

# DDA May 2024 Release Items

## DDA PCP 2:1 Personal Supports

New service definition for 2:1 Personal Supports has been added for Community Pathways, Community Supports and Family Supports.

Personal Supports 2:1	CP	W5902	Support	20 - DDA Approved Personal Supports 2:1	W5903 - 2K - DDA Approved Fiscal Management Agency	Personal Supports 2:1 - PS21	Start	End	Frequency	Max Frequency	Default Rate	Max Rate	Min Rate	Unit Type	Max Unit	Min Unit	Billable Unit	Premium Rate
							9/15/2023	12/31/9999	Daily	0	27.64	27.64	0	Hours	96	0	15 minute increment	32.4600

  

Personal Supports 2:1	CS	W5904	Support	20 - DDA Approved Personal Supports 2:1	W5905 - 2K - DDA Approved Fiscal Management Agency	Personal Supports 2:1 - PS21	Start	End	Frequency	Max Frequency	Default Rate	Max Rate	Min Rate	Unit Type	Max Unit	Min Unit	Billable Unit	Premium Rate
							9/15/2023	12/31/9999	Daily	0	27.64	27.64	0	Hours	96	0	15 minute increment	32.4600

  

Personal Supports 2:1	FS	W5906	Support	20 - DDA Approved Personal Supports 2:1	W5907 - 2K - DDA Approved Fiscal Management Agency	Personal Supports 2:1 - PS21	Start	End	Frequency	Max Frequency	Default Rate	Max Rate	Min Rate	Unit Type	Max Unit	Min Unit	Billable Unit	Premium Rate
							9/15/2023	12/31/9999	Daily	0	27.64	27.64	0	Hours	96	0	15 minute increment	32.4600

When working within the DDA Person Centered Plan for any of these three programs, the user will now be able to add/edit/manage this new service just like all other services within the Service Authorization section.

## Add New Service



### Service Information

Service Category: \*

Support

Outcome(s) Service Is Supporting: \*

Select options

Service Title: \*

Frequency: \*

- Assistive Technology and Services
- BSS - Behavioral Assessment
- BSS - Behavioral Consultation
- BSS - Behavioral Plan
- BSS - Brief Support Implementation
- Environmental Assessment
- Environmental Modification
- Family and Peer Mentoring Supports
- Family Caregiver Training and Empowerment
- Housing Support Services
- Nursing Support Services
- Participant Ed, Training, and Advocacy
- Personal Supports
- Personal Supports - Enhanced
- Personal Supports 2:1**
- Respite Care Services - 15 minutes
- Respite Care Services - Camp
- Respite Care Services - Day
- Transportation

Service): \*

Provider Number:

er:

Licensed Address:

Search

Provider Address

Provider Phone Number

Actions

No data available in table

Close

Next

**Personal Supports 2:1**



Unit Calculation Type:

Daily

All

- March   
  April   
  May   
  June   
  July   
  August  
 September   
  October   
  November   
  December   
  January   
  February  
 March

**Sunday:**  hours  minutes  
**Monday:**  hours  minutes  
**Tuesday:**  hours  minutes  
**Wednesday:**  hours  minutes

**Thursday:**  hours  minutes  
**Friday:**  hours  minutes  
**Saturday:**  hours  minutes

**Days Per Week:**  (max 7 days a week)  
**How Many Weeks:\***  (max 3 weeks)  
**Units Per Week:**

↓ Add Calculation

Calc Type	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Actions
-----------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	---------

**Billable Unit:**   
**Total Units:**   
**Rate:**  (max \$27.64)  
**Service Cost:**

← Back

Close

Save to Service Authorization

New - 04/25/2024	<a href="#">Pers</a>	0	32	184	160	184	176	168	184	168	176	184	160	80	1856	\$51,299.84	<a href="#">Edit</a>	N/A	N/A
	<a href="#">onal Supports 2:1 - A &amp; C SUPPO RT SERVIC ES INC</a>																<a href="#">Delete</a>		
																	<a href="#">Request Provider Acceptance</a>		

**Person Centered Plan** Status: Approved Plan Type: Initial PCP [View](#)

[Back to List](#) [Print](#) [Expand All](#)

### Monthly Services

*i* The following services are only available from 07/01/2020 onward.

Service Status & Effective Date	Service and Provider	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Units	Annual Service Cost	Actions	Provider Status	Provider Status Date
New - 03/15/2024	<a href="#">Personal Supports - HUMANI M.INC</a>	0	180	180	160	180	180	160	200	160	180	180	160	80	2000	\$23,500.00		Accepted	4/15/2024
New - 03/15/2024	<a href="#">Personal Supports 2:1 - HUMANI M.INC</a>	544	960	992	960	992	992	960	992	960	992	992	896	480	11712	\$323,719.68		Accepted	4/15/2024

Within Provider Portal, users can also service for this new Personal Supports 2:1 service via the Services tab.

**Provider Portal** Home Alerts **Services** Clients

### SERVICE & CLAIM SEARCH

EW

**SERVICE**

Service Date From: 3/19/2024 Service Date To: 4/18/2024

Submission Date From: Submission Date To:

Service Type  
1 selected

- Respite Care
- DDA
- Personal Supports (DDA)
- Personal Supports 2:1 (DDA)
- Personal Supports Enhanced (DDA)
- Respite Care Services - 15 minutes (DDA)

Save Search Filters Reset Search

**Provider Portal** Home Alerts **Services** Clients Providers Reports Stock Language Help OTP Batch Processes Compliance Feedback Nicolas Quinones (On behalf of: Jesse Song) Account

CURRENT SEARCH FILTERS: [Service Status: All Selected](#) [Exception Type: All Selected](#) [Claim Type: All Selected](#) [Service Type: Personal Supports 2:1 \(DDA\)](#) [Assignment Status: All Selected](#) [Requested Adjustment: All Selected](#) [Service Date From: 3/19/2024](#) [Service Date To: 4/18/2024](#) Save Search

CLIENT Filter by Last Name TOTAL COUNT OF SERVICES: 140 TOTAL SERVICES FOR SELECTED CLIENT: 19 Assign Unassign New Activity Group by Client Sort By

Client Name: **UAT473, ANDRE**

ID # **2219463NA336101**  
 MA # --  
 Services with Exceptions: **3**  
 Services: **37** Claims: **11**

Client Name: **UAT473, ANDRE** ID # **2219463NA336101** MA # **30208051111**

Service Date: <b>04/18/2024</b>	Claim Status: <b>N/A</b>	Claim Type: <b>N/A</b>	Total Billed: <b>--</b>	Total Paid: <b>--</b>	RA NO.: <b>--</b>
Service Type: <b>Personal Supports 2:1 (DDA)</b>	Proc Code: <b>--</b>	Program: <b>--</b>	Claim #: <b>--</b>	Claim ICN: <b>--</b>	
Provider #: <b>282083800</b>	Provider FEIN: <b>520962588</b>	Provider Address: <b>6355 WOODSIDE CT COLUMBIA MD 210461071</b>	Provider Name: <b>HUMANIM INC</b>		

Start Time	End Time	Service Status	Staff Name	Staff SSN	Completion Source	OTP Used	Exception Type	MDH Staff Assignment	Assignment Date
7:00 PM	7:30 PM	MDH Reviewed	Carrie Crawford	***-**-****	MDH Manual	No	--		
7:00 PM	7:30 PM	MDH Reviewed	Alexander Smith	***-**-****	MDH Manual	No	--		

[Details](#)

**04/18/2024 SERVICE DATE DETAILS**

DETAILS

CLIENT PROFILE

Service Date: <b>04/18/2024</b>	<b>CLAIM SUMMARY</b>	Procedure Code: <b>--</b>	<b>CLIENT INFORMATION</b>	Primary Phone #: <b>4104123385</b>	<b>PROVIDER INFORMATION</b>
Service Type: <b>Personal Supports 2:1 (DDA)</b>	Program Type: <b>--</b> Claim #: <b>--</b> <a href="#">Authorized Services Report</a>	Total Paid: <b>--</b>	Client Name: <b>--</b> ID #: <b>2219463NA336101</b> <a href="#">Case Management Activities</a>	MA #: <b>--</b> <a href="#">Client Service Plan</a>	Provider #: <b>282083800</b> Provider FEIN: <b>520962588</b> Provider Name: <b>HUMANIM INC</b> Provider Type: <b>DDA Community Provider</b>

**CLAIM DETAILS**

Service Activities being processed by MDH

Claim Type: **N/A** Claim Status: **N/A**  
 Procedure Code: **N/A** Services with Exception: **--**

Net:	Billed: <b>--</b>	Paid: <b>--</b>	Units: <b>--</b>
Total:	Billed: <b>--</b>	Paid: <b>--</b>	Units: <b>--</b>

Claim Creation Date: **--**  
 Claim ICN: **--**  
 RA No: **--**  
 RA Date: **--**

**SERVICE ACTIVITY SUMMARY**

Start Time: **7:00 PM** End Time: **7:30 PM**

Status: **MDH Reviewed**  
 Exception Type: **--**

Manual Edit Reason: **Forgotten Clock In/Out**

Comment: **UAT**

STAFF

Name: **Carrie Crawford**  
 ID #: **07773860-4286-465-076c-5805502d2123** SSN #: **\*\*\*-\*\*-\*\*\*\***

[Discard](#) [Edit](#) [Details](#)

**SERVICE ACTIVITY SUMMARY**

Start Time: **7:00 PM** End Time: **7:30 PM**

Status: **MDH Reviewed**  
 Exception Type: **--**

Manual Edit Reason: **Forgotten Clock In/Out**

STAFF

Name: **Alexander Smith**  
 ID #: **d44c8890-8dbc-4217-ae05-38176bbfbd73** SSN #: **\*\*\*-\*\*-\*\*\*\***  
 Phone: **(410) 381-7171**

[Discard](#) [Edit](#) [Details](#)

Exceptions

# ACTIONS REQUIRED

Assigned

Unassigned

## RESOLVE BY PROVIDER (AS OF 04/25/2024 8:00 AM)

### EVV SERVICES

Exception Type	Counts
▶ Activity has exceeded the maximum number of units for the day	63
▶ Client Ineligible for Medicaid	2285
▶ Client ineligible for Medicaid but has active waiver program in MMIS	142
▶ Client ineligible for program	2501
▶ Client LTSS Program does not align with MMIS waiver program	393
▶ Client LTSS program does not match the service plan	59
▶ Client not enrolled in a DDA program	654
▶ Client Overlap	292
▶ Client Overlap - Different Program	101
▶ HH Client Overlap	0
▶ Missing Clock-in	7133
▶ Missing Clock-out	21571
▶ No approved service plan found	178
▶ PDN Client Overlap	529
▶ Personal Supports 2:1 - Missing 2nd shift	2
▶ Personal Supports 2:1 - shifts have mismatched service times	4

## Discarding

Provider Portal Home Services Clients Providers Reports Stock Language Help OTP Batch Proc

04/18/2024 SERVICE DATE DETAILS

marc despern (On behalf of: Peter DeRies) Account

**DETAILS**

Service Date: 04/18/2024

Service Type: Personal Supports 2:1 (DDA)

PLAN OF SERVICE

**CLAIM SUMMARY**

Program Type: --

Claim #: --

Procedure Code: --

Total Paid: --

**PROVIDER INFORMATION**

Primary Phone #: 4436984152

MA #: 30102611930

Client Service Plan

Provider #: 282083800

Provider Name: HUMANIM INC

Provider FEIN: 520962588

Provider Type: DDA Community Provider

**CLAIM DETAILS**

Service Activities being processed by MDH

Claim Type: N/A

Claim Status: N/A

Procedure Code: N/A

Services with Exception: --

Net:	Billed:--	Paid:--	Units:--
Total:	Billed:--	Paid:--	Units:--

Claim Creation Date: --

Claim ICD: --

RA No: --

RA Date: --

**SERVICE ACTIVITY SUMMARY**

Start Time: 9:00 AM

End Time: 10:00 AM

Status: MDH Reviewed

Exception Type: --

Manual Edit Reason: Forgotten Clock In/Out

Comment: UAT

STAFF

Name: HUMANIM\_DDA PU

Discard Edit **Details**

**SERVICE ACTIVITY SUMMARY**

Start Time: 9:00 AM

End Time: 10:00 AM

Status: MDH Reviewed

Exception Type: --

Manual Edit Reason: Forgotten Clock In/Out

STAFF

Name: Carrie Crawford

Discard Edit **Details**

## Incorporate Split Shift Functionality for DDA 2:1 Personal Supports

### Community Pathways Notification ATP Type for Change in Residential Services and Report

A new DDA ATP Questionnaire Type of CTC Notification has been developed for the Community Pathways program. The business intent of this is to build a communication pathway in LTSSMaryland to notify EDD when a participant has a change in residential services that require an update to the Contribution to Care. LTSSMaryland will automatically generate the CTC Notification ATP for Community Pathways when it detects a participant either entering or leaving residential services as determined by their approved Person Centered Plan. When LTSSMaryland generates this form, it will be in a status of Pending Regional Office Review and an alert will be sent to the clients Responsible Region notifying them that there is an ATP that requires their review.

The screenshot shows a web application interface with a navigation bar at the top containing: Home, Clients, My Lists, Alerts, Reports, and Wait Lists & Registries. Below the navigation bar are search filters for dates and client information. The filters include: Created From Date (01/28/2013), Created To Date (04/25/2024), Accepted From Date (04/24/2024), Accepted To Date (04/25/2024), and a checkbox for Show Accepted. Client filters include Client ID (1510121HS780200), Last Name, and First Name. A Filter button is located below the client filters. Below the filters is a table with columns: Subject, From, Received, and Accept?. The table contains one record: MASON\_UAT508, SHAKAYLA (1510121HS780200) - Baltimore City. The Subject column contains a link: A DDA ATP - CTC Notification has been autogenerated for this individual. The From column contains System Administrator, the Received column contains 04/17/2024, and the Accept? column contains an unchecked checkbox.

Subject	From	Received	Accept?
<a href="#">MASON_UAT508, SHAKAYLA (1510121HS780200) - Baltimore City</a> <a href="#">A DDA ATP - CTC Notification has been autogenerated for this individual.</a>	System Administrator	04/17/2024	<input type="checkbox"/>

From the Authorization to Participate section within the participants record, the new ATP Type of CTC Notification can be viewed along with the existing ATP Types. A participant can have multiple ATP's open for different ATP Types (i.e. an Authorization and a CTC Notification) but can only have one open of a specific ATP Type at a time. The Regional Office will also have the ability

Authorization to Participate

Collapse All

ATP Questionnaires

Add

Add CTC Notification

Program Type	ATP Type	Last Modified Date	Last Modified By	Associated Application Packet	Status	Active/Inactive	Actions
CP	CTC Notification	04/25/2024	Parker, Beryl	N/A	Pending RO Review	Inactive	<a href="#">Edit</a> <a href="#">View</a> <a href="#">Print</a>
CP	CTC Notification	04/25/2024	Parker, Beryl	N/A	Submitted	Active	<a href="#">View</a> <a href="#">Print</a>
CP	Authorization	04/25/2024	Parker, Beryl	N/A	In Progress	Inactive	<a href="#">Edit</a> <a href="#">View</a> <a href="#">Print</a>

**(1) Error(s)**

Error: A new CTC Notification cannot be started for this program because there is already one in Pending status. If the Pending CTC Notification is in error, please discard it before adding a new one.

[Dismiss All](#)

ATP CTC Notification Program: Community Pathways Status: Pending RO Review

View

Edit

Cancel

Save

DDA ATP - CTC Notification

Client Information

Client ID: 1510121HS780200

Client Name: SHAKAYLA MASON\_UAT508

Assigned CCS Coordinator: Carol Louden

Assigned CCS Supervisor: Kaitlyn Anderson

PCP Information

PCP\*\* Initial PCP - 03/17/2024

PCP Type Initial PCP - 03/17/2024

Annual PCP Date: 03/17/2025

Residential Service Name	Retainer	Service Status	Service Effective Date	Service End Date	Provider Name	Provider MA#	Provider Address
Community Living - Group Home	Yes	Beginning	03/17/2024				



[View](#) [Edit](#)

[Back to List](#)

[Discard](#)

[Submit](#)

### DDA ATP - CTC Notification

#### Client Information

Client ID: 1510121HS780200  
 Client Name: SHAKAYLA MASON\_UAT508  
 Assigned CCS Coordinator: Carol Louden  
 Assigned CCS Supervisor: Kaitlyn Anderson

#### PCP Information

PCP **\*\***: [Initial PCP - 03/17/2024](#)  
 PCP Type: Initial PCP  
 Annual PCP Date: 03/17/2025

Residential Service Name	Retainer	Service Status	Service Effective Date	Service End Date	Provider Name	Provider MA#	Provider Address
Community Living - Group Home	Yes	Beginning	03/17/2024				

#### Workflow History

Action	By	Date	From Status	To Status	Comments
Add (Manual)	Parker, Beryl	04/25/2024	N/A	Pending RO Review	

[View](#)

[Back to List](#)

### DDA ATP - CTC Notification

#### Client Information

Client ID: 1510121HS780200  
 Client Name: SHAKAYLA MASON\_UAT508  
 Assigned CCS Coordinator: Carol Louden  
 Assigned CCS Supervisor: Kaitlyn Anderson

#### PCP Information

PCP \*\*: [Initial PCP - 03/17/2024](#)  
 PCP Type: Initial PCP  
 Annual PCP Date: 03/17/2025

Residential Service Name	Retainer	Service Status	Service Effective Date	Service End Date	Provider Name	Provider MA#	Provider Address
Community Living - Group Home	Yes	Beginning	03/17/2024				

#### Workflow History

Action	By	Date	From Status	To Status	Comments
Submit	Parker, Beryl	04/25/2024	Pending RO Review	Submitted	
Add (Auto-generated)	System Administrator	04/17/2024	N/A	Pending RO Review	

[Home](#) | [Clients](#) | [My Lists](#) | [Alerts](#) | [Assignments](#) | [Reports](#)

Created From Date: 01/28/2013 | Created To Date: 04/25/2024 | Accepted From Date: 04/24/2024 | Accepted To Date: 04/25/2024 |  Show Accepted

Client ID:  | Last Name:  | First Name:

Subject	From	Received	Accept?
<b>CLIENT_TEST (2699311ED848100) - Baltimore</b>	VanHorn, Britton	04/19/2024	<input type="checkbox"/>
<small>CTC Notification DDAATP has been submitted.</small>			

[Home](#) | [Clients](#) | [My Lists](#) | [Alerts](#) | [Assignments](#) | [Reports](#)

Category: \*  
 ATP

Filter

Category	Name	Data Frequency	Actions
ATP	ATP - CTC Notification for DDA Clients Report	Real Time	<a href="#">View</a>

Responsible Region: N/A, Central Maryland Regional Office | EDD Administrator Review: No  
 Client ID/MA#: | Client Name:

Date Created: 4/25/2024 11:42:19 AM

### ATP - CTC Notification for DDA Clients Report

**Search Criteria:**  
 Responsible Region: N/A, Central Maryland Regional Office, Eastern Shore Regional Office, Southern Maryland Regional Office, Western Maryland Regional Office  
 EDD Administrator Review: No  
 Client ID/MA#: | Client Name: | Report Date: 04/25/2024

Client ID	Client Name	Client MA#	Responsible Region	CTC Worksheet	Service Name	ATP - CTC Status	Requires EDD Notification	Assigned EDD Case Manager	Assigned CCS Coordinator	CCS Supervisor
2259532A2696110			Central Maryland Regional Office	CTC	Community Living - Group Home	N/A	N/A	Roberson, Sierra	Williams, Larry	Rose, Maria
2249774ED278110			Central Maryland Regional Office	CTC	Community Living - Group Home	N/A	N/A	Henry, Othille	Moore, Jade	Lester, Samantha
1719335AK686130			Eastern Shore Regional Office	CTC	Community Living - Group Home	N/A	N/A	Kelly, Gabrielle	Taylor, Gwen	Merritt, Elizabeth
2239922Q1477100			Western Maryland Regional Office	CTC	Community Living - Group Home	N/A	N/A	Young, Cynthia	Mzansky, Mindy	Bopst, Brittany
2129642A1635120			Central Maryland Regional Office	CTC	Community Living - Group Home	N/A	N/A	Kelly, Gabrielle	McNally, Lisa	Johnson, Lavonia

Responsible Region: N/A, Central Maryland Regional Office | EDD Administrator Review: Yes  
 Client ID/MA#: | Client Name:

Date Created: 4/25/2024 11:45:39 AM

### ATP - CTC Notification for DDA Clients Report

**Search Criteria:**  
 Responsible Region: N/A, Central Maryland Regional Office, Eastern Shore Regional Office, Southern Maryland Regional Office, Western Maryland Regional Office  
 EDD Administrator Review: Yes  
 Client ID/MA#: | Client Name: | Report Date: 04/25/2024

Client ID	Client Name	Client MA#	Responsible Region	CTC Worksheet	Service Name	ATP - CTC Status	Requires EDD Notification	Assigned EDD Case Manager	Assigned CCS Coordinator	CCS Supervisor
269311ED848100			Central Maryland Regional Office	N/A	Community Living - Group Home	Submitted	No	N/A	Lucas, Dominique	Thomton, Adreese
22690871M527111			Central Maryland Regional Office	N/A	Community Living - Group Home	N/A	N/A	N/A	Murray, JaeNae	Boothe, Antonette

Responsible Region: N/A, Central Maryland Regional Office | EDD Administrator Review: Yes  
 Client ID/MA#: | Client Name:

Date Created: 4/25/2024 11:45:39 AM

### ATP - CTC Notification for DDA Clients Report

**Search Criteria:**  
 Responsible Region: N/A, Central Maryland Regional Office, Eastern Shore Regional Office, Southern Maryland Regional Office, Western Maryland Regional Office  
 EDD Administrator Review: Yes  
 Client ID/MA#: | Client Name: | Report Date: 04/25/2024

Client ID	Client Name	Client MA#	Responsible Region	CTC Worksheet	Service Name	ATP - CTC Status	Requires EDD Notification	Assigned EDD Case Manager	Assigned CCS Coordinator	CCS Supervisor
2129892FP684111			Central Maryland Regional Office	CTC	N/A	N/A	N/A	Henry, Othille	Little, Jennifer	Detmore, Tiffany
1749342AD136120			Eastern Shore Regional Office	CTC	N/A	N/A	N/A	Young, Cynthia	Quigley, Stacey	McCrea, Shayna

Only submit the form if the provider has been identified.

Yes for EDD Review int he report means there is a mismatch.

If service is ending, there would be no provider