

# **Maryland Developmental Disabilities Administration**

## **Request for Service Change** *(Amendment of the Individual Plan)*

Training Provided for :  
RC and RO Training  
October 13, 2010

# Today's Agenda

- Purpose
- Protocol & Previous Training Review
- Request for Service Change Form Revisions
- When Process is Used
- Data collection
- Informational Handouts
  - ✓ RFSC Overview for individuals and families
  - ✓ “At a Glance” – provider guidance

# Today's Agenda

- LISS Update
- Waiver Reminders
- Waiting List Clean-Up Update
- Transitioning Youth
  - ✓ 2010
  - ✓ 2011
- Regional Offices (only) – Data reporting

# DDA's Strategic Vision

- ▶ Individuals direct their lives (including services)
- ▶ Individual have viable support options
- ▶ Individuals have information to make decisions

# DDA Services must:

- ▶ Be person directed
- ▶ Leverage natural and community supports
- ▶ Ensure the well being and safety of individuals
- ▶ Provide quality services and improve outcomes
- ▶ Be fair and equitable to address needs statewide

# What is the Request for Service Change?

- Standard statewide process to submit a request for a change in service

# Why?

- ▶ People can request:
  - ✓ A change (i.e. increase, decrease, addition or deletion) in services at any time
  - ✓ A change in intensity of service
  - ✓ A less intensive form of that service, and may receive the less intensive services if it is available

*Service request have been submitted to RO historically.*

# Why?

- Person Directed Services
- Fair and equitable methodology to address need statewide
- Most integrated services (Olmstead)
- Least Restrictive (Olmstead)
- Waiver Statutory Requirements
  - ✓ Health and Safety Assurance
  - ✓ Service Authorization – “Changes to services (amount, duration, scope) in an Individual Plan (through the annual IP process or due to a change in an individual’s needs) must be submitted to DDA for review and approval.”)
  - ✓ Least costly (Medicaid)

# When to use it?

All Service Changes:

- ✓ Increasing service already receiving
- ✓ Decreasing service already receiving
- ✓ Adding a new service
- ✓ Deleting a service
- ✓ Changing the intensity of a service already receiving
- ✓ Changing service model (ALU to Group Home)

# How?

- ▶ Identify outcome(s) and assessed need(s)
- ▶ Request Submission
  - ✓ Standard or Emergency Request
  - ✓ Request for Service Change Form
  - ✓ Resource coordinator submit 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
- ▶ DDA Review
- ▶ Formal written decision (authorize or deny request)
- ▶ Appeal Rights for denials

# LISS Updates

- Funding allocations methodology
- The ARC of Prince George's County and EAES committed funds
- Referral process to other LISS Providers
- Regulations in development

# Waiver Reminders

- Requirement to access DORS services prior to waiver employment services
- Timely notification of change in status (long-term stay, moved out of State, deaths)
- Annual redeterminations
  - ✓ Annual IP meeting before anniversary date
  - ✓ Medicaid financial eligibility – assist with any documentation request to maintain eligibility
  - ✓ LOC - Recertification of Need form

# Waiting List Clean-Up Update

- “Letter” Groups
  - ✓ People increasing in priority category
  - ✓ People remaining in the same category
  - ✓ People decreasing in priority category\*
  - ✓ People being inactivated\*
  - ✓ People in service requesting additional services

\*Note: These groups will receive two letters.

- (1) If you feel determination is inaccurate, contact DDA within 30 days and share information.
- (2) No response – official determination notification with appeal rights.

# Transitioning Youth

**Maryland Transition Youth Website** [www.mdtransition.org](http://www.mdtransition.org)

- Transition Planning
- Post Secondary Education
- Employment Services
- Planning Guides
- Health Care
- Transportation
- Additional Resources
  - ✓ Assistive Technology
  - ✓ CILS
  - ✓ Housing
  - ✓ Insurance'
  - ✓ Personal Assistance Services
  - ✓ Test-Preparation & Tutoring
  - ✓ Youth in Foster Care

# Transitioning Youth

## TY 2010

- Funded waiver slots – 608
- Approximately 400 enrolled in DDA waiver during July & August 2010

Action Required: Submit waiver packets for outstanding TY

# Transitioning Youth

## TY 2011

- No guarantee of funding (General Assembly Allocation)
- No commitment/promise letters
- Explore various options
  - ✓ DORS, community colleges; various local and State programs and resources; DDA services and providers; etc.
  - ✓ **Maryland Transition Youth Website** [www.mdtransition.org](http://www.mdtransition.org)
- Waiver application and provisional plan submission  
(Due: January - March 2011)

\*Note: Standardize provisional plan to be developed. Providers do not need to be identified.

# Questions

# Lunch Break

# DDA's Strategic Vision

- ▶ Individuals direct their lives (including services)
- ▶ Individual have viable support options
- ▶ Individuals have information to make decisions

# DDA Services must:

- ▶ Be person directed
- ▶ Leverage natural and community supports
- ▶ Ensure the well being and safety of individuals
- ▶ Provide quality services and improve outcomes
- ▶ Be fair and equitable to address needs statewide

# DDA Community Service Systems

DDA's community service systems are based on increasing opportunities for community integration in the most integrated and least restrictive setting.

## DDA's Service Delivery Systems

- ✓ Medicaid Waiver Programs
- ✓ State Funded Services

# Medicaid Waiver Services

- ▶ The waiver service plan (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* such as:
  - ✓Generic sources and community programs;
  - ✓The State Medicaid Plan or private insurance;
  - ✓Other public programs, and/or
  - ✓Through the provision of informal supports.

(Waiver services **complement and/or supplement** the other services)

# Waivers – Federal Requirement

- ▶ “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.”

# Waivers – Federal Requirement (continued)

- ▶ “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.”*

*Therefore, waiver participants have a right to service changes based on need.*

# Waivers – Payer of Last Resort

- ▶ 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)

*Therefore, services shall not duplicate or replace another third party services (i.e. Vocational Rehabilitation, IDEA, etc.)*

# 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.

# REVIEW

## Medicaid Waiver Programs

- ✓ Right to access all waiver services based on an assessed need.
- “Entitlement” – regardless of availability of funding

## State Funded Services

- ✓ Assessed need
- Not an entitlement – based on availability of funding

# Individual Plans Reminder

- ▶ Reviewed at least annually, or more often as needed including:
  - ✓ All add on and supplemental services
  - ✓ Are services the right services?
  - ✓ Does the person need new or different services?
  - ✓ What is the staff pattern/service intensity?
- ▶ 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)

# Resource Coordinator's Role

- ▶ Individual's IP is designed to meet the individual's:
  - ✓ *needs,*
  - ✓ *preferences,*
  - ✓ *desires,*
  - ✓ *goals, and*
  - ✓ *outcomes*
- Services are delivered in the **most integrated setting** appropriate to meet the individual's needs and in the **most cost effective manner;**

(Reference: COMAR 10.22.09)

# Resource Coordinator's Role

- ▶ Each individual is provided with a *range of the most integrated setting service options* that may be appropriate;
- ▶ 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;

# Resource Coordinator's Role

## AGENT FOR THE PERSON

- ▶ Assist individuals in obtaining the best quality and most appropriate services and supports within available resources;
- ▶ Assist individuals and families with applying for services (*including non DDA services*)
- ▶ Ensure 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; and
- ▶ Ensure IP is being implemented as designed.

# Request for Service Change (RFSC)

Individuals receiving funding from the DDA can request a change (i.e. increase, decrease, addition or deletion) in services at any time

“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.”

COMAR 10.22.12.11 D

# Request for Service Change

1. Emergency – immediately (phone)
2. Standard
  - ✓ Annual IP Meeting – review all services and needs
  - ✓ Any time outside of annual meeting

# 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
  - ✓ Request a team meeting (outside of the annual meeting)
  - ✓ Request a Service Change

# 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;  
(Reference: 10.22.09.04)

# Identified Need

- ▶ “Gathering activities” typically occur prior to the scheduled team meeting and results are reviewed with team members during the meeting.
- ▶ During the meeting, the team shall 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.

# Individual Choice & Team Consensus

- A “team” can consist of the individual and their resource coordinator or more individuals as desired by the individual.
- In most circumstances, IPs are supported with a team consensus.
- In some circumstances, the team may not develop a consensus.
- 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.

(Reference: 10.22.09.04)

# Individual Choice & Team Consensus

- ▶ Team members' positions and relevant information should be noted in the team meeting minutes.
- ▶ 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

# Individual Choice & Team Consensus

- 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 who shall mediate and resolve the issue of concern

Reference: 10.22.05.04

# Individual Choice & Team Consensus

- As an independent third party advocate or agent for the person, resource coordinators do not have the authority to approve a plan or restrict services. They can:
  - ✓ Submit their assessment of the individual's request with other supporting documentation
  - ✓ Agree or disagree with service changes.

# Individual Choice & Team Consensus

- 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 Service Change

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

# Request for Service Change

- Individuals seeking a change in service funded by the *DDA* are required to submit the DDA “Request for Service Change” form with supporting documentation.
- DDA “Request for Service Change” form along with supporting information to the regional office designated for their county within twenty (20) business days of the IP.
- Service providers are required to have **specific actions steps** (not service models) **outlining how their service(s) meet the individual’s need(s) toward achieving the desired outcome.**

# Service Request Planning Process

- ▶ Remember: 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, the team should 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**.

# Service Request Planning Process

- 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 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.

# Request for Service Change Form

- 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.
- PCIS2 Module in development.

# *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.

# *Service Request*

- Service requests must be consistent with the IP.
- 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

# Service Request

- ▶ 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: \_\_\_\_\_

# *Service Request*

- ▶ The projected “start date” is noted on the request form under the projected length of service as noted below. However, at times, a projected start date may not be known and/or an estimated date can be provided.

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

- ▶ **NOTE:** Services, regardless of length of time, may be reassessed at any time and are reviewed at the annual IP meeting.

# *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.).

# *Resource Exploration*

- ▶ 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.

# *Resource Exploration*

- Some programs are “payers 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.
- ✓ Vocational Rehabilitation Services must be accessed before employment services are used in the Medicaid waiver programs.

# *Resource Exploration*

- 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
  - ✓ Section (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).

# *Resource Exploration*

- 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 for additional information.

# *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.

# Team Consensus – *(Meeting Date Added)*

- Team members' positions and relevant information should be noted in the team meeting minutes.
- Reminder: As an independent third party advocate or agent for the person, resource coordinators do not have the authority to approve a plan or restrict services. They can:
  - ✓ Submit their assessment of the individual's request with other supporting documentation
  - ✓ Agree or disagree with service changes.

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

## Team Meeting Consensus

**Team Meeting Date:** \_\_\_\_\_

Does the team have consensus related to this request?     YES                       NO

If "No" has a request for mediation been submitted to the Regional Office?

Yes insert date (            )  No

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

# *Supporting Documentation*

- Identified documentation supports information noted on the form such as data, trends, health changes, assessments, etc.).
- Some of the documents noted 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.

# Supporting Documentation 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/Denial Letters
- Eviction notice
- Resource Coordinator assessment
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

# *Individual Choice*

- The planning process must support the voice of the person even if there is an objection from the family or others.
- The request must reflect the individual's choice and preference based on information regarding viable services and support, options, and opportunities.
- It is important to document position, concerns, and oppositions.

# Individual Choice

- 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.

**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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**Note:** If the request is not supported by the individual, an explanation will need to be documented.

# 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.
- ▶ Remember: Service request are categorized as either “*standard*” or “*emergency*”.

# Standard Requests

- Standard Requests are submitted utilizing the DDA “Request for Service Change” form
- All applicable supporting documentation must be submitted with the form
- The form is sent to the appropriate DDA Regional Office
- It is required 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.*

# Emergency Service Request

- Emergency requests should be made immediately by contacting the DDA Regional Office by telephone.
  - ✓ *Emergency request are not voice message or email.*
  - ✓ *It is a direct conversation with a DDA staff person where a temporary resolution is developed.*
- Regional Offices will gather information, evaluate the need(s), and can verbally authorize a service(s) change if necessary.

# What is an Emergency?

- Person is in crisis now (today)

## Examples:

- ✓ Homeless
- ✓ Encountering life threatening physical harm (abuse, neglect)
- ✓ Engaging in life threatening behaviors (sets fires, assaults others, self injurious behaviors, etc.)
- ✓ Health or safety crisis

# Abuse, Neglect, Exploitation

- ▶ Any request that is the result or related to *abuse, neglect, and/or exploitation* must be immediately reported to the appropriate authorities including:
  - ✓ State's Adult Protective Services (APS) or Child Protective Services (CPS) and/or
  - ✓ Office of Health Care Quality (OHCQ) and
  - ✓ Developmental Disabilities Administration (DDA)

Reporting requirement outlined in DDA's Reportable Incident Policy.

# Abuse, Neglect, Exploitation

- ▶ 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.

# What is an “Urgent Need”?

- At times an “urgent need” may develop that requires immediate action and would be considered an emergency.

*A situation may change such as the individual’s or primary caregiver’s health or safety (i.e. temporary illness, injury, surgery, etc.) may require new or additional supports or services.*

# Emergency Requests

- When appropriate, other community or family supports that can help or fill in temporarily should be explored and utilized.
- Temporary solutions may include accessing respite services to ensure health and safety while other options and plans are being developed.
- 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.

# *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.

# ***DDA Review and Determination***

- 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.

# ***DDA Review – Emergency Request***

- Remember: Request are considered immediately by telephoning the RO.
- Note: The subsequent team meeting may result in a new request for service change, an extension of the temporary service request, or no addition services needed which is processed as a “*standard request*” as outlined below.

# ***DDA Review – Standard Request***

**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 funded 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).

# *Recommended for Denial*

- ▶ The reason or reasons for a denial are included in the decision letter.
- ▶ All denials receive appeal rights.
- ▶ Note: Waiver participant's demonstrating a need for 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 who disagrees with the final decision by DDA has the right to appeal.
- Appeal can be filed by:
  - ✓ Individual
  - ✓ Guardian
  - ✓ Authorized Representative with no conflict of interest

Note: The Team can request a review or reconsideration but can not file an appeal.

# Appeal Rights

- 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

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

- ✓ 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
- ✓ 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
- ✓ **Both** a Medicaid Fair Hearing and an informal hearing.

# Medicaid Waiver Appeal Rights

- ▶ 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

- State Funded 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:
  - ✓ **A formal hearing** before an Administrative Law Judge OR
  - ✓ **An informal hearing** before a designee of the Secretary of the Department of Health and Mental Hygiene OR
  - ✓ **Both** formal and informal hearings.

# Hearings

- **Informal Hearing**

Available to both Medical Waiver and State Programs participants

- **Medicaid Fair Hearing**

Available to Medical Waiver Programs Participants only

- **Formal Hearing**

Available to State Only Programs Participants

# Informal Hearing Descriptions

- *Available to both Medical Waiver and State Programs participants*
- Conducted before a 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.

# Informal Hearing Descriptions

- 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 Descriptions

- Available to *Medical Waiver Programs Participants only*
- 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.

# Medicaid Fair Hearing Descriptions

- 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.

# Medicaid Fair Hearing Descriptions

- 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.

# Medicaid Fair Hearing Descriptions

- 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 Descriptions

- Available to State Only Programs Participants
- 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.

# Formal Hearing Descriptions

- 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.

# Formal Hearing Descriptions

- 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.

# Request for Service Change Form

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

## REQUEST FOR SERVICE CHANGE

Request:  Emergency  
 Standard

Date of Request: \_\_\_\_\_

Annual IP Meeting Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

DDA Program (check one):  Community Pathways Waiver  New Directions Waiver  State Funded Program

Is the service requested a waiver service?  YES  NO

Resource Coordinator (RC) Name and Phone: \_\_\_\_\_

Person submitting form (if not RC) Name and Phone: \_\_\_\_\_

# Request for Service Change Form

## Team Meeting Consensus

**Team Meeting Date:** \_\_\_\_\_

Does the team have consensus related to this request?     YES     NO

If “No” has a request for mediation been submitted to the Regional Office?

Yes insert date (            )  No

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

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

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# Request for Service Change Form

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

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**Check applicable boxes:**

# Request for Service Change Form

## Check applicable boxes:

- SEEKING A NEW SERVICE** (Adding a new service)
- DELETING A SERVICE** (Deleting a current service)
- CHANGING SERVICE**  
(Changing from Day to Supported Employment, Residential to Community Supported Living Arrangement, etc.)
- SAME SERVICE – DIFFERENT SITE**  
(Currently receiving this service but site location has changed)
- SAME SERVICE – DIFFERENT PROVIDER**  
(Currently receiving this service but there will be a new provider)
- SAME SERVICE –DIFFERENT INTENSITY**  
(Same service but change in intensity or staffing)
- SAME SERVICE –DIFFERENT SERVICE MODEL**  
(Change in residential model such as Group Home to ALU)

# Request for Service Change Form

**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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# Request for Service Change Form

## Documentation Provided – Check all that apply:

- 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/Denial Letters
- Eviction notice
- Resource Coordinator assessment
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

# Request for Service Change Form

**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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# Request for Service Change Form

## Signatures:

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

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

Person Submitting Form Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Effective: 10/8/10**

# Decision Letters (as applicable)

Waiver Participant Letter Reference	Date Mailed	State Only Funded Participants Letter Reference	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	

# Service Summary Addendum

## CURRENT SERVICES



## REQUESTED SERVICES

- ✓ Natural Supports
- ✓ Trust & Wills
- ✓ Community Supports
- ✓ State Disability Programs & Services  
(Attendant Care Program, In-Home Aide Services, Bridge Subsidy, Food Stamps, etc.)
- ✓ Medicaid State Plan Services  
(Home Health, Occupational Therapy, Physical Therapy, etc)
- ✓ DDA Waiver Services  
(Individual or Family Support Services, Supported Employment, Community Supported Living Arrangements, etc.)
- ✓ DDA State Funded Services

# Service Summary Addendum

- **Service** – name of waiver service (i.e. ISS, CSLA, SEP, etc.)
- **Scope** – extent of service (i.e. ALU, Group Home, 1:1 overnights awake staffing, etc.)
- **Frequency** – occurrence of service (i.e. # hours per day/week/month/quarter/year, daily, one-time only, etc.)
- **Duration** – length of service need (i.e. one time only, # week(s), # months, ongoing, other (specify))
- **Provider** – Service provider name if already identified and chosen by individual
- **Annual cost** – annual cost for service

# Service Summary Addendum

## Natural Supports - example

Service	Scope	Frequency	Duration	Provider	Notes
Informal Support	Personal Care 7 – 9 a.m.	2 hours in a.m.	Daily	Parents	
Transportation	Dance class in Rockville	Saturdays	On-going	Sue Jones (Sister)	

# Service Summary Addendum

## Medicaid State Plan Service - example

Service	Scope	Frequency	Duration	Provider	Notes
Primary Care	N/A	As needed	On-going	Dr. Smith	N/A
Durable Medical Equipment	Oxygen	Daily	On-going	SP Equipment	Delivery every Friday
PT	Knee replacement rehab	2x/week (Tues and Thurs)	3 month (Jan – Mar)	PT Therapies	Need to take knee brace

# Service Summary Addendum

## DDA Waiver Services - example

Service	Scope	Frequency	Duration	Provider	Annual Cost
SEP		5 days/week	On-going	ZZ Employment Services	\$\$\$
Residential	ALU; 1:1 Overnight staff	Daily	On-going	ABC Residential Services	Base Rate- \$\$\$ 1:1 - Cost

# Resource Coordination Expectations

- Be the “Agent of the Person”
- Advocate for Need
- Contact RO immediately for Emergencies
- Educate
- Ensure Rights and Voice of Person  
(There will be some conflicts with parents or providers)
- Explore most integrated and least restrictive
- Be creative
- Identify all generic and resources
- Seek community resources as you would do for yourself
- Keep abreast of resources, supports, programs, etc.
- Partner and coordinate with other entities
- Assist with service implementation once approved
- No gate keeping

# Regional Office Expectations

- Be the “Agent of the State”
- Comply with State and Federal regulations and requirements
- Responsive
- Clarify
- Decisions in Writing
- Appeal Rights for all Denials
- Tracking and Monitoring

# Prioritize Work

- People in Crisis (Emergencies)
- Waiver Participants
- State Only Funded Participant

# Next Steps – Approval of Service

- ▶ Individuals with assistance from their RC can explore and interview service providers to support the identified need(s) and outcome(s).
- ▶ Selected providers interested in providing services shall submit a Service Funding Plan with specified services to the RC.
- ▶ Individual and RC review provider plan for compliance with authorized service, IP, and any health and safety needs.

# Next Steps – Approval of Service

- ▶ Selected providers SFP will be forwarded to the DDA Regional Office.
- ▶ Regional Office will review all documents for compliance with program, State, and federal regulations, assurances, and requirements.
- ▶ Questions, request for additional information, and determination of funding will be addressed by the Regional Office as current practice.

# Service Funding Plan “*Exceptions*”

- Request for Service Changes that supports the individual’s choice, health, safety, and that are also cost neutral such as:
  - ✓ Same service – same provider – but different site location  
(Base rates differ or when add on for anyone within resident)
  - ✓ Same service – but different provider  
(Base rate only or rate differential)

Can be submitted with the Request for Service Change

# When to use the form?

1. Change of waiver service (from Day to SEP, CSLA to Residential?)
2. Same service but different location?
3. Same service but change of service provider?
4. What about Change in service model?
  - *ALU versus Group Home?*
  - *Does the individual choose it?*
  - *Is it the same setup/structure/staffing ratio?*
  - *Does new provider services meet individual needs and ensure health and safety?*

# When to use the form?

4. Add Ons or Supplements? Overnight staff?
5. Cost neutral transfer?
6. Deleting services?
7. Do forensic need to use RFSC process?
8. Do co-occurring need to use RFSC process?

# RFSC Data Collection

- ✓ Annual IP Meeting Dates & RFSC from meeting
- ✓ RFSC (outside of Annual Meeting)
- ✓ People with Full DDA Services
- ✓ Service request
- ✓ Timelines
- ✓ RO determinations
- ✓ Appeals

# Informational Handouts-

- RFSC Overview for individuals and families
  - ✓ The ARC of Maryland newsletter
  - ✓ Information for individuals and families
  - ✓ To be posted on DDA website
  
- “At a Glance” – provider guidance related to service request and service funding plan.

# Why?

- Person Directed Services
- Fair and equitable methodology to address need statewide
- Most integrated services (Olmstead)
- Least Restrictive (Olmstead)
- Waiver Statutory Requirements

# Questions