MARYLAND
Department of Health

IN-HOME SUPPORTS ASSURANCE SYSTEM
ISAS POLICY GUIDE

The In-home Supports Assurance System (ISAS) is a phone-based electronic billing system for providers giving in-home personal assistance services to eligible Medicaid participants. The Maryland Department of Health (MDH) implemented it in 2013. ISAS replaced the previous paper billing method used by most personal assistance providers.

Who Uses ISAS?

All providers giving direct services to Medicaid participants in the following programs must use the ISAS system when providing services:

- Community First Choice **(CFC)**
- Community Options **(CO)**
- Community Personal Assistance Services **(CPAS)**
- Increased Community Services **(ICS)**

Requirements to bill through the ISAS System:

1. Participant is enrolled in Medicaid and is fully enrolled in the CFC, CO, ICS, or CPAS program.
2. Agency is enrolled as a type 76 Medicaid provider and is eligible to give services.
3. The Plan of Service (POS), with all needed signatures, has been submitted to MDH **AND** the MDH POS Unit has reviewed and approved the submitted POS.
4. Service Notification form has been sent to the agency notifying them they may start services. The form has been uploaded to LTSS.
5. The provider has verified a participant's eligibility for Maryland Medicaid benefits by calling the Eligibility Verification System at 1-866-710-1447 or by going to the website, https://encrypt.emdhealthchoice.org/emedicaid/

NOTE: Providers will not be paid for services billed prior to the effective date listed on the participant's active and approved POS.

Definitions of Common Terms

Below are common terms used in the ISAS system and within the ISAS Reference and Policy Guides.

Supports Planner (SP)	Coordinator of services between participant, providers, and MDH. Manages participant's POS.
Plan of Services (POS)	Lists services a participant is authorized to receive.
Personal Assistant Service	Service type provided to a single participant at a given time.
Shared Attendant Service	Service type provided to participants who live together. Allows a single provider to clock-in and -out for two participants at the same time. Must be authorized on participant's POS.
One Time Password (OTP) Device	Device issued by a supports planner if participant does not have a reliable phone. Generates a random six digit code every 60 seconds that can be traced back to a specific date and time. Used to verify service times
Service Record (in ISAS)	A "closed" or "complete" shift is created when a provider calls into the ISAS system at the beginning of a shift ("clock-in") and end of a shift ("clock-out").
Claim	A combination of one or more services bundled together to form one claim that is generated on a nightly basis. Submitted based on the provider, participant, participant POS information, and date of service.
Exception	A pended service held-off from submission for billing. Generated if there is an issue requiring review.

Important ISAS Policies

	Policy	Explanation	Dates	Guidance
1. Using the ISAS System	**1.1 Training Staff**	All staff must have a staff profile, including a valid and accurate social security number, in the Provider Portal prior to the staff's first service. Agencies are responsible for properly training all Staff Providers on how to use the ISAS system before providing services.	**Effective date:** 10/3/2013	[COMAR 10.09.84.06, 10.07.05.11](#) Provider Portal Reference Guide pg. 14
	1.2 Must Use Participant's Phone to Clock In/Out	Staff providers must use the phone number listed on the participant's profile in LTSS when clocking in and out, unless the participant has been assigned an OTP device. Repeated usage of unauthorized phone numbers will be investigated and will impact provider payment.	**Effective date:** 1/31/2014 **Added to Guide:** 10/11/2018	[COMAR 10.09.36.04](#) Provider Portal Reference Guide pg. 20
	1.3 Service Information Must be Accurate	The service times, staff name, and staff social security number listed on a service must be accurate. Providing incorrect/inaccurate information is considered fraudulent billing and is subject to denial or recovery of payment.	**Effective date:** 10/3/2013 **Added to Guide:** 10/11/2018	Provider Portal Reference Guide pgs. 14 & 30
	1.4 Creating Profiles in Provider Portal	All administrators/office staff accessing the Provider Portal must have a unique user name and password. The sharing of log-in credentials and/or passwords is strictly prohibited.	**Effective date:** 2/3/2013 **Added to Guide:** 10/11/2018	[DoIT Info Security Policy Section 7.2](#) Provider Portal Reference Guide pg. 4
2. OTP Policy	**2.1 OTP Device Must Stay With the Participant**	An OTP device must always remain with the participant to whom it has been assigned. It is considered fraudulent behavior for a provider to take the OTP device out of the participant's possession.	**Effective date:** 10/3/2013	[Guidance sent to all providers](#) Provider Portal Reference Guide pg. 22
3. Service-Related Policies	**3.1 Protection of Confidential Information**	Providers must not share Protected Health Information (PHI). When emailing ISAS please only send the following: Client first initial of first name, client full last name, and last 4 digits of the client's MA#.	**Effective date:** 10/3/2013	[HIPAA Legislation](#)
	3.2 Payment Only for Direct Services	Providers will only be paid for direct services provided to participants. Direct services require that the provider be **physically present** with the participant and assisting the participant with ADLs/IADLs. The following do **NOT** constitute direct services and cannot be paid: -Running errands without the participant present. - Services provided to the participant while under the care of another entity (e.g. admitted to the hospital, a nursing/rehab facility, imprisoned, etc.) - Services registered while the staff provider is sleeping.	**Effective date:** 10/3/2013 **Clarification Added:** 10/11/2018	[COMAR 10.09.84.02, 10.09.20.13, 10.09.20.01](#)

3. Service-Related Policies	**3.3 Verifying Eligibility**	MDH can only reimburse providers for services provided to eligible participants. Providers must check participants' eligibility at the beginning of each month that services will be rendered by calling the EVS system at 1-866-710-1447.	**Effective date:** 10/3/2013 **Clarification Added:** 5/11/2018	COMAR 10.09.36.03 Provider Portal Reference Guide pg. 11
	3.4 Must Continue Clocking In and Out During Periods of Ineligibility	If the participant has lost eligibility and/or filed an appeal to regain eligibility, the provider can choose to continue providing services at their own risk in hopes that the participant regains eligibility and/or wins the appeal. Providers will not be paid during periods of participant ineligibility. **Important:** If eligibility is regained, the provider will receive retroactive pay only if staff continued to use ISAS to clock in/out for services provided during the period of ineligibility. If the staff did not use ISAS, payment will not be issued.	**Effective date:** 10/3/2013	COMAR 10.01.04.10, 10.09.24.12, 10.09.24.15, 42 C.F.R §431.200
	3.5 Emergency Services	Providers providing emergency services that exceed a participant's Plan of Service (POS) must: (1) Be listed as "Emergency Backup" on the POS, (2) clock in and out of ISAS when providing services, (3) be authorized to provide the services by the participant's Supports Planner, and (4) submit adjustments for the services that exceed the weekly POS hours. Emergency services can be provided up to 7 days per incident (12 hours per day) without a POS change.	**Effective date:** 4/2/2015 **Clarification Added:** 5/11/2018	COMAR 10.09.36.04 Guidance sent to all providers Provider Portal Reference Guide pg. 5, 7, 23
	3.6 Providing Services to Vacationing Participants	Services provided while the participant is on vacation will only be paid if: (1) the services are within the participant's Plan of Service (POS), (2) the participant is not receiving care out-of-state for more than 30 days per year, (3) the participant is receiving services within the US, and (4) the services are recorded in ISAS via the participant's phone number or OTP device.	**Effective date:** 4/2/2015 **Updated:** 2/12/2018	COMAR 10.09.36.04, 10.09.84.23
	3.7 Participants Cannot Receive Services in a Provider –Owned/Controlled Residence	Provider-owned or controlled residences do not meet the definition of a "home" and therefore MDH will **NOT** cover personal assistance services provided in these settings.	**Effective date:** 2/12/2018 **Added to Guide:** 5/11/2018	COMAR 10.09.84.02, 10.08.84.14

	3.8 Participants Cannot Receive Services From Their Representative	An agency may **NOT** assign a participant's representative to provide services to that participant. "Representative" means: - The person authorized by the participant to serve as a representative in connection with the provision of Community First Choice services and supports. - The individual who signs the Plan of Service (POS) on the participant's behalf. - Any individual who makes decisions on behalf of the participant related to the participant's POS. - A legal guardian of the participant. - The parent or foster parent of a dependent minor child.	**Effective date:** 2/12/2018 **Added to Guide:** 5/11/2018	COMAR10.09.84.02, 10.09.84.06
4. Exception Resolution Policies	**4.1 No Payment for Overlapping Services**	Unless authorized for shared attendant services, providers cannot be paid for service times that overlap.	**Effective date:** 10/3/2013	COMAR 10.09.36.01 Provider Portal Reference Guide pg. 29
	4.2 Missing Time Submission Deadline	Missing Time Requests (MTRs) must be submitted within two business days after the end of the month.	**Effective date:** 4/1/2014	COMAR 10.09.36.04 Guidance sent to all providers Provider Portal Reference Guide pg. 32
	4.3 Four (4) Missing Time Limit	Unless a valid and verifiable excuse is given, MDH will only approve up to 4 MTRs per month per staff provider.	**Effective date:** 6/1/2016	COMAR 10.09.36.04 Guidance sent to all providers
5. Payment Policies	**5.1 Year Deadline for Claim Adjustments**	No claims may be paid or adjusted after more than a year has passed since the date of service.	**Effective date:** 10/3/2013	COMAR 10.09.36.06 Provider Portal Reference Guide pg. 32
	5.2 Repayment of Over-Paid Funds	Provider must reimburse MDH for any overpayment of funds.	**Effective date:** 10/3/2013	COMAR 10.09.36.07
	5.3 ISAS Work Week	The ISAS workweek is from Thursday to Wednesday.	**Effective date:** 9/11/2014	Guidance sent to all providers Provider Portal Reference Guide pg. 23
	5.4 POS Hours	MDH will only pay providers up to the amount of hours that are pre-authorized on a participant's Plan of Service (POS).The system will automatically cut any hours that exceed the POS and these services will not be paid.	**Effective date:** 4/2/2015	COMAR 10.09.54.04 Provider Portal Reference Guide pg. 11, 23
	5.5 Twelve Hour Limit for Personal Assistance Services	MDH will not pay the 15 minute unit rate for more than 12 hours per day of personal assistance. MDH will pay a flat rate for each pre-authorized day of service over 12 hours *if the participant's Plan of Service (POS) authorizes Daily Personal Assistance Services for that day.* Services that exceed 12 hours in a day will be cut to 12 hours (48 units) if the participant is not pre-authorized for Daily Personal Assistance Services and the additional hours will not be paid.	**Effective date:** 5/1/2017 **Added to Guide:** 10/11/2018	Provider Portal Reference Guide pg. 5, 10

Contacts and Resources

Billing Questions Policy Questions	**ISAS Division**	MDH.ISAShelp@maryland.gov 410-767-1719
Technical Issues How to Questions ISAS Registration	**ISAS Help Desk**	ISAShelpdesk@Ltssmaryland.gov 1-855-463-5877
OTP Device Issues Plan of Service Questions Client Eligibility Issues	**Supports Planner**	Specific to Client
Agency Change of Adress/ PH# Provider Enrollment	**MDH CO and CFC Waiver Unit**	MDH.coproviders@maryland.gov 410-767-1739
Register for Direct Depost Missing Checks	**Maryland Comptroller**	1-800-638-2937 410-260-7980

The ISAS Division prefers to receive your questions and comments via email to provide a more timely response.

– MDH.ISAShelp@maryland.gov

Please make sure you do not include Personal Health Information (PHI) in emails sent to MDH

– Medicaid Numbers and detailed Participant Information should not be sent.

– Please send the participant's first initial, Last Name and the last 4 digits of the participant's Medicaid number #

Example: J. Doe MA#1234