

# ENVIRONMENTAL ASSESSMENTS AND ENVIRONMENTAL MODIFICATIONS

## I. APPLICABILITY

A. This policy applies to:

1. People receiving Developmental Disabilities Administration ~~(DDA)~~ funded services through its Traditional or Self-Directed Services Delivery Model;
2. Their families and/or legal representatives; and
3. Coordinators of Community Services ~~(CCS)~~; Self-Directed staff, vendors, Support Brokers; Financial Management and Counseling Services agencies Providers; DDA providers; and DDA staff.

## II. IMPLEMENTATION DATE

- A. This policy begins 30 days after posting and overrides any other policies or guidance related to Environmental Assessments and Environmental Modifications.
- B. In the event of a public health or state of emergency this policy can be overruled by any and all federal authorities.

## III. PURPOSE

~~A. This policy describes the~~ The purpose of this policy is to set forth ~~applicable~~ requirements and guidance for Environmental Assessments and Environmental Modifications funded through a DDA-operated Medicaid Waiver program ~~(i.e. Community Pathways Waiver, Community Supports Waiver, Family Supports DDA Medicaid Waiver programs)~~ or State funds.

## IV. DEFINITIONS

- A. "Assistive Technology" or "AT" is an item, computer application, piece of equipment, software, or product system that maintains or improves a person's ~~participant's~~ functional ability and promotes the person's ~~participant's~~ ability to live independently and meaningfully participate in their community setting.

- B. "Behavior Support Plan" is a written plan designed to modify behavior through the use of clinically accepted techniques that:
1. Is person-centered and trauma-informed;
  2. Is based upon positive behavior supports and the results of a Functional Behavioral Assessment (~~FBA~~); and
  3. Includes a description of the problem behavior, along with a specific reason as to why the problem behavior occurs.
- C. "Coordination of Community Services" are targeted case management services to help people participants-receiving and/or requesting services funded by the DDA. Targeted case management services are provided in accordance with, [COMAR 10.09.48](#)
- D. "Coordinator of Community Services" or "CCS" is an individual who provides Coordination of Community Services. They can be either an employee or a contractor of a DDA provider.
- E. "DDA Medicaid Waiver Program" is one of three Medicaid Home and Community-Based Waiver programs, operated by the Developmental Disabilities Administration, that serve eligible children and adults with intellectual and developmental disabilities. These programs are approved by the Centers for Medicare & Medicaid Services and include the:
1. Family Supports Waiver;
  2. Community Pathways Waiver; and
  3. Community Supports Waiver.
- F. "DDA Provider" is an individual or entity that is licensed or certified and/or approved by the Maryland Department of Health to provide DDA-funded services to a person participant(s) in accordance with the DDA's requirements.
- G. "Department" is the Maryland Department of Health.
- H. "Direct Support Services" are services provided directly to a person participant that help them keep, learn, or improve skills and daily functioning. These services include support for skills

development, community integration and engagement, and addressing personal, behavioral, communication, or other needs.

- I. "Direct Support Staff" or "Direct Support Professional" or "DSP" are people who are paid to provide direct support services to a person~~participant~~.
- J. "Environmental Assessment " is an on-site evaluation of the person~~participant~~ at their home to determine if environmental modifications or assistive technology may be necessary to improve their independence.
- K. "Environmental Modifications" are changes made to a person's~~participant's~~ home, based on an assessment, that are designed to support the person~~participant~~ to be more independent.
- L. "Financial Management and Counseling Services" or "FMCS" [formerly called Fiscal Management Services or FMS] are services provided to support a person~~participant~~ using the DDA Self-Directed Services Delivery Model in using their budget authority and, if applicable, employer authority. FMCS services include, but are not limited to:
  - 1. Processing claims for payment for Waiver Program Services in accordance with the person's~~participant's~~ Self-Directed budget allocation; and
  - 2. Verifying that the DDA provider, vendor, or direct support staff meet all qualifications to provide the Waiver Program Service.
- M. "Legal guardian" is either:
  - 1. A natural or adoptive parent of a person under the age of 18; or
  - 2. A person who has been appointed by a court order as guardian of the person. ~~or property of another person.~~
- N. "Legally Responsible Person" is an individual who has a legal obligation under the provisions of Maryland law to care for another individual. This includes:
  - 1. A parent of a minor (either natural or adoptive), legal guardian; or

2. An individual otherwise legally responsible for the care of a minor (e.g., foster parent or relative appointed by court).
- O. "LTSSMaryland" is an electronic information system, developed and supported by the Department. It is used by the Developmental Disabilities Administration DDA, Coordinator of Community Service CCS, and DDA Providers to create, review, and maintain records regarding;
1. An ~~person's individual's~~ eligibility status for DDA-funded services, and
  2. The ~~person's individual's~~ Person-Centered Plan, services, and funding authorized by the DDA.
- P. "Nursing Assessment" is a collection and analysis of information about the individual's physical, social, spiritual and mental health needs. It is the first step in the nursing process which collects and then analyzes/processes the information to write a care plan
- Q. "Occupational Therapist" is a medical professional licensed by the Board of Occupational Therapy to practice occupational therapy, in accordance with the Health Occupations Article of the Maryland Annotated Code and the Code of Maryland Regulations.
- R. "Organized Health Care Delivery System (OHCDS)" is a public or private organization that delivers health services. OHCDS are approved by the Department of Health to provide Waiver Program Services to a ~~person~~participant, in accordance with, [COMAR 10.22.20](#)
- S. ~~"Participant" is an individual who receives DDA-funded services.~~
- T. "Person" is an individual who receives DDA-funded services.
- U. "Person-Centered Plan" or "PCP" is a written plan developed through a planning process driven by the ~~person individual~~ with a developmental disability in order to:
1. Identify their r goals and preferences ~~of the individual~~;
  2. Identify services to support them to individual in pursue e their personally defined outcomes in the most integrated community setting;

3. Direct the delivery of services that reflect their individual's personal preferences and choice; and
  4. Identify their individual's specific needs that must be addressed to ensure their health and welfare.
- V. "Regional Office" or "RO" refers to one of the DDA's four local offices. ROs are the point of contact for applicants, people getting DDA-funded services~~participant~~, families, and DDA providers living and working in the counties they serve. Each RO has the authority to review individual Person-Centered Plans and approve funding for services. The Regional Offices include the:
1. Central Maryland Regional Office, serving Anne Arundel, Baltimore, Howard, and Harford Counties and Baltimore City;
  2. Eastern Shore Regional Office, serving Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties;
  3. Southern Maryland Regional Office, serving Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties; and
  4. Western Maryland Regional Office, serving Allegany, Carroll, Frederick, Garrett, and Washington Counties.
- W. "Relative" is a natural or adoptive parent, step-parent, or sibling of an applicant or ~~person, participant~~ who is not also a legal guardian or Legally Responsible Person.
- X. "Restraint" ~~is means~~ any physical, chemical or mechanical intervention used to impede an individual's physical mobility or limit free access to the environment and /or to control acute, episodic behavior including those that are approved as part of the Person-Centered Plan or those used on an emergency basis.
1. "Chemical restraint" means the use of an injectable medication as an intervention in a behavioral emergency;
  2. "Mechanical restraint" means a mechanical device which restricts the free movement of an individual, such as a safety coat or posey mittens; and

3. "Physical restraint" means a manual method used to restrict the free movement of an individual, such as therapeutic hold;~~and~~
- Y. "Restrictive technique" is a technique that is ~~implemented~~used to ~~impede control~~ an person's individual's physical mobility or limit free access to the environment, including but not limited to physical, mechanical, or chemical restraints or medications used to modify behavior.
- Z. "Self-Directed Services ~~(SDS)~~ Delivery Model" or "SDS Model" is a model of service delivery that the DDA provides through its Waiver Programs. In the SDS Model the ~~person~~participant(not the provider) has ~~the~~:
1. The power and responsibility for overseeing, coordinating, and directing the services they have been approved to receive;
  2. ~~The power and responsibility (bBudget authority)~~ over how the Medicaid funds are spent to purchase authorized services; and
  3. ~~The power and responsibility (eEmployer authority)~~ to recruit, hire, train, and supervise the staff and service providers they want to hire.
- AA. "Team" is a group of people, chosen by a person participant or their legal guardian, who participate in development of their ~~participant~~ Person-Centered Plan along with the person participant and the CCS.
- BB. "Traditional Services Delivery Model" is a service delivery model that the DDA provides through its Waiver programs. In the Traditional model the person participant chooses a DDA Provider who is responsible for overseeing, coordinating, and providing their approved services.
- CC. "Waiver Program Service" is a service funded by a DDA-operated Medicaid Waiver program.

## V. POLICY

- A. An Environmental Assessment is an on-site evaluation of a person the participant in their home to determine if environmental modifications or assistive technology are necessary for them to access their home, perform activities of daily living, and other functions to be able to improve their day-to-day independence.
- B. Environmental Modifications are changes made to a person's participant's home that are designed to support their efforts to be more independent or to create a safer, healthier environment.
- ~~C. All Environmental Modifications that for involving a restraint or restriction of the participant's rights, i.e. such as locked windows, doors, and fences, must be included and described in the participant's approved Behavior Support Plan, and in accordance with:
  - 1. COMAR 10.22.10.05 and COMAR 10.22.10.06; and
  - 2. The DDA's policy on Behavioral Support Services and Behavior Support Plan requirements.~~
- D. Environmental Assessments and Environmental Modifications are available to people participant's who need them, as documented written in their Person-Centered Plan.

## VI. STANDARDS

### A. Environmental Assessment

- 1. An Environmental Assessment is an on-site evaluation of a the person's participant's assessed need in their home or home they are moving to, and the identification of resources to meet those needs;
- 2. The Environmental Assessment must be documented in writing in an Environmental Assessment Service Report which:
  - a. Discusses the process used to evaluate the person's participant's home and make recommendations, including but not limited to:

- i. Interviews with the ~~person participant~~ and their support network (e.g. family, direct support staff, delegating nurse/~~nurse monitor~~, etc.)
  - ii. An evaluation of the ~~person participant~~, including the ~~person's participant's~~:
    - (1) Ability to perform activities of daily living;
    - (2) Strength, range of motion, and endurance;
    - (3) Successful use of assistive technology and/or modifications;
    - (4) Support network (e.g. family, direct support staff, delegating nurse/~~nurse monitor~~ etc.) and its ability to support the ~~person's participant's~~ independence; and
    - (5) Other environmental factors that limit a ~~person's participant's~~ ability to be independent in their home.
  - b. ~~Identification Identifies of~~ home modification(s), including any assistive technology; ~~based on an onsite environmental assessment of the participant's home or where they will be living~~;
  - c. Estimate~~s~~ cost for the modification and/or assistive technology recommendations.
3. A provider of Environmental Assessments should work with the person's PCP team to identify other factors about the person to be taken into consideration, as well as any therapeutic needs as documented in a Behavior Support Plan, nursing assessment, Nursing Care Plan, or Physical Therapist assessment.
4. The Environmental Assessment Report must be:
  - a. Typed, signed, and dated;
  - b. Completed within 10 business days of the assessment;

- c. Forwarded to the ~~person participant~~ and their Coordinator of Community Services (CCS) in an accessible format; and
- d. Completed by an occupational therapist, who meets the provider qualifications in this policy.

## **B. Environmental Modification**

1. Environmental Modifications include the following type of items and/or activities:
  - a. Installation of grab bars;
  - b. Construction of access ramps, ~~and~~-railings, and banisters;
  - c. Installation of detectable warnings on walking surfaces;
  - d. Alerting devices for a person participant-who has a hearing or sight impairment;
  - e. Adaptations to the electrical, telephone, and lighting systems;
  - f. Generator to support medical and health devices that require electricity;
  - g. Widening of doorways and halls;
  - h. Door openers;
  - i. Installation of lifts and stair glides, such as overhead lift systems and vertical lifts;
  - j. Bathroom modifications for accessibility and independence with activities of daily living;
  - k. Kitchen modifications for accessibility and independence with activities of daily living and instrumental activities of daily living;
  - l. Modifications which are necessary for the health, welfare, and safety of the person participant, such as:
    - i. Alarms or locks on windows, doors, and fences;

- ii. Protective padding on walls, floors, or pipes;
- iii. Plexiglass, safety glass, a protected glass coating on windows, necessary for the health, welfare, and safety of the person participant;
- iv. Outside gates and fences;
- v. Brackets for appliances;
- vi. Raised/lowered electrical switches and sockets; and
- vii. Safety screen doors, which are necessary for the health, welfare, and safety of the person participant.

m. Other recommended modifications based on therapeutic needs, as documented in a Behavior Support Plan, Nursing Assessment, Nursing Care Plan, or Physical Therapist Assessment

- 2. Environmental Modifications must be based on assessed need, as written documented in the person's participant's PCP.
- 3. All Environmental Modifications that ~~for involving~~ involve a restraint or restriction of the participation's rights, (i.e. such as locked windows, doors, and fences) must be included and described in the person's participant's approved Behavior Support Plan, and in accordance with:
  - a. [COMAR 10.22.10.05](#) and [COMAR 10.22.10.06](#); and
  - b. DDA's policy on Behavioral Support Services and Behavior Support Plan requirements.
- 4. Environmental Modifications are available in residential models including Community Living-Enhanced Supports and Community Living-Group Home services if the person receiving services has new needs, in order to support their:
  - 1. Health and safety;
  - 2. Access to the home; and
  - 3. Independence.

## C. Exclusions

Environmental modifications do not include:

2. Improvements or adaptations to the residence that:
  - a. Are of general use utility;
  - b. Do not provide direct medical or corrective benefit or support to the ~~person participant~~ to otherwise meet their needs;
  - c. Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to the ~~person's participant's~~ access to their ~~participant's primary~~ home; or
  - d. Are required by local, county, and State regulations when purchasing or licensing a home; and
3. A generator for use, other than to support the ~~person's participant's~~ medical and health devices, that require electricity for safe operation; or
4. An elevator.

## D. Obtaining Environmental Modifications

1. An Environmental Assessment is required prior to Environmental Modification if the estimated cost is equal to or greater than \$2,000.
2. An Environmental Assessment is not required prior to Environmental Modification if the estimated cost is less than \$2,000.
3. A ~~person participant~~ may request an Environmental Assessment regardless of the cost.
4. If the cost of the requested Environmental Modifications is \$2,000 or greater, the following documentation must be submitted to the DDA prior to purchase:
  - a. The Environmental Assessment Report must:

~~The report must:~~

- i. Be done within a reasonable amount of time before the installation of the requested Environmental Modification; and
    - ii. Include the requested Environmental Modification;
  - b. Documentation from the landlord providing written approval, as applicable, which must be uploaded into the ~~person's participant's~~ LTSS Maryland Client Attachments.
  - c. Three cost estimates:
    - i. The lowest bid must be used unless justification is provided to the DDA. The justification must be reviewed and approved by the Regional Office Director;
    - ii. If three bids cannot be obtained, justification must be provided to DDA. The justification must be reviewed and approved by the Regional Office Director; and
    - iii. If the ~~person~~~~participant~~ requests Environmental Modifications that are over \$2,000, and not the most cost effective option, they ~~participant~~ must provide a ~~documented~~ explanation why it is necessary ~~of why the chosen option is the most effective~~.
5. The DDA Regional Office ~~will~~ ~~must~~ review ~~the above~~ documentation to ~~make~~ ensure:
- a. The requested Environmental Modification addresses the ~~person's participant's~~ assessed need, as ~~documented written~~ in their Person-Centered Plan;
  - b. The requested Environmental Modification does not restrict the ~~person's participant's~~ rights, unless otherwise authorized in their ~~participant's~~ Behavior Support Plan; and

- c. It is the most cost effective Environmental Modification option that best meets the person's participant's assessed needs.

## **E. Installation and Instruction on Use of Environmental Modification**

1. Prior to installation, the Environmental Modification provider must:
  - a. Obtain any required permits or approvals from state or local governmental units;
  - b. Ensure the Environmental Modification meets the needs of the person participant;
  - c. Ensure the Environmental Modification is in good operating condition in accordance with applicable specifications;
  - d. Provide the Environmental Modification in accordance with a written schedule that:
    - i. Is provided to the person participant and the CCS prior to beginning the work; and
    - ii. Includes both an estimated start date and completion date;
  - e. Perform all work in accordance with applicable laws and regulations, including but not limited to, the Americans with Disabilities Act, and state and local building codes.
2. The Environmental Modification provider must
  - f. Provide progress reports to the person participant, the CCS, the Financial Management and Counseling Services (FMCS) agency FMCS provider agency, and, if applicable, the property owner; and
  - g. Obtain any final inspections and ensure that the completed work passes required State or local governmental inspections; and

- h. Ensure the Environmental Modifications are in good operating condition and repaired in accordance with the applicable specifications.
3. The ~~CCS Coordinator of Community Services~~ must:
    - a. Monitor service delivery, including frequency ~~;~~ and
    - b. Note this in the ~~person's participant's~~ LTSS Maryland Outcome form within the Outcome Progress Review section within the PCP; and
    - c. Work with the ~~person participant~~ to ensure the final modification meets the ~~person's participant's~~ needs.

#### **F. Maintenance of Environmental Modification**

3. As ~~documented written~~ in the PCP, the ~~provider of Environmental Modifications will facilitate DDA provider must provide~~:
  - a. Ongoing maintenance and repair of the Environmental Modification in accordance with the applicable specifications; and
  - b. Training to the ~~person participant~~ and individuals supporting the ~~person participant~~ (e.g., their care ~~giver~~taker(s) and family members) on the proper use and maintenance of the modification.
4. Environmental Modifications must be in good operating condition and repaired in accordance with the applicable specifications at all times.

#### **G. Criteria to be Eligible**

1. A ~~person participant~~ may be eligible to receive funding for Environmental Assessment and Modification services if:
  - a. The ~~person participant~~:
    - i. Is enrolled in a DDA ~~operated~~ Medicaid Waiver Program; and

- ii. Has an assessed need for this service, which is documented ~~written~~ in their approved Person-Centered Plan; or
  - iii. Is transitioning from an institution and the DDA has authorized the services before the effective enrollment date into a DDA Medicaid Waiver Program; and
  - iv. Is the the owner of the primary residence; or
  - v. Is not the owner of the primary residence, and the property manager or owner of the primary residence provides in writing:
    - (1) Approval for the requested Environmental Modification; and
    - (2) An agreement that the person participant will be allowed to remain in the primary residence for at least one year.
- b. All other available and appropriate funding sources have been explored, exhausted, and documented in the person's participant's file prior to accessing DDA funding for this service, including but not limited to:
- i. Maryland Medicaid State Plan;
  - ii. Division of Rehabilitation Services (DORS);
  - ~~iii. Maryland Department of Disabilities Technology Assistance Program;~~
  - iii. State Department of Education; and
  - iv. Department of Human Services; and
- c. The request for funding of this Waiver Program Service meets all the requirements in this policy, guidance, and the DDA Medicaid Waiver program application.
2. If the person participant requires more Environmental Modification Services than are provided by the Medicaid State

Plan, a request can be made under this Waiver service. However, the DDA Medicaid Waiver Program may only pay for additional costs that are:

- a. Not covered;
  - b. Consistent with the DDA Medicaid Waiver program's objectives of avoiding institutionalization; and
  - c. ~~indicated~~ Necessary to meet the goals in the PCP.
3. Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs.
- a. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or improve ~~ameliorate~~-identified conditions.
  - b. Supports provided by this Waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.

## **H. Special Service Requirements and Limitations**

1. Environmental Assessments and Modifications given to the ~~person~~ participant ~~must will~~ be the most cost-efficient option available that meets the needs of the ~~person~~ participant, unless otherwise authorized by the DDA.
2. Costs of Environmental Modifications must be customary, reasonable, and may not exceed a total of \$15,000 every three (3) years.
3. A ~~person~~ participant may only have one Environmental Assessment annually, unless otherwise authorized by the DDA.
4. If the ~~person~~ participant does not own the home, the Environmental Modifications ~~s~~ must be pre-approved by the property manager or owner of the home who agrees that the

~~person participant~~ will be allowed to remain in the residence for at least one (1) year.

5. An Environmental Assessment and Environmental Modification cannot be provided before the effective date of the ~~person's participant's~~ eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.

## **I. Requirements to be Paid for Services**

1. In order to provide Environmental Assessments and Modifications, the DDA Provider must be licensed or certified by the Department as an:
  - a. Organized Health Care Delivery Services provider; or
  - b. Environmental Assessment and Modification Professional.
2. Organized Health Care Delivery Services doing Environmental Assessments must:
  - a. Meet the criteria outlined in [COMAR 10.22.20](#) and the [Organized Health Care Delivery System Policy](#);
  - b. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland;
  - c. Ensure all staff, contractors and subcontractors meet required qualifications including:
    - i. Being properly licensed or certified by the State;
    - ii. Being a licensed home contractor, or a vendor approved by the Division of Rehabilitation Services (DORS);
    - iii. Being in good standing with the Maryland Department of Assessments and Taxation to provide the service;
    - iv. Obtaining and maintain Commercial General Liability Insurance;

- v. Obtaining and maintain worker's compensation insurance sufficient to cover all employees, if required by law; and
  - vi. Being bonded as is legally required.
- d. Verify the licenses, credentials, and experience of all Environmental Assessment and Modification Professionals with whom they contract or employ, initially and at least once every three years;
- e. ~~Keep Maintain~~a copy of the licenses, credentials, and documented experience of all Environmental Assessment and Modification professionals and ~~send resent~~them to the DDA upon request;
- f. Obtain and maintain worker's compensation insurance for employees, as required by law; ~~and~~
- g. Obtain a Home Improvement License for projects in accordance with Department of Labor and Licensing requirements, which may be required to complete where an existing home structure is modified (such as a stair glide) as applicable; ~~and~~
- h. Keep documentation and records regarding delivery of services in accordance with the applicable laws, regulations, policies, and guidance, and the DDA Medicaid Waiver Program application.

3. An Environmental Assessment Professional must:

- a. Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a ~~licensed~~Occupational Therapist in Maryland; or
- b. Be properly licensed or certified by the State as a Division of Rehabilitation Services (DORS) as an approved vendor; and
- c. Be in good standing with the Maryland Department of Assessments and Taxation to provide the service;

- d. Obtain and maintain Commercial General Liability Insurance;
  - e. Obtain and maintain worker's compensation insurance sufficient to cover all employees, if any; and
  - f. Be bonded as is legally required.
5. Under the self-directed service delivery model all qualifications must be met:
- a. As outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery; and
  - b. As confirmed by the Financial Management and Counseling Services (FMCS) agency.
6. People in the Self-Directed Services Delivery Model ~~The DDA~~ and their FMCS agencies must ~~maintain~~ keep documentation and records regarding delivery of services in accordance with the applicable laws, regulations, policies, and guidance, and the DDA Medicaid Waiver Program application.

## **J. Rates/Billing**

1. Rates shall be reasonable, customary, and necessary, as determined by the person's needs and recommended by their team.
2. Rates under the Traditional Service Delivery Model are posted on the [DDA Rates and Invoices](#) webpage and [LTSSMaryland](#) webpage.
3. ~~People participants~~ under the Self-Directed Service Delivery Model determine pay rates based on the reasonable and customary rates posted on the [DDA Self-Directed Forms](#) webpage.
4. Providers of Environmental Assessments and Modifications must follow authorization and documentation in accordance with the

[DDA Guidelines for Service Authorization and Provider Billing Documentation.](#)

5. Under the traditional service delivery model, Environmental Assessments and Modifications ~~provided under the traditional service delivery model~~ are billed in ~~accordance with~~ [LTSSMaryland or PCIS2](#), based on [DDA guidance for Operating in PCIS2 and LTSSMaryland](#).
6. Under the Self-Directed Service delivery model, ~~the person participants must submit invoices as per their FMCS agency's policies and practices. Environmental Assessments and Modifications rendered through the invoicing process outlined by the participant's Financial Management and Counseling Services provider.~~

**K. Legally Responsible Individuals, Legal Guardians, or Relatives Requirements**

A legally responsible person, relative, or legal guardian of the ~~person~~ ~~participant~~ cannot be paid by the Waiver Program, either directly or indirectly, to provide this Waiver Program Service.

**VII. LEGAL REFERENCES**

- A. [Family Supports Waiver](#)
- B. [Community Pathways Waiver](#)
- C. [Community Supports Waiver](#)
- D. [COMAR 10.09.48](#)
- E. [COMAR 10.22.20](#)
- F. [COMAR 10.22.10.05](#)
- G. [COMAR 10.22.10.06](#)

**VIII. REFERENCE MATERIALS**

- A. [DDA Self-Directed Forms](#)

- B. [DDA - Service Authorization and Provider Billing Documentation Guidelines - Revised 3.29.2022](#)
- C. [Maryland Department of Disabilities Home Modifications Directory For Maryland](#)
- D. [Maryland Provider Search Directory](#)

**IX. RELATED POLICIES**

- A. Assistive Technology and Services
- B. [Behavioral Support Services](#)
- C. [Organized Health Care Delivery System](#)

**X. ATTACHMENTS**

- A. Environmental Assessments and Modifications At a Glance