Maryland
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES ADMINISTRATION

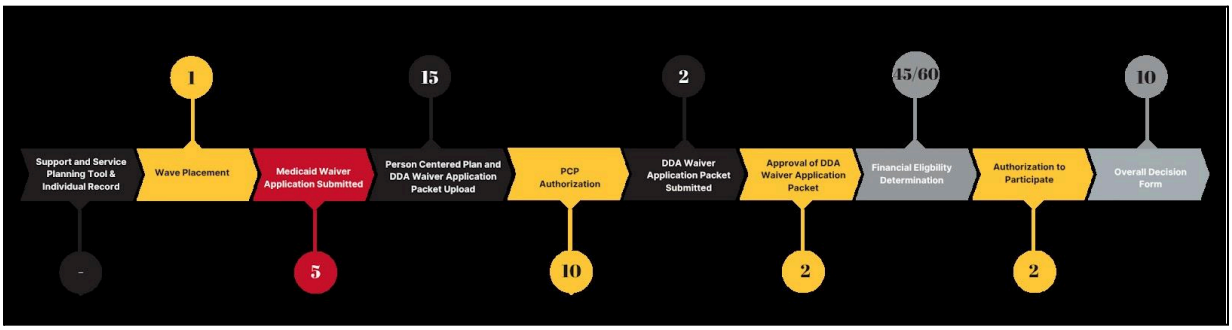
Coordinators of Community Services - Important DDA-operated Medicaid Waiver Applications Reference Guide

Overview

The following reminders regarding the waiver application process, coordination, and communication are intended to ensure that all DDA-operated Medicaid waiver applicants receive timely eligibility determinations and access to services.

DDA-operated Medicaid Waiver Eligibility Requirements

1. To be eligible for the DDA-operated Medicaid waiver program, the individual must meet specific technical, medical, and financial eligibility criteria. All of these criteria can be reviewed at the same time.
2. Applicants must demonstrate, through a screening process, that:
   - They need the level of support that people receive in an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD);
   - They meet the financial eligibility requirements; and
   - They have a Person-Centered Plan that supports their health and welfare.
3. DDA determines technical and medical eligibility, and the Eligibility Determination Division (EDD) determines financial eligibility.
4. The application process is outlined below.

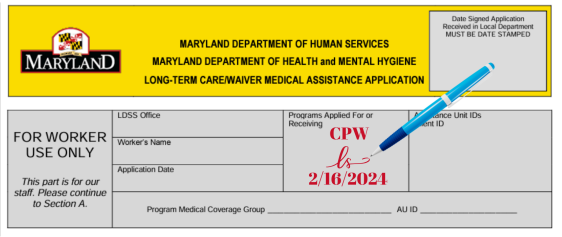


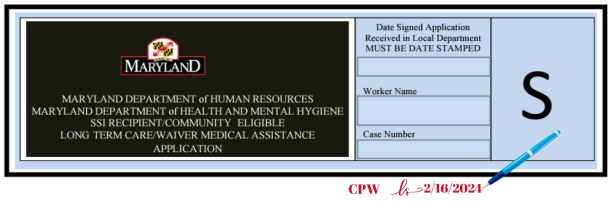
Medicaid (MA) Waiver Application

1. The Medicaid Waiver Application is the **first** document to be submitted in the concurrent eligibility process. The CCS must prioritize creating and submitting the Medicaid Waiver Application. The Medicaid Waiver Application must be **submitted within 5 business days** from the date the individual was added to a Wave. For example, if an individual is added to a Wave on Wednesday, May 13, their Medicaid Waiver Application must be submitted before the end of the business day on Wednesday, May 20.

▸ Issue Date: **6/26/2026**

2. The Medicaid Waiver Application must note the **Community Pathways Waiver (CPW) Program**, **CCS initials**, and the **date the document was signed** on the upper right-hand side of the Form - Long Form - DHR/FIA 9709 (en Espanol), Short Form - DHR/FIA 9709S, as indicated in the images below.





3. Signatures and dates are required on all applications and renewals.
    a. All applicants must sign the application themselves; if they have a limitation that creates challenges with signing, they can write an 'X' on the signature line.
    b. Legal Guardians
        i. If the person has a legal guardian: the applicant and guardian must both sign the application.
        ii. When a legally appointed representative such as Power of Attorney or guardians signs on behalf of the individual, documentation of the legal appointment must be on file in LTSS*Maryland*.
    c. Other representatives:
        i. The applicant can designate an authorized representative on their Medicaid waiver application.
            1. Authorized representatives are responsible for obtaining and submitting all supporting financial documentations.
            2. An Authorized Representative becomes "authorized" when the applicant signs the application — this signature serves as their authorization. The Authorized Representative must also sign the application, if one is identified.
        ii. Providers may not sign on behalf of applicants; if a provider is the authorized representative, they must have an OES 015 form on file in LTSS*Maryland.*
4. The Medicaid Waiver Application has a **6-month** consideration period, which begins on the first day of the month the application is signed.
    a. A new Medicaid Waiver Application must not be submitted for an individual unless the application has reached the end of its consideration period deadline.
    b. Coordinators of Community Services should reach out to their Regional Offices before submitting a new application.

Person-Centered Plan (PCP)

1. All new DDA Waiver Application Packets must have an **Initial Person-Centered Plan**. The Person-Centered Plan can be prepopulated with information from the Supports and Services Planning Tool.
2. The Initial Person-Centered Plan must **not** be submitted without a Medicaid Waiver Application uploaded into LTSS*Maryland*.
3. The immediate service needs can be noted in the Initial Person-Centered Plan for waiver enrollment. Providers are not required to be selected for submission. The Person-Centered Plan can be revised as needed afterward.

Initial Level of Care

1. Before 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.
2. The **Initial Level of Care form** serves as documentation that an individual is medically eligible to participate in the DDA-operated Medicaid waiver Program.
3. The **Initial Level of Care form** is required for new waiver enrollment and should be completed for all applicants before waiver enrollment.
    a. It is important to note that for Waiver Application Packets, the **first** Level of Care form must be an **Initial Level of Care form**.
    b. If the Level of Care form attached to the Waiver Application Packet is not an **Initial Level of Care form**, the Waiver Application Packet will be returned for clarification.
4. The **Initial Level of Care form** ***Effective Date*** must **reflect the same date as the date the Medicaid Waiver Application was signed by the applicant**.
5. The **Initial Level of Care form** ***End Date*** should reflect a year after the effective date of the initial level of care.

Other Required Forms

The **Freedom of Choice** and **EDD Release Form** must be reviewed and signed before being uploaded into LTSS*Maryland*. These forms must be uploaded into LTSS*Maryland* DDA Waiver Application Packet Documentation section as soon as possible from the date the individual is added to a Wave.

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

2. **EDD Release Form**
    a. The EDD Release Form allows EDD to release information regarding the individual's financial eligibility with another person.
        i. The individual must sign the form and indicate with whom they would like EDD to share eligibility information (often, the CCS agency is identified).
        ii. This form should be updated and submitted to EDD when the CCS or the Coordination of Community Services Agency changes.

Submitting Documentation to the Eligibility Determination Division

1. Financial Eligibility Determinations, Overall Decisions Forms, and Financial Redeterminations are completed by EDD for the DDA-operated Medicaid waiver program.
2. EDD reviews documentation to determine financial eligibility.
3. The assigned EDD Financial Eligibility Associate determines if all of the documents needed to determine financial eligibility have been received.
    a. If the EDD Financial Eligibility Associate does not have all of the documents needed to determine financial eligibility, the EDD Financial Eligibility Associate will send the applicant a "Request for Information" letter.
        i. The Request for Information letter, also uploaded in LTSS*Maryland*, will let the applicant know what is needed for the EDD Financial Eligibility Associate to determine eligibility, along with the due date.
        ii. The Request for Information letter will also include the assigned EDD Financial Eligibility Associate contact information if the applicant or their authorized representatives have questions or concerns.
    b. Requested documents should be submitted to EDD by the requested due date, but no later than the end of the application's six-month consideration period for initial applications.
    c. The requested information can be submitted by uploading to LTSS*Maryland* in the following sections:

LTSS*Maryland* Location	Documents to Upload
Case Management > Client Attachments > Category = MA Application	Medicaid Waiver Applications ONLY
Case Management > Client Attachments > Category = Financial Documents category	All supporting financial documents (bank statements, life insurance, trust, etc.)
Case Management > Client Attachments > Category = Redetermination	Redetermination applications

d. Participants can also submit required documents through MyMDBenefits Portal. Submission via LTSS*Maryland* is preferred.

Note: For EDD to make a determination, it is important that:

1. All requested documents are submitted in their entirety. For example, if a bank statement is requested and it is 10 pages long, the applicant is required to submit all 10 pages of the document, even if some of the pages are blank; and
2. All information in the document is viewable and readable; therefore, no sections or information should be marked, redacted, or blackened out.

Naming Conventions

1. Access to LTSS*Maryland* is role-based and limited to each user. Users can only view and update the parts of the system needed for their job. This helps protect personal information and maintain privacy.
2. EDD has access to specific sections within Client Attachments, including:
   a. MA Application - This section is only for the initial application to a waiver program.
   b. Financial Documents - It is also used to upload any supporting documents and additional documents requested by EDD during the review process.
   c. Redetermination - This section is only for the annual redetermination application.
3. The following format must be used when uploading documents into LTSS*Maryland*:
   a. First Initial Last Name MA Waiver Application Signature Date on Application (MMDDYYYY)
   b. (Example: J Doe Initial MA Waiver Application 03192026)
   c. Use the standard document titles listed in the table below when naming files to ensure consistency and proper processing.

Sections in LTSS*Maryland* Client Attachment	Types of Documents that can be Uploaded	File Name Standard
MA Application	• Medicaid Waiver Application *only*	First Initial Last Name Redetermination MA Application Signature Date (MMDDYYYY) (Ex. J Doe Redetermination MA Application 03192026)
Financial Documents	• Assets • Bank Statements • Medicaid Waiver Application • NOCA	First Initial Last Name Financial Institution Year (YYYY) (Ex. J Doe Bank of America 2025) (Ex. J Doe Bank of America 2026)

▸ Issue Date: **6/26/2026**

Sections in LTSS*Maryland* Client Attachment	Types of Documents that can be Uploaded	File Name Standard
	• Pay Stubs • Redetermination • SRT Packet • Trust	**Joint account** Client's First Initial Client's Last Name Spouse's First Initial Spouse's Last Name Spouse Financial Institution Date (MMYYYY) (Ex. J Doe J Doe Spouse Bank of America 2025) **Miscellaneous** First Initial Last Name Miscellaneous Date or Signature Date (MMDDYYYY) (Ex. J Doe Promissory Note) (Ex. J Doe Bank of America Withdrawal 01152025)
Redetermination Application	• Medicaid Redetermination Application *only*	First Initial Last Name Redetermination MA Application Signature Date (MMDDYYYY) (Ex. J Doe Redetermination MA Application 03192026)

Transferring from one Non-DDA Waiver to a DDA-operated Medicaid Waiver Program

1. To be eligible, the individual must be offered the opportunity to apply and meet DDA waiver eligibility requirements. The DDA concurrent eligibility process must be followed.
2. A **Freedom of Choice Form** or a **signed letter** must be completed by the individual indicating that they want to leave their current HCBS waiver Program and enroll in a DDA-operated Medicaid Waiver Program.
3. Individuals transferring from the Autism Waiver (AW) to the Community Pathways Waiver must have an Autism Waiver disenrollment ATP completed.

Transferring from an Institution to the DDA-Operated Medicaid Waiver

Individuals in a nursing facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (also known as State Residential Centers), Forensic Residential Facilities, or incarcerated for more than 30 days must be disenrolled from the DDA-operated Medicaid waiver program.

1. CCS must submit a Notification ATP in LTSS*Maryland* to inform the Regional Office promptly when a participant becomes institutionalized for 30 consecutive days.

2. The Regional Office must submit a Disenrollment ATP in LTSS*Maryland* upon review of the Notification ATP and verification of the institutionalization.
3. CCS should start transition coordination for individuals in institutions to help them move back into the community. Upon disenrollment from the waiver due to institutionalization, CCS help the individuals move from an institutional setting into the community by working on discharge planning and re-enrollment into the DDA-operated Medicaid waiver program as part of the transition process.

Individuals may not be previously known to DDA when placed in a nursing facility or a state residential center.

1. Individuals in a nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) may be identified through the Preadmission Screening and Resident Review (PASRR) process .

Money Follows the Person

1. All individuals transitioning from a Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) shall be referred to the Money Follows the Person (MFP) program.
2. CCSs must prioritize creating and submitting the following the MFP questionnaire in LTSS*Maryland* before the Medicaid Waiver Application:
    a. MFP Consent Form (and upload a copy to Client Attachment in LTSS*Maryland*);
    b. MFP Questionnaire in LTSSS*Maryland* > MFP (eligibility is determined immediately upon completion of questionnaire); and if eligible,
    c. MFP Referral in LTSS*Maryland* > Developmental Disabilities Administration > Add Referral; and
    d. Notify MFP team at mdh.mfp@maryland.gov.

Reapplying to the DDA-operated Medicaid Waiver after Institutionalization

Individuals transitioning from an institution (e.g., nursing facility, Holly Center, Potomac, chronic hospital) will follow the established Wave placement and concurrent eligibility process. The only difference in the process is related to the Authorization to Participate. Individuals transitioning from an institution may require the Regional Office to submit an Advisory ATP (meets all eligibility criteria and is seeking housing), or an Authorization ATP (meets all eligibility criteria and has community housing identified), or both (meets all eligibility criteria and is seeking housing, and then finds housing).

1. The Medicaid Waiver Application (with supporting financial documentation) is the first document to be submitted in the concurrent eligibility process. The CCS must prioritize creating and submitting the Medicaid Waiver Application. To ensure that an individual has adequate time to find a place to stay in the community, the CCS should submit the Medicaid

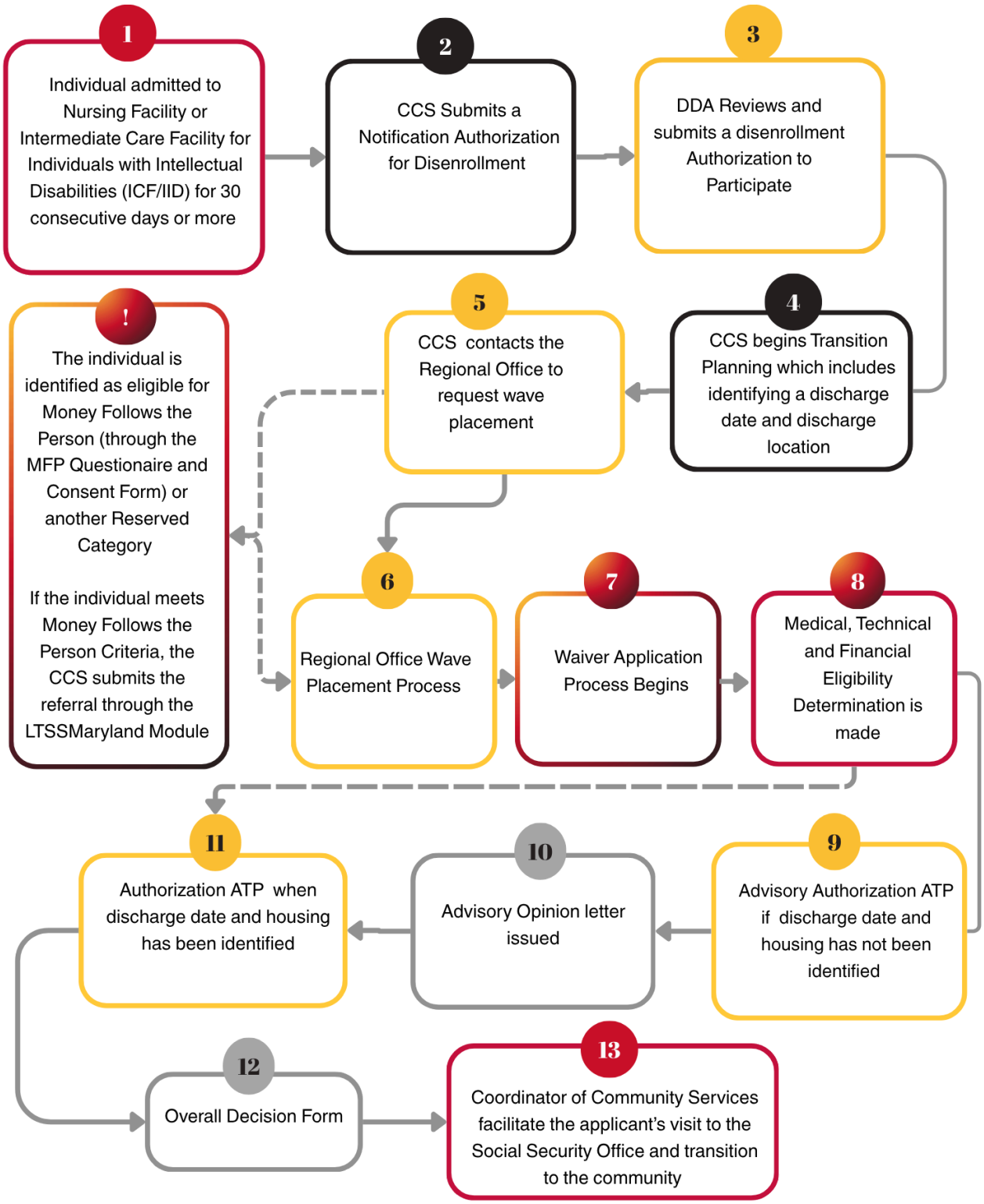
Waiver Application in LTSS*Maryland* up to six months prior to the anticipated discharge from an institution.

2. Depending on the individual's situation, an Advisory Authorization ATP (housing not yet obtained) or an Authorization ATP (housing obtained and discharge from institution is happening) may be submitted by the Regional Office.
    a. An Advisory Opinion is needed from EDD when the participant meets financial, technical, and medical eligibility and housing has not been obtained.
        i. The Advisory Opinion notifies applicants that they have until the end of the six-month consideration period to locate housing and transition to the community.
        ii. If the applicant does not transition to the community by the end of the six-month consideration period, they must reapply, and the process begins again.
        iii. On the date of discharge, it is important for the CCS to confirm the participant was discharged, obtain the applicable discharge documentation noted below, and make sure the transition date is accurate.
            1. For nursing facilities, a 257 form must be obtained.
            2. For Psychiatric/Behavioral Health Hospitals, Holly Center, Potomac Center, and Chronic Hospitals, an OES1000 form must be obtained.
            3. These documents must be uploaded into LTSS*Maryland* > Client Attachment > Financial Documents Section.
    b. Upon discharge:
        i. The Regional Office submits an Authorization ATP with the discharge date; and
        ii. The CCS must facilitate the applicant's visit to the Social Security Office to reactivate Supplemental Security Income (SSI).
        iii. If the individual does not get discharged on the transition date:
            1. The CCS must immediately contact the Regional Office and share the new date.
            2. The Regional Office evaluates the status of the Medicaid Waiver Application and timeline to determine next steps.
        iv. If an individual fails to transition to the community within the six-month time period, the Medicaid Waiver Application will be considered expired.
            1. The CCS will be required to submit a new Medicaid Waiver Application, along with all necessary documents to the EDD.
            2. The CCS must contact the Regional Office waiver eligibility staff before submitting a new Medicaid Application.

Note: DDA-operated Medicaid Waiver services may not be started while the applicant is in an institutional setting. An individual cannot be Active on a Long Term Care (LTC) Medical Assistance

and a Medicaid Waiver at the same time. The below chart outlines the institutional transition process.

COMMUNITY PATHWAYS WAIVER APPLICATION PROCESS
FOR INSTITUTIONAL TRANSITIONING



▸ Issue Date: **6/26/2026**

Financial Redeterminations:

1. Medicaid checks eligibility every 12 months, including income and assets, to determine whether participants continue to meet financial eligibility criteria.
    a. To continue receiving Medicaid and DDA-operated Medicaid waiver services, participants must complete a renewal/redetermination process when notified.
    b. Notices may come from:
        i. Eligibility Determination Division;
        ii. Local Department of Human Services; or
        iii. Maryland Health Benefit Exchange.
2. LTSS*Maryland* only displays redetermination notices for cases where EDD makes the eligibility decision.
    a. If the coverage group starts with "H" (for example, H01 or H98), LTSS*Maryland* will display the redetermination notice because those cases are handled by EDD.
    b. If the coverage group does not start with "H" (for example, S19, S20, or P07), LTSS*Maryland* will not display a notice because those cases are handled by another agency, not EDD.
3. Redetermination documents must be submitted to the entity that issued the renewal notice (e.g., Eligibility Determination Division, Department of Human Services, or Maryland Health Benefit Exchange).
4. Redetermination documents should be submitted before the due date listed on the notice; information received cannot be processed until 60 calendar days before the certification end date.
5. Redetermination documents are reviewed and completed within 30 calendar days of receipt, if all of the information needed to complete the redetermination is provided.
6. If the EDD Financial Eligibility Associate has to request additional information, then the processing time will be longer. Participants will be disenrolled from the DDA-operated Medicaid waiver program for not submitting their financial documentation on time.
7. Redetermination documents not completed on time are considered expired.
    a. In these situations, a termination letter is sent to the participant.
    b. Participants have a grace period of 120 calendar days from the redetermination due date to complete the process.
    c. If redeterminations are not submitted within the 120-day grace period, the participant will be disenrolled from the DDA-operated Medicaid waiver program.
8. Redetermination Letters
    a. All Redetermination Eligibility letters from coverage groups processed by EDD can be found in LTSS*Maryland*.

b. The Eligibility letters for redeterminations completed in their Eligibility and Enrollment (E&E) system are automatically uploaded into LTSS*Maryland*.

Denial of DDA-operated Medicaid Waiver

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

1. If the individual does not meet the above eligibility criteria, they will be denied enrollment into the DDA-operated Medicaid waiver program and will receive a letter explaining the decision.
2. Individuals who are denied enrollment have the option to appeal the decision through a Maryland Fair Hearing.
    a. The individual must submit an appeal within 90 calendar days from the date of the denial letter
    b. If the individual wins the appeal, the denial decision will be overturned. EDD will:
        i. Complete an Overall Decision Form (ODF) with a decision of "Approved"; and
        ii. Send a letter to the individual indicating that they are enrolled in the DDA-operated Medicaid waiver program.
    c. If the individual loses the appeal, they will be returned to the DDA Waiting List.

Disenrollment from the Community Pathways Waiver

Individuals enrolled in the DDA-operated Medicaid waiver program must continuously meet eligibility requirements, including technical, medical, and financial criteria, to remain enrolled. Those who no longer meet these requirements are disenrolled. Disenrollment can occur for a variety of reasons, including:

1. Moving out of state;
2. Admission to a facility or institution for 30 consecutive days or more;
3. Choosing to enroll in another Medicaid waiver program;
4. No longer meeting the eligibility requirements;
5. Voluntarily choosing to disenroll; in this case, the CCS must:
    a. Inform the individual that they may lose their Medical Assistance if they choose to leave the DDA-operated Medicaid waiver Program;
    b. Support the individual to complete a Freedom of Choice form; and
    c. Upload the Freedom of Choice form into LTSS*Maryland*.
6. Failure to use a CCS as required;
7. Failure to complete required assessments or screenings, such as the Health Risk Screening Tool (HRST);
8. Refusal to participate in in-person health, welfare, or service monitoring visits conducted by

the CCS or Maryland Department of Health staff;

9. Failure to comply with the DDA-operated Medicaid waiver program requirements, including those outlined in the waiver application, federal and State laws and regulations, and DDA policies;
10. Failure to maintain continuous DDA-operated Medicaid waiver-funded services without a lapse exceeding 183 calendar days (i.e., at least one waiver service must be used every six months); or
11. Death.

Reapplication for a DDA-Operated Medicaid Waiver

1. Individuals denied enrollment or disenrolled from the Community Pathways Waiver Program must be added to an LTSS*Maryland* Wave by the Regional Office before reapplying.
2. Coordinators of Community Services should reach out to their Regional Offices if:
    a. An individual wants to reapply; or
    b. An individual has been globally deactivated and wants to be reactivated.

Submitting Name Changes

1. The CCS is responsible for entering and updating the information in LTS*SMaryland*.
    a. The demographic section of the client's profile within LTSS*Maryland* should be updated to reflect the new name.
        i. All supporting documentation should be uploaded into LTSS*Maryland* in the Financial Document Section within the Client Attachment section.
        ii. Note: documentation titles should match the required naming conventions.
    b. Once the update is completed, the CCS must notify EDD via the Cognito form so the change can be reflected across all internal waiver systems.
        i. Include the following information in the Cognito form submission:
            - Participant's Old Name
            - Participant's New Name
            - Medicaid Number
            - Legal Name Change documentation
2. EDD is responsible for updating participant information in the E&E system, which updates LTSS*Maryland* once a complete request is received. All requests are processed within 30 calendar days.

Participant Address Changes

1. CCSs should complete all current living address changes for DDA-operated Medicaid waiver program participants in the Address Change ATP Questionnaire in LTSS*Maryland*.
2. Once completed in LTSS*Maryland*, EDD will complete the address update in the E&E system within 30 days of receipt.