



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

August 25, 2014

To: Participants of the Medical Assistance Personal Care Program

From: Long Term Services and Supports Administration

This letter clarifies changes to the Medical Assistance Personal Care (MAPC) program and describes the Community First Choice (CFC) program. The CFC program provides services to help people who need support in their home in the community.

Supports Planning

All MAPC participants will receive assistance from a supports planner. Under prior programs, MAPC participants received supports from nurses in the local health departments. In the future, your supports planner will help you choose services and find providers. You will receive brochures describing each supports planning agency. You may select an agency by calling the number on the brochure of the agency you have selected. You will be assigned an agency if you do not select one within 21 days. Participants have the option to change supports planners if they choose.

Assessing Your Needs

A nurse or social worker from your local health department will meet with you to ask what help you need each day. The nurse or social worker completes this assessment every year. It is important that you tell them how much help you need. This information will be used to put together your assessment. You can ask for a written copy of the assessment from your supports planner.

Choosing Your Services

You have many options to help you live in the community. Participants in the MAPC program will have access to personal assistance services, nurse monitoring, and supports planning.

- Personal assistance provides help with your everyday activities. These activities may include getting dressed, bathing, going to the bathroom, and eating. However, providers may not run errands for you or perform housekeeping tasks unless it directly relates to the activities listed above. Providers may clean bed linens or wash dishes after a meal when necessary.

People who need a lot of help may be eligible for CFC. If you become eligible for CFC, you will have access to these services and more. For example:

- An electronic medication reminder and pill box if you need help remembering to take medications
- A ramp or railing if you need help going up and down the stairs in your home

- Meals delivered to your home if you have trouble cooking or preparing food
- An emergency response system for you to call for help at the touch of a button

Other services are available and certain rules apply. Please ask your supports planner for more information.

Budgeting and Selecting Your Services

After being assessed, you will be assigned a personal budget for services. The budget is a starting point in developing a plan that meets your needs. Request additional services if you believe you need more help than your budget allows.

You and your supports planner will identify tasks for your personal assistant to do each day. Each task must relate to an identified need and be designed to help you maintain your health and safety in the community.

You get to pick your provider. If you need help picking a provider, your supports planner will help you. Your provider may be from an agency or someone in your community, including a member of your family, subject to certain rules. You may interview providers prior to choosing them.

Your supports planner will list all of your services and providers on your plan of service. You can also get help from your family or friends to make choices. You will be asked to sign the plan. By signing your plan, you agree that the plan of service meets your needs. Do not sign a plan of service if you do not agree.

Exceptions to the Budget and DHMH Review

If the services you need are more than your budget, you may request more services. This is called an “exception form.” Your supports planner will assist you with this process. The following information is needed for your request:

- A list of tasks your personal assistant will do and an estimated time to do them
- Orders, notes, or letters from a doctor, nurse or other specialist
- Instructions for taking medication(s) or receiving specified treatments
- Information on cognitive issues not captured in your assessment
- Discharge notes from a recent hospital or nursing home stay
- Other information not listed in your assessment

When complete, your supports planner sends this form to the Department for review.

Right to Appeal

If the Department denies your plan and exception request, you have a right to appeal the decision. The Department provides information on how to submit an appeal. You may request assistance from the Legal Aid Bureau or the Maryland Disabilities Law Center at that time. If you appeal within 10 days, your current service level will continue until the appeal is decided. If your appeal is denied, the Department will assist you with an alternative plan to meet your needs.

If you have any questions, please call your supports planner. If you would like to speak with someone at the Department about your supports planning agency, please call 410-767-1739.

For more information about the program, please go to the following website:

<https://mmcp.dhmh.maryland.gov/longtermcare/sitepages/community%20first%20choice.aspx>