



Developmental Disabilities Administration

Waiver Amendment 2025

***LTSSMaryland* Updates**

October 3, 2025



Housekeeping



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Housekeeping



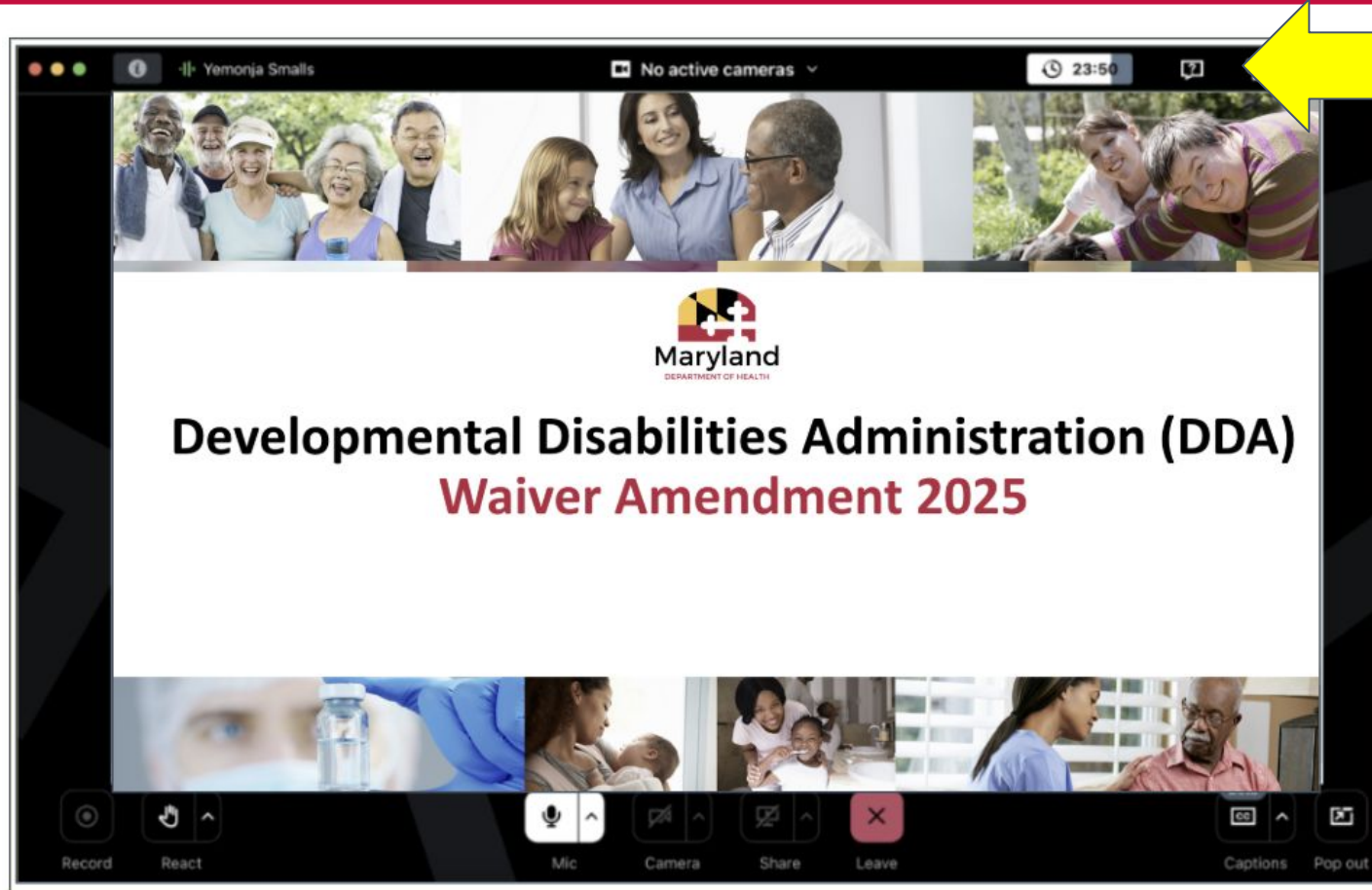
Mics and Cameras are turned off

Housekeeping



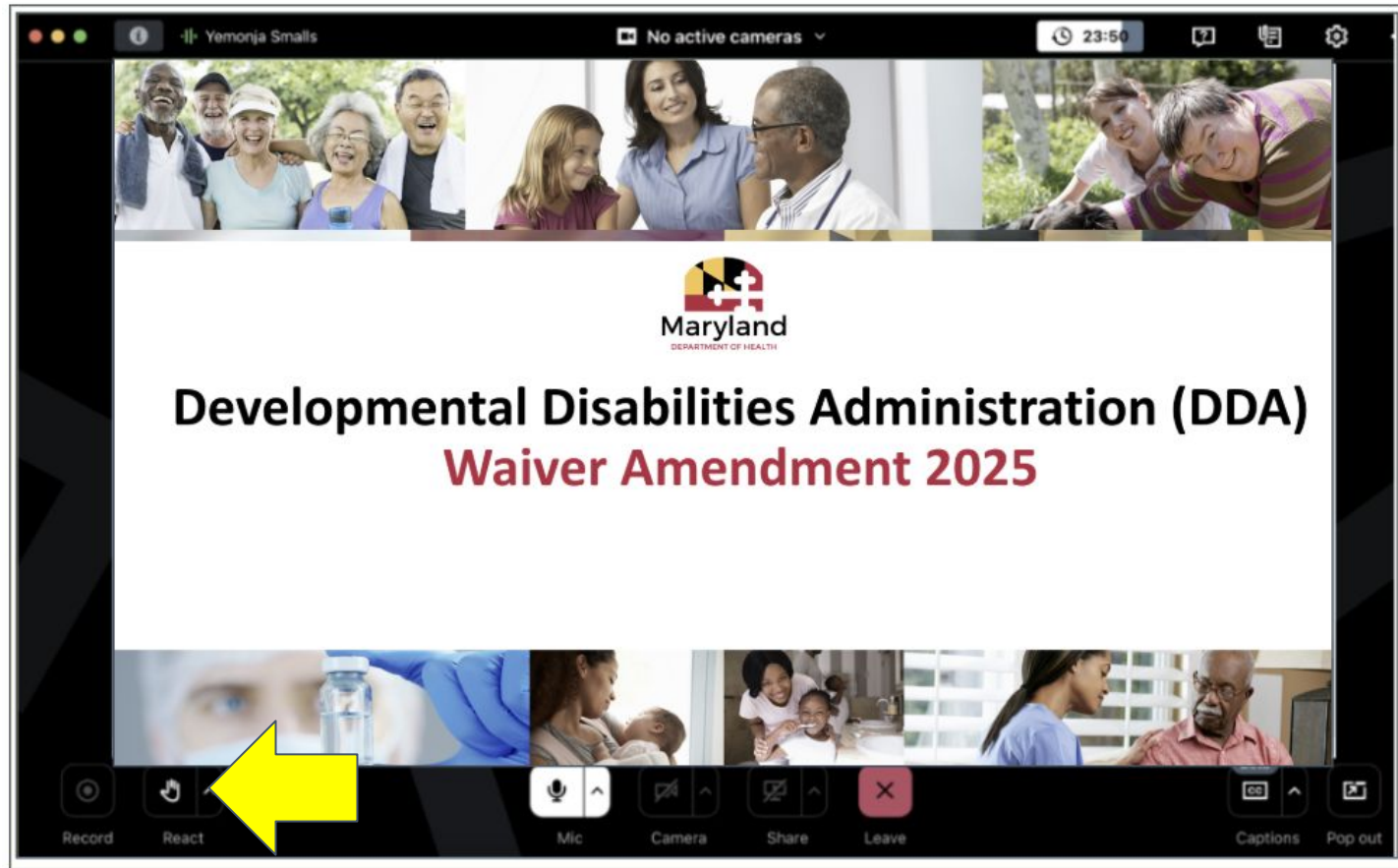
Click the
paperclip to
download
handouts

Housekeeping



Click the question mark to type a question for us

Housekeeping



Click the hand icon to raise your hand

Conduct

The free expression of diverse viewpoints is a fundamental value of our group. This freedom carries the responsibility to engage respectfully, which means treating one another with dignity and respect in good faith.

Uncivil behavior, disruptive actions, abusive language, threats, or harassment will not be tolerated and may result in removal from the meeting.

Welcome

Agenda

- Overview
- Waiver Application and Current Enrollment Conversions
- Person-Centered Plan Conversions
- Person-Centered Plan Updates
- Authorization to Participate form updates
- Priority Category Assessment form updates
- Level of Care form updates
- New Client Attachments Categories

Overview

- Several important updates have been made to LTSS*Maryland* to improve day-to-day operations for both Coordinators of Community Services and DDA-licensed/certified providers.
- These system enhancements were made to:
 - Align with the upcoming DDA-operated Medicaid waiver amendment
 - Improve information sharing and document uploads

LTSSMaryland Updates

Waiver Applications and Current Enrollment Conversions

Waiver Application Conversions (1 of 4)

- Pending waiver applications
 - All individuals that have a pending application for Community Supports or Family Supports waivers will have their application converted to a Community Pathways application.
 - The converted application will pick up where the old application left off.

Waiver Application Conversions (2 of 4)



- For people with waiver applications “in-progress”:
 - **In-progress Authorization to Participate forms, and Financial Eligibility Determination forms** will be converted to Community Pathways forms.
- The next slide will show an example of how the Coordinators of Community Services will be able to see this update

Waiver Application Conversions (3 of 4)

| Authorization to Participate | | | | | | | | | | |
|------------------------------|--------------|--------------------|----------------------|-------------------------------|-------------|--------------------------|----------|-----------------|---------------------|--|
| Collapse All | | | | | | | | | | |
| ATP Questionnaires | | | | | | | | | | |
| Program Type | ATP Type | Last Modified Date | Last Modified By | Associated Application Packet | Status | Note | Active | Acknowledged By | Acknowledgment Date | Actions |
| CP | Notification | 10/06/2025 | System Administrator | N/A | In Progress | DDA Waiver Consolidation | Inactive | | | View Print |
| CS | Notification | 10/06/2025 | System Administrator | N/A | Discarded | | Inactive | | | View Print |

The Community Supports ATP Questionnaire that was in progress was discarded, and converted into a Community Pathways ATP Questionnaire that is in progress.

Waiver Application Conversions (4 of 4)

| Financial and Overall Decision — List | | | | | | | | Expand All |
|---|---------------|--------------|----------|---|-----------------|----------------------|--|------------|
| ▼ Financial Eligibility Determinations and Redeterminations | | | | | | | | |
| Last Modified By | Last Modified | Program Type | Decision | Status | Active/Inactive | Actions | | |
| System Administrator | 10/06/2025 | CP | Pending | In Progress  | Inactive | View | | |
| System Administrator | 10/06/2025 | CS | Pending | Discarded  | Inactive | View | | |

The Financial Eligibility Determination form for Community Supports that was pending was discarded, and converted into a Financial Eligibility form for Community Pathways in pending status



Current Enrollment Conversions (1 of 3)

- Program enrollment

All individuals enrolled in Community Supports or Family Supports waivers will have their special program code/enrollment ended on **October 5, 2025** and converted to the Community Pathways special program code starting **October 6, 2025**.

Current Enrollment Conversions (2 of 3)

- Everyone currently enrolled in Community Supports and Family Supports will also have their Authorization to Participate form, and their Financial Eligibility Determination form converted as well.
- The next slide will show an example of Coordinators of Community Services being able to view this update

Current Enrollment Conversions (3 of 3)

| ▼ Financial Eligibility Determinations and Redeterminations | | | | | | |
|---|---------------|--------------|----------|------------------------------------|--|-----------------|
| Last Modified By | Last Modified | Program Type | Decision | Note | | Active/Inactive |
| System Administrator | 10/06/2025 | CP | Approve | DDA Waiver Consolidation Submitted | | Active |
| System Administrator | 02/15/2025 | CS | Approve | Submitted | | Inactive |
| Loggans, Beth | 06/18/2023 | CS | Approve | Submitted | | Inactive |

The approved Financial Eligibility Determination form for Community Supports was copied and converted into an approved Financial Eligibility Determination form for Community Pathways.

Questions



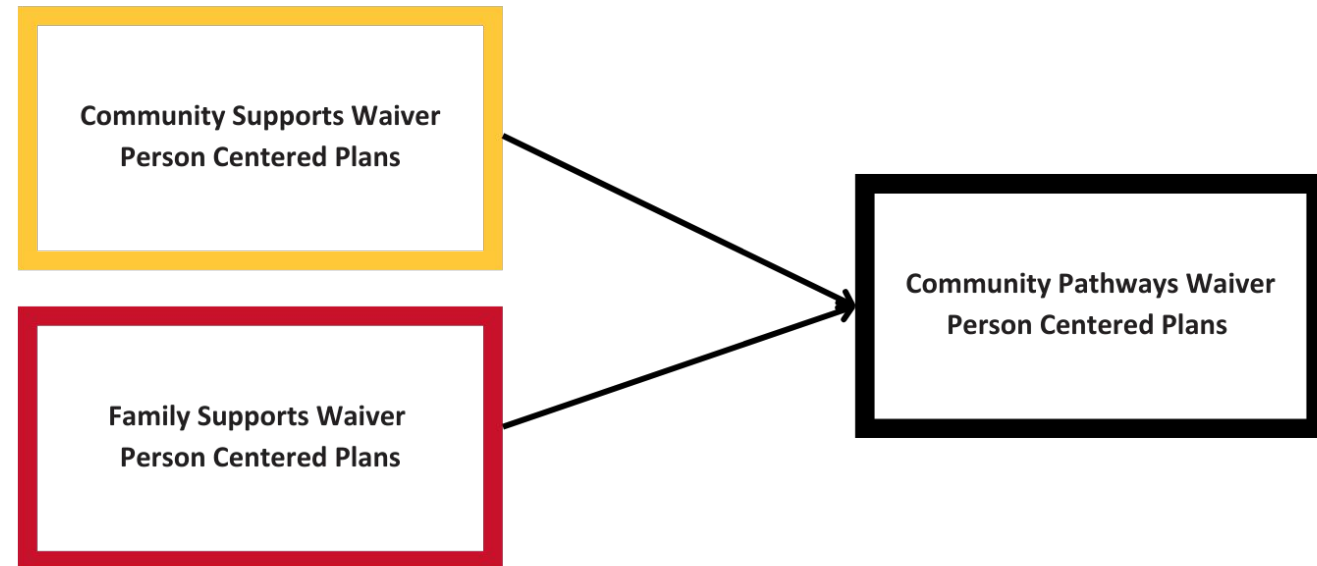
LTSS*Maryland* Updates

Person-Centered Plan Conversions

Person-Centered Plan Conversions (1 of 8)

- Person-Centered Plans

- All Community Supports and Family Supports participants' with an approved Person-Centered Plan will be changed to a Community Pathway Person-Centered Plan.
- All “in progress” Person-Centered Plans that were being actively developed by the Coordinator of Community Services will be changed to a Community Pathways Person-Centered Plan.



Person-Centered Plan Conversions (2 of 8)

- The converted Community Pathways Person-Centered Plan will be an “**Initial**” plan type.
- Community Supports/ Family Supports program types will **not** be available program selections for Initial Person-Centered Plans after **October 6, 2025**

Person-Centered Plan Conversions (3 of 8)

- Scenario #1 - This shows a Revised plan for Family Supports was converted to an Initial plan for Community Pathways with no gap in service authorization.

| Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List | | | | | | | | | | |
|---|--------------|---------------------|--------------------------|----------------------|-----------------------|----------------|------------|----------------------------|----------|---|
| Add PCP | | | | | | | | | | |
| Program Type | Date Created | POS/PCP/SP/POC Type | DDA Waiver Consolidation | POS/PCP/SP/POC Costs | Cost Neutrality Limit | Effective Date | End Date | Status | Active | Actions |
| CP | 10/06/2025 | Initial PCP | Yes | \$ 150,872.09 | | 10/06/2025 | | Approved i | Active | View Print |
| FS | 05/27/2025 | Revised PCP | Yes | \$ 235,448.33 | | 06/30/2025 | 10/05/2025 | Approved | Inactive | View Print Revise |
| FS | 08/16/2024 | Initial PCP | No | \$ 161,269.60 | | 04/01/2025 | 06/29/2025 | Approved | Inactive | View Print |

Person-Centered Plan Conversions (4 of 8)

- Scenario #2 - This shows a Community Supports Initial plan that was approved (but not active yet) was converted to a Community Pathways Initial approved plan.

| Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List | | | | | | | | | | |
|---|----------------|-----------------------|----------------------------|------------------------|-------------------------|------------------|------------|------------|------------|---|
| | | | | | | | | | | Add POS |
| | | | | | | | | | | Add PCP |
| Program Type ▾ | Date Created ▾ | POS/PCP/SP/POC Type ▾ | DDA Waiver Consolidation ▾ | POS/PCP/SP/POC Costs ▾ | Cost Neutrality Limit ▾ | Effective Date ▾ | End Date ▾ | Status ▾ | Active ▾ | Actions |
| CP | 10/06/2025 | Initial PCP | Yes | \$ 94,068.48 | | 10/15/2025 | | Approved ⓘ | Inactive ⓘ | View Print |
| CS | 06/26/2025 | Initial PCP | Yes | \$ 94,068.48 | | 10/15/2025 | 10/15/2025 | Approved | Inactive ⓘ | View Print |

Person-Centered Plan Conversions (5 of 8)

- Scenario #3 - This shows a Community Supports Annual plan was converted to a Community Pathways Initial plan.

| Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List | | | | | | | | | | |
|---|--------------|---------------------|--------------------------|----------------------|-----------------------|----------------|------------|-----------|----------|---|
| | | | | | | | | | | Add POS |
| | | | | | | | | | | Add PCP |
| Program Type | Date Created | POS/PCP/SP/POC Type | DDA Waiver Consolidation | POS/PCP/SP/POC Costs | Cost Neutrality Limit | Effective Date | End Date | Status | Active | Actions |
| CP | 10/06/2025 | Initial PCP | Yes | \$ 199,869.44 | | 10/06/2025 | | Approved | Active | View Print |
| CS | 04/16/2025 | Annual PCP | Yes | \$ 265,210.68 | | 07/01/2025 | 10/05/2025 | Approved | Inactive | View Print Revise |
| CS | 12/05/2024 | Revised PCP | No | \$ 309,720.16 | | 12/30/2024 | 06/30/2025 | Approved | Inactive | View Print |
| CS | 04/11/2024 | Initial PCP | No | \$ 247,990.20 | | 07/01/2024 | 12/29/2024 | Approved | Inactive | View Print |
| CS | 02/13/2025 | Revised PCP | No | \$ 87,479.16 | | 03/17/2025 | | Discarded | Inactive | View Print |

Person-Centered Plan Conversions (6 of 8)

- Scenario #4 - This shows a Community Supports Initial plan that was approved (but not active yet) was converted to a Community Pathways Initial approved plan.

| Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List | | | | | | | | | | | |
|---|----------------|-----------------------|----------------------------|------------------------|-------------------------|------------------|------------|------------|------------|---|-------------------------|
| | | | | | | | | | | Add POS | Add PCP |
| Program Type ▾ | Date Created ▾ | POS/PCP/SP/POC Type ▾ | DDA Waiver Consolidation ▾ | POS/PCP/SP/POC Costs ▾ | Cost Neutrality Limit ▾ | Effective Date ▾ | End Date ▾ | Status ▾ | Active ▾ | Actions | |
| CP | 10/06/2025 | Initial PCP | Yes | \$ 29,782.40 | | 10/06/2025 | | Approved ⓘ | Inactive ⓘ | View Print | |
| CS | 05/06/2025 | Initial PCP | Yes | \$ 43,006.52 | | 07/01/2025 | 10/05/2025 | Approved | Inactive ⓘ | View Print | |

Note

This PCP was approved but never became active

Person-Centered Plan Conversions (7 of 8)

- Here are some examples of what the Person-Centered Plan conversions will look like in the Provider Portal

Client LTSS ID #: MA#: Service Plan Program: **CS**Enrolled In: **CS**Receiving Services During Appeal Period:

MA Eligible: **Yes**Waiver: **CSW**Current CTC Amount:

SERVICE PLANS

| Program Type | Date Created | Service Plan Type | Effective Date | End Date | Status | Active | Actions |
|--------------|--------------|-------------------|----------------|------------|----------|----------|-------------------------|
| CP | 10/06/2025 | Initial PCP | 10/06/2025 | 06/30/2026 | Approved | Inactive | Details |
| CS | 07/01/2025 | Auto Extend | 07/01/2025 | 10/05/2025 | Approved | Active | Details |
| CS | 11/08/2024 | Revised PCP | 11/25/2024 | 06/30/2025 | Approved | Inactive | Details |

Person-Centered Plan Conversions (8 of 8)

- Here are some examples of what the Person-Centered Plan conversions will look like in the Provider Portal

Client LTSS ID #: MA#: Service Plan Program: CFC, FSEnrolled In: FS,REM,CFCReceiving Services During Appeal Period:

MA Eligible: YesWaiver: FSW,OTHCurrent CTC Amount:

SERVICE PLANS

| Program Type | Date Created | Service Plan Type | Effective Date | End Date | Status | Active | Actions |
|--------------|--------------|-------------------|----------------|------------|----------|----------|-------------------------|
| CP | 10/06/2025 | Initial PCP | 10/06/2025 | | Approved | Inactive | Details |
| FS | 01/31/2025 | Annual PCP | 05/03/2025 | 10/05/2025 | Approved | Active | Details |
| FS | 05/03/2024 | Auto Extend | 05/03/2024 | 05/03/2024 | Approved | Inactive | Details |

Person-Centered Plans with No Effective Date

- Sometimes, Coordinators of Community Services will create a Person-Centered Plan without setting an Effective Date or entering any information into the plan.
- During the Person-Centered Plan conversion on October 6, 2025, Community Supports and Family Supports Person-Centered Plans with **blank Effective Dates** will be *discarded*, and will *not* be converted into a Community Pathways Person-Centered Plan.
- Since these plans were never authorized or active, there is no impact to services.

Person-Centered Plans with No Effective Date

| Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List | | | | | | | | | | |
|---|--------------|---------------------|--------------------------|----------------------|-----------------------|----------------|------------|-----------|----------|---|
| Add PCP | | | | | | | | | | |
| Program Type | Date Created | POS/PCP/SP/POC Type | DDA Waiver Consolidation | POS/PCP/SP/POC Costs | Cost Neutrality Limit | Effective Date | End Date | Status | Active | Actions |
| CS | 02/19/2025 | Revised PCP | Yes | \$ 181,813.56 | | 03/17/2025 | 10/05/2025 | Approved | Active | View Print Revise |
| CP | 09/04/2025 | Initial PCP | Yes | \$ 43,204.80 | | 10/06/2025 | | Approved | Inactive | View Print |
| CS | 08/22/2024 | Initial PCP | No | \$ 173,422.44 | | 01/10/2025 | | | Inactive | View Print |
| CS | 06/30/2025 | Annual PCP | Yes | \$ 0.00 | | | | Discarded | Inactive | View Print |
| CS | 02/13/2025 | Revised PCP | No | \$ 87,479.16 | | 03/17/2025 | | Discarded | Inactive | View Print |

- Note: CSW and FSW plans with **blank Effective Dates** will be **discarded**, and will **not** be converted into a Community Pathways Person-Centered Plan.

Person-Centered Plan Activation Process - October 6 through October 8, 2025 (1 of 2)

- Individuals who had their approved Community Supports or Family Supports Person-Centered Plan changed to a Community Pathways Person-Centered Plan may notice a short delay in *LTSSMaryland* seeing the plan as “active”.
- There is a **nightly job** within *LTSSMaryland* that runs to update Person-Centered Plans as “active” based on a combination of Person-Centered Plan effective date and Overall Decision Form status.

Person-Centered Plan Activation Process - October 6 through October 8, 2025 (2 of 2)

- This nightly job will take approximately from October 6 to October 8, 2025 to catch-up and complete in order to tag all appropriate converted Community Pathways Person-Centered Plans as “active”.
 - Please note there is **no** action for Coordinators of Community Services or DDA providers to take.
 - Providers can continue to bill and they may notice some of their service activities tagged with an exception due to lack of an “active” Person-Centered Plan, but those will automatically clear themselves once the nightly Person-Centered Plan activation job catches up by October 8, 2025.

Questions



LTSSMaryland Updates

Person-Centered Plan Updates: New Day-to-Day Administrative Support Service

Person-Centered Plans: New Day-to-Day Administrative Support Service (1 of 5)

Day-to-Day Administrative Supports provides assistance with household management and scheduling medical appointments.

- **What's New:**
 - **Day-to-Day Administrative Supports (self-direction only):**
 - Up to 10 hours per month can be requested in the Person-Centered Plan Service Authorization section.
 - Service must be approved in the Person-Centered Plan.

Person-Centered Plans: New Day-to-Day Administrative Support Service (2 of 5)

- The Self-Directed Services Decision Tree must be filled out and submitted with the Person-Centered Plan.
 - This new form helps the person and their team decide what kinds of help they may need from Day-to-Day Administrative Supports.
 - The total number of hours being requested should be included in the Person-Centered Plan Service Authorization.

Person-Centered Plans- New Day-to-Day Administrative Support Service (3 of 5)

Add New Service

Service Information

Service Category: *
All

Service Title: *
Employment Services - On-going job supports
Environmental Assessment
Environmental Modification
Family and Peer Mentoring Supports
Family Caregiver Training and Empowerment
Housing Support Services
Individual and Family Directed Goods & Services
Individual and Family Directed Goods & Services - Staff Recruitment & Advertising
Individual and Family Directed Goods and Services - Day-to-Day Administrative Support
Live In Caregiver Supports
Nursing Support Services
Other (State Only Funded)
Participant Ed, Training, and Advocacy
Personal Supports
Personal Supports - Enhanced
Personal Supports 2:1
Remote Support Services
Rent - Individual Support (State Only Funded)
Respite Care Services - 15 minutes
Respite Care Services - Camp
Respite Care Services - Day

Outcome(s) Service Is Supporting: *
Select options

Frequency: *
All

Search

Phone Number Actions

Close Next

Person-Centered Plan - Service Authorization section

- New drop down option for Individual and Family Directed Goods and Services Day-to-Day Administrative Support

Person-Centered Plans- New Day-to-Day Administrative Support Service (4 of 5)

Individual and Family Directed Goods and Services - Day-to-Day Administrative Support

Unit Calculation Type: Daily

☐ All

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

☐ July ☐ August ☐ September ☒ October ☒ November ☒ December

☒ January

Sunday: 0 hours 0 minutes Thursday: 0 hours 0 minutes

Monday: 0 hours 0 minutes Friday: 0 hours 0 minutes

Tuesday: 0 hours 0 minutes Saturday: 0 hours 0 minutes

Wednesday: 0 hours 0 minutes

Days Per Week: 0 (max 7 days a week)

How Many Weeks: * All (max 3 weeks)

Units Per Week: 0

| Calc Type | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Actions |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| Daily | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40 | 40 | 40 | 40 | Edit Delete |

Billable Unit: Fifteen Minute

Total Units: 160

Rate: \$5.00 (max \$5.00)

Service Cost: \$800.00

[Back](#) [Close](#) [Save to Service Authorization](#)

Person-Centered Plan - Service Authorization section

- This is a view of the unit calculation tool.

Person-Centered Plans- New Day-to-Day Administrative Support Service (5 of 5)

Service Authorization view example:

| Service Status & Effective Date | Service and Provider | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Total Units | Annual Service Cost | Actions | Provider Status | Provider Status Date |
|---------------------------------|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|---------------------|--|-----------------|----------------------|
| Annual - 01/14/2026 | Individual and Family Directed Goods and Services - Day-to-Day Administrative Support | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 520 | \$2,600.00 | Edit Delete | N/A | N/A |
| Provider Site Address: | | N/A | | | | | | | | | | | | | | | | | |

Total Plan Cost

Annual Waiver Plan Services Total: \$2,600.00

DDA State Only Funded Services Total: \$0.00

Day-to-Day Administrative Support Service Reminders (1 of 2)

- Day-to-Day Administrative Supports will only be available to participants who are 18 years of age or older and currently unable to do these tasks independently.
- The new Day-to-Day Administrative Supports is paid for through the Medicaid waiver and cannot be covered using cost-savings funds.
- If the participant is currently receiving Day-to-Day Administrative Supports, they can continue to do so in the way they are receiving them until their next plan year.
 - The updates to Day-to-Day Administrative Supports apply to them in their next Person-Centered Plan.

Day-to-Day Administrative Support Service Reminders (2 of 2)

- If Day-to-Day Administrative Supports are being requested in a Person-Centered Plan that is being submitted on or after October 6, 2025:
 - The Decision Tree form must be completed and uploaded into the “Documents” section of the Person-Centered using this format:
 - **DecisionTree.LastNameFirstName.FormDate;**
For example: **DecisionTree.BrownAnna.11-13-25.**

LTSSMaryland Updates

Person-Centered Plan Updates - New Assistive Technology Monthly Service Fee

Person-Centered Plans -New Assistive Technology Monthly Service Fee (1 of 6)

Assistive Technology supports participants to stay safe and maintain or improve their independent skills.

What's New?

- **Monthly service fees** for Assistive Technology are now included and covered in the Medicaid waiver. For example, if a technology device has a monthly subscription or service fee, that can now be paid for through the waiver.
- This does not include monthly internet fee.

Person-Centered Plans- New Assistive Technology Monthly Service Fee (2 of 6)

Add New Service

Service Information

Service Category: *
All

Service Title: *
Assistive Technology Monthly Service Fee

Outcome(s) Service Is Supporting: *
Select options

Frequency: *
Monthly

Provider Number:

Licensed Address:

Search

| Provider Address | Provider Phone Number | Action |
|----------------------------|-----------------------|--------|
| No data available in table | | |

Close

Person-Centered Plan - Service Authorization section

- New drop down option for Assistive Technology Monthly Service Fee

Person-Centered Plans- New Assistive Technology Monthly Service Fee (3 of 6)

Assistive Technology Monthly Service Fee

☐ All

| | | | | | |
|--|-----|--|-----|---|-----|
| <input type="checkbox"/> September | | <input checked="" type="checkbox"/> February | 100 | <input checked="" type="checkbox"/> July | 100 |
| <input type="checkbox"/> October | | <input checked="" type="checkbox"/> March | 100 | <input checked="" type="checkbox"/> August | 100 |
| <input checked="" type="checkbox"/> November | 100 | <input type="checkbox"/> April | | <input checked="" type="checkbox"/> September | 100 |
| <input checked="" type="checkbox"/> December | 100 | <input type="checkbox"/> May | | | |
| <input checked="" type="checkbox"/> January | 100 | <input checked="" type="checkbox"/> June | 100 | | |

Description: *

Billable Unit: Monthly Upper Pay Limit

Annual Service Cost:

Person-Centered Plan - Service Authorization section

- This is a view of the unit calculation tool.
- A description of the monthly service fee is required

Person-Centered Plans-New Service

Assistive Technology Monthly Service Fee (5 of 6)

- This is what a service activity will look like in the provider portal.

| | | | |
|--|--|--|--|
| Service Date: 10/06/2025 Service Type: Assistive Technology Monthly Service Fee | CLAIM SUMMARY Program Type: CP Procedure Code: W5696 Claim #: -- Total Paid: -- Authorized Services Report | CLIENT INFORMATION Client Name: SMITH, JOHN ID #: 12340J56789 Case Management Activities Primary Phone #: 123456789 MA #: 123456789 Client Service Plan | PROVIDER INFORMATION Provider #: 09876543 Provider FEIN: 10203040 Provider Name: DDA Provider 123 Provider Type: DDA Community Provider Provider Site Address: 4815 SETON DRIVE BALTIMORE MD 212153211 |
|--|--|--|--|

| CLAIM DETAILS | Activity | Exceptions | Comments | Workflow History |
|---|-------------------------------------|---|----------|------------------|
| Claim Type: N/A Claim Status: N/A Procedure Code: N/A Net: Billed:-- Paid:-- Units:-- Total: Billed:-- Paid:-- Units:-- Claim Creation Date: -- Claim ICN: -- | \$10 Cost Of Service/Item | Status: Pending EXCEPTIONS: 1 Contact MDH PBSO STAFF Staff Name: Song, Jesse Assignment Manage | | |

Person-Centered Plans- New Service

Assistive Technology Monthly Service Fee (6 of 6)

CLAIM DETAILS

Claim is Paid

Claim Type: **Original** Claim Status: **Paid**

Procedure Code: **W5696**

| | | | |
|---------------|-----------------|---------------|----------|
| Net: | Billed: \$10.00 | Paid: \$10.00 | Units: 1 |
| Total: | Billed: \$10.00 | Paid: \$10.00 | Units: 1 |

Claim Creation Date: 10/06/2025

Claim ICN: 12345678910111213

RA NO: 345678

RA Date: 10/31/2025

\$10
Cost Of Service/Item

Status: **Closed**

STAFF
Staff Name: Song, Jesse

Adjust Activity **Void Activity** **Resubmit**

CLAIM DETAILS

Claim Type: **Adjustment** Claim Status: **N/A**

Procedure Code: **N/A**

| | | | |
|---------------|------------|----------|-----------|
| Net: | Billed: -- | Paid: -- | Units: -- |
| Total: | Billed: -- | Paid: -- | Units: -- |

Cost To Care:

Claim Creation Date: --

Claim ICN: --

RA NO: --

RA Date: --

20
Cost Of Service/Item

Status: **Closed**

Edit Reason: *

Cancel **Save**

- Providers will have the ability to adjust, void, and resubmit the billing claims, like they do with any other service.

Assistive Technology Reminders

- Coordinators of Community Services can add the monthly service fee (as applicable) during the **next** Revised or Annual Person-Centered Plan.
- Service providers will send separate bills for assistive technology devices and equipment and for the monthly service fee.
- Personal Emergency Response Systems are no longer covered under Assistive Technology.
 - Coordinators of Community Services will support the participant with the Community First Choice program application and service request, or help find other ways to pay for this device.

Questions



LTSS*Maryland* Updates

Authorization to Participate (ATP) Form Updates

New Authorization to Participate Form Type: Address Change (1 of 3)

- When any participant has a change of address:
 - LTSS*Maryland* Client Profile demographic section must be updated for all participants.
- **What's new:**
 - An “Address Change” Authorization to Participate form must now be submitted for Medicaid waiver participants.

New Authorization to Participate Form Type: Address Change (2 of 3)

ATP — Questionnaire **Program: CP**

[Cancel](#)

DDA ATP Questionnaire

Authorization to Participate

Is the individual currently enrolled? Yes

In eligibility-related appeal? No

Continuing to receive services during appeal? No

Associated Application Packet:

Program Type: Community Pathways

ATP Type: *

Address Change

Client Information

Notification

- Coordinators of Community Services must navigate to “Authorization to Participate” module:
 - Click the “Add” button in the right hand corner
 - Select ATP Type* - “Address Change”

New Authorization to Participate Form Type: Address Change (3 of 3)

| Previous Address | |
|---|------------------------------|
| Select Address: ** | 777 Test Place (Community) ▼ |
| Address Type | Community |
| Transition Date | NA |
| End Date | NA |
| Address Description | MMIS Import |
| Address 777 Test Place BELCAMP, MD 21017 Harford | |

| Current Address | |
|--|-------------------------------|
| Select Address: ** | 123 Fake Street (Community) ▼ |
| Address Type | Community |
| Transition Date | 06/30/2020 |
| End Date | NA |
| Address Description | |
| Address 123 Fake Street BELCAMP, MD 21017 Harford | |

- Coordinators of Community Services must navigate to “Authorization to Participate” module:
 - Complete the form by selecting the previous and current (new) address from the drop down menu provided.

ATP Questionnaire Report (1 of 4)

Coordinators of Community Services, DDA Staff, and the Eligibility Determination Division will now be able to see this new type of form on the ATP Report

HomeClientsMy ListsAlertsReportsWait Lists & RegistriesMy Daily Activity

Category: *
ATP

Filter

| Category | Name | Data Frequency | Actions |
|----------|---|----------------|----------------------|
| ATP | ATP - CTC Notification for DDA Clients Report | Real Time | View |
| ATP | ATP - Questionnaire Summary Report | Real Time | View |

ATP Questionnaire Report (2 of 4)

Coordinators of Community Services, DDA Staff, and the Eligibility Determination Division will now be able to see this new type of form on the ATP Report

| | | | | | |
|------------------------|--|-------------------------------|--|-----------------------------|-------------------------------|
| Program Type | CP, | ATP Status | Clarification Requested, Discarded, Ir | View Report | |
| From Date (mm/dd/yyyy) | 7/22/2025 12:00:00 AM | <input type="checkbox"/> NULL | To Date (mm/dd/yyyy) | 7/22/2025 12:00:00 AM | <input type="checkbox"/> NULL |
| ATP Type | Address Change, Advisory Authorizat | AW ATP Reviewer | N/A | | |
| Acknowledged? | <div><input type="checkbox"/> (Select All) <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Advisory Authorization <input type="checkbox"/> Authorization <input type="checkbox"/> CTC Notification <input type="checkbox"/> Denial <input type="checkbox"/> Denial Overturned <input type="checkbox"/> Disenrollment</div> | | | | |

ATP Questionnaire Report (3 of 4)

Coordinators of Community Services, DDA Staff, and the Eligibility Determination Division will now be able to see this new type of form on the ATP Report

ATP - Questionnaire Summary Report

Search Criteria:

Program Type:

CP;

ATP Status:

Clarification Requested; Discarded; In Progress; On Hold; Pending RO Review; Submitted

From Date:

7/22/2025

To Date:

7/22/2025

ATP Type:

Address Change

AW ATP Reviewer:

N/A

Acknowledged?:

Yes, No

| Program | Submitted | Total |
|---------|-----------|-------|
| CP | 1 | 1 |
| Total | 1 | 1 |

ATP Questionnaire Report (4 of 4)

Coordinators of Community Services, DDA Staff, and the Eligibility Determination Division will now be able to see this new type of form on the ATP Report

| ATP - Questionnaire Summary Report - Detail View | | | | | | | | | | | |
|--|---------------------------|----------------|------------|--------------|--------------------|-----------------------------|-----------------------------------|--------------------------------|--------------------------|-----------------------|--------------------------|
| Program | Program Enrollment Status | ATP Type | ATP Status | Date Created | Last Modified Date | # Of Clarification Requests | Latest Clarification Request Date | Date Last Submitted for Review | Assigned AW ATP Reviewer | Date Submitted to EDD | Date Acknowledged by EDD |
| CP | Enrolled | Address Change | Submitted | 07/22/2025 | 07/22/2025 | | | | | 07/22/2025 | 07/22/2025 |



Questions



LTSSMaryland Updates

Priority Category Assessment (PCA) form Updates

Priority Category Assessment (PCA) Form (1 of 4)

What's New:

- Coordinators of Community Service and Regional Eligibility Staff will have the ability to indicate interest in Self-Direction on the Priority Category Assessment Form

Priority Category Assessment (PCA) Form (2 of 4)

What's New:

- Selecting Self-Direction on the Priority Category Assessment Form will create a flag on the DDA Waiting List, so these individuals can be easily identified.
- The flag allows DDA staff to easily identify individuals who may need to complete the new training requirements for Self-Direction.

Priority Category Assessment (PCA) form (3 of 4)

Before October 6, 2025

Priority Category Assessment Form

Priority Category

i Please review the criteria below and for each indicate whether the individual currently meets the criterion, is likely to meet the criterion in one year, or has no anticipated risk of meeting the criterion.

Date: **

Homeless or living in temporary housing with clear time-limited ability to continue living in this setting with no viable non-DDA-funded alternative: **

Recently received severe injuries due to the behavior of others in the home or community: **

Recently been the victim of sexual abuse: **

Neglect to the extent that the individual is at serious risk of sustaining injuries that are life-threatening or which substantially impair functioning: **

Engages in self-injurious behavior which puts the individual at serious risk of sustaining injuries that are life-threatening or which substantially impair functioning: **

Is at serious risk of sustaining injuries that are life-threatening or which substantially impair functioning due to physical surroundings: **

Serious risk of causing physical harm to others in the current environment: **

Living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health, which may place the applicant at risk of serious physical harm: **

Please indicate the individual's need for DDA Services: **

Comments: **

Beginning October 6, 2025

Priority Category Assessment Form

Priority Category

i Please review the criteria below and for each indicate whether the individual currently meets the criterion, is likely to meet the criterion in one year, or has no anticipated risk of meeting the criterion.

Date: **

Homeless or living in temporary housing with clear time-limited ability to continue living in this setting with no viable non-DDA-funded alternative: **

Recently received severe injuries due to the behavior of others in the home or community: **

Recently been the victim of sexual abuse: **

Neglect to the extent that the individual is at serious risk of sustaining injuries that are life-threatening or which substantially impair functioning: **

Engages in self-injurious behavior which puts the individual at serious risk of sustaining injuries that are life-threatening or which substantially impair functioning: **

Is at serious risk of sustaining injuries that are life-threatening or which substantially impair functioning due to physical surroundings: **

Serious risk of causing physical harm to others in the current environment: **

Living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health, which may place the applicant at risk of serious physical harm: **

Please indicate the individual's need for DDA Services: **

Comments: **

Service Delivery Model: **

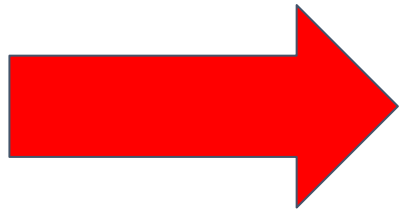
Self-Directed services

Traditional services



Priority Category Assessment (PCA) form (4 of 4)

Beginning
October 6,
2025



serious physical harm: **

Please indicate the individual's need for DDA Services: **

Comments: **

Service Delivery Model: **

- Self-Directed services
- Traditional services

LTSS *Maryland* Updates

Level of Care (LOC) Form Updates

Level of Care (LOC) (1 of 2)

What's new:

- The “Service Delivery Model” question will be removed from the Initial Level of Care form, and the Recertification of Need form.

Before October 6, 2025

DDA Level of Care

Level of Care

Type: * Initial

I certify that this individual meets level of care: * ☒ Yes ☐ No

Date Individual Met "DD" Eligibility Category: * 08/31/2023

Level of Care Effective Date: *

Level of Care End Date:

Service Delivery Model: **

Signature

Signature: **

Traditional/Provider Managed Services

Self-Directed Services

Beginning October 6, 2025

DDA Level of Care

Level of Care

Type: * Initial

I certify that this individual meets level of care: * ☒ Yes ☐ No

Date Individual Met "DD" Eligibility Category: * 08/31/2023

Level of Care Effective Date: *

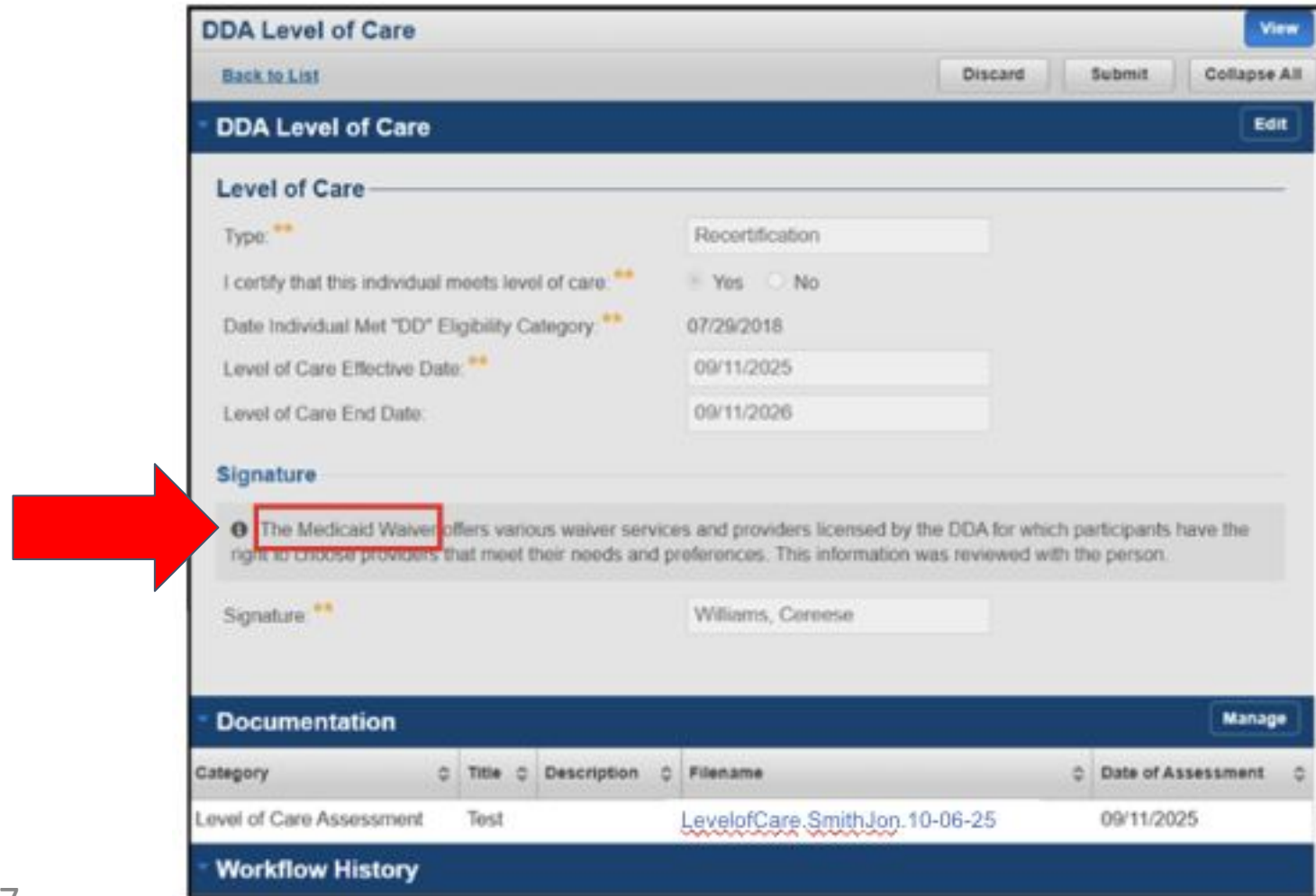
Level of Care End Date:

Signature

Level of Care (LOC) (2 of 2)

What's new:

The Information note within the Signature section will be updated to replace the text “Community Pathways” with “Medicaid”.



The screenshot shows the 'DDA Level of Care' form. A red arrow points to the 'Signature' section, which contains an information note. The note text is: 'The Medicaid Waiver offers various waiver services and providers licensed by the DDA for which participants have the right to choose providers that meet their needs and preferences. This information was reviewed with the person.' Below the note is a signature field with the text 'Williams, Corneise'.

DDA Level of Care

Back to List Discard Submit Collapse All View

DDA Level of Care Edit

Level of Care

Type: Recertification

I certify that this individual meets level of care: Yes No

Date Individual Met "DD" Eligibility Category: 07/29/2018

Level of Care Effective Date: 09/11/2025

Level of Care End Date: 09/11/2026

Signature

i The Medicaid Waiver offers various waiver services and providers licensed by the DDA for which participants have the right to choose providers that meet their needs and preferences. This information was reviewed with the person.

Signature Williams, Corneise

Documentation Manage

| Category | Title | Description | Filename | Date of Assessment |
|--------------------------|-------|-------------|---|--------------------|
| Level of Care Assessment | Test | | LevelofCare.SmithJon.10-06-25 | 09/11/2025 |

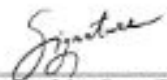
Workflow History

Level of Care Reminders: (1 of 2)

Level of Care Effective Date and End Dates:

- Effective Date: should reflect the same date as the date the Medicaid Waiver Application was signed by the applicant.

The consequences of not complying with the law are: my benefits may be denied; I may be required to pay back the State for benefits received; my case may be investigated for suspected fraud; and I may be prosecuted for perjury, larceny, and/or Federal health care fraud [not limited to Statute 42 U.S.C. sec. 1320a-7b (a) (ii)], which may involve a fine up to \$10,000 per offense and/or federal imprisonment.

| | |
|---|----------------------------|
|  | <div>January 1, 2025</div> |
| Signature of Applicant/Recipient | Date |
| Signature of Witness (If signed with X) | Date |
| Signature of Spouse (If applicable) | Date |
| Signature of Authorized Representative (If applicable) | Date |

DDA Level of Care

Level of Care

Type: * Initial

I certify that this individual meets level of care: * ☒ Yes ☐ No

Date Individual Met "DD" Eligibility Category: * 09/07/2018

Level of Care Effective Date: *

01/01/2025

Level of Care End Date: 01/01/2026

Signature

Signature: ** Pascali-Walker, Tisy

Level of Care Reminders: (2 of 2)

Level of Care Effective Date and End Dates:

- End Date: should reflect one year from the date of the previous year's effective date

| ▼ DDA Level of Care | | | | | | |
|---------------------|----------------|----------|-----------------|-----------------------------|-----------------|--|
| Create Date | Effective Date | Status | Type | LOC Certified/Not Certified | Active/Inactive | Actions |
| 03/07/2025 | 03/07/2025 | Complete | Recertification | Certified | Active | View Print |
| 03/12/2024 | 03/07/2024 | Complete | Initial | Certified | Inactive | View Print |

Questions



LTSSMaryland Updates

Client Attachments Updates

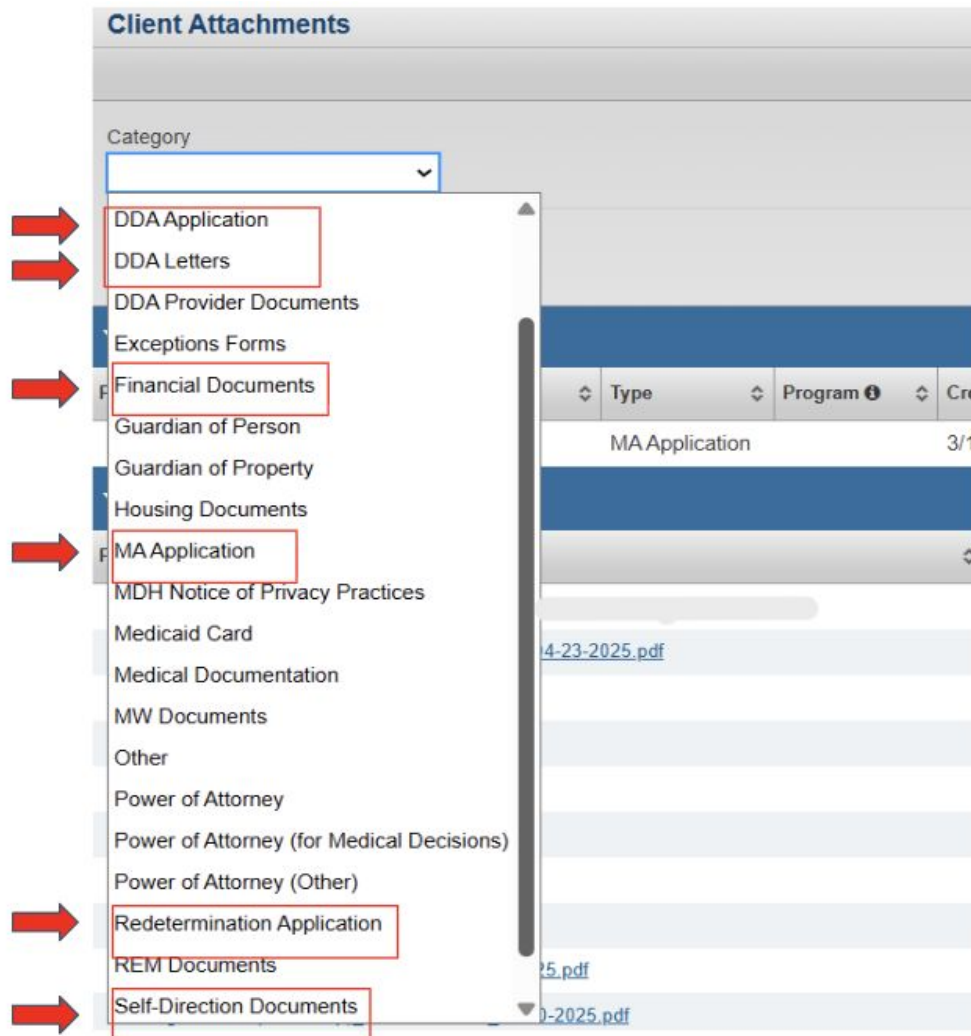
New Client Attachment Categories

Recent and new updates to Client Categories include:

- “DDA Application”
- “DDA Letters”
- “Financial Documents”
- “MA Application”
- “Redetermination Application”
- “FMCS Documents” changed to “Self-Direction Documents”

The “CCS Client Attachment Report” now includes these new client attachment categories as well.

New Client Attachment Categories Filters



Note: providers have access to upload to client attachments from the Provider Portal

New Client Attachment Categories Upload Options

The screenshot shows the 'New Document' form with a dropdown menu open. The dropdown menu lists various document types, with red arrows pointing to 'DDA Application', 'Financial Documents', 'MA Application', and 'Self-Direction Documents'. The 'File Name' field is empty, and the 'Category' field is set to 'Other'. The 'Comments' field is empty, and the character limit is 4000.

New Document

File Name: *

No file chosen

Category: *

Comments:

0 of 4000 character limit

Autism Waiver

Brain Injury Provider Documents

DDA Application

Exceptions Forms

Financial Documents

Guardian of Person

Guardian of Property

Housing Documents

MA Application

MDH Notice of Privacy Practices

Medicaid Card

Medical Documentation

MW Documents

Other

Power of Attorney

Power of Attorney (for Medical Decisions)

Power of Attorney (Other)

REM Documents

Self-Direction Documents

Coordinators of Community Services can upload files to these client attachment categories

Self-Direction Documents Example

New Document

File Name: *

Choose File

No file chosen

This field is required.

Category: *

Self-Direction Documents

Comments:

0 of 4000 character limit

Save

Cancel

Self-Direction Documents Example

Client Attachments

Add New Attachment

Expand All

Category

Filter

▸ Exceptions Forms

▸ Medical Documentation

▸ Other

▸ Self-Direction Documents

| File Name | Type | Created Date | Comments | Status | Action |
|---|--------------------------|---------------------|---------------------------|--------|--------|
| OrientationChecklist.BrownAnna.11-13-25 | Self-Direction Documents | 3/10/2025 4:13 PM | SDS Orientation Checklist | Active | |
| JobDescription.SmithJon.10-06-25 | Self-Direction Documents | 11/12/2024 12:50 PM | Job Description | Active | |



Client Attachments Report Updates

The screenshot shows a web form for generating a Client Attachments Report. The form includes several dropdown menus and checkboxes. The 'Subcategory Attachment Type' dropdown is open, showing a list of document types. Red arrows point to specific items in the list: 'Autism Waiver', 'DDA Application', 'DDA Letters', 'Financial Documents', 'MA Application', and 'Redetermination Application'. A white arrow points to 'FMCS Documents'. The 'View Report' button is visible in the top right corner.

| Field | Value |
|--------------------------------|-------------------------------------|
| Responsible Region | N/A |
| CCS Agency | |
| CCS Supervisor | |
| CCS Coordinator | |
| Attachment Type | Autism Waiver, DDA Application, DDA |
| Include Discarded Attachments? | <Select a Value> |

- ☒ (Select All)
- ☒ Autism Waiver
- ☒ DDA Application
- ☒ DDA Letters
- ☒ DDA Provider Documents
- ☒ Exceptions Forms
- ☒ Financial Documents
- ☐ FMCS Documents
- ☒ Guardian of Person
- ☒ Guardian of Property
- ☒ Housing Documents
- ☒ MA Application
- ☒ Medicaid Card
- ☒ Medical Documentation
- ☒ MW Documents
- ☒ Other
- ☒ Power of Attorney
- ☒ Power of Attorney (for Medical Decisions)
- ☒ Power of Attorney (Other)
- ☒ Redetermination Application
- ☒ REM Documents

*FMCS Documents will be converted to “Self Direction Documents”

Document Reminders (1 of 4)

- All documents must be uploaded within *LTSSMaryland*.
- The Coordinator of Community Services no longer needs to email the Eligibility Determination Division when submitting financial documents.
 - The Financial Redetermination Forms should be uploaded to **Redetermination Application** category.
 - The Medicaid Waiver Application should be uploaded to the **MA application** category.
 - Any supporting Financial documents should be uploaded to the **Financial Document** category.

Document Reminders (2 of 4)

- All self-direction related documents and forms should be uploaded to the new **Self Direction Documents** category.
- All additional documents related to **DDA Eligibility** should be uploaded to the **DDA Application** category.
- The **DDA Letters** category is view only for Coordinators of Community Services.

Document Reminders (3 of 4)

- Coordinators of Community Services should upload documents in *LTSSMaryland*.
- Providers should upload documents in Provider Portal.
 - Examples include but is not limited to: Service Implementation Plans, Sleep data, Schedules, Nursing Care Plans, Standing Committee Approvals, Behavioral Support Plans, and documents to support financial redeterminations.
 - The uploaded documents can be viewed and downloaded in *LTSSMaryland* under the DDA Provider Documents category.
 - Coordinators of Community Services can view and download to include in the Person-Centered Plan and submit to the Eligibility Determination Division as applicable.

Document Reminders (4 of 4)

- File name formats
 - DocumentName.LastNameFirstName.FormDate
- For example:
- **OrientationChecklist.BrownAnna.11-13-25**
 - **ServiceImplementationPlan.SmithJon.10-06-25**

Questions



Resources

Webinar Series

| Topic | Presentation | Recorded Webinar |
|---|------------------------------|-------------------------|
| FSW&CSW Participant Medicaid Notice | Presentation | Webinar |
| Waiver Changes and You | Presentation | Webinar |
| Provider Opportunities and Requirements | Presentation | Webinar |
| Self-Directed Services Updates | Presentation | Webinar |
| New and Updated Forms | Coming Soon | Coming Soon |
| LTSSMaryland Updates | Coming Soon | Coming Soon |

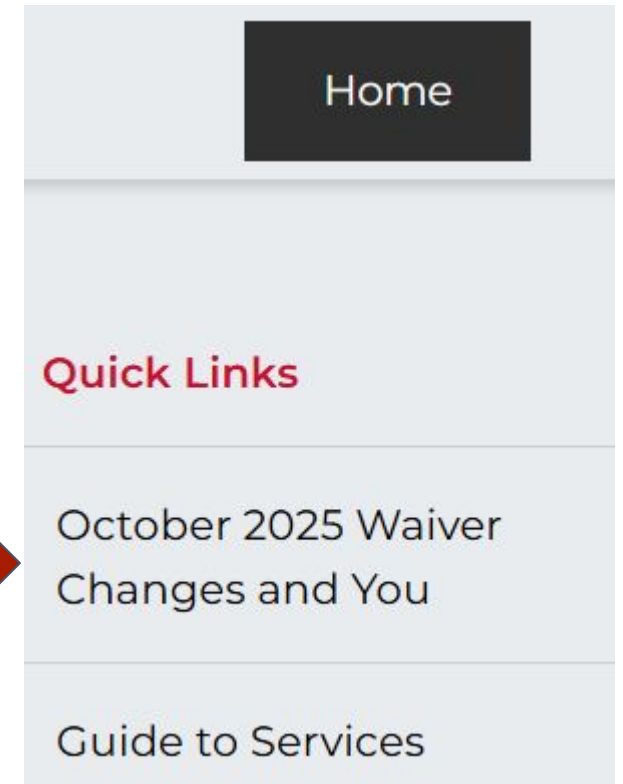
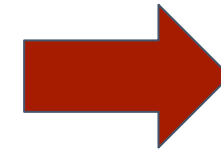
Who do I contact with questions?

You can reach out to:

- Your **Coordinator of Community Services**, or
- Your **DDA [Regional Office](#)**.

More Information

- For updates and more details, visit the new “[October 2025 Waiver Changes and You](#)” webpage.
- You can also sign up for email updates from the DDA [through the DDA Connection newsletter](#).



Questions

