

DDA February 2024 Release Items

Add the DDA Respite EVV Service to the DDA Provider Exceeds Authorization Exception Report

The service 'Respite Care Services - 15 minutes' can now be selected by authorized users within the search criteria of the DDA Provider Exceeds Authorization Exception Report.

Within the output of the report, the user will be able to see under the Service column that this new service will show up in the results.

Date Created: 1/25/2024 9:07:16 AM

DDA Provider Exceeds Authorization Exception Report - EVV Services

For batch processing, please use the csv file here, [click here](#)

Search Criteria:
 Service Date From: 11/01/2023
 Service Date To: 01/24/2024
 Service Type: EVV
 Service Name: Personal Supports; Personal Supports - Enhanced; Respite Care Services - 15 minutes
 Exception Type: Provider has exceeded the maximum authorization, Provider has exceeded the maximum authorization for the month
 Agency Name/FEIN:
 Provider Locations: All Locations
 Client ID/MA#/SSN#:
 Client Name:
 Report Date: 01/25/2024

Total Records: 725

Service Date	Client ID	Client MA#	Client Name	Agency Name	Provider Location Number	Provider Location Name	Service
11/04/2023	2219002IM308111						Respite Care Services - 15 minutes
11/05/2023	2219002IM308111						Respite Care Services - 15 minutes
11/12/2023	2219002IM308111						Respite Care Services - 15 minutes

Update the CCS State Payment Process to Ensure All Eligible Activities are Generated on the Invoice

Activity Logs for Date: 04/19/2023

Activity Logs

Status has been updated as part of the datapatch to introduce State Payment Statuses.

Staff Name	Activity Name	Type	Setting	With	Description	Start Time	Duration	End Time	Activity Affiliation	Status	Last Modified Date	Actions
[Redacted]	Monitoring Services/Circumstances	Email		Individual	CCS successfully updated the CCS monitoring tab. CCS scheduled 7/18 monitoring visit for 4/26. RB rescheduled monitoring visit on 4/26 via email. Follow up: CCS will follow up with RB for monitoring visit on 4/27.	8:18 AM	7 min.	8:25 AM	CCS Activities	State Payment Eligible	11/01/2023	View Edit Delete

Activity

Viewing Selected Item...

Activity Record

Creation Date: 4/26/2023
Status: State Payment Eligible

Activity Information

Activity Date: **

Activities — Activity Record Total SPA Units: 0 Total NM Units: 0 Total CCS Units Used: 1

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

Activity Logs for Date: 11/22/2023

Activity Logs

Status has been updated as part of the datapatch to introduce State Payment Statuses.

Staff Name	Activity Name	Type	Setting	With	Description	Start Time	Duration	End Time	Activity Affiliation	Status	Last Modified Date	Actions
	Monitoring Services/Circumstances	Documentation			CCS conducted a monitoring case review while the current CCS is out of the office. CCS check status on the waiver pending. No update or change of status of et.	4:30 PM	15 min.	4:45 PM	CCS Activities	State Payment Reported	01/21/2024	View Edit

Activity

Q Viewing Selected Item...

Activity Record

Creation Date: 11/22/2023
Status: State Payment Reported
Last State Payment Reported Month: December 2023

Activity Information

Activity Date: ** 11/22/2023
Staff:
Activity: ** Monitoring Services/Circumstances
Type: ** Documentation
Description: **
CCS conducted a monitoring case review while the current CCS is out of the office. CCS check status on the waiver pending. No update or change of status of yet.
Start Time: ** 4:30 PM

This duration should reflect the total time spent on this activity for the selected date.
Please do not round.

Activity History

Activity Date	Status	Activity	Type	Setting	With	Start Time	Duration	End Time	Staff Name	Description	Last Modified Date & Time	State Payment History
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No data available in table

DDA Eligibility

Expand All

DDA Eligibility Application

Comprehensive Assessment

Create Date	Status	Original Due Date	Revised Due Date	Active/Inactive	Claim Status	Actions
10/03/2023	Complete	12/05/2023	N/A	Active	State Payment Reported	View Print

Eligibility Determination Form

DDA Comprehensive Assessment Status: Complete

[Back to List](#)

Claim Detail

Service Date: 12/05/2023

Program Type: DDA State Plan

Diagnosis Code: F819

Procedure Code: W1742

Claim Date: N/A

Billed Amount: \$450.00

Claim Status: N/A

State Payment Status: State Payment Reported

Eligible for State Payment from: 1/1/2024

Process Exception: The date of activity does not fall within one of the clients Medicaid eligibility periods

Claim History

Date	Action By	Action	Claim Type	Claim Status	State Payment Status	Total Paid	Net Paid	Total Billed	Net Billed	Reason	State Payment Reported Month
01/13/2024	System Administrator	Assessment Complete	N/A	N/A	State Payment Reported	\$0.00	\$0.00	\$450.00	\$450.00	The date of activity does not fall within one of the clients Medicaid eligibility periods	December 2023
12/05/2023	[REDACTED]	Assessment Complete	N/A	N/A	State Payment Eligible	\$0.00	\$0.00	\$450.00	\$450.00	The date of activity does not fall within one of the clients Medicaid eligibility periods	N/A

Adjusted History report

Staff (Last Modified By)	Last Modified Staff LTSS ID	Last Modified Date	Last Modified Time	Activity Status	# of Claim Adjustments	# of State Payment Adjustments	Claim Status
System Administrator	staffs/systemadministrator	8/1/2023	3:49 AM	State Payment Reported		3	
System Administrator	staffs/systemadministrator	10/1/2023	1:24 AM	State Payment Reported		1	
System Administrator	staffs/systemadministrator	5/1/2023	4:41 AM	State Payment Reported		2	

Comprehensive Assessment Report

CA Due In (# of Days)	Claim Status	State Payment Status	Last State Payment Reported Month
		State Payment Reported	August 2023
		State Payment Reported	August 2023

CCS Agency Activities Report

Activity Status	New, Adjusted, Sent, Paid, Rejected, ▼ <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Discarded <input checked="" type="checkbox"/> New In-Process <input checked="" type="checkbox"/> Adjusted In-Process <input checked="" type="checkbox"/> New - Client Ineligible <input checked="" type="checkbox"/> Adjusted - Client Ineligible <input checked="" type="checkbox"/> State Payment Eligible <input checked="" type="checkbox"/> State Payment Reported
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Last Modified Staff LTSS ID	Last Modified Date	Last Modified Time	Activity Status
staffs/systemadministrator	1/21/2024	6:10 PM	State Payment Reported
staffs/systemadministrator	1/21/2024	6:10 PM	State Payment Reported

CCS State Activities Report

Provider Name: BEATRICE LOVING HEART - 810501-
 Activity Start Date From/Claim Creation Date: 11/1/2023 12:00:00 AM NULL
 Activity End Date/Claim Creation To Date: 1/22/2024 12:00:00 AM NULL
 State Payment Eligibility Year: N/A
 State Payment Eligibility Month: N/A
 Procedure Code: W1742, W1743
 Status: Adjusted - Client Ineligible, Discarde
 Discarded
 New - Client Ineligible
 New - Process Exception
 Paid
 Rejected
 Sent
 State Payment Eligible
 State Payment Reported
 Report Output: Detail

Reported Amount	State Payment Eligible On	Last State Reporting Month	Status	Original Claim ID
\$25.54	12/01/2023	November	State Payment Reported	
\$204.32	01/01/2024	December	State Payment Reported	

Date Created: 1/22/2024 8:06:33 AM

Note: Please Export as Excel to print the Invoice.

CCS Monthly State Payment Report

Custom CCS State Payment Report - To download data into one CSV report, [click here](#)

Custom CCS State Payment Report - To download data into one Excel report, [click here](#)

CCSAgencyName	ProviderNi	FEIN	InvoiceDate	Reportingf	Service	TotalOriginal	TotalAdjustment	TotalPaidS	TotalInvoiceAmount
ABLE HEALTH SERVICES INC	5.03E+08	842172719	1/16/2024	Dec-23	Coordinati	\$1,522.68	(\$1,404.70)	\$0.00	\$117.98
BEATRICE LOVING HEART	8.11E+08	800488941	1/16/2024	Dec-23	Coordinati	\$5,261.24	(\$20,102.89)	\$0.00	(\$14,841.65)
Caroline County Health Department	2.91E+08	526002033	1/16/2024	Dec-23	Coordinati	\$408.64	(\$485.26)	\$0.00	(\$76.62)
CECIL COUNTY HEALTH DEPT	4.63E+08	522046029	1/16/2024	Dec-23	Coordinati	\$0.00	(\$357.56)	\$0.00	(\$357.56)
Charles County Department of Health	3.3E+08	526002033	1/16/2024	Dec-23	Coordinati	\$1,129.16	(\$8,581.66)	\$0.00	(\$7,452.50)
Dorchester County Department of Health	8.99E+08	526002033	1/16/2024	Dec-23	Coordinati	\$127.70	(\$153.24)	\$0.00	(\$25.54)
KENT COUNTY HEALTH DEPT	8.05E+08	522046028	1/16/2024	Dec-23	Coordinati	\$485.26	(\$1,583.48)	\$0.00	(\$1,098.22)
MMARS RC INC	6.44E+08	462136442	1/16/2024	Dec-23	Coordinati	\$9,361.14	(\$62,833.48)	\$0.00	(\$53,472.34)
Montgomery County Department of Health and Human Services	8.32E+08	526000980	1/16/2024	Dec-23	Coordinati	\$664.04	(\$2,400.76)	\$0.00	(\$1,736.72)
OPTIMAL CASE MANAGEMENT INC	8.82E+08	844140209	1/16/2024	Dec-23	Coordinati	\$9,685.76	(\$43,114.22)	\$0.00	(\$33,428.46)
Queen Anne's County Department of Health	5.78E+08	526055783	1/16/2024	Dec-23	Coordinati	\$0.00	(\$153.24)	\$0.00	(\$153.24)
RESOURCE CONNECTIONS INC	7.77E+08	043758711	1/16/2024	Dec-23	Coordinati	\$3,652.22	(\$15,911.42)	\$0.00	(\$12,259.20)
RETIRED - OPTIMAL HEALTH CARE INC	7.83E+08	010937826	1/16/2024	Dec-23	Coordinati	\$1,941.04	(\$28,578.41)	(\$450.00)	(\$27,087.37)
SERVICE COORDINATION INC	5.21E+08	521651219	1/16/2024	Dec-23	Coordinati	\$48,215.63	(\$399,984.30)	\$0.00	(\$351,768.67)
TALBOT COUNTY HEALTH DEPT	2.56E+08	522206552	1/16/2024	Dec-23	Coordinati	\$153.24	(\$1,047.14)	\$0.00	(\$893.90)
THE COORDINATING CENTER	00764650K	521318341	1/16/2024	Dec-23	Coordinati	\$2,937.10	(\$13,249.44)	\$0.00	(\$10,312.34)
TOTAL CARE SERVICES INC	6.61E+08	680568736	1/16/2024	Dec-23	Coordinati	\$5,695.85	(\$38,480.04)	\$0.00	(\$32,784.19)
WICOMICO COUNTY HEALTH DEPT	1.91E+08	522046019	1/16/2024	Dec-23	Coordinati	\$510.80	(\$5,491.10)	(\$450.00)	(\$5,430.30)
WORCESTER COUNTY HLTH DEPT	5.86E+08	521835864	1/16/2024	Dec-23	Coordinati	\$756.48	(\$1,021.60)	\$0.00	(\$265.12)

CCS Agency Name	Provider #	FEIN	Invoice Date	Reporting Period	Service	Total Original	Total Adjustment	Total Paid State now Medicaid Eligible	Total Invoice Amount
ABLE HEALTH SERVICES INC	502708000	842172719	01/16/2024	December 2023	Coordination of Community Services	\$1,522.68	-\$1,404.70	\$0.00	\$117.98
BEATRICE LOVING HEART	810501400	800488941	01/16/2024	December 2023	Coordination of Community Services	\$5,261.24	-\$20,102.89	\$0.00	-\$14,841.65
Caroline County Health Department	291004700	526002033	01/16/2024	December 2023	Coordination of Community Services	\$408.64	-\$485.26	\$0.00	-\$76.62
CECIL COUNTY HEALTH DEPT	462902700	522046029	01/16/2024	December 2023	Coordination of Community Services	\$0.00	-\$357.56	\$0.00	-\$357.56
Charles County Department of Health	330212100	526002033	01/16/2024	December 2023	Coordination of Community Services	\$1,129.16	-\$8,581.66	\$0.00	-\$7,452.50
Dorchester County Department of Health	899302500	526002033	01/16/2024	December 2023	Coordination of Community Services	\$127.70	-\$153.24	\$0.00	-\$25.54
KENT COUNTY HEALTH DEPT	805208500	522046028	01/16/2024	December 2023	Coordination of Community Services	\$485.26	-\$1,583.48	\$0.00	-\$1,098.22
MMARS RC INC	644205600	462136442	01/16/2024	December 2023	Coordination of Community Services	\$9,361.14	-\$62,833.48	\$0.00	-\$53,472.34
Montgomery County Department of Health and Human Services	831902200	526000980	01/16/2024	December 2023	Coordination of Community Services	\$664.04	-\$2,400.76	\$0.00	-\$1,736.72
OPTIMAL CASE MANAGEMENT INC	881574700	844140209	01/16/2024	December 2023	Coordination of Community Services	\$9,685.76	-\$43,114.22	\$0.00	-\$33,428.46
Queen Anne's County Department of Health	578303800	526055783	01/16/2024	December 2023	Coordination of Community Services	\$0.00	-\$153.24	\$0.00	-\$153.24
RESOURCE CONNECTIONS INC	777304800	043758711	01/16/2024	December 2023	Coordination of Community Services	\$3,652.22	-\$15,911.42	\$0.00	-\$12,259.20
RETIRED - OPTIMAL HEALTH CARE INC	782611700	010937826	01/16/2024	December 2023	Coordination of Community Services	\$1,941.04	-\$28,578.41	-\$450.00	-\$27,087.37
SERVICE COORDINATION INC	520504200	521651219	01/16/2024	December 2023	Coordination of Community Services	\$48,215.63	-\$399,984.30	\$0.00	-\$351,768.67
TALBOT COUNTY HEALTH DEPT	255607300	522206552	01/16/2024	December 2023	Coordination of Community Services	\$153.24	-\$1,047.14	\$0.00	-\$893.90

Reporting Year: Reporting Month:

Agency:

Date Created: 1/22/2024 8:27:33 AM

Note: Please Export as Excel to print the Invoice.

DDA State Payment Report

Custom DDA State Payment Report - To download data into one CSV report, [click here](#)

Custom DDA State Payment Report - To download data into one Excel report, [click here](#)

Invoice Number: DDASF2411-0007
 Invoice Date: 01/22/2024
 Fiscal Year: 2024
 Reporting Period: November 2023
 Provider Agency Name: ARC OF BALTIMORE
 FEIN: 520671428
 Address: 7215 YORK ROAD, BALTIMORE, MD 21212
 Phone: 4102962272
 Service: DDA State Funded

Category	FY 2024	FY 2023	FY 2022
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ProviderName	ProviderNumber	ProviderFEIN	InvoiceDate	ReportingMonth	Service	TotalOriginal	TotalAdjus	TotalPaidS	TotalInvoiceAmount
A & C SUPI	878108700	824696028	1/22/2024	Nov-23	DDA State	\$15,374.56	N/A	N/A	\$15,374.56
A W HOLD	737015600	450706811	1/22/2024	Nov-23	DDA State	\$3,731.64	N/A	N/A	\$3,731.64
A W HOLD	737015603	450706811	1/22/2024	Nov-23	DDA State	\$3,879.69	N/A	N/A	\$3,879.69
A W HOLD	737015604	450706811	1/22/2024	Nov-23	DDA State	\$21,198.59	N/A	N/A	\$21,198.59
A&S COMP	310035900	863699672	1/22/2024	Nov-23	DDA State	\$3,194.76	N/A	N/A	\$3,194.76
ALLIANCE	430107200	521277262	1/22/2024	Nov-23	DDA State	\$23,778.03	N/A	N/A	\$23,778.03
ALLIANCE	430107201	521277262	1/22/2024	Nov-23	DDA State	\$5,194.62	N/A	N/A	\$5,194.62
AMER CTR	918128803	463223329	1/22/2024	Nov-23	DDA State	\$15,323.61	N/A	N/A	\$15,323.61
AMIABLE /	522064500	833941680	1/22/2024	Nov-23	DDA State	\$1,472.85	N/A	N/A	\$1,472.85
APPALACH	963039200	521157064	1/22/2024	Nov-23	DDA State	\$4,517.81	N/A	N/A	\$4,517.81
ARC OF BA	730014015	520671428	1/22/2024	Nov-23	DDA State	\$18,573.92	N/A	N/A	\$18,573.92
ARC OF BA	730014000	520671428	1/22/2024	Nov-23	DDA State	\$20,519.20	\$240.02	N/A	\$20,759.22
ARC OF BA	730014027	520671428	1/22/2024	Nov-23	DDA State	\$21,119.49	N/A	N/A	\$21,119.49
ARC OF BA	730017416	520671428	1/22/2024	Nov-23	DDA State	\$28,713.69	N/A	N/A	\$28,713.69
ARC OF MO	907728600	520639953	1/22/2024	Nov-23	DDA State	\$15,207.52	N/A	N/A	\$15,207.52
ARC OF MO	907728630	520639953	1/22/2024	Nov-23	DDA State	\$25,436.39	N/A	N/A	\$25,436.39
ARC OF W.	772248600	520696197	1/22/2024	Nov-23	DDA State	\$61,614.96	N/A	N/A	\$61,614.96
ARC OF W.	772248646	520696197	1/22/2024	Nov-23	DDA State	\$1,995.63	N/A	N/A	\$1,995.63

Provider Name	Provider Number	Provider FEIN	Invoice Date	Reporting Period	Service	Total Original	Total Adjustment	Total Paid State now Medicaid Eligible	Total Invoice Amount
A & C SUPPORT SERVICES INC.	878108700	824696028	01/22/2024	Nov 2023	DDA State Funded	\$15,374.56	N/A	N/A	\$15,374.56
A W HOLDINGS OF MARYLAND INC	737015604	450706811	01/22/2024	Nov 2023	DDA State Funded	\$21,198.59	N/A	N/A	\$21,198.59
A W HOLDINGS OF MARYLAND INC	737015600	450706811	01/22/2024	Nov 2023	DDA State Funded	\$3,731.64	N/A	N/A	\$3,731.64
A W HOLDINGS OF MARYLAND INC	737015603	450706811	01/22/2024	Nov 2023	DDA State Funded	\$3,879.69	N/A	N/A	\$3,879.69
A&S COMPASSION CARE INC	310035900	863699672	01/22/2024	Nov 2023	DDA State Funded	\$3,194.76	N/A	N/A	\$3,194.76
ALLIANCE INC	430107200	521277262	01/22/2024	Nov 2023	DDA State Funded	\$23,778.03	N/A	N/A	\$23,778.03
ALLIANCE INC	430107201	521277262	01/22/2024	Nov 2023	DDA State Funded	\$5,194.62	N/A	N/A	\$5,194.62
AMER CTR FOR INT & DEV DIS IN MD	918128803	463223329	01/22/2024	Nov 2023	DDA State Funded	\$15,323.61	N/A	N/A	\$15,323.61
AMIABLE ACCESS HEALTHCARE INC	522064500	833941680	01/22/2024	Nov 2023	DDA State Funded	\$1,472.85	N/A	N/A	\$1,472.85
ARDA ACHUAN	062000000	591457064	01/22/2024	Nov 2023	DDA State Funded	\$1,517.91	N/A	N/A	\$1,517.91

Issue 1: Adjusted activities not showing adjustment history

Provider Name	Provider Number	Group ID	Activity Date	Last Modified	Client First Name	Client Last Name	Client ID	Procedure Code	Duration (Mins)	Units	Amount	State Payment Eligible On	Enrollment Status
CECIL COUNTY HEALTH DEPT	462902700	523837	10/25/2023	12/01/2023	██████████	HOLLENBAUGH	1329738AL898100	W1743 - DDA Ongoing	24 min	2	(\$51.08)	12/01/2023	DDA State

Activity History													
Activity Date	Status	Activity	Type	Setting	With	Start Time	Duration	End Time	Staff Name	Description	Last Modified Date & Time	State Payment History	
No data available in table													

Issue 2: DDA state payment combined custom view does not work when the report is blank - Example, pull December 2023 and click the custom link - it returns no results

Reporting Year: Reporting Month:

Agency:

1 of 1

Date Created: 1/22/2024 8:18:55 AM

Note: Please Export as Excel to print the Invoice.

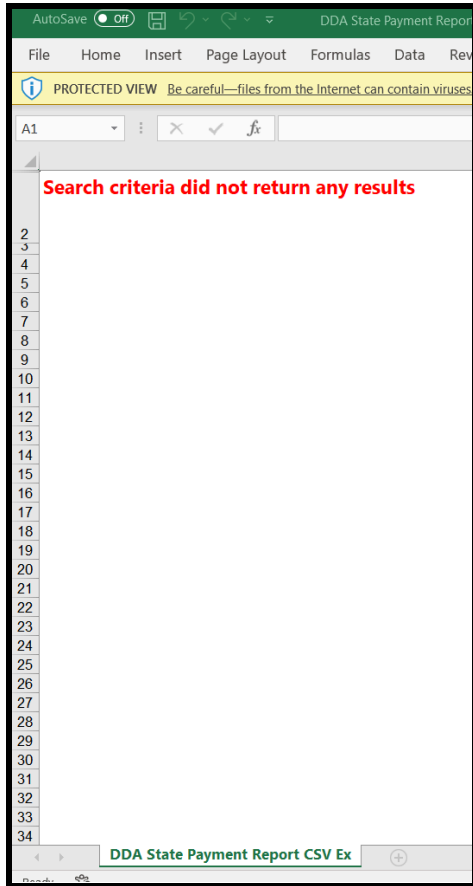
DDA State Payment Report

Custom DDA State Payment Report - To download data into one CSV report, [click here](#)

Custom DDA State Payment Report - To download data into one Excel report, [click here](#)

Search Criteria does not return any result

Page 1 of 1



Add MDC as Service to DDA PCP

The Medical Day Care service will now be available for selection on Community Pathway and Community Support Person Centered Plans. When using the add service functionality from within the Service Authorization section of the PCP, when filtering by the Service Category of All or Meaningful Day, the CCS will now be able to find Medical Day Care in the selection options for the Service Title field as seen in the figure below. When adding this service to the PCP, the CCS should ensure they select the Frequency type of Daily. When associating a provider to the Medical Day Care Service, the system will only allow for the searching and selection of providers that have the Day Care Center designation within LTSSMaryland.

Person Centered Plan - Service Authorization

Add New Service ✕

Service Information

Service Category: *
Meaningful Day ▼

Service Title: *
Medical Day Care ▼

Scope (level of support, staffing ratio, reason for service): *
Test

Outcome(s) Service Is Supporting: *
My Goals - I choose personal goals ±

Frequency: *
Daily ▼

Provider Search

Provider Name: _____ Provider Number: _____

Provider Address: _____

Location Name: Provider Number: Licensed Address: Search

Provider Name	Provider Number	Provider Address	Provider Phone Number	Actions
A CARING HAND MEDICAL	441177300	606 HAMMONDS LANE ST, SUITE U 1-6, BALTIMORE, MD 212250000		Select
A Plus Adult Medical Day Care Center	422683600	50 WEST GUDE DRIVE, SUITE 48-52, ROCKVILLE, MD 208500000	301 326 6523	Select

The next step to adding the Medical Day Care service to the PCP will require the CCS to fill in the frequency information where they can specify how many and which days of the week the participant will receive the service. After enter this information and saving the units per month,

total units and service cost will be calculated and the CCS can then save the service to the PCP by clicking the Save to Service Authorization button located at the bottom of the page.

Medical Day Care
✕

Unit Calculation Type: Daily

All

January
 February
 March
 April
 May
 June

July
 August
 September
 October
 November
 December

January

Sunday:
 Thursday:

Monday:
 Friday:

Tuesday:
 Saturday:

Wednesday:

Days Per Week: (max 7 days a week)

How Many Weeks:* All (max 3 weeks)

Units Per Week:

Calc Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Actions
Daily	6	21	21	22	23	20	23	22	21	23	21	22	18	Edit Delete

Billable Unit:

Total Units:

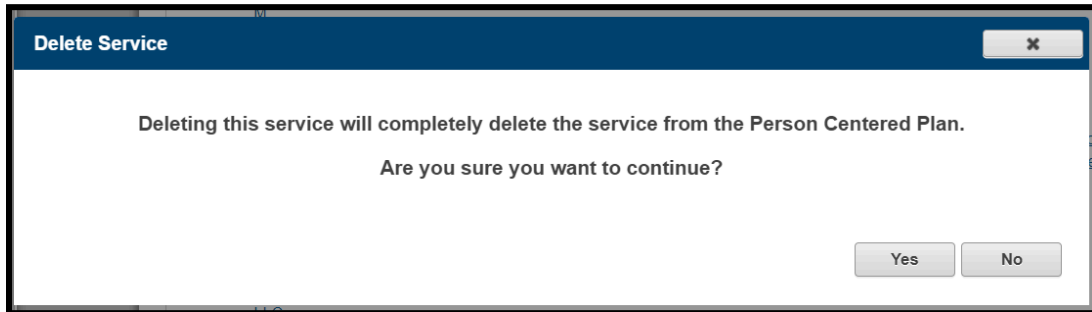
Rate: (max \$104.81)

Service Cost:

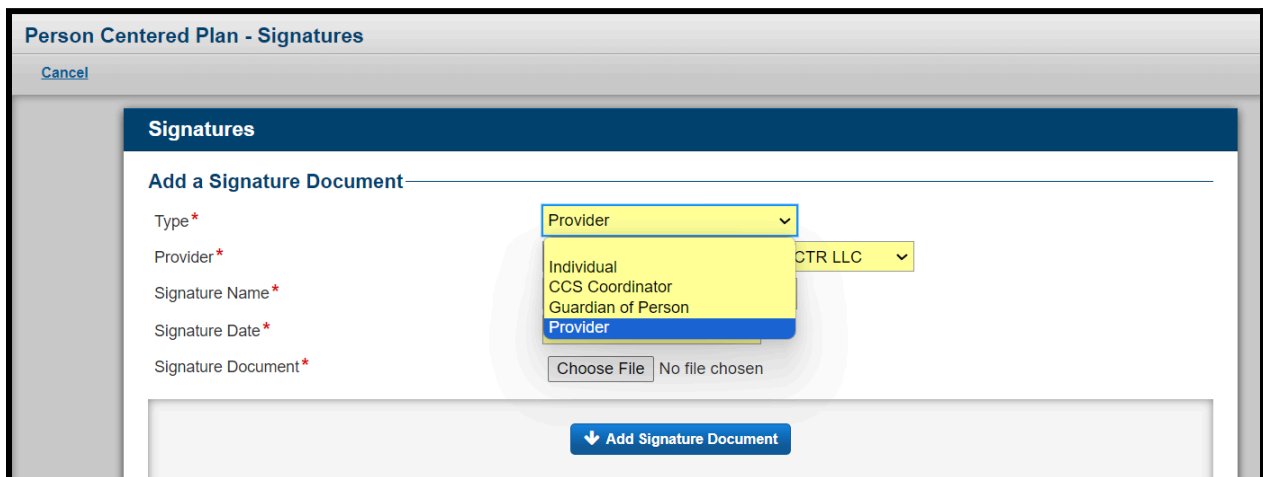
⏪ Back
Close
Save to Service Authorization

The services summary table will then display the Medical Day Care service that was added, along with summary information as seen in the figure below.

The Medical Day Care service can be deleted from a PCP that is still being developed by clicking the Delete link associated with that service. The user will need to confirm their decision prior to the service being deleted.



Medical Day Care providers do not operate within the Provider Portal at this time, so they will not follow the typical Provider acceptance provider for services that are used by other types of DDA providers. For this reason, the signatures section of the CP and CS PCP has been updated to allow for the manual upload of a MDC Provider signature. When the CCS is within the manage page of the Signatures section of the PCP, they would select Provider from the Type dropdown and then within the Provider dropdown field, they would now see that they have the ability to select the name of the MDC Provider that was added to the PCP. From there, they can upload the signature page as they would any other type of signature page they need to upload.



Please note that the MDC Provider signature page is optional at this point and if the CCS or Regional Office tries to proceed with the submission or approval of a PCP that has the Medical Day Care service where the signature page of the MDC Provider has not been uploaded, they will be able to bypass the warning message.

Confirmation

Would you like to upload MDC Provider signature before submitting this PCP?

Yes

No

The printed version of the CP and CS PCP has also been updated to include within the Service Authorization section the Medical Day Care service if it was added to that PCP.

Service and Provider	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total Units	Annual Service Cost
Medical Day Care - LIFEWAY ADULT MEDICAL DAY CTR LLC	0	0	0	0	10	21	23	21	22	22	21	23	19	182	\$19,075.42
Scope: Test														Frequency: Daily	

Total Plan Cost

Annual Waiver Plan Services Total: \$387,912.92
DDA State Only Funded Services Total: \$0.00

Total Plan Year Cost: \$387,912.92

Updates have been made to the Client Summary page within the Current Enrollment section to provide additional information on whether or not a participant enrolled in Community Pathways or Community Supports is also receiving the Medical Day Care service.

Client Summary Expand All

- ▶ Eligibility Information
- ▶ Current Assignments
- ▶ Current Enrollment

Program	Enrollment Date	Annual Med/Tech/LOC Due Date	Annual Med/Tech/LOC Status	Waiver Financial Redetermination Due Date	Waiver Financial Redetermination Status	Receiving MDC Services	Actions
Community Pathways	02/01/2007	10/03/2024	N/A	01/01/9999	N/A	Yes	Reset Med/Tech/LOC Due Date

- ▶ Program Snapshot View Eligibility Spans View History
- ▶ Waiver Registry Information Add to Registry
- ▶ MW Waitlist Information
- ▶ DDA Waiting List, Future Needs Registry, and Wave Information Add to Wave

A PCP Superuser will have the ability to end date the Medical Day Care service on a PCP that is already approved, under the same procedures that they can end date other DDA services within the PCP.

Medical Day Care
✕

Unit Calculation Type:

End Date:

All

January February

July August

January

January 2024

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

May June

November December

Sunday:

Monday:

Tuesday:

Wednesday:

Friday:

Saturday:

Days Per Week: (max 7 days a week)

How Many Weeks: * All (max 3 weeks)

Units Per Week:

Calc Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Actions
Daily	8	21	21	22	23	20	23	22	21	23	21	22	14	Edit

Billable Unit:

Total Units:

Rate: (max \$104.81)

Service Cost:

⏪ Back

Close

Save to Service Authorization

The Medical Day Care service will not be available for selection and searching on the DDA Authorized Services report within Provider Portal.

Service Plan Authorization Period* Service Plan Year*

Service Plan Month* Service Plan Program Type*

Agency Name/FEIN Provider Locations*

Service Plan Service* Client ID/MA#

Client SSN#

Client Region*

- (Select All)
- Assistive Technology and Services
- BSS - Behavioral Assessment
- BSS - Behavioral Consultation
- BSS - Behavioral Plan
- BSS - Brief Support Implementation
- Camp - Non-Respite (State Only Funded)
- Community Living - Enhanced Supports Retainer Fee
- Community Living - Group Home Retainer Fee
- Employment Services - Co-worker Employment Supports
- Employment Services - Customized Self-Employment
- Employment Services - Discovery Milestone 1
- Employment Services - Discovery Milestone 2
- Employment Services - Discovery Milestone 3
- Environmental Assessment
- Environmental Modification
- Family and Peer Mentoring Supports
- Family Caregiver Training and Empowerment
- Housing Support Services
- Individual and Family Directed Goods & Services
- Individual and Family Directed Goods & Services - Staff Recruitment & Advertising
- Live In Caregiver Supports
- Nursing Support Services
- Other (State Only Funded)
- Participant Ed, Training, and Advocacy
- Remote Support Services
- Rent - Individual Support (State Only Funded)
- Respite Care Services - 15 minutes
- Respite Care Services - Camp
- Respite Care Services - Day
- Transition Services
- Transportation
- Vehicle Modification

Make the Court Order Form Accessible to Assigned CCS at All Times

CCS staff will now have full access to the DDA Court Order form so long as they are assigned to the client. They will be able to clearly see if the form is in an open or closed status and can view further details by clicking the View link location under the Actions column.

DDA Eligibility				
<ul style="list-style-type: none"> DDA Eligibility Application Comprehensive Assessment Eligibility Determination Form Priority Category Assessment Form Court Order Form 				
Regional Office	Date of the Order	Status	Active/Inactive	Actions
Western Maryland Regional Office	N/A	Closed	Inactive	View Print

After clicking the View link, the CCS can view additional details about that specific Court Order form.

DDA Court Order Status: Closed [View](#)

[Back to List](#)

Court Order Form

Court Order

Regional Office: Western Maryland Regional Office

Court Name:

Judge:

Case Name:

Case Number:

Date of the order:

Type of Court Order:

Competency to Stand Trial Criminal Responsibility

Restorability Other

Are there conditions of release? Yes No

Active Charges Begin Date:

Active Charges End Date:

Date Case was Closed:

Active Charges? Does have active charges Does NOT have active charges

Documentation

Category	Title	Description	Filename	Date of Document
Court Order	Trial Summary		Eva Bassev Paperwork From 11.01.2023 Court Hearing.pdf	11/01/2023

Updates have been made to the CCS - Client Roster report to add a new column at the end of the report to make it clear if that specific participant has an active, inactive or no Court Order form. If there is an active or inactive one, the user can click the link to be navigated to that specific form.

Date Created: 1/23/2024 10:24:31 AM

CCS - Client Roster Report

To view Phone Numbers for all participants, [click here](#).

Search Criteria:

Report Type: Current Roster

Include Full Demographics: No

Start Date: 01/23/2024 (Defaulted to current system date as no other dates are applicable for the "Current Roster" report type)

End Date: 01/23/2024

Responsible Region: N/A

CCS Agency: OPTIMAL CASE MANAGEMENT INC - 881574700

CCS Supervisor: 45 Value were selected in the input, click + to see all

CCS Coordinator: 95 Value were selected in the input, click + to see all

Client ID:

Individual Priority Category: None, Crisis Prevention, Crisis Resolution, Current Request, In Service

Wave Type: Blank, Court Funding, Waiver Re-Enrollment, Waiting List Initiative Funding, Deinstitutionalization Funding, Emergency Funding, Money Follows the Person (MFP) Funding, Transitional Youth Funding, Waiting

Reason For CCS Coordinator Reassignment: N/A

Reason For CCS Agency Transfer: N/A

Number of Rows Returned: 1785

Current Roster

CCS Coordinator	CCS Coordinator LTSS ID	CCS Service Type	Individual Priority Category	Start Date	Wave Type	Wave FY	Wave Status	Number of Days Individual Has Been Assigned to Agency Without a Coordinator	Court Order Form
Aaliyah Preyer	staff/0bctfb8b-2158-4969-ba05-2662fc7c67a3	Community/Waiting List Coordination	In Service	09/22/2023	N/A	N/A	N/A	N/A	Active
Aleena Wright	staff/7cf2aba8-da2e-4f26-a16a-3992556e38ef	Community/Waiting List Coordination	In Service	11/29/2023	N/A	N/A	N/A	N/A	Inactive
Catherine Oluniji	staff/678d9088-b1a8-460c-8b2b-hc0e413244fa	Community/Waiting List Coordination	In Service	11/29/2023	N/A	N/A	N/A	N/A	N/A

Address Issues with Missing Transition Dates for Addresses Impacting Billing

Client Profile — Address List

[Back to Profile](#) Collapse All

Client Profile - Address List Add Client Address

Current Address	Address Type	Address Description	Meets Definition of Community Setting?	Address	Jurisdiction/County	Actions
<input checked="" type="checkbox"/>	Nursing Facility	GOLDEN LIVING CTR-HAGERSTOWN			Washington	View
	Community	MMIS Import			Washington	View

Client Current Address Audit table

+	Address	Jurisdiction/County	Transition Date	End Date	Modified By	Modified Date
+		Washington	06/07/2018	N/A	System Administrator	1/11/2024 4:16 PM

Data patch

Client Profile — Address List

[Back to Profile](#) Collapse All

Client Profile - Address List Add Client Address

Current Address	Address Type	Address Description	Meets Definition of Community Setting?	Address	Jurisdiction/County	Actions
	Community	MMIS Import			Baltimore City	View
<input checked="" type="checkbox"/>	Nursing Facility	MMIS Import			Baltimore City	View
	Community	MMIS Import			Baltimore City	View

Client Current Address Audit table

+	Address	Jurisdiction/County	Transition Date	End Date	Modified By	Modified Date
+		Baltimore City	10/14/2023	N/A	System Administrator	1/11/2024 4:16 PM
+		Baltimore City	10/12/2023	10/13/2023	System Administrator	10/14/2023 11:40 AM
+		Baltimore City	06/12/2023	10/11/2023	System Administrator	10/12/2023 11:34 PM

MMIS update of the transition date.

Client Profile — Address List							
Client Profile - Address List							
Current Address	Address Type	Address Description	Meets Definition of Community Setting?	Address	Jurisdiction/County	Actions	
<input checked="" type="checkbox"/>	Community	MMIS Import			Prince George's	View	
	Community	MMIS Import	Yes		Prince George's	View	

Client Current Address Audit table						
	Address	Jurisdiction/County	Transition Date	End Date	Modified By	Modified Date
+		Prince George's	01/20/2024	N/A	System Administrator	1/20/2024 4:04 PM
+		Prince George's	06/27/2020	01/11/2024	System Administrator	1/12/2024 10:43 PM

Refactor Business Logic for Active PCP So Auto Extend PCP Beyond End Date Is Not Considered Active

Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List										
Program Type	Date Created	POS/PCP/SP/POC Type	POS/PCP/SP/POC Costs	Cost Neutrality Limit	Effective Date	End Date	Status	Active	Actions	
CFC	09/29/2023	Annual	\$62,823.65				In Progress	Inactive	View	Print
CP	06/13/2019	Annual PCP	\$ 6,468.00		11/17/2019		Clarification Requested	Inactive	View	Print
CFC	12/03/2020	Annual	\$34,705.94		12/24/2020		Approved	Active	View	Revise
CFC	01/28/2021	Annual	\$53,205.05		06/01/2021	09/26/2023	Denied	Inactive	View	Revise
CP	08/07/2022	Auto Extend	\$ 0.00		08/07/2022	08/06/2023	Approved	Inactive	View	Print
CP	08/08/2021	Auto Extend	\$ 0.00		08/07/2021	10/07/2021	Approved	Inactive	View	Print

Update the auto extend logic to account for Initial PCPs and Short Year Annual Plans

When creating a new PCP off an auto extended PCP, the effective date of the new PCP will be set to blank, which will require the user to manually enter an effective date.

Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List										
Program Type	Date Created	POS/PCP/SP/POC Type	POS/PCP/SP/POC Costs	Cost Neutrality Limit	Effective Date	End Date	Status	Active	Actions	
CS	01/23/2024	Auto Extend	\$ 64,611.20		01/01/2024	12/31/2024	Approved	Active	View	Print
CS	01/01/2023	Initial PCP	\$ 53,659.52		01/01/2023	12/31/2023	Approved	Inactive	View	Print

Confirm Plan Type

i This person's Annual PCP is due within 90 days or less OR it is overdue. Please select the Plan Type to proceed. If there is an active Auto Extend PCP, only an Annual PCP can be created.

Plan Type: *

Annual

Cancel

Continue

Person Centered Plan - Summary

[Cancel](#)

Plan Details

Program Type: Community Supports

Meeting Date: **



Create Date:

01/24/2024

Effective Date: *



End Date:

Annual PCP Date:

01/01/2025

Plan Type: *

Annual PCP

A DDA PCP Super User from MDH will have the ability to end date an auto extended PCP. Start by finding the auto extend PCP from the list page and click the View link as seen in the figure below.

Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List										
Program Type	Date Created	POS/PCP/SP/POC Type	POS/PCP/SP/POC Costs	Cost Neutrality Limit	Effective Date	End Date	Status	Active	Actions	
CS	01/24/2024	Annual PCP	\$ 64,611.20				In Progress	Inactive	View	Print
CS	01/23/2024	Auto Extend	\$ 64,611.20		01/01/2024	12/31/2024	Approved	Active	View	Print

From the view page of that PCP, click the Edit link on the Summary panel to update the end date of the auto extend PCP.

Person Centered Plan Status: Approved Plan Type: Auto Extend [View](#)

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

▶ **Summary** ** [Edit](#)

▶ **Important TO Me** **

Modify the end date of the auto extended PCP as needed and then click the Save button. The end date on the PCP should be greater than or equal to the effective date on the plan and less than the Annual PCP date on the plan.

Person Centered Plan - Summary [View](#) [Edit](#)

[Cancel](#) [Save](#)

Plan Details

Program Type: CS

Meeting Date: 01/01/2023

Annual PCP Date: * 01/01/2025

Create Date: 01/23/2024

Effective Date: * 01/01/2024

End Date: * 12/31/2024

Plan Type: Auto Extend

Monthly Monitoring Required

Copying over higher units for months that had 0 from previous PCP.

Plan of Service/Person Centered Plan/Service Plan/Plan of Care — List

Program Type	Date Created	POS/PCP/SP/POC Type	POS/PCP/SP/POC Costs	Cost Neutrality Limit	Effective Date	End Date	Status	Active	Actions
CP	01/23/2024	Auto Extend	\$ 251,608.09		01/01/2024	12/31/2024	Approved	Active	View Print Revise
CP	01/23/2024	Revised PCP	\$ 181,159.97		05/01/2023	12/31/2023	Approved	Inactive	View Print

Person Centered Plan Status: Approved Plan Type: Revised PCP															View					
Back to List															Print	Discard	Expand All			
▶	0	440	0	460	400	0	440	420	460	0	440	440	0	20	352	\$11,052	Acc	1/2	3/2	024
Extin	g	ser	g	Exp	01/	01/	202	Serv	ices	3	Larg	e	Gro	up	DO	VE	POI	NTE	INC	*

Person Centered Plan Status: Approved Plan Type: Auto Extend															View					
Back to List															Print	Discard	Expand All			
▶	0	460	460	400	460	440	420	460	460	440	440	460	0	536	\$16,830	Acc	1/2	3/2	024	
Extin	g	ser	g	Exp	01/	01/	202	Serv	ices	3	Larg	e	Gro	up	DO	VE	POI	NTE	INC	*

Update to Service Specific End Dates in PCP & Show Recalculated Costs in PP

Transportation

Unit Calculation Type: Yearly

End Date: 8/31/2024

All

September October November December January February

March April May June July August

September

Description: * Rachel requires stand alone transportation to help get to and from her community-based employment.

Cost of Item/Service: * 7500

Description	Cost of Item/Service	Actions
Rachel requires stand alone transportation to help get to and from her community-based employment.	\$7,500.00	Editing...

Annual Service Cost: \$7,500.00 (max \$7500.00)

Service Status & Effective Date	Service and Provider	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total Units	Annual Service Cost	Actions	Provider Status	Provider Status Date
Change d - 11/01/2023	Transportation - ATHLETIC SERVICES INC.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				N/A	\$7,500.00	Edit Request Provider	N/A	N/A
Existing - 09/15/2023	Behavioral Consultation - THE ARC OF THE CENTRAL CHESAPEAKE																	Cancelled	1/18/2024
Existing -	Employment																	ed	24

Error Form

User Feedback

Date Reported: 01/25/2024

Staff Name: Managoli, Gargi

Agency: Service Coordination, Inc.

Location: SERVICE COORDINATION INC

Error Url: https://ltssmdhfweb11.feisyste...

Type of Concern: * System Error

Severity: * Normal

To help us diagnose the cause of this issue and improve this software please provide as much information as possible.

Error Message: *
When I changed Transportation to end in August and hit Save, the checkmarks did not get added to July and August in the Monthly service view

Comments:

BSS - Behavioral Consultation

Unit Calculation Type: Yearly

End Date: 08/31/2024

All

September October November December January February

March April May June July August

September

Billable Unit: Fifteen Minute

Total Units: 831

Rate: \$42.00 (max \$42.00)

Service Cost: \$34,902.00

[Back](#)
[Close](#)
[Save to Service Authorization](#)

BSS - Brief Support Implementation



o **The new total for this service cannot be less than the previously authorized total units (832).**

Unit Calculation Type:

Yearly

End Date:

09/08/2024

All

September

October

November

December

January

February

March

April

May

June

July

August

September

Billable Unit:

Fifteen Minute

Total Units:

830

Rate:

\$22.11 (max \$22.11)

Service Cost:

\$18,351.30

Back

Close

Save to Service Authorization

BSS - Behavioral Assessment



Unit Calculation Type:

Yearly

End Date:

9/27/2024

All

October

November

December

January

February

March

April

May

June

July

August

September

October

Annual Service Cost:

\$1,846.50

Back

Close

Save to Service Authorization

Status & Effective Date	Service and Provider	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total Units	Annual Service Cost	Actions	Provider Status	Provider Status Date
Existing - 10/27/2023	Dedicated Hours for Community Living - Group Home (1:1) - STAR COMMUNITY, INC.	144	976	960	1016	936	960	976	1016	920	1016	1000	936	856	11712	\$131,642.88	Edit Request Provider Acceptance	Cancelled	1/18/2024
Changed - 12/01/2023	BSS Behavioral Assessment - HUMANI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		1	\$1,846.50	Edit Request Provider Acceptance Revert	Cancelled	1/18/2024

Provider Portal Home Alerts Services **Clients** Providers Reports Stock Language Help OTP Batch Processes Compliance Feeds **Bryanna Shaughnessy**

CLIENT INFORMATION FOR YOUNG, RAYMOND

PDN PHYSICIAN MAPPING

HH PHYSICIAN MAPPING

STAFF ASSIGNMENTS

- 474.2 MS
- 599.0 MS
- 3.3 MS
- 64.2 MS
- 39.8 MS
- 4.2 MS
- 65.8 MS
- 577.8 MS

VIEW SERVICE [X]

Service End Date: **02/01/2024**

Annual Service Cost: **\$13,790.00**

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Units	✓	✓	✓	✓	✓	✓	✓	✓						700
Rate	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$18.29	\$19.70	\$19.70	\$19.70	\$19.70	\$19.70	\$19.70	\$19.70	--

Revision History

Plan Type & Effective Date	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost
Revise - 11/22/2023	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$13,790.00
Initial - 07/03/2023	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$13,790.00

Provider Portal Home Alerts Services Clients Providers Reports Stock Language Help OTP Batch Processes Compliance Feed: Bryanna Shaughnessy

CLIENT INFORMATION FOR YOUNG, RAYMOND

PDN PHYSICIAN MAPPING
HH PHYSICIAN MAPPING
STAFF ASSIGNMENTS

VIEW SERVICE

Service End Date: **02/01/2024**
 Annual Service Cost: **\$29,162.40**
 Recalculated Annual Service Cost: **\$27,602.40**

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Units	168	184	168	176	176	168	184	168	0	0	0	0	0	1392
Rate	\$19.45	\$19.45	\$19.45	\$19.45	\$19.45	\$19.45	\$20.95	\$20.95	\$20.95	\$20.95	\$20.95	\$20.95	\$20.95	--

Revision History

Plan Type & Effective Date	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost
Revise - 11/22/2023	168	184	168	176	176	168	184	168	0	0	0	0	0	\$29,162.40
Initial - 07/03/2023	168	184	168	176	176	168	184	168	168	176	184	160	24	\$44,078.80

Providers Reports Help Batch Processes Feedback

USER FEEDBACK

Date Reported: 01/25/2024
 Staff Name: Chantelle Taylor
 Agency: ATHELAS INSTITUTE MR/DDA
 Error Url: https://ltssmdhfweb11.feisystems.com/LTSS/
 Type of Concern: System Error
 Severity: Normal

To help us diagnose the cause of this issue and improve this software please provide as much information as possible.

Error Message: PCP for 1019946AR277131 did not show in the list page as a count for PCPs pending acceptance

Bryanna Shaughnessy (On behalf of: Chantelle Taylor)

ACCEPTANCE (AS OF 01/25/2024 10:08 AM)

	Count
	0
	0
	0

Counts

Seven days	0
even days	0
ding CCS Submission	23
ding RO	2

MENTS (AS OF 01/25/2024 10:08 AM)

Provider Portal Home Alerts Services Clients Providers Reports Help Batch Processes Feedback Bryanna Shaughnessy (On behalf of: Chantelle Taylor) Account

SERVICE PLAN SEARCH SERVICE PLAN SEARCH RESULTS - 1 Sort By: None

Client Last Name: Client First Name: Service Type: All selected (76) Provider #/Name: All selected (32) Review Status: Pending Acceptance Due Date: 08/31/2024

VIEW SERVICE

and requirements as outlined in the provider implementation plan, behavior plan, and nursing care plan (as applicable).

Provider Information

Provider Name: ATHELAS INSTITUTE, INC.
 Provider Number: 357289700
 Location: 9104 RED BRANCH RD, COLUMBIA, MD 21045
 Phone Number: --

Service Details

Service End Date: 08/31/2024
 Annual Service Cost: \$7,500.00

Annual Service Cost: \$7,500.00 Due Date: 02/01/2024 Review Status: Pending Action: Decline

MyLTSS Letter view

Services
Service End Date: N/A

Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total Units	Annual Service Cost
Dedicated Hours for Community Living - Group Home (1:1) - BELLO MACHRE INC	492	1064	1070	1064	1064	1110	1024	1064	1070	1104	1024	1110	612	12872	\$144,681.28

Scope: Services and supports based on the approved waiver service scope and requirements as outlined in the service implementation plan, behavior plan and/or nursing care plan (as applicable). Billable Unit: 15 minute increment

I am signing this Agreement electronically. I understand that it is unlawful to knowingly submit false information to the MDH. I agree

MyLTSS TOOLTIPS: ON

BELLO
 MACHR
 E INC

Total Plan Cost

Annual Waiver Plan Services Total:	\$179,372.77
DDA State Only Funded Services Total:	\$0.00
Total Plan Year Cost:	\$179,372.77
Recalculated Total Plan Year Cost:	\$170,203.26

[Back](#)

												Annual				Provider
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Service	Service	Provider	Status		
											Units	Cost	End Date	Status	Date	
✓	✓	✓								N/A	\$1,589.00	01/22/2024	Accepted	01/22/2024		