



LOW INTENSITY SUPPORT SERVICES (LISS)

Services and Eligibility Guide Fiscal Year 2018

Information in this guide is subject to change at the discretion of the Developmental Disability Administration to ensure the provision of quality service. This guide does not represent a guarantee or commitment of funding.

**Low Intensity Support Service Program
Services and Eligibility Guide
Fiscal Year 2018**

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BLANK SERVICE AND ELIGIBILITY FORM

BLANK SAMPLE SERVICE AND ELIGIBILITY FORM

This guide does not represent a guarantee or commitment of funding.

WELCOME!

The Developmental Disabilities Administration (DDA) of the Maryland Department of Health and Mental Hygiene (DHMH) is committed to supporting children and adults with developmental disabilities and their families as they live, love, learn, work and play in their communities. The DDA recognizes the critical role families play in supporting their sons and daughters, siblings, and grandchildren across the lifespan. The DDA's Low Intensity Support Services (LISS) program is a State funded program designed to be flexible to meet the needs of the individuals and families as they grow and change. The goal of LISS is to provide funding for services, programs and items to assist, enhance and promote both the individual's and family's quality of life!

Using an automated system called the Random Selection Process, LISS selects applicants who may be eligible for funding, granting up to \$2000 for services and items to address their needs. Because funding is limited, the use of the Random Selection Process allows the DDA to promote equality and access for everyone. The process includes an application, selection, eligibility determination, and funding for eligible items and services.

This guide provides applicants with the information and forms they need to complete their application. If you have any questions and need assistance in completing this form please contact the LISS provider that services the county in which you live. They are happy to assist you!

LISS AGENCY CONTACT INFORMATION

Penn Mar Human Services

310 Old Freeland Road
Freeland, MD 21053
LISS Office Phone: 410.343.0891
Toll Free: 1.877.282.8202, TTY: 711
Fax: (410)357-4767
E-mail: LISS@Penn-Mar.org
Website: <http://www.penn-mar.org/liss/>

Counties Served: Allegany, Anne Arundel, Baltimore City, Baltimore County, Carroll, Frederick, Garrett, Harford, Howard, and Washington

United Needs and Abilities

688 east Main Street
Salisbury, MD 21804
Phone: 410.543.0665 Toll Free: 1.800.776.5694, TTY: 410.543.0665
Fax: 410.543.0432
E-mail: LISS@una1.org
Website: <http://www.una1.org/developmental-disabilities/financial-assistance#sthash.yhADRTHw.dpbs>

Counties Served: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico and Worcester.

Maryland Community Connection

4401 Nicole Drive
Lanham, MD 20706
LISS Office Phone: 301.583.8880
Toll Free: 1.877.622.6688
Fax: 301.583.0359
E-mail: LISS@marylandcommunityconnection.org
Website: <http://www.marylandcommunityconnection.org/low-intensity-support-services-liss/>

Counties Served: Calvert, Charles. Montgomery, Prince George's, and St. Mary's.

RANDOM SELECTION PROCESS

1. Applications received between May 1, 2017 and June 30, 2017 are eligible for Round 1.
2. Applications received between July 1, 2017 and October 31, 2017 are eligible for Round 2.
3. On July 18, 2017 (Round 1) and October 18 (for Round 2), the DDA will utilize a **Random Selection Process (RSP)** to identify individuals to be considered for funding in FY 18.
4. From the RSP the DDA creates a **Random Selection Report (RSR)** for each region based on the outcome of the RSP.
5. Using the RSR, LISS providers will notify applicants in writing (by mail) of the Random Selection results within 10 - business days of the **selection** process. This notification will inform applicants if they have been selected or not.
6. The written notification of **selection** will include the LISS Service and Eligibility Guide.
7. Selected individuals for Round 1 must submit their LISS Services & Eligibility Form to their LISS provider by August 31, 2017.
8. Selected individuals for Round 2 must submit their LISS Services & Eligibility Form to their LISS provider by January 17, 2018.

► **IMPORTANT:** *Please note that LISS applications must be mailed or delivered in person to the applicant's LISS provider. Unfortunately, the LISS providers cannot accept applications via email or fax.*

HOW TO COMPLETE AND SUBMIT THE LISS SERVICES & ELIGIBILITY FORM

This guide provides applicants with the information and forms they need to complete and submit their LISS Services & Eligibility Form. If you have questions and require assistance in completing this form, please contact your LISS provider that services the county where you live using the contact information above. They look forward to assisting you!

STEP 1: REMOVE BLANK AND SAMPLE APPLICATION FROM THE BACK OF THIS GUIDE

1. Please read this guide carefully.
2. Follow the steps and instructions and use the **Sample: LISS Services and Eligibility Form** in the back of this guide to assist you in completing the **Blank LISS: Services and Eligibility Form** - also located in the back of this guide.
3. Please complete the **LISS Services and Eligibility Form** in its entirety, which includes a valid signature or it may be denied.
4. Submit the completed LISS Services and Eligibility Form along with **ALL** required documents to the LISS

Agency via mail or in person within the specified time frame.

5. ***Please make sure your application does not exceed the allowable limit of \$2,000 – which includes registration or credit card, shipping and/or handling fees. Thank you!***

STEP 2: GATHER PARTICIPANT ELIGIBILITY INFORMATION

Applicant Eligibility Criteria

An applicant is eligible for LISS if he or she meets one of the following two criteria.

1. A child who is living in the home and has a developmental disability that ...
 - a. Is attributable to a physical or mental impairment, other than the sole diagnosis of a mental illness, or to a combination of physical and mental impairments and
 - b. Is likely to continue indefinitely.

OR

2. An adult who is living in the community and has a developmental disability that ...
 - a. Is attributable to a physical or mental impairment, other than the sole diagnosis of a mental illness, or to a combination of physical and mental impairments and
 - b. Is likely to continue indefinitely

► ADDITIONAL ELIGIBILITY CRITERIA

An applicant IS ELIGIBLE for LISS if he or she is...

- On the DDA Waiting List but **ONLY receiving Coordination of Community Services (CCS)**
- Enrolled in the MD Model Waiver, or Rare & Expensive Case Management (REM)

An applicant IS NOT ELIGIBLE for LISS funding if he or she is...

- Receiving DDA services, other than Coordination of Community Services (CCS) i.e. in home supports, vocational, residential etc....
- Enrolled in any MD Medicaid Home & Community Base Waivers such as the DDA's Community Pathways Waiver, the Older Adult, or Autism Waiver etc.
- Applicants who received funding in Round 1 are not eligible to receive funding in Round 2 of the same fiscal year, even if the entire maximum amount of \$2,000 was not awarded to the applicant in Round 1.

Applicant Eligibility Checklist

1. **Proof of Disability:** The following documentation is acceptable as proof of disability. Please submit only one of the following...

- ✓ A statement written by a licensed physician, confirming that the individual has an eligible

disability.

- ✓ A finalized Individualized Educational Program (IEP) from the current calendar year that identifies an eligible diagnosis and that is in effect as of the date of the LISS application; (**Generally, the entire IEP is not required. However, if the diagnosis is non-specific in nature i.e. "Other Health Impairments," and "Developmental Delay" etc. the entire IEP and other documented proof of the applicant's diagnosis is required.**)
- ✓ A DHMH letter identifying the determination of a developmental disability or support only status

► **NOTE:** *A non-specific learning disability, developmental or global delay, by itself, may not meet program requirements.*

2. Proof of Maryland Residency: To qualify for the LISS program the applicant must live in the state of Maryland. The following documentation, dated within the last 12 months, is acceptable for proof of residence. Please submit at least **one** of the following.

- ✓ A **current** IEP (demographic page only, unless requested by your LISS provider to clarify service eligibility) or
- ✓ A **current** IP (Individual Plan)

The following information, containing the parent's name, is acceptable for applicants under age 18.

- ✓ A current household utility statement
- ✓ A current driver's license or identification card issued by Maryland
- ✓ A current lease agreement
- ✓ A current bank or credit card statement
- ✓ A mortgage statement or proof of home ownership (Deed, Title, Bill of Sale, or Statement from Maryland Assessment and Taxation)

3. Proof of Identity – The proof must contain the applicant's first, middle, and last name, without the use of initials or nicknames. Please submit at least one of the following.

- ✓ A valid social security card issued by the U.S. Social Security Administration
- ✓ A legal birth certificate
- ✓ A valid passport issued by the U.S. Department of State
- ✓ A current driver's license or identification card issued by Maryland
- ✓ A valid Military dependent identification card issued by the U.S. Department of Defense
- ✓ A valid Green Card or Student Visa, issued by the U.S. Citizenship and Immigration Services

4. Proof of Medical Assistance- For applicants aged 18 or older at the time of application. The following documentation is acceptable as proof of medical assistance.

- ✓ A valid Medical Assistance number (to be verified through emedicaid)
- ✓ A copy of the applicant's Medical Assistance card
- ✓ A receipt for an application for medical assistance within the past 12 months
- ✓ An online print out from www.marylandhealthconnection.gov proving an application was submitted

- ✓ A receipt from an in-person delivery to the Maryland Department of Social Services
- ✓ A denial letter from Maryland Department of Social Services, dated within the past 12 months

STEP 3: IDENTIFY, LIST REQUESTED SERVICES & PROVIDE REQUIRED DOCUMENTATION

Please use the list of Eligible Services and Corresponding Required Documents below to assist you in completing your form and gathering your documents. When completing the Services and Eligibility Form please identify and list the services and items you are requesting. If you are requesting a service or item not listed below please include that as well.

Eligible Services and Corresponding Required Documentation:

► **REMEMBER:** *Every service requires documentation!*

Please include the following information when completing and submitting your application.

1. If the item/service is provided by a company (not a website)
 - a. A company invoice, quote, or fully completed registration form is required.
 - b. Services requested (e.g., camp, respite, rec programs, classes, membership, and therapy etc....) must include the dates of service on the invoice/quote. These dates can be actual or anticipated and must occur in the State fiscal year (July 1, 2017 – June 30, 2018) with the **exception of Summer Camps, Summer Programs and Therapeutic Programs which may take place in July and August of 2018.**
 - c. Please note: LISS providers will make payments directly to the company/vendor/provider etc... using the invoice/quote provided by the applicants.
2. If an item is purchased online...
 - a. A printed copy of the online shopping cart, showing the desired item and any customizations, shipping, and tax is required
 - b. If the item is approved, the LISS agency will purchase the item online and have it shipped directly to the applicant's home.
 - c. Please Note: DDA cannot purchase items directly from a vendor that requires membership to make purchases. This includes Costco, Sam's Club, BJ's, and others.

► **IMPORTANT:** *Additional documentation may be required. Please utilize the checklist under each item/service description, for specific documents.*

Adaptive/Specialized Equipment & Assistive Technology

Specialized equipment and assistive technology refers to non-experimental technology or adaptive equipment, which enables an individual to live in the community and participate in community activities. Assistive technology may include the following:

1. Environmental control units for participants' homes to allow spontaneous or programmed control of household appliances and other home devices

2. Devices with web-based operating systems, software, and computer accessories that enable participants to function more independently
3. Training for & maintenance and repair of the covered assistive technology devices and equipment
4. Augmentative communication and communication-enhancement devices
5. Aids for daily living and self-help devices and technology used in activities such as eating, bathing, cooking, dressing, toileting, and home maintenance.
6. Equipment needed to adapt the individual's or family's automotive vehicle for personal transportation such as: Adaptive driving aids, hand controls; and wheelchair lifts, and other lifts used for personal transportation.

REQUIRED DOCUMENTS

- *Company invoice or a copy of online shopping cart, shipping, handling & tax included (required for payment)*
- *Form W-9 for the business selling the product (blank form included in this packet)*

Adult Care

Care provided to individuals age 21 and older and received during specific times of the day to supplement the care provided by the applicant's parents/legal guardians; and cannot be provided by a parent, guardian, or someone legally responsible for the LISS applicant.

REQUIRED DOCUMENTS

- *Company invoice with applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*
- *Information, such as a license number on the invoice, showing that services are to be provided by a person or business licensed by the Office of Health Care Quality under COMAR 10.12.04*

Attendant Care/Personal Care

Attendant Care involves providing assistance with activities of daily living. A parent, guardian, or someone legally responsible for the LISS applicant cannot be paid to provide this service. An agency or independent contractor may provide this Attendant/Personal Care. If provided by an independent contractor, timesheets will be provided upon approval of the application and the service will be paid as it occurs. Independent contractors are not paid in advance for services.

Examples of activities of daily living...

1. Eating, bathing, cooking, dressing, and toileting
2. Shopping
3. Driving
4. Medication management

REQUIRED DOCUMENTS

- *Company invoice with applicant's name and date(s) of services.*
- *If an agency provides attendant care/personal care at their facility, it must provide documents verifying Maryland licensure.*

- *FORM W-9 for the business selling the product (blank form included in this packet)*

Behavior Support Services

Services that assist individuals with challenging behaviors to acquire skills to integrate and participate in the community. A parent, guardian, or someone legally responsible for the LISS applicant cannot provide this service. Services include, but are not limited to, assessments, behavioral intervention, and monitoring.

PLEASE NOTE: Behavior Support Services does **not** include Applied Behavior Analysis (ABA) therapy. For ABA therapy requests, please see “Therapeutic Services”.

REQUIRED DOCUMENTS

- *Company invoice with applicant’s name and dates of services.*
- *FORM W-9 for the business offering the service (blank form included in this packet)*
- *Information, such as a license number on the invoice, showing that services are to be provided or supervised by a professional licensed by the respective Maryland Licensing Board*

Childcare

The care or supervision of an individual under age 21 with a disability, by a **licensed provider**, received during specific times of the day to supplement the care provided by the child's legal guardians; cannot be provided by a parent, guardian, or someone legally responsible for the LISS applicant.

REQUIRED DOCUMENTS

- *Company invoice with applicant’s name and date(s) of service.*
- *FORM W-9 for the person or business providing the service (blank form included in this packet).*
- *Information, such as a license number on the invoice, showing that services are to be provided by a person or business licensed or registered with the Maryland State Department of Education.*

Clothing

Garments that increase independence by simplifying self-dressing and offering solutions to meet a variety of physical challenges; eligible clothing items include, but are not limited to the following.

1. Soft, tag less, or seamless clothing for sensory sensitivity
2. Open back, side-zip, cut away, items with velcro, snap, zipping or magnet closures
3. Adaptive footwear
4. Adaptive clothing for people using wheelchairs

REQUIRED DOCUMENTS

- *Company invoice or a copy of online shopping cart, shipping, handling & tax included (required for payment) and date (s) of service.*
- *FORM W-9 for the business selling the product (blank form included in this packet)*

- Letter of Recommendation by a licensed professional.

Community Integration Including Recreation Programs (Non-Therapeutic)

These services promote and increase community involvement. A parent, guardian, or someone legally responsible for the LISS applicant cannot provide this service. Community Integration includes but is not limited to the following.

1. Leisure activities include, but are not limited to, the following:
 - a. Recreational membership, within the current fiscal year, for the applicant +1 (parent, guardian, spouse, or support person), when applicable
 - b. Art/Music Lessons
 - c. Karate Lessons
 - d. Swimming Lessons
 - e. Therapeutic horseback riding (not hippo-therapy**)
2. Driving lessons
3. Training in navigation of individual's community
4. Mentoring

REQUIRED DOCUMENTS

- Company invoice or registration form with applicant's name and date(s) of service.
- FORM W-9 for the business selling the service (blank form included in this packet).

Crisis Intervention

Refers to methods used to offer short-term assistance to individuals/families that experience an event which produces emotional, mental, physical, or behavioral distress. A parent, guardian, or someone legally responsible for the LISS applicant cannot provide this service.

REQUIRED DOCUMENTS

- Company invoice with applicant's name and date(s) of service.
- FORM W-9 for the business selling the service (blank form included in this packet).

Health Related Services & Items

► **IMPORTANT:** Services and items must be approved by the respective health occupations licensing board and regulated by the FDA. LISS cannot purchase services or items covered by an existing health plan or experimental or prohibited treatments. Services and items include but are not limited to the following:

1. Dietician and nutritionist counseling
2. Weight loss programs
3. Feeding programs
4. Protective undergarments (diapers and under pads)
5. Wipes

6. Disposable gloves
7. Catheters
8. Dental exams, treatments and orthodontia (such as braces and retainers)
9. Vision exams, treatment and eyeglasses

REQUIRED DOCUMENTS

- *Company invoice with applicant’s name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*
- *Proof of coverage or non-coverage from health insurance, including co-pay info (For example: an Explanation of Benefits, Denial Letter, or Coverage Summary), or*
- *If the applicant is uninsured (without medical or dental insurance etc.) a written statement from the licensed provider can be submitted as proof of the applicant’s uninsured status.*
- *A letter of recommendation (blank form included in this packet)*
- *Information, such as a license number on the invoice, showing that services are to be provided by a professional licensed by the respective Maryland Licensing Board*

PLEASE NOTE: If you are choosing to use an out of network provider, for your insurance, LISS may not fund the requested service.

Home Modification/Barrier Removal

This refers to the modification of obstructive environments and items that promote independence, privacy, or safety. A parent, guardian, or someone legally responsible for the LISS applicant cannot provide this service. Home modification and barrier removal must be provided by a licensed contractor.

▶ IMPORTANT: The applicant or the applicant’s family must own the property requiring modification.

1. Widening of doorways
2. Grab bars
3. Railings
4. Specialized plumbing or electrical work
5. Fencing for a yard to prevent wandering
6. Locks or buzzers to notify and prevent wandering

REQUIRED DOCUMENTS

- *Company invoice with applicant’s name, address, and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*
- *Information, such as a license number on the invoice, showing the person or business is authorized*
- *Proof of home ownership (Deed, Title, Bill of Sale, or Statement from Maryland Assessment and Taxation)*

Identification Services (*Reimbursement Only*)

This includes Maryland State identification card, fingerprinting for a job, and identification bracelets or cards.

REQUIRED DOCUMENTS

- *Company invoice with the applicant's name or copy of online shopping cart with shipping, handling & tax included and date(s) of service.*

Individual and Family Counseling

Mental health services provided by licensed social workers, guidance counselors, or other licensed professionals used to treat a specific behavior.

► **IMPORTANT:** Approval by the respective health occupations licensing board is required. LISS cannot purchase services covered by an existing health plan or experimental or prohibited treatments.

REQUIRED DOCUMENTS

- *Company invoice with applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*
- *Proof of coverage or non-coverage from health insurance, including co-pay info*
- *A letter of recommendation (blank form included in this packet)*
- *Information, such as a license number on the invoice, showing that services are to be provided by a professional licensed by the respective Maryland Licensing Board*

Respite (in-home and via agency)

Respite provides a break to both the individual with disabilities and their caregiver from daily routines and responsibilities. It is short term and can take place in or outside of the home. Respite can be planned and/or provided in an emergency situation.

A parent, guardian, or someone legally responsible for the LISS applicant cannot provide respite. An agency or an independent contractor may provide this service. If provided by an independent contractor, timesheets will be provided upon the applications approval and the service will be paid as it occurs.

The LISS program cannot approve more than 45 days or 1080 hours of respite.

REQUIRED DOCUMENTS

- *Company or Private Contractor's invoice with applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*
- *If an agency is to provide respite care at their facility, information such as a license number on the invoice, is required to verify the agency is licensed in the state of Maryland.*

Therapeutic Services & Items

A broad range of treatments intended to help improve, increase, or maintain an individual's well-being. A parent, guardian, or someone legally responsible for the LISS applicant cannot provide this service.

► **IMPORTANT:** LISS cannot purchase services or items covered by an existing health plan or experimental or prohibited treatments.

Services include but are not limited to...

1. Speech, Occupational, Physical, Behavioral, Art, Music and Hippo - Therapy, Individual and Family Therapy, and items related to non-experimental and permitted therapies.

REQUIRED DOCUMENTS

- *Company invoice with applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*
- ***Proof of coverage or non-coverage from health insurance, including co-pay info (For example: an Explanation of Benefits, Denial Letter, or Coverage Summary)***
- *A letter of recommendation (blank form included in this packet)*
- *Information, such as a license number on the invoice, showing that services are to be provided by a professional licensed by the respective Maryland Licensing Board*

2. Music Therapy

REQUIRED DOCUMENTS

- *Company invoice with applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (included in this packet)*
- *Documentation, such as a certification number on the invoice, showing that services are provided by a Music Therapist – Board Certified (MT-BC) by the certification board for Music Therapists*
- *A letter of recommendation (blank form included in this packet)*

► **IMPORTANT:** Therapeutic horseback riding is adapted recreational horseback riding lessons for individuals with disabilities; it is not the same as Hippo-therapy.

PLEASE NOTE: If you are choosing to use an out of network provider, LISS may not fund the requested service.

Therapeutic Summer Programs and Camps (requirements for each are listed)

1. Youth Camp – Day/Residential

REQUIRED DOCUMENTS

- *Company invoice or fully completed camp registration with dates of service occurring **July 1, 2017 through August 31, 2018. PLEASE CONTACT US IF THE CAMP HAS NOT MADE A REGISTRATION***

FORM AVAILABLE.

- *FORM W-9 from the camp (blank form included in this packet)*
- *Information such as a license or certification number on the invoice or registration form, that the summer camp has one of the following certifications:*
 - *DMHM camp certification OR;*
 - *Accreditation by the Maryland State Department of Education (MSDE) OR;*
 - *American Camping Association Certification OR;*
 - *Approval by DDA or other state entity*

2. Therapeutic Summer Program – services designed to provide therapies, such as speech, occupation, or physical therapy, through a variety of activities in a safe environment.

REQUIRED DOCUMENTS

- *Invoice or completed therapeutic summer program registration with dates of service occurring **July 1, 2017 through August 30, 2018.***
- *FORM W-9 for the business providing the service (blank form included in this packet)*
- *Documentation, such as a license number on the invoice or registration form, verifying the services are to be provided by a professional licensed by the respective Maryland Health Occupations Licensing Board*
- *A letter of recommendation from a Maryland Licensed Professional (Letter of recommendation form is included in this packet)*

3. Adult Camp – for individuals age 21 or over that facilitates increased independence and a choice of activities in a relaxed environment.

REQUIRED DOCUMENTS

- *Company invoice or fully completed registration form with applicant's name and dates of service occurring **July 1, 2017, through August 31, 2018***
- *FORM W-9 for the business providing the service (blank form included in this packet)*
- *Documentation, such as a license number on the invoice, that the summer camp has one of the following:*
 - *American Camping Association certification OR:*
 - *Approval of a state agency*

Training and Support

Refers to activities related to self-advocacy that are not provided by a parent, guardian, or someone legally responsible for the LISS applicant, such as the following.

1. Conference fees (the cost to register, enroll, or sign up; does not include food, lodging, or travel costs)
2. IEP Advocacy Training for parents and students
3. Pre-vocational training (résumé writing, interview, and employment skills)
4. Job placement and training

REQUIRED DOCUMENTS

- *Company invoice with applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*

Transportation

Refers to the travel services and equipment used to access and navigate the community. A parent, guardian, or someone legally responsible for the LISS applicant cannot provide this service.

Transportation services include but are not limited to the following:

1. Metro Access, Taxi Vouchers, Uber, and Lyft etc.
2. The hiring of a company or person to provide transportation
3. Wheelchair or scooter loaders
4. Equipment needed to adapt an individual or family's vehicle

REQUIRED DOCUMENTS

- *Company invoice with applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*

Tuition

Refers to services that are not provided by a parent, guardian, or someone legally responsible for the LISS applicant, such as the following:

1. Cost for post-secondary academic and vocational training.
Including but not limited to Community College, Technical and Job Training

REQUIRED DOCUMENTS

- *Academic Institution's (i.e. Community College of Baltimore, Culinary Institute) invoice with the applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*

Tutoring

Refers to services that are not provided by a parent, guardian, or someone legally responsible for the LISS applicant, such as the following

1. Cost for post-secondary academic and vocational tutoring.
Including but not limited to Community College, Technical and Job Training

REQUIRED DOCUMENTS

- *Academic Institution's (i.e. Community College of Baltimore, Culinary Institute) or Independent Contractor's invoice with applicant's name and date(s) of service.*
- *FORM W-9 for the business providing the service (blank form included in this packet)*

INELIGIBLE SERVICES AND ITEMS - *services and items not covered by the program*

In accordance to COMAR 10.22.14.08D (1-3), the program excludes the following services and items.

1. All experimental or prohibited treatments by the Health Occupations Licensing Boards and the FDA are excluded services.
2. Unless pre-approved by the Administration, the program does not provide or cover the following.
 - a. Housing adaptations or improvements to an individual's home that adds to the home's total square footage; and
 - b. Adaptations or modifications that restrict an individual's movement or jeopardize the individual's welfare

In addition, the program does not provide or cover the following services or items.

3. Cash;
4. Case management;
5. Gift cards;
6. Housing assistance, including eviction assistance, utility disconnection and deposits
7. Presents;
8. Toys, except for therapeutic purposes;
9. Vacations; or
10. Vehicle gas, tires, registration, or violations such as tickets and fines.

PLEASE NOTE: DDA cannot pay for items from a vendor that requires a membership to purchase items. This includes Costco, Sam's Club, and B.J.'s.

REIMBURSEMENT- *explains how to request and document reimbursement amounts correctly.*

▶ IMPORTANT: PLEASE READ CAREFULLY

Reimbursement is for eligible services or items received **July 1, 2017 – June 30, 2018 except for Summer Camps, Summer Programs and Therapeutic Programs which may take place through August 31, 2018.** When completing the Services and Eligibility Form, please write 'reimbursement' in the Service/Item Request area and write the name of the person receiving the reimbursement in the Vendor/Service Provider area.

1. Proof of the dates of service (must occur between **July 1, 2017, through June 30, 2018 except for Summer Camps, Summer Programs and Therapeutic Programs which may take place through August 31, 2018**); invoice from provider with date(s) of service, paid invoice/receipt
2. Proof of who made the payment ; a canceled check or credit card statement, along with the paid invoice/receipt

LISS Glossary

Please refer to this glossary if you need clarification on the terms used in this guide.

Approval: the application was selected, reviewed, and met the criteria for eligibility to receive funding.

Completed Registration Form: a fully completed form, typically used for camp registrations, but also for class registration, detailing the event and includes the applicant's name, dates of service, and the cost

Denial: The application will not receive funding.

Estimate or Quote: the guess of the cost of a program, project, or operation that includes the name and address of the business, dates of service, and the cost

Form W-9: the IRS form used to verify a business or person's name, address and taxpayer identification number, a copy of this form is included in this guide.

Independent Contractor: An independent contractor is a person hired by the applicant or family to provide a service to the applicant.

Invoice: a document that contains the name and address of the business that includes the item or service, the applicant's name, anticipated dates of service, and the cost

Letter of Recommendation: the document completed by a Maryland licensed professional recommending a specific medical and health related service, prescription drugs, therapies, or item, a copy of this form is on the following page.

Online shopping cart: an Internet printing listing the items chosen for purchase from a specific website, the printout must contain the final cost including, tax, and shipping and handling fees.

Random Selection: the electronic system that chooses applicants for possible funding

Selected: means the Random Selection Process chose an applicant's request for further review.

Services and Eligibility Form: the form used to identify the services and items requested. It is submitted by the applicant / family and is required.

Timesheets: This form is completed by the independent contractor. It includes the rate of pay (such as hourly or daily) and the total number of hours or days being requested. For example: 1. 40 days at \$50/day = \$2,000 or 2. 100 hours at \$10/hour = \$1,000

The Low Intensity Support Service Program Requirements for Letters of Recommendation

(Required for all medical & health related services, prescription drugs, therapies, and items)

Code of Maryland Regulation 10.22.14.06(D), requires all medical and health related services, prescription drugs, therapies, and items be recommended by an authorized Maryland licensed professional, and must be a treatment or item approved by the respective health occupations licensing board as a valid treatment for the individual's diagnosis. All experimental or prohibited treatments by the Health Occupations Licensing boards and the FDA are excluded services.

Please ask an authorized Maryland licensed professional to complete this form (please print).

1. Name of the person requiring the treatment or item _____
2. Name of the treatment or item _____
3. Diagnosis requiring the treatment or item _____
4. Does an applicable health occupation licensing board approve this treatment or item for the diagnosis stated above?
(► **Notice:** The validity of the treatment or item will be verified)
5. Reason for recommending the treatment or item: _____

6. Please explain the expected outcome of using the treatment or item _____

7. Name & Address of the authorized, licensed professional completing this form (Please print)

8. _____
Signature of Authorized, Licensed Professional
(By signing this form, you attest this information is factual)
9. Maryland License Number (required for verification) _____
10. Date _____

It is the applicant or their representative's responsibility to ensure the accurate completion of this form.
Incomplete or missing information could result in a denial of funding for the service or item.
Providing this information does not establish a guarantee or commitment of funding.

**Developmental Disabilities Administration
Low Intensity Support Services (LISS) Services and Eligibility Form**

APPLICANT INFORMATION *(The applicant is the individual with a disability)*

Last Name:	First Name:	Middle Name:
Social Security #:	Date of Birth:	Telephone #:

SERVICE INFORMATION-Please do not write "see attached". This section must be completed.

1. Service/Item Request	2. Name & Address of Vendor/Service Provider	3. Licensed Professional's Name & License # (for licensed service providers)	4. Telephone # of Vendor/Service Provider	5. Total Amount Requested for Service/Item	6. Date(s) of Service <small>(Between July 1, 2017 and June 30, 2018) Except for Summer & Therapeutic Programs & Camps thru Aug. 31,2018)</small>	7. Daily/Hourly Rate Amount of days/hours (For respite and supports)

Reason for the above service/item

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Reason for the above service/item

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Reason for the above service/item

APPLICANT DECLARATION

By signing this application, I hereby attest that the information provided is accurate to the best of my knowledge. I understand LISS funding is not an entitlement program. Receipt of LISS funding is contingent upon DDA's LISS eligibility criteria for the applicant, the service/item, and/or the provider verification of the above information. If you are an authorized representative or completing the request for a child, please sign your name for the applicant.

() I acknowledge that I have received and read the Low Intensity Support Services – Services and Eligibility Guide.

Signature of Applicant: _____ Date: _____
 Signature of Parent/Guardian: _____ Date: _____
(if applicant is under 18)

Name (**Print**): _____
 Person designated to receive correspondence (Optional):

Name: _____ Telephone/Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Developmental Disabilities Administration

SAMPLE

Low Intensity Support Services (LISS) Services and Eligibility Form

SAMPLE

APPLICANT INFORMATION *(The applicant is the individual with a disability)*

Last Name: Davis	First Name: Mary	Middle Name: Jane
Social Security #: 123-45-6789	Date of Birth: 06/28/2004	Telephone #: 555.444.3333

SERVICE INFORMATION-Please do not write "see attached". This section must be completed.

1. Service/Item Request	2. Name & Address of Vendor/Service Provider	3. Licensed Professional's Name & License # (for licensed service providers)	4. Telephone # of Vendor/Service Provider	5. Total Amount Requested for Service/Item	6. Date(s) of Service <small>(Between July 1, 2017 and June 30, 2018) Except for Summer & Therapeutic Programs & Camps thru Aug. 31, 2018)</small>	7. Daily/Hourly Rate Amount of days/hours <small>(For respite and supports)</small>
Respite	The Respite Place 123 Peaceful Way Baltimore, MD 21239	#12-34567	410.521.6321	\$500	9/5/17- 9/10/18	\$100 per/day

Reason for the above service/item
My daughter requires 24/7 care. She needs assistance with all tasks, and doesn't sleep at night. She needs a break from me, and I need a break to rejuvenate.

Therapeutic Horseback Riding	Healing Farms 872 Meadow Road Phoenix, MD 21131	Suzie Mare #001289	555.321.7896	\$400	9/1/17 – 9/30/17	\$50 per lesson
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Reason for the above service/item
My daughter has CP. Therapeutic riding helps her with her posture and muscle tone. And, she loves it!

Ramp	FIX IT, Inc 567 Hammer Rd. Baltimore, MD 21239	Dave Vice MHIC # 010568	443.123.4567	\$800	9/20/17	
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Reason for the above service/item
My daughter uses a wheelchair. We have 5 steps leading into our home. I can longer get her in and out of the house safely.

APPLICANT DECLARATION

By signing this application, I hereby attest that the information provided is accurate to the best of my knowledge. I understand LISS funding is not an entitlement program. Receipt of LISS funding is contingent upon DDA's LISS eligibility criteria for the applicant, the service/item, and/or the provider verification of the above information. If you are an authorized representative or completing the request for a child, please sign your name for the applicant.

I acknowledge that I have received and read the Low Intensity Support Services – Services and Eligibility Guide.

Signature of Applicant: _____

Date: _____

Signature of Parent/Gaurdian: Ms.Christine Davis
(if applicant is under 18)

Date: 8/25/17

Name (Print): _____

Person designated to receive correspondence (Optional):

Name: _____

Telephone/Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

