

COMMUNITY PATHWAYS WAIVER - **NEW**

Service Type: Other

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

Service Definition:

- A. Family and Peer Mentoring Supports provide mentors who have shared experiences as the participant, family, or both participant and family and who provide support and guidance to a participant and his or her family members. Family and Peer mentors explain community services and programs and suggest strategies to the waiver participant and family to achieve the waiver participant's goals. It fosters connections and relationships which builds resilience of the participant and his or her family.
- B. These services provide information, resources, guidance, and support from an experienced peer mentor, parent or other family member to a peer, another parent or family caregiver who is the primary unpaid support to the participant.
- C. Family and Peer Mentoring Supports services encourage participants and their family members to share their successful strategies and experiences in navigating a broad range of community resources beyond those offered through the waiver with other waiver participants and their families.

Service Requirements:

- A. Family and Peer Mentoring Supports provide support to the participant and his or her family in locating and accessing other community services and programs that may assist the participant to engage in community life.
- B. Family and Peer Mentoring Supports include supports to siblings from others with shared experiences.
- C. Family and Peer Mentoring Supports include facilitation of parent or family member "matches" and follow-up support to assure the matched relationship meets peer expectations.
- D. Family and Peer Mentoring Supports do not provide targeted case management services to a waiver participant; peer mentoring does not include determination of level of care, functional or financial eligibility for services or person-centered service planning.
- E. Support needs for peer mentoring are identified in the participant's person-centered plan.
- F. The mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities.
- G. Mentors cannot mentor their own family members.
- H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted. These efforts must be documented in the participant's file.

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
Individual	Individual for Participant Self-Directing Services
Agency	DDA Approved Family and Peer Mentoring

Provider Specifications for Services

Provider Category: Individual

Provider Type: Individual for people self-directing services

Provider Qualifications License (specify):

Certificate (specify):

Other Standard (specify):

DDA Approved Family and Peer Mentoring agency with 5 years demonstrated experience with self-advocacy and parent organizations delivering similar services. Experience may be waived by the DDA with sufficient tangible demonstration of skillset.

The following minimum staff standards are required for one-to-one interactions with children:

1. Be at least 18 years old;
2. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
3. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and
4. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Service

Frequency of Verification:

- Fiscal Management Services - prior to service delivery

Provider Category: Agency

Provider Type:

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Other Standard (specify):

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Verification of Provider Qualifications Entity

Entity Responsible for Verification:

- DDA for approval of Family and Peer Mentoring
- Provider for staff standards

Frequency of Verification:

- DDA: Annually
- Provider: Prior to service delivery