

## Community Pathways – **Draft Proposal**

Service Type: Statutory Service

Service (Name): **LIVE-IN CAREGIVER RENTSUPPORTS**

Alternative Service Title:

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

### Service Definition:

- A. The purpose of Live-in Caregiver **RentSupports** is to pay the additional cost of **rent and food** that can be reasonably attributed to an unrelated live in personal caregiver who is residing in the same household with an individual.

### SERVICE REQUIREMENTS:

- A. A caregiver is defined as someone ~~unrelated by blood or marriage~~ that is providing supports and services in the individual's home.
- B. Live-in Caregiver **RentSupports** must comply with 42 CFR §441.303(f)(8) and be approved by DDA.
- C. 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 service request authorization, and a copy will be maintained by the Coordinator of Community Services.
- D. The individual in services has the rights of tenancy but the live-in caregiver does not, although they are listed on a lease.
- E. Live-in Caregiver **RentSupports** 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.
- F. The program 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-participant~~ (or his/her legal representative) will assume this risk for this contingency.

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

Live-in Caregiver ~~Rent~~Supports is limited 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).

Live-in Caregiver Food is limited to the USDA Monthly Food Plan Cost at the 2 person moderate plan level.

**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	For individuals self-directing services
Agency	<del>Certified</del> <u>Approved</u> Organized Health Care Delivery System Provider

**Provider Category:** Individual

**Provider Type:** Individual for people self-directing services

**Provider Qualifications License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Any qualified vendor (i.e. property manager, landlord) chosen by the individual providing residences at a customary and reasonable cost within limits established.

Local and community grocery stores for the purchase of food at a customary and reasonable cost within limits established.

### Verification of Provider Qualifications

**Entity Responsible for Verification:**

- Fiscal Management Service providers for verification of individual specific qualifications

**Frequency of Verification:**

- Fiscal Management Services - prior to service delivery

<b>Provider Category:</b> Agency
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**Provider Type:** ~~Certified~~ Approved Organized Health Care Delivery System Provider

**Provider Qualifications License (specify):**

~~Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20~~

**Certificate (specify):**

**Other Standard (specify):**

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

Any qualified vendor (i.e. property manager, landlord) chosen by the individual providing residences at a customary and reasonable cost within limits established.

Local and community grocery stores for the purchase of food at a customary and reasonable cost within limits established.

### Verification of Provider Qualifications

**Entity Responsible for Verification:**

- DDA for ~~verification of certification~~ provider approval

**Frequency of Verification:**

- DDA - annually