



STATE OF MARYLAND  
**DHMH**

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Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

August 25, 2014

To: Participants of Community First Choice

From: Long Term Services and Supports Administration

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This letter describes the Community First Choice (CFC) Program. The CFC program provides services to help people who need support in their home in the community

Supports Planning

All CFC participants receive assistance from a supports planner. Under prior programs, supports planners were called case managers. This person helps you choose services and find providers. If you have any questions regarding this letter, please contact your supports planner.

If you want to change your supports planner, please call the Department at 410-767-1739 for help.

Assessing Your Needs

A nurse or social worker from your local health department meets with each CFC participant once a year to ask what help you need each day. During this meeting, it is important that you tell them how much help you need. This information will be used to put together your assessment. You can ask for a written copy of the assessment from your supports planner.

Budgeting and Selecting Your Services

After being assessed, you will be assigned a personal budget for services. The budget is a starting point in developing a plan that meets your needs. Request additional services if you believe you need more help than your budget allows.

You and your supports planner will identify tasks for your personal assistant to do each day. Each task must relate to an identified need and be designed to help you maintain your health and safety in the community.

You get to pick your provider. If you need help picking a provider, your supports planner will help you. Your provider may be from an agency or someone in your community, including a member of your family, subject to certain rules. You may interview providers prior to choosing them.

Your supports planner will list all of your services and providers on your plan of service. You can also get help from your family or friends to make choices. You will be asked to sign the plan. By signing

your plan, you agree that the plan of service meets your needs. Do not sign a plan of service if you do not agree.

#### Exceptions to the Budget and DHMH Review

If the services you need are more than your budget, you may request more services. This is called an “exception form.”

Your supports planner will assist you with this process. The following information is needed for your request:

- A list of tasks your personal assistant will do and an estimated time to do them
- Orders, notes, or letters from a doctor, nurse or other specialist
- Instructions for taking medication(s) or receiving specified treatments
- Information on cognitive issues not captured in your assessment
- Discharge notes from a recent hospital or nursing home stay
- Other information not listed in your assessment

When complete, your supports planner sends this form to the Department for review.

#### Right to Appeal

If the Department denies your plan and exception request, you have a right to appeal the decision. The Department provides information on how to submit an appeal. You may request assistance from the Legal Aid Bureau or the Maryland Disabilities Law Center at that time. If you appeal within 10 days, your current service level will continue until the appeal is decided. If your appeal is denied, the Department will assist you with an alternative plan to meet your needs.

#### Concerns with Your Current Service Levels

If you believe the services you are receiving now do not meet your health and safety needs, you can ask for more services. Please contact your supports planner to create a revised plan of service. This may require a visit from the health department nurse or social worker to complete a new assessment. It may also require an exception request to be submitted.

If you have any questions, please call your supports planner. If you would like to speak with someone at the Department about your supports planning agency, please call 410-767-1739.

For more information about the program, refer to the following website:

<https://mmcp.dhmh.maryland.gov/longtermcare/sitepages/community%20first%20choice.aspx>