



DDA Funded Services Participant Rights and Responsibilities

Background and Purpose

The Developmental Disabilities Administration (DDA) supports individuals with intellectual and developmental disabilities and their families to live lives of their choosing and thrive!

This document is intended to notify you of your rights and responsibilities as a participant enrolled in one of Medicaid's three DDA operated Home and Community-Based Services Waiver Programs – Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver (each a "DDA Program") or DDA State funds.

These rights and responsibilities also apply to any legal guardian and/or designated representative acting on the participant's behalf.

By participating in one of the DDA's Programs, a participant, their legal guardian, and/or designated representative must comply with these rights and responsibilities, and all applicable laws, regulations, and requirements.

This document is intended to provide access to guidance regarding the DDA Program's requirements for participants, legal guardian or designated representative as set forth in the DDA's federally approved Medicaid Waiver Program application and any applicable laws or regulations.

General Rights & Responsibilities

I understand that:

1. In addition to my Coordinator of Community Services (CCS), I may identify other person-centered planning team members to assist me in planning my support and services and developing my trajectory to a good life.
2. I, my legal guardian(s) or designated representative(s) must be capable of making informed decisions regarding my DDA services ensuring there is: (a) no lapse or decline in the participant's quality of care; (b) no increased risk to the health or safety of the participant; and (c) no violation of laws, regulations, and requirements.
3. My Person-Centered Plan (PCP) documents my goals, objectives, needs and what services I seek to receive under the DDA Program.

4. I must work with my CCS and PCP team to develop and submit my PCP and if applicable, Self-Directed Services (SDS) Budget Sheet (for SDS only) on at least an annual basis or more frequently if my needs change.
5. My PCP and if applicable, SDS Budget Sheet must be reviewed and approved by the DDA.
6. My PCP and if applicable, SDS Budget Sheet must be current and effective at all times during my participation in the DDA Program.
7. If my PCP or as applicable, SDS Budget Sheet expires at the end of my person-centered plan year without any subsequent update, then I may not receive services or goods funded by the DDA Program unless a new PCP and if applicable, SDS Budget Sheet are reviewed and approved by the DDA.
8. All payments of any goods and services I receive funded by the DDA will be made through PCIS2 or LTSS*Maryland* for traditional services or by the Fiscal Management Services (FMS) provider if I choose to self-direct.
9. All employees, vendors, and providers I choose to receive support and services must meet applicable employee qualifications and license and certification (as applicable) requirements in order to provide the services they have agreed to in my PCP.
10. If I believe I need additional or different services than was allocated in my approved PCP and if applicable approved SDS Budget Sheet before the end of my person-centered plan year, then I will contact my CCS to assist me in submitting my request to the DDA.
11. I must initially and continuously meet all DDA Program eligibility requirements. For [Waiver eligibility](#), this includes submitting annual or updated financial statements and documentation, completing an annual person-centered plan, and being recertified to meet the medical level of care.

General Rights & Responsibilities – Quality Assurance

DDA's service requirements are designed for ensuring that the participant actually receives the services authorized in their PCP and the participant's health and safety.

I understand that:

1. I must permit my CCS to conduct monitoring visits, including in-person and/or electronic/video monitoring, to ensure implementation of my PCP and that my health and safety needs are being met.
2. I must immediately notify my CCS of any changes in my health or safety needs or emergencies, which may require a change in the type or amount of services in my PCP and if applicable, SDS Budget Sheet.
3. I must report incidents to my CCS as required by the DDA and set forth in applicable laws, regulations, and policies, including, but not limited to, the [DDA's Policy on Reportable Incidents and Investigations \(PORII\)](#).

4. I must permit the DDA or other Maryland Department of Health staff to perform any home or community visits, at a reasonable time, to conduct any required compliance reviews and satisfaction surveys.
5. If I am admitted to a hospital, I can receive Community Development Services, Day Habilitation, Supported Living, and/or Personal Supports services from my direct support staff during my stay at the hospital if authorized in my PCP as set forth in applicable laws, regulations, and policies.
6. I must address and correct all health and safety and program requirement issues as identified by the DDA and according to applicable laws, regulations and policies.

Self-Directed Services - Rights and Responsibilities – Budget Authority

DDA policies, regulations, and Appendix E-1, Section g. of the DDA operated Medicaid Waiver Program applications identifies the services for which I have budget authority.

If I have budget authority (e.g., control over my DDA self-directed budget allocation) for a given DDA Waiver Program service, then I understand that:

1. I choose how my budget is spent based upon the services and funding approved by the DDA in my PCP and SDS Budget Sheet, including:
 - (a) Moving my funds among approved DDA services in my PCP and SDS Budget Sheet to address my changing needs;
 - (b) Determining the amount paid for services in accordance with funding authorized by DDA in my SDS Budget Sheet and reasonable and customary standards required by the DDA;
 - (c) Hiring employees, vendors, and providers of goods and services, so long as they meet qualifications as confirmed by the FMS provider;
 - (d) Changing who provides the goods and services, so long as the employee, vendor, and provider meets applicable qualifications as confirmed by the FMS provider;
 - (e) Scheduling the provision of services (i.e., the time-of-day services are to be provided);
 - (f) Specifying any additional qualifications for employees, vendors, and providers of services, beyond the minimum qualifications required by the DDA; and
 - (g) Reviewing and approving employees, vendors, and providers invoices or timesheets for actual services rendered and to prevent [Medicaid Fraud](#).
2. All expenditure of funds must be in accordance with my PCP and SDS Budget Sheet and all program requirements.
3. I cannot exceed the amount(s) allocated in my Self-Directed Budget Sheet during my PCP year.
4. My SDS Budget Sheet must include all costs for employee wages, taxes, worker's compensation, insurance fees, and any legally required paid leave.

5. I must comply with all requirements to keep accurate records, promptly complete payroll, verify accuracy of timesheets and invoices, sign timecards, and complete tax documents.
6. I must submit required documentation to support a timesheet claim for payment to the FMS provider, including, but not limited to, timesheets and invoices that I have verified as true and correct.
7. I may only submit claims for payment for goods and services authorized by the DDA in my PCP and SDS Budget Sheet that were actually provided to me.
8. The DDA, the Maryland Medicaid Program, or any other State agencies responsible for ensuring taxpayer funds are only spent as authorized have the right to review all records that either I and the FMS provider have maintained, demonstrating the DDA Waiver Program funding requested and the services or goods I have actually received.

Self-Directed Services - Rights and Responsibilities – Employer Authority

Appendix E-1, Section g. of the DDA Waiver Program application designates for the services which I have employer authority.

If I have employer authority for a given DDA Waiver Program service, then I understand that:

1. I am the employer of record and responsible for compliance with applicable employment laws.
2. As the employer of record, I have decision-making authority over individual direct support staff who I hire to provide my DDA Waiver Program services, in accordance with applicable employment laws and DDA Waiver Program requirements, including:
 - (a) Recruiting and selecting staff for employment;
 - (b) Hiring, managing, and terminating staff from my employment;
 - (c) Verifying staff qualifications, including obtaining a criminal history and/or background investigation, provided that the FMS provider must confirm independently that the potential staff person meets minimum qualifications to receive funding for services from the DDA Waiver Program;
 - (d) Determine staff's duties in accordance with the DDA Waiver Program's requirements for the service;
 - (e) Determine staff wages and benefits, subject to funding approved by the DDA in the SDS Budget Sheet and any other DDA requirements;
 - (f) Schedule staff;
 - (g) Orient and instruct staff in their duties;
 - (h) Supervise staff;
 - (i) Evaluate staff performance; and
 - (j) Verify time worked by staff and approve time sheets.
3. I am responsible for submitting claims for payment, in accordance with my budget authority as described above, on behalf of my staff to the FMS provider, and my failure to do so may result in my staff not being paid by the DDA Waiver Program.

4. I must establish a back-up plan, to ensure my health and safety, in case my staff is not able to work.
5. I may choose to hire a Support Broker to coach and mentor me in my role as the Employer, however, I understand that this is optional, and must be included and approved by the DDA in my PCP and SDS Budget Sheet.
6. I am responsible for ensuring that the choices I make in managing my services under the Self-Directed Services delivery model do not negatively impact my health, safety, or welfare.
7. I must keep accurate records of all services and goods I have received which were funded by the DDA Program for up to 6 years from the date that I received the service or goods.

Signature

By signing below, I, the participant and, *if applicable*, the legal guardian or designated representative, hereby acknowledge that I have received and read this document. I am aware that if I have any questions, I should contact my CCS or the DDA Regional Office.

Participant Name

Participant Signature

Date

Legal Guardian Name (if any)

Relationship to Participant

Legal Guardian Signature

Date

Designated Representative Name (if any)

Relationship to Participant

Designated Representative Signature

Date

Check this box if the participant or their legal guardian or designated representative received the document but were unable or unwilling to sign it.

Witness Name

Witness Relationship to Participant/Role

Witness Signature

Date