

A word cloud graphic on a dark blue background. The words are arranged in a cluster, with 'LISS' being the largest and most central. Other prominent words include 'family', 'community', 'participate', 'flexible', 'needs', 'individuals', 'skills', 'support', and 'home'. The colors of the words vary, including shades of yellow, white, and maroon.

Maximizing the Impact of DDA's Low Intensity Support Services Program: RECOMMENDATIONS FOR IMPROVEMENT

A Report of the
LISS Stakeholder Workgroup
Convened by the
Maryland Developmental Disabilities Council

December 2013

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EXECUTIVE SUMMARY

The Developmental Disabilities Administration's (DDA) Low Intensity Support Services (LISS) program is designed to provide low cost, short-term supports to children and adults with developmental disabilities in Maryland. In 2012, 97% of respondents to a Maryland Developmental Disabilities Council (Council) survey said LISS is an important program; 56% said it is "critical."

Currently, Low Intensity Support Services are funded on a first come-first served basis and may not exceed \$3000 per person per year. Demand for LISS far exceeds the availability of funds. In FY2014, demand was so high that DDA stopped accepting applications after only two weeks.

In response to growing concerns about the LISS program among a wide range of stakeholders and DDA, and shared interest in improving this important program, the Council convened a LISS Stakeholder Workgroup in the fall of 2013. The purpose was to think critically about a myriad of issues and recommend improvements that would be widely supported. The Workgroup members represented a diverse group of Maryland stakeholders experienced with LISS.

The workgroup's deliberations were informed by recommendations proposed frequently in a survey of 700 stakeholders: 1) Release LISS funding more than once per year, 2) Replace the first come-first served process with a more effective and fair alternative and 3) Give priority to people who have never received LISS before.

The workgroup sought to achieve overarching goals when developing recommendations, including but not limited to: 1) Maximizing the flexibility and impact of LISS, 2) Increasing the number of individuals and families receiving LISS, 3) Reaching more people who have never been supported by LISS, 4) Improving the application process, 5) Improving consistency across the state, and 6) Improving the accuracy and clarity of information provided about the program.

RECOMMENDATIONS

Recommendations are presented with the understanding that some refinements may be necessary to ensure effective implementation and achievement of desired outcomes. Changes must be implemented in a timeframe that ensures clear and timely communication to all stakeholders.

DISTRIBUTION OF FUNDS

Recommendation 1: Distribute LISS funding twice a year by allocating funds to LISS providers in July and January.

Recommendation 2: If there is any unspent funding from the first distribution (Round 1), roll it into the second distribution (Round 2).

Recommendation 3: Allocate funds in the following manner: 10% for emergencies / 20% for people who have never received LISS / 70% for other applicants.

Recommendation 4: Set aside 10% of LISS funds in each round for people in emergency situations. The emergency funds should be provided on a first come-first served basis. Emergency situations should be very clearly and narrowly defined as: homelessness/risk of homelessness (including the temporary or permanent loss of a caregiver), utility shut-off and medical/dental emergencies.

Recommendation 5: Accept applications for one month each funding round (July and January) during which time assistance should be provided to those who need help completing and submitting the application. The exception is people in emergency situations (see Recommendation 4).

Recommendation 6: At the end of the application period use a lottery system to select who receives LISS. The exception is people in emergency situations (see Recommendation 4).

Recommendation 7: Give priority consideration in each funding round to people who have never received LISS before and allocate 20% of the funding to this category of applicants.

Recommendation 8: Allocate the balance of funds (70%) to a General Lottery. This lottery should be held after the Priority Lottery.

Recommendation 9: Lower the annual individual cap from \$3000 to \$2000 with no exceptions.

Recommendation 10: Adopt policies and protocols to ensure that all LISS funds are expended.

ELIGIBILITY

Recommendation 11: People who are receiving services funded by DDA, including through the two DD waivers (Community Pathways and New Directions) should not be eligible to apply for, or receive, LISS. This should not apply to people who only receive resource coordination and no other DDA services.

Recommendation 12: People who are receiving services through other Medicaid waivers, except the Model (“Katie Beckett”) Waiver, should no longer be eligible to apply for or receive LISS. However, people in the Model Waiver should remain eligible.

POLICIES AND PROCEDURES

Recommendation 13: Individuals and families should only be allowed to apply to one LISS provider, in the region in which they live. Only one application should be accepted per person needing LISS (families with more than one eligible child would submit separate applications).

Recommendation 14: Individuals who receive LISS funding in Round 1 should not be eligible to apply for funding again in Round 2, even if they did not received the full \$2000.

Recommendation 15: Within a 90 day period (beginning July 1 and January 1), LISS providers should accept applications, conduct the lotteries, review and qualify those applications selected, and start the process of distributing funds. Eligibility for funding should be determined when a person’s application is selected in the lottery.

Recommendation 16: DDA should clarify that LISS need not be the “payor of last resort.”

Recommendation 17: DDA should work with the Maryland State Department of Education to gain clarity about what is provided for in school and by a child’s Individualized Education Program (IEP). This information should inform DDA policy about what LISS services can be approved for school aged children.

Recommendation 18: Accept written estimates for services for application purposes and require actual invoices for payment.

Recommendation 19: DDA should develop a reasonable practice of reimbursement for vendors based on generally accepted industry standards.

Recommendation 20: DDA should ensure LISS applications, including eligibility determinations, are handled consistently across regions and across LISS providers. This should entail identification of inconsistencies followed by ongoing clear and consistent communication between DDA regional offices and LISS providers. Quarterly meetings between DDA headquarters, DDA regional offices and all LISS providers should resume.

Recommendation 21: DDA should make improvements to PCIS2 so LISS providers can communicate and access information quickly and accurately. Changes should integrate more of the information LISS providers are already required to report to DDA.

Recommendation 22: DDA should maximize the decision-making authority at the LISS provider level and minimize the decisions that have to be made by DDA. An effective and efficient appeal process must remain in place.

Recommendation 23: The LISS Request Form (application) should be revised and the application process should be as easy as possible for individuals and families.

OUTREACH AND COMMUNICATION

Recommendation 24: In order to reach people who have never received LISS before, LISS providers, in conjunction with DDA, other state agencies and other pertinent organizations should conduct targeted outreach to underserved people. For example, this may include providing information to Spanish speaking families and providing information at IEP meetings.

Recommendation 25: Simplify, clarify and fully explain the LISS application and funding process and related policies on the DDA website and through other avenues, including comprehensive FAQs divided by topic. Ensure all forms of communication regarding LISS to individuals and their families is clear and consistent.

INTRODUCTION

What are Low Intensity Support Services?

The Low Intensity Support Services (LISS) program is established under Maryland Health-General Article §7-717 and funded by the Developmental Disabilities Administration (DDA). Low Intensity Support Services are designed to “1) Increase the individual’s health or safety in the home environment; 2) Support the individual to participate in the community; 3) Enable the individual to remain in their own home or with their family; 4) Strengthen the family’s ability to support the individual; or 5) Enable the individual to develop and maintain skills.” [1] LISS is intended to be flexible to meet the needs of individuals or families, and is funded with state-only dollars. In FY2014, DDA allocated \$5.2m for LISS, with \$4.5m (85%) of this amount designated for services. [2]

Low Intensity Support Services are funded on a first come-first served basis and may not exceed \$3000 per person per year.[3] DDA makes LISS funds available one time each year, beginning July 1, through five LISS provider agencies with designated service areas. Demand for LISS far exceeds the availability of funds. In FY2014, demand was so high that DDA stopped accepting applications after only two weeks. There were not adequate funds to serve everyone whose applications were received.

Shared Concerns and Widespread Support for Making Improvements

Many stakeholders throughout Maryland shared growing concerns about issues such as the LISS application process, equity of access and inconsistencies in communication and operations.

As a starting point for informed and productive discussions about LISS, the Maryland Developmental Disabilities Council (Council) sponsored a stakeholder survey and held focus groups in 2012 to gain broad input and gauge the breadth and depth of related issues. Nine hundred people responded to questions about what was working well, not working well and what should change. [4] 97% of respondents said LISS is an important program, with 56% saying it is “critical” and 31% considering it “very important.”

It was evident that all stakeholder groups shared a strong interest in improving the LISS program.

LISS STAKEHOLDER WORKGROUP

With a growing demand for Low Intensity Support Services exacerbating the problems and challenges that were already evident, the Council convened an LISS Stakeholder Workgroup (Workgroup) in the fall of 2013. The purpose was to think critically about a myriad of issues and recommend improvements to DDA about access, operations and impact that would be widely supported.

1 COMAR 10.22.14.06

2 FY2014: July 1, 2013 – June 30, 2014

3 As stipulated in statute and regulation: Maryland Health-General §7-717(d)(1) and COMAR 10.22.14.05(C)

4 The full report, *Low Intensity Support Services in MD: An Assessment of Importance, System Function, and Recommendations for Change*, is available at www.md-council.org

The Workgroup members represented a diverse group of Maryland stakeholders and had knowledge of and experience with LISS. They all had access to broader constituencies they represented to inform decision-making. Members included people with developmental disabilities, parents of children with developmental disabilities, LISS providers, Maryland's Parent Information & Training Center, a family support provider, and the Council. [5]

DDA shared the goal of making improvements to the LISS program, welcomed the establishment of the Workgroup and offered support. DDA provided extensive data that the Council and Maryland Center for Developmental Disabilities analyzed. This data, in concert with the survey responses and extensive experience with the LISS program throughout Maryland, informed the Workgroup's deliberations.

The Workgroup engaged in vigorous debate about many suggestions and options and gave extensive consideration to the impact and ramifications of all proposed recommendations.

Stakeholder Input

The Council issued a second survey prior to the first Workgroup meeting to solicit specific suggestions for change. The survey garnered over 700 responses. Feedback helped the workgroup identify issues needing attention and various options to consider.

Frequently repeated recommendations from this survey were: 1) Release LISS funding more than once per year; 2) Replace the first come-first served process with a more effective and fair alternative and 3) Give priority to people who have never received LISS before.

Over-Arching Goals of the Workgroup

The workgroup sought to achieve the following overall goals when developing recommendations for improving the LISS program:

- Maximize the impact of LISS, taking into consideration that the need far exceeds the demand;
- Maximize flexibility to address the needs of each individual/family;
- Increase the number of individuals and families receiving LISS;
- Reach more people and families who have never been supported by LISS, including families of limited means, people for whom English is a second language and families that are less connected to information and resources;
- Improve the application process so family frustration, confusion, and inconvenience are minimized;
- Improve consistency across regions and providers;
- Improve the accuracy, clarity and consistency of information people receive about LISS; and,
- Minimize administrative costs and time.

5 See Appendix F For a listing of workgroup members and their affiliations.

RECOMMENDATIONS

The LISS Stakeholder Workgroup's recommendations are presented with the understanding that some refinements may be necessary to ensure effective implementation and achievement of desired outcomes. DDA should work closely with the LISS providers to identify and resolve any implementation issues and to establish and revise administrative protocols and operating procedures.

Changes to LISS policies, procedures and practices must be implemented in a reasonable timeframe that ensures clear and timely communication to all stakeholders and takes into account the needs of potential applicants and the LISS providers.

Many of the recommendations are inter-related but they are presented separately in order to provide necessary detail and rationale.

DISTRIBUTION OF FUNDS

- ◆ **Recommendation 1: Distribute LISS funding twice a year by allocating funds to LISS providers in July and January.**
- ◆ **Recommendation 2: If there is any unspent funding from the first distribution (Round 1), roll it into the second distribution (Round 2).**

Rationale for Recommendations 1 & 2: This would expand the availability of funding beyond the start of the fiscal year and increase the possibility of addressing needs that arise later in the year. Distributing LISS funding twice a year could better address the needs of families.

- ◆ **Recommendation 3: Allocate funds in the following manner: 10% for emergencies / 20% for people who have never received LISS / 70% for other applicants.**

See Recommendations 4, 7 and 8 for details and rationale.

- ◆ **Recommendation 4: Set aside 10% of LISS funds in each round for people in emergency situations. The emergency funds should be provided on a first come-first served basis. Emergency situations should be very clearly and narrowly defined as: homelessness/risk of homelessness (including the temporary or permanent loss of a caregiver), utility shut-off and medical/dental emergencies.**

NOTE: This will require changes to MD regulations, COMAR 10.22.14.05(C) Application and Eligibility, as well as a definition of "emergency situations" added to the definition section of COMAR 10.22.14.03.

Rationale for Recommendation 4: Setting aside funds for clearly defined emergencies acknowledges that these are important and reserves some funds accordingly. A lottery system does not work with emergencies, thereby necessitating a first come-first served process for this category. Given that LISS was not intended to be a crisis-driven system, the amount allotted for emergency situations should not exceed 10%.

- ◆ **Recommendation 5: Accept applications for one month each funding round (July and January) during which time assistance should be provided to those who need help completing and submitting the application. The exception is people in emergency situations (see Recommendation 4).**
- ◆ **Recommendation 6: At the end of the application period use a lottery system to select who receives LISS. The exception is people in emergency situations (see recommendation 4).**

NOTE: This will require changes to MD regulations, COMAR 10.22.14.05(C) Application and Eligibility.

Rationale for Recommendations 5 & 6: The current first come-first served policy does not support equal access for all and unintentionally favors families that have work flexibility and can afford childcare. Families that struggle with the application process, have limited knowledge of the program's existence, and have language barriers are missing out on LISS opportunities. Those who can come in person have long waits. The lengthier application period would give families more time to submit their applications to LISS providers, thereby eliminating the widespread anxiety and frustration caused by the current process. It would eliminate the incidence of parents lining up for hours in order to ensure priority status. This would also reduce the incidence of LISS providers receiving an unmanageable volume of applications on the first day applications are accepted, as occurs now. LISS provider staff resources could be better utilized, including more time for outreach and education prior to and during the two distinct application and funding periods.

- ◆ **Recommendation 7: Give priority consideration in each funding round to people who have never received LISS before and allocate 20% of the funding to this category of applicants.**
 - DDA should determine a specific number of people to be served from this priority category in each round based on the amount of funds allocated for the round.^[6] Designating a specific number of people to be served in this priority category will make it possible for the LISS providers to quickly transfer people who are not selected into a General Lottery so they can start work on that lottery without delay.
 - Use a lottery system to select the applicants for this Priority Lottery.
 - Applicants that are not selected should be added to the General Lottery (see Rec. 8).
 - If funds remain after the selected priority applicants are served in each round, the remaining funds should transfer to the General Lottery to serve additional people.

NOTE: This will require changes to MD regulations, COMAR 10.22.14.05(C) Application and Eligibility.

Rationale for Recommendation 7: FY 2013 data indicates that 74% of LISS recipients had received LISS in at least one previous year. Setting aside funds for families who never accessed LISS before would be more equitable and allow limited LISS funds to reach more families. Prioritizing this group was one of the most frequent recommendations received in the DD Council's survey of nearly 700 stakeholders. Current policy leaves many families un-served while reaching other families multiple years.

⁶ The calculation would be 20% of the Total Funds available for services in the round divided by \$2000.

- ◆ **Recommendation 8: Allocate the balance of funds (70%) to a General Lottery. This lottery should be held after the Priority Lottery.**

Rational for Recommendation 8: A large lottery increases most applicants' chances of receiving LISS compared to a first come-first served approach, which favors a smaller group. Allocating the majority of the funds for non-emergency needs ensures that LISS remains true to its purpose, which is not focused solely on health and safety.

- ◆ **Recommendation 9: Lower the annual individual cap from \$3000 to \$2000 with no exceptions.**

NOTE: This will require changes to MD statute and regulation, Health-General §7-717(d) and COMAR 10.22.14.08 Program Funding.

NOTE: This will increase the number of people served, thereby requiring more LISS provider staff time to process applications and work with families. DDA should review the potential cost associated with this additional administrative responsibility. A balance should be struck that addresses these additional costs without diverting an unreasonable amount of funds from direct services.

Rationale for Recommendation 9: This revision of the cap would allow funding to extend farther and reach many more families each year. Based on an analysis of FY2013 data by the MD Center for Developmental Disabilities, had the cap been \$2000 instead of \$3000, approximately 500 additional people could have received LISS (see Appendix E). Looked at another way, LISS providers report that in FY2014 the majority of applicants are now reaching the cap. Based on this information, over 700 additional people could potentially be served each year by lowering the cap from \$3000 per year per person to \$2000.^[7] This lower cap is sufficient to cover the average expense of summer camp, which remains the most frequently requested service by families seeking LISS.

- ◆ **Recommendation 10: Adopt policies and protocols to ensure that all LISS funds are expended.**

- Allocate 60% of the total LISS funds for the fiscal year to Round 1 (July-Dec.) and 40% to Round 2 (Jan-June).
- Establish dates in each round for assessing whether funds remain, allowing time to select additional people to be served. This is especially important in Round 2.
- If state law permits, establish procedures to obligate LISS funds remaining at the end of the fiscal year for approved services when the actual payment cannot be made before the fiscal year ends.

Rationale for Recommendation 10: Allocating more LISS funds to Round 1 will help ensure all funds are utilized within the fiscal year because these funds can be rolled over into Round 2 if not obligated; funding unspent in Round 2 cannot be carried over and would be lost. Furthermore, allowing services to be funded after the close of the fiscal year if the funds were obligated for specific purposes will ensure all LISS funds are utilized. LISS

⁷ The amount of LISS funding allocated for purchase of service in FY2014 is \$4,466,482. Utilizing this total and assuming the majority of people request and receive the capped amount, a \$3000 cap would serve 1489 people and a \$2000 cap would serve 2233 people. 2233-1489 = 744 additional people potentially served. This general analysis is for purposes of comparison only.

providers report that it is possible to obligate all funds prior to the end of the fiscal year, even if all funds are not yet expended. However, some invoices are delayed and/or received beyond the fiscal year. Policies should recognize this reality. With the proper balance of flexibility and accountability, there will be greater probability that all LISS funds will be allocated for LISS.

ELIGIBILITY

- ◆ **Recommendation 11:** People who are receiving services funded by DDA, including through the two DD waivers (Community Pathways and New Directions) should not be eligible to apply for, or receive, LISS. ^[8] This should not apply to people who only receive resource coordination and no other DDA services.

NOTE: This will require changes to MD regulations, COMAR 10.22.14.05(B) Eligibility.

Rationale for Recommendation 11: LISS funding is limited and inadequate to meet all demand so eligibility should be focused on people who do not have access to services through other DDA programs. DDA has a Request for Service Change process that allows individuals receiving services through a DDA waiver to request additional support.

- ◆ **Recommendation 12:** People who are receiving services through other Medicaid waivers, except the Model (“Katie Beckett”) Waiver, should no longer be eligible to apply for or receive LISS.^[9] However, people in the Model Waiver should remain eligible for LISS.

NOTE: This will require changes to MD regulations, COMAR 10.22.14.05(B) Eligibility.

Rationale for Recommendation 12: These other Maryland Medicaid waivers offer a comprehensive set of services, including many of the services provided by LISS. However, the Model Waiver provides more limited services related to medical needs so individuals in the Model Waiver should remain eligible for LISS. Similar rationale as recommendation 11.

POLICIES AND PROCEDURES

- ◆ **Recommendation 13:** Individuals and families should only be allowed to apply to one LISS provider, in the region in which they live. Only one application should be accepted per person needing LISS (families with more than one eligible child would submit separate applications).

Rationale for Recommendation 13: Limiting applicants to the provider(s) designated for their region ensures that funding is spent according to the regional allocation and ensures people are working with a LISS provider with adequate information about local resources. Limiting people to one application submitted to one provider will help ensure a more fair and equitable lottery. In the regions where there are two LISS providers, DDA should determine whether a combined lottery should be held in order to ensure the most equitable selection process.

⁸ See Appendix B for information on DDA’s waivers.

⁹ Other MD Medicaid waivers: Waiver for Children with Autism, Waiver for Older Adults, Waiver for Adults with Traumatic Brain Injury, and Living at Home Waiver. See Appendix B for information about these waivers.

- ◆ **Recommendation 14: Individuals who receive LISS funding in Round 1 should not be eligible to apply for funding again in Round 2, even if they did not receive the full \$2000.**

Rationale for Recommendation 14: This is consistent with the goal to serve more individuals and families. Without this restriction, some individuals could be served in Round 1 and 2 while others received nothing. In addition, this policy will be easier to communicate and implement consistently.

- ◆ **Recommendation 15: Within a 90 day period (beginning July 1 and January 1), LISS providers should accept applications, conduct the lotteries, review and qualify those applications selected, and start the process of distributing funds. Eligibility for funding should be determined when a person’s application is selected in the lottery. [10]**

Rationale for Recommendation 15: This timeframe allows adequate time to process applications selected for funding and would not cause an undue wait for families. This is a maximum amount of time; the process will not take this long for all applicants. Further analysis should determine if this timeframe could be shorter.

- ◆ **Recommendation 16: DDA should clarify that LISS need not be the “payor of last resort.”**

Rationale for Recommendation 16: With the proposed decrease in the individual cap, LISS funding would be limited to \$2000 per person. Such a relatively small amount of support should not be contingent upon a person applying for funding through other sources because it causes undue delay and a burden for families. Current law requires the Family Support Services Program to coordinate and assist any eligible child and family in receiving services available under existing programs; see Health-General §7-703(c). This appears to have been interpreted as meaning “payor of last resort.” While LISS includes services available under both the Family Support Services Program and Individual Support Services Program, there is not a similar requirement for Individual Support Services; see Health-General §7-706(c). There is universal agreement that LISS providers should help inform and assist applicants to access needed supports from other sources and that DDA should not supplant what other systems are mandated to pay for (e.g, school systems); however, this should not translate into a requirement that families demonstrate that they have exhausted all other possible sources of support before accessing LISS.

- ◆ **Recommendation 17: DDA should work with the Maryland State Department of Education to gain clarity about what is provided for in school and by a child’s Individualized Education Program (IEP). This information should inform DDA policy about what LISS services can be approved for school aged children.**

Rationale for recommendation17: Some families have been denied funding for certain LISS services that DDA believes school systems provide for when in fact that is not the case. Clarity on this issue will result in more fair eligibility determinations.

10 The practice of returning application documents to applicants who are not selected for funding should end. Instead written information about LISS and communications with families should encourage them to retain a copy, which they can use to reapply.

- ◆ **Recommendation 18:** Accept written estimates for services for application purposes and require actual invoices for payment.

Rationale for Recommendation 18: This will allow individuals and families more flexibility and allow them to apply even if they cannot obtain an actual invoice when LISS applications are due. Many families report that it is difficult to apply at certain times of the year because actual invoices are not yet available (e.g. camp registration). A change in this policy will make the application process easier for individuals and families and the approval process more efficient.

- ◆ **Recommendation 19:** DDA should develop a reasonable practice of reimbursement for vendors based on generally accepted industry standards.

Rationale for Recommendation 19: LISS providers report that it is current practice to pay vendors upfront for approved work, service or support even if it has not been completed. Sometimes it is necessary to make partial payment to start work (e.g. home modifications by a contractor) but full payment does not support accountability. A revised policy about reimbursement will increase consistency and accountability.

- ◆ **Recommendation 20:** DDA should ensure LISS applications, including eligibility determinations, are handled consistently across regions and across LISS providers. This should entail identification of inconsistencies followed by ongoing clear and consistent communication between DDA regional offices and LISS providers. Quarterly meetings between DDA headquarters, DDA regional offices and all LISS providers should resume.

Rationale for Recommendation 20: Survey respondents reported inconsistencies in such things as documentation required and services/items deemed eligible for LISS funding. In addition, discussion in the Stakeholder Workgroup illustrated variability in some practices among LISS provider on some issues. Information from DDA is sometimes inconsistent, including information from the same regional office to different providers in that region. Among other efforts, regular meetings will result in more consistency and efficiency. Likewise, clearer and more consistent communication across DDA regional offices and LISS providers should also lead to more consistent practices and outcomes.

- ◆ **Recommendation 21:** DDA should make improvements to PCIS2 so LISS providers can communicate and access information quickly and accurately. Changes should integrate more of the information LISS providers are already required to report to DDA. ^[11]

Rationale for Recommendation 21: This will aid in the efficient and timely review of applications and approval of funding requests. For example, under the proposed process LISS providers will need current information to determine if an applicant has received LISS before (to assess whether they meet the priority category criteria) or has been served by another LISS provider in the current year (which would make them ineligible). Greater access to information about people who receive LISS funds will also help providers conduct more thorough outreach to underserved groups.

¹¹ PCIS2 (Provider Consumer Information System) is the Developmental Disabilities Administration's information management system.

- ◆ **Recommendation 22:** DDA should maximize the decision-making authority at the LISS provider level and minimize the decisions that have to be made by DDA. An effective and efficient appeal process must remain in place.

Rationale for Recommendation 22: Maximizing the number of decisions that are made by the LISS providers will ensure a more timely distribution of resources to families and remove unnecessary administrative burdens and costs for both the providers and DDA. Policies about where decision-making authority lies should take into account the fact that these services cost \$2000 or less. There are reporting functions that provide sufficient ways for DDA to monitor and account for the funds the LISS providers award, without being unduly involved in the regular operation of the LISS program.

- ◆ **Recommendation 23:** The LISS Request Form (application) should be revised and the application process should be as easy as possible for individuals and families.
 - List priority categories (emergency; never received LISS before) at the top to be checked off by the applicant
 - Clarify that the Applicant Information is about the person with a developmental disability
 - Add a statement that applicants may apply to one provider that covers their region; stipulate which regions are served by each LISS provider
 - Require a statement about the impact of receiving LISS funds on the individual and/or family that is consistent with what LISS regulations stipulate as the purpose of LISS [12]
 - Delete the following sections: Marital Status, Individual's Annual Income and Household Annual Income
 - Update the applicant declaration to be consistent with changes made to the LISS process
 - Clarify who signs the application
 - Add a checklist of what should be enclosed with the request form

Rational for Recommendation 23: The application should collect the necessary information for determining eligibility but should not be burdensome for individuals and families to complete. Adding an impact statement would help LISS providers review requests and determine eligibility. Other changes would provide greater clarity.

OUTREACH AND COMMUNICATION

- ◆ **Recommendation 24:** In order to reach people who have never received LISS before, LISS providers, in conjunction with DDA, other state agencies and other pertinent organizations should conduct targeted outreach to underserved people. For example, this may include providing information to Spanish speaking families and providing information at IEP meetings.

Rationale for Recommendation 24: One of the most frequent recommendations received in the DD Council's survey was to ensure limited LISS funds reach more individuals and

12 COMAR 10.22.14.06 (A) requires services to increase the individual's health or safety in the home environment; support the individual to participate in the community; enable the individual to remain in their own home or with their family; strengthen the family's ability to support the individual; or enable the individual to develop and maintain skills.

families. Targeted outreach and assistance will help underserved people learn about available LISS funds. Outreach should allow funding to reach more families in need, as well as educate families about the various resources available to them. The combination of a twice-a-year application process, extended application period and targeted outreach will provide LISS staff and others more opportunity to educate and assist families both in advance of and during the two application periods.

- ◆ **Recommendation 25: Simplify, clarify and fully explain the LISS application and funding process and related policies on the DDA website and through other avenues, including comprehensive FAQs divided by topic. Ensure all forms of communication regarding LISS to individuals and their families is clear and consistent.**

Rationale for Recommendation 25: A lack of clear and consistent communication will undermine any efforts to administer LISS in an efficient, fair and effective manner. This has always been important, but will be even more so with significant changes implemented.

APPENDIX A

Maryland Statute Defining Low Intensity Support Services

Article - Health - General §7-717

(a) (1) In this part, “low intensity support services” means a program designed to:

(i) Enable a family to provide for the needs of a child or an adult

with developmental disability living in the home; or

(ii) Support an adult with developmental disability living in the community.

(2) “Low intensity support services” includes the services and items listed in §§ 7-701(d) and 7-706(c) of this subtitle.

(b) There is a Low Intensity Support Services Program in the Administration.

(c) Low intensity support services shall be flexible to meet the needs of individuals or families.

(d) (1) The Administration shall establish a cap of no less than \$3,000 of low intensity support services per individual per fiscal year to a qualifying individual.

(2) The Administration may waive the cap on low intensity support services provided under paragraph (1) of this subsection.

(e) (1) An individual seeking low intensity support services is not required to:

(i) Submit an application to the Department as provided in § 7-403

of this title; or

(ii) Complete an application for the Medical Assistance Program if

the low intensity support services will be provided to a minor.

(2) The Department may develop a simplified application process for low intensity support services.

(f) The Administration shall deliver services to an eligible individual seeking low intensity support services dependent on the availability and allocation of funds provided by the Administration.

APPENDIX B

Summary of Waiver Services in Maryland ^[12]

Community Pathways and New Directions Waiver for Individuals with Developmental Disabilities

Provides the following services to eligible people with a developmental disability:

- Service Coordination
- Residential Services
- Day Services (including habilitation and/or medical day care)
- Supported Employment
- Environmental Modifications
- Respite Care
- Assistive Technology
- Behavior Supports
- Family and Individual Support Services

COMAR 10.09.26.01

- (8) "**Developmental disability**" means a severe chronic disability of an individual that:
- (a) Is attributable to a physical or mental impairment other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
 - (b) Is manifested before the individual attains the age of 22;
 - (c) Is likely to continue indefinitely;
 - (d) Results in an inability to live independently without external support or continuing and regular assistance; and
 - (e) Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services that are individually planned and coordinated for the individual.

COMAR 10.22.12.03

- (11) "**Eligibility for support services only**" means an individual shall have a severe chronic disability that is:
- (a) Attributable to a physical or mental impairment other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments; and
 - (b) Likely to continue indefinitely.

(12) "**Family support services**" means a program designed to enable a family to provide for the needs of a child with developmental disability living in the home. Family support services include:

- (a) Individual and family counseling;
- (b) Personal care;
- (c) Day care;
- (d) Specialized equipment;
- (e) Health services;
- (f) Respite care;
- (g) Housing adaptations;
- (h) Transportation; and
- (i) Other necessary services.

(17) Individual Support Services.

(a) "Individual support services" means an array of services that are designed to increase or maintain an individual's ability to live alone or in a family setting.

(b) "Individual support services" includes:

- (i) In-home assistance with meals and personal care;
- (ii) Counseling;
- (iii) Physical, occupational, or other therapies;
- (iv) Architectural modification; and
- (v) Any other services that the Administration considers appropriate to meet the individual's needs.

Waiver for Children with Autism

Provides the following services to eligible children (through 21) with autism spectrum disorder:

- Respite Care
- Environmental Accessibility Adaptations
- Family Training
- Residential Habilitation
- Intensive Individual Support Services
- Therapeutic Integration
- Adult Life Planning

Model Waiver

Provides the following services to eligible children under age 22, with complex medical needs (chronic illness or severe disability), including technology dependent, that would require hospitalization or care in another type of similar facility without in home services:

- Case Management
- Private Duty Nursing
- Shift Home Health Aide Assistance
- Physician Participation in the Plan of Care Developmental
- Durable Medical Equipment and Supplies

Waiver for Older Adults

Provides the following services to eligible adults, age 50 and older, who need nursing facility level of care:

- Personal Care
- Respite Care
- Assisted Living Services
- Senior Center Plus
- Family/Consumer Training
- Personal Emergency Response Systems
- Dietitian/Nutritionist Services
- Assistive Devices
- Behavior Consultation Services
- Home Delivered Meals
- Case Management
- Medical Day Care
- Transition Services

Waiver for Adults with Traumatic Brain Injury (TBI)

Provides the following services to adults, age 22-64, who have been diagnosed with a TBI:

- Residential Habilitation
- Day Habilitation
- Supported Employment
- Individual Support Services
- Case Management
- Medical Day Care

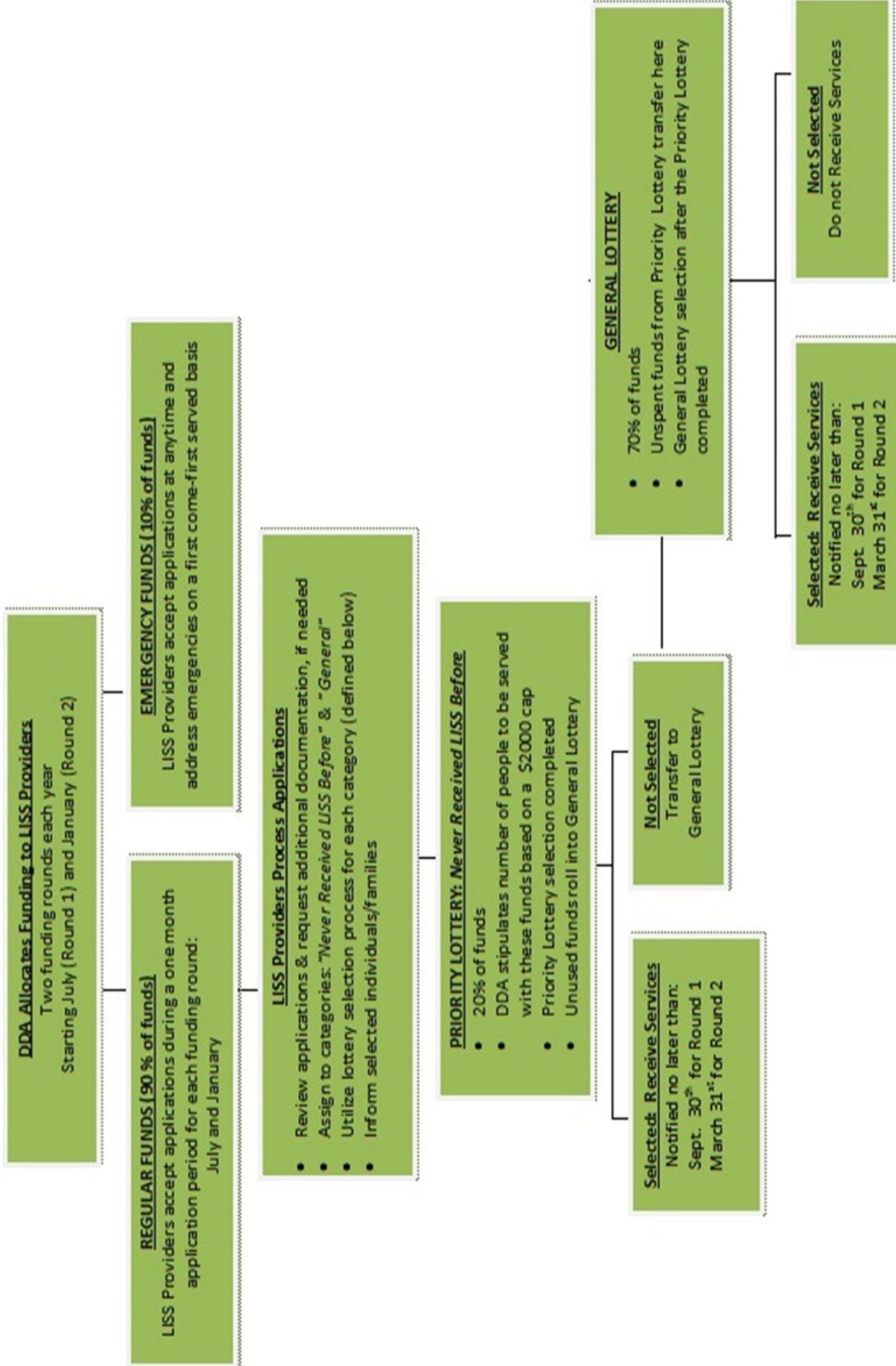
Living at Home Waiver

Provides the following services to adults, age 18-64 at the time of enrollment, who meet the nursing facility level of care based on a uniform medical assessment:

- Attendant Care, including personal assistance services
- Nursing Supervision
- Assistive Technology
- Personal Emergency Response Systems
- Environmental Assessments
- Environmental Accessibility Adaptations
- Medical Day Care
- Consumer and Family Training
- Case Management
- Transition Services
- Home Delivered Meals
- Dietitian and Nutritionist Services

NOTE: Individuals receiving services through any waiver are also eligible to receive Medicaid services which include: physician & hospital care, pharmacy, home health, laboratory services, disposable medical supplies & durable medical equipment, mental health services, and payment of Medicare premiums, co-payments and deductibles.

Revised LISS Process (as proposed) November 2013



APPENDIX D

Summary of LISS Process (as proposed)

- ◆ DDA communicates amount of LISS allocation available for service provision to LISS providers
- ◆ DDA stipulates how many people to serve in the Priority category (calculation is 20% of total available funds divided by \$2000)
- ◆ DDA & LISS providers announce availability of funds
- ◆ LISS providers accept applications for one month
- ◆ LISS providers review applications for sufficient documentation and communicate as needed with applicants during application & selection period
- ◆ LISS providers assign applicants to one of three categories: Emergency, Priority (Never Received LISS before) or General
- ◆ LISS providers work with applicants who meet emergency criteria as they apply
- ◆ LISS providers conduct Priority Lottery, selecting the number of people designated by DDA
- ◆ LISS providers transfer people not selected to the General Lottery
- ◆ LISS providers select applicants from General Lottery until funds are exhausted

APPENDIX E

Data

LISS People Served More than One Year

7251= unduplicated number of people who received LISS during FY10-13

	FY2010	FY2011	FY2012	FY2013
New to LISS ¹	1723 (100%)	2423 (40%)	1895 (29%)	1210 (26%)
Previously Received LISS ²	N/A	3640 (60%)	4576 (71%)	3452 (74%)
Total	1723	6063	6471	4662

Source: DDA data provided July 2013 analyzed by the Maryland Center on Developmental Disabilities on behalf of the workgroup.

1 First time received LISS, unduplicated people.

2 Received LISS in at least one previous year; some of the people in 2012 and 2013 received LISS in more than one previous year.

LISS Service Requests

SERVICE TYPE	FY2010	Percent*	FY2011	Percent	FY2012	Percent	FY2013	Percent	TOTAL	Percent
Adaptive Equipment	147	7%	317	7%	294	6%	189	4%	947	6%
Assistive Technology	68	3%	110	2%	132	3%	179	4.5%	489	3%
Behavioral Supports		0%	46	1%	101	2%	143	4%	290	2%
Clothing	12	1%	36	1%	20	0.4%	15	0.4%	83	0.5%
Community Supports	53	2.5%	51	1%	106	2%	78	2%	288	2%
Day Care		0%	152	3%	217	4%	203	5%	572	4%
Home Modification	43	2%	118	2.5%	93	2%	69	2%	323	2%
Housing-related	183	9%	350	7.5%	389	8%	203	5%	1125	7.5%
Medical	223	10.5%	488	10.5%	405	8%	372	9%	1488	10%
Misc./Other	108	5%	594	13%	441	9%	296	10%	1439	10%
Recreational	139	6.5%	350	7.5%	397	8%	378	10%	1264	8%
Respite	234	11%	494	11%	688	14%	563	14%	1979	13%
Summer Programs & Camp	750	35%	871	19%	1045	21%	740	19%	2666	18%
Therapeutic	144	7%	612	13%	632	13%	464	12%	1852	12%
Transportation	18	1%	58	1%	68	1%	45	1%	189	1%
Total	2,122	100%	4,647	100%	5,028	100%	3,937	100%	14,994	100%

LISS

Average Amount Approved by Type of Service

Service	Amount of Funding				Total
	FY2010	FY2011	FY2012	FY2013	
Adaptive Equipment	\$1128	\$720	\$851	\$787	\$832
Assistive Technology	\$520	\$344	\$502	\$411	\$435
Behavioral Supports		\$1046	\$1194	\$1607	\$1370
Clothing	\$228	\$254	\$256	\$120	\$227
Community Supports	\$940	\$602	\$996	\$962	\$907
Day Care		\$942	\$1192	\$1388	\$1191
Home Modification	\$1759	\$996	\$1282	\$1620	\$1309
House-related	\$1065	\$705	\$701	\$592	\$737
Medical	\$765	\$642	\$678	\$790	\$693
Misc./Other	\$618	\$223	\$211	\$203	\$245
Recreational	\$701	\$446	\$645	\$800	\$637
Respite	\$1161	\$1028	\$1315	\$1470	\$1261
Summer Programs & Camp	\$1013	\$880	\$888	\$905	\$915
Therapeutic	\$827	\$725	\$849	\$952	\$824
Transportation	\$941	\$446	\$543	\$756	\$600
Total	\$951	\$695	\$840	\$926	\$830

Source: DDA, July 2013

Analysis of Expenditures for Low Intensity Support Services FY 2010 through FY 2013

Overall Summary (cap was \$3000)						
	Number applications	Total Awards	Total Amt. Awarded	Average Award	Median Award	Modal Award [1]
2010	2,482	1,550	2,361,361.36	1,523.46	1,350.00	3,000.00
2011	6,063	2,508	4,214,211.39	1,680.31	1,540.50	3,000.00
2012	6,471	2,876	5,432,939.49	1,889.06	1,995.00	3,000.00
2013	4,662	2,231	4,316,970.78	1,934.99	2,014.94	3,000.00

Analysis of the LISS Cap [2] (potential new participants)

\$2000 Cap					
	# Over [3]	Amt Over [4]	Amt @\$2000 [5]	Amt Left [5]	Additional Served [7]
2010	498	1,394,213	996,000	398,213	261
2011	981	2,806,544	1,962,000	844,544	503
2012	1,416	4,079,173	2,832,000	1,247,173	660
2013	1,118	3,260,215	2,236,000	1,024,215	529

Source: Maryland Center for Developmental Disabilities analysis of data from DDA, September 2013

1 Mode is the amount that appears most often

2 Using FY2013 data

3 Number of people who received services in FY2013 over \$2000

4 Total amount of funds spent on people who received more than \$2000

5 The amount people who were served would have cost if the cap had been \$2000 instead of \$3000

6 The amount that would have been available to serve additional people if the cap had been \$2000 instead of \$3000

7 Estimated number of additional people that could have been served based on the average award for that fiscal

APPENDIX F

LISS Stakeholder Workgroup Members

Andre Coates	LISS Provider agency y – MD Community Connection
Brian Cox	Maryland Developmental Disabilities Council
Mike Dyer	LISS Provider agency –United Needs & Abilities
Whitney Ellenby	Parent
Teresa Herbert	Parent and The Arc Maryland representative
Laura Howell	Maryland Association of Community Services
Jennifer Leidy	LISS Provider agency – Pen-Mar Human Services
Rachel London	Maryland Developmental Disabilities Council
Kelly Meissner	Parent and Parents Place of Maryland representative
Krista Middlebrooks	Parent
Vicki Mills	People on the Go of Maryland
Judy Olinger	LISS Provider agency – Humanim
Mac Ramsey	LISS Provider agency – The Arc Prince Georges County
Mat Rice	People on the Go of Maryland
Joyce Simms	Resource Coordination agency – Resource Connections
John Whittle	Resource Coordination agency – Service Coordination Services

The committee included two other parents who are not listed because they were not able to participate.

The Maryland Developmental Disabilities Council is a public policy organization with the mission to advance the inclusion of people with developmental disabilities in all facets of community life by eliminating barriers, creating opportunities, empowering people, and promoting innovation

This report was completed by the Maryland Developmental Disabilities Council

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