

# DDA May 2023 Release Items

## MyLTSS Access

The first step in granting a participant the ability to access MyLTSS is for their CCS to access their Client Profile in LTSSMaryland and under the MyLTSS section, click the checkbox next to Allow MyLTSS Access as seen in the figure below.

The screenshot shows a 'Profile' page with the following details:

- Created By: Hubbell, Created Date: 06/06/2013
- Last Updated By: Rubisch, Robert, Last Updated Date: 01/14/2022
- Expand All button

The profile is organized into sections, each with a 'Manage' button:

- Client Demographics
- Medicaid #
- Phone #
- Address
- Representatives (with an 'Add Representatives' button)
- Insurance and Benefits
- Strengths
- Goals
- Client OTP (with an 'Assign' button)
- MyLTSS (with an 'Edit' button)

Under the 'MyLTSS' section, there is a 'MyLTSS Access' heading and a checkbox labeled 'Allow MyLTSS Access', which is highlighted with a red rectangular box.

The user will need to confirm their decision to grant access to MyLTSS.

The confirmation dialog box has the following content:

- Confirmation heading
- Question: Are you sure you want to enable MyLTSS Access for this client?
- Two buttons: 'Yes' (highlighted with a blue border) and 'No'.

The next step is to generate a pin for the participant, which they will need to use during their registration process. Click the Generate Client Pin link as shown in the figure below and they system will generate a unique pin with an expiration date for your participant.

**Profile**

Created By: Hubbell, Created Date: 06/06/2013, Last Updated By: Rubisch, Robert, Last Updated Date: 01/14/2022, [Expand All](#)


**Client OTP** [Assign](#)

**MyLTSS** [Edit](#)

**MyLTSS Access**

Allow MyLTSS Access

**MyLTSS Account Information**

Client Pin:  [Generate Client Pin](#) 

Valid Until:  [Print Client Pin](#)

MyLTSS Username:

MyLTSS Email Address:

My Tasks Setup Complete

Representative Name	MyLTSS Username	MyLTSS Email Address	MyLTSS Phone Number
No data available in table			

The CCS will need to communicate the pin that was generated to their participant in order for them to proceed in the registration process.

**MyLTSS**

**MyLTSS Access**

Allow MyLTSS Access

**MyLTSS Account Information**

Client Pin:  [Generate Client Pin](#)

Valid Until:  [Print Client Pin](#)

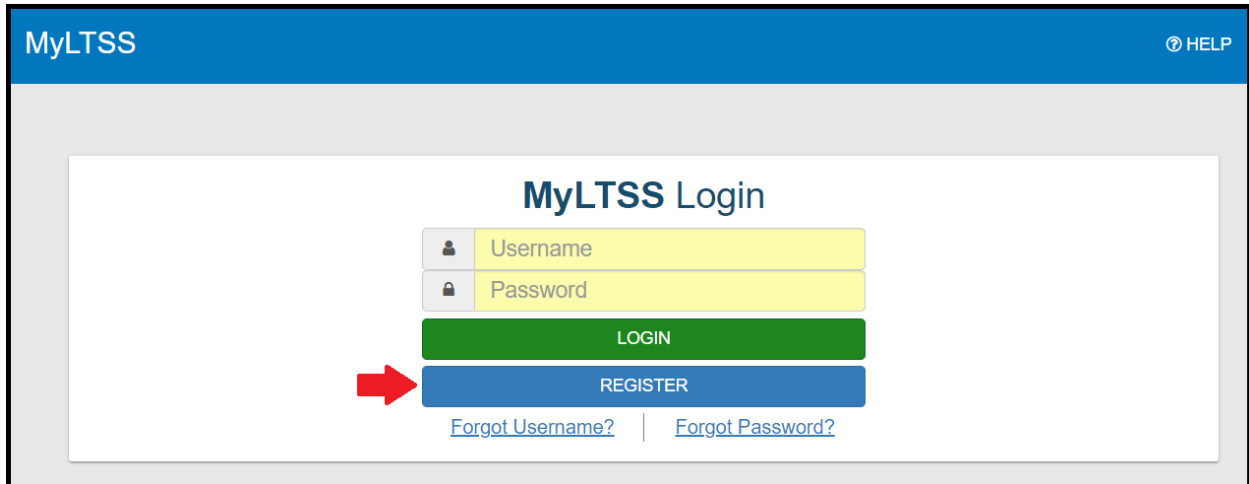
MyLTSS Username:

MyLTSS Email Address:

My Tasks Setup Complete

When a participant wants to register or access MyLTSS, they should navigate to the link provided below. For a new participant trying to access MyLTSS, they should click the Register button as shown in the figure below.

<https://ltss.health.maryland.gov/ltssv2/teft.web#!/login>



MyLTSS HELP

### MyLTSS Login

Username

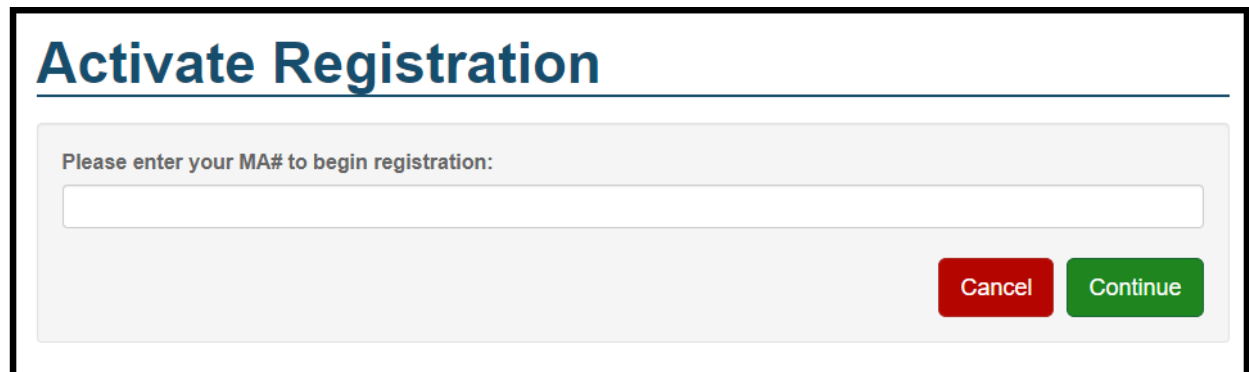
Password

LOGIN

REGISTER

[Forgot Username?](#) | [Forgot Password?](#)

The first step in the registration process will require the participant to enter their current Medicaid number and click the Continue button. Without a current Medicaid number, a participant will be unable to register to use MyLTSS. The Maryland Department of Health is currently evaluating alternative approaches for registration to MyLTSS that will not require a Medicaid number.



## Activate Registration

Please enter your MA# to begin registration:

Cancel Continue

After MyLTSS has verified the Medicaid number, the participant will be prompted to enter the pin provided by their CCS, their social security number, and date of birth to submit their registration process.

## Verify Your Identity

Please complete the following information so we can verify your identity.

Pin Code: \*  This field is required.  
Six digit numerical pin code for registration.

SSN: \*   
555-55-5555

Date Of Birth: \*  MM/DD/YYYY

Cancel Submit

Once the participant can be verified with the previous information mentioned, they will be prompted to create a username, enter their email address and optionally add their phone number.

Please complete the information below to create your account information. Fields with(\*) are required to continue.

## My Information

First Name:

Last Name:

Primary Phone Number:

Address:

Username: \*  This field is required.  
Username be a minimum of 8 characters and a maximum of 64 characters. Only letters, numbers, '-', '.', and '\_' may be used.

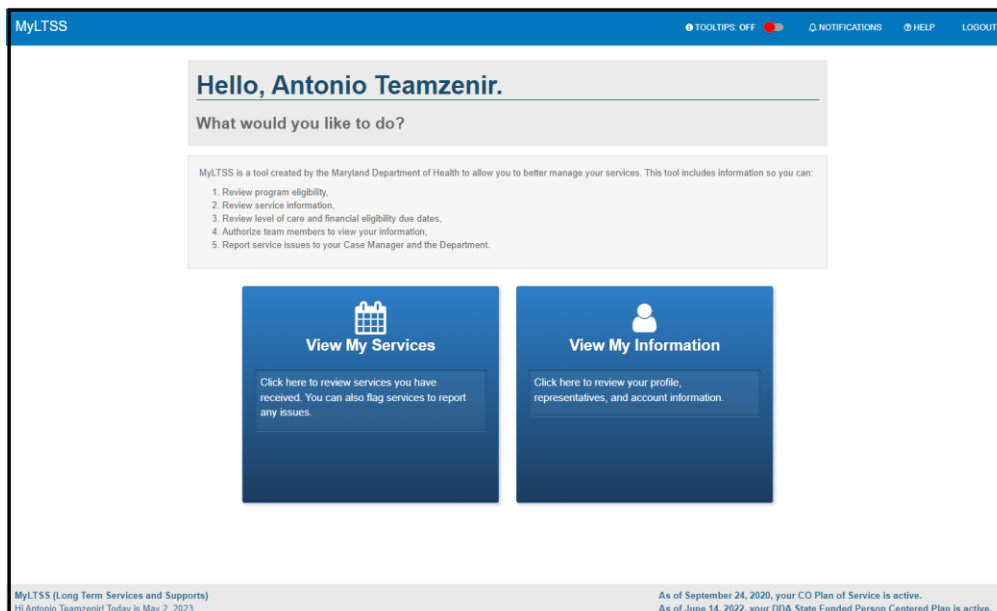
Email Address: \*  This field is required.  
address@domain.com

Confirm Email Address: \*  This field is required.  
address@domain.com

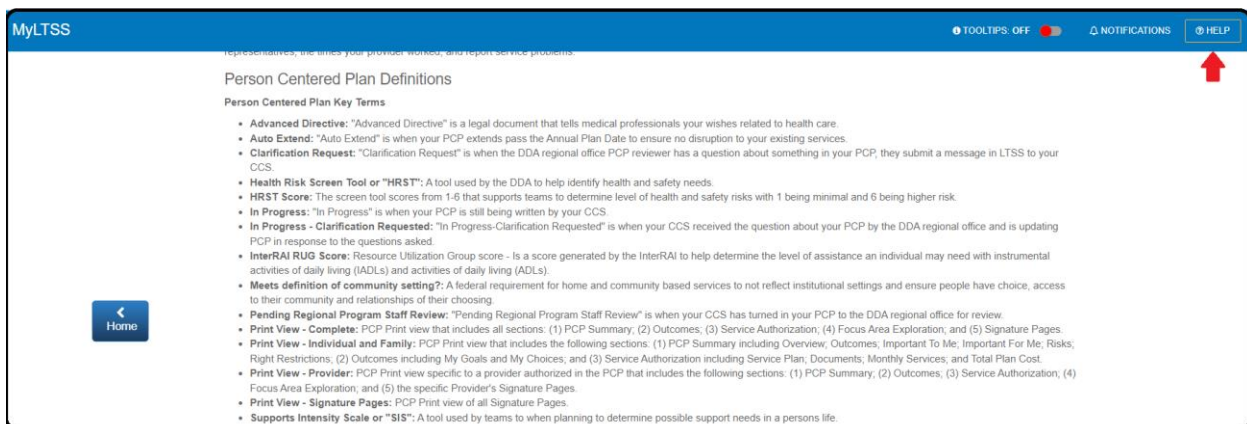
Phone Number:   
555-555-5555

Cancel Submit

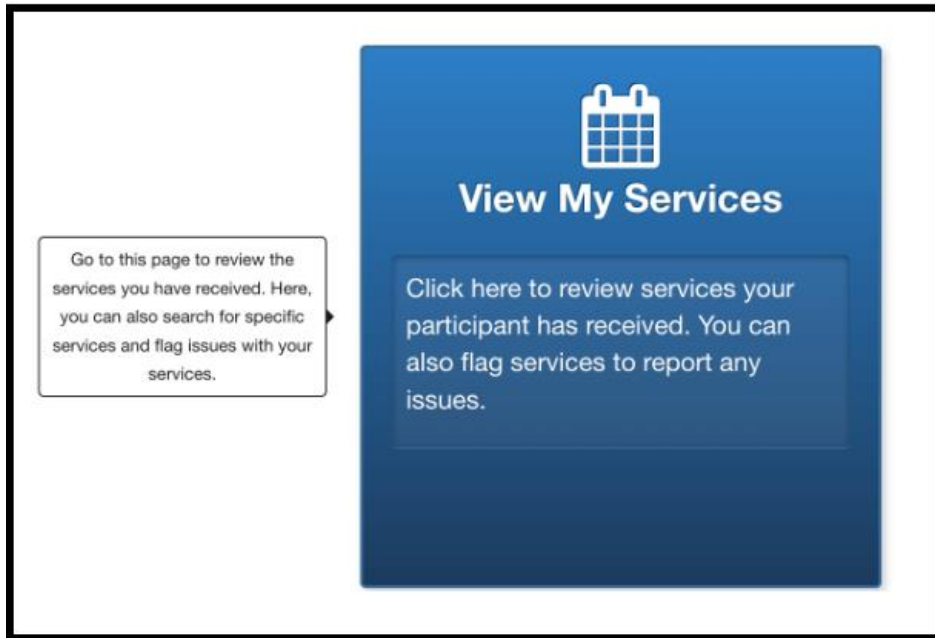
After completing the registration process, the user would enter their username and password into the MyLTSS login page and after logging in they will be presented with the home page as seen in the figure below. The home page of MyLTSS provides basic information about what is available within the site and provides access to the two main areas within MyLTSS that will be explained further in this document: View My Services and View My Information.



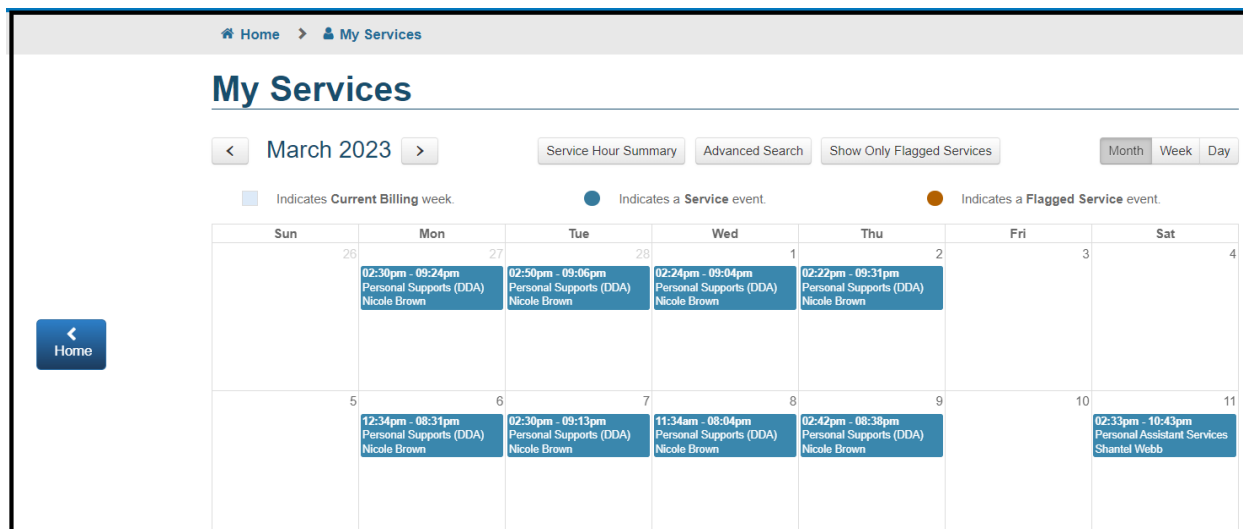
Two helpful features that exist within MyLTSS are the tool tips and help pages, which can be found in the upper right-hand corner of the site. A participant can turn tool tips on and off based on their preference. When tool tips are turned on, when hovering over key areas within the site, a tool tip will pop up, giving the participant information about what the item can be used for. The second area that can be used for assistance is the Help page, which can also be found in the top-level navigation. By clicking Help, the participant will be taken to the Help page where they can find definitions of many of the key terms/words that they will see throughout the MyLTSS portal. The screenshot below gives an example of some of the key definitions that will be provided for DDA participants related to their Person-Centered Plan.



Below you will see an example of a tooltip that shows when hovering over the View My Services panel. This is one example of the many tooltips that can be found throughout the MyLTSS portal.



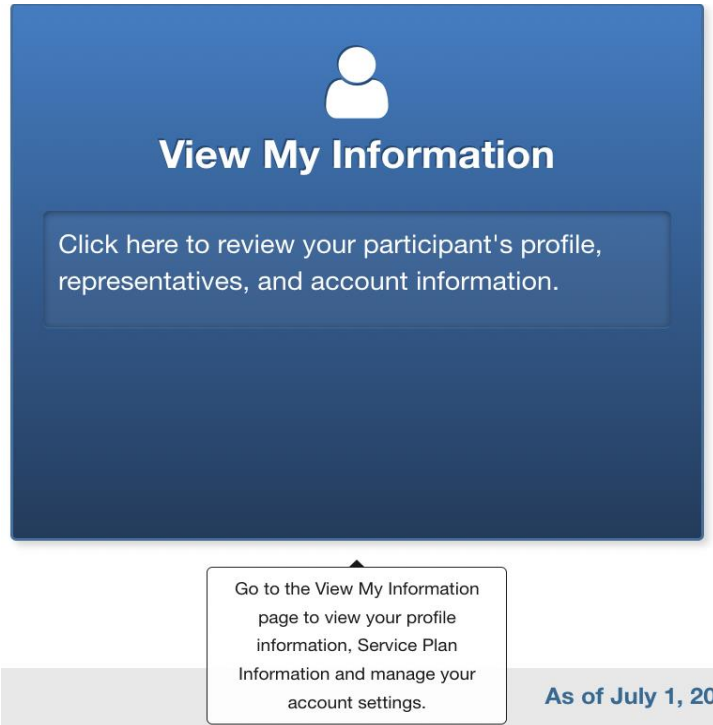
When accessing the View My Services area of MyLTSS, participants can see a calendar view of the services that have been delivered to them for both EVV and Non-EVV services. It is important to note that this only applies to traditional services and services for self-directed participants will not show up on the calendar view. For the Phase 1 implementation of DDA participants to MyLTSS, this part of MyLTSS will not be utilized and the ability to view DDA-related services will become available in the Phase 2 implementation, which is currently scheduled for August 2023.



The primary area where DDA participants are being incorporated for the Phase 1 rollout is related to the area known as View My Information. The core functions that will be available to participants in this area will be the following:

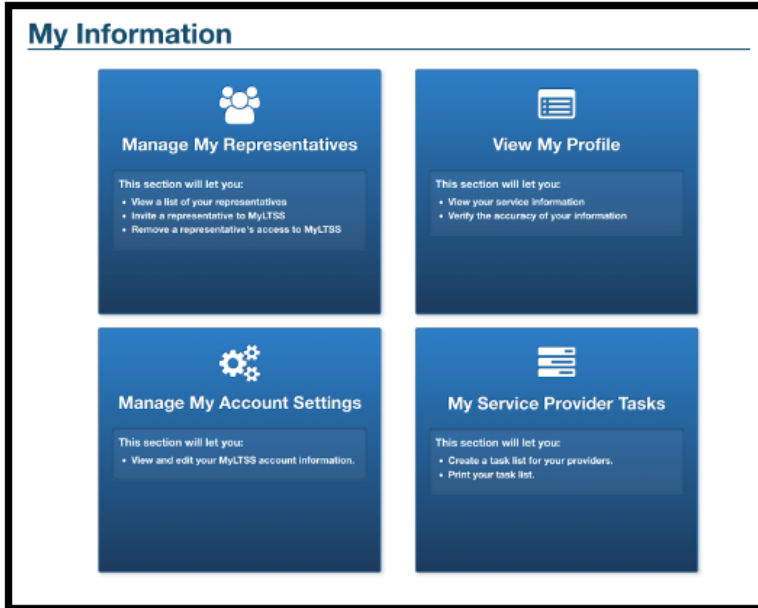
1. Ability to view their representatives and invite them to access their MyLTSS portal
2. Ability to view basic demographic information from the participants profile

3. Ability to view the agencies and staff assigned to the participant.
4. Ability to view program-related information such as enrollment and redetermination due dates.
5. Ability to view the current, historical, and in-progress DDA Person Centered Plans

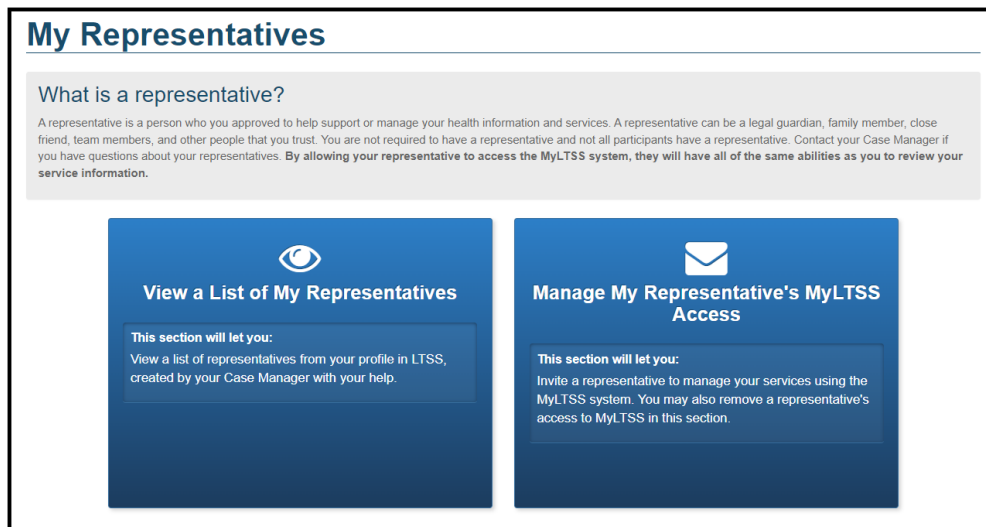


When entering the View My Information section of MyLTSS, the participant will be presented with distinct areas for viewing and managing their information.

1. Manage My Representatives
  - Provides the participant with the ability to view and manage their representative's access to their MyLTSS portal.
2. View My Profile
  - Provides the ability to view information such as agencies and staff assigned, program enrollment, redetermination due dates, and view of their Person-Centered Plan
3. Manage My Account Settings
  - Provides the ability for the participant to update their email address and phone number linked to their MyLTSS account.
4. My Service Provider Tasks
  - Provides the ability for participants related to Community Options, Community First Choice, Community Personal Assistance Services, and Increased Community Services programs to manage information related to the task of their providers (not currently applicable to DDA participants)



When navigating to the Manage My Representatives area of MyLTSS, the participant will see two panels available to them. The first allows them to simply view a list of their representatives that have been added to their profile in LTSSMaryland. The second panel provides them with the ability to manage their representative's ability to access their MyLTSS portal to view the same level of information they can.



After clicking on the View, a List of My Representatives panel, the participant will be presented with a detailed list of their representatives and the designation of what role that representative plays for them. There are definitions for each of those designations at the bottom of the page.



Home > My Information > My Representatives > View My Representatives

## View My Representatives

To edit this information, please contact your Case Manager: Nancy Gerald (240) 278-6478

### Listed Representatives

Representative Name	Relationship	Guardian of Person	Guardian of Property	Primary Caregiver	CFC Representative
Antioniorep M TeamZenIR	Other	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>	-
Lois Abouyuseff	Case Worker	-	-	-	-
N/A CHIMES INC. - C023	Other	-	-	-	-
Nicole Word	Case Worker	-	-	-	-
QUEEN HARDY	Other	-	-	-	-
Shantel Webb	Niece	-	-	-	-
Tammy Johnson	Case Worker	-	-	-	-

Guardian of Person is the person appointed to manage your personal health care interests. This individual can be your legal guardian or someone appointed as your guardian temporarily.  
 Guardian of Property is the person appointed to manage your personal property interests. This individual can be your legal guardian or someone appointed as your guardian temporarily.  
 Community First Choice (CFC) Representative is the person who has written authorization to manage your Plan of Service.  
 For more information, please contact your Case Manager.

After clicking on the Manage My Representative's MyLTSS Access, the participant will see the same list of representatives as mentioned on the previous page, but now they will have the ability to send invites or disable the access of their representatives to be able to access their MyLTSS portal. To begin the process of a new invite, click the Send Invite button as shown in the screen below.

Home > My Information > My Representatives > Invite a Representative

## Invite a Representative

Please select a representative from below to continue.

To edit this information, please contact your Case Manager: Nancy Gerald (240) 278-6478

**Antioniorep TeamZenIR**

Phone Number: (410) 466-6752      Email Address: Antioniorep@gmail.com

**Lois Abouyuseff**

Phone Number: (410) 521-1555      Email Address:

When initiating a new request, the participant will be prompted to confirm their decision to send the invite to their representative. To proceed, click the Yes button as shown in the figure below.

## Please Confirm

You are authorizing this representative to view all your personal information in the MyLTSS system. Would you like to continue?

NO

YES

The next major area within MyLTSS is under View My Information. The intent of this section is to show the participant all the relevant information about them, their program enrollment, and their Person Centered Plan. The first section of this page is My Information and shows them basic demographic information, phone numbers, etc.

[Home](#) > [My Information](#) > [My Profile](#)

## My Profile

To edit this information, please contact your Case Manager. Nancy Gerald (240) 278-6478

### My Information

<b>My Name:</b>	Antonio Teamzenir	<b>Date of Birth:</b>	11/16/1975
<b>My Address:</b>	1711 Swansea Rd. Baltimore, MD 21239	<b>Jurisdiction/County:</b>	Baltimore City
<b>SSN:</b>	***-**-7626	<b>Primary Language:</b>	English
<b>Race:</b>	Black Or African American	<b>Hispanic:</b>	No
<b>Marital Status:</b>	Never Married	<b>Gender:</b>	Male
<b>Preferred Method of Contact:</b>	None		

### Listed Phone Numbers

Primary	Phone Type	Phone Number
<input checked="" type="checkbox"/>	Home	(410) 903-1711
-	Home	(410) 254-1437
-	Mobile	(000) 000-0000
-	MyLTSS	(410) 903-1711

The second section of the page will present information on the participants representatives.

## Representative Information

### #1: Lois Abouyuseff - Case Worker

Address: -- Phone Number: (410) 521-1555

Guardian of Person: -- Guardian of Property: -- Primary Caregiver: -- CFC Representative: --

### #2: N/A CHIMES INC. - C023 - Other

Address: 4815 Seton Drive  
Baltimore, MD  
02121 Phone Number: (410) 358-4944

Guardian of Person: -- Guardian of Property: -- Primary Caregiver: -- CFC Representative: --

The third section is related to Program Information and will inform them of key pieces of information such as any programs they are enrolled in and who their assigned agency and staff are.

## Program Information

Medicaid Number: 30515464750  
(Community)

OTP Device Enrollment: Yes

OTP Device Serial Number: 799346393

Program Name	Status	Enrollment On	Disenrollment On
Developmental Disabilities Administration - State Funded	Enrolled	09/18/2012	N/A
Community Options Waiver	Enrolled	02/18/2017	02/17/2017

Agency Assignment Type	Provider	Agency Assignment Date
Support Planning Agency	TCC - CCHCC INC	09/29/2017
Assessor Agency	Baltimore City Local Health Department	04/08/2022
Responsible Region	Central Maryland Regional Office	07/29/2018
CCS Provider Agency	SERVICE COORDINATION INC	07/29/2018

Staff Assignment Type	Staff Date Assigned	Staff Name	Agency	Staff Contact Info
MDH POS Staff	03/07/2023	Verna Hickinson	MDH - Maryland Department of Health	(410) 767-5217 verna.hickinson@maryland.gov
SPA Support Planner(Active)	01/20/2023	Nancy Gerald	TCC - CCHCC INC	(240) 278-6478 ngerald@CoordinatingCenter.org
Regional Program Staff	10/09/2019	Arthur Matthews	DDA Regional Office - Central Maryland Regional Office	(410) 767-8230 arthur.matthews@maryland.gov
CCS Coordinator	07/29/2018	Nicole Word	Service Coordination, Inc. - SERVICE COORDINATION INC	(410) 256-8441 nword@ccs-inc.org

The next section is related to Current Enrollment and elaborates on the program(s) the individual is currently enrolled in and any upcoming redetermination due dates.

### Current Enrollment

Program	Enrollment Date	Annual Level of Care	Annual Level of Care Status	Waiver Financial Redetermination Due Date/Status	Medical Day Care Services
Developmental Disabilities Administration - State Funded	09/18/2012	N/A		N/A	N/A
Community Options Waiver	02/18/2017	12/02/2021	In Progress	01/01/9999	No

### My Plan of Service Information

POS Effective Date: 09/24/2020      Program Type: CO

POS Service	Provider Name	Units	Frequency
Personal Assistance Agency	ABSOLUTE HOME HEALTH CARE INC	14 hours per week	52 weeks

[Expand Plan of Service](#)      [Print Plan of Service](#)

Specific to DDA participants, if they have an Active Person-Centered Plan, summary information is displayed within the My Person-Centered Plan Information section. From this section, they can see basis summary information about the program, effective date, cost, and service listed in the active Person-Centered Plan. From this section, they can also click the 'Expand Person-Centered Plan' button to see a holistic view of their current/active Person-Centered Plan.

### My Person Centered Plan Information

PCP Effective Date: 06/14/2022      PCP Program Type: Developmental Disabilities Administration - State Funded

CCS Agency: Service Coordination, Inc. - SERVICE COORDINATION INC      CCS Coordinator: Nicole Word

Service Model - Self Directed: No

Annual Waiver Plan Services Total: \$0.00

DDA State Only Funded Services Total: \$97,873.90

Total Plan Year Cost: \$97,873.90

Recalculated Total Plan Year Cost: \$105,507.73

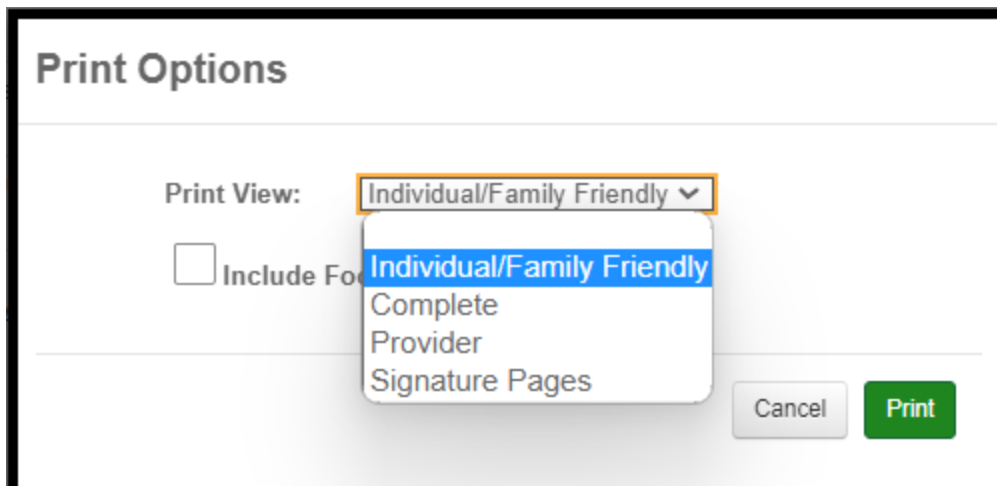
#### Monthly Services

Service Status & Effective Date	Service and Provider	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Annual Service Cost	Provider Status	Provider Status Date
Changed - 09/14/2022	Personal Supports - THE CHIMES, INC.	300	520	540	500	540	520	520	540	480	520	520	540	240	\$80,916.00	Accepted	04/28/2022
Changed - 09/14/2022	Day Habilitation Groups - THE CHIMES, INC.	325	525	575	550	525	550	550	550	500	575	500	575	250	\$29,147.50	Accepted	04/27/2022
Annual - 06/14/2022	BSS - Behavioral Plan - HUMANIM INC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$1,392.04	Accepted	05/03/2022
Annual - 06/14/2022	BSS - Behavioral Assessment - HUMANIM INC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$1,392.04	Accepted	05/03/2022
Annual - 06/14/2022	BSS - Behavioral Consultation - HUMANIM INC	8	8	8	8	8	8	8	8	8	8	8	8	8	\$3,292.64	Accepted	05/03/2022
Annual - 06/14/2022	BSS - Brief Support Implementation - HUMANIM INC	8	8	8	8	8	8	8	8	8	8	8	8	8	\$1,733.68	Accepted	05/03/2022

[View All My Person Centered Plans](#)      [View Definitions of Person Centered Plan terms](#)

[Expand Person Centered Plan](#)      [Print Person Centered Plan](#)

If they wish to print their Person-Centered Plan they can click the 'Print Person-Centered Plan' button and a popup window will be displayed that allows them to determine what type of print they would like to do.



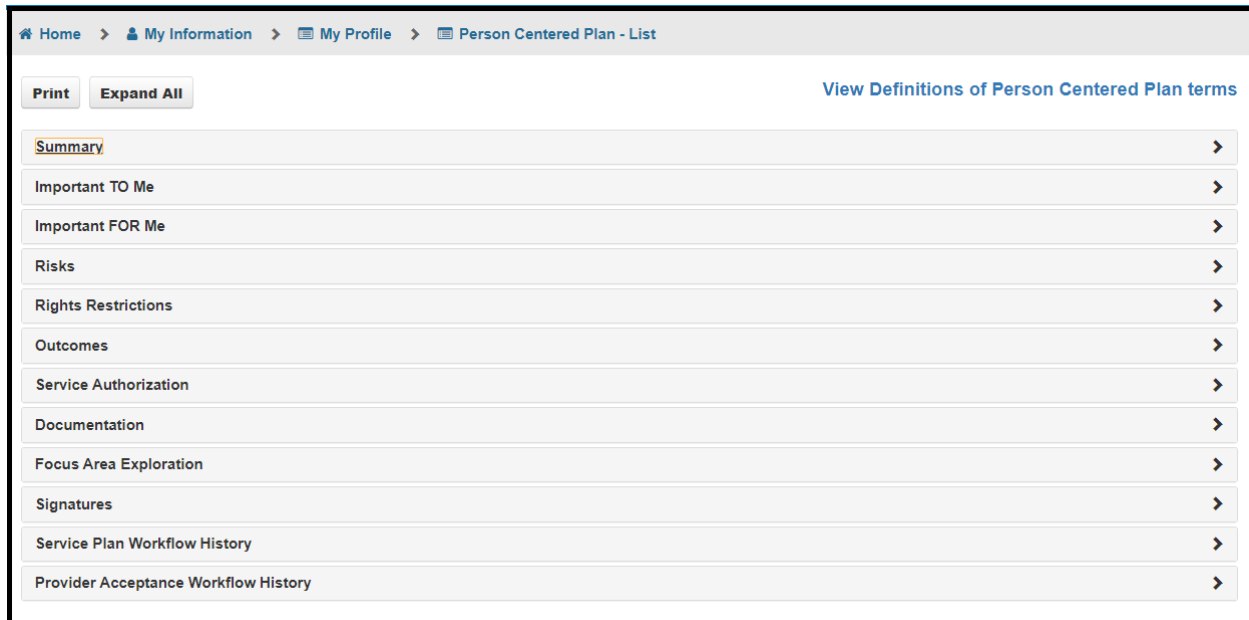
Finally, if they wish to see a full history of their Person-Centered Plans, they can click the View All My Person-Centered Plans link, which would generate a listing page as seen in the figure below. From this page, a participant can view their full history of Person-Centered Plans and can navigate into any of them by clicking the View link under the Actions column.

Home > My Information > My Profile > Person Centered Plan - List

**Person Centered Plan - List** [View Definitions of Person Centered Plan terms](#)

Program Type	Date Created	PCP Type	PCP Costs	Effective Date	End Date	Status	Active	Actions
DDA State Funded	10/07/2022	Revised PCP	\$110,350.26	11/07/2022		Pending Regional Program Staff Review	Inactive	<a href="#">View</a> <a href="#">Print</a>
DDA State Funded	03/16/2022	Annual PCP	\$97,873.90	06/14/2022		Approved	Active	<a href="#">View</a> <a href="#">Print</a>
DDA State Funded	05/07/2021	Annual PCP	\$84,029.10	06/14/2021	06/13/2022	Approved	Inactive	<a href="#">View</a> <a href="#">Print</a>
DDA State Funded	06/14/2021	Auto Extend	\$14,207.90	06/14/2021	06/14/2021	Approved	Inactive	<a href="#">View</a> <a href="#">Print</a>
DDA State Funded	06/04/2020	Annual PCP	\$70,178.29	06/14/2020	06/13/2021	Approved	Inactive	<a href="#">View</a> <a href="#">Print</a>
DDA State Funded	06/04/2019	Annual PCP	\$0.00	02/10/2020	06/13/2020	Approved	Inactive	<a href="#">View</a> <a href="#">Print</a>
DDA State Funded	07/20/2019	Auto Extend	\$0.00	06/14/2019	08/14/2019	Approved	Inactive	<a href="#">View</a> <a href="#">Print</a>
DDA State Funded	07/29/2018	PCIS2 IP	\$0.00	05/22/2018	07/19/2019	Approved	Inactive	<a href="#">View</a> <a href="#">Print</a>
DDA State Funded	03/14/2021	Revised PCP	\$77,408.93			Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>

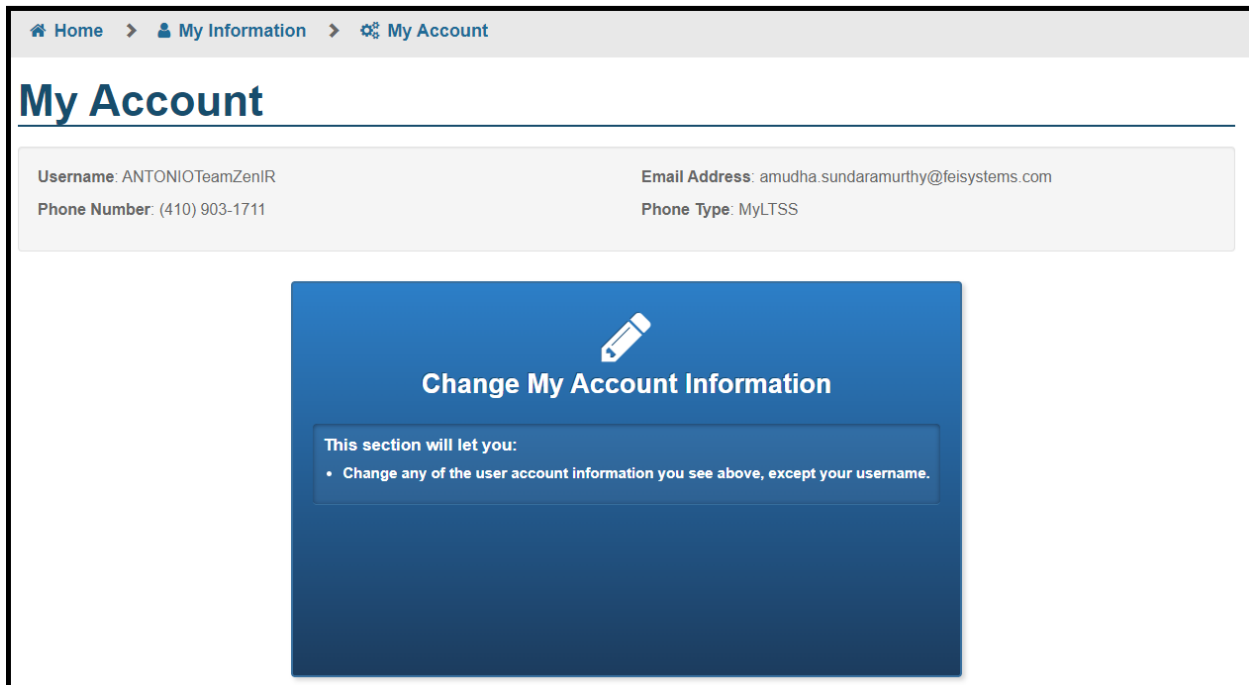
When viewing a Person-Centered Plan, the information is broken down into subsections, as seen in the figure below. Click on any of the section headings to view the information within.



The screenshot shows a web interface for viewing a Person-Centered Plan. At the top, there is a breadcrumb trail: Home > My Information > My Profile > Person Centered Plan - List. Below the breadcrumb, there are two buttons: 'Print' and 'Expand All'. To the right, there is a link: 'View Definitions of Person Centered Plan terms'. The main content area is a list of subsections, each with a right-pointing chevron icon:

- Summary
- Important TO Me
- Important FOR Me
- Risks
- Rights Restrictions
- Outcomes
- Service Authorization
- Documentation
- Focus Area Exploration
- Signatures
- Service Plan Workflow History
- Provider Acceptance Workflow History

The next area available within MyLTSS is My Account. From this area, participants can update basic information related to their registered account with MyLTSS. Click the 'Change My Account Information' panel to update the information.



The screenshot shows the 'My Account' page. At the top, there is a breadcrumb trail: Home > My Information > My Account. Below the breadcrumb, there is a large heading: 'My Account'. Underneath, there is a section displaying account information:

Username: ANTONIOTeamZenIR	Email Address: amudha.sundaramurthy@feisystems.com
Phone Number: (410) 903-1711	Phone Type: MyLTSS

Below the account information, there is a blue panel with a pencil icon and the heading 'Change My Account Information'. Inside this panel, there is a text box that says: 'This section will let you:' followed by a bullet point: 'Change any of the user account information you see above, except your username.'

When updating information, participants can update their email address or phone number that is linked to their account and then save their changes.

The screenshot shows a web browser interface for updating account information. At the top, there is a breadcrumb navigation: Home > My Information > My Account > Change My Account Info. The main heading is "Change My Account Information". Below the heading is a instruction: "Please enter the information you wish to edit below, and click the 'Save Account Information' button when you are finished. Only fill out fields which you wish to make changes to." The form is divided into sections for email and phone updates. The email section shows the current email address as "amudha.sundaramurthy@feisystems.com" and provides input fields for a new email address and its confirmation. The phone section shows the current phone number as "(410) 903-1711" and provides input fields for a new phone number, including area code and number. Below the phone number input is a dropdown menu labeled "What type of phone is your new phone?" with the option "Select a Phone Type". At the bottom right of the form are two buttons: "Cancel" (red) and "Save Account Information" (green).

## Update to Allow Attachments in Provider Portal and Linking to Forms in LTSSMaryland

Enhancements have been made to the Provider Portal to allow providers to upload supporting documentation against participant records for individuals that they are currently serving. When searching for a participant's record in Provider Portal, the user can click Client Attachments in the left navigation to see a page like what is shown below. From this page, they will have the ability to see a history of uploaded DDA Provider Documents against that specific participant's record, for which their agency was the one that uploaded.

To add a new attachment, click the Add New Attachment button as seen in the figure below.

**Provider Portal** Home Alerts Services **Clients** Providers Reports Help Batch Processes Feedback (.Account ▾)

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**CLIENT INFORMATION FOR TEST, PERSON** ✕ ○

<b>CLIENT PROFILE</b>	Client LTSS ID #: <b>2569030RE959120</b>	Current MA#: _____	Service Plan Program: <b>CP, AW</b>	Enrolled In: <b>CP</b>	MA Eligible: <b>Yes</b>
<b>SERVICE PLANS</b>	Waiver: <b>DRW</b>	Current CTC Amount: _____			

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**CLIENT ATTACHMENTS** ➔ Add New Attachment Collapse All

Category:

› DDA PROVIDER DOCUMENTS

File Name	Type	Sub-Category Type	Created Date	Comments	Status	Actions
No data available						

**CLIENT ATTACHMENTS** ➔

**CTC WORKSHEETS**

**COMMUNITY**

584.1 ms  
1376.8 ms  
2.8 ms

SS  
ONNAIRE

When adding a new attachment, the user will be presented with the screen below. From this page, they can select which file they wish to upload, place it within the category of DDA Provider Documents, and put it into a subcategory. The user also can optionally add comments when uploading the file if they wish to. Click the Save button to complete the upload process.

\*Please note that when choosing a file, ensure the filter on your device is not set to Custom Files and it shows All Files so that you have the ability all attachment file types.

**NEW DOCUMENT** ✕

**FileName:\***  
 Sample Pro...ivery Plan.pdf

**Category:\***

**Sub-Category:\***

**Comments :**

*0 of 200 character limit*



After successfully uploading an attachment, it will be added to the DDA Provider Documents table as seen in the figure below. Basic summary information will be shown about the uploaded file and authorized users from that provider will have the ability to edit or delete that attachment.

Client LTSS ID #: 2569030RE959120	Current MA#:	Service Plan Program: CP, AW	Enrolled In: CP	MA Eligible: Yes
Waiver: DRW	Current CTC Amount:			

**CLIENT ATTACHMENTS** Add New Attachment Collapse All

Category

Filter

> DDA PROVIDER DOCUMENTS

File Name	Type	Sub-Category Type	Created Date	Comments	Status	Actions
<a href="#">Sample Provider Service Delivery Plan.pdf</a>	DDA Provider Documents	Service Implementation Plan (SIP)	05/02/2023 08:16 AM	<b>Explanation:</b> This will address the participants needs for xyz	Active	<a href="#">Edit</a> <a href="#">Delete</a>

When editing an uploaded attachment, the user is only permitted to update the comments that were entered when the file was uploaded. If any other details need to be edited, the user should delete that attachment and restart the upload process for that file.

## EDIT CLIENT ATTACHMENT

Do you want to edit this comment?

**Comment:** \*

This will address the participants needs for xyz

*48 of 200 character limit*

YES
NO

When deleting an attachment within Provider Portal, the user will be prompted to confirm their decision prior to the system removing that attachment.

### CONFIRMATION

Do you want to delete this record ?

After an attachment is successfully uploaded to the DDA Provider Document category within Provider Portal, an alert will be sent to that participants assigned CCS Coordinator to notify them that an attachment was uploaded.

Home Clients My Lists Alerts Reports Wait Lists & Registries My Daily Activity

Created From Date: 01/28/2013 Created To Date: 05/02/2023 Accepted From Date: 05/01/2023 Accepted To Date: 05/02/2023  Show Accepted

Client ID: Last Name: First Name:

Subject	From	Received	Accept?
<b>FARROW, ERIC (2569030RE959120) - Washington</b>			<input type="checkbox"/>
<a href="#">Duffey, Wendy from Humanim Inc. has uploaded a new document within the DDA Provider Document category for ERIC FARROW – 2569030RE959120.</a>	Duffey, Wendy	05/02/2023	<input type="checkbox"/>

By clicking on the alert mentioned above or by directly navigating within a participants records and going to the Client Attachments area under Case Management in the left navigation, authorized users will be able to see a new category section for DDA Provider Documents. In this section they will be able to see summary information about the attachment that was upload by the provider and can click on the file name to download a copy of that attachment.

The screenshot displays the 'Client Details' page for a client named 'Test Person'. The page includes a navigation menu on the left with options like 'Home', 'Clients', 'My Lists', 'Alerts', 'Reports', 'Wait Lists & Registries', 'My Daily Activity', and 'Client Details'. The main content area is divided into 'Client Attachments' and 'DDA Provider Documents'. The 'DDA Provider Documents' section contains a table with columns for File Name, Type, Sub-Category Type, Comments, Status, Created Date, Created By, and Action. A red arrow points to the 'Discard' button in the 'Action' column of the first row.

File Name	Type	Sub-Category Type	Comments	Status	Created Date	Created By	Action
<a href="#">Sample Provider Service Delivery Plan.pdf</a>	DDA Provider Documents	Service Implementation Plan (SIP)	This will address the participants needs for abc	Active	5/2/2023 8:16 AM	Duffey, Wendy	Discard

## Implement a Discard Button for Waiver Apps, ATPs, Etc. for DDA forms created then abandoned.

The discard functionality has been implemented across a variety of additional DDA related forms within LTSS Maryland. This provides authorized users with the ability to discard forms that were created in error or are no longer needed. The discard functionality can be found on the View/Summary page of all impacted forms and to begin the process, click the Discard button as seen in the figure below.

The screenshot shows the 'Housing Assistance — Referral' form. The status is 'In Progress'. At the top right, there are 'View' and 'Edit' buttons. Below these are 'Submit' and 'Discard' buttons. A red arrow points to the 'Discard' button. The form contains a 'Referral Information' section with the following fields:

- Referral Date: 04/25/2023
- Referral Agency:
- Referral Name:
- Anticipated D/C: 03/26/2023

To complete the discard process, the user will be prompted to enter comments to justify why they are discarding. To finalize the discard process, click the Yes button and to cancel click the No button.

**Confirmation**

Do you want to discard this record?

Comment: \*

*0 of 300 character limit*

**Community Settings Questionnaire** Status: Clarification Requested

[Back to List](#)

**Community Settings Questionnaire** ↑

**Instructions**

**DDA Comprehensive Assessment** Status: In Progress – Extension Requested

[Back to List](#)

▶ **Comprehensive Assessment** ↑

▶ **Documentation**

▶ **Workflow History**

**ATP — Questionnaire** Program: Community Pathways Status: In Progress

[Back to List](#)

**DDA ATP Questionnaire** ↑


**Authorization to Participate**

Is the individual currently enrolled? Yes

**DDA Eligibility Application** Status: Information Requested [View](#)


[Back to List](#)

- ▶ **Applicant's Information** \*\*
- ▶ **Applicant's Self-Assessment** \*\*
- ▶ **Documentation** \*\*
- ▶ **Workflow History**



**Financial and Overall Decision** Status: In Progress Program: CS [View](#)

[Back to Summary](#)


**Overall Decision** 

**Determination** \_\_\_\_\_

Overall Decision: \*\*  Approve  Deny

**DDA - Outcome** [View](#)

[Back to Summary](#) [Print](#)


**Outcome Form** 

**DDA Outcome Information** \_\_\_\_\_

Did individual move out of institution? \*\*  Yes  No

**DDA — Referral** Status: Pending [View](#)

[Back to Summary](#) [Print](#)


**Referral** 

**Referral Information** \_\_\_\_\_

Referral Date: 03/09/2022

**DDA - Transition Process** [View](#)

[Back to Summary](#) [Print](#) [Discard](#)

**Transition Process Form** 

**I. MFP Staff Assignment**

Assigned to:	Mia Maderaspecialist
Date Assigned:	04/26/2023

**MFP Questionnaire** Status: In Progress [View](#) [Edit](#)

[Back to List](#) [Submit](#) [Discard](#)


**Money Follows the Person Questionnaire** 

**Questionnaire**

Has the applicant resided in a nursing facility for at least 60 continuous days? \*\*  Yes  No

**Nursing Algorithm Form** Status: In Progress [View](#) [Edit](#) [Print](#)

[Back to List](#) [Discard](#)


**Nursing Algorithm Form** 

**HRST Information and Nursing Care Model**

Date Of HRST:	03/16/2022
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**DDA Priority Category Assessment Form** Status: In Progress [View](#) [Edit](#)

[Back to List](#) [Submit](#) [Discard](#) [Collapse All](#)


**Priority Category Assessment**  [Edit](#)

**Priority Category Assessment**

Date: **	04/25/2023
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**Monitoring and Follow Up Form** Status: Not Complete - Priority Category Updated


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**Attempted Contacts** 

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							

**Individual Record - Overview** Status: In Progress


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**My Individual Service Record** 

**My Contact Information**

**Person Centered Plan** Status: Approved Plan Type: Annual PCP


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**Summary** <sup>\*\*</sup> 

**Important TO Me** <sup>\*\*</sup>

**DDA Waiver Application Packet - Summary** Status: In Progress

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**Overview** 

**Overview Information**

Create Date:	11/28/2018	Category of DDA:	DD
Created By:	Carole, Susan	Eligibility:	

**Health Risk Screening Form** Status: In Progress

[Back to List](#)

**HRST** 

**HRST Form**

Date of HRST: <sup>**</sup>	02/10/2022
Health Care Level Score: <sup>**</sup>	1

## SIS Assessment Summary:

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Discard

Expand All

Type of SIS Assessment: Regular



Initiated By: System Administrator

[SIS Assessment PDF Report](#)