



Department of Health and Mental Hygiene

Developmental Disabilities Administration

Advisory Guidelines
For
Determining Eligibility for DDA Funded Services

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Table of Contents

I. Purpose and Background _____	Pages 3-5
II. Eligibility Criteria _____	Pages 5-7
III. Application _____	Pages 7-9
IV. Priority Determination _____	Pages 9-14
V. Notification _____	Pages 14-16
VI. Appeals and Time Frames _____	Pages 16-17
Appendix A – Assessments _____	Pages 18-20
Appendix B – Glossary _____	Pages 21-24
Appendix C – Related Resources _____	Page 25
Appendix D – Application Form _____	Pages 26-35
Appendix E – Eligibility and Access Interview Packet _____	Pages 36-45
Appendix F – Critical Needs List Recommendation Form _____	Pages 46-47
Appendix G – DDA Eligibility Letters, Attachments, and Forms _____	Page 48

I. PURPOSE AND BACKGROUND

Purpose

This document provides guidance in how to assist the DDA in making decisions regarding eligibility and priority for funding. Coordinators of Community Services assisting individuals in applying for funding and regional staff reviewing the applications are to follow these guidelines to ensure that DDA's eligibility and access processes are fair, consistent and equitable across all regions of the state.

The guidelines clarify the type of information required to complete the DDA application, and provide standards for supporting documentation. Words or phrases bolded in the text are defined in the Glossary located in Appendix B.

Background

There are two levels of eligibility for funding for services from DDA, 1) developmental disability and 2) support services only as defined below.

"Developmental disability" means a severe, chronic disability that:

- 1) 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;
- 2) Is manifested before the individual attains the age of 22;
- 3) Is likely to continue indefinitely;
- 4) Results in an inability to live independently without external support or continuing and regular assistance; and
- 5) 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. (Reference: Maryland Annotated Code, Health General Article (HG) §7-101 (f))

Support services only eligibility is for an individual who has a severe chronic disability that:

- 1) 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; and
- 2) Is likely to continue indefinitely. (Reference: HG §7-403 (c))

The same application is used for both levels of eligibility. The difference in **services** available for each of the two eligibility levels is summarized as follows:

Services for persons with a "Developmental disability" or DD Eligible include:

Coordination of Community Services, Respite Care, Residential **Habilitation**, Day and **Employment Services**, Environmental Modifications, Personal Support, Medical Day Care, Assistive Technology and Adaptive Equipment, and Behavioral Support **Services**, as well as Family and **Individual Support Services**, are described below. DD eligible individuals may receive **services** that are funded with a combination of State and federal dollars, if certain requirements are met.

Services for persons who are “Supports Only” or “SO Eligible” include:

Family and **Individual Support Services**, but do not include full day or residential **services**.

Individuals who are eligible for “Supports only” are limited to State only funds from DDA.

Individuals in this category are not eligible to participate in the Medicaid Community Pathways Waiver Program serving persons with developmental disabilities.

II. ELIGIBILITY CRITERIA

To be DD eligible, individuals must meet the five criteria for a severe, chronic disability. The criteria related to the establishment of a severe, chronic disability are included in the requirements for both DD eligibility and for SO eligibility. To be SO eligible, criteria 1 and 2, listed below, must be met.

Criteria 1- The severe chronic disability 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.

The severe, chronic requirement reflects that service funding from DDA is meant for individuals whose functional impairments are extensive and persistent. An individual has a **severe, chronic disability**, when a physical or mental condition with a neurological basis impairs the person from performing major life functions. Although the potential for improved functioning is recognized in all persons, severe, chronic disabilities are not expected to go away, be cured, outgrown, or managed solely with accommodations.

Intellectual disability is one of the eligible developmental disability, if it meets the criteria in the definition.

A person shall be determined not to have a developmental disability if it is demonstrated that the impairments are due solely to a physical or sensory impairment or to a mental illness. A mental illness does not qualify an individual for **services** from the DDA, despite the impact that mental illness can have. Individuals who have dual diagnoses or co-occurring disorders (that is, both cognitive impairment and mental illness) may meet eligibility requirements if the effects of their mental illness have been ruled out as the sole cause of any functional impairment.

Criteria 2- The severe chronic disability is manifested before the individual attains the age of 22.

The individual’s history and information as to when the disability first appeared is essential in order to meet this criterion. To be eligible, the individual must have had the severe, chronic disability relied upon before age 22. Age 22 is the boundary between the dependence of childhood and the independence of adulthood. It reflects the fact that severe disabilities, which originate early in a person’s life, generally interfere with the acquisition of the most basic skills.

In situations where there is limited or no information available regarding the presence and impact of a disability prior to age 22, judgments as to how and when the individual's disability **manifested** are made based on best available and attainable documentation. This might include descriptions from friends and family as to what an individual could or could not do, as well as what opportunities the individual had to demonstrate functional behavior, prior to age 22.

Criteria 3 - The severe chronic disability is likely to continue indefinitely

This means that the individual's mental and/or physical impairments are not likely to significantly improve with medical, habilitative or rehabilitative **treatment**. The individual's mental or physical impairment is chronic when it is the judgment of a licensed, **qualified clinician** or professional that the individual is likely to have the impairment for the duration of his or her life-span.

Criteria 4 - The severe chronic disability results in an inability to live independently without external support or continuing and regular assistance.

The Maryland statutory definition of developmental disability focuses on an adult applicant's inability to live without external support or continuing regular assistance. (Reference: HG §7-101(k) 1 and 2, and HG §7-101(g and l))

Specifically, this includes individuals who are unable to independently:

- manage their self-care/personal care needs, and require on-going physical assistance, intense training and/ or frequent supervision in taking care of personal needs such as eating, personal hygiene, medication, dressing, and personal safety; and
- manage a household, requiring on-going physical assistance, extensive training and/ or frequent supervision to perform basic cooking, cleaning, maintenance, laundry, and money management tasks; and
- use community resources, requiring on-going physical assistance, extensive training and/ or frequent supervision to use commercial establishments, such as stores, restaurants, transportation, **services** of public agencies, and recreation.

Finally, to meet the requirement for Criteria 4, the need for external supports should be such that:

- A. substantial supervision and/or assistance on at least a weekly basis is necessary to complete tasks in all three independent living categories; and
- B. the external supports provided to the individual are critical to his or her health, welfare, and habilitation; and
- C. the external support is directly related to the verified disability, or combination of disabilities (other than a sole diagnosis of a mental illness).

Criteria 5 - 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.

Individuals requiring a combination and sequence of special, interdisciplinary or **generic care, treatment, or other services** that are individually planned and coordinated typically have needs that, if not met in the community, would require an institutional **level of care (LOC)**. The services must be delivered according to a developmental or adaptive sequence that is specifically matched to the individual needs of the person. The nature of the **services** needed is habilitative (rather than restorative), or may be for prevention of loss of current functional abilities. Interdisciplinary services are essential to allow individuals who meet these criteria to function with as much self-determination and independence as possible.

A level of care assessment is used to establish (1) the individual's support needs and (2) need for special, interdisciplinary or generic care, treatment, or other services that are individually planned and coordinated for the individual. This is the institutional LOC required for eligibility.

Under federal home and community based waiver rules, the applicant must have a disability or a condition closely related to an intellectual disability, such as cerebral palsy or epilepsy, which results in substantial functional limitations in three or more of the following areas of major life activity: 1) self-care, 2) understanding and use of language, 3) learning, 4) mobility, 5) self-direction, and 6) capacity for independent living.

Supports Only Eligibility - Determining if an individual, who does not have a developmental disability, meets required criteria in HG §7-403(c) eligible for Supports Only

To be determined SO eligible, an individual shall have a severe, chronic disability that:
i) is attributable to a physical or mental impairment, or a combination of mental and physical impairments, which have a neurological basis, other than the sole diagnosis of mental illness; ii) Is likely to continue indefinitely. These are the same criteria that are included in HG §7-101(f) (1) and (3) of the **developmental disability** definition.

This eligibility level provides less intense supports and **services** to individuals who do not meet all five criteria in HG §7-101(e), but who show the signs and symptoms of a disability.

Eligibility Considerations Regarding Children

Eligibility requirements for children are the same as those for adults. They must meet the current statutory definition of Health-General, §7-101(f), as defined above. However, when criterion(4) of the DD definition, "live independently," is being considered, Health-General §7-101(l)(2) requires assessing whether the child can function "in normal settings without the need for supervision or assistance other than supervision or assistance that is age appropriate."

Eligibility for other services

DDA determinations of eligibility are separate and distinct from eligibility for other local, state, or federal programs and services.¹ HG §7-405 states that acceptance for services from DDA does not affect an individual's eligibility for services provided by other public or private agencies for which they qualify and need. Likewise, a determination of eligibility for any other programs does not assure eligibility for services from DDA.

III. APPLICATION

The first phase of the eligibility determination process begins when the applicant and/or his or her agent submits the DDA **Application for Services**, with supporting documentation, to the appropriate DDA Regional Office. Anyone who has an interest in the welfare of the individual can submit an application on behalf of the individual with the consent of the individual or the individual's legal representative. The application form can be downloaded from DDA's website. The application form is also available and can be mailed from any of DDA's four regional offices located in Central, Eastern, Southern, and Western Maryland.

HG §7-401(a) (1) authorizes the Secretary to adopt rules and regulations that contain criteria for "appropriate evaluations". Code of Maryland Regulations (COMAR) 10.22.12.03 (b) (5) says:

"Appropriate evaluation" means the assessment of an individual by a qualified developmental disability professional using accepted professional standards to document the presence of a:

- (a) Developmental disability as defined in HG §7-101(e), Annotated Code of Maryland; or
- (b) Severe, chronic disability that qualifies the individual for support services as defined in HG §7-403(c), Annotated Code of Maryland.

DDA implements the provisions related to an "appropriate evaluation" by requesting copies of age appropriate, adaptive assessments and existing psychological evaluations, medical reports, social history and educational records from applicants, as available. Historical and contemporary records from **qualified clinicians** and/or examiners which substantiate medical diagnoses, disabling conditions and delayed attainment of developmental milestones are used to verify the nature and intensity of the applicant's disability.

Only relevant assessment information will be considered in determining eligibility for funding from DDA. Tests and assessment information included in the review process must meet accepted professional standards. Additional testing may be required to make a decision when there are inconsistent or insufficient testing results, or when "borderline" results have been indicated.

As required by regulation COMAR 10.22.12.08 A, the "eligibility determination process" is to be completed within 60 days. To meet this requirement, supporting documentation must be received by the DDA Regional Office within 45 days of receipt of the application. If supporting documentation is not received within 45 days, applicants are advised by letter that all needed supporting documentation has not been received and that it will not be possible to process the application unless supporting documentation, an extension, or an exception request has been

¹ Note, however, that the Maryland definition of developmental disability is interpreted in conformity with the federal definition of the term.

received within 15 days of that notification. "Exceptions" may be considered for applicants who have no viable expectation of obtaining professional assessments, for reasons such as age, loss or destruction of applicable professional evaluations, or prior residence outside of the United States. If no supporting documentation or request for extension or exception has been received three weeks after mailing the "no supporting documentation letter" the Regional Office follows up with a second letter notifying that the application cannot be processed due to lack of information. The letter also advises that the application form will be filed as incomplete, with no further action taken unless additional information is received.

When a complete **application**, with supporting documentation is received, DDA eligibility staff implement a preliminary review process to see if the documentation submitted indicates whether the applicant *appears* to be eligible, as a person with either DD or SO eligibility, or not eligible. DDA eligibility staff may also determine that additional documentation is needed. COMAR 10.22.12.05 requires that a **preliminary determination** be made within seven days of receipt of the application with whatever supporting documentation is available at the time and a personal contact is conducted with those who *appear* to be eligible. (Reference: Application forms in Appendix D)

Personal Contact/Interview

The second phase of the assessment process requires a personal contact with the applicant by the DDA representative such as a Coordinator of Community Services (CCS). The representative may include DDA staff or staff of a coordination agency. A face-to-face interview is required for all applicants living in the community. Under some rare and unusual circumstances the personal contact may be made by telephone.² The DDA representative will proceed with a personal contact (face to face or over the phone) regardless of whether the individual appears or does not appear to be eligible based on the information received with the **application**. During the face to face or phone interview, the interviewer asks a series of questions designed to obtain practical information about the applicant's and caregiver's situation, and about the resources that are being used or are available to the individual and caregiver. The interviewer verifies whether or not the formal evaluations that have been provided are representative of the applicant's current circumstances. If required assessment information is incomplete or missing, the interviewer assists with gathering or arranging for the necessary evaluations.

During the personal contact, the interviewer provides information about and referrals to other resources that are available to individuals living in Maryland, and assists the applicant in applying for Medical Assistance (MA), unless it can be verified that the individual has MA or has recently applied for (within the last six months) or been denied Medical Assistance. Applicants for funding from DDA are required to apply for Medical Assistance, or other alternative funding, as discussed in the interview, (COMAR 10.22.12.08), before the initiation of **services**. Applicants are asked to do so at the start of the application process. It is not always necessary to be Medicaid eligible to receive DDA funding, but it is necessary to verify that the individual has applied for Medical Assistance as well as other alternative funding, as discussed in the interview, when applicable. It is necessary to verify that

²COMAR regulations provide an exception for individuals living in chronic hospitals, rehabilitation facilities, residential schools, or for a transitioning youth whose only service need is a day program, although current practice is to conduct a face to face interview with anyone living in Maryland.

there is no other appropriate resource for the **funding for services** requested from DDA. Failure to complete this phase of the application process could delay or preclude receipt of DDA funding.

Upon the completion of these steps, the interviewer forwards all information about the applicant to the DDA Regional Office eligibility staff for an eligibility determination.

At any time during the process, the DDA representative and/or DDA eligibility staff may request more information prior to conducting the next phase of the process. The DDA staff or representative may request that the applicant or the referring source seek further assessment by a qualified practitioner. Additional information or assessments may be necessary to assure that an accurate determination of the individual's eligibility for DDA **services** is made. The request for additional information will be made in writing.

Based on all of the information that has been gathered, the DDA Eligibility staff makes a recommendation regarding eligibility to the Regional Office Director within 60 days of receiving a completed application regarding eligibility, **service need**, and urgency of need as related to one of the priority categories described in COMAR 10.22.12.07. The Regional Director sends a letter to the applicant notifying the individual of the eligibility determination and their rights to a hearing before the Secretary's designee in accordance with COMAR 10.22.16 or formally appeal the decision.

In the event the DDA eligibility staff is unable to make a determination, they will request an internal review or that the applicant undergoes further assessment by a qualified practitioner. The qualified practitioner will review all submitted documentation and may recommend additional information or assessment necessary to assure that an accurate determination of the individual's eligibility for DDA services is made. The request for additional information will be made in writing.

IV. PRIORITY DETERMINATION

Waiting List

DDA maintains a statewide waiting list of individuals who have been found eligible for funding, but are not yet receiving any ongoing DDA funded service other than Coordination of Community Services. DDA maintains daily reports of the waiting list. Twice a year, in January and July, DDA takes a "snapshot" of the waiting list in order to have fixed data points for reporting.

The priority criteria described in COMAR 10.22.12.07 are used to determine urgency of need for individuals who have been found eligible in either the DD or SO level of eligibility. The list is organized into priority categories that reflect urgency of need for services, length of time in the assigned priority category, and special circumstances that could qualify a person for a special funding stream/allocation category when such funding is available.

Determinations of priority status may be subject to modification if the applicant's or caregiver's circumstances change. It is essential for individuals who are placed on the waiting list or their representative to contact the appropriate regional office regarding any change of address or circumstances in order to maintain an active status on the waiting list. Additionally, in accordance with COMAR 10.22.12.15 and 10.22.16.04, individuals have the right to an informal, formal, or

Medicaid Fair hearing to appeal the decisions contained in the eligibility determination letter. If a person wishes to appeal a determination, a hearing must be requested in writing within 45 days of the postmark of the determination letter. Questions regarding the appeal process should be referred to the appropriate DDA - Regional Office.

There are three priority categories: Crisis Resolution, Crisis Prevention, and Current Request.

Category I --- Crisis Resolution is for individuals who are:

- **homeless or will be homeless within 30 days;**
- **victims of abuse or neglect;**
- **at serious risk of causing physical harm to others;**
- **living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health**

Crisis Resolution Priority is the highest priority and is reserved for individuals who are in emergent circumstances that require immediate intervention or will shortly. Individuals who meet this priority are homeless and /or living in a very temporary arrangement, in an abusive or neglectful situation, or at high risk of being hurt or hurting someone else. Often, the situations that meet these arise suddenly (i.e., death of a caregiver), and may require short term action to respond to the emergency, followed by long term or on-going services.

To determine that an individual meets the criterion of being homeless or living in temporary housing, with clear time-limited ability to continue to live in this setting with no viable non-DDA funded alternative, it is necessary to obtain verification such as:

- Eviction notice, that takes effect within 30 days
- Letter from a shelter stating a date that is within 30 days, when the person has to leave
- Foreclosure notice, that takes effect within 30 days
- Denial letters from non-DDA alternatives that were explored and found not viable
- Any other verification that homelessness is imminent

To determine that an individual meets the criterion of COMAR 10.22.12.07 B (1) (a) (ii), being at serious risk of physical harm in the current environment, it is necessary to verify that, the individual has:

- recently received serious injuries due to the behavior of others in the home, or been the victim of sexual abuse.
- been neglected to the extent of being at serious risk of sustaining injuries which are life threatening or which substantially impair functioning
- engages in self-injurious behavior which puts the person at serious risk of sustaining injuries which are life threatening or substantially impair functioning
- at serious risk of sustaining injuries which are life threatening or which substantially impair functioning due to physical surrounding.

To determine that an individual meets the criterion of COMAR 10.22.12.07 B (1) (a) (iii), being at serious risk of causing physical harm to others in the in the current environment, it is necessary to verify the use use/or impact of the following:

- use of behavioral support or respite services
- whether medications, medical care, or psychiatric services have been accessed
- documentation of other services the individual is receiving
- whether or not protective service agents should be contacted on behalf of any other vulnerable persons in the current environment.

To determine that an individual meets the criterion of COMAR 10.22.12.07 B (1) (a) (vi), living with a caregiver who is unable to provide adequate care due to caregiver's impaired health, which may place the individual at risk of serious physical harm it is necessary to:

- determine who the primary caregiver is
- determine if the applicant is also the caregiver
- find out what the caregiver has done in the past that they are no longer able to do
- find out who else resides in the home and whether a secondary caregiver is available
- find out what other relatives, friends or organized charitable groups (churches, meals on wheels, homecare aids) might be asked to assist the caregiver
- ask for documentation and prognostic information regarding the health condition that is affecting the primary caregiver's ability to care for the individual
- find out what other non-DDA services that are relevant to the situation are currently provided to anyone living in the home
- find out if there is any equipment or technology that would be of assistance in the current situation
- find out what non-DDA services have been requested but not yet approved or denied for anyone in the home
- ask if individual has Medicaid personal assistance service or other services in place

Additional information that may be relevant to assessment of the crisis resolution indicators is as follows:

- use of behavioral support services;
- medications, medical care, or psychiatric services in place;
- description of incidents that resulted in injuries;
- description of the injuries and resultant treatment that resulted for any incidents or events indicative of Crisis resolution priority;
- how recently and how frequently the Crisis Resolution indicators occur;
- when and to whom any of these events were reported;
- if an Adult Protective Services (APS) or Child Protective Services (CPS) report is needed, make a report to them;
- has the person with the disability recently required treatment at an Emergency Room or Hospital as a result of injuries;
- whether the individual has access to counseling or crime victim assistance services;
- related documentation including documentation of other relevant services the individual is receiving.

Category II-----Crisis Prevention - to qualify for this priority category, the applicant:

Shall have been determined by the DDA to have an urgent need for services; is at substantial risk for meeting one or more of the crisis resolution criteria within 1 year, or have a caregiver who is 65 years old or older

The Crisis Prevention Priority is for individuals with an urgent need who are in deteriorating circumstances that put them in danger of meeting one or more Crisis Resolution criteria within 1 year. Crisis Prevention Priority also includes individuals who have caregivers over age 65. Because age alone is not always a good predictor of the need for services, priority recommendations and determinations should address risk for crisis resolution within a year, when that is the case, as well as age of caregiver. To make the determination that an individual meets the criteria for Crisis Prevention priority under COMAR 10.22.12.07 B 2 (a) i, ii information is needed that illustrates serious emerging problems with the current situation. Those difficulties may relate to: pre- eviction warnings, accessibility issues; changing needs of the person with the disability; changes in the relationship between the person with the disability and the caregiver or other members of the household or family; changes in the composition of the household, such as a secondary caregiver moving out or passing on; changing health of the caregiver(s), minor or infrequent incidents resulting in injuries, with potential to become more serious. The crisis prevention priority is also appropriate in situations where a less intense intervention or support, provided sooner might delay or eliminate the need for a more extensive service in the future.

COMAR 10.22.12.07 (B) 2 is an example of an exception to the general "rule" that individuals within a certain priority category would receive services, when funding is available for that category, based on the length of time they have been waiting. The regulation states that individuals in the crisis prevention category become eligible to receive services from the date of approval of priority status, except when eligibility is related to the age of the caregiver. In this case, priority is determined by the caregiver's date of birth so that individuals with caregivers born at an earlier date have priority over individuals with caregivers born at a later date. Caregiver date of birth is also the governing factor in access to Waiting List Equity Funding, which is discussed later in this section. Therefore it is essential to maintain accurate caregiver information within the DDA data system at all times.

Category III-----Current Request

Is for individuals who have a current need for services.

Applicants shall be prioritized for services based on the number of fiscal years they have been on the waiting list, except as provided for in §B(3)(b)(iv) (day programs) of this regulation.

Applicants on the waiting list for the longest period of time shall receive services before those who have been on the list for fewer years, except for day programs. Applicants whose applications are received by the DDA access unit within a given fiscal year shall be ranked by the fiscal year of application, and the month and day of birth. Those applicants born at the beginning of the fiscal year have priority over those born later in the year.

For Day Programs only, the period of time that shall be counted toward prioritizing an individual shall begin with the year of departure from school or the year of application, whichever is later.

The Current Request priority is the lowest level of priorities. There are no crisis implications associated with current request, but there is an expectation that the individual has an actual need for DDA funding. The test for this category is the question, "Would the person take the service today, if it was offered today, or is there an anticipated event within the next three years, such as exiting school, retirement of caregiver, aging out of children's residential placements?" This category is not for individuals who simply want to be identified for planning purposes as potential service recipients. Information is included at the end of this section regarding the DDA Registry for individuals anticipating a need for services three or more years in the future.

Discrete Categories

Waiting List Equity Fund (WLEF)

Waiting List Equity funding is a special fund established according to the requirements specified in Health-General, §7-206, and governed by COMAR 10.22.15, to ensure that savings that accrue when an individual leaves the State residential center will be used to serve persons in the community. The WLEF is used to provide services to individuals who are in crisis, (up to 20% of each annual appropriation), as well as individuals who are not in crisis (at least 80% of each year's appropriation). The WLEF may not be used to supplant funds appropriated for emergency placements and transitioning students, or for services subsequent to the initial placement in the community. For non-emergencies, priority for distribution of the fund is based upon oldest age of family caregiver, by the date of birth in descending order.

Transitioning Youth

Funds are set aside annually to serve individuals completing academic eligibility and who are transitioning to adult services and supports. The specific requirements to qualify for these funds are outlined in COMAR 10.22.12.07 (B) 4.

Knott Class

The Knott class category is for persons with intellectual disability who have been found to be inappropriately retained in Mental Hygiene Administration (MHA) facilities.

Inappropriate Institutionalization

This category is for persons who may have been admitted to or are in a nursing home, an intermediate care facility for developmental disabilities or a chronic hospital, who do not meet criteria for admission or retention in those facilities. In addition, the category includes residents in an institution under Mental Hygiene Administration (MHA) who have a developmental disability but not an intellectual disability and who do not meet criteria for admission or retention in a state psychiatric facility and whose primary need is not for mental health service.

Money Follows the Person

This program is offered through the Center for Medicare and Medicaid (CMS) and Maryland Department of Health and Mental Hygiene (DHMH). It provides funding, as available, to increase the use of home and community based options for persons leaving institutions. For DDA, this program assists persons in state residential centers, state hospitals, nursing homes, or chronic care hospitals who are eligible for the Community Pathway (CP) waiver.

DDA Future Needs Registry

The DDA Future Needs Registry is designed to track individuals who have been found eligible for services from DDA in either the DD or SO eligibility categories and have a "future need" determination. The information regarding individuals on the Registry is used for future planning. The Registry is separate from the Waiting List for individuals with a priority of Crisis Resolution, Crisis Prevention, or Current Request. Placement on the Registry does not guarantee placement on the Waiting List. It is the applicant's responsibility to update DDA Regional Offices with all pertinent information when needs change or contact information changes.

V. NOTIFICATION

Policy Statement

It is DDA's policy to provide a written response to eligibility applications, as described in the COMAR 10.22.12.

Acknowledgement and Preliminary Determination

The applicant and the Coordinator of Community Services will be notified of the receipt of the application and of the eligibility determination, as will an individual for whom an application is made, and other relevant parties as requested by the applicant.

Determination Letter

Within 60 days of receipt of the application, the final letter of determination indicating eligibility, priority, and service needs shall be sent to the applicant, and others as indicated in the paragraph above.

COMAR 10.22.12.08 b (1 to 7) requires that the letter of determination contain:

- statement of eligibility as a person with a developmental disability, or as a person eligible for support services only, or not eligible
- nature of services required, which is generally categorized as day, residential and/or support services;
- type of service provision, which may include site based service, (i.e., Residential or Day Habilitation) or a service to be provided in the individual's own home, family home, or at an employer's job site, (i.e., Personal Supports, Supported Employment);

- type of evaluations, if any, that the person needs, which might include, recommendations for further or future evaluation that might result in a favorable change in eligibility as the applicant gets older;
- a statement that determinations of priority may be subject to modification, as the applicant's or caregiver's situations change;
- the right to a hearing on the determination; and
- notification of the need to apply for Medical Assistance or alternative funding before initiation of DDA funded services.

DDA's current practice is for letters regarding eligibility and priority determinations to include the following additional information:

- specific reasons why the criteria of Health-General §7-101 and §7-403 were judged to be met or not met, citing specific statute and regulation provisions;
- the name and phone number of a Regional Office staff person to contact if there are questions about the reasons given, or about any other content or attachments included with the letter; and
- a reminder of the importance of reporting changes in address, contact information, and/or any change in circumstances to the DDA Regional Office so that Waiting List information can be verified and funding can be appropriately and efficiently distributed when it becomes available.

Notification of Change in Status

Individual's and families circumstances and needs can change. To maintain the accuracy of the Waiting List and address the changing needs of individuals and families, the DDA has implemented the following:

- all notification letters will include instructions for individuals and families to contact the DDA if their needs, circumstances, and/or contact information changes.
- all new information received will be reviewed and assessed for priority categorization.
- based on new information received, individuals may increase, decrease, or remain in the same priority category.
- new contact information, including caregiver age, will be updated in the data system.
- individuals will receive notice of changes to priority and eligibility along with their rights to appeal.

Individuals in the crisis resolution category are contacted 30, 60, and 90 days and then quarterly after priority category assignment. Information regarding possible services and supports are shared, updates on their current situation are obtained, and any changes to contact information are updated within the DDA system.

When updated information results in a change in a person's eligibility or priority status, written notification of the changes is sent to the affected person and their identified contacts.

The notification includes:

- the reasons for the change,
- the potential impact of the change,
- who to contact in event of an error or with questions, and
- how to appeal the decision, if desired and possible.

The same information is included in the written notification sent when a person is moved to or from the Waiting List or the DDA Future Needs Registry or placed on Inactive Status. When a person is notified that he or she is coming off the waiting list as a result of receiving DDA funding for one or more services, information on the process to request a change in services is also provided to the person and his or her authorized contacts or representatives.

Any notification that is returned as “undeliverable” is documented, along with attempts to locate the person or to find an alternate address. Before a person is moved to inactive status, there must be at least two additional attempts to contact the person. One written attempt advises the person of prior unsuccessful attempts at contact and identifying the future date when the change in status will occur unless DDA is contacted or an appeal is filed. Additionally, there is a second written contact advising that the change has been made due to lack of response, with appeal rights, if available, and instructions for “re-activation” if so desired in the future. When the purpose of a notification is simply to confirm that there is “no change” in a determination that was previously reported, those receiving the notification are advised that no action is required unless there is new or additional information that was not previously provided, or circumstances have changed since the earlier determination was made, warranting a new review of a person’s eligibility, priority, or placement on a list or registry.

Approved Letters

Standard letters with approved content are attached in Appendix G and should be used for all applicable communications. DDA staff may make minor adjustments on approved letters in order to individualize or customize correspondence to applicants, eligible individuals, or service recipients.

VI. APPEALS AND TIMEFRAMES

These Advisory Guidelines for determining an individual’s eligibility for DDA **services** shall not be construed to create an entitlement to **services** provided or funded by the Department of Health and Mental Hygiene or DDA.

There are two types of hearings available for appeals of decision by DDA: a Medicaid Fair Hearing, and a State hearing.

The Medicaid Fair Hearing is used when a determination has been made regarding an individual’s eligibility for the Community Pathways waiver, and when requests for changes in waiver services have been denied. When an individual is entitled to a Medicaid Waiver Hearings, he or she is also invited to a case resolution conference, at which to discuss the issues and attempt to resolve them without the need for a hearing. The deadline for filing a request for a Medicaid Waiver Hearing is 90 days after the date on the determination letter that is being appealed.

The State hearing process is used when DDA has made a decision on eligibility for State-funded-only services, or has made or is making a change in such services. First, there is an opportunity for an information hearing. This is held at DDA, before an impartial DDA official. This hearing may be skipped, and if it is held, it may be appealed to a formal hearing. The formal hearing is in front of an Administrative Law Judge with the Office of Administrative Hearings. The procedures are more formal than for an informal hearing. The deadline for requesting a State hearing is 45 days after the date on the determination letter that is being appealed.

All DDA determination letters shall include a notice of the appeals available, and the procedures for requesting an appeal, along with an Appeal Request Form and the address where the request should be sent.. If a no request for a hearing is received by DDA after the deadline for such requests, the decision will be adopted as final.

Assessments

All applicants may submit one of the following completed adaptive assessments (age appropriate, most current version) with their application in order to establish the existence of functional limitations:

- **Adaptive Behavior Assessment System – Third Edition (ABAS-III)** – the ABAS was originally published in 2000 and is designed to assess individuals from birth to 89 years old; the ABAS-II allows for a self-report component, and has versions for individuals aged 0-5 yrs, 5-19 yrs, and over 19. Publisher: Houghton Mifflin Harcourt

- **Inventory of Client and Agency Planning (ICAP)** – The ICAP was developed for use with individuals 3 months to 80+ years. It produces a Broad Independence Score. Publisher: Houghton Mifflin Harcourt

- **Scales of Independent Behavior – Revised (SIB-R)** – The SIB-R was developed for use with individuals 3 months to 80+ years old. It produces a Broad Independence Score. Publisher: Houghton Mifflin Harcourt

- **Vineland Adaptive Behavior Scales- Second Edition (Vineland II)** – This is a revision of the tool originally published by Edgar Doll in 1936. The Vineland II was revised in 2005 to assess individuals 0 to 90 years. Publisher: Pearson.

Expectations

Evaluations submitted by or on behalf of applicants are required to meet applicable professional standards and the following general requirements:

- Assessments and tests are required to be administered and scored in respect to their individual procedural guidelines and/or requirements, including consideration of the age of the person at the time of testing and use of verbal or non-verbal assessment measures.
- Individuals whose primary language is other than English are tested in their primary language.
- Individuals who are non-verbal are assessed with measures that consider the lack of verbal communication.
- Culturally neutral measures are used whenever possible.
- Any effects of mental/emotional disorders, sensory impairments, substance abuse, learning disabilities, and personality disorder are to be ruled out, or addressed as contributing factors when present.

- Test results include names of tests administered, dates that they were administered, administering practitioners and/or supervising clinicians' names, including their signatures.
- Intellectual (IQ) and adaptive skills tests administered reflect the individual's current skills and results of tests, as well as consistency in results, as applicable, over extended timeframes.
- For an applicant applying as an individual with an **intellectual disability**, assessment information needs to:
 1. substantiate the determination of an **intellectual disability** on or prior to the individual's 22nd birthday. Note that the widely recognized definition of intellectual disability set out by The American Association on Intellectual and Developmental Disabilities (AAIDD) defines intellectual disability as manifesting by age 18;
 2. include adaptive assessments with an overall composite and subscale scores in areas that provide a comprehensive evaluation of an individual's personal, social, and self- management skills;
 3. include cognitive (IQ) testing with full scale and subscale scores in verbal, performance and overall functioning; include findings from adaptive and/or IQ tests that verify that they reflect the individual's true skills and abilities and that the individual's significant functional limitations are not due to a current acute or psychiatric disorder, a personality disorder, alcoholism, addiction, or substance abuse disorders, and is not a consequence of the infirmities of aging.
- Cognitive and adaptive assessments submitted on behalf of applicants must be administered by a licensed psychologist and/or a psychologist associate with supervision from a licensed psychologist, as required by Maryland's Board of Examiners for Psychologists. Deemed licensure status from other states may be acceptable.
- Supporting documentation of an Autism Spectrum Disorder, such as an Autistic Disorder or Pervasive **Developmental Disability**, **must** reflect specific diagnostic criteria and use of appropriate psychometric assessments to determine the condition.
- Evaluations from other licensed clinicians, such as occupational and/or physical therapists, recreational therapists, and speech and language pathologists, that provide information pertaining to an individual's overall motor, self-direction and/or language skills, past and current therapies for and other **treatments** of an individual's medical and/or physical condition and response to **treatment**, may also be accepted if they are applicable to the applicant's situation.
- Educational and/or academic assessments and Individualized Educational Plans (IEPs) are not be sufficient to replace the clinical and historical information usually found in comprehensive psychological, social, and adaptive assessments that go beyond educational issues.

Other Formal Assessments or Tests

DDA permits one of four adaptive assessments for all applicants but does not limit the number of assessments and test reports that may be submitted with an application. However, all such reports must meet the expectations listed above and be standardized, nationally normed, validated and comprehensive.

Intelligence tests that will be considered include the most current version of the following:

- The Wechsler Series of Intelligence Scales
 - Wechsler Intelligence Scale for Children (WISC –V) for ages 6:0-16:11
 - Wechsler Adult Intelligence Scale (WAIS-IV) for ages 16:0 to 94:0
 - Wechsler Pre-School and Primary Scale of Intelligence (WPPSI-IV) for ages 2:6 to 7:3
- Kaufman Brief Intelligence Test, Second Edition (KBIT-2)
- Kaufman Assessment Battery for Children- 2nd Edition (KABC-II) for ages 3 to 18
- Leiter International Performance Scale- Third Edition Revised for ages 2 to 20:11
- Stanford-Binet, 5th edition
- Wide Range Achievement Test (WRAT)-4

Adaptive Assessments that will be considered include the most current version of the following:

- AAIDD's Diagnostic Adaptive Behavior Scale (DABS)
- Developmental Adaptive Behavior Scales (DABS)-Adaptive Behavior Assessment System for Children (ABAS II) for ages 5 to 21
- Comprehensive Test of Adaptive Behavior
- Scales of Independent Behavior – Revised (SIB-R) for infancy to 80 years of age
- Vineland Adaptive Behavior Scales (Vineland III) for ages 0-18

Assessments for Autism Spectrum Disorders that will be considered include the most current version of the following:

- Autism Diagnostic Observation Schedule (ADOS-2)
- Childhood Autism Rating Scale (CARS-2)
- Gillian Autism Rating Scale, Second Edition (GARS III)

Generally, “brief” or screening versions of formal assessments and academic achievement tests are not acceptable for determining eligibility for DDA funding. If acceptable evaluations are not available, DDA may consider other available information in conjunction with the information obtained in the interview process. When the disabling condition is very apparent and the impact is also quite pronounced, assessments may not be necessary. However, DDA eligibility staff may:

- 1) Question the validity of diagnostic findings and test results that are not supported by appropriate medical, clinical and psychometric assessment findings using best practices;
- 2) Question reported information that may conflict, or appear to be inconsistent, with other documents submitted; and
- 3) Request further information and/or additional assessments as needed in order to determine whether or not the individual meets the five criteria established in Health-General §7-101(f) and Health-General §7-403.

It is the responsibility of the applicant to provide or obtain necessary assessment information to demonstrate eligibility. Individuals who are unable to afford necessary assessments or who otherwise need help in arranging the assessments should request assistance from Regional Office Staff or the assigned Coordinator of Community Services, who is acting as DDA's representative. COMAR 10.22.12.06 (B) permits applicants to request an extension of time for submitting necessary information, if arrangements have been made to obtain the information.

Glossary of Terms

NOTE: *These Guidelines use the definitions found in HG§ 7-101 a, e, g, l, j, k, l, n; § 7- 303 a, b; 7-403 c and COMAR 10.22.12, and 10.09.26 However, there are many terms used in everyday discussion of Eligibility and Access processes that are not defined in Maryland DDA Law or Regulations. When possible, definitions from other sources that match the understanding of DDA in these circumstances. Otherwise, definitions are based upon the understanding and experience of DDA staff.*

Adaptive behavior means the collection of conceptual, social, and practical skills that all individual need to learn in order to function in their daily lives. These skills include: 1) Conceptual skills such as literacy, self-direction and developing concepts regarding numbers, money and time; 2) Social skills such as interpersonal skills, social responsibility, self-esteem, wariness, social problem solving, following rules, obeying laws, and avoiding being victimized; and 3) Practical skills such as activities of daily living (personal care), occupational skills, use of money, safety, health care, travel/transportation, schedules/routines, and use of the telephone. (Adapted from American Association on Intellectual and Developmental Disabilities)

Application for services means the instrument designated by the DDA to be used to request waiver funded services or individual support services only from DDA. An **Application for services** is not complete until all information needed to make eligibility and priority decisions has been submitted to DDA. This means that, in some cases, the application will be returned to the applicant for additional information.

Appropriate evaluation means the assessment of an individual by a professional, using accepted professional standards, to document the presence of a: (i) Developmental disability as defined in HG §7-101, Annotated Code of Maryland or (ii) Disability that qualifies the individual for **individual support services only**, as defined in HG §7-403(c), Annotated Code of Maryland.

Categorical refers to a system for determining eligibility that is based on confirmation of specific diagnosis, such as intellectual disability, cerebral palsy, autism, etc. without regard to functional impact of the diagnosed condition(s).

Current evaluations means assessments that accurately describe the person's condition at the time they are submitted and that have been completed within three years preceding the application date.

Developmental Disability means that an individual has a severe chronic disability that:

- i) 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,
- ii) Is **manifested** before the individual attains the age of 22,
- iii) Is likely to continue indefinitely;
- iv) Results in an inability to **live independently** without **external support** or continuing and regular assistance; and

- v) 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.

Eligible for individual support services, also referred to as Supports Only or SO eligible, means that an individual has a severe chronic disability that:

- i) Is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairment; and
- ii) Is likely to continue indefinitely.

External support means:

Periodic monitoring of the circumstances of an individual with respect to:

- i) personal management;
- ii) household management; and
- iii) the use of community resources; and

Rendering appropriate advice or assistance that may be needed.

Functional skills means the major life skills necessary for individuals to experience privacy and independence, in performing essential activities of daily living, including but not limited to skills in self and domestic care, communication, mobility, employment, leisure, safety and self-management, socialization and use of community resources, at a generally age appropriate level.

Generic means services that are available to the general public or citizens who qualify for those services without regard to disability. Examples include public transportation, housing, financial assistance etc.

Habilitation means services designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

Individual support services (HG § 7-706) means an array of **services** that are designed to increase or maintain an individual's ability to live alone or in an individual setting. These services are funded only by State dollars; they are not funded by Medicaid waiver dollars.

Individual support services include:

- Identification **services**;
- In-home assistance with meals and personal care
- Training and support for self-advocacy
- Therapeutic **services**;
- Individual and family counseling;
- Medical equipment purchase, rental, and repair;
- Crisis intervention and follow-up;
- Attendant care;
- Respite **services**;
- Architectural modification and barrier removal;
- Transportation assistance
- Community integration **services**
- Employment related **services**; and

- Other **services** to maximize independence, productivity, and integration within the community.

Individual support services do not include full day or residential **services**.

Intellectual disability means a **disability** that is evidenced by significant limitations, both in intellectual functioning and adaptive behavior, as manifested in conceptual, social, and practical **adaptive** skills. The disability originates before the age of 18. (adapted from AAIDD definition)

Inter-rater reliability is the extent to which two or more raters consistently and individually review information and make the same decisions. While inter-rater agreement typically is lower for record review than for personal observation, it is nonetheless an acceptable method for establishing **inter-rater reliability**. (Murphy, Brouillette & Nichols, 2007.)

Level of Care means the level of service required by an individual based on needs consistent with care provided in a hospital, nursing facility, or Intermediate Care Facility for Individuals with Intellectual Disabilities.

Live independently means

-for adults,

1. managing personal care, such as dressing, medication, or hygiene;
2. managing a household, such as menu planning, food preparation and shopping, essential care of the premises, and budgeting; and
3. using community resources, such as commercial establishments, transportation, and **services** of public agencies.

-for minors,

functioning in normal settings without the need for supervision or assistance, other than supervision or assistance that is age appropriate.

Maladaptive behavior is behavior that interferes with functioning in specific situations or circumstances.

Manifestation refers to the observable impairments and/or functional limitations that reveal the person's disability/inability to perform age-appropriate activities.

Manifested before the age of 22 means that the person's disability became apparent before the person attained the age of 22, and that the disability also resulted in **substantial functional limitations** in independent living skills prior to the 22nd birthday.

Preliminary determination means the outcome of the initial review of information supplied by or for the individual applying for DDA eligibility and service funding. It is not the final decision on eligibility.

Priority means the category that reflects the urgency of an applicant's of need for service from DDA, based on specified criteria for each category. Those in the Crisis Resolution **priority** are served first, followed by those in Crisis Prevention. Individuals in the Current Request **priority** are served after those in crisis categories to the extent that resources are available.

Qualified clinician means those who meet the following requirements:

- Psychologists, psychologist associates, social workers, occupational therapists, physical therapists, recreational therapists, audiologists, and speech language pathologists must meet requirements by Maryland's Board of Examiners for their respective disciplines;
- Psychiatrists, neurologists, physicians, specialists, etc. must be currently licensed by their respective Boards, be in good standing and implement best medical practices; and
- Practitioners must designate diagnostic classifications using the prevailing clinical terms (e.g., ICD-9, APA).

Related condition is any other condition, other than mental illness, found to be closely related to an **intellectual disability** because the condition results in impairment of general intellectual functioning or **adaptive behavior** similar to that of intellectually disabled persons, and requires treatment or **services** similar to those required by these persons" **Related conditions** may include Autism Spectrum Disorder, Cerebral Palsy, Epilepsy, Fetal Alcohol Syndrome, Prader-Willi, Spina Bifida, Traumatic Brain Injury, and/or a neurological condition.

Severe, chronic disability means a mental or physical condition that significantly and pervasively interferes with the primary aspects of daily living and independent functioning, and results in an on-going need for support and **habilitation**.

Service need means the supports or services that are required for **habilitation**, as recommended by an individual's interdisciplinary team, or based on the results of an assessment or evaluation approved by DDA for verification of **service need**.

Services means residential, day, or other **services** that provide for the evaluation, diagnosis, **treatment**, care, supervision, assistance or attention to individuals with **developmental disability** and that promote **habilitation** of these individuals.

Substantial functional limitation means that the individual performs far below the expected level for a person of his or her chronological age with respect to most of the skills necessary for personal care, household management, and using community resources.

Treatment means any education, training, professional care or attention, or other professional service that is given to an individual with **developmental disability**.

Waiver services means a range of **services**, including employment, day, residential, and support **services**, that are provided in DDA's Community Pathways **Waiver** for individuals who have been determined eligible as meeting eligibility criteria including HG §7-101 (e), Annotated Code of Maryland. Waiver **services** are funded by both the State and Federal government and require compliance with Code of Maryland and Medicaid regulations.

Related Resources

American Association on Intellectual and Developmental Disabilities (2009), *Definition for Adaptive Behavior*.

American Psychiatric Association, 2000, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*

Anastasi A, Urbina S., Upper Saddle River, N.J., Prentice Hall, 1996, *Psychological Testing, 7th Edition*

Code of Federal Regulations 42- Public Health, 2002, *Sections §435.1009, §440.150, and §483.440*

Code of Maryland Regulations, Subtitle 22 Developmental Disabilities, 10.22.01 *Definitions*, 10.22.12 *Eligibility for and Access to Services for Individual with Developmental Disabilities*, 10.09.26 (Medicaid regulations for community services), 10.22.16 and 10.01.02 (*Informal Hearings Under the Maryland Developmental Disabilities Law*), and 10.0103 (*Medicaid Fair Hearings*).

Developmental Disabilities Act 42 U.S.C. 15002, Section 102(8), *Federal Definition for Developmental Disabilities*

Disability Evaluation Under Social Security, Blue Book, June 2006, *Disability Programs, Medical/Professional Relations, Mental Disorders-Adult*

Maryland's Legislative Bill File for House Bill 711, 1986, *Revision to DD Law*.

Michie's Annotated Code of Maryland, Health-General, Lexis Publishing, 2000, *Title 7, Developmental Disabilities Law*.

Office of Mental Retardation And Developmental Disabilities (OMRDD), 8/10/01, *Advisory Guideline for Determining Eligibility for Services: Substantial Handicap and Developmental Disability, State of New York*.

Zaharia, Ric, Moseley, Charles, Rutgers Center for State Health Policy, July, 2008, *State Strategies for Determining Eligibility and Level of Care for ICF/MR and Waiver Program Participants*

Appendix D

Maryland Department of Health and Mental Hygiene DEVELOPMENTAL DISABILITIES ADMINISTRATION APPLICATION FOR ELIGIBILITY

To determine eligibility for the Developmental Disabilities Administration (DDA) services, whether state or medicaid funded, you must complete this form. Low Intensity Support Services (LISS) do not require an application.

*If you need help with this application, call Toll Free 1-877-4MD-DHMH * TTY for Disabled - Maryland Relay service 1-800-735-2258*

PART I: APPLICANT'S INFORMATION

LAST Name	FIRST Name	MIDDLE Name

Date of Birth (MM/DD/YYYY): _____ **Social Security Number:** _____

Permanent Mailing Address:

<i>Street Address</i>		<i>Apt#</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County of Residence</i>

Are you a resident of Maryland? Yes No

Telephone: _____ **Email:** _____

Day	
Cell	
Evening/Other	

Have you ever applied for Medical Assistance in Maryland? Yes No

If yes, when? _____

If eligible, please provide your Medical Assistance Number: _____

Start Date: _____ End Date: _____

Please list your Managed Care Organization (MCO) if you have one: _____

and your primary care physician: _____

** You must apply for Medical Assistance before you can receive funding for services from the DDA.*

Supportive documentation attached to this application as available: Yes No

Medicaid Card Social Security Card

FOR REGIONAL OFFICE USE ONLY

Regional Office: _____ **Date Received:** _____

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

PART II: APPLICANT SELF ASSESSMENT

Please check all disabilities that you have been diagnosed with:

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deafness/Severe hearing impairment | <input type="checkbox"/> Speech/Language impairment |
| <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> Epilepsy/Seizure disorder | <input type="checkbox"/> Spina bifida |
| <input type="checkbox"/> Blindness/Severe visual impairment | <input type="checkbox"/> Head injury | <input type="checkbox"/> Spinal cord injury |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> other neurological impairment |
| <input type="checkbox"/> Chemical dependency (Includes alcoholism) | <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Orthopedic impairment | |

Other:

Please attach copies of the following reports if appropriate, to support your disability, and note their attachment by checking them off below:

- | | |
|---|--|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Neuropsychological Evaluations |
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Special Education Records <input type="checkbox"/> Vocational Evaluations |
| <input type="checkbox"/> Other professional assessments | |

Please Identify:

**YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR
EVALUATIONS/RECORDS**

Please check any statement that tells us about you and the supports you usually need:

HOW DO YOU GET AROUND?	DO YOU REQUIRE ASSISTANCE?
<input type="checkbox"/> I walk independently.	<input type="checkbox"/> I do not need assistance.
<input type="checkbox"/> I can walk unaided, but with difficulty.	<input type="checkbox"/> I need occasional assistance. Several hours per day up to 3 days per week.
<input type="checkbox"/> I require supportive devices when I walk.	<input type="checkbox"/> I need minimal daily assistance. 1-2 hours per day.
<input type="checkbox"/> I use a power wheelchair.	<input type="checkbox"/> I need substantial daily assistance. 8 hours or more per day.
<input type="checkbox"/> I use a manual wheelchair.	<input type="checkbox"/> I need continuous assistance when I am awake.
<input type="checkbox"/> I use a scooter.	<input type="checkbox"/> I need continuous 24 hours per day assistance.
<input type="checkbox"/> I am unable to move independently.	<input type="checkbox"/> Other.
<input type="checkbox"/> Other.	

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

Please check any statement that tells us about you and the supports you usually need:

HOW DO YOU COMMUNICATE?	DO YOU USE ANY OF THESE SERVICES?
<input type="checkbox"/> I speak clearly and can be understood.	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> My speech is difficult to understand.	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> I use gestures to communicate.	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> I use sign language to communicate.	<input type="checkbox"/> Specialized Medical Care
<input type="checkbox"/> I require a communication device to communicate.	<input type="checkbox"/> Behavioral Support Service
<input type="checkbox"/> I need help from others to communicate.	<input type="checkbox"/> Counseling
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Psychiatric Treatment
	<input type="checkbox"/> Other: _____

Please check any statement that tells us about you and the supports you usually need:

<u>PERSONAL SKILLS</u>	<u>COMPLETELY INDEPENDENT</u>	<u>NEEDS ASSISTANCE</u>	<u>COMPLETELY DEPENDENT</u>
EATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRESSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BATHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILETING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROOMING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSFERS IN/OUT OF BED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARES SIMPLE FOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPLETES HOUSEHOLD TASKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USES PUBLIC TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USES THE TELEPHONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWS WHAT TO DO IN AN EMERGENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

PART III: OTHER SERVICES

Please identify the other agencies or programs from which are currently receiving services or have received services from in the past by checking the appropriate box.

<u>AGENCY</u>	APPLIED	CURRENTLY SERVED	SERVED IN THE PAST	HAVE NOT APPLIED
Dept. of Social Services (DSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board of Education (Local School System)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Office on Aging (AAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Div. of Rehabilitation Services (DORS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please List):				

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

Please identify any other programs or services for which you have applied, currently receive or previously received.

PROGRAM	APPLIED	CURRENTLY SERVED	PREVIOUSLY SERVED
Autism Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care (Medicaid Service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living at Home Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Day Care Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver for Older Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model Waiver for Medically Fragile Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REM (Rare and Expensive Case Management Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other agencies or programs not listed above that are helping you now, or that have you on a waiting list? Yes No

If yes, please list the agencies/programs.

NOTE:

DDA will review all the information you provide. Within seven (7) days DDA will make a preliminary decision as to whether there is a reasonable likelihood that you might be eligible for services from DDA or whether more information is needed. If necessary a representative of DDA will contact you to obtain further information or, if you agree by signing the consent form below, DDA can request information from other sources to help in its determination. DDA will make a final eligibility decision within 60 days of receipt of the completed application with all supporting documentation. You may request extensions of the time for processing, if additional time is needed to schedule a meeting with the DDA representative, or to obtain necessary evaluations and information. If you need help with this application, please call the Regional DDA office listed on page 1 of this form or call the Resource Coordination office for your county/region.

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

PART IV: AUTHORIZATION TO REQUEST & RECEIVE SERVICES

In order to determine your eligibility and plan for services, DDA needs information from professionals and agencies that are familiar with your disability and service needs. The Request to Obtain Information from Professionals and Agencies form authorizes the Developmental Disabilities Administration to obtain information from the professionals and agencies listed on this application. **Please make copies, if needed, and complete one authorization form for each professional or agency to be contacted.**

Request to Obtain Information from Professionals and Agencies

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST Name	FIRST Name	MIDDLE Name

Date of Birth (MM/DD/YYYY): **Social Security Number:**

I hereby give permission to the persons and/or agencies listed below to release any information they may have regarding my application to the Developmental Disabilities Administration (DDA) to assist them in determining my eligibility for services.. A photocopy of this authorization is valid.

Professional/Agency Name: _____ Phone Number: _____

Address: _____

Information is to be mailed to:

Regional Office Contact: _____ Phone Number: _____

Address: _____

Signature: _____ Date:

Printed Name: _____

Relationship to Applicant: _____

Witness: _____

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

PART V: CARE GIVER/GUARDIAN CONTACT INFORMATION

The primary **caregiver** is the person responsible for the applicant's daily care.
 A **legal guardian** is appointed by the court and may or may not be the primary caregiver. A legal guardian should attach a copy of the guardianship order.
 A **contact** person is the person who can assist the DDA in contacting the applicant and may be a friend, family member, or an agency contact.

Please check any title that best describes the role of the person whose name and information is provided on this page: Primary Caregiver Legal Guardian Contact Person

LAST Name	FIRST Name	MIDDLE Initial

Permanent Mailing Address:

<i>Street Address</i>		<i>Apt#</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County of Residence</i>

Telephone:

Email:

Day	
Cell	
Evening/Other	

Name of agency, if applicable, acting as the primary caregiver, legal guardian, or contact person:

Please provide the following information regarding the primary caregiver only, if applicable:

Primary Caregiver's Date of Birth (MM/DD/YYYY):

Does the applicant reside with the primary caregiver? Yes No

Relationship to the Applicant:

- Self
- Family Member (please specify relationship): _____
- Not Related
- Public/Private Agency

Briefly describe any circumstances that may be causing difficulty for the primary caregiver.

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

Additional contacts (Please list at least one additional contact)

	Name	Relationship to applicant	Phone number	E-mail
1.				
2.				
3.				
4.				
5.				

PART VI: STATISTICAL INFORMATION

Please complete the following information, which will be used for statistical purposes only.

Applicant's Sex:

- Female Male

Is the Applicant of:

- Hispanic Origin Latino Origin

Applicant's Race (more than one selection can be made):

- American Indian / Alaskan Native
 Asian
 Black / African American
 Native Hawaiian / Other Pacific Islander
 White

Applicant's Marital Status:

- Single Married
 Divorced Widowed

Applicant's Country of Origin:

Primary Spoken Language:

Additional Comments:

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

PART VII: SIGNATURE SECTION

I swear or affirm that I have read or had read to me this entire application. I also swear or affirm, under penalty of perjury, that all the information I have given is true, correct, and complete to the best of my ability, knowledge and belief. I authorize the DDA to contact any person, partnership, corporation, association, or governmental agency that has provided information about my eligibility for benefits.

Notice to Applicants:

You are providing personal information (Name, Address, Date of Birth, etc.) in this application.

The purpose of requesting this personal information is to determine your eligibility for DDA services. If you do not provide this personal information, the DDA may deny your application. You have the right to inspect, amend or correct this personal information. The DDA will not permit inspection of your personal information, or make it available to others, except as permitted by federal and State laws.

Your Responsibilities are to Provide Information and to Report Changes:

You must give true and complete information. You must provide proof of this information. We will keep it private. We will use the social security number and other information you give us to do computer matching and program reviews. All changes must be reported within ten (10) days. Examples of such changes include: address, persons living in the applicant's home, or new services or change in services from another agency. You, your primary caregiver, legal guardian or contact person is responsible for reporting such changes. If you intentionally do not give correct information or report changes, services may be discontinued or legal action may be taken.

Signature of Applicant

Date

Signature of Authorized Representative

Date

Maryland Department of Health and Mental Hygiene
DEVELOPMENTAL DISABILITIES ADMINISTRATION
APPLICATION FOR ELIGIBILITY

WHEN THE APPLICATION IS COMPLETE, SEND IT TO THE APPROPRIATE DDA REGIONAL OFFICE LISTED BELOW:

THE CENTRAL MARYLAND REGIONAL OFFICE
(Anne Arundel County, Baltimore County, Howard County, Harford County and Baltimore City)
ATTENTION: Eligibility and Access Unit
1401 Severn Street
Baltimore, MD 21230

THE EASTERN SHORE REGIONAL OFFICE
(Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County, Worcester County)
ATTENTION: Eligibility and Access Unit
926 Snow Hill Rd, Building 100
Salisbury, MD 21804

THE SOUTHERN MARYLAND REGIONAL OFFICE
(Calvert County, Charles County, Montgomery County, Prince George's County, and St. Mary's County)
ATTENTION: Eligibility and Access Unit
312 Marshall Avenue, 7th Floor
Laurel, MD 20707

THE WESTERN MARYLAND REGIONAL OFFICE
(Allegany County, Carroll County, Frederick County, Garrett County, and Washington County)
c/o Potomac Center
ATTENTION: Eligibility and Access Unit
1360 Marshall Street
Hagerstown, MD 21740

*More Information about the Developmental Disabilities Administration may be found at the following website:
<http://dda.dhmh.maryland.gov>*

The Developmental Disabilities Administration does not discriminate on the basis of race, color, sex, national origin, religion or disability in matters of employment or in providing access to programs.

Eligibility & Access Interview Packet

Observation Date: _____ Location: _____ Presenter: _____

Present @ the interview:
DDA Applicant Other: _____ Relation to Applicant: _____
 Other: _____ Relation to Applicant: _____

Applicant's Participation in Interview

<input type="checkbox"/> Participated with questions <input type="checkbox"/> Participated with answers <input type="checkbox"/> Introduced and then left room	<input type="checkbox"/> Sought attention from caregiver <input type="checkbox"/> Stayed in the room <input type="checkbox"/> Not able to contribute in any way
--	---

Applicant Demographics and Information

Legal Name: _____

Date of Birth / Age: _____ Social Security #: _____

Medical Assistance #: _____ Medicare #: _____

- If applicant does not have Medicaid, have they applied? YES NO
 If YES: When? _____ Where? _____
 If NO: Were directives/information given for the applicant to apply? YES NO

Other Health/Dental/Pharmacy coverage:

Family Information

Name/Relationship	DOB	Health Concerns/Disabilities	Live in home
Mother: _____	_____	_____	<input type="checkbox"/>
Father: _____	_____	_____	<input type="checkbox"/>
Other: _____	N/A	_____	<input type="checkbox"/>
Other: _____	N/A	_____	<input type="checkbox"/>
Other: _____	N/A	_____	<input type="checkbox"/>
Other: _____	N/A	_____	<input type="checkbox"/>

Medical Information

Please describe any medical conditions that you have been diagnosed with:

When/How Identified:

- | | |
|--|-------|
| <input type="checkbox"/> Autism | _____ |
| <input type="checkbox"/> Cerebral Palsy | _____ |
| <input type="checkbox"/> Epilepsy/Seizure Disorder | _____ |
| <input type="checkbox"/> Head Injury | _____ |
| <input type="checkbox"/> Intellectual Disability | _____ |
| _____ | _____ |
| <input type="checkbox"/> Mental Health Disorder | _____ |
| <input type="checkbox"/> Multiple Sclerosis | _____ |
| _____ | _____ |
| <input type="checkbox"/> Muscular Dystrophy | _____ |
| <input type="checkbox"/> Orthopedic Impairment | _____ |
| <input type="checkbox"/> Spina Bifida | _____ |
| <input type="checkbox"/> Other: _____ | _____ |

Please tell me about any food, medication or other allergies which you have been diagnosed with.

Have you been hospitalized during the past 5 years? YES NO

When and What For? _____

Do you receive any therapies (Occupational, Physical, Speech, etc.)? If yes, when/where:

Are you now receiving, or have you ever received, **treatment / therapy / counseling** for any mental health needs? If YES, why and how often? _____

Please list your medications: (Prescribed and Over-the-Counter)

Name	To treat:
_____	_____

History of Substance Abuse: YES NO Type: _____

Behavioral Concerns

Do you ever:	Frequency/Remedies:
Exhibit inappropriate behaviors? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Threatens others? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Attempt to aggress towards others? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____ Demonstrate self-injurious behaviors? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____ Destroy property/objects? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____ Exhibit inappropriate sexual behaviors? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
_____ Compulsive/Repetitive behaviors? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Steal? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Run Away? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Set fires? <input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Additional Comments/Notes: _____

Have you ever been **abused / exploited** by others? If YES, explain how and when: _____

Have you ever had any **police or court** involvement? If YES, explain: _____

Describe how you interact with others. : _____

How do you respond to new situations? _____

Communication / Mobility

Are you able to ambulate without assistance? YES NO
If No, do you use adaptive equipment (AFOs, wheelchair, stander, Hoyer lift, etc.)? YES NO
Explain: _____

Are you able to communicate verbally? YES NO
If No, what method of communication do you use?
 Sign Language Email/texting
 Gestures / Facial Expression Assistive Technology: _____

Educational Information

Copy of IEP Requested: YES NO
Name / Address of **Current/Last** school: _____
_____ County: _____

Did you receive special education services at **this** school? YES; Type: _____ NO

What type of accommodations do/did you receive? _____

Do/Did you have an IEP / 504 Plan? YES; Type: _____ NO
• Please explain type of services received (For example, Speech/OT/PT, 1:1, etc.)

Is/was there a Behavior Management Program (BMP) in effect? YES NO
If YES, where, why, and how long was it in effect? _____

Which will you be receiving/have you received? Certificate High School Diploma
When? _____

Employment History (paid/volunteer/non-training)

Current Employer (City, State; Phone): _____

Job Title: _____ Job Duties: _____

Prior Employer (City, State; Phone): _____

Job Title: _____ Job Duties: _____

Dates: _____

Prior Employer (City, State; Phone): _____

Job Title: _____ Job Duties: _____

Dates: _____

Functional Levels

(Use additional pages if necessary)

Personal Management

Skill:	Assistance Needed?:	Comments/examples:
<u>Eating:</u>		
• Uses utensils		
• Prone to choking		
• Table manners		
<u>Personal Hygiene:</u>		
• Bathroom		
• Bathing		
• Brushing teeth/hair		
• Shaving		
• Menstrual care		
• First aid		
• Communicating illness		
Dressing/Undressing		
Taking medications		
Care for personal possessions		

Are you self-medicating? YES NO _____

Additional comments/observations: _____

Household Management

Skill:	Assistance Needed?:	Comments/examples
<u>Menu Planning & Food Prep</u>		
• Measuring		
• ID labels		
• Using microwave		
• Uses Stove/Oven		
<u>Grocery & clothes shopping</u>		
• Prepares list		
• Knows to wait for change		
• Makes simple purchases		
• Able to compare prices		
<u>Money skills</u>		
• Understanding value		
• Budgeting		
• ID currency bills/coins		
• Able to make change		
• Basic banking skills		
<u>Time Management</u>		
• Able to tell time		
• Uses alarm clock		
• Ready on time		
• Follows schedule		
<u>Care of Premises</u>		
• Vacuum		
• Dust		
• Wash dishes		
• Laundry		
• Mow lawn		

Additional comments/observations: _____

Community Resources

Skill:	Assistance Needed?	Comments/examples:
<u>Phone</u>		
• Make calls		
• Receive calls		
• Take messages		
• Find numbers		
• Identify phone number		
<u>Emergency</u>		
• Identify an emergency vs. non-emergency		
• 911 procedure		
• Identify address		
<u>Safety</u>		
• Respond to posted signs		
• Appropriate with strangers		
• Able to cross street		
<u>Transportation</u>		
• Drive		
• Use public transportation		
• Able to follow directions		
<u>Use of Community Services</u>		
• Complete applications		
• Access and use pharmacy		
• Schedule medical appointments		
<u>Reading</u>		
• Email		
• Internet		
<u>Writing</u>		
<u>Use Technology</u>		

Additional comments/observations: _____

Supervision Requirements

Can you be SAFELY left alone for any period of time? YES NO No Opportunity

If YES, under what circumstance and for how long? _____

If NO or No Opportunity, please describe why: _____

If left alone, would you know when & how to *(provide examples for each)*:

Contact 911? YES NO Get help in an emergency? YES NO

Do you recognize a dangerous situation & know what to do? YES NO

Explain: _____

Priority Justification Family Composition

Name/Relationship of primary caregiver: _____ Age: _____

Have you ever been appointed a Legal Guardian by the Courts / State? Yes No

If YES:

Guardian*: _____

Name

DOB

Address / Phone

(If applicable, type of guardianship: _____)

Copy of legal guardianship paperwork: OBTAINED REQUESTED

Is the primary caregiver able to continue caring for you? Yes No

How Long?

Can you continue to live in the current situation? Yes No

Do you want to change living arrangements? Yes No

What do you presently do during the day? _____

Impact on Applicant's Family / Caregivers

How do your disabilities affect your parents/caregiver? _____

Describe any **health issues** which might inhibit caregiving? _____

Are there any household **financial difficulties** affecting your ability to pay for services? _____

Are there any **special circumstances** we should know about? _____

Who are your other natural supports / who can help you when you need help?

Name	Relationship	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your goals and what type assistance would help you to achieve these goals? _____

What are your parent's/guardian's goals for you and what type assistance would help you to achieve these goals? _____

Other Services, Benefits and Waivers

Do you receive any of the following benefits or have the following sources of income?

- WAGES HUD / RENTAL ASSISTANCE SSI FOOD STAMPS
 SSDI CHILD SUPPORT SSA TEMPORARY CASH ASSISTANCE
 VA ENERGY ASSISTANCE

Other Resources that may be useful: _____

Do you participate in any other Waiver or Service (verify from DDA Application)? YES NO

- Autism Waiver Living at Home Waiver Medical Day Waiver
 Model Waiver TBI Waiver LISS
 REM DORS
 Other: _____

Appendix F

CRITICAL NEEDS LIST RECOMMENDATION FORM

CNLR Date: Update: YES NO Initial Application Date:

Region: CMRO ESRO SMRO WMRO

Person's name: <input type="text"/>	Caregiver's name: <input type="text"/>
Address: <input type="text"/>	Address: (if different from person's) <input type="text"/>
County: <input type="text"/>	DOB: <input type="text"/>
Phone: <input type="text"/>	Phone: (if different from person's) <input type="text"/>
DOB: <input type="text"/>	Email address: <input type="text"/>
Email address: <input type="text"/>	

Social Security #: <input type="text"/>	Documented Disability(s): <input type="text"/>
---	---

Presenter: <input type="text"/>	Does the person have active MA? <input type="checkbox"/> YES <input type="checkbox"/> NO
Telephone: <input type="text"/>	If yes, MA #: <input type="text"/>
Email address: <input type="text"/>	

Eligibility Information (include details about developmental history, birth family, maladaptive behaviors, barriers to independent living, etc):

Personal Management:

Household Management:

Using Community Resources:

--	--

Eligibility Recommendation: DD SO Not Eligible Insufficient Information to make a determination

Priority Justification (include specific details/examples of caregiver factors or other circumstances that justify the priority recommendation):

--	--

Service Priority Category and Service Recommendation(s) (select the highest priority category applicable and any applicable service recommendation):

CRISIS RESOLUTION

CRISIS PREVENTION

CURRENT REQUEST

FUTURE NEED (Registry) anticipated date service needed
Year: yyyy

Service Requested: Day/Employment Residential Supports

Regional Office Determination/Comments:

--	--

Appendix G including the following eligibility letters, attachments, and forms:

- DD – Full DDA Services Eligibility Letter
- SO – Supports Only Services Eligibility Letter
- DDA Eligibility Application Closure Notice
- Approval of Emergency Initiation of DDA Services
- Denial of Emergency Initiation of DDA Services
- DDA Funding Authorization for DDA Waiver Services
- DDA Funding Authorization for DDA State-Only Services
- Ineligible for DDA Services
- Request for Reconsideration: Eligibility and Priority Category Determinations
- Medicaid Fair Hearing Request Form
- Medicaid Fair Hearing Notice
- State-Only Service Hearing Request Form
- State Hearing on State-Only Services Notice



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)
201 W. Preston Street • Baltimore, Maryland 21201

Larry J. Hogan Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van Mitchell., Secretary

Date: Month DD, YYYY

To: Applicant Name
Address
Address

Re: **Eligible for Full DDA Services**

THIS LETTER AFFECTS YOUR ACCESS TO SERVICES. IF YOU NEED HELP TO UNDERSTAND THIS LETTER, PLEASE CONTACT

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT

The Developmental Disabilities Administration (DDA) Regional Office (RO) received your application / request for reconsideration for DDA services dated MM/DD/YYYY. This letter determines whether you meet the level of care criteria to receive DDA services. This letter also explains your determination, and your right to a hearing.

SUMMARY

You have been found eligible for DDA services, as defined and described in DDA's Community Pathways waiver ("full DDA services"), because you meet all the criteria for "developmental disability."

There currently is no funding for these services for you.

- You have been placed on the DDA Waiting List in the following priority category:
 1. Crisis Resolution
 2. Crisis Prevention
 3. Current Request
- You have been placed on the Future Needs Registry.

EXPLANATION ON ELIGIBILITY FOR DDA SERVICES

Individuals who meet all five criteria in the definition of “developmental disability” in Maryland Annotated Code, Health-General Article, §7-101(f) are eligible for full DDA services, pursuant to Health-General §7-403(b).

EXPLANATION OF WAITING LIST AND REGISTRY

There currently is no funding for new participants in DDA services. Therefore, eligible individuals are placed on the waiting list or, if they are close to becoming Transitioning Youth, on the Future Needs Registry for DDA services, until funding becomes available.

An individual’s place on the waiting list is determined first by his or her priority category, then by longest wait time. The priority categories are ranked in the following order:

1. Crisis Resolution
2. Crisis Prevention
3. Current Request

Generally, those persons in “Crisis Resolution” are funded before those in “Crisis Prevention,” and those in “Crisis Prevention” are funded before those in “Current Request.” Within the priority category, individuals are ranked based on how long they have been on the waiting list. See Maryland Code of Regulation (COMAR) 10.22.12.07 for an explanation of categories.

A person who is registered as “Future Needs” will not be eligible for DDA services until some point in the future, and therefore not placed on the DDA waiting list. In the meantime, the information is kept in the Registry.

It is not likely that funding will become available this fiscal year for persons on the waiting list for DDA services. However, if such funding were to become available for your place in your category, DDA will contact you about preparing an application packet for the DDA Community Pathways Waiver.

CHANGE IN CIRCUMSTANCE

If your circumstances change and you wish to be considered to be in a different priority category, please contact Coordinator of Community Services (CCS). If you do not have a CCS, then please contact the regional office.

REQUEST FOR RECONSIDERATION

As to your service priority category, if you have information **in addition to** that which you provided with your application for DDA services, you may send that information to the Regional Office **with a Request for Reconsideration**. Whether or not that request is granted, you will receive a new

Determination Letter. If you decide to request a hearing on the determination on your Request for Reconsideration, the time limits for requesting the hearing will start from the date on the new determination letter. A Request for Reconsideration form is enclosed with this letter.

HEARING RIGHTS

On the determination of **your service priority category**, you, or your authorized representative on your behalf, have the right to request a Medicaid Fair Hearing (“an appeal”), as explained in the enclosed notice.

MEDICAID FAIR HEARING

To appeal, you must mail a written Request for a Medicaid Fair Hearing **within 90 calendar days after the date** on this letter. DDA will allow four extra days for the mailed request to reach DHMH. Enclosed with this letter is a notice explaining your appeal rights and who may be an authorized representative, and a form that you may use to request a Medicaid Fair Hearing.

COORDINATION OF COMMUNITY SERVICES

DDA has authorized coordination of community services to provide assistance to individuals who meet the five criteria for “developmental disability” and are on the DDA Waiting List.

Coordination of community services help people with the following:

- Identifying goals and needs
- Gaining access to available needed supports and services, including non-DDA services
- Maintaining and updating eligibility for services from DDA and other programs
- Monitoring to ensure that appropriate and approved services are received

In some regions, more than one Coordination of Community Service Agency may be available. In that case, you will be sent a letter explaining how to make a choice of Coordinator of Community Service.

If you have any questions regarding this information, please contact

Sincerely,

Regional Director Name
Regional Director

cc: Coordinator of Community Services
 Legal Guardian

Any other relevant person

Enclosures: Medicaid Fair Hearing Rights Notice
Request for Medicaid Fair Hearing
Request for Reconsideration



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)
201 W. Preston Street • Baltimore, Maryland 21201

Larry J. Hogan Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van Mitchell., Secretary

Date: Month DD, YYYY

To: Applicant Name
Address
Address

Re: **Eligible for DDA Support Services Only**

THIS LETTER AFFECTS YOUR ACCESS TO SERVICES. IF YOU NEED HELP TO UNDERSTAND THIS LETTER, PLEASE CONTACT _____.

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT _____.

The Developmental Disabilities Administration (DDA) _____ Regional Office (_____ RO) received your application / request for reconsideration for DDA services dated MM/DD/YYYY. This letter determines whether you meet the level of care criteria to receive DDA services. This letter also explains your determination, and your right to a hearing.

SUMMARY

You have been found NOT eligible for DDA services, as defined and described in DDA's Community Pathways Waiver ("full DDA services"), because you do NOT meet all the criteria for "developmental disability." However, you do meet the criteria to be eligible for DDA state support services only.

There currently is no funding for these services for you.

- You have been placed on the DDA Waiting List in the following priority category:
 1. Crisis Resolution
 2. Crisis Prevention
 3. Current Request
- You have been placed on the Future Needs Registry.

EXPLANATION ON ELIGIBILITY FOR DDA SERVICES

Individuals who meet all five criteria in the definition of “developmental disability” in Maryland Annotated Code, Health-General Article, §7-101(f), listed below, are eligible for full DDA services, pursuant to Health-General §7-403(b). If an individual does not meet all five criteria, but has a severe chronic disability that meets **at least** criteria number one and number three, then he or she is eligible for DDA state support services only, as defined in Health General §7-403(c).

You have been found to meet the following checked criteria.

A severe, chronic disability that:

1. 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
2. Is manifested before the individual attains the age of 22
3. Is likely to continue indefinitely
4. Results in an inability to live independently without external support or continuing and regular assistance
5. 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

If you did not meet any of the above criteria, the following are the bases for these determinations.

Criteria #	Reason
2.	
4.	
5.	

EXPLANATION OF WAITING LIST AND REGISTRY

There currently is no funding for new participants in DDA services. Therefore, eligible individuals are placed on the waiting list or, if they are close to becoming Transitioning Youth, on the Future Needs Registry for DDA services, until funding becomes available.

An individual’s place on the waiting list is determined first by his or her priority category, then by longest wait time. The priority categories are ranked in the following order:

1. Crisis Resolution
2. Crisis Prevention
3. Current Request

Generally, those persons in “Crisis Resolution” are funded before those in “Crisis Prevention,” and those in “Crisis Prevention” are funded before those in “Current Request.” Within the priority category, individuals are ranked based on how long they have been on the waiting list. See Maryland Code of Regulation (COMAR) 10.22.12.07 for an explanation of categories.

A person who is registered as “Future Needs” will not be eligible for DDA services until some point in the future, and therefore not placed on the DDA waiting list. In the meantime, the information is kept in the Registry.

It is not likely that funding will become available this fiscal year for persons on the waiting list for DDA services. However, if such funding were to become available for your place in your category, DDA will contact you about preparing an application packet for the DDA Community Pathways Waiver.

CHANGE IN CIRCUMSTANCE

If your circumstances change, and you wish to be considered to be in a different priority category, please contact the regional office.

REQUEST FOR RECONSIDERATION

If you have information **in addition to** that which you provided with your application for DDA services, you may send that information to the Regional Office **with a Request for Reconsideration**. Whether or not that request is granted, you will receive a new Determination Letter. If you decide to request a hearing on the determination on your Request for Reconsideration, the time limits for requesting the hearing will start from the date on the new determination letter. A Request for Reconsideration form is enclosed with this letter.

HEARING RIGHTS

On the determination **that you are not eligible for full DDA services, because you do not meet the criteria for “developmental disability,”** you or your authorized representative on your behalf, has the right to request a Medicaid Fair Hearing (“an appeal”), as explained in the enclosed notice.

On the determination of **your service priority category**, you, or your authorized representative on your behalf, has the right to request a State Hearing (“an appeal”), as explained in the enclosed notice. In making your decision on whether or not to submit a Request for a State Hearing or a Request for Reconsideration on your service priority category, you should be aware that **there currently is no funding available for DDA state supports services only**. There is no State Hearing on the availability of funding.

MEDICAID FAIR HEARING

To appeal, you must mail a written Request for a Medicaid Fair Hearing **within 90 calendar days after the date** on this letter. DDA will allow four extra days for the mailed request to reach DHMH. Enclosed with this letter is a notice explaining your appeal rights and who may be an authorized representative, and a form that you may use to request a Medicaid Fair Hearing.

STATE HEARING

To appeal, you must mail a written Request for a State Hearing **within 45 calendar days after the date** on this letter. DDA will allow four extra days for the mailed request to reach DDA. Enclosed with this letter is a notice explaining your hearing rights and a form that you may use to request a State Hearing.

If you have any questions regarding this information, please contact

Sincerely,

Regional Director Name
Regional Director

cc: Coordinator of Community Services
Legal Guardian
Any other relevant person

Enclosures: Medicaid Fair Hearing Rights Notice
Request for Medicaid Fair Hearing
State Hearings Rights Notice
Request for State Hearing
Request for Reconsideration



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)
201 W. Preston Street • Baltimore, Maryland 21201

Larry J. Hogan Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van Mitchell, Secretary

Date: Month DD, YYYY

To: Applicant Name
Address
Address

Re: **DDA Eligibility Determination Application Closure Notice**

THIS LETTER AFFECTS YOUR ACCESS TO SERVICES. IF YOU NEED HELP TO UNDERSTAND THIS LETTER, PLEASE CONTACT

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT

The Developmental Disabilities Administration (DDA) Regional Office (RO) received your application for DDA services dated MM/DD/YYYY.

Your application is incomplete, and will be closed.

DDA sent a request for more information on MM/DD/YYYY to the CCS agency helping you with your application, but no additional or insufficient information has been provided. Due to insufficient information, the DDA is closing your application and no determination will be made. You may submit additional information in the future with a request that the application be reopened.

If the application is still considered incomplete in **six years** from the last date information was received by DDA, then DDA may delete your records. If you still wish to apply for DDA services after the six year deadline, you will be required to create a new application.

Sincerely,

Regional Director Name
Regional Director

cc: Coordinator of Community Services
 Legal Guardian
 Any other relevant person



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)
201 W. Preston Street • Baltimore, Maryland 21201

Larry J. Hogan Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van Mitchell, Secretary

Date: Month DD, YYYY

To: Applicant Name
Address
Address

Re: **Approval of Emergency Initiation of DDA Services**

THIS LETTER AFFECTS YOUR ACCESS TO SERVICES. IF YOU NEED HELP TO UNDERSTAND THIS LETTER, PLEASE CONTACT

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT

The Developmental Disabilities Administration (DDA) Regional Office (RO) received your emergency request for DDA services dated mm/dd/yyyy. This letter states whether DDA will initiate services for a maximum of 15 calendar days due to an emergency situation. This letter also explains the decision.

SUMMARY

DDA will initiate services for a maximum of 15 calendar days, because you are in an emergency situation that requires immediate DDA services to resolve the crisis, and:

- You have already been found to meet the criteria for “developmental disability.”
- You have been preliminarily found to meet the criteria for “developmental disability,” subject to a determination within 15 calendar days.

If you have been preliminarily found to meet the criteria for “developmental disability,” you must submit an application for a DDA Eligibility Determination within 10 calendar days from the first day of your services, pursuant to the Annotated Code of Maryland (COMAR) 10.22.12.11B. To receive DDA services beyond the authorized 15 calendar days, you must be determined to meet the criteria for “developmental disability” and be determined eligible for the DDA Community Pathways Waiver.

EXPLANATION ON AUTHORIZATION DECISION

Pursuant to the Annotated Code of Maryland (COMAR) 10.22.12.11B, if an emergency situation arises and immediate DDA services are needed to resolve a crisis, the DDA may authorize the initiation of services for a maximum of 15 calendar days.

ELIGIBILITY FOR DDA SERVICES

To be eligible for DDA services, an individual must meet the criteria for “developmental disability,” pursuant to Health General Article, Md. Ann. Code, §7-101(f).

EMERGENCY SITUATIONS

An individual is considered to be in an emergency situation if he or she meets one of the following criteria listed below.

This request meets the following checked emergency criteria:

1. Homelessness or housing that is explicitly time-limited, with no viable non-DDA-funded alternative;
2. At serious risk of physical harm in the current environment, as evidenced by:
 - a. Has recently received severe injuries due to the behavior of others in the home or community;
 - b. Has recently been the victim of sexual abuse;
 - c. Has been neglected to the extent that the individual is at serious risk of sustaining injuries that are life-threatening or which substantially impair functioning;
 - d. Engages in self-injurious behavior that puts the individual at serious risk of sustaining injuries that are life threatening or that substantially impair functioning; or
 - e. Is at serious risk of sustaining injuries that are life-threatening or that substantially impair functioning due to the physical surroundings.
3. At serious risk of causing physical harm to others in the current environment;
or
4. Living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health, which may place the applicant at risk of serious physical harm.

Sincerely,

Regional Director Name
Regional Director

cc: Coordinator of Community Services
Legal Guardian
Any other relevant person



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)
201 W. Preston Street • Baltimore, Maryland 21201

Larry J. Hogan Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van Mitchell, Secretary

Date: Month DD, YYYY

To: Applicant Name
Address
Address

Re: **Denial of Emergency Initiation of DDA Services**

THIS LETTER AFFECTS YOUR ACCESS TO SERVICES. IF YOU NEED HELP TO UNDERSTAND THIS LETTER, PLEASE CONTACT

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT

The Developmental Disabilities Administration (DDA) Regional Office (RO) received your emergency request for DDA services dated mm/dd/yyyy. This letter states whether DDA will initiate services for a maximum of 15 calendar days due to an emergency situation. This letter also explains the decision and your right to a hearing.

SUMMARY

DDA will NOT initiate services, because of one or more of the following determinations.

- You have previously been found to NOT meet the criteria for “developmental disability”
- You have been found to NOT preliminarily meet the criteria for “developmental disability”
- You are NOT in an emergency situation that requires immediate DDA services

EXPLANATION ON AUTHORIZATION DECISION

Pursuant to the Annotated Code of Maryland (COMAR) 10.22.12.11B, if an emergency situation arises and immediate DDA services are needed to resolve a crisis, the DDA may authorize the initiation of services for a maximum of 15 calendar days.

ELIGIBILITY FOR DDA SERVICES

To be eligible for DDA services, an individual must meet the criteria for “developmental disability,” pursuant to Health General Article, Md. Ann. Code, §7-101(f).

- You have previously been found to NOT meet the criteria for “developmental disability.” Please refer to your eligibility determination letter for an explanation on your determination and your right to a hearing.
- You have been found to NOT preliminarily meet the criteria for “developmental disability,” the following is the reason for that determination. You may still apply for DDA eligibility through the standard process.

Reason

EMERGENCY SITUATIONS

An individual is considered to be in an emergency situation if he or she meets one of the following criteria listed below.

You do NOT meet any of the following emergency situation criteria:

1. Homelessness or housing that is explicitly time-limited, with no viable non-DDA-funded alternative;
2. At serious risk of physical harm in the current environment as evidenced by:
 - a. Has recently received severe injuries due to the behavior of others in the home or community;
 - b. Has recently been the victim of sexual abuse;
 - c. Has been neglected to the extent that the individual is at serious risk of sustaining injuries that are life-threatening or that substantially impair functioning;
 - d. Engages in self-injurious behavior that puts the individual at serious risk of sustaining injuries that are life threatening or that substantially impair functioning; or
 - e. Is at serious risk of sustaining injuries that are life threatening or that substantially impair functioning due to the physical surroundings.
3. At serious risk of causing physical harm to others in the current environment; or
4. Living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health, which may place the applicant at risk of serious physical harm.

HEARING RIGHTS

On the decision that **DDA will not initiate services on an emergency basis for a maximum of 15 days**, you, or your authorized representative on your behalf, have the right to request a State Hearing (“an appeal”), as explained in the enclosed letter.

STATE HEARING

To appeal, you must mail a written Request for a State Hearing **within 45 calendar days after the date** on this letter. DDA will allow four extra days for the mailed request to reach DDA. Enclosed with this letter is a notice explaining your hearing rights and a form that you may use to request a State Hearing.

Sincerely,

Regional Director Name
Regional Director

cc: Coordinator of Community Services
Legal Guardian
Any other relevant person

Enclosures: State Hearing Rights Notice
Request for State Hearing



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)
201 W. Preston Street • Baltimore, Maryland 21201

Larry J. Hogan Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van Mitchell, Secretary

Date: Month DD, YYYY

To: Applicant Name
Address
Address

Re: **DDA Funding Authorization for DDA Waiver Services**

THIS LETTER AFFECTS YOUR ACCESS TO SERVICES. IF YOU NEED HELP TO UNDERSTAND THIS LETTER, PLEASE CONTACT

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT

The Developmental Disabilities Administration (DDA) Regional Office (RO) has approved funding for DDA waiver services for you based on your eligibility for DDA services, your eligibility for the DDA Community Pathways waiver, and funding becoming available. Please work with your Coordinator of Community Services (CCS) to identify DDA service providers for your approved individual plan.

Your continued funding and access to DDA services is contingent upon you maintaining DDA Community Pathways waiver eligibility.

Sincerely,

Regional Director Name
Regional Director

cc: Coordinator of Community Services
Legal Guardian
Any other relevant person



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)
201 W. Preston Street • Baltimore, Maryland 21201

Larry J. Hogan Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van Mitchell., Secretary

Date: Month DD, YYYY

To: Applicant Name
Address
Address

Re: **DDA Funding Authorization for DDA State-Only Services**

THIS LETTER AFFECTS YOUR ACCESS TO SERVICES. IF YOU NEED HELP TO UNDERSTAND THIS LETTER, PLEASE CONTACT

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT

The Developmental Disabilities Administration (DDA) Regional Office (RO) has approved funding for DDA services for you, in accordance with the order of the court, case # , dated mm/dd/yyyy. The regional office will work with you to identify DDA service providers for your individual plan.

Sincerely,

Regional Director Name
Regional Director

cc: Coordinator of Community Services
Legal Guardian
Any other relevant person



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)
201 W. Preston Street • Baltimore, Maryland 21201

Larry J. Hogan Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van Mitchell., Secretary

Date: Month DD, YYYY

To: Applicant Name
Address
Address

Re: **Ineligible for DDA Services**

THIS LETTER AFFECTS YOUR ACCESS TO SERVICES. IF YOU NEED HELP TO UNDERSTAND THIS LETTER, PLEASE CONTACT

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT

The Developmental Disabilities Administration (DDA) Regional Office (RO) received your application / request for reconsideration for DDA services dated MM/DD/YYYY. This letter determines whether you meet the level of care criteria to receive DDA services. This letter also explains your determination, and your right to a hearing.

SUMMARY

You have been found NOT eligible for any DDA services because you do NOT meet the criteria for “developmental disability” to access DDA services as defined and described in DDA’s Community Pathways Waiver (“full DDA services”) and you do NOT meet the criteria to access DDA support services only.

EXPLANATION ON ELIGIBILITY FOR DDA SERVICES

Individuals who meet all five criteria in the definition of “developmental disability” in Maryland Annotated Code, Health-General Article, §7-101(f), listed below, are eligible for full DDA services, pursuant to Health-General §7-403(b). If an individual does not meet all five criteria, but has a severe chronic disability that meets **at least** criteria number one and number three, then he or she is eligible for DDA state support services only, as defined in Health General §7-403(c).

You have been found to meet the following checked criteria (if any).

A severe, chronic disability that:

1. ___ 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
2. ___ Is manifested before the individual attains the age of 22
3. ___ Is likely to continue indefinitely
4. ___ Results in an inability to live independently without external support or continuing and regular assistance
5. ___ 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

If you did not meet any of the above criteria, the following are the bases for these determinations.

Criteria #	Reason
1.	
2.	
3.	
4.	
5.	

REQUEST FOR RECONSIDERATION

If you have information **in addition to** that which you provided with your application for DDA services, you may send that information to the Regional Office **with a Request for Reconsideration**. Whether or not that request is granted, you will receive a new Determination Letter. If you decide to request a hearing on the determination on your Request for Reconsideration, the time limits for requesting the hearing will start from the date on the new determination letter. A Request for Reconsideration form is enclosed with this letter.

HEARING RIGHTS

On the determination **that you are not eligible for full DDA services, because you do not meet the criteria for “developmental disability,”** you or your authorized representative on your behalf, have the right to request a Medicaid Fair Hearing (“an appeal”), as explained in the enclosed notice.

On the determination **that you do not meet the criteria for DDA state supports services only,** you, or your authorized representative on your behalf, have the right to request a State Hearing (“an appeal”), as explained in the enclosed notice. In making your decision on whether or not to submit a Request for a State Hearing or a Request for Reconsideration, you should be aware that **there currently is no funding available for DDA state supports services only.** There is no State Hearing on the availability of funding.

MEDICAID FAIR HEARING

To appeal, you must mail a written Request for a Medicaid Fair Hearing **within 90 calendar days after the date** on this letter. DDA will allow four extra days for the mailed request to reach DHMH. Enclosed with this letter is a notice explaining your appeal rights and who may be an authorized representative, and a form that you may use to request a Medicaid Fair Hearing.

STATE HEARING

To appeal, you must mail a written Request for a State Hearing **within 45 calendar days after the date** on this letter. DDA will allow four extra days for the mailed request to reach DDA. Enclosed with this letter is a notice explaining your hearing rights and a form that you may use to request a State Hearing.

If you have any questions regarding this information, please contact .

Sincerely,

Regional Director Name
Regional Director

cc: Coordinator of Community Services
Legal Guardian
Any other relevant person

Enclosures: Medicaid Fair Hearing Rights Notice
Request for Medicaid Fair Hearing
State Hearings Rights Notice
Request for State Hearing
Request for Reconsideration

Developmental Disabilities Administration

REQUEST FOR RECONSIDERATION: ELIGIBILITY AND PRIORITY CATEGORY DETERMINATIONS

Date: _____

Deputy Secretary
Developmental Disabilities Administration
____ Regional Office

Dear sir or madam:

This letter is to request that the Regional Office reconsider its determination of my recent request for DDA eligibility or the determination of my priority category.

Name of Applicant: _____

Date of Request: _____

Date of Determination Letter: _____

Please check which determination you are asking be reconsidered:

- Eligibility for full DDA Services Eligibility for DDA Support Services Only
 Priority Category

Please attach a copy of the Determination Letter that you are asking be reconsidered.

DDA will only consider NEW information and NEW documentation. **Please do not re-submit any documents that were submitted with your earlier request.**

Please list the new documents that you are sending, and explain how they support your request:

Whether or not this request is granted, you will receive a new Determination Letter. Therefore, if there is a Case Resolution Conference, informal hearing or OAH hearing scheduled on the initial determination, it will be cancelled. If you decide to request a hearing on the determination on your Request for Reconsideration, the time limits for requesting a new hearing will start from the date on the new determination letter.

PLEASE PROVIDE YOUR CONTACT INFORMATION:

Name: _____

If the contact person is not the applicant, state relationship to applicant:

Address: _____

Telephone #: _____

E-mail: _____

Developmental Disabilities Administration

HEARING REQUEST FORM – DDA Eligibility or Medicaid Waiver Service

Date: _____

**Department of Health and Mental Hygiene
Office of Health Services
Attention: Appeals
201 W. Preston Street, 1st Floor
Baltimore, MD 21201**

Dear sir or madam:

This letter is to request a Medicaid Fair hearing to contest the decision by the Developmental Disabilities Administration (DDA) (check one):

____ That I do not meet “developmental disability” criteria for purposes of full DDA services;
OR

____ The determination of my Priority Category; OR

____ The denial, partial denial, reduction, suspension or termination of specific Medicaid Waiver services.

Name of Applicant: _____

STOP! IF YOU HAVE NEW INFORMATION THAT YOU WANT DDA TO CONSIDER FOR YOUR REQUEST, DO NOT SUBMIT THIS REQUEST FOR A HEARING. INSTEAD, SUBMIT A REQUEST FOR RECONSIDERATION.

The Medicaid Fair Hearing will be scheduled by the Office of Administrative Hearings (OAH) and it will be held at one of their designated locations. You will receive a hearing notice from OAH that will instruct you on how to request accommodations, if necessary.

In order to make sure that the hearing, and CRC if requested, is focused on the specific issues that you are raising, please list each determination that you wish to contest, and the reason(s) that you believe that the determination was not correct:

Determination	Reason

Please include with this Request a copy of the Regional Office Determination Letter that you are appealing.

If you choose it, you will have the opportunity before the Medicaid Fair Hearing to discuss and try to resolve your issues with a DDA official, in a Case Resolution Conference (“CRC”). The CRC will be scheduled for a date before the date for the Medicaid Fair Hearing. You may have any person appear with you as your representative at the CRC. If you check the space below, you will receive notice of the CRC date.

_____ Check here if you wish to have a CRC as well as a Medicaid Fair Hearing.

If you are currently receiving Medicaid Waiver services, they will be continued while your appeal is pending IF:

1. The Determination Letter (a) terminates or reduces Medicaid Waiver services that you are currently receiving; (b) the approval of the services was not limited to a specific period of time, such as six months; and (c) your Request for a Hearing is postmarked within 14 days after the date of the Determination Letter; OR

2. The Determination Letter (a) approves a request for services only for a limited period of time, (such as six months) and you wish to contest that time limit; and (b) your Request for a Hearing is postmarked within 14 days after the date of the Determination Letter that APPROVED the request for services.

I request that the following services be continued while my appeal is pending:

PLEASE PROVIDE YOUR CONTACT INFORMATION:

Name: _____

If the contact person is an authorized representative rather than the applicant, explain the relationship to the applicant:¹

Address: _____

Telephone #: _____

E-mail: _____

¹ Only an authorized representative, as set out in COMAR 10.01.04.12, may request a Medicaid Fair Hearing for the applicant. Please see the Notice of Hearing Rights regarding who can be an “authorized representative.”

If the contact person is acting as the authorized representative, please attach documentation showing that the designation of the authorized representative.

Notice: Medicaid Fair Hearing

You have the right to a hearing on the decision(s) stated in the enclosed DDA Determination Letter (the letter that approved or denied your request for services). In order to have a hearing on the decision(s), **you must mail your written request for a Medicaid Fair Hearing within 90 days after the postmark on this Determination Letter.** DDA will allow four extra days for the mailed request to reach DDA. If you do not request a hearing, the decision stated in the Determination Letter will be final. You should use the Request for a Hearing form that is enclosed with this Notice. (The request for a hearing is also called an "appeal.") If you wish, the Regional Office or your Coordinator of Community Services, if you have one, may assist you in preparing and submitting your Request for a Hearing. The Request for a Hearing may also be submitted by your Authorized Representative. An explanation of who may be an Authorized Representative is given below.

In order to have your DDA Medicaid services continue during the hearing process, your request for a hearing must be postmarked and mailed within 14 days after the date of the Determination Letter.

If the Determination Letter approves the request for services for a limited time (for example, three or six months) and you wish to receive the service but want to appeal the time limit, the request for a hearing must be postmarked within 14 days after the date of the Determination Letter that APPROVED the request for services.

Mail your Request for a Hearing, with a copy of the Determination Letter, to the following address:

**Department of Health and Mental Hygiene
Office of Health Services
Attention: Appeals
201 W. Preston Street, 1st Floor
Baltimore, MD 21201**

The Medicaid Fair Hearing is held by the Office of Administrative Hearings (OAH), which is separate from DDA and DHMH. The OAH will schedule the hearing, which will be at a place reasonably convenient and accessible to you. You will be expected to be present. If you cannot be present, you must contact the OAH and ask to reschedule the hearing or to identify the Authorized Representative who will attend in your place. Note that it is not easy to have a hearing postponed. At the hearing, you may represent yourself, have legal counsel, or use an Authorized Representative. You may bring witnesses or documents to help you establish facts and to explain your circumstances. You may also ask to have witnesses testify by telephone. A reasonable number of persons from the general public may be admitted to the hearing if you wish. DDA will pay for necessary costs other than attorney fees, and may pay for these costs for your witnesses if they are necessary for the proper conduct of the hearing. Prior to the hearing, you may ask to see the documents and records that DDA will use at the hearing and for the names of the witnesses that DDA intends to call.

If you get NEW OR ADDITIONAL information before the hearing, you may request RECONSIDERATION of the decision(s) in the enclosed Determination Letter, by mailing the Reconsideration Request form that came with this Determination letter. **IF YOU ASK FOR RECONSIDERATION, YOU SHOULD ALSO CALL OAH AND WITHDRAW YOUR APPEAL, because you will get a NEW Determination Letter after your request for reconsideration.** Once you get the new Determination Letter, you may request ANOTHER HEARING on the new determination. In that case, the time limits for requesting a hearing will start from the date on the NEW DETERMINATION LETTER.

Further information about the Medicaid Fair Hearing can be found in the Code of Maryland Regulations (COMAR) 10.01.04 and 28.02.01, and in the Code of Federal Regulations (CFR) 42 CFR §431.200. COMAR

regulations can be viewed at www.dsd.state.md.us. Federal regulations can be viewed for free at <http://www.law.cornell.edu>, among other websites.

Also, you may ask to have a Case Resolution Conference (“CRC”) before the Medicaid Fair Hearing. The purpose of the Case Resolution Conference is to try to settle some or all of the issues in your appeal without having to go to the formal Medicaid Fair Hearing. If you ask for a CRC on your Request for a Hearing form, the CRC will be scheduled at a location within your region with a DDA moderator. The CRC will be held before the date of your Medicaid Fair Hearing. You may represent yourself, or you may have an attorney, Authorized Representative, friend or family member represent you at the CRC. You should be prepared to explain why the decision in the Determination Letter is wrong, and what you want DDA to do for you. Note that you may have a CRC only if you also request a Medicaid Fair Hearing.

You may be eligible for free legal assistance from the Disability Rights Maryland, 1-800-233-7201, or the Legal Aid Bureau, at 1-800-999-8904.

Authorized Representative

COMAR 10.01.04.12 states the requirements for an authorized representative. In brief, these are:

1. You may designate your authorized representative in writing, or by showing proof that the authorized representative has legal authority to act on your behalf.
2. The following people may be your authorized representative because they have legal authority:
 - a. If you are under 18, your parent;
 - b. Your legal guardian, if you have one or someone has applied to be one.
 - c. Your healthcare surrogate under Health General Article, §5-605, Annotated Code of Maryland;
 - d. A person with a validly executed power of attorney; or
 - e. Your attorney or paralegal.
3. If the applicant or recipient lacks the capacity to designate an authorized representative, and there is no individual or organization with the legal authority to act, an authorized representative can be any individual or organization acting responsibly on behalf of the applicant or recipient who:
 - (a) In good faith, is acting in the best interest of the applicant or recipient; and
 - (b) Declares that the applicant or recipient lacks legal capacity, and for organizations, declares that its directors, employees, officers or employers, if any, do not have a direct financial interest in the outcome of the fair hearing.
4. If the applicant or recipient lacks the capacity to designate an authorized representative, and there is no individual or organization with the legal authority to act, AND no there is no one who falls within paragraph 3, above, an authorized representative can be any individual or organization with a direct financial interest in the outcome of the hearing or whose employer has a direct financial interest in the outcome of the hearing who:
 - (a) In good faith is acting in the best interest of the applicant or recipient;
 - (b) Declares that the applicant or recipient lacks legal capacity; and
 - (c) Declares that, to the best of his or her belief, no other individual or organization is willing and able to act on the applicant or recipient’s behalf.
5. For additional and more detailed information about authorized representatives, see COMAR 10.01.04.12.

Developmental Disabilities Administration

HEARING REQUEST FORM – State-Only Services

Date: _____

Deputy Secretary
Department of Health and Mental Hygiene
Developmental Disabilities Administration
201 W. Preston Street, Fourth Floor
Baltimore, MD 21201

Dear sir or madam:

This letter is to request a State hearing to contest the determination by the Developmental Disabilities Administration (DDA): (check one):

____ That I do not meet the criteria for DDA Support Services Only; or

____ The determination of my Priority Category for DDA Supports Services Only; or

____ The denial, partial denial, reduction, suspension or termination of specific DDA State-Only services, other than the determination that no funds are available for such services; or

____ The denial of the emergency initiation of DDA State-Only services.

Name of Applicant: _____

STOP! IF YOU HAVE NEW INFORMATION THAT YOU WANT DDA TO CONSIDER FOR YOUR REQUEST, AND YOU WANT DDA TO RECONSIDER YOUR REQUEST RATHER THAN HAVING A HEARING AT THIS TIME, DO NOT SUBMIT THIS REQUEST FOR A HEARING.

I want to: (check only one)

Have an informal hearing first, followed by a Formal Hearing if I request it after the informal hearing.

Waive the Informal Hearing and proceed with a Formal Hearing.

In order to make sure that the informal and/or formal hearing is focused on the specific issues that you are raising, please list in the table below each determination that you wish to contest, and the reason(s) that you believe the determination was not correct. You will not be limited in your actual hearing to the specific issues listed.

Determination	Reason

Please include with this Request a copy of the Regional Office Determination Letter that you are appealing.

Special needs regarding location and the conduct of the hearing will be accommodated, if possible.

Please check here if you need to be contacted regarding the hearing location or special needs.

Please check here if you need a copy of the Informal Hearing procedures.

The Formal Hearing will be scheduled by the Office of Administrative Hearings (OAH) and it will be held at one of their designated locations. You will receive notification from OAH regarding the Formal Hearing.

PLEASE PROVIDE YOUR CONTACT INFORMATION:

Name: _____

If the contact person is not the applicant, state relationship to applicant:

Address: _____

Telephone #: _____

E-mail: _____

Notice: State Hearings on State-Only Services

You have the right to a hearing on the decision(s) stated in the enclosed DDA Determination Letter. In order to obtain a hearing on the decision(s), **you must mail your written request for a State Hearing to DDA at the address given below. The request must be postmarked with 49 days (45 days plus four for mailing) after the date on the Determination Letter.** If you do not request a hearing, the decision stated in the Determination Letter will be final. A form is enclosed for you to use in requesting a State Hearing. (The request for a hearing is also called an “appeal.”). The form should be mailed to:

Deputy Secretary
Developmental Disability Administration
201 W. Preston Street, 4th Floor
Baltimore, MD 21201

You may choose between two different hearing procedures. In the first, you can request a DDA Informal Hearing. If you are not happy with the outcome of that Informal Hearing, you may then request an Office of Administrative Hearings Formal Hearing. In the second option, you may skip the DDA Informal Hearing, and request only an Office of Administrative Hearings Formal Hearing. Each of these types of hearings is described below. The procedures in the Formal Hearing are the same whether or not you have an informal hearing, although the issues are different. If you wish, the Regional Office or your Coordinator of Community Services, if you have one, may assist you in preparing and submitting your Request for a Hearing.

DDA Informal Hearing

An Informal Hearing is held in front of a DDA official who is designated by the Secretary of Health and Mental Hygiene (“Secretary’s Designee”) to hear appeals, and who was not involved in the decision made on your request for services. The decision by the Secretary’s Designee at the Informal Hearing is binding on DDA, which may not appeal that decision if it is in favor of you.

Unless otherwise agreed upon by all parties, DDA will schedule the Informal Hearing between 10 and 30 days after the Request for a Hearing is received by DDA. Reasonable advance notice in writing will be given to you of the issue(s) to be decided, the factual basis for the determination of your request, the date, time, and place of the hearing, the right to be present, the right to be represented by an attorney or by a relative, friend or other person, and the right to request and present witnesses and documentary evidence. At the Informal Hearing, you will have an opportunity to explain why you believe the Regional Office’s decision was incorrect. If you are not satisfied with the outcome of the Informal Hearing, you may appeal, and have an Administrative Law Judge with the Office of Administrative Hearings decide at a Formal Hearing whether or not the Informal Hearing decision was correct.

Additional information about the DDA Informal Hearing can be found at Code of Maryland Regulations (COMAR) 10.22.16. COMAR regulations can be viewed at www.dsd.state.md.us.

Formal Hearings

You also have a right to skip the Informal Hearing, and request just a Formal Hearing at the Office of Administrative Appeals.

The Formal Hearing is held by the Office of Administrative Hearings, which is independent of DDA and DHMH. The Office of Administrative Hearings will schedule the date and time of the hearing and the hearing will be at a place reasonably convenient and accessible to you. You will be expected to be present. If for any reason you cannot be present, you must contact the Office of Administrative Hearings to try to reschedule the hearing or to identify the Authorized Representative who will attend in your place. Note that it is very difficult to obtain a postponement of a hearing. At the hearing, you may represent yourself, or you may have legal counsel. You may bring any witnesses or documents that you want to use to help you establish facts and to explain your circumstances. You may also request that witnesses testify by telephone. A reasonable number of persons from the general public may be admitted to the hearing if you desire. Prior to the hearing, you may ask to review the documents and records that DDA will use at the hearing and for the names of the witnesses that DDA intends to call.

Also before the hearing, if you have new or additional information that you wish DDA to know about, you may request reconsideration of your case by mailing the Reconsideration Request form that came with your Determination letter. **However, a request for reconsideration does not automatically postpone a scheduled Formal Hearing.** Whether or not that request is granted, you will receive a new Determination Letter. If you decide to request a hearing on the determination on your Request for Reconsideration, the time limits for requesting a hearing will start from the date on the new determination letter.

Further information about the Formal Hearing can be found in the Code of Maryland Regulations (COMAR) 10.01.03 (Procedures for Hearings) and COMAR 28.02 (Office of Administrative Hearings regulations). COMAR regulations can be viewed at www.dsd.state.md.us.

You may be eligible for free legal assistance from the Disability Rights Maryland, 1-800-233-7201, or the Legal Aid Bureau, at 1-800-999-8904.