p><del>Individuals providing services for participants self directing their services must meet the standards 1 through 9 noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency. FMS must ensure the individual or entity performing the service meets the qualifications.</del></p>
<p>Nursing Services Provider</p>			<p><del>Agencies must meet the following standards:</del></p> <p><del>1. Complete the DDA provider application and be certified based</del></p>

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			<p><del>on compliance with meeting all of the following standards:</del></p> <p><del>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</del></p> <p><del>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</del></p> <p><del>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</del></p> <p><del>D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application:</del></p>
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			<p><del>(1) A program service plan that details the agencies service delivery model;</del></p> <p><del>(2) A business plan that clearly demonstrates the ability of the agency to provide nursing services;</del></p> <p><del>(3) A written quality assurance plan to be approved by the DDA;</del></p> <p><del>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</del></p> <p><del>(5) Prior licensing reports issued within the previous 10 years from any in State or out of State entity associated with the applicant, including deficiency reports and compliance records.</del></p> <p><del>E. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</del></p> <p><del>F. Have Workers' Compensation Insurance;</del></p> <p><del>G. Have Commercial General Liability Insurance;</del></p>
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			<p><del>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</del></p> <p><del>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</del></p> <p><del>J. Complete required orientation and training;</del></p> <p><del>K. Comply with the DDA standards related to provider qualifications; and</del></p> <p><del>L. Have a signed DDA Provider Agreement to Conditions for Participation.</del></p> <p><del>2. Have a signed Medicaid Provider Agreement.</del></p> <p><del>3. Have documentation that all vehicles used in the provision of services have automobile insurance; and</del></p> <p><del>4. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</del></p>
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~~The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation:~~

~~Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:~~

- ~~1. Possess valid Maryland and/or Compact Registered Nurse license;~~
- ~~2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation;~~
- ~~3. Be active on the DDA registry of DD RN CM/DNs;~~
- ~~4. Complete the online HRST Rater and Reviewer training;~~
- ~~5. Attend mandatory DDA trainings;~~

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			<p><del>6. Attend a minimum of two (2) DDA provided nurse quarterly meetings per fiscal year;</del></p> <p><del>7. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</del></p> <p><del>8. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</del></p> <p><del>9. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</del></p> <p><del>10. Complete required orientation and training designated by DDA; and</del></p> <p><del>11. Complete necessary pre/in-service training based on the Person-Centered Plan and DDA required training prior to service delivery.</del></p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse	<p><del>1. DDA for certified Registered Nurses</del></p> <p><del>2. FMS provider, as described in Appendix E, for participants self-directing services</del></p>	<p><del>1. DDA— Initial and at least every three years</del></p> <p><del>2. FMS— Initially and continuing thereafter</del></p>

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<p><del>Nursing Services Agency Provider</del></p>	<p><del>1. DDA for approval of providers</del></p> <p><del>2. Nursing Service Agency for verification of staff member’s licenses, certifications, and training</del></p>	<p><del>1. DDA Initial and at least every three years</del></p> <p><del>2. Nursing Services Provider prior to service delivery and continuing thereafter</del></p>
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Service Type: Other

**Service (Name): NURSING SUPPORT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
05: Nursing	05020 skilled nursing
Service Definition (Scope):	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p><b>SERVICE DEFINITION</b></p> <p>A. Nursing Support Services provides a registered nurse, licensed in the State of Maryland, to perform Nursing Consultation, Health Case Management, and Delegation services, based on the participant’s assessed need.</p> <p>B. At a minimum, the registered nurse must perform an initial nursing assessment.</p> <p>1. This initial nursing assessment must include:</p> <p style="padding-left: 40px;">a. Review of the participant’s health needs, including:</p>	

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i. Health care services and supports that the participant currently receives; and

ii. The participant’s health records, including any physician orders;

b. Performance of a comprehensive nursing assessment;

c. Clinical review of the participant’s Health Risk Screening Tool (HRST), in accordance with Department policy; and

d. Completion of the Medication Administration Screening Tool, in accordance with Department policy.

2. The purpose of this initial nursing assessment is to determine the participant’s assessed needs, particularly whether:

a. The participant’s health needs require performance of nursing tasks, including administration of medication;

b. The participant’s nursing tasks are delegable in accordance with the Maryland Board of Nursing’s regulations; and

c. The participant’s nursing tasks are exempt from delegation in accordance with the Maryland Board of Nursing’s regulations.

C. Based on the initial nursing assessment, if the participant requires, and meets criteria to receive, Nursing Consultation services, then the registered nurse providing Nurse Consultation services must:

1. Provide recommendations to the participant on how to have the participant’s health needs met in the community, including accessing health services available in the community and other community resources;

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2. Develop or review health care protocols, including emergency protocols, for the participant and the participant’s uncompensated caregivers for use in training the participant’s direct support staff; and

3. Develop or review communication systems the participant may need to communicate effectively with:

a. The participant’s health care providers, direct support staff, and uncompensated caregivers who work to ensure the health of the participant; and

b. Resources in the community that may be needed to support the participant’s health needs, such as notifying the electrical company if the participant has medical equipment that requires prompt restoration of power in the event of a power outage.

D. Based on the initial nursing assessment, if the participant requires, and meets criteria to receive, Health Case Management services, then the registered nurse providing Health Case Management services must:

1. Provide recommendations to the provider and direct support staff on how to have the participant’s health needs met in the community, including accessing health services available in the community and other community resources;

2. Develop a Nursing Care Plan and protocols regarding the participant’s specific health needs; and

3. Provide training to the provider’s direct support staff on how to address the participant’s specific health needs, in accordance with the health care plans and protocols developed.

E. Health Case Management services, as provided in Section D above, does not include delegation of nursing tasks to the direct support staff and, therefore, does not require continuous nursing assessments of the participant or monitoring of the provision of services by the direct support staff.

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F. Based on the initial nursing assessment, if the participant requires, and meets criteria to receive, Delegation, services then the registered nurse providing Delegation services must:

1. Provide recommendations to the participant, the direct support staff, and, if applicable, the participant’s providers on how to have the participant’s health needs met in the community, including accessing health services available in the community and other community resources;
2. Develop a Nursing Care Plan and health care plans and protocols regarding the participant’s specific health needs in accordance with applicable regulations and standards of nursing care;
3. Provide training to direct support staff on how to address the participant’s specific health needs and to perform the delegated nursing tasks, in accordance with the Nursing Care Plan and health care plans and protocols developed;
4. Monitor the direct support staff’s performance of delegated nursing tasks, including reviewing applicable documentation that must be maintained in accordance with applicable regulations and standards of nursing care;
5. Continually monitor the participant’s health by conducting nursing assessments and reviewing health data documented and reported by direct support staff, in accordance with applicable regulations and standards of nursing care; ~~and~~
6. Ensure available on a 24/7 basis, or provide qualified back-up, to address the participant’s health needs as may arise emergently; and
7. Collaborate with the participant enrolled in the self-directed services delivery model or the provider to develop policies and procedures governing delegation of nursing tasks in accordance with COMAR 10.27.11 and other applicable regulations.

G. Nursing Support Services (i.e., Nurse Consultation, Health Case Management ~~and Nurse Case Management~~ and Delegation services) do not include provision of any direct nursing care services to a participant.

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**SERVICE REQUIREMENTS:**

- A. The DDA will authorize the amount, duration, and types of services under this Waiver program service based on the participant’s assessed level of service need and in accordance with other applicable requirements. If the participant’s health needs change, the participant may submit a new request for additional hours or different services, with applicable supporting documentation, to the DDA.
  
- B. Based on the initial nursing assessment, the participant may be eligible for Nursing Support Services Delegation Services (~~i.e., Nurse Consultation, Health Case Management and Nurse Case Management and Delegation services~~) if the participant meets the criteria below.
  - 1. A participant is eligible to receive Nurse Consultation services if:
    - a. The participant’s health needs require performance of nursing tasks, including administration of medication
    - b. The participant is enrolled in the self-directed services delivery model;
    - c. The participant receives a Waiver program service for which the participant has employer authority, as provided in Appendix E;
    - d. The participant directly employs, or contracts with, direct support staff under that employer authority and, therefore, is responsible for directing and managing direct support staff in provision of that Waiver program service; and
    - e. The participant’s health needs are exempt from delegation of nursing tasks in accordance with applicable Maryland regulations.
  
  - 2. A participant is eligible to receive Health Case Management services if:
    - a. The participant’s health needs require performance of nursing tasks, including administration of medication;
    - b. The participant either:

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- i. Is enrolled in the traditional services delivery model; or
  - ii. Is enrolled in the self-directed services delivery model and receives a Waiver program service for which the participant does not have employer authority, as provided in Appendix E;
- c. A provider, and not the participant, directly employs, or contracts with, direct support staff under the provider’s employer authority and, therefore, is responsible for directing and managing direct support staff in provision of that Waiver program service; and
- d. The participant’s health needs are exempt from delegation of nursing tasks in accordance with applicable Maryland regulations.
3. A participant is eligible to receive Delegation services if:
- a. The participant’s health needs require performance of nursing tasks, including administration of medication;
  - b. The participant is enrolled in either service delivery model;
  - c. Direct support staff provide the participant with a Waiver program service, whether employed by, or contracted with, a provider or the participant;
  - d. During provision of that Waiver program service, the direct support staff needs to perform nursing tasks for the participant to maintain the participant’s health and safety;
  - e. The nursing tasks are delegable to the direct support staff in accordance with applicable Maryland regulations; and
  - f. The participant’s health needs are not exempt from delegation of nursing tasks in accordance with applicable Maryland regulations.

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4. A participant is not eligible to receive any of these additional nursing services beyond the initial assessment (*i.e.*, Nurse Consultation, Health Case Management, or Delegation services) if:

a. The participant’s health needs do not require performance of any nursing tasks or administration of any medication;

b. The nursing tasks are not delegable in accordance with applicable Maryland regulations; or

c. The participant does not have any direct support staff paid, to provide any Waiver program service either under the traditional services delivery model or self-directed services delivery model, or any uncompensated caregivers.

C. The registered nurse must complete and maintain documentation of delivery of these Waiver program services, including any nursing assessments, nursing care plans, health care plans and protocols, training of participant, direct support staff, and/or uncompensated caregivers, and any other documentation of services, in accordance with applicable Maryland laws and regulations, Department policies, and standards of nursing care.

D. The registered nurse must comply with all applicable laws, regulations, and Department policies governing delivery of these Waiver program services, including but not limited to Maryland Board of Nursing’s regulations, and the standards of nursing care. If there is a conflict between this Waiver program service and applicable Maryland Board of Nursing regulations, the applicable Maryland Board of Nursing regulations will control.

E. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant’s file.

~~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~~

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~~(MSDE), Department of Human Services (DHS) or any other federal or State government funding program shall be examined, explored, and, if applicable, exhausted.~~

~~1.2.~~ 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.

~~E.F.~~ A participant cannot qualify, or receive funding from the Waiver program, for this Waiver program service if the participant:

1. Requires provision of direct nursing care services provided by a licensed nurse; or
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
3. 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.

~~E.G.~~ To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services as allowed and not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

~~G.H.~~ Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children’s health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to

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correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

I. A legally responsible person, legal guardian, or relative (who is not a spouse) cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver program service unless otherwise approved by the DDA due to extraordinary circumstances in accordance with the applicable requirements set forth in Section C-2.

J. For participants enrolled in the self-directed services delivery model, this Waiver program service includes:

1. The reasonable and customary costs of training the participant’s direct support staff, including First Aid and Cardiopulmonary Resuscitation certifications;

2. Travel reimbursement, benefits and leave time for the participant’s direct support staff, subject to the following requirements:

a. The reimbursement, benefits and leave time requested are:

i. Within applicable reasonable and customary standards as established by DDA policy; or

ii. Required for the participant’s compliance, as the employer of record, with applicable federal, State, or local laws; and

b. Any reimbursement (e.g., mileage), benefit and leave time requested by the participant must comply with applicable federal, State, or local laws.

c. Mileage reimbursement, under the self-directed service delivery model, to the owner of a specialized, modified, or accessible vehicle driven by an employee of the participant and for the purpose of the participant engaging in activities specified in the recipient's person-centered plan of service

3. Cost for training, mileage, benefits, and leave time are allocated from the participant’s total budget allocation.

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Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- 1. Nurse Consultation services – Assessment and document revisions and recommendations of the participant’s health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.
- 2. Nurse Health Case Management services are limited up to a four (4) hour period within a three (3) month period.
- ~~H.I.~~ Nurse Delegation - The frequency of assessment is minimally every 45 days, but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation. This is a person-centered assessment and evaluation by the RN that determines duration and frequency of each assessment.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- 1. Nurse Consultation services – Assessment and document revisions and recommendations of the participant’s health needs, protocols, and environment are limited to up to a four (4) hour period within a three (3) month period.
- ~~4.2.~~Nurse Health Case Management services are limited up to a four (4) hour period within a three (3) month period.
- ~~2.3.~~Nurse Delegation - The frequency of assessment is minimally every 45 days, but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation. This is a person-centered assessment and evaluation by the RN that determines duration and frequency of each assessment.

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	X	Participant-directed as specified in Appendix E	X	Provider managed		
Specify whether the service may be provided by ( <i>check each that applies</i> ):	X	Legally Responsible Person	X	Relative	X	Legal Guardian

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Provider Specifications			
Provider	X	Individual. List types:	X Agency. List the types of agencies:
Category(s) <i>(check one or both):</i>	Registered Nurse		Nursing Services Provider
Provider Qualifications			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Registered Nurse	Registered Nurse must possess valid Maryland and/or Compact Registered Nurse license		<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Possess a valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) <u>Orientation</u> training within 90 days of first providing services; <del>Orientation</del>;</li> <li>3. Once completed DDA’s training, maintain active status on DDA’s registry of DD RN CM/DNs;</li> <li>3.4. Be active on the DDA registry of DD RNCM/DNs;</li> <li>4.5. Complete the online HRST Rater and Reviewer training;</li> <li>5.6. Attend mandatory DDA trainings;</li> </ol>

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			<p><del>6.7.</del> Attend a minimum of <del>two (2)</del> all DDA provided nurse <del>quarterly</del> meetings; <del>per fiscal year</del>;</p> <p><del>7.8.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</p> <p><del>8.9.</del> Possess a valid driver’s license if the operation of a vehicle is necessary to provide services;</p> <p><del>9.10.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</p> <p><del>10.11.</del> Have Commercial General Liability Insurance;</p> <p><del>11.12.</del> Complete required orientation and training designated by DDA;</p> <p><del>12.13.</del> Complete necessary pre/in-service training based on the Person-Centered Plan <del>and DDA required training prior to service delivery</del>;</p> <p><del>13.14.</del> Have three (3) professional references which attest to the provider’s ability to deliver the</p>
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			<p>support/service in compliance with the Department’s values in Annotated Code of Maryland, Health General, Title 7;</p> <p><del>14.15.</del> <u>Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</u></p> <p><del>15.16.</del> <u>Complete and sign any agreements required by MDH or DDA; and</u></p> <p><u>17. Have a signed DDA Provider Agreement to Conditions for Participation; and</u></p> <p><del>16.18.</del> <u>Have a signed Medicaid Provider Agreement.</u></p> <p><u>Individuals providing services for participants self-directing their services must meet the standards 1 through 9 noted above They do not need to submit a DDA provider application. Individuals must- submit forms and documentation as required by Financial Management and Counseling ServicesFiscal Management Service (FMSFMCS) agency. FMSThe FMCS must ensure the individual or entity performing the service meets the qualifications.</u></p>
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<p>Nursing Services Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:                     <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</li> </ol> </li> </ol>
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			<p>D. Demonstrate the capability to provide or arrange for the provision of all nursing services required by submitting, at a minimum, the following documents with the application:</p> <ul style="list-style-type: none"> <li>(1) A program service plan that details the agencies service delivery model;</li> <li>(2) A business plan that clearly demonstrates the ability of the agency to provide nursing services;</li> <li>(3) A written quality assurance plan to be approved by the DDA;</li> <li>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</li> <li>(5) Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including</li> </ul>
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			<p>deficiency reports and compliance records.</p> <p>E. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>F. Have Workers’ Compensation Insurance;</p> <p>G. Have Commercial General Liability Insurance;</p> <p>H. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>I. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p> <p>J. Complete required orientation and training;</p> <p>K. Comply with the DDA standards related to provider qualifications; and</p>
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			<p>L. Complete and sign any agreements required by MDH or DDA.</p> <p>2. Have a signed Medicaid Provider Agreement.</p> <p>3. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</p> <p>4. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>5. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and</p>
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			<p>Maryland Department of Assessments and Taxation.</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Possess valid Maryland and/or Compact Registered Nurse license;</li> <li>2. Successful completion of the DDA RN Case Manager/Delegating Nurse (CM/DN) Orientation training within 90 days of first providing services;;</li> <li><del>3.</del> Once completed DDA’s training, maintain active status on DDA’s registry of DD RN CM/DNs;</li> <li><del>3.4.</del> Be active on the DDA RN CM/DNs;</li> <li><del>4.5.</del> Complete the online HRST Rater and Reviewer training;</li> <li><del>5.6.</del> Attend mandatory DDA trainings;</li> <li><del>6.7.</del> Attend <del>a minimum of two (2)</del>all DDA provided nurse <del>quarterly</del> meetings <del>per fiscal year</del>;</li> </ol>
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			<p><del>7.8.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</p> <p><del>8.9.</del> Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</p> <p><del>9.10.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services;</p> <p><del>10.11.</del> Complete required orientation and training designated by DDA; and</p> <p><del>11.12.</del> Complete necessary pre/in-service training based on the Person-Centered <del>Plan and DDA required training prior to service delivery</del> <u>Plan</u>.</p>
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<b>Verification of Provider Qualifications</b>		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Registered Nurse	1. DDA for certified Registered Nurses	1. DDA – Initial and at least every three years

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	2. <del>FMSFMCS</del> provider, as described in Appendix E, for participants self-directing services	2. <del>FMSFMCS</del> – initially and continuing thereafter
Nursing Services Provider	<ol style="list-style-type: none"> <li>1. DDA for approval of providers</li> <li>2. Nursing Service Agency for verification of staff member’s licenses, certifications, and training</li> </ol>	<ol style="list-style-type: none"> <li>1. DDA – Initial and at least every three years</li> <li>2. Nursing Services Provider – prior to service delivery and continuing thereafter</li> </ol>

Service Type: Other

**Service (Name): PARTICIPANT EDUCATION, TRAINING AND ADVOCACY SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
13: Participant Training	13010 participant training
Service Definition (Scope):	
<p>A. Participant Education, Training and Advocacy Supports provides funding for the costs associated with training programs, workshops and conferences 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>B. Covered expenses include:</p> <ol style="list-style-type: none"> <li>1. Enrollment fees associated with training programs, conferences, and workshops,</li> <li>2. Books and other educational materials, and</li> </ol>	

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- 3. Transportation that enables the participant to attend and participate in training courses, conferences, and other similar events.

C. The following expenses are not covered:

- 1. Tuition;
- 2. Airfare; or
- 3. Costs of meals or lodging, as per federal requirements.

**SERVICE REQUIREMENTS:**

A. Participant Education, Training and Advocacy Supports may include education and training for participants directly related to building or acquiring such skills.

B. Support needs for education and training are identified in the participant's Person-Centered Plan.

C. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services must be explored and exhausted to the extent applicable.

1. These efforts must be documented in the participant’s file.

~~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.~~

~~1.2~~ 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~~ must be documented in the participant's person-centered plan. The DDA has authority to determine if further efforts must

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be made, and documented, prior to authorization of funding for the service under the Waiver program.

D. Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.

E. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

F. 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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Participant Education, Training and Advocacy Supports is limited to 10 hours of training per participant per year.
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.

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	X	Participant-directed as specified in Appendix E	X	Provider managed
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Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
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**Provider Specifications**

Provider Category(s) ( <i>check one or both</i> ):	X	Individual. List types:	X	Agency. List the types of agencies:
		Participant Support Professional		Participant Education, Training and Advocacy Supports Agency

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<b>Provider Qualifications</b>			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
Participant Support Professional			<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor’s Degree, professional license, certification by a nationally recognized program, or demonstrated life experiences and skills to provide the service;</li> <li>3. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</li> <li>4. Have documentation that all vehicles used in the provision of services have automobile insurance;</li> <li>5. Complete required orientation and training designated by DDA;</li> <li>6. Complete necessary pre/in-service training based on the</li> </ol>

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			<p>Person-Centered Plan <del>and DDA</del>  <del>required training prior to</del>  <del>service delivery;</del></p> <p>7. 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>8. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p>9. Complete and sign any agreements required by MDH or DDA; and</p> <p>10. Have a signed Medicaid Provider Agreement.</p> <p>Individuals providing services for participants self-directing their services must meet the standards 1 and <del>42</del> noted above. <del>They do not need to complete the DDA provider application.</del>  <u>Individuals must</u> <del>and</del> submit forms and documentation as required by the <del>Fiscal Management Service</del> <u>Financial Management and Counseling Services</u></p>
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			<p>(<del>FMSFMCS</del>) agency. <del>FMSFMCS</del> must ensure the individual or entity performing the service meets the qualifications.</p>
<p>Participant Education, Training and Advocacy Supports Agency</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:                     <ol style="list-style-type: none"> <li>A. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>B. A minimum of five (5) years demonstrated experience and capacity with providing quality similar services;</li> <li>C. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each aspect of the agency’s programs operates in</li> </ol> </li> </ol>

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			<p>compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>D. Demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <p>(1) A program service plan that details the agencies service delivery model;</p> <p>(2) A business plan that clearly demonstrates the ability of the agency to provide services;</p> <p>(3) A written quality assurance plan to be approved by the DDA;</p> <p>(4) A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p> <p>(5) Prior licensing reports issued within the previous 10 years from any in-State</p>
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			<p>or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>E. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>F. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>G. Have Workers’ Compensation Insurance;</p> <p>H. Have Commercial General Liability Insurance;</p> <p>I. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>J. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p>
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			<p>K. Complete required orientation and training;</p> <p>L. Comply with the DDA standards related to provider qualifications; and</p> <p>M. Complete and sign any agreements required by MDH or DDA.</p> <p>2. Have a signed Medicaid provider agreement;</p> <p>3. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</p> <p>4. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>5. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership</p>
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			<p>or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li>2. Have a Bachelor’s Degree, professional licensure; certification by a nationally recognized program; or demonstrated life experiences and skills to provide the service;</li> <li>3. Complete necessary pre/in-service training based on the Person-Centered Plan; and</li> <li>4. Complete the training designated by DDA. <del>After July 1, 2019, all new hires must complete the DDA required</del></li> </ol>
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			training prior to independent service delivery.
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Participant Support Professional	<ol style="list-style-type: none"> <li>DDA for certified Participant Support Professional</li> <li><del>FMSFMCS</del> provider, as described in Appendix E, for participants self-directing services</li> </ol>		<ol style="list-style-type: none"> <li>DDA - Initial and at least every three years</li> <li><del>FMSFMCS</del> provider - prior to service delivery and continuing thereafter</li> </ol>
Participant Education, Training and Advocacy Supports Agency	<ol style="list-style-type: none"> <li>DDA for approval of Participant Education, Training and Advocacy Supports Agency</li> <li>Provider for staff standards</li> </ol>		<ol style="list-style-type: none"> <li>DDA – Initial and at least every three years</li> <li>Provider - prior to service delivery and continuing thereafter</li> </ol>

Service Type: Support for Participant Direction

**Service (Name): SUPPORT BROKER SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
12 Services Supporting Self-Direction	12020 Information and assistance in support of self-direction
Service Definition (Scope):	

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A. Support Broker Services assist the participant in:

- 1. Making informed decisions in arranging for, directing, and managing services the individual receives, including decisions related to personnel requirements and resources needed to meet the requirements;
- 2. Accessing and managing identified supports and services;
- 3. Performing other tasks as assigned by the participant and as authorized by regulations adopted or guidance issued by the federal Center for Medicare and Medicaid Services (CMS) under 1915 (c) of the Social Security Act including:
  - a. Assists the participant (or the participant’s family or representative, as appropriate) in arranging for, directing, and managing services;
  - b. Assists the participant (or the participant’s family or representative, as appropriate) in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services Serving as the agent of the participant or family, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services;
  - c. Practical skills training to enable families and participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication and problem-solving.
  - d. Providing information to ensure that participants understand the responsibilities involved with directing their services. The extent of the assistance furnished to the participant or family is specified in the service implementation plan.

A.B. Support Broker Services can be ~~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.

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B.C. Information, coaching, and mentoring may be provided to participant about:

- 1. Self-direction including roles and responsibilities and functioning as the common law employer;
- 2. Other employment related subjects pertinent to the participant and/or family in managing and directing services;

3. Person-centered planning and how it is applied;

4. The range and scop of individual choices and options;

~~3.5.~~ The process for changing the person-centered plan and individual budget;

6. The grievance process;

~~4.7.~~ Risks and responsibilities of self-direction;

~~5.8.~~ Policy on Reportable Incidents and Investigations (PORII);

~~6.9.~~ Free choice of providers including ~~Choice and~~ control over the selection and hiring of qualified individuals as workers;

~~7.10.~~ Individual and employer rights and responsibilities; ~~and~~

~~11.~~ The reassessments and review of work schedules; ~~And~~

~~8.12.~~ Other subjects pertinent to the participant in managing and directing waiver services.

C.D. Assistance, as necessary and appropriate, if chosen by the participant, may be provided with:

1. Defining goals, needs, and preferences;

2. Identifying resources and accessing services, supports and resources;

~~1.3.~~ Practical skills training (e.g., hiring, managing, and terminating workers, problem solving, conflict resolution);

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- 4. Development of risk management agreements;
- ~~2.5.~~ Development of an emergency back- up plan;
- 6. Recognizing and reporting critical events;
- ~~3.7.~~ Independent advocacy, to assist in filing grievances and complaints when necessary;
- ~~4.8.~~ Developing strategies for recruiting, interviewing, and hiring staff;
- ~~5.9.~~ Developing staff supervision and evaluation strategies;
- ~~6.10.~~ Developing terminating strategies;
- ~~7.11.~~ Developing employer related risk assessment, planning, and remediation strategies;
- ~~8.12.~~ Developing strategies for managing the budget and budget modifications including reviewing monthly ~~Fiscal Management Services~~ Financial Management and Counseling Services reports to ensure that the individualized budget is being spent in accordance with the approved Person-Centered Plan and budget and conducting audits;
- ~~9.13.~~ Developing strategies for managing employees, supports and services;
- ~~10.14.~~ Developing strategies for facilitating meetings and trainings with employees;
- ~~11.15.~~ Developing service quality assurance strategies;
- ~~12.16.~~ Developing strategies for reviewing data, employee timesheets, and communication logs;
- ~~13.17.~~ Developing strategies for effective staff back-up and emergency plans;
- ~~14.18.~~ Developing strategies for training all of the participant’s employees on the Policy on Reportable Incidents and ensuring that all critical incidents are reported to the Office of Health Care Quality and DDA; and

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~~15.19.~~ Developing strategies for complying with all applicable regulations and policies, as well as standards for self-direction including staffing requirements and limitations as required by the DDA.

**SERVICE REQUIREMENTS:**

A. Support Broker ~~services~~ Services are an optional service to support participants enrolled in the Self-Directed Service Delivery Model that do not use a relative, legally responsible individual, representative payee, and guardian serve as paid staff, as further described in Appendix E. A participant enrolled in the Traditional Services delivery model is not eligible to receive this service.

~~A.~~ Support Broker Services are required when a relative, legally responsible individual, representative payee, and guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.

B. A relative (who is not a spouse), legally responsible person, legal guardian, or Social Security Administration representative payee of the participant may be paid to provide this Waiver program service in accordance with applicable requirements set forth in Appendix C-2 and this Section B.

1. A spouse or legally responsible person may provide Support Broker services, but may not be paid by this Waiver program.
2. A relative who is paid to provide Support Broker services cannot:
  - a. Provide this Waiver program service for more than 40 hours a week;
  - b. Serve as the participant’s designated representative, managing the participant’s self-directed services as provided in Appendix E; or
  - c. Provide any other Waiver program services which are funded by the Waiver program under this Appendix C.

C. Support Brokers must provide assurances that they will implement the Person-Centered Plan as approved by DDA or their designee in accordance with all federal and State laws and regulations

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governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

D. Individuals and organizations providing Support Broker services may provide no other paid service to that participant.

E. Support Broker Services may not duplicate, replace, or supplant Coordination of Community Service.

F. 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.

G. ~~Additional assistance, coaching, and mentoring~~Support Broker Services up to 30 hours per month, ~~as needed by the participant and within the participant’s total approved annual budget,~~ may be ~~purchased with unallocated funds~~ **due to: under the budget authority due to extraordinary circumstances**

**a. The scope, frequency, and intensity of supports needed (for example 24/7 supports, multiple staff and services);**

**b. Language barriers; and**

**c. The lack of support network to assist with the self directed service model requirements.**

~~such extensive the participant needs like 24/7 supports; lacks a strong family or natural network; or has language barriers. when there are significant changes in the participant’s health or medical situation.~~

G.H. Service hours must be necessary, documented, and evaluated by the team.

H.I. Support Brokers shall not make any decision for the participant, sign off on ~~service delivery or~~ **their own** timesheets **or invoices**, or hire or fire workers.

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I.J. This service includes the option to provide benefits and leave time to a Support Broker subject to the following requirements:

1. The Support Broker is an employee of the participant.
2. The benefits and leave time which are requested by the participant are: (a) within applicable reasonable and customary standards as established by DDA policy; or (b) required for the participant’s compliance, as the employer of record, with applicable federal, State, or local laws;
3. Any benefit and leave time offered by the participant must comply with any and all applicable federal, State, or local laws; and

Cost for training, mileage, benefits, and leave time are allocated from the participant’s total annual budget allocation~~All funded benefits and leave time shall be included in and be part of the participant’s annual budget.~~

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Person Centered Plan authorization for:

1. Initial orientation and assistance up to 15 hours.

Information, coaching, and mentoring~~Support Broker Services~~ up to 4 hours per month ~~unless otherwise authorized by the DDA.~~

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	X	Participant-directed as specified in Appendix E				Provider managed
Specify whether the service may be provided by ( <i>check each that applies</i> ):	X	Legally Responsible Person	X	Relative	X	Legal Guardian
<b>Provider Specifications</b>						
	X	Individual. List types:		X	Agency. List the types of agencies:	

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Provider	Support Broker Professional	Support Broker Agency
Category(s) <i>(check one or both):</i>		

**Provider Qualifications**

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Support Broker Professional			<p>Individual must <del>complete the DDA provider application and be certified based on compliance with</del> meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;  <del>Have a GED or high school diploma,</del></li> <li>2. Current first aid and CPR certification;</li> <li>3. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li>4. Be certified by the DDA to demonstrate core competency related to self-determination, <u>Department of Labor requirements</u>, consumer directed services and service</li> </ol>

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			<p>systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies.</p> <ol style="list-style-type: none"> <li>5. Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services;</li> <li>6. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services; and</li> <li>7. Complete required orientation and training designated by DDA including the Policy on Reportable Incidents and Investigations (PORII) and Support Broker trainings.</li> </ol> <p><del>Individuals providing services for participants self-directing their services must meet the standards 1 through 8 noted above and</del> <u>Individuals must</u> submit forms and documentation as required by the <u>Financial Management and Counseling Service Fiscal Management Service (FMSFMCS)</u> agency. <u>FMSFMCS</u> must ensure the</p>
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			<p>individual or entity performing the service meets the qualifications.</p> <p>Participants in self-directing services, as the employer, may require additional staffing requirements based on their preferences and level of needs</p>
<p>Support Broker Agency</p>			<p>Agencies must meet the following standards:</p> <p><del>Complete the DDA provider application and be certified based on compliance with meeting all of the following standards:</del></p> <ol style="list-style-type: none"> <li>1. Be properly organized as a Maryland corporation, or, if operating as a foreign corporation, be properly registered to do business in Maryland;</li> <li>2. A minimum of five (5) years demonstrated experience and capacity providing quality similar services;</li> <li>3. Have a governing body that is legally responsible for overseeing the management and operation of all programs conducted by the licensee including ensuring that each</li> </ol>

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			<p>aspect of the agency’s programs operates in compliance with all local, State, and federal requirements, applicable laws, and regulations;</p> <p>4. Except for currently DDA licensed or certified providers, demonstrate the capability to provide or arrange for the provision of all services required by submitting, at a minimum, the following documents with the application:</p> <p>A. A program service plan that details the agencies service delivery model;</p> <p>B. A business plan that clearly demonstrates the ability of the agency to provide services;</p> <p>C. A written quality assurance plan to be approved by the DDA;</p> <p>D. A summary of the applicant's demonstrated experience in the field of developmental disabilities; and</p>
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			<p>E. Prior licensing reports issued within the previous 10 years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.</p> <p>5. If currently licensed or certified, produce, upon written request from the DDA, the documents required under D.</p> <p>6. Be in good standing with the IRS and Maryland Department of Assessments and Taxation;</p> <p>7. Have Workers’ Compensation Insurance;</p> <p>8. Have Commercial General Liability Insurance;</p> <p>9. Submit results from required criminal background checks, Medicaid Exclusion List, and child protective clearances as provided in Appendix C-2-a and per DDA policy;</p> <p>10. Submit documentation of staff certifications, licenses, and/or trainings as required to perform services;</p>
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			<p>11. Complete required orientation and training;</p> <p>12. Comply with the DDA standards related to provider qualifications; and</p> <p>13. Complete and sign any agreements required by MDH or DDA.</p> <p>14. Have documentation that all vehicles used in the provision of services have automobile insurance; and</p> <p>15. Submit a provider renewal application at least 60 days before expiration of its existing approval as per DDA policy.</p> <p>The DDA Deputy Secretary may waive the requirements noted above if an agency is licensed or certified by another State agency or accredited by a national accreditation agency, such as the Council on Quality and Leadership or the Council for Accreditation for Rehabilitation Facilities (CARF) for similar services for individuals with developmental disabilities, and be in good standing with the IRS and</p>
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			<p>Maryland Department of Assessments and Taxation</p> <p>Staff working for or contracted with the agency as well as volunteers utilized in providing any direct support services or spend any time alone with a participant must meet the following minimum standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;  <del>Have a GED or high school diploma;</del></li> <li>2. Be certified by the DDA to demonstrate core competency related to self-determination, <u>Department of Labor requirements</u>, consumer directed services and service systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies.</li> <li>3. Complete required orientation and training designated by DDA including the Policy on Reportable Incidents and Investigations (PORII) and Support Broker trainings;</li> </ol>
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			<p>4. Complete necessary pre/in-service training based on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information as noted in the Person-Centered Plan and DDA required training prior to service delivery;</p> <p>5. Possess current first aid and CPR certification;</p> <p>6. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</p> <p><del>7. Complete necessary pre/in-service training based on the Person-Centered Plan;</del></p> <p><del>8.7. Complete the new DDA required training by July 1, 2019, or sooner. After July 1, 2019, all new hires must complete the DDA required training prior to service delivery.</del></p>
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			<p><del>9.8.</del> Possess a valid driver’s license, if the operation of a vehicle is necessary to provide services; and</p> <p>Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of services.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Support Broker Professional	<p><del>1. DDA for Support Broker Professional</del></p> <p><del>2.1.FMSFMCS</del> provider, as described in Appendix E, for participants self-directing services</p>	<p><del>1. DDA—Initial and Annually</del></p> <p><del>2.1.FMSFMCS</del> provider - prior to service delivery and continuing thereafter</p>
Support Broker Agency	<p>1. <del>FMSFMCS</del> provider, as described in Appendix E</p> <p>2. Support Broker Agency for individual staff members’ certifications and training</p>	<p>1. <del>FMSFMCS</del> provider - prior to service delivery</p> <p>2. Provider – prior to service delivery and annually thereafter</p>

Service Type: Other Service

State:	
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**Alternative Service Title: TRANSPORTATION**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
15: Non-Medical Transportation	15010 non-medical transportation
Service Definition (Scope):	
<p>A. Transportation services are designed specifically to improve the participant’s and the family caregiver’s ability to independently access community activities within their own community in response to needs identified through the participant’s Person-Centered Plan.</p> <p>B. 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. <u>It does not include</u> <del>or</del> other travel inside or outside of the State of Maryland <u>unless it is a day trip</u>.</p> <p>C. Transportation services can include:</p> <ol style="list-style-type: none"> <li>1. Orientation services in using other senses or supports for safe movement from one place to another;</li> <li>2. Accessing Mobility and volunteer transportation services such as transportation coordination and accessing resources;</li> <li>3. Travel training such as supporting the participant and their family in learning how to access and use informal, generic, and public transportation for independence and community integration;</li> <li>4. Transportation services provided by different modalities, including: public and community transportation, taxi services, and non-traditional transportation providers;</li> <li>5. Mileage reimbursement and an agreement for transportation provided by another individual using their own car; and</li> <li>6. Purchase of prepaid transportation vouchers and cards, such as the Charm Card and Taxi Cards.</li> </ol>	

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**SERVICE REQUIREMENTS:**

A. Services are available to the participants living in their own home or in the participant's family home.

~~For participants self directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized Person Centered Plan and budget.~~

B. The Program will not make payment to spouses or legally responsible individuals for furnishing transportation services.

A. A relative (who is not a spouse) 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 **unless otherwise approved by the DDA due to extraordinary circumstances in accordance with the applicable requirements set forth in Section C-2.**

C. Payment rates for services must be customary and reasonable as established or authorized by the DDA.

D. Transportation services shall be provided by the most cost-efficient mode available that meets the needs of the participant and shall be wheelchair accessible when needed.

E. Transportation services are not available at the same time as the direct provision of ~~Career Exploration, Community Development Services, Community Living Enhanced Supports, Community Living Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services~~ **(with exception for follow along supports as authorized by the DDA);** ~~Medical Day Care,~~ Personal Supports beginning July 1, 2020, or Respite Care, ~~Shared Living, Supported Employment, or Supported Living services.~~

F. 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

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explored and exhausted to the extent applicable. ~~These efforts must be documented in the participant's file.~~

1. These efforts must be documented in the participant's file.

2. 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.

To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

~~For participants enrolled in the Traditional Services Model (and not the Self Directed Services Model as set forth in Appendix E),~~ Transportation is limited to \$7,5000 per year per participant.

<b>Service Delivery Method</b> (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
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**Provider Specifications**

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Transportation Professional or Vendor		Organized Health Care Delivery System Provider

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Provider Qualifications			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
Transportation Professional or Vendor			<p>Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</p> <ol style="list-style-type: none"> <li>1. Be at least 18 years old;</li> <li><del>2. Have a GED or high school diploma;</del></li> <li><del>3.2.</del> Have required credentials, license, or certification as noted below;</li> <li><del>4.3.</del> Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;</li> <li><del>5.4.</del> Possess a valid driver’s license for non-commercial drivers;</li> <li><del>6.5.</del> Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of service for non-commercial providers;</li> <li><del>7.6.</del> Complete required orientation and training designated by DDA;</li> </ol>

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			<p><del>8.7.</del> Complete necessary pre/in-service training based on the Person-Centered Plan <b>for non-commercial drivers</b> <del>and DDA required training prior to service delivery;</del></p> <p><del>9.8.</del> 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><del>10.9.</del> Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</p> <p><del>11.10.</del> <b>Complete and sign any agreements required by MDH or DDA; and Have a signed DDA Provider Agreement to Conditions for Participation;</b></p> <p>1. Have a signed Medicaid Provider Agreement.</p> <p>Orientation, Mobility and Travel Training Specialists -must attend and have a current certification as a travel trainer from one of the following entities:</p>
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			<ol style="list-style-type: none"> <li>1. Easter Seals Project Action (ESPA);</li> <li>2. American Public Transit Association;</li> <li>3. Community Transportation Association of America;</li> <li>4. National Transit Institute (NTI);</li> <li>5. American Council for the Blind;</li> <li>6. National Federation of the Blind;</li> <li>7. Association of Travel Instruction;</li> <li>8. Be a DORS approved vendor/contractor;</li> <li>9. Other recognized entities based on approval from the DDA</li> </ol>
<p>Organized Health Care Delivery System Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</li> </ol>

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			<p>OHCDS providers shall:</p> <ol style="list-style-type: none"> <li>1. Verify the licenses and credentials of individuals providing services with whom they contract or employs and have a copy of the same available upon request.</li> <li>2. Obtain Workers' Compensation if required by law.</li> </ol> <p>OHCDS <u>and FMCS</u> must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:</p> <ol style="list-style-type: none"> <li>1. For individuals providing direct transportation, the following minimum standards are required:             <ol style="list-style-type: none"> <li>A. Be at least 18 years old;</li> <li>B. For non-commercial providers, possess a valid driver's license for vehicle necessary to provide services; and</li> <li>C. For non-commercial providers, have automobile insurance for all automobiles that are owned,</li> </ol> </li> </ol>
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			<p>leased, and/or hired and used in the provision of services.</p> <p>D. For commercial providers like Uber and Lyft do not complete pre/in-service training.</p> <p>2. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities:</p> <p>A. Easter Seals Project Action (ESPA);</p> <p>B. American Public Transit Association;</p> <p>C. Community Transportation Association of America;</p> <p>D. National Transit Institute (NTI);</p> <p>E. American Council for the Blind;</p> <p>F. National Federation of the Blind;</p> <p>G. Association of Travel Instruction;</p>
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			H. DORS approved vendors/contractor; or  Other recognized entities based on approval from the DDA.
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
Transportation Professional or Vendor	<ol style="list-style-type: none"> <li>DDA for certified Transportation Professional and Vendors</li> <li><del>FMS</del><u>FMCS</u> providers, as described in Appendix E, for participants self-directing services</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and at least every three years</li> <li><del>FMS</del><u>FMCS</u> providers – prior to delivery of services and continuing</li> </ol>	
Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> <li>DDA for verification of the Organized Health Care Delivery System</li> <li>Organized Health Care Delivery System provider for verification of staff qualifications</li> </ol>	<ol style="list-style-type: none"> <li>DDA – Initial and at least every three years</li> <li>OHCDSD – prior to service delivery and continuing thereafter</li> </ol>	

Service Type: Other Service

Service (Name):

**Alternative Service Title: VEHICLE MODIFICATIONS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:

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14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
<b>Service Definition (Scope):</b>	
<p>A. Vehicle modifications are adaptations or alterations to a vehicle that is the participant’s primary means of transportation. Vehicle modifications are designed to accommodate the needs of the participant and enable the participant to integrate more fully into the community and to ensure the health, welfare and safety and integration by removing barriers to transportation.</p> <p>B. Vehicle modifications may include:</p> <ol style="list-style-type: none"> <li>1. Assessment services to (a) help determine specific needs of the participant as a driver or passenger, (b) review modification options, and (c) develop a prescription for required modifications of a vehicle;</li> <li>2. Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the participant, or legally responsible parent of a minor or other caretaker as approved by DDA;</li> <li>3. Non-warranty vehicle modification repairs; and</li> <li>4. Training on use of the modification.</li> </ol> <p>C. Vehicle modifications do not include the purchase of new or used vehicles, general vehicle maintenance or repair, State inspections, insurance, gasoline, fines, tickets, or the purchase of warranties.</p> <p><b>SERVICE REQUIREMENTS:</b></p> <p>A. A vehicle modification assessment and/or a driving assessment will be required when not conducted within the last year by the Division of Rehabilitation Services (DORS).</p> <p>B. A prescription for vehicle modifications must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist. The prescription for vehicle modifications applies only to</p>	

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the year/make/model of the vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA).

C. The vehicle owner is responsible for:

1. The maintenance and upkeep of the vehicle; and
2. Obtaining and maintaining insurance that covers the vehicle modifications. The program will not correct or replace vehicle modifications provided under the program that have been damaged or destroyed in an accident.

D. The program will not correct or replace vehicle modifications provided under the program that have been damaged or destroyed in an accident.

D.E. Vehicle modifications are only authorized to vehicles meeting safety standards once modified.

E.F. The Program cannot provide assistance with modifications on vehicles not registered under the participant or legally responsible parent of a minor or other primary caretaker. This includes leased vehicles.

F.G. Upon delivery to the participant (including installation), the Vehicle Modification must be in good operating condition and repair in accordance with applicable specifications.

G.H. Vehicle modification funds cannot be used to purchase vehicles for participants, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle that relates to the cost of accessibility adaptations. In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptations is required.

H.I. Vehicle modifications may not be provided in day or employment services provider owned vehicles.

J. 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

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explored and exhausted to the extent applicable. ~~These efforts must be documented in the participant's file.~~

1. These efforts must be documented in the participant's file.

~~2. 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.J.~~ To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

~~J.K.~~ 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.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Vehicle modifications payment rates for services must be customary, reasonable according to current market values, and may not exceed a total of \$15,000 within a ten-year period

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed		
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
<b>Provider Specifications</b>						
	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:		

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Provider Category(s) <i>(check one or both):</i>	Vehicle Modification Vendor	Organized Health Care Delivery System Provider	
<b>Provider Qualifications</b>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Vehicle Modification Vendor			<ol style="list-style-type: none"> <li>1. Individual must complete the DDA provider application and be certified based on compliance with meeting the following standards:</li> <li>2. Be at least 18 years old;</li> <li>3. Be a Division of Rehabilitation Services (DORS) <u>approved</u> Vehicle Modification service vendor;</li> <li>4. Complete required orientation and training designated by DDA;</li> <li>5. For driving assessments, complete person specific pre/in-service training to be aware of the participants communication preferences, sensitivities, and health or behavior strategies so they can adapt training as needed.</li> </ol> <p><u>Complete necessary pre/in-service training based on the Person</u></p>

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			<p><del>Centered Plan and DDA required training prior to service delivery;</del></p> <ol style="list-style-type: none"> <li>6. 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;</li> <li>7. Demonstrate financial integrity through IRS, Department, and Medicaid Exclusion List checks;</li> <li>8. Have a signed DDA Provider Agreement to Conditions for Participation; and</li> <li>9. Have a signed Medicaid Provider Agreement.</li> </ol> <p>The Adapted Driving Assessment specialist who wrote the Adapted Driving Assessment report and the <u>Vehicle Equipment and Adaptation Prescription Agreement (VEAPA)</u> shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and</p>
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			<p>provide a statement to meet the individual’s needs.</p>
<p>Organized Health Care Delivery System Provider</p>			<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be certified or licensed by the DDA to provide at least one Medicaid waiver service; and</li> <li>2. Complete the DDA provider application to be an Organized Health Care Delivery Services provider.</li> </ol> <p>OHCDs providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.</p> <p>OHCDs must ensure the individual or entity performing the service meets the qualifications noted below:</p> <ol style="list-style-type: none"> <li>1. DORS approved vendor or DDA certified vendor;</li> <li>2. VEAPA must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist; and</li> <li>3. The adaptive driving assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle</li> </ol>

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			modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement as to whether it meets the individual’s needs.
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> <li>1. DDA for verification of the OHCDS</li> <li>2. OHCDS providers for entities and individuals they contract or employ</li> </ol>		<ol style="list-style-type: none"> <li>1. OHCDS – Initial and at least every three years</li> <li>2. OHCDS providers – prior to service delivery and continuing thereafter</li> </ol>
Vehicle Modification Vendor	<ol style="list-style-type: none"> <li>1. DDA for certified Vehicle Modification Vendor</li> <li>2. <del>FMS</del><u>FMCS</u> provider, as described in Appendix E, for participants self-directing services</li> </ol>		<ol style="list-style-type: none"> <li>1. DDA – Initial and at least every three years</li> <li>2. <del>FMS</del><u>FMCS</u> - Prior to service delivery and continuing thereafter</li> </ol>

**b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

<input type="radio"/>	<b>Not applicable</b> – Case management is not furnished as a distinct activity to waiver participants.
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<b>X</b>	<b>Applicable</b> – Case management is furnished as a distinct activity to waiver participants. Check each that applies:
<input type="checkbox"/>	As a waiver service defined in Appendix C-3 ( <i>do not complete C-1-c</i> )
<input type="checkbox"/>	As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). <i>Complete item C-1-c.</i>
<b>X</b>	As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As an administrative activity. <i>Complete item C-1-c.</i>

**c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Private community service providers and local Health Departments provide Coordination of Community Service (case management) on behalf of waiver participant as per COMAR 10.09.48 as an administrative service.

**Appendix C-2: General Service Specifications**

**a. Criminal History and/or Background Investigations.** Specify the State’s policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services-(*select one*):

<b>X</b>	<b>Yes.</b> Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and (c) the process for ensuring that mandatory investigations have been conducted. State laws,
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regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

This section describes the minimum background check and investigation requirements for providers under applicable law. A provider may opt to perform additional checks and investigations as it sees fit.

**Criminal Background Checks**

The DDA is seeking to update its regulations regarding Criminal Background Checks, as provided in this Section a. The draft regulations will be subject to notice and comment and other applicable requirements as provided in Maryland’s Administrative Procedure Act, codified in Title 10, Subtitle 1 of the State Government Article, prior to finalization. Therefore, the draft regulations, set forth below, may be amended to comply with those requirements.

In the meantime, the current regulations will remain in effect and continue to apply to services covered under this Waiver. The draft regulations, as amended, will apply to services covered under this Waiver once they are effective.

**Current Regulations**

The DDA’s regulation requires specific providers 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; or (2) a National criminal background check via a private agency, with whom the provider contracts. If the provider chooses the second option, the criminal background check must pull court or other records “in each state in which [the provider] knows or has reason to know the eligible employee [or contractor] worked or resided during the past 7 years.” The same requirements are required for participants self-directing services as indicated within each service qualification.

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The DDA-licensed and approved provider must complete this requirement for all of the provider’s employees and contractors hired to provide direct care. If this background check identifies a criminal history that “indicate[s] behavior potentially harmful” to ~~individuals~~ ~~participants~~ receiving services, then the provider is prohibited from employing or contracting with the individual. See Code of Maryland Regulations (COMAR) 10.22.02.11, Maryland Annotated Code Health-General Article § 19-1901 *et seq.*, and COMAR Title 12, Subtitle 15.

Background screening is required for volunteers who:

- (1) Are recruited as part of an agency’s formal volunteer program; and
- (2) Spend time alone with participants.

Criminal background checks are not required for people who interact with or assist ~~individuals~~ ~~participants~~ as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification etc.

**Draft Regulations**

Subject to amendment as part of the process to promulgate regulations, the DDA will require that persons selected by ~~individuals~~ ~~participants~~ with a developmental disability to provide waiver services successfully pass a criminal background check, as detailed herein. A “person” includes an individual, receiver, trustee, guardian, personal representative, fiduciary, or representative of any kind and any partnership, firm, association, corporation, or other entity as set forth in MD. CODE ANN., HEALTH-GEN. § 1-101.

The following individuals must complete a criminal background check:

- 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 providing services under the Traditional Services delivery model who will have direct contact with at least one individual with a developmental disability; and

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3. All employees and staff of a Participant providing services under the Self-Directed Services delivery model.

Background screening is required for volunteers who:

- (1) Are recruited as part of an agency’s formal volunteer program; and
- (2) Spend time alone with participants.

Criminal background checks are not required for people who interact with or assist individuals participants as a friend or natural support, by providing assistance with shopping, transportation, recreation, home maintenance and beautification etc.

Direct contact is defined as physically present with, or within an immediate distance (such as the same room) of, the individual with a developmental disability.

The following persons will be responsible for ensuring the criminal background check takes place upon hire of each individual who is required to complete a criminal background check:

- 1. Under the Traditional Services delivery model, the community-based provider; and
- 2. Under the Self-Directed Services delivery model, the ~~Fiscal Management Service~~Financial Management and Counseling Services provider.

Each DDA-licensed and DDA-certified community-based provider (including the ~~Fiscal Management Service~~Financial Management and Counseling 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 Service~~Financial Management and Counseling Services provider are responsible for complying with these requirements for each individual hired.

The criminal background check to be conducted must:

- 1. Be performed by Criminal Justice Information Services in the Maryland Department of Public Safety and Correctional Services; or

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2. Be performed by a private agency, meeting certain criteria regarding, their qualifications, the scope of the background check, and whether alerts will be required.

Please note the DDA is in discussion regarding criteria for appropriate private agency(ies) requirement(s) for performing criminal background checks, which will be promulgated in the updated regulations.

An individual will have successfully passed their criminal background check if they have been convicted, received probation before judgment, or entered a plea of nolo contendere to a felony, crime of moral turpitude (including fraud), theft, financial crimes against a vulnerable adult, or abuse or neglect of a child or vulnerable adult and such final judgment was not entered 10 years ago or less from the date of the individual’s application.

If an alert later notifies the community-based provider or ~~Fiscal Management Service~~Financial Management and Counseling Services provider that the individual has received subsequently a final judgment that does not meet the requirements to successfully pass a criminal background check, then: (1) they must be removed immediately from direct contact with an individual with a developmental disability; and (2) their employment, contract, or Board membership must be terminated promptly.

If an individual knowingly submits false information for their criminal background check, then they will be disqualified automatically from serving an individual with a developmental disability and will not be permitted to apply again for a period of five years from the date of the initial application containing the false information.

Participants enrolled in DDA’s Self-Directed Services delivery model may request that DDA waive these criminal background check requirements. DDA may permit waiver of the criminal background check requirements *only if* the criminal background check indicates behavior that would not be potentially harmful to an individual with a developmental disability.

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	<p><b>Child Protective Services Background Clearance</b></p> <p>The State also maintains a Centralized Confidential Database that contains information about child abuse and neglect investigations conducted by the Maryland State Local Departments of Social Services. Staff engaging in one-to-one interactions with children under the age of 18 must have a Child Protective Services Background Clearance.</p> <p><b>State Oversight of Compliance with These Requirements</b></p> <p>The DDA, OLTSS, and OHCQ review providers’ records for completion of criminal background checks, in accordance with these requirements, during surveys, site visits, and investigations. Annually the DDA will review <del>Fiscal Management Service</del><u>Financial Management and Counseling Services</u> providers’ records for required background checks of staff working for participants enrolled in the Self-Directed Services Delivery Model, described in Appendix E.</p>
<p><input type="radio"/></p>	<p><b>No.</b> Criminal history and/or background investigations are not required.</p>

**b. Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (*select one*):

<p><input type="radio"/></p>	<p><b>Yes.</b> The State maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):</p>

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X	<b>No.</b> The State does not conduct abuse registry screening.
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**c. Services in Facilities Subject to §1616(e) of the Social Security Act. Select one:**

X	<b>No.</b> Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i>
○	<b>Yes.</b> Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Complete Items C-2-c.i – c.iii.</i>

**i. Types of Facilities Subject to §1616(e).** Complete the following table for *each type* of facility subject to §1616(e) of the Act:

Type of Facility	Waiver Service(s) Provided in Facility	Facility Capacity Limit

**ii. Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

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**iii. Scope of Facility Standards.** For this facility type, please specify whether the State’s standards address the following (*check each that applies*):

Standard	Topic Addressed
Admission policies	<input type="checkbox"/>
Physical environment	<input type="checkbox"/>
Sanitation	<input type="checkbox"/>
Safety	<input type="checkbox"/>
Staff: resident ratios	<input type="checkbox"/>
Staff training and qualifications	<input type="checkbox"/>
Staff supervision	<input type="checkbox"/>
Resident rights	<input type="checkbox"/>
Medication administration	<input type="checkbox"/>
Use of restrictive interventions	<input type="checkbox"/>
Incident reporting	<input type="checkbox"/>
Provision of or arrangement for necessary health services	<input type="checkbox"/>

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When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

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**d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

<input type="radio"/>	<p><b>No.</b> The State does not make payment to legally responsible individuals for furnishing personal care or similar services.</p>
<input checked="" type="radio"/>	<p><b>Yes.</b> The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.</i></p>
<p>DEFINITIONS:</p> <p><b>Extraordinary Care</b></p>	

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Extraordinary care means care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age and which is necessary to assure the health and welfare of the participant and avoid institutionalization.

**Legally Responsible Person**

A legally responsible person is defined as a person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (e.g, foster parent or relative appointed by court).

**Spouse**

For purposes of this waiver, a spouse is defined as an individual legally married under applicable law to the participant.

**Relative**

For purposes of this waiver, a relative is defined a natural or adoptive parent, step-parent, child, stepchild, or sibling, who is not also a legal guardian or legally responsible person.

**Legal Guardian**

For purposes of this waiver, a legal guardian is defined as an individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code’s Family Law or Estates & Trusts Articles.

(a) SERVICES THAT MAY BE PROVIDED BY LEGALLY RESPONSIBLE PERSONS

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The State makes payment to a legally responsible individual, who is appropriately qualified, for providing extraordinary care for the following services: Community Development Services or Personal Supports.

A legally responsible person may not be paid to provide these Waiver program services if it does not constitute extraordinary care as defined above.

**(b) CIRCUMSTANCES WHEN PAYMENT MAY BE MADE**

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):

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 participant (e.g., has special skills or training, like nursing license).

As provided in subsection 3 above, when a legally responsible person, legal guardian, or relative is the Support Broker or designated representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide direct care services.

**(c) SAFEGUARDS**

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To ensure the use of a legally responsible person to provide services is in the best interest of the participant, the following criteria must be met and documented in the participant’s Person-Centered Plan (PCP) by the CCS:

1. Choice of the legally responsible person to provide waiver services truly reflects the participant's wishes and desires;
2. The provision of services by the legally responsible person is in the best interests of the participant and their family;
3. The provision of services by the legally responsible person is appropriate and based on the participant’s identified support needs;
4. The services provided by the legally responsible person will increase the participant's independence and community integration;
5. There are documented steps in the PCP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the legally responsible person acting in the capacity of employee be no longer be available;
6. **A Self Directed Services Participant written a Agreement** that identifies people, beyond family members, who will support the participant in making their own decision, is completed; and
7. The legally responsible person must sign a service agreement to provide assurances to DDA that he or she will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program.

In addition, Support Broker Services are required under the self-directed service delivery model, when a relative, legally responsible individual, representative payee,

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	<p><u>and guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.</u></p> <p>(d) STATE’S OVERSIGHT PROCEDURES</p> <p>The DDA will conduct a randomly selected, statistically valid sample of services provided by legally responsible persons to ensure payment is made only for services rendered and the services rendered are in the best interest of the participant.</p>
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**Self-directed**

**Agency-operated**

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

○	<b>The State does not make payment to relatives/legal guardians for furnishing waiver services.</b>
X	<p><b>The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services.</b> Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p>
	<p><b>DEFINITIONS</b></p> <p><b>Relative</b></p>

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For purposes of this waiver, a relative is defined as a natural or adopted parent, step-parent, child, stepchild or sibling who is not also a legal guardian or legally responsible person.

**Legal Guardian**

For purposes of this waiver, a legal guardian is defined as an individual or entity who has obtained a valid court order stating that the individual is the legal guardian of the person of the participant pursuant to Maryland Annotated Code’s Family Law or Estates & Trusts Articles.

**Spouse**

For purposes of this waiver, a spouse is defined as an individual legally married under applicable law to the participant.

**Legally Responsible Person**

A legally responsible person is defined as a person who has a legal obligation under the provisions of Maryland law to care for another person. Under Maryland law, this includes a parent (either natural or adoptive), legal guardian, or person otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court).

**CIRCUMSTANCES WHEN PAYMENT MAY BE MADE**

A participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) or Traditional Services Delivery Model may use a legal guardian (*who is not a spouse*), who is appropriately qualified, to provide Community Development Services, Support Broker, Nursing Support Services/~~Nurse Case Management and Delegation Services~~, and Personal Supports.

A participant enrolled in the Self-Directed Services Delivery Model (as provided in Appendix E) or Traditional Services Delivery Model may use a relative (who is not a spouse), who is appropriately qualified, to provide ~~Community Development Services~~,

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Personal Supports, ~~Supported Employment~~, Transportation, Nursing Support Services/~~Nurse Case Management and Delegation Services~~, and Respite Care Services.

The legal guardian or relative (who is not a spouse) may provide these services in the following circumstances, as documented in the participant’s Person-Centered Plan (PCP):

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 participant (e.g., has special skills or training like nursing license).

As provided in subsection 3 above, when a legally responsible person, legal guardian, or relative is the Support Broker or designated representative who exercises decision making authority for the participant, then other legal guardians and relatives are not allowed to provide services noted above.

**SERVICES FOR WHICH PAYMENT MAY BE MADE**

As specified in Appendix C-1/C-3 and this Appendix C-2-e, a legal guardian may be paid to furnish the following services: (1) ~~Community Development Services~~; (2) Nursing Support Services/~~Nurse Case Management and Delegation Services~~; and (3) Personal Supports.

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As specified in Appendix C-1/C-3 and this Appendix C-2-e, a relative may be paid to furnish the following services: ~~(1) Community Development Services;~~ ~~(21) Personal Supports;~~ ~~(23) Respite Care;~~ ~~(34) Support Broker;~~ ~~(54) Transportation;~~ and (56) Nursing Support Services ~~/Nurse Case Management and Delegation Services;~~ ~~and (7) Supported Employment.~~

**Safeguards**

To ensure the use of a legal guardian or relative (who is not a spouse) to provide services is in the best interest of the participant, the following criteria must be met and documented in the participant’s Person-Centered Plan (PCP):

1. Choice of the legal guardian or relative as the provider truly reflects the participant's wishes and desires;
2. The provision of services by the legal guardian or relative is in the best interests of the participant and their family;
3. The provision of services by the legal guardian or relative is appropriate and based on the participant’s identified support needs;
4. The services provided by the legal guardian or relative will increase the participant's independence and community integration;
5. There are documented steps in the PCP that will be taken to expand the participant's circle of support so that they are able to maintain and improve his or her health, safety, independence, and level of community integration on an ongoing basis should the legal guardian or relative acting in the capacity of employee be no longer be available;
6. A written agreement that identifies people, beyond family members, who will support the participant in making his or her own decision, is completed; and

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	<p><u>7.</u> The legal guardian or relative must sign a service agreement to provide assurances to DDA that they will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program.</p> <p><u>In addition, Support Broker Services are required under the self-directed service delivery model, when a relative, legally responsible individual, representative payee, and guardian serve as paid staff in order to assure proper oversight and quality assurance as well as reduce conflicts of interest.</u></p> <p><b>STATE’S OVERSIGHT PROCEDURES</b></p> <p>Annually, the DDA will conduct a randomly selected, statistically valid sample of services provided by legal guardians and relatives to ensure payment is made only for services rendered and the services rendered are in the best interest of the participant.</p>
<p><input type="radio"/></p>	<p><b>Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.</b> Specify the controls that are employed to ensure that payments are made only for services rendered.</p>
<p><input type="radio"/></p>	<p>Other policy. <i>Specify:</i></p>

**f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

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The DDA is working with provider associations, current Community Supports Waiver service providers, and family support service providers to share information about new opportunities to deliver services to waiver participants.

~~On October 3, 2017, the DDA posted on its website an invitation for interested applicants to make application to render supports and services under DDA Waivers.~~

~~The DDA website information posted~~ includes:

1. The DDA Policy - Application and Approval Processes for Qualified Supports/Services Providers in DDA’s Waivers. This policy a) Describes specific requirements for completion and submission of initial and renewal applications for prospective providers seeking DDA approval to render supports, services and/or goods under DDA's Waivers, b) Provides definition and eligibility requirements for qualified service professionals regarding each support or service rendered under each support waiver, and c) Delineates actions taken by the DDA following receipt of an applicant’s information and provides timelines for review and approval or disapproval of an application. Once an applicant submits their application, the policy requires that upon receipt of an application, the applicable DDA rater review it within 30 days and an approval or disapproval letter is sent.
2. Eligibility Requirements for Qualified Supports and Services Providers - A document that describes each support and/or service and the specific eligibility criteria required to render the support/service which is an attachment for the policy.
3. Instructions for Completing the Provider Application - Interested applicants may download or request a hard copy from the DDA Regional Office the following:
  - a) DDA Application to Render Supports and Services in DDA’s Waivers;
  - b) DDA Application to Provide Behavioral Supports and Services; and
  - c) Provider Agreement to Conditions of Participation - A document that lists regulatory protection and health requirements, and other policy requirements that prospective providers must agree and comply with to be certified by the DDA as a qualified service provider in the supports waivers;

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- 4. Provider Checklist Form – A checklist form which applicants must use to ensure that they have included all required information in their applications; and
  - 5. Frequently Anticipated Questions (FAQs) and Answers - A document which provides quick access to general applicant information.
- Interested community agencies and other providers can submit the DDA application and required attachments at any time. For services that require a DDA license, applicants that meet requirements are then referred to the Office of Health Care Quality to obtain the license.

**Quality Improvement: Qualified Providers**

*As a distinct component of the State’s quality improvement strategy, provide information in the following fields to detail the State’s methods for discovery and remediation.*

**a. Methods for Discovery: Qualified Providers**

*The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.*

**i. Sub-Assurances:**

*a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

**i. Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.*

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<b>Performance Measure:</b>	<i>QP-PMI Number and percent of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision. Numerator = number of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision. Denominator = number of newly enrolled Family Support Waiver enrolled licensed providers reviewed.</i>
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**Data Source** (Select one) (Several options are listed in the on-line application): *Other*

If 'Other' is selected, specify: *OHCQ Record Review, DDA Provider Services, and/or QIO*

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	<b>Responsible Party for data collection/generation</b> <i>(check each that applies)</i>	<b>Frequency of data collection/generation:</b> <i>(check each that applies)</i>	<b>Sampling Approach</b> <i>(check each that applies)</i>
	<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input type="checkbox"/> <i>100% Review</i>
	<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<input checked="" type="checkbox"/> <i>Less than 100% Review</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>	<input checked="" type="checkbox"/> <i>Representative Sample; Confidence Interval =</i>
	<input checked="" type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Annually</i>	<input checked="" type="checkbox"/> <i>95% +/-5%</i>

State:	
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	<i>Specify:</i>		
	OHCQ New Applicant Tracking Sheet	<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
	<u><i>DDA Provider Services, and/or QIO</i></u>	<input type="checkbox"/> <i>Other Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

**Data Aggregation and Analysis**

<b><i>Responsible Party for data aggregation and analysis</i></b>  <i>(check each that applies)</i>	<b><i>Frequency of data aggregation and analysis:</i></b>  <i>(check each that applies)</i>
<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
<input checked="" type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>

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<u>QIO</u>	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other</i>  <i>Specify:</i>

<b>Performance Measure:</b>	<i>QP-PM2 Number and percent of providers who continue to meet required licensure and initial QP standards. Numerator = number of providers who continue to meet required licensure and initial QP standards. Denominator= Total number of enrolled Family Support Waiver enrolled licensed providers reviewed.</i>		
<b>Data Source (Select one) (Several options are listed in the on-line application):</b> <i>Other</i>			
<b>If 'Other' is selected, specify:</b> <i>OHCQ Record Review, <u>New Applicant Tracking Sheet DDA Provider Services, and/or QIO</u></i>			
	<b>Responsible Party for data collection/generation</b>  <i>(check each that applies)</i>	<b>Frequency of data collection/generation:</b>  <i>(check each that applies)</i>	<b>Sampling Approach</b>  <i>(check each that applies)</i>

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	<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input type="checkbox"/> <i>100% Review</i>
	<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<input checked="" type="checkbox"/> <i>Less than 100% Review</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>	<input checked="" type="checkbox"/> <i>Representative Sample; Confidence Interval =</i>
	<input checked="" type="checkbox"/> <i>Other</i> <i>Specify:</i>	<input type="checkbox"/> <i>Annually</i>	<i>95% +/-5%</i>
	<i>OHCQ License renewal application tracking sheet</i>	<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
	<u><i>QIO</i></u>	<input type="checkbox"/> <i>Other</i> <i>Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

**Data Aggregation and Analysis**

<b>Responsible Party for data</b>	<b>Frequency of data aggregation and analysis:</b>
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<i>aggregation and analysis</i>  <i>(check each that applies)</i>	<i>(check each that applies)</i>
<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
<input checked="" type="checkbox"/> <i>Other</i>  <i>Specify:</i>	<input type="checkbox"/> <i>Annually</i>
<u>Quality Improvement Organization (QIO)</u>	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other</i>  <i>Specify:</i>

***b Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

***i. Performance Measures***

State:	
Effective Date	

***For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.***

<b><i>Performance Measure:</i></b>	<i>QP-PM3 Number and percent of newly enrolled certified waiver providers who meet regulatory and applicable waiver standards prior to service provision. Numerator = number of newly enrolled certified waiver providers who meet regulatory and applicable waiver standards prior to service provision. Denominator = number of newly enrolled certified waiver providers reviewed.</i>		
<b><i>Data Source (Select one) (Several options are listed in the on-line application):</i></b> <i>Other</i>			
<i>If 'Other' is selected, specify: Provider Application Packet, <u>DDA Provider Services,- and/or QIO</u></i>			
	<b><i>Responsible Party for data collection/generation</i></b> <i>(check each that applies)</i>	<b><i>Frequency of data collection/generation:</i></b> <i>(check each that applies)</i>	<b><i>Sampling Approach</i></b> <i>(check each that applies)</i>
	<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input type="checkbox"/> <i>100% Review</i>
	<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<input checked="" type="checkbox"/> <i>Less than 100% Review</i>

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	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>		<input checked="" type="checkbox"/> <i>Representative Sample; Confidence Interval =95</i>
	<input checked="" type="checkbox"/> <i>Other</i> <i>Specify:</i>	<input type="checkbox"/> <i>Annually</i>		95% +/-5%
	<u><i>QIO</i></u>	<input type="checkbox"/> <i>Continuously and Ongoing</i>		<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input type="checkbox"/> <i>Other</i> <i>Specify:</i>		
				<input type="checkbox"/> <i>Other Specify:</i>

<b><i>Performance Measure:</i></b>	<i>QP-PM4 Number and percent of certified waiver providers that continue to meet regulatory and applicable waiver standards. Numerator = number of certified waiver providers that continue to meet regulatory and applicable waiver standards. Denominator= number of enrolled certified waiver providers reviewed.</i>
<b><i>Data Source (Select one) (Several options are listed in the on-line application):</i></b> <i>Other</i>	
<i>If 'Other' is selected, specify: Provider Renewal Application Packet, <u><i>DDA Provider Services, and/or QIO</i></u></i>	

State:	
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	<b>Responsible Party for data collection/generation</b> <i>(check each that applies)</i>	<b>Frequency of data collection/generation:</b> <i>(check each that applies)</i>	<b>Sampling Approach</b> <i>(check each that applies)</i>
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval =95
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	95% +/-5%
	<u>OIO</u>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

State:	
Effective Date	



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**Data Aggregation and Analysis**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies)</i>	<b>Frequency of data aggregation and analysis:</b> <i>(check each that applies)</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
<u>QIO</u>	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

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**Add another Performance measure (button to prompt another performance measure)**

**c Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

**i. Performance Measures**

**For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.**

<b>Performance Measure:</b>	<p><i>QP-PM5 Number and percent of enrolled licensed providers who meet training requirements in accordance with the approved waiver.</i></p> <p><i>Numerator = number of enrolled licensed providers who meet training requirements in accordance with the approved waiver. Denominator = number of enrolled licensed providers reviewed.</i></p>		
<b>Data Source (Select one) (Several options are listed in the on-line application): Other</b>			
If 'Other' is selected, specify: OHCQ Record Review, <u>DDA Provider Services,- and/or QIO</u>			
	<p><b>Responsible Party for data collection/generation</b></p> <p><i>(check each that applies)</i></p>	<p><b>Frequency of data collection/generation:</b></p> <p><i>(check each that applies)</i></p>	<p><b>Sampling Approach</b></p> <p><i>(check each that applies)</i></p>

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	<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input type="checkbox"/> <i>100% Review</i>
	<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<input checked="" type="checkbox"/> <i>Less than 100% Review</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>	<input checked="" type="checkbox"/> <i>Representative Sample; Confidence Interval = 95</i>
	<input checked="" type="checkbox"/> <i>Other</i> <i>Specify:</i>	<input type="checkbox"/> <i>Annually</i>	<i>95% +/-5%</i>
	<i>OHCQ Renewal Application Data</i>	<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
	<i><u>QIO</u></i>	<input type="checkbox"/> <i>Other</i> <i>Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

<b><i>Performance Measure:</i></b>	<i>QP-PM6 Number and percent of non-licensed or non-certified waiver providers who meet training requirements in accordance with the approved waiver. Numerator = number of non-licensed or non-certified waiver providers who meet training requirements in accordance with the</i>
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approved waiver. Denominator = number of enrolled non-licensed or non-certified waiver providers reviewed.

**Data Source** (Select one) (Several options are listed in the on-line application): *Other*

If 'Other' is selected, specify: *Certified Provider Data, DDA Provider Services,- and/or OIO*



	<b>Responsible Party for data collection/generation</b> <i>(check each that applies)</i>	<b>Frequency of data collection/generation:</b> <i>(check each that applies)</i>	<b>Sampling Approach</b> <i>(check each that applies)</i>
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95
	<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	

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	<u><i>OIO</i></u>	<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input type="checkbox"/> <i>Other</i> <i>Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

***Data Aggregation and Analysis***

<b><i>Responsible Party for data aggregation and analysis</i></b>  <i>(check each that applies)</i>	<b><i>Frequency of data aggregation and analysis:</i></b>  <i>(check each that applies)</i>
<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
<input checked="" type="checkbox"/> <i>Other</i>  <i>Specify:</i>	<input type="checkbox"/> <i>Annually</i>

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<u>QIO</u>	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other</i> <i>Specify:</i>

ii *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

**b. Methods for Remediation/Fixing Individual Problems**

i *Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.*

Individuals-Participants self-directing their services may request assistance from the Advocacy Specialist or DDA Self-Direction lead staff. The DDA staff will document encounters.

The DDA’s Provider Relations-Services staff provides technical assistance and support on an on-going basis to licensed and certified providers and will address specific remediation issues. Based on the identified issues, a variety of remediation strategies may be used including

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conference call, letter, in person meeting, and training. These remediation efforts will be documented in the provider’s file.

*ii Remediation Data Aggregation*

<b>Remediation-related Data Aggregation and Analysis (including trend identification)</b>	<b>Responsible Party (check each that applies)</b>	<b>Frequency of data aggregation and analysis: (check each that applies)</b>
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
	<input checked="" type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually
	<u>Quality Improvement Organization (QIO)</u>	<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other: Specify:

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**c. Timelines**

*When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.*

<del>X</del>	<p><b>No</b></p>
<del>⊖</del> X	<p><b>Yes</b></p> <p>Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.</p> <p><u>To improve compliance with the Qualified Provider performance measures, the below quality improvement activities will be implemented.</u></p> <p><u>1. Measure: DDA Licensed Providers continue to meet required licensure and standards:</u></p> <p><u>a. The DDA’s Provider Services staff will notify providers via email at least 90 days prior to the DDA license approval expiration date to submit the renewal application. Technical assistance will be available throughout the process.</u></p> <p><u>b. The DDA’s Provider Services staff will meet with providers 75– 90 days prior to the renewal date to review a new provider self-assessment tool to assess current status, updates, challenges, and concerns related to their renewal application, Program Service Plan(s), Quality Assurance Plan, Community Settings, incident reporting, and provider performance. Technical assistance will be provided, and remediation strategies and due dates developed as applicable.</u></p> <p><u>c. The DDA’s Regional Offices will meet with the provider’s Executive Director/Chief Executive Officer and Board President for all providers that have not submitted their application for renewals 60 days prior to the expiration date. The meeting will include the provider’s proposed workplan with milestones and due dates. Meetings may also be scheduled to discuss other provider specific concerns.</u></p> <p><u>d. The DDA’s Director of Provider Services will track, monitor, and report findings and trends to DDA management; and</u></p>

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	<p><u>e. The DDA will share the renewal application with OHCQ, upon receipt from the provider for a simultaneous dual review of all documents.</u></p> <p><u>2. Measure: Licensed providers staff meet training requirements</u></p> <p><u>a. To ensure provider staff have required training, the DDA Providers Services team will collect training attestations for each provider quarterly.</u></p> <p><u>DDA’s Provider Services team will statistical random sample in each region to confirm compliance.</u></p>
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**Appendix C-4: Additional Limits on Amount of Waiver Services**

**Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*check each that applies*).

<b>X</b>	<b>Not applicable – The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.</b>
<b>O</b>	<b>Applicable – The State imposes additional limits on the amount of waiver services.</b>

*When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant’s services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant’s needs; and, (f) how participants are notified of the amount of the limit.*

<input type="checkbox"/>	<b>Limit(s) on Set(s) of Services.</b> There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i>
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<input type="checkbox"/>	<p><b>Prospective Individual Budget Amount.</b> There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i></p>
<input type="checkbox"/>	<p><b>Budget Limits by Level of Support.</b> Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i></p>
<input type="checkbox"/>	<p><b>Other Type of Limit.</b> The State employs another type of limit. <i>Describe the limit and furnish the information specified above.</i></p>

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## Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, [HCB Settings Waiver Transition Plan](#) for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

The Family Supports Waiver services include various support services. ~~All services provided within the waiver will be in accordance with all applicable regulations. New services including Housing Supports Services has been added to support community integration, engagement, and independence.~~ The State incorporated the federal home and community-based setting requirements into the Annotated Code of Maryland Regulations (COMAR) 10.09.36.03-1 Conditions for Participation — Home and Community-Based Settings which notes, “Effective January 1, 2018, to be enrolled as a provider of services authorized under §§1915(c) or 1915(i) of the Social Security Act, the provider shall comply with the provisions of §§D—F of this regulation and 42 CFR 441.301(c)(4).” and includes specific provider requirements. (Reference: <http://www.dsd.state.md.us/comar/comarhtml/10/10.09.36.03-1.htm>)

~~The Family Supports Waiver definitions have been written to comply with the HCB Settings requirements. Waiver services are provided in the individual’s own home or the community which is available for the public to use and visit and therefore presumed to meet the HCB Settings requirement.~~

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~~The only exception is Respite Care Services that can be provided in the child's home, a community setting, a Youth Camp certified by DHMH, or a site licensed by the Developmental Disabilities Administration.~~

~~There are no residential or day habilitation services provided.~~

All new providers must comply with the HCB settings requirement prior to enrollment as a new waiver service provider and ongoing. As part of the application process to become a Medicaid provider under the Community Supports Waiver, the DDA will review and assess for compliance with specific staff, service, and license requirements. Prior to final approval and Medicaid provider enrollment, the DDA will conduct site visits for site-based services to confirm compliance with the HCB settings requirements.

As per Annotated Code of Maryland Regulations (COMAR) 10.09.36.03-1 Conditions for Participation — Home and Community-Based Settings, any modification of the rights or conditions under §§D and E of this regulation shall be supported by a specific assessed need and justified in the person-centered services plan in accordance with 42 CFR 441.301(c)(2)(xiii).

Ongoing assessment is part of the annual person-centered service planning and provider performance reviews. Coordinators of Community Services assess participants' service setting for compliance with HCBS settings requirements. OTLSS and the DDA staff assess provider performance and ongoing compliance.

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