



## Maryland Waiver Programs

### Model Waiver for Disable Children

The [Model Wavier](#) began January of 1985. This waiver targets medically fragile individuals including technology dependent individuals who before the age of 22, would otherwise be hospitalized and are certified as needing hospital or nursing home level of care. Through the waiver, services are provided to enable medically fragile children to live and be cared for at home rather than in a hospital.

Model Waiver services includes: Case Management, Private Duty Nursing, Shift Home Health Aide Assistance, Physician Participation in the Plan of Care development, and Durable Medical Equipment and Supplies. Individuals that would like to apply for [Model Wavier](#) Services must contact the Coordinating Center for Home and Community Care, Inc., a case management organization.



# HISTORY OF THE MODEL WAIVER PROGRAM

## I. History:

### Katie Beckett Story

- A. Parents wanted to bring sick child home from hospital to care for her, but if they removed her from the hospital it would mean that the child's Medicaid benefits would be cut-off. Without Medicaid, Katie's parents could not afford the huge medical bills she would incur even at home. President Reagan, after receiving a letter from the Becketts' changed the Regulations so that under the Waiver, Medicaid benefits could continue if it can be shown that home care would be cheaper than hospitalization. This Waiver has been in effect since 1981.
- B. Purpose of the Model Waiver/Katie "Beckett Waiver" is to prevent the needless and costly institutionalization of children who can be cared for less expensively and more humanely at home. If those children who have been maintained at home by insurance benefits, which become exhausted, were not placed on the Waiver, they would have to be reinstitutionalized. This institutionalization for their chronic conditions would shortly result in Medical Assistance eligibility and, for those without appropriate (i.e., chronic) inpatient insurance benefits, substantial Medicaid payments. The net result of the process would be an unnecessary, potentially traumatic institutionalization and greater Medicare expense.
- C. The Model Waiver has only 200 slots available for recipients.

## II. The Waiver Eligibility Process:

### A. Age:

In order to participate in the Program, the applicant must be 21 years of age or younger. Once deemed eligible for services, the recipient may continue to receive services (regardless of age) as long as he continues to meet the Waiver's certification and level of care criteria.

### B. Medical Eligibility:

The medical eligibility process begins with a child who has been hospitalized for an illness. The referral to the Model Waiver comes from a physician assessing the long-term medical care needs of the perspective participant. If long-term care is not needed, then the process ends because the child would not be eligible for Waiver services. For a child who needs long term care, the physician completes and signs Form 3871B. This form is sent to The Coordinating Center (TCC) where it is reviewed for completeness and is then sent to the Delmarva Foundation for Medical Care, Inc. (DFMC) for verification of medical eligibility and determination of a level of care (LOC). All participants must be at least nursing facility level (NF:ICF/SNF) to be medically eligible. The DFMC is also responsible for the recertification of a recipient based on the annual or semi-annual review of his condition.

Once the child is deemed medically eligible by the DFMC, the original Form 3871B is returned to TCC. In addition, a letter is sent to the Waiver applicant and to TCC stating the child's medical eligibility. If a child is found to be not medically eligible, a letter is sent to the Waiver participant and to TCC stating the child's medical non-eligibility. A copy of the Form 3871B is also sent to TCC. A child who is not found medically eligible is rejected as a Waiver participant. At this point, the child or family of the child may appeal the rejection. This can lead to the rejection being either upheld or overturned.

C. Financial Eligibility

The financial eligibility process begins as the family of the Waiver applicant completes the Department of Health and Mental Hygiene (DHMH) Form 11588 (the Medical Assistance Application). The Department of Human Resources (DHR), then determines the child's financial eligibility based on his income. If found ineligible, the child's application for the Waiver Program is rejected. This decision may be appealed by child and/or family.

If a child is financially eligible, a DHMH Form 8000 is sent to the Provider Services Operations.

III. Model Waiver for Disabled Children

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