



# MARYLAND Department of Health

Ticket#

## Developmental Disabilities Administration Personal Support Error Update

<b>Consumer Name:</b>	<b>PCIS2 ID:</b>
<b>Provider Name:</b>	<b>Provider No:</b>
<b>Site Address:</b>	<b>Site Number:</b>
<b>Operation Month &amp; Year:</b>	<b>Changes requested by:</b>
<b>E-mail:</b>	<b>Phone and Extension:</b>
<b>Agency's Executive Director's Signature:</b>	
<b>Agency Comments:</b>	<b>DDA Comments:</b>
<p align="center"><b>SERVICE TIME</b> Please enter hours in 0.25 increments.</p> <ul style="list-style-type: none"> <li>❖ 0 min = Less than 7 minutes per day (not billable)</li> <li>❖ .25 min = Greater than or equal to 8 minutes, but less than 23 minutes (8 to 22 min)</li> <li>❖ .50 min = Greater than or equal to 23 minutes, but less than 38 minutes (23 to 37 min)</li> <li>❖ .75 min = Greater than or equal to 38 minutes, but less than 53 minutes (38 to 52 min)</li> <li>❖ 1.0min = Greater than or equal to 53 minutes, but less than 68 minutes (53 to 67 min)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1.25 min = Greater than or equal to 68 minutes, but less than 83 minutes</li> <li><input type="checkbox"/> 1.49 min. = 2hrs Greater than or equal to 90 min. but less than 149 minutes.</li> <li><input type="checkbox"/> 1.50 min = Greater than or equal to 83 minutes, but less than 98 minutes (83-97 min)</li> <li><input type="checkbox"/> 1.75 min = Greater than or equal to 98 minutes, but less than 113 minutes (98-112 min)</li> <li><input type="checkbox"/> 2.0 min = Greater than or equal to 113 minutes, but less than 128 minutes (113 to 127 min)</li> </ul> <p><b>Total Hours Used =</b> <input type="text"/></p>

**BASE**

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				

**COVID-19 ISOLATION**

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				

**COVID-19 RETAINER**

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				

**Professional Support: General**

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				

Approved:

Date:

(Regional Office Staff)

Adjustment Made by:

Date:

(DDA-HQ Staff)