



STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene

Developmental Disabilities Administration (DDA)

201 W. Preston Street • Baltimore, Maryland 21201

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

MEMORANDUM

Transmittal # DDA2013006

Date: November 6, 2013

To: Resource Coordinators

CC: DDA Assistant Directors  
DDA Regional and Deputy Regional Directors  
DDA Providers

From: Patrick Dooley, Acting Executive Director 

Re: **Processing WC12 Forms in Conjunction with the New SFP Operating Procedure**

THIS LETTER IS AVAILABLE IN ACCESSIBLE FORMATS. TO REQUEST ANOTHER FORMAT, PLEASE CONTACT [DDA.CFO@MARYLAND.GOV](mailto:DDA.CFO@MARYLAND.GOV).

On September 1, 2013, the Developmental Disabilities Administration initiated the implementation of a new SFP Award Operating Procedure. The intention of the new SFP operating procedure is to improve the approval and award of funding and not to alter waiver reporting procedures. For clarification, the SFP Operating Procedures states:

*“The New SFP procedure does not eliminate or alter the technical requirements of the DDA or Medicaid, such as those relating to service changes, service requests, eligibility, or any other procedure outside the award of the individual’s funding. All necessary steps to verify prerequisites and requirements, and to obtain documentation, remain in effect.”* (SFP Award Operating Procedure, Pg. 2)

It has come to the DDA’s attention that WC12 forms (Community Pathways Waiver Reporting Forms) are not being consistently completed in all regions. WC12 forms must be completed in order to keep individuals in the waiver and ensure proper Medicaid claiming. Resource Coordinators need to continue completing WC12 forms, and, if they have not historically been doing so, need to start.

Under the Code of Maryland Regulations, COMAR 10.09.48.06 D. Resource Coordinators are responsible for monitoring and follow-up activities, which include support for the “(h) Application or re-application for necessary

programs or services to prevent or remedy a gap in eligibility.” It is under this regulation that Resource Coordinators should be supporting the proper completion of WC12 forms.

For consistency, steps were added to the new SFP Award Operating Procedure, to instruct Resource Coordinators to complete the proper WC12 form during their review and signature of the SFP. These forms should then be sent with the signed SFP to the provider for submission to the DDA. SFPs without accompanying WC12 forms will not be approved. If SFPs were submitted to the Regional Office without WC12 forms, Regional Offices may require Resource Coordinators to complete and submit applicable WC12 forms in order to process the SFPs.

Updates to the new SFP Operating Procedure will be published in Version 4, which will be uploaded to the DDA website under the provider tab, and emailed to the DDA community. The link can be found below:

<http://dda.dhmdh.maryland.gov/SitePages/providers.aspx>

Attached are the relevant WC12 forms and guidance on when each should be completed.

Please contact your Regional Office if you have any other questions or comments regarding WC12 forms.

## Community Pathways

### Reporting Forms WC12-A, 12-B, 12-C & WC12-D & Recertification of Need Form

**WC12-A Reporting Form** – Report any changes regarding the consumer’s address, change in placement (transfer of services\*), transfer of provider agencies, transfer of Resource Coordination agencies, and admission to a nursing home or chronic rehabilitation facility.

\*If the person is transferring to a CSLA or F/ISS service, a copy of the Service Funding Plan must also be submitted.

**WC12-B Discharge Reporting Form** – Use this form to report a discharge from the waiver program. There may be situations when a person will be discharged from Community Pathways waiver but still receive DDA services. Please be sure to check the correct box. The actual date of discharge (last day of service) needs to be reported.

**WC12-C Change in Service** – This form will be completed if the person is now receiving an additional service or has had a reduction in service. If it is an additional service, please include the SFP.

**WC12-D Financial Reporting** – Report any changes in the person’s income, insurance and/or resources. \*This form is to be sent to DEWS only.

**Recertification of Need** – Individuals enrolled in a waiver program need to be determined to continue to need waiver services and meet the appropriate level of care at least annually, no less.



**DEVELOPMENTAL DISABILITIES ADMINISTRATION  
COMMUNITY PATHWAYS WAIVER  
Discharge Reporting Form**

**TO:** Terri Hartman

DDA Waiver Unit  
201 W. Preston Street, 4<sup>th</sup> Floor  
Baltimore, Maryland 21201

Phone: (410) 767-5421 FAX: (410) 767-5850

Email: WaiverUnit@dhmh.state.md.us

Division of Eligibility Waiver Services  
6 St. Paul Street, Suite 400

Baltimore, Maryland 21202

Phone: (410) 767-7390 FAX: (410) 333-0109

**INDIVIDUAL INFORMATION:**

_____	_____	_____
Last Name	First Name	Middle Name/Initial
_____	_____	_____
Medical Assistance Number	Social Security Number	Jurisdiction/County
_____	<b>or</b>	_____
Residential Provider		Supports Provider (CSLA or F/ISS)
_____	<b>and</b>	_____
Day Provider (Traditional Day or Supported Employment)		Resource Coordination Agency

Discharged from **DDA services:**

- Is Deceased – date of death: \_\_\_\_\_
  - Consumer was residing at site at time of death
  - Consumer was admitted to hospital on \_\_\_\_\_ and died in the hospital
- admitted to SRC/Nursing Home/Hospital: **Date** \_\_\_\_\_ **Admitting Facility:** \_\_\_\_\_
- moved out-of-state: **Date** \_\_\_\_\_
- no longer receiving DDA services: **Date** \_\_\_\_\_
- moved to a non-DDA provider: Provider \_\_\_\_\_ effective \_\_\_\_\_
- Other type of discharge. Date/Explain \_\_\_\_\_  
\_\_\_\_\_

Discharged from the waiver program and remains in DDA service:

- Ineligible for Medical Assistance: Date \_\_\_\_\_ reason \_\_\_\_\_
- Receiving Fiscal Intermediary services: Date \_\_\_\_\_
- Receiving services from another waiver: Date \_\_\_\_\_ Waiver \_\_\_\_\_
- Moved to a DDA non-waiver provider: Date \_\_\_\_\_ Provider \_\_\_\_\_
- Other type of discharge. Date/Explain \_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_

Agency \_\_\_\_\_

Date \_\_\_\_\_

**DEVELOPMENTAL DISABILITIES ADMINISTRATION  
WAIVER FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES  
CHANGE IN SERVICE**

**TO:** Division of Eligibility Waiver Services  
6 St. Paul Street, Suite 400  
Baltimore, Maryland 21202  
Phone: (410) 767-7390 FAX: (410) 333-0109

**FROM:** DDA Waiver Operations Unit  
201 W. Preston Street, 4<sup>th</sup> floor  
Baltimore, Maryland 21201  
Phone: (410) 767-5421 FAX: (410) 767-5850  
WaiverUnit@dhhm.state.md.us

<b>INDIVIDUAL INFORMATION:</b>	SS#: _____
Name: _____	MA#: _____
Residential/CSLA Provider: _____	
Day Provider: _____	
Resource Coordination Agency: _____	

<b>DEWS Purpose Only:</b>
Does this consumer contribute towards a Cost of Care?    _____ Yes    _____ No

<b>ADDITION OF SERVICE:</b>
<input type="checkbox"/> Now receiving the following service:
<input type="checkbox"/> Residential <input type="checkbox"/> CSLA <input type="checkbox"/> Day <input type="checkbox"/> FISS
Effective: _____
Provider: _____
Site Address _____
City _____ County _____ Zip _____

<b>REDUCTION OF SERVICE:</b>
<input type="checkbox"/> Had a reduction in the following service:
<input type="checkbox"/> Residential <input type="checkbox"/> CSLA <input type="checkbox"/> Day <input type="checkbox"/> FISS
Effective: _____; and is receiving only: _____
Provider: _____

Comments: _____
_____
_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_