



## Self-directed Services ~ Community Pathways

### Self-direction may be right for you if:

- You have been found “DD Eligible” for DDA funded services
- You would like to be more involved in directing how, when and by whom your services are delivered
- You are willing to take on additional responsibilities, in addition to taking greater control of your services
- You are energetic, optimistic and focused on positive outcomes for your future
- You are currently receiving DDA services
- You have been identified as a priority for funding by your Regional Office

### Self-direction may NOT be right for you if:

- You do not have DDA funding
- You have not been identified by your Regional Office as a priority for funding
- You do not wish to take on more responsibilities in managing your services
- You are satisfied with your current services

#### **“DD Eligible” means you must have a disability that:**

- Is severe and chronic (such as mental retardation, cerebral palsy, Down’s syndrome);
- Manifested prior to the age of 22 years old;
- Is attributable to a physical or mental impairment other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
- Is likely to continue indefinitely;
- Results in the inability to live independently without external support or continuing and regular assistance; and
- Reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are individually planned & coordinated for the individual.

If you have not applied for services from DDA in the past, you may request an application from the Regional Office that serves your county or download an application from the DDA website [\(\[dda.dhmh.maryland.gov\]\(http://dda.dhmh.maryland.gov\)\)](http://dda.dhmh.maryland.gov) and send it to the Regional Office that serves your area.

You are willing to work with the Fiscal Management Service (FMS), selected by the State that will pay for your approved services out of your individual budget. The FMS will monitor your budget and provide you with detailed monthly statements.

You do not want help with managing and paying for your approved services.

**Self-direction may be right for you if:**

**Self-direction may NOT be right for you if:**

The services you are interested in self-directing are:

- Assistive Technology and Adaptive Equipment
- Community Learning Services
- Employment Discovery and Customization
- Environmental Accessibility Adaptations
- Environmental Assessment
- Family and Individual Support Services
- Live-in Caregiver Rent
- Personal Supports (CSLA I & II)
- Respite
- Shared Living
- Support Brokerage
- Supported Employment Services
- Transition Services
- Transportation
- Vehicle Modifications

The services you are interested in self-directing are:

- Behavioral Supports
- Day Habilitation
- Medical Day Care
- Residential Habilitation
- Shared Living

You are willing to work with a Support Broker who will assist in the decisions on what supports or services are best for you, help with recruiting and hiring of staff and make sure supports are in place for you to live successfully in the community.

You are not willing to work with a Support Broker.

You want to choose who provides your service by interviewing, hiring, training, supervising and, if necessary, terminating employment. You are the “Employer” responsible for issuing paychecks, paying/withholding federal and state taxes, obtaining workers’ compensation and other necessary employment related insurances. *Assistance in these areas will be provided by the Fiscal Management Service and/or the Support Broker.*

You do not wish to take on the responsibility of the “Employer”

If you have any questions concerning Self -direction, you may call the Self-direction Regional Coordinator in your region.

<p><b><u>Central Maryland</u></b>  <u>Counties Served:</u> Anne Arundel, Baltimore, Harford, Howard and Baltimore City</p> <p>Ola Otuyelu          1401 Severn Street          Baltimore, MD 21230          Telephone: (410) 234-8200          Toll Free: 1-877-874-2494          TDD: (410) 363-9430</p>	<p><b><u>Eastern Shore</u></b>  <u>Counties Served:</u> Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, Worcester</p> <p>Jonna Hitch          1500 Riverside Drive          Salisbury, MD 21802          Telephone: (410) 572-5942          Toll Free: 1-888-219-0478          TDD: 1-800-735-2258</p>	<p><b><u>Southern Maryland</u></b>  <u>Counties Served:</u> Calvert, Charles, Montgomery, Prince George’s, St. Mary’s</p> <p>Currently Vacant – please call main number below          312 Marshall Avenue, 7<sup>th</sup> floor          Laurel, MD 20707          Telephone: (301) 362-5100          Toll Free: 1-888-207-2479          TDD: (301) 362-5131</p>	<p><b><u>Western Maryland</u></b>  <u>Counties Served:</u> Allegany, Carroll, Frederick, Garrett, Washington</p> <p>Tina Swink          1360 Marshall Street          Hagerstown, MD 21740          Telephone: (240) 313-3877          Toll Free: 1-888-791-0193          TDD: (301) 791-4015</p>
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If you feel that Self-direction is right for you, please fill out the Regional Information Form and forward to the Self-direction Regional Coordinator in your region.

# Regional Information Form

## THIS IS NOT AN APPLICATION FOR WAIVER SERVICES

Submitting this form lets the DDA Regional Office know of your interest in *Self-directed services*. The Regional Coordinator will contact you to provide information, answer questions and discuss self-directed service options.

**Person Interested in Receiving *Self-directed Services*:**  Verbal  Non-Verbal

\_\_\_\_\_  
Last Name First Name Middle Name/Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone # Date of Birth Social Security # Medical Assistance #

### **Contact Person, if different than above:**

\_\_\_\_\_  
First and Last Name Relationship

\_\_\_\_\_  
Email address Telephone #

### **Please check all that apply:**

- I have been found "DD Eligible" for DDA funded services
- I would like to be more involved in directing how, when and by whom my services are delivered
- I am willing to take on additional responsibilities, in addition to taking greater control of my services
- I am currently receiving DDA services. Please include service(s) being received:  
\_\_\_\_\_
- I have been identified as a priority for funding by my Regional Office

Please let us know of any workshops/trainings you have attended related to self-directed services (Person-Centered Planning, Individualized Budgeting, Fiscal Intermediaries, etc)

Name of Workshop/Training Provided by \_\_\_\_\_

Name of Workshop/Training Provided by \_\_\_\_\_

Name of Workshop/Training Provided by \_\_\_\_\_

**Please check all services you would be interested in self-directing:**

- Assistive Technology
- Adaptive Equipment
- Community Learning Services
- Employment Discovery & Customization
- Environmental Accessibility Adaptations
- Environmental Assessment
- Family and Individual Support Services
- Live-in Caregiver Rent
- Personal Supports (CSLA I & II)
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