The Detailed Service Authorization Tool (DSAT) was developed by the Developmental Disabilities Administration (DDA) to improve information sharing between service providers and Coordinators of Community Service (CCS) agencies in Person-Centered Plan (PCP) development. The DSAT is intended to identify proposed services to support a participant and is not intended to circumvent the planning process. The DSAT is completed by the service provider and submitted to the CCS during the plan development, but proposed services or amounts may be changed based on the participant’s individualized needs identified during the planning process.

How is the DSAT completed?

- Service providers must complete the DSAT for participants actively served by the agency and submit it to the CCS no less than one week (7 calendar days) prior to the participants planning meeting.

- Participants new to service, or being served by the provider for the first time must have a DSAT completed no less than one week (7 calendar days) after the referral.

- The most updated DSAT template should be downloaded from the DDA website. Changes to the DSAT issue date (found on the ‘Instructions’ tab) are noted in the tool to ensure the provider is using the current version. The most recent DSAT and additional guidance can be found here.

- The service provider completes the tool for a participant it is serving only for services the agency is responsible for rendering. If a participant receives services from more than one agency, each agency will complete the DSAT for the services it renders and submit independently to the CCS.

- When completing a new DSAT, the agency must begin by inputting participant information and agency contact details on the “Cover Sheet”. This information will automatically populate on the corresponding sheets to ensure consistency. The agency must also identify, on the Cover Sheet, which services the DSAT is being completed for – this information will also pre-populate in the corresponding sheets.

- Each type of service (i.e. “Residential”, “Meaningful Day” and “Support Services”) has its own tab in the DSAT. For services provided by the agency, navigate to the
appropriate tab to complete the required information. For each service, make sure to include:

- The total number of **weekly hours** of support
  
  **Tip:** For all services, record hours in weekly, hourly increments. Using weekly totals ensures that months with more than four weeks are appropriately accounted for by specifying total units for that month in the “Notes” section. When reviewing the final service acceptance submitted by the CCS, verify that months with more than four weeks account for the hours of support needed for the participant.

- The provider base or site **Medical Assistance (MA) site number**

- Select the **months the service** will be rendered

- Provide relevant notes for clarification (as needed)
  
  **Tip:** Notes should be provided in order to clarify, when needed, service details. In some instances, specific requests for notes are included to the right of the “Notes” field in red text.

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### How is the DSAT submitted?

- **The provider must submit the DSAT to the participant’s CCS no less than one week (7 calendar days) prior to the participant’s plan meeting.**

- Once the provider has completed the DSAT it can be submitted to the CCS by:
  
  - **Printing** the Cover Sheet and any relevant service sheets to scan and email to the CCS; **OR**
    
    **Tip:** All pages within the DSAT have been set up for printing and should not require additional formatting.
  
  - **Emailing** the completed Tool to the CCS.
    
    **Tip:** When emailing a completed DSAT to the CCS, an encrypted or secure email system must be used to protect participant information.

- Once the **CCS has received the DSAT, they will review the DSAT with the participant** and his or her support team.

- As always, the **participant may accept the proposed services or choose to seek different services that best fit their needs.**

- Once the CCS has received the DSAT from all relevant provider agencies, and the planning with the participant and their team has been completed, **the provider will receive a service acceptance from LTSS/Maryland.**

- Once the service acceptance has been completed, the **CCS will upload the DSAT(s) to the LTSS/Maryland PCP Documentation Section**

- When the plan has been submitted to the DDA for final review and approval, **it must have a DSAT for every provider listed and uploaded or will not be approved.**

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**Developmental Disabilities Administration**

dda.health.maryland.gov

**Find Out More:** 844-253-8694 |