Table of Contents

| CR-616253 DDA Modify Fields to the CCS Waiver Report and Create Extract in LTSSMaryland | 2 |
|--|---|
| CR-616254 DDA Modify Data Fields to the CCS Agency Activities Report and Data Extract from LTSSMaryland | 2 |
| CR-616255 Create a CCS Client Attachments Report and Extract in LTSSMaryland | 4 |
| CR-616251 Create CCS Historical ODF Report and Extract in LTSSMaryland | 5 |
| CR-511496 Update SIS Referral process to add limitations | 5 |
| CR-629619 Additional Improvements to the HRST Process | 6 |
| CR-643576 MDH Letterhead Update for January 2023 | 6 |

CR-616253 DDA Modify Fields to the CCS Waiver Report and Create Extract in LTSSMaryland

This existing report (but new extract) will provide additional information including the redetermination milestone dates and activity information, LOC recertification milestone dates, MA information, and waiver application packet documents. Release will be on 3/13/2023.

| | | | | | Client In | formation | | | | | |
|-------------|-------------|--------------|----------------------------------|----------------------------|--------------------------------------|------------------|-----------------------------------|----------------------|---------------------------------------|--|-----------------------------------|
| Client ID : | Last Name ‡ | First Name 🕻 | Responsible : Region | Jurisdiction : (County) | CCS Agency ‡ | CCS Supervisor ‡ | CCS Supervisor ‡ LTSS Staff ID | CCS ≑ Coordinator | CCS ÷ Coordinator LTSS Staff ID | CCS Service 💲 Type | Individual Priority 💲 Category |
| | | | Eastern Shore Regional Office | Caroline | Caroline County Health Department | · | | | | Community/Waiting List Coordination | Current Request |
| | | | Eastern Shore Regional Office | Caroline | Caroline County Health Department | | | | | Community/Waiting List Coordination | In Service |
| | | | Eastern Shore Regional Office | Caroline | Caroline County Health Department | • | | | | Community/Waiting List Coordination | In Service |

| | | | | | Enro | lled Program Information | | | | | | |
|-------------------------------------|-----------------------------|-----------------------------|---|---|---|---|---------------------------------|----------------------|--------------------------------------|---|---|--|
| Enrolled : Program(s) in LTSS | Redetermination a Status | Redetermination Due Date | Target Start Date - 90 # Week Days Prior to Redetermination | Target Meeting Date - 6 60 Week Days Prior to Redetermination | Target Submission Date - 30 Week Days Prior to Redetermination | Activity Logged as "Annual Redetermination Assistance" Within 90 Days of Redetermination Due Date | LOC Recertification # Status | LOC Form 8 Status | LOC # Recertification Due Date | Target LOC Recertification Start Date - 90 Week Days Prior to Recertification | Target LOC Recertification Meeting Date - 60 Week Days Prior to Recertification | Target LOC Recertification Submission Date - 30 Week Days Prior to Recertification |
| CP | Redetermination Due | 03/31/2023 | 11/25/2022 | 01/06/2023 | 02/17/2023 | 01/10/2023 | N/A | Complete | 01/07/2024 | 09/04/2023 | 10/16/2023 | 11/27/2023 |
| CP | Redetermination Due | 10/01/2021 | 05/28/2021 | 07/09/2021 | 08/20/2021 | 08/12/2021 | N/A | Complete | 07/25/2023 | 03/21/2023 | 05/02/2023 | 06/13/2023 |
| DDA State Funded | | | | | | | N/A | | N/A | | | |

| | PCP | | | Latest Overa | II Decision Form | | | Current | MA Span | |
|---|--|---------------------|-------------------------|-------------------------------|-----------------------------|--|--------|------------------------|-------------------------|---------------------|
| Authorized Residential Provider | Authorized Day : Provider | DDA Program 🕻 | DDA Program 💲 Status | Program ≑ Eligibility Date | Disenrollment/Denial Date 🗧 | Disenrollment/Denial ≑ Reason | MA# \$ | MA Coverage 😄 Group | MA Span Start ‡ Date | MA Span End Date |
| | | CS | Denied | | 11/16/2020 | NC - non-citizen | | | | |
| THE BENEDICTINE SCHOOL FOR EXCEPTIO | (Basic Only)BENEDICTINE SCHOOL; THE BENEDICTINE SCHOOL FOR EXCEPTIO | DDA State Funded | Disenrolled | | 07/24/2018 | BE - Became eligible for the DDA waiver | | H01 | 07/01/2018 | 12/31/9999 |
| | | CS | Approved | 07/01/2022 | | | | S02 | 03/01/2020 | 12/31/9999 |
| THE ARC OF THE CENTRAL CHESAPEAKE | | CP | Approved | 11/01/2020 | | | | S02 | 02/01/2011 | 12/31/9999 |

| Current/Futu | re Special Prog | ram Code Span | | | | | Latest Waive | Packet | | | | | | Represen | tatives |
|--------------|---------------------|----------------|---------------------------|---------------------------------|----------------------------------|--------------------------------------|-------------------------|--------|--------------------------------|--|--|----------------------------------|-------------|-----------------------------|--------------------------|
| SPC ‡ | SPC Start : Date | SPC End Date : | Waiver Packet : Status | Waiver Packet # Program Type | Waiver Packet Completion Date | Information : Requested By EDD | SRT Review # Request | | EDD Release 8 Form Uploaded | MA Waiver O Application Uploaded | Meeting t Minutes/Sign In Uploaded | Other # Documents Uploaded | Rep Payee : | Assigned EDD Case Worker | EDD Case Worker Email ID |
| | | | Complete | cs | 07/06/2020 | No | No | Yes | Yes | Yes | Yes | Yes | | | |
| DRW | 01/01/2022 | 12/31/9999 | Complete | CP | 09/28/2018 | No | No | Yes | Yes | Yes | Yes | Yes | | | |
| SW | 07/01/2022 | 12/31/9999 | Complete | cs | | No | No | Yes | Yes | Yes | Yes | Yes | | | |
| DRW | 11/01/2020 | 12/31/9999 | Complete | CP | 09/25/2020 | No | No | Yes | Yes | Yes | Yes | Yes | | | |

CR-616254 DDA Modify Data Fields to the CCS Agency Activities Report and Data Extract from LTSSMaryland

This update to the existing CCS Agency Activities Report and CCS extract adds a few new fields including the Activity Log ID which enables you to track adjustment history Activity Log ID - goes directly to the activity details. The release will be on 3/13/2023

| | | | | | | | Cli | ent Information | | | | | | |
|--|------------------|-------------------|-------------------|---------------------|---|--|----------------|--------------------------------|-------------------------------|---------------------|---------------------------|--|----------------------------------|---|
| Client ID ‡ | Last Name ≑ | First Name | | ponsible (egion | CCS Service 1 Type | Individual Priority Category | Wave # Type | Current Jurisdiction(County | Current CCS () | Agency # | Current CCS Supervisor | Current CCS 5 Supervisor LTSS Staff ID | Current CCS | Current CCS Coordinator LTSS Staff ID |
| | | | Eastern Office | Shore Regiona | al Community/Waiting List Coordination | In Service | | Caroline | Caroline County Department | / Health | | | | |
| | | | Eastern Office | Shore Regiona | al Community/Waiting List Coordination | In Service | | Caroline | Caroline County Department | / Health | | | | |
| | | | - · | | | | | | | | | | | |
| | | | | | | | | | | | Activ | vity Information | | |
| Activity Log ID | Activity Date | ÷ Start ÷ Time | | | Duration (Total : | Estimated Total Billable Units for the Day | A | | Activity Type ÷ | Activity Setting | Activity With | | : Staff (Activity Created By) | |
| Activity Log ID ctivitylog/1567743c | Date | | End 😫 | Duration ‡ | Duration (Total ≑ Minutes) | Estimated Total + Billable Units for the | | ctivity ÷ | | Activity | Activity With | • Activity | | |

| Date ≑ Created | Time Created ≑ | Staff (Last Modified ≑ By) | Last Modified Staff 👙 LTSS ID | Last ≑ Modified Date | Last Modified ≑ Time | Activity Status 🕏 |
|-------------------|----------------|---------------------------------|----------------------------------|----------------------------|--------------------------|----------------------------|
| 1/25/2023 | 12:06 PM | staffs/systemadministrator | System Administrator | 2/21/2023 | 8:37 PM | New - Client Ineligible |
| 1/24/2023 | 2:24 PM | staffs/systemadministrator | System Administrator | 2/15/2023 | 6:53 PM | Sent |

CR-616255 Create a CCS Client Attachments Report and Extract in LTSSMaryland

This new report and extract will enable CCS agencies to see all the attachments for their participants. The release will be on 3/13/2023. This pulls the Client Attachments section in LTSS

| LTSSM | laryland | | |
|-------------|------------------|-------------|------|
| 🔂 Home | L Clients | i≣ My Lists | A AI |
| • | | | - |
| ▶ Client | | | |
| ▼ Case Mar | nagement | | |
| Alerts | | | |
| Agency Se | election | | |
| CCS Monit | oring and Follo | ow Up | |
| Voluntary | Consent to Tra | nsfer | |
| Support Pl | lanner Monitori | ng | |
| Communit | y Settings Que | stionnaire | |
| Provider F | orms | | |
| Reportable | e Events | | |
| MDOD Self | f-Direction Trai | ning | |
| LTSS Scre | ening | | |
| Activities | | | |
| MW Activit | ties | | |
| CMA Mont | hly Checklist | | |
| MW Cost E | Effectiveness R | eview | |
| Progress N | lotes | | |
| Client Atta | chment | | > |
| Nursing No | otes | | |

| | | | | | Client Information | | | | |
|-------------|-------------|--------------|----------------------------------|----------------------------|--------------------------------------|------------------|---------------------------------|----------------------|----------------------------------|
| Client ID ‡ | Last Name ‡ | First Name 🕏 | Responsible ‡ Region | Jurisdiction + (County) | CCS Agency = | CCS Supervisor ÷ | CCS Supervisor LTSS Staff ID | CCS * Coordinator | CCS Coordinator LTSS Staff ID |
| | | | Eastern Shore Regional Office | Caroline | Caroline County Health Department | | | | - - |
| | | | Eastern Shore Regional Office | Caroline | Caroline County Health Department | | | | |

| | | | Attachme | nt Information | | | |
|-----------------------------------|------------------------|---------------------|--------------------------------|--------------------------------------|-------------------|-------------------|---|
| File Name 🕆 | Type • | Created by Staff | Created by LTSS Staff ID | Created by ÷ Staff's Agency | Created ≎ Date | Created ‡ Time | Comments 🕏 |
| <u>Statement - 11-15-2022.pdf</u> | Financial Documents | | | Caroline County Health Department | 11/15/2022 | 09:40 AM | - FMS Monthly Statement - 11-15-2022 |
| 4.22 budget mod.pdf | Financial Documents | | | Caroline County Health Department | 04/28/2022 | 10:26 AM | Budget modificiation Dental /Vision |

CR-616251 Create CCS Historical ODF Report and Extract in LTSSMaryland

The new CCS - Overall Decision History Report and CCS Extract will provide a historical view of a participant's enrollment history throughout time. Release will be on 3/13/2023

| | | | | | | | Client | Information | | | | | | | |
|------------------|------------|-----------------------|-------------------|--|----------|--------------------------|-----------------------------------|-----------------------|------------------------|---|---------|--------------------------|--------------------|-------------------|----------------|
| Client ID * | • L | ast Name | * FirstNa | me = Responsible R | egion ‡ | Jurisdiction (County) | * CC5 | 6 Agency # | CCS Supervis | or CCS Supervisor LTS | S Staff | CCS Coordi | inator 🗧 CCS C | ordinator L ID | TSS Staff |
| | | | MARK | Eastern Shore Re Office | gional | Caroline | Caroline Co Department | | | | | | | | |
| | | | MARK | Eastern Shore Re Office | gional | Caroline | Caroline Co Department | | | | | | | | |
| | | | MARK | Eastern Shore Re Office | gional | Caroline | Caroline Co Department | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Program Type 2 | Decision * | Status ‡ | Active/Inactive * | Overall Decision For Denial/Disenrollment | Denial # | Last Modified By 1 | Last Modified Date • | | MA Eligibility | MA Eligibility Data Waiver/Program Eligibility | MA# 1 | Letter | EDD Letters of App | Letter | Letter |
| | Decision * | Status 1 Submitted | Active/Inactive I | | | Last Modified By I | Last Modified Date ° 7/29/2018 | ATP Signoff 1 Date | MA Eligibility Date | | | Letter Uploaded No | | | Letter Date |
| DDA State Funded | | | | Denial/Disenrollment * | Denial # | Last Modified By H | | | | Waiver/Program Eligibility 4 Date | | Uploaded | | Letter Status | |

CR-511496 Update SIS Referral process to add limitations

MDH is enhancing the LTSSMaryland system so due dates for the SIS referral process assessments are extended to 30 days. This enhancement also increases the participant age limitation referrals to 16 years of age.

| ID: 10706060K641211 DOB: 01/17/2007 MFP Eligiblo: N/A | * | Asses | sment | & POC — | Lis | ŧ | | | | | | | | | | | Ex | pand All |
|---|---|----------|--|------------------|-----|---------------------|-------------------------|------------------|-----|---|-------------------------|-----|--------------------|-------------------------------|-------------|--------------------------|----------|----------|
| + Client | | - SIS A | SIS Assessments Initiate Off-cycle SIS Ass | | | | | | | | | | | | | | essment | |
| Case Management | | SIS ID 0 | Туре 🗘 | Status | 0 | Request 0 Date 0 | Acknowledgement Date | Assess Due De | | 0 | Assessment Past Due? | Ret | sults ceived On | Reason for Of Cycle Assess | f nent < | Off Cycle RO Decision | Active 0 | Actions |
| * Programs | | 1486378 | Regular | Sent and | | 01/20/2023 | 01/20/2023 | 03/06/ | 023 | | | N// | Α | N/A | | | No | |
| Applications | | | - | Received S | D | | | | | | | | | | | | | |
| DDA Eligibility | | • DDA | Health | Risk Scre | eni | ing Tool | | | | | | | | | | | | Refresh |
| DDA Emergency Situation | | h Marrow | | porithm | | | | | | | | | | | | | | Add |
| Assessment & Plan of Care | | • nurs | ing Alg | joritnim | | | | | | | | | | | | | | Mau |
| Level of Care | | Adult | t Day C | are Asses | sm | ent and Pl | anning System (/ | ADCA | S) | | | | | | | | | |
| Individual Record | | | | | | | | | | | | | | | | | | |

| Assessment & POC — List | | | | | | | | | | | | | |
|-------------------------|---------|--------------------------|---------------------|-------------------------|------------------------|---|-------------------------|---|------------------------|------------------------------------|--------------------------------|------------|----------|
| | | | | | | | | | | | | Exp | pand All |
| - SIS A | ssessn | nents | | | | | | | | | Initiate Off-cyc | le SIS Ass | essment |
| SIS ID 0 | Туре 🗘 | Status 0 | Request 0 Date 0 | Acknowledgement Date | Assessment Due Date | 0 | Assessment Past Due? | 0 | Results Received On | Reason for Off Cycle Assessment | \$ Off Cycle RO Decision | Active 0 | Actions |
| 1486371 | Regular | Sent and Received SID | 01/19/2023 | 01/19/2023 | 03/03/2023 | | | | N/A | N/A | | No | |

CR-629619 Additional Improvements to the HRST Process

MDH is continuing to expand access to the HRST to allow all CCS users who are assigned to a participant.

CR-643576 MDH Letterhead Update for January 2023

LTSSMaryland maintains a history of letterheads and associates them based on the Letter Date. As you can see in the example below, this participant had one letter generated in the past and one more recently.

| Letters — DDA Eligibility | | | | | | | | | | | | |
|--------------------------------------|-----------|-----------------|--------------|--|--|--|--|--|--|--|--|--|
| Back to List | | | | | | | | | | | | |
| Create New Letter. * | | | | | | | | | | | | |
| ▼ DDA Eligibility Letters | | | | | | | | | | | | |
| Letter Date | Status 🗘 | Submitted By | Actions | | | | | | | | | |
| Full DDA Services Eligibility Letter | | | | | | | | | | | | |
| 02/28/2023 | Submitted | Walters, Stacey | View Discard | | | | | | | | | |
| 06/03/2022 | Submitted | Walters, Stacey | View Discard | | | | | | | | | |
| | | | | | | | | | | | | |

When opening the letter from 6/3/2022, you will see the previous letterhead applied.



Date: June 3, 2022

When opening the letter form 2/28/2023, you will see the new letterhead applied.



Date: February 28, 2023