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***Service Authorization & Billing Documentation Guidelines***

# Introduction

This Service Authorization & Billing Documentation Guidelines outlines key information about services that Langton Green Provides under the new LTSS model. Information is referenced from [DDA’s Guidelines for Service Authorization and Provider Billing Documentation](https://health.maryland.gov/dda/Documents/Person-Centered%20Planning/3.29.22/DDA%20-%20Service%20Authorization%20and%20Provider%20Billing%20Documentation%20Guidelines%20-%20Revised%203-29-2022%20Final.pdf) (updated March 29, 2022). For each service which Langton Green offers, these guidelines will define:

* Service
* Unit
* Definition
* Service Request Guidelines
* Supporting Documentation for Billing

# Service Note

The Service Note is the primary billing justification document from iCareManager. It contains the following information:

* Person’s name
* Funding Stream
* Date
* Units billed
* Services provided
* Individualized schedule activities completed
* PCP Progress recorded
* Nursing activity
* Staff signature

How to generate a service note: <https://help.icaremanager.com/article/107-generating-a-service-note>

# Questions

If you have questions, please reach out to:

Latoya Durant, Interdepartmental Liaison

# Meaningful Day & Employment

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| **Service** | **Unit** | **Definition** | **Service Request Guidelines** | **Supporting Documentation for Billing** |
| Employment Services - Job Development  (In Discovery- **people are approved for this service**) | 15 minute | Supports to obtain competitive integrated employment in the general workforce, including:   1. Customized employment 2. Self-employment | Request for anyone seeking Competitive Integrated Employment  The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; AND - Has a documented interest in Employment Services in their PCP; OR - Is currently employed and there is documentation in the PCP of interest in a different job. Service limits for Job Development are as follows: - Services may be authorized for a limit of 8 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Ongoing Job Supports. - Initial authorization should not exceed 90 hours. - Services can be authorized up to twice a year for a total of 180 hours. - DDA may authorize additional hours with another provider if documentation indicates that the provider did not put forth a good faith effort to identify opportunities that align with that person’s Employment Plan and/or PCP. | Required documentation for Job Development includes the  Following:  Staff timesheets with start and end times and dates of service; AND  - Documentation of tasks completed (both with and  without the person) and their correlation toward goals of the person as stated in the  Employment Plan and/or  PCP, i.e. service note. |
| Employment Services - Follow-Along | Month | Direct and indirect supports that occur after the person has transitioned into their job:  -ensure the person has the assistance necessary to maintain their job(s);  Includes at least 2 monthly direct support contacts | Request for anyone seeking Competitive Integrated Employment  Service Authorization requirements for Follow Along Supports include the following: - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; - There is documentation in the PCP that follow along supports are needed for the person to maintain employment; AND - The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA’s guidance.  Transportation Exception: - Except during Follow Along Supports, the participant cannot receive Transportation services s separately at the same time as provision of this Waiver program service. Service limits for Follow Along Supports are as follows: - Services will be authorized on an ongoing basis unless the PCP specifies the time limit or the competitive integrated employment terminates. | - Requirement documentation for Follow Along Supports  includes the following: Staff timesheets denoting the  date/time/location of at least two (2) direct support contacts.  - Documentation that the person is working in the month service was provided; or that the person is  employed but not working and DDA approved extenuating circumstances indicating that the person needed this support to  maintain their job; AND  - Monthly progress note  documenting service  provision and progress  toward outcome(s). |
| Employment Services - Ongoing Job Supports | 15 minute | Supports in learning and completing job tasks to successfully maintain a job including:  -when beginning a new job  -after a promotion  -after a significant change in duties, AND/OR  -when there is a change in circumstances, AND/OR  Individualized supports a person may need to successfully maintain their job:   * Job coaching * Facilitation of natural supports * Ongoing job supports * Systematic instruction * Travel training * Personal care assistance, behavioral supports and delegating nursing tasks to support employment | Request for anyone seeking Competitive Integrated Employment  Service Authorization requirements for Ongoing Job Supports include the following: - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services. - There is documentation in the PCP that ongoing job supports are needed for the person to maintain employment; AND - The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA’s guidance.  When appropriate:  - A “Fading Plan”, that notes the anticipated number of support hours needed.  Service limits for Ongoing Job Supports are as follows:  - 10 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services-Job Development. | Required documentation for Ongoing Job Supports includes the following:  - Staff timesheets with start and end times and dates of service; AND  - Documentation of tasks completed and their correlation toward goals of the person as stated in the  PCP, i.e. a service note. |
| Community Development Services | 15 minute | Community based services that provide the person with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities.  Service include: - Direct support services; - Transportation; - Nursing support services; and - Person care assistance. - Service Characteristics: - Must be provided in the community; - Provide opportunities to develop skills and increase independence related to community integration; - Promote positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities; o Time limited generic paid and unpaid internships and apprenticeships for development of employment skills, and o Time-limited participation in Project Search, or similar programs approved by the DDA; - Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant’s personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short-term institutional services. Service must be identified in the PCP; - Service can be provided virtually after meeting applicable waiver requirements and authorized/approved in PCP. Note: Only include personal care assistance and nursing support services, based on assessed need, when provided in combination with other allowable CDS activities; that is, personal care and nursing support services may not be the primary or only service provided during CDS | Service Authorization requirements for Community Development Services include the following: - The person must be 18 years old and no longer in high school. - An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person’s preferences and PCP goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services. Authorized staffing levels are determined by the person’s needs. - For people who do not require dedicated 1:1 or 2:1 staffing, the service may not be provided in a ratio greater than 1 to 4 people at a time. For people with medical needs 1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/authorized by RN. o 2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/authorized by RN. - For people with behavioral needs o 1:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 1:1 supports. o 2:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 2:1 supports. Service limits for Community Development Services are as follows: - 8 hours per day; AND - 40 hours per week including Career Exploration, Day Habilitation, Supported Employment, Employment Discovery and Customization; Employment Services Job Development and Ongoing Job Supports. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland’s State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization. | Required documentation for Community Development  Services includes the following: -  Activity log listing all people in a group (limited to no more than 4 people) to include in and out times and the location of service.    **Staff documents in iCareManager CareTracker on the Service Note the initials of all the people in the group.**  Service note describing service/activities as  authorized by the PCP;  AND - Providers should maintain copies of staff timesheets  that document the presence of staff who provided the  services under the hours  billed.  Required documentation for 1:1 and 2:1 staffing:  - Audit trail should provide a link between the person and the staff providing the  support; AND  - Service notes must support the provision of services as  specified in the BP and/or  nursing care plan. |
| Career Exploration  Large Group  9-16 people  Small Group  2-8 people | 15 minute | Career Exploration are time limited services to help the person to learn skills to work toward competitive integrated employment through  -facility based supports at a fixed site owned, operated or controlled by a licensed provider or doing work under a contract being paid by a licensed provider and are only available Mon-Fri.  Small and Large Groups where people complete tasks under a contract with the provider at a community site not owned, operated or controlled by the licensed provider, i.e. enclaves, mobile crews: o Small: 2 – 8 people; OR o Large: 9 – 16 people.  Service include:  - Direct support services; - Transportation; - Nursing support services; and - Person care assistance. | Service Authorization requirements for Career Exploration include the following:  - The person is 18 years of age or older and no longer in high school;  - Prior to July 2018, the person o Has been working under a supported employment contract; OR o Has been working in a situation that is not competitive or integrated.  Has been receiving Day Habilitation or Supported Employment; AND **- The person’s PCP includes**  **o An employment goal that outlines transition to competitive integrated employment AND**  **o Documentation that the person has been informed of other meaningful day services**. - A person must be reauthorized annually to receive this service.  Service limits for Career Exploration are as follows:  **- New people authorized for Career Exploration, after July 1, 2019, can be authorized for up to 720 hours for one plan year, with no ability to be reauthorized,** unless approved by DDA due to extenuating circumstances; including:  o At the end of the plan year, there were unused hours due to a health issue that the person experienced;  o At the end of the plan year, there were unused hours because a previous provider did not provide the service hours as authorized. 8 hours per day; AND - 40 hours per week including Community Development Services, Day Habilitation, Employment Services – Job Development, and Employment Services – Ongoing Job Supports. | Required documentation for Career Exploration includes the following: - Attendance log to include in and out times; - Documented affirmation the service was provided, such as a service note; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed. Required documentation for Small and Large Group Supports: - Attendance log listing all people in a group (Small: 2-8; Large: 9-16) to include in and out times and the location of service provision; - Documented affirmation the service was provided, such as a service note; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed. |

# Residential

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| **Service** | **Unit** | **Definition** | **Service Request Guidelines** | **Supporting Documentation for Billing** |
| Community Living Group Home | Day  (Participant must be at location overnight or for at least six hours during the 24-hour period) | Community Living-Group Home Support services provide the person with development, acquisition, and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a community residential setting.  Service Provision includes:  o Direct support services  o Transportation  o Nursing support services; and o Person care assistance  Service Characteristics include:  - Support for learning socially acceptable behavior; effective communication; self-direction and problem solving; engaging in safety practices; performing household chores in a safe and effective manner; performing self-care; and skills for employment;  - Transportation to and from and within this service is included within the services; and - Nurse Case Management and Delegation Services. Acute Care Hospital Stay Supports: Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant’s personal, behavioral and communication supports not otherwise provided in that setting. Services may not be duplicative of hospital or short - term institutional services. Service must be identified in the PCP. | The following criteria will be used for new persons to access Community Living – Group Home services: 1. The person is 18 years of age or older unless otherwise authorized by the DDA; 2. Person has critical support needs that cannot be met by other residential or in-home services and supports; This residential model is the most integrated and most cost-effective service to meet needs; AND 4. The person meets one of the following criteria: a) They currently lives on their own and unable to care for himself or herself even with services and supports; b) They currently lives on their own or with family or other unpaid caregivers and such living situation presents an imminent risk to their physical or mental health and safety or the health and safety of others; c) The person is (i) homeless and living on the street; (ii) has no permanent place to live; or (ii) at immediate risk of homelessness or having no permanent place to live; d) The Person currently lives with family or other unpaid caregivers and documentation exists that inhome services available through the other waiver services would not be sufficient to meet the needs of the person; e) The person’s family’s or unpaid caregiver’s health changes significantly where the primary caregiver is incapacitated and there is no other available caregiver. Examples of such significant health changes include a long -term illness or permanent injury; f) There is no family or unpaid caretaker to provide needed care; g) There is a risk of abuse or neglect to the person in their current living situation as evidenced by: (1) recurrent involvement of the Child Protective Services (CPS) or Adult Protective Services (APS) as documented by the case manager that indicates the person’s health and safety cannot be assured and attempts to resolve the situation are not effective with CPS or APS involvement or (2) removal from the home by CPS or APS; h) With no other home or residential setting available, the person is: (1) ready for discharge from a hospital, nursing facility, State Residential Center, psychiatric facility, or other institution; (2) ready for release from incarceration; (3) residing in a temporary setting such as a shelter, hotel, or hospital emergency department (4) transitioning from a residential school; or (5) returning from an out of State placement; or i) Extenuating circumstances; AND The residential service is the most cost -effective means to meet the participant’s assessed need If the person is living in their own, or a family home: - Documentation that CFC and personal supports have been explored and are insufficient to meet the person’s needs; OR - Documentation that the person’s health and welfare is jeopardized in their current living situation. Examples of documentation include APS referrals, increased ER visits, critical incident reports, etc. If the person is in an institutional setting or homeless: - Documentation that less restrictive living options have been explored and cannot meet the person’s needs. Service Authorization requirements for Nursing Support Services - Delegation Services standalone support: - In the event that additional Nursing Delegation training supports are needed as indicated in the HRST because of a change in the person’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nursing Support Service - Delegation Service support service hours can be authorized. Community Living - Group Home Retainer Fee : - Limited to up to 18 days per calendar year per recipient per provider. - Effective March 2021, retainer fees will no longer show on the PCP but may be billed via the Provider Portal. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland’s State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file. To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization. | To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day and receive a minimum of 6 hours of direct support. Documentation requirements for Community Living-Group Home Support includes the following:  - Attendance log acknowledging that the person was in the home at least 6 hours;  AND  - Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc. Providers are required to retain:  - Staff time sheets or payroll information documenting the provision of the staffing hours specified for the home;  - Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND  - Documentation that staff meet all qualifications as required for this specific service and DDA.  Community Living - Group Home Retainer Fee :  - Limited to up to 18 days per calendar year per recipient per provider. |
| Residential Retainer Fee: Community Living-Group Home and Community Living - Enhanced Supports | Day | Retainer Fee is available for up to 18 days per calendar year, per person, when the person is unable to receive services due to hospitalization, behavioral respite, or family visits. | 18 days are authorized annually for the provider of each person receiving Community Living-Group Home and -Enhanced Living; - Each time the person changes Community Living providers an additional 18 days of retainer services is authorized for the new provider; AND - This authorization is within the total number of days authorized for the service and will be made automatically available in LTSS. | Attendance log documenting the person’s absence due to hospitalization, behavioral respite or family visit. |
| Community Living Group Home Dedicated Hours | 15 minute | Dedicated 1:1 or 2:1 staff-to participant supports within Community Living - Group Home supports. Service characteristics include:  - Dedicated hours can be used to support more than one participant if it meets their assessed needs and the following circumstances are met: o The participants are retired, transitioning from one meaningful day service to another, recovering from a health condition, or receive less than 40 hours of meaningful day services per week;  o The dedicated hours are documented in each participant’s respective PCP and the Service Implementation Plan; and  o The DDA provider may only bill the dedicated hours for one participant, to avoid duplication. | Teams may request authorization of dedicated staff hours when shared hours and overnight supervision (as applicable) does not meet the person’s needs as set forth in DDA’s policies and guidance. | Required documentation for Community Living-Group Home Support: Dedicated Hours includes the following:  - Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND  - For each block of consecutive units of service, document service performed.  Dedicated hours (behavioral): - Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.  **\*See Additional Guidance for CLGH Dedicated Hours 1:1 at end of chart.** |
| Community Living - Enhanced Supports | Daily | Community Living-Enhanced Supports provide the participant, who exhibits challenging behaviors, have court ordered restrictions, or has extensive assessed needs with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, socialization, and safety of self and others, by providing additional observation and direction in a community residential setting. Service Provision includes:  Direct support services Transportation - Nursing support services; - Behavioral Support Services; and - Person care assistance  Service Characteristics: 1. Support for learning socially acceptable behavior; effective communication; self -direction and problem solving; engaging in safety practices; performing household chores in a safe and effective manner; performing self -care; and skills for employment; 2. Transportation to and from and within this service is included within the services; 3. Nurse Case Management and Delegation Services; and 4. Behavioral support services. Acute Care Hospital Stay Supports: - Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant’s personal, behavioral and communication supports not otherwise provided in that setting. |  | To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day. - Attendance log acknowledging that the person was in the home at least 6 hours; AND - Documented affirmation the service was provided as authorized by the PCP, i.e. daily service note. Required documentation for Community Living-Enhanced Supports includes the following: - Staff time sheets or payroll information documenting the provision of the staffing hours specified for the home; - Service documentation (i.e., MAR, service notes, etc.) and have available upon request; AND - Documentation that staff meet all qualifications as required for this specific service and DDA. |
| Community Living - Enhanced Supports Dedicated Hours | 15 minute | Dedicated 1:1 or 2:1 staffing within Community Living Enhanced Supports  Teams may request authorization of dedicated staff hours when shared hours do not meet the person’s needs; authorized hours are not limited to services provided inside the home. | Teams may request authorization of dedicated staff hours when shared hours and overnight supervision does not meet the person’s needs as set forth in DDA’s policies and guidance. | Required documentation for Community Living-Enhanced Supports: Dedicated Hours includes the following: - Staff timesheets or payroll records documenting the start/end time of staff providing dedicated hours; AND For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. Service note or behavioral plan data tracking form. |
| Supported Living | Day | Supported Living services provide persons with a variety of individualized community living services to support living independently in the community in their own home. This residential service is for people living in a setting that is not owned or leased by a provider. The people living in the home or parent/guardian own or lease the home. Home size is limited to no more than 4 people. Service includes: - Direct support services - Transportation - Nursing support services; and - Person care assistance Acute Care Hospital Stay Supports: Direct support staff services may be provided in an acute care hospital for the purposes of supporting the participant’s personal, behavioral and communication supports not otherwise provided in that setting. | Service Authorization requirements for Supported Living include the following: 1. Person chooses to live independently or with roommates; and 2. This residential model is the most cost-effective service to meet the person’s needs. If the person is living in their own, or a family home: - Documentation that CFC and personal supports have been explored and are insufficient to meet the person’s needs; AND - Documentation that the person’s health and welfare is jeopardized in their current living situation. - Documentation that less restrictive living options have been explored and cannot meet the person’s needs. - This residential model is the most cost-effective service to meet the person’s needs.  Providers may request authorization to NOT staff a supported living home overnight. If authorized to NOT staff a supported living home, the costs of overnight direct staff are “turned off” or removed from the base rate. The regional office may exercise discretion in determining whether there is a safety risk associated with not providing overnight direct staff and has the authority to deny requests to “turn off” overnight staffing. Service Authorization requirements for Nursing Support Services - Delegation Services standalone support: - In the event that additional Nursing Delegation training supports are needed as indicated in the HRST because of a change in the person’s health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA’s Regional Office and additional standalone Nursing Support Services - Delegation Service support service hours can be authorized. | To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day: - Attendance log acknowledging that the person was in the home at least 6 hours; AND - Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc. Required documentation for Supported Living includes the following: - Staff time sheets or payroll information documenting the provision of the staffing hours specified for the home; - Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND  Documentation that staff meet all qualifications as required for this specific service and DDA. |
| Supported Living: Dedicated Hours | (15 minute) | Dedicated 1:1 or 2:1 staffing within Supported Living | Teams may request authorization of dedicated staff hours when shared hours and overnight supervision does not meet the person’s needs as set forth in DDA’s policies and guidance. Notes: 1 - Shared hours o Service with overnight supports o 1 resident = 138 hours o 2 residents = 179 hours o 3 residents = 199.5 hours o 4 residents = 302 hours o Service without overnight supports o 1 resident = 82 hours o 2 residents = 123 hours o 3 residents = 143.5 hours o 4 residents = 246 hours 2 - Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home. 3 - The authorized hours are not limited to services provided inside the home and can support the person with community engagement, including for individualized transportation needs. 4 - Based on assessed need, authorization can be for specified months or for the entire year. 5 - 1:1 dedicated hours are requested for medical needs: - Dedicated hours must be recommended by an RN or BSS; AND - Needs that may merit dedicated hours include but are not limited to fractures impacting mobility, post - operative and post -hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc. - When dedicated hours are requested for mobility/ambulation, there must be documentation that DME has been explored as an alternative to dedicated staff. - Dedicated hours may be authorized in lieu of day services when the person’s health status is compromised by leaving the home or they are of retirement age. 6 - If 1:1 dedicated hours are requested for behavioral needs: - Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff; Recent (within 90 days) incident reports document the need for dedicated staff; AND - Documentation that the least restrictive staffing options have been explored and cannot meet the person’s needs. - Dedicated hours CANNOT be authorized as an alternative to day habilitation if the person is of working age (as determined by Social Security guidelines) AND is refusing both employment AND CDS options. 7 - Documentation to support 2:1 dedicated hours includes: - HRST, SIS, or BP documenting need for 2:1 staffing; AND - A copy of the schedule noting the shared and dedicated hours currently authorized in the person’s home; when other people in the home have dedicated staffing, the regional office may request documentation to determine if dedicated 2:1 staffing is necessary to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person doesn’t harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary. Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to: - The 2nd staff is needed to relieve the 1ststaff. - The 1st staff is responsible for implementing the BSP, the 2nd staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non - edibles in his/her mouth. - The person requires constant monitoring while in transport and the 2nd staff is needed to drive. - The person needs 2:1 because of intensive physical support needed to prevent harm to self or others. 8 - Dedicated hours - May be used to support more than one participant if it meets their assessed needs and the following requirements are met: o The participants are retired, transitioning from one meaningful day service to another, recovering from a health condition, or receives less than 40 hours of meaningful day services; Support is documented in each participant’s PCPs and Service Implementation Plan; and o Dedicated hours are billed for only one participant. | All Dedicated hours - Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND - For each block of consecutive units of service, document how the service performed relates to the PCP service authorization. Dedicated hours (behavioral): - Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes. |

Please see below for additional criteria and guidance unique to CLGH Dedicated Hours 1:1, including In Lieu of Day.

1. **Attendance for CLGH Dedicated Hours 1:1** 
   1. DSP Marks Done after meeting following criteria:
      1. Start and end time is the 1:1 time that staff provided service as defined by DDA. Please note that this may or may not always equal the shift start/end.
   2. For dedicated hours, you can only bill for 1 person at a time.
   3. DSP should call PM if ratio is off for billing at the start of service provision.
   4. If dedicated hours were not provided 1:1 due to ratio issue, staff should mark “service not provided 1:1” in attendance - 0 units in billing.
2. **Attendance for In Lieu of day: One staff working with one individual** 
   1. The start time should be the time staff started the shift or 9am (whichever is later).
   2. The end time should be the time staff clocked out or 3pm (whichever is sooner).
3. **Attendance for In Lieu of day: One staff working with two individuals**
   1. Primary Individual:
      1. After verifying the primary individual box was checked and the present during entire shift box checked.
      2. The start time should be the time staff started the shift or 9am (whichever is later).
      3. The end time should be the time staff clocked out or 3pm (whichever is sooner).
   2. Second Individual:
      1. Mark Absent. Choose appropriate code.
4. **Attendance for Dedicated Hours other than of ILOD**
   1. Verify which individuals have dedicated hours and if there are specific times the dedicated hours need to be performed.
   2. A House with two to three individuals should have one staff working when all individuals are present. When all individuals are present and two or more staff are working, the extra staff should be utilized for the dedicated hours.
   3. A house with four individuals should have two staff working when all individuals are present. When all individuals are present and there are more than two staff working, the extra staff should be utilized for the dedicated hours.
5. **To bill dedicated hours**
   1. Dedicated hours can be added for all or part of the shift when extra staff and the individual are present.
   2. Verify the primary individual box was checked on the service note.
   3. Verify the box is checked for present during all or part of the shift.
   4. Verify notes were added to the note box.
   5. Verify by the Leave/Return, Daily Activity or AON service note that the individual was present.
   6. The start time and stop times under attendance should correlate with the service notes and staff’s timecards.
6. **CareTracker Guidance**
   1. If dedicated hours were not provided 1:1 due to ratio issue, staff should still document in CareTracker, even though the dedicated hours are not billable.
7. **Program Manager Review**
   1. Program Managers Mark Reviewed after a review of Attendance and the Service Note for the following criteria. If there is an issue, Program Manager asks the DSP to edit & mark done.
      1. Service documentation is at 100 percentage on the Service Compliance Meter, and the Service Note reflects the details of service provision.
      2. Employee timecard supports or exceeds billable service provision time as recorded in Attendance.
      3. Confirm the service was provided 1:1 by staff for full billing timeframe.
      4. Updated By/On date and time is before the shift ended. If the note was added or edited after the shift ended, a note must be in the note box with a reason for the late entry.
      5. The following boxes should be checked in CareTracker and on the Service Note:
         * This is my primary individual (if applicable)
         * Choose one: Was Absent during the entire shift. Was Present during the entire shift. Or Was present during part of the shift.
         * All services provided for the day should be checked.
         * Prompts should be checked if staff had to prompt the individual to do a task.
         * Start time: time staff started the shift.
         * Stop time: should be as close as possible to the clock out time.
         * A note should be in the box about the day.
      6. The daily activity at home activities should be completed for each shift except AON when two hour checks are available.

# Support Services

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| **Service** | **Unit** | **Definition** | **Service Request Guidelines** | **Supporting Documentation for Billing** |
| Personal Supports | 15 minute | Habilitative services assist people who live in their own or family homes with acquiring and building the skills necessary to maximize their personal independence. These services include:  - In home skills development; - Community integration and engagement skills development; AND  - Personal care assistance services.  Service includes:  - Direct support services  - Transportation; and  - Person care assistance  - Self-Direction also includes cost for:  o Training for direct support staff; and Travel reimbursement, benefits, and leave time.  - Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which  may include meal preparation and cleaning when the person is unable to do it for themselves only when in combination with other allowable Personal  Supports activities occurring.  - Transportation to and from and within this service is included  within the LTSS Maryland service rates or self-directed budget  when new rates are applied.  - Transportation will be provided or arranged by the provider or self-directing participant and  funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most  appropriate, means of transportation for the individual with priority given to the use of public transportation when  appropriate. | Service Authorization requirements for Personal Supports include the following: - The person lives in their own home or their family’s home; - The person needs habilitative supports for community engagement (outside of meaningful day services) or home skills development; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services; - Family and natural supports have been explored and exhausted; AND - This service is the most cost-effective service to meet the person’s needs.  Personal Supports cannot be authorized: - When PS supplants or duplicates CFC. - In lieu of respite or supervision. - If personal care comprises the entirety of the service. Supporting documentation to demonstrate assessed need for Personal Supports includes the following: - The number of hours requested must be commensurate with the outcomes, purpose, and services objectives maintained in the person’s PCP. The number of hours authorized will be determined based on: ● Information provided in the person’s schedule of activities; AND ● Documented outcomes included in the PCP and the alignment of the supports requested with those outcomes. Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the person’s extraordinary care needs due to the person's disability that are above and beyond the typical, basic care for a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver person. - Assessment of the person’s age, exceptional care needs, outcome, and activities is needed. Service limits for Personal Supports are as follows: - Personal Support services are limited to 82 hours per week unless otherwise pre - authorized by the DDA. Legal guardians and relatives may not be paid for greater than 40 -hours per week for services unless otherwise approved by the DDA. Authorization for 2:1 staffing levels: − Initial authorization up to three months. − Additional authorization after initial authorization and assessment of fading plan and continued assessed need. − Documented and justification of assessed need in the participant’s PCP and nursing care plan or behavior support plan as applicable. − Adaptive equipment or other modifications, including the use of Updated: March 29, 2022 Page 63 of 100 assistive technology, must have been assessed and determined not to be an effective alternative to meet the participant’s needs; or, there must be a plan to have adaptive equipment or other modifications in place within 90 calendar days of the initial request for 2:1 staffing. − The request shall also include a fading plan that can include natural supports, adaptive equipment, or other modifications. | Required documentation for Personal Supports includes the following:  - Service note describing activities/supports that align with the PCP; AND  - Start and stop time of the services provided will be  documented in the EVV  system maintained and  provided by the Maryland  Department of Health  (MDH)/DDA.  - Providers are required to retain staff time sheets or  payroll information  documenting the provision of the services. |
| Behavioral Assessment | Milestone | Services identify the person’s challenging behaviors by collecting and reviewing relevant data,  discussing the information with the person’s support team, and, if needed, developing a Behavior Plan (BP) that best addresses the function of the behavior. | Service Authorization requirements for Behavioral Assessment (BA) include the following:  - Person has a documented history of behaviors resulting in difficulty in the home or community (ex. Past BP or functional BA from school); OR  - A person who has had an event that is impacting their well-being (ex. Death in the family, severe  physical trauma, new emerging behaviors of unknown etiology,  etc.)  Additional requirements:  - For children under the age of 21, there must be documentation that these services are above and  beyond what is available through EPSDT and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and  - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation  Services (“DORS”), State  Department of Education, and  Department of Human Services.  People receiving Community Living Enhanced Supports cannot receive a BA.  - State funds may be authorized for the service if the person is not  eligible for Medicaid and/or other modes of payment are unavailable.  Services limits for Behavioral  Assessment are as follows:  - Only one BA will be authorized per PCP year unless the quality of the assessment conducted by the  provider did not meet DDA  standards.  - Ongoing assessment, after the initial BA, is then conducted under the BC services. | iCM Clinical Contact Note  To qualify for the BA milestone payment, the following must be documented, in the formal written BA:  - Onsite observations in  multiple settings and the  implementation of existing programs.  - Environmental assessment of all primary environments;  - Medical assessment including a review of medication  prescribed to modify  challenging behaviors and  potential side effect of each medication;  - Collection and review of relevant data;  - The person’s history, based upon the records and interviews with the person and people important to/ for the person;  - Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it;  - Discussion with the person’s PCP team; Description of challenging behaviors in behavioral terms (i.e. topography, frequency, duration, intensity, severity, variability, cyclicality); AND  - Specific hypotheses for the identified challenging  behavior. |
| Behavioral Plan | Milestone | The BP is developed that best addresses the function of the behavior, if needed based on DDA requirements.  Service Characteristics:  - The DDA policies, procedure and guidance must be followed when developing a behavior plan. | The behavior plan will be authorized simultaneously with the behavioral assessment. However, the behavior plan will only be reimbursed IF the assessment indicates a need for a behavior plan. | iCM Clinical Contact Note  Required documentation for the Milestone payment includes the following:  - Behavioral Assessment indicating the need for a  formalize behavioral plan;  AND  - Recommended positive behavioral supports and  implementation plan based on DDA requirements. |
| Behavioral Consultation | 15 minute | Services that oversee, monitor, and modify the BP, including:  - Recommendations for  subsequent professional  evaluation services;  - Consultation, after development of the BP;  - Working with the person and caregivers to implement the BP; Ongoing education on  recommendations, strategies, and next steps;  - Ongoing assessment and  documentation of progress in all pertinent environments against identified goals;  - Development of updates to the BP as required by regulations; AND/OR  - Monitoring and ongoing  assessment of the  implementation of the BP. | Behavioral Consultation will be  authorized simultaneously with the behavioral assessment.  Service Authorization requirements for Behavioral Consultation hours include the following:  - BC hours are based on assessed needs, supporting data, plan implementation, and authorization from DDA;  - Generally, the need for BC will be related to staff training, oversight and monitoring of BP  implementation, and may be  authorized as specified in the BP. - If BC is not specified in the BP, additional documentation is  necessary to support the request, including but not limited to  documentation that:  o The person is not  demonstrating progress; OR  o The BP is no longer effective due to a change in needs.  - People receiving Community Living Enhanced Supports cannot receive Behavioral Consultation  Note: When authorizing, note that monitoring is an essential part of this service and must occur as dictated by progress against identified goals but at least:  - Monthly for the first 6 months. - Quarterly after the first 6 six months.  Additional requirements:  - For children under the age of 21, there must be documentation that these services are above and  beyond what is available through EPSDT and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and  - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation  Services (“DORS”), State  Department of Education, and  Department of Human Services.  Service Limits - 8 hours per day | iCM Clinical Contact Note  Required documentation for BC includes Monitoring Progress Note that includes, at a  minimum:  - Assessment of behavioral supports in the environment; - Notes that detail the specific BP interventions that have been implemented and  consequent outcomes;  - Data, trend analysis and graphs to detail progress on target behaviors identified in a BP;  - Recommendations;  - Providers should document that tasks associated with the behavioral plan were  completed (ex. Signature,  check box, etc.); AND  - Providers are required to retain staff time sheets or  payroll information  documenting the provision of the services. |
| Brief Support Implementation Services (BSIS) | 15 minute | Time-limited services to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently  implement the BP including:  - On-site and in person execution and modeling of behavioral  support strategies.  - Timely written feedback on the effectiveness of the BP; AND/OR - On-site meetings or instructional sessions with the person’s  support network regarding BP. | Service Authorization requirements for Brief Support Implementation Services include the following:  - BSIS service hours are based on assessed needs, supporting data, plan implementation, and  authorization from the DDA;  - Person has a formal BP as per DDA requirements; AND  - There is a documented need for additional onsite execution and  modeling of identified behavioral support strategies.  - Brief Support Implementation Services cannot duplicate other  services being provided (e.g. 1:1 supports).  People receiving Community Living Enhanced Supports cannot receive Brief Support Implementation  Services.  Service limits:  8 hours per day. | iCM Clinical Contact Note  Required documentation for BSIS includes the following: - Staff timesheets or payroll information documenting the staff present during service provision of the service; - Notes that detail the specific support implementation services provided; AND - Signature/date of provider. |
| Nursing Support Services | 15 minute | Provides a registered nurse, licensed in the State of Maryland, to perform Nursing Consultation, Health Case Management, and Delegation services, based on the person’s assessed need. |  | Required documentation:  - The registered nurse must complete and maintain  documentation of delivery  services, including any  nursing assessments, nursing care plans, health care plans and protocols, training of  participant, direct support  staff, and/or uncompensated caregivers, and any other  documentation of services, in accordance with applicable Maryland laws and  regulations, Department  policies, and standards of  nursing care.  Required as applicable to the need for and provision of  services:  - Telephone triage.  - Documentation within the person’s file of  recommendations for  utilizing community  resources.  - Annual written report to the PCP team.  Each continuous block of units must include the date of services and name and signature of the RN providing services. |
| Transportation | UPL | Transportation services are designed to improve the person’s and the family caregiver’s ability to independently access community activities within their own community in response to needs identified through the PCP.  The participant’s community is defined as places the participant lives, works, shops, or regularly spends their days. The participant’s community does not include vacations in the State or other travel inside or outside of the State of Maryland. Transportation Services can include: - Orientation to using other senses or supports for safe movement; - Accessing Mobility and volunteer transportation services; - Travel training; - Transportation services including: public and community transportation, taxi services, and non-traditional transportation providers; - Purchase of prepaid transportation vouchers and cards; AND/OR - Mileage reimbursement for transportation provided by another individual using their own car. Not included: - Payment to spouses or legally responsible individuals for furnishing transportation services. | Service Authorization requirements Transportation Services include the following: - Person lives in their own home or their family’s home - Description of transportation services and frequency to access community activities within their own community - Transport within a person’s own community and is not transportation related to a medical service; AND Documentation verifying service isn’t covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services.  Service limits for Transportation Services are as follows: - $7,500 annual limit for people using traditional services. Note: For people self-directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized PCP and budget. | iCareManager eChart -> Managed Documents -> Supplemental Service Documentation.  Required documentation for Transportation Services includes the following: All Orientation services, accessing mobility and volunteer transportation services, travel training documentation includes: - Timesheet signed and dated by the provider; AND - Service note describing the service provided. All Prepaid transportation vouchers and cards documentation includes:  Receipt(s) signed/dated by the person acknowledging receipt. All Mileage reimbursement documentation includes: - Mileage log to include travel date and signature of the provider and the person. OHCDS also require: - Documentation that the vendor meets all applicable provider qualifications and standards; AND - Signed, dated OHCDS / Qualified Provider Agreement that meets the specifications of DDA policy. |
| Respite Care | Daily (preferred)  15 minute  (option) | Respite Care is short-term care intended to provide both the family or other primary caregiver and the person with a break from their daily routines. It is a one to one service.  Respite can be provided in: - The person’s own home, - The home of a respite care provider, - A licensed residential site, - State certified overnight or youth camps, OR Other settings and camps as approved by DDA.  **Langton Green currently only provides Respite Care in Langton Green licensed sites.**  Not included: - Fees associated with respite such as membership fees at a recreational facility, community activities or insurance fees. - Habilitative supports or activities | Service Authorization requirements for Respite Care include the following: - Description of support needed; - Cannot be used to replace day care while the person’s parent or guardian is at work; - The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Rare and Expensive Medical Care (REM); AND - Documentation verifying service isn’t covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services. - Payment rates must be customary and reasonable as established by DDA. Service limits for Respite Care are as follows: - Respite care services hourly and daily total hours may not exceed 720 hours within each plan year unless otherwise authorized by the DDA. - Camp cannot exceed $7,248 within each plan year. | - Attendance log with staff in and out times. |

# References

[Family Supports Waiver](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81996)

[Community Supports Waiver](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81996)

[Community Pathways Waiver](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81941)

PolicyStat

[● At A Glance - DDA Policies](https://dda.health.maryland.gov/Documents/Transformation/At%20a%20Glance%20Documents/DDA%20Policies%20At%20a%20Glance%202020.08.21.pdf)

[● At A Glance - Policy Stat](https://dda.health.maryland.gov/Documents/Transformation/At%20a%20Glance%20Documents/PolicyStat%20At%20A%20Glance%202020.08.21.docx%20(2)%20(2).pdf)

[Process Flow -Meaningful Day Services - Relationship Between LTSSMaryland and PCIS2 Services](https://files.constantcontact.com/f401fd14401/94ae7307-92c1-4047-987f-559763d3fb9f.pdf)

[Guidance for Operating in PCIS2 and LTSSMaryland](https://dda.health.maryland.gov/Documents/Transformation/GuidanceForTheJuly1-2020Transition-PROOF%208.17.20.pdf)

[At a Glance - Meaningful Day Services](https://health.maryland.gov/dda/Documents/Transformation/At%20a%20Glance%20Documents/3.15.21/AAG-MeaningfulDayServicesPlanningAuthorization%20Revised%20March%2015%2c%202021.pdf)

[At a Glance - Support Services](https://health.maryland.gov/dda/Documents/Transformation/At%20a%20Glance%20Documents/3.15.21/AAG-SupportServicesPlanningAuthorization%20Revised%20March%2015%2c%202021.pdf)

[At a Glance - Residential Services](https://health.maryland.gov/dda/Documents/Transformation/At%20a%20Glance%20Documents/3.15.21/AAG-ResidentialServicesPlanningAuthorization%20Revised%20March%2015%2c%202021.pdf)

[At a Glance - Personal Supports Services](http://r20.rs6.net/tn.jsp?f=00198ZM39pvmQV2JrjIfFxZw3A8ACJZx0xG04J5TMlTflZSSIKtG2r6j9qrgfaCTGFLgVKC6ZUlGkKGF1mx3ORw3wPlgIeDqfiO_p4_ImjtP_solenFpmSnBN0JjsVpW0Tfv2Rus9k3_ZAd7Ycz0DpuPt3jGhtr4S2CkYZH7K0M5YtntbFCSFe7e3FfNkXMhnfrC56olhbG4QsbVtbPsY_anqBO8KO1Aol2nzeEauUI9WU%3D&amp;c=Gy806GsFJ8i4bPVa_lhThA4xLmQ60fA5EDkcBzGKm_icuTghcCHwHQ%3D%3D&amp;ch=SqAoMesxCZ3R0rYxLJO7hIpUl_1GSECyfEvmxikoplhlgsDtA5D9-Q%3D%3D)

[LTSSMaryland](https://dda.health.maryland.gov/Pages/LTSS%20Maryland.aspx)