COMMUNITY PATHWAYS WAIVER: APPLICATION & REQUIREMENTS

Training for Resource Coordinators

November 20, 2014

What to Expect

1. Waiver Overview
2. Waiver Eligibility
3. Annual Requirements
4. RC Monitoring Activities
5. Waiver Reports Forms

WAIVER OVERVIEW

Community Pathways Waiver

(Traditional) **Community Pathways** + **New Directions** = **Community Pathways Waiver**

- ❑ Greater opportunity to self-direct certain services;
- ❑ Streamline access to services; and
- ❑ Enhance quality and oversight.

Community Pathways Waiver

Waiver participants may choose between traditional and self-directed services.

- Traditional/provider services are provided by licensed agencies.
- Under self-directed services, the individual with the assistance of a Support Broker and Fiscal Management Service provider directs the planning, budgeting, management, and payment of services.

NOTE: *Not all waiver services can be self-directed such as Community Residential Habilitation and Medical Day.*

Community Pathways Waiver

- COMAR 10.22.12.11 (a) and (f), requires, that before the DDA can fund services, the individual must apply for Medicaid.
- Application to the CP waiver program is based on priority categories, established in regulations, and the availability of DDA funding allocated by the General Assembly.
- Children and adults who have been notified through their RC that they are targeted for DDA funding in a particular fiscal year must then apply to the waiver.

Community Pathways Waiver

- To be eligible for waiver services, the person must meet specific technical, medical, and financial eligibility criteria.
- Applicants must demonstrate, through a screening process, that:
  - They need the level of support that people receive in an institution;
  - They meet the waiver's financial eligibility requirements; and
  - They have an individual plan that supports their health and welfare.
- People do not have to go into an institution, or agree to apply to an institution, to apply to the waiver or receive services.
  - They do need to be determined appropriate for a priority category and notified that they have been targeted for funding.

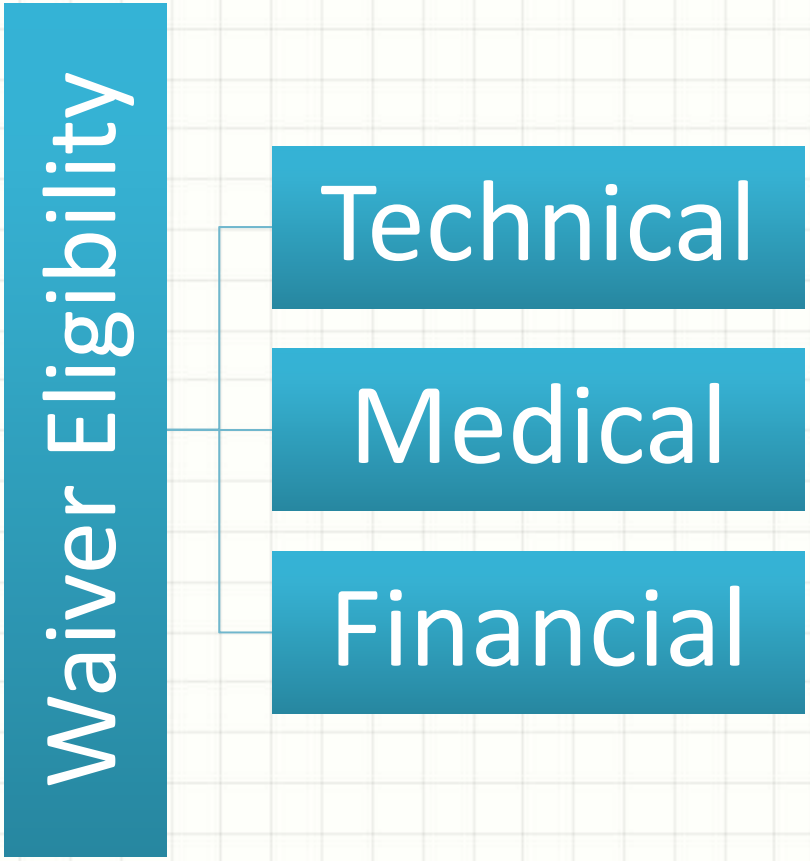
Waiver Eligibility

Waiver Eligibility

Waiver participants must:

1) Be a current resident of Maryland;
2) Meet the waiver Level of Care (LOC) criteria, which will be determined annually by the resource coordinator;
3) Not be enrolled in another waiver*;
4) Choose between waiver services and institutional services;
5) Have a person centered plan;
6) Demonstrate a need for waiver services at least monthly, or if the need for services is less than monthly, require monthly monitoring which must be documented in the IP; and
7) Meet the waiver's financial eligibility standards.

Waiver Eligibility



Waiver Eligibility

Technical Eligibility

- The DDA determines technical eligibility for the waiver.
- The individual must demonstrate a need for at least one waiver service, as documented in the individual's service plan.
- The individual's IP must describe:
  - The waiver services, their projected frequency, and the type of provider that furnishes each service; and
  - The other services (regardless of funding source, including State plan services) and informal or natural supports that complement waiver services in meeting the needs of the participant.

Waiver Eligibility

Medical Eligibility

- The Level of Care (LOC), or medical eligibility, is determined by DDA for the waiver.
- Medical and functional needs will be assessed during the application process.
- For the DDA waiver, the LOC is an ICF/IID. The DDA's "DD" eligibility determined during the Comprehensive Assessment is used to determine medical eligibility.
  - Those individuals who are determined "SO" are not eligible to apply for the waiver.
- The waiver packet includes the **Initial Certificate of Need** form which certifies meeting the standard.

Waiver Eligibility

Financial Eligibility

- Individuals must apply to the waiver regardless of their income and assets.
- EDD will review assets, income, and medical expenses and apply special financial eligibility rules under the waiver.
  - Income includes, but is not limited to, wages, social security benefits, veteran's benefits, pensions, annuities, self-employment income, and disability benefits.
  - Assets include cash, bank accounts, stocks, bonds, mutual funds, and life insurance. The value of an individual's home may also be considered when calculating assets.
- The criteria differ from community Medicaid* requirements:
  - People who meet the community Medicaid financial standards and people who qualify under the approved waiver up to 300% of SSI may meet the financial standards for the Community Pathways Waiver.

Waiver Eligibility

Financial Eligibility *Continued…*

NOTE: The Department of Human Resources' State Review Team conducts initial disability determinations for individuals who are not currently receiving SSI.

Waiver Application Packet

- A copy of the most recent individual plan, the waiver meeting minutes, and the sign-in sheet shall be included in all waiver application packets.
- RC ensures all forms in the waiver packet are completed accurately, signed, and dated.
- Packets should not be held while trying to gather necessary financial information.
- All waiver packets are submitted to the appropriate DDA RO who will review the waiver packet and then forward it to the DDA HQ for final review.
- DDA HQ submits all waiver applications and required forms to EDD with the DDA's recommendation for enrollment, denial, or an advisory opinion.
- EDD may close a case for failure to submit all required documentation.

CP Waiver Enrollment Checklist

- This checklist is the cover sheet for the waiver packet and is used to ensure all required documents are submitted.
- Complete all information that applies to the individual.
- Indicate the appropriate category group associated with the applicant.

COMMUNITY PATHWAYS WAIVER ENROLLMENT CHECKLIST

INDIVIDUAL'S NAME: _____ (FIRST, MIDDLE, LAST)

Current address: _____ **County:** _____
_____ **Zip Code:** _____

DDA FUNDING CATEGORY GROUP *(CHECK ALL THAT APPLY)*

- ☐ Transitioning Youth – Fiscal Year _____
- ☐ Currently receiving State only funding (Conversion)
- ☐ Money Follows the Person (MFP)
- ☐ Crisis Resolution/Emergency
- ☐ Waiting List Equity Fund (WLEF)
- ☐ Placement from an SRC/SETT/Nursing or State Hospital Facility

Facility Name: _____ Discharge Date: _____

WAIVER SERVICE REQUESTED: (CHECK ALL THAT APPLY)

	Assistive Technology & Adaptive Equipment		Environmental Accessibility Adaptations		Support Brokerage
	Behavioral Supports		Environmental Assessments		Supported Employment
	Community Learning Service		Family and Individual Support Services		Transition Services
	Community Residential Habilitation		Live-In Caregiver Rent		Transportation
	Community Supported Living Arrangement/Personal Supports		Medical Day Care		Vehicle Modifications
	Day Habilitation		Respite		
	Employment Discovery & Customization		Shared Living (formerly Individual Family Care)		

DOCUMENTS:

√	Document Name	Date Completed
	Medicaid Application (Long or Short Form)	
	Level of Care – Initial Certificate of Need	
	Freedom of Choice Form (WC-3B)	
	Individual Plan (IP) – Traditional Model: The most recent IP (Initial or Annual)	
	Individual Plan (IP) – Self-Directed Model: IP and Self-Directed Budget	
	Waiver meeting minutes and sign in sheet.	

For Regional Office Use Only

√	Document Name	Date Completed
	Service Funding Plan (SFP) with Regional Office Sign-Off	

Resource Coordinator (printed name): _____

Resource Coordination Agency (printed name): _____

Office Address: _____

Email Address: _____

Phone: _____ Fax: _____

Resource Coordinator (signature): _____ Date: _____

DDA Regional Waiver Coordinator: _____ Date: _____

CP Waiver Enrollment Checklist
Revised August 2014

CP Waiver Enrollment Checklist *Continued…*

- ❑ Indicate the person's current address at time of enrollment.
- ❑ If the applicant is residing in a facility, indicate the address for which the person is moving to and not the address of the facility they are transitioning from.
- ❑ Check all waiver services that the person is seeking, even if a provider has not been identified.
- ❑ Place a check for each waiver packet form included and indicate the date of each document.
- ❑ The Medicaid Application must be dated within six (6) months of the date the waiver is to be effective.
- ❑ Include the contact information for the resource coordinator i.e. a fax number and email address.

COMMUNITY PATHWAYS WAIVER ENROLLMENT CHECKLIST

INDIVIDUAL'S NAME: _____ (FIRST, MIDDLE, LAST)

Current address: _____ **County:** _____

_____ **Zip Code:** _____

DDA FUNDING CATEGORY GROUP *(CHECK ALL THAT APPLY)*

- ☐ Transitioning Youth – Fiscal Year _____
- ☐ Currently receiving State only funding (Conversion)
- ☐ Money Follows the Person (MFP)
- ☐ Crisis Resolution/Emergency
- ☐ Waiting List Equity Fund (WLEF)
- ☐ Placement from an SRC/SETT/Nursing or State Hospital Facility

Facility Name: _____ Discharge Date: _____

WAIVER SERVICE REQUESTED: (CHECK ALL THAT APPLY)

	Assistive Technology & Adaptive Equipment		Environmental Accessibility Adaptations		Support Brokerage
	Behavioral Supports		Environmental Assessments		Supported Employment
	Community Learning Service		Family and Individual Support Services		Transition Services
	Community Residential Habilitation		Live-In Caregiver Rent		Transportation
	Community Supported Living Arrangement/Personal Supports		Medical Day Care		Vehicle Modifications
	Day Habilitation		Respite		
	Employment Discovery & Customization		Shared Living (formerly Individual Family Care)		

DOCUMENTS:

√	Document Name	Date Completed
	Medicaid Application (Long or Short Form)	
	Level of Care – Initial Certificate of Need	
	Freedom of Choice Form (WC-3B)	
	Individual Plan (IP) – Traditional Model: The most recent IP (Initial or Annual)	
	Individual Plan (IP) – Self-Directed Model: IP and Self-Directed Budget	
	Waiver meeting minutes and sign in sheet.	

For Regional Office Use Only

√	Document Name	Date Completed
	Service Funding Plan (SFP) with Regional Office Sign-Off	

Resource Coordinator (printed name): _____

Resource Coordination Agency (printed name): _____

Office Address: _____

Email Address: _____

Phone: _____ Fax: _____

Resource Coordinator (signature): _____ Date: _____

DDA Regional Waiver Coordinator: _____ Date: _____

CP Waiver Enrollment Checklist
Revised August 2014

Waiver Application Packet *

1. Medicaid Application
2. Level Of Care
3. Freedom Of Choice
4. State Review Team

Waiver Application Packet

Medicaid Application

The RC shall:

- ❑ Conduct a face-to-face interview to review the application;
- ❑ Be sure to check that the applicant is applying for a "Waiver";
- ❑ Complete all sections of the MA Application;
- ❑ Obtain original signatures; * and
- ❑ Provide assistance with gathering and submitting all required documents and verifications.

Waiver Application Packet

Medicaid Application *Continued…*

- If the applicant does not have copies of all the documents listed on the checklist, send in copies of all the documents <u>they do have</u> with the waiver packet to the RO;
  - EDD will send a follow-up letter to the individual, to request any missing information. The letter will provide a date the information must be received by EDD. The follow-up letter(s) are referred to as Request for Information (RFIs).
- EDD may request bank statements for a single month within for any of the five (5) years where a tax return was not filed.
- Applicants that do not comply with the RFIs within designated timeframes, have to start the waiver application process over.

Waiver Application Packet

Medicaid Application* *Continued…*

- RC should check e-Medicaid to verify whether a person is currently eligible or receives any Medicaid services. *
- To determine which type of MA application should be submitted (the "Long", "Short", or the OES 014):
  - RC shall complete the Medicaid System Check Form and fax to DREP to check MMIS for Medicaid community eligibility under the waiver.

Process for Completing the "Medicaid System Check" Form:

Simplified instructions for completion of the Medicaid application are noted on the Medicaid System Check Form and also noted below.

STEP 1: Complete the Medicaid System Check Form
STEP 2: Fax to 410-333-5087 attention the DHMH/DREP.
STEP 3: Upon response from DREP, the applicant must file the "Long", "Short", or OES 014 application as specified on the Medicaid System Check/ Response Form.

MEDICAID SYSTEM CHECK FORM

CONFIDENTIAL INFORMATION

Please ensure the security of this information.

This form is used for determining whether a waiver applicant shall complete the "***short***" or "***long***" Medicaid Application or the "***Intent to Apply for Waiver Services***" (OES 014) form. If a person is currently active in a specified coverage group that does not have an end date, they may complete the "short" version of the Medicaid Application form. If a person recently (within 6 months) applied for long term care services, they may complete the OES 014 Form.

To: Division of Recipient Eligibility Programs, DHMH Fax Number: (410) 333-5087 Date:_____

From: _____ Phone Number: _____

Email Address: _____ Fax Number:_____

Agency: _____

Name of Waiver	Applicant Name	Social Security Number	Date of Birth	Medicaid Number	For DREP Use Only			
					OES014 Form	Long Form	Short Form	Comments

****

DREP Determination: Based upon a search of the MMIS and CARES systems for coverage groups under the waiver program and recent long term care applications, the applicant must file the OES 014, the "Long" Form, or the "Short" Form as indicated above. These findings are unofficial and advisory only. When the Eligibility Determination Division (EDD) determines waiver eligibility, it may have different findings and require additional information and verifications. For the OES 014 Form, the date of the long term care application shall be entered in the comments box above.

DREP Representative Name:_____ Date:_____

Phone Number: _____ Email Address: _____

Intent to Apply for Waiver Services (OES 014) Form: This form is used for applicants who have already applied for LTC Medicaid and now intend to apply for waiver services within the six (6) month consideration period of the LTC application. Use the LTC application date noted in the comments box above.

"Short" Form: Complete the DHR/FIA 9709S (Revised 4/1/2013) for the waiver and submit all required documentation.

"Long" Form:

- For any person under 21 years of age, complete the DHR/FIA CARES 9708 for the waiver and submit all required documentation.
- For any person age 21 years or older, complete the DHR/FIA CARES 9709 (Revised 7/1/2011) for the waiver and submit all required documentation.

Medicaid System Check Form
Revised June 4, 2014

Waiver Application Packet

Medicaid Application *Continued…*

The resource coordinator must sign and/or initial and put the date of the waiver meeting on the application in the right hand top corner. This is used to establish the waiver effective date.

RC MUST SIGN AND PUT THE DATE OF THE WAIVER MEETING IN TOP RIGHT CORNER OF THIS PAGE

MARYLAND

MARYLAND DEPARTMENT of HUMAN RESOURCES
MARYLAND DEPARTMENT of HEALTH AND MENTAL HYGIENE
SSI RECIPIENT/COMMUNITY- ELIGIBLE
LONG-TERM CARE/WAIVER MEDICAL ASSISTANCE
APPLICATION

Worker Name

Case Number

S

USE THIS FORM ONLY FOR SSI RECIPENT/COMMUNITY- E

SECTION A – APPLICANT INFORMATION: Please tell us about yourself.

I am applying for:

☐ Long-Term Care Facility and/or ☐ Home and Community-Based Services W

Last Name First Name Middle Suffix (Jr., Sr. etc)

DHR/FIA 9709S

APPENDIX G-3: MA APPLICATION DHR/FIA 9708 – CHILD UNDER 21

RC MUST SIGN AND PUT THE DATE OF THE WAIVER MEETING IN TOP RIGHT CORNER OF THIS PAGE

MARYLAND DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION

ELIGIBILITY DETERMINATION DOCUMENT FOR A CHILD IN LONG TERM CARE, WAIVER, KINSHIP CARE OR ANY PERSON UNDER 21 NOT IN A FAMILY

FOR WORKER USE ONLY

RC MUST SIGN AND PUT THE DATE OF THE WAIVER MEETING IN TOP RIGHT CORNER OF THIS PAGE

MARYLAND

MARYLAND DEPARTMENT of HUMAN RESOURCES MARYLAND DEPARTMENT of HEALTH and MENTAL HYGIENE LONG-TERM CARE/WAIVER MEDICAL ASSISTANCE APPLICATION

FOR WORKER USE ONLY

This part is for our staff. Please continue to Section A.

LDSS Office | Programs Applied For or Receiving | Assistance Unit IDs Client ID

Worker's Name

Application Date

Program Medical Coverage Group _____ AU ID _____

SECTION A – BENEFIT SELECTION: *Please tell us about which benefits you want and which benefits you already have.*

I am applying for: ☐ Long-Term Care ☐ Waiver

Do you need Medical Assistance for medical bills incurred in the past 3 months?
If yes, you will need to provide copies of the bills to your case manager.

DHR/FIA 9709

Waiver Application Packet

Medicaid Application: "Long Form"

- Depending on the age of the applicant, there are two versions of the MA application.
  - For any person under 21 years of age, the DHR/FIA CARES 9708 Form must be submitted.
  - For adults age 21 and older, the DHR/FIA 9709 must be submitted.

Medicaid Application
"Long Form" *Continued…*

- In order to receive copies of correspondence sent to the individual, the RC should be listed as an Authorized Representative for notices only.
- Make a copy of the application page which reflects the authorized representatives contact information.

4. AUTHORIZED REPRESENTATIVE [ADDR / AREP]

First Name	Middle Name	Last Name	Jr., III, etc.
Jane		Smith	

Number Street	City	State	Zip Code + 4
123 Anywhere St.	Mytown	Maryland	12345

Telephone Number	Relationship to child
(123) 456-7890	Resource Coordinator

As representative, what do you want to do? ☐ Complete interview ☐ Sign Application ☒ Receive Notices ☐ Receive the child's Medical Assistance Card

5. INFORMATION ABOUT CHILD [STAT / DEM1 / DEM2/ SSNA]

Other Name	Social Security Number	Additional Social Security Number	Date of Birth

Sex	Race (Optional)	City & State of Birth	Hospital where born
☐ Male ☐ Female			

Resident of Maryland?	Marital Status	Due Date if pregnant	Number expected
☐ YES ☐ NO			

Receiving Public Assistance in another state?	Receiving Medical Assistance in another state?
☐ YES ☐ NO	☐ YES ☐ NO

U.S. Citizen	Student	Disabled or Incapacitated	Medical Insurance	Receives Medicare Part A	Receives Medicare Part B
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO Medicare Claim #:_____

FOR WORKER USE ONLY	4. Authorized Representative Type 5.SSA Application Date Living Arrangement

DHR/FIA CARES 9708 (Revised 3/04) Previous editions are obsolete. 1

Medicaid Application "Long Form" *Continued…*

For DHR/FIA 9709 :

- ❑ Make a copy of page 3;
- ❑ Complete Section F;
- ❑ Provide your contact information;
- ❑ Write on the copy "For Notice Only;" and
- ❑ Sign a copy of the signature page.

SECTION F – AUTHORIZED REPRESENTATIVE: Do you authorize someone to represent you in this application? If so, please tell us about your authorized representative.

First Name	Middle Name	Last Name	Suffix
Jane		Smith [FOR NOTICES ONLY]	(Jr., Sr., III, etc.)

Address 123 Anywhere St.

City Mytown State Maryland ZIP 12345

DHR/FIA 9709 (REVISED 7-1-11) Page 3 of 17

SECTION F – AUTHORIZED REPRESENTATIVE (continued)

☐ Home Telephone #

☐ Cellular Telephone #

☒ Work Telephone # (123) 456-7890

What is the authorized representative's relationship to you? Resource Coordinator

If answer is spouse, please complete the next question:

Do you or your spouse own this home? ☐ YES ☐ NO

If Authorized Representative is your spouse, please provide spouse's Social Security Number:

Signature of Spouse (If applicable) Date

Signature of Authorized Representative (if applicable) *Jane Smith* Date *5/13/2014*

☐ I withdraw my application for Medical Assistance

Signature of Applicant, Recipient, or Authorized Representative Date

Signature of Case Manager Date

DHR/FIA 9709 (REVISED 7-1-11) Page 16 of 17

Waiver Application Packet

Medicaid Application: "Short Form"

- The DHR/FIA 9709S application includes a check list of items needed in order for EDD to make a determination.
- Be sure to check the applicant is applying for a "Home and Community-Based Services Waiver".
- People with SSI are considered categorically eligible and generally do not have to submit supporting documentation unless otherwise advised by EDD.

Medicaid Application
"Short Form" *Continued…*

- In order to receive copies of correspondence sent to the individual, the RC should be listed as an Authorized Representative for notices only.
- Make a copy of the application page which reflects the authorized representatives contact information.

For the DHR/FIA 9709S (Revised 4/1/2013), make a copy of page 3, complete Section D, provide your contact information, and write on the copy **"For Notice Only."**

A. Complete all sections of the MA Application.

Waiver Application Packet

Level Of Care

- Prior to entering the Waiver program, a person must be certified as being in need of waiver services and must meet the LOC criteria.
- Under Maryland's system, individuals who meet the "developmental disability" criteria, and have the need for active treatment, are deemed to meet the Community Pathway's LOC requirement. *
- RC shall complete the LOC Initial Certificate of Need form based on the person's current circumstances and eligibility status as noted within PCIS2.
- The RC reviews all information and supporting documentation, including the individual plan and DDA eligibility.

Level Of Care

Continued…

- If MA has not been determined at the time of application, write "pending" in place the number.
- The effective date of the LOC is the date of the meeting when the waiver application was reviewed and completed.
- Indicate the service delivery model the person has chosen either traditional/provider managed or self-directed services.

DEVELOPMENTAL DISABILITIES ADMINISTRATION
COMMUNITY PATHWAYS WAIVER

LEVEL OF CARE
INITIAL CERTIFICATE OF NEED

This is to certify that _____
(FIRST, MIDDLE, LAST)

Medical Assistance Number: _____

In accordance with DDA eligibility criteria, has been determined to need waiver services and meets the appropriate Level of Care effective: _____.

Verification of a "developmental disability" per the DDA PCIS2 Eligibility Category determined on (*insert date*).

Service Delivery Model: (*check one*)

Traditional/Provider Managed Services
____Self-Directed Services
____Combination of Traditional and Self-Directed Services

Resource Coordinator: _____ Date: _____
Signature

Resource Coordinator *(printed name)*: _____

DDA Review: _____ Date: _____
Signature

LOC- Initial Form
Revised September 19, 2014

Level Of Care

Continued…

- Insert the determination date for the verification of a "developmental disability" per the DDA PCIS2 Eligibility Category.

- The RC needs to sign, date, and print their name.

Waiver Application Packet

Freedom Of Choice

The RC shall:

- ❑ Explain and review the Freedom of Choice Form with the individual; and
- ❑ Use the form to document that the person was advised of their service options if found eligible for the waiver. The options include:
  - ➢ Receiving services in the community under the waiver, in an ICF/IID, or licensed nursing/rehabilitation facility.
  - ➢ Service delivery model (traditional/provider managed or self-directed).
  - ➢ Choice of waiver services and providers.

Freedom Of Choice

Continued…

- ❑ Write the applicant's name.
- ❑ Obtain an original signature.
- ❑ Then the RC needs to sign and date.

Developmental Disabilities Administration
Community Pathways Waiver
Freedom of Choice

Individual's Name _____ (*FIRST, MIDDLE, LAST*)

I understand that there are alternative services for which I may be eligible, including services in the community under the waiver, in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID), and licensed nursing/rehabilitation facility. I understand and have considered my options which have been explained to me. I further understand that in order to receive, and continue to receive home and community-based waiver services, I must meet all the eligibility criteria of the Maryland Medical Assistance program and DDA Waiver program.

Please check your choice in services to be received:

- ☐ I choose to receive home and community-based services under the Maryland Medical Assistance Program/DDA Community Pathways Waiver
- ☐ I choose to receive services in an institution (ICF/ID)
- ☐ I choose to receive services in a licensed nursing/rehabilitation facility

****

Acknowledgement of the choice of waiver service delivery model:

The Community Pathways Waiver offers two service delivery models including traditional/provider managed and self-directed services. Individuals may choose a combination of the two.

Please check your choice in services to be received:

- ☐ Traditional/Provider Managed Services
- ☐ Self-Directed Services
- ☐ Combination of Traditional and Self-Directed Services

Acknowledgement of the various waiver services and providers:

I have been advised of the various waiver services and providers licensed by the DDA and informed of my right to choose providers that meet my needs and preferences.

Signature: _____
Individual

Or: _____
Legally Authorized Representative or Guardian/Parent (if applicable)

Signature:
Resource Coordinator Date

Freedom of Choice
Revised September 19, 2014

Waiver Application Packet

State Review Team

If a person does not have any federal benefits (SSI, SSDI, Railroad, Veterans Administration) they must also be determined disabled by the SRT in order to be enrolled in the waiver.

The following documents are required to be submitted to with the waiver packet:

- ❑ Customer Declaration of Disability Form DHR/FIA 700 (Appendix H-1)
- ❑ Disability Report Form DHR/FIA 3368 (Appendix H-2)
- ❑ Substantial Gainful Activity Worksheet OES 06 (Appendix H-3)
- ❑ Authorization and Consent Form DHR/FIA 827 (Appendix H-4)
- ❑ The applicant or their legally authorized representative must sign the consent form.
- ❑ In these cases, if a person is determined “Not Disabled” by the SRT, they will not be eligible for the waiver.

Waiver Application Packet

Waiver Packet Exceptions

For individuals residing in an institution, the MA application can be submitted to DDA without submitting a complete waiver packet. This is done in order to request an advisory opinion from EDD regarding the person's financial eligibility for the waiver.

- The application can be submitted up to six (6) months prior to discharge from the facility.
- If the person is found financially eligible, EDD will determine the latest date community residence can be made.
- RC will need to submit the waiver packet to the RO once the specific community residence and transition date is identified.
- If the date that EDD determined to be the latest date for establishment of community residence expires, a new MA application will need to be submitted.
- The Medical Assistance, if found eligible, will not be activated until the person is residing in the community and all other waiver paperwork has been received and approved by DDA.

Waiver Application Packet

Waiver Determinations

- EDD will process waiver applications to determine financial eligibility for all applications recommended by the DDA for approval or an advisory opinion.
- EDD will issue an official notice to the applicant and their authorized representative for any addition information required in order to make the financial eligibility determination.
- EDD will issue an official enrollment, denial, or advisory opinion to the person along with appeal rights.
- For eligible applicants, EDD processes the information for enrollment into MMIS.

ANNUAL REQUIREMENTS

MAINTAINING WAIVER ELIGIBILITY

Annual Requirements

The Maintaining Waiver Eligibility Checklist shall be used quarterly by the RC during the Comprehensive Review's monitoring and follow-up activities.

RESOURCE COORDINATION
MAINTAINING WAIVER ELIGIBILITY CHECKLIST

Waiver Participant: _____

LOC – Recertification of Need ("RECON")

____ Check LOC Certification on PCIS2 "Waiver" Tab (Note Date Listed: _____)

____ Check DDA Quarterly LOC Report for Current Date (Indicate Date Due: _____)

____ Review Current Needs and Individual Plan

____ Complete LOC – Recertification of Need form (if criteria met)

____ Complete WC12-B Form (if criteria no longer met) and Submit to Regional Office

Financial Redetermination ("REDET")

____ EDD Redetermination Target Date (Indicate Date Due: _____)

____ Check EVS (e-Medicaid) for Eligibility:

- ____ DRW – Community Pathways
- ____ NRW – Community Pathways – Self Direction
- ____ Eligible for Date of Service (for Community Medicaid)
- ____ Not Eligible (for Community Medicaid)

____ Check PCIS2 Waiver Screen

____ Review EDD Notification Letter:

- _____ Inform participant and authorized representatives of upcoming redetermination requirement(s).
- _____ If the person is receiving residential habilitation services; contact the provider to inquire about the status of submitting required documents.
- _____ Ask if assistance is needed to submit required documents.
- _____ Complete the MA "Long" Form for participants receiving MA benefit other than SSI.

NOTE: Document all activities in PCIS2 as monitoring and follow-up activities and record on the Monitoring Form as either a comprehensive review or focused review.

Resource Coordinator:_____ Date:_____
Signature

Maintaining Waiver Eligibility Checklist
June 3, 2014

Annual Requirements

1
- Annual LOC Recertification

2
- Medicaid Financial Redetermination

Annual Requirements

Level Of Care: Recertification Of Need

- Annually the RC reviews all supporting documentation, including the individual plan, and completes a "Level of Care Recertification of Need" Form to confirm the LOC is current.
- During the recertification process, the individual is also informed of their choice of service delivery options and providers licensed by the DDA that may meet their needs and preferences.
- In an effort to ensure timely recertification of the waiver LOC, the DDA HQ provides a quarterly LOC report to RC providers that reflects the LOC due date.

Annual Requirements

Level Of Care: Recertification Of Need *Continued…*

- The LOC recertification date shall align with the previous year's date, unless the person was discharged from the waiver. This process is often referred to as "Recon."
- The current certification (LOC) date is listed within PCIS2 under the person's waiver screen.

Main | Demographics | Disability/Eligibility | Contacts | Services | LISS | Contribution 2013 | Contribution | Waiver

Consumer Number [redacted] Name: [redacted] Resource Coordination: TEST RC PROVIDER

Waiver:

Waiver Type:*		Waiver Status:*	
Waiver Eligible Start Date:		Waiver Eligible End Date:	
Certification Date:*		MA Number:*	
MA Start Date:*		MA End Date:	
New Directions Waiver Start Date:		New Directions Waiver End Date:	

Save Cancel

*Required Fields

LOC Recertification *Continued…*

- The LOC "Recertification of Need" Form must be received by the DDA HQ within 30 calendar days of completion.
- A revised CNLR is required when there are changes in an individual's status.
- If an individual no longer meets LOC or other eligibility requirements and is determined to no longer be eligible by the RO then:
  - the RC completes the WC12-B; and
  - the individual is dis-enrolled from the waiver.

DEVELOPMENTAL DISABILITIES ADMINISTRATION
COMMUNITY PATHWAYS WAIVER

LEVEL OF CARE
RECERTIFICATION OF NEED

This is to certify that _____
(FIRST, MIDDLE, LAST)

Medical Assistance Number: _____

In accordance with DDA eligibility criteria, has been determined to need waiver services and meets the appropriate Level of Care effective: .

****

Attestation of the choice of waiver service delivery model:
The Community Pathways Waiver offers two service delivery models including traditional/provider managed and self-directed services which was reviewed with the person. Individuals may choose a combination of the two.

The participant chooses to receive services via the following model:

- ☐ Traditional/Provider Managed Services
- ☐ Self-Directed Services
- ☐ Combination of Traditional and Self-Directed Services

Acknowledgement of the various waiver services and providers:
The Community Pathways Waiver offers various waiver services and providers licensed by the DDA for which participants have the right to choose providers that meet their needs and preferences. This information was reviewed with the person.

Resource Coordinator: _____ Date: _____
Signature

Resource Coordinator *(printed name)*: _____

DDA Review: _____ Date: _____
Authorized Signature

LOC – Recertification Form
Revised September 19, 2014

Annual Requirements

Medicaid Financial Redetermination

- Individuals who receive SSI/SSDI do not have to complete this process unless notified by EDD.
- Individuals who do not receive SSI/SSDI, must complete the "redet" process annually. The date of the redetermination is determined by effective date of the MA.
- RC shall facilitate the "redet" process within 2 months prior to the due date or sooner.
- Required documents should be submitted at least 1 month before the due date to prevent interruption of MA/Waiver status and allow time for processing and responding to additional documentation if requested.

Annual Requirements

Medicaid Financial Redetermination *Continued…*

- Redetermination packets are submitted directly to EDD. They do not go through the Regional Office.
- If a person is receiving community residential habilitation services and the licensed DDA residential provider is the representative payee:
  - The provider is responsible to submit the "redet" to EDD.
  - RC must follow-up with residential providers and document contacts related to facilitation and reminders for the "redet" process.

RC MONITORING ACTIVITIES

PREVENTING LOSS OF MEDICAID & WAIVER ELIGIBILITY

RC Monitoring Activities

- Each year, the waiver program requires an annual IP and a LOC recertification of need to maintain eligibility in the waiver. This is accomplished by the RC through the monitoring and following-up activities, including:
  - An assessment of the individual's needs and supports to maintain eligibility for Medicaid, waivers, DDA services, and any other relevant benefits or services and application/re-application for necessary programs or services to prevent or remedy a gap in eligibility.
  - RC should review information related to recertification during quarterly monitoring to prevent possible loss of waiver eligibility.

RC Monitoring Activities

Eligibility Information & Communication

RC should utilized the following tools to check on the status of a person's Medicaid and Waiver eligibility at least quarterly as part of the comprehensive monitoring and follow-up activities.

1. MMIS Daily Reports
2. PCIS2 Waiver Screen & Notification
3. EDD Eligibility Letters
4. Level of Care Recertifications
5. e-Medicaid

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

MMIS Daily Reports (aka A02 Reports) reflect the following information related to waiver eligibility:

- ❑ Names of individuals;
- ❑ MMIS eligibility codes associated with people who have or will lose their waiver eligibility;
- ❑ Newly enrolled participants; and
- ❑ Effective dates.

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

MMIS Daily Reports ***Continued…***

- Some individuals are listed on this report due to failure to provide required financial documentation.
- "A02" is the code associated with risk of or loss of eligibility due to financial requirements.
- Individuals that submit the required information prior to the projected waiver eligibility end date and meet the eligibility criteria will remain enrolled in the waiver.
- Individuals dis-enrolled from the waiver due to failure to submit the required information can be reenrolled (reinstated) if they provide the information within four months of required redetermination date and meet the eligibility criteria.

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

PCIS2 Waiver Screen includes waiver eligibility start and end dates, certification date, status, services covered under the waiver, and disenrollment date.

- MMIS data related to waiver eligibility is uploaded into PCIS2 the first week of every month and is reflected under the heading "*Waiver data from Medicaid*" as shown below.

Waiver Data from Medicaid			
Begin Date	End Date	Plan ID	DIS-RSN
12/05/2010	1/31/2014	DRW	A02

NOTE: DRW – is the MMIS code for Community Pathways

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

PCIS2 Waiver Notifications are e-mail alerts sent to coordinators regarding waiver eligibility changes and re-determination dates for the individuals they serve. For confidentiality reasons, the notifications do not include the name of the individual, but the subject lines will reference the individual's PCIS2 ID, which can be used to search for the individual in PCIS2.

- ❑ Notification of Enrollment
- ❑ Re-Determination Reminders
- ❑ Notification of Dis-Enrollment

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

PCIS2 Waiver Notification of Enrollment is sent if a person is or becomes categorically eligible for the waiver, the email states:

> *"The individual whose PCIS2 ID is referenced in the subject line is now eligible for the Community Pathways waiver. Since this person is categorically eligible, the individual does not need to contribute to their cost of care. Please work with the individual and their representatives to identify use of personal funds to prevent loss of eligibility."*

A **Notification of Enrollment** is also sent if the person is or becomes optionally eligible for the waiver, the email states:

> *"The individual whose PCIS2 ID is referenced in the subject line is now eligible for the Community Pathways waiver. If this person is in residential service, they must contribute to their cost of care. Please work the individual and their representatives to understand this requirement and assist with redetermination requirements. Additionally, please work with the individual and their representatives to identify use of personal funds to prevent loss of eligibility."*

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

PCIS2 Waiver Re-Determination Reminder is sent if a person has a redetermination date due within 3 months, 2 months or 1 month; the email states:

> *"The individual whose consumer ID is referenced in the subject line has an upcoming waiver redetermination in (insert 3, 2, or 1) month(s). Please work with this person and their representatives to submit all required paperwork to the Eligibility Determination Division (EDD), formerly the Division of Eligibility Waiver Services (DEWS).*

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

PCIS2 Waiver Notification of Dis-Enrollment is sent if a person is dis-enrolled from the waiver due to a loss in eligibility, the email states:

> *"The individual whose PCIS2 ID is referenced in the subject line is no longer eligible for the Community Pathways Waiver. Please work with the individual to submit all required paperwork to EDD.*
>
> *You are responsible for activities related to maintaining eligibility for waiver services. Individuals dis-enrolled from the waiver due to failure to submit the required information can be reenrolled (reinstated) if they provide the information within six months of required redetermination date and meet the eligibility criteria. Beyond this time frame, individuals will need to reapply to the waiver."*

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

A **PCIS2 Waiver Notification of Dis-Enrollment** is also sent if the person is dis-enrolled from the waiver due to entering a Long Term Care facility, the email states:

> *"The individual whose PCIS2 ID is referenced in the subject line was admitted to a long term care facility and is no longer eligible for the Community Pathways waiver. Please work with the individual and Money Follows the Person staff to develop a transition plan to return to the community and reapply to the Community Pathways Waiver."*

RC Monitoring Activities

Eligibility Information & Communication *Continued…*

EDD Eligibility Letters are official notices related to financial redeterminations, enrollments, and disenrollment sent to the individual and their authorized representatives.

LOC Recertification Quarterly Report is provided by DDA HQ to RC providers and reflect the LOC due date. The reports are currently distributed to the RC provider's Director and primary waiver contact and the appropriate RO.

e-Medicaid is the secure online portal established for Medicaid providers to verify Medicaid recipient eligibility including waiver eligibility.

WAIVER REPORTING FORMS

Waiver Reporting Forms

- Information related to specific changes associated with waiver participants must be reported upon knowledge to the DDA and EDD; such as changes in:
    1. Demographics
    2. Placements
    3. Transfers to new providers
    4. Admissions to an institution
    5. Discharges
    6. Addition or reduction of a waiver service
    7. Changes in income, insurance and/or resources
- The RC should review the information on the form for accuracy, i.e. site address, correct service, correct effective date, etc.

Waiver Reporting Forms

- Some WC12 waiver reporting forms related to service changes require a Service Funding Plan (SFP) be submitted in addition.
- Any WC12 form that does not also require an SFP must be submitted by the resource coordinator directly to the DDA Regional Office. Examples of these circumstances include:
  - Admittances to nursing facility, chronic rehabilitation, or other facilities (WC12–A)
  - Site/Provider Changes (WC12–A)
  - Discharge from Services (WC12–B)
  - Discharge form the Waiver Program (WC12–B)
  - Reduction in Services (WC12–C)
- The RO will send the WC12 forms and the corresponding SFP to the DDA HQ Waiver Unit.
- WC12 forms that require an SFP must be submitted to providers in accordance with the **Service Funding Plan Policy**.

Waiver Reporting Forms
Continued…

WC12–A Reporting Form – Community Pathways/ Traditional Services Model: Report any changes regarding the consumer's address, change in placement, transfer of provider agencies, transfer of resource coordination agencies, and admission to a nursing or chronic rehabilitation facility

- ❑If the person is transferring to CSLA/Personal Supports or F/ISS service, a copy of the Service Funding Plan must also be submitted.
- ❑If the person is transferring from one resource coordination provider to another, the "Notification of Provider of Site Change/RFSC Service-Neutral Activity" form is also required.

DEVELOPMENTAL DISABILITIES ADMINISTRATION
COMMUNITY PATHWAYS WAIVER – Traditional Service Model
Reporting Form

TO: Terri Hartman
DDA Waiver Unit
201 W. Preston Street, 4th Floor
Baltimore, Maryland 21201
Phone: (410) 767-5421 FAX: (410) 767-5850
Email: Waiver.DDA@maryland.gov

INDIVIDUAL INFORMATION:

_____ Last Name _____ First Name _____ Middle Name/Initial

_____ Medical Assistance Number _____ Social Security Number _____ Jurisdiction/County

☐ Remains with _____ (Residential Provider) or _____ (Day Provider) with a change of site address:
Address: _____ City: _____ Zip Code: _____
Date of Change: _____ Jurisdiction/County: _____

☐ Effective _____ (Date) has had a change in waiver service:
From _____ (Type of Service) to _____ (Type of Service) (Please write provider/address change above.)
Examples: Residential Habilitation to Personal Supports; Supported Employment to Day Habilitation; FISS to Personal Supports

☐ Has moved from _____ (Residential Provider) and/or _____ (Day Provider) to a new waiver provider:
Provider: _____
Site Address: _____ City: _____ Zip Code: _____
Date of Change: _____ Jurisdiction/County: _____

☐ Has had a change in Resource Coordination Agency from _____ to
_____ (Resource Coordination Agency), _____ (Address)

☐ Has been admitted to:
☐ Nursing Facility: _____ (Name of Facility) **Admission Date**: _____ **Time**: _____
Discharge Date: _____ **Time**: _____
☐ Chronic Rehabilitation Facility: _____ (Name of Facility) **Admission Date**: _____ **Time**: _____
Discharge Date: _____ **Time**: _____
☐ Other: _____ (Name) **Admission Date**: _____ **Time**: _____
Discharge Date: _____ **Time**: _____

_____ Completed By _____ Agency _____ Date

DHMH DD WC12-A-Traditional
Revised: November 5, 2014

Waiver Reporting Forms
Continued…

WC12–A Report Form – Community Pathways/ Self-Directed Services Model: Report any change in address, change in Fiscal Management Services (FMS), change in Support Broker (SB) also to include the SB's mailing address and email; transfer of resource coordination provider*, and admission to a nursing or chronic rehabilitation facility.

DEVELOPMENTAL DISABILITIES ADMINISTRATION
COMMUNITY PATHWAYS - Self Directed Services
Reporting Form

TO: Terri Hartman
DDA Waiver Unit
201 W. Preston Street, 4th Floor
Baltimore, Maryland 21201
Phone: (410) 767-5421 FAX: (410) 767-5850
Email: Waiver.DDA@maryland.gov

INDIVIDUAL INFORMATION:

Last Name _____ First Name _____ Middle Name/Initial _____

Medical Assistance Number _____ Social Security Number _____ Jurisdiction/County _____

☐ New Address: _____ City: _____ Zip Code: _____

Date of change: _____ Jurisdiction/County: _____

☐ Has had a change in Fiscal Management Services from _____

to _____; Effective Date: _____

☐ Has had a change in Support Broker:

New Support Broker: _____

Support Broker's Address: _____ City: _____ Zip Code: _____

Date of Change: _____ Email Address: _____

☐ Has had a change in Resource Coordination Agency from _____ to

_____ (Resource Coordination Agency), _____ (Address)

☐ Has been admitted to:

☐ Nursing Facility: _____ (Name of Facility) **Admission Date**: _____ **Time**: _____

Discharge Date: _____ **Time**: _____

☐ Chronic Rehabilitation Facility: _____ (Name of Facility) **Admission Date**: _____ **Time**: _____

Discharge Date: _____ **Time**: _____

☐ Other: _____ (Name) **Admission Date**: _____ **Time**: _____

Discharge Date: _____ **Time**: _____

Completed By _____ Agency _____ Date _____

DHMH DD WC12-A-Self Directed
Revised: November 5, 2014

Waiver Reporting Forms
Continued…

WC12–B Community Pathways Discharge Reporting Form:
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 State funded services. Please be sure to check the correct box. The actual date of discharge (last day of service) needs to be reported.

DEVELOPMENTAL DISABILITIES ADMINISTRATION
COMMUNITY PATHWAYS WAIVER
Discharge Reporting Form

TO: DDA Waiver Unit
201 W. Preston Street, 4th Floor
Baltimore, Maryland 21201
Phone: (410) 767-5421 FAX: (410) 767-5850
Email: Waiver.DDA@maryland.gov

INDIVIDUAL'S INFORMATION:

_____	_____	_____
Last Name	First Name	Middle Name/Initial
_____	_____	_____
Medical Assistance Number	Social Security Number	Jurisdiction/County

☐ 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 Facility/Hospital: (Date _____) (Admitting Facility: _____)
- ☐ Moved Out-of-State: (Date Moved _____)
- ☐ No Longer Receiving DDA Services: (Effective Date _____)
- ☐ Moved to a Non-DDA Provider: (New Provider _____) (Effective Date _____)
- ☐ Other Type of Discharge: (Date_____) Explanation _____

☐ 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 _____)
- ☐ Other type of Discharge. (Date_____) Explanation _____

_____	_____	_____
Completed By	Agency	Date

DHMH DD WC12-B
Revised: November 5, 2014

Waiver Reporting Forms
Continued…

WC12–C Community Pathways 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, the Service Funding Plan must also be submitted.

DEVELOPMENTAL DISABILITIES ADMINISTRATION
COMMUNITY PATHWAYS

Change In Service

TO: Terri Hartman
DDA Waiver Unit
201 W. Preston Street, 4th Floor
Baltimore, Maryland 21201
Phone: (410) 767-5421 FAX: (410) 767-5850
Email: Waiver.DDA@maryland.gov

INDIVIDUAL INFORMATION: SS#: _____
Name: _____ MA#: _____
Residential/CSLA Provider: _____
Day Provider: _____
Resource Coordination Agency: _____
EDD Purpose Only: Does this consumer contribute towards the Cost of Care? _____ Yes _____ No

(Check All That Apply and Provide Requested Information)

√	Waiver Service	Provider (Name or TBD)	Site Address City, County, & Zip Code	Addition or Reduction	Effective Date
	Assistive Technology & Adaptive Equipment				
	Behavioral Supports				
	Community Learning Service				
	Community Residential Habilitation				
	Community Supported Living Arrangement/ Personal Supports				
	Day Habilitation				
	Employment Discovery & Customization				
	Environmental Accessibility Adaptations				
	Environmental Assessments				
	Family and Individual Support Services				
	Live-In Caregiver Rent				
	Medical Day Care				
	Respite				
	Shared Living (formerly Individual Family Care)				
	Support Brokerage				
	Supported Employment				
	Transition Services				
	Transportation				
	Vehicle Modifications				

Signature: _____ Date: _____

DHMH DD WC12-C
Revised: May 13, 2014

Waiver Reporting Forms
Continued…

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

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Notice of Case Activity - Financial Reporting

TO: Eligibility Determination Division
6 St. Paul Street, Suite 400
Baltimore, Maryland 21202
Phone: (410) 767-6600 FAX: (410) 333-0109

INDIVIDUAL INFORMATION:

Last Name First Name Middle Name Initial

Medicaid Assistance Number Social Security Number Birthdate

☐ Has had a change in income*

☐ New amount , Source , effective

☐ Received lump sum payment of in the following period

reason

*Income includes earned and unearned income, for self and spouse

☐ Has had a change in private insurance

☐ Added Insurance Company

☐ Cancelled Insurance Company

☐ Changed from to

☐ Has had a change in resources Resources were under $2,000 and now resources exceed $2,000

amount is

Completed by Agency Date

Email Telephone

DDA/EDD WC12-D
Revised April 9, 2014

Reminders

- Although the RC is responsible for facilitating, assisting, and reminding the individual to provide required documentation, it is ultimately the responsibility of the individual or family to submit the required application and documents.
- RC must document efforts within PCIS2, on reporting forms, and checklists regarding their activities associated with supporting the individual in applying for and maintaining waiver eligibility.
- Applicants who do not complete the waiver application process, which includes providing required documentation, will receive letters indicating that their enrollment in services will be in jeopardy if they do not comply within 30 days.
- Applicants that fail to submit required documentation will receive letters noting that they will be dis-enrolled from services.

Eligibility Determination Division Information

Mailing Address: Schaefer Tower
6 St. Paul Street, Suite 400
Baltimore, MD 21202

Fax: 410-333-0109

Carolyn Cornish	Supervisor	carolyn.cornish@maryland.gov	410-767-6603
Audree Watkins	Deputy Director	audree.watkins@maryland.gov	410-767-8268

Caseload Breakdown by Client's Last Name

***Effective 2/1/14*

Last Name Breakdown	DEWS Worker	Email	Phone
A – E	Michael Edmonds	mike.edmonds@maryland.gov	410-767-6619
F - J	Susan Davis	susan.davis@maryland.gov	410-767-6622
K, L, O, Ra-Rh, Sa-Si	Gabrielle Kelly	gabrielle.kelly@maryland.gov	410-767-6563
M, N, P, Q, Ri-Rz	Ilka (Nita) James	ilka.james@maryland.gov	410-767-6627
Si-Sz, T - Z	Othille Henry	othille.henry@maryland.gov	410-767-6611

Community Pathways Waiver Program
DDA-HQ Contacts

State & Federal Relations

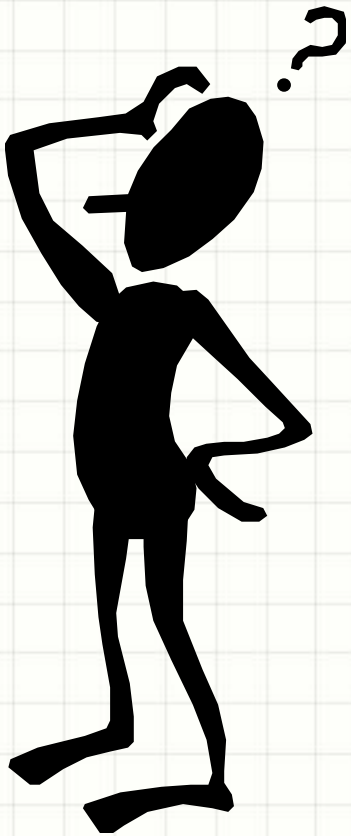
Rhonda Workman (410) 767-8690

Community Pathways

Terri Hartman (410) 767-5421
Micheale Keenan (410) 767-1161

Self-Directed Services

Nancy Hatch (410) 767-5431

NOTE: *Refer to Appendix A-2 of the CP Waiver Reference Guidelines for contacts within the Regional Offices.*

Questions