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Community Pathways Waiver Financial Eligibility Overview

March 4, 2026

Agenda

1. Community Pathways Medicaid Waiver Application Overview
2. Introduction to the Eligibility Determination Division (EDD)
3. IT Systems & Internal Eligibility Processes
    - System Overview
    - Financial Eligibility Process
    - State Review Team (SRT) Process
4. Applications: Critical Milestones
5. Redeterminations: Critical Milestones
6. Practical Tips & Common Mistakes to Avoid

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Community Pathways Medicaid Waiver Application Process

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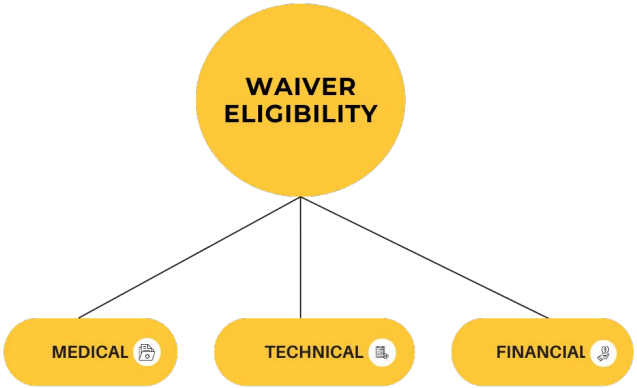
Waiver Eligibility Requirements

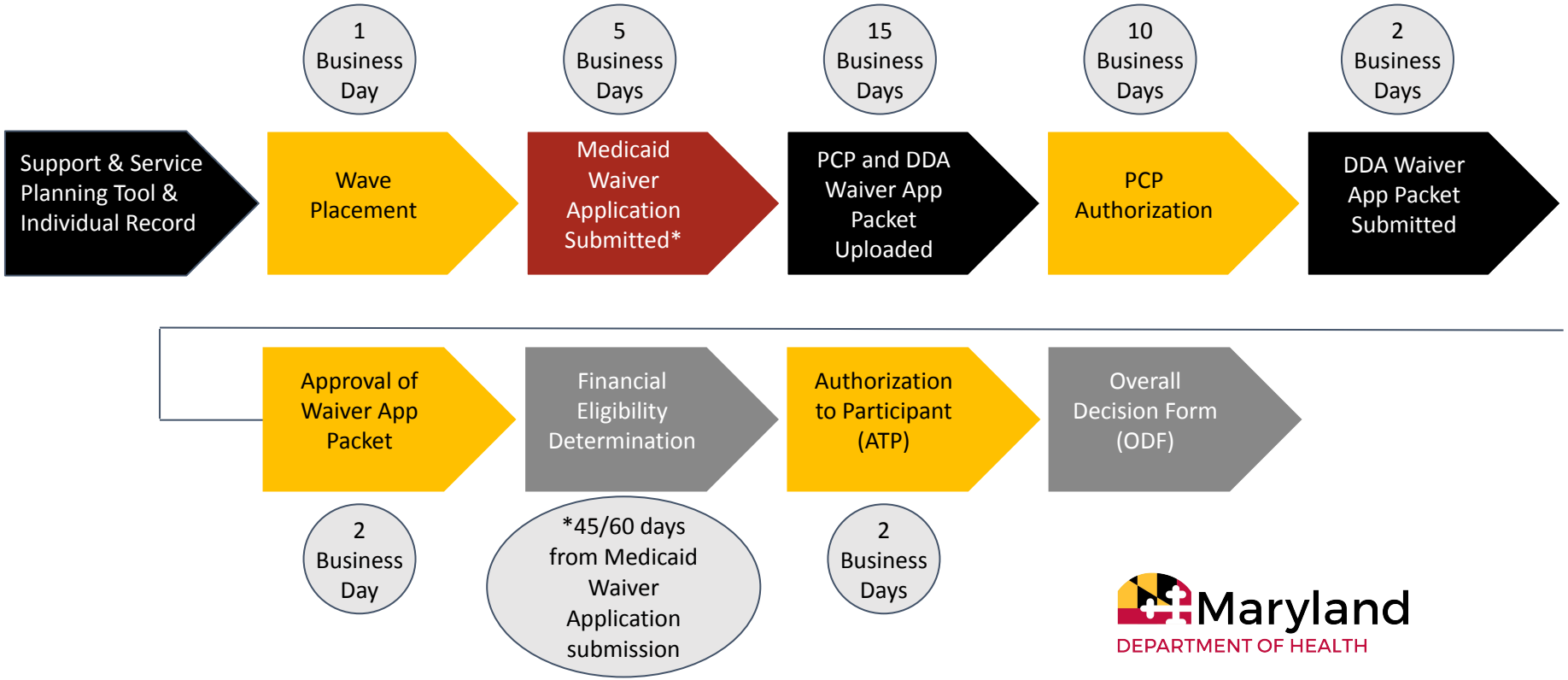
- To be eligible for a Medicaid waiver program, the individual must meet waiver-specific **medical**, **technical** and **financial** eligibility criteria.
- Applicants must demonstrate, through a screening process, that:



  - 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.*

Waiver Application Process



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Overview: Community Pathways Medicaid Waiver Application Process (1 of 4)

Building the Packet

CCS support the completion and submission of the Community Pathways Waiver Application Packet. The packet includes:

- Level of Care (LOC)
- Person-Centered Plan (PCP)
- MA Waiver application, Freedom of Choice
- EDD Release Form
- Supporting documentation

Once all elements are present, the CCS submits the final Community Pathways Waiver Application Packet for RO review.

CONTINUED….

Overview: Community Pathways Medicaid Waiver Application Process (2 of 4)

Regional Office (RO) Review

- RO reviews and approves the PCP.
- RO reviews the Community Pathways Waiver Application Packet for technical accuracy and approves.
    - If errors are found in the Community Pathways Waiver Application Packet, the RO sends a Clarification Request back to the CCS. This loop repeats until the Community Pathways Waiver Application Packet meets all standards.

CONTINUED….

Overview: Community Pathways Medicaid Waiver Application Process (3 of 4)

Financial Eligibility (EDD Review)

- The Eligibility Determination Division (EDD) determines financial eligibility. EDD verifies demographic information (citizenship status, name, DOB, SSN), income, assets, and disability status, if applicable.
- If needed, EDD requests missing verifications.
- For disability determinations, EDD requests the SRT Packet from the individual.
- With this info, EDD either financially approves or denies the case.

CONTINUED….

Overview: Community Pathways Medicaid Waiver Application Process (4 of 4)

Enrollment

- If deemed technically, medically, and financially eligible, DDA submits an Authorization Authorization to Participate (ATP) or Advisory ATP, if in an institution.
- EDD processes ATP on E&E. Eligibility Notice is issued. If Advisory Notice is issued the applicant must move to the community by the date identified on the notice.
- Participant is officially enrolled in the Community Pathways Waiver.

Introduction to the Eligibility Determination Division (EDD)

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EDD Overview (1 of 3)

- The **Eligibility Determination Division (EDD)** is the specialized division within the Maryland Medicaid Office of Eligibility Services (OES) **responsible for determining financial eligibility for Long-Term Care and Maryland Medicaid's six Home and Community-Based Services Waiver programs.**
- EDD is tasked with determining that a participant meets the financial criteria to be in a Medicaid Waiver.
- EDD verifies demographic information, income, assets, and disability status.

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EDD Overview:
EDD's Role in the Waiver Process (2 of 3)

- **Financial Review**: Verifies income and assets to ensure federal and State compliance.
  - Individuals that have not been determined disabled will be referred to the State Review Team for a determination.
- **Final Enrollment:** Processes the Authorization to Participate (ATP) submitted by DDA. E&E will send the decision to the LTSS*Maryland* to update the Overall Decision Form, triggering enrollment in or denial of the Community Pathways Waiver program.
- **Generate Notices:** Based on EDD's completion of Overall Decision Form, notices are sent to the individual (Approval Notice, Approval Notice with Cost of Care, Advisory Authorization, Denial).

EDD Overview:
How EDD Interacts with CCS and DDA (3 of 3)

- **Authorization to Participate (ATP):** Submitted by DDA. ATP can include an Authorization (approval); Advisory, if person is in an institution; and a denial ATP. Should only be submitted after the person is reviewed for medical, technical, and financial eligibility.
- **Communication:** EDD issues a 1052 Request for Information (often referred to as a Request for Information letter) if Applicant/Participant's documentation is missing.
    - CCS should monitor LTSS*Maryland* for Requests for Information and work with the Applicant to ensure the requested documents are uploaded before the end of the 6 month consideration period.

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IT Systems & Internal Financial Eligibility Process

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Maryland Medicaid IT Systems Overview (1 of 4)

To understand the financial eligibility process, it is important to understand the underlying systems involved:

Medicaid Management Information System (MMIS)
Maryland's automated, and computerized system used to process claims, manage provider information, and track eligibility data for the Maryland Medical Assistance Program.

CONTINUED….

Maryland Medicaid IT Systems Overview (2 of 4)

To understand the financial eligibility process, it is important to understand the underlying systems involved:

Eligibility & Enrollment (E&E)
E&E is the source of truth for eligibility. E&E and MMIS exchange information. E&E also interfaces with the Asset Verification System (AVS), State Verification and Exchange System (SVES), and Beacon.

CONTINUED….

Maryland Medicaid IT Systems Overview (3 of 4)

To understand the financial eligibility process, it is important to understand the underlying systems involved:

LTSS*Maryland*

Participant-centered system used for managing, coordinating, and paying for Long Term Services and Supports. Source of truth for Person-Centered Plan and DDA documentation.

- "Talks to" E&E but is not the source of truth for eligibility information

CONTINUED….

Maryland Medicaid IT Systems Overview (4 of 4)

To understand the financial eligibility process, it is important to understand the underlying systems involved:

Maryland Benefits
Centralized hub for participants to manage multiple state benefits. Allows document uploading, reporting changes (e.g., address, phone, income), and redetermination application submission.

Financial Eligibility Process (1 of 2)

CCS starts Community Pathways Waiver application for an individual.

EDD pulls documents from the Attachment Report and manually enters data into E&E.

EDD Financial Eligibility Associate (FEA) is assigned to the specific case.

EDD FEA reviews application for completeness (signature, reported income, & assets). If not signed, EDD returns application to CCS or Applicant or Authorized Representative.

If application is complete, EDD FEA runs the necessary clearances and reviews documents submitted:

- **Demographic Info**: Name, Social Security Number, Birth Date, Citizenship Status, Marital Status
- **Assets**: Income, Bank and Financial Statements, Burial Accounts and Burial Plots, Property, Life Insurance Policies, Business Interests, Trusts, Maryland ABLE Account Info, Promissory Notes

Asset info (i.e. financial accounts and property) is requested via the Asset Verification System (AVS).

For mid- and large financial institutions, results are typically returned in 3-15 days.

For small banks and credit unions, DRAFT accounts, Direct Express accounts, life insurance policies, burial accounts, AVS does not provide data; EDD must request these statements directly from the applicant.

EDD FEA determines if a Disability Decision is needed. If needed, SRT packet sent to applicant. When returned, EDD sends to DHS State Review Team (SRT) for review *(see SRT Process slide)*.

EDD FEA updates findings and uploads verifications to E&E.

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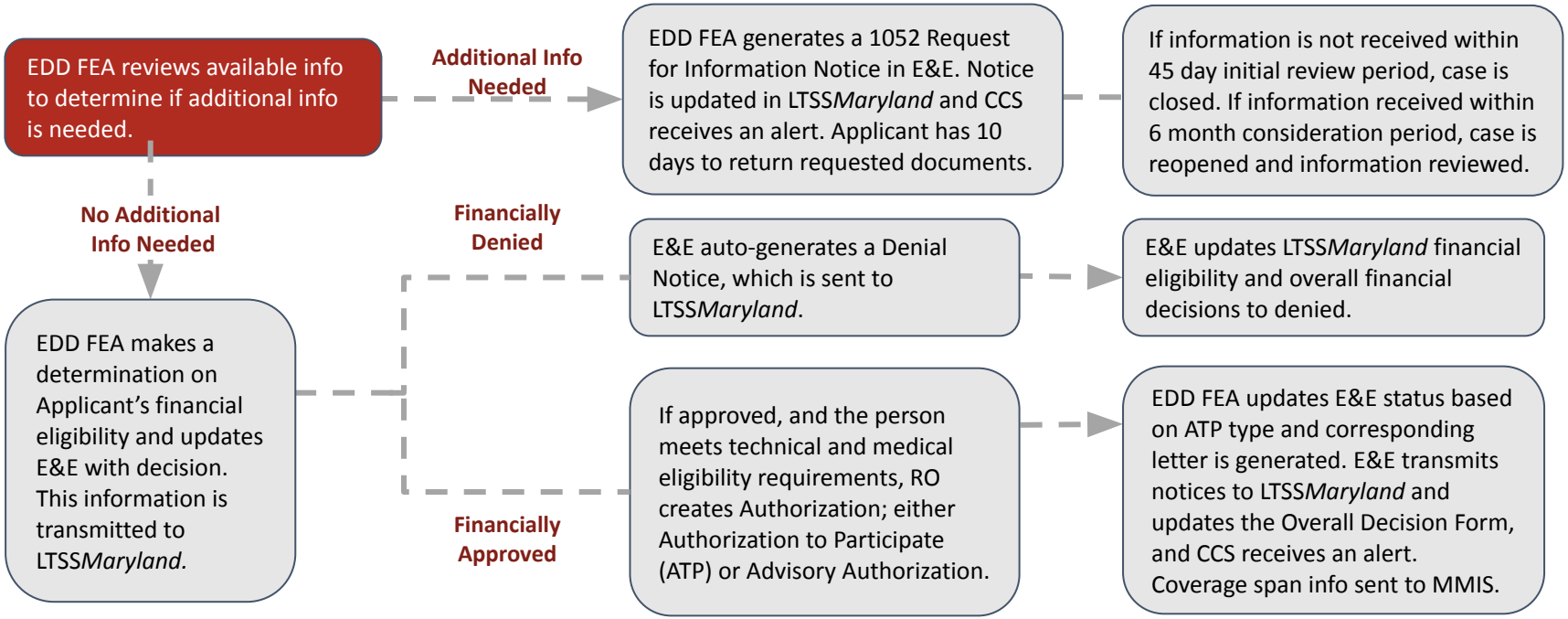
Financial Eligibility Process (2 of 2)



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State Review Team (SRT) Process (1 of 4)

What is the State Review Team?

The Department of Human Resources' (DHS) State Review Team (SRT) conducts initial State disability determinations for individuals who have not been federally determined to have a disability.

When is a Medicaid Waiver Application referred to the SRT?

When an individual applies for a Community Pathways Waiver program, the Eligibility Determination Division (EDD) refers the individual to the SRT when they do not have any federal benefits (Social Security Income (SSI), SSDI, Railroad, or Veterans Administration).

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State Review Team (SRT) Process (2 of 4)

How will an individual know that they are referred to the SRT?

SRT referral letters and documentation packets are **not displayed in LTSS*Maryland***. Notification is sent via physical mail directly to the participant or their representative.

Referred individuals will receive a packet of medical/technical forms that must be completed and returned to the SRT (via EDD) for a disability determination review.

CCSs should instruct any participant without a federal disability determination to watch for this mail. Once received, the CCS should secure a copy and upload the SRT packet to LTSS*Maryland*.

How long does it take for the SRT to review a Medicaid Waiver Application?

It normally takes 60 days for the SRT to make a disability determination. This time, however, can be delayed if the individual does not submit the required paperwork in a timely manner.

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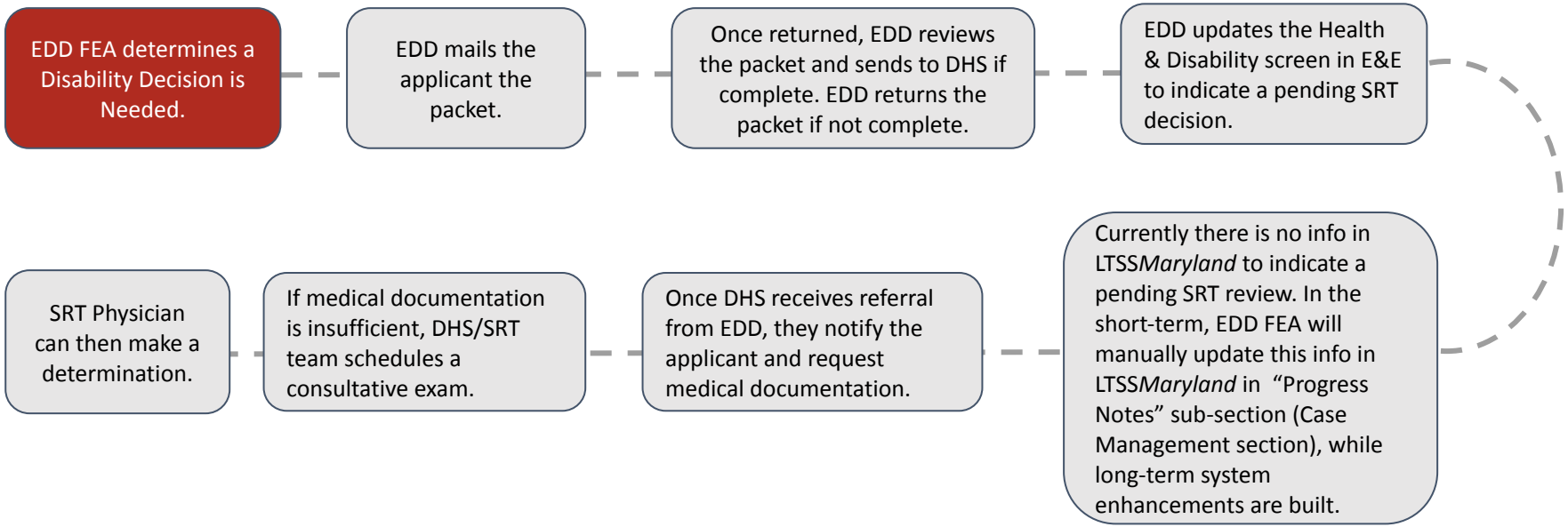
State Review Team (SRT) Process (3 of 4)

The SRT process is initiated for disability determination decisions.



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State Review Team (SRT) Process (4 of 4)

- Coordinators of Community Services can share the SRT forms with the individual and team so they can be completed and submitted to EDD as soon as possible. SRT forms can be accessed at this link.
- **Common pain points in the SRT process include:**
  - LTSS*Maryland* currently lacks a status indicator to identify when an application has been referred to or is actively under review by the SRT. Since the referral letter and packet do not display in LTSS, CCSs must rely on participant self-reporting.
  - Applicant not attending scheduled consultative exam, slowing the SRT review process

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System Actions for Financial Eligibility Denials

If EDD determines an applicant to be denied for financial eligibility, the following will happen:

- Denial Financial Eligibility form transmitted from E&E to LTSSMaryland.
- Denial letter sent from E&E to LTSSMaryland through nightly interface (typically a 1-2 day lag time).
- EDD issues an official program enrollment denial in E&E, which triggers the Denial Overall Decision Form (ODF) automation through a nightly file from E&E to LTSSMaryland.

    ➔ This marks the applicant as Denied from the Community Pathways Waiver in LTSSMaryland, triggers a denial notice to Applicant and alert to assigned CCS. This is the end of the application process, unless the individual decides to appeal.

System Actions for Financial Eligibility Approvals

If EDD determines an applicant to be approved for financial eligibility, the following will happen:

- Upon submission of the Approved Overall Decision Form (ODF) by EDD, sent via the E&E interface, LTSSMaryland will receive a copy of the notice from E&E.

    ➔ This triggers a notice to the Applicant informing them of the approval.

LTSS*Maryland* Updates via Automated System Actions (1 of 4)

Only certain actions taken by EDD in the E&E system automatically transfer information/updates to LTSS*Maryland*:

Financial Eligibility Decision

- Pending: This is accompanied by a 1052 Request Information Letter that is sent from E&E to LTSS*Maryland*
- Not Needed
- Approved - An ATP must be submitted by RO
- Denied

LTSS*Maryland* Updates via Automated System Actions (2 of 4)

Only certain actions taken by EDD in the E&E system automatically transfer information/updates to LTSS*Maryland*:

Letters/Notices

- 1052 Request for Information Letter
- Denial Letter (for applicants only)
- Disenrollment Letter (for participants)
- Advisory Letter (when the applicant resides in an institution)
- Approval Letter
- Redetermination Reminder Notices

LTSS*Maryland* Updates via Automated System Actions (3 of 4)

Only certain actions taken by EDD in the E&E system automatically transfer information/updates to LTSS*Maryland*:

Assigned EDD Financial Eligibility Associate

- Anytime EDD makes an update to who the assigned EDD Case Worker is in E&E it gets transferred to LTSS*Maryland* in a nightly file

Overall Program Enrollment Decision

- Deny, Approve, Disenroll. This occurs later in the overall application workflow

LTSS*Maryland* Updates via Automated System Actions (4 of 4)

Only certain actions taken by EDD in the E&E system automatically transfer information/updates to LTSS*Maryland*:

Letters/Notices	Applicant	Participant
1052 Request for Information	X	X
Denial Letter	X	–
Disenrollment Letter	–	X
Advisory Letter	X	–
Approval Letter	X	X
Redetermination Reminder Notice	–	X

Applications: Critical Milestones & Information

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Applications: Important Time Frames (Decision)

Below are some critical timelines to be aware of for DDA Medicaid Waiver Applications.

45 Days

- EDD is required to issue a financial eligibility decision within 45 days of the date the Waiver Application is submitted.

60 Days

- For applications requiring a disability determination (those referred to the SRT), EDD has 60 days to issue a financial eligibility decision.

CONTINUED….

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Applications: Important Time Frames (Consideration & Reconsideration)

Below are some critical timelines to be aware of for DDA Medicaid Waiver Applications.

6 Months

- **Consideration Period**. There is a 6-month timeframe within which to receive the overall application decision. This starts with the first day of the month of the application submission + 5 months - *(refer to next slide for details).*
- **Reconsideration Period.** A reconsideration application can be submitted anytime within the 6-month consideration period of the original app. If EDD's decision comes after (or late in) the original 6-month consideration period of the original app, the applicant has 6 weeks from the date of the financial denial notice to submit their reconsideration app.

CONTINUED….

Applications: Important Time Frames (Request for Information)

Below are some critical timelines to be aware of for DDA Medicaid Waiver Applications.

10 Days

- **Requests for Information.** If EDD issues a 1052 Request for Information Notice, it will automatically request a response within 10 days. If the applicant is within the 6-month consideration period, they may still submit information, even if past the 10 day timeline.

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Applications:
6 Month Consideration Period (1 of 2)

Application Month	End of 6th Month Consideration Period
January 1	June 30
February 1	July 31
March 1	August 31
April 1	September 30
May 1	October 31
June 1	November 30

CONTINUED….

Applications:
6 Month Consideration Period (2 of 2)

Application Month	End of 6th Month Consideration Period
July 1	December 31
August 1	January 31
September 1	February 28*
October 1	March 31
November 1	April 30
December 1	May 31

** February 29 in Leap Years*

Redeterminations: Critical Milestones & Information

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Maintaining Eligibility

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

Managed by DDA

- **Annual Person-Centered Plan (PCP)**
  - 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.

Managed by EDD

- **Financial Redetermination**
  - Conducted by EDD to verify that an individual still meets financial eligibility standards.

Redetermination Cycles & Timelines (1 of 2)

Overview

- **Redeterminations are federally mandated every 12 months**
  - Not everyone has a redetermination – it is based on effective enrollment date and coverage group.
- Medicaid checks eligibility every 12 months, including income and assets.
- All redeterminations are **due by the last day of the month. Recipients are strongly encouraged to submit their redet application at least 15 days before the due date.**
- Lookback Period for financial documents: one year.

Redetermination Cycles & Timelines (2 of 2)

Notifications

- Notices may come from:
  - Eligibility Determination Division
  - Local Department of Human Services
  - Maryland Health Benefit Exchange
- If a redetermination is due for the Community Pathways Waiver, reminder notices will be automatically uploaded to LTSS*Maryland* and sent to the Participant (for coverage groups in "H" Series only).
- **Notices are sent 60-75 calendar days prior to redetermination due date**.
- **3 notices in total:**
  - **Notice 1 (75 Days Out):** Contains a unique PIN, URL, and QR code for MDBenefits
  - **Notice 2 (60 Days Out):** Contains the PIN/URL and a full paper application
  - **Notice 3 (Last Day of Month):** Final Closing Notice issued on the last day of the month

Redeterminations: Important Time Frames

Below are some critical timelines to be aware of across redetermination applications.

45 Days	**Redeterminations.** EDD is required to issue a decision on a waiver application within 45 calendar days.
First 4 Months After Submission	**Tardy Redeterminations.** Applicants have 4 months after the due date to submit a late redetermination. Coverage will close (gap in coverage) while the application is processed.
10 Days	**Requests for Information.** If EDD issues a 1052 Request for Information Notice, it will automatically request a response within 10 days. If the applicant is within the 6-month consideration period, they may still submit information, even if past the 10 day timeline.

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Overview of Medicaid Coverage Groups

Medicaid uses specific Coverage Groups to categorize individuals based on varying eligibility needs and life circumstances.

- **The "H" Series (EDD-Determined):** These groups (e.g. H01, H98) are managed by EDD.
  - Only EDD-determined cases ("H" groups) will have redetermination notices visible within LTSS*Maryland*.
- **Specialized Groups:** Non-"H" groups serve specific federal categories (e.g. Disabled Adult Children or Widowed Beneficiaries) are managed by DHS or the Maryland Health Benefit Exchange (MHBE).
- **How to Find a Coverage Group:** You can find an individual's coverage group on the "Client Summary" section of LTSS*Maryland*, located in the Medicaid Eligibility sub-section.

“H” Coverage Groups

“H” Coverage Groups are for Home & Community Based Services Waiver Programs and PACE

- **H01:** For individuals that do not have other Medicaid coverage**.**
- **H98:** For waiver participants losing SSI eligibility, who continue to be medically eligible for a waiver program.

H98: Transitional Medicaid

- Activated when H01 ends to prevent a gap in waiver services while they re-apply.
- Recipients have **90 days** to submit a new application:
  - No Application**:** Case closes automatically after 90 days.
  - Pending Application**:** If the case is still pending (e.g. missing documents, State Review Team review), H98 stays active until a final decision is made.
- **Note: H98 is a valid coverage group**. It should not be "ended" early, as it is a critical safety net for participants.

“S” Specialized Groups

“S” Coverage Groups are based on Social Security Administration (SSA) supplemental income

- **S02:** Medicaid for **SSI recipients.**
- **S19:** Medicaid for **Disabled Adult Children**.
- **S20:** Medicaid for **Disabled Widowed Beneficiaries**.

Redeterminations

- Redeterminations due exactly one year after the specific Medicaid (MA) eligibility was first established.
- **Notices are sent directly to the recipient to the address on file. Because EDD does not determine eligibility for these groups, notices will NOT appear in LTSS*Maryland*.**
- S02 do not require a redetermination.
- For S19, S20, P07, and other non-"H" groups, CCSs must coordinate directly with the participant to track redetermination status.

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Appeals: Important Time Frames

90 Days

Applicants may appeal and ask for a fair hearing within 90 days from the date on their notice.

10 Days

The person may continue receiving services and medical assistance if the person appeals within 10 calendar days of the date on their notice–the postmark or the effective date of action, whichever is later–while the appeal is reviewed.

- Medical Assistance coverage will remain active.

However, if a participant loses the appeal, **they may have to pay back the cost for any services they received while their fair hearing was pending** if the judge agrees with the State's original decision.

Appeal cases have skyrocketed recently. A significant backlog currently exists, meaning **constituents may wait several months for an appeals hearing and final decision**.

[Use the online Appeals form to submit your request]

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When Not to File an Appeal

The fastest way to restore or maintain coverage is a timely, complete redetermination. Participants should utilize the appeals process to contest a factual or legal error once a formal decision has been rendered.

Do Not File an Appeal Preemptively

- Appeals should **not** be filed in response to a warning notice or before the date that Medical Assistance is turned off.
- An appeal filed *before* a case is closed does not extend coverage and diverts critical resources away from processing redeterminations.

A Note on Tardy Redeterminations

- If a redetermination is submitted after the due date, an Administrative Law Judge is likely to affirm the closure.
- Most late redeterminations are processed before the hearing date.

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Practical Tips & Common Mistakes to Avoid

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Tip #1: Ensure Documentation is Uploaded to Correct Sections

Upload documents to the correct sections and sub-types to ensure the information is received (e.g. submit requested documentation under Client Attachments within Financial Documents):

EDD can only access the following folders within LTSS*Maryland*:

- Financial Documents
- Application
- Redetermination Application

Only upload information requested by EDD to determine financial eligibility in the above sections. DDA notices or PCP letters should not be uploaded to these sections.

Note: Documents uploaded to other sections of LTSS*Maryland* are not visible to EDD.

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Tip #2: Streamlining Financial Verifications (1 of 4)

EDD can only accept documents that meet these rules:

- All pages of required financial documents must be sent - even blank pages!
- Do **not** cover or black out any information.
- Financial documents for all assets must show the balance as of the first day of the month participant applies.
    - Ex: Signed application submitted on March 21, 2025. The financial documents for assets must show the balance as of March 1, 2025.

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Tip #2: Streamlining Financial Verifications (2 of 3)

Tips to Avoid Delays:

- Send copies, never original documents.
- Scan all pages of a document together (ideally digitally scanned).
- Applicant should not send cell phone photos or screenshots of documents.
- Encourage the applicant to keep copies of all forms, documents and letters they send in.
- Avoid mailing or faxing documents unless necessary.
- Do not send documents more than once unless Medicaid specifically requests that.

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Tip #2: Streamlining Financial Verifications (3 of 4)

Knowing which financial documents EDD can retrieve directly versus what they need from applicants will reduce follow-up document requests. If the applicant has their bank statements readily available, please work with the applicant to have them uploaded to LTSS*Maryland*.

EDD can retrieve the following financial documents / verifications:

- Larger banking institutions
- Real properties

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Tip #2: Streamlining Financial Verifications (4 of 4)

Knowing which financial documents EDD can retrieve directly versus what they need from applicants will reduce follow-up document requests. If the applicant has their bank statements readily available, please work with the applicant to have them uploaded to LTSS*Maryland*.

EDD requires the applicant to provide the following verifications. CCSs should proactively obtain documentation for the following accounts:

- Direct Express account
- DRAFT Account
- ABLE account
- Life insurance policy
- Burial policy / deed
- Trusts
- Pension / annuities
- Veterans benefits

The Five Year Look-Back Period

Policy

- Federal rule **requiring state agencies to review an applicant's financial history for the five years immediately preceding their initial application** for Home and Community-Based Waivers or long-term care Medicaid.
- **Only applies to individuals who have not received federal entitlement program services during the previous 5-year window**.
  - Does not apply to S02 Coverage Category, which can be seen on the Eligibility section within LTSS*Maryland*.
- The agency does not proactively track applicability; EDD must verify status via system checks during the application process.

Audits & Penalties

- Medicaid scrutinizes asset transfers, such as gifts or sales below fair market value, to ensure they were not made to deliberately meet eligibility requirements. If prohibited transfers are discovered, Medicaid will impose a penalty period of ineligibility that delays the start of benefits.
- Discovering prohibited transfers triggers a **penalty period of ineligibility**, delaying the start of Medicaid benefits based on the value of the transfer.

Tip #3: Ensuring Application Validity with Signatures

An applicant failing to sign a completed application is a common yet avoidable issue.

- An application must be signed and dated by the applicant.
- Both “wet” signatures and electronic signatures are accepted.
- If the individual has an Authorized Representative, then applicant **AND** their Authorized Representative need to sign.
- If the applicant has physical limitations that prevent them from signing the application, they may sign with an “X.”
- A legally appointed representative, such as a guardian or Power of Attorney, may sign, provided they submit documentation validating their legal authority.
    - SSA representative payees are not authorized representatives for Medicaid’s purposes.

Tip #4: Assessing a Denial Notice (1 of 2)

If a financial determination is not rendered within 45 days of application, E&E automatically issues a denial. This occurs regardless of the 6-month period applicants have to submit outstanding verifications. See below for tips to discern if a denial was auto-generated or the result of an EDD review.

Check the date of the notice in relation to the date of the application.

- If the denial notice was issued approximately 1.5 months from the application date and the “Financial & Overall Decision” within the “Programs” section was generated by a System Administrator, it may be an auto-denial.
- If the applicant is denied at the 45 day mark for failure to provide verification, the applicant has until the end of the six month consideration period to submit the documents.

Tip #4: Assessing a Denial Notice (2 of 2)

If a financial determination is not rendered within 45 days of application, E&E automatically issues a denial. This occurs regardless of the 6-month period applicants have to submit outstanding verifications. See below for tips to discern if a denial was auto-generated or the result of an EDD review.

Check the denial reason cited on the notice.

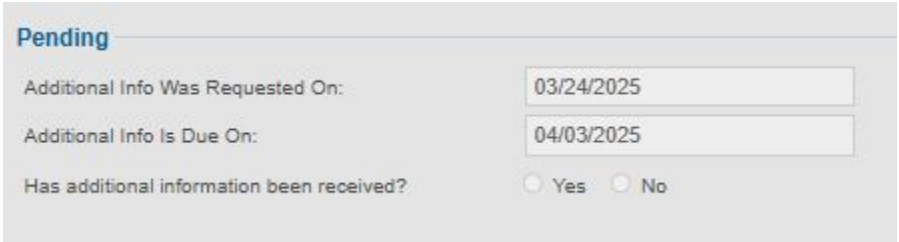
- If a specific reason cited (e.g. “Requested verifications were not submitted”), it was likely generated by an EDD FEA.
- The statement “You did not complete the application process timely” is likely an auto-generated denial.

Check the waiver status under Program Snapshot in the Client Summary.

- “Pending” status indicates the waiver application is still being processed by EDD.

Look Out for Request for Information Notices

- Watch for any letters from EDD requesting additional information and respond timely.
- Requests for Information can be found in the Letters section of LTSS*Maryland*. Occasionally Client Attachments will be used by EDD FEA to manually upload a notice (typically labeled as a “1052” notice type), when the system generates an inaccurate notice.
- Sometimes letters are mailed from the E&E system to the applicant without appearing in LTSS*Maryland*. To view whether there has been additional information, take the following steps *(and refer to image below):*
    - Under “Programs”, select “Financial & Overall Decision.”
    - Within ‘Financial Eligibility Determinations and Redeterminations’ sub-section, look for the last modified entry.
    - If the entry shows “Pending”, select “View” (under Actions).



CCS Best Practices: Submitting Redetermination Applications (1 of 5)

CCSs should not submit redeterminations more than 45 days prior to the redetermination due date to avoid issues. CCSs should look to initial application to anticipate necessary documentation.

- **60-Day "Hard" System Limit (Automation):** The E&E system does not allow a redetermination to be initiated more than 60 days prior to the due date. If a redetermination is sent too early, it cannot accept or "park" data submitted, causing the information to be lost or ignored by the system's automated workflows.
- **45-Day Manual Window (EDD Staff Action):** Even though the system "sees" the upcoming redetermination at 60 days, EDD Financial Eligibility Associates cannot manually initiate (start working on) the redetermination in the system until the 45-day window opens.
- Submitting between days 45 and 60 creates a "limbo" period where redeterminations sit idle and are at a significantly higher risk of being overlooked.

CCS Best Practices: Submitting Redetermination Applications (2 of 5)

- CCSs should **encourage the applicant to submit their redetermination through the Maryland Benefits portal** to enable a more seamless process.
  - Enables auto-confirmation email that the redetermination application was submitted
  - Can submit financial verifications more seamlessly
- If EDD asked for a document during the application process, they will likely ask for it during the redetermination process (except for legal verifications such as SSN, birth certificates, etc.). Refer back to the application and identify what financial documents were requested.

CCS Best Practices: Supporting Redeterminations (3 of 5)

Proactive Monitoring

- Status Verification: Check Medicaid status and renewal cycles quarterly via both LTSSMaryland and EVS.
- Proactive Tracking: Monitor coverage codes and deadlines. For non-"H" groups, expect participant to receive notices via mail rather than LTSSMaryland.
- Data: Maintain accurate participant contact info and retain copies of all submitted redetermination records in LTSSMaryland.
- Preemptive Documentation:
  - Obtain records for accounts EDD cannot auto-retrieve (refer to Slide 52).
  - If a document was requested during the initial application, plan to provide it for the redetermination.
- Timely & Accurate Submission: Ensure all redetermination info is submitted timely and in the correct sections within LTSSMaryland.

CCS Best Practices: Supporting Redeterminations (4 of 5)

Team Coordination & Education

- **Annual Planning:** Define specific roles and responsibilities for the participant and their support team during the annual plan meeting.
- **Family Outreach:** Educate families on the consequences of delays (e.g. loss of funding/services) and consult the Regional Office for complex cases.

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CCS Best Practices: Supporting Redeterminations (5 of 5)

Participant Empowerment

Encourage individuals and families to take the following actions:

- Make sure that address on file is correct and up-to-date.
- Check physical mail and email frequently for official notices.
- Utilize the Maryland Benefits portal for real-time updates and submissions.
- For coverage groups outside the “H” series, call the DHS Helpline (1-800-332-6347) or visit a local office for in-person assistance.

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CCS Best Practices: Communication (1 of 2)

Communication Best Practices:

- **Remember the 30-Day Window:** Allow 30 days for EDD Financial Eligibility Associates (FEAs) to review verifications before sending an inquiry.
- **Audit Before You Inquire:** Review the 1052 (RFI) against your uploads to ensure **all** requested documents are present in LTSS*Maryland* before contacting staff.
- **Single Modality Only:** Do not send the same documents via multiple channels (e.g. uploading to LTSS *and* mailing). This creates duplicates and slows down processing.

CONTINUED….

CCS Best Practices: Communication (2 of 2)

Communication Best Practices:

- **Avoid "Blast" Emails:** Do not email entire units or individual team members. Use designated protocols within LTSS*Maryland* to prevent fragmented communication.
- **No Direct Emailing of Verifications:** Never email verifications directly to an EDD FEA. All financial documents must be uploaded to LTSS*Maryland* to ensure they are properly tracked and legal records are maintained.
    - Avoid encrypted emails if possible.
- **Consolidate Inquiries:** To prevent confusion, ensure only one person (the CCS or a designated representative) is inquiring about a specific case at any given time.

Disenrollments

- **Standard Process:** Disenrollments are typically prospective, moving forward from the date of the eligibility determination.
- **Backdating Exception**: If a case is closed correctly in E&E and MMIS but LTSS*Maryland* was not updated, the disenrollment date in LTSS*Maryland* will be backdated to match the primary systems once updated.
- **Important Reminders:**
  - LTSS*Maryland* is not the system of record. It is a service management tool; E&E/MMIS will have the most accurate, real-time eligibility status.
  - Notify all service providers immediately upon a participant's disenrollment. This may prevent providers from billing for services rendered during periods of non-coverage, which avoids recoupment actions and financial discrepancies.

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.

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Appendix

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FAQs: Communication

Q: Can you clarify the process on the best process to contact EDD after the CCS has uploaded the information in LTSS and done their due diligence?

A: There is no need to notify the Eligibility Determination Division (EDD) when verifications have been uploaded to LTSS*Maryland*.

The EDD team has a report that automatically identifies when these verifications have been uploaded. The clerical team handles the download of these documents and uploads them to the Eligibility and Enrollment (E&E) system for review by EDD's Financial Eligibility Associates.

Please allow 30 days for the review of the verifications to be completed.

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FAQs: Correspondence

Q: Is there a way a CCS can be notified when a request letter is uploaded in the letters section?

A: CCSs receive an alert titled “Request letter has been submitted” when the Request for Information (1052) notice is imported in LTSS*Maryland*. If you are not receiving an alert, please submit a Feedback ticket via LTSS*Maryland*.

Q: How and why are EDD letters being sent to addresses that are no longer checked off as mailing address in the client profile?

A: Notices are sent to the mailing address in the MDThink E&E System, the system of record. LTSS*Maryland* is not the system of record for financial eligibility. Applicants/recipients can update their address in E&E by submitting a change of address via the MDThink Consumer Portal. CCS or DDA can submit address changes via the Address Change ATP.

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FAQs: Financial Information

Q: When EDD is asking for cash assets and cash receipts, what is the purpose or need, so that the CCS can track down that information?

A: The Eligibility Determination Division (EDD) may request receipts to verify large financial transactions (transfers or withdrawals). This is to determine if a penalty should be assessed, specifically if the funds were transferred to meet the eligibility requirements for the waiver or Medicaid.

Q: What is the best way to notify EDD of income changes (earned income from job, benefits) so that EDD is aware of the change as soon as possible? It says in the application that EDD is to be notified, so what is the process?

A: The recipient or their authorized representative is responsible for notifying EDD of all changes within 10 days of the change. Income changes can be submitted via the Maryland Benefits portal or by completing the **DHS FIA Change Report Form**, that can be uploaded to LTSS*Maryland*. Please be sure to provide written verification, pay stub, letter from employer, etc.