

DDA POLICY

POLICY: 2013.001
Effective Date: December 17, 2013

POLICY ON USE OF STATE-ONLY FUNDS FOR DDA SERVICES

I AUTHORITY

Health-General: §§ 7-301, 7-302, 7-303.

COMAR: 10.09.26.11 Participant Eligibility
10.22.12.11 Initiation of Services

Waiver Authority: MD.0023 Community Pathways
MD.0424 New Directions

II BACKGROUND

State-only funds for the Developmental Disabilities Administration (DDA) services are provided in accordance with DDA statutes and regulations, based on the individual applying for one of DDA's Medicaid Home and Community Based Services (HCBS) Waivers and on the availability and allocation of funds for those services. Through the use of Medicaid HCBS Waivers, the State of Maryland is able to extend services to a greater number of individuals by increasing matching federal funding, thereby reducing the State's share of the cost of community services for individuals with developmental disabilities. The DDA currently administers two HCBS Medicaid Waiver programs, Community Pathways and New Directions.

Eligibility for Medicaid funding, including waiver and demonstration projects, is determined by the Department of Health and Mental Hygiene (DHMH). Within DHMH, the DDA assesses applicants' technical and medical eligibility. Financial eligibility for DDA-administered Waivers is determined by the Division of Eligibility for Waiver Services (DEWS). Medical eligibility depends upon the individual meeting the federal Level of Care (LOC) standard. Individuals must meet the Intermediate Care Facility-Intellectual Disabilities (ICF-ID) level of care to be eligible for one of the DDA Waivers. Individuals who are determined by the DDA to be "Developmentally Disabled eligible" ("DD-eligible"), in accordance with statutes, regulations and provisions of the State's applications for the approved waivers, meet the LOC requirements for DDA-administered HCBS Waivers. Individuals determined to be "Supports-Only" eligible do not meet the LOC requirements for DDA-Administered Waivers.

All DD-eligible individuals on the DDA Waiting List (e.g., crisis resolution, crisis prevention, or current request categories), transitioning from an institution or receiving DDA funding for community services have an Individual Plan (IP) that is updated annually. The IP acts as a plan of care by documenting the individual's goals and the services needed to accomplish those goals and to address the individual's health and safety needs. The IP contains a list of services, funded from various sources, including waiver services. HCBS Waiver participants are entitled to any

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Waiver service if they are assessed as having a need for that service, in accordance with the DDA regulations and policies.

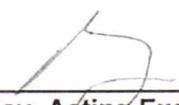
Services funded by the DDA that are not available through a Waiver (and therefore are funded with State dollars only) are provided in accordance with DDA regulations to the extent that there is funding available, and the individual has a substantiated need for the service. Use of DDA's non-Waiver public funds (State-only funding) to fund services is more financially burdensome for the State than using Waiver funds. It is therefore fiscally responsible and effective to use State funds almost exclusively to provide services for which the federal Medicaid program will match the State dollars, using the Waivers. With a few exceptions (i.e., Low Intensity Support Services and DDA Specialized Services), the use of State-only funding reduces DDA's ability to serve individuals on the Waiting List for services. Therefore, State-funds-only services are extremely limited.

III POLICY STATEMENT

The following does not apply to Low Intensity Support Services and DDA Specialized Services within Family and Individual Support Services, which have their own designated funding appropriated by the General Assembly.

- 1) DDA shall continue to maximize funds for services to individuals with developmental disabilities by using State funds solely for Medicaid Waiver services, for which there is a federal funds match, with the exception of a few, limited circumstances as stated in this Policy.
- 2) DDA authorizes funding for individuals on the DDA Waiting List based on priorities, in accordance with regulations, and on funding appropriations by the General Assembly.
- 3) No funding for DDA services shall be approved unless and until the applicant has submitted a complete application for one of the DDA's HCBS Waivers – Community Pathways or New Directions.
- 4) DDA resource coordinators shall assist individuals authorized for DDA funding with completing and submitting an application for one of the DDA Medicaid Waivers .
- 5) Individuals and/or their families who refuse to complete and submit Medicaid applications and required supporting documentation as part of the enrollment process into one of the DDA Medicaid Waivers may be denied access to DDA services in accordance with State regulations.
- 6) Unless and until appropriations are increased significantly, DDA State funds, other than those designated by the General Assembly for Low Intensity Support Services and DDA Specialized Services (both part of Family and Individual Support Services) shall be used exclusively to:
 - a. Provide services for individuals in DDA's HCBS waivers; and
 - b. Provide services for individuals who are already in State-only-funded placements and require additional funding to resolve emergency situations in order to meet the immediate health and safety needs of the individuals, as provided in regulations and policies.

IV APPROVED:



Patrick Dooley, Acting Executive Director

12/17/13

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