



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Developmental Disabilities Administration

Michael S. Chapman, Executive Director

MEMORANDUM

TO: NEW DIRECTIONS PARTICIPANTS AND SUPPORT BROKERS
FROM: CATRIONA JOHNSON, ASST. DIRECTOR FOR STATE AND FEDERAL RELATIONS
SUBJECT: UPCOMING DEADLINE FOR PLAN AND BUDGET MODIFICATIONS AND CHANGES TO NEW DIRECTIONS
DATE: 3/5/2009
CC: NEW DIRECTIONS REGIONAL COORDINATORS; RESOURCE COORDINATION OFFICES; FISCAL MANAGEMENT SERVICES

Reminder: All Plan and Budget Modifications, with the exception of those affecting *New Directions* participants' health and safety, must be submitted by **March 31, 2009**. Budget Modifications can be submitted to your Fiscal Management Service (FMS) however Plan Modifications must be submitted to your New Directions Regional Coordinator. DDA expects to have new Plan Annual Update forms available in the next several weeks. You will be notified when they become available.

This memo provides an update and guidance regarding changes in the *New Directions* Waiver program based on its renewal with the Centers for Medicare and Medicaid Services (CMS) and plan audits conducted over the summer months. The *New Directions* waiver was approved for renewal by CMS as of July 1, 2008. The renewal is for 5 years ending June 20, 2013. As part of the renewal process, the following services were added:

Community Support Living Arrangements (CSLA) I and II: The new waiver distinguishes between CSLA services that provide community integration activities, training, and cognitive, communication, or behavior supports which are covered under CSLA I and pure physical assistance with activities of daily living (bathing and completing personal hygiene routines; toileting, mobility, including transferring; eating and preparing meals, and, dressing and changing clothes) which is covered under CSLA II.

CSLA I and II Retainer Fees: CSLA I and 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.

Employment Discovery and Customization: Employment Discovery and Customization are time-limited assessment, discovery, customization, and training activities to 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. Employment Discovery and Customization services include, but are not limited to the following: community-based situational assessments; job development; job and task analysis activities; job training; work skill training; training in social skills, acceptable work behaviors and other skills such as money management, basic safety skills, and work-related hygiene.

Community Learning Services: Community Learning Services provide an alternative to facility-based Traditional Day Habilitation and are designed to create meaningful days for individuals, and are specific, individualized and goal oriented services. Community Learning Services assist individuals in developing the skills and social supports necessary to gain employment; promote positive growth, and; provide activities, special assistance, support, and education to help individuals whose age, disability, or circumstances currently limits their ability to be employed and participate actively in their community. Services are highly individualized and can include, but are not limited to: self-determination/self-advocacy training; workshops and classes; peer mentoring; volunteer activities; activities that promote health, socialization, etc.

Medical Day Care: 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. Individuals must meet a nursing facility level of care in order to receive this service. Medical Day Care is not available for self-direction.

New Individual Plan and Budget (IP&B) and Plan Annual Update forms will include DDA will include billing codes for these new services. You will be notified when they become available.

In addition to the above services, CMS requires the State to have a Participant Agreement with each waiver participant in *New Directions*. Waiver participants who entered *New Directions* prior to July 1, 2008 were mailed a Participant Agreement. All agreements were due to be returned by October 22, 2008. Without a signed agreement, the waiver participant is not in compliance with the approved waiver. As a result, steps will be taken to discharge the waiver participant from *New Directions*.

Other changes to the waiver include:

- DDA has posted “reasonable and customary” rates on the website. Any rates above those considered reasonable and customary must be fully justified. Family members acting as staff may not exceed reasonable and customary rates.
- The *New Directions* Risk Pool, a pool of funds available to *New Directions* participants to address short-term emergency health and safety issues, is in place as of July 1, 2008. The Risk Pool application is on the DDA website.
- A listing of Support Brokers willing to provide Support Brokerage to *New Directions* participants is now available on the DDA website and is updated monthly.
- Family members acting as direct-care staff may be paid for staff time while supporting a *New Directions* participant who is on vacation, however *New Directions* funds may not be used for travel, hotel, or per diem costs for a family member acting as direct-care staff. Non-related staff members’ travel, hotel, or per diem costs may not exceed \$1,500 per year.
- IP&Bs or Plan Annual Updates containing math errors resulting in a total budget cost over the individual’s allocation are considered invalid unless an award letter has been issued. Requests for additional funding must start with a team meeting and follow the directions outlined in the *New Directions Manual to Assist Participants and their Support Brokers* (available on the DDA website).

During the summer, DDA conducted audits of Fiscal Management Services. DDA would like to remind *New Directions* participants of the following:

- Costs for food for direct-care staff supporting someone on an outing that includes a visit to a restaurant is for direct-care staff only (not for the waiver participant, volunteers, family, friends, etc) and must be reasonably priced.
- All direct-care staff MUST have current CPR/First Aid certification.
- Transportation costs to medical appointments are not covered by the *New Directions* waiver because such transportation is covered as a Medicaid State Plan service. If transportation covered by local health departments does not meet the individual's need (ie. due to supervision, communication supports, behavioral supports, etc required), please indicate this in your IP&B and the transportation request will be reviewed by your New Directions Regional Coordinator.
- There must be an audit trail for all expenditures made using *New Directions* funds.
- As of July 1, 2008 all Support Brokers should be using the new Support Broker timesheet which can be downloaded from the DDA website. The new Support Broker timesheet includes an attestation that employee timesheets and monthly budget statements have been reviewed by the Support Broker.
- Waiver participants, as part of their Emergency Planning, may have a cell phone plan. Cell phones will not be purchased (unless specifically designed for access by someone with a disability), only payment to the plan. The amount applied to the cell phone bill will be based on the waiver participants approved IP&B, but cannot exceed \$50 per month. Any charges above the amount approved in the waiver participants IP&B are the responsibility of the waiver participant.
- Waiver participants may purchase services from a Staffing Agency or they may attend an out-of-state agency. When this is done, the agency providing the staff/service must complete the Staffing Agency Vendor Agreement.
- Waiver funds may not be used to pay for gas, electric, water, cable or telephone service.
- Waiver funds may be approved for internet access if the internet is required for on-line college courses, business enterprises, self-advocacy work, etc. Payment for internet access will not be covered if internet access is in place prior to entry into *New Directions*; the first invoice to the FMS must include proof of date of installation. If internet access has been approved in the waiver participant's IP&B, invoices submitted to the FMS can only be for internet access. Invoices may not be submitted for "bundled" packages that include telephone, cable and internet services.
- All timesheets, receipts and invoices for a Fiscal Year (July 1st through June 30th) must be submitted for payment to your FMS no later than August 31st. Timesheets, receipts and invoices submitted after this date will not be paid by the FMS and will become your responsibility.
- In *New Directions* the waiver participant may chose to pay "benefits" to his/her employees. Benefits can include paid vacation and/or sick days, payment of health insurance and payment to an IRA. Certain criteria apply. When benefits are being paid to an employee, the total of taxes and benefits can not exceed 26% of the employee's salary.

If you have any questions regarding this memo, please contact your New Directions Regional Coordinator.