



**Community Pathways
Medicaid Waiver Program
Coordinator of Community
Services Waiver Application
Packet Review Checklist**

Please verify that all of the information in *LTSSMaryland* is correct.

OVERVIEW

This checklist is used by Coordinators of Community Services (CCS) to ensure review and completion of key steps associated with the DDA Waiver Application Process. Please reach out to the DDA Regional Office for technical assistance needs.

Please verify that all of the information in *LTSSMaryland* is correct.

Medicaid (MA) Waiver Application ([Long Form](#) ([en Espanol](#)), [Short Form](#))

The Coordinator of Community Services should ensure that:
<input type="checkbox"/> The Medicaid Waiver Application is for the correct applicant
<input type="checkbox"/> The Applicant’s name, date of birth, address, and Medicaid number (as applicable) match <i>LTSSMaryland</i> information as applicable
<input type="checkbox"/> The MA Waiver Application includes the following information on the upper right-hand corner: <ul style="list-style-type: none"> <input type="checkbox"/> Community Pathways Waiver (CPW) Program <input type="checkbox"/> The Coordinator of Community Service’s initials <input type="checkbox"/> The date the document was signed
<input type="checkbox"/> The Medicaid Waiver Application Program Type matches the DDA Waiver Program type
<input type="checkbox"/> Application includes signatures <ul style="list-style-type: none"> <input type="checkbox"/> The Applicant has signed the application <input type="checkbox"/> If the applicant has a physical limitation, an “X” is accepted on the signature line <input type="checkbox"/> Legal guardian has signed, if applicable <input type="checkbox"/> The Authorized Representative is documented, indicating they understand their responsibility for obtaining verifications <input type="checkbox"/> Applicant’s signature is present to authorize the representative <input type="checkbox"/> If a Power of Attorney or Legal Guardian is signing, legal documentation is on file <input type="checkbox"/> Provider has not signed on behalf of the applicant
<input type="checkbox"/> The applicant signed and dated the document
<input type="checkbox"/> No sections of the Medicaid Waiver application have been crossed out
<input type="checkbox"/> The Medicaid Waiver application is uploaded within 5 business days of the Wave Placement

► Revised Date: **5/26/2026**
► Issue Date: **4/11/2024**

Person-Centered Plan (PCP)

The Coordinator of Community Services should ensure that:
<input type="checkbox"/> The Person-Centered Plan is an “Initial” plan
<input type="checkbox"/> The Person-Centered Plan Program Type matches with the Medicaid Waiver Application Program Type and the Wave Program Type (<i>i.e.</i> , CPW)
<input type="checkbox"/> The applicant’s story and immediate goals are reflected throughout the Person-Centered Plan, including what’s working and what’s not working
<input type="checkbox"/> Exploration and documentation of natural and other community-based supports beyond DDA are reflected throughout the Person-Centered Plan
<input type="checkbox"/> The applicant’s assessed unmet need for services and supports are reflected throughout the Person-Centered Plan
<input type="checkbox"/> If Residential Services are requested, the Person-Centered Plan must reflect an assessed need for residential services as referenced in the Waiver
<input type="checkbox"/> Person-Centered Plan is submitted within 15 business days of wave placement

Initial Level of Care - LOC

The Coordinator of Community Services should ensure that:
<input type="checkbox"/> The Initial Level of Care Form is for the correct applicant
<input type="checkbox"/> The Applicant has a “Developmental Disability” (DD) eligibility determination in <i>LTSSMaryland > Programs > DDA Eligibility > Eligibility Determination Form</i> <input type="checkbox"/> If the applicant is not DD Eligible, then reach out to the Regional Office
<input type="checkbox"/> The Level of Care form is an “ Initial ” Level of Care
<input type="checkbox"/> The uploaded “Initial Level of Care” document matches the eligibility determination date in <i>LTSSMaryland</i>
<input type="checkbox"/> The initial level of care effective date aligns with the Medicaid Waiver Application signature date
<input type="checkbox"/> The form is signed by the Coordinator of Community Services

Freedom of Choice Form - FOC

The Coordinator of Community Services should ensure that:
<input type="checkbox"/> The Freedom of Choice Form is for the correct applicant
<input type="checkbox"/> The person’s choice to receive services from the waiver and the following have been selected: <input type="checkbox"/> Choose to receive home and community-based services under the Maryland Medical Assistance program/DDA Waiver Programs <input type="checkbox"/> A Service Delivery Model <input type="checkbox"/> The Service Delivery Model must be the same as in the Level of Care form
<input type="checkbox"/> The Freedom of Choice Form is signed by:

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- The applicant or their representative (if applicable)
- The Coordinator of Community Services and the date noted

Eligibility Determination Division Release Form

The Coordinator of Community Services should ensure that:
<input type="checkbox"/> The Eligibility Determination Division Release form is for the correct applicant
<input type="checkbox"/> The Eligibility Determination Division Release Form is signed by: <ul style="list-style-type: none"> <input type="checkbox"/> The person and their representative (as applicable) and date noted
<input type="checkbox"/> If the individual does not wish to sign or release information to others, it is documented on the form.

Waiver Meeting Minutes

The Coordinator of Community Services should ensure that:
<input type="checkbox"/> There is discussion about: <ul style="list-style-type: none"> <input type="checkbox"/> The applicant’s story and immediate goals <input type="checkbox"/> The applicant’s current services and supports (e.g., natural, local, community, Community First Choice, Housing Voucher, etc.) <input type="checkbox"/> What’s working and what’s not working <input type="checkbox"/> Unmet needs and any services ending in the near future <input type="checkbox"/> Referrals to other programs and status
<input type="checkbox"/> The Waiver meeting attendance is taken

DDA Waiver Application Packet

The Coordinator of Community Services should ensure that:
<input type="checkbox"/> The Program Type for Wave, Medicaid Waiver Application, PCP, and Waiver Packet all Match
<input type="checkbox"/> All components of the DDA waiver application packet have been uploaded
<input type="checkbox"/> The DDA Waiver Application Packet is submitted within 2 business days of the Person-Centered Plan approval date

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