



Purpose

The Troubleshooting Companion Guide offers quick, clear solutions for common questions regarding usage of *LTSSMaryland*. Billing exceptions and other 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 DDA systems and policies are updated, the Guide will include relevant revisions.

Important Instruction

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 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).

For all other *LTSSMaryland* topics, or if the LTSS Help Desk advises, contact the DDA ServiceDesk at servicedesk.dda@maryland.gov. Include in the description of the problem as many details as possible including screenshots to support the request. See [Provider Portal User Manual \(Appendix F, page 194\)](#).

Table of Contents

LTSSMaryland General Guidance	5
Log In.....	5
1.1: A Problem occurred logging into LTSSMaryland	5
Plan View/Access/Assignments.....	5
1.2: Unable to locate my name or account in LTSSMaryland.....	5
Person Centered Plan (PCP) Development/Revision.....	6
Participant Demographic Update/Correction	6
2.1: Two LTSS profiles were generated and/or there are duplicate profiles for the same person.....	6
Clarification Request.....	6
2.2: PCP is showing as “Clarification Requested” and the CCS does not have a submit button visible.	6
Adding/Deleting Service.....	7
2.3: The Detailed Service Authorization (DSA) does not include Fiscal Management Service (FMS).....	7
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.....	7
2.5: The CCS cannot delete a service in a revised plan.....	7
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.....	8
Budget Cap	8
2.7: PCP cannot be submitted when total cost of services exceeds the allowed budget of \$200,000 for Community Supports.....	8
Service Authorization/DSA	8
2.8: The provider is unable to view or accept the DSA/service referral sent to them in LTSS by the CCS.....	8
2.9: CCS cannot add a provider to an existing service under the DSA	9
2.10: The Provider cannot be found and/or assigned in the DSA in LTSSMaryland.....	9
2.11: One month is missing under the DSA.....	10
2.12: Residential funding for community living group home is not populating an annual service cost in the DSA of the PCP	10
2.13: The Service Authorization cannot be completed to generate the signature page, because “State-Only funded” is not listed in the drop-down menu to select.....	10
2.14: The Provider does not show in the drop-down menu in the DSA (does show for other participants).....	11
2.15: The DSA will not allow a change to the frequency.....	11
Plan Type	11
2.16: A revised Plan is needed but the only option is “annual”.....	11
2.17: The CCS is unable to revise a PCP to change program type as the revised Plan option is not available.	12
Eligibility	12
2.18: “Client is not a wave/client ineligible for program” generates when.....	12
a CCS attempts to add an Initial PCP.....	12
2.19: In the provider portal, a service populates “provider not authorized for service” although the participant has continued to receive this service. How can plans be backdated or corrected?.....	13
Plan Submission/Approval.....	13
2.20: The Provider received an award letter for an approved PCP, but an approved service reflected in the PCP is missing in LTSSMaryland.....	13

Plan Status	14
2.21: PCP is approved with an effective date but status changed from active to inactive.....	14
2.22: Cannot create an Annual Plan as there is no Initial Plan or PCIS2 conversion.....	14
2.23: An Auto-Extend PCP is active and I am unable to create a new Annual PCP	15
Effective Date	15
2.24: Change the effective date to not overlap with the new year plan effective date.....	15
2.25: Unable to revise an approved Initial PCP for a TY as the plan has an effective date in the future	16
Outcomes.....	16
2.26: PCP outcomes are not visible to the Provider	16
2.27: Outcomes are not pre-populating in the revised PCP.....	16
CSQ.....	17
2.28: Non-compliant Customer Service Request (CSR) requirements	17
2.29: There are two active CSQs in participant profile for the same service.....	17
2.30: Specific address to receive services does not have a CSQ.....	17
Case Management	18
Participant Demographic Update/Correction	18
3.1: “Participant is deceased” but the participant is not deceased, and.....	18
error is preventing the CCS from entering activity notes.....	18
3.2: The CCS is unable to add activity notes due to an issue with the participant’s address.....	18
3.3: Permanent name or other core demographic changes in LTSS <i>Maryland</i> are reverting back the next day	19
3.4: An Authorization to Participate (ATP) needs to be completed for a death and LTSS <i>Maryland</i> will not accept	19
3.5: Unable to enter notes and/or close-out CCS services for a participant who is deceased.....	20
CCS Services.....	20
3.6: CCS Monitoring and Follow-up monitoring form has no manage button preventing completion and document upload.....	20
3.7: CCS Monitoring forms are populating annually instead of quarterly	20
3.8: Incorrect information has been added to a client record in the Client Attachment section and needs to be removed.....	21
Provider Enrollment/Assignment	21
Plan View/Access/Assignments.....	21
4.1: The provider cannot see all of the participants for whom they provide services in LTSS <i>Maryland</i>	21
4.2: Unable to move all staff under one Provider location.....	21
4.3: The provider’s status 36 MA# is listed as “basic only” in LTSS <i>Maryland</i> and CCS is unable to assign the provider to services.....	22
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 LTSS <i>Maryland</i>	22
Service Authorization/DSA	22
4.5: The provider MA# should be linked to a location,.....	22
however, the site address is not listed when searching the DSA.....	22
Provider MA#/Name/Site.....	23
4.6: Incorrect provider name is showing in LTSS <i>Maryland</i> (when provider has a parent organization or dba name). 23	
Provider Portal Billing Exceptions (EVV)	24
5.1 Client LTSS Program does not match the service plan.....	24

5.2 Client not enrolled in a DDA Program.....	24
5.3 Client ineligible for Medicaid.....	25
5.4 Client ineligible for Medicaid but has active waiver program in MMIS.....	25
5.5 Client ineligible for program.....	25
5.6 Client LTSS Program does not align with MMIS waiver program.....	25
5.7 Staff Overlap - Different Provider.....	26
5.8 Staff Overlap - Different Provider, Different Program.....	26
5.9 Staff Overlap - Same Provider.....	26
5.10 Staff Overlap - Same Provider, Different Program.....	26
5.11 Missing Clock-in.....	27
5.12 Missing Clock-Out.....	27
5.13 Client Overlap	28
5.14 Client Overlap– Different Program	28
5.15 Provider # does not have the approved and active Category of Service (COS)	28
5.16 Provider # has been suspended	28
5.17 Provider # has been terminated	29
5.18 Provider is not approved to provide services to a minor	29
5.19 Site not authorized on the service plan	29
5.20 No approved service plan found	30
5.21 Provider has exceeded the maximum authorization for the month	30
5.22 Provider not authorized for the service	30
5.23 Activity has exceeded the maximum number of units for the day	31

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 <i>LTSSMaryland</i> 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 <i>LTSSMaryland</i> 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 participant had a legal name change, address change, or other demographic change

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 information. 2. Once the CCS has confirmed the information, the CCS should submit a LTSS Help Desk ticket that clearly describes the correct profile and identifies the profile that needs to be removed from <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 submit a Help Desk ticket 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 Fiscal Management Service (FMS)

Impacted User(s): CCS

Possible Cause: n/a (FMS is an administrative service and not included in the DSA)

Steps for Resolution:	1. The CCS should include the FMS on the Outcome form in the Requested Services to Support Outcome for each DDA funded service
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 site, 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). 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.
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. LTSS <i>Maryland</i> maintains a record of all approved services.</p>

2.6: PCP needs to be revised to extend services. LTSS*Maryland* 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: LTSS*Maryland* 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 submit this partial year plan as a temporary work-around while the fix in LTSS<i>Maryland</i> to remove the budget cap is scheduled. 3. Prior to the last month of the approved services, the CCS should revise the Plan to add the remaining months and services as the budget cap will have been removed in LTSS<i>Maryland</i> when this modification is needed.
Additional Direction/Resource Links:	n/a

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 LTSS*Maryland*

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 LTSS<i>Maryland</i>. 2. The Provider should verify the user/staff role and adjust their profile accordingly to enable this required access.
Additional Direction/Resources Links:	Staff Roles and Creating a Profile in LTSSMaryland LTSSMaryland Training Videos

2.9: CCS cannot add a provider to an existing service under the DSA
Impacted User(s): CCS; Providers
Possible Cause: Initial Plan with a future effective date did not identify a provider; or the provider may not be authorized to offer that service.

<p>Steps for Resolution:</p>	<ol style="list-style-type: none"> 1. For any participant who has an approved Initial PCP and has been enrolled into the waiver, but the 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. End date the service that requires revision. b. Create a revised PCP, copying the previous plan; c. Add 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.
<p>Additional Direction/Resource Links:</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

<p>Steps for Resolution:</p>	<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 21, the provider requires a 2T code (the code to provide services to youth) for which the RO will need to research. 3. If these options do not resolve the issue, the CCS should submit a ticket to the Help Desk. 4. While awaiting resolution from the Help Desk, the CCS can submit the PCP without a provider for that specific service to progress the PCP overall. Once the MA# is confirmed, the service can be updated to add the provider.
<p>Additional Direction/Resource Links:</p>	<p>n/a</p>

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

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should first verify that the units missing were showing up on the signature page. 2. If the units are on the signature page, the CCS should attempt to discard or revise the Plan if approved. 3. If the Plan revision continues to generate the same issue, end date the prior Plan to stop the system from reading it. 4. If the Plan is in-progress (not yet approved) adjust the effective date accordingly. 5. If those steps do not resolve the issue, submit a LTSS Help Desk Ticket.
Additional Direction/Resource Links:	n/a

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 Service Authorization cannot be completed to generate the signature page, because "State-Only funded" is not listed in the drop-down menu to select
Impacted User(s): CCS
Possible cause: Participant is enrolled in the Family Supports Waiver (FSW) or Community Supports Waiver (CSW) Program where State-Only funding is not available under these waivers

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should review the waiver to confirm the program type. 2. If a participant is enrolled in the FSW or CSW program and State-ONLY funding is needed, the CCS should coordinate with the RO to review the specific State-funded needs for planning around the program type.
Additional Direction Links:	Participants on FSW or CSW are not eligible for State-Only funding with the exception of FMS.

2.14: 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 21 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 check the participant’s date of birth. 2. If the participant is under the age of 21, the CCS should confirm with the RO whether the provider has a 2T code which is required to provide services to minors. 3. If the provider requires the 2T code, the CCS should contact their RO Provider Services (PS) staff. 4. If the provider number is correct and the participant is over the age of 21, contact provider services for assistance before submitting a ticket to the LTSS Help Desk.
Additional Direction/Resource Links:	This problem may be due to the participant’s Date of Birth / 2T code issue. Providers will not show up on any PCPs for any participants under the age of 21 unless the provider has 2T Category of Service (COS) code in their profile.

2.15: The DSA will not allow a change to the frequency

Impacted User(s): CCS; Providers

Possible Cause: PCP is approved, and changes require PCP revision

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS needs to complete a revised PCP. 2. Through plan revision, the CCS can change the frequency based on the assessed needs.
Additional Direction/Resource Links:	n/a

Plan Type

2.16: A revised Plan is needed but the only option is “annual”

Impacted User(s): CCS

Possible Cause: Plan revision is within 90 days of Annual Plan Date (APD)

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. Once the Annual Plan is submitted and approved, the CCS can complete a Revised PCP to make changes which will be in effect for the duration of the Annual Plan Year. 4. If the Plan is <i>not</i> within 90 days of the APD, submit a ticket to the Help Desk.
Additional Direction/Resource Links:	n/a

2.17: 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

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

Impacted User(s):

CCS; Providers

Possible Cause:

Certain errors may have occurred when cases were initially uploaded

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should check for the DRW* Special Program Code under Client>Client Summary>Eligibility Information form. <ol style="list-style-type: none"> a. If there is an end-date, a waiver re-application may be needed. Reach out to the RO to confirm whether a re-application is required. b. The CCS will contact the RO Eligibility Coordinator who will reach out to the HQ Waiver Enrollment Coordinator to confirm. 2. If corrections are required, the RO Waiver Enrollment Coordinator will collaborate with the Eligibility Determination Division (EDD).
Additional Direction/Resource Links:	<p>*DRW is a unique service code for Community Pathways Waiver. Note: Some people may appear to be enrolled in the waiver when they are not.</p>

2.19: In the provider portal, a service populates "*provider not authorized for service*" although the participant has continued to receive this service. How can plans be backdated or corrected?

Impacted User(s): CCS; Providers
Possible Cause: Service may not be authorized

Steps for Resolution:	<ol style="list-style-type: none"> 1. The provider should contact the CCS to review the PCP and confirm the services are authorized. 2. If the provider has documentation that service was authorized, they should submit to the RO for review and remediation.
Additional Direction/Resource Links:	n/a

Plan Submission/Approval

2.20: The Provider received an award letter for an approved PCP, but an approved service reflected in the PCP is missing in LTSS*Maryland*

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 LTSS<i>Maryland</i>. 2. A Plan revision is required to include any requested services.
Additional Direction/Resource Links:	n/a

Plan Status

2.21: 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, contact the RO Eligibility staff 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 under current enrollment.</p> <p>Checking the Authorization to Participate (ATP) informs whether the participant is enrolled or disenrolled. If the participant is disenrolled, then the plan is inactive.</p>

2.22: 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

2.23: 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 CCS should follow-up with the EDD to verify that the active Overall Decision Form is not a disenrollment. 3. The CCS should create an Initial Plan to correct the plan type and ensure a plan match.
Additional Direction/Resource Links:	Note: It is possible the EDD may need to correct the enrollment status under current enrollment.

Effective Date

2.24: 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 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 Squad Liaison.
Additional Direction/Resource Links:	When PCPs are not submitted prior to the APD, LTSS <i>Maryland</i> 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 annuals.

2.25: Unable to revise an approved Initial PCP for a TY as the plan has an effective date in the future
Impacted User(s): CCS
Possible Cause: Plan has not become active due to the effective date not being current and/or waiver enrollment.

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should discard the Initial Plan (if not yet active) 2. The CCS should create a new plan with the requested changes.
Additional Direction/Resource Links:	The plan has not become active because the effective date of the plan is not current and/or waiver enrollment is an issue. The CCS cannot revise this plan but can discard it and start a new plan with the requested changes.

Outcomes

2.26: PCP outcomes are not visible to the Provider
Impacted User(s): Providers
Possible Cause: Service authorization has not been accepted by the provider

Steps for Resolution:	<ol style="list-style-type: none"> 1. The provider must accept the service authorization before being able to view outcomes.
Additional Direction/Resource Links:	n/a

2.27: 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

2.28: Non-compliant Customer Service Request (CSR) requirements
Impacted User(s): CCS
Possible Cause: CCS answered “no” in the Community Supports Questionnaire (CSQ) for FSW or CSW

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should confirm which waiver the participant is in as a CSQ will not process with any “no” responses for participants enrolled in FSW or CSW. The CSQ will process for participants in Community Pathways Waiver (CPW) with “no” responses as part of the planned transition timeline. 2. If identified as an FSW or CSW, the CCS should review the responses to the CSQ to confirm accuracy. 3. Review the provider/setting to ensure they are in compliance. If not, another provider should be identified.
Additional Direction/Resource Links:	CSQ Residential and CSQ Day Review

2.29: 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

Step 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 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. 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/Links:	When there are active CSQs but LTSS <i>Maryland</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.

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

Step 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 submit a LTSS Help Desk Ticket.
Additional Direction/Resource Links:	CSQ Residential and CSQ Day Review

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 to contact the RO who will confirm if CCS should notify the EDD Change Unit. 2. The CCS (or the participant’s representative payee) should contact local Dept. of Social Services, if needed, to notify of findings for resolution/correction. 3. This information, once validated, will be updated in the local system and then uploads to MMIS and LTSS<i>Maryland</i> through the daily adjudication.
Additional Direction/Resource Links:	n/a

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>For client core demographic information that is incorrect, this needs to go through the EDD and be changed/updated in MMIS and it will import to LTSS<i>Maryland</i>. 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>The CCS should submit all address changes for DDA waiver programs participants to Patrese Miller, patreser.miller@maryland.gov using secure email with a read receipt. The email should contain the following information:</p> <ul style="list-style-type: none"> ● Subject Line: (insert the participant’s LTSS ID#) – Address Change ● Body of the email shall include: <ol style="list-style-type: none"> (1.) Participant’s Name (2.) Medicaid Number (3.) New Address
Additional Direction/Resource Links:	<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>

3.3: Permanent name or other core demographic changes in LTSS*Maryland* 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:	<ol style="list-style-type: none"> 1. The CCS needs to contact the EDD and supply proof of correct/updated demographic information (<i>e.g., SSN card, Passport, other state/federal ID</i>). 2. The CCS should submit all name changes for DDA waiver programs participants to Patrese Miller at patreser.miller@maryland.gov using secure email with a read receipt. The email should contain the following information: <ol style="list-style-type: none"> a. Subject Line: (insert the participant’s LTSS ID#) – Name Change b. Body of the email shall include: <ol style="list-style-type: none"> 1) Participant’s Old Name 2) Participant’s New Name 3) Medicaid Number 4) Legal Name Change documentation 3. Upon submission of this information to the EDD, the participant’s record will be updated, and this change will flow through to LTSS<i>Maryland</i>.
Additional Direction/Resource Links:	<p>Core demographic information (name, SSN, DOB) can only be changed or corrected through a report to the EDD and an update to MMIS.</p> <p>Important CCS Waiver Application Requirements and Reminders - May 5, 2021</p>

3.4: An Authorization to Participate (ATP) needs to be completed for a death and LTSS*Maryland* 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. 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:	<p>An Authorization to Participate (ATP) is not required because the participant is DDA State-Only/Support Only.</p>

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 date of death (DOD). 2. If the activity being entered is within 30 days of the DOD, the CCS should submit a Help Desk ticket. 3. 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 submit a ticket. 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, submit a ticket to the Help Desk.
Additional Direction/Resource Links:	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.

3.7: CCS Monitoring forms are populating annually instead of quarterly

Impacted User(s):

CCS

Possible Cause:

State-funded PCPs

Steps for Resolution:	<ol style="list-style-type: none"> 1. The CCS should review the program type for the participant. 2. If the participant is identified as State-funded Only services, the system will not currently generate quarterly monitoring forms, only "Annual". 3. The CCS should conduct these quarterly monitoring visits/contacts and upload a paper version of the LTSS Monitoring form to the client attachment. 4. If the participant is in a waiver and these forms are not populating, please <i>submit a ticket to the Help Desk</i>.
Additional Direction/Resource Links:	Quarterly Monitoring Forms are generated automatically by <i>LTSSMaryland</i> for waiver participants.

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 or PCP is not approved by DDA

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 approved PCP in <i>LTSSMaryland</i>. 2. If the provider is unsure, they should contact the CCS to verify these two requirements before submitting a ticket.
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. Provider Portal User Manual

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:	<p>Navigate to LTSS Provider module, then:</p> <ol style="list-style-type: none"> 1. Click on "Staff Research" 2. Type last name and click on search 3. Staff Name: XXX 4. Click on detail on the bottom right of the screen 5. Click on Edit at the bottom of the screen 6. Click on location dropdown uncheck location ID# and then select the location ID#. 7. Click on "Save" <p>Repeat steps 1-7 for the remaining staff.</p>
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Additional Directions/Resource Links:	Provider Portal User Manual
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4.3: The provider’s status 36 MA# is listed as “basic only” in LTSS*Maryland* 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 LTSS <i>Maryland</i> 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 LTSS*Maryland*
Impacted User(s): Providers
Possible Cause: n/a

Steps for Resolution:	<ol style="list-style-type: none"> 1. The provider should contact the RO Provider Services (PS) staff to alert to the request to deactivate a site. 2. The RO, Provider Services (PS) will assist with this request.
Additional Direction/Resource Links:	Closures can only be done in MMIS/ePrep and the information will be imported into LTSS <i>Maryland</i> .

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 LTSS*Maryland*. 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 showing in LTSS <i>Maryland</i> (when provider has a parent organization or 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 LTSS <i>Maryland</i> will be reset with daily adjudication.

Provider Portal Billing Exceptions (EVV)

Exception	Details	Resolution
5.1 Client LTSS Program does not match the service plan	If the PCP approved for the Individual does not match the Program the Individual is enrolled in (Program selected on Overall Decision form) on the date of service, then this exception is assigned to the service activity.	<p>This exception is created when the enrollment captured in the Client Profile does not match the service plan that was created. Billing occurs against the service plan authorization, but that is also supposed to match the client's enrollment. These details can be seen on the client profile page. If the two are misaligned, then this exception is applied.</p> <p>The CCS will have to be contacted to complete an initial PCP to correct/match the program type.</p> <p>Special Program Codes: - Community Supports: CSW CSM - Community Pathways: DRW DRM - Family Supports: FSW FSM</p> <p>Run the Authorized Clients report and view the SPC field. Or go to the client profile details to view the Special Programs section. If the codes do not match the program, the CCS/RO need to work together and either ensure the right SPC is applied to the participant's profile or a new PCP is needed that matches the right program type authorized by the participant's enrollment.</p>
5.2 Client not enrolled in a DDA Program	If there is no approved enroll overall decision form or if there is a future disenroll overall decision form that is effective before the date of service, then this exception is assigned to the service activity.	The provider should verify the assigned Overall Decision for the participant in LTSS on the date of service in question. If there is not an approved Overall Decision for the date of service for the individual, the provider should contact the RO Eligibility Coordinator to follow up with EDD to enter the decision.

<p>5.3 Client ineligible for Medicaid</p>	<p>If Client is not MA Eligible and there is no DDA SPC, then this exception is assigned to the service activity.</p>	<p>Provider should follow up with DDA to determine if client is Medicaid eligible as of the date of service applicable for this exception. The Special Program code span (SPC) can be seen on the client profile page details. If client was not Medicaid eligible as of the date of service, then payment is not approved. If client is eligible as of the date of service and a correction needs to be made to the SPC, please follow up with the Regional Office Eligibility team.</p>
<p>5.4 Client ineligible for Medicaid but has active waiver program in MMIS</p>	<p>If Client is not MA Eligible but there is a DDA SPC span, then this exception is assigned to the service activity. A person cannot be in the Waiver without also having MA eligibility.</p>	<p>Provider should contact CCS and RO to verify the appropriate waiver that the participant is eligible for so that the client's eligibility can be updated as necessary.</p>
<p>5.5 Client ineligible for program</p>	<p>If Client is enrolled in a DDA waiver program in LTSS and does not have an open DDA Waiver special program Date span in MMIS (DRW/DRM/NRW/NRM/CSW/CSM/FSW/FSM) for the service date, then this exception is assigned to the service activity.</p>	<p>The provider would need to follow up to ensure that the participant is correctly enrolled before providing service.</p> <p>The provider can view the participant's Special Program Code and span by running the Authorized Clients Report or viewing the Client Profile "Special Programs" section. There should be a code with an active span.</p> <p>If the participant is not correctly enrolled, follow up with the DDA Eligibility person from the region to review.</p>
<p>5.6 Client LTSS Program does not align with MMIS waiver program</p>	<p>If there is a DDA waiver Special program code but there is a mismatch in the LTSS (ODF form) and MMIS SPC, then this exception is assigned to the service activity.</p>	<p>Provider should review the client profile to see what the discrepancy is. In this exception, the client may have a Special Program Code (SPC) that indicates enrollment in one waiver. But the DDA enrollment captured in the client profile indicates a different waiver program. This mismatch is the cause of the exception.</p> <p>Follow up is required with DDA teams to confirm the correct enrollment for the participant and to complete and update the information in LTSS where necessary.</p>

5.7 Staff Overlap - Different Provider	If the current services overlaps with service provided by the same staff through a different agency.	This exception is assigned to a billing entry when 2 different DDA Providers bill for the same participant in a period that overlaps. MDH ISAS team will review this exception and determine how payment should be directed.
5.8 Staff Overlap - Different Provider, Different Program	If the current services overlap with service provided by the same staff through a different agency and for a different program.	This exception is assigned to a billing entry when 1 DDA provider and 1 non-DDA provider bill for the same participant in a period that overlaps. MDH ISAS team will review this exception and determine how payment should be directed.
5.9 Staff Overlap - Same Provider	If the current services overlaps with another service provided by the same staff within the same provider.	<p>This exception is assigned when two staff who work for the same provider agency bill services for the same participant in a period that overlaps.</p> <ol style="list-style-type: none"> 1. Run the EVV Overlap report to get a line-by-line view of overlapping services in your agency. 2. For Staff Overlap, you want the "Staff" report output option selected. This will group overlaps by staff. 3. When you find the 2 overlapping services you wish to correct. Select "edit" or "discard" if necessary. 4. Services should be at least 1 minute apart between staff. Make sure you select "save and submit" so the service can go through the normal billing process.
5.10 Staff Overlap - Same Provider, Different Program	<p>If the current services overlap with another service provided by the same staff within the same provider but for a different program.</p> <p>This exception is assigned when a Provider staff bills for 2 different participants in a period that overlaps. This would apply to staff who work for a provider who renders DDA and Non-DDA services and the overlap is across the DDA and non-DDA programs. MDH ISAS team will review this exception and determine how payment should be directed.</p>	<p>For the same provider overlaps, the agency can resolve themselves.</p> <ol style="list-style-type: none"> 1. Run the EVV Overlap report to get a line-by-line view of overlapping services in your agency. 2. For Staff Overlap, you want the "Staff" report output option selected. This will group overlaps by staff. 3. When you find the 2 overlapping services you wish to correct. Select "edit" or "discard" if necessary. 4. Services should be at least 1 minute apart between staff. Make sure you select "save and submit" so the service can go through the normal billing process.

<p>5.11 Missing Clock-in</p>	<p>Provider is missing a clock-in time.</p> <p>To enter a Billing Entry either by an ISAS Call-in system or MTR a clock-in time and clock-out time must be submitted. A "Missing Clock-in" Exception means that the provider called into the ISAS Call-in system to clock out without initially calling in to clock-in.</p>	<p>Providers should manually submit the missing clock-in time to complete the full shift for the applicable service.</p> <p>1. To resolve this exception, the Provider should go into the Provider portal,</p> <ol style="list-style-type: none"> a) Search for the Exception "Missing Clock-In b) Edit the entry c) Enter a clock-in time d) Save e) Submit <p>*This exception can be accessed on the Provider portal homepage, under Resolve By Provider section then EVV services or search for the exception by navigating to the Service tab, then click on the exception icon. (3rd icon on the left panel).</p>
<p>5.12 Missing Clock-Out</p>	<p>Provider is missing a clock-out time. To enter a Billing Entry either by an ISAS Call-in system or MTR a clock-in time and clock-out time must be submitted. A "Missing Clock-out" Exception means that provider called into the ISAS Call-in system to clock in without calling back into the system in to clock-out.</p>	<p>Providers should manually submit the missing clock-out time to complete the full shift for the applicable service. "To resolve this exception, the Provider should:</p> <p>1. Go into the Provider portal</p> <ol style="list-style-type: none"> a) Search for Exception "Missing Clock-in" b) Edit the entry c) Enter a clock-out time d) Save e) Submit <p>*This exception can be accessed on the Provider portal homepage, under Resolve by Provider section then EVV services or search for the exception by navigating to the Service tab, then click on the exception icon. (3rd icon on the left panel).</p>

<p>5.13 Client Overlap</p>	<p>If the current services overlap with another service provided to the client.</p>	<p>This exception can be resolved by the provider if the overlap is within the same Agency.</p> <ol style="list-style-type: none"> 1. Providers should run the EVV Overlap report to get a line-by-line view of overlapping services in your agency. 2. For Client Overlap, you want the "Client" report output option selected. When you find the 2 overlapping services you wish to correct. <ol style="list-style-type: none"> a. Select "edit" or "discard" if necessary. 3. Services should be at least 1 minute apart between staff. 4. Make sure you select "save and submit" so the service can go through the normal billing process. <p>*This overlap can also be triggered across different agencies. In this case, the ISAS team will review and resolve.</p>
<p>5.14 Client Overlap - Different Program</p>	<p>If the current services overlap with another service provided to the client for Different Program.</p>	<p>This Exception will be resolved by the ISAS Team. Providers should follow up with the ISAS team.</p>
<p>5.15 Provider # does not have the approved and active Category of Service (COS)</p>	<p>If the Provider providing the service does not have an active COS Span matching the COS of the service being billed for that date, then this exception is assigned.</p>	<p>For a provider to be listed on a participant's PCP as the provider of a service, they must have the correct COS to provide that service. If the provider number used on the PCP has the proper COS code, then the provider should contact the RO Provider Relations Coordinator to investigate the COS issue in the payment system. If the provider number listed on the PCP for a service does not have the proper COS code for some reason, then the service in the PCP may need to be updated with the provider number with the proper COS code.</p>
<p>5.16 Provider # has been suspended</p>	<p>If the Provider providing the service has an enrollment status = Suspended (enrollment status code = 51 to 60) as of the Date of service, then this exception is assigned.</p>	<p>Provider should investigate to determine that correct provider number was used to bill for the service. The provider can review the MA# used to bill for this service in the Provider portal and determine what the current enrollment status is. If the MA# is correct and there is a suspension on the Provider MA# then, - Contact RO Provider Relations to investigate the</p>

		suspension and take steps to reactivate the provider number, if applicable. If the correct provider number was not used to bill for the service, then the Provider should void this service and bill the service with the correct provider number.
5.17 Provider # has been terminated	If the Provider providing the service has an Enrollment Status = Terminated (Enrollment Status: 66 – 73) as of the Date of service, then this exception is assigned.	Provider should investigate to determine that correct provider number was billed for the service. If so, the provider should contact RO Provider Relations Coordinator to investigate the termination and, if possible, take steps to reactivate the provider number. If the correct provider number was not used to bill for the service, then the correct provider number should be associated with the service and claims should be resubmitted.
5.18 Provider is not approved to provide services to a minor	If the Service Activity is for a person less than or equal to 20 years old on the Date of Service (DOS), and provider who provided the services does not have the 2T category of service, then this exception is assigned to the service activity.	<p>The provider should verify that the provider number used to bill the service is correct and has the 2T COS. If the provider number is not the correct one, then the service should be updated on the PCP with the correct provider number. If the correct provider number was used, then the provider should contact the RO Provider Relations Coordinator regarding the 2T COS code setup in the payment system.</p> <p>Providers can view their COS codes by navigating to:</p> <ol style="list-style-type: none"> 1. Providers Tab 2. Search for the specific location 3. Click Details on the relevant location. 4. All the COS codes associated with this location is displayed
5.19 Site not authorized on the service plan	If the approved PCP does not have an authorized service matching the Provider number for the month in which the unit activity was created, then this exception is assigned to the activity.	<p>The provider should confirm that the correct provider number is associated with the service on the PCP.</p> <ol style="list-style-type: none"> 1. The provider should start by ensuring they are providing the CCS with the correct MA#s for each service in the SDAT and Cost detail. 2. Before the provider authorizes the services in the DSA, they should again

		<p>ensure the correct MA# was assigned to the individual for the service(s) requested.</p> <p>3. If the incorrect MA# is associated with a service for an individual in the PCP, or there is no MA#/provider associated with the plan at all,</p> <p>4. The CCS will have to complete a PCP revision to add the provider to the plan or to change the MA# in the plan</p>
5.20 No Approved Service Plan found	If there is no approved PCP or approved ESP effective on the service date of the service activity, then this exception is assigned to the service activity.	<p>The provider should check that there is an approved and active PCP or ESP on the dates of service for the participant in question. If not, then steps should be taken to finalize the PCP or ESP with the CCS and/or RO or correct any other information that may be incorrect so claims can be reprocessed for payment.</p> <p>The Authorized Client's Report can also display this information as well.</p>
5.21 Provider has exceeded the maximum authorization for the month	If Service Activity units + accumulated Units for all closed(claims) status Service Activities of the same service type and provider#, client for the calendar month is less than or equal to the authorized units for the month on the service plan	<p>Providers may not bill for services beyond what is authorized in the participant's PCP. The provider should confirm that the units and services entered were accurate for the dates of service in question. If they were not, the units should be adjusted so they may be resubmitted for payment.</p> <p>Run the DDA Authorized Services Report for the participant to determine how many units your agency overbilled by. This report is found in the "Reports" tab of Provider Portal. Required unit-coverage information can be seen in the "Entered" section of the report</p>
5.22 Provider not authorized for the service	If the approved PCP does not have an authorized service matching the service type of the service activity, with an end date not before service date, and the Provider number, then this exception is assigned to the service activity.	<p>The provider should check that the service being billed is the correct service, that the service is included on an approved and active plan for the dates of service being billed, and that the provider number associated with that service on the PCP is accurate. If any of this information is found to be incorrect, it must be corrected so claims may be resubmitted for payment. For this exception, check the PCP in</p>

		<p>Provider Portal: - Select Client - Select Service Plan - Select Service Authorization Check the participant's PCP or run an Authorized Clients report to see if</p> <ol style="list-style-type: none"> 1. The participant is in the Provider's authorized list 2. Verify the service they are billing is correct 3. Check the span of the plan to ensure the plan is still active 4. Check the Annual date to ensure that it is current for the billed timeframe 5. Check the provider number listed on the plan.
<p>5.23 Activity has exceeded the maximum number of units for the day</p>	<p>Daily cap for the service Type is maintained in the Services Definition for each Service Group & Program Type</p> <p>This exception is assigned to the Service activity, when the combined units is greater than the daily cap limit set on the service definition</p> <p>Combined units = Sum of the units on the current Service activity + other activities in Ready, Closed, State Payment Eligible & State Payment Reported status (Excluding Voided) across all the providers for the same client and service type on a Date of Service exceeds the daily cap, then this exception is assigned to the service activity</p>	<p>The provider should confirm that the units entered for the service are accurate for the dates of service. If they are not, the units should be adjusted so they may be reprocessed for payment.</p> <p>Options:</p> <ol style="list-style-type: none"> 1. Revise the claim and update the units of service to be within the daily cap. For PS, service total hours should not exceed 24 hours or 96 units (15-min increments)