

## **3-3-2019 SDAN Comments**

### **Amendment #1 and CPW Effective 7-1-2018**

#### **Appendix E:**

**Independence Plus Designation:** Both the previous CPW and the original self-direction waiver in Maryland requested and received the Independence Plus designation. This has not been requested by DDA for the current waiver.

This designation was established by CMS to “recognize the state’s especially strong commitment to participant direction.” (page 191 CMS Guidelines) It seems as if Maryland has taken a step backwards. This is a major concern to SDAN.

We support the criteria for Independence Plus designation as laid out on page 192 of the Guidelines:

- All waiver participants have the opportunity to elect to direct some or all of their waiver services.
- All participants live with their families, in their own private resident or in a living arrangement where services are furnished to fewer than four persons unrelated to the proprietor.
- The service planning process is participant-led and person-centered.
- Participant direction is available for most waiver services, including services that are used most frequently by a significant number of waiver participants.
- The Employer Authority is available to all waiver participants who elect to direct their waiver services. Participants may exercise the full range of decision-making authority over their workers and the full array of supports is available to participants who exercise the Employer Authority.
- The Budget Authority is offered to all waiver participants who elect to direct their waiver services. Participants may exercise complete decision-making authority over the participant-directed budget and the full array of supports is available to participants who exercise budget authority.
- An appropriate method is used to determine the participant-centered budget.
- There is a separate advocacy function available to participants who direct their services. This function is performed by individuals or entities that do not provide other direct services, perform assessments, or have monitoring, oversight or fiscal responsibilities.

**SDAN Recommendation:** Restore to waiver components needed to ensure Independence Plus Designation.

**E-1a Criteria to Self-Direct and Regarding Designated Representative (DR):** SDAN does not support any *criteria* to be able to self-direct, such as “the ability to make informed choices.” Should an individual be considered not capable of making informed choices, the waiver then requires the selection of a DR who can. It is SDAN’s position that a required DR takes too much control away from the Participant. We recommend the use of Supported Decision Making (SDM), which allows the Participant to keep control of his/her program with the support of their SDM/self-direction team(s). On page 199 of the CMS Technical Guidance it states: *CMS urges states not to impose restrictions based on assessment of “ability” or “capacity” that have the effect of denying opportunity to direct their services based on disability. States will also wish to consider the Olmstead implications of such exclusions.*

Self-direction has always been a team effort. SDAN strongly believes that anyone can self-direct with the right supports. The involvement and support to the participant from team members has always been based on the support needs of the participant and/or their desire to have others assist with some of the tasks.

**SDAN Recommendation: Rewrite E-1a as follows:**

The DDA has established a service delivery model in which a participant may direct his or her own services with support from a team as needed. The participant shall have Employer and Budget Authorities over specific services as the employer of record or common law employer. This includes the rights and obligations of an employer under applicable federal, State, and local law and regulations.

The waiver supports participants’ choice to direct these services utilizing a team that includes individuals chosen by the participant (e.g., family, friends), a Coordinator of Community Service, and, optionally, a Support Broker. The team is additionally supported by a Fiscal Management Service.

The self-directed service delivery model is not designed to increase services but rather to provide an opportunity for waiver participants to explore new ways of receiving support services. Through this mechanism participants have increased power and control over planning, budgeting, expending and managing service dollars.

**(a)** In the Self-Directed Service Model, participants will have opportunities to:

1. Plan their lives by identifying needed supports and services for inclusion in their PCP. This can be accomplished through the use of the LifeCourse Framework.
2. Control their DDA-approved annual budget to choose and set wages (within reasonable and customary range) and schedule workers.
3. Train, manage, and discharge workers.
4. Select and arrange for needed supports and services as identified in their PCP in accordance with their approved annual budget.

5. Control and manage a budget annually for the purchase of services and supports as specified in their PCP;
6. Use a Support Broker and Coordinator of Community Services to assist with employer and budget authorities as designated on the Participant Service Agreement signed by all members of the team.
7. Utilize a Fiscal Management Service provider (FMS) to assist with budget and payment responsibilities.

**(b) Remove all discussion or mention of a “criteria” to self-direct or being capable of making informed decision anywhere in the waiver and replace the second paragraph with wording to the effect of:**

The CCS, with input from the team, will share information with the participant and his or her family or other supports, about the rights, risks, and responsibilities of managing his or her own services and managing and using an individual budget. This process is documented along with the Participant Service Agreement to indicate which tasks the participant is capable of doing independently and which tasks the individual needs, or wants, support to complete. **[SDAN has submitted specific recommendation to DDA on how to amend the Service Agreement to designate which member(s) of the team will assume the responsibility for the duties involved with Employer and Budget Authority. It is attached hereto for reference.]**

**(c) Revise the section regarding support broker roles with wording to the effect of:**

Support Broker services assist the individual in the management of their day-to-day services and assists the individual to gain skills necessary to manage their own services by:

- assisting with initial planning and start-up activities
- assisting with staff recruitment
- assisting with hiring/interviewing staff
- assisting with staff supervision/evaluation
- assisting with firing of staff
- assisting with skills training related to participant direction
- assisting with managing the budget
- assisting with managing supports and services
- facilitating team meeting
- advocating for supports and services
- program development activities
- quality assurance activities
- risk assessment/planning/mitigation activities
- emergency back-up activities
- budget/invoice review/audits

- developing/reviewing data and communication logs.

The support broker will be involved in the day-to day management of services for an individual, and will assist individuals and families in the necessary and ongoing duties associated with consumer direction. Support Brokers also have responsibility for training all of the participant's employees on the Policy on Reportable Incidents and to ensure that the CCS has the necessary information so that all critical incidents are reported to the Office of Health Care Quality and the DDA. Support brokers must review employee timesheets and monthly Fiscal Management Service (FMS) reports to ensure that the individualized budget is being spent in accordance with the approved PCP. Support Brokers must comply with applicable regulations set out in COMAR and standards contained in DDA Policies. Support Brokers do not make any decision for the participant or hire or fire workers. They may sign off on service delivery payment or timesheets if so authorized by the participant. Support Brokerage differs significantly from Case Management or Targeted Case Management (TCM) in its intensity, frequency, level of detail and personal advocacy involved in the service. Support Brokerage may not duplicate, replace, or supplant TCM services.

Support Broker services are an optional service and not required.

**Revise the section regarding the FMS role:** SDAN has made extensive comments regarding the role of the FMS and the availability of choice for participants regarding who can provide these services and participant control of services. **SDAN's prior full comments are attached hereto, but are summarized here.**

As allowed by CMS, FMS services can be a waiver service. Per page 177 of the CMS Technical Guidance, "When financial management services are furnished as a waiver service, the number of providers may not be limited." Therefore, DDA is not required to make the FMS an administrative service awarded via a bidding process to only a few (or one) company. The success of the participants' self-direction program is directly tied to the quality of their FMS services. Slow turn-around time can impact a participant's ability to hire and retain staff and to manage the budget. Allowing FMS services to fall under waiver services allows the participant to compare costs and quality of services offered by multiple FMS providers and to make a choice based on his or her needs. Those who receive services from traditional providers may choose from a variety of qualified providers, so SD participants should have that same option when it comes to their crucial FMS services.

**SDAN Recommendation:** Make Fiscal Management Services a waiver service to allow participant the choice from as many providers who wish to provide this service.

**E-1 c. Availability of Participant Direction by Type of Living Arrangement.** SDAN believes that self-direction should be available to anyone under CMS guidelines. Individuals in

residential programs that support fewer than four participants, should have the ability to self-direct other services.

**SDAN Recommendation:** In addition to checking the first and third boxes of this section, check box 2 as well.

**E-1 g. Participant-Directed Services.** Supported Employment Services currently has Employer Authority. SDAN feels that participants should be able to hire as employees individuals who are qualified to provide Employment Discovery and Customization Services and therefore should have Employer Authority over these services as well. Employer Services will be replacing both of these services on July 1, 2020. Therefore, Employer Services should have Employer Authority as well. As stated in Appendix C comments, SDAN contends that Shared Living should be a Budget Authority Service and Supported Living should be a service with Employer Authority.

**SDAN Recommendation:** Check Employer Authority for the services: Employment Discovery and Customization, Employment Services, and Supported Living. Add Shared Living as a service that can be participant-directed with Budget Authority.

**E-1 i. Provision of Financial Management Services.** Check that this is a waiver service instead of an administrative activity and adjust the rest of this section as needed as a result of this change, such as creating a Service Definition in Appendix C.

**E-2 a.ii. Participant-Directed Budget.** SDAN contends that the budget of a self-directing participant should be determined as if they were utilizing traditional services and not be less than what DDA would pay for an individual in traditional services with the same support needs. Likewise, when an individual in self-direction needs an increase in services, the amount of funds added to the plan should be the same as it would be if the individual was receiving supports from a traditional provider. This principle of cost-neutrality and equity has been a pillar of Maryland's Self-Direction program. Self-Direction should not become a cheaper alternative to traditional services.

**SDAN Recommendation:** Add language that provides for the self-directing budget to keep pace with the budget of an individual with similar needs who receives services under the traditional service model and reflect that in any location that discusses budget development.

**E-2. a.iv. Participant Exercise of Budget Flexibility.** SDAN supports the participant's ability to move funding from one approved service to another without prior approval by DDA as long as the team agrees that the move does not jeopardize the participant's health and safety. This would include increasing the rate of pay for employees or vendors (including adjustments based on changes in the IRS mileage reimbursement rate). Only the addition of new services to the plan would need prior approval by DDA.

**SDAN Recommendation:** Check the box that indicates: **The participant has the authority to modify the services included in the participant-directed budget without prior approval.** Put the following specifications in the next box.

Participants may move funds among line items or increase the rate of services for line items so long as the changes do not pose a risk to health and safety, as verify by the signature on a budget modification document signed by the TCM. Participants wishing to add a new services to the PCP must submit plan and budget modifications to DDA for approval after signed by the participant (or their legal guardian), the support broker (if involved) and the TCM, whose signature assures that the change does not put the participant's health and safety at risk.

## **Appendix C:**

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

#### **Provider Qualifications:**

In each service definition for which participant direction is an option, there should be NO requirement that any provider must submit a "DDA provider application" which implies that the provider become a "licensed DDA" provider. Discussions during the phone webinars, in-person Q&A regarding the waiver amendments, and SDAN meetings with DDA headquarters staff seem to indicate that this is DDA's intention. If that is not the case and any person or entity qualified to provide this service to the population in general in the state of Maryland can provide this service as a vendor to SDS participants with waiver funding, please correct this misunderstanding and the wording in the each qualification section to specify the document, other than the DDA application to become a Medicaid provider, that these vendor "providers" must submit. In the past, "provider agreements" have sometimes been required.

The terms "DDA-approved" and/or "DDA-certified" need to be clearly defined and distinguished from "DDA licensed-provider." If it was DDA's intention to require any entity that provides services to individuals with employment and/or budget authority to become authorized to provide services under the same procedures as traditional services providers, please explicitly state that. In that event, SDAN strongly disagrees with that requirement and feels that, as stated in CMS Technical Guidance regarding provider qualifications on page 129, "Provider qualifications and standards should not contain provisions that have the effect of limiting the number of providers by the inclusion of requirements unrelated to quality and effectiveness." SDAN feels that any individual or entity capable of providing these services to the general population in Maryland should be able to provide services to individuals who self-direct their waiver services.

**SDAN RECOMMENDATION:** Clarify this language so the requirements for all providers in all services are clear.

Statements regarding qualifications and “DDA provider application” are included in at least the following services for which SDS participants have employer and/or budget authority: Assistive Technology, Behavioral Support Services, Community Development Services, Day Habilitation (but since it is a licensed provider agency service, the requirement is acceptable in this instance), Employment Discovery and Customization, Employment Services, Environmental Assessment, Environmental Modifications, Family and Peer Mentoring Supports, Family Caregiver Training and Empowerment, Housing Support Services, Live-in Caregiver Supports, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Services, Participant Education and Training, Personal Supports, Remote Services, Respite Care Services, Support Broker Services, Support Living, Supported Employment, Transportation, and Vehicle Modifications.

## **Transportation:**

For self-direction, Transportation needs to be a stand-alone service for any and all transportation needs at any point in the day regardless of whether the participant is or is not receiving supports under another service at the time. The vast majority of individuals in self-direction cannot travel independently and will be supported by staff or family when utilizing any transportation service. The person who drives the participant wherever he/she needs to go, should be reimbursed for mileage from a stand-alone budget category. Self-direction is not paid based on a rate as traditional providers are. Each individual support service, including Transportation, has its own reasonable and customary rate, while traditional providers are paid a “rate” that includes an allowance for the cost of transportation. Should mileage reimbursement be included in a “benefits package” for employees, this reimbursement could be taxable to both the employee and employer. This is not how the state of Maryland reimburses its employees for the use of their own vehicle for work purposes, nor should it be how waiver participants should reimburse those who drive them. Payment of driving services, such as taxis and Ubers and public transportation, should also be paid from a separate transportation category. Transporting an adult child to community, vocational, and personal activities qualifies under CMS Guidelines as extraordinary. Family members who provide transportation to activities exclusively for the benefit of their adult children should be eligible for reimbursement at the IRS rate, regardless of whether they are also employees. In many cases, families have purchased specialized vehicles for wheelchair transport. This vehicle is often used by staff since it is the only vehicle in which the participant can be transported safely. The family needs to be reimbursed for the use of this vehicle. The provision of Transportation services to an adult child are not the responsibility of a legal guardian, who may be legally responsible for the individual, but not financially responsible to pay for any and expenses incurred for the support of the individual.

**SDAN Recommendation:** In the proposed Amendment 1, DDA has added the word “independently” to this service in order to distinguish it from the embedded transportation services in other waiver services. In Service Definition B.5., the words “and an agreement” has been added. These words should be **removed**.

### **SDAN Recommendations:**

**Service Requirement B.** For participants self-directing their services, [ADD: Transportation services will be a stand-alone service that can be used in conjunction with any other service available to self-directing participants.]

**Service Requirement C.** The Program will not make payment to spouses or [ADD: individuals] legally responsible [REMOVE: individuals] for minor children. [ADD: Individuals legally responsible for adult participants and/or legal guardians of adult participants can be paid for the provision of any allowed transportation service.]

**Service Requirement G.** [ADD: Except for individuals who self-direct their services,] Transportation services....

**Check Legally Responsible Person and Legal Guardian as people who can be paid for this service.**

**Provider Qualifications:** [REMOVE: Individual must complete the DDA provider application]

### **Personal Supports:**

**Definition & Limitations:** According to CMS Medicaid Home and Community-Based Services (HCBS) Taxonomy Category and Subcategory Definitions , on page 7, Subcategory 08010, home-based habilitation is: *Assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills provided in the person’s home when the provider [in the case of self-direction, the directly hired employee of the participant] does NOT have round-the-clock responsibility for the person’s health and welfare. This service can include supports offered in community integration, home health aid, personal care, companion, and homemaker if these supports are provided along with assistance in acquiring, retaining and improving self-help, socialization, and/or adaptive skills. CMS Technical Guidance for habilitation supports provided in a person’s home states it “also includes personal care and protective oversight and supervision.”*

SDAN is concerned that the current definition and DDA’s interpretation of the definition, as is now being implemented in regional offices, too narrowly defines habilitation supports.

Specifically we are concerned with the elimination of overnight supports, which are putting the health and safety of many participants at risk.

We are also concerned with the restrictions of these services during weekdays when individuals who work with traditional service providers at generally at their meaningful day programs. Self-directing participants do not have their lives divvied up into pre-set services times: 8am to 4pm Monday through Friday, Day Services; all other times, Residential Services. Personal supports need to be available at any time of the day or night seven days a week, 24 hours a day.

Explicitly stated under Service Requirement A: *Personal Supports services under the waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.* SDAN contends that this statement is appropriate and, therefore permits services as stated above (*personal care, companion, and homemaker*) and include overnight supports.

**SDAN Recommendation:** Work with DRM to rewrite the definition of Personal Supports that accommodates the needs of waiver participants.

**SDAN Recommendation:** Reword Service Requirement F to read: Personal Supports are available at any time needed by the participant.

**Limitations:** Amendment 1 to the immediately preceding CPW waiver, eliminated self-direction from the 82 hours a week limitation on personal support hours. The 82 hours cap, coupled with the 40 hour cap on Meaningful Day Services, leaves a gap in available supports of 46 hours each week. Individuals in self-direction need to have the same support coverage options as individuals receiving services from traditional providers. Some individuals with intense needs require round the clock care to maintain health and safety. These supports should be available based on documented needs, not restricted by artificial hourly limits

**SDAN Recommendation:** ADD “With the exception of individuals self-directing their services,” to #2 under the “Specify applicable (if any) limits on the amount, frequency, or duration of this service.”

## **Community Development Services:**

**Settings:** According to CMS Medicaid Home and Community-Based Services (HCBS) Taxonomy Category and Subcategory Definitions, on page 4, Subcategory 04070, which is how this service is labeled on the current waiver, “can include supports furnished in the person’s residence related to community participation.” SDAN contends the volunteer activities that are done for community entities to which the participant is connected and visits, meets this definition. Therefore, CDS services should be able to be conducted in the participants’ homes

when they have health and other reasons for being unable to be out in the community for the entirety of the time when these volunteer activities are being completed. CDS services in the home should also be available for support individuals who pursue home-based, cottage-industry-type self-employment that may not create a competitive income for the participant, but that serve as getting the participant involved with their community by virtue of providing these services or products and causes their interaction with the community as part of these endeavors.

### **SDAN Recommendations:**

1. Service Definition B, **add** “in home or in the community” to #5. **Add #6.** Engaging in self-employment and/or hobby activities in the home that result in engagement with community members outside the home at other times.
2. Service Requirement A: **Add** “, including the participant’s home” at the end of the sentence.

**Transportation:** Per CMS HCBS Technical Guidelines, states are not required to include transportation expenses embedded in the waiver service. Since a SDS participant’s transportation supports are needed for many waiver services and outside of waiver services to be involved in all aspects of a typical life, artificially dividing up these supports to be pay from specific waiver categories is overly burdensome on the participants and their families.

**SDAN Recommendation:** Modify Service Requirement I as follows: “[**Add** Except for participants receiving this service via Participant-Directed Services], transportation to and from and within this service is included within the Community Development Services. The mode of transportation which achieves the least costly, and most appropriate means of transportation for the participant with priority given to the use of public transportation when appropriate. Transportation will be provided or arranged by the licensed provider [**remove** “or self-directed participant”] and funded through the rate system. [**Remove** “or the Community Development Services self-directed service budget”]. **Add:** Transportation will be a standalone service for in budgets for participants who self-direct. **SDAN makes this same recommendation for any service under which individuals have employer authority and would be paying mileage reimbursements to their employees or utilizing transportation supports such as taxi services or public transportation services.**

### **Individual and Family Directed Goods and Services:**

**Allowed Services:** With the removal of the Health and Adaptations section of the waiver which allowed for services important for participants to be able access their community and gain more control of their bodies, such as music therapy, other sensory integration therapies, and other services not covered in the state plan, such as habilitative physical or occupational therapy, the IFDGS category seems to be the only service category where participants can now access these

previously provided supports. Yet many of these supports are not listed under this category and some seem to be explicitly excluded.

**SDAN Recommendation:** Explicitly state that health and adaptations services not allowed under the state plan, such as those listed in the Medicaid Home and Community-Based Services (HCBS) Taxonomy under Category 11: Other Health and Therapeutic Services are available under this category. Remove the cap on the services in this category to adequately accommodate these supports OR restore/expand the Health and Adaptations category to cover therapeutic services, like swimming and horseback riding, that are currently mentioned in this section.

## Support Broker Services:

On page 175 of the CMS Technical Guidance, when discussing supports brokerage, it states: *This service does not duplicate other waiver services, including case management.* On page 176, it goes on to state: *This service may include the performance of activities that nominally overlap the provision of case management services. In general, such overlap does not constitute duplicate provision of services. . . . Where the possibility of duplicate provision of services exists, the participant's service plan should clearly delineate responsibilities for the performance of activities.*

SDAN contends that DDA has created the duplication of services by unnecessarily expanding the duties of Coordinators of Community Services (CCS). CCS workers were already overburdened with responsibilities with the need to know and understand many processes, service options, and procedures. Adding many of the duties previously performed by Support Brokers have attempted to fix something that wasn't broken and has actually increased costs to the state. We believe that this expansion of duties has contributed to the high turnover rate of CCSes and the poor service performance of several CCS agencies in the state as reported by **many** self-directing participants.

SDAN is pleased that DDA has expanded the role of the support broker by returning it to a waiver service and extending the areas in which support brokers can provide assistance. However, we believe that, as worded, it still restricts the participant from utilizing needed supports. Support Brokers should clearly be able to assist with both employer authority and budget authority tasks. Such assistance should, based on participant's choice and need, include assuming responsibility for some of these tasks as outlined on the Participant Service Agreement discussed in our comments on Appendix E. This would include the ability to sign timesheets and vendor payments when outlined in the agreement.

While many individuals need no more than four hours of supports each month, others routinely need much more. The number of hours needed for support brokerage under the original waiver was a minimum of 4 hours a month. This is similar to the recommendation from a work group

tasked with working with a DDA contractor in the summer of 2017 regarding the number of hours needed for support broker services. Restricting the number of hours to four per month is not person centered.

**SDAN Recommendations:**

**Service Definition A. REVISE:** Support Broker Services are employer authority and budget authority information, advice, and assistance provided to a participant and his/her family and team so that the participant/family/team are able to make informed decisions about what service design and delivery will work best for the participant, is consistent with the participant's needs, and reflects individual circumstances. The support broker also provides information, advice, and assistance with day-to-day management of the participant's self-direction plan.

**Service Definition B. REVISE:** Information, coaching, mentoring, and assisting participant about and with:

**Service Definition C. ADD:** Initial startup and plan development

**ADD Service Definition D:** Assume responsibility for duties designated by participant, with support of the team, to the support broker as delineated on the Participant Services Agreement signed by all team members (See Appendix E).

**ADD Service Definition E:** Support Brokerage differs significantly from Case Management or Resource Coordination in its intensity, frequency, level of detail and personal advocacy involved in the service.

**ADD Service Definition F:** Support Broker will serve as the primary advocate for the individual as they self-direct their plan.

**Service Requirement I. REMOVE:** "when there are significant changes in the participant's health or medical situation."

**Limitation 2. REVISE:** Information, coaching, mentoring, and assisting up to 8 hours per month unless otherwise authorized by the DDA.

**Provider Qualifications:** SDAN questions why a service for only individuals who self-direct would have a statement as on page C: 155 of the Amendment 1 document: *Individuals providing services for participants self-directing their services must meet the standards 1 through 7 noted above.*

**SDAN Recommendation:** Remove requirements 8 through 13.

## **Respite:**

If DDA does not correct the issues discussed with personal support hours and then overnight supports provided in a family home should be available under respite. However, 360 hours of respite supports will not provide the amount of supports needed for families to have overnight supports for participants so that they can sleep continuously through the night in order to perform their own required tasks during the day. Overnight respite services could easily be needed for 2920 hours a year.

**SDAN Recommendation:** At a minimum, allow the \$7258 of the funding for camps and the 360 hours for respite services to be combined for hourly or daily respite services. Not all individuals can utilize camps safely or comfortably, but they and their families should not be denied access to the funding for the same amount of respite supports.

## **Supported Living:**

In the event that the recommended changes are not made to the definitions of personal supports, another option to provide overnight supports would be to do so under the Supported Living category. However, the 02031 subcategory used in this definition is specified to be for a provider that has “round-the-clock responsibility for the person’s health and welfare.” That is not a service model used under self-direction.

**SDAN Recommendation:** The best option for the kind of 24/7 supports needed by many in self-direction is to utilize the CMS-allowed definition of personal supports as previously recommended in this document. If that recommendation is not accepted, then we suggest that the definition of supported living be modified in a way that allows individuals who self-direct to utilize this service with employment and budget authority.

## **Shared Living:**

**Ability to Self-Direct:** If the restriction to have all self-directed or all traditional supports is not lifted from the waiver, then individuals who self-direct their services will be denied this service option since it is not checked as a service that can be self-directed.

**SDAN Recommendation:** Check this service as one available for budget authority under self-direction .

**Expansion of Service:** SDAN continues to contend that family members, other than parents, should be able to provide this service. It is important for the health and safety of the participant that they be able to receive these supports in all viable homes. Homes of family members are often the best homes for participants. Any and all options to support a family member in taking on the responsibilities of caring for a relative with a disability should be encouraged and supported by DDA. This kind of stipend may be all that is needed to make it feasible for family-member support.

### **SDAN Recommendations:**

**Service Requirement A.** [ADD: OR services provided in the home of a non-parent family home (such as, but not limited to, a sibling or cousin) that has been freely selected by the participant to serve as his/her “host home.”]

**Service Requirement I.** [REMOVE: Participant does not have family or relative supports.]

**Service Requirement O. REVISE to read:** As defined in Appendix C-2, an individual’s spouse or parent may not be paid either directly or indirectly to provide this service. [REMOVE references to legally responsible persons or legal guardians of adult participants and relatives.]

### **Live-In Caregiver Supports:**

Payment of these services seem to be only to an agency. However, it seems that the likely recipient of these payments would be the landlord renting an apartment (difference between one bedroom and two bedroom) and the live-in caregiver (cost of food).

**SDAN Recommendation:** Alter the service providers/recipient of payment to address self-directing participants who live in their own home with supports from an unpaid live-in caregiver.

### **Supported Employment:**

Generally this service has not been available to individuals who are self-employed but merely covering the costs of their products or provided services. If the definition of Community Development Services is not expanded to include supports for those kind of activities within an

individual's home, then the supports needed for those endeavors should be available under this category.

**SDAN Recommendation:** Expand the discussion of self-employment to include businesses in a participant's home whether or not the participant earns money at the endeavor but merely covers costs.

**Employment Discovery & Customization:** Ensure that these services both have Employment Authority.

**Remote Support Services:** This service is checked as available for Participant Budget Authority in Appendix E, but does not have that option checked in Appendix C.

**SDAN Recommendation:** Check box that indicates available as Participant-Directed Services.

**C-2: Payment to Legally Responsible Person/Relative/Legal Guardian:** SDAN continues to believe that the listing of "CIRCUMSTANCES WHEN PAYMENT MAY BE MADE" in Sections C-2.d.(b) and C-2.e(b) are unclear and should be modified. Item 1. is the only requirement that should need to be met for one of the above listed individuals to work for a participant.

**SDAN Recommendation:** Wording in these sections should be changed to be clear that items 2. and 5. are either/or situations and both do not need to be true.