

# DDA-Operated Medicaid Waiver Programs

## Coordinators of Community Services (CCS) Waiver Application Packet Review Checklist

### OVERVIEW

This checklist is used by Coordinators of Community Services (CCS) to ensure review and completion of key steps associated with the DDA Waiver Application Process. Please reach out to the DDA Regional for technical assistance needs.

**Important Note:** An applicant **must** have an **Assessed Need for Residential** to be apply and be enrolled in the **Community Pathways Waiver**

Please verify that all of the information in **LTSSMaryland** is correct.

### ENROLLMENT CHECKLIST

#### Medicaid (MA) Waiver Application (Long Form , Short Form)

<b>The CCS should ensure that:</b>
<input type="checkbox"/> The Medicaid Waiver Application is for the correct applicant
<input type="checkbox"/> The Applicant's name, date of birth, address, social security number, and Medicaid number (as applicable) match <b>LTSSMaryland</b> information as applicable
<input type="checkbox"/> The MA Waiver Application includes the following information on the upper right hand corner: <input type="checkbox"/> DDA Waiver Program Type ( <i>i.e.</i> , FSW, CSW, or CPW) <input type="checkbox"/> The CCS' initials <input type="checkbox"/> The date the document was signed
<input type="checkbox"/> The MA Waiver Application Program Type matches with the Wave Program
<input type="checkbox"/> The MA Waiver Application is signed by the applicant and their authorized representative (if applicable) <input type="checkbox"/> If authorized representative signs, upload the proof of Power of Attorney with the application
<input type="checkbox"/> The applicant signed and dated the document
<input type="checkbox"/> The MA Waiver application is uploaded within 1-3 business days of the signature date

[Long Form - DHR/FIA 9709](#), [Short Form - DHR/FIA 9709S](#)

#### Person-Centered Plan (PCP)

<b>The CCS should ensure that:</b>
<input type="checkbox"/> The PCP is an "Initial" plan
<input type="checkbox"/> The PCP Program Type matches with the MA Waiver Application Program Type and the Wave Program Type ( <i>i.e.</i> , FSW, CSW, or CPW)
<input type="checkbox"/> The applicant's story and immediate goals are reflected throughout the PCP including what's working and what's not working
<input type="checkbox"/> Exploration and documentation of <b>natural</b> and <b>other community-based supports</b> beyond DDA are reflected throughout the PCP
<input type="checkbox"/> The applicant's assessed unmet need for services and supports are reflected throughout the PCP
<input type="checkbox"/> If Residential Services are requested, the PCP must reflect an assessed need for residential services as referenced in the Waiver
<input type="checkbox"/> PCP is submitted within 10 business days of wave placement

► Issue Date: **4/11/2024**

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#### Level of Care - LOC

<b>The CCS should ensure that:</b>
<input type="checkbox"/> The LOC Form is for the correct applicant
<input type="checkbox"/> The Applicant has a “Developmental Disability” (DD) eligibility determination in <i>LTSSMaryland &gt; Programs &gt; DDA Eligibility &gt; Eligibility Determination Form</i> <input type="checkbox"/> If the applicant is not DD Eligible, then reach out to the Regional Office
<input type="checkbox"/> The LOC is an “Initial” LOC
<input type="checkbox"/> The uploaded “Initial LOC” document matches the eligibility determination date in <i>LTSSMaryland</i>
<input type="checkbox"/> The form is signed by the CCS

#### Freedom of Choice Form - FOC

<b>The CCS should ensure that:</b>
<input type="checkbox"/> The FOC form is for the correct applicant
<input type="checkbox"/> The person’s choice to receive services from the waiver and following have been selected: <input type="checkbox"/> Choose to receive home and community-based services under the Maryland Medical Assistance program/DDA Waiver Programs <input type="checkbox"/> A Service Delivery Model <input type="checkbox"/> Service Delivery Model must be the same as in the Level of Care form
<input type="checkbox"/> The FOC form is signed by: <input type="checkbox"/> The applicant or their representative (if applicable) <input type="checkbox"/> The CCS and date noted

#### EDD Release Form

<b>The CCS should ensure that:</b>
<input type="checkbox"/> The EDD Release form is for the correct applicant
<input type="checkbox"/> The EDD Release Form is signed by: <input type="checkbox"/> The person and their representative (as applicable) and date noted

#### Waiver Meeting Minutes

<b>The CCS should ensure that:</b>
<input type="checkbox"/> There is discussion about: <input type="checkbox"/> The applicant’s story and immediate goals <input type="checkbox"/> The applicant’s current services and supports ( <i>e.g.</i> , natural, local, community, Community First Choice, Housing Voucher, etc.) <input type="checkbox"/> What’s working and what’s not working <input type="checkbox"/> Unmet needs and any services ending in the near future <input type="checkbox"/> Referrals to other programs and status
<input type="checkbox"/> The Waiver meeting attendance is taken

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