DDA Billable Activities Example List 2022		
CODE	BILLABLE ACTIVITIES All activity notes must be verifiable (supported by evidence in LTSS that service was rendered).	
A	1. Services that assist eligible participants in gaining access to needed medical, social, educational and other services [Social Security Act 1905(a)(19), 1915(g); 42 CFR440.180 (c)	
В	 2. Periodic ongoing reassessment of individual needs, to determine the need for any medical, educational, social, or other services. (42 CFR 440.169(d)(1)); This includes: (i) Taking client history. (ii) Identifying the needs of the individual, and completing related documentation. (iii) Gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the eligible individual. 	
C	3. Annual Person-Centered Plan planning, development and facilitation and necessary revisions (42 CFR 440.169(d)(2)); (i)Includes the discovery and exploration planning process to identify the personal outcomes and service providers who will establish goals to address the medical, social, educational, and other services needed by the individual; (ii)Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized representative and others to identify their trajectory goals to their good life (iii) Identifies a course of action to respond to the assessed needs of eligible individuals (iv) includes successful entry of the plan into LTSS and submission to the DDA up to approval	
D	4. Referrals to services (42 CFR 440.169(d)(3)); Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the PCP	

E	 5. Monitoring and Follow-Up activities (42 CFR 440.169(d)(4)) (i)Periodic reassessment of the individual's needs are conducted minimally annually during the annual PCP meeting or more frequently based on the needs of the person; (ii)Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family member, service providers, or other entities or individuals and conducted as frequently as necessary, and including monitoring, to determine whether the following conditions are met: Services are being provided in accordance with the individual's approved PCP; Services approved in the PCP are adequate; and Changes in the needs or status of the individual are reflected in the PCP. Monitoring and follow up activities include making necessary adjustments in the PCP and requesting Service Implementation Plan revisions from providers.
F	6. Contact with eligible person/family members with the express purpose of helping a medicaid-eligible person access services. Contacts may be made through face-to-face, telephone, mail, email, and virtual contacts (telemedicine/virtual call platforms). This does not include unsuccessful attempts to contact the person/family members/providers via any of these methods.
G	7. Contact with an ineligible person/family members with the express purpose of helping this person access services. Contacts may be made through face-to-face, telephone, mail, email, and virtual contacts (telemedicine/virtual call platforms). This does not include unsuccessful attempts to contact the person/family members/providers via any of these methods. (For individuals who may have loss eligibility or have challenges to becoming eligible)
Н	8. Contact with non-eligible individuals or non-targeted individuals when directly related to eligible person's care (Person's chosen team members or others who are not receiving Medicaid services.
I	9. Case management activities provided in the last 180 consecutive days of a Mediciad eligible person's institutional stay if for the purpose of community transition (regardless of whether or not the person successfully transitions). In the unique situations where more than 180 are required for transition, consult with the DDA to confirm billing.
	NON-BILLABLE ACTIVITIES
J	Transportation of any eligible individual

K	2. Services that are an integral part of another Medicaid services
L	3. Services which include the direct delivery of an underlying medical, education, social, or other service to which the eligible person has been referred
М	4. Services which are generally performed under the administration of another non-medical program such as guardianship, child welfare or child protective services, parole and probation functions, legal services and special education (except case management included in IEP and individualized family services plan. This also does not refer to activities the coordinator performs to refer people to any of these services.
N	5. Contact with non-eligible or non-targeted individuals that are related to the identification and management of a non-eligible/non-targeted person's care unless the status is due to disenrollment or the person's need for emergency service plannning.
0	6. Contact with the DDA, LTSS Helpdesk, or internal CCS agency supervisory staff. While these activites may occur in the context of PCP planning and support other billable activities, they are built into the administrative rate for TCM providers.
Р	7. Coordinator training. This includes training received internal to the CCS agency, and through other entities including the DDA. Billing for training has been built into the administrative rate.
Q	8. Time needed to enter activity notes into the LTSSMaryland Module. While this documentation is required, billing is only allowable for the actual service provided.
R	9. Unsuccessful attempts to contact the participant/family/provider or others directly responsible for participant service delivery. This includes any attempt to call a person which results in a message being left.
Z	IF NO SUPPORTING DOCUMENTATION WAS FOUND FOR A BILLABLE ACTIVITY THIS CODE WILL BE NOTED