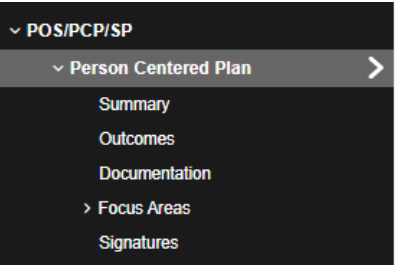
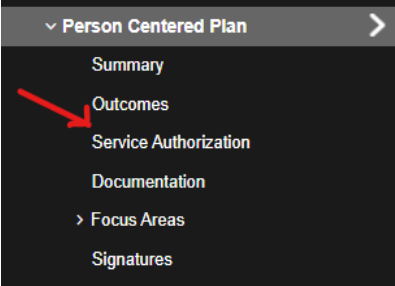
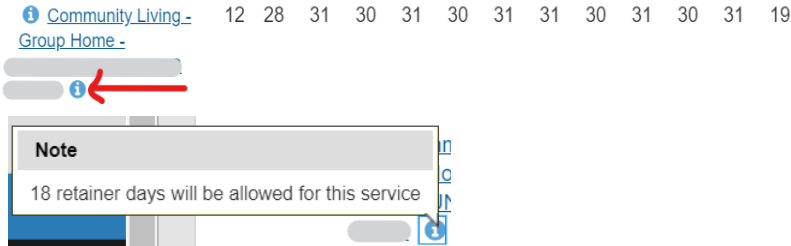



Updates			
Item Number	Item Name	Description	Primary Impacted Audience
CR 284077	Additional Updates to DDA Appeals Process	<p>The Appeals process as tracked in LTSSMaryland was updated to reflect the below changes:</p> <p>1- The language used in the system was updated to ensure it aligned with the legal language used by the Administrative Law Judge when deciding on cases for DDA-related participants. The system will utilize the following terms</p> <p>Affirmed- An appeal that has been affirmed means a decision was made by the ALJ in favor of DDA/MDH's decision to deny services to the participant</p> <p>Dismissed- An appeal that has been dismissed means a decision was made by the ALJ in favor of the participant (appellant) to overturn DDA/MDH's decision to deny/disenroll the participant from services</p> <p>2- The updates in the system also ensure that individuals who are State Funded are also appropriately captured in the appeals module in the system. Individuals who were enrolled in the CP Waiver, who lose enrollment and roll over into DDA State Funded Program, are also eligible to appeal their waiver enrollment. In the process of this appeal, the individual may be covered by the DDA State Funded Program and would continue to receive services under the State Funded Program through the appeal period.</p> <p>Note: Appeals will be entered into the system by DDA and cannot be edited by Providers or CCS Agencies. When an individual is in the appeals process, NO edits will be allowed to their PCP until an appeal decision is made. All current services for the individual in appeals will be maintained exactly as is, until an appeals decision is made.</p>	DDA RO

CR 315019	Update Detailed Service Authorization Section Format	<p>This update to the system is to better format how the Detailed Service Authorization section displays in the system when the CCS or DDA is reviewing a PCP. This update also allows for the Service Authorization section to be navigable from the left panel as a shortcut.</p> <p>Previous CCS View of the left panel shortcuts while a PCP is in-progress:</p>  <p>Updated View of the left panel navigation will now include a link to go to the Service Authorization Page:</p>  <p>Additionally, the Service Authorization Section of the PCP will have a "Manage" button like other PCP sections. CCS users would click the manage button to enter into that section and update any service authorization related items for the PCP. All other functions, verbiage and placement within the Service Authorization section remained the same. After completion of this section, CCS users can click Next to move to the "Documentation" section of the PCP.</p>	CCS Agencies, DDA RO & HQ
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CR 284089	DDA Residential Retainer Fee Authorization Updates	<p>The system was updated to appropriately capture <u>non-Appendix K</u> related retainer fees. DDA Residential Retainer fees will no longer be tagged to the Residential service but will track in the Provider Portal for Provider Billing.</p> <p>The updates only apply to the retainer fee associated with the Community Living Group Home (CLGH) service and the Community Living Enhanced Supports (CLES) service.</p> <p>From CCS and DDA View: CCS Agencies will no longer see a retainer Fee service tagged when a CLGH or CLES service is created in LTSS. LTSS, however, will display a message indicating that a residential retainer fee automatically applies for this service and will be tracked accordingly. Screenshot of message displayed when CCS clicks on the tooltip icon next to the CLGH service.</p>  <p>From Provider View: Providers will no longer see a retainer fee service tagged along with a CLGH or CLES service that has been sent for acceptance. The Provider is also able to click on a tooltip to see that the Retainer Fee service is tagged along. As a provider bills for the retainer fee associated with the individual, the system will count how many retainer days are applicable and deduct from the total for the provider. The Retainer Fee Service is also trackable in the DDA Authorized Services Report and the DDA Authorized Client Report.</p>  <p>Note: Retainer Fee Services for CLGH and CLES are currently NOT live in LTSS for all Providers. ONLY Pilot Providers are able to bill this service currently.</p> <p><i>Please see retainer fee guidance on the DDA website for details on how many days of retainer fees are applicable and the appropriate time period that it applies to.</i></p>	Provider Agencies, CCS Agencies, DDA HQ & RO
CR 401162	Data Patch to Approve PCPs	<p>On 1/14/2021, DDA released information regarding an update to the system that would mark certain PCPs approved. This was an effort to ensure that CCS could create the next annual PCP for the participant and to ensure that services are properly noted in PCIS2.</p> <p>The data patch was released in the system and has updated the relevant PCPs that were pending with the Regional Office. Please follow up with your Regional Office if you have any other concerns about PCPs pending Regional Review and approval timelines.</p>	Provider Agencies, CCS Agencies, DDA HQ & RO

WO 334	Combine Nursing Services to One with New Name	<p>The system was updated, due to Waiver Amendment #3, to appropriately capture all Nursing Services under the new name, Nursing Support Services which will track in 15-min increments (quarter hour). Previously existing nursing services will be updated to reflect the new name.</p> <p>Previous Nursing Services:</p> <ol style="list-style-type: none"> 1) Nurse Case Management & Delegation 2) Nurse Health Case Management 3) Nurse Consultation <p>New Service Name:</p> <ol style="list-style-type: none"> 1) Nursing Support Services <p>The new Nursing Support Service will be applicable in LTSSMaryland as of 3/1/2021. Starting March 1st, all PCPs where a nursing service needs to be entered, must select the new service name "Nursing Support Services". Other previously available nursing services will no longer be an option in the system for PCPs effective after March 1 2021.</p> <p>For PCPs that are already approved and have a nursing service indicated, those services will be data patched/updated to now be called Nursing Support Services. All Previously approved units for the previous nursing services will be recalculated to 15-min increments for dates starting 3/1/2021.</p> <p>Note: For CCS, the system will provide appropriate prompts to guide users through the changes in the system, ensuring you can only select the appropriate service depending on the PCP timeline.</p> <p>Rates: The Nursing Support Service rates will apply at 15-minute increments. The DDA rates are posted on the LTSSMaryland page of the DDA website.</p> <p><i>Please reference the Waiver Amendment #3 Memo for additional details on this item.</i></p>	Provider Agencies, CCS Agencies, DDA HQ & RO
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WO 312

Update Service Definitions for Hourly Services to be 15 minute units

The system was updated to track all previously hourly services as 15 minute increments. This update will provide more service flexibility and allow providers to bill more accurately and get paid for services rendered for as little as a 15 minute time-frame.

For PCP Authorization:
For all PCPs effective March 1, 2021 and thereafter, authorization for the below listed services will be calculated out by the system into 15-min increments. All PCPs that will cross March 1 2021 will be automatically updated by the system to convert the previously hourly units to 15 minutes. In Progress, Pending and Approved PCPs where previously hourly services was indicated will be auto updated by the system to display the unit count in 15 minute increments for all dates on or after 3/1/2021.

For PCPs that are already Pending Regional Review or that are already Approved, there will be NO additional action needed from CCS, the provider or the Region for the 15-min update.

For PCPs that are In-Progress with CCS or in Clarification Request Status, CCS should check the provider acceptance and ensure that no new acceptances are needed from the Provider.

Here is an example screenshot of the CCS and DDA RO view with the system auto updated changes to the Hourly Services to be in 15-min increments.

CCS/RO view After Update: The individual below has 2 services, Personal Supports and CDS. Personal Supports was previously a 15-minute service, so no changes were made. CDS services were previously hourly services and were updated to 15 minute increments per the waiver. The system multiplied out the total units across all the months after 3/1/2021 and listed it on a new service line. For an approved PCP, there is no additional action required. For PCPs still in Progress, CCS and Providers should ensure the new service lines are accepted. **CCS may need to resend service requests to providers, as applicable.**

Service Status & Effective Date	Service and Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Annual Service Cost	Actions	Provider Status	Provider Status Date
► Changed - 01/26/2021	Personal Supports -	32	128	128	160	128	128	160	128	144	144	128	160	96	\$13,827.84	Accepted	Accepted	12/21/2020
► Changed - 01/26/2021	Community Development Services Group (1-4)	8	48	0	0	0	0	0	0	0	0	0	0	0	\$1,752.80	Accepted	Accepted	12/21/2020
Annual - 01/26/2021	Community Development Services Group (1-4)	0	0	240	192	208	224	192	224	208	192	224	208	192	\$17,994.24	Accepted	Accepted	12/21/2020

Provider Agencies, CCS Agencies, DDA HQ & RO

(Continued.) Update Service Definitions for Hourly Services to be 15 mins

Here is an example screenshot of the Provider view with the system auto updated changes to the Hourly Services to be in 15-min increments. The Personal Supports Service for this individual was not impacted. The Community Development Service changed from Hourly to 15 minute increments. The updated service line multiplies out the units for all months after 3/1/2021

Provider view After Updates: The individual's Community Development Service was updated to reflect 15 minute increments. The units were multiplied out for every month after 3/1/2021

Plan Type & Effective Date	Billing Unit	Service and Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Annual Service Cost
Annual - 01/26/2021	15 minute increment	Personal Supports	32	128	128	160	128	128	160	128	144	144	128	160	96	\$13,827.84
Annual - 01/26/2021	Hour	Community Development Services Group (1-4)	8	48	0	0	0	0	0	0	0	0	0	0	0	\$1,752.80
Annual - 01/26/2021	15 minute increment	Community Development Services Group (1-4)	0	0	240	192	208	224	192	224	208	192	224	208	192	\$17,994.24

For Provider Billing:

Note: Most services are not live in LTSS. Dedicated Hours for Supported Living is the only fully live service that is impacted for this transition from hourly to 15-minute increments. This means that Providers who are billing Dedicated Hours for Supported Living would need to make billing entries in 15-minute units for all dates of service after 3/1/2021. All other services that changed from hourly to 15 minute increments are NOT fully live in LTSS and should continue to be billed via PCIS2 and associated invoice processes.

For Pilot providers- ensure that you enter the appropriate 15-minute increment units in billing entries with dates of service after 3/1/21.

Rates: The rates for all these services will apply at 15-minute increments (hourly rates divided by 4) and these rates are effective 3/1/2021. The current DDA rates are posted on the LTSSMaryland page of the DDA website.

Please reference the Waiver Amendment #2 memo for additional details on this item.

WO 327

Update Day Habilitation Small Group & Large Group Services

Day Habilitation Small Group and Day Habilitation Large Group services were updated to support service flexibility and allow for accurate tracking and billing for individuals who receive Group services in Day Hab.

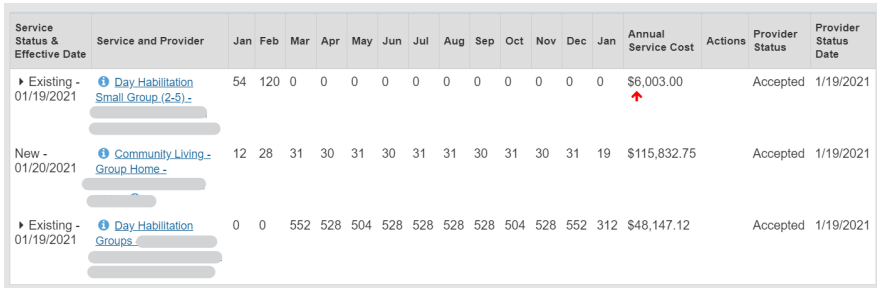
For PCP Authorization:

Starting March 1st, 2021, Day Hab services in the PCP will combine Day Habilitation Large Group and Day Habilitation Small Group into one service umbrella, called "Day Habilitation Groups". In Progress, Pending and Approved PCPs where Day Habilitation Small Group or Large Group was indicated will be auto updated by the system to display Day Habilitation Groups for all dates crossing 3/1/2021.

For In Progress PCPs (*PCPs not yet submitted to the DDA Regional Office*), CCS and Providers should note the change and complete a service request re-acceptance, if needed.

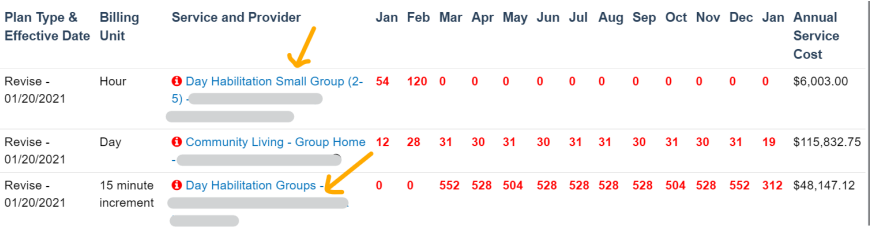
Here is an example screenshot of the CCS and DDA view with the system auto updated changes to Day Hab Groups

After Update: System added a new service line starting 3/1/2021 with the new service name, "Day Habilitation Groups" and the units for the Small group service was changed to 0 for all months after March.



Service Status & Effective Date	Service and Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Annual Service Cost	Actions	Provider Status	Provider Status Date
Existing - 01/19/2021	Day Habilitation Small Group (2-5)	54	120	0	0	0	0	0	0	0	0	0	0	0	\$6,003.00		Accepted	1/19/2021
New - 01/20/2021	Community Living - Group Home	12	28	31	30	31	30	31	31	30	31	30	31	19	\$115,832.75		Accepted	1/19/2021
Existing - 01/19/2021	Day Habilitation Groups	0	0	552	528	504	528	528	528	528	504	528	552	312	\$48,147.12		Accepted	1/19/2021

Provider Agencies, CCS Agencies, DDA HQ & RO

	(Continued) Update Day Habilitation Small Group & Large Group Services	<p>Here is an example screenshot of the Provider view with the system auto updated changes to Day Habilitation Groups</p> <p>After Update: Another line was added with the updated service and the reflection of the updated billing unit for all months after 3/1/2021</p>  <p>For Provider Billing:</p> <p>Day Habilitation services are NOT fully live in LTSS. ONLY Pilot Providers are currently billing this service in LTSS. All other Providers must bill Day Habilitation services via PCIS2.</p> <p>For Pilot Providers who are billing Day Habilitation Services, please note that for a participant where Day Habilitation Groups has been authorized, your agency may bill for either Day Habilitation Small group or Day Habilitation Large group in LTSSMaryland. Select the appropriate service from the billing entry drop down list and indicate how many applicable units. This flexibility allows for providers to track how much time participants are engaged in either small group activities or large group activities and bill accordingly.</p> <p>Rates: The rates for Day Habilitation Groups Service will calculate based on the Day Habilitation Small Groups rate. When Providers bill either Small Group or Large Group, the system will apply the correct rate for the service. All Day Habilitation service rates will apply at 15-minute increments (hourly rates divided by 4) starting 3/1/2021. The current DDA rates are posted on the LTSSMaryland page of the DDA website.</p> <p><i>Please reference the Waiver Amendment #2 Memo for additional details on this item.</i></p>	
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Defects

Item Number	Item Name	Description	Primary Impacted Audience
406157	DDA Billing: Residential Services incorrect rate on 1st of month	<p>Issue: Some Supported Living services billed on the 1st of the month had errors in the calculation of the rate paid for the home, based on the number of people who live there.</p> <p>Fix: The system was updated to ensure that for the 1st day of the month, the residential configuration ensures proper payment of the service entries, based on the number of residents in the home.</p>	Provider Agencies
406636	PCP: 'Related Important TO/FOR Me' selections not kept with Save action within Outcomes section of Person Centered Plan	<p>Issue: There was a technical issue with saving some details in Outcomes section when the Important To/For me details were longer than a specific limit of text and displayed on more than one line.</p> <p>Fix: The system was updated to ensure that all appropriately selected entries would be properly saved regardless of how long the text is.</p>	CCS Agencies

419224	PP: unable to view In-Progress Service Plan Details [Svc missing Outcome]	<p><i>Issue:</i> Services sent to providers for acceptance were not properly displaying the outcome associated with the service.</p> <p><i>Fix:</i> All outcome details should display with the associated service when sent for acceptance by CCS to Provider Agency</p>	CCS Agencies, Provider Agencies
419423	Reports: incorrect 'Authorized Units' output displayed within DDA Authorized Services Report results	<p><i>Issue:</i> Incorrect details for services were displayed in the 'Authorized Units' column of the DDA Authorized Services Report.</p> <p><i>Fix:</i> The 'Authorized Units' column of the DDA Authorized Services Report will display correctly. This allows providers to be able to note the authorized units for each service and track units utilized throughout the month</p>	Provider Agencies
420193	PCP: system allowing delete of copied services on Revised PCPs	<p><i>Issue:</i> Services copied over from an Annual or Initial PCP should not be able to be deleted from the PCP until the next annual PCP is done.</p> <p><i>Fix:</i> Revised PCPs contain all copied services from the previous PCP as well as allows CCS to add a new service if needed. Services copied over from the Previous PCP cannot be deleted, they can only be updated or end-dated. This is to ensure proper track record of PCPs in any given annual PCP year</p>	CCS Agencies
410475	PCP: Provider re-Acceptance not triggered with month(s) removed via Effective Date changes	<p><i>Issue:</i> For PCP services where providers accepted the service, appropriate service changes made afterwards by the CCS were not correctly going back to the provider for review of the updates.</p> <p><i>Fix:</i> For all services in the PCP, prior to PCPs submission to the DDA RO, any changes made to the service, after a provider has accepted, will go back to the provider for review again before the CCS can submit to the Regional Office. CCS, please ensure that all planned changes are communicated with the Provider prior to being made.</p>	CCS Agencies, Provider Agencies