

**DDA Provider  
PCP CHECKLIST**

DDA Providers will use this checklist tool to support and ensure the Person-Centered Plan (PCP) includes the necessary information to support both federal and State requirements, demonstrate assessed need for requested DDA service(s), and support the participant's health and safety needs in order to be processed efficiently. The checklist tool is not an exhaustive list, but if utilized in conjunction with existing DDA Service Authorization and Provider Billing Documentation guidance and DDA programs, policies, procedure and guidance, should ensure required documentation and consistent and efficient processing of PCPs.

**Annual PCPs discussion and coordination should begin 90 days prior to the annual plan expiration date. Providers should share PCP supporting documents (e.g., CDT, DSAT, Behavioral Plan, Nursing Care Plan, etc) timely with the CCS so they are incorporated into the PCP.**

PCP REMINDERS:

- 1- All participants will follow the same process for requesting services in their PCPs.
- 2- Under the traditional service delivery model, the Detail Service Authorization Tool (DSAT) are required for all PCPs.
- 3 - **For providers and services not billed through LTSSMaryland, the following applies:**
  - a. The Cost Detail Tool is used to calculate the cost of services and map LTSSMaryland PCP requested services to DDA's legacy services for authorization into PCIS2.
  - b- The Cost Detail Tool is needed for all PCP's (i.e. Initial, Revised, and Annual PCPs) to ensure continued PCIS2 service authorization or applicable services and is particularly important when there are changes made to authorized services billed in PCIS2.
  - c- **The Cost Detail Tool "justification" tab is required to be completed for any PCP revisions that occur during the annual planning meeting or during the PCP year.**
- 4- **Provide Implementation Plan**
  - a. Effective July 1, 2021, all DDA providers, listed in the PCP, must submit a Provider Implementation Plan (PIP) along with the PCP for review. Under the Self-Directed Services delivery model, the participant, their designated representative, or their staff/vendors shall complete the PIP.
  - b- All PIPs should be completed using the approved DDA template and uploaded to the Documentation section of the PCP in LTSSMaryland. Note: The PIP templates is included as a resources in the PIP policy.
  - c- Revisions to the PIP that result in a modification of the service requested shall be submitted with a Revised PCP
- 5- PCP supporting documents (e.g., CDT, DSAT, Behavioral Plan, Nursing Care Plan, etc) should be provided to the CCS as soon as possible.

**7- Please note there is a 20 day review process for the RO to make a determination (i.e., approve, seeking clarification, or deny). All PCP must be reviewed and approved prior to services provided.**

See Guidance/References/Tools links at bottom including DDA's Person- Centered Planning Website, Guidance for Operating in PCIS2 and LTSSMaryland, Guidelines for Service Authorization and Provider Billing Documentation, and DDA PolicyStat.

**Provider Qualification**

Yes	No	N/A	Indicator(s)
			<b>1. Is my agency licensed or certified by the DDA to provide services requested in the PCP?</b>
			<b>2. Is my agency approved to support individuals under 21 years. Providers must have the 2T code in ePREP. Reference: DDA Memo: 2T COS Enrollment Code for Providers Serving Participants Under the Age of 21 <a href="https://files.constantcontact.com/f401fd14401/dcb19629-dd40-41be-b751-1b783c29cba0.pdf">https://files.constantcontact.com/f401fd14401/dcb19629-dd40-41be-b751-1b783c29cba0.pdf</a></b>
			<b>PCP - Supporting Documentation - to be sent to the CCS (as applicable based on the person's individualized need)</b>
			<b>3. Behavior Plan (BP)</b> - As applicable, is the BP current and address risk and restrictions and was sent to the CCS
			<b>4. Nursing Care Plan (NCP)</b> - As applicable, is the NCP current and address risk, restrictions, and health needs and was sent to the CCS.
			<b>5. Provider Implementation Plan (PIP)</b> - is the PIP current and was sent to the CCS. Does the PIP aligned with the participant's identified outcome(s) and the service is within the scope of the service definitions, requirements, and limitations as part of the PCP authorization process? a. Does the PIP identify service(s) to support the outcomes based on the assessed needs or wants of the person? b. Does the PIP reflect clear and measurable goals? c. Are goals or skills to be achieved described and related to the person's preferences and how the person wants to live their life? d. Does the PIP reflect community resources and/or natural supports to support a community life versus just a service life? (Described the what, who, when, and how) e. Is the PIP written in a way so that the actual supports are easily understood? e. Does the PIP indicated the specific assistive technology, adaptive equipment, or specific modifications used to support the goal?  Note: 1- Effective July 1, 2021, all DDA providers, listed in the PCP, must submit a PIP along with the PCP for review as per PolicyStat. Providers have the option to begin using the DDA PIP template sooner. 2- Provider should send the their current implementation plan (until July 1st) to the CCS to be included in the PCP.
			<b>6. Competitive Integrated Employment (CIE) Checklist</b> - is the CIE checklist current for participants in competitive employment <i>and</i> shared with the CCS as per the CIE policy.

			<b>PCP - Supporting Documentation - to be sent to the CCS (as applicable based on the person's individualized need)</b>
Yes	No	N/A	
			<p><b>7. DSAT</b> - Is the DSAT completed per the DDA guidance and sent to the CCS</p> <p>a. For site based services ensure the correct site address and Medicaid site number is indicated</p> <p>b. Is there a comment in the Note box to tell if services are changing or the same?</p> <p>c. Is there a comment in the Note box to indicate if there are any service unit differences for specific months? For example: For July - Aug only increased Personal Support hours to 20 due to school summer break.</p> <p>Note: Reference the "<b>Service Authorization</b>" section below for reminders related to specific services.</p>
			<p><b>8. Cost Detail Tool (CDT)</b> - Is the Cost Detail Tool in collaboration with the DSAT tool, under the traditional services model, completed per the DDA guidance and utilized for all initial service request, Annual Plans, and to request new or changes in services/supports?</p> <p>Does the justification tab include details to address the following questions:</p> <p>a. What is the need? What is happening/not happening now and how is that affecting health/safety, what will happen if this need is not met?</p> <p>b. What other resources have been explored to meet the need/risk?</p> <p>c. How will the services/supports being requested meet the need/mitigate the risk?</p> <p>d. Are the supporting documents uploaded to the Documentation Section?</p> <p>Note: When a service billing transitions to LTSSMaryland the CDT is no longer needed. Therefore, CDTs are not required for Pilot Providers, Personal Support Services, or Supported Living Services.</p>
			<p><b>9. "Other" - Supporting documentation</b> to demonstrate assessed need for services shared with the CCS</p> <p>Examples include: Psychological/Psychiatric Assessments, Neurological Assessment, incident trend analysis, etc.</p>
			<b>SIGNATURES</b>
			<p>10. Did you accept the LTSS service referral? The system will generate and save the "Provider Signature Page" in the PCP "Signature" section.</p>
<b>PCP Details</b>			
<p>Providers can view components of the PCP via the Provider Portal. This includes the following components: Client Information; Plan Details; Plan Contacts; Summary Outcomes; Detailed Outcomes; Service Authorization; Signature; Service Plan Workflow History; and Provider Acceptance Workflow History.</p> <p>Beginning in May 2021, providers will also be able to view information related to risks, restrictions, and the LTSSMaryland Individual Record. The Individual Record includes information related to: health professionals, exams, and vaccines; emergency and backup plans; education; communication preferences/needs; and staff training requirements. Until viewable, Providers are encouraged to work with the CCS who can provide a pdf of the current LTSS PCP.</p>			
<b>SUMMARY</b>			
<p><i>This section should begin to tell the person's story and what they want to achieve.</i></p>			
Yes	No	N/A	Indicator(s)
			<p>11. Do you get a good idea of who the person is and what they would like to achieve in living their "good life"? (Reference: What I like and Admire about Myself, What I am Interested in Doing, Important People in My Life)</p>
			<p>12. The person's preferred method of communication is described (receptive/expressive communication) (Reference: Best Way to Communicate with Me)</p>
			<p>13. Materials, adaptive equipment, assistive technology needed to assist the person to achieve his or her goals are described (Reference: Best Way to Communicate with Me, Technology I use)</p>

<b>Risk</b>			
<i>This section contains information on potential risks and how each identified risk will be addressed by the individual and his/her PCP Team. The goal is to minimize them, including individualized backup plans and strategies when needed.</i>			
Yes	No	N/A	Indicator(s)
			14. Does the Individual Record reflect current information including a. My Health and Welfare related items including, but not limited to: (1) Allergies (2) Dietary considerations (3) Choking protocol (4) Seizure Precautions (5) Water Temperature Controlled By b. My Emergency Plan (See - LTSSMaryland > Programs > Individual Record>My Emergency Plan) c. My Back-Up Plan d. My Communications Preferences and Needs
			15.. Does the PCP describe the person's health and safety risk and how they are being addressed? **Risk can be identified in Health Risk Screen Tool (HRST), Support Intensity Scale (SIS), Behavioral Plan, other supporting documents, and by team members. **Risks and mitigation efforts (what is the provider/team doing to minimize risk?) should be clearly documented.
<b>Rights Restrictions</b>			
This section contains information specific to Rights Restrictions which must be documented in a current approved Behavioral Plan. Additional supporting information can be noted in a Nursing Care Plan and other professional assessments.			
Note: Providers will be able to view the PCP Rights and Restrictions through the Provider Portal beginning in May 2021. Until viewable, Providers are encouraged to work with the CCS who can provide a pdf of the current LTSS PCP.			
Yes	No	N/A	Indicator(s)
			16. If restrictions are noted, does the plan describe the following: **What the Restriction is Related to and the Specific Assessed Need; **Description of Condition; **Positive Interventions and Less Intrusive Methods Tried; and **Timeline for Monitoring/Reviewing Effectiveness
			17 Are restrictions identified in the person's behavior plan, if applicable? **There must be a signed standing committee form uploaded into the PCP for BPs with restrictions
			18. Is the Behavior Plan and /or Nursing Care Plan (as applicable) current within the last year?
			19. Does the PCP reflect strategies and measures to address risk factors that do not require a formal Behavior or Nursing Care Plan to minimize them (e.g. individualized back-up plans or other strategies)?

**Service Authorization**

*This section relates to the detailed service authorization. It includes requested DDA services to support the person's trajectory and assessed unmet needs. Service options are based on the DDA Program Type (i.e. FSW, CSW, CPW, and State Funded). If the PCP documents a need for a service outside of the submitted Program Type, the DDA will send clarification request to the CCS. Changing Waiver Program type requires approval from the DDA. For providers and participants not participating in the fee-for-service pilot program, final authorization of services (and their approved scope, frequency, duration, and rates) by both the provider and the DDA will occur only in PCIS2 for all services (except PS and SL). To cross-walk between LTSSMaryland and PCIS2, the provider must review the requested services in the PCP in LTSSMaryland and then complete the Cost Detail Tool to apply the rates from PCIS2. The Detailed Service Authorization Tool (DSAT) must be submitted and uploaded into the PCP. For participants enrolled in self-directed services, the SDS Budget Sheet is completed and submitted with the PCP.*

Yes	No	N/A	Indicator(s)
			20. Upper Pay Limit/One Time Support Services – are all months checked? Note: To support flexibility of service/item being provided at any time during the plan year, all months can be checked.
			21. <b>Residential Services</b> - Are dedicated hours for <b>residential services</b> based on: a. Participant's assessed need (i.e. medical, behavioral, community); b. Number of people in the home supported by shared hours; c. Provider's business model (i.e. overnight support staff vs no overnight support staff); and d. Provider staffing model (e.g., use overnight support vs hiring additional)? <b>Note: Dedicated 1:1 hours cannot be authorized when the house reaches 1:1 support for each participant living in the home.</b>
			22. Are <b>Meaningful Day Services</b> : 1:1 and 2:1 Staffing needs based on needs that can't be met by the Day Hab Small or Large Group services or Community Development Services (2- 4 participant groups)?
			23. Are Personal Supports 2:1 Staffing needs: a. Is there documented and justification of assessed need in the person's Nursing Care Plan or Behavior Plan as applicable? b. <b>Are the Risk(s) and 2:1 staff mitigation strategy noted in the PCP RISK section?</b> c. Does the PCP includes 2:1 fading plan? AND d. For initial request - request for up to three months; OR e. For additional months based on assessment of fading plan and continued assessed need?
			24. Does the PCP include information/documentation to support the assessed unmet needs as noted within the DDA's Service Authorization and Provider Billing Documentation Guidance and DDA policies?  For each service request and increase unit request is there information to demonstrate the assessed need? From reading the PCP and supporting documents (e.g. Nursing Care Plan, HRST, Behavior Plan, Cost Detail Tool, etc.) are you able to answer the following: a. What is the need? What is happening/not happening now and how is that affecting health/safety, what will happen if this need is not met? b. What other resources have been explored to meet the need/risk? c. How will the services/supports being requested meet the need/mitigate the risk? d. Are the supporting documents uploaded to the Documentation Section?  Reference: DDA's Service Authorization and Provider Billing Documentation Guidance and DDA policies.

**Guidance, Resources and Tools**

- [DDA Person Centered Planning Resources](#)
- [Person-Centered Plan Development and Authorization - Revised Nov 6, 2020](#)
- [Guidelines for Service Authorization and Provider Billing Documentation - Revised Nov 6, 2020](#)
- [Cost Detail Tool - Revised Nov 5, 2020](#)
- [Frequently Asked Questions: Person Centered Plans \(PCPs\) - October 26, 2020](#)
- [Detailed Service Authorization Tool Webinar - September 11, 2020](#)
- [Detailed Service Authorization Tool \(DSAT\) Form - Revised Sept 21, 2020](#)
- [Detailed Service Authorization Tool \(DSAT\) Memo](#)
- [Detailed Service Authorization Tool \(DSAT\) Overview](#)
- [Maryland's Long-Term Services and Supports Person-Centered Plan Overview](#)
- [PCP CCS Guide](#)
- [PCP Summary and Outcomes](#)
- [PCP Focus Area Exploration](#)
- [Maryland's Person Centered Plan Video Trailer](#)

Person's Name \_\_\_\_\_ Reviewer Name \_\_\_\_\_ Date \_\_\_\_\_

<a href="#">National Center on Advancing Person-Centered Practices</a>		
<a href="#">Charting the LifeCourse Nexus</a>		
<a href="#">The Learning Community for Person-Centered Practices</a>		
<a href="#">Self-Directed Services Guidance, Forms, and Webinars</a>		
<a href="#">Guidance for Operating in PCIS2 and LTSSMaryland</a>		
<b>Policy Stat</b>		
Hour to 15 -Minute Calculator ***Enter the number of hours and it will automatically calculate the 15- minute units		
	Hours	15 - Minutes increments
	1	4