

**DEVELOPMENTAL DISABILITIES ADMINISTRATION
Home and Community-Based Services Waiver**

**LEVEL OF CARE
RECERTIFICATION OF NEED**

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

has been recertified 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 LTSS Maryland.

Coordinators of Community Services (CCS) are required annually, during the recertification process or more frequently, to review with the participant their rights and options note below:

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 the choice in services to be received:

- Traditional/Provider Managed Services
- Self-Directed Services

Acknowledgement of the various waiver services and providers:

I have made the participant aware:

- That they have the right to choose who provides their services, and how and where their services are delivered.
- Of the different waiver services available and the various providers licensed by the DDA, and how each service model operates and the benefits that each model can provide.
- That they have the right to choose the services and providers that meet their needs and preferences.
- In order to receive and continue to receive home and community-based waiver services, the participant must meet all the eligibility criteria of the Maryland Medical Assistance program and DDA Waiver program.

Coordinator of Community Services: _____ Date: _____
(Signature)

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