

Frequently Asked Questions: Person Centered Plans (PCPs)

Topic	Question	Answer
Process	How will approvals and service change requests be tracked?	Approvals and service change requests are tracked in <i>LTSSMaryland</i> .
Process	How does the new process reduce PCP revisions? Even with the best pre-planning, not all service needs can be foreseen.	While some revisions may be inevitable, for example if a person has an unanticipated change in health status and requires additional supports, person-centered planning using skills and tools like Charting the LifeCourse help create a holistic picture of what is important to and for a person, across all life domains, leading to a richer and more complete plan. Logistically, the guidance clarifies that a provider may request and a Coordinator of Community Services (CCS) may include in the PCP more services than a person will actually use to provide flexibility. For example, although a provider may not bill for more than 40 hours of Meaningful Day services in a week, the PCP might include up to 40 hours of Community Development Services and 10 hours of Ongoing Job Supports, in order to accommodate a person's shifting work schedule. Likewise, it may be difficult to project when Behavioral or Nursing interventions may be needed, if at all. The new guidance clarifies that these can be requested across the PCP year, even if they will not be used over some months.
Process	How can we reflect the monthly variance of personal support/ other services utilization in the Detailed Service Authorization Tool (DSAT).	Use the DSAT to enter the number of hours per week that it is projected that the person would need for Personal Support services. <i>LTSSMaryland</i> will automatically calculate this across the month, resulting in a maximum monthly billing authorization for Personal Supports. There is flexibility on how those hours are used throughout the month, as long as they do not exceed the total for the month.

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Process	Currently our Service Authorization (SA) in LTSS has to match the Provider Consumer Information System (PCIS2). Will that change? Will LTSSMaryland now drive the service in PCIS2?	The PCP should reflect the person's defined outcomes for their "good life" and not created to match PCIS authorization. Using person centered planning strategies, assessed needs can be identified and should be reflected in the PCP. The PCP will include the new services in LTSSMaryland, listed in the Detailed Service Authorization Tool. After the PCP is approved, these new services are then mapped to legacy services in PCIS2, using the Cost Detail Sheet. Please see DDA's Guidance for Operating in PCIS2 and LTSSMaryland and the accompanying At A Glance documents for more detailed information. At a Glance - Meaningful Day Services Planning and Authorization At a Glance - Personal Supports Service Planning and Authorization At a Glance - Residential Support Services Planning and Authorization At a Glance - Support Services Planning and Authorization
Process	With the discontinuation of the Modified Service Plan Request (MSFPR) process, if the change or addition to services is related to services in PCIS2, will the Detailed Service Authorization in LTSS require provider acceptance in order for the Regional Office to approve the plan?	Yes, the PCP must include all of the services in LTSSMaryland that meet the person's needs and preferences. During this interim period, those services are then mapped to equivalent legacy services which will be authorized and billed through PCIS2.
Advocacy Support	Who should families reach out to if there is a communication problem between the family and the CCS and/or the CCS agency in documenting the "good life" desires of the participant?	Please reach out to your Regional Office .
Authorization	Who at the Regional Offices will be reviewing the revised plans?	The Program Team reviews revised PCPs. The Regional Director or Deputy Director may also review a revised PCP.
Approvals	If the change or addition to services is related to services in PCIS2, will the Detailed Service Authorization in LTSSMaryland require provider acceptance in order for the regional office to approve the plan?	Yes. In addition the Cost Detail Tool is required to map services to PCIS2.

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Approvals	Is provider approval of the Detailed Service Authorization required for a person to access additional services needed?	Yes. If a provider is identified in the detailed service authorization, they must accept the service referral in order for the service to be authorized and then delivered. Once a PCP service referral is sent to a provider, the provider has five days to accept or reject. During that time, the provider should be in regular communication with the CCS to attempt to work out any differences. If the provider ultimately rejects the referral, the CCS will work with the person to select another provider.
Approvals	If a new service is requested using the new process, but not approved, what happens to the PCP? In the case of a service not being approved in an annual PCP, how can it be assured that the PCP will not be late, jeopardizing billing?	If a new service is requested but not approved, the PCP can be approved and moved forward without that service if the PCP meets the person's assessed needs. A PCP may also be approved with a service, even if the CCS is still working the person to select a provider.
Approvals	CCS agencies are sending plans approved by their quality assurance staff. Are providers only supposed to receive the plans approved by the regional office?	No, the CCS sends the service referral to the provider as part of the PCP development. Regional Office reviews plans after the CCS has submitted the PCP to the Regional Office.
Approvals	Have there been any changes in policy regarding approving state only funded services? They seem to no longer be approved annually.	No, there has not been a change in policy. State funding is not automatically authorized annually. Teams should use person-centered planning tools to identify the person's defined outcomes, supports, and assessed needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports. The DDA will review request to continue state-only funded services for people who are already receiving State-only funding and require continued funding to meet the needs that cannot otherwise be addressed.

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Documentation	Please clarify if the PCP reflecting an individual's life stages and domains for all services funded supports and natural supports is what is to be inputted into LTSS <i>Maryland</i> or a "SUMMARY" of those services funded through DDA and the supporting information/data in support these DDA funded services.	The PCP should include the person's goals, preferences, identified risks, and mitigation plan, all based upon what is important to and for the person as identified through person-centered thinking skills and tools. Person-centered thinking tools, such as the Integrated Support Star , may be uploaded in the LTSS <i>Maryland</i> documentation section, with a summary provided in the PCP.
Documentation	Does the new cost detail sheet go into the documentation section of the revised PCP?	Yes, the Cost Detail Sheet is uploaded into LTSS <i>Maryland</i> in the documentation section.
Documentation	Who is able to see uploaded documents in LTSS <i>Maryland</i> ?	The CCS and the Regional Office will be able to see the uploaded documents in LTSS <i>Maryland</i> .
Initial PCPs	What happens if a person is new coming into the system and needs a service like residential supports?	When a person is new to services, the CCS does preplanning with the person, using person-centered thinking skills and tools, and submits the DSAT along with the initial PCP and Cost Detail tool.
Revised PCPs	Is there a difference between a PCP Change, a PCP Revision, and a PCP Update?	<p>There are four PCP types available in the LTSS<i>Maryland</i> system: (1) Initial, (2) Revised, (3) Emergency Revised, and (4) Annual PCP.</p> <p>(1) An Initial PCP is used when an individual is new to service or is applying for a different waiver program than their current enrollment. An Initial PCP is the only type of PCP that can be associated with a waiver app packet.</p> <p>(2) A Revised PCP is used to update the Plan within the year including when a revision to the person's services, outcomes, and focus area explorations.</p> <p>(3) An Emergency Revised PCP is completed only in the cases of an emergency where immediate service revision is needed to accommodate the emergency need.</p> <p>(4) An Annual PCP is completed every year for the individual to capture needs and changes for the next year.</p>

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Health Risk Screening Tool	What should you do during the annual PCP planning process if you update the Health Risk Screening Tool (HRST) and find that their (Health Care Level) HCL is a 3 or above, but they are not approved for nursing consultation services? How would you recommend getting the HRST clinically reviewed during that period of time with the MSFPR no longer in place now that nursing services need to be included in a Self-Direction budget?	If a person's HRST results is a score of 3 or higher and nurse consultation services are not current approved on the PCP, CCS should reach out to the Regional Office to request assistance.
Emergency Revised PCPs	Will there be a process for requesting emergency funding?	Emergency needs should be communicate with your CCS and Regional Office. An Emergency Revised Plan can be created to address the need.
Timeline	What is the turnaround time on approval of the revised plan?	The Regional Office must review PCPs within 20 business days of receipt.
Timeline	When should the pre-planning and development of the PCP happen? Is there a recommended timeline?	Pre-planning and the development of the plan should occur within 90 days of the person's annual PCP date.
Timeline	If we are now doing all service changes through annual and revised PCP's, do we have an option to have a service date be prior to the annual PCP date? We start the annual 90 days out. What if they need a service change in that 90 day window?	No, services cannot be authorized prior to the annual plan date. If the annual plan date is within 90 days, and the person has an emergency need, please submit an Emergency Revised Plan.
Audit	When being audited, will it follow PCIS2 or LTSS <i>Maryland</i> ?	The audit will follow the applicable services authorized in PCIS until the service billing is transitioned to LTSS <i>Maryland</i> . For example, a person may be authorized for Personal Supports in LTSS <i>Maryland</i> and Meaningful Day and Nursing Services in PCIS2.

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Cost Detail Sheet	Currently providers are completing Cost Detail Sheets, is this still the case?	Providers complete the Cost Detail Sheet for people in traditional services. The CCS completes the Cost Detail Sheet for people who are new to services (initial PCP) or who self-direct services.
Cost Detail Sheet	Will the cost detail be used for self-directed individuals, or will it continue with a plan and budget modifications?	Yes, the Cost Detail Sheet is used for all PCPs - across traditional and self-directed services. The Cost Detail Sheet is used to establish the self-directed funding allocation for which the participant then created their self-directed budget.
Detailed Service Authorization Tool (DSAT)	Who completes the Detailed Service Authorization Tool?	Providers complete the DSAT for people in traditional services.
Matrix Levels	Are matrix rankings still being used? Or just HRST?	The DDA continues to use matrix levels for people receiving legacy residential and day supports as authorized in PCIS2. The matrix levels will be faded out as people transition to LTSS <i>Maryland</i> and use dedicated hours, as needed, to ensure that there is adequate staffing to meet the assessed needs.
Modified Service Funding Plan (MSFP)	Is the MSFP waiting period still 20 days?	The DDA has discontinued use of the MSFP with this new guidance.
Provider Consumer Information System (PCIS2)	When a PCP with changes from current services is approved by the regional office, will PCIS2 be updated at the same time?	Yes, the Regional Office Fiscal Team will update PCIS2 as part of the PCP approval process.
Training	Will there be a training for CCS for this new process?	Yes, please look for an announcement, coming soon. That training will be posted on the DDA webpage.

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Virtual Services	Do we need to modify each person's PCP if they need a device to participate in remote learning, because at this time they cannot physically come onsite for programming? Or, is modifying the PCP this waived under Appendix K?	As per DDA Appendix K #5 - COVID-19 New Services Authorization Request Process - Revised June 1, 2020, emergency needs related to Assistive Technology can be requested. All other technology needs should be submitted via a Revised PCP.
Website	Where is the Person-Centered Plan Development and Authorization guidance document located on the DDA website?	This guidance is linked on DDA's Transformation page under the Person-Centered Planning dedicated page .

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