



Maryland
DEPARTMENT OF HEALTH

Developmental Disabilities Administration (DDA) Provider Implementation Plan and Person- Centered Plan Checklist

Nicholas Burton, CMRO Regional Director

Patricia Sastoque, Director of Programs

Rhonda Workman, Director of Federal Programs

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Agenda

- Opening Remarks
- Provider Implement Plan
 - Policy
 - Template
- Provider Person Centered Plan Checklist
- Questions

Opening Remarks

- The purpose of today's webinar is to provide an opportunity for the DDA to share some tools, policies, and information that will assist in streamlining the Person-Centered Plan (PCPs) communications, development, and approval processes with the Coordinators of Community Services (CCS) and Regional Offices
- We hope that by the end of our time together you will know more about the Program Implementation Plan and the PCP provider checklist

Provider Implement Plan

- DDA providers have historically created service specific implementation plans for people they support
- Provider's implementation plans vary in terms of scope of information, details, and length (e.g., some a few pages and others 30+ pages)
- The DDA previously sought input for a standardized Provider Implementation Plan (PIP) policy and form
- The PIP policy and template was created based on previous input

Provider Implement Plan Policy

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References: Person-Centered Planning

Provider Implementation Plan

I. APPLICABILITY

A. This policy applies to participants receiving DDA-funded supports (whether through a traditional services or self-directed services delivery model), their legal representatives and families, Developmental Disabilities Administration (DDA) staff, Coordinators of Community Services (CCS), self-directed staff, the Office of Health Care Quality, and DDA providers.

II. IMPLEMENTATION DATE

- A. This policy is effective on July 1, 2021. A Provider Implementation Plan must be completed as part of the person-centered planning process for any Person Centered Plan (PCP) (i.e., Initial PCP, Annual PCP, Revised PCP, and Emergency Revised Plan) with an effective date of July 1, 2021 or later, as further described in this policy and the Person-Centered Planning Policy
- B. This policy supersedes any other policies or guidance with respect to Provider Implementation Plans.
- C. DDA Providers, or applicants/participants in self-directed services delivery model, may begin implementing prior to the effective date.
- D. In the event of a public health emergency or state of emergency, the approval of federal disaster relief under the Medicaid State Plan, Emergency Preparedness and Response Appendix K, or other State and/or federal authorities may supersede this policy, standards, and requirements.

III. PURPOSE

A. This policy sets forth applicable requirements for development, review, and use of Provider Implementation Plans, which are incorporated as part of a participant's person-centered plan, in accordance with the requirements of [COMAR 10.22.05](#).

IV. DEFINITIONS

- A. "Applicant" means an individual applying to receive DDA-funded services, including applying for enrollment in a DDA Medicaid Waiver program.
- B. "Authorized Representative" means an individual or entity authorized to assist the applicant or participant in applying for and requesting services pursuant to [COMAR 10.01.04.12](#).

Reference: [PolicyStat - Provider Implementation Plan](#)



Provider Implement Plan Policy

- Roles:
 - Person and Authorized Representative will:
 - Share information about needs
 - Review the PIP with the CCS and provider
 - Accept or reject the PIP
 - Review PIP at least annually and more frequently based on changes
 - Choose another provider when the current provider no longer meets their needs (e.g., outcome changes, progress is not being made, or unhappy with services)

Provider Implement Plan Policy

- Roles:
 - CCS will:
 - Coordinate with providers
 - Discuss needs and share information (e.g., goals, service units and frequency, learning style, environmental engineering)
 - Assess based on person's needs and preferences
 - Review PIP with person and their representative and share requested changes with the provider
 - Upload in LTSSMaryland

Provider Implement Plan Policy

- Roles:
 - Provider will:
 - Review person's outcome, preferences, interest, communication, and learning styles and other tools (e.g., HRST, SIS, BP, NCP)
 - Identify appropriate staff for proper discussions with the CCS for the PIP proposed service frequency, duration, scope, and plans
 - Assess and advise CCS if able to provide service that aligns with outcome as soon as possible and prior to PCP planning meeting
 - Develop PIP and share with CCS, person, and their representative
 - Revise PIP

Provider Implement Plan Policy

- PIP must:
 - Document the service delivery implementation strategy for the requested services to support the person's chosen outcome
 - Include specific strategies for goal implementation that are specific, measurable, achievable, relevant to the applicant's or participant's identified outcomes, and have clear proposed timelines for achievement (i.e., SMART Goals)



Provider Implement Plan Policy

- PIP shall be created:
 - Upon receipt of a LTSSMaryland service referral to address a specific outcome listed in the person's PCP;
 - Upon request from a participant self-directing services;
 - Using the DDA PIP template form
 - Participants and providers may include additional information, such as their current implementation plans, as an attachment associated with the PIP

Provider Implement Plan Policy

- Services and supports outlined in the PIP must be consistent with:
 - Person's PCP (e.g., goals, important to/for, risks); and
 - Comply with applicable requirements governing each Waiver program service requested in the PCP, such as the Waiver program service's definition, requirements, and limitations
- DDA will not authorize payment for any Waiver program service that is not provided in accordance with applicable requirements

Provider Implement Plan Policy

- PIP shall be submitted to the participant, authorized representative (as applicable), and the Coordinator of Community Services (CCS):
 - **New to services** - Within five (5) business days of the LTSSMaryland service referral acceptance or sooner;
 - **Annual PCPs** - At least five (5) business days prior to the participant's scheduled annual person-centered planning meeting;
 - **Revised PCP** - Within five (5) business days or team agreed date, anytime a revision to the strategy needs to occur; and
 - **Emergency Revised Plan** - Within five (5) business days of an Emergency Revised plan

Provider Implement Plan Policy

- PIP shall:
 - Be reviewed and updated as listed in the PCP outcome section and more frequently based on changes to circumstances

What is the frequency that is planned to support my outcome:**

For Assessing Satisfaction	↕	For Assessing Implementation Strategies	↕	Outcome Review
Quarterly		Monthly		Quarterly

- Be approved by the applicant/participant, or their authorized representative
- Be uploaded in the PCP Document section of LTSSMaryland by the CCS

Provider Implement Plan Policy

- PIP shall:
 - Be based on what is known about the person;
 - Be revised based on discovery of what is important to and for the person through the person-centered planning process and service delivery; and
 - Contain “SMART Goals” which should be developed using information gained through person-centered planning and discovery tools, relevant assessments, the PCP, and other information that would help inform how to support the person to achieve their goals

Provider Implement Plan Policy

- PIP shall:
 - Include enough information so that *any direct support staff could step in to assist the person in completing the goal* such as:
 - The participant's preferred learning style and communication method;
 - Specific strategies and learning steps (i.e., direct support staff individual actions that need to be completed for success);
 - Description of how integrated supports (e.g., natural or community supports) will be used to help the participant attain the goal;

Provider Implement Plan Policy

- PIP shall include (continued):
 - Description of staffing levels, type of supports (e.g., verbal prompting, hand over hand, line of sight, etc.), types of activities, and how often an opportunity should be given to try or practice it, and for what duration of time;
 - Reference of Nursing Care Plan and/or Behavior Plan strategies to be utilized and circumstances (as applicable);



Provider Implement Plan Policy

- PIP shall include (continued):
 - The method for evaluating success (e.g., how to determine what's working and what's not working);
 - Location(s) of service delivery site(s), such as the community (if in the community environment); meaningful day provider site; residential (if at residential setting), or home (if provided at a non-licensed site);
 - Exactly match the outcome description statement in the person-centered plan;

Provider Implement Plan Policy

- PIP shall include (continued):
 - General staff position(s) (e.g., Direct Service Professional (DSP), Job Coach, Nurse, etc.) responsible for assisting with goals is noted (Note: As staff may change, specific staff names are not required);

Who will help me achieve this goal? Direct Support Professional Program Manager
 Other | _____

- Documented information so that the participant, if they are able, and the direct support staff can understand how to complete the goal;
and
- Completed using the DDA's provider implementation plan form

Provider Implement Plan Policy

- The activities identified in the PIP shall take place in settings that:
 - Meet the Community Settings Rule (CSR) (set forth at 42 C.F.R.§ 441.301(c)(4) and COMAR 10.09.36.03-1); or
 - Be locations which are not required to meet the Community Settings Rule at this time, have a transition plan approved by DDA which will result in compliance

Note:

- All Family Supports and Community Supports services must meet [CSR requirements](#)
- All new services and new service site approved as of January 2018 must meet the CSR requirements regardless of waiver program

Provider Implement Plan Policy

- Effective July 1, 2021:
 - A PCP cannot be submitted to or reviewed by DDA unless and until a PIP is submitted addressing each service associated with a provider
 - The DDA Regional Office staff shall review the PIP to ensure it aligns with the person's identified outcome(s) and that the service is within the scope of the Waiver program service's definitions, requirements, and limitations as part of the PCP authorization process

Provider Implement Plan Policy

- PIP Revisions
 - Revised PIP goal steps, that *do not result in a modification of the service requested*, shall be shared with the CCS who will upload to the LTSSMaryland Client attachment section. *No action is needed for the PCP*
- The last uploaded PIP associated with the participant's outcome, whether in the PCP or Client attachment section, is considered active until a new PIP is submitted in LTSSMaryland

Provider Implement Plan Policy

- PIP Revisions
 - Revised PIP that result in a modification of the service requested shall be submitted with a **Revised PCP**, including when the participant seeks a change in:
 - Frequency of service delivery;
 - Scope of services provided;
 - Ratio (i.e., 1:1 or 2:1) of direct support staff implementing service to the participant;
 - Service type; or
 - Their goals because they no longer align with the outcomes the participant seeks

Provider Implement Plan Template

Provider Implementation Plan (PIP) for Traditional and Self-Directed Services

Person's Name: _____

PIP Development Date: _____ PIP Revision Date: _____

Person-Centered Plan (PCP) Outcome (as identified in the PCP):

Provider or Self-Directed Staff/Vendor: _____

DDA Funded Service(s): _____

Goal #1: _____

Goal Implementation Strategy (Clearly describe the processes, specific tasks, action plans and staff ratio(s) as applicable that will be used to support the person in achieving their goal):

Check this box if additional space is needed to describe this goal in the "Additional Goals and Information" section.

Target Implementation Date: _____ Target Date for Completion: _____

Provider or Participant Self-Directing Services Staffing Plan: _____

Who will help me achieve this goal? Direct Support Professional Program Manager
 Other _____

Who will review my progress? Program Manager Other _____

How often will my progress be reviewed? Daily Weekly Monthly Quarterly

Name of family member, relative, or legally responsible person as staff member:

ADDITIONAL NOTES AND GOALS

- Goal per page with checkbox if additional space is needed to describe the goal
- Providers can also include additional attachments

Reference: [PIP Policy Attachment](#)

Provider Implementation Plan Takeaways

Questions



Provider Person Centered Plan Checklist

**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.

DDA recommended optional Provider specific tool to support the development and authorization of the PCP

Provider Person Centered Plan Checklist

			Provider Qualification
Yes	No	N/A	Indicator(s)
			1. Is my agency licensed or certified by the DDA to provide services requested in the PCP?
			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 https://files.constantcontact.com/f401fd14401/dcb19629-dd40-41be-b751-1b783c29cba0.pdf

When completing the DDA Provider Application, providers were asked to indicate which service, waiver program, and age group they wanted to provide services.



DDA PROVIDER APPLICATION

C. Services will be provided in the (check all that apply):

- Community Pathways Waiver (CPW)
- Community Supports Waiver (CSW)
- Family Supports Waiver (FSW)

D. CPW Services are proposed for: Children (Aged 21 and under) Adults Both children and adults
 CSW Services are proposed for: Children (Aged 21 and under) Adults Both children and adults
 FSW will serve participants attending school and children of all ages

Provider Person Centered Plan Checklist

If either the provider or site that the participant prefers is not available because the provider did not indicate on their application, has not completed the ePREP process, or due to a system issue, they should proactively follow up the RO Provider Relations staff

- CMRO - Jessica Xander (Jessica.Xander@Maryland.gov)
- SMRO - Teresa Nataline (Teresa.Nataline@Maryland.gov)
- ESRO - Andrea Jones (Andrea.Jones@Maryland.gov)
- WMRO - Timothy Jenkins (Timothy.Jenkins@Maryland.gov)

Provider Person Centered Plan Checklist

Yes	No	N/A	PCP - Supporting Documentation - to be sent to the CCS (as applicable based on the person's individualized need)
			3. Behavior Plan (BP) - As applicable, is the BP current and address risk and restrictions and was sent to the CCS
			4. Nursing Care Plan (NCP) - As applicable, is the NCP current and address risk, restrictions, and health needs and was sent to the CCS.
			<p>5. Provider Implementation Plan (PIP) - 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?</p> <p>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?</p> <p>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.</p>
			6. Competitive Integrated Employment (CIE) Checklist - is the CIE checklist current for participants in competitive employment <i>and</i> shared with the CCS as per the CIE policy.
			<p>7. DSAT - 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 b. Is there a comment in the Note box to tell if services are changing or the same? 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. Note: Reference the "Service Authorization" section below for reminders related to specific services.</p>
			<p>8. Cost Detail Tool (CDT) - 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: 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?</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>9. "Other" - Supporting documentation to demonstrate assessed need for services shared with the CCS</p> <p>Examples include: Psychological/Psychiatric Assessments, Neurological Assessment, incident trend analysis, etc.</p>

Supporting Documentation

- [Behavior Plan](#)
- Nursing Care Plan
- [PIP](#)
- [Competitive Integrated Employment \(CIE\) Checklist](#)
- [DSAT](#)
- [Cost Detail Tool](#)
- Other
 - Assessments, reports, incident trends, etc.

Provider Person Centered Plan Checklist

Yes	No	N/A	SIGNATURES
			10. Did you accept the LTSS service referral? The system will generate and save the "Provider Signature Page" in the PCP "Signature" section.

[Reference: Person-Centered Plan Development and Authorization - Revised Jan 29, 2021](#)

LTSSMaryland will send a service referral to the provider:

- (a) The provider reviews service referrals in the Provider Portal and makes a decision to accept or reject the request.
- (b) The provider must take action to accept or reject the referral **within five (5) days.**
- (c) If no action is taken the referral expires and will need to be resent based on the participant's choice.
- (d) The CCS should also follow up with the provider to determine if there are technical issues preventing acceptance or if the provider is no longer interested in providing the service.
- (e) If the provider is choosing not to accept the referral, the PCP team should work with the participant, and as applicable, designated representative to explore new providers or services to meet assessed needs.

Note: The DSAT will assist with coordination and communication on the service, frequency, and units prior to service referral and can prevent delays in the PCP process.

Provider Person Centered Plan Checklist

PCP Details

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.

Beginning in May 2021, providers will also be able to view information related to risks, restrictions, and the LTSS *Maryland* 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.

To support a robust PCP, Providers can also review the below sections and share updates with the CCS as applicable.

SUMMARY

This section should begin to tell the person's story and what they want to achieve.

Yes	No	N/A	Indicator(s)
			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)
			12. The person's preferred method of communication is described (receptive/expressive communication) (Reference: Best Way to Communicate with Me)
			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)

Provider Person Centered Plan Checklist

Risk

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.

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 e. My Staff Training Requirements
			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.

Rights Restrictions

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)?

Risk and Rights Restriction

- Individual Record
- Health and safety risk and how they are being addressed
- Restrictions noted in Behavioral Plan or Nursing Care Plan
- Mitigation strategies

Provider Person Centered Plan Checklist

Service Authorization		
Yes	No	N/A
<p><i>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.</i></p>		
		Indicator(s)
		<p>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.</p>
		<p>21. Residential Services - Are dedicated hours for residential services 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)? Note: Dedicated 1:1 hours cannot be authorized when the house reaches 1:1 support for each participant living in the home.</p>
		<p>22. Are Meaningful Day Services: 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)?</p>
		<p>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. Are the Risk(s) and 2:1 staff mitigation strategy noted in the PCP RISK section? 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?</p>
		<p>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?</p> <p>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?</p> <p>Reference: DDA's Service Authorization and Provider Billing Documentation Guidance and DDA policies.</p>

Service Authorization

- Upper Pay Limits
- Dedicated hours
- Meaningful Day 1:1/2:1
- Personal Supports 2:1
- Documentation to support assessed need

Provider Person Centered Plan Checklist

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
National Center on Advancing Person-Centered Practices
Charting the LifeCourse Nexus
The Learning Community for Person-Centered Practices
Self-Directed Services Guidance, Forms, and Webinars
Guidance for Operating in PCIS2 and LTSSMaryland

Policy Stat

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	
2	8	
20	80	
40	160	



Guidance, Resources, & Tools

- PCP planning resources
- FAQs
- DSAT
- CDT
- Charting the LifeCourse
- SD Guidance, Forms, and Webinar
- Guidance on Operating in PCIS2 and LTSSMaryland
- PolicyStat
- Calculator – Hour to 15 minute



Provider PCP Checklist Takeaways

Upcoming Webinar

Please join us for the
*“Coordinator of Community Services and DDA
Provider Person Centered Plan Frequent
Questions, Common Mistakes, and Different
Interpretations Webinar”
April 23, from 1 – 2:30*

[Registration Link](#)

Questions



Reopening Survey: Participants and Family

DDA is seeking input from participants and families to support providers for safely resuming meaningful day services.

Please share the following link with participants and families. Reopening survey can be accessed [here](#)