



LTSS

DDA MODULE PLAYBOOK

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Introduction

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

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

This Playbook includes an overview of the following: (a) steps the DDA will take to support provider transitions; (b) steps CCS entities should adopt in supporting the transition; and (c) steps and guidance for service providers in preparing for their transition to the *LTSSMaryland—DDA Module*.

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

1. Provider Go-Live Readiness Checklist

A checklist of essential tasks that each provider should complete, sign, and submit to the DDA to confirm that their organization has completed all the steps necessary for a smooth transition to *LTSSMaryland—DDA Module*.

2. CCS Support Checklist

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

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Developmental Disabilities Administration (DDA) Section

Introduction

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

DDA Activities to Support Go-Live

- DDA regional offices will support the PCP approval process through active tracking and troubleshooting with providers and CCS agencies to meet deadlines for timely service authorizations.
- Direct providers to the "[Provider Go-Live Readiness Checklist](#)" at the end of this document to assist in self-assessments regarding essential tasks to guide transition planning
- Direct CCSs to the "[CCS Support Go-Live Checklist](#)" to assist in their review of PCPs to ensure they are complete and accurate
- Assist Providers working in multiple regions through one DDA Regional Office (where applicable) for centralized go-live coordination
- Communicate go-live timing to the providers
- Track transition and meetings coordination (as needed) to triage technical challenges, and other matters affecting provider go-live
- Host, in partnership with its contracted LTSSMaryland—DDA Module training vendor, a series of billing trainings for provider staff prior to going live
- Make available the most up-to-date resource materials to support the transition including:
 - Training resources
 - [DDA - Service Authorization and Provider Billing Document](#)
 - Reference materials and how to locate them on the DDA website (*e.g., policy updates*)
- Review each Community Living Group Home site location for the following criteria:
 - MA site number
 - Addresses
 - Site configurations
- Review for other billing codes as appropriate such as Respite-daily, 2T youth code for under 18* exceptions, and or CLGH-Enhanced codes
- Review for compliance with the Community Settings rule
- Turn on providers for billing for each service

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

Go-Live Checklists

The DDA will require providers to complete the [Provider Go-Live Readiness Checklist](#) to verify they are prepared for a successful transition to the LTSSMaryland—DDA Module. Each provider will validate successful completion of all readiness activities by submitting the completed Provider Go-Live Readiness Checklist to their assigned Regional Office. The Provider Go-Live Readiness Checklist can be found by [clicking here](#).

The DDA has also developed the [CCS Support Go-Live Checklist](#) for CCSs to use as they coordinate with providers to complete a review of all PCPs in their caseloads. The CCS Support Go-Live Checklist provides guidance on tasks that the CCSs should use to organize and complete their work on time, producing **complete, robust, accurate, and timely** PCPs that will support participants assessed unmet needs and enable providers to successfully transition into LTSSMaryland—DDA Module. The CCS Support Go-Live Checklist can be found by [clicking here](#).

Guidance to CCS & Providers to Prepare for PCP Work

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

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

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

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Coordination of Community Services (CCS) Section

Introduction to CCS Section

To support participants with services to address unmet needs and providers in their full transition from PCIS2 to LTSS - DDA Module Playbook, you, as a CCS, must work closely with participants and providers to ensure that PCPs are **accurate, based on the participant's assessed needs and prioritized life outcomes, facilitate billing success, are quality plans, and reduce potential service disruptions**. This section is provided to guide you in supporting provider readiness for the transition; understanding and planning for the necessary steps to support providers; and coordinating and collaborating with participants and their teams to maximize success. Parallel to this playbook, the DDA has created a [CCS Support Checklist](#) for you that is intended as a guide in your support role to aid provider readiness to transition to the LTSS - DDA Module Playbook.

CCS Readiness Transition Planning

To ensure there is proper preparation for the critical role you will fulfill in ensuring that each PCP is accurate and completed in sufficient time to allow both the provider and RO review and sign-off, you must ensure providers are fully informed of the services in LTSS - DDA Module Playbook as well as their [guidelines](#), requirements and limitations.

CCSs should consider:

- 1.** Using your access to all CCS resources regarding the LTSS - DDA Module Playbook requirements to provide assistance to providers if they encounter concerns or have questions
- 2.** Maintaining a calendar of PCP dates with completion timelines for your caseloads and ensuring adequate time is allocated to review and/or develop each PCP, so that they are submitted at minimum 20 days prior to the Annual Plan Date as required.
- 3.** Coordinating with providers and other appropriate representatives to establish a meeting schedule to review PCPs. Each meeting must include:
 - a.** An invitation to the participant and his or her planning teams for each PCP meeting
 - b.** An agenda to review and complete a crosswalk between PCIS2 and LTSS *Maryland* services in the plans to ensure that services utilized are accurately reflected in the PCP (see "[Guidance for Operating in PCIS2 and LTSS - DDA Module Playbook](#).")

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- c.** Coordination of the timely submission of the HRST (as applicable), Behavior Plan (as applicable), Service Implementation Plan and the Detailed Service Authorization Tool (DSAT). (As a reminder, the Cost Detail Sheet is not used in LTSS - DDA Module Playbook.)
- 4.** Track each PCP up to submission.
- 5.** After submission, track the PCP through the LTSS - DDA Module Playbook workflow section to ensure plans are moving in a timely manner



CCSs must be:

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

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

- 1.** Authorized services in PCIS2 are reflected accurately in the PCP
- 2.** All services have a listed, active provider (chosen by the participant) and a corresponding service referral acceptance from the provider that aligns with the go-live date. Self-Directed Services are the exception and all services should have providers assigned.
 - a.** Services without a provider must have one assigned and services approved by the provider prior to go-live
 - b.** Please see the [Troubleshooting Companion Manual](#) if you cannot refer services to the selected provider. If the issue is still not resolved, then contact your Regional Office Provider Services liaison for assistance.

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- 3.** A PCP effective date on, or prior to, the provider go-live date to ensure billing can occur
 - a.** If the PCP that coincides with the go-live date does not contain a provider or the provider acceptance, a Revised PCP will need to be developed to add the provider to the DSA and obtain the necessary service referral acceptance (**Note: DSA is NOT DSAT**)
 - b.** If this Revised PCP is within 90-days or less of the annual date, create an Annual Plan. Please see page 11 section 2.16 of the [Troubleshooting Companion Manual](#) for further guidance
 - 4.** Use the [CCS Go-Live Support Checklist](#) to ensure PCPs continue to remain active and accurately support participants' needs
-

Preparing for Provider Go-Live Timing

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

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

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

The [Provider Go-Live Readiness Checklist](#) and the [CCS Support Checklist](#) for you can be found at the end of this document.

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PCP Review and Tracking

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

1. Share screens and provide screenshots for the provider(s) to ensure that services, units, addresses, and other elements are correct. For more details on PCP guidance [visit this guide](#). Sharing information from the CCS view with the Provider is needed because both groups see different information. Without this information, delays can occur to timely approvals.
2. Ensure that the provider can see the services being referred, thus allowing the provider to accept the services and finalize the PCP without any unnecessary delay
3. Collaborate with participants and providers to complete any needed plan revisions prior to going live in the *LTSSMaryland—DDA Module*, especially if plans previously did not account for identified support needs
4. Use the *LTSSMaryland—DDA Module* workflow resource (available in *LTSSMaryland. See the Workflow History* section in the “*CCS Coordinator User Manual*”) to follow the progress through PCP approval by the Regional Office



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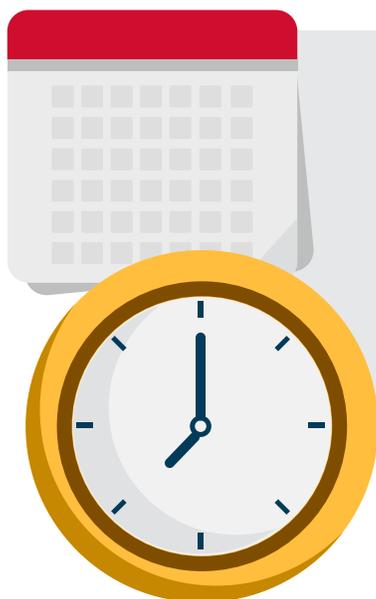
5. Address any clarification requests from the Regional Office within 5 days of receipt so that plans can be approved on time.

Compliance with Most Updated PCP Development Guidance

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

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

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



CCS must:

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

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Service Provider Section

Introduction to Provider Section

To prepare for your transition from PCIS2 to LTSS*Maryland*—DDA Module billing, this section of the playbook details the requirements for your readiness, which are also identified in the [“Provider Go-Live Readiness Checklist.”](#) The DDA requires you to demonstrate your readiness by completing and submitting this checklist.

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

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

Go-Live Best Practices

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

1. Set up internal teams to ensure that programmatic, administrative, and billing practices are assessed, modified, or established to reduce potential service disruptions
2. Understand and implement the LTSS*Maryland* [guidelines](#), requirements, and limitations
3. Coordinate with CCSs
4. Use the [CCS Support Go-Live Checklist](#) to support the PCP process
5. Complete the HRST (as applicable), Behavior Plan (as applicable) and service referrals in a timely manner
6. Complete the DSAT and SIP (that use activities and language consistent with the participant's goals and outcomes) and submit them to the CCS in accordance with the established timeline.



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

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Critical Components for Providers:

1. Medical Assistance Number (Base and Site)
2. Category of Service Codes (COS) in *LTSSMaryland*
3. Electronic Fund Transfer (EFT) payments
4. Person Centered Plans
5. Dedicated Hours
6. Community Living Group Home House Configuration
7. Supported Living Set-up
8. Locations Billing Turned On
9. Staff Training
10. Provider-specific internal considerations
11. Technical Assistance contacts
12. Using lexicons associated with LTSS
13. Ensure continuity of services based on new service model definitions.

1. Medical Assistance Number (Base and Site) Review

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

For services that require a specific Site MA# (i.e., CLGH, Day Habilitation, etc.), the DDA will ensure that you are properly set up. In instances where the MA# or a Site MA# has not been established, the DDA will work with you

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to ensure this is completed prior to going live in LTSSMaryland—DDA Module.

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

For more information on MA #s and ePREP, [click here](#).

2. Category of Service (COS) Code Review

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

In preparation for going live, you should review your COS Codes in the LTSSMaryland—DDA Module [DDA Provider Portal Manual](#) in section 6. If you identify a discrepancy, you should contact your regional Provider Services representative as soon as possible. Provider Services team members will review the discrepancy and provide guidance for correcting the issue.

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

3. Electronic Fund Transfer Status Review

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

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- If you are submitting claims using EVV, you should verify that electronic payments have been remitted. If payments have been remitted, no further action is needed.
- If you are not using EVV or have not received payment using EVV, you should contact your Regional Office Provider Services to verify your EFT status.

If you are not set up with the Comptroller for EFT payments through *LTSSMaryland—DDA Module*, use this link: [Electronic Funds Transfer \(EFT\) Program](#).

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

4. Person-Centered Plan Review

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

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



**CCS and
Providers Meet**



**Provider accepts
service referral**

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Once PCPs are submitted, you should assign staff to track the workflow for each plan in LTSSMaryland—DDA Module provider portal to ensure that plans are moving through the system in a timely manner. If a plan is not advancing, you should then reach out to the CCS or your Regional Office CCS Squad to identify and resolve the issue. (See the [DDA Provider Portal Manual](#) Section 3.4.9, “Service Plan Workflow History.”)

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

- Services and service amounts are based on the individual unmet assessed needs of the participant
- Authorization service unit totals in LTSSMaryland—DDA Module account for the number of billable days in the month, so authorizations will change from month to month
- For Community-Living Group Home and Supported Living services, the rate is based on the number of participants living in the home and the overnight support configuration. This means that until all participants in the home have final, approved PCPs in LTSSMaryland—DDA Module, the billing rate will not be current. On the first of every month, LTSSMaryland—DDA Module will recalculate all residential rates, taking into account the number of people you accepted and have been authorized by DDA for supports in that home and number of people that have left the home.

You do not see the same screens as the CCSs on LTSSMaryland—DDA Module, so it is important to share screens and screenshots with the CCS to understand and agree to the types of services authorized, the units to be assigned for the plan year, and the start/end dates. Once these elements are agreed upon, you should accept the referral in LTSSMaryland—DDA Module within the allowable time frame and adhere to the start/end dates and support schedule. (For assistance see Section 3 of the [DDA Provider Portal Manual](#).)

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

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

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5. Dedicated Hours

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

In LTSS*Maryland*—DDA Module, rates for Community Living-Group Home, Community Living - Enhanced Supports, and Supported Living assume that participants in the residential setting share a core set of hours. This is referred to as the base service hours or “shared hours.” For example, if three (3) participants reside in a single residential setting, 128 hours would be shared, assuming 16 hours per day of support Monday through Friday and 24 hours per day coverage on the weekends.

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

If additional supports are needed beyond the shared hours, teams can request dedicated hours as per DDA’s requirements, set forth in DDA’s policies and guidance. Dedicated Support Hours are based on the participant’s assessed needs. DDA may authorize dedicated hours for 1:1 and 2:1 staff-to-participant supports (“1:1” and “2:1,” respectively).

Participants with an assessed need for additional supports can request Dedicated Hours in addition to the main residential service (i.e., Community Living-Group Home, Community Living -Enhanced Supports, and Supported Living). If approved, the participant will have both the main service and the dedicated service listed in the detailed service authorization section.

Hours for Dedicated 1:1 cannot be authorized when the house reaches 1:1 support for each participant living in the home. Dedicated hours are not limited to services provided inside the home and can support the participant with community engagement.



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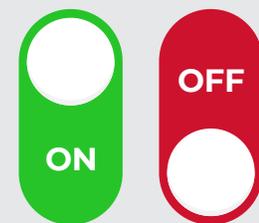
6. Community Living – Group Home House Configuration Review

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

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



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



These additional points of review are critical to ensuring that accurate and timely billing can be completed in LTSSMaryland—DDA Module for CLGH and CLES. You are encouraged to conduct a self-assessment of your CLGH and CLES as soon as possible. Any needed updates should be coordinated through your designated CCS agency.

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

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

7. LTSSMaryland—DDA Module Training Needs

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

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

Previous recorded training videos are also available on the DDA website including:

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



8. Provider Locations Billing Turn on

Your services will need to be “turned on” in the LTSSMaryland—DDA Module for billing to be submitted. Your locations will start being turned on for billing no earlier than two months before the identified billing start date; however,

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you should not start to bill in the new system prior to the identified start date.

The effective date for billing (i.e., Billing Phase-in Date) will be as agreed for your go-live date. You should review all of your locations in the Provider Portal and ensure that the Phase-in Date is accurate as of the agreed go-live date which can be found in the Agency Profile for each service site. This Phase-in Date turn on is required for you to be able to complete billing entries in the LTSSMaryland—DDA Module. For assistance in completing billing entries, see section 7 (Billing for Non-EVV Services) in the Provider Portal User Manual.

9. Additional Provider Considerations

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

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

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

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

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Key Lessons Learned:

Develop an internal work group to focus specifically on LTSSMaryland—DDA Module implementation

- Develop an internal work group to focus specifically on LTSSMaryland—DDA Module implementation
- Carefully review all ePREP and Licensing updates
- Participate in LTSSMaryland—DDA Module systems training
- Consider developing a specific services guide and train all staff on its contents
- Have work groups that concentrate on PCP development, ensuring that PCPs are accurate and complete by working closely with the CCSs
- Regular meetings between providers and CCS supervisors is highly recommended.
- Develop workflows for time capture, documentation, billing, and reconciliation
- Test the following: billing/case management application changes, API upload (if using a bridge to LTSSMaryland—DDA Module), billing functionality and reconciliation.
- Review your billing and billing exceptions at minimum weekly. This makes resolution easier and more timely. Including key finance, IT and services team members ensures all new and continued billing issues are addressed timely.
- Establish new service models to ensure continuity of services for each person's unique needs and various situation that may arise during the plan year.

10. Resources for Common Questions

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

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

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Common Question Topic	Resource
EVV and Non-EVV Billing	MDH ISAS Team mdhisashelp@maryland.gov
System Errors/ Technical Issues	Feedback tool in LTSSMaryland— DDA Module or IT Help Desk LTSSHelpDesk@LTSSMaryland.org
PCP - CCS/Provider Set Up	Regional Provider Services
Addressing Category of Services (COS)	Regional Provider Services
Residential Configuration/Community Living – Group Home House Configuration, Medical Assistance Number (Base and Site)	Regional Provider Services
Medical Assistance Number (MA#)	Regional Provider Services
To enroll in Electronic Funds Transfer	State Comptroller Office https://www.marylandtaxes.gov/divisions/gad/eft-program.php
Executive Level General Implementation	Robert White at robert.white2@maryland.gov
Reporting Issues in the Provider Portal	DDA Service Desk 1-855-4MD-LTSS (1-855-463-5877) or LTSSHelpDesk@LTSSMaryland.org

Region	Regional Directors	Provider Services Staff: (PS staff will be the POC for addressing COS, Residential Configuration, MA#)
Western	Cathy Marshall cathy.marshall@maryland.gov	Timothy Jenkins timothy.jenkins@maryland.gov
Eastern	Kimberly Gscheidle kimberly.gscheidle@maryland.gov	Andrea Jones andrea.jones@maryland.gov
Southern	Onesta Duke onesta.duke@maryland.gov	Michael Bryan michael.bryan@maryland.gov
Central	Bianca Renwick bianca.renwick@maryland.gov	Jessica Xander jessica.xander@maryland.gov

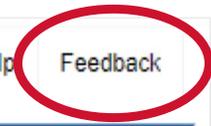
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Technical Assistance with LTSSMaryland—DDA Module Functionality: Help Desk

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

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



Use Feedback Tab

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Helpful Resource Links:

[Family Supports Waiver Amendment #3 2021, Effective January 19, 2021](#)

[Community Supports Waiver Amendment #3 2021, Effective January 19, 2021](#)

[Community Pathways Waiver Amendment #3 2021, Effective January 19, 2021](#)

[Guidelines for Service Authorization and Provider Billing Documentation - Revised Feb 5, 2021](#)

[DDA Provider PCP Checklist – April 2, 2021](#)

[DDA CCS PCP Checklist - Revised March 28, 2021](#)

[Policy Stat](#)

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