

## COMMUNITY PATHWAYS WAIVER - **NEW**

Service Type: Other

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

### Service Definition:

- A. Family Caregiver Training and Empowerment services provide education and support to the family caregiver of a participant that preserves the family unit and increases confidence, stamina and empowerment to support the participant. Education and training activities are based on the family/caregiver's unique needs and are specifically identified in the Person-Centered Plan.
- B. This service includes educational materials, training programs, workshops and conferences, and transportation to and from training that help the family caregiver to:
  - 1. Understand the disability of the person supported;
  - 2. Achieve greater competence and confidence in providing supports;
  - 3. Develop and access community and other resources and supports;
  - 4. Develop or enhance key parenting strategies;
  - 5. Develop advocacy skills; and
  - 6. Support the person in developing self-advocacy skills.

### Service Requirements:

- A. Family Caregiver Training and Empowerment is offered only for a family caregiver who is providing unpaid support, training, companionship, or supervision for a person participating in the waiver who is living in the family home.
- B. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted. These efforts must be documented in the individual's file. The DDA is the payer of last resort.
- C. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

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

### Service Delivery Method (check each that applies)

- Participant Directed as specified in Appendix E
- Provider Managed

**Specify whether the service may be provided by (check all that applies):**

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	DDA Approved Parent Support Agency

**Provider Specifications for Services**

**Provider Category:** Agency

**Provider Type:**

**Provider Qualifications License (specify):**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

DDA Approved Parent Support Agency with demonstrated experience delivering similar services

**Verification of Provider Qualifications Entity**

**Entity Responsible for Verification:**

- DDA for approval of Parent Support Agencies

**Frequency of Verification:**

- DDA: Annually