

**DDA’s Medicaid Waiver Services in Detail**

December 2014

Following are the services descriptions from DDA’s Community Pathways Medicaid waiver approved by Centers for Medicare and Medicaid Services on March 26, 2014.

**Community Residential Habilitation**

A. Community residential habilitation services assist participants in acquiring the skills necessary to maximize the participant's independence in activities of daily living and to fully participate in community life. Services shall increase individual independence and reduce level of service need.

B. Residential habilitation services are provided services in the following DDA licensed community settings:

1. Group homes; or

2. Alternative living units.

C. Residential habilitation services shall be provided as required in the IP and shall include the following:

1. A program of habilitation which shall:

a. Be specified in the IP; and

b. Provide training in the development of self-help, daily living, self-advocacy, and survival skills based on needs, ability, and whether the skills are likely to improve the individual’s quality of life;

2. Mobility training to maximize use of public transportation in traveling to and from community activities and services, and recreational sites;

3. Training and assistance in developing appropriate social behaviors that are normative in the surrounding community such as conducting one's self appropriately in restaurants, on public transportation vehicles, in recreational facilities, in stores, and in other public places;

4. Training and assistance in developing patterns of living, activities, and routines which are appropriate to the waiver participant's age and the practices of the surrounding community and which are consistent with the waiver participant's interest and capabilities as appropriate;

5. Training and assistance in developing basic safety skills;

6. Training and assistance in developing competency in housekeeping skills including, but not limited to, meal preparation, laundry, and shopping;

7. Training and assistance in developing competency in personal care skills such as bathing, toileting, dressing, and grooming;

8. Training and assistance in developing health care skills, including but not limited to,

a. Maintaining proper dental hygiene;

b. Carrying out the recommendations of the dentist or physician:

c. Appropriate use of medications and application of basic first aid;

d. Arranging medical and dental appointments; and

e. Summoning emergency assistance;

9. Training and assistance in developing money management skills, which include recognition of currency, making change, bill paying, check writing, record keeping, budgeting, and saving; and

10. Supervision or guidance of individuals as appropriate.

D. Residential habilitation services may include other services unavailable from any other resource, including the Medicaid State Plan, when approved and funded by the DDA.

E. Coordination, monitoring, follow-up, and transportation to and from appointments for medical services as appropriate.

F. Occupational therapy services, provided by or under the direction of a licensed occupational therapist for rehabilitation and habilitation for adults, shall be provided when included in the IP and shall include:

1. Specifications of the treatment to be rendered, the frequency and duration of that treatment, and the expected results;

2. Evaluation and reevaluation of the waiver participant's level of functioning through the use of standardized or professionally accepted diagnostic methods;

3. Development and delivery of appropriate treatment programs which are designed to significantly improve a waiver participant's level of functioning within a reasonable period of time;

4. Selection and teaching of task-oriented therapeutic activities designed to restore physical functioning; and

5. Improvement of mobility skills.

G. Physical therapy services, provided by or under the direction of a licensed physical therapist for the purpose of habilitation for adults, shall be provided when included in the IP and shall specify:

1. Part or parts of the body to be treated;

2. Type of modalities or treatments to be rendered;

3. Expected results of physical therapy treatments; and

4. Frequency and duration of treatment which shall adhere to accepted standards of practice.

H. Social services, not provided under the Program, shall be provided when included in the IP and shall include:

1. Identification of the waiver participant's social needs; and

2. Supports to assist the waiver participant's adaptation and adjustment to his or her environment.

I. Speech pathology and audiology services, provided by or under the direction of a licensed speech language therapist or licensed audiologist for rehabilitation and habilitation for adults, shall be provided when included in the IP and shall include:

1. Maximization of communication skills;

2. Screening, evaluation, counseling, treatment, habilitation, or rehabilitation of waiver participants with hearing, language, or speech handicaps;

3. Coordination of interdisciplinary goals related to hearing and speech needs; and

4. Consultation with staff regarding the waiver participant's programs.

J. Medically necessary nursing services provided by a licensed registered nurse or licensed practical nurse shall be provided when preauthorized by the DDA and included in the IP and includes:

1. Short-term skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse to allow individuals to return to the community or stay in the community following a serious illness or hospitalization;

2. Part-time or intermittent skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse for individuals who need brief nursing intervention;

3. Nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 which may include:

a. Meeting with provider's staff to discuss how the medical services that are identified in the IP will be implemented; and

b. Education, supervision, and training of waiver participants in health-related matters.

K. Community Exploration is an opportunity for the individual to experience short-term overnight stays with a community provider and for the provider to learn about and form a relationship with the individual prior to the transition.

L. Transportation assistance to and from activities shall be provided by the provider that achieves the least costly, most integrated, and most appropriate means of transportation for the individual, with the priority given to the use of public transportation or natural supports. Individuals shall be encouraged to utilize public transportation and transportation supplied by family, friends, neighbors or volunteers, as appropriate to the individual’s needs and abilities.

**Limits on the amount, frequency, or duration of this service:**

A. Community residential habilitation services shall be provided for at least 6 hours a day to a participant or when the participant spends the night in the residential home.

B. Service is not available under self direction model of this waiver.

C. Community Exploration for people transitioning from an institutional or non residential site must be preauthorized by the DDA and may be provided for a maximum of seven (7) days and/or overnight stays within the 180 day period in advance of their move.

D. Transportation between the participant's place of residence and other service sites and places in the community is provided as a component of residential habilitation services and the cost of this transportation is included in the rate paid to providers of residential habilitation services.

E. Any other professional services will only be covered under the waiver if the Program has denied a covered service and the service has been preauthorized by the DDA.

F. Residential habilitation services may include the provision of medical and health care services that are integral to meeting the daily needs of residents (e.g., routine administration of medications by nurses or tending to the needs of residents who are ill or require attention to their medical needs on an ongoing basis). The provision of such routine health services and the inclusion of the payment for such services in the payment for residential habilitation services are not considered to violate the requirement that a waiver may not cover services that are

available through the State plan. Medical and health care services such as physician services that are not routinely provided to meet the daily needs of residents may not be included.

G. To be approved, add on and supplemental services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.

H. The Medicaid payment for community residential habilitation may not include either of the following items which the provider is expected to collect from the participant:

1. Room and board; or

2. Any assessed amount of contribution by the individual for the cost of care, established according to Regulation .04E of this chapter.

I. Residential Retainer Fees is available for 33 days per year per recipient when the recipient is unable to be in residential habilitation due to hospitalization, behavioral respite, family visits, etc.

J. Payment is not to be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The method by which the costs of room and board are excluded from payment for residential habilitation is specified in Appendix I-5.

K. Payment for services is based on compliance with billing protocols and a completed service report.

L. Timesheets and other supporting documentation are required as proof of delivery of services as required by the DDA.

M. Payment rates for services must be reasonable, customary, and necessary as established by the program.

**Day Habilitation – Traditional**

A. Day Habilitation services desired outcomes include increased individual independence, reduction in service need, increased community engagement and/or movement to integrated competitive employment.

B. Day Habilitation services are based on a person-centered plan and are intended to increase independence as well as develop and maintain motor skills; communication skills; and personal hygiene skills. Participants are taught skills that support specific individual habilitation goals that will lead to greater opportunities for integrated competitive employment at or above minimum wage and/or community integration including supported retirement. Individuals participate in structured activities in a variety of settings other than their private residence for the majority of the day.

C. Day Habilitation services are provided in accordance with the individual’s plan and developed through a detailed person-centered planning process, which includes annual assessment of the individual’s employment goals and barriers to employment and community integration. Employment services are to be constructed in a manner that reflects individual choices, goals related to employment, and ensures provision of services in the most integrated setting appropriate. An individual’s service plan may include a mix of Day Habilitation, Employment Discovery and Customization, Community Learning Services, and Supported Employment.

D. Waiver funds will not be used for Vocational Services that:

1) teach job task specific skills required by a participant for the primary purpose of completing those tasks for a specific facility based job and

2) are not delivered in an integrated work setting through supported employment.

E. For individuals who are being compensated, the individual’s IP shall clearly indicate employment goals designed to lead to integrated employment at or above minimum wage, measurable progress towards those goals on an annual basis, and how the services furnished to participants are not vocational in nature in accordance with 42 CFR 440.180 (c)(2)(i).

F. In order to receive Day Habilitation, each individual’s ability to receive services in an integrated setting must be assessed annually or when requested by the individual or their representative. Progress towards the individual’s community integration and employment goals will be assessed and reviewed regularly.

G. Day Habilitation includes the provision of other services which may be included in the IP if approved and funded by DDA to enable an individual to successfully participate in day activities which may include:

1) Occupational therapy services, provided by or under the direction of a licensed occupational therapist for rehabilitation and habilitation for adults, shall be provided under the waiver when professionally recommended, included in the IP and shall include:

a) Specifications of the treatment to be rendered, the frequency and duration of that treatment, and the expected results;

b) Evaluation and re-evaluation of the waiver participant's level of functioning through the use of standardized or professionally accepted diagnostic methods;

c) Development and delivery of appropriate treatment programs which are designed to significantly improve a waiver participant's level of functioning within a reasonable period of time;

d) Selection and teaching of task-oriented therapeutic activities designed to restore physical functioning; and

e) Improvement of mobility skills.

2) Physical therapy services, provided by or under the direction of a licensed physical therapist for the purpose of habilitation, shall be provided when professionally recommended and included in the IP and shall specify:

a) Part or parts of the body to be treated;

b) Type of modalities or treatments to be rendered;

c) Expected results of physical therapy treatments; and

d) Frequency and duration of treatment which shall adhere to accepted standards of practice.

3) Social services, not provided under Program, shall be provided when included in the IP and shall include:

a) Identification of the waiver participant's social needs; and

b) Supports to assist the waiver participant's adaptation and adjustment to the environment.

4) Speech pathology and audiology services, provided by or under the direction of a licensed speech language therapist or licensed audiologist for rehabilitation and habilitation for adults, shall be provided when professionally recommended and included in the IP and shall include:

a) Maximization of communication skills;

b) Screening, evaluation, counseling, treatment, habilitation, or rehabilitation of waiver participants with hearing, language, or speech handicaps;

c) Coordination of interdisciplinary goals related to hearing and speech needs; and

d) Consultation with staff regarding the waiver participant's programs.

5) Medically necessary nursing services provided by a licensed registered nurse or licensed practical nurse shall be provided when professionally recommended, pre-authorized by the DDA including:

a) Short-term skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse to allow individuals to return to the community or stay in the community following a serious illness or hospitalization;

b) Part-time or intermittent skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse for individuals who need brief nursing intervention;

c) Nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 which may include:

i. Meeting with provider's staff to discuss how the medical services that are identified in the IP will be implemented; and

ii. Education, supervision, and training of waiver participants in health-related matters.

6) Treatment protocols such as specialized diets, exercise, and preventive activities developed by licensed professionals as needed and identified in the IP including use of soft foods to prevent choking and a special diet to avoid a food allergy.

H. Specific provider qualifications apply to the distinct medical professionals who can provide a component of this service. These services must be preauthorized and funded by DDA and must be unavailable from any other source, including Medicaid State plan services (COMAR 10.22.17.8.F and COMAR 10.22.17.11).

I. Transportation to and from the day activities will be provided or arranged by the licensed provider and funded through the rate system. Records shall clearly indicate both a primary transportation plan and an alternate plan. The provider shall keep accurate records which include the type of transportation used by each participant. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate such as:

1) An individual who lives within walking distance of the day habilitation services center, and who is sufficiently mobile, shall be encouraged to walk;

2) Transportation supplied by family, friends, neighbors, or volunteers; and

3) Free community transportation services.

**Limits on the amount, frequency, or duration of this service:**

A. An individual’s service plan may include a mix of Day Habilitation, Employment Discovery and Customization, Community Learning services, and Supported Employment. Payment may not be made for more than one units of service per day. A day is comprised of one unit.

B. To be approved, add on and supplemental services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.

C. No services will be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

D. Service is not available under self-direction model.

E. Transportation to and from the day activities will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

F. Any other professional services will only be covered under the waiver if the Program has denied a covered service and the service has been pre-authorized by the DDA.

G. Payment for services is based on compliance with billing protocols and completed supporting documentation are required as proof of delivery of services as required by the DDA.

**Live-In Caregiver Rent**

A. Live-in Caregiver Rent includes rent for an unrelated personal caregiver who is residing in the same household with an individual who, but for the assistance of such caregiver would require admission to an intermediate care facility.

B. A caregiver is defined as someone unrelated by blood or marriage who is providing Personal Supports (formerly Community Supported Living Arrangements (CSLA)) services in the individual's home.

C. Live-in Caregiver Rent must comply with 42 CFR §441.303(f)(8) and be approved by DDA based on the following:

1. Within a multiple-family dwelling unit, the actual difference in rental costs between a 1 and 2-bedroom (or 2 and 3-bedroom, etc.) unit. Rental rates must fall within Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD).

2. Within a single-family dwelling unit, the difference in rental costs between a 1 and 2-bedroom (or 2 and 3-bedroom, etc.) unit based on the Fair Market Rent (FMR) for the jurisdiction as determined by the Department of Housing and Urban Development (HUD).

D. Prior authorization for this service is required before service initiation.

E. Explicit agreements, including detailed service expectations, arrangement termination procedures, recourse for unfulfilled obligations, and monetary considerations must be executed and signed by both the individual receiving services (or his/her legal representative) and the caregiver. This agreement will be forwarded to DDA as part of the request for authorization, and a copy will be maintained by the Resource Coordinator.

**Limits on the amount, frequency, or duration of this service:**

A. Live-in Caregiver Rent for live-in caregivers is not available in situations in which the recipient lives in their family's home, the caregiver's home or a residence owned or leased by a DDA-licensed provider.

B. DDA and the State Medicaid agency will pay for this service for only those months that the arrangement is successfully executed, and will hold no liability for unfulfilled rental obligations. Upon entering in the agreement with the caregiver, the individual (or his/her legal representative) will assume this risk for this contingency.

C. Payment for services is based on compliance with billing protocols and supporting documentation are required as proof of delivery of services.

D. Payment rates for services must be reasonable, customary, and necessary as established by the program.

**Medical Day Care**

A. Medical Day Care (MDC) is a program of medically supervised, health-related services provided in an ambulatory setting to adults with significant health conditions who, due to their degree of medical needs, need health maintenance and restorative services supportive to their community living.

B. Medical Day Care includes the following services:

1. Health care services supervised by the director, medical director, or health director, which emphasize primary prevention, early diagnosis and treatment, rehabilitation and continuity of care;

2. Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse;

3. Physical therapy services, performed by or under supervision of a licensed physical therapist.

4. Occupational therapy services, performed by an occupational therapist;

5. Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene;

6. Nutrition services;

7. Social work services performed by a licensed, certified social worker or licensed social work associate.

8. Activity Programs; and

9. Transportation Services.

**Limits on the amount, frequency, or duration of this service:**

A. A Waiver participant must attend the Medical Day Care a minimum of 4 hours per day for the service to be coverable.

B. The frequency of attendance is determined by the physician orders and is part of the Individual Plan developed by the team.

C. The Program will reimburse for a day of care when this care is:

1. Ordered by a participant's physician annually;

2. Medically necessary;

3. Adequately described in progress notes in the participant's medical record, signed and dated by the individual providing care;

4. Provided to participants certified by the Department as requiring nursing facility care under the Program as specified in COMAR 10.09.10; and

5. Provided to participants certified present at the medical day care center a minimum of 4 hours a day by an adequately maintained and documented participant register.

D. Medical Day Care services cannot be billed during the same period of time a person is receiving other waiver services.

E. The reimbursement rate for medical day care is specified in COMAR 10.09.07.

**Personal Supports**

A. Personal supports enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. Personal supports take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal supports are provided on an episodic or on a continuing basis.

B. Personal supports under the waiver differs in scope, nature, supervision arrangements, and provider type (including provider training and qualifications) from personal care services in the State plan.

C. Personal supports provide regular personal assistance, support, supervision, and training to assist the individual to participate fully in their home and community life. These supports can be provided in the participant’s own home, family home, in the community, and at an individual competitive, integrated work site.

D. Personal supports include, but are not limited to:

1. Hands-on assistance, prompting, and cuing that enables the waiver participant to use assistive technology or accomplish tasks they are unable to perform independently due to a physical disability including assistance with activities of daily living, including:

a) Bathing and completing personal hygiene routines;

b) Toileting, including bladder and bowel requirements, bed pan routines, routines associated with the achievement or maintenance of continence, incontinence care, and movement to and from the bathroom;

c) Mobility, including transferring from a bed, chair, or other structure and moving about indoors and outdoors;

d) Moving, turning, and positioning the body while in bed or in a wheelchair;

e) Eating and preparing meals;

f) Dressing and changing clothes;

g) Light housework including laundry for participant unable to complete task; and

h) Preventive maintenance and cleaning of adaptive devices.

2. Support, supervision, and training may be provided in such activities as:

a) Housekeeping;

b) Menu planning, food shopping, meal preparation, and eating; and

c) Personal care and assistance with hygiene and grooming.

3. Supports to implement behavior plan strategies and at home therapies as prescribed by a professional.

4. Nursing consultation.

5. Nursing delegation including supervision and training consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 based on preauthorization;

E. Personal supports do not include personal care or similar services that are legally required to be provided, such as the ordinary care of children by parents or legal guardians.

F. Personal supports for participants self-directing services also include:

1. Personal Supports Retainer Fees for participants self directing for direct support workers to be reimbursed to support waiver participants during a hospitalization not to exceed a total of 21 days annually per individual. Payment is subject to the approval of the DDA and is intended to assist participants in retaining qualified employees whom they have trained and are familiar with their needs during periods of hospitalization.

2. Payment is allowable for advertising for employees and staff training costs incurred no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA. Federal billing for such advertising and training may not take place until the individual is enrolled in the waiver.

G. People self-directing services are responsible for supervising, training, and determining the frequency of supervision of their direct service workers.

H. Participant’s self directing services are considered the employer of record.

**Limits on the amount, frequency, or duration of this service:**

A. Payment will not be made for services furnished at the same time when other services that include care and supervision are provided including 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).

B. Personal supports may be provided at a participant’s integrated competitive employment site.

C. Personal Support services are not available for individuals receiving community residential habilitation because such services are already built into that service.

D. Personal Support is limited to 82 hours per week unless otherwise preauthorized by DDA. To be approved, a service must be either the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need, or short- term, which means that the services are provided for up to but no more than three months in order to meet identified medical and behavioral needs.

E. Transportation costs associated with the provision of personal supports outside the participant’s home is not covered under person support services. It is covered under transportation services as per specified and must be approved in the plan and billed separately.

F. The program does not make payment to spouses or legally responsible individuals, including legally responsible adults of children and representative payee, for supports or similar services.

G. Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the IP establishes that:

a) the choice of provider reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration; and

e) there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

2. A family member of an adult participant may not be paid for greater than 40-hours per week of services for any Medicaid participant at the service site unless otherwise approved by the DDA.

3. Family members must provide assurances that they will implement the Individual Plan as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

H. Payment for services is based on compliance with billing protocols and a completed service report.

I. Payment rates for services must be reasonable and necessary as established by the program.

J. No services will be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

K. Direct service workers providing personal support services (a) shall work no more than 40 hours per week unless preauthorized by the DDA; (b) may work no more than 8 consecutive hours unless preauthorized by the DDA; (c) must be off duty for 8 hours or more before starting another shift; and (d) shall not be paid for time spent sleeping.

**For people who self-direct**

**Provider (Individual) Employees must:**

1. Possess current first aid and CPR training and certification.
2. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
3. Successfully pass criminal background investigation by not have been convicted of, received probation before judgment for, or entered a plea of nolo contendere to, a felony or crime involving moral turpitude or theft, or have other criminal history that indicated behavior that is potentially harmful to participants.
4. Possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

Participants self-directing have the option to request the Department to waive the criminal

background provisions if the applicant demonstrates that:

* 1. The conviction, probation before judgment, or plea of nolo contendere for a felony or any crime involving moral turpitude or theft was entered more than 10 years before the date of the provider application; and
  2. The criminal history does not indicate behavior that is potentially harmful to participants

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the IP establishes that:

a) the choice of provider reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration; and

e) there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

**Provider (Agency) Employees:**

**For the following licenses:**

Any one of the following licenses:

1) Family and Individual Support Service Provider as per COMAR 10.22.02 and 10.22.06

2) Residential Service Provider as per COMAR 10.22.02 and 10.22.08 for any of the following:

a) Community Supported Living Arrangement,

b) Alternative Living Unit, or

c) Group Home

Employees must:

1. Possess current first aid and CPR training;
2. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information)
3. Successfully pass criminal background investigation by not have been convicted of, received probation before judgment for, or entered a plea of nolo contendere to, a felony or crime involving moral turpitude or theft, or have other criminal history that indicated behavior that is potentially harmful to participants.

Participants self-directing services may utilize a family member, who does not reside on the property, to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the Individual Plan establishes that:

a. choice of provider truly reflects the individual's wishes and desires;

b. the provision of services by the family member are in the best interests of the participant;

c. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d. the services provided by the family member or guardian will increase the participant's independence and community integration; and

e. there are documented steps in the Individual Plan 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 family member acting in the capacity of employee be no longer available.

2. Family members must provide assurances that they will implement the Individual Plan as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

[Number 3 not in the waiver application]

4. Must possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

**For the following license:**

Licensed providers for Residential Services - Community Supported Living Arrangement as per COMAR 10.22.02 and 10.22.08

Employees must:

1. Possess current first aid and CPR training and certification;
2. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information)
3. Successfully pass criminal background investigation by not having been convicted of, received probation before judgment for, or entered a plea of nolo contendere to, a felony or crime involving moral turpitude or theft, or have other criminal history that indicated behavior that is potentially harmful to participants.

Possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

**Respite**

A. Respite is a relief service provided for the participant’s family or primary caregiving provider for participants unable to care for themselves.

B. Respite is provided on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant.

C. It is provided in a non-institutional setting to meet planned or emergency situations, giving caregivers a period of relief for scheduled or emergency time away from the individual.

D. Respite can be provided in:

1. The individual’s home;

2. The individual’s family home;

3. A DHMH-certified overnight camp covered under COMAR 10.16.06; or

4. Another non-institutional setting approved by DDA.

E. Participant’s self directing services are considered the employer of record.

**Limits on the amount, frequency, or duration of this service:**

A. 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).

B. Respite services are not available for individuals receiving community residential habilitation.

C. Respite care services may not exceed 45 days within each rolling year and may not be provided for more than 28 consecutive days unless approved by DDA.

D. The program does not make payment to spouses or legally responsible individuals for furnishing respite, personal supports or similar services.

E. Participants self-directing services may utilize a family member, who does not reside on the property, to provide respite services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the Individual Plan establishes that:

a. choice of provider truly reflects the individual's wishes and desires;

b. the provision of services by the family member are in the best interests of the participant;

c. the provision of services by the family member are appropriate and based on the participant's individual support needs;

d. the services provided by the family member will increase the participant's independence and community integration; and

e. there are documented steps in the Individual Plan 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 family member acting in the capacity of employee be no longer available.

2. A family member of an adult participant may not be paid for greater than 40-hours per week of services

3. Family members must provide assurances that they will implement the Individual Plan as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

F. Respite services provided by a person residing in the same residence or property will not be funded.

G. Respite services may be provided for Shared Living [formerly Individual Family Care (IFC)] providers only to the extent permitted by the care provider contract and provided that there is no duplication of payment.

H. Respite care may not be furnished for the purpose of compensating relief or substitute staff for a residential habilitation service.

I. Payment for services is based on compliance with billing protocols and a completed service report.

J. Timesheets and other supporting documentation are required as proof of delivery of services.

K. Payment rates for services must be reasonable and necessary as established by the program.   
**Provider: Agency; Employees shall:**

1. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Must possess current first aid and CPR training and certificate.
3. Must successfully pass criminal background investigation.
4. Must possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

Participants self-directing services may utilize a family member, who does not reside on the property, to provide respite services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the Individual Plan establishes that:

a. choice of provider truly reflects the individual's wishes and desires;

b. the provision of services by the family member are in the best interests of the participant;

c. the provision of services by the family member are appropriate and based on the participant's individual support needs;

d. the services provided by the family member will increase the participant's independence and community integration; and

e. there are documented steps in the Individual Plan 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 family member acting in the capacity of employee be no longer available.

2. Family members must provide assurances that they will implement the Individual Plan as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

**Provider: Individual; Employees shall:**

1. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Successfully pass criminal background investigation.
3. Possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

Participants self-directing services may utilize a family member, who does not reside on the property, to provide respite services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the Individual Plan establishes that:

a. choice of provider truly reflects the individual's wishes and desires;

b. the provision of services by the family member are in the best interests of the participant;

c. the provision of services by the family member are appropriate and based on the participant's individual support needs;

d. the services provided by the family member will increase the participant's independence and community integration; and

e. there are documented steps in the Individual Plan 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 family member acting in the capacity of employee be no longer available.

2. Family members must provide assurances that they will implement the Individual Plan as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

**(Agency) Employees shall:**

1. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Possess current first aid and CPR training and certificate.
3. Successfully pass criminal background investigation.
4. Possess appropriate licenses/certifications as required by law based on needs of the person at time of service.

**Supported Employment**

A. Supported Employment services are predicated on the belief that all individuals with developmental disabilities can work and that individuals of working age should be provided the supports necessary not only to gain access to and maintain employment in the community but to advance in their chosen fields and explore new employment options as their skills, interests, and needs change. Supported employment is employment in an integrated work setting. This is defined as a work place in the community, where the majority of individuals do not have disabilities, and which provides opportunities to interact with non-disabled individual to the same extent that individuals employed in comparable position would interact. Services shall increase individual independence and reduce level of service need.

B. Supported Employment services are provided in accordance with the participant’s Individual Plan (IP) and developed through a detailed person-centered planning process, which includes annual assessment of the individual’s employment goals.

C. Supported Employment services are for provided to:

1. Participants who, with licensee funded supports, are working in individualized, integrated jobs in community businesses for pay at or above minimum wage that is commensurate with other employees in that businesses performing the same job with comparable experience or who have their own microenterprise or business;

2. Small groups of between two (2) and eight (8) individuals;

3. Large groups of nine (9) or more individuals, working in integrated settings in the community; and

4. Participants who are self-employed and under this service, shall be:

a) an equal or majority owner in the business,

b) involved in the management or operation of the business, and

c) involved with a business that is not facility based and that generates revenue with a goal of earning the federal minimum wage or more.

D. Supported employment services are individualized and may include:

1. Providing individualized counseling related to obtaining and maintaining employment;

2. Providing long-term job coaching services to include on-the-job work skills training required to perform the job;

3. Providing worksite visits as needed by the individual or employer unless the individual requests visits outside the worksite or worksite visits are deemed too disruptive by the employer;

4. Providing ongoing evaluation of the individual’s job performance except for supervisory activities rendered as a normal part of the business setting;

5. Providing training and supervision that promotes co-worker supporting and networking with each other;

6. Assessing the need for assistive technology and facilitating acquisition of assistive technology from DORS;

7. Providing benefits awareness and arranging for benefits planning, management and counseling;

8. Providing information and training, as appropriate, for employers related to disability awareness, use of tax credits and other incentives, individual disability-specific training, use of assistive technology and accommodations;

9. Provide support to a person to manage and operate their own business; and/or

10. Ongoing supports and training to explore/progress to individualized integrated employment at or above minimum wage.

E. Supported employment services include but are not limited to the following support services as necessary to assure job retention:

1. Training related to acclimating to or acceptance in the workplace environment, such as effective communication with co-workers and supervisors and when and where to take breaks and lunch;

2. Training in skills to communicate disability-related work support and accommodation needs;

3. Training in accessing generic community resources needed to achieve integration and employment, such as workforce development services, higher education opportunities, social services, and;

4. Mobility/travel training to be able to used fixed route and/or paratransit independently.

**Limits on the amount, frequency, or duration of this service:**

A. A participant’s service plan may include a combination of:

1. Employment Discovery Customization,
2. Community Learning Services,
3. Supported Employment or Day Habilitation.

B. A day is comprised of one unit of service.

C. Payment may be made for one unit of service per day.

D. Participant must be engaged in supported employment activities a minimum of four hours per day.

E. Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

a. choice of provider truly reflects the individual's wishes and desires;

b. the provision of services by the family member are in the best interests of the participant;

c. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d. the services provided by the family member or guardian will increase the participant's independence and community integration; and

e. there are documented steps in the IP 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 family member acting in the capacity of employee no longer be available.

2. A family member of an adult participant may not be paid for more than 40-hours per week of services.

3. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

F. Supported Employment does not include volunteer work.

G. Supported Employment does not include payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.

H. Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.

I. To be approved, add on and supplemental services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.

J. Payment will not be made for services furnished at the same time when other services that include care and supervision are provided including 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).

L. No services shall be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

**Provider: Agency;**

Division of Rehabilitation Services (DORS) Deemed Approval required and maintain certification as a DORS vendor.

For self-directed services – Direct Hire Support Staff must:

a) Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

b) Possess current first aid and CPR training and certification.

c) Successfully pass criminal background investigation.

d) Sign an agreement with DDA verifying qualifications and articulating expectations.

e) All Direct Hire Support staff qualifications are subject to approval by DDA or its agent.

Participants self-directing services may utilize a family member to provide services under the following conditions:

a) A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

(1) choice of provider truly reflects the individual's wishes and desires;

(2) the provision of services by the family member are in the best interests of the participant;

(3) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

(4) the services provided by the family member or guardian will increase the participant's independence and community integration; and

(5) there are documented steps in the IP 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 family member acting in the capacity of employee no longer be available.

b) Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

**Provider: Individual: For self-directed services**

1. For self-directed services – Direct Hire Support Staff must:

a) Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

b) Possess current first aid and CPR training and certification.

c) Successfully pass criminal background investigation.

d) Sign an agreement with DDA verifying qualifications and articulating expectations.

e) All Direct Hire Support staff qualifications are subject to approval by DDA or its agent.

2. Participants self-directing services may utilize a family member to provide services under the following conditions:

a) A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

(1) choice of provider truly reflects the individual's wishes and desires;

(2) the provision of services by the family member are in the best interests of the participant;

(3) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

(4) the services provided by the family member or guardian will increase the participant's independence and community integration; and

(5) there are documented steps in the IP 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 family member acting in the capacity of employee no longer be available.

b) Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

**Support Brokerage**

A. Support Brokerage is information and assistance in support of self-direction. It is a service that assists participants and families to make informed decisions about what service design and delivery (self-direction versus traditional provider management)will:

(1) work best for the individual;

(2) be consistent with the individual's needs;

(3) reflect their unique circumstances and provide a framework for the participant delivery system and

(4) services shall increase individual independence and reduce level of service need.

B. Support Brokers act as human resource supports (agent of the person) to assist a participant and the participant's family to make informed decisions, as the employer, about what will work best for the participant and about what staff, services, and supports are consistent with the participant's needs and reflects the participant's unique circumstances.

C. The support broker may assist with day-to-day management of employees for a participant, and assist a participant and the participant's family in the necessary and ongoing employer decisions associated with self direction.

D. Support broker services, if chosen by the participant, may include:

1. Skills training and assistance related to employer functions, including:

1. Information may be provided to participant about:
   1. self-direction including roles and responsibilities and functioning as the common law employer;
   2. person-centered planning and how this can be utilized to support the participant;
   3. the range and scope of individual choices and options;
   4. other subjects pertinent to the participant and/or family in managing and directing services;
   5. the process for changing the Individual Plan (plan of care) and individual budget;
   6. the grievance/complaint process;
   7. risks and responsibilities of self-direction;
   8. Policy on Reportable Incidents and Investigations (PORII);
   9. free choice of staff/employees;
   10. individual rights; and
   11. the reassessment and review schedules;

b) Assistance, if chosen by the participant, may be provided with:

1. initial planning and start-up activities;
2. practical skills training (e.g., hiring, managing and terminating workers, problem solving, conflict resolution);
3. development of risk management agreements;
4. development of an emergency back-up plan;
5. recognizing and reporting critical events;
6. independent advocacy, to assist in filing grievances and complaints when necessary;
7. recruiting, interviewing, and hiring staff;
8. staff supervision and evaluation;
9. firing staff;
10. participant direction including risk assessment, planning, and remediation activities;
11. managing the budget and budget modifications including reviewing employee timesheets and monthly Fiscal Management Services reports to ensure that the individualized budget is being spent in accordance with the approved IP and Budget and conducting audits;
12. managing employees, supports and services;
13. facilitating meetings and trainings with employees;
14. employer development activities;
15. employment quality assurance activities;
16. developing and reviewing data, employee timesheets, and communication logs;
17. development and maintenance of effective back-up and emergency plans;
18. 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;
19. complying with all applicable regulations and policies, as well as standards for self-direction including staffing requirements and limitations as required by the DDA;
20. other areas related to managing services, and supports; and
21. assisting with developing relationships between the employer, participant and family

**Limits on the amount, frequency, or duration of this service:**

A. Participants may utilize a family member with the exception of spouses, legally responsible adults (i.e. parents of children), and legal representative payee.

B. Spouses and legally responsible adults (i.e. parents of children) may act only as unpaid support brokers.

C. An individual may be the support broker of an participant, if the IP establishes that:

1) choice of provider truly reflects the individual's preferences, wishes and desires;

2) the provision of services by the family member are in the best interests of the participant;

3) the provision of services are appropriate and based on the participant's individual support needs;

4) the services will increase the participant's independence and community integration;

5) if staff is a family member then no other family member is a provider of direct services;

6) there are documented steps in the IP 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 support broker acting in the capacity of employee be no longer available.

D. Support Brokers, including family members, must provide assurances that they will implement the IP as approved by DDA or their designee in accordance with all federal and state laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

E. Individuals and organizations providing Support Brokerage services may provide no other service to that individual.

F. Individuals and organizations providing Support Brokerage services may not provide other service to participants which would be viewed by the Department as a conflict of interest.

G. Support Brokerage services may not duplicate, replace, or supplant Resource Coordination services.

H. Scope and duration of support brokerage services may vary depending on the participant’s choice and need for support, assistance, or existing natural supports.

I. Start of service is limited to 10 hours per month unless pre-authorized by DDA as needed because of scope and complexity of service, dynamics, transition needs, etc.

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

**Provider: Individual For self-directed services**

*Certificate:*

Certified by the DDA to demonstrate core competency related to self-determination, consumer-directed services, service systems (generic and government sponsored) for individuals with disabilities and effective staff management strategies. Training will be available to assist Support Brokers who have been identified by an individual to gain the skills necessary to act in this capacity.

*Other Standard: Certified Support Broker Agency*

A. Comply with all training as required by the DDA including the Policy on Reportable Incidents and Investigations (PORII) and Support Broker trainings.

B. Provider must pass a criminal background investigation.

C. Provider must be trained by individual/family on person-specific information (including

preferences, positive behavior supports, when needed, and disability-specific information).

D. Prior to rendering service, the Support Broker must demonstrate core competency related to self-determination, consumer-directed services, service systems (generic and government-sponsored) for individuals with disabilities and effective staff management strategies.

E. Maintain current DDA Support Broker certification.

F. Participants may utilize a family member with the exception of spouses, legally responsible adults (i.e. parents of children), and legal representative payee.

G. Spouses and legally responsible adults (i.e. parents of children) may act only as unpaid support brokers.

H. An individual may be the support broker of an participant, if the IP establishes that:

1) choice of provider truly reflects the individual's preferences, wishes and desires;

2) the provision of services by the family member are in the best interests of the participant;

3) the provision of services are appropriate and based on the participant's individual support needs;

4) the services will increase the participant's independence and community integration;

5) if staff is a family member then no other family member is a provider of direct services;

6) there are documented steps in the IP 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 support broker acting in the capacity of employee be no longer available.

I. Support Brokers must provide assurances that they will implement the IP as approved by DDA or their designee in accordance with all federal and state laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

J. Individuals and organizations providing Support Brokerage services may provide no other service to that individual.

K. De-Certification:

Certification may be revoked, if the Department determines that, at any point after the initial certification to provide Support Brokerage services, the provider has:

1. Been convicted of any crime that would result in an unacceptable criminal records check;

2. Been convicted of unlawfully manufacturing, distributing, prescribing, or dispensing a controlled substance;

3. Surrendered any professional license or had one suspended, revoked, or otherwise limited;

4. Failed to safely and adequately provide the authorized services;

5. Has been found to have permitted, aided, or abetted any act that has had significant adverse impact on any individual's health, safety, or welfare;

6. Failed to comply with DDA's Policy on Reportable Incidents and Investigations;

7. Failed to cooperate with any Department audit, or investigation, or to grant access to or furnish, as requested, records or documentation upon request;

8. Billed excessive or fraudulent charges for any services or been convicted of fraud;

9. Made a false statement concerning his or her conviction of a crime or about a substantiated report of abuse or neglect;

10. Falsified information given to the Department regarding services to individuals, or individual’s funds; or

11. Has ever been placed on the current Centers for Medicare and Medicaid Services list of excluded providers.

**Assistive Technology and**

**Adaptive Equipment**

A. Assistive technology and adaptive equipment means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants which may also support increased community inclusion.

B. Assistive technology and adaptive equipment include:

1. Communication devices;

2. Visual or auditory support technologies;

3. Any piece of technology or equipment that enables an individual greater ability to live independently; and

4. Assessments, specialized training, and upkeep and repair of devices needed in conjunction with the use of devices and equipment purchased under the waiver; and

5. Assistance in the selection, acquisition, or use of an assistive technology and adaptive equipment devices.

C. Assistive technology includes:

1. the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;

2. services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;

3. services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, updating, repairing, or replacing assistive technology devices;

4. coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the Individual Plan;

5. training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and

6. training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

D. Adaptive equipment includes:

1. devices, controls, or equipment that enable participants to increase their ability to perform activities of daily living or to perform employment activities, if the equipment would not otherwise be provided by the employer for an individual without a disability;

2. devices, controls, or equipment that enable the participant to perceive, control, or communicate with the environment in which they live or work; and

3. such other durable and non-durable medical equipment not available under the State Plan that is necessary to address participant functional limitation.

**Limits on the amount, frequency, or duration of this service:**

A. These services shall be reimbursed only if:

1. Pre-authorized by the DDA;

2. In compliance with billing protocols and a completed service report;

3. Approved in the Individual Plan based on appropriate assessment and professional recommendations (if applicable); and

4. Not otherwise available under the individual's private health insurance (if applicable), the Medicaid State plan or through other resources, including services available to an individual under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

B. When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the person leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition), services may be billed to Medicaid as an administrative

cost.

C. Devices, assessments, equipment and items that can be covered under the State Plan should be furnished to waiver participants.

D. Assistive technology and adaptive equipment evaluations and recommendations are limited to non-medical rehabilitation technology that is not regulated by other provisions.

E. Specifically excluded under this service are wheelchairs and power mobility, architectural modifications, adaptive driving, vehicle modifications, devices requiring a prescription by physicians or medical providers.

F. The following are not covered:

1. Services that are of the same type, duration and frequency as other services to which the participant is entitled under the participant’s private health insurance, the Medicaid State Plan, Division of Rehabilitation Services (DORS) or through other resources, including programs funded under the Rehabilitation Act of 1973, §110, or Individuals with Disabilities Education Act;

2. Services which are not part of a waiver participant's IP; and

3. Services, equipment, items or devices that are experimental or prohibited treatments by the State or federal authorities including the Health Occupations Licensing Boards and the Federal Drug Administration.

G. The provider is not entitled to reimbursement from the Program unless:

1. The waiver participant meets all waiver eligibility criteria at time of service delivery unless the person is returning to the community from a Medicaid institutional setting, and

2. The provider meets service reporting and invoicing requirements.

H. If the Program denies payment or requests repayment on the basis that an otherwise covered service was not programmatically necessary, the provider may not seek payment for that service from the participant.

I. Payment for services is based on compliance with billing protocols and a completed service report.

J. The provider’s administrative fee for providing the service shall not exceed 15% of the total cost of the service provided unless otherwise authorized by the DDA.

**Provider Category: Individual**

Certificate (specify):

Individual: DORS approved vendor or DDA certification for people self directing services

DORS approved vendor or DDA certification

1. Basis of Certification - The individual or organization may be deemed DDA or DORS approved

based on the following:

(a) Recognized Accreditation/Certification

1) Acceptable accreditation for umbrella organizations includes Commission on Accreditation of Rehabilitation Facilities (CARF) for Assistive Technology and Alliance for Technology Access, and Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).

2) Acceptable accreditation for individuals includes RESNA Assistive Technology Practitioner (ATP ), CSUN Assistive Technology Applications Certificate, Maryland State professional boards in Physical Therapy (PT), OTR/L, CCC-SLP; or

(b) Standards for Certification of Individual AT Service Providers – Minimum professional qualifications for certification of individuals includes the following:

1) Education: Possession of a Bachelor's Degree in Special Education, Rehabilitation Technology, Rehabilitation Engineering, Speech and Language Pathology, Occupational therapy, Computer Technology or a related field; and

2) Experience: Three years of professional experience in adaptive rehabilitation technology in each device and service area for which certification is being requested. Two or more years of experience working with individuals with significant disabilities in other capacities may be substituted for one of the required years of experience in adaptive rehabilitation technology.

2. Individuals and organizations may be certified in one or more of the following device areas and service areas. Minimum requirements must be met for each area for which certification is requested.

(a) Device Areas:

1) Alternate and augmentative communication

2) Adaptive computers interfacing for motor impairment

3) Adaptive computers interfacing for cognitive impairment

4) Sensory aids for low vision and blindness

5) Sensory aids for deafness and hard of hearing

6) Electronic environmental controls and telephone access

(b) Service Areas (provided at participant’s home, vendor office, or off-site location):

1) Evaluations and recommendations

2) Equipment set-up and configuration

3) Software/hardware training

Other Standard (specify):

Eligible individuals include those with education and work experience in rehabilitation related fields that meets certification qualifications and who are not directly receiving remuneration or other compensation from and/or representing a sole manufacturer/distributor.

All providers shall:

A. Verify the licenses of all service agencies with whom they contract and have a copy of the same available for inspection; and

B. Verify the licenses and credentials of all professionals whom the provider employs or with whom the provider has a contract with and have a copy of same available for inspection.

**Provider Category: Agency: DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20**

*License:*

Licensed service provider as per COMAR 10.22.02 for any of the following:

1) Community Residential Services - Alternative Living Arrangement, Group Home, Community Supported Living Arrangement or Individual Family Care;

2) Day or Vocational Services; or

3) Family and Individual Support Services

*Certificate (specify):* DDA certified Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20

DORS approved vendor or DDA certification

1. Basis of Certification - The individual or organization may be deemed DDA or DORS approved based on the following:

(a) Recognized Accreditation/Certification

1) Acceptable accreditation for umbrella organizations includes Commission on Accreditation of Rehabilitation Facilities (CARF) for Assistive Technology and Alliance for Technology Access, and Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).

2) Acceptable accreditation for individuals includes RESNA Assistive Technology Practitioner (ATP ), CSUN Assistive Technology Applications Certificate, Maryland State professional boards in Physical Therapy (PT), OTR/L, CCC-SLP; or

(b) Standards for Certification of Individual AT Service Providers – Minimum professional qualifications for certification of individuals includes the following:

1) Education: Possession of a Bachelor's Degree in Special Education, Rehabilitation Technology, Rehabilitation Engineering, Speech and Language Pathology, Occupational therapy, Computer Technology or a related field; and

2) Experience: Three years of professional experience in adaptive rehabilitation technology in each device and service area for which certification is being requested. Two or more years of experience working with individuals with significant disabilities in other capacities may be substituted for one of the required years of experience in adaptive rehabilitation technology.

2. Individuals and organizations may be certified in one or more of the following device areas and service areas. Minimum requirements must be met for each area for which certification is requested.

(a) Device Areas:

1) Alternate and augmentative communication

2) Adaptive computers interfacing for motor impairment

3) Adaptive computers interfacing for cognitive impairment

4) Sensory aids for low vision and blindness

5) Sensory aids for deafness and hard of hearing

6) Electronic environmental controls and telephone access

(b) Service Areas (provided at participant’s home, vendor office, or off-site location):

1) Evaluations and recommendations

2) Equipment set-up and configuration

3) Software/hardware training

*Other Standard (specify):*

Eligible organizations include DORS approved vendor (i.e. rehabilitation or medical facilities, educational or training institutions, non-profit 501c organizations), DDA certified Organized Health Care Delivery System Provider as per COMAR 10.22.20, and businesses not directly receiving remuneration or other compensation from and/or representing a sole manufacturer/distributor. Organizations must have or subcontract with at least one individual who meets the certification requirements indicated under "Individual" above unless otherwise authorized by the DDA.

All providers shall:

A. Verify the licenses of all service agencies with whom they contract and have a copy of the same available for inspection; and

B. Verify the licenses and credentials of all professionals whom the provider employs or with whom the provider has a contract with and have a copy of same available for inspection.

**Behavioral Supports**

Behavioral supports are an array of services to assist participants who without such supports are experiencing or are likely to experience difficulty in community living as a result of behavioral, social, or emotional issues.

Behavior support services providers shall provide services in the individual’s home or other non-institutional setting. Services shall increase individual independence and reduce level of service need.

Behavior support services providers shall provide services in accordance with the IP and may include, but are not limited to the following:

(1) Behavior consultation;

(2) Behavior plan development and monitoring;

(3) In-home behavioral support such as training for families and service providers on implementation of the behavior plan;

(4) Behavioral respite;

(5) Intensive behavior management program in a short term alternative living arrangement to address significant challenging behaviors; or

(6) Other treatment, therapy, or supports that are geared to helping the individual successfully manage challenging behaviors.

**Limits on the amount, frequency, or duration of this service:**

Behavior support services may not:

(1) Be reimbursed unless required in the IP; and

(2) Supplant services available through other resources, including the State Plan and other insurances.

**Community Learning Services**

A. Community Learning Services are predicated on the belief that all individuals with developmental disabilities can work when given opportunity, training, and supports that build on an individual's strengths. Services shall increase individual independence and reduce level of service need.

B. Community learning services are:

1) Developed through a person centered planning process and provided in accordance with the individual’s IP; which shall include annual assessment of and progress towards the individual’s employment goals;

2) Provided in community settings with non-disabled individuals except in the case of self-advocacy groups;

3) Provided in groups of no more than four (4) individuals with developmental disabilities, all of whom have similar interests and goals as outlined in their person-centered IP except in the case of self-advocacy groups;

4) Specific, individualized, and goal-oriented;

5) Promote positive growth and/or assist individuals in developing the skills and social supports necessary to gain, retain or advance in employment;

6) Provide activities, special assistance, support, and education to help individuals whose age, disability, or circumstances currently limits their ability to be employed and/or participate in activities in their communities; and

7) Assessed on an ongoing basis and reviewed annually or with greater frequency at the request of the individual, their family, or guardian.

C. Community learning services that lead to or increase employment may include:

1) Self-determination or self-advocacy training;

2) Workshops and classes;

3) Peer mentoring;

4) Volunteer activities; and

5) Activities that promote health and socialization.

D. Retirement planning/activities.

E. Transportation to and from Community Learning Services will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

**Limits on the amount, frequency, or duration of this service:**

A. Community Learning services:

1) Are for individuals not working who want alternatives to facility based supports or are currently limited in their employment due to disability, age, or circumstances.

2) Shall be integrated in community settings that improve communication, social skills, health and/or increase their employment or chances of becoming employed.

3) Shall be provided in lieu of day habilitation services.

4) A participant’s service plan may include a combination of: Supported Employment, Employment Discovery Customization, Community Learning Services and Day Habilitation.

5) A day is comprised of one unit of service.

B. To be approved, add on and supplemental services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.

C. Payment for services is based on compliance with billing protocols and completed supporting documentation are required as proof of delivery of services as required by the DDA.

D. No services will be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

E. Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

a. choice of provider truly reflects the participant's wishes and desires;

b. the provision of services by the family member are in the best interests of the participant;

c. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d. the services provided by the family member or guardian will increase the participant's independence and community integration; and

e. there are documented steps in the IP 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 family member acting in the capacity of employee be no longer be available.

2. A family member of an adult participant may not be paid for more than 40-hours per week of services.

3. Family members must provide assurances that they will implement the participant's IP as approved by DDA or their designee in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

**Provider Category: Agency**

DDA Community Learning Services Site Waiver

Staff must:

A. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

B. Possess current first aid and CPR training and certification.

C. Successfully pass criminal background investigation.

**Provider: Individual (Self-Directed)**

For self-directed services, the employee must:

1. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

2. Possess current first aid and CPR training and certification.

3. Successfully pass criminal background investigation.

4. Sign a provider agreement verifying qualifications and articulating expectations and include time limits and parameters for termination when an individual’s health, welfare and/or well-being are in jeopardy.

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the IP establishes that:

a) the choice of provider reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration; and

e) there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

Please note that all provider qualifications are subject to approval by DDA or its agent.

**Provider**: **Agency**

For self-directed services, the employee must:

* + 1. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
    2. Possess current first aid and CPR training and certification.
    3. Successfully pass criminal background investigation.
    4. Sign a provider agreement verifying qualifications and articulating expectations and include time limits and parameters for termination when an individual’s health, welfare and/or well-being are in jeopardy.

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the IP establishes that:

a) the choice of provider reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration; and

e) there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

Please note that all provider qualifications are subject to approval by DDA or its agent.

**Community Supported Living Arrangement**

Community Supported Living Arrangements, which will be transitioning to Personal Supports, offer support, supervision and training for individuals living in their own homes or in the family home. These services are provided based upon a specified number of hours required weekly. Community Supported Living Arrangements offer a range of home and community-based services intended to support the individual to participate fully in home and community life. Community Supported Living Arrangements (COMAR 10.22.01) are provided based upon the individual's needs as articulated in the plan of care.

Community Supported Living Arrangements I (CSLA I) includes, but is not limited to, physical, cognitive, communication, and behavioral supports; supervision and training; supports to ensure health and safety, including nursing services and medication administration; the maintenance and cleaning of adaptive devices; provision of 24-hour emergency assistance; and engagement in activities to improve social skills. Individuals may receive support, supervision and training in such activities as housekeeping; menu planning and nutrition counseling, food shopping, meal preparation and eating; hygiene and grooming. In addition to types of services enumerated above, CSLA I also includes those services necessary to effectively link individuals with his/her community (community integration). These services may include, but are not limited to: assisting the individual to establish relationships in the community with individuals, organizations or associations; enhancing skills related to expressing preferences and choices; providing assistance and training related to finances (money management, banking etc); facilitating opportunities for the individual to acquire new skills; assisting with securing and maintaining government and community resources; assisting with securing and maintaining housing; and assisting with locating roommates of the individual's choosing. CSLA I are typically characterized by an effort to teach skills through cueing/prompting, the making of ongoing adaptations and modifications towards the goal of greater independence and community integration, and/or supervision to address individuals' health and safety needs. Specific provider qualifications apply to the distinct medical professionals who can provide a component of this service. Individuals receiving CSLA I services must require supports beyond physical assistance with activities of daily living. CSLA I services may not be provided during the same periods of times as CSLA II, or Day Habilitation or Expanded Day Habilitation Services (COMAR 10.22.07).

Community Supported Living Arrangements II (CSLA II) is assistance that enables the waiver participant to accomplish tasks they are unable to perform independently due to a physical disability. CSLA II services refer to hands-on assistance specific to the functional needs of a participant with a physical disability and includes assistance with activities of daily living. Activities of daily living means tasks or activities that include: bathing and completing personal hygiene routines; toileting, including bladder and bowel requirements, bed pan routines, routines associated with the achievement or maintenance of continence, incontinence care, and movement to and from the bathroom; mobility, including transferring from a bed, chair, or other structure and moving about indoors or outdoors; moving; turning, and positioning the body while in bed or in a wheelchair; eating and preparing meals, and; dressing and changing clothes. CSLA II is provided to individuals requiring that another person physically perform the activity for the participant or physically helps the participant to perform the activity and includes nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11. Specific provider qualifications apply to the supervising nurse who can provide a component of this service. CSLA II cannot be provided during the same periods of time that CSLA I, Day Habilitation or Expanded Day Habilitation Services (COMAR 10.22.07), or State Plan Personal Care (COMAR 10.09.20) are provided.

For people self directing services, CSLA I and CSLA II Retainer Fees allow providers to be reimbursed to support waiver participants during a hospitalization not to exceed a total of 21 days annually per individual. Such payment is subject to the approval of the Developmental Disabilities Administration and is intended to assist individuals in retaining qualified employees whom they have trained and are familiar with their needs during periods of hospitalization.

Providers of Community Supported Living Arrangements I and II are licensed under COMAR 10.22.08 and/or COMAR 10.22.06 depending on the specific services to be provided to the individual. Individuals receiving Community Residential Habilitation Services (10.22.08) cannot receive CSLA services.

**Limits on the amount, frequency, or duration of this service:**

Community Supported Living Arrangements is limited to 82 hours per week unless otherwise preauthorized by DDA. To be approved, a service must be either the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need , or short- term, which means that the services are provided for up to but no more than three months in order to meet identified medical and behavioral needs. For participants self directing services, payment rates for services must be reasonable and customary. Payment is allowable for advertising for employees and staff training costs incurred no more than 15 days in advance of waiver enrollment. Federal billing for such advertising and training may not take place until the individual is enrolled in the waiver.

**Provider: Agency**

1. Staff must be trained on individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Employees must possess current First Aide and CPR training and certification.
3. Employees must successfully pass criminal background investigation.
4. For people self directing services - Providers, Fiscal Management Services (acting as the OHCDS) and individuals/families must sign a provider agreement verifying qualifications and articulating expectations.

All providers’ qualifications are subject to approval by DDA or its agent.

**Provider: Individual (for people self-directing)**

1. Provider must be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Employees must possess current First Aide and CPR training.
3. Employees must successfully pass criminal background investigation.
4. Providers, Fiscal Management Services (acting as the OHCDS) and individuals/families must sign a provider agreement verifying qualifications and articulating expectations.
5. All providers’ qualifications are subject to approval by DDA or its agent.

**Employment Discovery and Customization**

Employment Discovery and Customization is predicated on the belief that all individuals with developmental disabilities can work when given opportunity, training, and supports that build on an individual's strengths. They are designed to assist participants to: 1) access employment; or 2)explore possibilities/impact of work. In addition, as part of a broad customization process, they assist participants to develop career goals through career exploration, job development and related services. Services shall increase individual independence and reduce level of service need.

A. Employment Discovery and Customization services are provided in accordance with the participant's IP and developed through a detailed person-centered planning process, which includes annual assessment of the individual’s employment goals.

B. Employment Discovery and Customization are time-limited activities(provided up to 6 months)which include assessment, discovery, customization, and training activities. They assist an individual in gaining competitive employment at an integrated job site where the individual is receiving comparable wages, and where most of the employees do not have disabilities.

C. Employment Discovery and Customization services include but are not limited to the following:

1) Community-based formal or informal situational assessments;

2) Job development/customization or self-employment;

3) Job and task analysis activities;

4) Job and travel training;

5) Work skill training/ mentoring;

6) Modification of work materials, procedures, and protocols;

7) Training in social skills, acceptable work behaviors and other skills such as money management, basic safety skills, and work-related hygiene;

8) Broad career exploration and self-discovery resulting in targeted employment opportunities including activities such as job shadowing, information interviews and other integrated worksite based opportunities; and

9) Certified pre-employment benefits counseling designed to inform of options and alleviate fears and concerns by individuals and families that choosing to seek employment would jeopardize their benefits.

1. Transportation to and from activities will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

**Limits on the amount, frequency, or duration of this service:**

A. Employment Discovery and Customization services may be provided for up to a 6 month period. Additional increments may be authorized by the DDA.

B. A participant’s service plan may include a combination of: Supported Employment, Employment Discovery Customization, Community Learning Services and Day Habilitation.

C. A day is comprised of one unit of service.

D. Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

a. choice of provider truly reflects the individual's wishes and desires;

b. the provision of services by the family member are in the best interests of the participant;

c. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d. the services provided by the family member or guardian will increase the participant's independence and community integration; and

e. there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

2. A family member of an adult participant may not be paid for more than 40-hours per week of services.

3. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

E. To be approved, add on and supplemental services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.

F. Payment for services is based on compliance with billing protocols and completed supporting documentation are required as proof of delivery of services as required by the DDA.

G. No services will be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

**Provider: Agency; DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20**

Staff must:

A. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

B. Possess current first aid and CPR training and certification.

C. Successfully pass criminal background investigation.

For self directed services, Direct Hire Support Staff must:

A. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

B. Possess current first aid and CPR training and certification.

C. Successfully pass criminal background investigation.

D. Sign an agreement with DDA verifying qualifications and articulating expectations.

Family Members - Participants self-directing services may utilize a family member to provide services under the following conditions:

A. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

1. choice of provider truly reflects the individual's wishes and desires;

2. the provision of services by the family member are in the best interests of the participant;

3. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

4. the services provided by the family member or guardian will increase the participant's independence and community integration; and

5. there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

B. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

Please note that all Direct Hire Support staff qualifications are subject to approval by DDA or its agent.

**Provider: Individual (self-directed)**

For self directed services, Direct Hire Support Staff must:

A. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

B. Possess current first aid and CPR training and certification.

C. Successfully pass criminal background investigation.

D. Sign an agreement with DDA verifying qualifications and articulating expectations.

Family Members - Participants self-directing services may utilize a family member to provide services under the following conditions:

A. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

1. choice of provider truly reflects the individual's wishes and desires;

2. the provision of services by the family member are in the best interests of the participant;

3. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

4. the services provided by the family member or guardian will increase the participant's independence and community integration; and

5. there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

B. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

Please note that all Direct Hire Support staff qualifications are subject to approval by DDA or its agent.

**Provider: Agency; Licensed Vocational Service Providers as per COMAR 10.22.02 and 10.22.07**

Staff must:

A. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

B. Possess current first aid and CPR training and certification.

C. Successfully pass criminal background investigation.

**Environmental Accessibility Adaptations**

A. Environmental accessibility adaptations are physical modifications or device connected to the home based on an assessment designed to support the participant’s efforts to function with greater independence and/or to create a safer, healthier environment.

B. Environmental accessibility adaptations shall only be approved if they are:

1. Required because of the residence's physical structure and the participant's special functional needs;

2. Reasonable and necessary to prevent the participant’s institutionalization or hospitalization; and

3. Provided to ensure the following:

a) The participant's health, welfare, and safety; or

b) The participant's ability to function with greater independence and access in the residence.

C. Environmental accessibility adaptations shall be approved by the owner of the home or building, if not the participant. The owner, if not the participant, shall agree that the participant will be able to remain in the residence for at least 1 year upon completion of the modification.

D. The accessibility adaptations include modifications or devices connected of the home to make it physically accessible or safe for waiver recipients, and may include but are not limited to:

1. Installation of grab bars;

2. Construction of access ramps and railings for a waiver participant who uses a wheelchair or who has limited ambulatory ability;

3. Installation of detectable warnings on walking surfaces;

4. Installation of visible fire alarm for individual who has a hearing impairment;

5. Adaptations to the electrical, telephone, and lighting systems;

6. Generator to support medical equipment that require electricity;

7. Widening of doorways and halls for wheelchair use;

8. Door openers;

9. Installation of chair glides; and

10. Alarms or locks on windows, doors, and fences; protective padding on walls or floors; plexiglass, 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.

E. All restrictive adaptive measures such as locked windows, appliances, doors, and fences must be included in the participants approved behavior plan as per DDA’s policy on positive behaviors supports.

F. All construction shall:

1. Be provided in accordance with applicable State or local building codes; and

2. Pass the required inspections.

G. The service is also available to people that self-direct their services.

**Limits on the amount, frequency, or duration of this service:**

A. Payment rates for services must be reasonable, customary, and necessary not to exceed $17,500 (combined total with Vehicle Modifications) over an individual’s lifespan unless authorized by DDA.

B. All adaptation over $1,000 must be pre-authorized by the DDA and approved in the participant’s IP.

C. All adaptations for participant leasing the property must be approved by the owner of the home or building, who agrees that the participant will be allowed to remain in the residence at least one year.

D. If an adaptation is estimated to cost over $1,000/12-month period, the resource coordinator or OHCD provider shall obtain at least two bids for the service and must have DDA pre-authorization approval.

E. Not covered under this regulation are adaptations or improvements to the home, such as carpeting, roof repair, decks, and central air conditioning, which:

(1) Are of general utility;

(2) Are not of direct medical or remedial benefit to the participant; or

(3) Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to accessibility needs.

F. Environmental accessibility modifications may be furnished to individuals who receive residential habilitation services for life safety modifications and other necessary accessibility modifications so long as they are necessary to meet the needs of participants and are not basic housing costs. Payment is not be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.

G. When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the person leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); services may be billed to Medicaid as an administrative cost.

H. Payment for services is based on compliance with billing protocols and a completed service report.

I. Provider’s administrative fee for providing the service shall not exceed 15% of the total cost of the service provided unless otherwise authorized by the DDA.

J. Services provided by a family member or relative is not covered.

**Provider: Individual (self-directing)**

In accordance with Department of Labor and Licensing requirements, a Home Improvement License may be required to complete some projects where an existing home structure is modified (such as a stair glide).

A. All providers of services shall:

1. Be properly licensed or certified by the State in good standing with the Department of Assessment and Taxation to provide the service;

2. Be bonded as is legally required;

3. Obtain all required State and local permits;

4. Obtain final required inspections;

5. Perform all work in accordance with State and local building codes;

6. Ensure that the work passes the required inspections and is performed in accordance with State and local building codes;

7. Ensure all subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the provider employs or with whom the provider has a contract with and have a copy of same available for inspection; and

8. Provide services according to a written schedule indicating an estimated start date and completion date.

**Provider: Agency; DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20**

**DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20**

Any one of the following licensed providers:

1. Family and Individual Support Services as per COMAR 10.22.02 and 10.22.06

2. Residential Service Provider for Alternative Living Arrangements, Group Homes, Community Supported Living Arrangement, or Individual Family Care as per COMAR 10.22.02 and 10.22.08

3. Day or Vocational Services as per COMAR 10.22.02 and 10.22.07

Eligible organizations include home contractors and builders or DORS approved vendor

In accordance with Department of Labor and Licensing requirements, a Home Improvement License may be required to complete some projects where an existing home structure is modified (such as a stair glide).

A. All contractors of services shall:

1. Be properly licensed or certified by the State in good standing with the Department of Assessment and Taxation to provide the service;

2. Be bonded as is legally required;

3. Obtain all required State and local permits;

4. Obtain final required inspections;

5. Perform all work in accordance with State and local building codes;

6. Ensure that the work passes the required inspections and is performed in accordance with State and local building codes; and

7. Provide services according to a written schedule indicating an estimated start date and completion date.

B. Providers shall ensure all subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the provider employs or with whom the provider has a contract with and have a copy of same available for inspection; and [*sic*]this is directly from the waiver document – there is no end to this sentence]

**Environmental Assessment**

A. An environmental assessment is an on-site assessment of the participant’s primary residence to determine if environmental adaptations/modifications or assistive devices/equipment may be necessary.

B. Included in the environmental assessment, as necessary, may be an evaluation of the presence and likely progression of a disability or a chronic illness or condition in a participant; environmental factors in the home; the participant's ability to perform activities of daily living; the participant's strength, range of motion, and endurance; the participant's need for assistive devices and equipment; and the participant's, family's, or service provider's knowledge of health and safety.

C. The assessment may be recommended by the participant’s team in the Individual Plan when an environmental assessment is considered necessary to ensure the health, safety, and access to home of a participant with special environmental needs and obtain additional professional advice from an occupational therapist about the physical structure of a participant's home or residence and functional or mental limitations or disabilities of a participant as they relate to the environment.

D. Environmental Assessment Service Report is the documents findings and recommendations based on an on-site environmental assessment of a home or residence (where the participant lives or will live as a participant) and interviews with the participant, family, direct care staff, and delegating nurse/nurse monitor (if applicable). The report shall:

1. Detail the environmental assessment process, findings, and specify recommendations for the home modification, durable medical equipment, assistive devices, and technology that may be needed by the participant;

2. Be typed; and

3. Be completed with 14 days of the completed assessment and forwarded to the participant’s resource coordinator.

**Limits on the amount, frequency, or duration of this service:**

A. Environment assessment is capped at current fiscal year established rate and is limited to one assessment annually unless otherwise approved.

B. The service must be rendered by a licensed occupational therapist.

C. To be covered as a waiver service, Medicaid, Medicare, other third party health insurance under fee-for-service or managed care, or DORS must not otherwise cover the environmental assessment.

D. If Medicare covers the environmental assessment for the waiver participant, Medicaid will pay the Medicare co-payments or deductible.

E. An environmental assessment may not be provided before the effective date of the participant’s eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.

F. Assessment may not duplicate any service that is available through private insurance, Medicare, the Medicaid State Plan, or under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

G. Payment for services is based on compliance with billing protocols and a completed environmental assessment service report.

H. Organized Health Care Provider’s administrative fee for providing the service shall not exceed 15% of the total cost of the service provided unless otherwise authorized by the DDA.

**Provider: Agency; DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20**

Any one of the following licensed providers:

1. Family and Individual Support Services as per COMAR 10.22.02 and 10.22.06

2. Residential Service Provider for Alternative Living Arrangements, Group Homes, Community Supported Living Arrangement, or Individual Family Care as per COMAR 10.22.02 and 10.22.08

3. Day or Vocational Services as per COMAR 10.22.02 and 10.22.07

4. Behavioral Support Services

Employed or contracted staff must be licensed by the Maryland Board of Occupational Therapy

**Provider: Individual (self-directed)**

Licensed by the Board of Occupational Therapy as a licensed Occupational therapist in Maryland.

**Family and Individual Support Services**

A. Family and Individual Support Services (FISS) cover a wide array of supports in the life of an individual. Services shall increase individual independence and reduce level of service need.

B. FISS are provided by making use of resources available in the community while, at the same time, building on the individual's existing support network.

C. Supports are the assistance provided to the individual to enable participation in the community. Supports are integral to each individual or family's quality of life and often enhance the lives of those involved.

D. FISS may include, but are not limited to:

1. Supports necessary to effectively link individuals with the community, which may include, but are not limited to, the following:

a. Assistance locating and establishing day services;

b. Assistance to establish relationships in the community with individuals, organizations, or associations;

c. Assistance locating and accessing education;

d. Assistance to engage in activities to improve social skills;

e. Assistance locating and accessing recreational and social activities;

f. Assistance to enhance skills related to expressing preferences and choices;

g. Assistance with locating roommates of the individual’s choosing;

h. Assisting the individual with or providing training related to finances, including money management, banking, and tax preparation;

i. Assistance locating and establishing individual and family counseling;

j. Assistance with grocery shopping; and

k. Mobility and travel training and assistance including supporting the person in learning how to access and utilize informal, generic, and public transportation for independence and community integration.

2. Training, facilitating opportunities, and/or accompanying the participant to acquire skills including:

a. Self-advocacy;

b. Independent living; and

c. Applying or maintain government and community resources and housing.

3. Family support groups and training on issues related to the participant’s needs, and includes instruction about treatment regimens and use of equipment specified in the service plan and information as necessary to safely maintain the participant at home.

E. FISS for participants who self-direct services also includes Individual Directed Goods and Services which are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the service plan (including improving and maintaining the participant’s opportunities for full membership in the community). The participant (meaning the individual for adults and the family for a minor) must not have the funds to purchase the Individual Directed Goods or Service and the item or service is not available through another source. Individual Directed Goods and Services shall meet one or more of the following criteria:

1) increases the individual's functioning related to the disability;

2) promotes the individual’s health, wellness, and safety;

3) enhances the individual’s community inclusion and family involvement;

4) decreases the individual’s dependence on other Medicaid funded services.

F. Individual Directed Goods and Services are goods and services that provide cost-effective (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need) alternatives to standard waiver or State Plan services, and include: fitness memberships; fitness items that can be purchased at most retail stores; toothbrushes or electric toothbrushes; weight loss program services other than food; dental services recommended by a licensed dentist and not covered by health insurance; nutritional supplements recommended by a professional licensed in the relevant field; and fees for activities that promote community integration.

G. Individual Directed Goods and Services are purchased from the participant-directed budget and must be documented in the IP.

**Limits on the amount, frequency, or duration of this service:**

A. Scope, duration, and fee for services shall be approved by the DDA. To be approved, services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.

B. Service does not include the payment for day care, groceries, education, or recreational activities.

C. Payment covers the difference between customary fees and any additional fees due to the person’s special needs.

D. Reimbursement shall be reasonable, customary, and necessary, as determined for the participant’s needs and approved by DDA or its designee.

E. A provider’s administrative fee for providing the service shall not exceed 15% of the total cost of the service provided unless otherwise authorized by the DDA.

F. Family and individual support services:

1. May not be reimbursed during the same time periods as any other waiver service or Medicaid State Plan Personal Care Services as described in COMAR 10.09.20.

2. Are not available to individuals currently receiving Community Residential Habilitation Services.

G. Individual goods and services:

1. Are limited to $2,000 per year from the total self-directed budget;

2. Are limited to waiver participants who are self-directing their budget;

3. May not circumvent other restrictions on the claiming of FFP for waiver services, including the prohibition of claiming for the costs of room and board;

3. Must be specifically described and documented in the IP;

4. Must be in the IP, and clearly linked to the participant's assessed need as listed in the IP; and

5. Do not include services, goods, or items: provided to or benefiting persons other than the member; otherwise covered by the waiver or the Medicaid State Plan Services; additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair; co-payment for medical services; over-the-counter medications; homeopathic services; experimental or treatments that are prohibited by law, goods, or services; items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, DVD player, and monthly cable fees; monthly telephone fees; room & board, including deposits, rent, and mortgage expenses and payments; food; utility charges; fees associated with telecommunications; tobacco products, alcohol, or illegal drugs; vacation expenses; insurance; vehicle maintenance or any other transportation- related expenses; tickets and related cost to attend recreational events; personal trainers; spa treatments; goods or services with costs that significantly exceed community norms for the same or similar good or service; tuition; 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 activities and supplies; incentive payments and subsidies; subscriptions; training provided to paid caregivers; services in hospitals; costs of travel, meals, and overnight lodging for families and natural support network members to attend a training event or conference; or service animals and associated costs.

H. Services and items may not be purchased from a waiver participant’s family member or relative.

I. The program does not make payment to spouses or legally responsible individuals for supports or similar services.

J. Experimental or prohibited treatments prohibited by law are excluded. K. Payment for services is based on compliance with billing protocols and a completed service report.

L. These services shall be reimbursed only if approved in the participant's service plan based on appropriate assessment and professional recommendations (as appropriate)and when not otherwise available under the individual's private health insurance (if applicable), the Medicaid State plan or through other resources, including services available to an individual under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

**Provider: Individual (self-directed only)**

For self-directed services, the employee must:

* + 1. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
    2. Possess current first aid and CPR training and certification.
    3. Successfully pass criminal background investigation.
    4. Sign a provider agreement verifying qualifications and articulating expectations and include time limits and parameters for termination when an individual’s health, welfare and/or well-being are in jeopardy.

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the IP establishes that:

a) the choice of provider reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration; and

e) there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

Please note that all provider qualifications are subject to approval by DDA or its agent.

**Provider: Agency; Licensed Family and Individual Support Service Provider as per COMAR 10.22.06**

Employee shall:

1. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

2. Employees must possess current first aid and CPR training and certification.

3. Employees must successfully pass criminal background investigation.

**Provider: Agency; DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20**

For self-directed services, the staff must:

* + 1. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
    2. Possess current first aid and CPR training and certification.
    3. Successfully pass criminal background investigation.
    4. Sign a provider agreement verifying qualifications and articulating expectations and include time limits and parameters for termination when an individual’s health, welfare and/or well-being are in jeopardy.

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the IP establishes that:

a) the choice of provider reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration; and

e) there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

Please note that all provider qualifications are subject to approval by DDA or its agent.

**Shared Living**

A. Shared Living is an arrangement in which an individual, couple or a family in the community share life's experiences with a person with a disability. It emphasizes the long term sharing of lives, forming of caring households, and close personal relationships between a participant and support person(s). The person receiving supports should have the opportunity to decide with whom they will live, and the nature of the relationship (e.g., whether it is a roommate, a couple or a family setting).

B. A shared living arrangement may be in either the shared living provider's home/apartment or in the participant's home/apartment or shared home with a roommate.

C. Shared Living may include companionship support, mentoring, a host family, supported living, paid roommate(s), and support that the person needs with day-to-day activities.

D. Services maximize the participant's independence in activities of daily living and to fully participate in community life and may include:

1. Provide training in the development of self-help, daily living, self-advocacy, and survival skills based on needs, ability, and whether the skills are likely to improve the individual’s quality of life;

2. Mobility training to maximize use of public transportation in traveling to and from community activities and services, and recreational sites;

3. Training and assistance in developing appropriate social behaviors that are normative in the surrounding community such as conducting one's self appropriately in restaurants, on public transportation vehicles, in recreational facilities, in stores, and in other public places;

4. Training and assistance in developing patterns of living, activities, and routines which are appropriate to the waiver participant's age and the practices of the surrounding community and which are consistent with the waiver participant's interest and capabilities;

5. Training and assistance in developing basic safety skills;

6. Training and assistance in developing competency in housekeeping skills including, but not limited to, meal preparation, laundry, and shopping;

7. Training and assistance in developing competency in personal care skills such as bathing, toileting, dressing, and grooming;

8. Training and assistance in developing health care skills, including but not limited to,

a. Maintaining proper dental hygiene;

b. Carrying out the recommendations of the dentist or physician:

c. Appropriate use of medications and application of basic first aid;

d. Arranging medical and dental appointments; and

e. Summoning emergency assistance;

9. Training and assistance in developing money management skills, which include recognition of currency, making change, bill paying, check writing, record keeping, budgeting, and saving; and

10. Supervision or guidance of individuals as appropriate.

E. Shared Living services may include other services unavailable from any other resource, including the Medicaid State Plan, as when approved and funded by the DDA.

F. Coordination, monitoring, follow-up, and transportation to and from appointments for medical services as appropriate.

G. Occupational therapy services, provided by or under the direction of a licensed occupational therapist for rehabilitation and habilitation for adults, shall be provided under the waiver when included in the IP and shall include:

1. Specifications of the treatment to be rendered, the frequency and duration of that treatment, and the expected results;

2. Evaluation and reevaluation of the waiver participant's level of functioning through the use of standardized or professionally accepted diagnostic methods;

3. Development and delivery of appropriate treatment programs which are designed to significantly improve a waiver participant's level of functioning within a reasonable period of time;

4. Selection and teaching of task-oriented therapeutic activities designed to restore physical functioning; and

5. Improvement of mobility skills.

H. Physical therapy services, provided by or under the direction of a licensed physical therapist for the purpose of habilitation for adults, shall be provided when included in the IP and shall specify:

1. Part or parts of the body to be treated;

2. Type of modalities or treatments to be rendered;

3. Expected results of physical therapy treatments; and

4. Frequency and duration of treatment which shall adhere to accepted standards of practice.

I. Social services, not provided under the Program, shall be provided when included in the IP and shall include:

1. Identification of the waiver participant's social needs; and

2. Supports to assist the waiver participant's adaptation and adjustment to his or her environment.

J. Speech pathology and audiology services, provided by or under the direction of a licensed speech language therapist or licensed audiologist for rehabilitation and habilitation for adults, shall be provided when included in the IP and shall include:

1. Maximization of communication skills;

2. Screening, evaluation, counseling, treatment, habilitation, or rehabilitation of waiver participants with hearing, language, or speech handicaps;

3. Coordination of interdisciplinary goals related to hearing and speech needs; and

4. Consultation with staff regarding the waiver participant's programs.

K. Medically necessary nursing services provided by a licensed registered nurse or licensed practical nurse shall be provided when pre-authorized by the DDA and included in the IP and includes:

1. Short-term skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse to allow individuals to return to the community or stay in the community following a serious illness or hospitalization;

2. Part-time or intermittent skilled, non-delegated nursing tasks, unavailable under the State Plan home health benefit, as performed by the nurse for individuals who need brief nursing intervention;

3. Nursing supervision consistent with the Maryland Nurse Practice Act and COMAR 10.27.11 which may include:

a. Meeting with provider's staff to discuss how the medical services that are identified in the IP will be implemented; and

b. Education, supervision, and training of waiver participants in health-related matters.

L. Community Exploration is an opportunity for the individual to experience short-term overnight stays with a community provider and for the provider to learn about and form a relationship with the individual prior to the transition.

M. Transportation assistance to and from activities shall be provided by the provider that achieves the least costly, most integrated, and most appropriate means of transportation for the individual, with the priority given to the use of public transportation or natural supports. Individuals shall be encouraged to utilize public transportation and transportation supplied by family, friends, neighbors or volunteers, as appropriate to the individual’s needs and abilities.

**Limits on the amount, frequency, or duration of this service:**

A. Shared Living (community residential habilitation) services shall be provided for at least 6 hours a day to a participant or when the participant spends the night in the residential home.

B. Service may be provided for up to three participants unless otherwise approved by DDA.

C. Transportation between the participant's place of residence and other service sites and places in the community

is provided as a component of services and the cost of this transportation is included in the rate paid to providers.

D. Any other professional services will only be covered under the waiver if the Program has denied a covered service and the service has been pre-authorized by the DDA.

E. Services may include the provision of medical and health care services that are integral to meeting the daily needs of residents (e.g., routine administration of medications by nurses or tending to the needs of residents who are ill or require attention to their medical needs on an ongoing basis). The provision of such routine health services and the inclusion of the payment for such services in the payment for shared living services are not considered to violate the requirement that a waiver may not cover services that are available through the State plan. Medical and health care services such as physician services that are not routinely provided to meet the daily needs of residents may not be included.

F. The Medicaid payment for shared living may not include either of the following items which the provider is expected to collect from the participant:

1. Room and board; or

2. Any assessed amount of contribution by the individual for the cost of care, established according to Regulation .04E of this chapter.

G. Residential Retainer Fees are available for 33 days per year per recipient when the recipient is unable to be in shared living due to hospitalization, behavioral respite, family visits, etc.

H. Payment is not to be made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The method by which the costs of room and board are excluded from payment for shared living is specified in Appendix I-5.

I. Payment for services is based on compliance with billing protocols and a completed service report.

J. Payment rates for services must be reasonable, customary, and necessary as established by the Program.

**Provider: Agency; DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20**

1. Individual, couple or a family who lives with and provides companionship support to the person with a disability shall:

a. Be chosen by the participant;

b. Open their homes and their lives to an individual with disabilities and are compensated for doing so;

c. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);

d. Possess current first aid and CPR training and certification;

e. Successfully pass criminal background investigation;

f. Sign a provider agreement verifying qualifications and articulating expectations; and

g. Be approved by DDA or its agent.

**Provider: Agency; Licensed Community Residential Services - Individual Family Care**

1. Individual, couple or a family who lives with and provides companionship support to the person with a disability shall:

a. Be chosen by the participant;

b. Open their homes and their lives to an individual with disabilities and are compensated for doing so;

c. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);

d. Possess current first aid and CPR training and certification;

e. Successfully pass criminal background investigation;

f. Sign a provider agreement verifying qualifications and articulating expectations; and

g. Be approved by DDA or its agent.

**Transition Services**

A. Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or to another provider-operated living arrangement to a living arrangement in a private residence where the person will be directly responsible for his or her own living expenses or another provider-operated arrangement as approved by the DDA.

B. Allowable expenses, other than room and board, as necessary to enable a person to establish a basic household. They may include:

1. security deposits that are required to obtain a lease on an apartment or home;

2. cost of essential household furnishings, including furniture, window coverings, food preparation items, and bed/bath linens;

3. set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;

4. services necessary for the individual’s health and safety such as pest eradication and one-time cleaning prior to occupancy;

5. moving expenses; and

6. activities to assess need, arrange for and procure transition services.

C. Transition Services are furnished only to the extent that they are reasonable and necessary and identified in the service plan that the person is unable to pay for them and services cannot be obtained from other sources.

**Limits on the amount, frequency, or duration of this service:**

A. Reimbursement for transition services shall be reasonable, necessary, determined in accordance with the participant’s needs, and approved by the DDA before any service may be rendered.

B. The maximum payment for this service may not exceed $5,000 per lifetime unless otherwise authorized by DDA.

C. The list and budget for transition expenses must be submitted and approved by the DDA before services are rendered.

D. Transition services are payable only once an individual has entered the waiver unless otherwise approved.

E. Transition service and participant specific start up items shall transfer with participant to his or her new residence. Tangible items are the property of the participant so long as the participant needs them, and shall be returned to the DDA if no longer needed unless otherwise directed by the DDA.

F. Transition Services do not include monthly rental or mortgage expense, food, regular utility charges, monthly telephone fees, and household appliance or items that are intended for entertainment such, as televisions, video recorders, game stations, DVD players, monthly cable fee.

G. Transition Services may not include payment for room and board.

H. Payment may be approved for transition services incurred no more than 180 days in advance of waiver enrollment.

I. Items may not be purchased from a waiver participant’s family member or relative.

J. When Transition Services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the person leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); transitional services may be billed to Medicaid as an administrative cost.

K. Transition Services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider if the provision of these items and services are inherent to the service they are already providing or already included in the provider rate.

L. Items or services otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan or through other resources, including services available to an individual under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)) will not be authorized.

**Provider: Individual (for people self directing services)**

Vendor for the following:

1. Apartment or house leases;

2. Household items;

3. Utility services;

4. Pest eradication/cleaning services;

5. Moving;

6. Transition needs assessment, coordination, and procurement of items

**Transportation**

A. Transportation services are designed specifically to enhance a participant’s ability to access community activities in response to needs identified through the participant’s Individual Plan. Services shall increase individual independence and reduce level of service need.

B. Services are available to the participant living in the participant's own home or in the participant's family home.

C. Services can include mobility and travel training including supporting the person in learning how to access and utilize informal, generic, and public transportation for independence and community integration.

D. Transportation services may be provided by different modalities, including public transportation, taxi services, and non-traditional transportation providers.

E. Transportation service shall be provided by the most cost-efficient mode available and shall be wheelchair-accessible when needed.

**Limits on the amount, frequency, or duration of this service:**

A. Transportation is limited to $1400 per year per person for people not self-directing.

B. Transportation services may not be covered if other transportation service is available or covered, including under the Medicaid State Plan, IDEA, the Rehabilitation Act, other waiver services or if otherwise available.

C. Payment for transportation may not be made when transportation is part of another waiver service such as day habilitation, community learning services, employment discovery and customization, prevocational, supported employment or residential habilitation services.

D. The Program does not make payment to spouses or legally responsible individuals for furnishing service.

E. Participants self directing may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

a) choice of provider truly reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration and;

e) there are documented steps in the Individual Plan 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 family member acting in the capacity of employee be no longer available.

2. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

F. Payment for services is based on compliance with billing protocols and a completed service report.

G. Payment rates for services must be reasonable and necessary as established or authorized by the Program.

**Provider: Individual (for self-directed services only)**

1. Employees must be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

2. Employees must successfully pass criminal background investigation.

3. Must sign a provider agreement verifying qualifications and articulating expectations.

4. All individuals transporting a waiver participant must have a valid driver’s license.

5. All provider qualifications are subject to approval by DDA or its agent.

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the IP establishes that:

a) the choice of provider reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration; and

e) there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

**Provider: Agency; DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20**

1. Employees must be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).

2. Employees must successfully pass criminal background investigation.

3. Employees must possess current first aid and CPR training and certification.

4. Must sign a provider agreement verifying qualifications and articulating expectations.

5. All individuals transporting a waiver participant must have a valid driver’s license.

6. All provider qualifications are subject to approval by DDA or its agent.

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the IP establishes that:

a) the choice of provider reflects the individual's wishes and desires;

b) the provision of services by the family member are in the best interests of the participant;

c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;

d) the services provided by the family member or guardian will increase the participant's independence and community integration; and

e) there are documented steps in the IP 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 family member acting in the capacity of employee be no longer available.

**Vehicle Modifications**

A. The Department shall reimburse for vehicle modification services that enable the participant to achieve employment goals and to live successfully in the community when other options are not otherwise available from natural supports, the community, or covered by the Program. Services shall help support increased individual independence.

B. Services must be needed to achieve the goal established on an approved IP.

C. Vehicle modifications may include:

(1) Assessment services to

(a) help determine specific needs as a driver or passenger,

(b) review modification options, and

(c) develop a prescription for required modifications of a vehicle.

(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 as approved by DDA.

D. With the purchase of a vehicle with pre-installed modifications, the participant or legally responsible individual is responsible to determine that the modifications are in good working order and meet established needs through practical hands-on assessment of the modifications prior to purchase.

E. All vehicle modifications purchases must be pre-approved in writing by the DDA. The program will not reimburse for modifications not preauthorized.

F. A prescription for vehicle modifications applies only to the year/make/model of the vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA). If there is a change in the year/make/model of the vehicle to be modified, the VEAPA must be reviewed and amended as necessary by staff completing the original assessment/prescription.

G. The vehicle owner is responsible for the maintenance and upkeep of the vehicle.

H. The vehicle owner shall purchase insurance on vehicle modifications. The program will not correct or replace vehicle modifications provided under the program that have been damaged or destroyed in an accident.

I. Driver of the vehicle must have a valid driver’s license.

J. Program participant without a valid driver’s license or MVA approval, require a determination by a rehabilitation professional prior to purchase of modifications.

**Limits on the amount, frequency, or duration of this service:**

A. These services shall be reimbursed only if:

1. Preauthorized by the DDA, and

2. Approved in the Individual Plan based on appropriate assessment and professional recommendations and when not otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, Division of Rehabilitation Services (DORS) or through other resources, including services available to an individual under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

B. The following are not covered:

1. Services that are of the same type, duration and frequency as other services to which the participant is entitled under the participant’s private health insurance, the Medicaid State Plan, Division of Rehabilitation Services (DORS) or through other resources, including programs funded under the Rehabilitation Act of 1973, §110, or Individuals with Disabilities Education Act;

2. Services which are not part of a waiver participant's IP; and

3. Services, equipment, items or devices that are experimental or prohibited treatments by the State or federal authorities including the Health Occupations Licensing Boards and the Federal Drug Administration.

C. The provider is not entitled to reimbursement from the Program unless:

1. The waiver participant meets all waiver eligibility criteria at time of service delivery.

2. The provider meets service reporting and invoicing requirements.

D. If the Program denies payment or requests repayment on the basis that an otherwise covered service was not programmatically necessary, the provider may not seek payment for that service from the participant.

E. Services are provided to an individual no more frequently than once every seven years, unless an exception is approved by the DDA.

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

G. Modifications to a vehicle other than a standard sedan, van or minivan require formal vehicle modification assessment and prior approval of the DDA.

H. A vehicle modification assessment and/or a driving assessment will be required when not recently conducted by DORS.

I. Vehicle modifications only include the vehicle modification assessment and cost associated with the modifications. Vehicle modifications does 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.

J. All vehicle modification purchases must be pre-approved in writing by the DDA. The program will not reimburse for modifications not preauthorized.

K. The Program cannot provide assistance with modifications on vehicles not owned by the participant or their family. This includes leased vehicles.

L. Environment and vehicle modifications payment rates for services must be reasonable, customary, and necessary not to exceed $17,500 combined over an individual’s lifespan unless authorized by DDA.

**Provider: Agency; DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20**

A. DORS approved vendor

B. Vehicle Modifications provider must:

1. Ensure that the work meets vehicle modification standards and passes all required inspections.

2. Be properly licensed or certified by the State to provide the service being rendered;

3. Be bonded as is legally required;

4. Perform all work in accordance with State and local codes.

5. Provide services according to a written Vehicle Equipment and Adaptation Prescription Agreement (VEAPA) and schedule indicating an estimated start date and completion date.

**Provider: Agency: DORS approved vendor**

A. DORS approved vendor

B. Vehicle Modifications provider must:

1. Ensure that the work meets vehicle modification standards and passes all required inspections.

2. Be properly licensed or certified by the State to provide the service being rendered;

3. Be bonded as is legally required;

4. Perform all work in accordance with State and local codes.

5. Provide services according to a written Vehicle Equipment and Adaptation Prescription Agreement (VEAPA) and schedule indicating an estimated start date and completion date.

http://dda.dhmh.maryland.gov/SitePages/WRenewal/MD0023R0600.pdf