

DDA April 2023 Release Items

CR-629624 Create a View of the Day CSQ Form in the Provider Portal

When completing a Residential Community Settings Questionnaire, LTSSMaryland will prompt the user to identify if that address selected is for a Provider, which will only apply if it is for 'Provider owned or controlled housing.' Through this update, the system can establish a direct relationship between the Community Settings Questionnaire form and its associated provider so that the information can be presented to that provided through the Provider Portal.

Community Settings Questionnaire - Residential New

[Cancel](#) Save

Please select the option that best describes the current residence: *

- A home owned or leased by the individual or their family member.
- An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control.
- Provider owned or controlled housing.

Number of unrelated people living together at this address or in this setting: *

Other shared housing.

Do any unrelated individuals receive services or supports in this setting?: * Yes No

Residence

Address: *

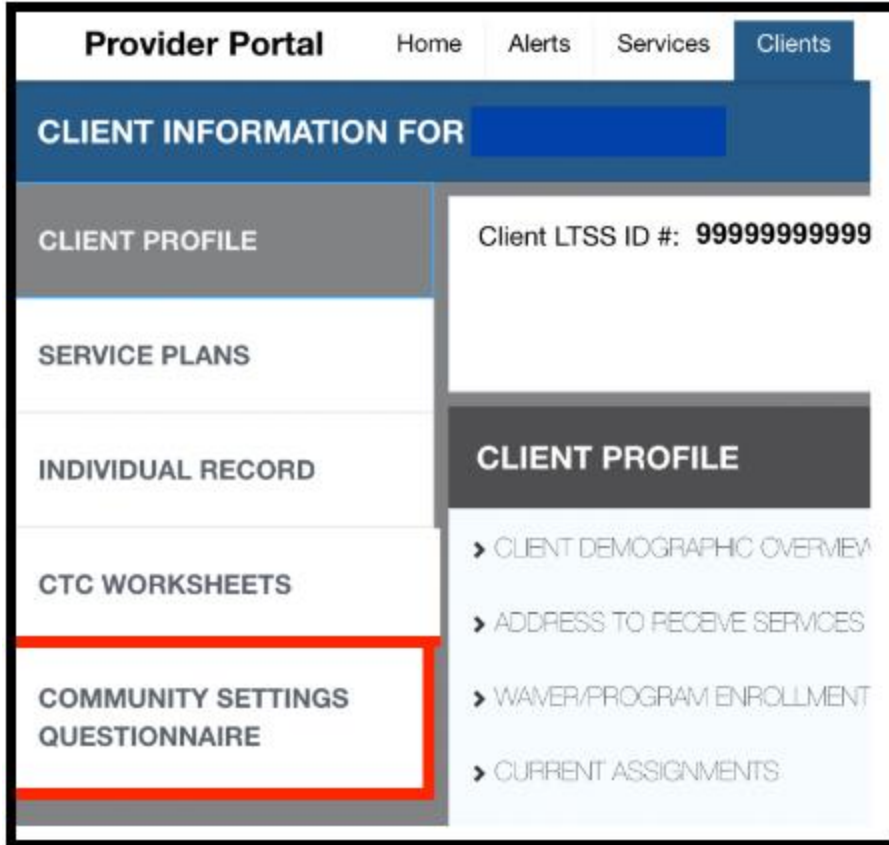
Home Type: Congregate

Is this address associated to a Provider? ** Yes No

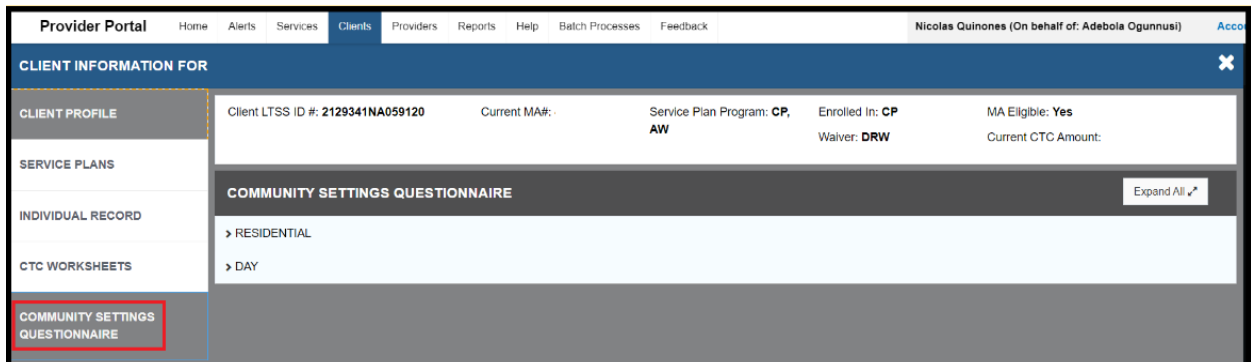
Provider: ** Search

Home Setting: *

When a provider searches for a participant's record through the Clients tab in Provider Portal and navigates inside that specific participant's record, through the left navigation they will see a new option called 'Community Settings Questionnaire.' By navigating to this area, they will be able to see a full history of both Residential and Day Community Settings Questionnaire forms that were completed for that participant in association with their specific provider location.



The page will contain two separate tables, one for the history of Residential CSQ and one for the history of Day CSQ for that participant.



Providers will also have the ability to pull up their own Provider Location record by searching through the Providers tab in Provider Portal. After accessing their record, through the left navigation they will see a new option called 'Community Settings Questionnaire.' By navigating to this area, they will have the ability to see a full list of any participants they are currently associated to/assigned to and information on the latest Residential and Day Community Settings Questionnaire completed for that participant in association to the specific provider.

In the results, the provider can easily see if they are State Compliant versus Non-Compliant and if they wish to see the details on the questionnaire itself, they can click the View link located under the Actions column to see further details.

Client Id	First Name	Last Name	Type	Completion Date	Status	Actions
3839962EK335110	Fake	Person	Residential	03/21/2023	Non-Compliant	View
2759567RB093100	Test	Client	Residential	03/21/2023	Compliant	View

When viewing the results of a Community Settings Questionnaire, the provider can see the specific questions and the items that they were compliant versus non-compliant on.

Provider Information

Please note that if any of the following answers are **No** then the residence does not meet the definition of a community residence and does not qualify to participate in CFC or CPAS. When completing this questionnaire for a child, please consider the parent/guardian responsibilities.

- Access to the greater community:**
 - 1a. Does the participant have the opportunity to seek employment if they choose? Yes No
 - 1b. Is the participant able to engage in community life the way they choose? Yes No
 - 1c. Does the participant have control over personal resources? Yes No
- Did the participant choose the residence? Yes No
- Rights of the applicant/participant:**
 - 3a. Are there systems to ensure the participant's rights of privacy, dignity, and respect are being met? Yes No
 - 3b. How are the participant's rights of privacy, dignity and respect ensured?
test
 - 3c. Does the residential situation appear free of coercion or restraint? Yes No
 - 3d. How is freedom of coercion and restraint ensured?

WO-449 Display CTC value on Service Plan in Provider Portal

- To see the History of CTC in the Provider Portal

DDA Worksheets Collapse All

Cost of Care Worksheet 4C History

Effective Date	End Date	Create Date	Program Type	Status	CTC Amount	Active/Inactive	Actions
02/2023	N/A	02/21/2023	CP	In Progress	N/A 02/2023 - \$1267.00	Inactive	View Print
03/2023	N/A	02/21/2023	CP	Complete	03/2023 - \$1767.00 N/A	Active	View Print
09/2022	01/31/2023	02/21/2023	CP	Complete	09/2022 - \$767.00 10/2022 - \$1767.00	Inactive	View Print
02/2023	01/31/2023	02/17/2023	CP	Complete	02/2023 - \$1267.00 03/2023 - \$267.00	Inactive	View Print
11/2022	01/31/2023	02/17/2023	CP	Complete	11/2022 - \$2267.00 12/2023 - \$267.00	Inactive	View Print
02/2023	01/31/2023	02/01/2023	CP	Complete	02/2023 - \$1015.50 03/2023 - \$424.50	Inactive	View Print
04/2023	01/31/2023	01/31/2023	CP	Complete	N/A - \$27.50 04/2023 - \$0.00	Inactive	View Print

DDA Worksheets Collapse All

Cost of Care Worksheet 4C History

Effective Date	End Date	Create Date	Program Type	Status	CTC Amount	Active/Inactive	Actions
11/2022	12/31/2022	10/25/2022	CP	Complete	11/2022 - \$999.00 12/2022 - \$938.00	Active	View Print
07/2021	09/30/2022	06/14/2021	CP	Complete	07/2021 - \$886.00	Inactive	View Print

Provider Portal Home Services Clients Providers Reports Stock Language Help OTP Batch Processes Feedback ddadmin1 DDAHQ Account ▾

CLIENT INFORMATION FOR TS, AUTOCLIENT01 ✕

CLIENT PROFILE

SERVICE PLANS

INDIVIDUAL RECORD

CTC WORKSHEETS

Client LTSS ID #: **32100NBUA4L0210** Current MA#: Service Plan Program: **CPAS, AW** Enrolled In: **ICS** MA Eligible: **No**

Waiver: Current CTC Amount: **\$1,267.00**

[Open in LTSS](#)

CTC WORKSHEET History

Effective Date	End Date	Create Date	Program Type	Status	CTC Amount	Active/Inactive	Actions
02/2023	N/A	02/02/2023	CP	Completed	02/2023 - \$267.00 03/2023 - \$1,267.00	Active	View Print

REPORTS

Category	Name	Data Frequency	Actions
Claims	Provider Portal Claims Report	Nightly	View
Claims	Remittance Advice Report	Nightly	View
DDA - Provider Portal	DDA - Contribution to Care Report	Real Time	View

Report: <Select a Value> Client ID / MA #:

Services: Program: CP

Start Date: End Date:

[View Report](#)

Report: ✓ <Select a Value>
 Summary Report only
 Detailed Report only

Client ID / MA #:

Services: Program: CP

Start Date: End Date:

[View Report](#)

Services: W5600 - Community Living - Grou Program: CP

Start Date: 9/1/2022 12:00:00 AM End Date: 12/31/2022 12:00:00 AM

1 of 2

Date Created: 3/21/2023 8:44:12 AM

DDA - Contribution to Care Summary Report only

Search Criteria:

Report: Summary Report only

Client ID / MA #:

Services: W5600 - Community Living - Group Home, W5601 - Community Living - Enhanced Supports, W5611 - Shared Living - Level 1, W5892 - Shared Living - Level 2, W5893 - Shared Living - Level 3

Program: CP

Start Date: 09/01/2022

End Date: 12/31/2022

Total Records: 27

Last Name	First Name	Client ID	Client MA#	Program	CTC Amount in Span
Grand Total					\$42,997.80
Client 1	Name 1	123456PW789	123456789	CP	\$1,068.00
Client 2	Name 2	999999QQ99	987654321	CP	\$632.00
Client 3	Name 3	888888WW88	000000000	CP	\$136.00

Service Date	Agency Name	Provider Name	Provider Number	Last Name	First Name	Client ID	Client MA#	
Program	Service Type	Claim Status	Claim ICN	RA No	RA Date	Claim Total Cost	Claim Amount Attributed to CTC	Claim Amount Paid by MMIS
CP	Community Living - Group Home	Paid	1111111111111111	111111	12/14/2022	\$346.87	\$267.00	\$346.87

Last Name: **Name** First Name: **Name** ID #: **999999WW99**

MA#: **CP** Service Plan Program: **CP** Enrolled Program: **CP** MA Eligible: **Yes**

Date of Birth: **Baltimore** Jurisdiction: **Baltimore** Client Region: **CMRO** Primary Phone#:

OTP Device Assigned: **No** OTP Serial Number: **N/A** Current CTC Amount: **\$521.00**

Re-Determination Due Date: **--**

[Details](#)

CLIENT INFORMATION FOR

CLIENT PROFILE

Client LTSS ID #: 9999999999

SERVICE PLANS

INDIVIDUAL RECORD

CTC WORKSHEETS

COMMUNITY SETTINGS QUESTIONNAIRE

CLIENT PROFILE

- > CLIENT DEMOGRAPHIC OVERVIEW
- > ADDRESS TO RECEIVE SERVICES
- > WAIVER/PROGRAM ENROLLMENT
- > CURRENT ASSIGNMENTS

Last Name	First Name	Client ID	Client MA#	Program	Service Type	Claim Status	Claim ICN	RA No	RA Date	Claim Total Cost	Claim Amount Attributed to CTC	Claim Amount Paid by MMIS
ACKMAN	CHAD	2439032HC508100	44401667100	CP	Community Living - Group Home	Paid	32303800001062757	414017	02/15/2023	\$350.40	\$120.80	\$350.40
ACKMAN	CHAD	2439032HC508100	44401667100	CP	Community Living - Group Home	Rejected	32303800001067065	414017	02/15/2023	\$350.40	\$350.40	\$350.40

COST OF CARE WORKSHEET 4C (IMPORT FROM E&E) Status: Submitted

Back to List

General Information

First Name:	Name	Create Date:	12/21/2021
Last Name:	Name	End Date:	12/31/9999
Client ID:	9999999999		
Case Manager:	Jane Doe		

CTC WORKSHEET

History

Effective Date	End Date	Create Date	Program Type	Status	CTC Amount	Active/Inactive	Actions
01/2023 ⓘ	01/31/2023	12/06/2022	CP	Completed	01/2023 - \$521.00	Active	View Print
01/2022 ⓘ	12/31/9999	12/21/2021	CP	Completed	01/2022 - \$480.00	Inactive	View Print

❗ In accordance with federal waiver regulations, specifically 42 CFR §441.303(e), an individual receiving waiver services from the state, who is eligible for the waiver in the special home and community-based waiver group, under federal code 42 CFR §435.217, is required to contribute a portion of their monthly income to pay for their cost of services. This is known as "Cost of Care (COC)."

You are in this eligibility group and must contribute a portion of your income to your service provider. You must continue to pay the monthly amount until otherwise notified. Please contact the provider to establish the time and manner of payments. The calculation of your cost of care does not include room and board payments.

CTC Calculation - Monthly Income and Expenses

Effective Date:	01/2022
Monthly Income	
1. Earned Income (\$)	\$0.00
2. Other Income (\$)	\$0.00
3. Pension Income (\$)	\$0.00
4. Social Security Income (\$)	\$0.00
5. SSDI (\$)	\$1,321.00
6. UnEarned Income (\$)	\$0.00
7. Veteran Benefits (\$)	\$0.00
8. Total Income (\$)	\$1,321.00
Monthly Expenses	
9. Current SSI Fbr (\$)	\$841.00
10. Dependent Allowance (\$)	\$0.00
11. Family Maintenance Allowance (\$)	\$0.00
12. Guardian Allowance (\$)	\$0.00
13. Medical Expense (\$)	\$0.00
14. Personal Needs (\$)	\$0.00
15. Residential Maintenance (\$)	\$0.00
16. Spousal Allowance (\$)	\$0.00
17. Total Expenses (\$)	\$841.00
18. Individual's Contribution to Cost of Care (\$)	\$480.00

WO-423 - Update CCS MFU forms Generation

Authorized users will now have the ability to manually add a CCS Monitoring and Follow Up form. **Please advise that this functionality should not be used to replace the auto-generated monitoring and follow-up form. The quarterly/ annually generated LTSS MFU forms must be completed timely. LTSS troubleshooting concerns should be addressed with the regional office CCS Squad staff.**

CCS Monitoring and Follow Up - List					
Type Of Review	Due Date	Status	Active/Inactive	Actions	Follow-up for Issues/Risks/Safety/Concerns
Quarterly	03/28/2023	Not Complete - Annual PCP Date Changed	Inactive	View	
Annual	03/11/2023	Not Complete - Priority Category Updated	Inactive	View	

When adding a manual form, the first step will be for the user to log at least one attempted contact before they can proceed on with the rest of the form.

Monitoring and Follow Up Form Status: Pending								
Back to List							Discard	Collapse All
Attemped Contacts							Add Attempted Contact	
Date Of Contact	Contact Type	Relationship to the Participant	Contact Name	Reason for Alternative Contact	Was the Participant Contacted Successfully?	Comments	Actions	
No data available in table								

Complete the necessary fields within the Attempted Contact form and click the save button to proceed.

Add Attempted Contact Cancel Save

Add Attempted Contact

Attempted Contact Information

Date of Contact: *

Contact Type: * ▼

Relationship to the Participant: * ▼

Contact Name: *

Reason for Alternative Contact:

Was Participant Contacted Successfully? * Yes No

After saving, the form will be presented to the user and they will have full edit access to all section. The key difference for a manually added CCS Monitoring and Follow Up form will be that the information across all sections will not be prepopulated and left blank and the user has the flexibility to determine which sections they wish to add information to as this is considered an off cycle update.

Monitoring and Follow Up Form Status: In Progress

[Back to List](#) [Print](#) [Discard](#) [Submit](#) [Expand All](#)

▶ **Attempted Contacts**

▶ **Monitoring and Follow Up Form Information** [Edit](#)

Monitoring and Follow Up Form Information

Type of Review:	Manual	Date Completed	N/A
Form Status:	In Progress	Individuals Name	UAT1 Miles
Date Of Visit	N/A	Location	
Monitoring Completed By	N/A		

▶ **Section 1: Current Circumstances** [Edit](#)

▶ **Section 2: Service Provision and Individual Satisfaction** [Edit](#)

▶ **Section 3: Progress Toward Outcomes** [Manage](#)

▶ **Section 4: Choice and Rights** [Edit](#)

▶ **Section 5: Health and Welfare** [Edit](#)

▶ **Section 6: Back-Up Plan and Emergency Plan** [Edit](#)

▶ **Section 7: Incidents** [Manage](#)

▶ **Section 8: Referrals** [Edit](#)

▶ **Section 9: Recommended Actions** [Manage](#)

From the list page, when a manual CCS Monitoring and Follow Up form is added, it will be clear by the Type of Review being listed as Manual and these types of forms will not have a due date set by the system.

CCS Monitoring and Follow Up - List [Add](#)

Type Of Review	Due Date	Status	Active/Inactive	Actions	Follow-up for Issues/Risks/Safety/Concerns
Manual	N/A	In Progress	Inactive	View	

Updates have also been made to the CCS - Monitoring Form Report to allow for the searching and results to be displayed related to manually added CCS Monitoring and Follow Up forms.

Responsible Region: N/A CCS Agency: BEATRICE LOVING HEART - 810501400 (Active) View Report

Start Date: 3/27/2023 12:00:00 AM End Date: 3/28/2023 12:00:00 AM

CCS Supervisor: Ching Cheung, Jainaba Mbenga, Juli Monitoring Form Completed By: Almeshia King, Hina Butt, Jill Sonne

Client ID: 2110254AJ880230 CCS Service Type: Community/Waiting List Coordination

Individual Priority Category: Crisis Prevention, Crisis Resolution, Current Request, In Service, N/A Form Type: Created Date - Manual only

Monitoring Form Status: In Progress, Submitted

Date Created: 3/28/2023 11:20:55 AM

CCS - Monitoring Form Report

Search Criteria:
 Responsible Region: N/A
 CCS Agency: BEATRICE LOVING HEART - 810501400 (Active)
 CCS Supervisor: Ching Cheung, Jainaba Mbenga, Julia Amick, Kenise Smith, Samirah Bullock-Blackwell, Inactive Staff, N/A
 Monitoring Form Completed By: Almeshia King, Hina Butt, Jill Sonne, Jennifer Coetzee, Kenise Smith, Julia Amick, Samirah Bullock-Blackwell, Ching Cheung, Teshena Cameron, Jainaba Mbenga, Nyisha Williams, Emmanuel Ofeh, Alexandria Peterson, Amanda Ofori, Chris Mctorrough, Catherine Gaskins, D'Asia Jacobs 1 - Inactive, Kymberly Jones - Inactive, Rose Emelike - Inactive
 Start Date: 03/27/2023
 End Date: 03/28/2023
 Client ID: 2110254AJ880230
 CCS Service Type: Community/Waiting List Coordination, Transition Coordination
 Individual Priority Category: Crisis Prevention, Crisis Resolution, Current Request, In Service, N/A
 Monitoring Form Status: In Progress, Submitted
 Total Number of Records Returned: 2

Client ID	Last Name	First Name	Responsible Region	CCS Agency	CCS Coordinator	CCS Coordinator LTSS Staff ID	CCS Service Type	Individual Priority Category	Form Type	Monitoring Form Due Date	Submit Date	Monitoring Form Status	Due In
2110254AJ880230	Miles	UAT1	N/A	BEATRICE LOVING HEART	Ofori, Amanda	staff#4420685-a835-4ca8-a54e-c295f1841797	Community/Waiting List Coordination	N/A	Manual	N/A	N/A	In Progress	N/A
2110254AJ880230	Miles	UAT1	N/A	BEATRICE LOVING HEART	Ofori, Amanda	staff#4420685-a835-4ca8-a54e-c295f1841797	Community/Waiting List Coordination	N/A	Manual	N/A	03/28/2023	Submitted	N/A

Page 1 of 1

CR-616256 Create a CCS Historical Agency Activities Report and Extract in LTSS Maryland

Filter By: Service Date Responsible Region: Central Maryland Regional Office, View Report

CCS Agency: MMARS RC INC - 644205600 (Active) Start Date: 3/1/2023 12:00:00 AM

End Date: 3/31/2023 12:00:00 AM CCS Supervisor: N/A

Activity Created By: Aisha Moten-Johnson, Alyssa Hun Client ID:

CCS Service Type: Community/Waiting List Coordination Individual Priority Category: N/A, Crisis Prevention, Crisis Resc

Activity: Annual Redetermination Assistance Activity Type: In Person, Phone, Documentation

Activity Setting: Community, Day Program, Hospital Activity With: Individual, Guardian, Family Mem

Include Activity Description: No Limit to Unit/Duration Changes Only: Yes

Client ID	Last Name	First Name	Responsible Region	CCS Service Type	Individual Priority Category	Wave Type	Current Jurisdiction(County)	CCS Agency	Current CCS Supervisor	Current CCS Supervisor LTSS Staff ID	Current CCS Coordinator	Current CCS Coordinator LTSS Staff ID
2919702AK657120			Southern Maryland Regional Office	Community/Waiting List Coordination	In Service		Montgomery	MMARS RC INC	Lavone Lindsay	staff#9ABF3ED9-3AD8-4E8B-81FC-DABABEB310D2	Angela Moffatt	staff#6754c0ad-4e3c-4d8d-b9b2-303ac6d14294
2919702AK657120			Southern Maryland Regional Office	Community/Waiting List Coordination	In Service		Montgomery	MMARS RC INC	Lavone Lindsay	staff#9ABF3ED9-3AD8-4E8B-81FC-DABABEB310D2	Angela Moffatt	staff#6754c0ad-4e3c-4d8d-b9b2-303ac6d14294
2199292DE729111			Southern Maryland Regional Office	Community/Waiting List Coordination	Crisis Prevention		Caroline	MMARS RC INC	Brittany Averill	staff#b4a3f930-a606-4232-9a9b-723cc7d22da	Vivian Powell	staff#f0173be-a4bb-4acc-831c-e63b01527cd8
2199292DE729111			Southern Maryland Regional Office	Community/Waiting List Coordination	Crisis Prevention		Caroline	MMARS RC INC	Brittany Averill	staff#b4a3f930-a606-4232-9a9b-723cc7d22da	Vivian Powell	staff#f0173be-a4bb-4acc-831c-e63b01527cd8
2929505AD149100			Southern Maryland Regional Office	Community/Waiting List Coordination	In Service		Montgomery	MMARS RC INC	Lavone Lindsay	staff#9ABF3ED9-3AD8-4E8B-81FC-DABABEB310D2	Sarah Nagel	staff#3320978e-d942-4d58-ab87-d625c9eed70

Activity Log ID	Activity Date	Start Time	End Time	Duration	Duration (Total Minutes)	Total Units Paid for Date of Service	Total State Payment Units Reported for Date of Service	Activity	Activity Type	Activity Setting	Activity With	Staff (Activity Created By)	Created Staff LTSS ID
activitylog/0b825cdc-8a5d-4963-b08f-633047ba737d	3/13/2023	10:37 AM	10:48 AM	0:11	11	1		Documentation	Phone		Family Member	Moffatt, Angela	staff#6754c0ad-4e3c-4d8d-b9b2-303ac6d14294
activitylog/0b825cdc-8a5d-4963-b08f-633047ba737d	3/13/2023	10:37 AM	10:38 AM	0:01	1			Documentation	Phone		Family Member	Moffatt, Angela	staff#6754c0ad-4e3c-4d8d-b9b2-303ac6d14294
activitylog/68c5a80c-34ef-4b95-ae5d-b0d4988dc949	3/2/2023	8:30 AM	8:41 AM	0:11	11	2		Coordinating Non-Medicaid Resources	Email		Family Member	Powell, Vivian	staff#f0173be-a4bb-4acc-831c-e63b01527cd8
activitylog/68c5a80c-34ef-4b95-ae5d-b0d4988dc949	3/2/2023	8:30 AM	8:43 AM	0:13	13	2		Coordinating Non-Medicaid Resources	Email		Family Member	Powell, Vivian	staff#f0173be-a4bb-4acc-831c-e63b01527cd8
activitylog/e63cd13-cc3c-4e30-8e50-fc0056afce1	3/13/2023	12:45 PM	1:30 PM	0:45	45	5		Monitoring Services/Circumstances	Email		Team	Nagel, Sarah	staff#3320978e-d942-4d58-ab87-d625c9eed70

Date Created	Time Created	Staff (Last Modified By)	Last Modified Staff LTSS ID	Last Modified Date	Last Modified Time	Activity Status	# of Claim Adjustments	# of State Payment Adjustments	Claim Status
3/13/2023	1:22 PM	System Administrator	staffs/systemadministrator	3/28/2023	6:34 PM	Paid	1		Original,Paid
3/13/2023	1:22 PM	Moffatt, Angela	staff/6754c0ad-4e3c-4d8d-b9b2-303ac6d14294	3/13/2023	1:23 PM	New	1		
3/2/2023	8:46 AM	System Administrator	staffs/systemadministrator	4/1/2023	3:36 AM	New – Client Ineligible		1	
3/2/2023	8:46 AM	Powell, Vivian	staff/df0173be-a4bb-4acc-831c-e63b01527cd8	3/2/2023	8:46 AM	New		1	
3/13/2023	7:22 PM	System Administrator	staffs/systemadministrator	4/4/2023	7:31 PM	Paid	1		Adjustment,Paid

WO-452 - DDA Modify Data Fields to the CCS Quarterly Level of Care Report and Create Data Extract from LTSSMaryland

Before:

Client ID	First Name	Last Name	MA Number	LOC End Date	LOC Review Status	LOC Recertification Due	Waiver Start Date	Community Living/Personal Supports Provider(s)	Day Provider(s)	CCS Agency	CCS Supervisor	Assigned CCS Coordinator	Coordinator Phone Number
-----------	------------	-----------	-----------	--------------	-------------------	-------------------------	-------------------	--	-----------------	------------	----------------	--------------------------	--------------------------

After:

Added option to de-select Inactive participants

Responsible Region: CCS Agency:

CCS Supervisor: LOC Recertification Due:

DDA Participant Status:

- (Select All)
- Active
- Inactive

Added RO / CCS Supervisor Information

Client ID	First Name	Last Name	MA Number	Responsible Region	Regional Eligibility Staff	Regional Eligibility Staff Phone Number	Regional Eligibility Staff Email	CCS Agency	CCS Supervisor	Assigned CCS Coordinator	Coordinator Phone Number	Coordinator Email
-----------	------------	-----------	-----------	--------------------	----------------------------	---	----------------------------------	------------	----------------	--------------------------	--------------------------	-------------------

Added Active/Inactive column, added LOC Effective Date, Updated LOC Recertification column to show a negative value when overdue, added LOC Overdue column, added LOC Document Upload Date that will direct to the latest in-progress LOC

Waiver Program Type	Waiver Start Date	DDA Participant Status	Community Living/Personal Supports Provider(s)	Day Provider(s)	LOC Effective Date	LOC End Date	LOC Review Status	LOC Recertification Due In How Many Days?	LOC Overdue	LOC Document Upload Date	LOC Last Modified Date
CP	04/03/2009	Active	WAY STATION, INC.	COMMUNITY OPTIONS INC (DDA)	05/25/2022	05/25/2023	Not Started	65	No		
CP	10/01/2005	Active	WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL	WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL	02/22/2022	02/22/2023	In Progress	-27	Yes	01/09/2023	01/09/2023
CP	09/09/2002	Active	WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL	WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL	05/02/2022	05/02/2023	Not Started	42	No		