2019

Developmental Disabilities Administration

Provider Portal User Manual

Version 1.0

MARYLAND
Department of Health

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Common Terms and Definitions

Authorized Clients Report – List of persons currently receiving services or approved for services in the future

Authorized Services Report* – Provided versus authorized services comparing entered, billed, and authorized units for each period.

Authorized Clients Report

> Staff with Admin Provider, Billing Provider, Provider Program Director and Provider Program Staff roles can view all the persons they are currently providing services to or are authorized to provide services in the future.

> Providers shall be able to run reports that are specific to a location, to enable oversight of people being served at one single location.

CCS – Coordination of Community Services

CMRO – Central Maryland Regional Office

DDA – Developmental Disabilities Administration

DDA Services Rendered Report* – All DDA services entered into the Provider Portal

DDA State Payment Report* – List of services eligible for State payment and not Medicaid payment

DOB – Date of Birth

ESRO – Eastern Shore Regional Office

EVV – Electronic Visit Verification

EVV Services Overlap Report* – EVV service activity overlaps at the person or staff level

EVV Services Rendered Report* – EVV services rendered by staff, location, date, time, duration, service activity status, and service type, including comments and exceptions.

IVR – Integrated Voice Response

ISAS – In-home Supports Assurance System

LTSS – Long Term Services and Support

MDH – Maryland Department of Health

MMIS – Medicaid Management Information System

PCP – Person Centered Plan

PHI – Protected Health Information

Provider Portal Claims Report* – All the provider's paid or rejected claims that have been submitted to MMIS

Remittance Advice Report* – Amount of paid or rejected claims submitted for services performed by the provider to reconcile with actual payments

RO – Regional Office

SMRO – Southern Maryland Regional Office

SSN – Social Security Number

WMRO – Western Maryland Regional Office

* All reports denoted with an asterisk (*) will be available in phase two.

1.1   Introduction to LTSS Provider Portal

The LTSS Provider Portal is an interface for Long Term Care Providers to access information on persons in service, bill for the services provided, and ensure accurate and timely payment. The two types of program-based services are:

- Services Requiring Electronic Visit Verification (EVV) – where staff are required to call in to the Integrated Voice Response (IVR) system to record service start times (clock-in) and end times (clock-out). A pair of clock-in and clock-out by a staff is matched and is automatically submitted for payment. The Provider Portal allows for providers to enter times manually where a call has been missed, up to an allowed number of times.

- Services not requiring an Electronic Visit Verification or Non EVV Services, billed as Unit based, Milestone and Upper Pay limit services:
    - Unit based services include all services that can be provided in time frequencies of "Monthly", "Hourly", "Daily" or "15 min increments"
    - Milestone services are services that are authorized to be provided once in a year
    - Upper Pay Limit or cost based services are services that are billed based on the cost of the service provided, up to an authorized upper limit

The LTSS Provider Portal also allows the Provider Agency to correct errors in billing, view and resolve billing issues, review and electronically accept service referrals, be notified of important communication from MDH and manage staff access to the portal.

2.1   Registering your Agency for the First Time

To register your Provider Agency to use the LTSS Provider Portal, contact the technical help desk at ISASHelpDesk@Ltssmaryland.org or 1-855-463-5877 to create an administrator account.

You will need to provide the following information:

- Your name
- Your email addresses
- Provider Agency phone number
- Provider Agency name
- Provider Agency FEIN

Communication on username and instructions to set password will be sent to the registered email address.

2.2   Setting up staff access to the LTSS Provider Portal

To set up additional staff to access the LTSS Provider Portal, the Agency administrator should complete the below steps:

1. Create a new Staff Profile in the LTSS Provider Portal (Refer to Section 5.2) with the appropriate role.
2. Contact help desk at ISASHelpDesk@Ltssmaryland.org or 1-855-463-5877 to set up an account and username.
3. Staff should follow instructions sent to the email address entered in the Staff Profile to set up a password to access the LTSS Provider Portal.
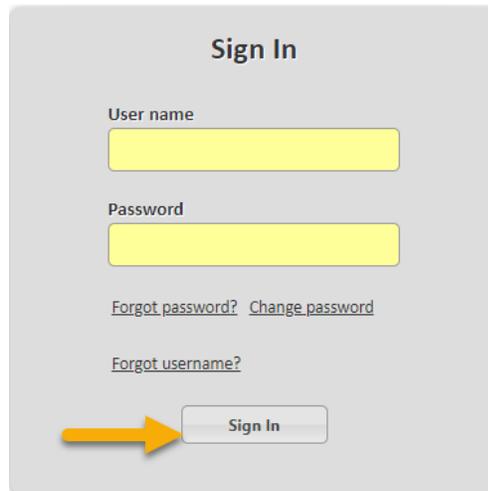
NOTE: Webinar trainings are available at www.LTSStraining.org.

2.3   Logging into the LTSS Provider Portal

Steps to Login:

1. The LTSS Provider Portal website URL is https://LTSSmaryland.org.
2. Enter the Username and Password and click the Sign In button.
   Important: Do NOT share your username or password with anyone.

3. Choose the LTSS/ISAS Live (2014 New).

   NOTE: The site can be accessed with the following browsers:

- Google Chrome 19 and later [Recommended]
- Microsoft Internet Explorer 8, 9 or 10
- Firefox 12 and later

2.4   Portal Navigation Guide

Along the top of the LTSS Provider Portal are the following menu options:

Tab	Functions
Home	Portal Landing Page; Displays announcements from MDH 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 LTSS Provider Portal and the IVR system for electronic visit verification
Reports	Access to all reports
Help	Links to training material, FAQs, and Helpdesk and MDH contact information
Feedback	Reporting system issues in the Provider Portal

2.5   Homepage

Upon logging into the LTSS Provider Portal you are presented with the Provider Portal Home page. The Home page has two sections: Announcements and Actions Required.

2.5.1   Announcements

The 'Announcements' section is used by MDH to publish important communication to Provider Agencies. Review the Announcements section at every login to see if there is any new communication from MDH.

2.5.2   Actions Required

The Actions Required section lets you see all tasks that require your Provider Agency to take an action. Tasks are staff role-specific and shows

- Plans pending acceptance by the Provider Agency. The count of service plans pending acceptance is updated in real-time; that is, as you take action to accept or decline a service request, it will disappear from your dashboard
- Plans accepted by the Provider but not yet approved for service
- Plans accepted by the Provider and either approved or denied in the past seven days
- Billing issues requiring resolution due to which claims to be held from submission

ACTIONS REQUIRED (AS OF 9:00AM 09/27/2019)

▼ SERVICE PLANS PENDING ACCEPTANCE

Plans Pending Acceptance	Counts
Due Today	0
Due Tomorrow	1
Due in 5 Days	1

RO Approved/Denied/Pending Plans	Counts
RO Approved Service Plans in the last Seven days	0
RO Denied Service Plans in the last Seven days	0
Provider Accepted Service Plans Pending Approval	2
Provider Accepted Service Plans Pending RO	0

3.1   Accepting Service Referrals

Through the Person-Centered Planning process, the Coordination of Community Services (CCS) provider works with the person to identify Provider Agencies for services outlined in the person's Service Plan. To complete the service referral, the CCS documents the Providers selected by the person in the service plan and refers it to the provider for acceptance. All identified Provider Agencies must accept the service referral prior to final Service Plan approval by the DDA.

Service is Referred for acceptance (or declination from the Provider in the following situations:

- When a new person is referred
- When authorized units or cost of services change in a Revised PCP
- When a new service is added for the person in a revised PCP
- When an Annual PCP is completed.

Providers are required to either accept or decline a service referral within 5 business days.

After 5 business days, Providers will no longer be able to review or decide on the service referral. At this time, the person in service may choose to modify the referral, resend the service referral or identify another Provider.

3.2   Service Referral Notifications

Provider designated program and administrative staff are notified of new service referrals from the CCS through the Actions Required section of the LTSS Provider Portal Home Page. Service referral notifications are categorized by number of days before they expire, as detailed below:

- *Due Today* – service referrals expiring today
- *Due Tomorrow* – service referrals expiring today or tomorrow
- *Due in 5 days* – service referrals expiring anytime within the next five business days (cumulative)

ACTIONS REQUIRED (AS OF 9:00AM 09/27/2019)

▾ SERVICE PLANS PENDING ACCEPTANCE

Plans Pending Acceptance	Counts
Due Today	0
Due Tomorrow	1
Due in 5 Days	1

RO Approved/Denied/Pending Plans	Counts
RO Approved Service Plans in the last Seven days	0
RO Denied Service Plans in the last Seven days	0
Provider Accepted Service Plans Pending Approval	2
Provider Accepted Service Plans Pending RO	0

Clicking on each count redirects the provider to a list of service referrals due within the indicated time period. From here services can be reviewed, accepted or declined.

SERVICE PLAN SEARCH RESULTS - 1   Sort By: None ▾

Name: **DOE, JOHN**	Client ID: **3319311EB633110**	Program Type: **CP**	Status: **In Progress**
Effective Date: **08/01/2019**	End Date: **--**	Active: **No**	Decision Date: **--**
Plan Type: **Initial PCP**			View

Service	Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost	Due Date	Actions
Day Habilitation 1:1 Staffing Ratio	Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	$6,000.00	09/30/2019	Accept Decline

3.3   View Details of Service Plan

Details of a service referral can be viewed by clicking on the "View" button for each person. This opens the Person-Centered Plan Details.

Each section is expandable/collapsible. The sections are detailed below.

3.3.1 Client Information

Includes basic demographic and high-level information of the person in service.

PERSON CENTERED PLAN - DETAILS   ✖

⌄ CLIENT INFORMATION

Participant Name:	**Nickname / AKA:**	**Date of Birth:**	**Age:**
Doe, John	--	03/11/1933	86
Client ID:	**MA#:**	**Primary Phone#:**	**Current Address:**
3319311EB633110	24818853343	--	87590 Gunnar Mountain, Apt. 892, South Stanfordmouth, MD 55010

Meets Definition of Community Setting?
Yes

> PLAN DETAILS

> PLAN CONTACTS

> SUMMARY

> OUTCOMES

> DETAILED OUTCOMES

> SERVICE AUTHORIZATION

> SIGNATURES

> SERVICE PLAN WORKFLOW HISTORY

> PROVIDER ACCEPTANCE WORKFLOW HISTORY

3.3.2 Plan Details

The Plan Details section shows the basic information of the plan:

- Program type – The program the person is enrolled in
- Meeting Date – The date the meeting was conducted to draft the PCP
- Annual PCP Date- The effective date of the Annual PCP. This gives an insight into when the Annual PCP is due
- Effective/End Date – The start and end dates of this PCP
- Plan Type – The type of the PCP (Initial/Annual/Revised)
- Is Urgent – If Yes then the PCP decisions are taken with Urgent priority
- Monthly Monitoring required – Whether or not monthly monitoring is required is indicated in this field

PERSON CENTERED PLAN - DETAILS   ✖

> CLIENT INFORMATION

⌄ PLAN DETAILS

Program Type:	**Meeting Date:**	**Annual PCP Date:**	**Create Date:**
CP	08/01/2019	07/01/2020	08/01/2019
Effective Date:	**End Date:**	**Plan Type:**	**Is Urgent?**
08/01/2019	--	Initial PCP	No
Monthly Monitoring Required?			
No			

> PLAN CONTACTS

> SUMMARY

> OUTCOMES

> DETAILED OUTCOMES

> SERVICE AUTHORIZATION

> SIGNATURES

> SERVICE PLAN WORKFLOW HISTORY

> PROVIDER ACCEPTANCE WORKFLOW HISTORY

3.3.3 Plan Contacts

Includes information on CCS contact person for the Service Plan.

PERSON CENTERED PLAN - DETAILS   ✖

> CLIENT INFORMATION

> PLAN DETAILS

⌄ PLAN CONTACTS

Role	Name	Contact Number	Email
CCS Coordinator	CCS Coordinator Location 11 - Location 11	(410) 555-5553	

> SUMMARY

> OUTCOMES

> DETAILED OUTCOMES

> SERVICE AUTHORIZATION

> SIGNATURES

> SERVICE PLAN WORKFLOW HISTORY

> PROVIDER ACCEPTANCE WORKFLOW HISTORY

3.3.4 Summary

This section includes information on the person including what they like and admire about them, and what they are interested in doing. It also includes information on the best way to communicate with the person.

PERSON CENTERED PLAN - DETAILS ✖

> CLIENT INFORMATION

> PLAN DETAILS

> PLAN CONTACTS

> SUMMARY

What I like and Admire about Myself:
--

Important People in My Life:
--

Technology I use:
--

What I am Interested in Doing:
--

Best Way to Communicate With Me:

> OUTCOMES

> DETAILED OUTCOMES

> SERVICE AUTHORIZATION

> SIGNATURES

> SERVICE PLAN WORKFLOW HISTORY

> PROVIDER ACCEPTANCE WORKFLOW HISTORY

3.3.5 Outcomes

Includes outcomes of the services and the description of these outcomes.

PERSON CENTERED PLAN - DETAILS   ✖

> CLIENT INFORMATION

> PLAN DETAILS

> PLAN CONTACTS

> SUMMARY

✓ OUTCOMES

Outcome Category	Outcome	Outcome Description	Requested Services
My Community	I participate in the life of the community	I will be involved in my community by volunteering at an Animal Rescue Center weekly.	
My Choices	I choose where and with whom I live	I will move into my own apartment this year	Residential transitioning to community living

> DETAILED OUTCOMES

> SERVICE AUTHORIZATION

> SIGNATURES

> SERVICE PLAN WORKFLOW HISTORY

> PROVIDER ACCEPTANCE WORKFLOW HISTORY

3.3.6 Detailed Outcomes

Includes detailed description of the outcomes and which service/s these are associated with. Also describes how these outcomes of the associated services are important to/for the person in service.

3.3.7 Service Authorization

Services that the person will receive through the Provider Agency, with authorized monthly units and cost across the plan year.

1. Unit Based services - services which have units of hourly, monthly or 15-minute increments.

2. Milestone Based services - are services that are authorized once a year.

3. Upper Pay Limit (Cost-based) services - are services which have an associated cost with it every time the service is provided.

> DETAILED OUTCOMES

> SERVICE AUTHORIZATION

Plan Type & Effective Date	Billing Unit	Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost	Due Date	Actions
Initial - 08/01/2019	Hourly	Day Habilitation 2:1 Staffing Ratio - Day Care Center of Baltimore	15	15	15	15	15	15	15	15	15	15	15	15	$4,500.00	N/A	*N/A*
Initial - 08/01/2019	Hourly	Day Habilitation Small Group (2-5) - Day Care Center of Baltimore	30	30	30	30	30	30	30	30	30	30	30	30	$9,000.00	N/A	*N/A*
Initial - 08/01/2019	Hourly	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	$6,000.00	09/30/2019	Accept Decline

Service Provider Plan Year Cost

Annual Waiver Plan Services Total:	$19,500.00
DDA State Only Funded Services Total:	$0.00
Service Provider Plan Year Cost:	$19,500.00

> SIGNATURES

3.3.7.1   Additional Information

More information about the assigned service can be found by clicking on the service name from the list of services. This opens a service view window (Refer to the screenshots below - Part1 and Part2), where the following information is available.

- Service Plan
- Service Information
- Provider Information
- Service Details

VIEW SERVICE   ✖

Service Plan

Program Type: **CP**

I will self-direct services on this plan: **No**

Service Information

Service Category: **All**

Service Title: **Day Habilitation 2:1 Staffing Ratio**

Outcome(s) service is supporting: **My Choices - I choose where and with whom I live**

Frequency: **Weekly**

Scope (level of support, staffing ratio, reason for service):   **scope**

VIEW SERVICE   ✖

Provider Information

Provider Name: **Day Care Center of Baltimore**

Provider Number: **345678900**

Location: **333 First Street, Test, MD 21000**

Phone Number: **434434433**

Service Details

Annual Service Cost: **$4,500.00**

Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
15	15	15	15	15	15	15	15	15	15	15	15

3.3.8 Signatures

Copy of signature page for any accepted services [Refer to Section 3.3].

3.3.9 Service Plan Workflow History

Shows the history of the service plan from creation to approval. Provider users can see the transition from "In Progress" to "Pending Regional Program Staff Review" to "Clarification Requested" status to "Approved" status.

3.3.10 Provider Acceptance Workflow History

Shows the history of electronic service requests from the CCS to the provider and the provider's responses.

Action	Service and Provider	By	Date	From Review Status	To Review Status	Comments
Pending	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	DDAHQ, ddaadmin1	09/23/2019 12:22:09	New	Pending Acceptance	
Accept	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	Admin Provider	09/13/2019 16:22:31	Pending Acceptance	Accepted by Provider (pending approval)	
Pending	Day Habilitation Small Group (2-5) - Day Care Center of Baltimore	DDAHQ, ddaadmin1	09/13/2019 16:22:17	New	Pending Acceptance	
Pending	Day Habilitation 2:1 Staffing Ratio - Day Care Center of Baltimore	DDAHQ, ddaadmin1	09/13/2019 16:21:01	New	Pending Acceptance	
Pending	Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	DDAHQ, ddaadmin1	09/13/2019 16:11:26	New	Pending Acceptance	

3.4   Accepting a Pending Service Request

Provider designated Program and Administrative staff can accept service referrals, by the following steps:

1. See Service Notifications (Refer Section 3.1).
2. From the Service Plan results page, review the service plan information.

3. Click on the **"View" (A)** button to review the Service Plan in detail. The user can also look at the individual service by clicking on the service name, for example Day Habilitation 2:1, **by clicking on the name(B)**.

4. Services can be accepted in two ways:

   a. Click on Accept link on the service line from the Service Plan Search Results page.

   b. Click on the Accept link from the services in the Service Authorization section inside the service plan view.

5. The signature page opens. Review service details in the signature page.

MARYLAND DEPARTMENT OF HEALTH

Provider Signature Page

Plan Information

Name: John Doe
Nickname/Also Known As:
LTSS ID#: 3319311EB633110
Plan Type: Initial PCP
Plan Create Date: 09/13/2019
Annual PCP Date: 07/01/2020
Assigned CCS Coordinator: CCS Coordinator
This plan only contains services for the CP waiver program and is subject to DDA approval. Funding and access to CP services for John Doe is contingent upon John Doe maintaining eligibility for the program.

Attestation

By signing this plan, I certify that on behalf of Day Care Center of Baltimore:
✔ If approved by the DDA, I agree to provide the services requested, as indicated below, and per policy and regulation.
✔ I agree with the contents of the plan, including its documents of John Doe's needs and goals.
✔ I understand that the individual is free to choose from any qualified provider for the services.
✔ If there are restrictions in the plan, then John Doe, or his or her legal guardian or surrogate decision-maker, has consented to them per policy and regulation.
✔ I will follow, and ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.
✔ I am authorized to make these attestations on behalf of Day Care Center of Baltimore.

Services

Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost
Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	$6,000.00
Scope: scope													Frequency: Monthly

6. Read the electronic signature acknowledgement and **click checkbox (1)** to authorize electronic signature.

7. Click **'Sign' (2)** to add your electronic signature.

8. Click **'Accept' (3)** to formally accept the service. Once a service is accepted, the action cannot be cancelled. If changes are needed, Providers will need to coordinate with the person and CCS to make the updates.

Attestation

By signing this plan, I certify that on behalf of Day Care Center of Baltimore:

✔ If approved by the DDA, I agree to provide the services requested, as indicated below, and per policy and regulation.

✔ I agree with the contents of the plan, including its documents of John Doe's needs and goals.

✔ I understand that the individual is free to choose from any qualified provider for the services.

✔ If there are restrictions in the plan, then John Doe, or his or her legal guardian or surrogate decision-maker, has consented to them per policy and regulation.

✔ I will follow, and ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.

✔ I am authorized to make these attestations on behalf of Day Care Center of Baltimore.

Services

Service and Provider	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Annual Service Cost
Day Habilitation 1:1 Staffing Ratio - Day Care Center of Baltimore	20	20	20	20	20	20	20	20	20	20	20	20	$6,000.00
Scope: scope													Frequency: Monthly

1 ☑ I am signing this Agreement electronically. I understand that it is unlawful to knowingly submit false information to the MDH. I agree that my electronic signature is the legal equivalent of my manual signature on this Agreement. I consent to be legally bound by this Agreement's terms and conditions. I also agree that no certification authority or other third-party verification is necessary to validate my E-Signature and that the lack of such certification or third-party verification will not in any way affect the enforceability of my E-Signature or any resulting contract between myself and MDH.

Day_Admin User

Day_Admin User - Day Care Center of Baltimore 2019-09-27 02:11:52 PM

2 Sign ✏

3 Accept   Cancel

9. After completing the acceptance, the signature page closes and a copy of the signature page becomes available to view from the 'Signatures' section within the service plan details (See Section 3.3.8).

3.5   Declining a Pending Service Request

Provider designated Program and Administrative staff can decline service referrals, by the following steps:

1. See Service Notifications (Refer Section 3.2).
2. Services can be declined in the below two ways.
3. Click on Decline link on the service line from the Service Plan Search Results page.

4. Click on the Decline link from the services in the Service Authorization section inside the service plan view.

5. A comment is required when declining services. Providers can use the Comments box to communicate necessary changes to the CCS and request an updated service referral to be set back. Providers can also use this opportunity to communicate the reason for denial to the CCS. For example, when Day Program capacity is reached, and additional persons cannot be accepted.

6. After entering a comment click 'Decline'.

7. Once a service request has been declined, PHI of the person is hidden. The Person's name is replaced with initials and the 'View' button becomes unavailable.

3.6   Filtering Service Plan Results

Results can be filtered using the filter criteria described in this section. In addition, users can navigate directly to the service plan search page and search for service plans by choosing one or more available filter criteria.

Navigation: *Home Page - > Clients - > Left Nav Menu - > 'Search Service Plans' icon*.

The search results are described for each of the filter/search criteria specified below.

- **Client Last Name, Client First Name** – Search for service plans by the person's first or last name

- **Service Type** – Search for service plans by selecting one or more service types from the dropdown list

- **Site Address** – If one of the service types selected is 'Supported Living', the 'Site Address' field is enabled and allows the provider to filter to one or more sites

- **Provider #/Name** – Search for service plans by selecting one or more assigned provider location numbers/names from the dropdown list

- **Review Status** – Search for service plans by current status (this field allows only one selection)

- **Pending Acceptance**: Service plans with services pending acceptance by the provider
- **Declined by Provider**: Service plans with services that been declined by the provider
- **Accepted by Provider (pending approval)**: Service plans with services accepted by the provider, pending CCS submission to the Regional Office
- **Pending RO**: Service Plans (PCPs) awaiting the Regional Office review and approval. These services have been accepted by the provider and submitted by the CCS
- **RO Approved**: Service Plans (PCPs) approved by Regional Office
- **RO Denied**: Service Plans (PCPs) denied by the Regional Office
- **Due Date** – This field is enabled when review status 'Pending Acceptance' is selected
    - **Due Today** – Service referrals expiring today
    - **Due Tomorrow** – Service referrals expiring today or tomorrow
    - **Due in 5 Days** – Service referrals expiring within the next five business days

- **Decision Date From and To** – These date fields are enabled when review status 'RO Approved' or 'RO Denied' is selected and allows the provider to search for approved/denied plans within a specific date range. (Refer to below screenshot for RO Approved)

1. Click 'Search' to narrow the service plan results by the entered parameters.

3.7   Tracking Accepted Service Plans

Status of service plans that have been accepted can be tracked from the **Actions Required** section of the Home page. The following counts are available and clicking the count redirects the user to the service plans list page, where further filtering is possible.

- **RO Approved Service Plans** – Count of Service Plans approved by the Regional Office
- **RO Denied Service Plans** – Count of Service Plans denied by the Regional Office

- **Provider Accepted Service Plans Pending Approval** – Count of Provider accepted service plans pending CCS submission of the service plan to the Regional Office
- **Provider Accepted Service Plans Pending RO** – Count of Provider accepted service plans pending decision by the Regional Office

Clicking on each count redirects you to view the service referrals accepted by the provider and is currently with the CCS, RO or Approved.

4.1   Searching for Persons Receiving Services

Administrative, Billing, and Program staff from the Provider Agency can search for and view information including demographics, enrollment information, service plans, and other data about the persons they support in the "Client" tab in the LTSS Provider Portal. Each person has a "Client Profile" that displays information about the person. Provider Agencies are only able to search for and view persons that are actively receiving services or are approved for services in the future. Providers cannot modify the client profile.

Navigate to the Client Search Page: Home Page - > Clients - > Left Nav Menu - > 'Clients' icon.
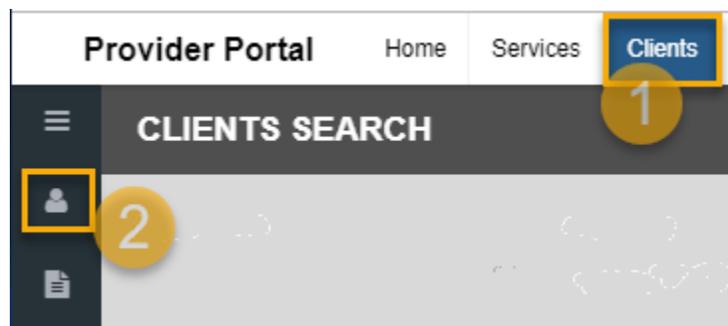
The following search parameters are available to search for client profiles (See below screenshot listing all the search parameters):

- **DOB** – Person's Date of Birth. This is a calendar selection that also accepts manual entry in the format **MM/DD/YYYY**
- **Phone#** – Person's phone number. Auto Formats to **(###) ###-####)**
- **Last Name** – Person's last name
- **First Name** – Person's first name
- **Client ID** – Person's unique LTSS identifier
- **MA#** – Person's Medicaid number
- **Client Region** – Assigned DDA Regional Office for the person (CMRO, ESRO, SMRO, WMRO)
- **Enrolled Program** – Person's currently enrolled program
- **Client MA Eligible** –Yes/No (active Community Medicaid eligible or not)
- **Jurisdiction** – List of Maryland Counties
- **Provider #/Provider Name** – Provider Agency locations assigned to the provider staff. All assigned locations are available for selection from a dropdown. Multi-select is allowed
- **Waiver Eligibility** – Yes/No. Allows filtering on whether the person is currently enrolled in a waiver program or not

Provider Portal   Home   Alerts   Services   **Clients**   Provide

CLIENTS SEARCH

Date of Birth: Phone #:

[   ] 📅   [(555) 555-5555   ]

Last Name: First Name:

[   ]   [   ]

Client ID: MA #:

[   ]   [   ]

Client Region: Enrolled Program:

[All selected (5)   ▼]   [All selected (9)   ▼]

Client MA Eligible: Jurisdiction:

[All selected (2)   ▼]   [All selected (25)   ▼]

Provider # /Provider Name:

[All selected (200)   ▼]

Waiver Eligibility:

[All selected (2)   ▼]

[Reset] [**Search**]

1024.9 ms

After entering the desired parameters, click 'Search' to filter the results. The below screenshot displays a sample of search results that match the entered criteria.

4.2   Viewing a Person's LTSS Profile

After searching for persons, the LTSS profile information of the person can be viewed by clicking 'Details' on the person's record.

The 'Client Information' window opens with the following sections. Each section is expandable and collapsible.

- **Client Demographic Overview** – Includes the persons' demographic information, like date of birth, phone number, and if the person has a guardian

- **Address to receive Services** – Provides the person's address

- **Waiver/Program Enrollment Status** – Includes the person's waiver and program enrollment information

- **Current Assignments** – Includes contact information of all assigned contacts for the person's service plan

- **Representatives** – Includes contact and relationship information of the person's authorized representatives

4.3   Viewing a Person's Service Plans

From the person's Client Information window, providers can view service plans by clicking on the Service Plans tab on the left. Select 'Detail' on a service plan to view the details.

1. Click 'Details' on a person's record.

CLIENT RESULTS - 1

Sort By ▾

Last Name: **Wilkinson**	First Name: **Amelie**	ID #: **2829232MA165120**

MA#: **17560642284**
Date of Birth: **08/22/1952**

POS/PCP Program: **CP**
Jurisdiction: **Baltimore City**

Enrolled Program: **CP**
Client Region: **WMRO**

MA Eligible: **Yes**
Primary Phone#: **(795) 869-8596**

Details

2. Select Service Plans menu on the left. A List of approved service plans for the person provided by your provider agency is displayed.

3. Click 'Details' to view details of a service plan. The following sections are available in the service plan. (Refer to Section 3.3 for details on each section).

CLIENT INFORMATION FOR WILKINSON, AMELIE   ✖

CLIENT PROFILE

Client LTSS ID #: **2829232MA165120**   Current MA#:
17560642284

POS/PCP Program: **CP**   Enrolled In: **CP**

Waiver: **DRW**

MA Eligible: **Yes**

SERVICE PLANS

SERVICE PLANS

Program Type	Date Created	Service Plan Type	Effective Date	End Date	Status	Active	Actions
CP	03/01/2019	Initial PCP	03/01/2019		Approved	Active	Details

CLIENT INFORMATION FOR WILKINSON, AMELIE   ✖

CLIENT PROFILE

Client LTSS ID #: **2829232MA165120**   Current MA#:
17560642284

POS/PCP Program: **CP**   Enrolled In: **CP**

Waiver: **DRW**

MA Eligible: **Yes**

SERVICE PLANS

PERSON CENTERED PLAN - DETAILS   ↩ Back to List   Expand All

> CLIENT INFORMATION

> PLAN DETAILS

> PLAN CONTACTS

> SUMMARY

> OUTCOMES

> DETAILED OUTCOMES

> SERVICE AUTHORIZATION

> SIGNATURES

> SERVICE PLAN WORKFLOW HISTORY

> PROVIDER ACCEPTANCE WORKFLOW HISTORY

412.1 ms

5.1 Staff Roles

The following sections depict roles available to staff in the LTSS Provider Portal.

5.1.1   Admin Provider Role

Admin Providers are responsible for the agency's administrative tasks. This user role can perform all functions for the Provider Agency in the LTSS Provider Portal, including creating new staff profiles, activating and deactivating staff profiles, managing all billing functions, and accepting service referrals. An existing administrator can create and designate other staff as administrators (Process of Creating Staff Profile is defined in detail in Section 5.2).

5.1.2   Billing Provider Role

The Billing Provider role manages billing processes. The Billing Provider is not able to create or edit staff profiles. This role is set up by the Admin Provider (Process of Creating Staff Profile is defined in detail in Section 5.2).

5.1.3   Staff Provider Role

Staff Providers are Direct Support Professionals (DSPs) who provide **Personal Supports** services to people. For the Provider Agency to bill for Personal Supports services requiring an Electronic Visit Verification (EVV), each DSP must use the Integrated Voice Response (IVR) system and have a staff profile in LTSS Provider Profile, with the Staff Provider role. This role is set up by the Admin Provider (Process of Creating Staff Profile is defined in detail in Section 5.2).

5.1.4   Provider Program Director Role

Provider Program Directors are responsible for making decisions on service referrals. Provider Program Directors can view billing information but cannot enter or modify it. This role is set up by the Admin Provider (Process of Creating Staff Profile is defined in detail in Section 5.2).

5.1.5   Provider Program Staff

Provider Program Staff assist the Provider Program Director with reviewing service plan referrals before the Provider Program Director makes decisions on accepting or declining service referrals. Provider Program Staff can view billing information but not enter or modify it.

5.1.6   Provider Role Based Access

	Access LTSS Provider Portal	Create or Modify Staff Profiles	Bill for Services	Accept Services	Access Person's Information
Admin Provider	Yes	Yes	Yes	Yes	Yes
Billing Provider	Yes	No	Yes	No	Yes
Staff Provider	No	No	No	No	No
Provider Program Director	Yes	No	No	Yes	Yes
Provider Program Staff	Yes	No	No	No	Yes

5.2   Creating a Staff Profile

Provider Agency designated administrative staff, with the Admin Provider role, can create a new staff profile to enable staff to access the Provider Portal or the IVR system. Following steps describe the process of creating a new Staff Profile.

All information entered for every Staff profile must be true and accurate.

1. Go to the 'Providers' tab in the Provider Portal.
2. Click the staff icon on the left.

   Navigation: Home Page - > Providers - > Left Nav Menu - > 'Staff' icon.

3. Click the "Create New Staff" box on the upper right.

4. A "New Staff Profile" page is displayed.

5. Agency Field is pre-populated with your provider agency's name.

6. Location(s) is a required field. Select the sites that the new user will be assigned to by clicking to check the box for the relevant sites in the drop-down menu in the Location(s) field. Multiple Sites can be selected. (Note: All Sites in the Provider Agency are selected by Default).

7. Role(s) is a required field that defines the permissions for the staff whose profile is being create. Staff can have more than one role assigned to them by selecting the checkboxes next to the appropriate Role (Refer Section 5.1 on roles).

NEW STAFF PROFILE ✖

| ① Role Selection | ② Demographics | ③ Employment | ④ Contact | ⑤ Review & Submit |

Agency:
Personal Home Care Agency

Location(s): *

All selected (1) ▾

Role(s): *

▾

☐ **Select all**

☐ Admin Provider

☐ Billing Provider

☐ Staff Provider

☐ Provider Program Director

☐ Provider Program Staff

← Previous   Next →

8. Once all the required information is entered, click "**Next**."

9. When creating staff profiles for Admin Provider, Billing Provider, Provider Program Director and Provider Program Staff roles, fill in at least the staff person's **First Name** and **Last Name** in the Demographic tab, these are the required fields.

NEW STAFF PROFILE ✖

| ✓ Role Selection | ② Demographics | ③ Employment | ④ Contact | ⑤ Review & Submit |

Prefix: First Name: *   Middle Name: Last Name: *   Suffix:

Gender: SSN: Date of Birth:

▾   📅

Fluent Language(s):   Other Language:

None selected▾

Cancel   ← Previous   Next →

10. When creating staff profiles for DSPs or Staff Provider roles, fill in the staff person's **First Name** and **Last Name, SSN, Date of Birth and Fluent Languages** in the Demographic tab. These are the required fields.

NEW STAFF PROFILE ✖

Role Selection — Demographics — Employment — Contact — Review & Submit

Prefix:

First Name: *

Middle Name:

Last Name: *

Suffix:

Gender:

▼

SSN: *

Date of Birth: *

Fluent Language(s): *

None selected▼

Other Language:

Cancel

← Previous   Next →

11. In the Employment tab, the required fields are **Business Title** (organization's business title for the staff), **Employment Type** (select one of the options) and **Staff Effective Start Date** (Staff's original start date. Can be today's date, a past date or a future date).

NEW STAFF PROFILE ✖

Role Selection — Demographics — Employment — Contact — Review & Submit

Business Title: *

Employment Type: *

▼

Staff Effective Start Date: *

09/27/2019

Full Time
Contractor
Part Time
N/A

Cancel

← Previous   Next →

12. In the Contact tab, enter the Contact Type, Phone # and email address.

NEW STAFF PROFILE ✖

Role Selection ✔ — Demographics ✔ — Employment ✔ — **Contact** 4 — Review & Submit 5

Type: * [▾]   Phone # * [ ]   Ext. # [ ]   [Primary]   Phone Notes: [ ]

Email Address: * [ ]   Confirm Email Address: * [ ]

[Cancel]   [← Previous]   [Next →]

An email address is also required to create staff profiles. If a Staff provider doesn't have an email address enter the agency's email address.

13. Review all the entered information, make changes if necessary and Submit.

After a new staff profile is created, in order to set up user name and password to access the LTSS Provider Profile, please follow steps in Section 2.2.

5.3 Staff Search

All providers can search and view staff belonging to the same Provider Location(s) as them.

Navigation: Home Page - > Providers - > Left Nav Menu - > 'Staff' icon 👥

Provider Portal   Home   Services   Clients   **Providers** ①

STAFF SEARCH <

② 👥
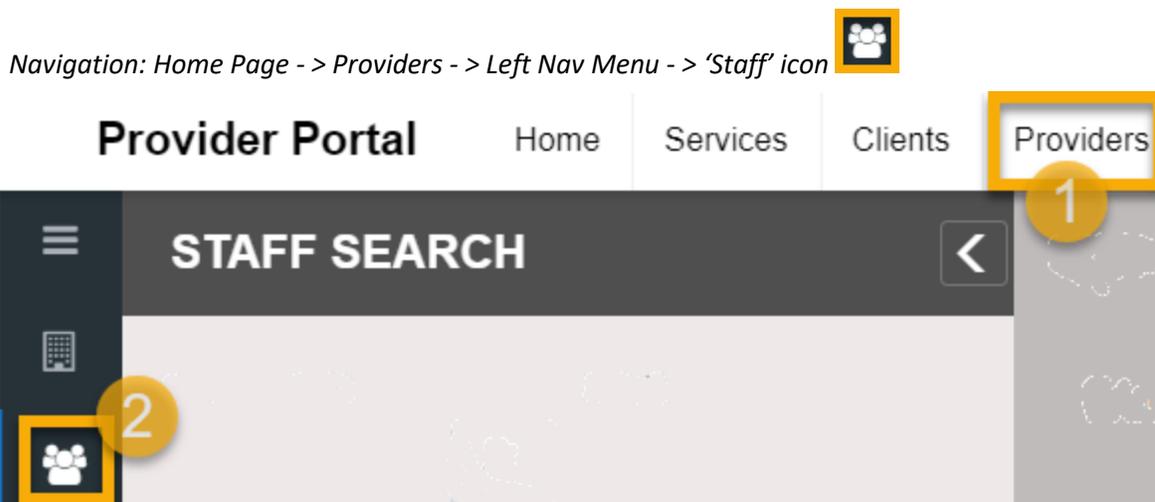
Staff Profiles can be searched with any of the below paraments:

- **DOB** – Staff Date of Birth (calendar field – accepts manual entry in format MM/DD/YYYY)
- **SSN** – Social Security Number
- **Staff Last Name/ Staff First Name** – Search by name
- **Status** – All/Active/Inactive field (default is All)

- **Phone#** – Phone number of staff (numeric field formats user entry into (NNN) NNN-NNNN)

- **Provider #/Provider Name** – Only locations assigned to the user performing the search, are listed in the dropdown. Multi-select is allowed

- **Provider Attribute** – Provider Attribute is the LTSS identifier for the Provider Type. The LTSS Provider Portal is currently accessed by Personal Assistance Services (PAS) Providers, Community Options (CO) Programs Providers and DDA Providers. Attributes applicable to the locations of the provider are available for selection

- **Provider Role** – Lists different roles that a provider staff can have

Click 'Search' to filter the results. All matching staff records are displayed on the right *panel. (See below screenshots*).

STAFF RESULTS - TOTAL : 1   Sort By ▾

Staff Name: **Carlin, George**	SSN # --	Status: **Active**

Date of Birth: --   Primary Phone #: **(434) 222-7776**   User Role: **Admin Provider**
Provider FEIN: --   Agency Name: **Daily Care Center**
Provider Locations (3):

Day Care Center of Baltimore,345678900 999 Test Way ❶	CDS Provider,345678903 999 Test Way ❶	Employment Services Provider,345678902 999 Test Way ❶

SAMPLE SEARCH RESULTS

Details

5.4 View Staff Profile

Staff with Admin Provider, Billing Provider, Provider Program Director and Provider Program Staff roles can search for staff profiles. Staff Profile information can be viewed by selecting 'Details' on the desired profile.

Staff Name: **Carlin, George**	SSN # --	Status: **Active**

Date of Birth: --   Primary Phone #: **(434) 222-7776**   User Role: **Admin Provider**
Provider FEIN: --   Agency Name: **Daily Care Center**
Provider Locations (3):

Day Care Center of Baltimore,345678900 999 Test Way ❶	CDS Provider,345678903 999 Test Way ❶	Employment Services Provider,345678902 999 Test Way ❶

Details

The Staff Details page displays.

5.5 Edit Staff Profile

Provider Agency designated administrative staff, with the Admin Provider role, can edit staff profiles that belong to their provider and have been assigned to a provider location(s) for which the Admin Provider user is authorized.

The steps below explain the process of Editing a Staff Profile in your assigned location:

1. Click 'Edit' to make changes to the staff profile. The following fields are editable (See below screenshot for reference):

   DEMOGRAPHICS

   - Prefix
   - Last Name
   - Middle Name
   - First Name
   - Suffix
   - Gender
   - Date of Birth
   - SSN
   - Fluent Language(s)

   LOCATION

   - Location(s)

- • Role(s)

LOGIN INFORMATION

- • Allow Login (staff providers do not have login access)
- • Login Name

EMPLOYMENT

- • Business Title
- • Employment Type

CONTACT

- • Type
- • Phone #, Extension
- • Phone Notes (more than one can be added)
- • Email Address (more than one can be added)

2. Click **'Save'** to complete changes.

5.6 Deactivate a Staff Profile

When a staff provider is terminated or resigns, **Admin Providers** are responsible for inactivating the staff profile with accurate vacate dates.

Below steps define the process of Deactivating a Staff Profile:

1. Go to the 'Providers' tab in Provider Portal.
2. Click the staff icon to the left.
3. Search for Staff profile that you would like to make Inactive.
4. Select "Details" button to navigate to the staff details page.

5. Select edit in bottom right corner of the Staff Profile page.

6. Select **"Deactivate Staff"** hyperlink in Employment section.

7. Enter the required fields, **Deactivation Date** and **Deactivation Reason**.

8. Click "Submit" button – Deactivation is submitted.

Once staff is deactivated, they will not show in a search of active staff. However, if the deactivated staff is a staff provider, they will still be able to clock in and out.

6.1   Locations Search

Staff with Admin Provider, Billing Provider, Provider Program Director and Provider Program Staff roles may search for and view information on the Provider Locations they belong to.

Navigation: Home Page▢ Providers▢ Left Nav Menu▢ 'Provider Search' icon.
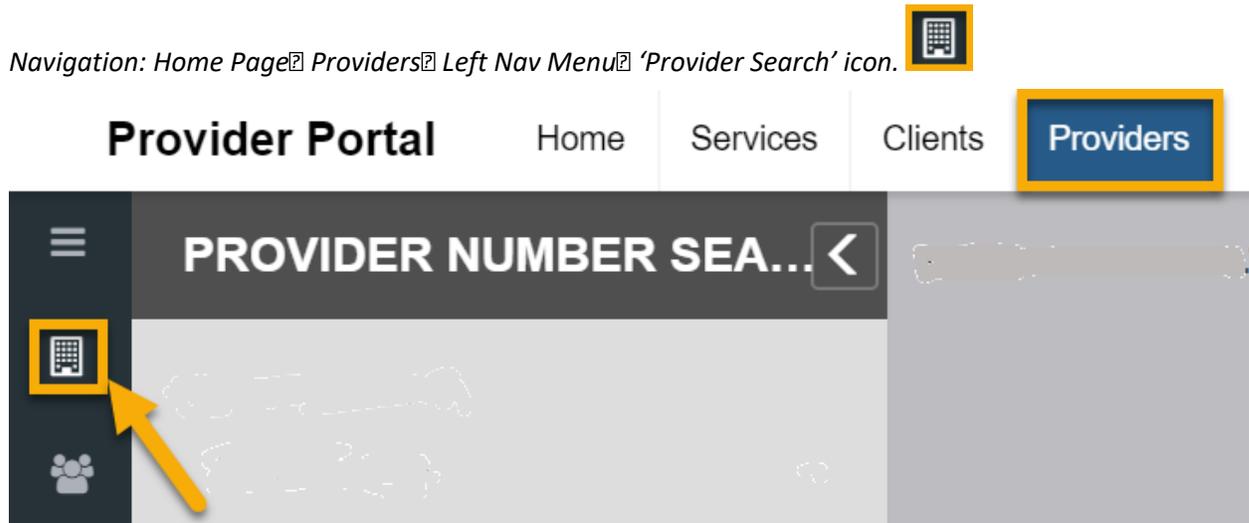
Provider Location Profiles can be searched with any of the below paraments:

- **Provider Name/#** – Only locations assigned to the user performing the search, are listed in the dropdown. Multi-select is allowed
- **Status** – All/Active/Inactive (Default is All)
- **Provider Attribute** – Provider Attribute is the LTSS identifier for Provider Type. The LTSS Provider Portal is currently accessed by Personal Assistance Services (PAS) Providers, CO Programs Providers and DDA Providers. Attributes applicable to the locations of the provider are available for selection
- **Category of Service** – This field lists the authorized categories of service for a Provider Location

Click 'Search' to filter the results. All matching Provider location records are displayed on the right panel. (See below screenshots)

PROVIDER NUMBER SEARCH ‹

Provider Name / #:

All selected (3) ▼

Status:

All ▼

Provider Attribute:

DDA Community Provider ▼

Category of Service:

None selected ▼

Reset   **Search**

PROVIDER RESULTS - TOTAL : 1   Sort By ▾

Agency Name: **Daily Care Center**   Provider #: **345678900**   Status: **Active**

Location Name: **Day Care Center of Baltimore --**   Phone #: **434434433**   Details

Provider Attribute: **DDA Community Provider**   COS Codes: **Day Hab**

SAMPLE SEARCH RESULTS

6.2   View Provider Agency Locations

Staff with Admin Provider, Billing Provider, Provider Program Director and Provider Program Staff roles can search for Provider agency locations. Provider agency Location information can be viewed by selecting 'Details' on a Provider Location.

PROVIDER RESULTS - TOTAL : 1   Sort By ▾

Agency Name: **Daily Care Center**   Provider #: **345678900**   Status: **Active**

Location Name: **Day Care Center of Baltimore --**   Phone #: **434434433**   Details

Provider Attribute: **DDA Community Provider**   COS Codes: **Day Hab**

The Provider locations details page displays.

PROVIDER DETAILS

PROVIDER PROFILE

AGENCY INFORMATION

| Agency Name: | Status: |
| Daily Care Center | Active |

LOCATION INFORMATION

| Location Name: | Program Type: | Provider Type Code: | Enrollment Status: |
| Day Care Center of Baltimore | | 90 | 36 - Active - Pay (Federal and State) |

| Provider FEIN: | Provider Number: | List of Speciality Codes: |
| | 345678900 | |

COS	COS Description	Spans Start Date	Spans End Date
2C	Licensed DDA Day Habilitation Services	02/14/2014	02/14/2039

Street Address:	Street Address 2:	City:
333 First Street		Test
State:	Zip Code:	
Maryland	21000	

PROVIDER ADDRESSES

Street Address:	Street Address 2:	City:	Provider Address 1:
999 Test Way		Bowie	
State:	Zip Code:	
Maryland	20677	

BUSINESS PHONE   **BUSINESS EMAIL**

Type: *	Phone #: *	Data Source:	Email:	Data Source:
Home	(434) 434-433	Primary	MMIS	admin@daycarecenter.org	MMIS
Phone Notes:			

6.3 Edit Provider Agency Location Information

Provider Agency designated administrative staff, with the **Admin Provider** role, can edit contact information on Provider Location profiles they belong to.

The steps below explain the process of editing an assigned Provider Agency Location:

1. Click 'Edit' to make changes to the Provider Agency Location profile. The following fields are editable (See below screenshot for reference):

   Business **Phone**

   - Type
   - Phone #
   - Phone Notes

   Business Email

   - Email

2. Users may add additional contact information by clicking the <+> in the desired section
3. Click **'Save'** to complete changes

AGENCY INFORMATION

Agency Name:
Daily Care Center

Status:
Active

LOCATION INFORMATION

Location Name:
Day Care Center of Baltimore

Program Type:

Provider Type Code:
90

Enrollment Status:
36 - Active - Pay (Federal and State)

Provider FEIN:

Provider Number:
345678900

List of Speciality Codes:

COS	COS Description	Spans Start Date	Spans End Date
2C	Licensed DDA Day Habilitation Services	02/14/2014	02/14/2039

Street Address:
333 First Street

Street Address 2:

City:
Test

State:
Maryland

Zip Code:
21000

PROVIDER ADDRESSES

Street Address:
999 Test Way

Street Address 2:

City:
Bowie

Provider Address 1:

State:
Maryland

Zip Code:
20677

BUSINESS PHONE

BUSINESS EMAIL

Type: *
Home

Phone #: *
(434) 434-433

[Primary]

Data Source:
MMIS

Email:
admin@daycarecenter.org

Data Source:
MMIS

[+]

[+]

Phone Notes:

[Cancel] [Save]