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

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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
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 10.02.05.

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
  - 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);
  • 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

Who will help me achieve this goal?  [ ] Direct Support Professional  [ ] Program Manager
[ ] Other ____________________________
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

- 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 services, 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, procedures 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., CDI, 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 Detailed 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 PCSIs.
   b. The Cost Detail Tool is needed for all PCPs (i.e. Initial, Revised, and Annual PCPs) to ensure continued PCSI service authorization or applicable services and is particularly important when there are changes made to authorized services billed in PCSIs.
   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 PIP’s 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 PIP.
5. PCP supporting documents (e.g., CDI, DSAT, Behavioral Plan, Nursing Care Plan, etc) should be provided to the CCS as soon as possible.
6. Please note there is a 30 day review process for the RO to make a determination (i.e., approve, nosing clarification, or deny). All PCP must be reviewed and approved prior to services provided.


DDA recommended optional Provider specific tool to support the development and authorization of the PCP.
When completing the DDA Provider Application, providers were asked to indicate which service, waiver program, and age group they wanted to provide services.
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

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

### PCP - Supporting Documentation - to be sent to the CCS
(as applicable based on the person’s individualized need)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>3. Behavior Plan (BP)</td>
<td>- As applicable, is the BP current and address risk and restrictions and sent was sent to the CCS.</td>
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<tr>
<td>4. Nursing Care Plan (NCP)</td>
<td>- As applicable, is the NCP current and address risk, restrictions, and health needs and was sent to the CCS.</td>
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<tr>
<td>5. Provider Implementation Plan (PIP)</td>
<td>- is the PIP current and was sent to the CCS.</td>
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<tr>
<td>- Does the PIP align with the participant’s identified outcomes (s) and the services within the scope of the service definitions, requirements, and limitations as part of the PIP authorization process?</td>
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<tr>
<td>a. Does the PIP identify service(s) to support the outcome based on the assessed needs or wants of the person?</td>
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<td>b. Does the PIP reflect clear and measurable goals?</td>
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<td>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?</td>
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<tr>
<td>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)</td>
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<td>e. Is the PIP written in a way so that the actual supports are easily understood?</td>
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<tr>
<td>- Does the PIP indicate the specific assistive technology, adaptive equipment, or specific modifications used to support the goal?</td>
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<tr>
<td>Note:</td>
<td></td>
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<tr>
<td>1. Effective July 1, 2021, all DDA providers, listed in the PCF, must submit a PIP along with the PCF for review as per PolicyStat. Providers have the option to begin using the DDA-PIP template sooner.</td>
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<tr>
<td>2. Provider should send their current implementation plan (until July 1st) to the CCS to be included in the PCF.</td>
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</table>

6. Competitive Integrated Employment (CIE) Checklist - is the CIE checklist current for participants in competitive employment and shared with the CCS as per the CIE policy.

7. DSAT - is the DSAT completed per the DDA guidance and sent to the CCS.
- For site based services ensure the correct site address and Medicaid site number is indicated.
- Is there a comment in the Note box to list an item that services are changing or the same? |
- Is there a comment in the Note box to indicate if there are any service and Differences for specific months? For example: For July-Aug only increased in Personal Support hours to 20 due to school summer break. |
| Note: Reference the "Service Authorizations" section below for reminders related to specific services. |

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? |
- Does the justification tab include details to address the following questions: |
  a. What is the need? What is happening now and is there an impact on health safety, what will happen is this need is not met? |
  b. What other resources have been explored to meet the need(s)? |
  c. How will the services supports being requested meet the need and mitigate the risk? |
  d. Are the supporting documents uploaded to the Documentation Section? |
| Note: When a service billing transition to LTSS/Maryland the CDT is no longer needed. Therefore, CDTs are not required for Pilot Providers, Personal Support Services, or Supported Living Services. |

9. "Other" - Supporting documentation to demonstrate assessed need for services shared with the CCS. Examples include Psychological/Psychiatric Assessments, Neurological Assessment, incident trend analysis, etc.
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 and 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Indicator(s)</th>
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<tbody>
<tr>
<td></td>
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<td>11. Do you get a good idea of who the person is and what they would like to achieve in living their &quot;good life&quot;? (Reference: What I Like and Admire about Myself, What I am Interested in Doing, Important People in My Life)</td>
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<td>12. The person’s preferred method of communication is described (receptive/expressive communication) (Reference: Best Way to Communicate with Me)</td>
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<td>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)</td>
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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 these, including individualized backup plans and strategies when needed.

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Indicator(s)</th>
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<tbody>
<tr>
<td>14. Does the Individual Record reflect current information including:</td>
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<tr>
<td>a. My Health and Wellness related items including, but not limited to:</td>
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<td>(1) Allergies</td>
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<td>(2) Dietary considerations</td>
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<td>(3) Smoking protocol</td>
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<td>(4) Suicide Precautions</td>
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<td>(5) Water Temperature Controlled By</td>
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<td>(6) My Emergency Plan (See - LTSS.Maryland &gt; Programs &gt; Individual Record/My Emergency Plan)</td>
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<tr>
<td>a. My Back-Up Plan</td>
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<td>b. My Communications Preferences and Needs</td>
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<tr>
<td>c. My Staff Training Requirements</td>
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<tr>
<td><em>Risk can be identified in Health Risk Screen Tool (HRST), Support Integrity Scale (SIS), Behavioral Plan, other supporting documents, and by team members.</em></td>
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<td><strong>Risks and mitigation efforts (what is the provider/team doing to minimize risk?) should be clearly documented.</strong></td>
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### 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Indicator(s)</th>
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<tbody>
<tr>
<td>16. Restrictions are noted, does the plan describe the following:</td>
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<td>a. The Restriction is Related to and the Specific Assessed Need;</td>
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<tr>
<td>b. Description of Condition;</td>
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<tr>
<td>c. Positive Interventions and Less Intensive Methods Tried;</td>
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<tr>
<td>d. Studies for Monitoring, Reviewing, and Effectiveness</td>
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| 17. Are restrictions identified as the person’s behavior plan, if applicable? | | | |
| *There must be a signed standing committee form uploaded onto the PCP for LPs with restrictions.* | | | |

| 18. Is the Behavioral 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)? | | | |

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**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
## 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, CST, CPID, 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 CCG.

Changing Waver 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 SI). To cross-walk between LTSS/Maryland and PCIS2, the provider must review the requested services in the PCP in LTSS/Maryland 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 SDSS Bridge Sheet is completed and submitted with the PCP.

### Yes/No/NA Indicators

<table>
<thead>
<tr>
<th>Number</th>
<th>Indicator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Upper Pay Limits 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.</td>
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<tr>
<td>21.</td>
<td>Residential Services: Are dedicated hours for residential services based on: a. Participant’s assessed need (e.g. medical, behavioral, community); b. Number of people in the home supported by shared hours; c. Provider’s business model (e.g. overnight support staff vs no overnight support staff); and d. Provider’s staffing model (e.g. use overnight support vs being additional)? Note: Dedicated 1:1 cannot be authorized when the home reaches 1:1 support for each participant living in the home.</td>
</tr>
<tr>
<td>22.</td>
<td>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)?</td>
</tr>
<tr>
<td>23.</td>
<td>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 utilization strategy noted in the PCP Risk section? c. Does the PCP includes 2:1 staffing plan? AND d. For essential request - request for up to three months; OR e. For additional month based on assessment of funding plan and continued assessed need?</td>
</tr>
<tr>
<td>24.</td>
<td>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, or quality of life? b. What other resources have been explored to meet the need?” c. How will the services/supports being requested meet the need? d. Are the supporting documents uploaded to the Documentation Section?</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>DDA Person Centered Planning Resources</th>
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<tbody>
<tr>
<td>Person-Centered Plan Development and Authorization - Revised Nov 6, 2020</td>
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<tr>
<td>Guidelines for Service Authorization and Provider Billing Documentation - Revised Nov 6, 2020</td>
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<td>Cost Detail Tool - Revised Nov 5, 2020</td>
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<td>Frequently Asked Questions: Person Centered Plans (PCPs) - October 26, 2020</td>
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<td>Detailed Service Authorization Tool Webinar - September 11, 2020</td>
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<td>Detailed Service Authorization Tool (DSAT) Form - Revised Sept 21, 2020</td>
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<td>Detailed Service Authorization Tool (DSAT) Overview</td>
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<td>Maryland's Long Term Services and Supports Person-Centered Plan Overview</td>
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<td>PCP CCS Guide</td>
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<td>PCP Summary and Outcomes</td>
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<td>PCP Focus Area Exploration</td>
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<td>Maryland's Person Centered Plan Video Trailer</td>
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<td>National Center on Advancing Person-Centered Practices</td>
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<td>Charting the LifeCourse Nexus</td>
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<td>The Learning Community for Person-Centered Practices</td>
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<td>Self-Directed Services Guidance, Forms, and Webinars</td>
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<tr>
<td>Guidance for Operating in PCIS2 and LTSSMaryland</td>
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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

Policy Stat

Hour to 15 -Minute Calculator  ***Enter the number of hours and it will automatically calculate the 15- minute units

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Maryland DEPARTMENT OF HEALTH
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.