

LTSSMARYLAND UPDATES
FOR MEDICAL DAY CARE
WAIVER JUNE 2019

Utilization Control Agencies

Contents

I.	Navigation Panel	2
A.	Client Summary	2
B.	Programs	2
II.	MDC MDH 257B Form.....	3
A.	View MDC MDH 257B	3
B.	Print MDC MDH 257B	6
III.	ADCAPS	7
A.	View ADCAPS	7
B.	Print ADCAPS.....	10
IV.	MDC Enrollment Packet.....	11
A.	View MDC Enrollment Packet	11

I. Navigation Panel

With the MDC Phase II initiative, LTSSMaryland has incorporated several new modules to facilitate the participant enrollment process for the Medical Day Care Waiver Program. As of June 1, 2019, LTSSMaryland users shall see the following additions to the navigation panel of a Client record:

A. Client Summary

1. The **Current Enrollment** banner of the **Client Summary** will reflect 'Receiving MDC services as a part of the MDC Waiver' in the Receiving MDC Services field.

The screenshot shows the 'Client Summary' page for 'Amy MDC Test'. The 'Current Enrollment' section is highlighted with a red box. Below it, a table lists enrollment details. A red arrow points to the 'Receiving MDC Services' column, which contains the text 'Receiving MDC services as a part of the MDC Waiver'.

Program	Enrollment Date	Annual Med/Tech/LOC Due Date	Annual Med/Tech/LOC Status	Waiver Financial Redetermination Due Date	Waiver Financial Redetermination Status	Receiving MDC Services	Actions
Medical Day Care Waiver	04/17/2019	04/01/2020		N/A	N/A	Receiving MDC services as a part of the MDC Waiver	

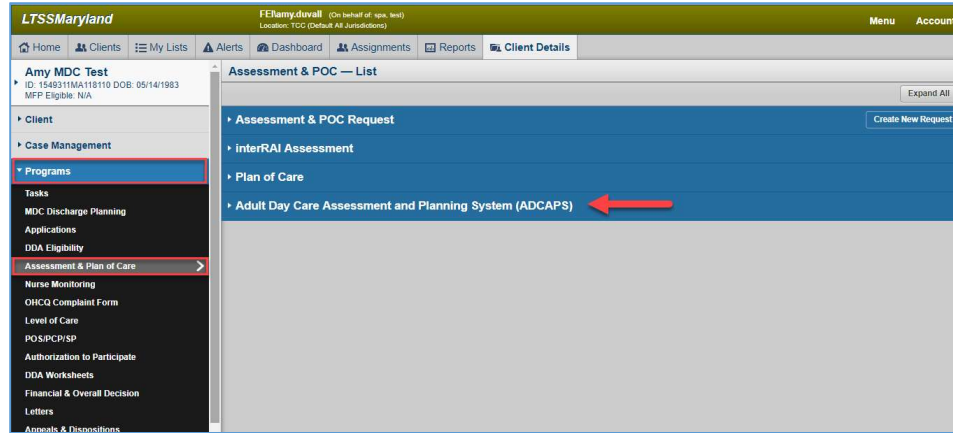
B. Programs

1. The **Programs** banner will show a new category, **MDC MDH 257B** (see also section II. MDC MDH 257B Form)

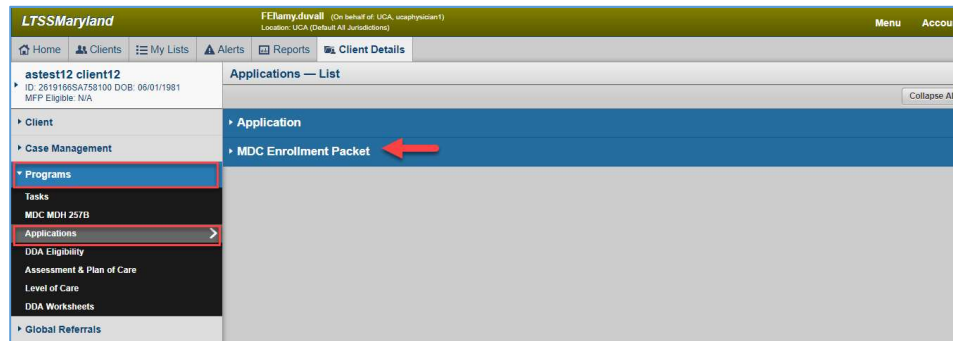
The screenshot shows the 'Programs' page for 'Amy MDC Test'. The 'MDC MDH 257B - List' banner is highlighted with a red box. In the left navigation panel, the 'MDC MDH 257B' category is also highlighted with a red box and a red arrow.

Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
04/17/2019	Admin, MDH MDC	Initial	Active	Submitted (Accepted)	View Print
04/17/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Rejected)	View Print
04/17/2019	Admin, MDH MDC	Discharge	Inactive	Submitted (Accepted)	View Print
04/10/2019	DHMH, dhmhmdcadministrator1	Initial	Inactive	Submitted (Accepted)	View Print
04/10/2019	DHMH, dhmhmdcadministrator1	Initial	Inactive	Submitted (Accepted)	View Print
04/08/2019	DHMH, dhmhmdcadministrator1	Initial	Inactive	Submitted (Accepted)	View Print
03/29/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Rejected)	View Print

2. The **Assessment & Plan of Care** category of the **Programs** banner will show another banner, **Adult Day Care Assessment and Planning System (ADCAPS)** (see also section III. ADCAPS)



- The **Applications** category of the **Programs** banner will show another banner, **MDC Enrollment Packet** (see also section IV. *MDC Enrollment Packet*)



II. MDC MDH 257B Form

UCA Administrator, UCA Physician, and UCA Nurse roles have access to the following functions for clients to which they are assigned.



A. View MDC MDH 257B

- From the Client Profile, select the **Programs** banner on the left navigation.
- Select **MDC MDH 257B**.

Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
04/30/2019	Admin, MDH MDC	Discharge	Active	Submitted (Accepted)	View Print
04/30/2019	Admin, MDH MDC	Annual Enrollment	Inactive	Submitted (Accepted)	View Print
04/17/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Accepted)	View Print
04/17/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Rejected)	View Print
04/17/2019	Admin, MDH MDC	Discharge	Inactive	Submitted (Accepted)	View Print

- Users shall be able to view a List of MDC MDH 257B forms that have been added to the client's record.

- Last Modified Date**
 - Date of last modification to the MDC MDH 257B

- **Last Modified By**
 - Name of user that last modified the MDC MDH 257B
- **Type**
 - *Initial*
 - *Annual Enrollment*
 - *Discharge*
- **Active/Inactive**
 - *Active*
 - *Inactive*
- **Status**
 - *In Progress*
 - *Ready to Submit*
 - *Pending MDH Review*
 - *Clarification Request*
 - Click the info tip  icon to see comments entered at time of request.
 - *Submitted (Accepted)*
 - *NOTE:* This field will have an info tip when the form has been auto-generated. All current MDC Waiver enrollees as of 05/23 will have an auto generated 'Annual' 257B form in the Submitted (Accepted) status
 - *Submitted (Rejected)*
 - *Discarded*
 - Click the info tip  icon to see comments entered at time of discard.
- **Action**
 - *View*
 - *Print*

4. Select the **View** link next to the desire form.



Client	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
Chad Test	01/21/2019	DHMH_dhnhmdadministrator1	Discharge	Active	Submitted (Accepted)	View Print
Case Management	09/06/2016	DHMH_dhnhmdadministrator1	Discharge	Inactive	Submitted (Accepted)	View Print
Programs	08/27/2016	DHMH_dhnhmdadministrator1	Discharge	Inactive	Submitted (Accepted)	View Print
MDC Discharge Planning	08/27/2016	DHMH_dhnhmdadministrator1	Discharge	Inactive	Submitted (Accepted)	View Print
MDC MDH 257B	08/23/2016	DHMH_dhnhmdadministrator1	Discharge	Inactive	Submitted (Accepted)	View Print
Applications						

5. The **MDC MDH 257B** view will display the Medical Day Care Services Waiver- Long Term Care Activity Report with the follow sections:

Medical Day Care Services Waiver - Long Term Care Activity Report

Client Information

Client Name: Chad Test Primary Phone #: 5555555555
 Date of Birth: 09/22/1922 Client Address: 2, 2, MD 22222
 MA #: 12312312312

Representative:

Provider Information

Provider Name: MDC Provider 1 (Default All Jurisdictions) Provider Address: 2104 W. Preston Street, Baltimore, MD 21201
 Medicaid Provider ID: 101010110

Contact Name: **

Level of Care Information

LOC Status: Approved By UCA Nurse Agency:
 LOC Decision Made By: DHMH, dhmhadministrator1 LOC Effective Date: 03/10/2015

Action Requested

Type: **

Cancel Payment

Date of Discharge Requested: **
 Discharged To: **

MDH Decision

MDH Decision: **

Signature

I certify that the Medical Day Care Services Waiver – Long Term Care Activity Report and supporting documentation are accurate to the best of my knowledge. **

MDC Staff Name: **

MDC Staff Title:

MDC Provider:

Date of Signature:

Authorization Details

I attest that I have reviewed all relevant documents and details of this form, and a decision has been made to Accept the discharge date based on the documentation submitted. **

Authorized Payment From Date:

Authorized Payment To Date:

MDH Staff Name:

MDH Staff Title:

Date of Signature:

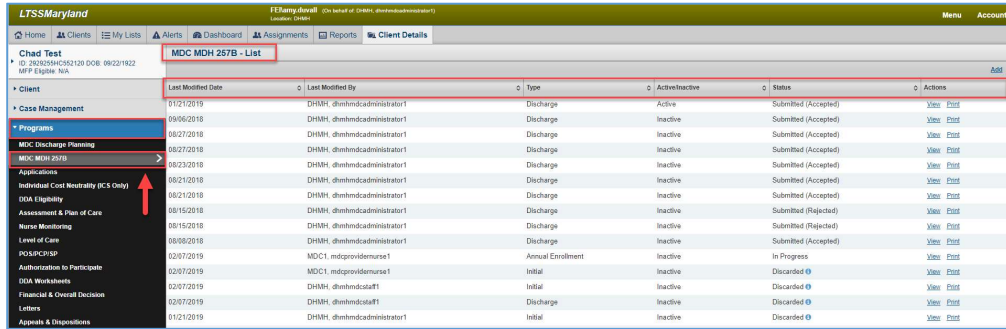
Workflow History

Date	By	From Status	To Status	Comments
01/21/2019	DHMH, dhmhmdcadministrator1	Pending MDH Review	Submitted	N/A
01/21/2019	MDC1, mdcprovidernurse1	In Progress	Pending MDH Review	N/A

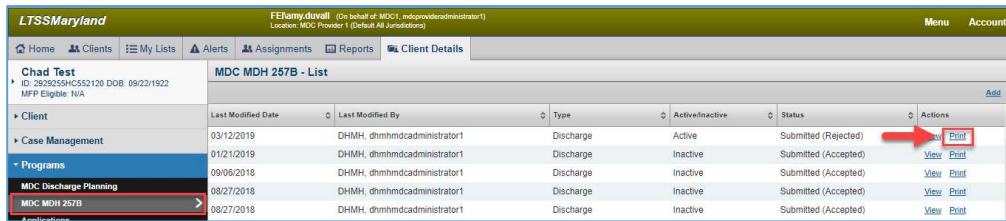
B. Print MDC MDH 257B

Once an MDC MDH 257B form has been submitted, authorized users may print the form.

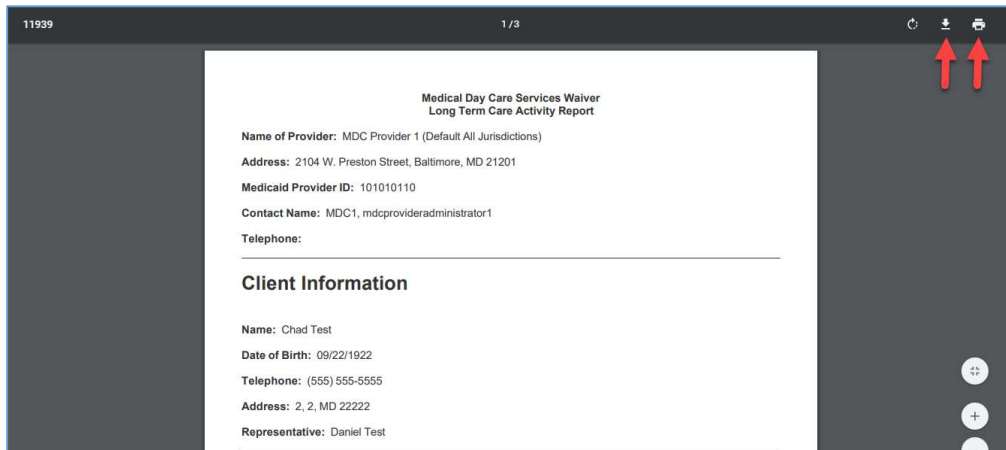
1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **MDC MDH 257B**.



3. Select **Print**, next to the desired form in the list.




4. Upon selection, a new window tab will open with the form in .pdf format.
5. The form may be viewed in this tab, and the user may choose to **download** the form to their local PC or **Print** the form.

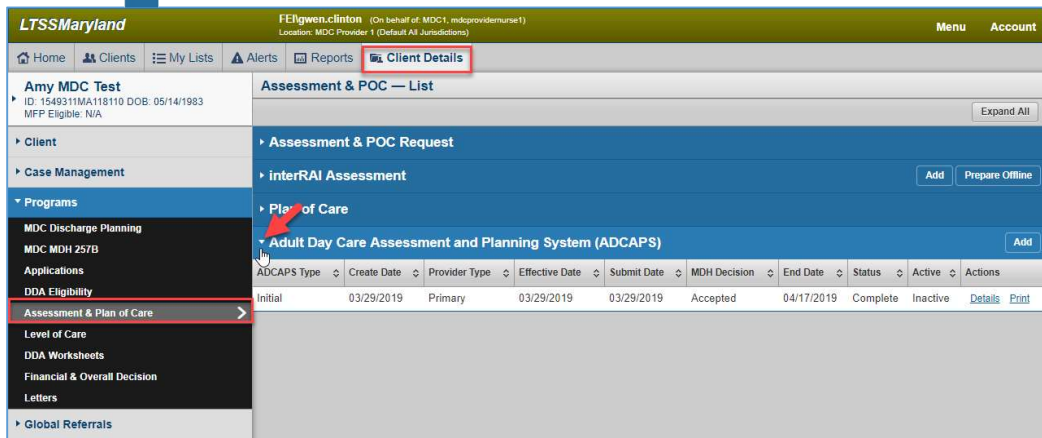


III. ADCAPS

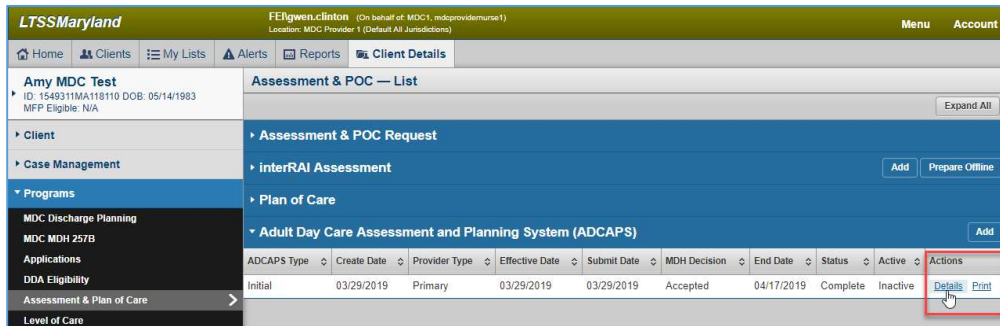
UCA Administrator, UCA Physician, and UCA Nurse roles have access to the following functions for clients to whom they are assigned.


A. View ADCAPS

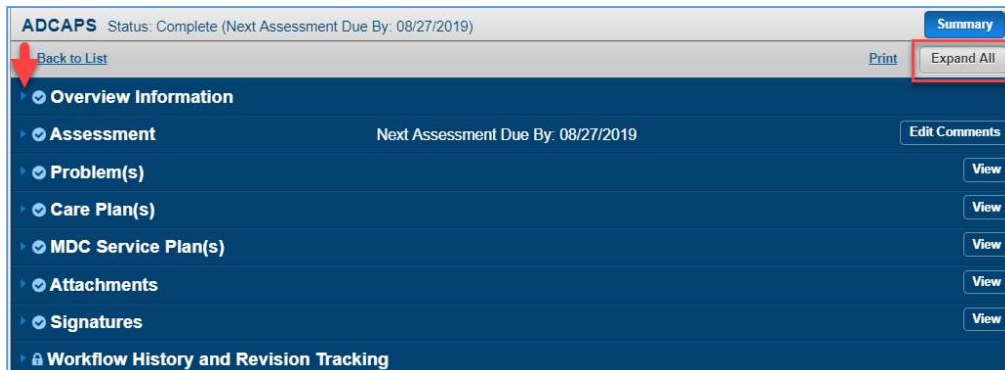
1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Programs**.
3. Select **Assessments & Plan of Care**.
4. Select **Adult Day Care Assessment and Planning Systems (ADCAPS)** from the List view.
5. Select the  icon next to **MDC ADCAPS** to expand and view.



6. Select the **Details** link next to view the desired ADCAPS.



7. The **MDC ADCAPS** Details will display the ADCAPS Summary page to view details by selecting the  icon to expand the desired section or Click Expand All to view all sections. Click the blue banner to collapse each section.



a. *Overview Information*

The **Overview Information** section contains information about the Client and the specific information about the ADCAPS.

ADCAPS Status: Complete (Next Assessment Due Date: 07/27/2019) Summary

[Back to List](#) [Print](#) [Expand All](#)

Overview Information

General Information

Name: Amy MDC Test	Primary Language: English
DOB: 05/14/1983	Age: 35
Gender: Female	

Assessment Start Date:	<input type="text" value="03/29/2019"/>
ADCAPS Type: **	<input type="text" value="Initial"/>
Assessment Submit Date:	<input type="text" value="03/29/2019"/>
ADCAPS Effective Date:	<input type="text" value="03/29/2019"/>
ADCAPS Created By:	<input type="text" value="MDC1, mdcprovidernurse1"/>
Primary MDC Provider:	<input type="text" value="MDC Provider 1 (Default All Jurisdictions)"/>
Additional MDC Provider(s):	<input type="text"/>

b. *Assessment*

The **Assessment** section is a medical questionnaire completed by the MDC Providers Nurse that allows them to get an overall picture of the client's current health status as well as their history.

Assessment					Next Assessment Due Date: 07/27/2019	Edit Comments
Section Name	Status	Last Modified By	Last Modified Date	Actions		
A. Allergies	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
B. Disease Diagnosis	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
C. General Health	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
D. Neurological	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
E. Sensory	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
F. Cardiovascular	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
G. Respiratory	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
H. Genitourinary Status	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
I. Gastrointestinal Status	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
J. Musculoskeletal	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
K. Pain Frequency	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
L. Mental Health	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
M. Skin Integrity	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
N. Pressure Ulcers	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
O. ADLs and IADLs	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
P. Psychosocial	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
Q. Treatments	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
R. Transportation	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
S. Social Services	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
T. Medications	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
U. Activities	Complete	MDC1, mdcprovidernurse1	03/29/2019	View		
V. Comments	Complete	MDC1, mdcprovidernurse1	03/29/2019	View	Edit	

c. *Problems*

The **Problem(s)** section is a list of “issues or concerns” identified by the Provider Nurse after assessing a client. Each Problem in this list is required to have a corresponding Care Plan page that will document the MDC Provider’s plan to address this need. The problems in this section will be generated from information entered by the MDC Provider Nurse describing the issues experienced by the client in relation to the ICD 10 diagnoses identified during the ADCAPS assessment, Clinical Assessment Protocols (CAPS) triggered from the InterRAI, as well as personal goals identified by the client.

Problem(s) View				
Create Date	Problem	Outcome	Addressed By Care Plan	Actions
03/29/2019	test		test	Quick View
			test	
			test	
03/29/2019	test		test	Quick View

d. *Care Plan(s)*

The **Care Plan(s)** section is used to specify the plan for addressing the specific issue or concern from the Problems section. Each problem identified will have at least one corresponding Care Plan.

Care Plan(s) View									
Linked Care Plans									
Care Plan Type	Create Date	Expected Outcome/ Short Term Goals	Addressed Problem	Outcome	Last Reviewed By	Last Review Date	Next Review due by	Due In	Actions
Original	03/29/2019	test	test						Quick View
Original	03/29/2019	test	test						Quick View
Original	03/29/2019	test	test						Quick View
			test						Quick View
Unlinked Care Plans									
Care Plan Type	Create Date	Expected Outcome/ Short Term Goals	Addressed Problem	Outcome	Last Reviewed By	Last Review Date	Next Review due by	Due In	Actions
No data available in table									

e. *MDC Service Plans(s)*

The **MDC Service Plan(s)** section is where the MDC Provider Nurse will specify the number of days that a client will be attending the Medical Day Care Center and number of weeks of attendance. The Annual Cost information will be calculated by the system using the prepopulated rate.

MDC Service Plan(s) View								
MDC Provider Service Plan (s)								
Service Plan Type	Created By	Create Date	Provider Name	Days per week	How many weeks	Rate	Annual Cost	
Original	MDC1, mdcprovidernurse1	03/29/2019	MDC Provider 1 (Default All Jurisdictions)	7	52	\$74.50	\$27,118.00	

f. *Attachments*

The **Attachments** section is where documents related to the ADCAPS are stored.

Attachments View				
Category	Description	Created Date	Created By	Filename
Medical Order		03/29/2019	MDC1, mdcprovidernurse1	Physician's Orders.pdf
Signature Page		03/29/2019	MDC1, mdcprovidernurse1	MDC.FOC.form.pdf

g. *Signatures*

The **Signatures** page is where the client or representative and the multi-disciplinary team participants can electronically specify that they have signed off on the actions being taken.

Signatures			View
Type	Signature Name	Signature Date	
MDC Provider Nurse	MDC1, mdcprovidernurse1	03/29/2019	
Client or Client Representative	Amy MDC Test	03/29/2019	
MDC Provider Staff	mdcproviderstaff1 MDC1	03/29/2019	

h. *Workflow History and Revision Tracking*

The **Workflow History and Revision Tracking** section covers Workflow/Status changes of each ADCAPS.

Workflow History and Revision Tracking							
Action	By	Date	From Status	To Status	MDH Decision	Comment	Actions
Submit	MDC1, mdcprovidernurse1	03/29/2019	In Progress	Complete			

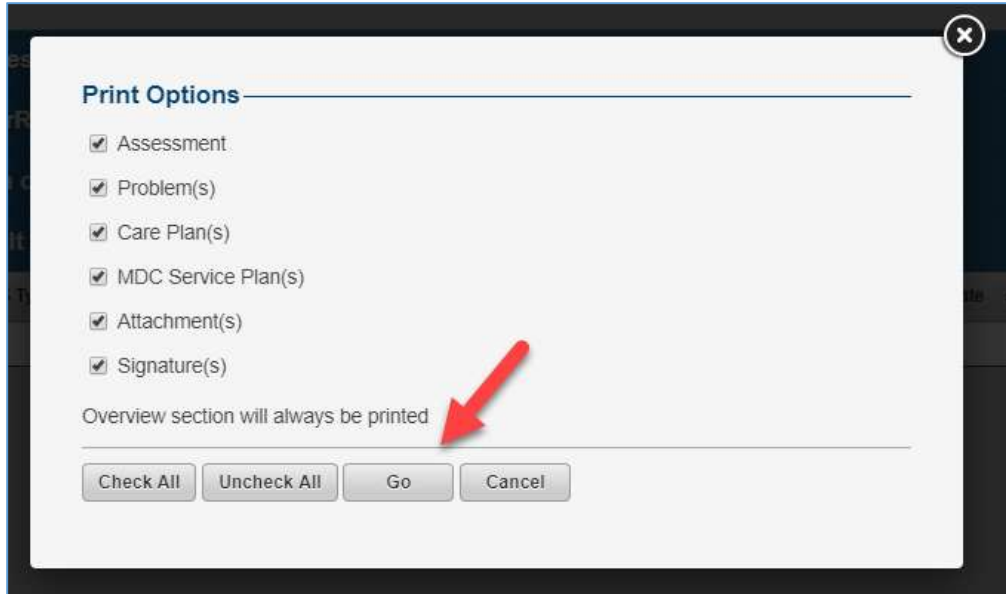
B. **Print ADCAPS**

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Assessments & Plan of Care**.
3. Select **Adult Day Care Assessment and Planning Systems (ADCAPS)** from the List view
4. Select **Print**, next to the desired form in the list.

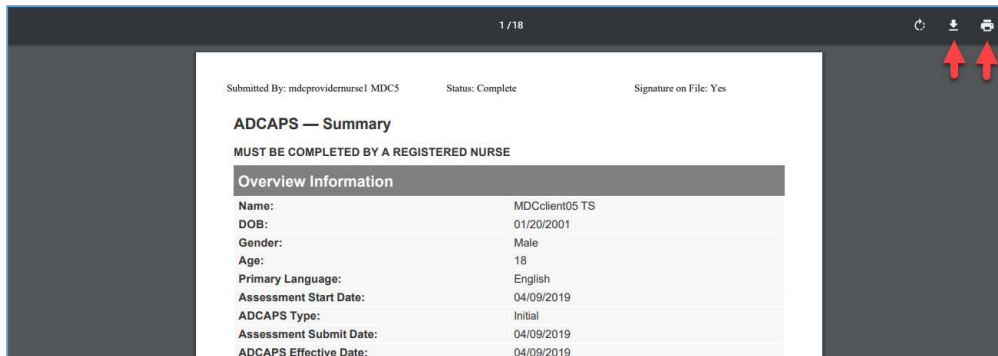
The screenshot shows the LTSS Maryland interface for user FEIamyduvall. The left navigation pane has 'Programs' selected, and 'Assessment & Plan of Care' is highlighted. The main content area shows a table of ADCAPS entries. One entry is highlighted with a red box, and a red arrow points to the 'Print' button in its 'Actions' column.

ADCAPS Type	Create Date	Provider Type	Effective Date	Submit Date	MDH Decision	End Date	Status	Active	Actions
Initial	04/09/2019	Primary	04/09/2019	04/09/2019	Accepted	N/A	Complete	Active	Details Print Deactivate

5. Upon selection, the user may choose which section of ADCAPS they would like to print. Select all applicable options, then click **Go**.




6. A new window tab will open with the form in **.pdf** format.
7. The form may be viewed in this tab, and the user may choose to **download** the form to their local PC or **Print** the form.

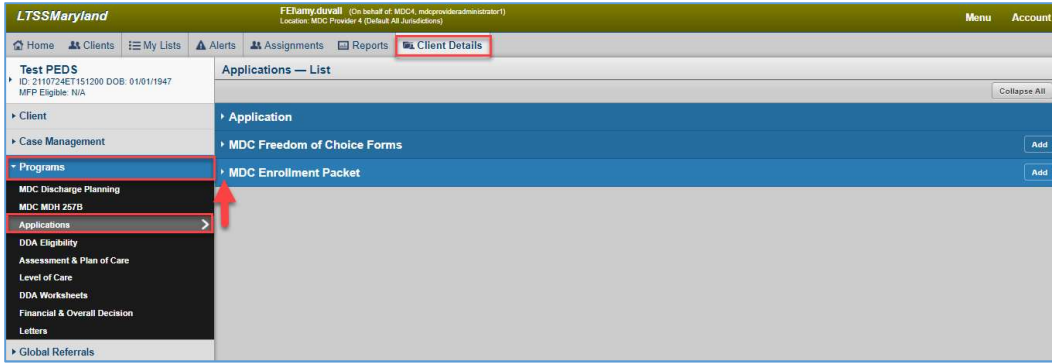


IV. MDC Enrollment Packet

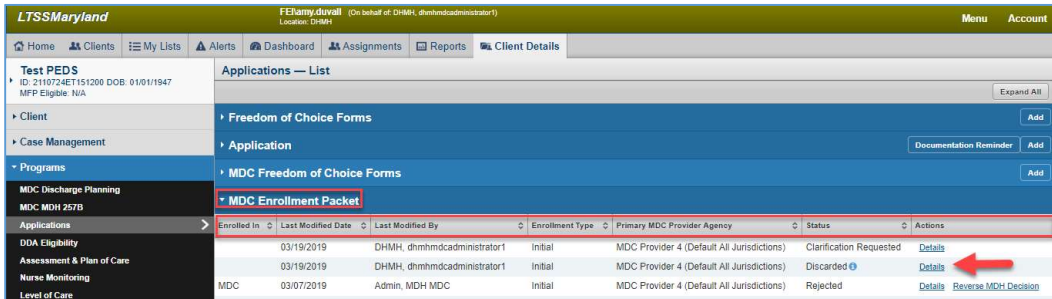
UCA Administrator, UCA Physician, and UCA Nurse roles have access to the following functions for clients to which they are assigned.


A. View MDC Enrollment Packet

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications**.
3. Select the  icon next to **MDC Enrollment Packet** to expand and view.

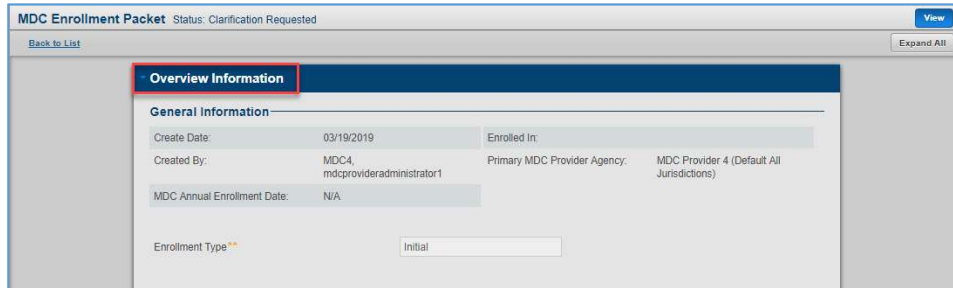


4. Select the **Details** link next to the desired form.



5. The **MDC Enrollment Packet** Details will display the following information by selecting the  icon to expand the desired section:

- **Overview Information**



- **Enrollment Checklist**

Users may select **View** or **View List** to view a specific form for the client that is included in the checklist.

MDC Enrollment Packet Status: Accepted [View](#)

[Back to List](#) [Expand All](#)

- Overview Information
- Enrollment Checklist**

Form Name	Status	Status Date	Actions
InterRAI HC	Submitted	10/25/2018	View View List
Nursing Facility Level of Care	Approved By UCA Nurse	04/09/2019	View View List
MDC Freedom of Choice Form	Submitted	04/09/2019	View List
ADCAPS	Complete	04/09/2019	View View List
MDC MDH 257B Form	Submitted	04/09/2019	View View List

- Additional Attachments
- Workflow History

- Additional Attachments**

Users may select the attachment hyperlink to view the attachment.

MDC Enrollment Packet Status: Clarification Requested [View](#)

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

- Overview Information
- Enrollment Checklist
- Additional Attachments** [Manage](#)

Created Date	Filename	Description	Uploaded By
03/19/2019	VCT Transmittal No. 66.pdf		MDC4, mdcpvideradministrator1

- Workflow History**

MDC Enrollment Packet Status: Clarification Requested [View](#)

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

- Overview Information
- Enrollment Checklist
- Additional Attachments [Manage](#)
- Workflow History**

Date	By	From Status	To Status	Comments
03/19/2019	DHMH, dhmhmdcadministrator1	Pending MDH Review	Clarification Requested	N/A
03/19/2019	MDC4, mdcpvideradministrator1	In Progress	Pending MDH Review	N/A