



# Developmental Disabilities Administration (DDA)

## Error Update and New Retainer Day Policy Guidance for Providers

February 17, 2021



# Agenda

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- Appendix K – Retainer Payment Review
- Attestation Form
- Error Updates
- Questions

# *DDA Appendix K*

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## *Retainer Payments Update*

# Retainer Payment Guidance

- While the Appendix K remains in effect, the available days, by service may be claimed at any time
- **Please note, under each service, the total number shown is the entirety of the Retainer Payments available during the duration of the Appendix K (March 13, 2020 - six months past the end of the Public Health Emergency)**
- **Days or hours do not reset at the end of a fiscal, calendar year, or Annual Plan year**

# Retainer Payment Reference Chart

Retainer Payment Reference Chart

Service	Traditional Service Delivery
Career Exploration	Up to 30 days at 80% rate
Community Development Services	Up to 30 days at 80% rate
Community Living- Group Home	Up to 60 days at 100% rate
Day Habilitation	Up to 30 days at 80% rate
Employment Services	Up to 30 days at 80% rate
Personal Supports	Up to 120 hours at 100% rate, within authorized limit
Personal Supports-Enhanced	Up to 120 hours at 100% rate, within authorized limit
Supported Employment	Up to 30 days at 80% rate
Supported Living	Up to 30 days at 100% rate

# Retainer Payment Guidance

DDA COVID- 19 Resources – dedicated webpage

- [CMS DDA Appendix K Amendment Approval Letter - January 13, 2021](#)
  - [CMS DDA Appendix K Amendment Approved - January 13, 2021](#)
- [CMS DDA Appendix K Amendment Approval Letter - January 7, 2021](#)
  - [CMS DDA Appendix K Amendment Approved - January 7, 2021](#)

# Retainer Payment Guidance

[DDA COVID- 19 Resources](#) – dedicated webpage

## Topic- Specific Guidance

- [DDA Appendix K #1 - Retainer Payment Guidance - Revised Feb 11, 2021](#)
  - [Retainer Days - PCIS2 Error Updates Guidance - Revised Feb 11, 2021](#)

## Forms

- [Appendix K Retainer Days - Attestation Submission Schedule - Feb 11, 2021](#)  
[Attestation of Provider Use of Retainer Days - Final 2-2-2021](#)

# *DDA Appendix K*

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## *Attestation Form*

# Attestation Form

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- As per federal requirements, States interested in utilizing retainer payments for multiple per person are expected to include and apply guardrails in their Appendix K (Reference: [COVID-19 Frequently Asked Questions \(FAQs\) for State Medicaid and Children's Health Insurance Program \(CHIP\) Agencies Updated January 6, 2021](#))

# Attestation Form

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- States are required to collect an attestation from providers acknowledging that retainer payments are subject to recoupment if inappropriate billing or duplicate payments for services occurred as identified in a state or federal audit or any other authorized third-party review
- Note that “duplicate uses of available funding streams” means using more than one funding stream for the same purpose



**Attestation: Retainer payments authorized under the Appendix K of §1915(c) Home and Community-Based Services waivers**

To the CEO/Executive Director:

Providers are required to submit an attestation to the Developmental Disabilities Administration regarding your agency’s use of retainer days during the Public Health Emergency. The attestation will be verified by the Developmental Disabilities Administration during year-end reconciliation, to ensure compliance with the Center for Medicare and Medicaid Services “guardrails”<sup>1</sup> for retainer payments under the provisions of the Appendix K. Upon review of provider financial statements and cost report documents during the year-end reconciliation process, the Developmental Disabilities Administration may seek recoupment of paid funds that do not meet the guardrails as required by CMS. The guardrails, as identified below, are only subject to Retainer Days/Fees claimed and paid during the time in which the Appendix K is active. Service provider agencies must adhere to the following guardrails listed below:

Provider Name: \_\_\_\_\_

We attest to the following in accordance with the Retainer payments authorized in Appendix K under section 1915(c) Home and Community-Based Services waivers for the period of \_\_\_\_\_ (MM/DD/YYYY) to \_\_\_\_\_ (MM/DD/YYYY) during fiscal year \_\_\_\_\_. These controls are the responsibility of the organization to adhere to and manage.

Based upon our examination of retainer days claimed/billed for by \_\_\_\_\_ (Provider Name) from \_\_\_\_\_ (MM/DD/YYYY) to \_\_\_\_\_ (MM/DD/YYYY) we make the following attestations based upon the guardrails stipulated in the guidance in Appendix K under the authority of section 1915(c) Home and Community-Based Services waivers.

# Attestation Form

Guardrail	Attestation	Y/N	Period (Start - End)
<p>Limit retainer payments to a reasonable amount and ensure their recoupment if other resources, once available, are used for the same purpose. A retainer payment cannot exceed the payment for the relevant service</p>	<p>_____ (Provider Name) attests that this guardrail has been adhered to. If not please report the nature of the noncompliance to the appropriate DDA staff (Fiscal or Program)</p>		
<p>Retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred as identified in a state or federal audit or any other authorized third-party review. Note that “duplicate uses of available funding streams” means using more than one funding stream for the same purpose.</p>	<p>_____ (Provider Name) attests that this guardrail has been adhered to. If not please report the nature of the noncompliance to the appropriate DDA staff (Fiscal or Program)</p>		

# Attestation Form

DDA's Provider attestations include:

Guardrail	Attestation	Y/N	Period (Start - End)
<p>Require an attestation from the provider that it will not lay off staff and will maintain wages at existing levels.</p>	<p>_____ (Provider Name) attests that this guardrail has been adhered to. If not please report the nature of the noncompliance to the appropriate DDA staff (Fiscal or Program)</p>		
<p>Require an attestation from the provider that they had not received funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the PHE, or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE.</p>	<p>_____ (Provider Name) attests that this guardrail has been adhered to. If not please report the nature of the noncompliance to the appropriate DDA staff (Fiscal or Program)</p>		

# Attestation Form

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## Provider attestation:

- DDA providers are required to complete and submit an attestation to the guardrails quarterly until the provisions in the Appendix K are discontinued by the DDA
- The [Attestation: Retainer payments authorized under the Appendix K of §1915\(c\) Home and Community-Based Services waivers](#) is to be completed by the provider based on the submission schedule noted on the next slide
- Attestation forms shall be submitted quarterly to the DDA to [dda.reconciliations@maryland.gov](mailto:dda.reconciliations@maryland.gov)

# Attestation Form

Provider attestation submission schedule:

Fiscal Year	Quarter	Attestation Due date
2021	Q 4 – April 2021	April 10, 2021
2022	Q 1 – July 2021	July 10, 2021
2022	Q 2 – Oct 2021	Oct 10, 2021
2022	Q 3 – Jan 2021	Jan 10, 2022
2022	Q 4 – April 2021	April 10, 2022

[Reference: Appendix K Retainer Days - Attestation Submission Schedule - Feb 11, 2021](#)

# *Errors Update Guidance*

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[Retainer Days - PCIS2 Error Updates Guidance - Revised  
Feb 11, 2021](#)

# Retainer Payment Updates

- As of the date of this guidance, any unprocessed error updates previously submitted to the DDA to adjust retainer days or hours under the previous guidance will be discarded and not processed
- This will allow a reset of attendance in PCIS2 and enable providers to review attendance to determine if any additional adjustments are necessary
- If additional adjustments are needed, a new error update should be submitted based on the guidance for each category of service

# Residential Day Retainer Payment Chart

## Community Living Retainer Payment Reference Chart

Type	Residential Retainer Fees ( <i>Vacation - V Days</i> )	Appendix K Retainer Payments ( <i>COVID - C Days</i> )	Residential Retainer Fees ( <i>Vacation - V Days</i> )
Effective Date	July 1, 2019 - March 12, 2020	March 13, 2020 - the end of Appendix K	End of Appendix K - on going
Maximum Days	Up to 30 days	Up to 60 days	Up to 18 days per calendar year
Federal Authority	<a href="#"><u>Community Pathways Waiver 1915 (c)</u></a>	<a href="#"><u>Appendix K</u></a>	<a href="#"><u>Community Pathway Waiver 1915 (c)</u></a>

# Error Update Template

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<https://dda.health.maryland.gov/Pages/DDA%20Forms.aspx>

# Residential/Meaningful Day Services Error Update Template



## ERROR/UPDATE REPORT

Please fill all the following required information:

Consumer Name: <u>Maryjane Osazuwa</u>	PCIS2ID#: <u>1222</u>	Site Address: <u>201 W. Present</u>	Site No: _____
Provider Name: <u>DDA Provider</u>	Provider No: <u>233</u>	Service Type: <u>Day/Hab</u>	
Consumer's Waiver Status: <input checked="" type="checkbox"/> Waiver <input type="checkbox"/> Non-waiver	Operational Month & Year: <u>March 2020</u>		

Please select type of error or reason for update and provide correct information if applicable:

<input type="checkbox"/> Incorrect Site – Date: <u> / /</u>	<input type="checkbox"/> Missing Attendance	<input type="checkbox"/> Consumer no longer served – Date: <u> / /</u>
<input type="checkbox"/> New To Agency – Date: <u> / /</u>	<input type="checkbox"/> Missing Payment	<input type="checkbox"/> Incorrect Attendance Date
<input type="checkbox"/> Attendance Recoupment	<input type="checkbox"/> Site not Certified	<input checked="" type="checkbox"/> Other: <u>Change attendance codes</u>

Agency Comments: <u>Update attendance with retainer days.</u>	DDA Comments:
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Attendance Codes By Service	Days of Attendance								Attendance (Total of P)	Absent (Total of "O")	Allowable (Total of P & C/V=18 days, IS)	Non-Allowable (Total of O)
	1	2	3	4	5	6	7	8				
Residential: P, V, C, IS, O	P	P	P	P	P	P	P	P	8	0	23	0
Day/Habilitation: P, C, O	V	V	V	C	C	C	C					
Supported Employment: P, C, O	C	C	C	C	C	C	C					
Community Learning Service: P,C,O	C	C	C	C	C	C	C					
Employment Discovery & Customization: P, C, O	C	C	C	C	C	C	C					

Changes requested by: <u>PeterDeFries</u> (Agency Staff)	Date: <u> / /</u>	Phone No: <u> - -</u> ext. _____	Date Received by Regional Office: <u> / /</u>
(Agency Executive Staff) Signature: _____	E-mail: _____	Date: <u> / /</u>	Approved: _____ (Regional Office Staff)
Date received by DDA-HQ: <u> / /</u>	Changes made by: _____ (DDA-HQ Staff)		Date: <u> / /</u>

Complete the entire Monthly Calendar with the appropriate attendance codes.



# Residential / Community Living-PCIS2

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- Any Vacation days (“V”) entered since March 13, 2020 have been converted by the DDA to COVID-19 days (“C”). Providers do not need to take any action
- Providers should review what is in PCIS2 relative to COVID-19 “C”- days to determine if any adjustments need to be made to the calendars. Keep in mind that COVID-19 days may not exceed a total of 60 days since March 13, 2020
- Complete an error update with the adjustments needed and submit to the regional offices

# Residential / Community Living-PCIS2

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- Error updates that affect FY'20 retainer days need to be submitted to the regional offices by March 5, 2021
- All error updates affecting FY'21 retainer days through December 31, 2020 should be submitted to the regional offices by April 30, 2021
- Attendance for January forward should follow the normal site certification process

# Reviewing Monthly Attendance

- Consumer
- Rates
- Budget
- Contracts
- Provider
- Attendance**
- Payments
- Reports
- MMS
- Logs
- U: Review
- Q.A
- PASRR
- R.C
- Misc.
- Admin

- The site has been certified for this Month and Year.

March 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 P v	2 P v	3 P v	4 P v	5 P v	6 P v	7 P v
8 P v	9 P v	10 P v	11 P v	12 P v	13 P v	14 P v
15 P v	16 P v	17 P v	18 P v	19 P v	20 P v	21 P v
22 P v	23 P v	24 P v	25 P v	26 P v	27 P v	28 P v
29 P v	30 P v	31 P v				
Set All Attendance to <input type="text"/>						

Submit Cancel

Fiscal Year 2020	Month	Year
<b>Payable Days</b>		
P - Present	31	225
V - Vacation, sickness, etc... ≤ 33 days per fiscal year	0	0
C - COVID-19 Retainer day	0	10
<b>Total of C</b> C ≤ 60 days	0	10
<b>Non-payable Days</b>		
IS - COVID-19 Isolation day ≤ 21 days	0	0
O - Not present	0	0
X - Not an operational day	0	0
<b>Total Operational Days</b>	31	366
<b>Total Payable Days</b>	31	225
<b>Total Budgeted Days</b>		225

Review the Monthly attendance for Accuracy

# Meaningful Day – PCIS2

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- Meaningful Day services (Employment Services, Supported Employment, Community Development Services, Career Exploration, and Day Habilitation) are approved for up to 30 retainer days under the Appendix K
- Providers who entered up to 30 retainer days since March 13, 2020 do not need to take any action
- Please review your certified calendars since March 13, 2020 to ensure they accurately reflect the use of retainer days in accordance with the 30 day limit

# Meaningful Day – PCIS2

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- Error updates affecting certified attendance for FY'20 retainer days should be submitted to the regional offices by March 5, 2021
- Error updates affecting certified attendance for FY'21 retainer days through December 31, 2020 should be submitted to regional offices by April 30, 2021

# Reviewing Monthly Attendance

Consumer Rates Budget Contracts Provider Attendance Payments Reports MMIS Logs U: Review Q.A PASRR R.C

Residential/Day/SE/CLS/EDC Attendance Summary Report Consumer Attendance Summary Report Personal Support Error/Updates

## Consumer Attendance Detail

Service: DAY HABILITATION

Provider:   
Name:

Site:

Consumer ID:

- The site has been certified for this Month and Year.

March 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 P	2 P	3 P	4 P	5 P	6 P	7 P
8 O	9 O	10 O	11 O	12 O	13 O	14 O
15 O	16 O	17 O	18 O	19 O	20 O	21 O
22 O	23 O	24 O	25 O	26 O	27 O	28 O
29 O	30 O	31 O				

Set All Attendance to

Fiscal Year 2020	Month	Year
<b>Payable Days</b>		
P - Present	5	139
C - COVID-19 Retainer day <= 30	0	17
<b>Non-payable Days</b>		
O - Not present	17	72
X - Not an operational day	0	0
Total Operational Days	22	251
Total Payable Days	5	156
Total Budgeted Days		235

Submit Cancel

Review the Monthly attendance for accuracy

# Personal Support Service – PCIS2

- Providers who entered up to 120 retainer hours since March 13, 2020 do not need to take any action
- Please review your certified calendars from March 13, 2020 to ensure they accurately reflect the use of retainer hours in accordance with the 120 hours limit

# **Personal Support Service – PCIS2**

- Error updates affecting certified attendance for FY'20 retainer hours should be submitted to the regional offices by March 5 , 2021
- Error updates affecting certified attendance for FY'21 from July 1, 2020 until the LTSS transition date should be submitted by April 30, 2021

# Personal Support Service Calendar

Consumer ID: \_\_\_\_\_ Name: \_\_\_\_\_ Provider: \_\_\_\_\_ Site: \_\_\_\_\_ Certified by: \_\_\_\_\_ Certified Date: \_\_\_\_\_

Month/Year: 03/2020  
 Service: Base | Hours used this month: 62.0 | Remaining hours: 826.75

Please check COVID-19 Isolation days

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 2.0	2 2.0	3 2.0	4 2.0	5 2.0	6 2.0	7 2.0
8 2.0	9 2.0	10 2.0	11 2.0	12 2.0	13 2.0	14 2.0
15 2.0	16 2.0	17 2.0	18 2.0	19 2.0	20 2.0	21 2.0
22 2.0	23 2.0	24 2.0	25 2.0	26 2.0	27 2.0	28 2.0
29 2.0	30 2.0	31 2.0	1	2	3	4

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13 <input type="checkbox"/>	14 <input type="checkbox"/>
15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>
22 <input type="checkbox"/>	23 <input checked="" type="checkbox"/>	24 <input checked="" type="checkbox"/>	25 <input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/>	28 <input type="checkbox"/>
29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	1	2	3	4

Number of Hours:

Month/Year: 03/2020  
 Service: COVID-19 Retainer | Hours used this month: 14.0 | Remaining hours: 58.0

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 X	2 X	3 X	4 X	5 X	6 X	7 X
8 X	9 X	10 X	11 X	12 X	13 1.0	14 1.0
15 1.0	16 1.0	17 1.0	18 1.0	19 1.0	20 1.0	21 1.0
22 1.0	23 0	24 0	25 0	26 0	27 0	28 1.0
29 1.0	30 1.0	31 1.0	1	2	3	4

Number of Hours:

**Effective** March 13, 2020  
 COVID-19 Retainer hours  
 Allowed <= 120 hours  
**COVID-19 Isolation hours**

# Personal Support Service Error Update Template



Ticket#

Developmental Disabilities Administration  
Personal Support Error Update

Consumer Name: <b>Maryjane Osazuwa</b>	PCIS2 ID: <b>2222</b>
Provider Name: <b>DDA Test Provider</b>	Provider No: <b>C000</b>
Site Address: <b>201 W. Preston Street</b>	Site Number: <b>C001</b>
Operation Month & Year: <b>March 2021</b>	Changes requested by: <b>Retainer Hours</b>
E-mail:	Phone and Extension:
Agency's Executive Director's Signature: <b>Peter DeFries</b>	
Agency Comments: Change Retainer Hours	DDA Comments:
<p><b>SERVICE TIME</b> Please enter hours in 0.25 increments.</p> <ul style="list-style-type: none"> <li>❖ 0 min = Less than 7 minutes per day (not billable)</li> <li>❖ .25 min = Greater than or equal to 8 minutes, but less than 23 minutes (8 to 22 min)</li> <li>❖ .50 min = Greater than or equal to 23 minutes, but less than 38 minutes (23 to 37 min)</li> <li>❖ .75 min = Greater than or equal to 38 minutes, but less than 53 minutes (38 to 52 min)</li> <li>❖ 1.0 min = Greater than or equal to 53 minutes, but less than 68 minutes (53 to 67 min)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1.25 min = Greater than or equal to 68 minutes, but less than 83 minutes</li> <li><input type="checkbox"/> 1.49 min = 2hrs Greater than or equal to 90 min. but less than 149 minutes.</li> <li><input type="checkbox"/> 1.50 min = Greater than or equal to 83 minutes, but less than 98 minutes (83-97 min)</li> <li><input type="checkbox"/> 1.75 min = Greater than or equal to 98 minutes, but less than 113 minutes (98-112 min)</li> <li><input type="checkbox"/> 2.0 min = Greater than or equal to 113 minutes, but less than 128 minutes (113 to 127 min)</li> </ul> <p>Total Hours Used = <input type="text"/></p>

**BASE**

1	2	3	4	5	6	7
10						
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**COVID-19 ISOLATION**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**COVID-19 RETAINER**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
				2		2
15	16	17	18	19	20	21
2	2	2	2	2	2	2
22	23	24	25	26	27	28
2	2	2	2	2	2	2
29	30	31				
2	2					

**Professional Support: General**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Approved:  
Date:  
(Regional Office Staff)

Adjustment Made by:  
Date:  
(DDA-HO Staff)



# Supported Living – PCIS2

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## Supported Living - PCIS2

- Supported Living services are approved for up to 30 retainer days under the Appendix K. Providers still in PCIS2 should continue to bill for retainer days using the appropriate invoice
- Separate invoices for specific time frames have been posted under the Forms section on the DDA website
  - [https://dda.health.maryland.gov/Pages/DDA\\_Appendix\\_K.aspx](https://dda.health.maryland.gov/Pages/DDA_Appendix_K.aspx)
  - These invoices include the rate available when services were rendered

# DDA Regional Fiscal Directors

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Regions	Counties Served	Email
<p><b>Wayne Thomas</b> Central Regional Office</p>	<p>Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County</p>	<p><a href="mailto:wayne.thomas1@Maryland.gov">wayne.thomas1@Maryland.gov</a></p>
<p><b>Renee Benjamin</b> Eastern Regional Office</p>	<p>Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties</p>	<p><a href="mailto:Renee.Benjamin@Maryland.gov">Renee.Benjamin@Maryland.gov</a></p>
<p><b>Terrie Logue</b> Southern Regional Office</p>	<p>Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties</p>	<p><a href="mailto:Terrie.Logue@Maryland.gov">Terrie.Logue@Maryland.gov</a></p>
<p><b>Deneice Robinson</b> Western Regional Office</p>	<p>Allegany, Carroll, Frederick, Garrett, and Washington Counties</p>	<p><a href="mailto:Deneice.Robinson@Maryland.gov">Deneice.Robinson@Maryland.gov</a></p>

Revised: 2/18/2021



# Contact Information

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For any Questions and assistance Contact: Service Desk

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# DDA Service Desk

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<https://dda.health.maryland.gov>

<https://pcis.health.Maryland.gov>

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# Questions

