

DEVELOPMENTAL DISABILITIES  
ADMINISTRATION

REQUEST FOR SERVICE CHANGE

*(AMENDMENT OF THE INDIVIDUAL PLAN)*

JUNE 2010

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 TABLE OF CONTENTS

Introduction	3
<i>Medicaid Waivers - Community Pathways and New Directions</i>	3
<i>State Funded Services</i>	4
<i>Service Delivery</i>	4
Identification of Need	5
Components of the Individual Plan	6
Individual Choice and Team Consensus	7
Request for Service Change	7
Service Planning Process	8
Request for Service Change Form	9
<i>Outcome Desired</i>	9
<i>Service Request</i>	9
<i>Resource Exploration</i>	10
<i>Health and Safety</i>	11
<i>Team Consensus</i>	11
<i>Supporting Documentation Examples</i>	11
<i>Individual Choice</i>	12
Processing and Decision Time Lines	13
<i>Request Submission</i>	13
<i>DDA Review and Determination</i>	13
<i>Recommended for Approval</i>	14
<i>Recommended for Denial</i>	14
<i>Additional Information Requested</i>	14
Appeal Rights	15
<i>Medicaid Waiver Appeal Rights</i>	15
<i>State-Only Funded Program Appeal Rights</i>	15
Hearing Descriptions	16
Attachments A – H	18-44

# **REQUEST FOR SERVICE CHANGE**

## **(AMENDMENT OF THE INDIVIDUAL PLAN)**

### **Introduction**

The Developmental Disabilities Administration (DDA) provides various community services and supports to eligible individuals that meet one of two eligibility categories – developmental disability (DD) or supports only (SO). Community services and supports are provided through Medicaid waiver programs (i.e. Community Pathways or New Directions) and State funded services.

### ***Medicaid Waivers - Community Pathways and New Directions***

Individuals determined DD may be eligible for one of DDA's Medicaid waivers. Medicaid waivers enable States to cover a broad array of home and community-based services by matching State funds to expand services to greater numbers of individuals. The total number of Medicaid waiver program participants are dependent on the budget allocation from the General Assembly.

Waiver services complement and/or supplement the services that are available through the Medicaid State Plan and other federal, State, and local public programs as well as the supports that families and communities provide to individuals. To be a waiver participant, an individual must meet technical, medical, and financial eligibility and choose to enroll in the waiver as an alternative to institutionalization. The waiver service plan, referred to as the Individual Plan or IP, must include all the services and supports that are furnished to meet the assessed needs of a participant, including services that are funded from sources other than the waiver (e.g. services that are obtained through generic sources, the State Medicaid Plan, from other public programs, and/or through the provision of informal supports).

Medicaid waiver programs must be approved by the Federal Centers for Medicare and Medicaid Services (CMS). The waiver is based on six assurances, one of which is that the State has policies and procedures in place to assure Waiver participants' health and welfare. This is outlined in Olmstead Letter #4 (HCFA, 2000), which reads in part:

“A State is obliged to provide all people enrolled in the waiver with the opportunity for access to all needed services covered by the waiver and the Medicaid State plan... The opportunity for access pertains to all services available under the waiver that an enrollee is determined to need on the basis of an assessment and a written plan of care/support. This does not mean that all waiver participants are entitled to receive all services that theoretically could be available under the waiver. The State may impose reasonable and appropriate limits or utilization control procedures based on the need that individuals have for services covered under the waiver. An individual's right to receive a service is dependent on a finding that the individual needs the service, based on appropriate assessment criteria that the State develops and applies fairly to all waiver enrollees.”

The Medicaid program, including waiver programs, function as the payer of last resort. Federal reimbursement may not be claimed for services when another third party (e.g. health insurer or other federal or State program) is legally liable and responsible for the provision and payment of the service. (42 CFR 433 Subpart D)

## *State Funded Services*

Individuals determined DD may be eligible for DDA State funded services. Individuals found SO eligible are only eligible for DDA State funded services. DDA State funded participants and services are dependent on the budget allocation from the General Assembly. Funding and services are not an entitlement.

## *Service Delivery*

DDA provides funding for licensed community service providers to provide services directly. Individuals receiving funding from the DDA can request a change (i.e. increase, decrease, addition or deletion) in services at any time as noted in DDA's Eligibility for and Access to Community Services for Individuals with Developmental Disabilities (COMAR 10.22.12.11 D.) which states:

“Any time after the receipt of services, an eligible individual may;

- (1) Apply for or request a change in intensity of service or support, or apply for additional services;
- (2) Request a less intensive form of that service, and may receive the less intensive services if it is available.”

Through an individual directed approach, each individual, with assistance from the individual's team, is the designer of the services and supports reflected in their Individual Plan (IP). The IP is a single plan for the provision of all services and supports to the individual. It is outcome oriented and is intended to specify all needed assessments, services, and training. The provision of these services and supports may be influenced by health and safety considerations or resource limitations. (References: COMAR - 10.22.05.01. 01 Rationale and 10.22.05)

Resource coordinators assist individuals in obtaining the best quality and most appropriate services and supports within available resources. Community services and supports are available from various sources including natural, generic, local, State, and federal programs and resources. Generic services mean services which are available to the community at large. Resource coordinators are responsible to individuals and their families for providing assistance in implementing individual choice, addressing individual satisfaction, and assuring that an individual's needs and preferences are addressed. (Reference: COMAR 10.22.09.02)

Resource coordinators, as defined in COMAR 10.22.09, ensure that:

- (1) Each individual, other than an individual receiving respite services in the community, has an initial IP that is developed not more than 30 calendar days after receiving services;
- (2) Each individual receives an IP that is designed to meet the individual's needs, preferences, desires, goals, and outcomes in the most integrated setting appropriate to meet the individual's needs and in the most cost effective manner;
- (3) Each individual is provided with a range of the most integrated setting service options that may be appropriate;
- (4) Individuals and their families are provided education on the range of most integrated setting service and support options that may be appropriate to meet the individual's needs and how to access services;

- (5) Each individual is assisted with applying for services;
- (6) The IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws;
- (7) The IP is being implemented as designed; and
- (8) The IP meetings are held at a time and place convenient to the individual.

(References: 10.22.05.03. 03A and 10.22.09.05 )

Individual plans or IPs are reviewed at least annually, or more often as needed, and modified as required by the individual's circumstances. Any member of the team may request a review or modification of the IP at any time. (Reference: 10.22.05.05)

The guidance for the process for making a change in services (i.e. increase, decrease, addition or deletion) is outlined below.

## **Identification of Need**

Resource coordinators have personal knowledge of each individual served and make every effort to effectively accommodate the individual's needs and preferences. (Reference: 10.22.09.05B.)

Individuals can contact their resource coordinator at any time for information or assistance. Resource coordinators are in contact with individuals, at least twice yearly and more frequently if needed, and work with the individual to determine an individual's needs, preferences, desires, satisfaction, and the most integrated setting appropriate to meet the individual's needs. Resource coordinators continually “gather information” related to current needs, changes, assessments, professional reports, and various data elements to evaluate effectiveness of current services (i.e. what is working, what is not working). As needs, preferences, and desires change, resource coordinators make referrals to appropriate resources and update the IP.

When a need is identified, the resource coordinator:

- Assists the individual through a planning process including choosing goals and outcomes, the services needed to accomplish these goals and outcomes, and the establishment of realistic time frames for meeting these goals and outcomes;
- Brokers services to obtain generic and community services, services funded by the Administration, and natural supports;
- Advocates for the individual to assure that the individual's rights are protected and the individual's needs and preferences are considered; and
- Monitors and acts as a third-party advocate (agent for the person) for implementation of the IP.

(Reference: 10.22.09.04)

Gathering activities noted above typically occur prior to the scheduled team meeting and results are reviewed with team members during the meeting. During the meeting, the team should assist the individual in understanding the various service options, including:

- Their right to receive services in the most integrated setting;
- Less intensive or restrictive forms of services to meet the identified need;
- Resources available including:
  - ✓ Seeking other non-DDA services and resources,
  - ✓ Changing DDA service providers,
  - ✓ Reallocating funding, and/or
  - ✓ Requesting new services or a decrease in services from DDA.

The finalized IP should reflect the best quality and most appropriate services and supports from various resources and funding sources (i.e. natural supports; generic, local, State, and federal programs; Medicaid or private insurance).

## **Components of the Individual Plan** (Reference: 10.22.05.02)

The Individual Plan (IP) is a single plan for the provision of services and supports to the individual. It is outcome oriented and is intended to specify all needed assessments, services, and training.

The written plan includes:

- (1) Strengths and needs of the individual;
- (2) Preferences and desires identified by and for the individual;
- (3) Services and supports to be provided to the individual;
- (4) A behavior plan, if required;
- (5) Specific training and staffing ratios based on the needs, preferences, and desires of the individual;
- (6) Measurable goals for the completion of outcomes;
- (7) Target dates for the completion of goals;
- (8) Implementation strategies and dates;
- (9) Documentation of progress toward the achievement of goals;
- (10) Monitoring procedures;
- (11) Individuals responsible for providing the supports, services, implementation, and monitoring of the plan;
- (12) Documentation indicating that the individual or the individual's advocate, when applicable, have been involved in, informed of, and agree with the plan; and
- (13) A determination of whether the needs of the individual could be met in more integrated settings.

## **Individual Choice and Team Consensus**

As noted above, each individual, with assistance from the individual's team, is the designer of the services and supports reflected in their IP (Reference: COMAR - 10.22.05.01. 01). A “team” can consist of the individual and their resource coordinator or more individuals as desired by the individual. There will be situations when the entire team does not meet when a decision to request a change in services is made.

In most circumstances, IPs are supported with a team consensus. In some circumstances, the team may not develop a consensus. Team members’ positions and relevant information should be noted in the team meeting minutes. There are times when family members or other team members may prefer a different provider or more restrictive service model than what is desired by the individual. It is important to note that at any point during the team process, an individual has the right to appeal to a higher authority. It is the resource coordinator’s role to advocate for the individual to assure that the individual's rights are protected and the individual's needs and preferences are considered (Reference: 10.22.09.04).

If the team cannot reach a consensus and/or the individual wants to appeal the team’s decision, the resource coordinator shall mediate and resolve the issue of concern. If the resource coordinator cannot resolve the issue or if there is not a resource coordinator on the team, the individual has the right to appeal to the appropriate DDA Regional Director shall mediate and resolve the issue of concern (Reference: 10.22.05.04).

As an independent third party advocate or agent for the person, resource coordinators can submit their assessment of the individual’s request with other supporting documentation. Resource coordinators can agree or disagree with service changes but do not have the authority to approve a plan or restrict services. Service changes that place people at risk for health or safety issues, unnecessarily puts an individual in a more restrictive setting, has no identified need, is a higher cost service when a less costly alternative is available, or support a want versus a need should be communicated. This information is important especially when team consensus is not achieved.

## **Request for Change in Service**

Desired outcomes identified by an individual are achieved through specified service(s) and action steps that are outlined in the IP to address a need. Individual’s outcomes and needs change which can result in changes to the IP (i.e. increase, decrease, or addition of new services and resources), and therefore a “Request for Service Change.”

Individuals, with assistance from others (i.e. resource coordinator or advocate) if desired, can seek assistance and resources from various sources including natural supports and apply for local, generic, community services; disability programs and services; Medicaid State Plan Services or private insurance; and State and federal programs once the need is identified.

Individuals seeking a change in service funded by the DDA are required to submit the DDA “Request for Service Change” form (see Attachment A) along with supporting information to the regional office designated for their county within twenty (20) business days of the IP. DDA contracts with various licensed service providers to provide the identified services. Service providers are required to have specific actions steps outlining how their service(s) meet the individual’s need(s) toward achieving the

desired outcome. Individuals can receive assistance with this process from their resource coordinator, family members, or other supports.

At times an “**emergency**” or urgent need may develop that requires immediate action. A situation may change such as the individual’s or primary caregiver’s health or safety may require new or additional supports or services. Some emergency requests may be short-term while other options are developed and put in place. When appropriate, other community or family supports that can help or fill in temporarily should be explored and utilized.

Any request that is the result or related to abuse, neglect, and/or exploitation must be immediately reported to the appropriate authorities including the State’s Adult Protective Services (APS) or Child Protective Services (CPS) and/or the Office of Health Care Quality (OHCQ) and the Developmental Disabilities Administration (DDA), as required by DDA’s Reportable Incident Policy. APS and CPS have the statutory authority and legal responsibility to intervene, (including removal of an individual) and to provide necessary protective services when the abuse, neglect, or exploitation is alleged to have occurred in an unlicensed location. DDA can only intervene (including removal of someone) when the abuse, neglect, or exploitation is alleged to have occurred in a DDA licensed service or facility. Coordination with DHR and other responsible or primary agencies is essential in these situations.

Emergency requests should be made immediately by contacting the DDA Regional Office by telephone. Regional Offices will gather information, evaluate the need(s), and can verbally authorize a service(s) change. Alternative service options or methods to address the urgent need may also be recommended. The DDA “Request for Service Change” form with the “emergency request” box checked along with supporting information must still be submitted to the regional office within five (5) business days, unless otherwise instructed by the DDA.

## **Service Request Planning Process**

The following guidance is provided for individuals and resource coordinators related to the planning process for a request for service change.

- The IP reflects the best quality and most appropriate services and supports from various resources and funding sources (i.e. natural supports; generic, local, State, and federal programs; Medicaid or private insurance) based on identified need.
- When developing the IP and also when submitting any request for service changes to DDA, it is important to carefully explore and identify the desired outcome, service request (increase, decrease, and or new service(s)), resources explored, and health and safety concerns as applicable.
- When exploring services and strategies, it is important to refer back to the identified need. For example if an individual wanted to increase their community integration, travel training compared to a service provider driving someone to various community places may be more supportive of the outcome and consider a more integrated strategy base on the individual’s needs.
- As various programs and resources are considered, it is also important to ensure requests to DDA are not duplicative or covered under other programs.



## Request for Service Change Form

DDA utilizes a designated form to document the request(s) for service changes (see Attachment A - "Request for Service Change"). The form design mirrors the team planning components and consideration including identified outcome, service need, resources explored, health and safety concerns, team consensus, supporting documentation, and the individual's choice. Information, documents, considerations, and strategies are described on the form and supporting documentation, as applicable, are noted and attached. One or several service changes can be made at the same time using one request form. The form is available electronically and/or additional pages can be included.

### 1. *Outcome Desired*

It is important to have clearly identified outcomes in the IP along with measurable goals (Reference: 10.22.05.02(6)). A change in service must support the identified outcome.

### 2. *Service Request*

Service requests must be consistent with the IP. The service request should be clearly explained including how it will assist the individual in reaching their outcome/goal. Documentation to support a change in service request is unique to the individual the request is made for. A summary of the relevant information to demonstrate the need such as history, trends, frequency (one-time occurrence, ongoing, etc.), changes in life (i.e. death of a family member), current medical and/or behavioral supports, behavior plan, etc. should be included in the service request. Examples of documents that may be submitted with the request are noted below.

Service requests are categorized as either "*standard*" or "*emergency*". An emergency request is a service change that is needed immediately due to health and safety concerns. This request is made by immediately contacting the DDA regional office. The DDA regional office will work with the resource coordinator related to the request and provide a verbal approval if necessary. The request form must still be completed and submitted to DDA. The DDA staff member that authorized the service(s) via a verbal request should be noted in the request. All other requests are considered as standard requests regardless of the projected length of service.

Service request may be short-term, long-term, or time-limited. For example, a short-term or time-limited service change may be needed while a primary caregiver is unable to provide supports for a time-limited period (i.e. due to minor surgery, broken leg, etc.). The projected length of service need is noted on the request form and includes check off options and an "other" category as noted below:

Projected length of service need:

( ) week(s)  1 month  3 month  6 month  Ongoing  Other: \_\_\_\_\_

The projected "start date" is noted on the request form under the projected length of service.

However, at times, a projected start date may not be known and/or an estimated date can be provided.

Services, regardless of length of time, may be reassessed at any time and are reviewed at the annual IP meeting.

### 3. *Resource Exploration*

There are various resources, services, and strategies that may be accessed to support a need. They include:

- ✓ Natural supports;
- ✓ Local, generic, community programs, services, and resources;
- ✓ Disability programs and services (i.e. Public Housing Authorities; Employment Centers; In-Home Aide Services; Rare and Expensive Case Management; Other Waiver Programs; etc.);
- ✓ Medicaid State Plan Services and/or private insurance; and
- ✓ Maryland State Departments or Administrations (i.e. DHMH, DDA, Mental Hygiene Administration (MHA), Department of Human Resources (DHR), Department of Housing and Community Development (DHCD), Division of Rehabilitative Services (DORS), etc.).

When submitting a request for change in services, information concerning the exploration of various resources, strategies, interventions, and more integrated supports and results of any referrals need to be documented on the form.

Various options and strategies including current living arrangements, availability of unpaid supports, and behavioral or medical intervention should also be considered and explored.

Some programs are “payors of last resort” meaning other programs and resources must be accessed prior to utilizing any services or resources under them. For example, Medicare services must be accessed prior to Medicaid State Plan services. Medicaid State Plan services must be accessed prior to Medicaid waiver services.

The federal government requires use of Vocational Rehabilitation Services before employment services are used in the Medicaid waiver programs. If a service is covered under one program, another program can not duplicate the service. No services can be provided to an individual enrolled in one of the waiver programs if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)) (reference waiver application – C-1/C-3: Service Specification – Service Definition).

At times, an individual and/or a family member may refuse to apply for generic and community services. All resources and options need to be considered and explored. Given the team process, individuals and families do not get a veto right. Refer to team consensus below for additional information.

#### 4. *Health and Safety (if applicable)*

A change or changes in an individual's health and safety status can result in a request for a service change. A clear description of the change(s) needs to be described in addition to relevant details related to data, trends, assessment, incidents, etc. as applicable.

#### 5. *Team Consensus*

In most situations, IPs are supported with a team consensus. In some circumstances, the team may not develop a consensus. Team member positions and relevant information should be noted in the team meeting minutes. As an independent third party advocate or agent for the person, resource coordinators can submit their assessment of the individual's request with the other supporting documentation. This information is important especially when team consensus is not achieved. For additional information refer to "Individual Choice and Team Consensus" noted previously.

Team consensus is noted on the form by answering the following:

Does the team have consensus related to this request?  Yes  No

If "No" has a request for mediation been submitted to the RO?  Yes inset date ( )  No

#### 6. *Supporting Documentation Examples*

Below are *examples* of documents that may be submitted with the request. Identified documentation supports information noted on the form such as data, trends, health changes, assessments, etc.). Some of the documents noted below may not apply, therefore, the person completing the form should only check the appropriate boxes. The individual or the team may have other documents, not listed below, they wish to submit as part of the consideration. The DDA may request specific documents noted below or other items before they are able to make a decision.

##### Examples:

- ✓ Team Meeting Notes
- ✓ IP Service Sheet
- ✓ Physician Orders
- ✓ Medical Assessment/Evaluation
- ✓ Hospital discharge summary
- ✓ Summary of Nursing 45 day review
- ✓ Nursing Assessment
- ✓ Social Services Report (i.e. APS)
- ✓ Risk Assessment
- ✓ DDA/OHCQ report
- ✓ Evidence of charges against caregiver
- ✓ Police report
- ✓ Behavioral Data - summarized

- ✓ Sleep Chart
- ✓ DORS Report
- ✓ Acceptance and/or Denial Letters
- ✓ Eviction notice
- ✓ Resource Coordinator assessment
- ✓ Other

7. ***Individual Choice***

The planning process must support the voice of the person even if there is an objection from the family or others. It is important to document position, concerns, and oppositions. The request must reflect the individual's choice and preference based on information regarding viable services and support, options, and opportunities. This is documented on the form with a check box as noted below followed by the individual's signature and signatures from the resource coordinator and legal guardian if applicable. If the request is not supported by the individual, an explanation will need to be documented.

**Individual Choice:** At times team members and family members may ask for a more or least restrictive setting or other services than what the individual may want. Does this information and request reflect the **individual's choice** and preference based on information regarding viable services and supports.  YES  NO - if no please explain below:

## Processing and Decision Time Lines

### *Request Submission*

If the individual has a resource coordinator, they must submit the request on behalf of the individual they support. Individuals without a resource coordinator may submit the request themselves or seek assistance from a family member or other advocate.

Service request are categorized as either “*standard*” or “*emergency*”.

- **Emergency Requests** are made by telephoning to the DDA Regional Office. Emergency request are not voice message or email. It is a direct conversation with a DDA staff person where a temporary resolution is developed. Temporary solutions may include accessing respite services to ensure health and safety while other options and plans are being developed.

An urgent request such as when a primary caregiver is required to have surgery within ten (10) days would be considered an emergency.

An IP meeting will need to be held and the DDA “Request for Service Change” form and all supporting documentation must then be submitted to the DDA Regional Office within five (5) business days of the emergency request or otherwise agreed by the Regional Office.

- **Standard Requests** are submitted utilizing the DDA “Request for Service Change” form and all supporting documentation to the appropriate DDA Regional Office within twenty (20) business days or sooner of the team meeting. At times, the timeline can be extended by the Regional Office particularly if a specialized assessment needs to be conducted.

### *DDA Review and Determination*

Every “Request for Service Change” is considered by the DDA regional office and a final determination is made in writing. After consideration of information submitted, allowable services, and funding source, DDA makes a determination which is documented in writing using standardized templates included in the attachments. Determinations include approval of the request, denial of the request, additional information is needed, or a combination of these determinations based on the number of requests submitted. All denial notification letters include appeal rights (see additional information related to appeal rights noted below). Service implementation shall begin within a reasonable period of time.

- **Emergency Requests** are immediately considered by the DDA regional office and a decision is documented and communicated verbally with the resource coordinator or person making the request.

Temporary respite or other support services may be authorized to address the emergency and provide time for appropriate short-term or long-term planning as applicable. The temporary

authorized service is documented on the DDA service change form and submitted to the RO within five (5) business days of the emergency request or otherwise agreed by the Regional Office.

The subsequent team meeting may result in a new request for service change, an extension of the temporary service request, or no additional services needed which is processed as a “*standard request*” as outlined below.

- **Standard Requests** are reviewed and determined by DDA RO within forty-five (45) business days or sooner.

### ***Recommended for Approval***

Individuals demonstrating a need for a waiver service are approved if there are no equally effective and less costly alternatives.

Individuals demonstrating a need for State only funding service are approved if there are no equally effective and less costly alternatives and State funding available.

### ***Recommended for Denial***

A denial can be made for the following:

- ✓ No assessed need;
- ✓ Service would not result in or support the outcome;
- ✓ Service would not resolve need;
- ✓ Service is not covered in the waiver;
- ✓ Services provided under other programs (i.e. Vocational Rehabilitation, School System, EPSDT, etc.); or
- ✓ There are not State funds available (for State funded individuals only and does not apply to waiver participants).

The reason or reasons for a denial are included in the decision letter.

Note: Individuals demonstrating a need to a waiver service are approved if there are no equally effective and less costly alternatives regardless of the availability of funding.

### ***Additional Information Requested***

During the review, additional information or documentation may be needed in order to make a decision. Delays in receipt of the information will delay the determination therefore any additional information requested must be submitted to DDA within five (5) business days unless otherwise agreed to. At times, a specific assessment or report may take longer to acquire and should be communicated with DDA.

## **Appeal Rights**

Any person aggrieved by a final decision by DDA has the right to appeal. The appeal process and rights defer slightly based on the program (i.e. State-only funded program versus Medicaid Waiver program). DDA has established appeal processes for both programs as noted below.

### **Medicaid Waiver Appeal Rights**

Individuals receiving services under a Medicaid waiver program such as Community Pathways and New Directions appeal rights as noted below:

Individual and their representative have the right to appeal any decision and may request:

1. A Medicaid Fair Hearing before the Office of Administrative Hearings within ninety (90) days of the date of this notice in accordance with the Code of Maryland Regulations 10.01.04 OR
2. An informal hearing before the Secretary of the Department of Health and Mental Hygiene in accordance with the Code of Maryland Regulations (COMAR) 10.22.16 within 45 days of the date of this letter OR
3. Both a Medicaid Fair Hearing and an informal hearing.

If the appeal relates to a Medicaid waiver service the individual is currently receiving, they must appeal the adverse action within ten (10) days of the date of the notice to stay the action and maintain their benefit until a decision is rendered.

### **State-Only Funded Program Appeal Rights**

Individuals and their representatives have the right to appeal any decision **within 45 days of the date of the decision letter**. In accordance with Code of Maryland Regulations 10.22.16, they may request:

1. A formal hearing before an Administrative Law Judge OR
2. An informal hearing before a designee of the Secretary of the Department of Health and Mental Hygiene OR
3. Both formal and informal hearings.

## Hearing Descriptions

*Informal Hearing* – is available to both Medical Waiver and State Programs participants

An **Informal Hearing** is conducted before a Developmental Disabilities Administration (DDA) staff member who is designated by the Secretary of Health and Mental Hygiene to hear appeals. Unless agreed upon by all parties, the DDA will schedule an informal hearing between 10 days and 30 days after an appeal is requested. Reasonable advance notice in writing to the appellant of the issue or issues to be decided, the date, time, and place of the hearing, the right to be present, the right to be represented by an attorney, and the right to request and present witnesses and documentary evidence will be given. At an informal hearing, the individual and/or their representative will have an opportunity to explain to DDA staff why they believe a decision was incorrect. If the individual and/or their representative are not satisfied with the outcome of an informal hearing, they may appeal it to the formal Medicaid Fair Hearing level. The individual and/or their representative may also decide to waive their right to an informal hearing and proceed directly to a formal Medicaid Fair Hearing. Informal Hearing requests must be made in writing **within 45 days of the postmark on your decision letter**. The hearing procedures can be found at Code of Maryland Regulations (COMAR) 10.22.16.

*Medicaid Fair Hearing*- is available to Medical Waiver Programs Participants only.

In addition to the Informal Appeal rights outlined above, the individual and/or their representative have the right to appeal a decision as a **Medicaid Fair Hearing**. The request must be made in writing within **90 days of the postmark** on the decision letter. If the individual and/or their representative wish, someone may assist them in filing the appeal.

The individual and/or their representative will be expected to be present. If for a compelling reason they cannot be present, the individual and/or their representative must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in their place. The individual may represent themselves, or if they wish, they may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent them. The individual may bring any witnesses or documents they desire to help establish pertinent facts and to explain their circumstances. A reasonable number of persons from the general public may be admitted to the hearing if desired.

Prior to the hearing, the individual and/or their representative may review the documents and records that the Department will use at the time of the hearing and they can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if the individual and/or their representative have new or additional information they wish the Department to know about, they may request a reconsideration of their case by calling their resource coordinator.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and COMAR 28.02.01 and in federal regulations 42 C.F.R. §

431.200. **If the individual does not appeal this decision within 90 days from the postmark on the notice, the decision of the Department will become final as of the date of the notice.**

*Formal Hearing* – is available to State Only Programs Participants.

In addition to the Informal Appeal rights outlined above, the individual and/or their representative have the right to appeal the decision and have their case heard at a **Formal Hearing**. The request must be made in writing **within 45 days of the postmark** on the decision letter. If the individual and/or their representative wish, someone may assist in filing the appeal.

The hearing will be scheduled at a time and place that are convenient for the individual and/or their representative. The individual will be expected to be present. If for any reason the individual cannot be present, they must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in their place. The individual may represent them self, or if they wish, they may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent them. The individual may bring any witnesses or documents they desire to help them establish pertinent facts and to explain their circumstances. A reasonable number of persons from the general public may be admitted to the hearing if desired.

Prior to the hearing, the individual and/or their representative may review the documents and records that the Department will use at the time of the hearing and can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if the individual and/or their representative have new or additional information they wish the Department to know about, they may request a reconsideration of the case by calling their resource coordinator. **If individual does not appeal the decision within 45 days from the postmark on the notice, the decision of the Department will become final as of the date of the notice.**

All these procedures and a fuller explanation of the hearing process can be found in the Code of Maryland Regulations (COMAR) 10.22.16 and COMAR 28.02.01 (Office of Administrative Hearings).

# Attachment A – Request for Service Change

## DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) REQUEST FOR SERVICE CHANGE

Request:  Emergency  
 Standard

Date of Request: \_\_\_\_\_  
Form completed by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS#: \_\_\_\_\_ MA#: \_\_\_\_\_

Is the individual in a DDA Waiver:  YES  NO

If "YES", check appropriate waiver  Community Pathways  New Directions

Resource Coordinator Name and Phone: \_\_\_\_\_

Is the Individual Plan Service Summary Attached  YES  NO  \_\_\_\_\_

Is the service requested a waiver service?  YES  NO

**Outcome Desired** - Please note the desired outcome(s) below.

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**Service Request** - Please describe what service change is needed to achieve the desired outcome (add pages as needed):

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**Resource Exploration** - What other resources/services/strategies have been explored (i.e. health insurance, generic services, etc.) and the results of any referrals (add pages as necessary):

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**Health and Safety** - Please describe the individual's health and safety status and attach supporting documentation if applicable:

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**Team Consensus**

Does the team have consensus related to this request?  YES  NO  
If "No" has a request for mediation been submitted to the RO?  Yes inset date ( )  No

**Documentation Provided – Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Team Meeting Notes                | <input type="checkbox"/> Evidence of charges against caregiver |
| <input type="checkbox"/> IP Service Sheet                  | <input type="checkbox"/> Police report                         |
| <input type="checkbox"/> Physician Orders                  | <input type="checkbox"/> Behavioral Data - summarized          |
| <input type="checkbox"/> Medical Assessment/Evaluation     | <input type="checkbox"/> Sleep Chart                           |
| <input type="checkbox"/> Hospital discharge summary        | <input type="checkbox"/> DORS Report                           |
| <input type="checkbox"/> Summary of Nursing 45 day review  | <input type="checkbox"/> Acceptance/Denial Letters             |
| <input type="checkbox"/> Nursing Assessment                | <input type="checkbox"/> Eviction notice                       |
| <input type="checkbox"/> Social Services Report (i.e. APS) | <input type="checkbox"/> Resource Coordinator assessment       |
| <input type="checkbox"/> Risk Assessment                   | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> DDA/OHCQ report                   | <input type="checkbox"/> Other: _____                          |
|  | <input type="checkbox"/> Other: _____                          |

**Projected length of service need:**

( ) week(s)  1 month  3 month  6 month  Ongoing  Other: \_\_\_\_\_

**Projected Start Date:** \_\_\_\_\_

**Individual Choice:** At times team members and family members may ask for a more or less restrictive setting or other services than what the individual may want. Does this information and request reflect the **individual's choice** and preference based on information regarding viable services and supports.  YES  NO - if no please explain below:

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**Signatures:**

Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Resource Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR ADDITIONAL DDA SERVICES - DDA Use Only**

Received Date: \_\_\_\_\_  
 Review Date: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_  
 DDA Staff Member

Emergency Request →  YES  NO  
 Verbal Approval Date: \_\_\_\_\_  
 Authorized By: \_\_\_\_\_  
 DDA Staff Member

**Determination**

- Approved as submitted
- Multiple Services Request

Approved Service(s): \_\_\_\_\_

Denied Service(s): \_\_\_\_\_

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Denied

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Additional information or documentation required to make determination noted below:

Information/Documentation needed: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 DDA Regional Office Director Signature

\_\_\_\_\_  
 Date

**Decision Letters (as applicable)**

Waiver Participant Letter Reference	Date Mailed	State-Only Funded Participant Letter References	Date Mailed
Approval for Request for Service Change Under Waiver		Approval of Request for Service Change under State-only Funding	
Approval and Denial of Request for Service Change under Waiver		Approval and Denial of Request for Service Change under State-only Funding	
Denial of Request for Service Change under the Waiver		Denial of Request for Service Change under State-only Funding	
Request for Additional Information		Request for Additional Information	

## Attachment B – Approval for Request for Services Change under Waiver

Name of Individual \_\_\_\_\_  
Address \_\_\_\_\_

MA# \_\_\_\_\_

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

**This letter is available in accessible formats. To request another format, please contact \_\_\_\_\_.**

Dear: \_\_\_\_\_:

On \_\_\_\_\_, the Developmental Disabilities Administration (DDA) \_\_\_\_\_ Regional Office (\_\_\_\_MRO) received your request dated \_\_\_\_\_. You asked DDA to approve the following additional waiver services: \_\_\_\_\_.

The DDA has reviewed the services that you have requested. The following services are eligible for funding through the (name of waiver). *List services (be specific) and provider (if known).*

Please review the attached description as to the process for obtaining the approved services. Please contact \_\_\_\_\_ at \_\_\_\_\_ immediately for assistance in beginning the process.

If you have any additional questions regarding this letter, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

Regional Director

Enclosure

cc: Individuals identified in application to receive info on status  
Resource Coordinator  
Legal guardian, if applicable  
Director of current and/or new provider agency, if applicable  
Support Broker and FMS, if in New Directions Waiver  
Regional file

Version: 6/2/10

## Attachment C - Approval of Request for Service Change under State-only Funding

*Individual's Name*  
*Address*

*Date:*

**This letter is available in accessible formats. To request another format, please contact\_\_\_\_\_.**

Dear: \_\_\_\_\_:

On \_\_\_\_\_, the Developmental Disabilities Administration (DDA) \_\_\_\_\_ Regional Office (\_\_\_MRO) received your request dated \_\_\_\_\_. You asked DDA to approve the following change to your services: \_\_\_\_\_.

The DDA has reviewed the services that you have requested. The DDA has approved the following services using state-only funding. *List services (be specific) and provider (if known).*

Please review the attached description as to the process for obtaining the approved services. Please contact \_\_\_\_\_ at \_\_\_\_\_ immediately for assistance in beginning the process.

If you have any additional questions regarding this letter, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

Regional Director

Enclosure

cc: Individuals identified in application to receive info on status  
Resource Coordinator, if applicable  
Legal guardian, if applicable  
Director of current/new provider agency  
Regional File

Version: 6/2/10

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Effective: 6/2/10

23 of 44

# Attachment D - Approval and Denial of Request for Service Change under Waiver

Name \_\_\_\_\_  
Address \_\_\_\_\_

MA# \_\_\_\_\_

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

**This letter is available in accessible formats. To request another format, please contact \_\_\_\_\_.**

Dear: \_\_\_\_\_:

On \_\_\_\_\_, the Developmental Disabilities Administration (DDA) \_\_\_\_\_ Regional Office (\_\_\_\_MRO) received your request dated \_\_\_\_\_. You asked DDA to approve the following additional waiver services: \_\_\_\_\_.

### **Approved Waiver Services**

The DDA has reviewed the services that you have requested. The following services are eligible for funding through the (name of waiver). *List services (be specific) and provider (if known)*.

Please review the attached description as to the process for obtaining the approved services. Please contact \_\_\_\_\_ at \_\_\_\_\_ immediately for assistance in beginning the process.

### **Denials**

The DDA is denying funding for the following services *(List each denied services and the reason for each denied service)*.

\_\_\_\_\_ The documentation submitted does not support your request. *(LIST REASON)*

\_\_\_\_\_ The services you requested are not covered in the waiver you are enrolled in. *(LIST REASONS)*

\_\_\_\_\_ OTHER *(LIST REASON)*

You or your representative have the right to appeal this decision. You may request:

1. A Medicaid Fair Hearing before the Office of Administrative Hearings within ninety (90) days of the date of this notice in accordance with the Code of Maryland Regulations 10.01.04 OR
2. An informal hearing before the Secretary of the Department of Health and Mental Hygiene in accordance with the Code of Maryland Regulations (COMAR) 10.22.16 within 45 days of the date of this letter OR
3. Both a Medicaid Fair Hearing and an informal hearing.

Version: 6/2/10

H:\Request for Service change\Request for Service Change - Final 6-2-10.docx

24 of 44

Effective: 6/2/10

Name of Individual

Page 2

You may request a hearing through your resource coordinator or in writing. Further details about hearings are attached together with a form to use when requesting a hearing in writing.

If your request for services was denied because of a lack of documentation, you may submit the necessary documentation to \_\_\_\_\_ and ask DDA to reconsider your request in light of the documentation.

If you need assistance filing an appeal, have any questions or need help understanding this letter, please contact your resource coordinator.

Contact information for your resource coordinator is:

Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_

Sincerely,

Regional Director

Enclosures

cc: Individuals identified in application to receive info on status  
Resource Coordinator  
Legal guardian, if applicable  
Director of current and/or new provider agency, if applicable  
Support Broker and FMS, if in New Directions Waiver  
Regional file

Version: 6/2/10

Developmental Disabilities Administration  
Medicaid Waiver  
HEARING REQUEST FORM

Michael S. Chapman, Executive Director  
Department of Health and Mental Hygiene  
Developmental Disabilities Administration  
201 W. Preston Street, 4th Floor  
Baltimore, Maryland 21201

Dear Mr. Chapman:

This letter is to request:

- AN INFORMAL HEARING*
- A FORMAL MEDICAID FAIR HEARING*
- OR BOTH*

to contest the denial of additional Medicaid Waiver services by the Developmental Disabilities Administration (DDA):

Name of Applicant \_\_\_\_\_

If you need to have the hearing immediately, please explain why

\_\_\_\_\_

The hearing may be held either at the Office of Administrative Hearings in Lutherville, Maryland, or in your county.

- Please check if you need to be contacted regarding location or special needs.

Describe special needs:

\_\_\_\_\_

- Please check here if you need a copy of the hearing procedures and DDA will send them to you.

Please provide additional information about why you are asking for this hearing:

\_\_\_\_\_

In order to assist in expediting your appeal, please attach a copy of the decision letter that you are appealing.

Version: 6/2/10

H:\Request for Service change\Request for Service Change - Final 6-2-10.docx  
Effective: 6/2/10

26 of 44



Please contact me at:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

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

Version: 6/2/10

# Medicaid Waiver You Have the Right to Appeal

## Informal Hearings

You may have an **Informal Hearing** before a Developmental Disabilities Administration (DDA) staff member who is designated by the Secretary of Health and Mental Hygiene to hear appeals. Unless agreed upon by all parties, the DDA will schedule an informal hearing between 10 days and 30 days after an appeal is requested. Reasonable advance notice in writing to the appellant of the issue or issues to be decided, the date, time, and place of the hearing, the right to be present, the right to be represented by an attorney, and the right to request and present witnesses and documentary evidence will be given. At an informal hearing, you will have an opportunity to explain to DDA staff why you believe a decision was incorrect. If you are not satisfied with the outcome of an informal hearing, you may appeal it to the formal Medicaid Fair Hearing level. You may also decide to waive your right to an informal hearing and proceed directly to a formal Medicaid Fair Hearing. Informal Hearing requests must be made in writing **within 45 days of the postmark on your decision letter**. The hearing procedures can be found at Code of Maryland Regulations (COMAR) 10.22.16.

## Medicaid Fair Hearings

In addition to the Informal Appeal rights outlined above, you have the right to appeal this decision as a **Medicaid Fair Hearing**. Your request must be made in writing within **90 days of the postmark** on your decision letter. If you wish, someone may assist you in filing your appeal.

You will be expected to be present. If for a compelling reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in your place. You may represent yourself, or if you wish, you may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent you. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your resource coordinator.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and COMAR 28.02.01 and in federal regulations 42 C.F.R. § 431.200. **If you do not appeal this decision within 90 days from the postmark on your notice, the decision of the Department will become final as of the date of the notice.**

## Attachment E - Approval and Denial of Request for Service Change under State-only Funding

*Individual's Name*  
*Address*

*Date:*

**This letter is available in accessible formats. To request another format, please contact\_\_\_\_\_.**

Dear: \_\_\_\_\_:

On \_\_\_\_\_, the Developmental Disabilities Administration (DDA) \_\_\_\_\_ Regional Office (\_\_\_MRO) received your request dated \_\_\_\_\_. You asked DDA to approve the following additional services: \_\_\_\_\_.

### Approved Services

The DDA has reviewed the services that you have requested. The DDA has approved the following services using state-only funding. *List services (be specific) and provider (if known).*

Please review the attached description as to the process for obtaining the approved services. Please contact \_\_\_\_\_ at \_\_\_\_\_ immediately for assistance in beginning the process.

### Denials

From the information provided, the DDA is denying your request for the following reason(s).

*List services (be specific).*

\_\_\_\_\_ The documentation submitted does not support your request. (*LIST REASON*)

\_\_\_\_\_ The services you requested are not covered. (*LIST REASONS*)

\_\_\_\_\_ No available funding

\_\_\_\_\_ OTHER (*LIST REASON*)

You or your representative have the right to appeal this decision **within 45 days of the date of this letter**. In accordance with Code of Maryland Regulations 10.22.16, you may request:

4. A formal hearing before an Administrative Law Judge OR
5. An informal hearing before a designee of the Secretary of the Department of Health and Mental Hygiene OR
6. Both formal and informal hearings.

You may request a hearing by calling \_\_\_\_\_, by e-mail at \_\_\_\_\_ or in writing.

Further details about hearings are attached together with a form to use when requesting a hearing in writing.



Name of Individual

Page 2

If your request for services was denied because of a lack of documentation, you may submit the necessary documentation to \_\_\_\_\_ and ask DDA to reconsider your request in light of the documentation.

If you need assistance filing an appeal, have any questions or need help understanding this letter, please contact your resource coordinator, if applicable, or the DDA Regional Office at \_\_\_\_\_.

*Contact information for your resource coordinator is:*

*Telephone:* \_\_\_\_\_

*E-mail* \_\_\_\_\_

Sincerely,

Regional Director

Enclosures

cc: Individuals identified in application to receive info on status  
Resource Coordinator, if applicable  
Legal guardian, if applicable  
Director of current/new provider agency  
Regional File

Version: 6/2/10

**Developmental Disabilities Administration  
State only Funding**

**HEARING REQUEST FORM**

Michael S. Chapman, Executive Director  
Department of Health and Mental Hygiene  
Developmental Disabilities Administration  
201 W. Preston Street, 4th Floor  
Baltimore, MD 21201

Dear Mr. Chapman:

This letter is to request:

- AN INFORMAL HEARING***
- A FORMAL HEARING***
- OR BOTH***

Name of Applicant: \_\_\_\_\_

If you need to have the hearing immediately, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

The formal hearing may be held either at the Office of Administrative Hearings in Lutherville, Maryland, or in your county.

- Please check if you need to be contacted regarding location or special needs.

Describe special needs:

\_\_\_\_\_

- Please check here if you need a copy of the hearing procedures and DDA will send them to you.

Please provide additional information about why you are asking for this hearing:

\_\_\_\_\_

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In order to assist in expediting your appeal, please attach a copy of the decision letter that you are appealing.



Please contact me at:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

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

## State Only Funding

# You Have the Right to Appeal

### Informal Hearings

You may have an **Informal Hearing** before a Developmental Disabilities Administration (DDA) staff member who is designated by the Secretary of Health and Mental Hygiene to hear appeals. Unless agreed upon by all parties, the DDA will schedule an informal hearing between 10 days and 30 days after an appeal is requested. Reasonable advance notice in writing to the appellant of the issue or issues to be decided, the date, time, and place of the hearing, the right to be present, the right to be represented by an attorney, and the right to request and present witnesses and documentary evidence will be given. At an informal hearing, you will have an opportunity to explain to DDA staff why you believe a decision was incorrect. If you are not satisfied with the outcome of an informal hearing, you may appeal the decision to be heard by an Administrative Law Judge at the formal level. You may also decide to waive your right to an informal hearing and proceed directly to a Formal Hearing. Informal Hearing requests must be made in writing within 45 days of the postmark on your decision letter.

### Formal Hearings

In addition to the Informal Appeal rights outlined above, you have the right to appeal this decision and have your case heard at a **Formal Hearing**. Your request must be made in writing **within 45 days of the postmark** on your decision letter. If you wish, someone may assist you in filing your appeal.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in your place. You may represent yourself, or if you wish, you may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent you. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your resource coordinator. **If you do not appeal this decision within 45 days from the postmark on your notice, the decision of the Department will become final as of the date of the notice.**

All these procedures and a fuller explanation of the hearing process can be found in the Code of Maryland Regulations (COMAR) 10.22.16 and COMAR 28.02.01 (Office of Administrative Hearings).

Version: 6/2/10

## Attachment F - Denial of Request for Service Change under the Waiver

Individual's Name  
Address

MA# \_\_\_\_\_

Date:

**This letter is available in accessible formats. To request another format, please contact \_\_\_\_\_.**

Dear: \_\_\_\_\_:

On \_\_\_\_\_, the Developmental Disabilities Administration (DDA) \_\_\_\_\_ Regional Office (\_\_\_\_MRO) received your request dated \_\_\_\_\_. You asked DDA to approve the following additional waiver services: \_\_\_\_\_. From the information provided, DDA is denying your request for the following reasons:

\_\_\_\_\_ The documentation submitted does not support your request. (*LIST REASON*)

\_\_\_\_\_ The services you requested are not covered in the waiver you are enrolled in. (*LIST REASONS*)

\_\_\_\_\_ OTHER (*LIST REASON*)

You or your representative have the right to appeal this decision. You may request:

1. A Medicaid Fair Hearing before the Office of Administrative Hearings within ninety (90) days of the date of this notice in accordance with the Code of Maryland Regulations 10.01.04 OR
2. An informal hearing before the Secretary of the Department of Health and Mental Hygiene in accordance with the Code of Maryland Regulations (COMAR) 10.22.16 within 45 days of the date of this letter OR
3. Both a Medicaid Fair Hearing and an informal hearing.

You may request a hearing through your resource coordinator or in writing. Further details about hearings are attached together with a form to use when requesting a hearing in writing.

If your request for services was denied because of a lack of documentation, you may submit the necessary documentation to \_\_\_\_\_ and ask DDA to reconsider your request in light of the documentation.

Version: 6/2/10



Name of Individual

Page 2

If you need assistance filing an appeal, have any questions or need help understanding this letter, please contact your resource coordinator.

Contact information for your resource coordinator is:

Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_

Sincerely,

Regional Director

#### Attachments

cc: Individuals identified in application to receive info on status  
Resource Coordinator  
Legal guardian, if applicable  
Director of current and/or new provider agency, if applicable  
Support Broker and FMS, if in New Directions Waiver  
Regional file

Version: 6/2/10

**Developmental Disabilities Administration  
Medicaid Waiver**

**HEARING REQUEST FORM**

Michael S. Chapman, Executive Director  
Department of Health and Mental Hygiene  
Developmental Disabilities Administration  
201 W. Preston Street, 4th Floor  
Baltimore, Maryland 21201

Dear Mr. Chapman:

This letter is to request:

- AN INFORMAL HEARING***
- A FORMAL MEDICAID FAIR HEARING***
- OR BOTH***

to contest the denial of additional Medicaid Waiver services by the Developmental Disabilities Administration (DDA):

Name of Applicant \_\_\_\_\_

If you need to have the hearing immediately, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

The hearing may be held either at the Office of Administrative Hearings in Lutherville, Maryland, or in your county.

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

Describe special needs: \_\_\_\_\_

Please check here if you need a copy of the hearing procedures and DDA will send them to you.

Please provide additional information about why you are asking for this hearing: \_\_\_\_\_

\_\_\_\_\_

---

In order to assist in expediting your appeal, please attach a copy of the decision letter that you are appealing.

Please contact me at:

Name: \_\_\_\_\_

If contact person is not the applicant, state relationship to applicant \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sincerely,

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

Version: 6/2/10

## Medicaid Waiver

# You Have the Right to Appeal

### Informal Hearings

You may have an **Informal Hearing** before a Developmental Disabilities Administration (DDA) staff member who is designated by the Secretary of Health and Mental Hygiene to hear appeals. Unless agreed upon by all parties, the DDA will schedule an informal hearing between 10 days and 30 days after an appeal is requested. Reasonable advance notice in writing to the appellant of the issue or issues to be decided, the date, time, and place of the hearing, the right to be present, the right to be represented by an attorney, and the right to request and present witnesses and documentary evidence will be given. At an informal hearing, you will have an opportunity to explain to DDA staff why you believe a decision was incorrect. If you are not satisfied with the outcome of an informal hearing, you may appeal it to the formal Medicaid Fair Hearing level. You may also

decide to waive your right to an informal hearing and proceed directly to a formal Medicaid Fair Hearing. Informal Hearing requests must be made in writing **within 45 days of the postmark on your decision letter**. The hearing procedures can be found at Code of Maryland Regulations (COMAR) 10.22.16.

### Medicaid Fair Hearings

In addition to the Informal Appeal rights outlined above, you have the right to appeal this decision as a **Medicaid Fair Hearing**. Your request must be made in writing **within 90 days of the postmark** on your decision letter. If you wish, someone may assist you in filing your appeal.

You will be expected to be present. If for a compelling reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in your place. You may represent yourself, or if you wish, you may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent you. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your resource coordinator.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and COMAR 28.02.01 and in federal regulations 42 C.F.R. § 431.200. **If you do not appeal this decision within 90 days from the postmark on your notice, the decision of the Department will become final as of the date of the notice.**

Version: 6/2/10



## Attachment G - Denial of Request for Service Change under State-only Funding

*Individual's Name*  
*Address*

Date:

**This letter is available in accessible formats. To request another format, please contact \_\_\_\_\_.**

Dear: \_\_\_\_\_:

On \_\_\_\_\_, the Developmental Disabilities Administration (DDA) \_\_\_\_\_ Regional Office (\_\_\_\_MRO) received your request dated \_\_\_\_\_. You asked DDA to approve the following additional services: \_\_\_\_\_.

From the information provided, DDA is denying your request for the following reasons:

\_\_\_\_\_ The documentation submitted does not support your request. (*LIST REASON*)

\_\_\_\_\_ The services you requested are not covered. (*LIST REASONS*)

\_\_\_\_\_ No available funding

\_\_\_\_\_ OTHER (*LIST REASON*)

You or your representative have the right to appeal this decision **within 45 days of the date of this letter**. In accordance with Code of Maryland Regulations 10.22.16, you may request:

7. A formal hearing before an Administrative Law Judge OR
8. An informal hearing before a designee of the Secretary of the Department of Health and Mental Hygiene OR
9. Both formal and informal hearings.

You may request a hearing by calling \_\_\_\_\_, by e-mail at \_\_\_\_\_ or in writing. Further details about hearings are attached together with a form to use when requesting a hearing in writing.

Version: 6/2/10



Name of individual

Page 2

If your request for services was denied because of a lack of documentation, you may submit the necessary documentation to \_\_\_\_\_ and ask DDA to reconsider your request in light of the documentation.

If you need assistance filing an appeal, have any questions or need help understanding this letter, please contact your resource coordinator, if applicable, or the DDA Regional Office at \_\_\_\_\_.

Contact information for your resource coordinator is:

Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_

Sincerely,

Regional Director

Attachments

cc: Individuals identified in application to receive info on status

Resource Coordinator, if applicable

Legal guardian, if applicable

Director of current/new provider agency

Regional File

Version: 6/2/10

**Developmental Disabilities Administration**

**State only Funding**

**HEARING REQUEST FORM**

Michael S. Chapman, Executive Director  
Department of Health and Mental Hygiene  
Developmental Disabilities Administration  
201 W. Preston Street, 4th Floor  
Baltimore, MD 21201

Dear Mr. Chapman:

This letter is to request:

- AN INFORMAL HEARING***
- A FORMAL HEARING***
- OR BOTH***

Name of Applicant \_\_\_\_\_

If you need to have the hearing immediately, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

The formal hearing may be held either at the Office of Administrative Hearings in Lutherville, Maryland, or in your county.

- Please check if you need to be contacted regarding location or special needs.

Describe special needs:

\_\_\_\_\_

- Please check here if you need a copy of the hearing procedures and DDA will send them to you.

Please provide additional information about why you are asking for this hearing:

\_\_\_\_\_

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In order to assist in expediting your appeal, please attach a copy of the decision letter that you are appealing.

Version: 6/2/10

Please contact me at:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

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

## State Only

# You Have the Right to Appeal

### Informal Hearings

You may have an **Informal Hearing** before a Developmental Disabilities Administration (DDA) staff member who is designated by the Secretary of Health and Mental Hygiene to hear appeals. Unless agreed upon by all parties, the DDA will schedule an informal hearing between 10 days and 30 days after an appeal is requested. Reasonable advance notice in writing to the appellant of the issue or issues to be decided, the date, time, and place of the hearing, the right to be present, the right to be represented by an attorney, and the right to request and present witnesses and documentary evidence will be given. At an informal hearing, you will have an opportunity to explain to DDA staff why you believe a decision was incorrect. If you are not satisfied with the outcome of an informal hearing, you may appeal the decision to be heard by an Administrative Law Judge at the formal level. You may also decide to waive your right to an informal hearing and proceed directly to a Formal Hearing. Informal Hearing requests must be made in writing within 45 days of the postmark on your decision letter.

### Formal Hearings

In addition to the Informal Appeal rights outlined above, you have the right to appeal this decision and have your case heard at a **Formal Hearing**. Your request must be made in writing **within 45 days of the postmark** on your decision letter. If you wish, someone may assist you in filing your appeal.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in your place. You may represent yourself, or if you wish, you may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent you. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your resource coordinator. **If you do not appeal this decision within 45 days from the postmark on your notice, the decision of the Department will become final as of the date of the notice.**

All these procedures and a fuller explanation of the hearing process can be found in the Code of Maryland Regulations (COMAR) 10.22.16 and COMAR 28.02.01 (Office of Administrative Hearings).

Version: 6/2/10



## Attachment H - Referral to Resource Coordinator/Request for Change to Services

Name of person who requested the service(s)  
Address

MA# \_\_\_\_\_

Date:

**This letter is available in accessible formats. To request another format, please contact \_\_\_\_\_.**

Dear: \_\_\_\_\_:

The Developmental Disabilities Administration ("DDA") \_\_\_\_\_ Regional Office received your request dated \_\_\_\_\_, on \_\_\_\_\_. In your request you asked that \_\_\_\_\_ receive \_\_\_\_\_ services. The Code of Maryland Regulations (COMAR) 10.22.05.03 requires an individual's resource coordinator to ensure that an individual's plan meets his/her needs. Since you have indicated that \_\_\_\_\_ may need other services, we have referred this matter to \_\_\_\_\_, the recipient's resource coordinator. Name of resource coordinator will review \_\_\_\_\_'s plan, your request, and talk with \_\_\_\_\_. Then, if required, the Resource Coordinator will schedule an Individual Plan meeting. We are attaching COMAR 10.22.05.03- 06 which describes the process.

Please feel free to contact the Resource Coordinator at \_\_\_\_\_ or by e-mail at \_\_\_\_\_ to discuss. If you need further assistance or have any questions, please contact the Regional Office rep name and title, at Phone number or e-mail for assistance.

Sincerely,

Regional Director

Attachment

cc: Individual  
RC  
Any other applicable individuals (i.e. family, guardian)

Version: 6/2/10



## COMAR 10.22.05.03 - 06

### **.03 Development and Implementation.**

A. The resource coordinator, as defined in COMAR 10.22.09, shall ensure that:

- (1) Each individual, other than an individual receiving respite services in the community, has an IP that is developed not more than 30 calendar days after receiving services;
- (2) The IP is developed in a manner consistent with the values and outcomes in COMAR 10.22.04, and the provisions of any other relevant State or federal laws;
- (3) Each individual is provided with a range of the most integrated setting service options that may be appropriate; and
- (4) The IP meetings are held at a time and place convenient to the individual.

B. If the individual does not have a resource coordinator, the licensee, in the following priority order, shall ensure that the requirements of this chapter are met:

- (1) Community residential services licensee;
- (2) Vocational or day services licensee; or
- (3) Family and individual support services licensee.

C. Written Plan of Habilitation for Individuals Residing in State Residential Center.

- (1) The individual, a treating professional, and a resource coordinator shall develop the written plan of habilitation.
- (2) On an annual basis and any other time requested by the individual, the treating professional and the resource coordinator shall discuss with the individual:
  - (a) The service and support needs of the individual;
  - (b) A range of the most integrated setting service options licensed through the administration that may be appropriate; and
  - (c) Any identified community-based Medicaid waiver services and any other services and supports that may be appropriate.
- (3) The treating professionals and resource coordinator shall use any communication devices and techniques, including the use of sign language, as appropriate, to facilitate the involvement of the individual in the development of the written plan of habilitation.

Version: 6/2/10

#### **.04 Decisions.**

- A. The team shall make decisions by consensus.
- B. If the team cannot reach a consensus, the resource coordinator shall mediate and resolve the issue of concern.
- C. If the resource coordinator cannot resolve the issue or if there is not a resource coordinator on the team, the appropriate regional director shall mediate and resolve the issue of concern.
- D. For individuals residing in a State residential center:
  - (1) If the team cannot reach consensus, the facility director shall mediate and resolve the issue of concern; and
  - (2) If consensus still cannot be achieved, the regional director shall mediate and resolve the issue of concern.

#### **.05 Review of the IP.**

- A. Each IP shall be reviewed and approved, disapproved, or modified by:
  - (1) The executive officer or administrative head of the licensee or a qualified developmental disability professional whom the executive officer or administrative head designates; and
  - (2) One other professional individual who is responsible for carrying out a major program but does not participate in the IP.
- B. Approval of an IP shall be based on the current needs of the individual.
- C. The team shall review each IP at least annually, or more often as needed, and modify each IP as required by the individual's circumstances.
- D. Any member of the team may request a review or modification of the IP at any time.

#### **.06 Implementation.**

The licensee shall implement the supports and services that the licensee has agreed to provide, as indicated in the IP, within 20 calendar days.

Version: 6/2/10

