




**To:** DDA Stakeholders  
**From:** Bernard Simons, Deputy Secretary   
**Re:** DDA Appendix K#11 - Self-Directed Service Delivery Model Exceptions  
**Release Date:** December 12, 2022\* (revised)  
**Release Date:** June 1, 2020 (original)  
**Effective:** March 13, 2020

*\*All text in red indicates added/ revised language since the prior release date*

---

**NOTE:** Please inform appropriate staff members of the contents of this memorandum.

## **BACKGROUND**

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease (“COVID-19”) caused by the novel coronavirus. The COVID-19 outbreak was declared a national emergency on March 13, 2020 and was previously declared a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020). On July 1, 2021, Governor Hogan announced the end of the COVID-19 state of emergency in the State of Maryland.

The purpose of this guidance is to inform Developmental Disabilities Administration (DDA) stakeholders of temporary changes to the DDA’s Home and Community-Based Services (HCBS) Waiver programs (i.e. Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver) and State funded services and operations in response to health and safety concerns related to the COVID-19 pandemic.

This guidance implements temporary modifications to DDA’s Waiver programs set forth in Appendix K, submitted to and approved by the Centers for Medicare and Medicaid Services (CMS), and DDA State Funded services to address the state of emergency.

This guidance was updated to reflect the unwinding of the temporary modifications to the DDA’s operated programs with the goal of reopening and best supporting people in their communities.

## **OVERVIEW**

The Appendix K application is a vehicle that state governments can use to expeditiously and temporarily amend their HCBS Waiver program applications during emergency situations, such as the COVID-19 National emergency. Appendix K amends the existing DDA Waiver programs so that DDA can implement various new flexible provisions and requirements, provided these provisions were set forth in the Appendix K ultimately approved by CMS. Unless specifically amended or

addressed in Appendix K approved by CMS, all other existing services, and requirements of the DDA Waiver programs are still in place and must be followed.

This guidance applies to participants enrolled in the self-directed service delivery model. To support the immediate need for new COVID-19 related services and supports for participants who have chosen to self-direct their services, this guidance outlines modifications to requirements, processes, and funding under the self-directed services delivery model including:

- A. Access Behavioral Supports, Nursing Services, and Respite without Pre-Authorization;
- B. Alternative Service Sites;
- C. Authorization of \$2,000 Increase to Budgets;
- D. Budget Modifications Within Approved Budgets;
- E. Personal Supports Increase;
- F. Increased Rate;
- G. New COVID-19 Related Service Requests;
- H. Retainer Payments;
- I. Service Exceptions;
- J. Staff Training and Onboarding Flexibilities; and
- K. Telephonic/Remote Services Delivery Options

## **Unwinding Appendix K and Executive Orders Flexibilities**

### **Standards and Requirements:**

- 1) Appendix K related Self-Directed Service Delivery Model Exceptions shall end as noted below under each flexibility.
- 2) LTSS *Maryland* Person-Centered Plan (PCP) updates to remove Appendix K related Self-Directed Service Delivery Model Exceptions (as applicable), shall be made during the next Revised PCP or Annual PCP whichever occurs first.
- 3) Participants with assessed service needs can request services through the person centered planning process.
- 4) As per current practice, urgent service needs should be reported directly to the DDA Regional Office.
- 5) Changes set forth in Amendment #3 2020 of the DDA Waiver program applications permits the continuation of some provisions. Reference: [DDA Amendment#3 - 2020 Memo/Guidance](#)
- 6) Service Utilization and Audits
  - a) The State may conduct:
    - i) Service utilization reviews; and
    - ii) Audits.
  - b) CMS stated its intent to audit Appendix K expenditures.

## Appendix K and Executive Orders Flexibilities

### A. Access Behavioral Supports, Nursing Services, and Respite without Pre-Authorization

As per the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) - Revised May 3, 2020, participants currently authorized to receive nursing services, behavioral support services, and respite may access additional services based on assessed need without prior authorization by the DDA. Please refer to the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) for requirements and additional information. This provision will **end on September 30, 2022**.

#### Standards and Requirements:

1. All participants using the self-directed service delivery model have been authorized an additional 360 respite care services hours.
2. For behavioral supports services and nursing services request the following process shall be followed:
  - a. The Coordinator of Community Services (CCS), on behalf of participants who self-direct their services, must submit the Revised Cost Detail Sheet via a secure email within five (5) business days of identified assessed need to the DDA Regional Office dedicated email account noted below:

CMRO.COVID@maryland.gov	SMRO.COVID@maryland.gov
ESRO.COVID@maryland.gov	WMRO.COVID@maryland.gov

- b. The email subject line shall read: *(Participant's LTSSMaryland ID #) - COVID-19 Service Authorization Request - (insert date)* **(Revised June 1, 2020)**
3. The DDA shall:
  - a. Acknowledge receipt of email from the CCS with the following message: "The DDA acknowledges receipt of this email.";
  - b. Log information into COVID-19 Service Authorization trackingsheet;
  - c. Review request and authorize the service on the Revised Cost Detail Sheet;
  - d. Upload Revised Cost Detail Sheet to LTSSMaryland Client Attachments; and
  - e. Send the following email to the participant's FMS provider with a copy to the CCS:
    - i. The email subject line shall read: *(Insert Person's LTSS ID#) - COVID-19 Service Authorization - (insert date)*; and
    - ii. Message: Please see attached authorization.
4. Completion and submission of Modified Service Funding Plans (MSFP), Revised Person-Centered Plans, and budget modifications are not required to access these services.

Please refer to the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) for additional requirements and information including scope of nursing services, behavioral support services, and respite services.

## B. Alternative Service Sites

As outlined in the [DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State](#):

1. Services may be provided in alternative sites due to the potential need to relocate participants to (1) isolate people who have a positive COVID-19 determination; (2) separate people who have been exposed; and (3) other circumstances associated with the COVID-19 State of Emergency.
2. Participants can be supported: (1) in acute care hospital or receiving a short-term institutional stay (2) in other alternative site options include but are not limited to a participant's home, family or friends' homes, alternative facility-based settings, staff or direct care worker home, hotels, schools, churches, and other community established sites; and (3) out of the State of Maryland in neighboring states and the District of Columbia.

Please refer to the [DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State](#) for requirements and additional information including scope of nursing services, behavioral support services, and respite services.

3. Appendix K related service delivery in alternative settings and out of State shall end as noted below:
  - a. Alternative sites are specific to the need to relocate participants due to the need for separating, self-isolation or quarantine.
  - b. Appendix K flexibility to provide services in a short term institutional stay, neighboring states, alternative facility-based settings, staff or direct care worker home, schools, hotels, churches, and other excluded settings **ended on August 15, 2021**.
  - c. Ability to provide services during an acute care hospital stay is permitted as per [Memo #4 - DDA Amendment #3 - Acute Care Hospital Supports - February 16, 2021](#)

## C. Authorization of \$2,000 Increase to Budgets will end on September 30, 2022.

### Standards and Requirements:

1. Via Appendix K, the DDA has authorized participant's self-directed budgets to be increased by \$2,000, as provided in Section C (3) below, for the use of the following services or combination of these:
  - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
  - b. Increase Support Broker hours (up to 20 hours per month);
  - c. Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and
  - d. Personal Protective Equipment **ended on August 15, 2021**.
2. The additional \$2,000 increase for the use toward additional Direct Support Service and Support Broker Hours is for direct services and cannot be used for paid time off (PTO).
3. The FMS providers can approve up to an additional \$2,000, above a participant's current approved budget amount, for specific services as noted in Section C(1)(a), above.
4. The DDA must review any request to increase the participant's approved budget more than

\$2,000.

5. Requests for budget modifications for other service(s)/item(s) not listed above (but otherwise covered by the DDA HCBS Waiver program in which the participant is enrolled) shall be submitted per the standard typical Modified Service Funding Plan Request and budget modifications processes unless otherwise noted in this guidance.

**Process - Request to Increase Budget Up to \$2,000:**

1. The Participant along with their team should complete the new DDA COVID-19 Self-Direction (DDACoVIDForm#5) form:
  - a. Participant Name
  - b. Date
  - c. FMS – check current FMS providers either Arc CCR or MedSource
  - d. Complete Section II: Request to Increase Budget Up to \$2,000:
    - (1) Enter service/item requested, number of units requested, and calculated cost (rates x units)
    - (2) Enter tax
    - (3) Enter total cost of service request (include tax amount)Note: If total cost exceeds \$2,000, complete the Request to DDA to Increase Current Budget Above \$2,000 process noted below.
  - e. Sign or type in name of participant self-directing or legal guardian
  - f. Send to FMS either by email or fax as noted below:

Email Subject Line: COVID-19 – FMS - SD Budget Request

FMS	Email	Fax Number
ARCCCR	FMSParticipants@thearcccr.org	1-888-272-2236
Medsource	FMS@medsourceservices.org	1-301-560-5782

**FMS Provider - Criteria for Approving or Denying Requests:**

- A. The FMS provider may **approve** all requests to increase budget up to an additional \$2,000 when:
  1. The request is for any one or combination of the following:
    - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
    - b. Increase Support Broker hours;
    - c. Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and
    - d. Personal Protective Equipment/Supplies; AND
  2. The total cost of the requested services/items does not exceed \$2,000.

- B. The FMS provider shall **deny** all requests to increase budget Up to an additional \$2,000 when:
  - 1. The requested service/item is not one of the following:
    - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
    - b. Increase Support Broker hours;
    - c. Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and
    - d. Personal Protective Equipment/Supplies;
  - 2. The request is for payment of Paid Time Off (PTO) for direct support staff; OR
  - 3. The total additional cost requested exceeds \$2,000 and was not approved by the DDA.
  
- C. The FMS provider will send form, with its determination, to the following:
  - 1. The Participants and if applicable their Legal Guardian or Designated representative;
  - 2. Their Coordinator of Community Services; and
  - 3. Their DDA Regional Office email addresses noted below.

Region	Email Address
CMRO	Olasubomi.otuyelu@maryland.gov
ESRO	Jonna.hitch@maryland.gov
SMRO	Tia.henry2@maryland.gov
WMRO	Cara.swink@maryland.gov

Note: Email subject line should read: *COVID-19 – FMS SD Budget Request Determination*

- D. If the FMS provider’s determination is to deny the request, the DDA Regional Office will review the determination. If DDA determines that the denial was proper, DDA will issue notice of its decision, its legal and factual basis, and applicable appeal rights as required by Section 10-207 of the State Government Article of the Maryland Annotated Code.

**Process - Request to DDA to Increase Budget Above \$2,000**

Participants (with the support of their team as requested) must complete the following process to submit a “Request to DDA to Increase Current Above \$2,000.”

- 1. Complete the new DDA COVID-19 Self-Direction (DDACOVIDForm#5) form as noted above and include justification for needing to exceed \$2,000.

2. Submit to the DDA Regional Office with the following subject line:

**Email Subject Line: COVID-19 – DDA - SD Budget Request**

Region	Email Address
CMRO	Olasubomi.otuyelu@maryland.gov
ESRO	Jonna.hitch@maryland.gov
SMRO	Tia.henry2@maryland.gov
WMRO	Cara.swink@maryland.gov

**DDA - Criteria for Approving or Denying Requests**

- A. The DDA may approve all request to increase budget above \$2,000 when:
  1. The request is for any one or combination of the following services:
    - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
    - b. Increase Support Broker hours;
    - c. Staff Recruitment – limited to an additional \$500 for a total of \$1,000; and
    - d. Personal Protective Equipment/Supplies;
  2. The service(s)/item(s) is immediately needed to protect health and safety;
  3. The service(s)/item(s) cost is reasonable; and
  4. The service(s)/item(s) meet all applicable and currently effective requirements for funding.

Note: Regional Office staff may need to contact the participant or their representative to gather additional information related to their current situation in order to assess whether the request supports the immediate need to protect health and safety. For example, a participant that typically receives day habilitation services that are now closed and have limited, or no other day supports during the day.

- B. The DDA shall deny all request to increase budget above \$2,000 when:
  1. The requested service/item is not one of the following:
    - a. Additional Direct Support Service Hours (e.g., Personal Supports, Community Development Services);
    - b. Increase Support Broker hours;
    - c. Staff Recruitment– limited to an additional \$500 for a total of \$1,000; and
    - d. Personal Protective Equipment/Supplies;
  2. The service(s)/item(s) is not needed to protect health and safety;
  3. The service(s)/item(s) cost is not reasonable; OR
  4. The service(s)/item(s) do not meet all applicable and currently effective requirements for funding.

- C. DDA will send form, with its determination to the following:
  1. The Participants, and their Legal Guardian, or Designated representative;
  2. Their Coordinator of Community Services; and
  3. Their FMS provider

Note: Email subject line should read: COVID-19 – DDA SD Budget Request Determination

#### D. Budget Modifications Within Approved Budgets

##### Standards and Requirements:

1. Without DDA’s prior authorization, participants may move funding across approved budget service lines, as long as they remain within their total approved budget amount, including:
  - a. Changes within current services authorized by DDA, and
  - b. Changes from current service authorized to a new service covered by the Waiver program in which the participant is enrolled will **end on September 30, 2022.**
  - c. The one exception is related to requesting Personal Supports overnight supports as a new service. New Personal Supports overnight support service request must be requested using the Revised or Annual PCP process as per the MDH Memo - Personal Supports - Overnight Supports.
2. The participant along with their team shall complete the DDA COVID-19 Self-Direction (DDACoVIDForm#5) form including:
  - a. Participant Name
  - b. Date
  - c. FMS – check current FMS providers either Arc CCR or MedSource
  - d. Section I: Request to Move Funds across Existing Budget Service Lines or Add New Service Lines:
    - i. Enter required information for service/item being reduced (moving funds from);
    - ii. Enter required information for a currently approved service/item being increased (moving funds to) or a requested new service/item covered within the waiver in which the participant is enrolled; and
    - iii. Ensure that the reduction and the addition net to zero.
  - e. Sign or type in name of participant self-directing or legal guardian
  - f. Send to the FMS provider either by email or fax as noted below:

FMS	Email	Fax Number
ARCCCR	FMSParticipants@thearcccr.org	1-888-272-2236
Medsource	FMS@medsourceservices.org	1-301-560-5782



**FMS Provider - Criteria for Approving or Denying Requests**

The FMS provider may approve a request to “Move Funds across Budget Service Lines within Approved Budget” when:

1. The request is associated with immediate direct staff supports or services needed during the COVID-19 crisis to ensure the health and safety of the participant; AND
2. The total cost for increasing or requesting a new service(s)/item(s) does not exceed the total amount of the service(s)/item(s) they are reducing.

The FMS provider may **deny a** request to “Move Funds across Existing Budget Service Lines or Add New Service Lines” when:

1. The request is not associated with an immediate direct staff supports or services needed during the COVID-19 crisis; OR
2. The total cost for increasing or requesting a new service(s)/item(s) exceeds the total amount of the service(s)/item(s) they are reducing.

The FMS provider will send form, with its determination, to the following:

1. The Participants, and, if applicable their Legal Guardian or Designated representative;
2. Their Coordinator of Community Services; and
3. Their DDA Regional Office using the email addresses noted above.

Email Subject line should read: *COVID-19 – FMS SD Budget Request Determination*

Region	Email Address
CMRO	Olasubomi.otuyelu@maryland.gov
ESRO	Jonna.hitch@maryland.gov
SMRO	Tia.henry2@maryland.gov
WMRO	Cara.swink@maryland.gov

If the FMS provider’s determination is to deny the request, the DDA Regional Office will review the determination. If DDA determines that the denial was proper, DDA will issue notice of its decision, its legal and factual basis, and applicable appeal rights as required by Section 10-207 of the State Government Article of the Maryland Annotated Code.

**E. Personal Supports Increase**

As per [DDA Appendix K #3 - Personal Supports Authorization and Exceptions](#), participants (who, prior to the State of Emergency, received Meaningful Day services) that currently receive 28 hours or more of Personal Supports per week may be authorized for six (6) additional hours of Personal Supports per day, Monday through Friday for a total of 30 hours per week. **(Revised June 1, 2020)**

This flexibility will **end on September 30, 2022.**

Please refer to the [DDA Appendix K #3 - Personal Supports Authorization and Exceptions](#) for requirements and additional information.

**F. Increased Rate**

As per the [DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus](#), the DDA is implementing increased rates personal supports, nurse consultation, and nurse case management and delegation services for directly supporting participants that have a positive COVID-19 determination, and therefore are isolated, to account for increased cost the provision of services while maintaining participants' health and safety.

Appendix K flexibility-related to an increased rate as permitted below will **end on September 30, 2022.**

Please refer to the [DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus](#) for requirements and additional information.

**G. New COVID-19 Related Service Requests**

As per the Process to support the immediate need for new COVID-19 related services and supports, the DDA issued a new temporary services authorization request process. Please refer to the [DDA Appendix K #5 - COVID-19 New Services Authorization Request Process](#).

Appendix K related temporary services authorization request process will **end on September 30, 2022.**

**Standards and Requirements:**

For Participants Self-Directing Services, the following process shall be followed:

1. Requests for immediate COVID-19 health and safety related need for new or additional services shall be:
  - a. Submitted by the participant's CCS;
  - b. Submitted via the DDA Revised Cost Detail Sheet
  - c. Sent via a secure email to the DDA Regional Office dedicated email account noted below:

CMRO.COVID@maryland.gov	SMRO.COVID@maryland.gov
ESRO.COVID@maryland.gov	WMRO.COVID@maryland.gov

- d. The email subject line shall read: *(Insert CCS Name) - COVID-19 Service Authorization Request - (insert date)*

2. The DDA shall:
  - a. Acknowledge receipt of email from the providers with the following message: “The DDA acknowledges receipt of this email.”;
  - b. Log information into COVID-19 Service Authorization trackingsheet;
  - c. Review request and authorize the service on the Revised Cost Detail Sheet;
  - d. Upload Revised Cost Detail Sheet to LTSS Maryland Client Attachments; and
  - e. Send the following email to the participant’s FMS provider with a copy to the CCS:
    - i. The email subject line shall read: (Insert Person’s LTSS ID#) - COVID-19 Service Authorization - (insert date)
    - ii. Message: Please see attached authorization.
2. Requests for other services that are not COVID-19 related to health and safety shall be requested via the Modified Service Funding Plan process and associated forms.
  - a. CCS should complete the MSFPR and associated forms
  - b. Submit the MSFPR form to the DDA for review
  - c. If approved, the DDA will send the MSFP to the FMS provider
3. Please refer to the [DDA Appendix K #5 - COVID-19 New Services Authorization Request Process](#) for additional requirements and information.

## H. Service Exceptions

As per the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) - Revised May 3, 2020, to support the immediate need for services and supports and provide flexibility with service requirements and limits, the DDA issued temporary exceptions to services requirements as outlined including:

1. Employment Discovery & Customization Completion Timeframe Exception will **end on September 30, 2022;**
2. Environmental Modifications Exceptions will **end on September 30, 2022;**
3. Family and Peer Mentoring Service Exceptions will **end on September 30, 2022;**
4. Family Caregiver Training and Empowerment Exceptions will **end on September 30, 2022;**
5. Housing Support Service Exceptions will **end on September 30, 2022;**
6. Individual and Family Directed Goods and Service Exceptions will **end on September 30, 2022;**
7. Meaningful Day Services Exceptions will end as noted below:
  - a. The requirement that a minimum of six (6) hours of services be provided during a single day is temporarily suspended will **end on September 30, 2022;**
  - b. Services can be provided any day of the week and exceed eight (8) hours a day and 40 hours per week within a person’s authorized budget will **end on June 30, 2023;**
  - c. Services can take place in a variety of settings, instead of the community, including but not limited to the participant’s home; family and friend’s homes; residential settings; or other community settings will **end on September 30, 2022** unless otherwise authorized in the federally approved waiver and PCP;
  - d. Participants enrolled in the self-directed services delivery model and receiving Employment Services may exercise employment authority for Follow Along supports;
8. Remote Support Service Exception will **end on September 30, 2022;**
9. Self-Directed Services Delivery Model Exceptions (Added- May 3, 2020) will **end on September 30, 2022;**

10. Support Broker Services Exceptions will end as noted below:
  - a. Support Broker Services may be provided up to a total of 20 hours per month will **end on June 30, 2023**;
  - b. A participant enrolled in the self-directed service delivery model can move funding from other services not being utilized for an increase of Support Brokers hours will **end on June 30, 2023**;
  - c. The Support Broker flexibility to be paid to provide other Waiver program services to the participant at the rate applicable to that other Waiver program service will **end on June 30, 2023**; and
11. Vehicle Modifications Exception will **end on September 30, 2022**.

Please see the [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) - Revised May 3, 2020 for requirements and additional information.

### I. Staff Training and Onboarding Flexibilities

As per the [DDA Appendix K #6 - Staff Training and On-boarding Flexibility](#), to maintain and support expansion of the current workforce, modifications to the following staffing qualifications and onboarding requirements are outlined in this guidance:

1. Service by Relatives or Legally Responsible Individuals;
2. Staff Age Requirements;
3. Waiver of High School or GED Requirement;
4. Criminal Background Checks;
5. Training Requirements; and
6. Exception to Maryland Professional Licenses;

Appendix K related staff training and onboarding flexibilities shall end as noted below:

- a. The flexibility to hire spouses and parents of minor children **ended August 15, 2021** unless otherwise permitted under the federally approved waiver programs.
- b. Exceptions to Maryland professional licenses (temporarily waiving certain licensure requirements) **ended on August 15, 2021**.
- c. The flexibility for Registered Nurses being temporarily exempt from receiving training from the DDA regarding delegating nursing **ended on August 15, 2021**.
- d. Training requirements: Waived for family members willing to provide services to participants will **end on September 30, 2022**.
- e. Training requirements: Annual training requirement extension for Direct Support Professionals who have previously completed all training requirements will **end on June 30, 2023**.
  - i. Effective September 30, 2022, training flexibilities do not apply:
    - If the previous training exceeds 18 months from prior date/certification; and
    - If the Office of Health Care Quality (OHCQ) has a finding that mandates a training requirement for a staff involved in an incident that resulted in a statement of deficiency or plan of correction.

- f. Training requirements: CPR and First Aid will **end on June 30, 2023**.
- g. Training requirements: MTTP/Medication Technician Training will **end on September 30, 2022**.
- h. Training requirements: Training in MANDT will **end on June 30, 2023**.
- i. Training requirements: Waive all but essential training will **end on June 30, 2023**.
- j. Training requirements: PORII training provided in an expedited format will **end on June 30, 2023**.
- k. Waiver of high school or GED requirement will **end on June 30, 2023**.
- l. Individuals 16 years or older can be direct support will **end on September 30, 2022**.
- m. The flexibility to conduct an abbreviated criminal background check will **end on September 30, 2022**.

Note: For services after December 31, 2021 that permit the hiring of relatives and/or legal guardians, please refer to the [Self-Directed Services - Family As Staff Form Guidance](#).

Please refer to [DDA Appendix K #4 - Exceptions to Pre Authorization and Service Requirements](#) - Revised May 3, 2020 for requirements and additional information.

#### **J. Telephonic/Remote Services Delivery Options**

As per the [MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020](#), whenever possible, individuals are encouraged to deliver services remotely or telephonically will **end on September 30, 2022**. Under no circumstances should phones or other telehealth technology be used to assess a participant for a medical emergency.

Please refer to [MDH COVID-19 #16: DDA Waivers Programs Telehealth and Telephonic Guidance - April 13, 2020](#) for requirements and additional information.

Changes set forth in Amendment #3 2020 of the DDA Waiver program applications permits provision of virtual support, and support during an acute care hospital stay. Reference: [Memo #3 - DDA Amendment #3 - Virtual Supports - February 16, 2021](#)

#### **Applicable Resources:**

[DDA Waivers - Appendix K Webpage](#)  
[DDA MEMO/GUIDANCE/DIRECTIVES](#)  
[DDA Covid-19 Resource Page](#)  
[Self-Directed Services Support](#)