

# Provider Go-Live Readiness Checklist

Provider Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Readiness Category	Pg #	Readiness Task	Completion Date
Medical Assistance Number (Base and Site)	12	Verified Base Number and associated services	
	12	Verified Site Numbers and associated services (i.e., locations for Day Habilitation, CLGH, etc.)	
Category of Service (COS) Codes	13	Verified all COS codes as accurate in LTSS <i>Maryland</i> Provider Portal. Note: If there are discrepancies, contact Provider Services ASAP.	
Electronic Fund Transfer (EFT)	14	Verified EFT status with the State of Maryland Office of the Comptroller	
Person Centered Plan Review	15	Verified spelling of each participant's name	
	15	Verified each participant's home address	
	15	Verified each participant's date of birth	
	15	Verified start/effective plan date, no gaps	
	15	Verified language in outcomes and goals is consistent with Service Implementation Plans	
	15	Verified that all needed/requested services are included for approval	
Dedicated Hours	16	Reviewed and understand differences between dedicated hours and residential PCIS2 add-on hours	
	16	Verified shared hours in each residential setting	
	16	Reviewed and understand DDA policies and guidance for requesting Dedicated Support Hours	
	16	Verified that participants with this need have assessments that support the Dedicated Hours requested	
	16	Verified that Dedicated Hours are approved for participants with this need	

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▶ Effective date: **2.10.22**  
▶ Version number: **1**

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Community Living-Group Home Configuration and Supported Living (SL) Configuration	17	Verified the MA site number for each location.	
	17	Verified that each home address is correct in <i>LTSSMaryland</i> and that all SL home addresses, capacity, and overnight status are shared with the DDA Regional Office to manually input the information in the system prior to the development of the PCP	
	17	Verified Overnight Supports function is correctly set to "On" or "Off" for each home	
	17	Verified that each site has participants correctly assigned	
Location Billing Turn On	18	Checked in the Provider Portal under Agency Profile and verified the Phase-in Date for each site (ensured that the Phase-in Date is accurate as of the agreed upon go-live date)	
Review <i>LTSSMaryland</i> Training Needs	18	Check with DDA to get the training schedule and ensure that appropriate staff are assigned to complete the training	
Internal Structure Preparation for Transition	19	Acquire and use the technology required for access to and use of <i>LTSSMaryland</i>	
	19	Ensure appropriate staff are assigned to correct roles in <i>LTSSMaryland</i> and understand how to maintain their access or renew it if needed	
	19	Develop a services guide and train all staff on its contents	
	19	Review the organization chart to determine if structural changes and/or updated position descriptions are needed; ensure adequate billing staff capacity	
	19	Develop internal policy and procedure to support operations post go-live	
	19	Develop and track staff scheduling to avoid EVV overlaps	
	19	Set internal controls of <i>LTSSMaryland</i> /PCIS2 fiscal reconciliation. Reconcile billing at least every two weeks or as frequently as possible so that exceptions can be managed quickly and efficiently.	

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Internal Structure Preparation for Transition	20	Form work groups/develop processes to focus on LTSSMaryland implementation	
	20	Review all ePREP and Licensing areas to ensure there are no outstanding issues	
	20	Participate in LTSSMaryland systems training	
	20	Form work groups to review PCPs with CCSs to ensure they are accurate, complete and timely	
	20	Develop workflows for time capture, documentation, billing and reconciliation	
	20	Test billing/case management applications, API upload (if using a bridge), and LTSSMaryland billing functionality and reconciliation	

Provider Name: \_\_\_\_\_ certifies by the signature below that the organization has successfully completed the full checklist and is ready for transition to LTSSMaryland.

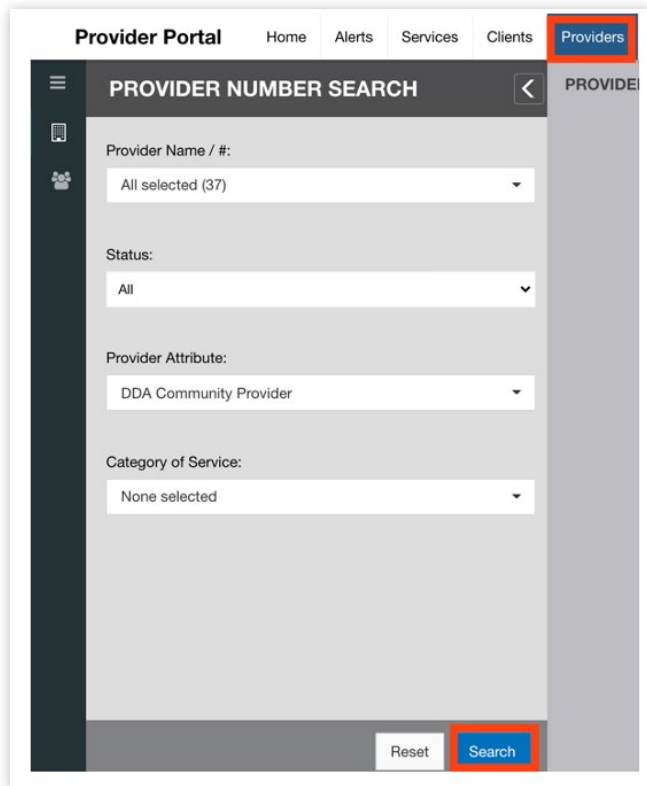
Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

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## Steps To Complete Provider Authorization Review

1. In Provider Portal, go to the Providers tab. Search for all associated provider numbers. Click Details.



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

**PROVIDER NUMBER SEARCH**

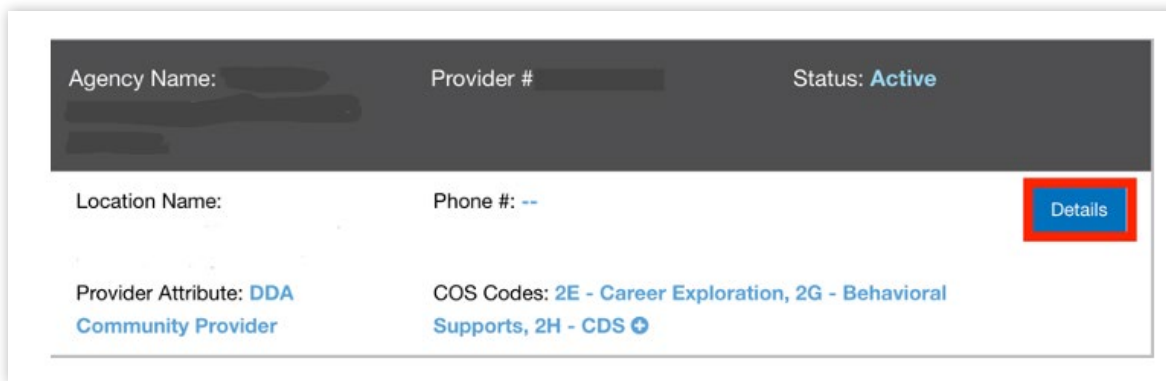
Provider Name / #: All selected (37)

Status: All

Provider Attribute: DDA Community Provider

Category of Service: None selected

Reset Search



Agency Name: [Redacted] Provider # [Redacted] Status: **Active**

Location Name: [Redacted] Phone #: -- **Details**

Provider Attribute: **DDA Community Provider** COS Codes: **2E - Career Exploration, 2G - Behavioral Supports, 2H - CDS**

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2. Review your provider information and confirm it is correct.

AGENCY INFORMATION			
Agency Name:	[Redacted]		Status: <b>Active</b>
LOCATION INFORMATION			
Location Name:	Program Type:	Provider Type Code: <b>90</b>	Enrollment Status: <b>36 - Active - Pay (Federal and State)</b>
Provider FEIN:	Provider Number:	List of Speciality Codes:	
COS	COS Description	Spans Start Date	Spans End Date
2E	Licensed DDA Vocational Services	07/01/2019	12/31/9999
2H	DDA Approved Community Development Services	07/01/2019	12/31/9999
2I	DDA Approved Employment Service	07/01/2019	12/31/9999

Please also ensure that the following is correct.

Status: **Active**

DDA Provider Type: **90**

Enrollment Status: **36 - Active- Pay (Federal and State)**

Category of Services (COS) **Spans Start Date** has a begin date on, or before, the first date of service being billed.

COS **Spans Start Date** should be in the future (i.e., 12/31/9999)

3. Service Group Billing Phase-In Date should have a begin date prior to the first date of service being billed. If the Phase-In Date is 12/31/9999, then you are NOT allowed to bill for this service.

If you have more than one provider number, please complete the above steps for each one.

If something is incorrect, please contact your regional office to resolve the issue.

Service Group Name	Billing Phase-In Date
Assistive Technology and Services	12/31/9999
Camp - Non-Respite (State Only Funded)	12/31/9999
Career Exploration Services - Facility Based	12/31/9999
Career Exploration Services - Large Group	12/31/9999
Career Exploration Services - Small Group	12/31/9999
Community Development Services 1:1 Staffing Ratio	12/31/9999
Community Development Services 2:1 Staffing Ratio	12/31/9999
Community Development Services Group (1-4)	12/31/9999
Dedicated Hours for Supported Living (1:1)	11/01/2020
Dedicated Hours for Supported Living (2:1)	11/01/2020

The start date is in the future so this will not pay. This date must be prior to the date of service start date.

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