Maryland
DEPARTMENT OF HEALTH

## LTSS*MARYLAND*—DDA MODULE

# PLAYBOOK

**Maryland Developmental Disabilities Administration**
**Visit:**
201 West Preston Street, Baltimore, MD 21201
**Find Out More:**
844-253-8694 | dda.health.Maryland.gov

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# Introduction

The Developmental Disabilities Administration (DDA) has worked in partnership with the Medicaid Provider Services (MPS) and the Office of Long-Term Services and Supports (OLTSS) in the development of the LTSS*Maryland*—DDA Module. Implementation of the LTSS*Maryland*—DDA Module is part of the Maryland Department of Health's (MDH) use of a common information technology system across MDH programs. The transition to the new system requires the three essential partners - DDA, providers and CCSs, to work closely to create robust person-centered plans and provide quality services in the most efficient and effective manner. DDA's transition to LTSS*Maryland*—DDA Module moves service billing under the new system. All partners must work collaboratively to complete all steps to successfully transition and improve the experience of participants. The LTSS*Maryland*—DDA Module streamlines the coordination, delivery, and payment for DDA's operated Medicaid Waivers and State-Funded Services.

This Playbook provides an overview of the series of activities that must be completed prior to "turning-on" service providers billing in LTSS*Maryland*—DDA Module and has been developed with the invaluable input, experiences, and recommendations of the DDA piloting providers and the Early Adopter Groups (EAG). This Playbook is meant as guidance to support the process but is not a prescriptive, one size fits all approach. Service providers must coordinate closely with CCS entities supporting participant plans for those accessing the service(s) they offer in order to complete the go-live process. The DDA will determine provider go-live dates, provide any other necessary oversight, and will directly communicate go-live dates to both CCSs and providers.

This Playbook includes an overview of the following: (a) important background information that service providers and CCS must take into consideration for a successful transition; (b) an overview of steps DDA will take to support provider transition; (c) an overview of steps CCS entities should consider in supporting the transition; and (d) steps and considerations for service providers in preparing for their transition to the LTSS*Maryland*—DDA Module.

There are two important checklists created to support LTSS*Maryland*—DDA Module readiness preparation:

## 1. Provider Go-Live Readiness Checklist

A checklist of essential tasks that each provider should complete, sign, and submit to the DDA to confirm that their organization has completed all the steps necessary for a smooth transition to LTSS*Maryland*—DDA Module. Providers must complete and provide all necessary documentation, i.e., the Service Implementation Plan (SIP), Detailed Service Authorization (DSA), etc., to the CCS on time. This will enable the CCS to upload them into the PCP and submit it within the required timeframe.

## 2. CCS Support Checklist

A checklist of essential tasks that the CCS must perform to ensure that each PCP has been completed, the provider(s) has accepted the service referral, and the PCP has been submitted to the RO in a timely manner for final review and approval.

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## Critical Background Information

LTSS*Maryland*—DDA Module requires that all Person-Centered Plans (PCPs) are entered with 100% accuracy; they must be flawless. In the previous system, the PCIS2, when PCP errors were discovered the Regional Office (RO) could make changes and corrections upon request. LTSS*Maryland* is constructed to track the implementation and billing based on PCP's that are error-free. This means that Coordinators of Community Services (CCSs) and providers must use great care to ensure that all PCP's are perfect. Not only must PCPs be perfect, they must also be timely. The DDA's PCP processes include: (1) pre-planning, (2) plan development, (3) plan approval, and (4) plan funding authorization. **PCP services are authorized for a one-year period and must be updated and approved annually.**

CCSs should begin development of the Annual PCP at least ninety (90) days prior to the expiration of the current PCP. The CCS must coordinate to ensure that meetings are held at times and locations that are convenient for the participant and then confirm with the team. The CCS will facilitate the process to ensure the PCP is completed timely and correctly. Any documentation that is required for the person centered plan, such as the HRST, DSAT, Nursing Care Plans, Service Implementation plan, and other supportive documentation, must be collected by the CCS prior to service referrals. These documents will be reviewed by the CCS to ensure they are correct and current. Once the CCS makes a referral to a provider for services, that provider has a maximum of five (5) days to accept the referral. The CCS must submit the completed PCP to the Regional Office (RO) at least twenty (20) days prior to the expiration of the current PCP, so that the RO staff have time to review the PCP for accuracy, completeness, and funding authorization before the current PCP expires. CCSs and service providers must be in close communication and coordinate with care to ensure all data is accurate, referrals are accepted, and submission to the RO is on time.

The checklists for CCSs and providers that are linked to this Playbook are tools to assist in this critical communication and coordination. There is also a sample PCP tracker to assist providers in capturing all needed information to ensure PCPs are complete and timely. This tool is available at **https://health.maryland.gov/dda/Pages/LTSS%20Maryland.aspx**.

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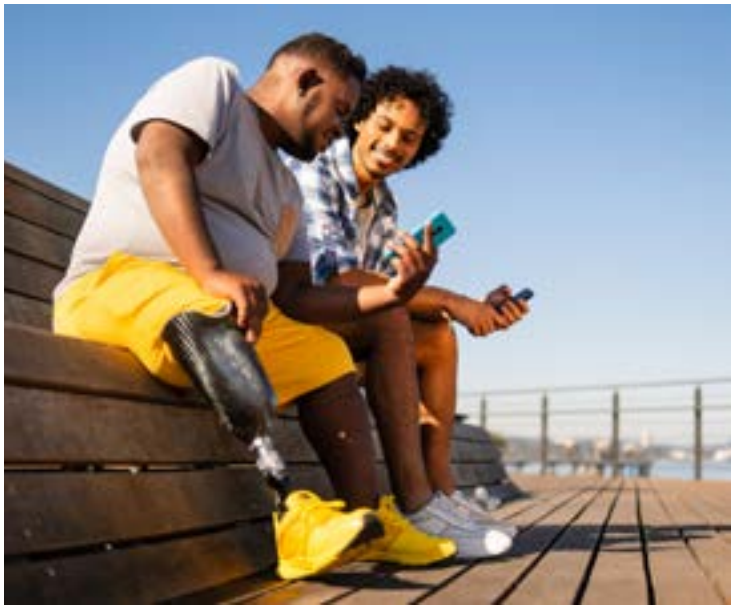
**Providers must have a written, comprehensive and detailed plan for transition to LTSSMaryland—DDA Module.** Sending an email or other brief correspondence to the DDA Regional Office without complete details of a transition plan is not acceptable. Providers must have a plan that details their program services; outlines policy updates; training provided to staff on service definitions and how to correctly document; the steps for coordinating between program staff and fiscal staff to ensure that services are appropriately accepted and billed for each person supported; steps to audit for quality and accuracy of service delivery and billing; and standard operating procedures for LTSS*Maryland*, including ensuring that staff maintain their accounts, that any software bridges or updated hardware needs are in place, and that staff complete any DDA-sponsored training for the use of LTSS*Maryland*. Providers can more easily develop the required plans and smoothly transition to LTSS*Maryland* by understanding and using this Playbook.



The Medicaid Provider Service (MPS) and the Eligibility Determination Division (EDD) are critical partners with the DDA to ensure that people supported are eligible for services and that providers can bill properly for the work they do to support people. The work that MPS provides is detailed in the **Coordination with MPS to Ensure Billing Capacity** section of this Playbook. The EDD determines the financial eligibility for people to receive Medicaid under the waiver. The EDD reviews assets, income, and medical expenses and applies special financial eligibility rules under the waiver. If a person is deemed ineligible, providers cannot bill for services to the person, so ensuring eligibility *prior* to providing support is a critical step. The CCS must ensure that the person maintains their eligibility annually during the redetermination period. If the provider is the person's representative payee, then it is critical that requested documentation is submitted timely. If the request is not met, it could result in a person losing eligibility.

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# Developmental Disabilities Administration (DDA) Section

## Introduction

To support the transition from the DDA's Provider Consumer Information System (PCIS2) to LTSS*Maryland*—DDA Module, the DDA Regional Offices (RO) will review providers' self-assessments to determine their **readiness for fee-for-service billing and reduce potential service disruptions.** This section provides information on the DDA's role in supporting providers and determining their readiness for the transition to maximize success.

## DDA Activities to Support Go-Live

- DDA regional offices will support the PCP approval process through active tracking and troubleshooting with providers and CCS agencies to meet deadlines for timely service authorizations
- Direct providers to the **Provider Go-Live Readiness Checklist** (https://tinyurl.com/4p7pb9d5) at the end of this document to assist in self-assessments regarding essential tasks to guide transition planning
- Direct CCSs to the **CCS Support Go-Live Checklist** (https://tinyurl.com/36drjeb6) to assist in their review of PCPs to ensure they are complete and accurate
- Assist Providers working in multiple regions through one DDA Regional Office (where applicable) for centralized go-live coordination
- Communicate go-live timing to the providers
- Track transition and meetings coordination (as needed) to triage technical challenges, and other matters affecting provider go-live
- Host, in partnership with its contracted LTSS*Maryland*—DDA Module training vendor, a series of billing trainings for provider staff prior to going live
- Make available the most up-to-date resource materials to support the transition including:
  - Training resources (https://tinyurl.com/bdfbh94x)
  - **Guidelines For Service Authorization And Provider Billing Documentation** (https://tinyurl.com/44wpudku)
  - Reference materials and how to locate them on the DDA website *(e.g., policy updates)*
- Review each Community Living Group Home site location for the following criteria:
  - MA site number
  - Addresses
  - Site configurations
- Review for other COS codes as appropriate
- Review for compliance with the Community Settings rule which you can review here: **Pages - HCBS Transition Plan (maryland.gov)** (https://tinyurl.com/26d8ywc5).
- Turn on providers for billing for each service

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The DDA will provide the following technical support to implement the transition:

## Go-Live Checklists

The DDA will require providers to complete the **Provider Go-Live Readiness Checklist** (https://tinyurl.com/4p7pb9d5) tto verify they are prepared for a successful transition to the LTSS*Maryland*—DDA Module. Each provider will validate successful completion of all readiness activities by submitting the completed Provider Go-Live Readiness Checklist to their assigned Regional Office.

The DDA has also developed the **CCS Support Go-Live Checklist** (https://tinyurl.com/36drjeb6) for CCSs to use as they coordinate with providers to complete a review of all PCPs in their caseloads. The CCS Support Go-Live Checklist provides guidance on tasks that the CCSs should use to organize and complete their work on time, producing **complete, robust, accurate,** and **timely** PCPs that will support participants assessed unmet needs and enable providers to successfully transition into LTSS*Maryland*—DDA Module.

## Guidance to CCS & Providers to Prepare for PCP Work

PCPs that are **complete, robust, accurate,** and **approved timely** are the critical elements to address participants' assessed needs and for providers to successfully bill for their services. Therefore, DDA requires CCS and providers to create and attend scheduled meetings with the necessary frequency to monitor and take action on the status of PCPs, share feedback from teams, analyze challenges, and take next steps. The DDA expects the CCS and providers to partner to make certain each PCP is correct, complete, robust, and timely.

## Coordination with MPS to Ensure Billing Capacity (Claims Tracking / Exceptions)

MPS (Medicaid Provider Service) is a key resource and state partner that provides technical and project management for the operations, administration, and security of the LTSS*Maryland* system. They are also responsible for the development of defect resolution, leadership of workgroups, and integration of systems related feedback. Sufficient billing capacity is critical to the success of a provider's go-live operation; without it, the provider will be unable to properly bill for services. Capacity includes ensuring that the provider has well trained billing staff and has the required technology to enter or submit bills for service through LTSS*Maryland*—DDA Module. The DDA and the Medicaid Provider Service (MPS) will share provider feedback with one another to better understand and address provider questions.

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# Coordination of Community Services (CCS) Section

## Introduction to CCS Section

To support participants with services to address unmet needs and providers in their full transition from PCIS2 to LLTSS*Maryland*— DDA Module, you, as a CCS, must work closely with participants and providers to ensure that PCPs are **accurate and quality plans, based on the participant's assessed needs and personal goals, facilitate billing success,** and **reduce potential service disruptions.** This section is provided to guide you in supporting provider readiness for the transition; understanding and planning for the necessary steps to support providers; and coordinating and collaborating with participants and their teams to maximize success. Parallel to this playbook, the DDA has created a **CCS Support Go-Live Checklist** (https://tinyurl.com/36drjeb6) for you that is intended as a guide in your support role to aid provider readiness to transition to the LTSS*Maryland*—DDA Module.

Additionally, CCS planning should include ensuring that a change in CCS assignment is communicated to providers in writing along with a plan to conduct a thorough and accurate in-person hand-off of services. Consider having a CCS backup assigned to support each CCS in case of any staff changes, emergencies or redeployments.

## CCS Readiness Transition Planning

To ensure there is proper preparation for the critical role you will fulfill in ensuring that each PCP is accurate and completed in sufficient time to allow both the provider and RO review and sign-off, you must ensure that providers are authorized to provide the services you are referring to, and ensure the provider is aware of the referral. A useful resource for requirements and limitations is **Guidelines for Service Authorization and Provider Billing Documentation** (https://tinyurl.com/44wpudku).

CCSs should consider:

1. Using your access to all CCS resources regarding the LTSS*Maryland*—DDA Module requirements to provide assistance to providers if they encounter concerns or have questions
2. Maintaining a calendar of PCP dates with completion timelines for your caseloads and ensuring adequate time is allocated to review and/or develop each PCP, so that they are submitted at minimum 20 days prior to the Effective Date as required
3. Coordinating with providers and other appropriate representatives to establish a meeting schedule to review PCPs. Each meeting must include:

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**a.** An invitation to the participant and their planning teams for each PCP meeting, which is coordinated around the participant and the team's availability

**b.** An agenda to review and complete a crosswalk between PCIS2 and LTSS*Maryland* services in the plans to ensure that services utilized are accurately reflected in the PCP (see **Guidance for Operating in PCIS2 and LTSS*Maryland*—DDA Module** (https://tinyurl.com/2s4b7tfd))

**c.** Coordination of the timely submission of the HRST (as applicable), Behavior Plan (as applicable), Service Implementation Plan and the Detailed Service Authorization Tool (DSAT). (As a reminder, the Cost Detail Sheet is not used in LTSS*Maryland*—DDA Module.)

**4.** Tracking each PCP to ensure timely submission

**5.** After submission, monitor the PCP through the LTSS*Maryland*—DDA Module workflow section to ensure plans are moving in a timely manner

## CCSs must be:

- **Organized**
- **Timely**
- **Good Communicators**

**PCPs** are the most **critical and time sensitive components** of the provider readiness to transition to LTSS*Maryland*—DDA Module, and you play the central role in this part of the process. All PCPs must be reviewed, and those that require updates or changes must be modified and submitted to the RO for approval prior to the provider's set go-live date. Specifically, PCP tracking must be sure to validate that:

**1.** Authorized services in PCIS2 are reflected accurately in the PCP

**2.** All services have a listed, active provider (chosen by the participant) and a corresponding service referral acceptance from the provider that is on or prior to the provider's go-live date. All services under the traditional model should have providers assigned

**a.** Services without a provider must have one assigned and services approved by the provider prior to go-live

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**b.** Please see the **Troubleshooting Companion Manual** (https://tinyurl.com/bdd4zcwk) if you cannot refer services to the selected provider. If the issue is still not resolved, then contact your Regional Office Provider Services liaison for assistance

**3.** A PCP effective date on, or prior to, the provider go-live date to ensure billing can occur

**a.** If the PCP that coincides with the go-live date does not contain a provider or the provider's acceptance, a Revised PCP will need to be developed to add the provider to the Detailed Service Authorization (DSA) and obtain the necessary service referral acceptance (Note: DSA is the process of adding the provider and the rates, units, frequency and scope of all of the services approved in a participant's PCP.)

**b.** If this Revised PCP is within 90-days or less of the annual date, please see page 10 section 2.15 of the **Troubleshooting Companion Manual** (https://tinyurl.com/bdd4zcwk) for further guidance

**4.** Use the **CCS Go-Live Support Checklist** (https://tinyurl.com/36drjeb6) to ensure PCPs continue to remain active and accurately support participants' needs

## Preparing for Provider Go-Live Timing

Scheduling the timing of providers' transition to LTSS*Maryland*—DDA Module is a critical task as it will ensure maximum success of the transition process and prevent or minimize any issues in the transition. DDA will select the go-live timing based upon providers' assessed readiness. If adequate timing is not planned, transition issues are likely to present around billing capacity, participants' needs and PCP readiness. You must work with each provider on this confirmed timeline to review and update as needed each PCP assigned to the provider for transition to LLTSS*Maryland*—DDA Module.

It is critical that you work closely with providers and maintain clear and timely communication to ensure that:

- All elements of each PCP are correctly input into LTSS*Maryland*
- Providers understand and agree with the services they are to implement
- Providers accept the service referrals on time

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## PCP Review and Tracking

PCP review and tracking is critical for you, as this expedites the shift from prospective to fee-for-service payments for providers and ensures that an accurate, active PCP is in place for each participant receiving services. To ensure that this readiness is achieved, you should have an organized approach to tracking the status of each PCP in your caseload. As you review and track the status of PCPs, you should:

1. Share screens and provide screenshots for the provider(s) to ensure that services, units, addresses, and other elements are correct. For more details on PCP guidance visit this checklist. Sharing information from the CCS view with the Provider is needed because both groups see different information. Without this information, delays can occur to timely approvals
2. Ensure that the provider can see the services being referred, thus allowing the provider to accept the services and finalize the PCP without any unnecessary delay
3. Collaborate with participants and providers to complete any needed plan revisions prior to going live in the LTSS*Maryland*—DDA Module, especially if plans previously did not account for identified support needs
4. Use theLTSS*Maryland*—DDA Module workflow resource (available in LTSS*Maryland* See the Workflow History section in the **CCS Coordinator User Manual** (https://tinyurl.com/bddptjev)) to follow the progress through PCP approval by the Regional Office
5. Address any clarification requests from the Regional Office within 5 days of receipt so that plans can be approved on time

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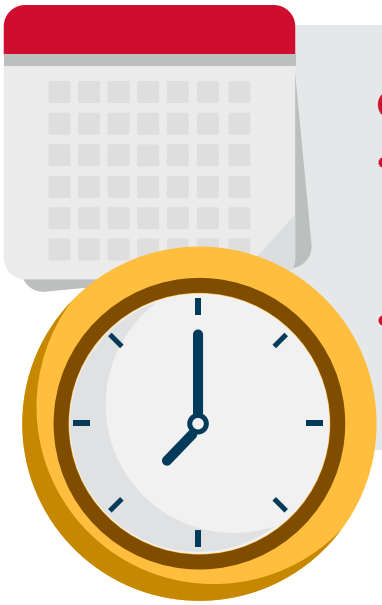
## Compliance with Most Updated PCP Development Guidance

Compliance with PCP development guidance is crucial to ensure that PCPs are accurate and timely for all providers and participants. If the most updated compliance is not met, a series of issues may result, including errors in PCPs, incorrect timing, and issues with processing. To ensure that you are complying with the most updated PCP development guidance, you must:

1. Review current PCP development guidance and ensure that the team understands the requirements (add link to the LTSS*Maryland* technical manual chapter 5)
2. Attend all CCS meetings with the DDA to ensure understanding of the PCP development guidance
3. Stay up to date regarding any changes in guidance, and comply with them as they support providers, participants, and families
4. Work with providers to develop Service Implementation Plans (SIP) that use activities and language consistent with the participant's goals and outcomes

If you have questions or concerns that you cannot resolve using the resources available from training or online, you should contact your DDA Regional Office CCS Support staff for assistance.



### CCS must:

- **Manage their calendars and caseload needs to ensure they are updating or creating PCPs according to established timelines.**
- **Discuss provider's PCP progress during each meeting.**

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# Service Provider Section

## Introduction to Provider Section

To prepare for your transition from PCIS2 to LTSS*Maryland*—DDA Module billing, this section of the playbook details the requirements for your readiness, which are also identified in the **Provider Go-Live Readiness Checklist** (https://tinyurl.com/4p7pb9d5). The DDA requires you to demonstrate your readiness by completing and submitting this checklist. As a provider, the complexity of the transition requires that you develop a written plan that demonstrates your compliance with the checklist. The checklist is a tool to assist you in developing the plan by ensuring close, timely, and accurate communication and coordination among staff at every level. It is particularly important that your plan covers the coordination and communication between fiscal and programmatic managers and staff. A sample PCP tracker is available at **https://health.maryland.gov/dda/Pages/LTSS%20Maryland.aspx** to help you track each PCP and ensure that services authorized are correct in type, intensity, and frequency, and that your agency is authorized to provide such services to eligible participants.

To evaluate your own readiness and lead your transition from PCIS2 into LTSS*Maryland* billing, you must develop comprehensive written plans for implementing all associated internal activities. These include, but are not limited to, your access to and use of data, current technology, program policies, human resources, and agency infrastructure.

This section is additionally supported by the experiences, strategies and lessons learned by the five providers in the Early Adopter Group (EAG).

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## Go-Live Best Practices

To guide your planning, the EAG identified and shared the following critical actions:

1. Set up internal teams to ensure that programmatic, administrative, and billing practices are assessed, modified, or established to reduce potential service disruptions
2. Understand and implement the LTSS*Maryland* **Guidelines for Service Authorization and Provider Billing Documentation** (https://tinyurl.com/44wpudku) requirements and limitations
3. Team up with CCSs
4. Use the **CCS Support Go-Live Checklist** (https://tinyurl.com/36drjeb6) to support the PCP process
5. Complete the HRST (as applicable), Behavior Plan (as applicable) Nursing Plan (as applicable) and service referrals in a timely manner
6. Complete the DSAT and SIP and provide any applicable supportive documentation of activities and language consistent with the participant's goals and outcomes; submit them to the CCS in accordance with the established timeline

**As you prepare for your transition, you should familiarize yourself with the new lexicon that applies to supports and services in order to use terminology correctly and reduce misunderstandings.**

## Critical Components for Providers:

- Medical Assistance Number (Base and Site)
- Category of Service Codes (COS) in LTSS*Maryland*
- Electronic Fund Transfer (EFT) payments
- Person Centered Plans
- Dedicated Hours
- Community Living Group Home House Configuration
- Supported Living Set-up
- Locations Billing Turned On
- Staff Training
- Provider-specific internal considerations
- Technical Assistance contacts
- Using lexicons associated with LTSS*Maryland*
- Ensuring continuity of services based on new service model definitions
- Comment

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## 1. Medical Assistance Number (Base and Site) Review

To be certain that PCPs are accurate and service authorizations are correct, the DDA Regional Office Provider Services teams will conduct a review of Base MA# status in LTSS*Maryland*—DDA Module. This review will ensure that the Base MA# is associated with and linked to the appropriate services in LTSS*Maryland*—DDA Module.

For services that require a specific Site MA# [i.e., Community Living Group Home (CLGH)], Day Habilitation, etc.), the DDA will ensure that you are properly set up in LTSS*Maryland*. In instances where the MA# or a Site MA# has not been established, you must work with the DDA to ensure this is completed prior to going live in LTSS*Maryland*—DDA Module.

You should also conduct *your own internal review* of MA#s and status as soon as possible to flag any known issues so the review can be expedited and ensure PCPs are linked to services at the correct site. You do this review by searching your provider numbers in your provider profile in LTSS*Maryland*—DDA Module. Instructions on how to see your profile and search your numbers are located in the **DDA Provider Portal Manual** (https://tinyurl.com/4v2ds68v) in section 6. If discrepancies are identified, you should contact the appropriate DDA Regional Provider Services representative to discuss next steps.

For more information on MA #s and ePREP, **click here** (https://tinyurl.com/bn8v7dyc).

## 2. Category of Service (COS) Code Review

Similar to the importance of PCPs being accurate in the system, you will also need to have all applicable COS codes associated with their service array accurately reflected in LTSS*Maryland*—DDA Module. COS codes allow your applicable services to be linked to an individual PCP as well as serving as a link between LTSS*Maryland*—DDA Module to MMIS for payments.

In preparation for going live, you should review your COS Codes in the LTSS*Maryland*—DDA Module **DDA Provider Portal Manual** (https://tinyurl.com/4v2ds68v) in section 6. If you identify a discrepancy, you should contact your regional Provider Services representative as soon as possible. Provider Services team members will review the discrepancy and provide guidance for correcting the issue.

In order to support participants under 18* and Transitioning Youth, a 2T code is required. Please see guidance at the following link for more information: **2T COS Enrollment Code for Providers Serving Participants Under the Age of 18** (https://tinyurl.com/yhpsaa6f).

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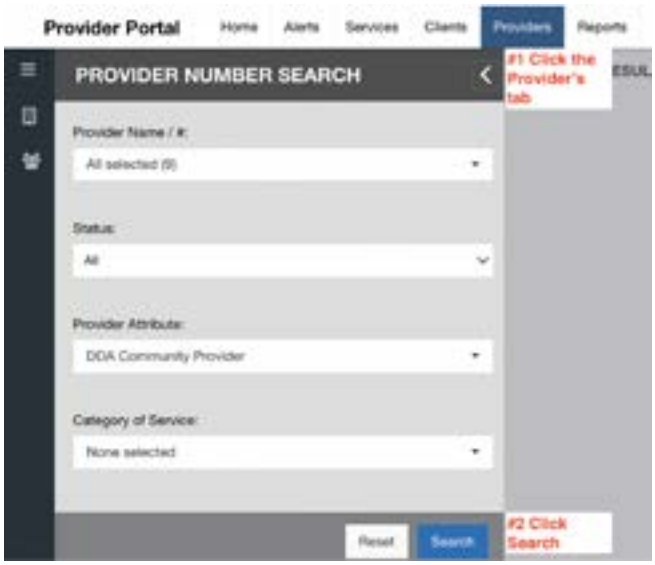
## Provider Location Setup

In Provider Portal, it is essential to verify that the provider site information is correct so that you do not come across any billing errors or delays.

**1.** In the Provider Portal, click the Providers tab at the top of the page

**2.** Click Search to pull all your provider locations




## Provider Number Summary Search

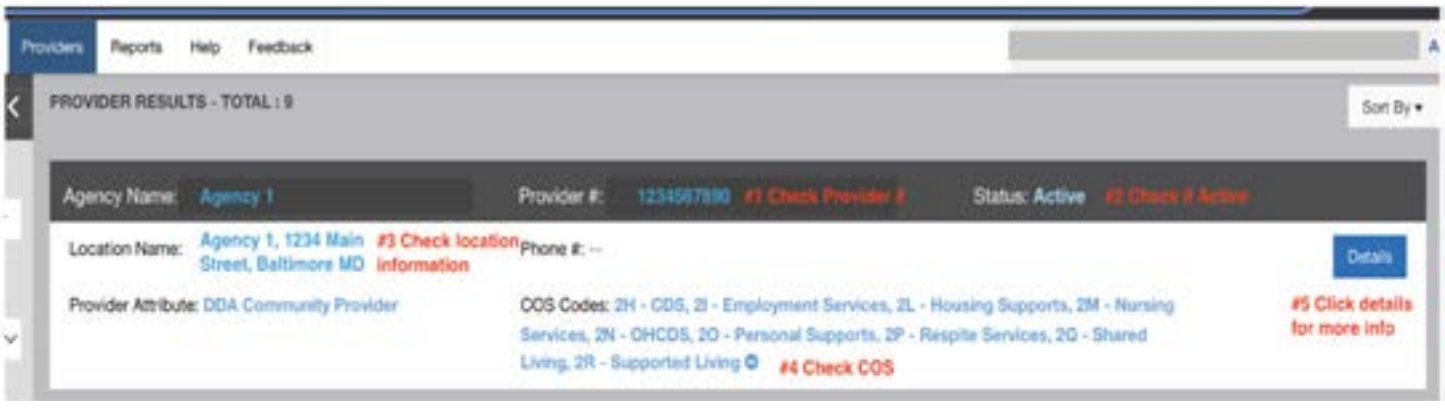
Once you pull up your list of provider locations, please review the following:

**1.** Check the provider numbers to be sure all your locations are present
- If any are missing, check your staff profile to make sure all of the locations are checked off for your view

**2.** Check to be sure all the locations are active
- If they are not active you cannot bill for that location

**3.** Check to make sure the address is correct
- To avoid Site Not Authorized Exceptions

**4.** Check to be sure all of the appropriate COS codes are listed
- Click on Details to get to the additional information about the location

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## Provider Number Details

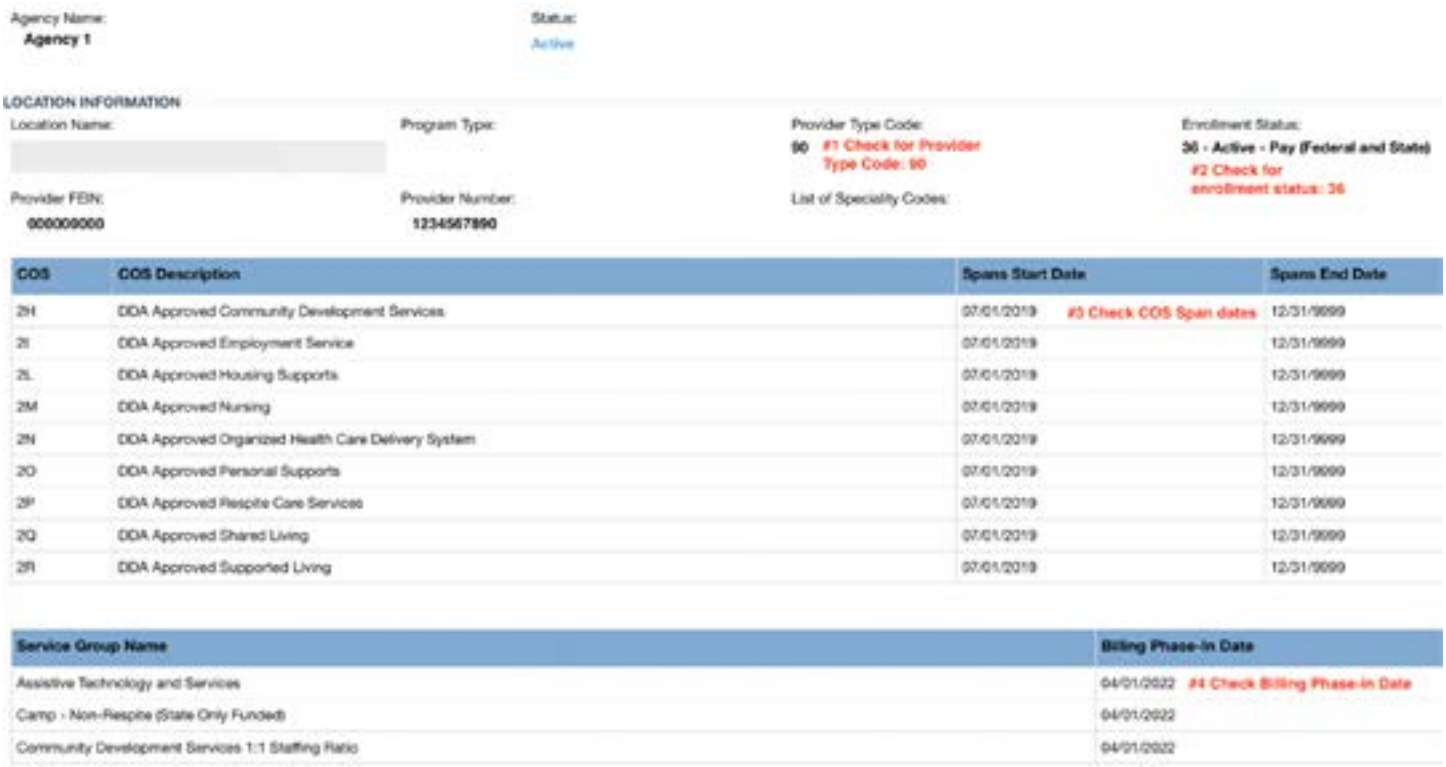
Once you are in the details section ensure the following:

**1.** Provider Type Code = 90
- If not, then it is not eligible for billing DDA services

**2.** Check to make sure the Enrollment Type = 36
- If not, then it is not eligible for billing in LTSS Maryland

**3.** Check the COS Span dates
- If the span is end-dated you will not be able to bill that service in LTSS

**4.** Check the Billing Phase-In Date
- If the effective date is 12/31/9999 you will get a hardstop error that will prevent you from entering that service type in LTSS even if you have the appropriate COS code, provider type code, enrollment status, etc.



Agency Name: **Agency 1**

Status: Active

LOCATION INFORMATION

Location Name:

Program Type:

Provider Type Code: 90 #1 Check for Provider Type Code: 90

Enrollment Status: 36 - Active - Pay (Federal and State) #2 Check for enrollment status: 36

Provider FEIN: 000000000

Provider Number: 1234567890

List of Specialty Codes:

| COS | COS Description | Spans Start Date | Spans End Date |
|---|---|---|---|
| 2H | DDA Approved Community Development Services | 07/01/2019 #3 Check COS Span dates | 12/31/9999 |
| 2I | DDA Approved Employment Service | 07/01/2019 | 12/31/9999 |
| 2L | DDA Approved Housing Supports | 07/01/2019 | 12/31/9999 |
| 2M | DDA Approved Nursing | 07/01/2019 | 12/31/9999 |
| 2N | DDA Approved Organized Health Care Delivery System | 07/01/2019 | 12/31/9999 |
| 2O | DDA Approved Personal Supports | 07/01/2019 | 12/31/9999 |
| 2P | DDA Approved Respite Care Services | 07/01/2019 | 12/31/9999 |
| 2Q | DDA Approved Shared Living | 07/01/2019 | 12/31/9999 |
| 2R | DDA Approved Supported Living | 07/01/2019 | 12/31/9999 |

| Service Group Name | Billing Phase-In Date |
|---|---|
| Assistive Technology and Services | 04/01/2022 #4 Check Billing Phase-In Date |
| Camp - Non-Respite (State Only Funded) | 04/01/2022 |
| Community Development Services 1:1 Staffing Ratio | 04/01/2022 |

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## 3. Electronic Fund Transfer Status Review

LTSS*Maryland*—DDA Module processes claims daily and remits payments once a week This process is most efficient when paid through Electronic Fund Transfer (EFT) directly to the provider's banking information on record with the State of Maryland Office of the Comptroller. To prevent any delays in claims processing and payment following the go-live in LTSS*Maryland*—DDA Module, you should verify your EFT status with the **Office of the Comptroller** (marylandtaxes.gov) (https://tinyurl.com/373a4fta).

If you are submitting claims using Electronic Visit Verification (EVV), you should verify that electronic payments have been remitted. If payments have been remitted, no further action is needed.

- Providers are required to use EVV. If you have not received payment using EVV, you should contact your Regional Office Provider Services to verify your EFT status

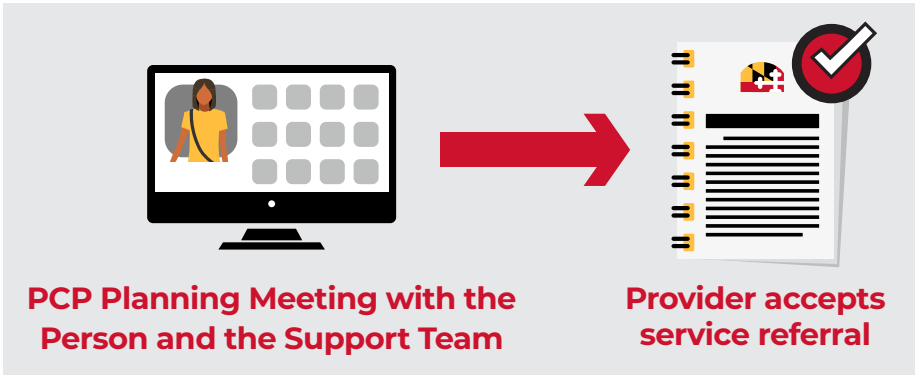
If you are not set up with the Comptroller for EFT payments through LTSS*Maryland*—DDA Module, use this link: **Electronic Funds Transfer (EFT) Program** (https://tinyurl.com/3bd7f44s).

You will see the steps for completing the setup process and see the steps required if you have changed your bank.

## 4. Person-Centered Plan Review

Best practice indicates that you should require your program staff to review every plan prior to service referral approval.

- You should ensure your program staff accepts service referrals in a timely manner so that plans can be submitted properly. Plans will not be submitted on time by the CCS if you delay accepting services




Once PCPs are submitted, you should assign staff to track the workflow for each plan in LTSS*Maryland*—DDA Module provider portal to ensure that plans are moving through the system in a timely manner. If a plan is not advancing, you should then reach out to the CCS to identify and resolve the issue. If further inquiry is needed, together with the CCS, contact your Regional Office's Program's Director. (See the **DDA Provider Portal Manual** (https://tinyurl.com/4v2ds68v) Section 3.4.9, "Service Plan Workflow History.")

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In conducting this review, you may identify barriers to plans being ready for billing based on information already in the plan. However, if plans previously did not account for identified support needs, you should work with the CCS for any needed plan revisions prior to going live in LTSS*Maryland*—DDA Module. Services that are not in an approved plan will not be able to be billed. In completing this process, you should remember:

- Services and service amounts are based on the participant's assessed needs as indicated in their PCP
- Authorization service unit totals in LTSS*Maryland*—DDA Module account for the number of billable days in the month, so authorizations will change from month to month
- Meaningful Day or direct support services such as Personal Supports, CDS, CLGH 1:1 account for any specified days of a week
    - Example: If Services are only requested and entered for Mondays, then authorizations vary according to how many Monday's there are in each month.
- **For Community-Living Group Home and Supported Living services, the rate is based on the number of participants living in the home and the overnight support configuration.** Providers must indicate the number of people authorized to live at the home at the time of billing to drive the billing rate. Further details on who qualifies to be included in the calculation of the number of people authorized can be found in **DDA's FAQ** (https://tinyurl.com/ms2b3kek). It is important to note that your agency will not be able to bill for participants whose PCPs are not final and approved. You do not see the same screens as the CCSs on LTSS*Maryland*—DDA Module, so it is important to share screens and screenshots with the CCS to understand and agree to the types of services authorized, the units to be assigned for the plan year, and the start/end dates. Once these elements are agreed upon, you should accept the referral in LTSS*Maryland*—DDA Module within the allowable time frame and adhere to the start/end dates and support schedule. (For assistance see Section 3 of the **DDA Provider Portal Manual** (https://tinyurl.com/4v2ds68v))

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## It is recommended that your PCP review verifies for accuracy the following key areas:

- Spelling of each participant's name
- Participant's home address
- Participant's date of birth is correct
- Start/effective plan date
- Language in the Service Implementation Plan is consistent with outcomes and goals and service scope
- ALL needed/requested services in the PCP are included for approval. If all services are not listed, review the DSAT to ensure that everything needed is present
- ALL information in the DSAT should be completed, reviewed and checked for accuracy and be reflected in the DSA
- Review quarter hour units to ensure the units are four times the authorized hours needed. It may be helpful to calculate this in the comments section of the DSAT

## Person Centered Plan Review

When accepting PCPs, providers should review this information to limit instances of billing exceptions:

**1.** Annual PCP Date

**2.** Effective Dates

**3.** Provider Number on PCP

**4.** Service information

**5.** Service Units and calculation

**6.** Provider Location Information

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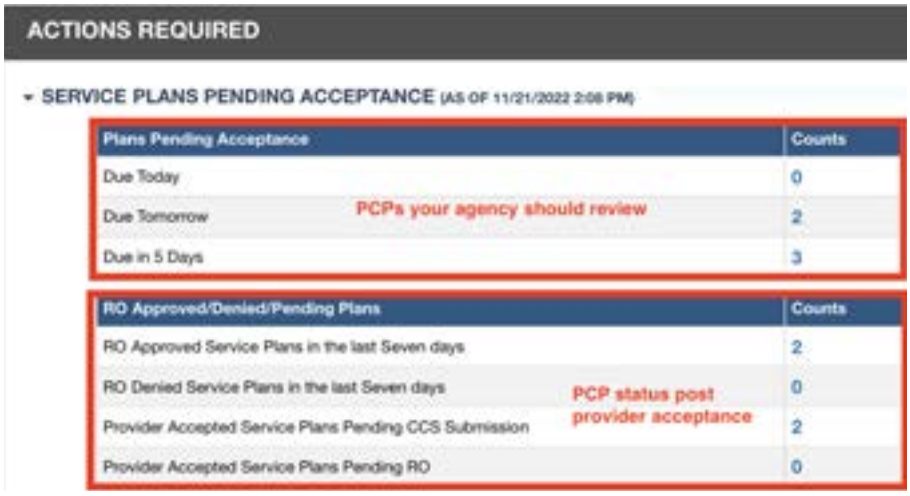
## Locate Pending PCPs

On the home page of Provider Portal you will see PCPs pending acceptance/approval.

- Plans Pending Acceptance: PCPs your agency should review
- RO Approved/Denied/Pending Plans: PCPs your agency already accepted and are in the CCS/RO review process
- Click on Details to get to the additional information about the location

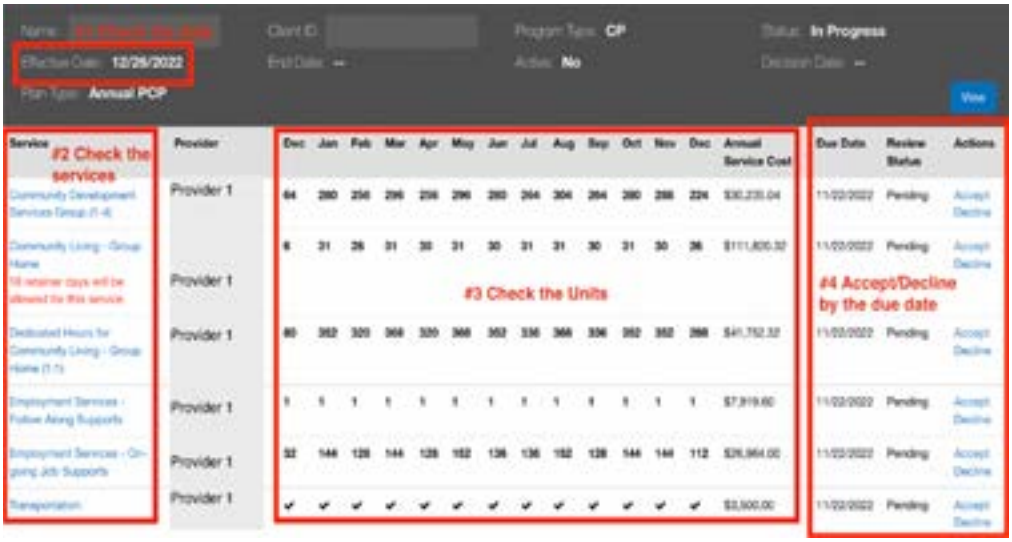
Click the blue # hyperlink under the Counts column to seethe pending PCPs and view the Pending PCP information.




## Check the Effective Date

The effective date is the start date of the plan.

- Any billing prior to the effective date will be held to the prior plan's details or otherwise will not be eligible for billing
  - This is especially important to avoid **Provider Not Authorized, Site Not Authorized,** and **No approved service plan found** exceptions
- You must be certain of the effective date of the plan to make sure it matches the team's agreed upon start date
  - If it does not, please reach out to the CCS to clarify





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## Check the Services

Clicking the blue hyperlink in the Service column will bring you to the detailed service authorization page. Within this, you will need to check the following information:

**1.** Service type
- Make sure it matches what service was agreed upon by the person and the team (i.e. 2:1 supports versus 1:1 supports)
- This is especially important to avoid **Provider Not Authorized** exceptions

**2.** Note the unit type
- Important for determining the proper unit limit in the PCP
- This is especially important to address **Provider has exceeded the maximum authorization for the month** exceptions

**3.** View the scope
- Make sure the scope reflects what was agreed upon or references the appropriate SIP


**4.** Check the provider number
- Make sure that this number is the correct one and can be used for billing in LTSS(see pages 6 - 8 for details)
- This is especially important for all services to avoid **Provider Not Authorized** and **Site Not Authorized** exceptions

**5.** Check the location
- Make sure the location information is correct
- This is especially important for residential services to avoid the **Site Not Authorized** exception


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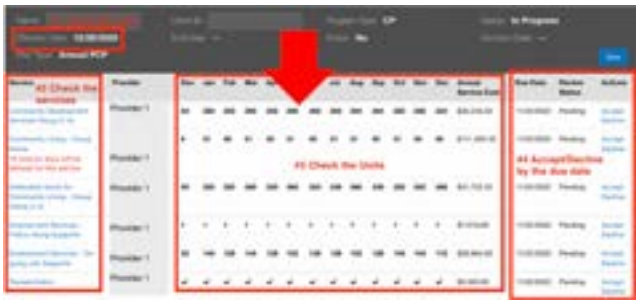
## Check the Units

Make sure that the units allocated on the PCP match your expectations according to the services' billable unit type.

- This is especially important to address **Provider has exceeded the maximum authorization for the month** exceptions

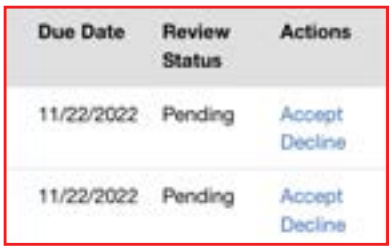


| | | |
|---|---|---|
| **15 minute unit services** | Should be greater than 0 for the service months but can be any number of units on the PCP | **Reminder: 4 units = 1 hour**<br>Best practice is to divide the total units per month by 4 to make sure the work hours is as expected<br>Please note that if the annual PCP date in the beginning of the month, there may not be any units on the last month of the plan year<br>Examples:<br>• If the annual plan date is 12/1/2022, there will not be any units for December 2022<br>• If the annual plan date is 12/2/2022, but the service is only provided on Mondays, and 12/1/2022 is a Saturday, then there will also not be any units listed |
| **Daily units** | 1 unit per day | PCP should have 1 unit per day of the month. PCPs with an effective date mid month will result in partial months |
| **Monthly units** | 1 unit per month | PCP should have 1 unit a month within the service span. Bills on the last day of the month by default so ensure that the PCP does not end prior to the last day of the given month |
| **Upper pay limit** | Checkmark | Should have a checkmark on the month you expect to bill. The $ indicated should be the amount expected for the entire plan year. Note: CCS may check off all months to ensure maximum flexibility |
| **Milestone** | Checkmark | Should have a checkmark on the month you expect to bill |

## Accept or Decline by the Due Date

Providers have **5 days** to accept Services before the link expires and the CCS will need to resubmit.

- If the service line is correct, accept the service by clicking the blue 'Accept' hyperlink
- If the service line is incorrect, decline the service by clicking the blue 'Decline' hyperlink and alert the CCS of your concerns

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## 5. Dedicated Hours

To ensure accurate and appropriate authorization of dedicated hours, the DDA can assist teams with the review of needs and dedicated hours requests. It is important to remember that dedicated hours and residential PCIS2 add-on hours are different. LTSS*Maryland*—DDA Module residential services rates include shared hours and overnight supports in addition to dedicated support hours that can be requested.

In LTSS*Maryland*—DDA Module, rates for Community Living-Group Home, Community Living - Enhanced

Supports, and Supported Living assume that participants in the residential setting share a core set of hours. This is referred to as the base service hours or "shared hours." For example, if three (3) participants reside in a single residential setting, 199.5 shared hours if the home has overnight support, or 143.5 shared hours if the home does not have overnight support.

Overnight supervision (where staff may be awake or asleep based on your business model and the participants' needs), is indicated in LTSS*Maryland*—DDA Module in the Residential Provider Configuration section, as noted above, for each residential setting by the DDA Regional Office Provider Services staff.

If additional supports are needed beyond the shared hours, teams can request dedicated hours as per DDA's requirements, set forth in DDA's **policies and guidance** (https://tinyurl.com/44wpudku). Dedicated Support Hours are based on the participant's assessed needs. DDA may authorize dedicated hours for 1:1 and 2:1 staff-to-participant supports ("1:1" and "2:1," respectively).

Participants with an assessed need for additional supports can request Dedicated Hours in addition to the main residential service (i.e., Community Living-

Group Home, Community Living -Enhanced Supports, and Supported Living). If approved, the participant will have both the main service and the dedicated service listed in the detailed service authorization section.

Hours for Dedicated 1:1 cannot be authorized when the house reaches 1:1 support for each participant living in the home. Dedicated hours are not limited to services provided inside the home and can support the participant with community engagement. If a participant requires a 2:1 staff ratio and this includes the 1:1, do not add this in yourself. This must be discussed as part of a team meeting and agreement, and written in the DSAT accordingly.

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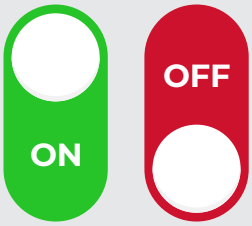
## 6. Community Living – Group Home House Configuration Review

If you provide Community Living – Group Home (CLGH) services and Community Living - Enhanced Supports (CLES), you will require additional oversight review to ensure each home site is properly set up in LTSS*Maryland*—DDA Module. All of your sites need to have a license and their own MA#. Each of your sites must be licensed in order for you to bill for services provided at that location. Previously you may have bypassed the issue by simply using the MA# to bill, however this is not an option in the LTSS*Maryland*—DDA Module. Licensing is a multi-step process, and you should acquire your licenses as soon as possible to avoid billing exceptions. DDA will conduct a review of each site location. During this review, the following criteria will be examined, updated as needed, or flagged for follow-up:

- Medical Assistance (MA) site number associated with each site is correct
- Each site is licensed
- Site addresses are correctly entered into LTSS*Maryland*—DDA Module
- COS codes are accurate for the site as applicable, including COS codes for Respite-daily, Community Settings Rule (CSR) compliance, 2T youth code for under 18* exceptions, and/or CLGH-Enhanced codes
- Participants are correctly assigned to each site
- Site Configuration is correct (including Overnight Supports flag as applicable)

**Overnight Supports function should be set as either "On" or "Off" for any home in the system. You should contact the appropriate Regional Office if Overnight Supports need to be adjusted for the home based on your business model.**




These additional points of review are critical to ensuring that accurate and timely billing can be completed in LTSS*Maryland*—DDA Module for CLGH and CLES. You are encouraged to conduct a self-assessment of your CLGH and CLES as soon as possible. Any needed updates should be coordinated through your designated Regional Office (RO), Provider Services (PS) division. For example, site issues would be coordinated with the RO Provider Services; PCP issues would be coordinated with the CCS.

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All DDA funded services (both DDA Medicaid Waiver and DDA State-funded) are billed via LTSS*Maryland*—DDA Module unless otherwise instructed due to Appendix K or other applicable State of federal policy and guidance. This includes when DDA Medicaid Waiver and DDA State-Funded participants receive CLGH services in the same home. The DDA rate is based on the number of DDA funded participants in the home regardless of funding whether they are DDA Medicaid Waiver or DDA State-Funded.

***Note:*** *DDA funded residential services including base shared and dedicated hours are to support DDA funded participants only. Providers that also support participants in other non-DDA programs (e.g., Brain Injury Waiver, Autism Waivers, Department of Human Services) in the same residential home must establish designated staff for these participants as the DDA funded shared and dedicated hours are specific to DDA funded participants only.*

## 7. LTSS*Maryland*—DDA Module Training Needs

The DDA will host, in partnership with its contracted LTSS*Maryland*—DDA Module training vendor, a series of billing training sessions for your staff prior to going live in LTSS*Maryland*—DDA Module.

Training will occur no more than two months prior to going live in the system. This training is to ensure your executives and billing staff understand how **claims submission** and **tracking** are conducted in LTSS*Maryland*—DDA Module. While some providers are already billing in the LTSS*Maryland*—DDA Module through EVV, additional considerations for added services should be reviewed prior to go-live. The DDA will coordinate with you once a training schedule is developed to ensure adequate capacity for identified staff.

Previous recorded training videos are also available on the **DDA website** (https://tinyurl.com/bdfbh94x) including:

- Administration of Staff and Provider - Learn how to create and manage Agency Staff Profiles in LTSS*Maryland*—DDA Module
- Client Search - Learn how to Search and View Client information in LTSS*Maryland*—DDA Module
- Service Referral - Learn about Service Acceptance Referrals for Person-Centered Plans in LTSS*Maryland*—DDA Module

## 8. Provider Locations Billing Turn on

Your services will need to be "turned on" in the LTSS*Maryland*—DDA Module for billing to be submitted. Your locations will start being turned on for billing no earlier than two months before the identified billing start date; however, you should not start to bill in the new system prior to the identified start date.

The effective date for billing (i.e., Billing Phase-in Date) will be as agreed for your go-live date. You should review all of your locations in the Provider Portal

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and ensure that the Phase-in Date is accurate as of the agreed go-live date which can be found in the Agency Profile for each service site. This Phase-in Date turn on is required for you to be able to complete billing entries in the LTSS*Maryland*—DDA Module. For assistance in completing billing entries, see section 7 (Billing for Non-EVV Services) in the Provider Portal User Manual.

## 9. Additional Provider Considerations

As previously noted, the items outlined in this playbook are meant to ensure focused self-assessment of your system readiness for service authorization and billing. Each of you, prior to going live in the LTSS*Maryland*—DDA Module, should **complete the critical components** listed above, and should conduct your own readiness self-assessment. Your self-assessments, internal reviews and operational updates may include, at a minimum, the following actions:

- Develop internal policy and procedure to support operations in LTSS*Maryland*
- Review your organization chart to determine where new positions are warranted or where current positions could be revised to manage billing, fiscal reconciliation, program, or policy updates relating to successful operations in LTSS*Maryland*
- Acquire and use updated technology that supports the use of LTSS*Maryland*—DDA Module
- Train staff on the DDA services, staff qualifications, service limitations, and the timely and successful completion of PCP required documentation
- Train staff on how to complete a Detailed Service Authorization Tool and the Service Implementation Plan
- Determine LTSS*Maryland*—DDA Module billing upload capacity needs*
- Ensure adequate billing staff capacity for your LTSS*Maryland* billing transition
- Coordiate with other funding internal billing systems, e.g., Department of Rehabilitation, private pay, etc.
- PCP planning, review, and tracking

**DDA will work with providers to identify if this need is present, but providers will be responsible for coordinating technology modification needs at their specific organization*

You are encouraged to troubleshoot or discuss go-live strategies with peers, participate in DDA-hosted discussions or training, and communicate openly with the DDA to troubleshoot issues.

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- Develop an internal work group to focus specifically on LTSS*Maryland*—DDA Module implementation
- Carefully review all ePREP and Licensing updates
- Participate in LTSS*Maryland*—DDA Module systems training
- Consider developing a specific services guide and train all staff on its contents
- Have work groups that concentrate on PCP development, ensuring that PCPs are accurate and complete by working closely with the CCSs
- Regular meetings between providers and CCS supervisors are highly recommended
- Develop workflows for time capture, documentation, billing, and reconciliation
- Test the following: billing/case management application changes, API upload (if using a bridge to LTSS*Maryland*—DDA Module), billing functionality and reconciliation

## Additional information: API Provider Upload Process Module implementation

Below is the process for providers that may need assistance when requesting APIs via the **LTSSHelpDesk@LTSSMaryland.org**

1. Providers should contact the LTSS Helpdesk at LTSSHelpDesk@LTSSMaryland.org to inform the team that they will be transitioning into LTSS soon. Providers will need to include their FEIN and their base MA# in their email communications to the helpdesk.
2. Obtain permission documents (held by GCOM). GCOM will provide assistance to help the provider complete the form.
3. Providers should complete and sign (Executive level signature from Provider) and send back to GCOM.
4. GCOM will request the DDA signoff at HQ level
5. GCOM will then request MDH signoff
6. Request is submitted to GCOM
7. Once approval is granted, then GCOM can process access setup and work with provider

- Review your billing and billing exceptions at minimum weekly. This makes resolution easier and more timely. Including key finance, IT and services team members ensures all new and continued billing issues are addressed timely
- Establish new service models to ensure continuity of services for each person's unique needs and various situations that may arise during the plan year

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## Resources for Common Questions

Regional Provider Services will serve as the primary point of contact for agencies on items related to Category of Services (COS), Community Living – Group Home House Configuration, Medical Assistance Number (Base and Site) and Electronic Fund Transfer guidance. Contact information for regional points of contact across these efforts are included on the following page.

The DDA Headquarters team will focus primarily on statewide coordination and tracking provider readiness across regions. Headquarters will also work to coordinate training needs and manage the Service Desk to troubleshoot provider issues. Robert White, Director of Administration, will serve as the primary contact for Headquarters related items. Also included below is guidance on when and how to submit a support ticket through the LTSS*Maryland*—DDA Module HelpDesk or Service Desk.

| Resource | Common Question Topic |
|---|---|
| MDH ISAS Team at mdh.isashelp@maryland.gov | EVV and Non-EVV Billing |
| Regional Program Services | PCP-CCS/Provider Set up |
| Regional Provider Services | • Addressing Category of Services (COS)<br>• Residential Configuration/Community Living - Group Home House Configuration, Medical Assistance Number (Base and Site)<br>• Medical Assistance Number (MA#) |
| State Comptroller's Office https://www.marylandtaxes.gov/divisions/gad/eft-program.php | Enrolling in Electronic Funds Transfer |
| Robert White at robert.white2@maryland.gov | Executive Level General Implementation |
| DDA ServiceDesk at servicedesk.dda@maryland.gov | All other LTSSMaryland Topics, or if the LTSS Help Desk advises. This includes support if the provider does not have an LTSSMaryland login. Please include in the description of the problem as many details as possible including screenshots to support the request. |

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**Provider Portal Account Registration:**

**1-855-4MD-LTSS (1-855-463-5877) or ISASHelpDesk@LTSSMaryland.org**

| Region | Regional Directors | Provider Services Staff: (PS staff will be the POC for addressing COS, Residential Configuration, MA#) |
|---|---|---|
| Western | Cathy Marshall<br>cathy.marshall@maryland.gov<br>Telephone: (301) 791-4670<br>Maryland Relay: (800) 735-2258<br>Toll Free: (888) 791-0193<br>FAX: (301) 791-4019 | Janet Wheeler<br>janet.wheeler@maryland.gov |
| Eastern | Kimberly Gscheidle<br>kimberly.gscheidle@maryland.gov<br>Telephone: (410) 572-5920<br>FAX: (410) 572-5988<br>Toll Free: (888) 219-0478<br>TDD: (800) 735-2258 | Andrea Jones<br>andrea.jones@maryland.gov |
| Southern | Onesta Duke<br>onesta.duke@maryland.gov<br>Telephone: (301) 362-5100<br>TDD: (301) 362-5131<br>Toll Free: (888) 207-2479<br>FAX: (301) 362-5130 | Kianna Blakeney<br>kianna.blakeney@maryland.gov |
| Central | Bianca Renwick<br>bianca.renwick@maryland.gov<br>Telephone: (410) 234-8200<br>Maryland Relay: (800) 735-2258<br>Toll Free: (877) 874-2494<br>FAX: (410) 234-8397 | Jessica Xander<br>jessica.xander@maryland.gov |

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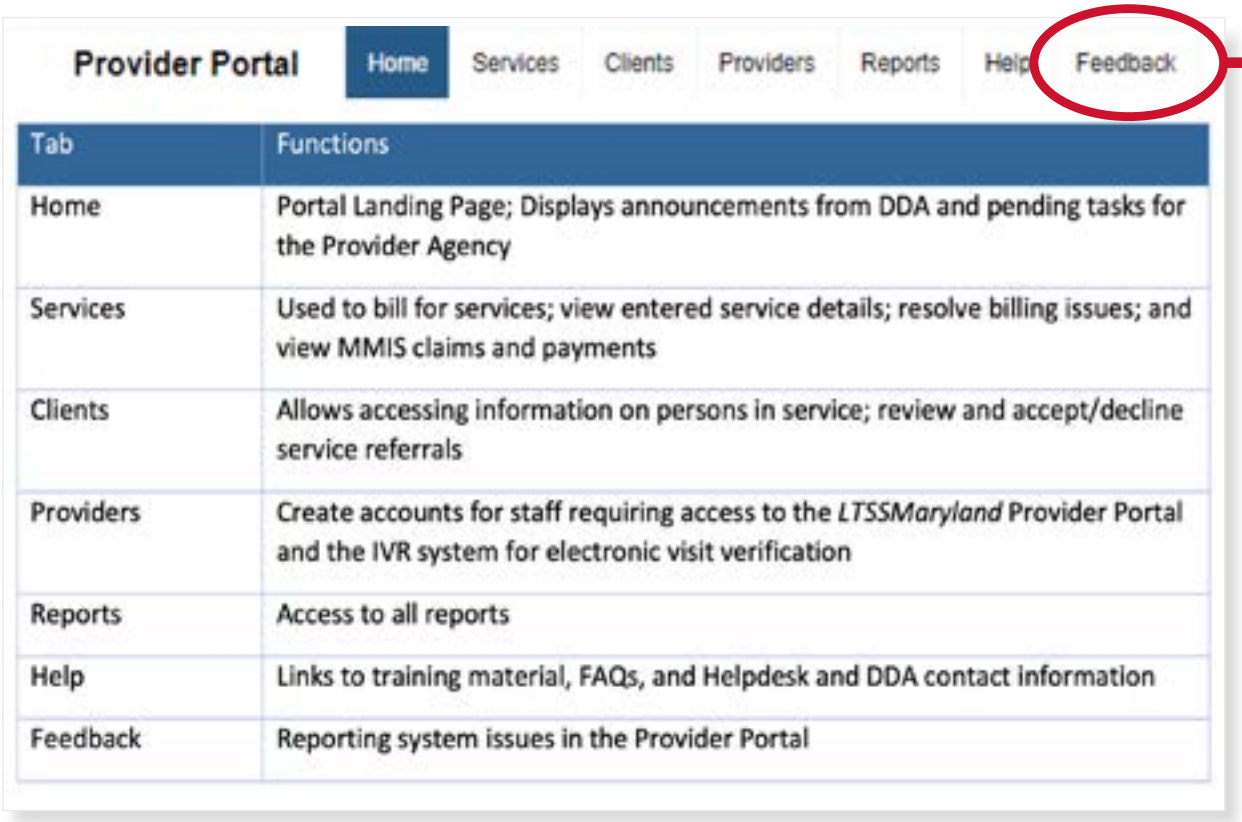
## Technical Assistance with LTSS*Maryland*—DDA Module Functionality: Help Desk

If a problem arises that cannot be resolved by communicating with the CCS, first consult the Service Modification Guide (Section 13, **Provider Portal User Manual** (https://tinyurl.com/4v2ds68v)) and/or the **Troubleshooting Companion Manual** (https://tinyurl.com/bdd4zcwk). If the problem still cannot be resolved, then submit a Help Desk ticket using the Feedback tool in LTSS*Maryland*—DDA Module. The Feedback tool is located under the Menu link at the top right corner of each screen in LTSS*Maryland*—DDA Module. The Feedback tool allows users to create Help Desk requests and to track the status of their existing requests. (See the Help Desk screenshot below).




| Tab | Functions |
|---|---|
| Home | Portal Landing Page; Displays announcements from DDA and pending tasks for the Provider Agency |
| Services | Used to bill for services; view entered service details; resolve billing issues; and view MMIS claims and payments |
| Clients | Allows accessing information on persons in service; review and accept/decline service referrals |
| Providers | Create accounts for staff requiring access to the *LTSSMaryland* Provider Portal and the IVR system for electronic visit verification |
| Reports | Access to all reports |
| Help | Links to training material, FAQs, and Helpdesk and DDA contact information |
| Feedback | Reporting system issues in the Provider Portal |

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## Helpful Resource Links:

Healthcare Professionals: This site provides secure online services for Maryland Medicaid Providers **where you can verify recipient eligibility, obtain payment information and Remittance Advice (RA).**

**Step 1:** Apply to participate in Maryland's Medicaid Program as a Medical Care Provider through ePREP. Please select 'go!' next to Step 1.

**Step 2:** If you already have a Medicaid Provider Number, Register to use this site at: **https://encrypt.emdhealthchoice.org/emedicaid/**.

**Family Supports Waiver Amendment #3 2021, Effective January 19, 2021** (https://tinyurl.com/wetvachz)

**Community Supports Waiver Amendment #3 2021, Effective January 19, 2021** (https://tinyurl.com/kd6h5vha)

**Community Pathways Waiver Amendment #3 2021, Effective January 19, 2021** (https://tinyurl.com/2bu42dcp)

**Guidelines for Service Authorization and Provider Billing Documentation - Revised March 29, 2022** (https://tinyurl.com/44wpudku)

**DDA Provider PCP Checklist – April 2, 2021** (https://tinyurl.com/4p7pb9d5)

**DDA CCS PCP Checklist - Revised March 28, 2021** (https://tinyurl.com/36drjeb6)

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