

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

**TO:** DDA Waiver Unit  
201 W. Preston Street, 4<sup>th</sup> Floor  
Baltimore, Maryland 21201  
Phone: (410) 767-5421 FAX: (410) 767-5850  
Email: [Waiver.DDA@maryland.gov](mailto: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