

Coordinators of Community Services - DDA-operated Medicaid Waiver Applications Reminders

Overview: To ensure that all DDA-operated Medicaid Waiver applicants receive timely waiver eligibility determinations and access to services, below are reminders related to waiver application concurrent eligibility process, coordination, and communication.

DDA Operated Medicaid Waiver Eligibility Requirements

1. To be eligible for a Medicaid Waiver program, the individual must meet waiver specific technical, medical, and financial eligibility criteria. All of these criterias can be completed at the same time.
2. Applicants must demonstrate, through a screening process, that:
 - They need the level of support that people receive in an institution;
 - They meet the waiver financial eligibility requirements; and
 - They have a person-centered service plan that supports their health and welfare
3. The DDA determines technical and medical eligibility and the Eligibility Determination Division (EDD) determines financial eligibility.

Medicaid (MA) Waiver Application

1. The MA Waiver Application is the **first** document to be submitted in the concurrent eligibility process. Coordinator of Community Services (CCS) must prioritize creating and submitting the MA Waiver Application. The MA Waiver Application must be **submitted within 3 business days** from the date the individual was added to a Wave.
2. The MA Waiver Application must match the Wave program type noted in *LTSSMaryland* and must have the **DDA Waiver Program**, **CCS's initials**, and the **date the document was signed** on the upper right hand side of the Form - [Long Form - DHR/FIA 9709](#), [Short Form - DHR/FIA 9709S](#) (see examples on page 3).
 - All applicants can sign the application or indicate their signature with an 'X' on the signature line.
 - All adults (21 years old or older) or their legal guardian must sign the application.
 - In instances where the applicant has an authorized representative, legal guardian, or a Power of Attorney, **supporting documents** must be scanned and included in the uploaded application.
 - In instances where a **program error** was made or the person no longer has an assessed need for Community Pathways, a new application with the correct program must be uploaded.
3. The MA Waiver Application has a **6-month** consideration period which begins on the first day of the month the application is signed. A new MA Waiver application must not be submitted for an individual unless the application has reached its consideration period deadline.

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Person Centered Plan (PCP)

1. 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 Initial PCP must **not** be submitted without a MA Waiver Application uploaded into LTSSMaryland.
2. The immediate service needs can be noted in the Initial PCP for waiver enrollment. Providers are not required for submission. The PCP can be revised as needed afterward.

Other Required Forms

1. The [Initial Level of Care](#), [Freedom of Choice](#), [EDD Release Forms](#) must all be reviewed and signed before it is uploaded into LTSSMaryland.
2. These forms must be uploaded into LTSSMaryland DDA Waiver Application Packet Documentation section as soon as possible from the date the individual is added to a wave.

Transferring from one DDA Operated Medicaid Waiver Program to another DDA Operated Medicaid Waiver

1. Individuals who are currently enrolled in a DDA-operated 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.
2. To be referred, the CCS must complete an Initial PCP for the new DDA Medicaid Waiver program.
 - Please note the current program PCP must be completed first if it is within its 90 day annual window to avoid gaps in services.
3. Once approved by the DDA, the CCS then completes the MA Waiver Application and continues with the new concurrent eligibility process.
4. A [Waiver Change Request Form](#) must be completed by the Participant indicating that they want to leave their current DDA Medicaid Waiver Program and enroll in a new DDA-operated Medicaid waiver program.
5. Once a Financial Eligibility Determination has been completed, DDA will complete a disenrollment ATP for the current Waiver program first and then a new Authorization ATP with an effective date of the day after the effective date of the Disenrollment ATP to ensure no gaps in coverage. For example, an individual transferring from the CSW to the CPW must have a
 - Disenrollment ATP with an effective date of February 19th for CSW
 - Authorization ATP with an effective date of February 20th for CPW

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

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 Medicaid Waiver Program.
3. Individuals transferring from the Autism Waiver (AW) to a DDA Waiver must have a AW Notice of Case Activity (NOCA) completed. The AW NOCA must be uploaded into LTSSMaryland Client Attachment under the Financial Documents Section.


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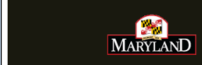
Transferring from an Institution to DDA-Operated Medicaid Waiver

1. Individuals transitioning from an institution (*e.g.*, nursing facility, Holly Center, Potomac, chronic hospital) may be issued an eligibility advisory or may be directly enrolled into the waiver depending on their situation.
2. The MA 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.
3. Depending on the individual's situation, an **Advisory (Opinion) ATP** or an **Authorization ATP** may be submitted.
 - An **Advisory Opinion** is needed when the housing or the transition/discharge date has not been determined.
 - The **Advisory Opinion** is good for a specific period of time which is noted in the letter issued by EDD.
 - If a discharge date is not identified by that date, a new MA Waiver application must be submitted and the process begins again.
 - On the date of discharge, it is important for the CCS to **confirm the individual was discharged and obtain the applicable discharge documentation**. These documents must be uploaded into LTSS *Maryland* Client Attachment under the Financial Documents Section.
 - For nursing facilities, a [257 form](#) must be obtained
 - For Holly Center, Potomac Center, and Chronic Hospitals an After Care/Discharge Form must be obtained.
 - If the individual does not get discharged on the transition date, immediately contact the Regional Office (RO) and share the new date.

Note: An individual can not be Active on a Long Term Care (LTC) MA and Waiver at the same time.

Examples: Page One of the [Long Form - DHR/FIA 9709](#) and [Short Form - DHR/FIA 9709S](#)

 MARYLAND DEPARTMENT OF HUMAN SERVICES 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	CSW	
	Application Date	2/16/2021	
Program Medical Coverage Group _____		AU ID _____	

 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	S
		Worker Name	
		Case Number	
CSW <i>ls</i> - 2/16/2021			
USE THIS FORM ONLY FOR SSI RECIPIENT/COMMUNITY- ELIGIBLE			

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