

Community Pathways Waiver – Revised Draft Proposal

Service Type: Other Service

Service (Name):

Alternative Service Title: **TRANSPORTATION**

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. Transportation services are designed specifically to improve ~~an individual's~~ a participant's and the family caregiver's ability to ~~access~~ access community activities within their own community in response to needs identified through the ~~individual's~~ participant's ~~person~~ Person-centered Centered plan Plan. ~~Services shall increase individual independence and reduce level of service need and support.~~
- B. Transportation services can include ~~;~~ but are not limited to:
1. Orientation services in using other senses or supports for safe movement from one place to another;
 2. Accessing Mobility services such as transportation coordination and accessing resources;
 3. Travel training such as supporting the ~~individual~~ participant and his or her family in learning how to access and utilize informal, generic, and public transportation for independence and community integration;
 4. Transportation services provided by different modalities, including: public and community transportation, taxi services, transportation specific prepaid transportation cards, mileage reimbursement, volunteer transportation, and non-traditional transportation providers; and
 5. Purchase of prepaid transportation vouchers and cards such as the Charm Card and Taxi Cards.

SERVICE REQUIREMENTS:

- A. Services are available to the ~~individual~~ participants living in their own home or in the ~~individual's~~ participant's family home.
- B. For ~~Individuals~~ individuals participants self-directing their services, transportation budget is based on their preferences and funds availability from their authorized ~~person~~ Person e Centered P plan and budget.
- C. The Program will not make payment to spouses or legally responsible individuals for furnishing transportation services.
- D. A relative or legal guardian (who is not a spouse or legally responsible person) of an individual recipient participant participating in Self-Directed Services may be paid to provide

this service, provided however, the DDA pre approves such payment in accordance with the applicable requirements set forth in Section C-2.

- ~~D. Individuals self directing services may utilize a relative and legal guardian to provide services when the individual's person-centered plan establishes that:~~
- ~~1. choice of provider truly reflects the individual's wishes and desires;~~
 - ~~2. the provision of services by the a relative or legal guardian are in the best interests of the individual;~~
 - ~~3. the provision of services by the a relative and legal guardian are appropriate and based on the individual's individual support needs;~~
 - ~~4. the services provided by the a relative and legal guardian will increase the individual's independence and community integration;~~
 - ~~5. there are documented steps in the person-centered plan that will be taken to expand the individual's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the a relative and legal guardian acting in the capacity of employee be no longer be available; and~~
 - ~~6. a Supportive Decision Making (SDM) agreement is established that identifies the people (beyond family members) who will support the individual in making her/his own decisions.~~
- E. Payment rates for services must be customary and reasonable as established or authorized by the ~~Program~~ DDA.
- F. Transportation service shall be provided by the most cost-efficient mode available that meets the needs of the participant and shall be wheelchair accessible when needed.
- G. Transportation services will not be covered if other transportation service is available under the individual's private insurance, the Medicaid State Plan, educational services, the Rehabilitation Act, other waiver services, or through other resources.
- H. Transportation services will not be covered when transportation is part of another waiver service including but not limited to such as day Day habilitation Habilitation, community Community learning Development services Services, employment Employment discovery and customization Services, prevocational, supported employment Personal Supports, or residential habilitation Community Living – Group Home, Community Living – Enhanced Supports, and Supported Living services.
- I. 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.
- J. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

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

For people using traditional, non-self-directed DDA funded services, transportation is limited to: ~~\$1400-5000~~ per year per ~~individual~~ participant.

~~For individuals self directing their services, transportation to attend out of state conferences or training is limited up to \$450.~~

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 self-directed services
Agency	DDA Certified <u>Approved</u> Organized Health Care Delivery System Provider

Provider Specifications for Services

Provider Category: Individual

Provider Type: Individual for self-directed services only

Provider Qualifications License (specify):

~~For individuals providing direct transportation—Staff must have valid Class C Driver’s License and car insurance~~

Certificate (specify):

1. ~~The following minimum standards are required:~~
 - A. ~~Orientation, Mobility and Travel Training Specialists—must attend and have a current certification as a travel trainer from one of the following entities:~~
 1. ~~Easter Seals Project Action (ESPA)~~
 2. ~~American Public Transit Association~~
 3. ~~Community Transportation Association of America~~
 4. ~~National Transit Institute (NTI)~~
 5. ~~American Council for the Blind~~
 6. ~~National Federation of the Blind~~
 7. ~~Association of Travel Instruction~~
 8. ~~Other recognized entities based on approval from the DDA~~
 - B. ~~Current first aid and CPR training and certification; and~~

~~Passing a criminal background investigation.~~

Other Standard (specify):

FMS providers shall verify the licenses and credentials of individuals and entities providing services with whom they contract or employ and have a copy of the same available upon request.

FMS must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:

1. For individuals providing direct transportation, the following minimum standards are required:
 - a. Be at least 18 years old;
 - b. Current first aid and CPR certification;
 - c. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
 - d. Possess a valid driver's license for vehicle necessary to provide services; and
 - e. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care.
2. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities:
 - a. Easter Seals Project Action (ESPA)
 - b. American Public Transit Association
 - c. Community Transportation Association of America
 - d. National Transit Institute (NTI)
 - e. American Council for the Blind
 - f. National Federation of the Blind
 - g. Association of Travel Instruction
 - h. DORS approved vendors/contractor
 - i. Other recognized entities based on approval from the DDA

~~All provider qualifications would be reviewed and approved by the individual or their designee.~~

~~Individuals in self-directing services may require additional provider requirements based on their preferences and level of needs such as:~~

- ~~1. Current first aid and CPR training and certification;~~
- ~~2. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);~~
- ~~3. Passing a criminal background investigation; and~~
- ~~4. Signing a self-directed provider agreement verifying qualifications and communicating expectations.~~

Verification of Provider Qualifications

Entity Responsible for Verification:

- Fiscal Management Service providers for verification of provider qualifications
- ~~Coordinator of Community Services for use of a relative and legal guardian as a service provider~~

Frequency of Verification:

- Fiscal Management Service providers – prior to delivery of services
- ~~Coordinator of Community Services prior to service initiation and during annual team meetings~~

Provider Category: Agency

Provider Type: DDA ~~Certified~~ Approved Organized Health Care Delivery System Provider

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

~~DDA certified Organized Health Care Delivery System (OHCDS) provider as per COMAR 10.22.02 and 10.22.20~~

Other Standard (specify):

DDA certified Approved Organized Health Care Delivery System (OHCDS) provider as per COMAR Title 10, Subtitle 22 10.22.02 and 10.22.20

OHCDS providers shall verify the licenses and credentials of individuals providing services with whom they contract or employs and have a copy of the same available upon request.

OHCDS must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:

1. For individuals providing direct transportation, ~~the following minimum standards are required~~ Staff must have valid Class C Driver's License and car insurance;

 - a. Be at least 18 years old
 - b. Current first aid and CPR certification
 - c. Pass a criminal background investigation and any other required background checks and credentials verifications as provided in Appendix C-2-a;
 - d. Possess a valid driver's license for vehicle necessary to provide services
 - e. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care.

1.2. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities:

- a. Easter Seals Project Action (ESPA)
- b. American Public Transit Association
- c. Community Transportation Association of America
- d. National Transit Institute (NTI)
- e. American Council for the Blind
- f. National Federation of the Blind
- g. Association of Travel Instruction
- h. Other recognized entities based on approval from the DDA

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for verification of the Organized Health Care Delivery System ~~certification~~
- Organized Health Care Delivery System (OHCDS) provider for verification of staff qualifications
- ~~• Coordinator of Community Services for use of a relative and legal guardian as a service provider~~

Frequency of Verification:

- DDA - Annual ~~for certification~~
- OHCDS – prior to service delivery
- ~~• Coordinator of Community Services prior to service initiation and during annual team meetings~~