

FMS PROCESSING GUIDANCE - DDA COVID FORM #5

SUBMITTAL:

Participants and their teams should complete and submit [DDA COVID Form #5](#) to The Arc FMS for processing. Submittal information is available below and for reference in DDA's guidance [DDA Appendix K #11 - Self Directed Delivery Model Exceptions](#).

- Email the form to us at FMSParticipants@thearcCCR.org with the subject line: **COVID-19 - FMS - SD Budget Request**.
- Please add the participant's ID (department number) in the subject line, if known.
- We encourage the participant, family members, CCS and Support Broker, when applicable, to be included on the email sent to the FMS with DDA COVID Form #5.

Following these steps will help us to identify Form #5 submittals, prioritize processing accordingly, and provide feedback to the whole team with transparency.

Please note that it is permissible for the FMS to accept electronically and verbally signed forms related to Appendix K. We recommend completion of [DDA's Form #5](#) (fillable), rename and save the form after completion, and send the completed version to us for processing. This form may be completed numerous times for each participant, so for your records, we recommend including the date when you rename/save the form and prior to sending to the FMS.

PROCESSING:

Please be sure to indicate the following information when submitting Form #5 to the FMS or it will not be processed.

- Participant's full name
- FMS entity
- Region
- Successful completion of one or both of the identified parts of the form:
 - Section I: Request to Move Funds across Existing Budget Service Lines or Add New Service Lines
 - Section II: Request to Increase Budget Up to \$2,000
- Signature: Self-Directed Services Participant/Representative/Legal Guardian
 - Please note electronic and verbal signatures can be accepted by the FMS for all Appendix K-related form submittals.

FMS Review Timelines:

An auto-reply has been added to our FMSParticipants@thearcCCR.org inbox, which will serve as confirmation of receipt of DDA COVID Form #5. The following review timelines will apply.

- If the request is denied, the participant team will be notified within 3 business days of submission.
- If the request is approved, the participant team will be notified when it has been processed. An updated statement will be issued.
- Please allow up to 5 business days for processing.



SECTION I: REQUEST TO MOVE FUNDS ACROSS EXISTING BUDGET SERVICE LINES OR ADD NEW SERVICE LINES

People who are self-directing their services can move funding across approved budget service lines to meet immediate service needs changes, as long as they remain within their approved budget amount.

- The FMS will process this request **similarly to a budget modification** and it may be used in place of the budget modification for health and safety-related needs.
- Please note the cost of services reduced must equal the total cost of services increased or added.
- Service(s) being added must be funded within the participant's waiver type. We encourage teams to work with their Coordinator of Community Services (CCS) to confirm eligibility for new service requests within their waiver.
- All changes will be reflected in the participant's FMS statement.
- DO NOT use this section to move COLA funds. All COLA mods must be DDA approved.
- **Important:** Funds from services that are not being utilized due to COVID-19 may be moved to offer *Paid Time Off (PTO)* to staff, even if PTO is a new service for the participant.
 - Please identify which wage service the PTO is to be associated (i.e.: Personal Supports, CLS/CDS, or Supported Employment)
 - When moving funds from a wage service to PTO, there is no need to specify PTO taxes as taxes are already associated with the wage service. When moving non-wage funding to PTO, please identify funding for PTO taxes as well.
 - Please specify funding for PTO vs. "other benefits."

SECTION II: REQUEST TO INCREASE BUDGET UP TO \$2,000

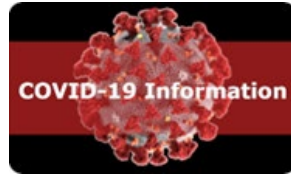
People who are self-directing their services can request an increase in their approved budget amount, up to an additional \$2,000 in total cost, for any of the four categories of COVID-19 related services/items or combination of services/items. The categories are as follows: (1) direct support service hours, (2) support broker hours, (3) staff recruitment, and (4) PPE/supplies - IFDGS.

- If the amount requested exceeds \$2,000, the form must be submitted to the DDA for review and approval.
- Please add 14% for any payroll paid service(s) to account for fringe.
- All added funding will be reflected on the participant's FMS statement using special Appendix K service codes as identified on the [Appendix K Service Codes](#) form.
- Any funding attached to Appendix K services codes cannot be moved between line items.
- Billing for these services cannot occur prior to submittal/approval of DDA COVID Form #5.

PROCESSING GUIDANCE - APPENDIX K OPTIONS NOT IDENTIFIED ON FORM #5

RESPITE CARE SERVICES

- As per [DDA Appendix K #11 - Self Directed Service Delivery Model Exceptions](#), funding is authorized for up to 360 hours of respite care services for all participants.



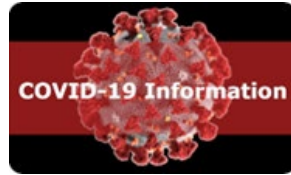
- **Important:** Requesting respite hours on Form #5 is *not* required in order to request payment for the additional service hours.
- The [Appendix K Timesheet](#) and [Appendix K Vendor Payment Request Form](#) will be required to request payments for respite care services.
- Respite service codes as identified on the [Appendix K Service Codes](#) form should be utilized on the Appendix K Timesheet or Appendix K Vendor Payment Request Form to appropriately request payments for respite care services.
- FMS will track respite care services hours paid. Total funding requested for Appendix K respite care services will *not* be reflected on the participant statement.

PERSONAL SUPPORTS

- Participants receiving Meaningful Day services and 28 hours or more of Personal Supports per week prior to the State of Emergency may be authorized by DDA for six (6) additional hours per day, Monday through Friday for a total of 30 hours per week as per [DDA Appendix K #3 - Personal Supports Authorization and Exceptions](#).
- **Any additional Personal Supports hours based on the criteria above must be approved by DDA based on submittal of a Revised Cost Detail Sheet by the participant's CCS.**

STAFFING FLEXIBILITIES

- Modifications to the following staffing qualifications and onboarding requirements are outlined in the guidance [DDA Appendix K #6 - Staff Training and On-boarding Flexibility](#)
 1. Service by Relatives or Legally Responsible Individuals
 2. Staff Age Requirements
 3. Waiver of High School or GED Requirement
 4. Training Requirements
 5. Support Brokers as Direct Support Providers
- **Please note that a new hire packet available on the [FMS website](#) is required for all new hires, including for those who were previously providing services in an *unpaid* capacity. New hire packets should be submitted to FMSNewHirePackets@thearcctr.org for processing.**
- **Support Brokers** may be paid to provide direct service waiver program services to the participant at the rate applicable to that other waiver program service.
 1. For Support Brokers who also wish to be paid to provide a direct care service, it is required that an [Employee Change Form](#) is completed indicating the service and wage to be added to the Support Broker's billing options, signed by the Participant/Employer, and submitted for processing to the FMS at FMSEmployeeUpdates@thearcctr.org.
- Effective 6/20, The FMS will provide a **retroactive clearance** date pre-dating the background check by 1 month. Provisional employees are expected to abide by timesheet submittal requirements to ensure Medicaid billing and fiscal year expense processing deadlines are met.
- Please note that clearances to work are provisional. The FMS will issue a clearance form with information specifying the nature of the temporary clearance. The FMS may provide



payment from the date of the provisional clearance to the date the temporary clearance authorization ends *UNLESS* the employee is able to satisfy the requirements for a non-provisional/traditional clearance.

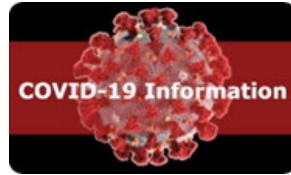
- Any provisionally cleared employee who does not meet non-provisional/traditional clearance requirements will be inactivated and ineligible for payment at the end of the temporary clearance authorization.
- **Important:** Any employee working *more than 40 hours per week (Sun-Sat)* will be paid at an *overtime rate*, which will impact the participant's budget accordingly.

FAMILY PAID FOR PROVIDING OVER 40 HOURS PER WEEK:

- In accordance with [DDA Appendix K #3 - Personal Supports Authorization and Expectations](#), participants may hire legal guardians or relatives for the delivery of services, as provided in the DDA Appendix K #6 - Staff Training and On-boarding Flexibility Guidance, for greater than 40-hours per week without DDA's prior authorization.
- Family as Staff may provide and be paid for hours exceeding 40 per week of both (1) services approved in the plan and budget and (2) Appendix K services (see Appendix K Service Codes).
 - Family as Staff providing more than 40 hours per week of regular services as approved in the plan and budget should submit the hours on a typical Timesheet.
 - Family as Staff providing more than 40 hours per week of Appendix K services should submit the hours on an Appendix K Timesheet.
 - In BOTH circumstances, Family members should check the **"FAMILY AS STAFF - CONSENT TO OVERRIDE OVERTIME EXEMPTION"** box on the timesheet to indicate understanding that the funds will be paid at an overtime rate (150% of the normal pay rate) for any hours worked beyond 40. This checkbox has been added to both the regular timesheet and the Appendix K timesheet. If using a version of the timesheet without the checkbox, please write in "Family as Staff - Override OT Exemption" on the timesheet.
 - Consent to override the overtime exemption is implied with e-time submittal for Family as Staff for hours worked beyond 40/week. Any employers who DO NOT wish to have employee paid overtime should not submit/approve hours in excess of 40/week.
 - **Important:** It is not a provision of Appendix K that additional funds are added to the budget to absorb the higher payrate of overtime payments for family as staff. Accordingly, payment will be provided within the limitations of the budget.

INDIVIDUAL AND FAMILY DIRECTED GOODS AND SERVICES (IFDGS) EXCEPTIONS:

- In accordance with [DDA Appendix K #4 - Exceptions to Pre-Authorization and Service Requirements - Revised 5.3.20](#), IFDGS may fund the following goods and services that provide or direct an exclusive benefit to the participant:
 - Food including delivery services;
 - Utility charges;
 - Fees associated with telecommunications and internet; and
 - Service animals and associated costs.



- Please use DDA COVID Form #5, Section I, to redirect funds to IFDGS or use funds already allocated to IFDGS for identified goods and services.
- Payment for IFDGS funding already allocated or as requested in Section I of DDA COVID Form #5 should be requested on a regular (non-Appendix K) Vendor Payment Request Form.

INCREASED RATE - QUARANTINE WAGE

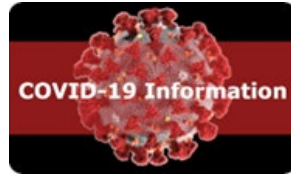
- As indicated in [DDA Appendix K #7 - Increased Rate for Supporting Person with COVID-19 Virus](#), the DDA is implementing increased rates (150% of wage) for directly supporting participants that have a positive COVID-19 determination, and therefore are isolated, to account for increased cost the provision of services while maintaining participants' health and safety.
- Requesting quarantine wage hours on Form #5 is not required in order to request payment for the service hours.
- For eligible participants, the increased rate can be requested beginning the date that the participant was determined positive and may be billed up to 21 consecutive days while the participant is in isolation.
- The Appendix K Timesheet will be required to request quarantine wage payments for eligible staff based on the criteria noted in the guidance.
- Quarantine wage service codes as identified on the Appendix K Service Codes form should be utilized on the Appendix K Timesheet to appropriately request quarantine wage payments.
- To request the increased rate, the Appendix K Timesheet *must* be accompanied by the Quarantine Wage Documentation Requirement to ensure compliance with Appendix K.
- **Important:** Total funding requested for Appendix K *quarantine wage will be billed to the corresponding service line authorized in the participant's budget*; therefore, payment is will be provided within the limitation of the budget.

TELEPHONIC/REMOTE SERVICE DELIVERY OPTIONS

- To support the health and safety of participants, families, and staff during the COVID-19 State of Emergency and prevent transmission and spread of COVID-19 disease, whenever possible, individuals are encouraged to deliver services remotely or telephonically.
- Please refer to [DDA Waiver Programs Telehealth and Telephonic Guidance](#) and/or reach out to the CCS for requirements and additional information.

NEW COVID-19 RELATED SERVICE REQUESTS

- Participants and their teams may request new or additional services/funding by working with their CCS to submit the Revised Cost Detail Sheet for DDA review. The Revised Cost Detail Sheet is used when needs *CANNOT* otherwise be met by:
 - Requesting a budget modification
 - Utilizing the \$2K increase
 - Accessing additional Respite Care



- Please note, the Revised Cost Detail Sheet is *NOT* submitted to the FMS by the participant and their team. If the cost detail is submitted to the FMS, it will be filed. The FMS is not responsible for forwarding to DDA for review.

PROCESSING GUIDANCE - APPENDIX K SERVICE CODES AND PAYMENT REQUEST FORMS

APPENDIX K SERVICE CODES

- As noted, payment for all Appendix K service codes may be request on the Appendix K Timesheet or the Appendix K Vendor Payment Request Form.
- **Important:** Payment for all Appendix K service codes *EXCEEDING* the allotted \$2K will be billed to the participant's pre-pandemic approved budget service codes.
- Which codes are Appendix K service codes?
 1. All service codes identified in **SECTION II** are considered Appendix K service codes and must be submitted/approved on DDA COVID Form #5 prior to submitting the request for payment. The service code must be added to the statement in order for the FMS to process/track payment. Please allow the FMS up to 5 business days for the DDA COVID Form #5 to be processed by the FMS. The reviewed DDA COVID Form #5 and an updated statement reflecting the requested changes will be shared with the participant team after processing.
 2. Respite Care Services up to 360 hours per participant.
 3. Increased Rate - Quarantine Wages paid to employees of participants with a positive COVID-19 diagnosis
 4. Nursing Services

APPENDIX K TIMESHEET (AND E-TIME)

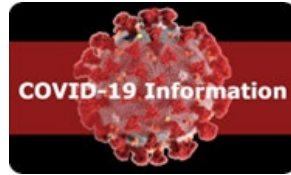
- Please reference the Appendix K Service Codes form for all the applicable service codes available for use on the Appendix K Timesheet. For all other service codes, please use our regular timesheet.
- The Appendix K Timesheet may be used for billing *only* for the dates of service March 13, 2020, through March 12, 2021.
- E-timekeeping:
 - First instances of submitting Appendix K service codes must be completed on an Appendix K Timesheet so that the payroll team may code the identified Appendix K service code and payrate to the applicable employee. Subsequent time submittals for that employee for the repeated Appendix K service code(s) may be completed via E-time.
 - Previous pay period payment requests must be submitted using a timesheet (vs. E-time). The payroll team must manually process any submittals for previous pay periods.



- Notes about **timesheet corrections**:
 1. If it is a correction to a previously submitted timesheet or e-time, please check the box at the top of the timesheet to indicate that it is a **CORRECTED** submittal.
 2. With the exception of the submittal of Family as Staff overtime hours, all corrections must be submitted with the previously submitted hours and the “Corrected” box checked. Family as Staff overtime hours should be submitted on a timesheet with just the unpaid overtime hours. The “Corrected” box should be checked.
 3. If the service code used was incorrect, please send in a new timesheet, check “Corrected” and put in the new service codes. Also, please make a note on the timesheet that only the service code was changed.
 4. Pay rate changes do not require a corrected timesheet. Pay rate changes are processed through FMSEmployeeUpdates@thearcCCR.org by use of the Employee Change form, found on the FMS webpage.
 5. A corrected timesheet is not needed for late timesheet submissions.
- Notes about paying **Family as Staff** for hours worked beyond 40/week:
 1. Family as Staff providing more than 40 hours per week of regular services as approved in the plan and budget should submit the hours on a typical Timesheet.
 2. Family as Staff providing more than 40 hours per week of Appendix K services should submit the hours on an Appendix K Timesheet.
 3. In BOTH circumstances, Family members should check the “FAMILY AS STAFF - CONSENT TO OVERRIDE OVERTIME EXEMPTION” box on the timesheet to indicate understanding that the funds will be paid at an overtime rate (150% of the normal pay rate) for any hours worked beyond 40. This checkbox has been added to both the regular timesheet and the Appendix K timesheet. If using a version of the timesheet without the checkbox, please write in “Family as Staff - Override OT Exemption” on the timesheet.
 4. Consent to override the overtime exemption is implied with e-time submittal for Family as Staff for hours worked beyond 40/week. Any employers who DO NOT wish to have employee paid overtime should not submit/approve hours in excess of 40/week.
 5. **Important:** It is not a provision of Appendix K that additional funds are added to the budget to absorb the higher payrate of overtime payments for family as staff. Accordingly, payment will be provided within the limitations of the budget.

APPENDIX K VENDOR PAYMENT REQUEST FORM

- Please reference the Appendix K Service Codes form for all the applicable service codes available for use on the Appendix K Vendor Payment Request Form. For all other service codes, please use our regular vendor payment request form.
- The Appendix K Vendor Payment Request Form may be used for billing *only* for the dates of service March 13, 2020, through March 12, 2021.



- **Important:** Please note that the documentation requirements for Appendix K Service Codes are the same as the documentation requirements for the regular vendor payment request form.

TIPS FOR SUCCESS:

- Make sure you plan/budget are in good standing. If not, please engage your CCS and/or Regional Office staff, as necessary to remedy the situation.
- Engage the entire planning/support team (Representative, Support Broker, CCS) for strategies regarding allocation/utilization of Appendix K funding/service options.
- Consider redirecting current service funding *prior* to allocating the additional \$2K in service dollars. Once funds have been allocated using Section II of DDA COVID Form #5, they cannot be moved to other services.

NEED HELP?

- [DDA Appendix K Resources](#), [DDA Appendix K FAQs](#), and [DDA COVID-19 Information Page](#)
- Any questions about Appendix K not addressed in the guidance should be directed to DDA at dda.toolkitinfo@maryland.gov
- FMS processing questions may be directed to The Arc FMS by [opening a customer service ticket](#), emailing FMSParticipants@thearcccr.org, or by calling our offices toll-free at 1.866.252.6871.