



Developmental Disabilities Administration (DDA) Medicaid Waiver Application Process Training

April 17, 2024

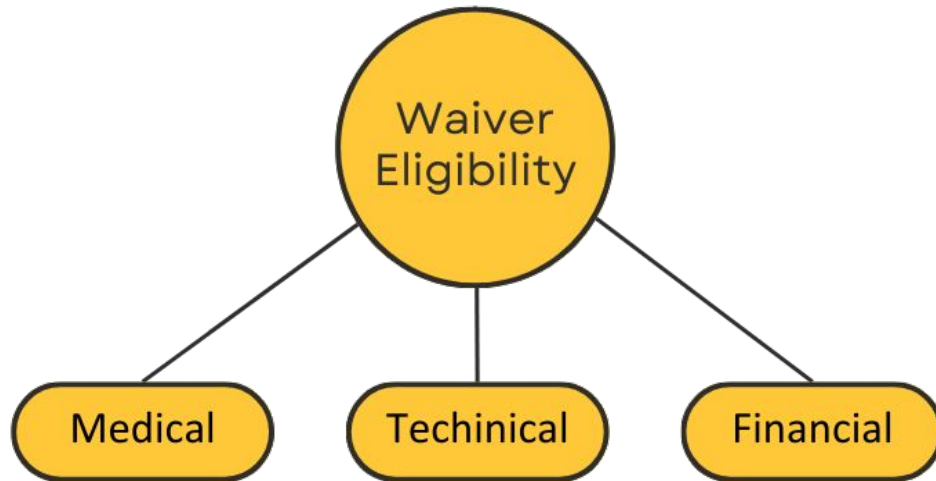


Agenda

- Medicaid Waiver Eligibility Requirements
- Medicaid Waiver Application vs DDA Waiver Application Packet
- Overview
 - Current Medicaid Waiver Application Processes
 - New Concurrent Medicaid Waiver Application Processes
- Concurrent Eligibility Processes
- DDA Waiver Application Packet
- Scenarios
- Redetermination Reminders
- Tools & Resources

Medicaid Waiver Eligibility Requirements

- To be eligible for a Medicaid waiver program, the individual must meet waiver-specific technical, medical, 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 meet the waiver financial eligibility requirements; and
- They have a person-centered plan that supports their health and welfare

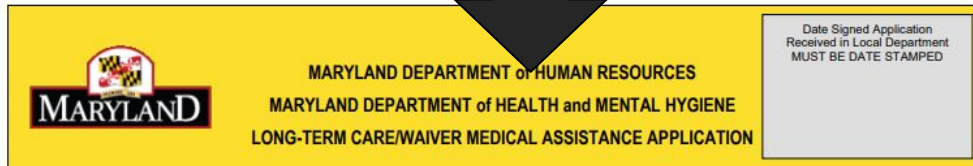
- *Reminder: DDA determines technical and medical eligibility and Eligibility Determination Division (EDD) determines financial eligibility*

- 3 • *All of these steps can be completed at the same time*

Medicaid Waiver Application vs DDA Waiver Application Packet

Medicaid Waiver Application

Long Form

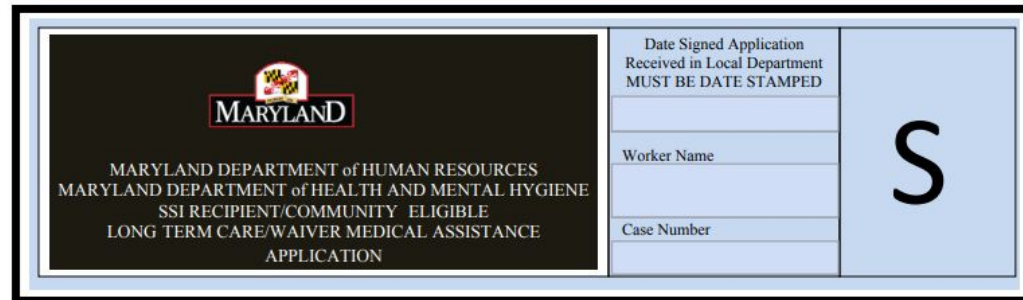


MARYLAND DEPARTMENT OF HUMAN RESOURCES
 MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 LONG-TERM CARE/WAIVER MEDICAL ASSISTANCE APPLICATION

Date Signed Application Received in Local Department MUST BE DATE STAMPED

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

Short Form



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

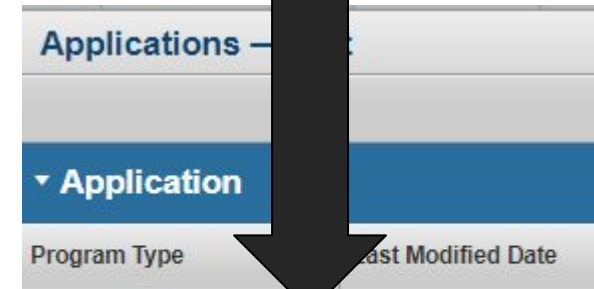
Case Number

S

USE THIS FORM ONLY FOR SSI RECIPIENT/COMMUNITY- ELIGIBLE



DDA Waiver Application Packet



Applications —

Application

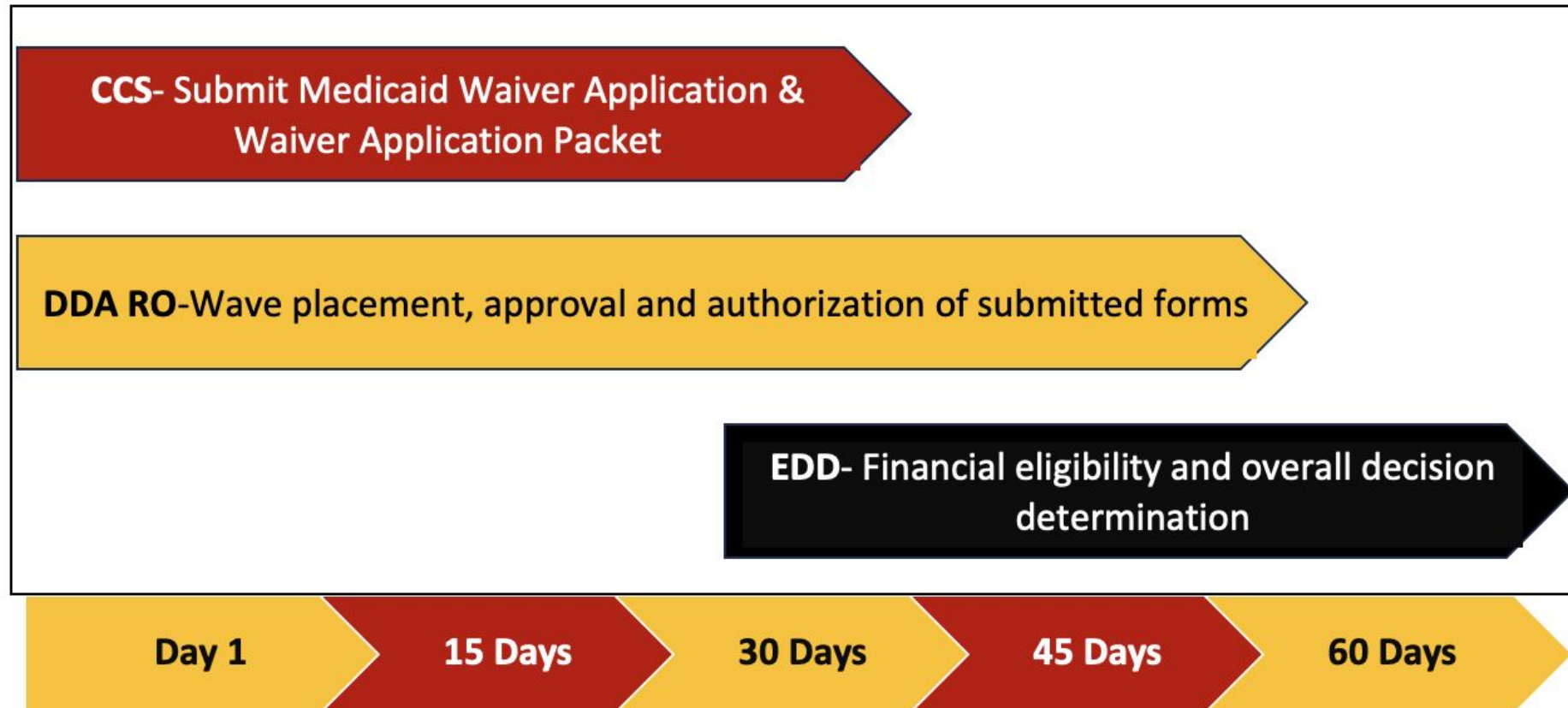
Program Type Last Modified Date



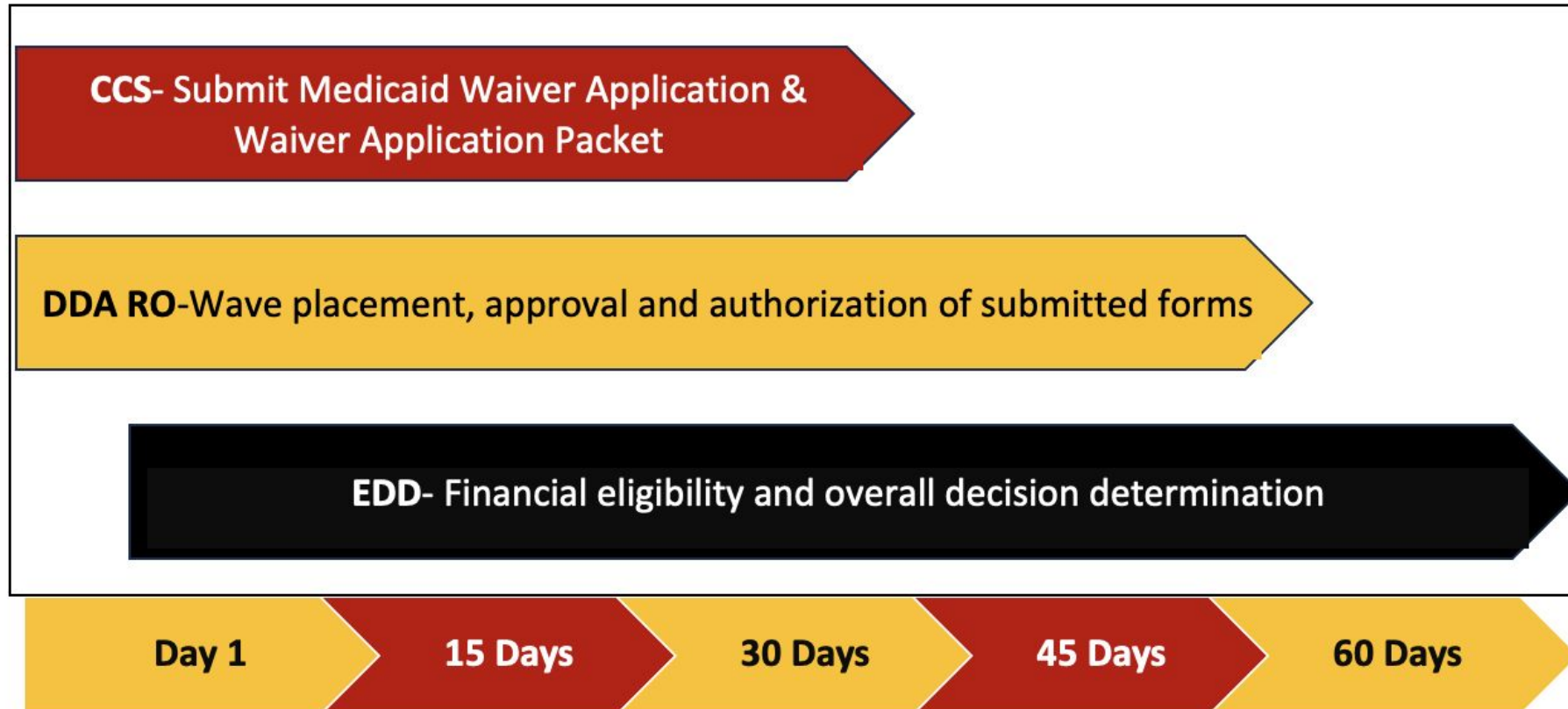
DDA Waiver Application Packet



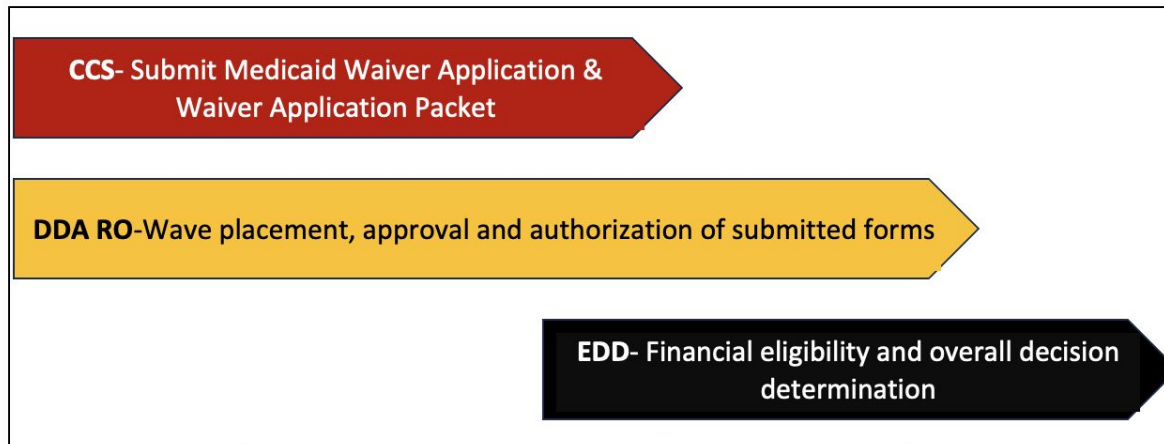
Overview - Current Waiver Application Processes



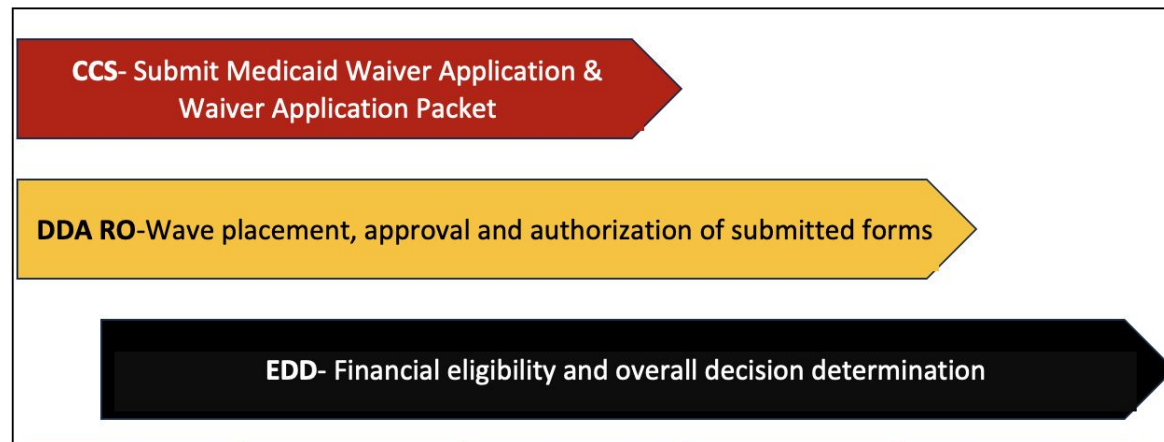
Overview - New **Concurrent** Medicaid Waiver Application Processes



Overview - Current vs. Concurrent



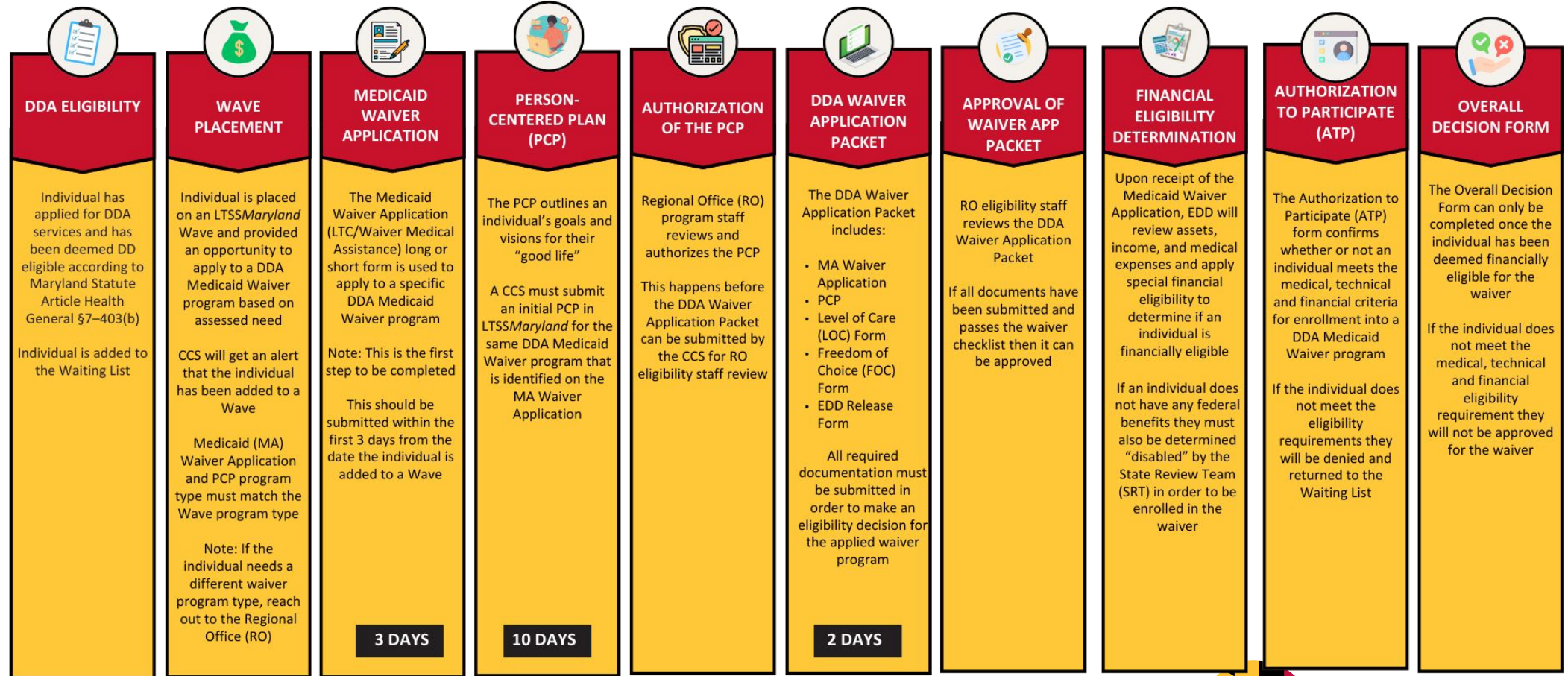
OLD
Process



New
Process



Concurrent Eligibility Processes

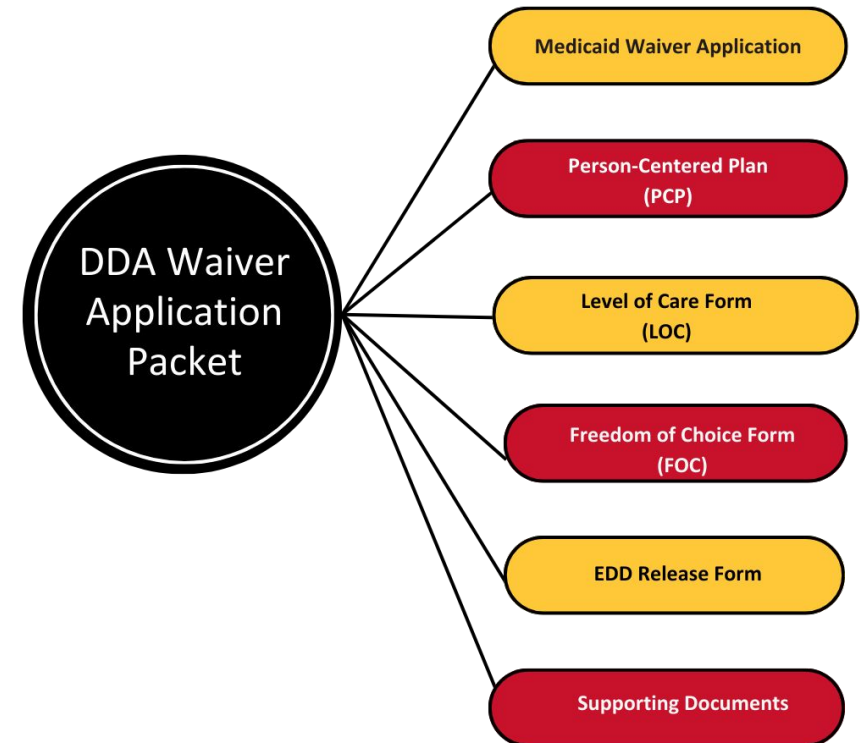


30 DAYS -->

DDA Waiver Application Packet

LTSSMaryland

Enrollment Checklist				Details	
Form Name	Submit Date	Additional Information	Actions		
<input type="radio"/> Level of Care			View List		
<input type="radio"/> Person Centered Plan					
<input type="radio"/> MA Waiver Application	N/A	Number of Documents: 0			
<input type="radio"/> Freedom of Choice Form	N/A	Number of Documents: 0			
<input type="radio"/> 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					

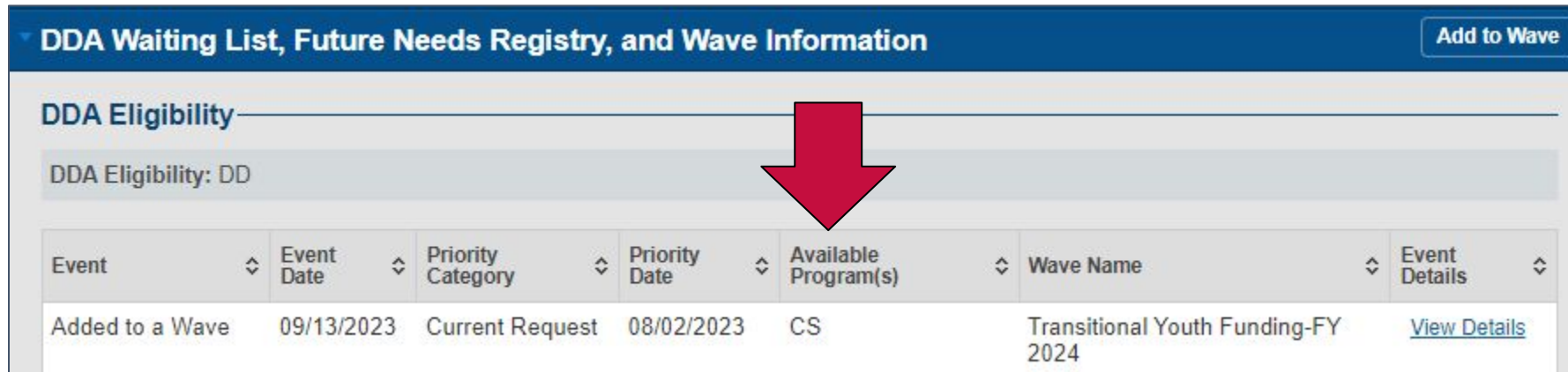


Medicaid (MA) Waiver Application (1 of 8)

- The MA Waiver Application is the **first document** to be submitted in the concurrent eligibility process
 - CCS must prioritize creating and submitting the Medicaid Waiver Application
 - When first contacting the individual, the CCS 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 program that the individual can apply to is based on the program type noted within the Wave



DDA Waiting List, Future Needs Registry, and Wave Information Add to Wave

DDA Eligibility

DDA Eligibility: DD

Event	Event Date	Priority Category	Priority Date	Available Program(s)	Wave Name	Event Details
Added to a Wave	09/13/2023	Current Request	08/02/2023	CS	Transitional Youth Funding-FY 2024	View Details

- If the individual needs a different waiver program, please reach out to the Regional Office and share assessed service need

Medicaid (MA) Waiver Application (3 of 8)


- The MA Waiver Application must match the Wave program type noted in *LTSSMaryland* and should have the following on the upper right hand side of the Long Form - [DHR/FIA 9709](#) page 1:
 - DDA Waiver Program
 - CCS's initials
 - Date the document was signed

Note:

FSW - Family Supports Waiver




CSW - Community Supports Waiver

CPW - Community Pathways Waiver

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

Medicaid (MA) Waiver Application (4 of 8)

- Short Form - [DHR/FIA 9709S](#) page 1 as shown below:

 MARYLAND 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		

CSW ls 2/16/2024

USE THIS FORM ONLY FOR SSI RECIPIENT/COMMUNITY- ELIGIBLE

Medicaid (MA) Waiver Application (5 of 8)

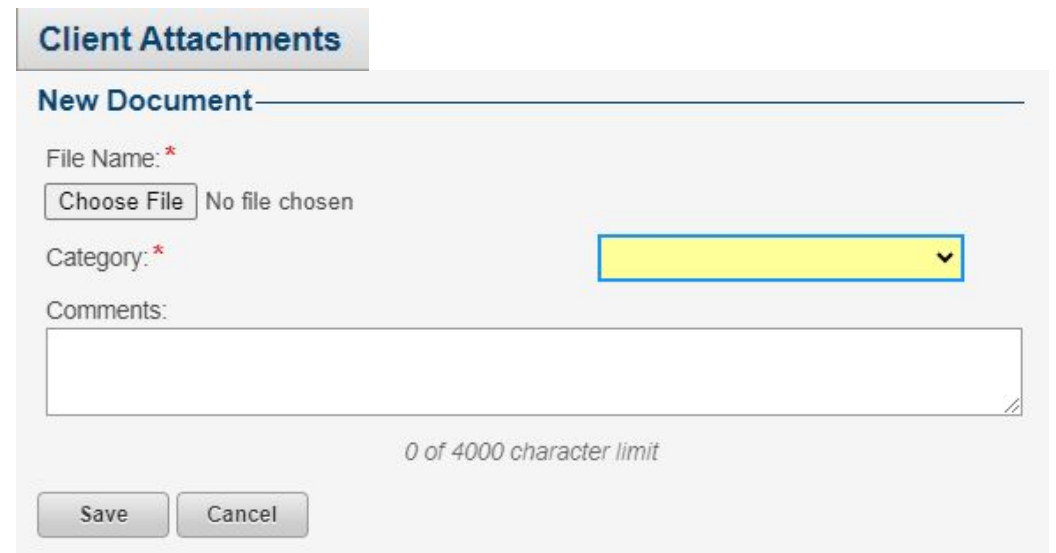
- The MA Waiver Application must be uploaded into the *LTSS Maryland* Documentation section of the DDA Waiver Application Packet
- Uploading this document allows EDD to start their financial eligibility determination process
- Supporting financial documentation should also be uploaded in the Documentation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

▼ Enrollment Checklist	
Form Name	Submit Date
<input checked="" type="checkbox"/> Level of Care	12/16/2019
<input checked="" type="checkbox"/> Person Centered Plan	11/27/2019
<input checked="" type="checkbox"/> MA Waiver Application	N/A
<input checked="" type="checkbox"/> Freedom of Choice Form	N/A
<input checked="" type="checkbox"/> EDD Release Form	N/A

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

Medicaid (MA) Waiver Application (6 of 8)

- If the individual does not have all of their supporting financial documents, CCS must submit the MA Waiver Application with available documents
- It is important to not wait until all the documents are provided so EDD can begin their processes
- Documents provided after the DDA Waiver Application Packet has been submitted to the Region Office shall be uploaded Client Attachment Section under Financial Documents drop down option



The screenshot shows a web interface for 'Client Attachments'. The main heading is 'New Document'. Below this, there are three fields: 'File Name: *' with a 'Choose File' button and the text 'No file chosen'; 'Category: *' with a yellow dropdown menu; and 'Comments:' with a large text area. At the bottom right of the text area, it says '0 of 4000 character limit'. At the bottom of the form are 'Save' and 'Cancel' buttons.

Medicaid (MA) Waiver Application (7 of 8)

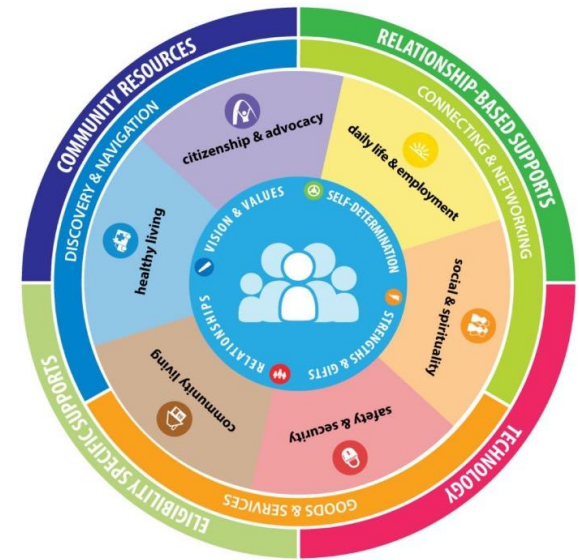
- The MA Waiver Application has a 6-month consideration period which begins on the **first day** of the month the application is received. For example, an application signed on February 21, 2024:
 - The consideration period is February 1 through July 31, 2024
 - July 31, 2024 would be the end of the 6-month consideration period for a February 21, 2024 application
- If any supporting documentation is missing, EDD will send a request for information letter with a date the information must be returned to EDD

Medicaid (MA) Waiver Application (8 of 8)

- Individuals who do not comply within 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 be enrolled
 - 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

Person-Centered Plan (PCP) (1 of 3)

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



Slide Revised: February 26, 2024

Person-Centered Plan (PCP) (2 of 3)

- All new waiver applications must have an Initial PCP
 - The PCP program (*e.g.*, FSW, CSW, CPW) must match the Wave and MA application waiver program
 - The immediate service needs can be noted in the initial PCP for waiver enrollment. The plan can be revised as needed afterwards
 - The PCP can be pre-populated based on previous discussions and monitoring and follow up activities
 - Initial PCPs can be submitted without a provider listed

Slide Revised: February 26, 2024

Person-Centered Plan (PCP) (3 of 3)

- For individuals interested in the Self Directed Service (SDS) model
 - The DDA will be offering a SDS Introduction Session in the near future to help individuals further understand their roles and responsibilities
 - To prevent delay in services, individuals can begin to receive services under the Traditional Service model while learning more about SDS
 - Individuals currently SDS can also sign up for the SDS Introduction Session

Slide Revised: February 26, 2024

Level of Care (LOC) (1 of 2)

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 LOC Form serves as documentation that an individual is medically eligible to participate in a DDA Waiver Program



Level of Care (LOC) (2 of 2)

- The Initial LOC form can be completed prior to or after the initial meeting and uploaded into the DDA Waiver Application Packet
- Please be sure to use the current [INITIAL LOC](#) 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): _____

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 to among service models and receive DDA waiver services from any of the approved DDA providers

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

EDD Release Form

- EDD can release information regarding the individual's financial eligibility with another person with this form
- The individual must sign the form and indicate to whom they would like EDD to share eligibility information
- In many cases, the individual indicates that they want the CCS 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 all DDA-operated waiver programs and posted on the website at this [link](#)

Supporting Documents

- A list of required financial documents are listed on the first page of the MA Waiver Application
- In order for EDD 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, no sections or information should be marked, redacted, or blackened out

Supporting Documents

- If any supporting documentation is missing, EDD will send a request for information letter with a date the information must be returned to EDD
- Requested documents should be:
 - Submitted to EDD as soon as possible; and
 - Uploaded into *LTSSMaryland* Client Attachments under the Financial Documents drop down option
- Note: Individuals that 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

Supporting Documents

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:

- | | |
|--|---|
| <input type="checkbox"/> Type of asset | <input type="checkbox"/> Reason for transfer |
| <input type="checkbox"/> Value of asset | <input type="checkbox"/> Who received the asset |
| <input type="checkbox"/> Amount received for the asset | |

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

- | | |
|--|--|
| <input type="checkbox"/> Spouse's gross monthly income | <input type="checkbox"/> Property tax bill |
| <input type="checkbox"/> Condo fees | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Electric bill |
| <input type="checkbox"/> Lot Rent | |

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

- | | |
|--|--|
| <input type="checkbox"/> 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. | <input type="checkbox"/> Current gross monthly income from all sources including: <ul style="list-style-type: none"><input type="checkbox"/> VA Pensions<input type="checkbox"/> Railroad Retirement<input type="checkbox"/> Pensions<input type="checkbox"/> Annuities |
| <input type="checkbox"/> Bank and Financial statements on all accounts owned and co-owned: <ul style="list-style-type: none"><input type="checkbox"/> Current Month (month of application)<input type="checkbox"/> Previous Month (month prior to application)<input type="checkbox"/> The last five years of the anniversary month of the application | <input type="checkbox"/> Face and cash value of Life Insurance policies (current annual statement) |
| <input type="checkbox"/> Current statement of retirement accounts | <input type="checkbox"/> Current statement for burial accounts |
| <input type="checkbox"/> Current statement of IRA or Keogh Accounts | <input type="checkbox"/> Burial Plot Deeds |
| <input type="checkbox"/> Current statements of: <ul style="list-style-type: none"><input type="checkbox"/> Stocks<input type="checkbox"/> Bonds<input type="checkbox"/> Money Market Funds<input type="checkbox"/> Mutual Funds, Treasury, or Other Notes<input type="checkbox"/> Certificates | <input type="checkbox"/> Life Estate Deeds |
| | <input type="checkbox"/> Promissory Notes |
| | <input type="checkbox"/> Mortgage Notes and Mortgage Deeds |
| | <input type="checkbox"/> Trusts (including appendices, schedules, annual accountings, and amendments for the past five years) |
| | <input type="checkbox"/> Private Health Insurance Cards including Medicare (copy of both sides) |
| | <input type="checkbox"/> Health Insurance premium amounts |
| | <input type="checkbox"/> 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)

Scenarios

- The new concurrent eligibility processes will be used for all DDA Medicaid Waiver applicants to support timely waiver eligibility determinations including but not limited to:
 - Transitioning Youth (TY)
 - Individuals in emergency situations/crisis
 - Individuals leaving an institution
- The concurrent eligibility processes can be used today
- **The new process must be utilized for our upcoming TYs and all other people placed on a wave as of March 1, 2024 and thereafter. TYs will be added to the TY wave by or before March 1, 2024**

Transitioning Youth (TY)

- The MA Waiver Application is good for a 6-month period from the date it is signed
- Given TY funding becomes available on July 1st of each year, the PCP effective date should be no earlier than July 1st
- If the individual plans to start services after July 1 of their TY year then that date should be noted (e.g., September 1, 2024)

Individuals in Emergency Situations/Crisis

- Individuals in crisis and in emergency situations health and safety are in jeopardy - so we do not have time to delay
- Individuals in these situations should be fast tracked and processed **as soon as possible**

Individuals Leaving an Institution (1 of 2)

- Individuals transitioning from an institutions (e.g, nursing facility, Holly Center, Potomac) MA Waiver application may result in an:
 - Advisory Opinion - when the housing or the transition date has not be determined; or
 - Authorization - when the transition date has been provided and the Individual transitions

Individuals Leaving an Institution (2 of 2)

- It is important to contact the RO to alert them of the transition date once housing confirmed so that an authorization request can be submitted to EDD
- The **Advisory Opinion** is good for a specific period of time which is noted in the letter. If housing is not identified by that date a new waiver application must be submitted and the process begins again
- On the **day of the transition**, it is important to confirm the individual was discharged

NOTE: If the Individual does not get discharged on the transition date, immediately contact the RO and share the new date

Referral to Another DDA Waiver Program

- Individuals who are currently enrolled in a DDA Medicaid Waiver program with a new service need that cannot be met by their current program or will be exceeding the program age limit (i.e. FSW age 21) may be referred to another program
 - To be referred, the CCS must complete an Initial PCP for the new DDA Medicaid Waiver program
 - Once approved by the DDA, the CCS then completes the MA Waiver Application and continues with new concurrent eligibility process

Reference: [Refer a DDA Waiver Participant to Another Home and Community-Based Waiver Program Policy](#)

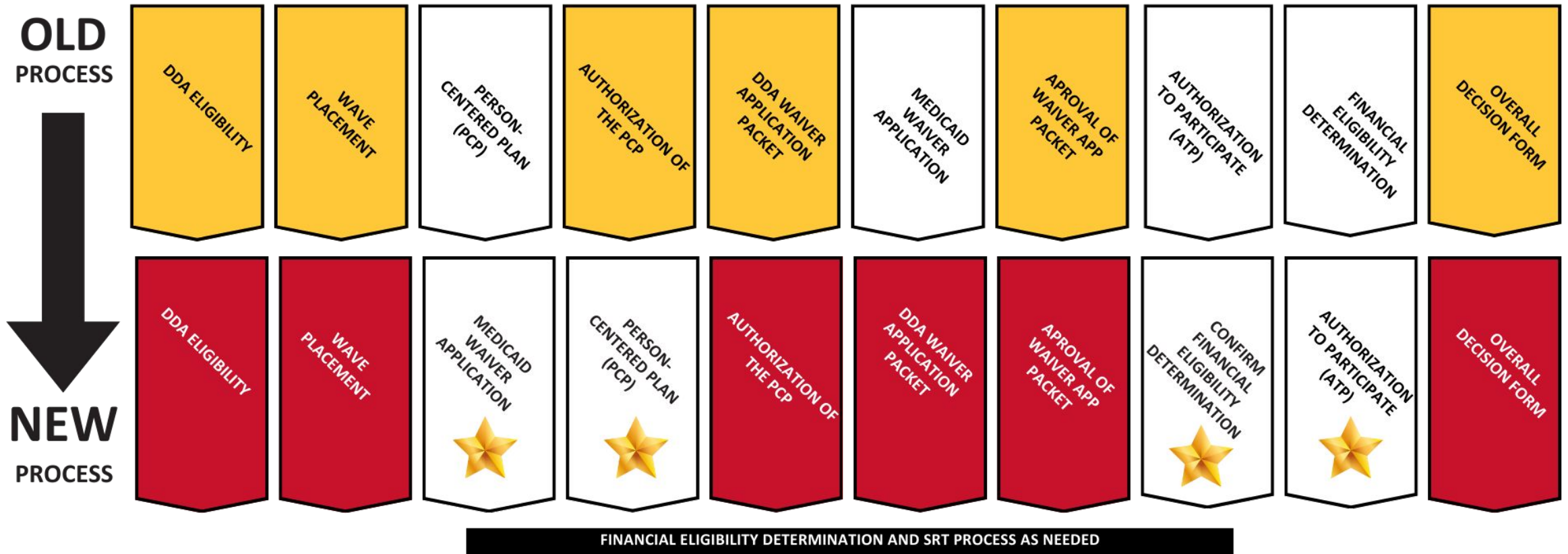
State Review Team (SRT) Reminders

- Individuals without a federal disability determination will be referred to the SRT for a determination
- If the individual is over age 18 and does not have Social Security they will most likely be referred to the SRT
- CCS 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](#)

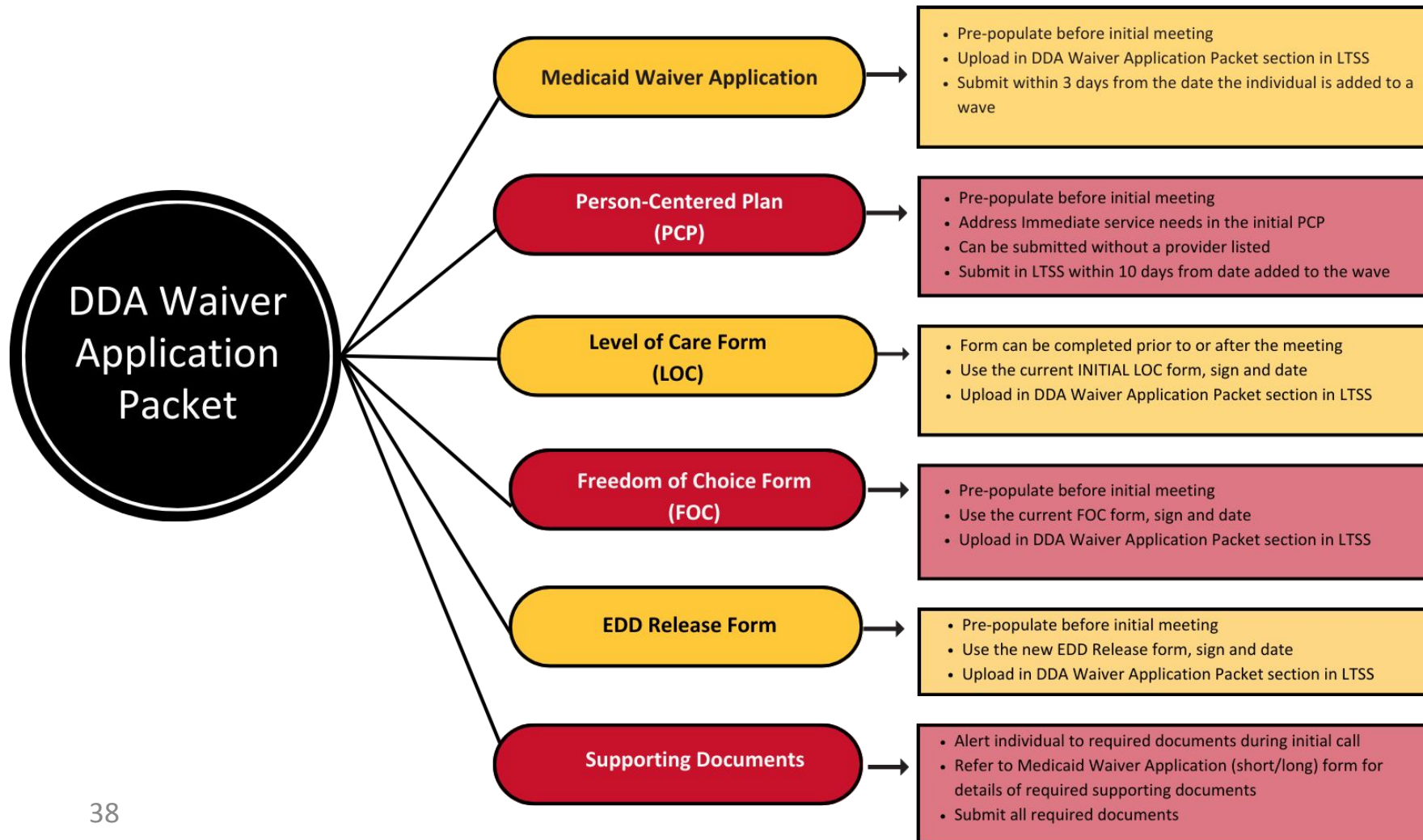
Income and Assets

- As part of the financial eligibility process, EDD will review the individual's income and assets to see if they are within the federally approved waiver program's standards
- Income and assets are based on the applicant's information only
- To support eligibility and continued enrollment, CCS should continue to share information regarding the option to establish [Maryland ABLE accounts](#) and Special Needs Trust

Current vs. Concurrent Processes Highlighted



DDA Waiver Application Packet



Redetermination Reminders (1 of 2)

- Be on the lookout for redetermination letters
- The letter will note where to submit the application and supporting documents (i.e., EDD or Local Dept of Social Services)
- Upload documents into the Client Attachments:
 - Redetermination Application under “**MA Application**”
 - Supporting documents under “**Financial Documents**”
- Similar to a MA Waiver Application, in order for EDD to make a determination, it is important that all requested documents are submitted in their entirety

Redetermination Reminders (2 of 2)

- Individuals are sent **4 letters** before they are disenrolled
- If an individual does not meet the timeline or requirements, please advise them of their **right to appeal** the disenrollment
 - If appealed within 10 days of notice, services can continue until the appeal decision has been given

Note: The individual has up to 120 days to submit documentation to be reinstated without having to fully reapply

Tools and 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)
- [Family Supports, Community Supports, and Community Pathways Waiver Application Processes – Financial Eligibility Determination Updates - October 18, 2022](#)
- [Guide to Service](#)
- [EDD Release Form \(New updated\)](#)

DDA Contacts

- Central Maryland Regional Office
 - Rashawn Moore - rashawn.moore@maryland.gov
- Eastern Shore Regional Office
 - Renee Benjamin - renee.benjamin@maryland.gov
- Southern Maryland Regional Office
 - Desiree Pennington - desiree.pennington@maryland.gov
- Western Maryland Regional Office
 - Tina Swink - tina.swink@maryland.gov

Questions

