



## Developmental Disabilities Administration Relocation Guidance

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**All text in red indicates added/revised language since the prior release date**

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## Contents

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## AUDIENCE

This guidance applies to:

- Coordination of Community Services (CCS)
- Developmental Disabilities Administration (DDA) providers
- DDA Regional Office (RO)
  - Quality Enhancement (QE) staff
  - Provider Services staff
  - CCS Squad

## PURPOSE

The Developmental Disabilities Administration (DDA) monitors the health, safety, and welfare of people receiving services from DDA-certified and licensed providers. This guidance outlines the requirements of DDA expectations to providers and DDA staff for any person funded or residing in a DDA-licensed home or day habilitation program that has relocated for the following purposes:

- Health and Safety;
- Any planned and or emergency renovation; or
- Any purpose that has removed one from their designated home or program.

## DEFINITIONS

- A. "Coordination of Community Services" are targeted case management services to help people receiving and/or requesting services funded by the DDA. Targeted case management services are provided in accordance with [COMAR 10.09.48](#).
- B. "Coordinator of Community Services" or "CCS" is an individual who provides Coordination of Community Services. They can be either an employee or a contractor of a DDA approved Provider of Coordination of Community Services.

- C. "Coordinator of Community Service Support Squad" means the DDA team who serves as the liaison between DDA and CCS Agencies to aid in compliance efforts towards CCS' Core Functions and responsibilities as per [COMAR 10.09.48](#). The CCS Support Squad includes the Regional Office CCS Lead and CCS Support Staff.
- D. "DDA" is the Developmental Disabilities Administration.
- E. "Department" is the Maryland Department of Health.
- F. "DDA Provider" is an individual or entity, licensed or certified by the Maryland Department of Health, that provides DDA-funded services to people in accordance with the DDA's requirements.
- G. "Monitoring and Follow-Up" is a targeted case management core responsibility that ensures people are healthy and safe, satisfied with DDA funded services and supports, and are receiving services as outlined in their Person-Centered Plan.
- H. "Office of Health Care Quality" or "OHCQ" is a regulatory agency that monitors the quality of care of people within DDA licensed sites.
- I. "Participant" is an individual who is eligible to receive or is receiving DDA-funded services.
- J. "Reportable Incident" is any incident that jeopardizes the health and safety and/or has the potential to cause harm to an individual, as outlined in the DDA's [Policy on Reportable Incidents and Investigations \(PORII\)](#). Critical events can include but are not limited to abuse, neglect, exploitation, rights violations, serious injury, death, medical emergency, restraints, medical error, law enforcement contact and suicide attempt.
- K. "Regional Office" or "RO" is one of the DDA's four local offices. ROs are the point of contact for applicants, people getting DDA-funded services, families and DDA providers living and working in the counties they serve. Each RO has the authority to review individual Person-Centered Plans and approve funding for services. The ROs are:
  - 1. Central Maryland Regional Office, serving Anne Arundel, Baltimore, Howard, and Harford Counties and Baltimore City;

2. Eastern Shore Regional Office, serving Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties;
  3. Southern Maryland Regional Office, serving Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties; and
  4. Western Maryland Regional Office, serving Allegany, Carroll, Frederick, Garrett, and Washington Counties.
- L. "Team" means a collaborative effort to support a person receiving DDA services to develop and implement their individual PCP which outlines their needs, goals, and desired outcomes to achieve their personally defined good life. This collaboration is driven by the person, coordinated by their CCS, and enhanced by important people chosen by the person such as family members, significant others, providers, support brokers, friends, colleagues, and others.

## OVERVIEW

The DDA is committed to ensuring the health and safety of all people receiving DDA services. At times, a participant may experience an emergency or planned relocation from their provider home and/or day habilitation programs. Providers are required to follow [COMAR 10.22.02.05](#) and notify the Regional Office team at least 30 days prior to any planned relocation. If a relocation is due to an emergency (health and safety) purposes, immediate written notification via the [Participant\(s\) Relocation Form](#) to the Regional Office is required. The DDA will fully communicate with the Office of Health Care Quality, who governs and licenses providers on behalf of the DDA, via email. Any site that requires inspection by the Office of Health Care Quality, is required to be COMAR compliant.

A planned temporary and or permanent relocation can be due to any of the following:

- Home renovations
- Participants choosing to move

An emergency relocation can be due to any of the following:

- A fire or other natural disaster
- Response to an incident
- Plumbing or other major household issue
- Air conditioning or Heat not working
- Construction hazard

Even though this guidance can never address every possible emergency or planned relocation, it defines a process for responding to a participant having to relocate their home and or program.

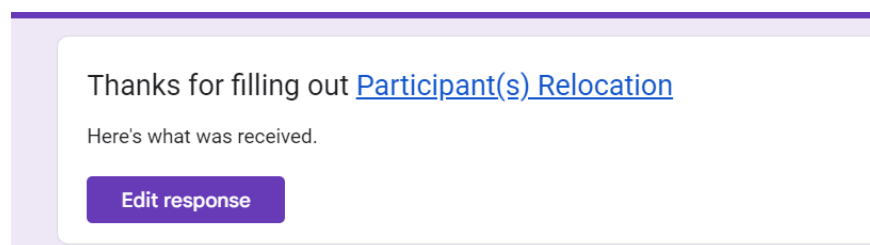
## Relocation Process

The Regional Office is informed of a provider needing to relocate participant(s) due to a planned or emergency relocation.

### **Provider Process:**

1. The provider communicates to the Regional Office of any relocation via the [Participant\(s\) Relocations form](#). After submitting a form, you will receive a response email. Please keep this for your records and for future reporting (see below.)
  - a. If this is a planned relocation, a minimum of 30 days notice is required.
  - b. If this is an emergency relocation, notify the Regional Office within 24 hours.
    - i. Depending on the scenario, an incident report may be required, refer to the [Policy on Reportable Incidents and Investigations \(PORII\)](#).
2. The following information is required to be communicated to the Regional Office:

- a. Name of participant(s) impacted
  - b. Attesting of participant(s) approval and team notification (i.e. Coordination of Community Services)
  - c. Reason for the planned or temporary relocation
  - d. Start date and anticipated ending date of the relocation
  - e. Site address and service from which the participant(s) is relocated from.
    - i. Will this site be closed?
  - f. Address of the planned or temporary location (indicate if licensed or not)
  - g. Does the relocation comply with the site licensure capacity?
  - h. Assurances to maintain staffing and other funded services.
  - i. Was a revised Person Centered Plan completed?
3. The provider is responsible for providing quarterly updates or sooner if the participant(s) move back to their original home/program to the Regional Office on the relocation form.
- a. Quarterly updates will be submitted via the original submission response email. On the bottom of the email select "Edit" as seen below:



- b. Once you have clicked "Edit response" go to the end of the form to "Applicable Updates as Needed"

- i. Insert the Quarterly date and provide a status update as to where the participant(s) are located and the plan to move.  
Need to include estimated dates in summary.
4. If the relocation is planned (i.e. renovations lasting several months) and the new temporary site is unlicensed, it may be required to be inspected by the Office of Health Care Quality prior to participant(s) relocating.
  - a. If the relocation is due to an emergency there will be an exception, but the Office of Health Care Quality will still be required to conduct a full inspection upon notification.
  - b. The Office of Health Care Quality will not inspect a hotel
    - i. Air B&B's are not permitted under any circumstance
5. The Office of Health Care Quality will assess whether a full site inspection prior to reopening after a temporary closure of a licensed site is needed.

**Regional Office Process:**

1. Upon notification from the agency the Regional Office will gather applicable information related to the relocation as outlined in #2 above.
2. The Regional Office Quality Enhancement director or designee reviews the submitted relocation form and identifies any additional questions.
3. The Regional Office Quality Enhancement will communicate the relocation of participants to applicable teams (Provider Services, Coordination of Community Services, Nursing) and Regional Office and Deputy Directors via email.

4. Regional Office Deputy Director or designee communicates to the following parties via email of the temporary relocation:
  - a. The Office of Health Care Quality Site Inspections Triage:  
[dd.siteinsepections@maryland.gov](mailto:dd.siteinsepections@maryland.gov)
  - b. The Office of Healthy Care Quality coordinator of the Regional Office as follows:
    - i. Central Maryland Regional Office - D'Otta Davis,  
[dotta.davis@maryland.gov](mailto:dotta.davis@maryland.gov), Rebecca Furman,  
[Rebecca.Furman@maryland.gov](mailto:Rebecca.Furman@maryland.gov), and Alyssa Stroh,  
[Alyssa.Stroh@maryland.gov](mailto:Alyssa.Stroh@maryland.gov)
    - ii. Eastern Shore Regional Office - Crystal McKay,  
[crystal.mckay1@maryland.gov](mailto:crystal.mckay1@maryland.gov)
    - iii. Southern Maryland Regional Office - Bradley Miller,  
[bradley.miller@maryland.gov](mailto:bradley.miller@maryland.gov)
    - iv. Western Maryland Regional Office - Crystal McKay,  
[crystal.mckay1@maryland.gov](mailto:crystal.mckay1@maryland.gov)
    - v. Children's Programs - Tiffani Mintz,  
[Tiffani.Mintz@maryland.gov](mailto:Tiffani.Mintz@maryland.gov)
  - c. The Office of Health Care Quality Program Manager, Kelli Fox,  
[kelli.fox@maryland.gov](mailto:kelli.fox@maryland.gov)
  - d. DDA Quality Enhancement Director
  - e. DDA Provider Services Director
5. Every month the Regional Office Quality Enhancement Director reviews relocations and questions status as needed.

### Follow - Up Process

Some scenarios will cause participant(s) to be relocated for an extended period of time, therefore continuous follow up with the provider is expected.



1. The Regional Office Quality Enhancement/Provider Services will contact the provider by the anticipated end date (initial submission when relocation occurred) to ensure all relocation plans are being implemented as described.
2. The participant(s) Coordinator of Community Services will monitor and follow up at the temporary location immediately after the participant(s) have been relocated.
  - a. The Coordinator of Community Services must follow up quarterly to ensure the participant(s) remains satisfied with the relocation and for compliance purposes.
  - b. As part of the immediate Monitoring and Follow-Up, the Coordinator of Community Services will need to update the participants address in the participants LTSS *Maryland* profile, and confirm where mail should be sent while they are temporarily living somewhere else.
3. The Provider is required to provide any new applicable updates to the relocation to the Regional Office Quality Enhancement/Provider Services team at least quarterly through the Relocation form until fully relocated.
4. If participant(s) are relocated to a non-licensed site, and have not moved back to their permanent home/program within 90 days, the Regional Office must alert DDA Headquarters Quality Enhancement and Provider Services Director immediately via email.
  - a. A team meeting will need to take place to discuss the steps to ensure a permanent relocation occurs as soon as possible and not to extend a year.
    - i. The Regional Office Quality Enhancement/Provider Services will work together to schedule a team meeting with all applicable parties.

- ii. Action Plan for continued meetings will be determined case by case by the Regional Office and Headquarters team.