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

The Developmental Disabilities Administration (DDA) thanks you for your interest in its Low Intensity Support Services (LISS) Program. The DDA is committed to supporting children, adults with developmental disabilities and their families. The mission of the DDA is to create a flexible, person-centered, family-oriented system of support for children and adults to have a full, happy, healthy, life and independence while being integrated into their communities across their lifespan.

The Developmental Disabilities Administration’s Low Intensity Support Services (LISS) Program serves children living at home with their family and adults with developmental disabilities living in their own home in the community, who are not receiving any support services from the DDA. Below are a few highlights:

- It is flexible to meet the needs of children as they grow and adults as they mature across their lifespan.
- Provides up to $2000 to assist children and adults with purchasing eligible services and/or items to address their needs.
- Enhances or improves a child or adult’s quality of life, promotes independence and community integration.

Using an automated system called the Random Selection, applicants are considered for LISS funding. Because funding is limited, the use of the Random Selection allows the DDA to promote equality and access for everyone. The process steps are as follows: a submission of an application, random selection, determination of applicant’s eligibility, and funding for eligible items and services.

This guide provides potential and actual applicants with information and forms they need to complete their application. If you have any questions or need assistance in completing forms please contact the LISS provider that services the county in which you live. On the next page is a listing of the LISS agencies. They are happy to assist you!

For more information on the Maryland Developmental Disabilities Administration (DDA), please visit dda.health.maryland.gov or contact DDA’s Regional Office that services the county in which you live. See page six (6) for the listing of the DDA regional offices.
LISS Providers

Penn Mar Human Services
310 Old Freeland Road
Freeland, MD 21053
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

Maryland Community Connection
4401 Nicole Drive
Lanham, MD 20706
Phone: 301.583.8880; Toll Free: 1.877.622.6688
E-mail: LISS@marylandcommunityconnection.org
Website: http://www.marylandcommunityconnection.org/low-intensity-support-services-liss

Counties served: Calvert, Charles, Montgomery, Prince George’s, St. Mary’s, Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico and Worcester
DDA Regional Offices

Central Maryland Regional Office
Address: DDA - Central Maryland Regional Office, 1401 Severn St., Baltimore, MD 21230
Telephone: (410) 234-8200; TOLL FREE: 1-877-874-2494
TDD: (410)363-9430; FAX: (410)234-8397
Counties served: Anne Arundel, Baltimore City, Baltimore, Harford and Howard

Eastern Shore Regional Office
Address: DDA - Eastern Shore Regional Office, 926 Snow Hill Road, Salisbury, Maryland 21804
Telephone: (410) 572-5920; Toll Free: 1-888-219-0478
TDD Line: 1-800-735-2258; FAX: (410)572-5988
Counties served: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester

Southern Maryland Regional Office
Address: DDA - Southern Maryland Regional Office,
312 Marshall Ave., 7th Floor, Laurel MD 20707
Telephone: (301) 362-5100; TOLL FREE: 1-888-207-2479
TDD: (301)362-5131; FAX: (301)362-5130
Counties served: Calvert, Charles, Montgomery, Prince George's, and St. Mary's

Western Maryland Regional Office
Address: DDA - Western Maryland Regional Office,
1360 Marshall Street, Hagerstown, Maryland 21740
Telephone: (301) 791-4670; TOLL FREE: 1-888-791-0193
FAX: (301)791-4019; Maryland Relay: 1-800-735-2258
Counties served: Allegany, Carroll, Frederick, Garrett and Washington
Glossary

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

**Applicant:** An individual who has submitted a LISS Random Selection application to a LISS Provider for LISS funding.

**Approval:** The application was selected, reviewed, and met the criteria for eligibility to receive funding for the requested service or item.

**Completed Registration Form:** A completed form to register for camp or class or other time limited events or sessions. The form must specify the event, the applicant’s name, dates of service and the cost.

**Denial:** The application was not approved for LISS funding.

**Estimate or Quote:** An approximation of the cost of a program, project, or operation that includes the name and address of the business, dates of service, and the cost from a vendor or independent contractor.

**Family:** A “Family Member” who resides with the eligible individual and can be any of the following:

(a) Spouse;
(b) Biological, adoptive, or foster parent;
(c) Guardian;
(d) Sibling;
(e) Grandparent; or
(f) Other related next of kin.

**Fiscal Year:** The DDA operates on a fiscal year calendar which starts July 1 of the current year to June 30th of the next year. LISS Program follows this calendar.

**Form W-9:** The IRS form used to verify a business or person’s name, address and taxpayer identification number.

**Independent Contractor:** An independent contractor is a person contracted by the applicant or family to provide a specific, time-limited service to the applicant.

**Invoice:** A document that contains the name and address of the business that includes the service or item, 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 blank form is located in the “Attachments” section of this guide.
**LISS Provider:** An entity contracted by the DDA to review selected applicant’s requests for and to disburse LISS funding in accordance with applicable requirements.

**Not Selected:** The Random Selection did not choose an applicant’s application for further review.

**Online Shopping Cart:** An Internet printing listing that identifies the items chosen for purchase from a specific website. The printout must contain the final cost including tax, shipping and handling fees.

**Random Selection:** The electronic system that randomly selects applicants for possible funding.

**Reimbursement:** The dollar amount provided to the applicant that he or she spent out of pocket to pay for a service.

**Selected:** The Random Selection chooses an applicant’s application for further review. Selection does not mean the applicant is approved.

**Services Eligibility Application:** The application is used to identify the services and items requested. The applicant or his or her family must submit this application by the date identified on the applicant’s selected letter. A blank form is located in the “Attachments” section of this guide.

**Timesheets:** When requesting Respite and/or Attendant/Personal Care Services, this form is required to remit payment. This form is supplied by the LISS Provider if the service is approved. It must be completed by the independent contractor. It must include the rate of pay (such as hourly or daily) and the total number of hours or days being requested. For example: 40 days at $50/day = $2,000 or 10 hours at $10/hour = $1,000.

**Vendor or Service Provider:** An individual or entity which provides the service or item. Costs must be responsible and customary.
Eligibility Criteria

Applicant Eligibility Criteria

Set forth in the Maryland Annotated Code, Health-General Article 7-717(a) and Code of Maryland Regulations (COMAR) 10.22.14.05.

➢ An applicant may be ELIGIBLE for LISS funding if he or she meets all of the following criteria:

1. The applicant is a Maryland resident, providing proof of address and proof of identity for the current calendar year;
2. The applicant has an eligible diagnosis by meeting the criteria set forth in 7-717(a) of the Health-General Article as follows:

   A. Either:
      a. A child or an adult who is living in the home.
      b. An adult who is living in the community. And

   B. Has a severe, chronic, 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.

3. The applicant is not enrolled in any Maryland Medicaid Home and Community Based Services Waiver program or currently receiving any services funded by the DDA (except Coordination of Community Services (CCS)) at the time of the Random Selection process.

Maryland Medicaid Home and Community Based Waiver programs include but are not limited to:

   a. DDA’s Community Pathways Waiver
   b. DDA’s Community Supports Waiver
   c. DDA’s Family Supports Waiver
   d. Medicaid’s Community Options Waiver
   e. Maryland State Department of Education’s Autism Waiver
Eligibility Criteria cont’d

The applicant may be on the DDA’s Waiting List for its Medicaid Waiver programs but ONLY receiving Coordination of Community Services (CCS).

Please note: It is not required for an applicant to be on the DDA Waiting List or to be receiving CCS services. This restriction does not apply to applicants enrolled in the Maryland Model Waiver Program or Medicaid’s Rare & Expensive Case Management (REM) Program at the time of the Random Selection process.

4. The applicant was selected by the Random Selection process.

5. The applicant has submitted a fully, completed, LISS application by the due dates established by the DDA.

6. The applicant did not receive LISS funding in Round 1 of the Random Selection process in the same Fiscal Year.

If an applicant does not meet any of the above criteria, then he or she is not eligible for LISS funding.
Random Selection

Using an automated system called the Random Selection, applicants are considered for LISS funding. Because funding is limited, the use of the Random Selection allows the DDA to promote equality and access for everyone. The process steps are as follows: a submission of a Random Selection application, Random Selection, Determination of applicant’s eligibility, Services Eligibility Application for eligible items and services.

Steps to LISS Funding:

1. The Random Selection takes place twice in the current award year.

2. For Round 1, an Individual, Family member, Case worker or CCS, submits a Random Selection Application during “Open Season” which is May 1st through June 30th of the current fiscal year. Applicants can only submit ONE Random Selection Application to their assigned LISS Provider who covers their county.

3. For Round 2, an Individual, Family member Case worker or CCS, submits Random Selection Application from July 1st through November 30th of the current fiscal year. Applicants can only submit ONE Random Selection Application to their assigned LISS Provider who covers their county.

4. Based on the outcome of the Random Selection for each Round, a Random Selection List is generated for each region. This list is then distributed to the LISS Providers for processing.

5. Within twenty (20) business days after the Random Selection, LISS providers will notify applicants in writing, on the status of their application.

6. The written notification of selection will include the LISS Applicant and Family Guide. This document provides guidance when selecting services, items or both for LISS funding consideration and what documentation must be submitted to receive LISS funding.

7. Selected individuals for Round 1 or Round 2, must submit their LISS Services Eligibility Application, and required documents for each requested service, to their county, designated, LISS Provider by the deadline indicated in the selection notification letter.

►IMPORTANT: Please note that LISS Random Selection Application or Services Eligibility Application must be mailed or hand delivered to the LISS Provider. Unfortunately, the LISS providers cannot accept applications via email or fax.
Required Documents to Apply for Eligible Services

1. **Proof of Identity:** The proof of the applicant’s identity must contain the applicant's first, middle, and last name, without the use of initials or nicknames.

   If the applicant is under the age of 21, a copy of ONE of the following is acceptable.

   A. Valid social security card issued by the U.S. Social Security Administration
   B. Legal birth certificate
   C. Valid passport issued by the U.S. Department of State
   D. A valid Green Card or Student Visa, issued by the U.S. Citizenship and Immigration Services
   E. Valid Military dependent identification card issued by the U.S. Department of Defense

   In addition, for parents and/or legal guardians of the underage applicant, a copy of ONE of the following is acceptable.

   A. A current driver’s license or identification card issued by Maryland
   B. A valid Military identification card issued by the U.S. Department of Defense

   If the applicant is over 21, a copy of ONE of the following is acceptable.

   A. Valid social security card issued by the U.S. Social Security Administration
   B. Legal birth certificate
   C. Valid passport issued by the U.S. Department of State
   D. Valid Green Card or Student Visa, issued by the U.S. Citizenship and Immigration Services
   E. Valid Military identification card issued by the U.S. Department of Defense
   F. Current driver’s license or identification card issued by Maryland

   **Please note:** Parents and/or legal guardians of the underage applicant that signs the Services Eligibility Application, must provide proof of identity.
Required Documents to Apply for Eligible Services Cont’d

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.

If the applicant is under the age of 21, the parent must submit a copy of ONE of the following.

1. A current household utility statement
2. A current lease agreement
3. A mortgage statement or proof of home ownership (Deed, Title, Bill of Sale, or Statement from Maryland Assessment and Taxation)

If the applicant is over 21, a copy of ONE of the following is acceptable:

1. A current household utility statement
2. A current lease agreement
3. A mortgage statement or proof of home ownership (Deed, Title, Bill of Sale, or Statement from Maryland Assessment and Taxation)

Please note: If the applicant, parent and/or legal guardian cannot produce any of the following documents, the applicant, parent and/or legal guardian will need a written statement from the owner of the property in which the applicant, parent and/or legal guardian resides, verifying proof of residency.

Bank statements or IEP’s will no longer be acceptable as verifiable proof of identification or residency.

3. Proof of Developmental and/or Intellectual Disability: The following documentation is acceptable as proof of disability. Please submit one of the following:

A. A statement written by a licensed physician, confirming that the individual has an eligible disability.
B. A finalized Individualized Educational Program (IEP) from the current calendar year that identifies an eligible diagnosis.
C. A Maryland Department of Health (MDH) or DDA letter identifying the determination of a developmental and/or intellectual disability or support only status.

►PLEASE NOTE: A Learning Disability, Developmental or Global Delay diagnosis or ADHD diagnosis, by itself, may not meet program requirements. Documentation submitted to the LISS Provider containing only the above mentioned diagnosis may require additional supporting documentation.
LISS Documents Checklist

A. Proof of Identity including Parent or Legal Guardian ID if applicant is under 18

B. Proof of Residency

C. Proof of Developmental Disability and/or Intellectual Disability

D. LISS Services Eligibility Application

E. Invoices, Receipts or Online Printouts for Services

   **Please note:** For any Health Related or Mental Health Related eligible LISS services, the invoices must indicate the license number of the professional who is licensed by their State of Maryland Licensing Board.

F. Insurance Information: Coverage or Non-coverage including Co-pay, Ex: E.O.B. (If applicable)

G. Professional Letter of Recommendation (If applicable)

H. W-9 Form from company/independent contractor (If applicable)

**Please note:** When submitting your Services Eligibility Application and required documents for each eligible service category, you must also submit Proof of Identity (Applicant and Parent if applicable), Proof of Residency and Proof of a Developmental or Intellectual Disability, with your packet.

If the above documents are not submitted with your application packet, your application will be delayed as the LISS Provider waits for the required documentation. You application will then be placed with the other applications received and /or completed on the date the provider receives the documentation.

If the LISS Provider does not hear back from you after requesting additional information or the provider does not receive the required documents or you are determined not eligible, your application will be denied.
Services Eligibility Application

Services Eligibility Application is a one-page document that LISS applicants and their families are given to apply for funding for eligible services and/or items that are under the DDA’s regulations which is COMAR 10.22.14. The following information is collected within this application:

- Applicant’s Demographic Information and Contact Information
- Service/Item Information
- Reason/Purpose for requests
- Amount of Funding requested
- Applicant Declaration
- Signature of Applicant and/or Parent

This application is required after the applicant has been notified by the LISS Provider that he or she was selected for funding under the Random Selection process. This application is distributed to the selected applicant and his or her family along with the Applicant and Family Guide. To be approved for LISS funding, the family or applicant must fill out this application in its entirety; listing requested services or items and pricing amounts of each service or item. All required documents which will be explained on the next page of this guide are to accompany this application.

The requests on the Services Eligibility Application must fall within the current fiscal year. With the exception of summer camps, summer programs or therapeutic summer programs which are accepted through August 31st of the current year, any requests that fall outside of the current fiscal year will not be approved.

Please see the blank form and sample completed form in the back of this guide.
LISS Services and Documentation

Below is the list of services and items eligible for LISS funding including what documentation is required to process the requests. When completing the Services Eligibility Application please identify and list the services and/or items you are requesting.

Please note: The “Required Documents” listed in this section are a guide for applying but if necessary, additional documents maybe required.

A. Adaptive or Specialized Equipment
Adaptive or specialized piece of equipment or product system equipment which enables a child or adult with developmental disabilities to move about freely without restriction. This type of equipment enables a child or adult to live and participate in their communities. Examples: Adaptive car seat, Adaptive stroller, Adaptive bikes, Sensory Items etc.

Adaptive or Specialized Equipment may include the following:
1. The equipment can be acquired commercially, modified or customized.
2. Aids for daily living and used for self-help for activities such as eating, bathing, cooking, dressing, toileting, and home maintenance.
3. Specialized equipment to modify the individual's or family's automotive vehicle for personal Transportation such as adaptive driving aids, hand controls, wheelchair lifts etc.

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. The form W-9 is not needed for online vendors like Apple.com or Amazon.com. A blank W-9 form is included in this packet.

B. Adult Care
Adult Care, means 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. A person who is legally responsible for the individual cannot be paid by LISS funding to provide this service.

REQUIRED DOCUMENTS
➢ Company invoice with applicant’s name and date(s) of service.
➢ FORM W-9 for the business providing the service. A blank W-9 form is 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.

C. Assistive Technology
Assistive Technology means a type of device which enables an individual to live, learn and function in the community and participate in community activities without restriction. Examples: Computers, I-pad, headphones, educational software etc.
Assistive technology may include the following:

1. This type of technology can be acquired commercially, modified or customized.
2. Environmental control units for participants' homes to allow spontaneous or programmed control of household appliances and other home devices.
3. Devices with web-based operating systems, software, and computer accessories that enable participants to function more independently.
4. Training, maintenance and repair of the covered assistive technology device and/or equipment.
5. Augmentative communication and communication-enhancement devices.

**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. The form W-9 is not needed for online vendors like Apple.com or Amazon.com. A blank W-9 form is included in this packet.

**D. Attendant Care/Personal Care**

Attendant Care involves providing assistance with activities of daily living. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service. An agency or independent contractor may provide this Attendant/Personal Care. If provided by an independent contractor, the contractor must submit timesheets 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. Providing transportation services to medical or mental health appointments
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 or providing the service. A blank W-9 form is included in this packet.

**E. Behavior Support Services**

Behavior Support Services (BSS) assist individuals with challenging behaviors to acquire skills to integrate and participate in the community. A person who is responsible for the LISS applicant cannot be paid by LISS funding to provide this service.

BSS services must be provided by a licensed Psychologist, Psychology Associate under the supervision of a licensed Psychologist, licensed Physician, Licensed, Certified Social Worker, Licensed or Certified professional Counselor, who shall have training and experience in applied behavior analysis. (DDA Regulation: 10.22.10.05.)

Behavior Support Services (BSS) 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, license number of the professional licensed by the respective Maryland Licensing Board.
➢ FORM W-9 for the business offering the service. A blank W-9 form is included in this packet.

F. Camp and Summer Therapeutic Programs
Therapeutic Summer Programs and Camps include:
1. Youth Camp – both Day & Residential programs;
2. Therapeutic Summer Program;
3. Adult Camp. Specific requirements for each type of program or camp are listed below.

1. **Youth Camp – Day/Residential Programs**

REQUIRED DOCUMENTS
➢ Company invoice or fully completed camp registration with dates of service occurring July 1st of the current fiscal year through August 31st of the next year. PLEASE CONTACT US IF THE CAMP HAS NOT MADE A REGISTRATION FORM AVAILABLE.
➢ FORM W-9 from the camp. A blank W-9 form is included in this packet.
➢ Information such as a license or certification number on the invoice or registration form showing that the summer camp has one of the following certifications:

- Maryland Department of Health camp certification OR;
- Accreditation by the Maryland State Department of Education (MSDE) OR;
- American Camping Association Certification OR;

2. **Therapeutic Summer Program:** meaning 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 1st through August 31st of the current fiscal year. A license number on the invoice or registration form must be indicated, verifying the services are to be provided by a professional licensed by the respective Maryland Health Occupations Licensing Board.
➢ FORM W-9 for the business providing the service. A blank W-9 form is included in this packet.
➢ A letter of recommendation from a Maryland Licensed Professional. A blank form is included in this packet.

3. **Adult Camp** which provides services for individuals age 21 or over that facilitates increase 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 1st through August 31st of the current fiscal year.
➢ FORM W-9 for the business providing the service. A blank W-9 form is 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
   • Maryland Department of Health camp certification
   • Accreditation by the Maryland State Department of Education (MSDE)

G. 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 parents or legal guardians. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service.

REQUIRED DOCUMENTS
➢ Company invoice with applicant’s name and date(s) of service, license number on the invoice of the person or business licensed or registered with the Maryland State Department of Education.
➢ FORM W-9 for the person or business providing the service. A blank W-9 form is included in this packet.

H. Clothing
Garments that increase independence by simplifying self-dressing and offering solutions to meet a variety of physical challenges. Clothing requests must be adaptive to be approved.

Clothing items may include 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. A blank W-9 form is included in this packet.
➢ Letter of Recommendation by a licensed professional. A blank form included in this packet.

I. Community Integration Including Recreation Programs (Non-Therapeutic)
These services promote and increase community involvement. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service.

Community Integration may include 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**)

►IMPORTANT: Therapeutic horseback riding is defined as adapted recreational horseback riding lessons for individuals with disabilities; it is not the same as 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. A blank W-9 form is included in this packet.

J. Crisis Intervention
Crisis Intervention means methods used to offer short-term assistance to individuals and their families that experience an event that produces emotional, mental, physical, or behavioral distress. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service.

Any type of Behavioral Support Services such as Crisis Intervention must be provided by a licensed Psychologist, Psychology Associate under the supervision of a licensed Psychologist, licensed Physician, licensed, certified Social Worker, or licensed or certified, professional Counselor, who shall have training and experience in Applied Behavior Analysis.
(DDA Regulation: 10.22.10.05)

REQUIRED DOCUMENTS
➢ Company invoice with applicant’s name and date(s) of service.
➢ FORM W-9 for the business providing this service. A blank W-9 form is included in this packet.

K. Health Related Services & Items
►IMPORTANT: Health-Related Services and Items must be approved by the respective health occupations licensing board and regulated by the Federal Drug Administration

LISS funding cannot purchase services or items that are:
1. Covered by an existing health plan
2. Constitute or are a part of experimental or prohibited treatments.

Health-Related Services and Items may include the following:
1. Dietician and nutritionist counseling
2. Feeding programs
3. Protective undergarments (diapers and under pads)
4. Wipes
5. Disposable gloves
6. Catheters
7. Dental exams, treatments and orthodontia (such as braces and retainers)
8. Vision exams, treatment and eyeglasses
REQUIRED DOCUMENTS
➢ Company invoice with applicant’s name and date(s) of service, license number of the professional licensed by the respective Maryland Licensing Board.
➢ FORM W-9 for the business providing the service. A blank W-9 form is 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).
➢ If the applicant is uninsured (without medical, dental, or vision insurance) a written statement from the licensed provider can be submitted as proof of the applicant’s uninsured status.
➢ A letter of recommendation by a licensed professional. A blank form included in this packet.

PLEASE NOTE: For your insurance purposes, if you are choosing to use a provider that is out-of-network, LISS may not fund the requested service or item.

L. Home Modification/Barrier Removal
This refers to the modification or removal of obstructive environments and/or items in order to promote independence, privacy, or safety for the child or adult with developmental disabilities. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service. Home modification and barrier removal must be provided by a Maryland-licensed contractor.

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

Home Modification/Barrier Removal may include the following:
1. Widening of doorways
2. Installation of grab bars or railing
3. Specialized plumbing or electrical work
4. Fencing for a yard to prevent wandering
5. Installation of locks or buzzers to notify and prevent wandering

Home Modification/Barrier Removal may not include the following:
1. Installation of decks or patios
2. Bathtubs
3. Major structural components such as adding additional rooms to the home.

REQUIRED DOCUMENTS
➢ Company invoice with applicant’s name, address, and date(s) of service, license number on the invoice of the person or business is authorized to operate in the State of Maryland.
➢ FORM W-9 for the business providing the service. A blank W-9 form is included in this packet.
➢ Proof of home ownership (Deed, Title, Bill of Sale, or Statement from MD Assessment and Taxation)

M. Identification Services (Reimbursement Only)
These services include costs for obtaining 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.

N. Individual and Family Counseling
Mental health services used to treat a specific behavior. This service is provided by a licensed Social Worker, Guidance Counselor, or other licensed Professional.

►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, license number on the invoice of the professional licensed by the respective Maryland Licensing Board.
➢ FORM W-9 for the business providing the service. A blank W-9 form is included in this packet.
➢ Proof of coverage or non-coverage from health insurance, including co-pay information
➢ Letter of recommendation by a licensed professional. A blank form included in this packet.

PLEASE NOTE: For insurance purposes, if you are choosing to use a provider that is out-of-network, LISS may not fund the requested service.

O. Respite (in-home and via agency)
Respite provides a break to both the child and/or adult with developmental 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 person who is legally responsible for the LISS applicant cannot provide respite. An agency or an independent contractor may provide this service.

►IMPORTANT: When a family chooses an individual to provide respite services, the individual will be an independent contractor of the family and not an employee of the LISS Provider. The family is responsible for establishing the independent contractor relationship with the individual. LISS Providers are only responsible for disbursing LISS funding and are not accountable or responsible for paying un-employment insurance or worker’s compensation.

If respite services are being provided by an independent contractor, the independent contractor shall submit timesheets indicating hours worked at the agreed upon rate to the applicant and his or her family for review. The applicant and his or her family will then submit the documented timesheets to the LISS Provider upon application’s approval. The LISS Provider will pay the service as it occurs. The LISS program cannot approve more than 45 days or 1080 hours of respite in a fiscal year.

REQUIRED DOCUMENTS
➢ Company or Independent Contractor’s estimate with applicant’s name and date(s) of service; 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.
➢ FORM W-9 for the business providing the service. A blank W-9 form is included in this packet.
P. Therapeutic Services & Items
Therapeutic Services and Items include a broad range of treatments such as Speech, Occupational, Physical, Behavioral, Art, Music, Hippo - Therapy, and Individual and Family Therapy, intended to improve, increase, or maintain an individual’s well-being. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service.

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

Therapeutic Services & Items may include the following:

REQUIRED DOCUMENTS
- Company invoice with applicant’s name and date(s) of service, license number on the invoice of the professional licensed by the respective Maryland Licensing Board.
- FORM W-9 for the business providing the service. A blank W-9 form is 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).
- Letter of recommendation by a licensed professional. A blank form is included in this packet.

►IMPORTANT: Therapeutic horseback riding is defined as 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 a provider that is out-of-network for your insurance, LISS may not fund the requested service.

2. Music Therapy

REQUIRED DOCUMENTS
- Company invoice with applicant’s name and date(s) of service, certification number on the invoice of the Music Therapist – Board Certified (MT-BC) by the certification board for Music Therapists.
- FORM W-9 for the business providing the service. A blank W-9 form is included in this packet.
- Letter of recommendation by a licensed professional. A blank form is included in this packet.

Q. Training and Support
Training and Supports means activities related to self-advocacy that are not provided by a parent, guardian, or someone legally responsible for the LISS applicant.

Training and Support services may include 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. A blank W-9 form is included in this packet.

R. Transportation
Transportation services means the travel services used to assist an applicant to access and navigate the community. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service.

Transportation services may include 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. A blank W-9 form is included in this packet.

Please note: Uber and Lyft are reimbursable services only.

S. Tuition
Tuition means a financial obligation for educational services provided by an academic institution, technical/trade school or agency. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service.

Tuition services may include the following:
1. Post-secondary academic courses
2. Vocational or Job training
3. Community College or Technical School

REQUIRED DOCUMENTS
➢ Academic Institution’s invoice with the applicant’s name and date(s) of service.
➢ FORM W-9 for the business providing the service. A blank W-9 form is included in this packet.

T. Tutoring
Tutoring means educational services that provide assistive learning skills and abilities to enhance a child or adult with developmental disabilities overall capabilities. A person who is legally responsible for the LISS applicant cannot be paid by LISS funding to provide this service.

Tutoring services may include the following:
1. Cost for post-secondary academic Tutoring
2. Vocational Tutoring
3. Tutoring for Testing Purposes

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. A blank W-9 form is included in this packet.
Reimbursement

Reimbursement is defined as a process in which services or items are prepaid by the purchaser, the applicant or his or her family and the cost associated with those prepaid services or items paid by the LISS program to the purchaser, after certain protocols of reviewing documentation and verification of purchases made, are conducted.

To be eligible for reimbursement under the LISS program, the applicant must complete the Services Eligibility Application. Please write ‘reimbursement’ in the Service/Item Request area along with the service/item for which the reimbursement is being requested. Write the name of the person receiving the reimbursement, who prepaid for the service or item, in the Vendor/Service Provider area. Reimbursement is only available for purchased services or items conducted within the current fiscal year. The only exception is for Summer Camps, Summer Programs and Therapeutic Programs, which may take place outside the fiscal year.

REQUIRED DOCUMENTS:

1. If the proof of payment is from the parent, family member or legal guardian, the document must show the payment was actually made. The proof of payment should be in the form of a canceled check, credit card statement or bank statement.
2. If the proof of payment is from a vendor or service provider, the invoice must show the payment was made by the parent, family member or legal guardian. Dates of service must be indicated on the paid invoice or paid receipt from the vendor or service provider.

Please note: The dates of service must be within the current fiscal year (July 1st of the current year and June 30th of the next year.)

Example of how to complete a Services Eligibility Application for Reimbursement:

<table>
<thead>
<tr>
<th>Service/Item</th>
<th>Vendor Name/Address</th>
<th>Name of Licensed Professional-License#</th>
<th>Vendor Phone#</th>
<th>Total Amt. of Requests</th>
<th>Dates of Service</th>
<th>Daily/Hourly Rate Amt. for Respite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement for requested service/item</td>
<td>Jane Doe, Address</td>
<td>12-YC-12345</td>
<td>999999999</td>
<td>$2000</td>
<td>7/1/2019 to 8/10/2019</td>
<td></td>
</tr>
</tbody>
</table>
Ineligible Services and Items

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

1. All experimental or prohibited treatments by the Health Occupations Licensing Boards and the Federal Drug Administration are excluded services.

2. 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;
   B. Adaptations or modifications that restrict an individual’s movement or jeopardize the individual’s welfare;
   C. Cash;
   D. Case management;
   E. Gift cards;
   F. Housing assistance, including eviction assistance, utility disconnection and deposits
   G. Presents;
   H. Toys, except for therapeutic purposes;
   I. Vacations; or
   J. Vehicles, 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.