Maryland
DEPARTMENT OF HEALTH

Developmental Disabilities Administration
TARGETED CASE MANAGEMENT REVIEW
Standard Operating Procedure

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All text in red indicates added/revised language since the prior release date

CONTENTS

Audience

- Quality Improvement Organization-Liberty Healthcare Corporation staff
- Targeted Case Management Organizations - Coordination of Community Services Agencies
- Developmental Disabilities Administration (DDA) staff

Purpose

This guidance outlines the Liberty Healthcare Corporation process to conduct and follow up with Targeted Case Management reviews to evaluate compliance with DDA standards related to:

- Level of Care determinations;
- Person-centered planning;
- Monitoring and follow-up; and
- Billing.

Definitions

A. "Annual Plan" is the person-centered plan that must be completed on an annual basis, within 365 days of the agreed-upon Annual Plan Date.

B. "Annual Plan Date" is the date selected by the person when they first enter services and the initial PCP is established.

C. "Billable Activity" is a payment authorized within LTSS*Maryland* for coordination of community services and core services, as defined in COMAR 10.09.48.06, including the development of the person-centered plan, monitoring and follow-up, and resources and other related activities. (Note: Billable activities include those from the "DDA Billable Activities List, 2022 effective November 1, 2022). See Appendix B. for a list of Billable/Non-Billable Activities.

D. "Billing Claim" is the term used for the Targeted Case Management service rendered by the Coordinator of Community Services, documented in LTSSMaryland as activity notes, and submitted to the DDA for payment.

E. "Coordinator of Community Services" is an individual who coordinatescommunity services. They can be either an employee or a contractor of a DDA-approved provider of Coordination of Community Services.

F. "Coordination of Community Services" are case management services to help

participants receive and/or request services from the waiver program or state-funded services. These services, known as Targeted Case Management, are provided in accordance with COMAR 10.09.48.

G. "Detailed Service Authorization" is the LTSS*Maryland*, DDA Module Person-Centered Plan section that lists the DDA-funded services, including the specific service name, service provider, units per month, annual service cost, and provider status.

H. "Findings Report" is a report generated by Liberty Healthcare Corporation that summarizes the outcome of each indicator question included in the review and includes recommendations for improvement or suggested remediation actions to address unmet standards related to each indicator question.

I. "Level of Care Form" is a form that is used to certify that an applicant meets the medical criteria necessary to participate in a DDA-operated Medicaid waiver program.

J. "LibertyTraks" is a web-based software application developed by Liberty Healthcare Corporation that will be used to track the initiation, completion, and results of each review conducted by Liberty reviewers.

K. "LTSS*Maryland*" is an electronic data management system, developed and supported by the Department. For DDA-operated programs, it is used by the DDA, the Coordinator of Community Services, and DDA Providers to create, review, and maintain records about:

    a. A person's eligibility status for DDA-funded services; and

    b. A participant's Person-Centered Plan, services, and funding are authorized by the DDA.

L. "Monitoring & Follow-Up Form" is the DDA-required form that Coordinators of Community Services complete in LTSS*Maryland* to document their monitoring and follow-up visit. It includes key information on service delivery, satisfaction, health and safety, and any necessary changes. Follow-up actions are listed in the "Recommended Action" section when needed. Monitoring and follow-up forms should be completed in accordance with COMAR 10.09.48.06F.

M. "Participant" is an individual who is eligible to receive or is receiving DDA-funded services.

N. “Person-Centered Plan” or “PCP” is a written plan made together with the person who has a developmental disability who participates in or will participate in a medicaid waiver program or state-funded services. This plan helps to the extent possible:

   a. Identify any special needs they have to stay healthy and safe.

   b. Figure out what the person wants to achieve; and
   c. Find services and providers that can help them reach their goals while being part of the community.

O. “Recoupment” is reimbursement or compensation of monies owed via payment, recovery, gross adjustment, or the offsetting of payment to the debtor.

P. “Targeted Case Management” means a service allowed under federal Medicaid rules that includes services to assist targeted populations of Medicaid participants in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes:

   a. Performance of a comprehensive assessment and periodic reassessment of participant needs, to determine the need for any medical, educational, social, or other services;

   b. Provision of a waiting list coordination service;

   c. Provision of community coordination services; and

   d. Provision of transition coordination services.

Q. "Targeted Case Management provider" means a DDA-certified provider approved by the DDA to render core services to DDA applicants found eligible by the DDA.

R. “Unit” refers to the 15-minute time increment that a Coordinator of Community Services bills for services rendered to participants.

S. “Waiting List Coordination” is targeted case management services for individuals found eligible for services and are placed in either the crisis resolution, crisis prevention, or current request priority category, as outlined in COMAR 10.22.12.07B.

T. “Health Risk Screening Tool” or “HRST” is a screening tool utilized by teams to determine health and safety risks for a participant.

Overview

The Coordinator of Community Services' scope of work includes one-time completion of the Comprehensive Assessment of the participant, which identifies the level of support needed. DDA makes a determination on the participant's Level of Care after the Coordinator of Community Services completes and submits the Comprehensive Assessment. The DDA funds three types of ongoing Coordination of Community Services to eligible participants, which include:

1. Waiting List Coordination Services
2. Community Coordination Services; and
3. Transition Coordination Services.

Each of these services includes three activities:

1. Facilitation and periodic revision of the individual's Person-Centered Plan (Reference: COMAR 10.09.48.06B);
2. Referral and related activities (Reference: COMAR 10.09.48.06C); and
3. Monitoring and follow-up (Reference: COMAR 10.09.48.06D).

The DDA is responsible for monitoring Targeted Case Management providers to ensure that billing activities reflect the billable services rendered and comply with the Centers for Medicare & Medicaid Services Waiver Assurances and Sub-Assurances.

As part of the Targeted Case Management reviews, Liberty reviewers examine all documentation in the selected participant's LTSS*Maryland* record, as well as billing of Targeted Case Management services, to ensure that Coordinators of Community Services assisted participants through DDA eligibility determination, developing their Person-Centered Plan and conducting monitoring and follow-up visits to assess the quality of the service implementation for each person to whom they are assigned to support. These reviews ensure Coordinators of Community Service deliver coordination services most efficiently and effectively to meet participants' needs, and that billing is appropriate and supported.

There are three types of Targeted Case Management reviews conducted by Liberty Healthcare Corporation:

1. **The initial Level of Care review** is conducted quarterly to determine whether the

Comprehensive Assessment and Level of Care determination standards were met, and it occurs prior to the participant receiving services for newly enrolled waiver participants from the review period.

2. **Case file review** is a comprehensive examination of the accuracy and quality of the level of development of the participant's Person-Centered Plan. It also reviews monitoring and follow-up visits conducted leading up to the Person-Centered Plan that was selected in the sample. The quarterly review is conducted for waiver and state-only funded participants with a Person-Centered Plan date during the review period.

3. **Billing claim review** examines the completeness and accuracy of Targeted Case Management billing activity notes during the review period. The quarterly review is conducted for Targeted Case Management paid claims from the previous fiscal quarter.

Applicability

This guidance applies to all information documented and uploaded into the participant's record in LTSS*Maryland* related to Level of Care determination, Person-Centered Planning, monitoring and follow-up, and billing claims submitted by each Targeted Case Management provider for billable services rendered during the annual plan year. Each billable activity is documented and recorded in the LTSS*Maryland* system as it is performed. If a problem with the LTSS*Maryland* system is reported and it affects how a review question is answered, Liberty will consider that when reviewing the results.

Targeted Case Management Review Sample Selection

1. **Initial Level of Care Sample** - The sample for Initial Level of Care determinations is selected on a statistically valid annual random sample, 95% confidence interval (+/- 5% error margin),of waiver enrollees for DDA services. The annual sample is divided by 4 to determine the quarterly Initial Level of Care review sample. A report is run quarterly from LTSS*Maryland* on new enrollees from the previous quarter to determine the selected reviews.

2. **Targeted Case Management Case File Sample** - The sample for Targeted Case Management review determinations is selected on a statistically valid annual random sample, 95% confidence interval (+/- 5% error margin), of participants in the Community

Pathways Waiver. The annual sample is divided by 4 to determine the quarterly targeted case management review sample. A quarterly report from LTSSMaryland lists participants with an annual Person-Centered Plan date from the previous quarter to determine the selected reviews. The sample is proportional to the Targeted Case Management provider and region, with a minimum of 10 Person-Centered Plans selected per provider. A second sample of 95% confidence interval (+/- 5% error margin) will be selected for state-funded participants; between the two samples, 100% of Targeted Case Management Providers will be represented.

3. **Targeted Case Management Billing Claims Sample** - A statistically valid random sample of Targeted Case Management billed claims is reviewed as part of the billing verification process of the Targeted Case Management review. The total number of statewide claims submitted during the previous quarter for the Community Pathway Waiver and State Only programs is determined using the Activity Claims Report in LTSS*Maryland*. The same sample size calculator is used to determine the adequate number of claims to review from the universe of claims associated with the selected participants for the review period.

Targeted Case Management Review Process

The Targeted Case Management Review process is outlined below for each of the 3 review types.

Step 1: Samples uploaded into LibertyTraks for all 3 review types.

Initial Level of Care review: To complete Initial Level of Care reviews, Liberty Healthcare Corporation captures a statistically valid random sample of newly enrolled participants for the quarter review and assigns reviewers to a proportionate number of cases in Liberty Healthcare Corporation's web-based data collection and tracking system, LibertyTraks.

Targeted Case Management case file review: To complete Targeted Case Management case file reviews, Liberty Healthcare Corporation draws the required sample of all participants and assigns reviewers to a proportionate number of cases in LibertyTraks.

Billing claim review: To complete billing claim reviews, Liberty Healthcare Corporation

randomly selects Targeted Case Management billing claims from the universe of claims from the quarter being reviewed in LTSS*Maryland*, then uploads them in LibertyTraks and assigns to reviewers.

Step 2: Assignments are made within LibertyTraks, flagging the case for the assigned reviewer. The reviewer then accesses the case and builds the record in preparation for the review. For all cases, this includes demographics of the participant and provider(s) that are captured from data imports (e.g., imports from LTSS*Maryland*) or from previous review.

Step 3: The assigned reviewer completes the following three steps: (1) capture additional information from LTSS*Maryland* records needed for the review; (2) upload required documentation into LibertyTraks (as applicable); and (3) review available information in preparation for completing the review.

Step 4: Reviewers use a detailed instructional guide to complete reviews (*see Appendix A. Targeted Case Management Review Indicator Questions Guide*) and enter findings into LibertyTraks within 3 business days of initiating the review.

Step 5: Supervisors conduct quality control checks on at least 10% of reviews to ensure each step of the review was conducted as outlined in the instructional guide. Assignment of cases for quality control checks is randomly selected when the sample is loaded into LibertyTraks. Coaching and re-training are provided to reviewers not meeting an 85% or higher accuracy threshold. Findings are adjusted accordingly to accurately reflect the correct finding and evidence.

Step 6: For Targeted Case Management billing reviews, providers receive an initial findings report 45 business days before the end of the review period. When the initial findings report indicates that billing indicator question 3 is unmet, the provider may identify evidence within LTSSMaryland and report it to Liberty Healthcare Corporation. This is applicable for any one of the following reasons:

- Unmet: Documentation in LTSS*Maryland* does not support the scope or duration of the billable activity; or
- Unmet: No documentation uploaded into LTSS*Maryland* to support the billable activity.

The Targeted Case Management provider has 10 business days from the date the initial findings report was sent to review it and report evidence back to Liberty Healthcare Corporation. This evidence should verify that documentation was present in LTSS*Maryland* on the date of the billed activity or on a date where a connection can be made with the activity. The evidence needs to include: the participant's LTSS*Maryland* ID, the LTSS*Maryland* section containing the evidence, and the title of the uploaded document. The LTSS*Maryland* upload date must correspond with the activity billing date.

If the evidence meets requirements, the unmet indicator finding is changed to met and reflected in the final findings report. If the provider does not send the evidence on time, the finding remains unmet.

Step 7: Within 15 business days of the end of each quarter, the Targeted Case Management provider receives a final findings report (i.e., summary of findings by indicator question and participant) of the Targeted Case Management billing claims and case file review. Findings reports are exported from LibertyTraks into Excel files that provide a summary of findings by indicator question and details of each review conducted during the review period. Reviews with unmet findings are sorted at the top of the report. A findings category is selected for each compliance indicator question. Evidence related to the findings category selected is documented, and an appropriate remediation action, if applicable, is noted.

Findings are reported definitively as:

- Met standards (Yes); or
- Unmet standards (No). Some questions have multiple dropdown choices for unmet options to provide detailed information on the reason for the unmet finding; or
- Not applicable (not an option for all indicator questions).

Example indicator question – The most recent Person-Centered Plan was approved on or prior to the person's annual plan date?

Met – the most recent Person-Centered Plan was approved on or before the person's annual plan date.

Unmet – the most recent Person-Centered Plan was not approved on or before the person's annual plan date.

The Targeted Case Management provider is not held accountable for an unmet finding when it

is due to an LTSS*Maryland* system issue. The issues may be identified by a Liberty Healthcare Corporation reviewer or the Targeted Case Management provider. When identified by the Targeted Case Management provider, it must be reported to Liberty Healthcare Corporation within 5 business days of receiving the final findings report. Documentation of the error must be verified by DDA (i.e., LTSS*Maryland* system update notification, help desk ticket number, Coordinator of Community Services Monthly meeting presentation, or correspondence directly from DDA, etc).

Reports are sent to the Targeted Case Management provider contact(s) listed in LibertyTraks and to the DDA Quality Improvement Organization contract monitor. Reports for billing claims, case file reviews, and initial Level of Care reviews are uploaded into the Maryland Quality Improvement Organization Google Drive.

Claims are eligible for recoupment when unmet findings for billing claims are indicated in the final findings report.

Step 8: The recoupment notification is sent by DDA directly to the provider. The following steps are used:

- DDA's Quality Improvement Organization contract monitor will provide the DDA Headquarter's fiscal department with the recoupment report, which will outline the reasons why the claim is eligible for recoupment.
- The DDA Fiscal Director or another designated member of DDA staff will email the provider to inform them that sufficient documentation was not provided for the corresponding payment.
- The DDA will give the provider 30 calendar days to appeal the unsupported payment and provide documentation that satisfies the DDA's request.
- If, by the end of the 30 calendar days, the provider was unable to provide documentation that qualifies the payment, an invoice and payment instructions will be emailed to the provider.

The process for appeal and repayment of claims is outlined in DDA's recoupment communication and follows Code of Maryland Regulations, 10.09.36.

Step 9: Within 30 business days of the end of the quarter, the Liberty reviewer requests that a Targeted Case Management provider submit a Corrective Action Plan with remediation strategies for one of the following unmet indicators within the review period:

- The Annual Person-Centered Plan was submitted more than 20 business days after the Annual Plan Due.
- Monitoring visits that:
    - Did not occur at the required frequency;
    - The required monitoring and follow-up form was not completed.
    - The visit was not in person with the participant present; and/or
    - Did not have verification that a visit occurred in either an activity note, progress note, or documentation uploaded under the participant's LTSS*Maryland* client attachments section—such as a summary of the in-person visit, which includes the participant's signature;
    - Did not occur in each service delivery setting.
- The monitoring and follow-up forms did not include an adequate description of participant progress towards outcomes.
- No documentation (including applicable consideration(s) and source(s) from the DDA monitoring and follow-up guidance) that verified that services are being provided in the type (including virtual supports), scope, amount, frequency, and duration as specified in the participant's Person-Centered Plan **OR** if the person is not receiving services according to their plan, there is no documentation in the monitoring form of the barriers and recommended actions to address the barriers. This includes the following:
    - If the participant receives virtual support, and the monitoring and follow-up forms do not include an assessment of the quality and effectiveness of virtual support, as noted in the Person-Centered Plan. Virtual supports must ensure privacy and that the service meets their needs.
- **Applies to Person-Centered Plans effective July 1, 2026, and afterward.** The Person-Centered Plan did not document:
    - that community resources and/or natural supports were explored to address the participants' outcomes; or
    - a plan to develop community resources and/or natural supports to address the participants' outcomes; or
    - that community resources and/or natural supports were explored, and a

justification of why they were not appropriate/available to address the participants' outcomes.

- **Applies to Person-Centered Plans effective July 1, 2026, and afterward.** For each risk that is identified in the Person-Centered Plan, there is not enough specific information on how that risk will be addressed.

The Liberty reviewer requests a Targeted Case Management provider to submit a Corrective Action Plan with remediation strategies if one or more of the Coordinator of Community Services billing claims reviewed during the review period included unmet findings for the following:

- Activity notes only included information that was not related to billable activities.
- Activity notes did not provide adequate detail to determine the scope and duration of services provided.
- Required supporting documentation (if applicable) was not found in LTSS*Maryland* associated with the activity note for the date of service.

Corrective Action Plans are not issued when the provider has an in-progress Corrective Action Plan request from a previous quarter for the same deficiency. In-progress Corrective Action Plan requests are Corrective Action Plans or Evidence of Implementation pending submission and/or approval within the required timeframe.

If a Corrective Action Plan is required, the Liberty reviewer notifies the Targeted Case Management provider after the review period is complete. The provider will submit the Corrective Action Plan to the Liberty reviewer per the Corrective Action Plan request (see Appendix C. Corrective Action Plan Request Template) for approval within 30 business days of email receipt.

Within 15 business days, Liberty Healthcare Corporation reviews the Corrective Action Plan and sends a letter to the Targeted Case Management provider and DDA Contract Monitor if the plan is approved. If not approved, recommendations to improve the Corrective Action Plan are provided, and Corrective Action Plans must be resubmitted within fifteen (15) business days.

The Targeted Case Management provider has 30 business days from approval to submit evidence that the Corrective Action Plan was initiated and/or completed. The Liberty reviewer continues to follow up until the Corrective Action Plan is fully implemented.

Upon determination that the Corrective Action Plan has been fully implemented, the Liberty reviewer sends a notification letter stating the Corrective Action Plan has been closed to the Targeted Case Management provider and DDA Quality Improvement Organization contract monitor. The contract monitor stores all documents in a DDA shared Google Drive.

Fraud, Waste, And Abuse

If Liberty Healthcare discovers any suspected fraud, waste, and abuse during their reviews, they will inform the DDA contract monitor within 24 hours via telephone and complete the DDA Fraud Waste Abuse Referral form.

Appendix A: Indicator Questions/Authority Table

Initial Level of Care Review

Indicator Question	Justification Categories	Authority
LOC 1**:** Was the initial level of care certificate of need form completed prior to waiver enrollment?	**Met**: The Level of Care Initial Certificate of Need form was completed prior to the Waiver Enrollment Date. **Unmet:** The Level of Care Initial Certificate of Need form was not completed prior to the waiver enrollment date. **Unmet:** The Level of Care Initial Certificate of Need form was not signed at all or not signed per policy. **Unmet**: The Level of Care Initial Certificate of Need form was not dated. **Unmet:** There was no Level of Care Initial Certificate of Need form found in LTSS. **Unmet:** The incorrect Initial Level of Care Certificate of need form was uploaded.	HCBS 1915 (C) Community Pathways Waiver Appendix B: Participant Access and Eligibility B-6: Evaluation/Reevaluation of Level of Care DDA Eligibility Application Process Coordinators of Community Services Monthly Check In Meeting 2-18-25 Webinar Coordinators of Community Services Meeting 2-18-2025 Slides

LOC 2: Was the comprehensive assessment completed according to the criteria outlined in the waiver? Criteria: 1) In-person face to face assessment; 2) Completed and submitted to the Regional Office within 45 business days of the referral; 3) Complete and relevant documentation: Required Psychological Assessments must include both cognitive and adaptive testing; 4) Supporting Documentation for diagnoses such as Autism Spectrum Disorder or other developmental disabilities must be supported by formal assessments; 5) These tests are required to determine if the applicant meets Maryland's developmental disability eligibility criteria. **At least one of the following documents is required to submit with the application: 1) Psychological Assessment with IQ testing or 2) Psychological Evaluation and at least one of the following: Adaptive Behavior Assessment System - Third Edition (ABAS) or Vineland Adaptive Behavior Scales - Second Edition (VABS).	**Met:** The comprehensive assessment was completed according to the criteria outlined in the waiver. **Unmet**: The comprehensive assessment was not completed as an in-person face to face assessment. **Unmet:** The comprehensive assessment was not submitted to the Regional Office within 45 business days of the referral. **Unmet:** There were no cognitive test findings uploaded in LTSS to support the comprehensive assessment findings. **Unmet**: There were no adaptive test findings uploaded in LTSS to support the comprehensive assessment findings. **Unmet:** There were no cognitive or adaptive test findings uploaded in LTSS to support the comprehensive assessment findings.	HCBS 1915 (C) Community Pathways Waiver Appendix B: Participant Access and Eligibility B-6: Evaluation/Reevaluation of Level of Care DDA Eligibility Application Process

Participant Case File Review

Indicator Questions	Justification Categories	Authority
CFR 2: Was the Person-Centered plan updated and approved within 365 days of the previous Person-Centered plan?	**Met**: The most recent Person-Centered Plan was approved by the due date **Unmet**: The most recent annual Person-Centered Plan was approved after the due date **Unmet:** There is no current approved annual Person-Centered Plan	Person-Centered Planning Manual Person-Centered Planning Policy (Policy Stat 10361724) Code of Maryland Regulations 10.09.48.06

CFR 6: Was the HRST rated by the Coordinator of Community Service within 90 calendar days of the annual Person-Centered Plan due date?	**Met:** The Annual HRST ratings and rating notes were completed as required by the CCS within 90 calendar days before the annual PCP date **Unmet:** The Annual HRST ratings and ratings notes were not all completed as required by the CCS within 90 calendar days before the annual PCP date **Unmet:** No Annual HRST was completed within 90 calendar days before the annual PCP date **NA:** There is no current approved Annual Person-Centered Plan	Person-Centered Planning Manual Person-Centered Planning Policy (Policy Stat 10361724) Code of Maryland Regulations 10.09.48.06
CFR 7: Was an HRST with a level score of 3 or higher completed by a HRST Reviewer (RN) within 90 calendar days of the annual Person-Centered Plan due date?	**Met:** The participant had an HRST 3 or higher, and a Nurse Review was completed as required **NA:** The participant did not have an HRST 3 or higher **Unmet:** The participant had an HRST 3 or higher,r and the Nurse Review was partially completed, but not all items were reviewed within 90 calendar days before the PCP **Unmet:** The participant had an HRST 3 or higher, and No Nurse Review was completed within 90 calendar days before the Annual PCP date **NA:** There is no current approved Annual Person-Centered Plan	Person-Centered Planning Manual Code of Maryland Regulations 10.09.48.06
CFR 10: Did the participant receive information about reporting abuse, neglect and exploitation?	**Met:** The participant's Person-Centered Plan Individual signature page is signed by the participant and meets signature requirements **Unmet**: The participant did not sign the Person-Centered Plan Individual signature page **Unmet:** The participant signed the Person-Centered Plan Individual signature page, but there is no date on the form **Unmet:** There is a verbal attestation for the participant, which has not been allowed since October 1, 2022 **NA:** There is no current approved Annual Person-Centered Plan	Person-Centered Planning Manual
CFR 12: Did all required monitoring visits during the year before the person-centered plan due date occur and meet criteria? Criteria:	**Met:** All monitoring visits were verified, and all criteria were met. **Unmet:** One or more monitoring visits could not be verified. **Unmet:** One or more monitoring visits did not	DDA Coordination of Community Service Monitoring and follow-up Guidance

1) In-person; 2) The participant is present; 3) The CCS visits the person in the setting of the service, and, for each quarterly visit, a different service setting. 4) Documentation that the visit occurred and is in-person via an activity note, progress note, or documentation uploaded under the participant's LTSS*Maryland* client attachments section—such as a summary of the in-person visit, that may include the participant's signature; and 5) LTSS*Maryland* monitoring and follow-up form is complete *Late monitoring forms do not meet compliance criteria	occur in person or with the participant present. **Unmet:** One or more monitoring visits did not occur in person. **Unmet**: Required monitoring visits did not occur in different service settings (up to the number of service settings authorized). **Unmet**: One or more monitoring due dates did not have a completed form. **Unmet**: One or more monitoring forms were submitted late.	Monitoring and follow-up Guidance Training Webinar Monitoring and follow-up Guidance Training Slides HCBS 1915 (C) Community Pathways Waiver Appendix D: Participant-Centered Planning and Service Delivery D-2: Service Plan Implementation and Monitoring Code of Maryland Regulations 10.09.48.06
CFR 14: Was there documentation from each required monitoring visit that verifies services were delivered in the type (including virtual supports) scope, amount, duration, and frequency as specified in the participant's PCP **OR** were the reasons that services weren't delivered clearly written within the monitoring and follow-up form with an associated action to address barriers? Criteria: Applicable consideration(s) and confirmation source(s) from the DDA monitoring and follow-up guidance are being used during monitoring visits to determine whether services are being delivered in the type (including virtual supports), scope, amount, duration and frequency as specified in the person-centered plan.	**Met:** Evidence in LTSS*Maryland* shows that each required monitoring visit included documentation confirming services were delivered per the Person-Centered Plan, or that any barriers to delivery were clearly explained with a plan to address them. **Unmet:** LTSS*Maryland* lacked documentation showing that each required monitoring visit confirmed services were delivered per the Person-Centered Plan or that barriers to delivery were clearly identified with a plan to address them.	DDA Coordination of Community Service Monitoring and follow-up Guidance Monitoring and follow-up Guidance Training Webinar Monitoring and follow-up Guidance Training Slides Code of Maryland Regulations 10.09.48.06 Coordinator of Community Services Monthly Check In Meeting 2-18-25 Webinar Coordinators of Community Services Meeting 2-18-2025 Slides
CFR 15: Do all monitoring forms provide detailed information on progress towards each of the participant's outcomes? *Section 3 on the monitoring form is used to answer CFR 15.	**Met**: All required monitoring forms included detailed information about progress towards outcomes. **Unmet**: Not all required monitoring forms included detailed information about progress towards outcomes.	DDA Coordination of Community Service Monitoring and follow-up Guidance Code of Maryland Regulations 10.09.48.06

CFR 18: Do the dates listed in LTSS*Maryland* verify that the CCS submitted the PCP for approval at least 20 business days or more in advance of the annual due date?	**Met:** The dates in LTSS verify that the CCS submitted the PCP for approval at least 20 business days or more in advance of the annual due date. **Unmet:** The dates in LTSS do not verify that the CCS submitted the PCP for approval at least 20 business or more in advance. **NA:** There is no current approved Annual Person-Centered Plan.	Person-Centered Planning Manual
CFR 19: Did the person-centered plan document that community resources and/or natural supports were explored to address the participants personal outcomes?	**Met:** The person-centered plan documented that community resources and/or natural supports were explored and included to address the participants outcomes. **Met:** The Person-Centered Plan included a plan to develop community resources and/or natural supports to address the participants outcomes. **Met:** The person-centered plan documented that community resources and/or natural supports were explored and a justification of why they were not appropriate/available to address the participants' outcomes. **Unmet:** The section, "How are community resources and/or natural supports being used or developed?" is blank in the Person-Centered Plan. **Unmet:** The plan identified a waiver funded service instead of a community resource and/or natural support. **Unmet:** Details of the specific community resource and/or natural support are not identified. **NA:** There is no current approved Annual Person-Centered Plan.	Person-Centered Planning Manual Person-Centered Planning Policy (Policy Stat 10361724) Code of Maryland Regulations 10.09.48.06
CFR 20: For each risk that is identified in the Person-Centered Plan, is there specific information on how that risk will be addressed?	**Met:** Each risk in the the Person-Centered Plan Risk Section includes information on how the risk will be addressed. **Unmet:** Each risk in the Person-Centered Plan Risk Section does not include information on how the risk will be addressed. **NA:** There is no current approved Annual Person-Centered Plan.	Person-Centered Planning Manual Person-Centered Planning Policy (Policy Stat 10361724) Code of Maryland Regulations 10.09.48.06
CFR 21: Is there a current signed and dated "Participant Rights and Responsibilities" form uploaded in LTSS?	**Met:** There is a current signed and dated "Participant Rights and Responsibilities Form uploaded into LTSS. **Unmet:** There is a signed "Participant Rights and Responsibilities Form uploaded into LTSS but it is not the most current version of the	Person-Centered Planning Manual Person-Centered Planning Policy (Policy Stat 10361724)

	form. **Unmet:** There is a Participant Rights and Responsibilities Form uploaded into LTSS but the form is not signed. **Unmet:** There is a Participant Rights and Responsibilities Form uploaded into LTSS but the form is not dated. **Unmet:** There is not a Participant Rights and Responsibilities Form uploaded into LTSS that corresponds with the date of the most recent Person-Centered Plan.	

Billing Claim Review

Indicator Questions	Justification Categories	Authority
TCM 1: Does the activity note provide a description of only billable activities?	**Met:** The activity note includes only billable activities. **Unmet**: The activity note contains one or more non-billable activities.	DDA Billable Activities Example List 2022 Targeted Case Management: Case Notes Training Webinar
TCM 2: Does the description in the activity note provide adequate detail to determine scope and duration of services provided?	**Met:** The description in the activity note provides adequate detail to determine the scope and duration of services provided. **Unmet:** The description in the activity note does not provide adequate detail to determine the scope and duration of services provided.	DDA Billable Activities Example List 2022 Targeted Case Management: Case Notes Training Webinar
TCM 3: Is there supporting documentation in LTSS*Maryland* associated with the activity note for the date of service?	**Met:** Supporting documentation if required, is uploaded in LTSSMaryland to support the information provided in the activity note. **Not applicable:** Documentation is not needed for this billable activity. **Unmet:** Documentation in LTSSMaryland does not support the scope or duration of the billable activity. **Unmet:** No documentation in LTSSMaryland to support the billable activity.	DDA Billable Activities Example List 2022 Targeted Case Management: Case Notes Training Webinar

Appendix B: Corrective Action Plan Request Template

Each deficiency requiring corrective action will be listed under the Corrective Action Plan

request summary. The summary provides a detailed list of the Corrective Action Plan Requirements. See below for the Corrective Action Plan Requirements.

EXAMPLE OF THE CORRECTIVE ACTION PLAN REQUIREMENTS

Corrective Action Plan Requirements:

For each deficiency listed above, include the following in your Corrective Action Plan submission to Liberty Healthcare Corporation (via email to the sender of the request) within 30 business days of the emailed request.

Corrective Action Plan must be approved by an administrator. Include the approver's signature with name, date, and title.
For each deficiency, indicate what corrective strategies (i.e., measures or systemic changes) will be put in place to ensure the deficient practice does not continue to occur.
For each deficiency, indicate by job title, the role within your agency that will monitor the implementation of corrective strategies.
For each deficiency, indicate how the corrective strategies will be monitored (i.e., quality assurance program put in place).
For each deficiency, indicate the planned completion date of implementation of the corrective strategy(s).

Upon receipt of the Corrective Action Plan, Liberty reviewers will review the plan within 15 business days and send either confirmation of the Corrective Action Plan acceptance or request modifications for resubmission.

Evidence the Corrective Action Plan has been implemented (partially or fully) within your organization must be submitted 30 business days after approval ** an official due date will be sent once the Corrective Action Plan has been approved**

Appendix C: Resources

Relevant Documentation

- Community Pathways Waiver Federally Approved Application and Amendments
- Partnering with the Coordinator of Community Services DDA Webpage
- DDA Eligibility Application Process
- DDA Billable Activities Example List 2022
- Person-Centered Planning Policy (Policy Stat 10361724)
- Person-Centered Planning Manual
- Targeted Case Management: Case Notes Training Webinar
- Monitoring and follow-up Guidance Training Webinar
- Monitoring and follow-up Guidance Training Slides
- Maryland DDA YouTube Page: Coordinator of Community Services Monthly Meetings

Legal References

Code of Federal Regulations;
Md. Code, Health Gen. Art § 7, Subtitle 10, 42 § CFR 441.715, 42 § CFR 441.720;
eCFR: 42 CFR 441.720 -- Independent assessment.

Reference Materials

- Code of Maryland Regulations 10.09
- Code of Maryland Regulations 10.09.48.06
- Code of Maryland Regulations 10.22
- Code of Maryland Regulations 10.22.05
- Code of Maryland Regulations 10.22.07