



LTSSMaryland -- DDA Module Troubleshooting Companion Guide

Purpose

The Troubleshooting Companion Guide offers quick, clear solutions for common questions regarding usage of *LTSSMaryland*. Concerns can be minimized when users are able to achieve resolution by following the recommended steps. The Troubleshooting Companion Guide will assist in achieving smoother and more efficient implementation of *LTSSMaryland* for both external and internal users, and as **Developmental Disabilities Administration** (DDA) systems and policies are updated, the Guide will include relevant revisions.

For more information, *LTSSMaryland* offers detailed user manuals for both Coordinators of Community Service (CCS) and Provider Agencies. The *LTSSMaryland* [DDA CCS Coordinator User Manual](#) and the *LTSSMaryland* [Provider Portal User Manual](#) (Appendix F, page 194) are located on the bottom of the LTSS Home Page. You must be logged in *LTSSMaryland* to access these links.

***All text in red indicates added/revised language since the prior release date**

Billing exceptions previously included in this guide have been moved to a newly created “MPS DDA Providers *LTSSMaryland* Billing Exceptions Guide - Version 1” dated 12/6/2022.

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LTSSMaryland General Guidance

Log In

1.1: **A Problem occurred logging into LTSSMaryland**
Impacted User(s): Coordinator of Community Service (CCS); Providers
Possible Cause: User may not have a username and password, or the provider does not have a log in

Steps for Resolution:	<ol style="list-style-type: none">1. If a username and password to log in already exist, contact the LTSS Help Desk directly at 1-855-463-5877.2. If the provider does not have a log in, the provider must contact the DDA ServiceDesk (servicedesk.dda@maryland.gov) to get a username and temporary password.3. The provider must then watch the training videos in the link below to create and manage staff profiles.
Additional Direction/Resource Links:	Staff Roles and Creating a Profile in LTSS: LTSS Training Videos LTSSMaryland: User Manual for the login process

Plan View/Access/Assignments

1.2: **Unable to locate my name or account in LTSSMaryland.**
Impacted User(s): CCS; Providers
Possible Cause: System inactivity

Steps for Resolution:	CCS and provider staff who require reactivation should notify their LTSSMaryland Admin (provider or CCS) for assistance.
Additional Direction/Resource Links:	Accounts that are inactive for more than 60 days will be deactivated by the system and require reactivation. The LTSSMaryland Admin (provider or CCS) can reactivate that account. If further assistance is needed, please contact the DDA ServiceDesk (servicedesk.dda@maryland.gov). LTSSMaryland: User Manual for the login process

Person Centered Plan (PCP) Development/Revision

Participant Demographic Update/Correction

2.1:	Two LTSS profiles were generated and/or there are duplicate profiles for the same person.
Impacted User(s):	CCS
Possible Cause:	A duplicate profile was accidentally created.

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should review the profiles to identify the correct profile. If needed, the CCS should engage with the participant's provider to confirm the accurate demographic information such as their social security number, medicaid identification, birthdate, etc. 2. Once the CCS has confirmed the information, the CCS should contact their Regional Office CCS Lead, that clearly describes the correct profile and identifies the profile that needs to be removed/frozen in <i>LTSSMaryland</i>. 3. DDA will implement the requested change.
Additional Direction/Resource Links:	CCS Waiver Application Requirements and Reminders May 2021

Clarification Request

2.2:	PCP is showing as "Clarification Requested" and the CCS does not have a submit button visible.
Impacted User(s):	CCS; Regional Office (RO)
Possible Cause:	Required fields are incomplete

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS needs to ensure all required fields with an asterisk are completed in the PCP. 2. If these are all completed, the CCS should check to ensure that all of the signature pages are included. 3. If the submit button is still not present, check to confirm that the program type is correct as well as the Annual Plan Date (APD) and effective date. 4. The CCS can also select a section to 'edit' and even without making an actual change or edit, click 'save' which should provide the submit button. 5. If all of these have been checked and a submit button is still not present, the CCS should clear their cache in the event that a system update has taken effect. 6. If clearing the cache does not restore the submit button, the CCS should contact their Regional Office CCS Support Staff that includes all specific steps taken to resolve the matter.
Additional Direction/Resource Links:	N/A

Adding/Deleting Service

2.3: **The Detailed Service Authorization (DSA) does not include **Financial Management and Counseling Service (FMCS)****
Impacted User(s): CCS
Possible Cause: N/A (FMCS is an administrative service and not included in the DSA)

Steps for Resolution:	1. The CCS should include the FMCS on the Outcome form in the Requested Services to Support Outcome for each DDA funded service. A LTSSMaryland - DD Module Self-Direction Referrals referral should be completed.
Additional Direction/Resource Links:	N/A

2.4: **The CCS is trying to add dedicated hours for Supported Living (SL) in the DSA, but the SL site does not show up as an option to select**
Impacted User(s): CCS; Providers
Possible Cause: Dedicated hours are tied to the base MA#

Steps for Resolution:	1. The CCS should identify and select the provider's main address/office site for the provider's base MA#.
Additional Direction/Resource Links:	Dedicated hours are not tied to a participant's address, they are tied to the base MA#. The system will not require the CCS to indicate the specific address. The CCS should use the main address/office site for the base MA# when dedicated hours are being added.

2.5: **The CCS cannot delete a service in a revised plan**
Impacted User(s): CCS
Possible Cause: The service has not been end-dated

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should enter the date the selected service is to end (end-date the service). A service can only end on a current or future date. A CCS is not able to 'backdate' a service that has ended. 2. CCS should ensure that the provider has "accepted" the ending of the previously provided service. 3. Once provider acceptance has been confirmed, this service will no longer be an approved service within the active Plan. 4. Contact your regional office's LTSS Liaison or your CCS Squad liaison for any errors encountered in a plan with an approved "end date".
Additional Direction/Resource Links:	<p>Provider Portal Manual</p> <p>No services which have been initiated as part of an approved PCP can be deleted, only ended. LTSSMaryland maintains a record of all approved services.</p> <p>A service is "end dated" when the service and its associated MA is terminated.</p>

2.6: **PCP needs to be revised to extend services. LTSSMaryland does not give me the option to edit the service DSA-PCP in the past**
Impacted User(s): CCS
Possible Cause: The CCS cannot edit services which were authorized during the past.

Steps for Resolution:	<p>If the service with dates already has prior approval, then:</p> <ol style="list-style-type: none"> 1. The CCS can only edit services for future dates, not those that are previously authorized. 2. If any service amount needs to be increased above what was initially authorized in the PCP for the remainder of the Annual Plan Year, the PCP should be revised. Service units requested should be increased in the future designated months.
Additional Direction/Resource Links:	The CCS cannot change dates with prior approval, only dates in the future.

Budget Cap

2.7: **PCP cannot be submitted when total cost of services exceeds the allowed budget of \$200,000 for Community Supports**
Impacted User(s): CCS
Possible Cause: LTSSMaryland is programmed for a budget cap that is no longer relevant with the approved waiver amendment

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should calculate the cost of services across several months that would not exceed the prior budget cap amount. 2. The CCS should note in the outcomes section that the budget cap error is preventing all months of services from being entered and that this is a temporary work-around. 3. Submit this partial year plan for review and approval. 4. Prior to the last month of the approved services, the CCS should create an initial plan to add the remaining months and services. Remember to make sure the correct Annual Plan Date is entered and there is a note explaining that this is the second part to the plan in the outcomes section. 5. Once the budget cap error is removed, the CCS should enter the remaining months of services into the partial year plan.
Additional Direction/Resource Links:	This is a temporary workaround while the Budget Cap Error in LTSSMaryland is <i>scheduled to be removed in February of 2023.</i>

Service Authorization/DSA

2.8: **The provider is unable to view or accept the DSA/service referral sent to them in LTSS by the CCS**
Impacted User(s): Providers
Possible Cause: Staff roles and assignments in LTSSMaryland

Steps for Resolution:	<ol style="list-style-type: none"> 1. To review/accept a DSA/service referral, users must be assigned a Provider Administrator or Provider Program Director role in LTSSMaryland. 2. The Provider should verify the user/staff role and adjust their profile accordingly to enable this required access.
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Additional Direction/Resource Links:	Staff Roles and Creating a Profile in LTSSMaryland . LTSSMaryland Training Videos
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2.9: **CCS cannot add a provider to an existing service under the DSA**
Impacted User(s): CCS; Providers
Possible Cause: The Initial Plan has a future effective date (inactive) and it did not identify a provider; or, an active Plan needs a provider added to the approved service

Steps for Resolution:	<ol style="list-style-type: none"> 1. For any participant who has an approved Initial PCP, has not been enrolled into the waiver, and providers have not yet been added to the Plan, the CCS will: <ol style="list-style-type: none"> a. Discard the Initial PCP (for future PCP). b. Add a new Initial PCP, copying the previous Initial PCP, and add the new service provider’s information. c. In the Summary Section, notify the Regional Office that the Plan is only being updated to include the provider information to expedite the Initial PCP’s review. 2. If the PCP (annual or revised) has been approved: <ol style="list-style-type: none"> a. Create a revised PCP from the active plan. b. End date the service that requires revision. c. Add a new service line to include the new chosen provider to the selected service; d. Send the referral request to the identified provider. 3. If these have been attempted or reviewed and the provider is still not visible and it is not too early to initiate a plan, it is possible that the provider may not be authorized to provide this service due to the age of the participant.
Additional Direction/Resource Links:	<p>This workaround is used to ensure a smooth transition for participants in other Programs and Services who are applying for the DDA Waiver such as Autism Waiver participants, Transitioning Youth, Department of Social Services, etc.</p> <p>Follow information provided in Steps for Resolution in the following link: Provider cannot be found and/or assigned in the DSA in LTSSMaryland</p>

2.10: **The Provider cannot be found and/or assigned in the DSA in LTSSMaryland**
Impacted User(s): CCS; Providers; Provider Services (PS)
Possible Cause: Wrong provider MA# for search; or the provider may not be approved to support children; or the provider may not have submitted an eprep application for that site.

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should first contact the provider to confirm the correct provider MA# and that the provider is fully enrolled (received letter of enrollment from DDA). Note: If the service is provided at a licensed site, the site MA# is different from the base MA#. 2. If the MA# is correct and the provider still does not come up, the CCS should check the age of the participant. If the participant is under the age of 18, the provider requires a 2T code (the code to provide services to youth) for which the RO will need to research.
Additional Direction/Resource Links:	N/A

2.11 : **One month is missing under the DSA**
Impacted User(s): CCS
Possible Cause: Effective date issue

Steps for Resolution:	<ol style="list-style-type: none"> 1. If the Plan is in-progress (not yet approved) adjust the effective date accordingly. 2. If the plan is approved and active, the CCS should verify that the units missing are reflected in the signature page/s. 3. If the units are on the signature page/s, the CCS should attempt to revise the Plan. If they are unable to correct the units, contact the regional office LTSS Liaison or your CCS Squad liaison.
Additional Direction/Resource Links:	If the next plan starts on the first of the month (e.g., Annual Plan date is 10/1), then the last month under the DSA will not include units.

2.12 : **Residential funding for community living group home is not populating an annual service cost in the DSA of the PCP**
Impacted User(s): CCS
Possible Cause: Provider of residential services has not been identified first

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should identify and enter the provider under the service.
Additional Direction/Resource Links:	Provider information is needed in order to calculate the cost.

2.13 : **The Provider does not show in the drop-down menu in the DSA (does show for other participants)**
Impacted User(s): CCS; Providers
Possible Cause: Participant is under the age of 18 and the provider does not have 2T code; ePrep issue due to not all locations being approved

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should review the dates of the Annual Plan. 2. If the plan is within 90 days of the Annual PCP date, then the CCS should choose to complete the Annual PCP instead of choosing the Revise PCP option. 3. If a revised plan is needed due to an emergent need, contact the regional office for prior approval. Once the revised plan is approved, an annual plan should be completed as soon as possible.
Additional Direction/Resource Links:	<p>Person-centered plan revisions shall not be submitted within the ninety (90) business days leading up to an Annual PCP unless: (1) the participant has an emergent need; and (2) the CCS has obtained prior approval by the Regional Office.</p> <p>If the revision occurs during the ninety (90) business day window prior to the Annual PCP date, it will not be considered a revision, but an Annual PCP.</p> <p>Reference: Person-Centered Planning - Policy Stat</p>

2.16 : **The CCS is unable to revise a PCP to change program type as the revised Plan option is not available.**

Impacted User(s): CCS

Possible Cause: Program type was entered incorrectly

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS needs to discard the Plan in progress. 2. Once the Plan is discarded, the CCS needs to create an Initial PCP with the correct waiver/program type. 3. CCS should check the Overall Decision Form to confirm the correct Program Type was selected.
Additional Direction/Resource Links:	The ability to change/correct program type can only occur with an Initial Plan.

Eligibility

2.17 : **“Client is not a wave/client ineligible for program” generates when a CCS attempts to add an Initial PCP.**

Impacted User(s): CCS

Possible Cause: Client is not on a current wave

Steps for Resolution:	<ol style="list-style-type: none"> 1. Contact the RO Waiver coordinator.
Additional Direction/Resource Links:	<p>An individual is authorized to apply for enrollment when they are placed on an LTSS Wave. Reference: Person-Centered Planning - Policy Stat</p>

Plan Submission/Approval

2.18 : **The Provider received an award letter for an approved PCP, but an approved service reflected in the PCP is missing in LTSSMaryland**
Impacted User(s): Provider; Participant
Possible Cause: Service was not included/approved in the PCP

Steps for Resolution:	<ol style="list-style-type: none"> 1. If services expected are not on an award letter, the approved PCP should be reviewed in <i>LTSSMaryland</i>. 2. A Plan revision is required to include any requested services.
Additional Direction/Resource Links:	N/A

Plan Status

2.19 : **PCP is approved with an effective date but status changed from active to inactive**
Impacted User(s): CCS
Possible Cause: Enrollment Status has changed

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should navigate to the left panel to confirm alignment of the program in three sections. <ol style="list-style-type: none"> a. Navigate to Client>Client Summary b. Review the following data elements to confirm alignment of program and effective date <ol style="list-style-type: none"> i. Eligibility Information>Special Program Code>Special Program ii. Current Enrollment>Program iii. Program Snapshot>Program 2. If the program and effective dates do not align, the information will need to be researched and remediated as applicable. Contact the LTSSMaryland Provider Billing Support Office (PBSO) team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue. 3. If enrollment aligns, create an Initial Plan to correct the plan type, ensuring it is consistent with the current enrollment.
Additional Direction/Resource Links:	<p>If program types do not match, it is possible that the Eligibility Determination Division (EDD) needs to correct the enrollment status found under current enrollment. Contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue</p> <p>Special Program Codes for the DDA operated Medicaid Waivers: Community Pathways: DRW or DRM Community Supports: CSW or CSM Family Supports: FSW or FSM</p>

2.20 : **Cannot create an Annual Plan as there is no Initial Plan or PCIS2 conversion**
Impacted User(s): CCS
Possible Cause: Participant’s Plan was not transferred in the initial conversion

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should first check whether the participant is in the waiver under the current enrollment section of the participant’s LTSS profile. 2. If the current enrollment section is complete, the CCS should create an Initial Plan. 3. If the current enrollment section is not complete, the CCS must begin to complete a waiver packet. 4. The CCS should reach out to the waiver coordinator in order to place the participant on the wave. 5. Once the participant is on a wave, the CCS will receive an alert to complete the Initial Plan. 6. CCS can submit the waiver packet when documentation is finalized. 7. The Waiver Coordinator will review the packet. EDD will review the application. The status and decision of the application can be viewed under the Financial and Overall Decision section, under Programs in the participant’s profile.
Additional Direction/Resource Links:	N/A

2.21 : **An Auto-Extend PCP is active and I am unable to create a new Annual PCP**
Impacted User(s): CCS
Possible Cause: The enrollment type might not match the plan type.

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should check to ensure the program type matches the participant’s current enrollment. 2. The current enrollment can be found on the Client Summary page, under ‘current enrollment’. 3. If the program type of the PCP does not match the current enrollment, the CCS should create an Initial Plan to correct the plan’s program. 4. If there is no enrollment listed, the CCS can check the Overall Decision Form to find if the participant has been disenrolled from the waiver. 5. A letter of disenrollment may be found under Programs- “Letters” - DDA EDD Letters indicating the reason for disenrollment. 6. The CCS can follow next steps according to the letter. If there is no letter, contact the assigned EDD Case Manager
Additional Direction/Resource Links:	<p>It is possible that the Eligibility Determination Division (EDD) needs to correct the enrollment status found by completing the Overall Decision Form. This is found in the DDA participants LTSS profile- Programs- Financial and Overall Decision. Contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue.</p>

Effective Date

2.22 :	Change the effective date to not overlap with the new year plan effective date
Impacted User(s):	CCS
Possible Cause:	Expired PCP in progress; auto-extend generated.

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS can confirm the PCP is expired by looking at the Annual Plan Date. If it is a date that has passed, then the CCS should discard the plan. 2. The CCS should create a new plan with an effective date to be at least one day after the auto-extend went active. 3. The CCS should coordinate with the RO and reach out to their CCS Support Staff.
Additional Direction/Resource Links:	When PCPs are not submitted prior to the APD, LTSSMaryland will not allow the CCS to submit nor the RO to approve as an auto-extend generates. This requires an effective date to be at least one day after the auto-extend went active. Auto-extends generate on the PCP date, as a new/current plan is now late/out of compliance. A CCS can no longer submit a plan for the year prior and can only move forward with the next annual plan.

Outcomes

2.23 :	PCP outcomes are not visible to the Provider
Impacted User(s):	Providers
Possible Cause:	Service authorization has not been accepted by the provider; the CCS did not associate the outcome(s) with the Service/Provider

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should make sure that he/she has associated all outcomes for the correct service
Additional Direction/Resource Links:	N/A

2.24 :	Outcomes are not pre-populating in the revised PCP
Impacted User(s):	CCS
Possible Cause:	PCP outcomes do not transfer in a plan revision

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should confirm with the participant outcomes for the revised PCP and type them into the Plan revision.
Additional Direction/Resource Links:	N/A

CSQ

2.25 :	Non-compliant Community Settings Rule (CSR) requirements
Impacted User(s):	CCS
Possible Cause:	CCS answered “no” in the Community Settings Questionnaire (CSQ) for FSW, CSW or CPW

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should review the responses to the CSQ to confirm it was inputted accurately. 2. If it was, the CCS may review the questionnaire with the participant, the provider, and their chosen team to verify. This should not be completed solely with the provider, as it should be through the participant’s perspective. 3. If a non-compliant CSQ is affecting the authorization and approval of a PCP, notify the Statewide Director of Provider Services so that expedited validation can be completed.
Additional Direction/Resource Links:	<p>Federal Community Settings Rule Webinar</p> <p>The DDA is working on updating the <i>LTSSMaryland</i> - DDA Module functionality to ensure non-compliant CSQs do not affect PCP authorization and approval.</p>

2.26 :	There are two active CSQs in participant profile for the same service
Impacted User(s):	CCS
Possible Cause:	Address discrepancy between participant profile, PCP or CSQ

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should confirm that the addresses across the CSQ, Client Profile and the PCP all match exactly. This includes writing out ‘Street’ versus ‘St.’. This prevents the system from perceiving a CSQ as being completed for a different address from the one on the PCP. 2. If there is a mismatch, please follow guidance for updating the addresses. 3. Ensure only one address is selected as the ‘current address’. 4. If after confirming that all addresses match exactly, but the CSQ is still being triggered for completion, submit a ticket to the Help Desk for further assistance.
Additional Direction/Resource Links:	When there are active CSQs but <i>LTSSMaryland</i> is signaling the need to complete another CSQ, it is likely that there is an address(es) discrepancy between the CSQ and the PCP.

2.27 :	Specific address to receive services does not have a CSQ
Impacted User(s):	CCS
Possible Cause:	CSQ has not been completed for site/address

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should complete a CSQ for that address. 2. If the CSQ, profile, and PCP address all match, and the error still occurs, then the CCS should contact their RO CCS Support Staff.
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Additional Direction/Resource Links:	CSQ Residential and CSQ Day Review
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Case Management

Participant Demographic Update/Correction

3.1: "Participant is deceased" but the participant is not deceased, and error is preventing the CCS from entering activity notes

Impacted User(s): CCS

Possible Cause: Medicaid Management Information System (MMIS) has updated LTSS*Maryland* of a report of death

Steps for Resolution:	<ol style="list-style-type: none"> 1. CCS can confirm if a "date of death" is listed in the Participant's LTSS Profile- under Client Demographics. 2. The CCS and/or the participant's representative payee will support the DDA participant in visiting their local Social Security office. They must bring an original copy of identification such as a driver's license, adoption record, court order for name change, etc. When they correct the participant's record and resume their benefits, they will offer a letter to show the death report was an error. This letter is called "Erroneous Death Case - Third Party Contact" Notice. 3. The CCS will then submit this letter to the EDD manager so that it may be updated through MMIS and LTSS<i>Maryland</i> through the daily adjudication.
Additional Direction/Resource Links:	<p>LTSS<i>Maryland</i> automatically makes a match to MMIS based on the participant's date of birth and social security number.</p> <p>Social Security FAQ Sheet- "What to do if I am incorrectly listed as deceased in Social Security Records?"</p>

3.2: The CCS is unable to add activity notes due to an issue with the participant's address.

Impacted User(s): CCS

Possible Cause: Address on record has not been updated or corrected.

Steps for Resolution:	<p>Only one address should be within an "active" span at any given time for CCS. The CCS must first review and verify if the previous address/s require an end date.</p> <ol style="list-style-type: none"> 1. On the address list page, click "View" for the record you want to update. 2. Select "Edit". The field is right below the transition date. 3. Enter an end date to not overlap with the current and active address.
Additional Direction/Resource Links:	<p>LTSS<i>Maryland</i> automatically makes a match to MMIS based on the client's DOB and SSN.</p> <p>LTSS<i>Maryland</i> was updated to allow the CCS to edit the address directly in the system. Please follow the guidance in the link below to make these important updates/corrections.</p> <p>Important CCS Waiver Application Requirements and Reminders - May 5, 2021</p>

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3.3: **Permanent name or other core demographic changes in LTSSMaryland are reverting back the next day**
Impacted User(s): CCS; Providers
Possible Cause: Core demographic information (name, SSN, DOB) change or correction has not been reported or updated in MMIS

Steps for Resolution:	<p>For client core demographic information that is incorrect, the CCS must first determine if the participant has an Original Medical Assistance (MA) number in their LTSS profile.</p> <p>To locate if the participant has an Original MA# or not:</p> <ol style="list-style-type: none"> 1) Expand “Client”, then click “Profile” 2) Expand “Medicaid #” 3) Locate “Original MA #”. If there is no number identified, then the participant has no Original MA#. <p>If the participant <i>has</i> an Original Medical Assistance number, the correction must be made by EDD or the participant’s local Department of Social Services. It will then be changed/updated in MMIS which then imports into <i>LTSSMaryland</i> overnight. Core demographic information includes:</p> <ol style="list-style-type: none"> 1. First Name 2. Middle Name 3. Last Name 4. SSN 5. Date of Birth <p>Address changes can be completed in <i>LTSSMaryland</i> by the assigned CCS and the assigned Regional Office staff. Once an address change has been completed in <i>LTSSMaryland</i>, EDD receives an alert and updates the address within 30 business days.</p> <p>If the participant does <i>not</i> have an Original Medical Assistance number, the correction can be made by the CCS. If the participant has an Medical Assistance number but there is an error such as numbers were transposed, contact the PBSO team for a status update at mdh.ltssbilling@maryland.gov. The team will inform you of where the participant is in the process and alert the relevant parties as applicable to resolve the issue.</p>
Additional Direction/Resource Links:	<p><i>LTSSMaryland</i> automatically makes a match to MMIS based on the client’s DOB and SSN.</p> <p><i>LTSSMaryland</i> was updated to allow the CCS to edit the address directly in the system.</p>

3.4: **An Authorization to Participate (ATP) needs to be completed for a death and LTSSMaryland will not accept**
Impacted User(s): CCS

Possible Cause: Participant is State-Only funded

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should notify the RO Waiver Unit by phone or email. 2. The RO will complete ATP notification <u>or</u> submit a subsequent State Funded (SF) disenrollment Overall Decision Form (ODF), if needed.
Additional Direction/Resource Links:	An Authorization to Participate (ATP) is not required because the participant is DDA State-Only/Support Only.

3.5: **Unable to enter notes and/or close-out CCS services for a participant who is deceased**

Impacted User(s): CCS

Possible Cause: Date of death occurred more than 30 days ago

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should confirm the date of death (DOD). 2. If the activity being entered is more than 30-days from the DOD, the CCS is unable to enter these into <i>LTSSMaryland</i>.
Additional Direction/Resource Links:	DDA has updated <i>LTSSMaryland</i> to allow certain limited activities to be tracked in the system after a participant is deceased. CCS users may enter service activities into the system for up to 30 days after the participant's date of death (DOD).

CCS Services

3.6: **CCS Monitoring and Follow-up monitoring form has no manage button preventing completion and document upload**

Impacted User(s): CCS

Possible Cause: Monitoring Form has expired

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should confirm if the monitoring form is active or expired. 2. If the form is active and the user is unable to edit, please contact your RO CCS Support Staff. 3. If the form has expired, this means the assessment was not completed during the required time interval period. The form should be completed during the next quarter period. 4. If the form has expired before the actual end of the quarter interval, please contact your RO CCS Support Staff
Additional Direction/Resource Links:	<p>Monitoring forms require completion within an assigned period of time before they expire. Once these forms have expired, the CCS will be unable to edit.</p> <p>If the form has been started, <i>but not yet completed</i> the CCS will have fifteen (15) additional days to submit the form.</p> <ol style="list-style-type: none"> a. If completed during this 15 day time period, the form will be marked as submitted but will be considered late. b. If not completed, the status will change to “Overdue – Not Complete” on the 16th day. The form will be “locked” and uneditable.

3.7:	CCS Monitoring forms are populating annually instead of quarterly
Impacted User(s):	CCS
Possible Cause:	Participant’s Priority Category Assessment was updated
Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should review if the participant is enrolled in a DDA funded program (i.e FSW, CSW, CPW, or State Funded). This can be found by checking in the client profile section under “Current Enrollment”. 2. If they are enrolled in a DDA Funded program, then the CCS should conduct the quarterly monitoring visits/contacts and upload a paper version of the LTSS Monitoring form to the client attachment. 3. If they are not listed in a DDA Funded program and the CCS believes they should be, contact your RO waiver coordinator. 4. If the participant is in a waiver and these forms are not populating, please contact your RO CCS Support Staff.
Additional Direction/Resource Links:	Quarterly Monitoring Forms are generated automatically by LTSSMaryland for both waiver participants and DDA State Funded Participants. For anyone on the DDA Waiting list, the Monitoring and Follow Up Forms will generate according to their Priority Category assessed need.

3.8:	Incorrect information has been added to a client record in the Client Attachment section and needs to be removed
Impacted User(s):	CCS
Possible Cause:	Deleting with a record is limited to DDS ServiceDesk personnel
Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should contact the DDA ServiceDesk personnel. 2. Submit a ticket to obtain this assistance.
Additional Direction/Resource Links:	There is no delete button for the CCS or the RO to remove incorrect documents, please escalate to the DDA ServiceDesk.

Provider Enrollment/Assignment

Plan View/Access/Assignments

4.1:	The provider cannot see all of the participants for whom they provide services in LTSSMaryland
Impacted User(s):	Providers
Possible Cause:	DSA has not been accepted by provider, PCP is not approved by DDA, or Provider staff is not assigned to the site
Steps for Resolution:	<ol style="list-style-type: none"> 1. The provider should confirm if the participant they are looking for has an accepted DSA and an active approved PCP in LTSSMaryland. 2. The Provider should check the staff profile to ensure that the staff is assigned to the site.

Additional Direction/Resource Links:	Providers are only able to see and search for those participants for whom they have already accepted a DSA and for whom the DDA regional office has approved the Plan. Staff are only able to see participants if they are assigned to the site in LTSS. Provider Portal User Manual
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4.2: **Unable to move all staff under one Provider location**
Impacted User(s): Providers
Possible Cause: Staff must be assigned individually

Steps for Resolution:	<ol style="list-style-type: none"> 1. The provider should confirm if the participant they are looking for has an accepted DSA and an active approved PCP in LTSSMaryland. 2. The Provider should check the staff profile to ensure that the staff is assigned to the site. 3. Navigate to LTSS Provider module, then: <ol style="list-style-type: none"> a. Click on “Staff Research” b. Type last name and click on search c. Staff Name: XXX d. Click on detail on the bottom right of the screen e. Click on Edit at the bottom of the screen f. Click on location dropdown uncheck location ID# and then select the location ID#. g. Click on “Save” <p>Repeat steps a-g for the remaining staff.</p>
Additional Direction/Resource Links:	Provider Portal User Manual

4.3: **The provider’s status 36 MA# is listed as “basic only” in LTSSMaryland and CCS is unable to assign the provider to services**
Impacted User(s): CCS; Providers
Possible Cause: The provider may have been issued their status 36 MA# before receiving their status 41 MA#

Steps for Resolution:	<ol style="list-style-type: none"> 1. If a CCS sees "basic Only," contact the provider to confirm they are using the correct MA#. 2. If the correct MA# is still displaying the phrase "basic Only," the CCS should contact the RO Provider Services (PS) Director to verify Status 36 vs Status 41 (used with PCIS2), as assigning services to a Status 41 MA# will not allow the provider to see the authorization assigned to them and/or bill for the service.
Additional Direction/Resource Links:	Providers require a status 36 MA# in LTSSMaryland and a status 41 MA# in PCIS2.

4.4: **The provider has closed a site (Community Living Group Home, Supported Living, or Day Habilitation) and would like the MA# location deleted from LTSSMaryland**

Impacted User(s): Providers

Possible Cause: n/a

Steps for Resolution:	<ol style="list-style-type: none"> 1. The provider should disenroll the site via their ePrep Portal. 2. Providers can reach out to the RO, Provider Services (PS) for guidance and/or questions.
Additional Direction/Resource Links:	Closures can only be done in MMIS/ePrep and the information will be imported into LTSSMaryland.

Service Authorization/DSA

4.5: **The provider MA# should be linked to a location, however, the site address is not listed when searching the DSA**

Impacted User(s): CCS; Providers

Possible Cause: Incorrect MA#, Supported Living (SL) address needs to be entered into LTSSMaryland. ePrep Issue

Steps for Resolution:	<ol style="list-style-type: none"> 1. Check with the provider to confirm base MA#. 2. If the service is associated with a licensed site, confirm the MA# is correct for that site-based service. 3. If the MA# is correct, the CCS should alert the provider to contact RO Provider Services for assistance.
Additional Direction/Resource Links:	<p>PCP Development and Authorization-revised January 29, 2021.</p> <p>The residential configuration for SL is completed by the RO Provider Services (PS) team based on information provided to PS by the provider (home address, capacity, overnight support on or off).</p>

Provider MA#/Name/Site

4.6: **Incorrect provider name is displayed in LTSSMaryland (when provider has a parent organization or Doing Business As (DBA) name)**

Impacted User(s): CCS; Providers

Possible Cause: Short name for the Provider name has been entered into MMIS incorrectly (the provider's name has several different entries)

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should confirm with the provider that they have the correct MA#. 2. The request to correct/update the provider's name needs to be made through DDA Provider Services (PS) for coordination with MMIS. 3. Providers should contact the RO PS for assistance.
Additional Direction/Resource Links:	Changes for the provider's name in LTSSMaryland will be reset with daily adjudication.

Important Instructions

Please work with your Regional Office Representatives, including the steps you have taken with screenshots, if possible, so they may assist in troubleshooting. If advised, submit a ticket to the DDA ServiceDesk at service.dda@maryland.gov

Prior to generating a “LTSS Help Desk” request for assistance, please make sure the following items are correct:

- First Name
- Middle Name
- Last Name
- SSN
- Date of Birth

Providers and CCSs are encouraged to contact their Regional Offices for assistance prior to submitting a Help Desk Ticket. They will instruct if a Help Desk Ticket is needed

Providers can log a ticket from any page in Provider Portal by simply clicking on the Feedback Tab or by calling 1-855-4MD-LTSS (1-855-463-5877).

CCS’ can log a ticket in LTSS by clicking “Menu” on the top right of the page, “Feedback” then “Create”. The LTSS [CCS Manual](#) and the LTSS [Provider Portal User Manual \(Appendix F, page 194\)](#) are located on the bottom of the LTSS Home Page.