



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Maryland Developmental Disabilities Administration (DDA)
Low Intensity Support Services (LISS) Program
Letter of Recommendation Form**

The Maryland Developmental Disabilities Administration (DDA) is committed to supporting children, adults with developmental and/or intellectual 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 while being integrated into their communities across their lifespan.

The DDA's LISS Program serves children living at home with their family and adults with developmental and/or intellectual disabilities living in their own home in the community, who are not receiving any supports or services from the DDA.

The LISS Program is a State regulated and funded program. The LISS Program's regulation is COMAR 10.22.14. To qualify for the LISS Program's eligible services and supports, there are program requirements which involve submissions of required supporting documentation. One such required document is the Letter of Recommendation Form. This form must be completed when the LISS Program applicant and/or parent/legal guardian has requested a LISS Program eligible service, i.e. prescription drugs, therapies, or specialized item. These requests must be recognized and/or approved by a governing authority, i.e. U.S. Food and Drug Administration.

The **completer** of this form must be a **Maryland licensed medical/mental health professional that recommended** the eligible LISS service or specialized item. This form **must not** be completed, signed or dated by the applicant/parent/legal guardian. Incomplete or missing information may result in a denial for possible LISS Program funding.

Below are a series of questions that the Maryland licensed medical/mental health professional must complete.

1. Name of Individual receiving the service, support, treatment or specialized item.

2. What is the item/service that is being recommended?

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3. Why is this service, support, treatment or specialized item being recommended?

4. What is the expected outcome of utilizing the service, support, treatment or item?

5. Are you authorized to practice and diagnosis under the Maryland Article Annotated Code of Maryland licensing board? **Yes or No**

6. Name & Address of Licensed Professional (**Please print name, title**)

7. Signature of Licensed Professional and Maryland License Number (**Required for verification**)

Date: _____