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DEPARTMENT OF HEALTH

Developmental Disabilities Administration (DDA)

Community Pathways Waiver: Medicaid Waiver Enrollment

September 2025

Agenda

- Overview
- What is a Medicaid Waiver
  - Eligibility vs Entitlement
  - Supports and Services Planning Tool
- Waiver Application Process
  - Medicaid (Medical Assistance) Waiver Application
  - Person-Centered Plan
  - Level of Care
  - Freedom of Choice
  - Eligibility Determination Division Release Form
  - Financial Eligibility Determination
  - Authorization to Participate
  - Overall Decision Form
- Maintaining Eligibility
  - Medicaid Redetermination Process
  - Annual Level of Care Recertification
- Important Eligibility Reminders

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Introduction to Waivers

Entitlement versus Eligibility

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Overview of DDA Eligibility

In order to receive funding under a DDA-operated Medicaid waiver program, individuals must complete a two application process:

- DDA Eligibility Application Process
- DDA-operated Medicaid Waiver Application Process

What is a Medicaid Waiver or Waiver Program? (1 of 3)

- A Medicaid **waiver** allows some Medicaid rules to be set aside to help people get their services in a community based setting.
- A Medicaid **waiver** or **waiver program** supports people to keep, learn or develop new skills to increase their independence in their home and their communities.

What is a Medicaid Waiver or Waiver Program? (2 of 3)

- A waiver **is not an entitlement as it is not an automatic benefit.**
  - If eligible, individuals are not guaranteed to get services because there are a limited number of slots in the program.
  - If all slots are full, individuals will be placed on a waitlist until a slot becomes available.

Entitlement

- Access is automatic
- Services are provided based on legal obligation

VS

Eligibility

- Access is based on specific criteria
- Services are provided based on available funding

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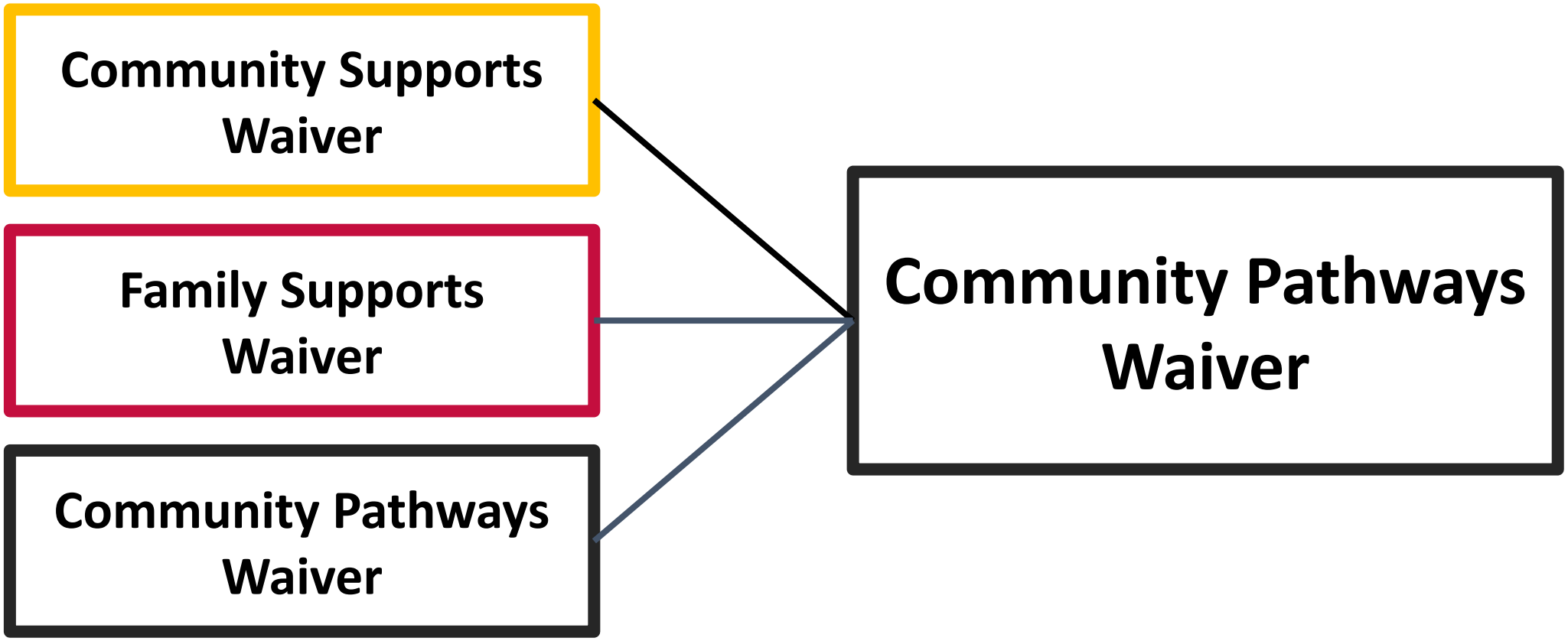
Waiver Consolidation

- DDA is consolidating the Family Supports, Community Supports, and Community Pathways Waivers into one Community Pathways Waiver, beginning October 6, 2025.
- The consolidated Community Pathways Waiver will allow participants to access needed services across the lifespan.
- The Community Pathways Waiver will continue to offer two service delivery models- the Provider-Managed Service Delivery Model and the Self-Directed Service Delivery Model.

Consolidated Waiver - Beginning October 6, 2025



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DDA Eligibility Completed - What's Next?

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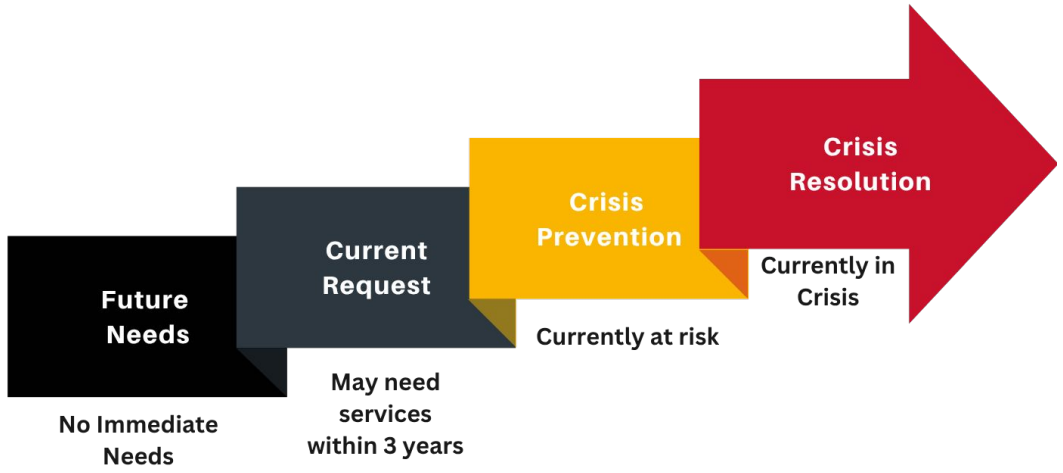
What happens after eligibility? (1 of 3)

- Once an individual is determined eligible for DDA services based on Maryland's Developmental Disability criteria:
  - They are added to a Waiting List or the future needs registry.
  - Individuals on the waiting list, may choose a Coordination of Community Services Provider, who then assigns a Coordinator of Community Services.



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What happens after eligibility? (2 of 3)

The Coordinator of Community Services:

- Advocates for the individual and helps identify and access needed supports.
- Connects individuals to community resources such as Low Intensity Support Services (LISS), Easter Seals, summer camps, and other generic resources.
- Makes referrals to Medicaid services, including Community First Choice, Community Options, Model Waiver, or Rare and Expensive Case Management (REM), if the individual is eligible.
- Meets with individuals on the Waiting List in person at least every **six months** and more frequently as needed as noted in Code of Maryland Regulations 10.22.09.05c.

What happens after eligibility? (3 of 3)

- An Individual's place on the DDA Waiting List is based on their priority category and need for services.
- Individuals on the DDA Waiting List who are experiencing a change in circumstances should notify their Coordinator of Community Service.
  - The Coordinator should submit a Priority Category Assessment in LTSS*Maryland* for DDA review.
  - DDA will determine if the request meets criteria for Crisis Resolution or another reserved category.
  - If authorized, the individual will be placed on a wave in LTSS*Maryland*

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Overview of DDA Waiver Application Process

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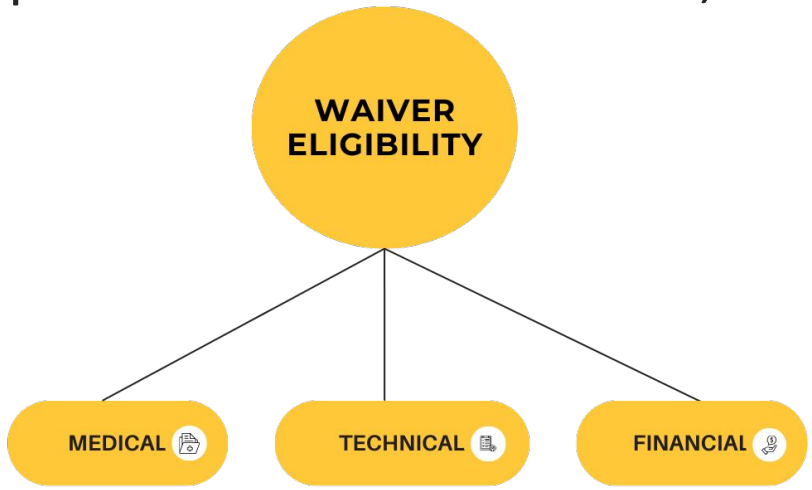
Medicaid Waiver Eligibility Requirements

- To be eligible for a Medicaid waiver program, the individual must meet waiver-specific medical, technical and financial eligibility criteria.

- Applicants must demonstrate, through a screening process, that:



  - They need the level of support that individuals receive in an institution;
  - They have a person-centered plan that supports their health and welfare; and
  - They meet the waiver financial eligibility requirements.

- *Reminder: DDA determines medical and technical eligibility and Eligibility Determination Division (EDD) determines financial eligibility.*

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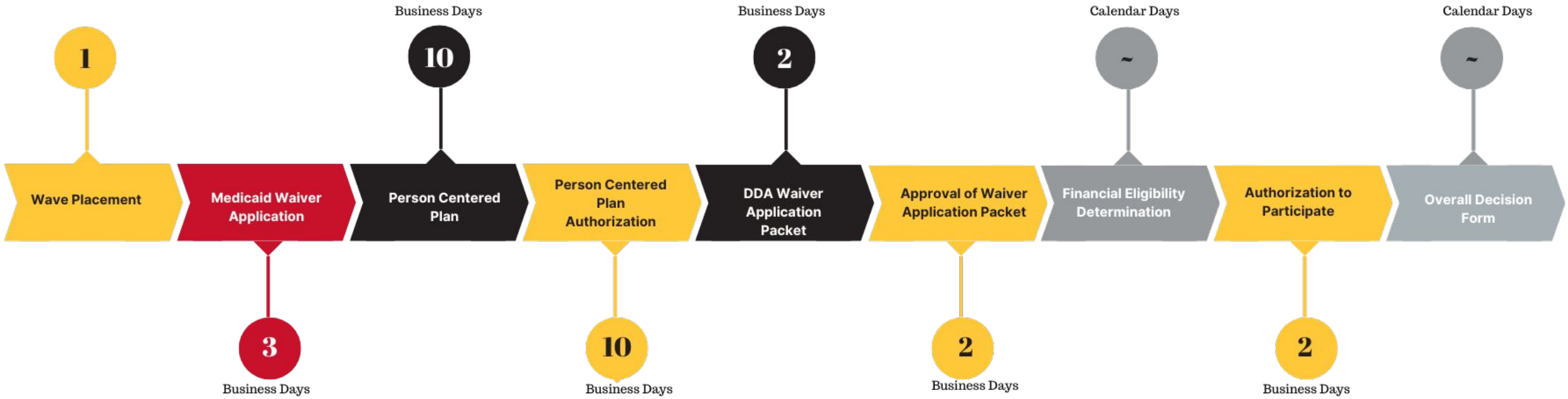
Current Concurrent Medicaid Waiver Application Processes



The link to the training is on the [DDA Website]

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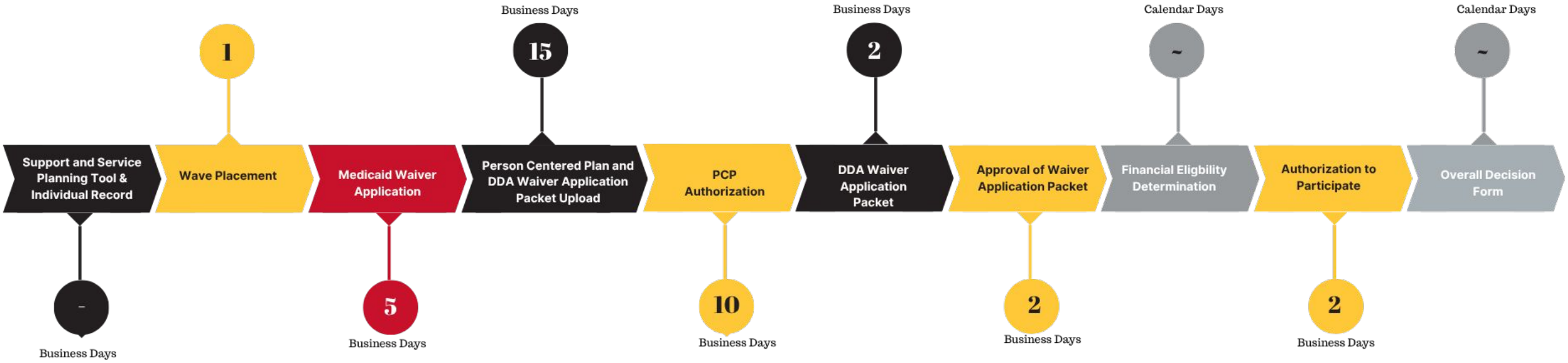
NEW

Medicaid Waiver Application Processes (Effective October 6,2025)



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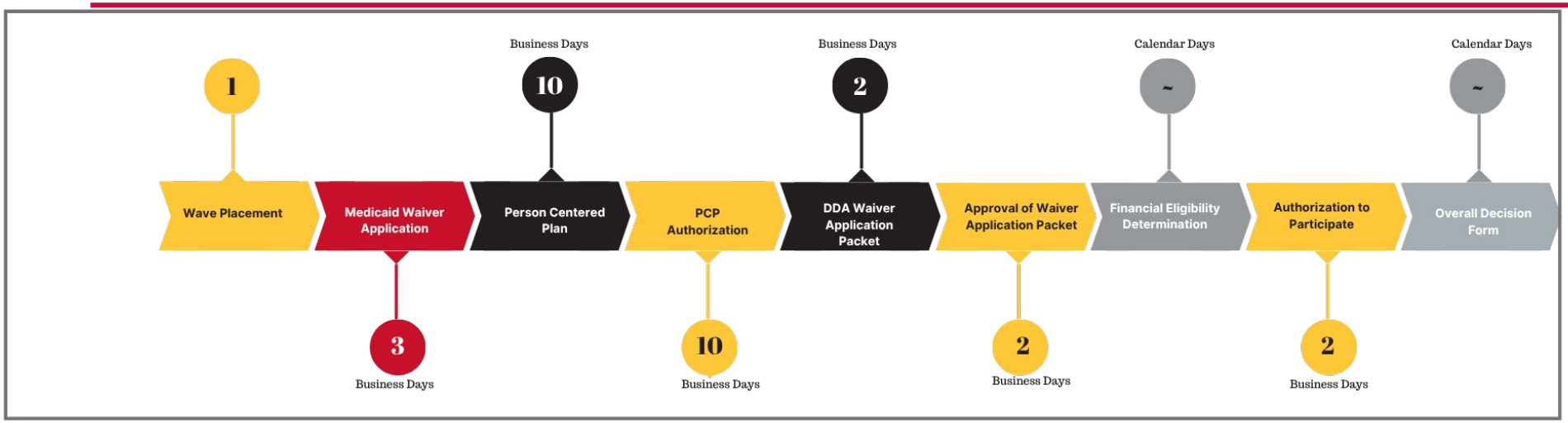
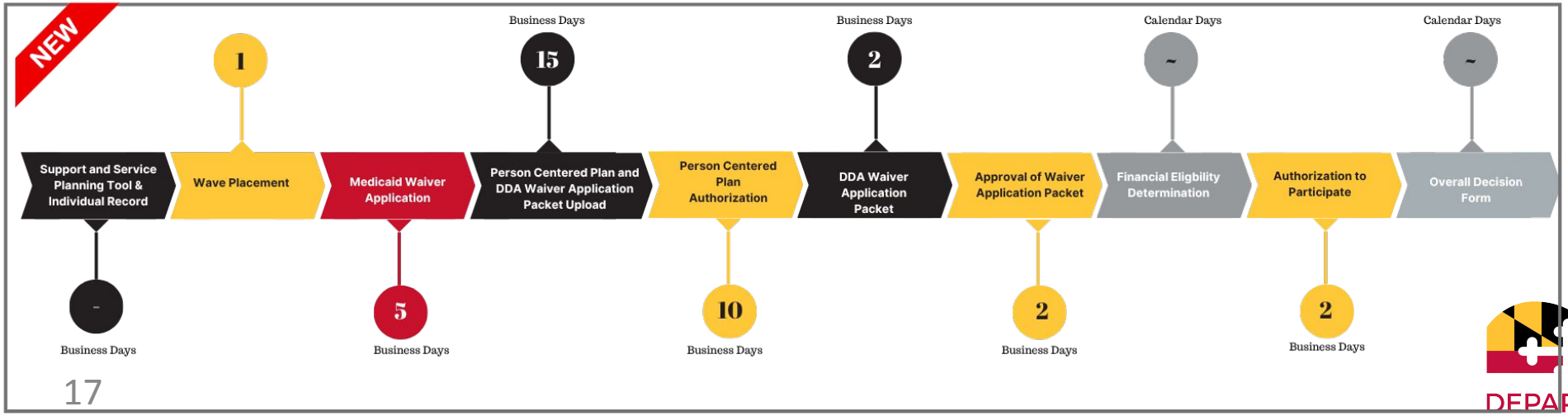
Waiver Application Timeline





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Support Service Planning Tool

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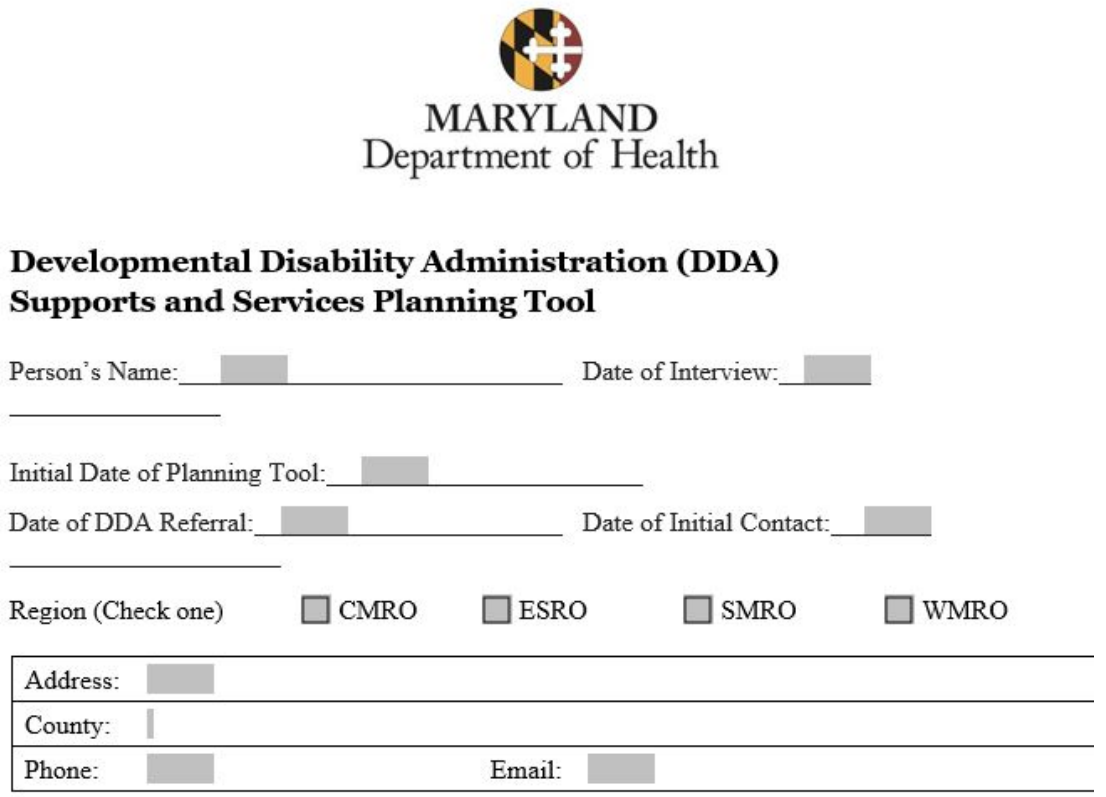
Supports and Services Planning Tool (SSPT) (1 of 5)

- Within 30 business days of being added to the Waiting List, the Coordinator of Community Services and individual must complete an annual Supports and Services Planning Tool (SSPT).
- The Supports and Services Planning Tool helps:
  - Identify current supports and important people in the individual's life.
  - Determine unmet needs and potential resources to address them.
  - Future development of the Person Centered plan.

Supports and Services Planning Tool (SSPT) (2 of 5)

- This tool should be used for individuals who are on the Waiting List to start to gather information related to the individual's needs, preferences, and important medical and financial information.



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Developmental Disability Administration (DDA)
Supports and Services Planning Tool

Person's Name:_____ Date of Interview:_____

Initial Date of Planning Tool:_____

Date of DDA Referral:_____ Date of Initial Contact:_____

Region (Check one) ☐ CMRO ☐ ESRO ☐ SMRO ☐ WMRO

Address:	
County:	
Phone:	Email:

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Supports and Services Planning Tool (SSPT) (3 of 5)

- The individual and the Coordinator of Community Services should complete the tool to identify what supports are already in place, what services are needed and discuss generic community resources that are available immediately.
- Based on an individual's needs, referrals to state funded or other waivers can be made in order to meet the individual's immediate health and safety needs.
- It is also important to develop the emergency back-up plan so that information related to the individual's needs and important contacts are easily accessible in case of an emergency.

Supports and Services Planning Tool (SSPT) (4 of 5)

- Individuals should begin to develop their individual record to include important documents, assessments and other information so they are ready to transition into DDA services when needed.
- The Coordinator of Community Services should be discussing the requirements to access a DDA waiver including discussion about financial eligibility and the need to apply for Medical Assistance and other benefits at the age of 18.
- Individuals should develop a file to maintain all of their financial and benefits information so that they are prepared to apply to the waiver if needed.
- If an individual's circumstances change, the Coordinator of Community Services should update the Supports Services Planning Tool as needed throughout the plan year.

Supports and Services Planning Tool (SSPT) (5 of 5)

- Coordinators of Community Services should upload the Supports and Services Planning Tool to the Client Attachments section within the LTSS*Maryland* system.
- Documents should be uploaded using this format
  - (Insert Form Name).LastNameFirstName.FormDate
    - For example SSPT.BrownAnna.11-13-25
- Coordinators of Community Services can make any needed comments in the comment section such as revised or initial.

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DDA Waiver Application Process

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Wave Placement (1 of 2)

Wave Placement

- People are prioritized and offered the opportunity to apply for entrance to the Waiver based on: (1) *reserved capacity*; and (2) the *DDA Waiting List priority categories.*
- In LTSS*Maryland,* reserved capacity and priority categories are noted as "*Waves*".
- DDA Regional Office Eligibility staff must place an individual on a *Wave* in order for LTSS*Maryland* to alert the Coordinator of Community Service to complete the Waiver Application Packet.

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Wave Placement (2 of 2)

- Currently the available program types are:
  - Family Supports (FS);
  - Community Supports (CS); and
  - Community Pathways (CP).
- Effective October 6,2025, the Community Pathways Waiver will be the only program type available for wave placement.

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Medicaid Waiver Application

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Medicaid Waiver Application vs DDA Waiver Application Packet

Medicaid Waiver Application

Long Form

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MARYLAND DEPARTMENT of HUMAN RESOURCES
MARYLAND DEPARTMENT of HEALTH and MENTAL HYGIENE
LONG-TERM CARE/WAIVER MEDICAL ASSISTANCE APPLICATION

Date Signed Application Received in Local Department MUST BE DATE STAMPED

FOR WORKER USE ONLY *This part is for our staff. Please continue to Section A.*	LDSS Office	Programs Applied For or Receiving	Assistance Unit IDs Client ID
	Worker's Name		
	Application Date		
	Program Medical Coverage Group		

Short Form

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MARYLAND DEPARTMENT of HUMAN RESOURCES
MARYLAND DEPARTMENT of HEALTH AND MENTAL HYGIENE
SSI RECIPIENT/COMMUNITY ELIGIBLE
LONG TERM CARE/WAIVER MEDICAL ASSISTANCE
APPLICATION

Date Signed Application Received in Local Department MUST BE DATE STAMPED

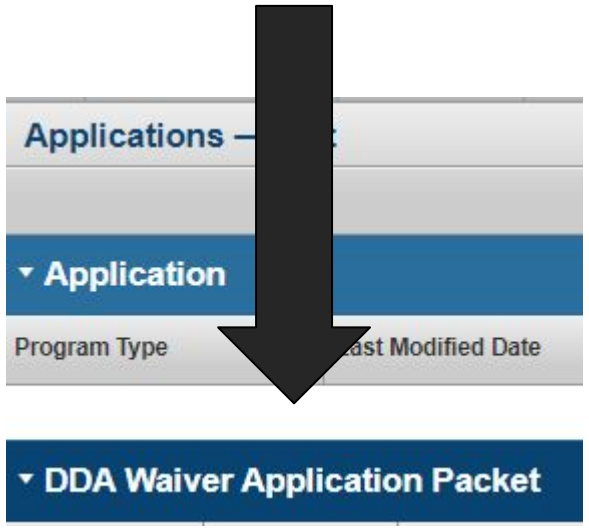
Worker Name

Case Number

S

USE THIS FORM ONLY FOR SSI RECIPENT/COMMUNITY- ELIGIBLE

DDA Waiver Application Packet



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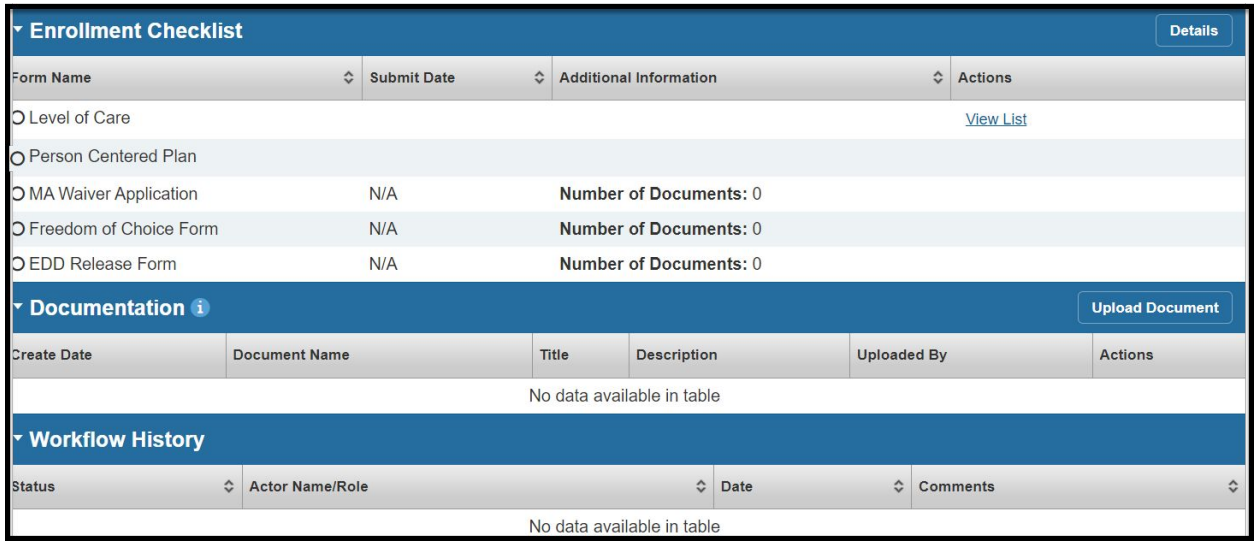
DDA Waiver Application Packet

LTSS*Maryland*



Enrollment Checklist — Details

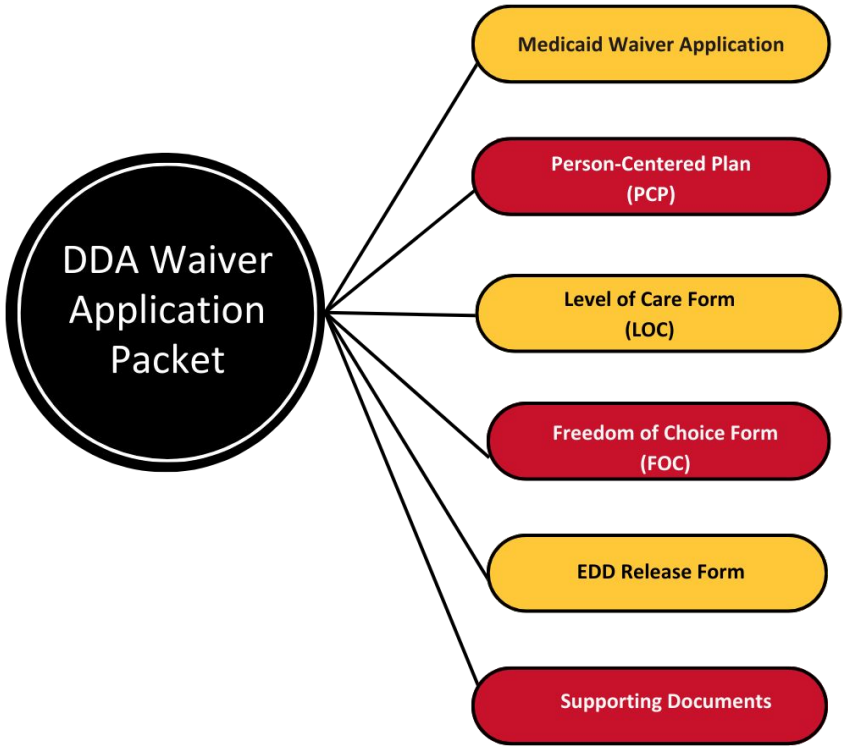
Form Name	Submit Date	Additional Information	Actions
Level of Care			View List
Person Centered Plan			
MA Waiver Application	N/A	**Number of Documents:** 0	
Freedom of Choice Form	N/A	**Number of Documents:** 0	
EDD Release Form	N/A	**Number of Documents:** 0	

Documentation — Upload Document

Create Date	Document Name	Title	Description	Uploaded By	Actions
No data available in table					

Workflow History

Status	Actor Name/Role	Date	Comments
No data available in table			



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Medicaid (MA) Waiver Application (1 of 8)

- The Medicaid Waiver Application is the **first document** to be submitted in the concurrent eligibility process.
  - Coordinator of Community Services must prioritize creating and submitting the Medicaid Waiver Application.
  - When first contacting the individual, the Coordinator of Community Services can begin to share the Medicaid Waiver Application process including the supporting financial documentation that will need to be collected.
  - The application can be prepopulated with known information prior to the initial meeting.

Medicaid (MA) Waiver Application (2 of 8)

- The specific DDA Medicaid Waiver Application type is based on the individual's current situation, a Long or Short Long Term Care/Waiver Application is completed.
- The Coordinator of Community Services will receive an alert after wave placement telling them which form to use.

This individual has been pre-authorized for funding under Transitioning Youth-FY 26 to apply for Community Pathways program(s). Please complete a short form MA Waiver Application Packet for this individual.

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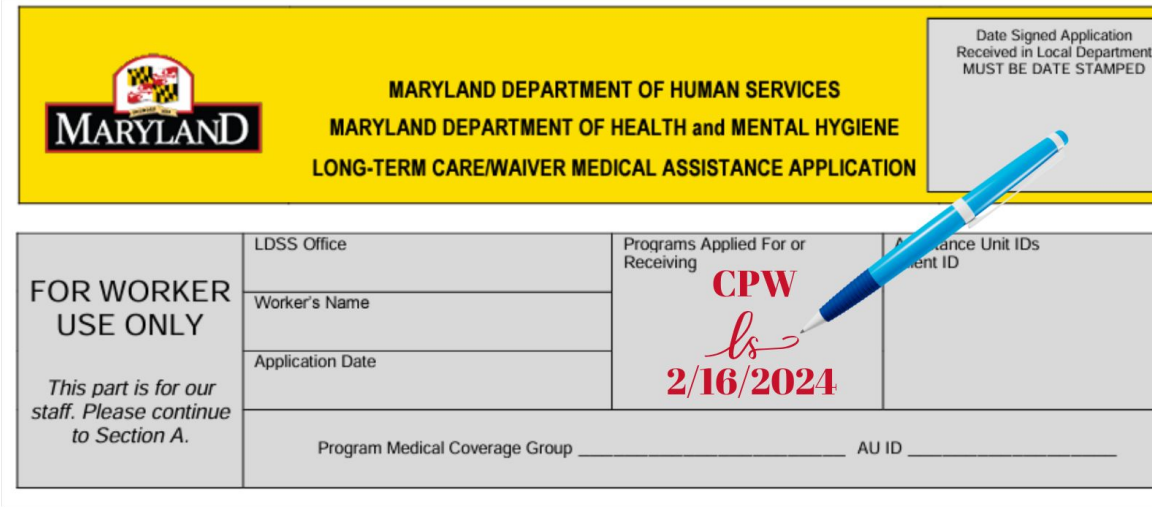
Medicaid (MA) Waiver Application (3 of 8)

- The Medicaid Waiver Application must match the Wave program type noted in LTSS*Maryland* and should have the following on the upper right hand side of the Long Form - DHR/FIA 9709 page 1:
  - DDA Waiver Program
  - Coordinator of Community Services initials
  - Date the document was signed
  - Sections of the form that are not applicable should note “N/A”


MARYLAND DEPARTMENT OF HUMAN SERVICES
MARYLAND DEPARTMENT OF HEALTH and MENTAL HYGIENE
LONG-TERM CARE/WAIVER MEDICAL ASSISTANCE APPLICATION
Date Signed Application Received in Local Department MUST BE DATE STAMPED
FOR WORKER USE ONLY
This part is for our staff. Please continue to Section A.
LDSS Office
Worker's Name
Application Date
Programs Applied For or Receiving
CPW
ls
2/16/2024
Program Medical Coverage Group
AU ID

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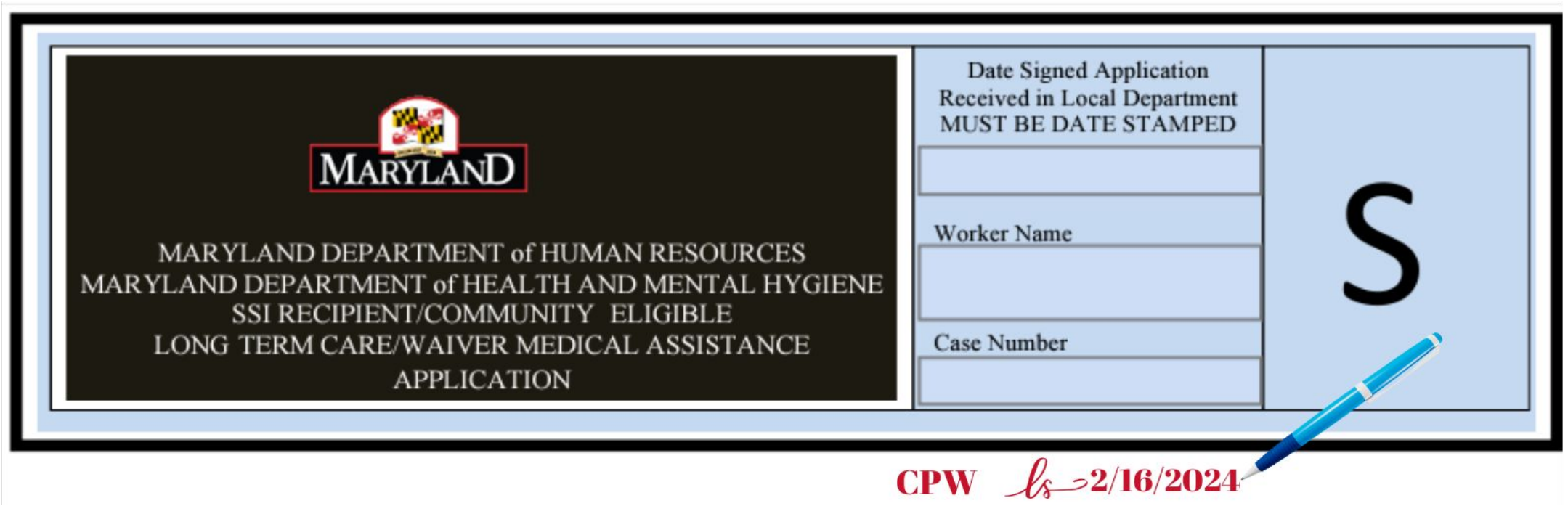
Medicaid (MA) Waiver Application (4 of 8)

- Short Form - DHR/FIA 9709S page 1 as shown below:



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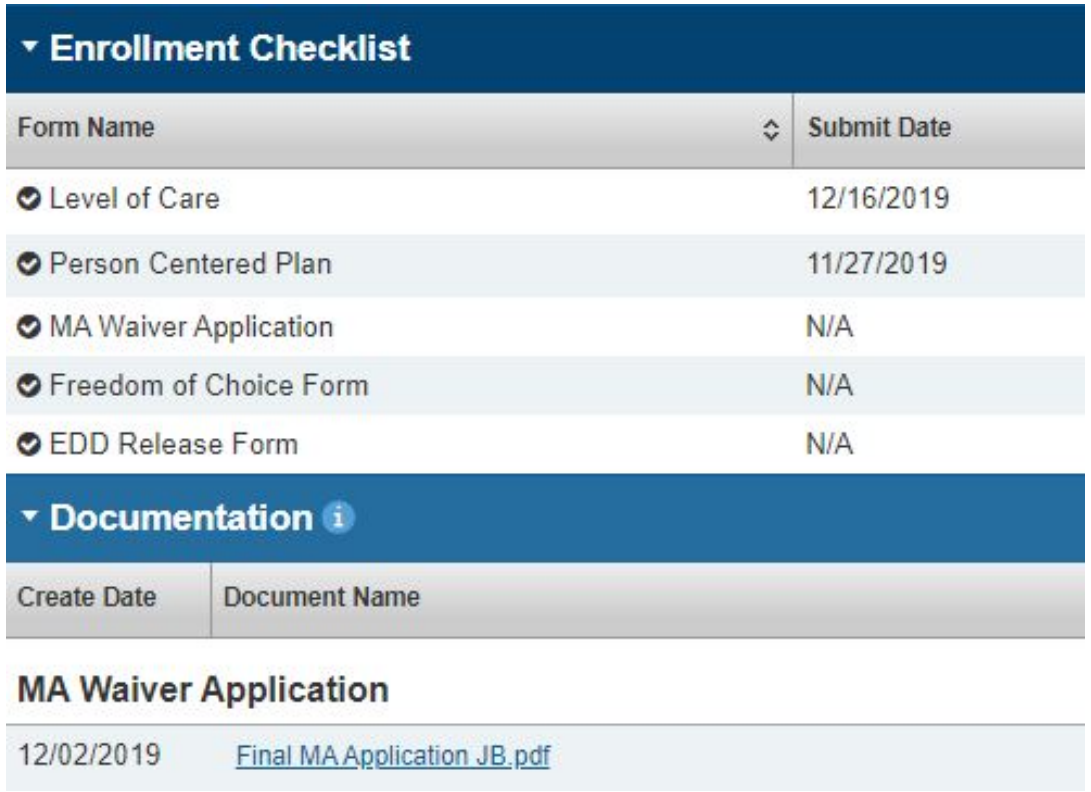
Medicaid (MA) Waiver Application (5 of 8)

- The Medicaid Waiver Application must be uploaded into the LTSS*Maryland* Documentation section of the DDA Waiver Application Packet.
- Uploading this document allows the Eligibility Determination Division to start their financial eligibility determination process.
- Supporting financial documentation should also be uploaded in the Documentation Section.



Enrollment Checklist

Form Name	Submit Date
Level of Care	12/16/2019
Person Centered Plan	11/27/2019
MA Waiver Application	N/A
Freedom of Choice Form	N/A
EDD Release Form	N/A

Documentation

Create Date	Document Name
MA Waiver Application	
12/02/2019	Final MA Application JB.pdf

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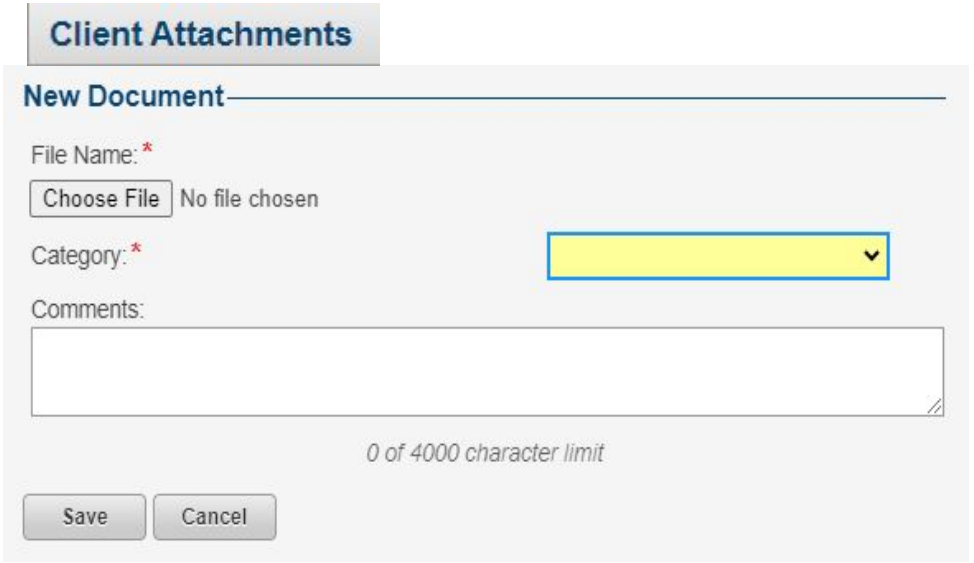
Medicaid (MA) Waiver Application (6 of 8)

- If the individual does not have all of their supporting financial documents, Coordinator of Community Services must submit the Medicaid Waiver Application with currently available documents.
- It is important to **not wait** until all the documents are provided so the Eligibility Determination Division can begin their processes.
- Documents provided after the DDA Waiver Application Packet has been submitted to the Region Office shall be uploaded into the Client Attachment Section under Financial documents drop down option.



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Medicaid (MA) Waiver Application (7 of 8)

- The Medicaid Waiver Application has a 6-month consideration period which begins on the **first day** of the month the application is received. For example, an application signed on February 21, 2025:
    - The consideration period is February 1 through July 31, 2025.
    - July 31, 2025 would be the end of the 6-month consideration period for a February 21, 2025 application.
- If any supporting documentation is missing, Eligibility Determination Division will send a request for information letter with a date the information must be returned to Eligibility Determination Division.

Medicaid (MA) Waiver Application (8 of 8)

- Individuals who do not complete the process within the designated timeframes will get a denial letter.
  - If they submit the missing information before the end of the 6-month consideration period, the individual can still pursue enrollment.
  - If they do not submit the missing information before the end of the 6-month, the individual will have to start the waiver application process over.
    - Coordinators of Community Services should reach out to their regional offices before reapplying.

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Person-Centered Plan

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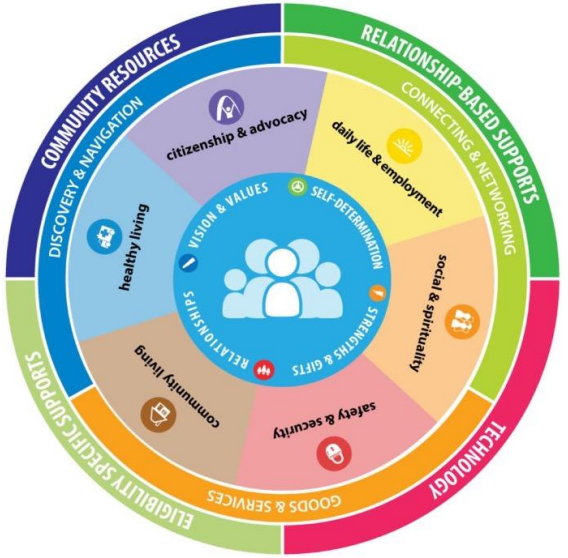
Person-Centered Plan (PCP) (1 of 2)

- The Person-Centered Plan (PCP) is an outline of an individual's goals and visions for their "good life".
- A good Person-Centered Plan is comprehensive and ensures that the individual's assessed needs are met through various supports.
- The Person-Centered Plan is based on information gathered during the interview process, assessments, and meetings with the individual and their team.



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Person-Centered Plan (PCP) (2 of 2)

- All new waiver applications must have an Initial Person-Centered Plan.
  - The Person-Centered Plan waiver program type must match the Wave and Medicaid Waiver Application waiver program.
  - The immediate service needs can be noted in the initial Person-Centered Plan for waiver enrollment. The plan can be revised as needed afterwards.
  - The Person-Centered Plan can be pre-populated based on previous discussions and monitoring and follow up activities.
  - Initial Person-Centered Plan can be submitted without a provider listed.

Questions

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Self-Directed Services Orientation

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What is the Self-Directed Services Orientation?

- The Self-Directed Services Orientation is an opportunity for participants and their teams to learn about the rights and responsibilities of Self-Directed Services.
- The orientation helps the participant and their team be best prepared to begin Self-Directed Services.

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Orientation Meeting

- The Coordinator of Community Services facilitates the orientation meeting.
- The participant must be present and may invite any team members they would like to the orientation meeting.
- The participant may choose for the orientation meeting to be virtual (online) or in-person.
- The orientation meeting should be scheduled quickly after the participant request it - within 10 business days.

Orientation Videos

- The Self-Directed Services Orientation consists of the first three modules of the Self-Directed Services Training Series:
  - Module 1: Self-Direction Overview;
  - Module 2: The Self-Directed Services Team; and
  - Module 3: Person-Centered Planning.
- The orientation meeting should be scheduled for at least 2 hours to make sure there is enough time to view the videos and have breaks in between.

Orientation Meeting Schedule

During the orientation meeting, the Coordinator of Community Services will:

- Play the video of each module;
- Review the **Orientation Frequently Asked Questions Tool** (provided by the DDA);
- Share the contact information for the the DDA Self-Directed Services staff; and
- Complete the **Self-Directed Services Orientation Checklist**.

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Orientation Checklist

- The Orientation Checklist notes:
  - All team members who are present at the orientation meeting;
  - When the three videos were completed during the meeting;
  - Confirmation that the **Frequently Asked Questions** were reviewed; and
  - Confirmation that the regional office contact information was shared.
- The Orientation Checklist must be uploaded in LTSS*Maryland.*

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Requirement for Participants New to Self-Direction

Required for anyone interested in self-directing, including:

- Those who are **new** to services and want to self-direct, and
- Those who are currently using Provider Managed Services and want to **transition** to Self-Directed Services.

The Self-Directed Services Orientation is **not required** if you have been self-directing your services ***before*** **October 6, 2025**.

Roll Out of the Self-Directed Services Orientation

- If a participant chooses self-direction between October 6 and December 31, 2025, they must complete the orientation by March 31, 2026.
- If a participant chooses to self-direct with an Annual Plan Date of January 1, 2026 or later, they must complete the orientation before beginning Self-Directed Services.

Questions

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Level of Care

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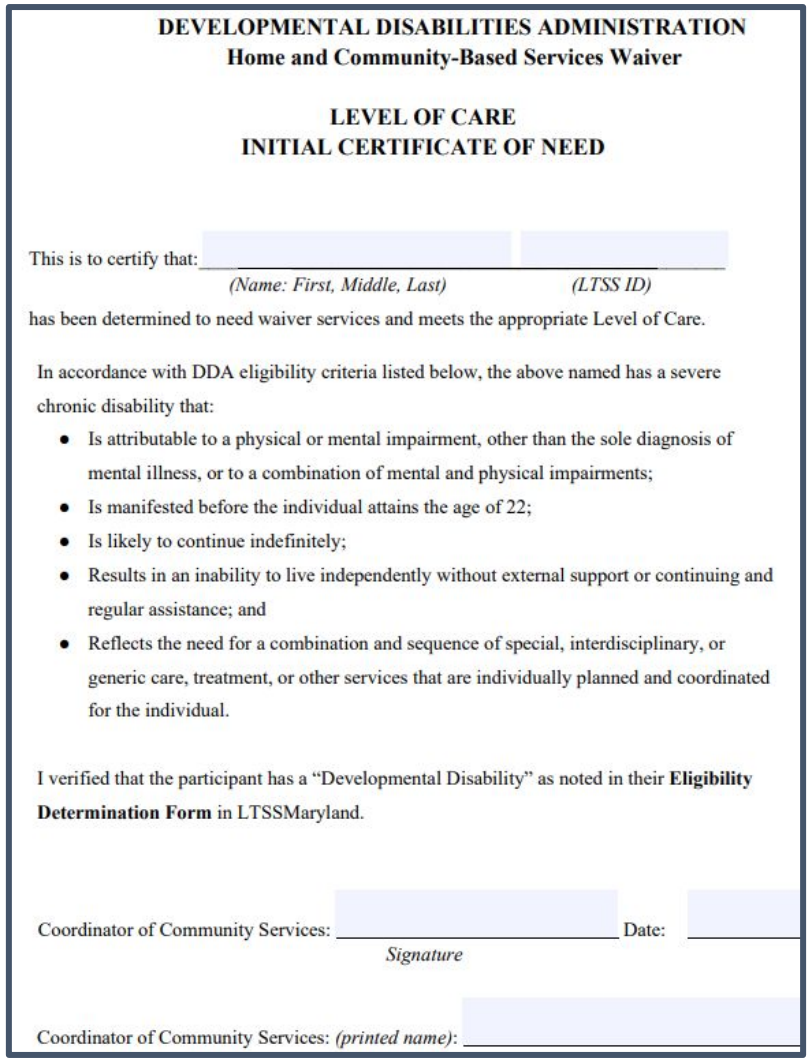
Level of Care (LOC) (1 of 4)



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Home and Community-Based Services Waiver

LEVEL OF CARE
INITIAL CERTIFICATE OF NEED

This is to certify that: _____ _____
(Name: First, Middle, Last) *(LTSS ID)*
has been determined to need waiver services and meets the appropriate Level of Care.

In accordance with DDA eligibility criteria listed below, the above named has a severe chronic disability that:

- 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 manifested before the individual attains the age of 22;
- Is likely to continue indefinitely;
- Results in an 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 and coordinated for the individual.

I verified that the participant has a "Developmental Disability" as noted in their **Eligibility Determination Form** in LTSSMaryland.

Coordinator of Community Services: _____ Date: _____
Signature

Coordinator of Community Services: *(printed name)*: _____

- Prior to entering a waiver program, individuals must be "Certified" as being in need of waiver services and must meet Maryland's "developmental disability" (DD eligible) criteria which includes a need for active treatment.
- The Level Of Care Form serves as documentation that an individual is medically eligible to participate in a DDA Waiver Program.

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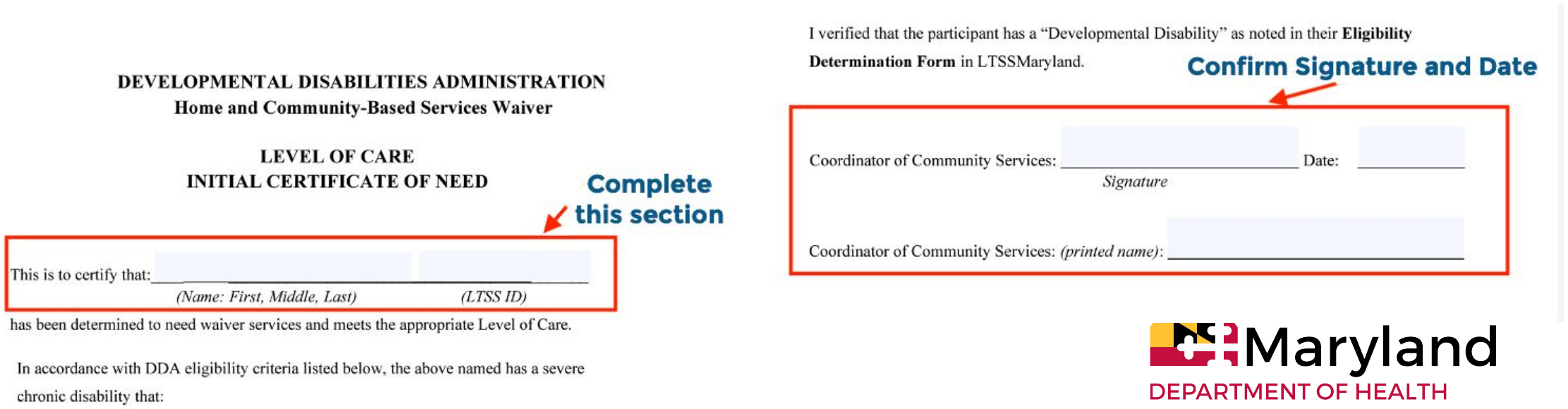
Level of Care (LOC) (2 of 4)

- The Initial LOC form should be completed with the Medicaid Waiver Application and uploaded into the DDA Waiver Application Packet
- Please be sure to use the current **INITIAL Level Of Care** form which is posted on the DDA website.



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Home and Community-Based Services Waiver

LEVEL OF CARE
INITIAL CERTIFICATE OF NEED

Complete this section

This is to certify that: _____ _____
(Name: First, Middle, Last) *(LTSS ID)*

has been determined to need waiver services and meets the appropriate Level of Care.

In accordance with DDA eligibility criteria listed below, the above named has a severe chronic disability that:

I verified that the participant has a "Developmental Disability" as noted in their **Eligibility Determination Form** in LTSSMaryland.

Confirm Signature and Date

Coordinator of Community Services: _____ Date: _____
Signature

Coordinator of Community Services: *(printed name)*: _____

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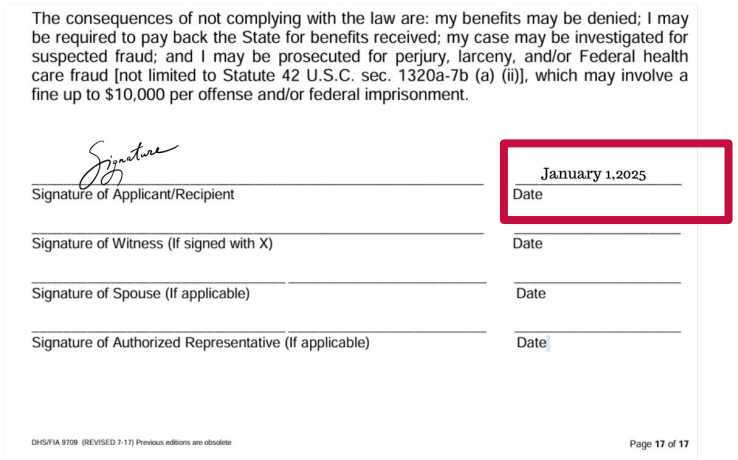
Level of Care (LOC) (3 of 4)

Level of Care Effective Date:

- This 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.

Signature of Applicant/Recipient — January 1,2025 — Date

Signature of Witness (If signed with X) — Date

Signature of Spouse (If applicable) — Date

Signature of Authorized Representative (If applicable) — Date

DHS/FIA 9709 (REVISED 7-17) Previous editions are obsolete

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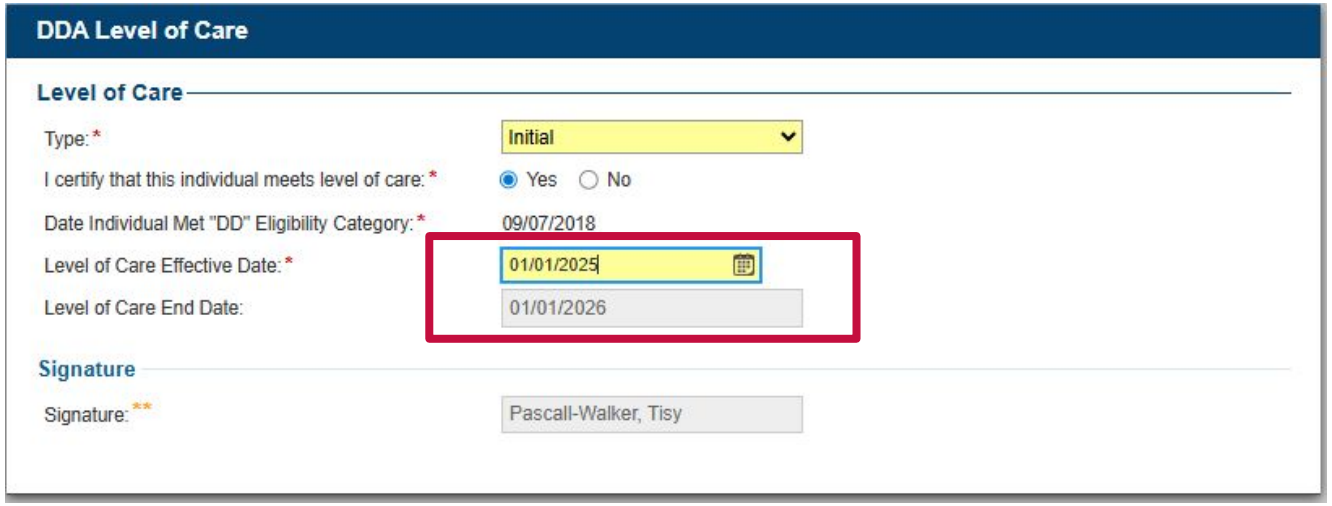

DDA Level of Care

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: ** Pascall-Walker, Tisy

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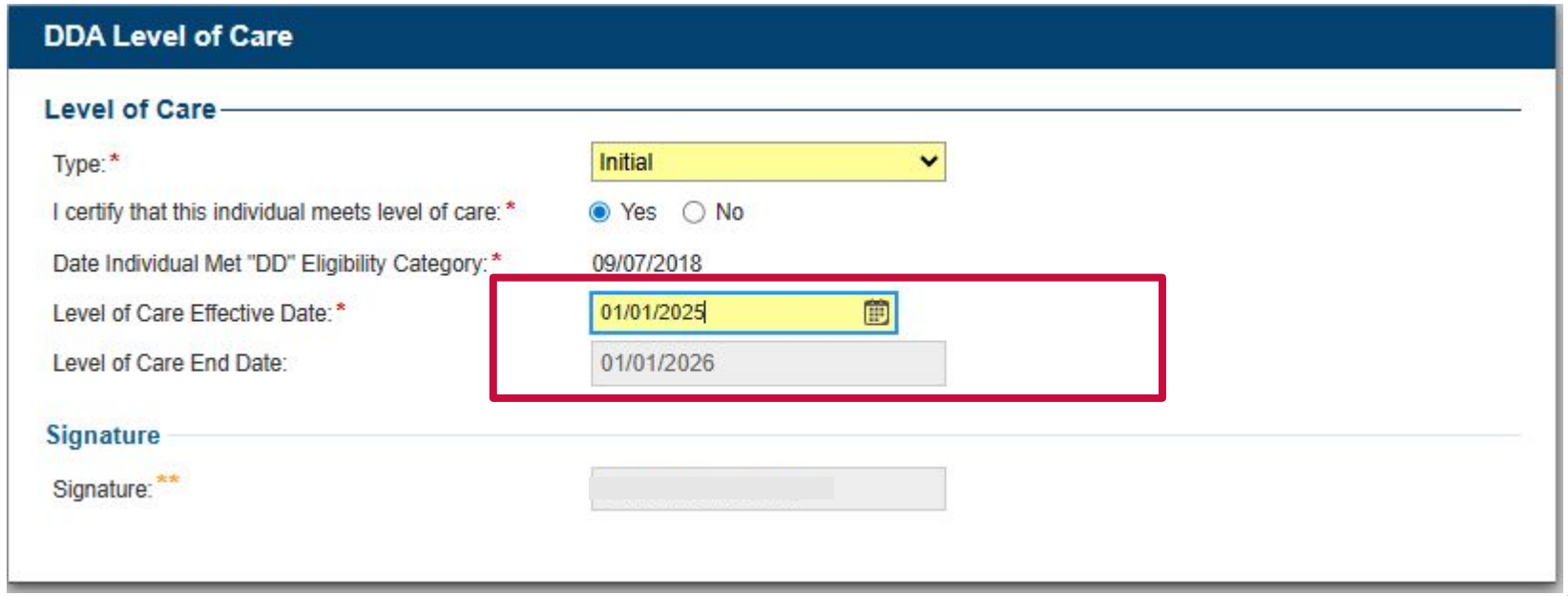
Level of Care (LOC) (4 of 4)

Level of Care End Date:

- This date should reflect a year after the Initial Level of Care effective date.



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Questions

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Freedom of Choice

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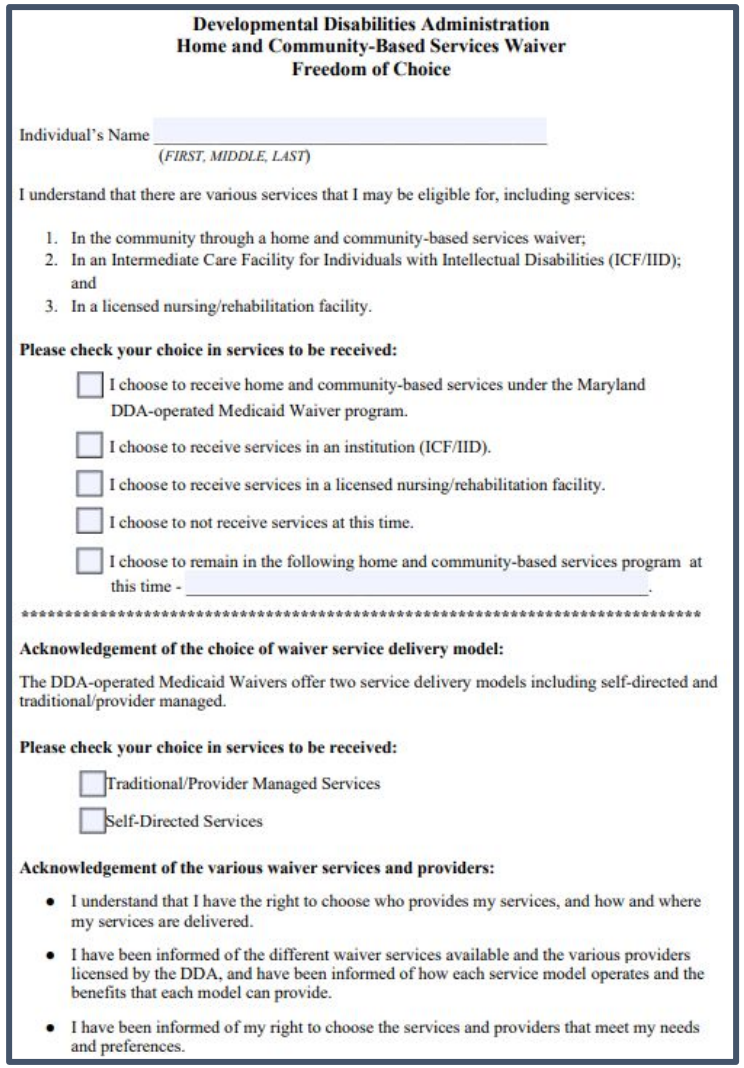
Freedom of Choice (FOC) (1 of 2)



Developmental Disabilities Administration
Home and Community-Based Services Waiver
Freedom of Choice

Individual's Name _____
(FIRST, MIDDLE, LAST)

I understand that there are various services that I may be eligible for, including services:

1. In the community through a home and community-based services waiver;
2. In an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID); and
3. In a licensed nursing/rehabilitation facility.

Please check your choice in services to be received:

- ☐ I choose to receive home and community-based services under the Maryland DDA-operated Medicaid Waiver program.
- ☐ I choose to receive services in an institution (ICF/IID).
- ☐ I choose to receive services in a licensed nursing/rehabilitation facility.
- ☐ I choose to not receive services at this time.
- ☐ I choose to remain in the following home and community-based services program at this time - _____.

****

Acknowledgement of the choice of waiver service delivery model:

The DDA-operated Medicaid Waivers offer two service delivery models including self-directed and traditional/provider managed.

Please check your choice in services to be received:

- ☐ Traditional/Provider Managed Services
- ☐ Self-Directed Services

Acknowledgement of the various waiver services and providers:

- I understand that I have the right to choose who provides my services, and how and where my services are delivered.
- I have been informed of the different waiver services available and the various providers licensed by the DDA, and have been informed of how each service model operates and the benefits that each model can provide.
- I have been informed of my right to choose the services and providers that meet my needs and preferences.

- The Freedom of Choice Form documents that the individual has elected to receive services and support through a DDA Waiver program, instead of an institution, or some other entity.
- It also indicates that the individual understands that they can choose among service models and receive DDA waiver services from any of the approved DDA providers.

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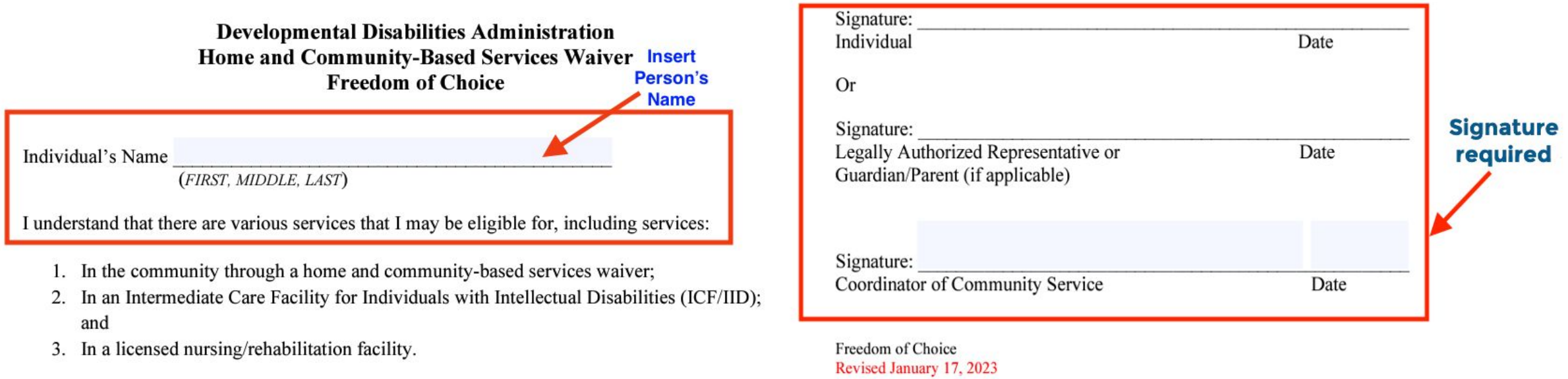
Freedom of Choice (FOC) (2 of 2)

- Be sure to use the current FOC form which is posted on the DDA website.



Developmental Disabilities Administration
Home and Community-Based Services Waiver
Freedom of Choice

Insert Person's Name

Individual's Name _____
(*FIRST, MIDDLE, LAST*)

I understand that there are various services that I may be eligible for, including services:

1. In the community through a home and community-based services waiver;
2. In an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID); and
3. In a licensed nursing/rehabilitation facility.

Signature: _____
Individual Date

Or

Signature: _____
Legally Authorized Representative or Guardian/Parent (if applicable) Date

Signature: _____
Coordinator of Community Service Date

Signature required

Freedom of Choice
Revised January 17, 2023

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Questions

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Eligibility Determination Division Release Form

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Eligibility Determination Division (EDD) Release Form

- This form allows Eligibility Determination Division to release information regarding the individual's financial eligibility with another person.
- The individual must sign the form and indicate with whom they would like Eligibility Determination Division to share eligibility information.
- In many cases, the individual indicates on the Medicaid Waiver Application that they want the Coordination of Community Services Provider to receive a copy of all financial information related to eligibility so they can also receive letters and notices on the individual's eligibility status.
- The form was updated to reflect the DDA-operated waiver program and posted on the website at this **link**.

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Questions

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DDA Waiver Application Packet

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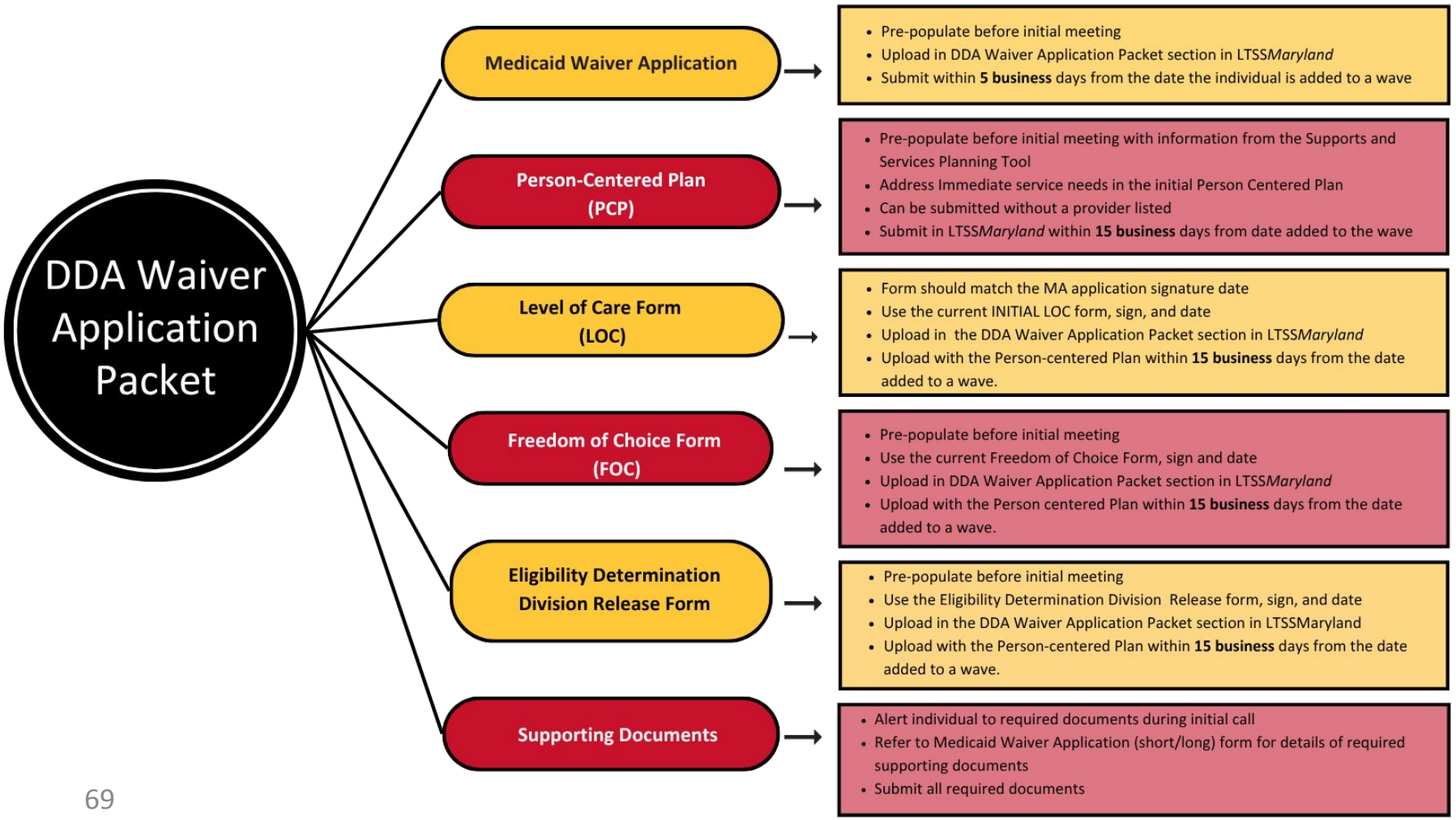
DDA Waiver Application Packet



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Review and Approval of the DDA Waiver Application Packet (1 of 4)

- When the Coordinator of Community Services (CCS) submits a DDA Waiver Application Packet, it serves as their **attestatio**n that:
  - **All required application components have been completed.**
  - **The full packet is ready and pending review by the DDA Regional Office.**

Review and Approval of the DDA Waiver Application Packet (2 of 4)

- **Clarification Requests** may be sent by the Regional Office is cases where:
  - The applicant's demographic information is missing or incorrect on the Medicaid Waiver Application.
  - Only the Authorized Representative has signed the Medicaid Waiver Application, and there is no proof of legal guardianship or power of attorney attached.
  - Outdated forms are completed.

Review and Approval of the DDA Waiver Application Packet (3 of 4)

Clarification Requests (continued):

- The Medicaid Waiver Application is not signed or dated correctly.
- The Medicaid Waiver Application has expired.
- Sections of the Medicaid Waiver Application has been crossed out.
- Required forms are missing, completed incorrectly, or not legible.
- The CCS uploads photographs of required documents.
- Meeting Minutes are not comprehensive and are missing key information.
- The Initial Level of Care effective date and the Medicaid Waiver Application date do not align.

Review and Approval of the DDA Waiver Application Packet (4 of 4)

- The CCS Waiver Application Process Checklist is used to ensure every required piece of the packet is included and accurate before submission.
- The DDA Regional Office reviews the submitted packet.
  - If the packet meets all requirements, the Regional Office approves the DDA Waiver Application Packet.

Questions

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DEPARTMENT OF HEALTH

Financial Eligibility Determination

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Review of Financial Eligibility (1 of 5)

- The Eligibility Determination Division (EDD) reviews financial documentation and makes a determination.
- When a Medicaid Waiver Application is received, an Eligibility Determination Division Case Manager reviews it to determine if all required financial eligibility documents (verifications) have been provided.
- If information is missing:
  - The Eligibility Determination Division Case Manager will issue a Request for Information (Form 1052).
  - The form will list the missing documents, the due date for submission, and the Case Manager's contact information for questions.

Review of Financial Eligibility (2 of 5)

- A list of required financial documents are listed on the first page of the Medicaid Waiver Application.
- In order for Eligibility Determination Division to make a determination, it is important that:
  - All requested documents are submitted in their entirety
    - For example, if a bank statement is requested and it is 10 pages long, the individual is required to submit all 10 pages of the document; and
    - All information in the document is viewable and readable; therefore, it should not be a picture, no sections or information should be marked, redacted, or blackened out.

Review of Financial Eligibility (3 of 5)

- If any supporting documentation is missing, Eligibility Determination Division will send a request for information letter with a date the information must be returned.
- Requested documents should be:
  - Submitted as soon as possible; and
  - Uploaded into LTSS*Maryland* Client Attachments under the Financial Documents drop down option.

Note: Individuals who fail to submit required documents will be denied enrollment. They have up until the 6-month consideration period to provide the documents before an entire new application must be submitted and the process begins again.

- Coordinators of Community Services should reach out to their regional offices before reapplying.

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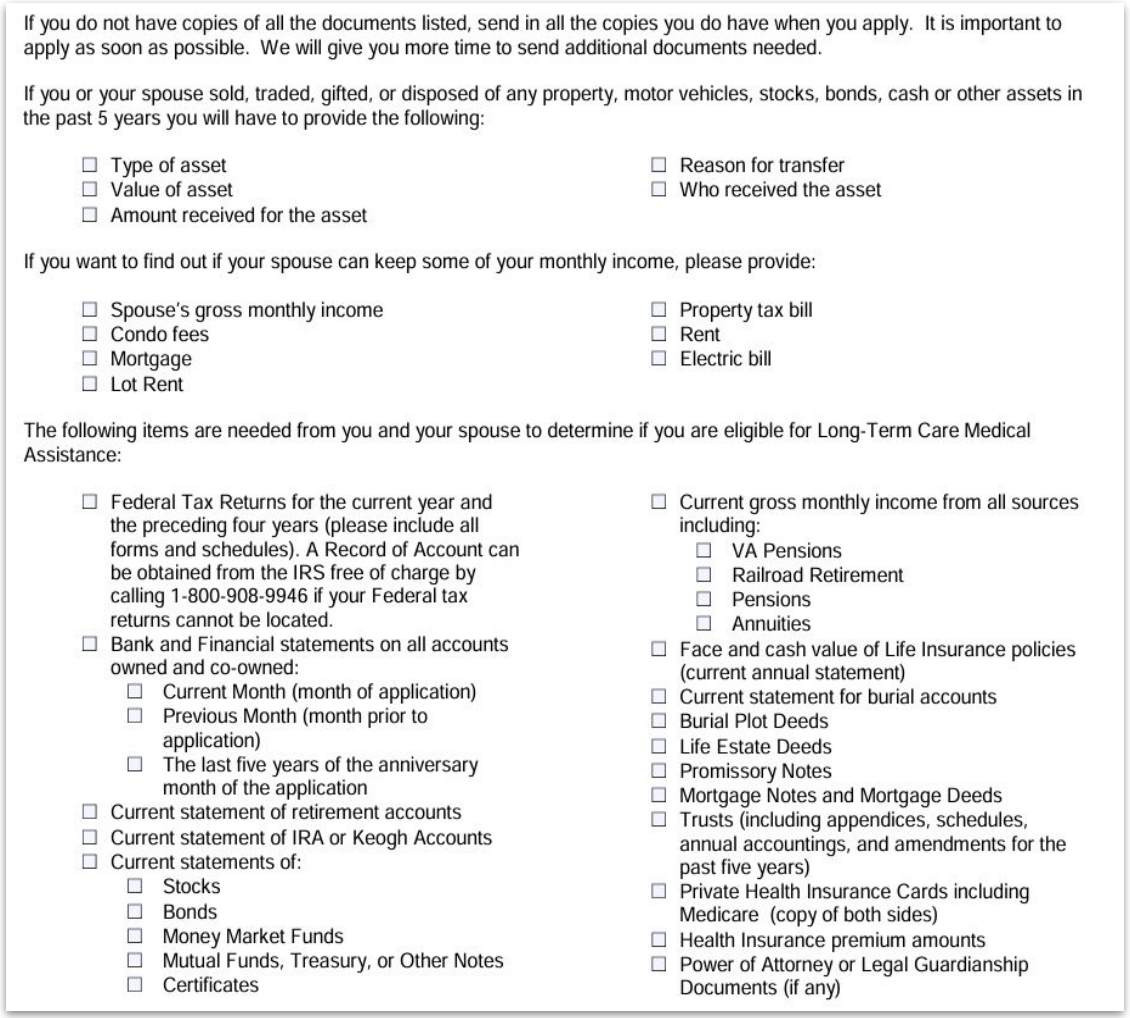
Review of Financial Eligibility (4 of 5)



If you do not have copies of all the documents listed, send in all the copies you do have when you apply. It is important to apply as soon as possible. We will give you more time to send additional documents needed.

If you or your spouse sold, traded, gifted, or disposed of any property, motor vehicles, stocks, bonds, cash or other assets in the past 5 years you will have to provide the following:

- ☐ Type of asset
- ☐ Value of asset
- ☐ Amount received for the asset
- ☐ Reason for transfer
- ☐ Who received the asset

If you want to find out if your spouse can keep some of your monthly income, please provide:

- ☐ Spouse's gross monthly income
- ☐ Condo fees
- ☐ Mortgage
- ☐ Lot Rent
- ☐ Property tax bill
- ☐ Rent
- ☐ Electric bill

The following items are needed from you and your spouse to determine if you are eligible for Long-Term Care Medical Assistance:

- ☐ Federal Tax Returns for the current year and the preceding four years (please include all forms and schedules). A Record of Account can be obtained from the IRS free of charge by calling 1-800-908-9946 if your Federal tax returns cannot be located.
- ☐ Bank and Financial statements on all accounts owned and co-owned:
  - ☐ Current Month (month of application)
  - ☐ Previous Month (month prior to application)
  - ☐ The last five years of the anniversary month of the application
- ☐ Current statement of retirement accounts
- ☐ Current statement of IRA or Keogh Accounts
- ☐ Current statements of:
  - ☐ Stocks
  - ☐ Bonds
  - ☐ Money Market Funds
  - ☐ Mutual Funds, Treasury, or Other Notes
  - ☐ Certificates
- ☐ Current gross monthly income from all sources including:
  - ☐ VA Pensions
  - ☐ Railroad Retirement
  - ☐ Pensions
  - ☐ Annuities
- ☐ Face and cash value of Life Insurance policies (current annual statement)
- ☐ Current statement for burial accounts
- ☐ Burial Plot Deeds
- ☐ Life Estate Deeds
- ☐ Promissory Notes
- ☐ Mortgage Notes and Mortgage Deeds
- ☐ Trusts (including appendices, schedules, annual accountings, and amendments for the past five years)
- ☐ Private Health Insurance Cards including Medicare (copy of both sides)
- ☐ Health Insurance premium amounts
- ☐ Power of Attorney or Legal Guardianship Documents (if any)

A list of required documents are listed on the MA Waiver Application

- Long Form - DHR/FIA 9709
- Short Form - DHR/FIA 9709S (Fillable and Accessible)

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Review of Financial Eligibility SRT (5 of 5)

State Review Team

- Individuals without a federal disability determination will be referred to the State Review Team for a determination
  - For example: If the individual is over age 18 and does not have Social Security they will most likely be referred to the State Review Team
- Coordinators of Community Services can share the State Review Team forms with the individual and team so they can be completed and submitted to Eligibility Determination Division as soon as possible
- State Review Team forms can be accessed at this link

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Questions

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Authorization to Participate

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Authorization to Participate

- The Authorization to Participate is the DDA Waiver Enrollment process after the Regional Office reviews and submits the DDA Waiver Application Packet in LTSS*Maryland.*
- The Authorization to Participate indicates whether an individual meets or does not meet the medical, technical, and financial criteria for waiver enrollment.
- An Authorization to Participate cannot be submitted until all eligibility criteria (technical, medical, and financial) are met.
  - The Regional Office must confirm that financial eligibility is marked “Approved” and “Submitted” before submitting an Authorization to Participate.

Questions

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Overall Decision Form

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Overall Decision Form

- The Eligibility Determination Division completes waiver enrollment in the MDThink E & E system based on the Authorization to Participate form.
- MDThink E & E system will automatically update the LTSS*Maryland* Overall Decision Form to indicate the final eligibility determination (e.g., enrolled or denied)
  - Individuals who do not meet medical, technical, and financial requirements will not be approved.
  - Individuals have the right to appeal if they are not found eligible.

Questions

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Maintaining Eligibility

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Maintaining Eligibility

To remain enrolled in a DDA Waiver, participants must maintain eligibility by completing the following requirements each year:

- Annual Person-Centered Plan:
  - Ensures services and supports continue to reflect the individual's current goals, needs, and preferences.
- Annual Level of Care (LOC) Recertification
  - Confirms that the individual continues to meet the Level of Care criteria required for Medicaid waiver participation.
- Financial Redetermination:
  - Conducted by the Eligibility Determination Division to verify that an individual still meets financial eligibility standards.

Financial Redetermination

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Financial Redetermination (1 of 11)

Annual Financial Renewal Requirement:

- Medicaid checks eligibility every 12 months, including income and assets.
- To continue receiving Medicaid and DDA waiver services, individuals must complete a renewal/redetermination process when notified.
- Notices may come from:
  - Eligibility Determination Division
  - Local Department of Human Services
  - Maryland Health Benefit Exchange

Financial Redetermination (2 of 11)

- Redetermination notices are generally sent about 75 days before the due date. This timeline allows recipients to receive the notice, gather verifications, and submit their redetermination (either by mail or online through Maryland Benefits(Eligibility & Enrollment).
  - ***Please note, a copy must be uploaded into LTSS*Maryland under the Redetermination document section in Client Attachment****

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Financial Redetermination (3 of 11)

- Information received from the participant cannot be entered and processed until 60 days before the certification end date.
- Applications submitted without all required verification will be delayed while missing information is requested.
- Signatures are required on the application or renewal.
    - An Authorized Representative becomes “authorized” when the applicant or recipient signs the application — this signature is their authorization.
- Power of Attorney and Legal Guardians do not need the client’s signature, but legal documentation must be on file.

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Financial Redetermination (4 of 11)

- If a participant misses the due date:
  - They have 4 months (120 days) to submit a signed renewal packet.
  - Medicaid is not active during those 4 months.
  - Coverage will only reopen if they are found eligible after review.
  - If found ineligible, they must submit a new waiver application.
    - Coordinators of Community services must follow the re-enrollment process.

Financial Redetermination (5 of 11)

- Medicaid uses different coverage groups to serve individuals with varying eligibility needs and life circumstances.
- Each coverage group is tied to specific criteria and ensures that people receive benefits that fit their specific needs. For example:
  - H01 provides Medicaid coverage for individuals eligible due to SSI benefits.

Financial Redetermination (6 of 11)

- H98: Transitional Medicaid given after H01 ends, allowing someone to keep Medicaid and waiver services while they re-apply.
  - Purpose:
    - Gives recipients time (90 days) to submit a new application.
    - If no application is received in 90 days, the case closes.
    - If an application is submitted but still pending (e.g., missing documents, State Review Team review), H98 can stay active longer until a final decision is made.
    - Note: H98 is a valid Medicaid coverage group. Asking to “end” H98 early or saying it’s invalid defeats its purpose and could harm participants.

Financial Redetermination (7 of 11)

- S19: Medicaid coverage for individuals who are classified as Disabled Adult Children.
- S20: Medicaid coverage for individuals who are classified as Disabled Widowed Beneficiaries.
  - Redetermination notices for S19/S20 cases go directly to the recipient — they are not uploaded in LTSS*Maryland*.
  - Redeterminations for S19/S20 are due one year after Medicaid (MA) eligibility for those categories is first established.

Financial Redetermination (8 of 11)

- LTSS*Maryland* only shows redetermination notices for cases where the Eligibility Determination Division (EDD) makes the decision.
- It will not show notices for S19, S20, P07, or any other coverage group not starting with H (such as H01 or H98) because the Eligibility Determination Division does not determine eligibility for those groups.

Financial Redetermination (9 of 11)

How Coordinators of Community Services can support redeterminations:

- Stay informed of each person's Medicaid status and renewal cycles at each quarterly monitoring.
  - Information can be found in LTSS*Maryland* and the Eligibility Verification System.
- Ensure submission of redetermination information and retain copies of information in LTSS*Maryland*.
- Maintain up to date contact information.

Financial Redetermination (10 of 11)

How Coordinators of Community Services can support redeterminations (cont):

- Coordinate roles and responsibilities of participant and team at the annual plan meeting
- Track due dates and coverage codes and follow up proactively.
- Educate families about consequences of delays.
- Consult with Regional Office as needed.

Financial Redetermination (11 of 11)

How Coordinators of Community Services can support people:

- Encourage individuals to:
  - Check mail and email frequently,
  - Log into Maryland Benefits,
  - Call Department of Human Services at 1-800-332-6347 or visit in person (if applicable).

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Questions

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Level of Care Recertification

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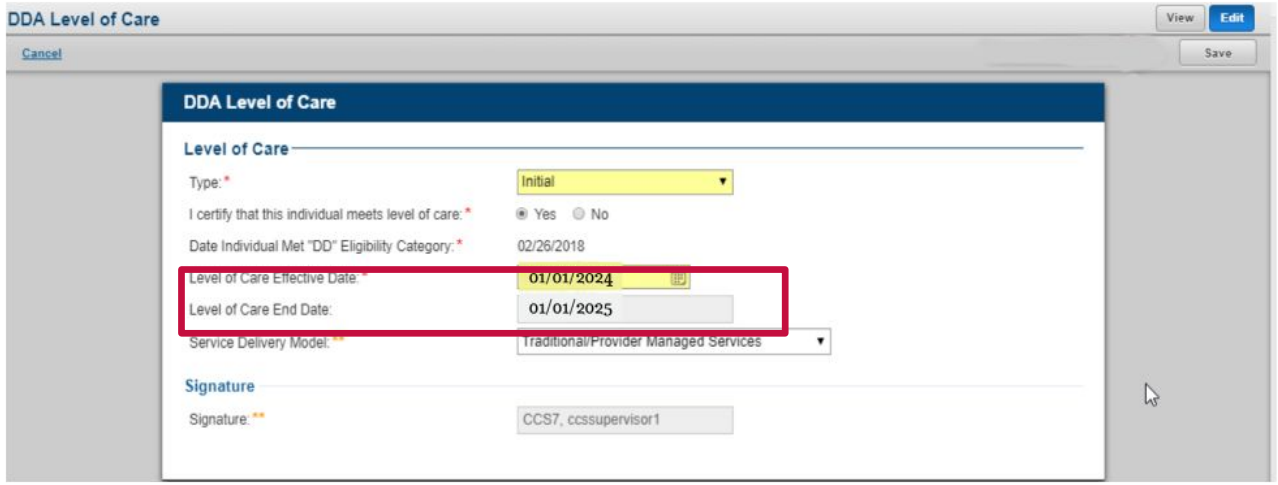
Level of Care Recertification (1 of 3)

- Under Medicaid waiver program rules, a Level of Care (LOC) Recertification must be completed every year.
- Completing the Level of Care Recertification form certifies that the individual:
  - Continues to meet Maryland's Developmental Disability (DD) eligibility criteria.
  - Remains medically eligible to participate in a DDA-operated Waiver Program.
- The recertification is due one year after the effective date of the initial Level of Care.
- The due date should align with the previous year's date, unless the individual was discharged from the waiver.

Level of Care Recertification (2 of 3)

Level of Care End Date:

- This date should reflect a year after the Initial Level of Care 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

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Level of Care Recertification (3 of 3)

The **Annual Level of Care** forms is posted on the DDA's Partnering with CCS webpage.

Level of Care

- Initial Level of Care Form - English Version
  - Nivel de Atención, Certificado Inicial de Necesidad - Español (Initial Level of Care Form - Spanish Version)
- Level of Care Recertification Form - English Version
  - Nivel de Atención, Nueva Certificación de Necesidad - Español (Level of Care Recertification Form - Spanish Version)

Questions

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Denials, Terminations, and Disenrollments

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Termination and Disenrollments

A participant may be terminated if they:

- No longer meet the eligibility requirements outlined in the waiver program.
- Voluntarily choose to disenroll from the Medicaid Waiver program.
  - Note: An individual may lose their Medical Assistance if they choose to leave the medicaid waiver program.
- Do not use a Coordinator of Community Services as required.
- Fail to complete required assessments or screenings, such as the Health Risk Screening Tool (HRST).

Termination and Disenrollments

A participant may be terminated if they (cont.):

- Refuse in-person health, welfare, or service monitoring visits conducted by the Coordinator of Community Services or Maryland Department of Health staff.
- Do not comply with Medicaid Waiver program requirements, including those in the waiver application, federal and State laws and regulations, and DDA policies.
- Fails to maintain continuous Medicaid waiver-funded services without a lapse exceeding 183 calendar days, as required by the Waiver application. A minimum of 1 waiver service must be used every 6 months.
- Pass away (deceased).

Appeals

- Individuals can appeal if they disagree with an eligibility decision—whether it's for their first application or for being disenrolled from the waiver program.
- If an appeal is filed within 10 calendar days of the date on the decision letter, the person may keep receiving services and medical assistance while the appeal is reviewed.
- Their Medical Assistance coverage will also stay active during this time.
- If the appeal is not filed within 10 calendar days, the person's Medical Assistance will end.
- Individuals who want to reapply should contact their DDA Regional Office.

Reapplying for a DDA-operated Medicaid Waiver

Individuals who are denied enrollment or are disenrolled from the DDA-operated Medicaid waiver programs must be added to an LTSS*Maryland* "wave" before reapplying.

- A new waiver application cannot be submitted by the Coordinator of Community Services for the individual unless they have been added to a LTSS*Maryland* wave.
- Coordinators of Community Services should contact the Regional Office if:
  - An individual wants to reapply; or
  - An individual has been globally deactivated and wants to be reactivated.

Questions

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Important Reminders

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Medicaid Waiver Eligibility Reminder

Medicaid Waiver Eligibility Packet Documentation Reminders

- Always submit current documents for the correct person.
- Submit fully completed documents.
- Include complete meeting minutes from the waiver meeting and a list of the meeting's attendees. The Waiver Application Meeting Minutes template is available on the DDA website.

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Document Submission in LTSS*Maryland* (1 of 2)

LTSS*Maryland* is DDA's system of record:

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

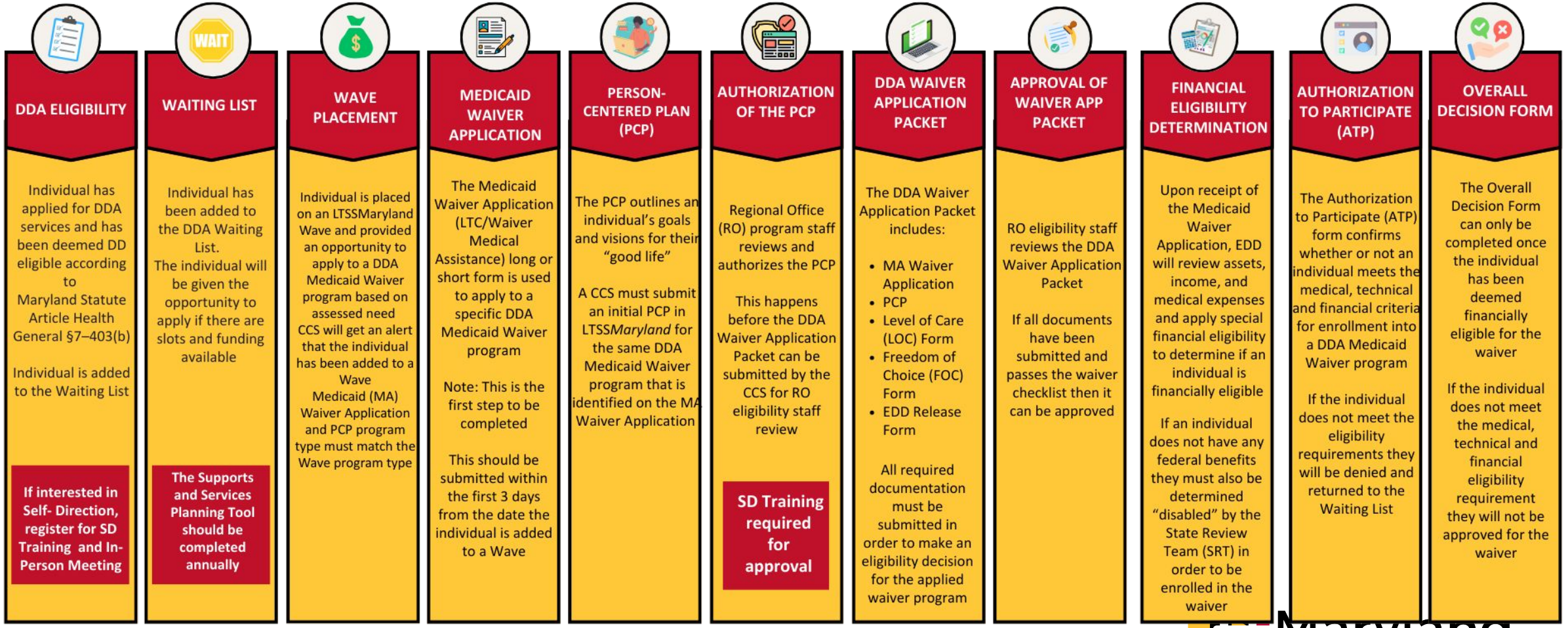
Document Submission & LTSS*Maryland* (2 of 2)

- **Financial Redetermination Forms and Medicaid Waiver Application Documents must be signed by the individual, even if there is a guardian or rep payee.**
- Submit scanned documents — not pictures or screenshots.
  - This should include blank pages.
- Uploading incomplete or poor-quality files can cause delays
- Electronic signatures are not accepted

Waiver Eligibility Updates: Resources

- MA Waiver Applications
  - Long Form - DHR/FIA 9709 (Revised 7-2017)
  - Short Form - DHR/FIA 9709S (Fillable and Accessible)
- Redetermination Form - DHR/FIA 9709R (Revised 7-2017)

Concurrent Eligibility Processes



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