



Maryland

DEPARTMENT OF HEALTH

Developmental Disabilities Administration (DDA)

Coordinator of Community Services (CCS) Reference Guide to In-Home Supports Assurance System (ISAS) Billing Processes, Policies, and System Navigation

The Maryland Department of Health

ISAS Division

201 West Preston Street

Baltimore MD, 21201

410-767-1719 mdh.isashelp@maryland.gov

2020

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Adjustment: A modification (increase or decrease) to a paid or rejected claim.

Admin Provider: User role in Provider Portal that manages staff profiles and billing activities. Each user must have their own profile.

Agency Administrator: A person who is responsible for the agency's administrative tasks.

Agency Provider: An organization that employs and manages DSPs for the purpose of providing supports funded by DDA

Billing Provider: User role in Provider Portal that manages billing activities. This role cannot manage staff profiles. Each user must have their own profile.

Claim: A combination of one or more services bundled together based on shared Agency Provider number, participant's identifying information, procedure code, and date of service. Services are bundled into claims and submitted to MMIS nightly.

Claim Statuses:

- **Paid:** The claim was paid by MMIS and the Agency will receive payment.
- **Rejected:** The claim was rejected by MMIS and no payment was issued.
- **Submitted to MMIS:** The claim has been sent from ISAS to MMIS and ISAS is awaiting confirmation that the claim has been paid or rejected. **Claim Types:**
- **Original:** The first iteration of a claim.
- **Adjustment:** A claim that has been changed. Both Original and Adjustment claims can be adjusted to create an "adjustment" claim.
- **Void:** A claim that was reduced down to zero units.
- **N/A:** No claim has been created for this service(s).

Code of Maryland Regulations (COMAR): The official compilation of all administrative regulations issued by agencies of the State of Maryland. Agency providers are legally responsible for following guidance set forth in COMAR.

Coordinator of Community Services (CCS): CCS assists individuals with intellectual/developmental disabilities and their families in learning and gaining access to resources in their community, planning for their future and accessing needed services and supports.

Maryland Department of Health: An Agency of the State of Maryland responsible for public health issues. The Department is led by a secretary who is a member of the Cabinet of the Governor of Maryland.

Exception: A service or claim that does not meet the ISAS system rules for processing. The service or claim pends until the exception is resolved by a member of MDH, the CCS, or Provider Agency.

The In-Home Supports Assurance System (ISAS): The telephonic timekeeping electronic visit verification system (EVV) hosted by MDH that all agencies are required to use to record in-home services. The ISAS system records services, bundles services into claims, and submits claims to MMIS for payment. Agency administrators can sign into the ISAS website at <https://ltssmaryland.org> to view services and claims. ISAS also refers to the Division within MDH that monitors the ISAS system.

Missing Time Request (MTR): When a DSP is unable to use the telephone to record their service, an Agency Administrator may use the ISAS website to manually record the missing clock-in or clock-out. These manual clock-ins and outs are called “Missing Time Requests.”

Medicaid Management Information System (MMIS): The system used by the State of Maryland to adjudicate (pay or reject) claims.

One Time Passcode Device (OTP): Device issued by a CCS to a participant if a participant does not have a reliable phone. Generates a random six-digit code every 60 seconds that can be traced back to a specific date and time. Used to verify service times.

Participant: Any person enrolled in CPW, CSW, FSW or DDA State programs. **Note:** The LTSS/Provider Portal and ISAS systems may use the term client and participant interchangeably.

Person-Centered Plan (PCP): A written plan that is developed by a planning process driven by the individual with a developmental disability in order to: Identify the goals and preferences of the individual, Identify services to support the individual, Direct the delivery of services that reflect the individual’s personal preferences and choice and Identify the individual’s specific needs that must be addressed to ensure the individual’s health and welfare.

A person-centered plan includes an individual plan as referenced in COMAR Title 10, Subtitle 22 and COMAR 10.09.48.

Service: A complete shift created when a DSP calls into the ISAS system at the beginning of a shift (“clock-in”) and end of a shift (“clock-out”).

Service Statuses:

- **New:** A new service has been created. This can be modified by MDH and providers.
 - **Pending Provider:** A service that generated an exception during nightly exception checks. This service will need review by the provider before it can be processed into a claim. Only applicable to Overlap by Same Staff – Same Agency.
 - **Provider-In Progress:** Agency provider has started editing the service but has not yet submitted it to MDH for approval.
 - **Needs Authorization:** The service, missing time entry, or adjustment has to be approved by MDH.
 - **Pending MDH:** A service that generated an exception during nightly exception checks. This service will need review by MDH before it can be processed into a claim.
 - **MDH In Progress:** A service that is under review by MDH.
 - **MDH Reviewed:** MDH has reviewed and acted on an exception. This service is ready for the overnight process to become a claim.
 - **Not Authorized:** A service that was manually entered by the provider administrator and was rejected by MDH.
 - **Ready:** A service that is pending submission for payment.
 - **Closed:** A complete service with a verified clock-in and a verified clock-out. This service is submitted for payment.
-

EVV: Electronic visit verification. Any system designed to capture services provided to a participant at time of service. The ISAS system is an example of a telephonic EVV system.

NON- EVV: Term used to describe service generated and billed without using an ISAS EVV system. Generally, these services are billed through the Provider Portal directly.

1.0 ISAS and Provider Portal Overview

This section provides an overview of the ISAS system, Provider Portal, and how service providers use these systems to bill. This information will help the CCS understand how the billing system supports Personal Supports service

1.1 ISAS Overview

The In-home Supports Assurance System (ISAS) is a telephonic Electronic Visit Verification system for providers delivering Personal Supports to eligible participants in the home and community. The Maryland Department of Health (MDH) implemented the system in 2013. ISAS replaces the legacy DDA PCIS2 billing method that providers historically used.

The purpose of ISAS is to monitor service delivery and ensure accurate and timely provider payment. Direct Supports Professionals (DSPs) providing Personal Supports services are required to call into ISAS to record service start times (clock-in times) and end times (clock-out times). All DSPs must clock in and out of ISAS using one of the following methods:

1. The participant's approved telephone
2. Any phone using the One-Time Passcode (OTP) device

1.2 LTSS and the Provider Portal

LTSSMaryland.org is a web-based application for managing billing and case management for Maryland Waiver and State programs composed of two integrated modules, **LTSS** and **Provider Portal**.

LTSS is the module used to support case management and service coordination for several Maryland Medicaid Waiver and State Programs.

The **Provider Portal** is the client and billing management system for DDA service providers. Provider Portal matches service activities that are recorded using ISAS with the correct agency, DSP, and participant to form a service. The service is automatically generated into a claim nightly and submitted to the Medicaid Management Information System (MMIS) for payment. Providers can also manage and submit claims for non- EVV service here as well.

1.3 Why are DSPs required to use the ISAS System?

Maryland is using ISAS to meet the federal mandates under the 21st Century CURES Act. The CURES Act requires that all states implement Electronic Visit Verification (EVV), technology that electronically verifies that services are delivered as authorized. In addition to meeting federal requirements, ISAS assists MDH with:

- Monitoring that participants are receiving authorized services
- Monitoring service quality by improving transparency and measurability of service provision
- Reducing the likelihood of billing errors and fraud for Personal Supports providers
- Simplifying the billing process and enabling service information review in an online Provider Portal

1.4 DDA Programs Currently Using ISAS

All providers giving **Personal Supports** and **Personal Supports Enhanced** services to Medicaid and Non-Medicaid (DDA) participants in the following programs must use the ISAS system to record all services provided:

- CP – Community Pathways
- CS – Community Supports
- FS – Family Supports
- State Funded

NOTE: ISAS is for the traditional service delivery model only and does not apply to people self-directing services.

1.5 When Should Providers Start Using ISAS?

Providers begin using ISAS after the below steps are complete. CCS agencies play a key role in some of these tasks.

- The participant is fully enrolled in the DDA program (Medicaid and Non-Medicaid)
- The agency is enrolled as a DDA type 90 Medicaid provider (with COS code 20) and is eligible to give services based on DDA's service implementation plan
- MDH and the DDA Regional Office have reviewed and approved the submitted Person Centered Plan (PCP) with the required signatures

NOTE: Once the RO approves the PCP, providers can view it in the Provider Portal.

- For DDA CS, CPW, and FS Waivers: the provider has verified a participant's eligibility for Maryland Medicaid benefits by calling the Eligibility Verification System at 1-866-710-1447 or by going to the website, www.emdhealthchoice.org.

NOTE: Providers will not be paid for services billed beyond the authorization listed on the participant's PCP

2.0 CCS Role and Responsibilities

The CCS will work with the participant, DDA and the Personal Supports agency to address PCP, OTP and eligibility issues that may affect the participant's wellbeing or are related to the participant's PCP. This section will outline the roles the CCS plays with ISAS.

2.1 CCS Role

- The CCS helps monitor the participant's receipt of Personal Supports service by meeting the following responsibilities, outlined in this guide:
 - Participant Phone Number Management
 - One Time Passcode Device Assignment and Management
 - Monitoring of Services for individual to include Service Exception Resolution assistance
 - Monitoring Delivery of Personal Supports Services

2.2 Participant Phone Number Management

The DSP will use the participant's phone to clock in and out for services. It is the CCS's responsibility to assign the participant's phone number as "Allow for ISAS IVR" to their LTSSMaryland profile by checking the associated box. If the DSP uses a different phone number than the one that is assigned, this will create billing issues.

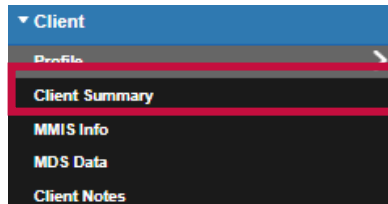
It is against ISAS policy for DSPs to clock in and clock out from a phone number that does not belong to the participant. The exception to this policy is if the participant does NOT have a working phone, or if the participant is state funded. In these scenarios, the CCS should assign the client an OTP device which can be used with any available phone.

NOTE: DSPs must use the assigned participant's phone to call the ISAS system unless an OTP device has been assigned by the participant's CCS in LTSSMaryland.

2.2.1 Assigning a Phone Number to a Participant

Use the below process to assign phone numbers in the client profile.

NOTE: If a phone number is linked to a client profile as “Allow for ISAS IVR” this phone number cannot be used to record services for any other participant. Doing so will cause billing errors. This most frequently impacts participants’ family members who may work as a DSP for a different participant.



1. Select client “Profile” in LTSSMaryland
2. Select “Phone #-Manage”
3. Enter required information
4. Select “Allow for ISAS services”
5. Save and close

A screenshot of the 'Phone # Manage' dialog box. The dialog has a title bar 'Phone # Manage' and a 'Manage' button. The main content area is titled 'Client Profile — Phone Number List'. It contains a 'Back to Profile' link and a table with columns 'Primary', 'Phone Type', and 'Best Time to Call'. Below the table is a form with the following fields: 'Would you like to make this the primary phone number?' (checkbox), 'Set as Primary Phone' (checkbox), 'Allow For ISAS IVR' (checkbox, highlighted with a red box), 'Set as Primary Phone' (checkbox), 'Allow For ISAS IVR' (checkbox), 'Phone Type:' (dropdown menu with 'Home' selected), 'Phone Owner:' (dropdown menu with 'Self' selected), 'Specify:' (text input), 'Best Time to Call:' (dropdown menu), 'Phone Number: (XXX.XXX.XXXX)' (text input with '3013343819' entered), 'Ext:' (text input), and 'Notes:' (text area). At the bottom are 'Save & Close' and 'Cancel' buttons. A red dashed box highlights the 'Allow For ISAS IVR' checkbox and the 'IMPORTANT:' text to its left. A red arrow points from the 'IMPORTANT:' text to the checkbox.

IMPORTANT:

- IVR=Interactive-Voice-Response
- Select the checkbox next to the participant’s phone number(s)
- Never select the “IVR” box for the DSP’s phone number
- Phone numbers may be selected as both the primary phone number and allowed for ISAS IVR

2.2.2 Common Phone Issues

The CCS works with the MDH ISAS Team, Providers, and the participant or their representative as necessary to resolve the below issues with the participant's. For all phone issues, the CCS should update the service provider as needed, and use the Activity notes to track notes about issue resolution.

Common Issue	Description	Remediation
Participant's Phone is unavailable for use	<p>The DSP cannot use the participant's personal phone to clock-in and out because:</p> <ul style="list-style-type: none"> • Phone is broken • Phone is lost • Phone is out of minutes • Phone has no reception • Participant does not want DSP to use personal phone 	<ul style="list-style-type: none"> • CCS should contact the participant or their representative to confirm the issue <p>For short term issues:</p> <ul style="list-style-type: none"> • The CCS should document the issue in activity notes • The Personal Supports agency can submit MTRs until the issue is resolved <p>For long term issues:</p> <ul style="list-style-type: none"> • The CCS should assign an OTP device
Participant's phone is listed on another Client Profile	<p>The DSP's attempts to use ISAS are recording services for the incorrect participant. This can result in ISAS calls being recorded for the incorrect participant.</p> <p>This can commonly affect family members who also work as a DSP for a participant in the same household.</p>	<ul style="list-style-type: none"> • CCS should confirm the owner of the phone number with the participant or their representative • If the phone number is listed on a client profile of a participant who is assigned to your CCS agency, uncheck the "Allow for ISAS IVR" box for both participants <ul style="list-style-type: none"> ○ If no other phone is available, assign an OTP device • If the phone number is listed on a client profile of a participant who is not assigned to your CCS agency, contact the MDH ISAS Team for help
DSP is using a personal phone to clock in and out with no OTP	<p>The DSP is using a personal phone to clock in and out, but the participant is not assigned an OTP device. This use of personal phones is not allowed.</p>	<ul style="list-style-type: none"> • CCS should confirm with the participant or their representative who owns the phone numbers with the "Allow for ISAS IVR" checkbox selected. • CCS should uncheck the "Allow for ISAS IVR" checkbox for any phone number that belongs to a DSP or provider agency • CCS should assign an OTP device if no other usable phone is available

2.3 One Time Passcode Device Assignment and Management



- A One Time Passcode Device (OTP) is a time-synchronized device issued to a participant by their CCS.
- Not all participants will need an OTP device assigned. If they do, the DSPs are required to use it with every clock in and clock out.
- OTP devices are solely distributed by CCSs directly to participants.
- OTP devices must ALWAYS remain with the participant to whom it has been assigned. It is considered fraudulent behavior for a Personal Supports agency/DSP to take the OTP device out of the participant's possession and use it.

2.3.1 When should an OTP device be assigned?

- Participant does not have a reliable phone that the DSP can use
- More than one participant lives in the same household and they share one phone
- The participant often receives personal supports in the community
- Participant does not have a MA# (state funded participants)

2.3.2 How to use an OTP device?

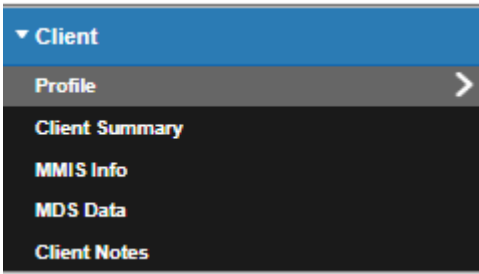
- The OTP device will generate a six-digit code every 60 seconds. This code is synchronized to a specific time within the ISAS Telephonic system
- The DSP can use any phone when clocking in and clocking out with a participant's OTP. If an OTP device is assigned, the DSP provider will hear the following phrase when they clock in and clock out: "Enter the 6-digit OTP passcode". When they hear this phrase, they should look at the number on the device and key it in on the phone
- The DSP may need the OTP serial Number to clock in/out. It is located on the back of the device



2.3.3 Important OTP Policy Information

- The CCS should only provide an OTP device to the participant if they have confirmed with the participant or their authorized representative that one is needed. Even if the provider indicates an OTP is needed, the CCS should always follow up with the participant or their representative
- It is the CCS's responsibility to deliver the OTP device to the participant
- The CCS should check for the OTP device when they visit the participant to verify that it was not taken, lost, or broken
- If the CCS finds out that the OTP was removed from the participant's possession by the provider, the CCS should submit an incident via DDA's Policy on Reportable Incidents and Investigations (PORII) process
- If an OTP device breaks, the CCS MUST collect the device from the participant, unassign the OTP device from the participant's profile, and assign a new device

2.3.4 How to assign an OTP to a participant's profile



In LTSS, under the client tab, select:

1. Profile
2. Client OTP
3. Assign



Assign Client OTP

OTP Details

OTP Serial Number: *

One Time Password: *

OTP Assignment Reason: *

--Select--

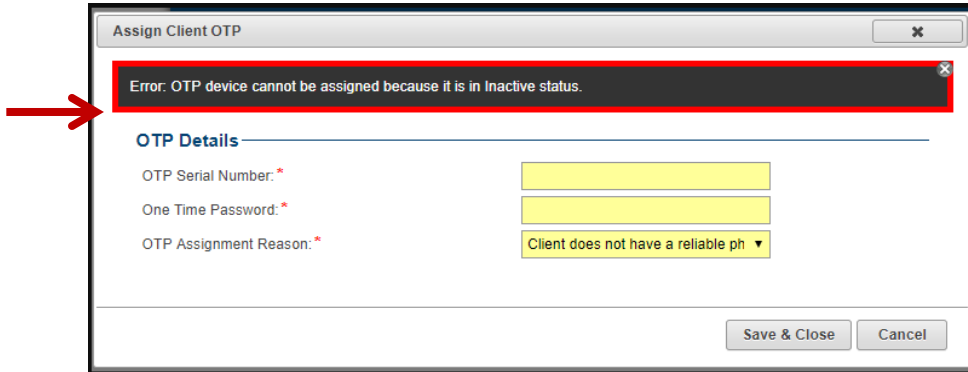
--Select--

Client does not have a reliable phone
Client lives in an area with poor phone reception
More than one client shares the same phone number
Direct services are often provided to the client in the community
Other

2. Enter the OTP Serial Number located on the back of the device.
3. Enter the 6-digit password that appears on the front of the device.
NOTE: The numbers will change every 60 seconds.
4. Select the reason why the device was assigned from the drop-down menu, then select **Save & Close**.

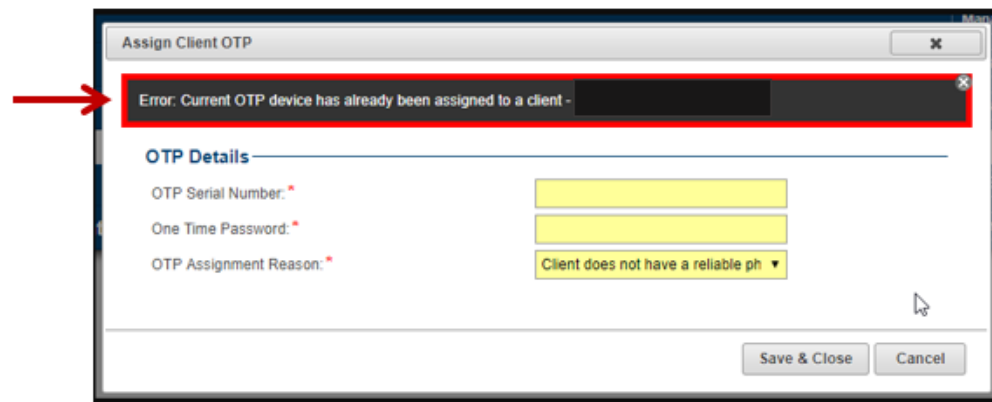
2.3.5 Possible Error Messages when assigning OTPs

Example #1 - OTP in Inactive Status

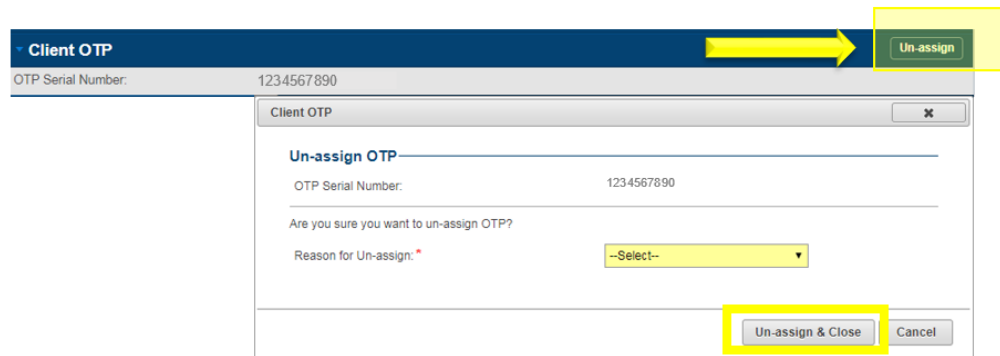


CCS Resolution Action: The CCS should contact the ISAS team and ask them to activate the device. They should email ISAS at mdh.isashelp@maryland.gov. They should provide the OTP Serial Number located on the back of the device.

Example #2 - OTP Already Assigned



CCS Resolution Action: The CCS should un-assign the device from the incorrect participant and then proceed to assign the device to the correct participant.



2.3.6 Common OTP Issues

Common Issue	Description	Remediation
Missing or Broken OTP	The Personal Supports agency, DSP, or participant will contact the CCS if the OTP device is missing or broken	<ul style="list-style-type: none"> • The CCS should verify that the OTP device is broken/missing by contacting the participant or their representative(s) • As applicable, the CCS should then plan a way to drop off or mail a new device to the participant and update the Activity notes in the participant profile, noting that the device is broken/missing and when a new device will be provided
Multiple participants in the home	There may be homes that contain multiple participants, each of whom is assigned an OTP device. If DSPs use the incorrect device, services will not be recorded for the correct participant.	<ul style="list-style-type: none"> • The DSP should use the specific device assigned to each participant when clocking in/out for services. Each device will have a unique serial number on the back, which can be used to identify which participant the device belongs to
System showing different clock in/out time than what DSP recorded	This can be due to a “drifting OTP”. This means that the OTP device has un-synced, and the time recorded will be off by a few minutes	<ul style="list-style-type: none"> • Usually this does not affect services or payment because BOTH the clock in and clock out time are impacted by the same amount. If this is the case, the staff can continue using the device. • If the “drift” is causing service/payment issues, such as service overlaps, the CCS should assign a new device
The Agency/DSP has taken the OTP out of the participant’s possession	It is state policy that the OTP device must remain within the participants’/ participant representatives’ possession	<ul style="list-style-type: none"> • The CCS should request that the device is returned to the participant and should submit an incident via DDA’s Policy on Reportable Incidents and Investigations (PORII) process

2.4 Billing Issue Assistance

There are times where the DSP may have issues properly clocking in and out for services, requiring the agency to submit the service manually. This manual submission is referred to as a **Service Modification (SM)**. The ISAS team may reach out to the CCS to verify information provided by the agency. The ISAS team may ask questions such as:

- Did the participant have an emergency on a particular date of service?
- Can you confirm that the participant's phone was broken on a date?
- Is the participant's OTP device broken/missing? When will a new device be assigned?



The CCS should verify the information with the participant **OR** the participant representative, NOT the agency or DSP. If the CCS can verify the information, the ISAS team will be able to approve the service in question without penalty. **See section 3.4** for more information.

2.5 Entering Participant Activity Notes for billing issues

To help expedite resolution for billing issues, the ISAS team recommends the CCS updates the participant progress activity notes any time there is an event that affects the delivery of services (ex: Hospitalization, vacations, etc.). It is important that the CCS is clear and submits as much detail as possible. The following should be included in the notes:

- Detailed information regarding the event
- The service time frame that will be affected
- The date the issue will be resolved
- Verification that the CCS communicated with the Participant/ Participant Representative

Example CCS Activity Notes

3/15/20 CCS spoke with participant representative – Participant OTP device missing since 3/13/20- CCS will drop off new device 3/20/20. There was no disruption in care provided to the participant.	3/15/2020 CCS spoke with Agency - DSP was unable to clock in and out. Agency will be submitting manual entries.
 The information in this example is very clear and will require no additional follow-up with the CCS. The ISAS team will approve all manual entries within this time with zero penalty.	 The information in this example is very vague and will require additional follow-up with the CCS which will delay payment for the agency.

2.6 Monitoring Delivery of Personal Supports Services

The CSS will need to monitor services with the participant or the participant representative to monitor that services are delivered as authorized in the PCP. It is considered good practice for the CCS to be familiar with the services the participant is receiving and the general service schedule to help monitor that all services authorized by the PCP are being delivered.

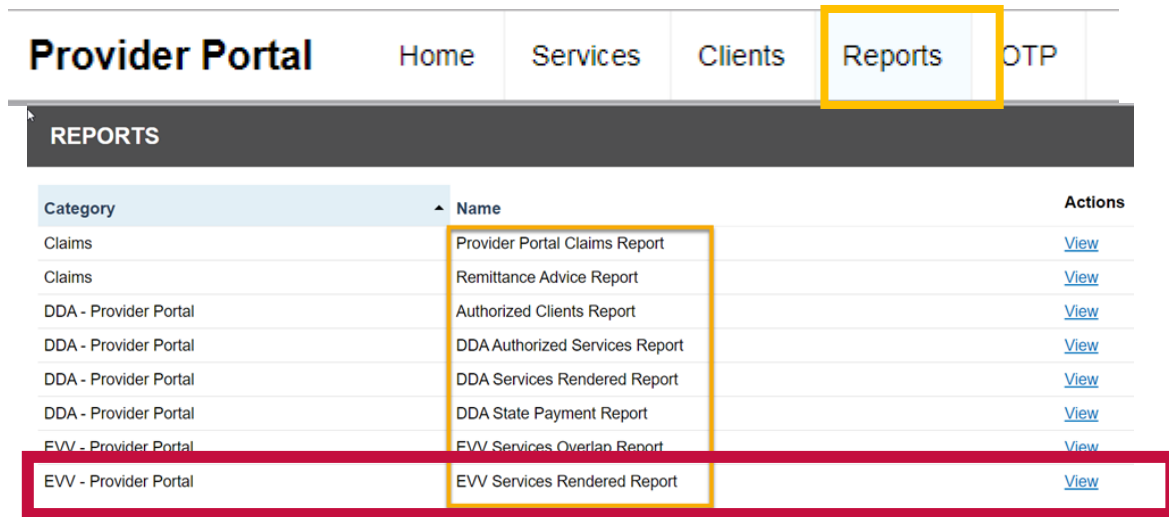
2.6.1 EVV Services Rendered Report

The CCS can use the EVV- Services Rendered Report as part of monitoring of services provided to the participant. The primary circumstances where the CCS should review this report are:

- In relation to a specific service issue, such as a service complaint from a participant, or a question from the ISAS Team.

This report is especially useful if the CCS suspects that services are not being delivered as authorized by the PCP.

The report is located in the “Reports” tab of the Provider Portal or LTSS



Category	Name	Actions
Claims	Provider Portal Claims Report	View
Claims	Remittance Advice Report	View
DDA - Provider Portal	Authorized Clients Report	View
DDA - Provider Portal	DDA Authorized Services Report	View
DDA - Provider Portal	DDA Services Rendered Report	View
DDA - Provider Portal	DDA State Payment Report	View
EVV - Provider Portal	EVV Services Overlap Report	View
EVV - Provider Portal	EVV Services Rendered Report	View

Weekly services can be reviewed by searching with one of the following criteria.

NOTE: When using the **Services Rendered Report**, all criteria with a * must be entered. For general reviews, MDH recommends CCS Agencies search for a specific date range of 1-2 weeks for one specific client ID or MA number

- Service Date From
- Service Program Type*
- Agency Name/Fein
- Exception Type *
- Staff SSN#
- Service Activity Status*
- Report Date
- Service Date To
- Service*
- Provider Locations*
- Staff Name
- Client ID/MA#
- Client Name
- Client Region*

The screenshot shows a search criteria form with the following fields and values:

Service Date From (mm/dd/yyyy)*	1/7/2019 12:00:00 AM	Service Date To (mm/dd/yyyy)*	11/7/2019 12:00:00 AM
Service Program Type*	Unknown, CP, CS, FS, DDA State F	Service*	Personal Supports (DDA)
Agency Name/FEIN		Provider Locations*	All Locations
Exception Type*	No Pending reason, Activity has e	Staff Name	
Staff SSN#		Client ID/ MA#	
Client SSN#		Client Name	
Service Activity Status*	New, Ready, Closed, Needs Author	Client Region*	CMRO, ESRO, SMRO, WMRO, N/A
Report Data*	Service Activity Detail (Comments)		

The CCS can use this report to monitor services that are being recorded for the Participant to help with the following:

- Determine level of services being provided in comparison to the authorized PCP
- Identify inaccurate or potentially fraudulent billing based on participant service feedback or complaints
- **NOTE:** If the CCS Receives a report that service was not delivered, but finds provider billing during review, they should report this information to MDH.
- Help finding billing/PCP issues as soon as they occur.

It is good practice for the CCS to review this report if there is a raised issue or compelling reason. Although the participant may not always remember exact service dates or times, MDH recommends looking at the report to see if there are services that do not match a participant’s general schedule or expectations. The areas that will be most useful to the CCS are:

- **Service Date** – The CCS can review service dates or general service delivery schedule the participant or their representative
- **Agency Name** – Identify agency providing services on a given date
- **Staff Name** – The CCS can see which staff person provided the service and note any concerns
- **Start Time and End Time**- The CCS can review to note that general service times match the participant’s or their representative’s expectations
- **Service Duration (hours):** Low service hours in comparison to the service authorization could be an indicator that the provider agency is not providing the expected hours of service.

3.0 How to use the ISAS system

To clock in and out through the ISAS system, the DSP dials **1-833-917-2100**. Personal Supports Providers should ensure DSPs are fully trained to use the ISAS system and have the following information before providing services to participants:

- The participant’s Medical Assistance (MA) number or the OTP Serial Number (Located on the back of the OTP device)

NOTE: DSPs who work with participants who are not MA eligible will need to use an OTP Serial Number

- Personal Supports Agency provider MA number
- The up-to-date phone number on the participant’s profile checked as “Allow for ISAS IVR”. This is the phone number the staff DSP should be using to record. **See section 2.2** services
- The Direct Support Professional’s social security number
- The OTP device (if assigned)

NOTE: DSPs must listen to the system prompts and enter the correct information until the FINAL prompt that ends with **“Goodbye.”**

3.1 ISAS Call-in System Error Messages

DSPs may encounter one of the below error messages when clocking-in and out with the ISAS call-in system. These error messages can help the CCS have a better understanding of the issue if the Agency contacts them.

<p>1. OTP Not Assigned Menu</p>	<p>Error Message: <i>The phone you are calling from is not listed on the client’s plan and no OTP has been issued. If you hang up and call from the correct phone number your call will be processed successfully. If you continue clocking in or out now, your time will be recorded but MDH will review the call and payment could be affected.</i></p> <p>Error Message Explanation: This error message indicates that the DSP is calling from a phone that is not linked to the participant profile. The CCS should check with the participant/ participant rep to verify the correct participant phone number is assigned to the participant profile. It is against program policy for the DSP to clock in/out through any other number unless an OTP device was assigned. Section 2.2</p>
<p>2. Multiple Client Match</p>	<p>Error Message: <i>The phone number you are calling from is associated with multiple clients and no OTP device has been issued. Please contact the client’s coordinator of community services to resolve this issue.</i></p> <p>Error Message Explanation: This error message indicates that the phone number the DSP is using to clock in and out from is assigned to multiple participant profiles. The CCS should check with the participant/ participant rep to verify the correct participant phone number is assigned to the participant profile. If a phone number is assigned to multiple profiles, this will cause billing issues. A phone number can only be assigned to one participant profile.</p>
<p>3. Provider Type = 76/AT</p>	<p>Error Message: <i>You have entered a CO Programs Provider Number. Please try again or contact the CO Programs ISAS Phone Number at 1-855-463-4727.</i></p> <p>Error Message Explanation: The agency provider number is not eligible to provide DDA services and the provider number is listed as CO services. The ISAS number 1-855-463-4727 is only for DDA service types, the DSP must call the CO ISAS number to record services.</p>
<p>4. Provider number ineligible</p>	<p>Error Message: <i>The provider number entered is not eligible to provide service. Please try again or contact your agency administrator for assistance.</i></p> <p>Error Message Explanation: The entered provider number is not eligible to provide services.</p>
<p>5. Staff is inactive</p>	<p>Error Message: <i>Your staff profile is currently inactive. Please contact your agency administrator.</i></p> <p>Error Message Explanation: This happens when the DSP’s staff profile is listed as inactive in the Provider Portal. The agency will need to activate the staff profile.</p>

3.2 Submitting Service Modifications

The Personal Supports agency can submit a Service Modification (SM) any time a service needs to be modified/changed. A modification can be submitted as a new service, as an edit to an existing service, or as an edit to a service with an associated claim or state payment.

- **Missing Time Request (MTR):** If a Direct Service Professional is unable to clock in AND/OR out for a service, an agency can submit a manual submission known as an MTR
- **Adjustment:** If the service has an associated closed claim for that date but the agency finds an error, the agency admin can submit an adjustment to the claim to edit the service hours
- **Overlap:** If one Direct Service Professional overlaps their service time for two participants, the agency will need to modify the services so they are no longer overlapping. Overlapping services is considered double billing and is against state policy

3.3 Service Modifications Timelines and Policies

Each SM has a specific deadline in which the agency must submit the SM. SMs submitted after the deadline policy will not be paid.

- **MTRs:** Must be submitted two (2) business days after the end of the month in which the service was performed
- **Adjustment:** Must be submitted up to 365 days after the claim date of service
- **Overlaps:** Must be submitted up to 365 days after the claim date of service

MDH policy allows each DSP to have six (6) unexcused SMs for the month, both MTRs and adjustments. If the DPS exceeds the 6 unexcused SMs for the month, future unexcused SMs for that month will not be approved and the agency will not receive payment. The ISAS team may contact the CCS for more information regarding Service Modifications to help prevent SM penalties.

= 1 Penalty	Missing Clock in
= 1 Penalty	Missing Clock out
= 2 Penalty	Missing clock in and out

3.3 Exceptions

An exception is a circumstance that prevents a claim from generating. The service will remain in a pending status until the issue is resolved by the provider or MDH. You may notice one of the below exceptions on a Personal Supports Service billed through ISAS.

- **No Active PCP Found for Client** – The participant does not have an active Person-Centered Plan.
- **Provider Not on Client’s PCP** – The agency provider is not listed on the participant’s active Person-Centered Plan.
- **Client PCP has no ISAS Service** – “Personal Supports” or “Personal Supports- Enhanced” is not listed on the participant’s active Person-Centered Plan.
- **Client Ineligible** – The participant is not Medicaid and/or waiver eligible.
- **Client not enrolled in a Waiver Program** – The participant is not listed in one of the waiver programs covered by ISAS.
- **No Approved Service Plan Found** – This occurs when a validated PCP does not exist.
- **Provider not authorized for the service** – This occurs when the agency provider is not authorized to provide the specific service. Provider has exceeded the maximum authorization for the month: This occurs if the activity units exceeds its monthly allocation.
- **Missing Clock In** – A DSP fails to use the ISAS telephonic system to record the start of a service
- **Missing Clock Out** – A DSP fails to use the ISAS telephonic system to record the end of a service
- **Overlap service found for the same provider** – This occurs when the DSP is clocked in for more than one participant at the same time
- **Provider is not approved to provide services to a minor** – This occurs if the provider/site does not have the necessary Category of Service associated with its location
- **Overlap service found for a different provider** – This occurs when two provider agencies are clocked in for more than one participant at the same time
- **Overlap service found for the same Client** – This occurs when two or more DSPs were clocked in for the same participant at the same time
- **Provider # does not have the approved and active Category of Service** – This occurs if the provider/site # is invalid

4.0 Contacts and Resources

Below is a list of contacts and resources the CCS can use to assist themselves with ISAS activities and to help support agencies.

Issue or Concern	Contact	Telephone and/or Email
Billing and Policy Questions	MDH ISAS Division	MDH.ISAShelp@maryland.gov 410-767-1719
Technical Issues (Questions about how to use the system and Register new login accounts)	ISAS Technical Help Desk	ISAShelpdesk@Ltssmaryland.gov 1-855-463-5877
OTP Device Issues, PCP Questions, Participant Eligibility Issues	Agency Contact: CCS CCS Contact: ISAS	CCS: Specific to Each Participant ISAS: 410-767-1719
Agency Change of Address/ PH# Provider Enrollment	DDA Regional Provider Relations	<p>CMRO Provider Relations Department (410) 234-8200</p> <p>SMRO Teresa Nataline (301) 362-5123</p> <p>ESRO Andrea Jones (410) 572-5945</p> <p>WMRO Timothy Jenkins (240) 313-3860</p>
Register for Direct Deposit and Missing Checks	The Comptroller of Maryland	1-800-638-2937 410-260-7980