LTSSMARYLAND UPDATES FOR MEDICAL DAY CARE WAIVER JUNE 2019

Supports Planning Agencies

Contents

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.
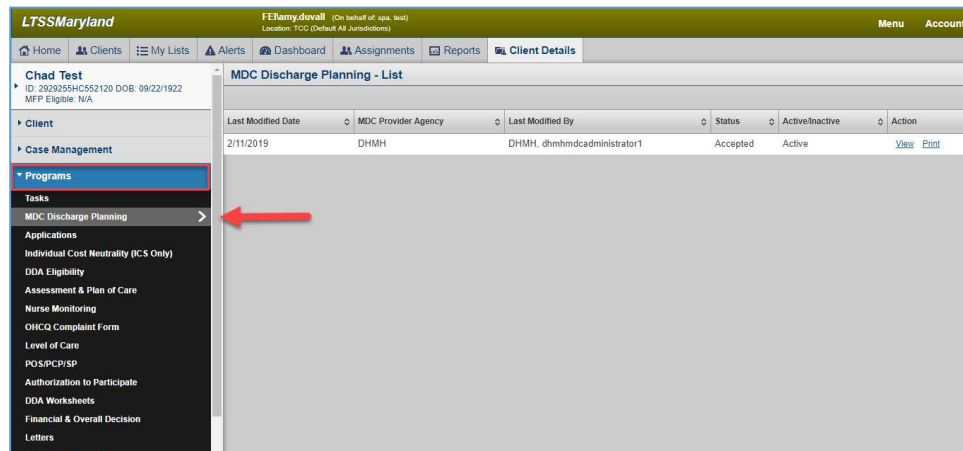

B. Case Management

1. The **Case Management** banner will show a new module for the **Voluntary Consent to Transfer** (see also section *VI. Voluntary Consent to Transfer*)

C. Programs

1. The **Programs** banner will show a new category **MDC Discharge Planning** (see also section *VII. MDC Discharge Planning Form*)

2. The **Applications** category of the **Programs** banner will show another banner, **MDC Freedom of Choice Forms** (see also section *II. MDC FOC Form*)
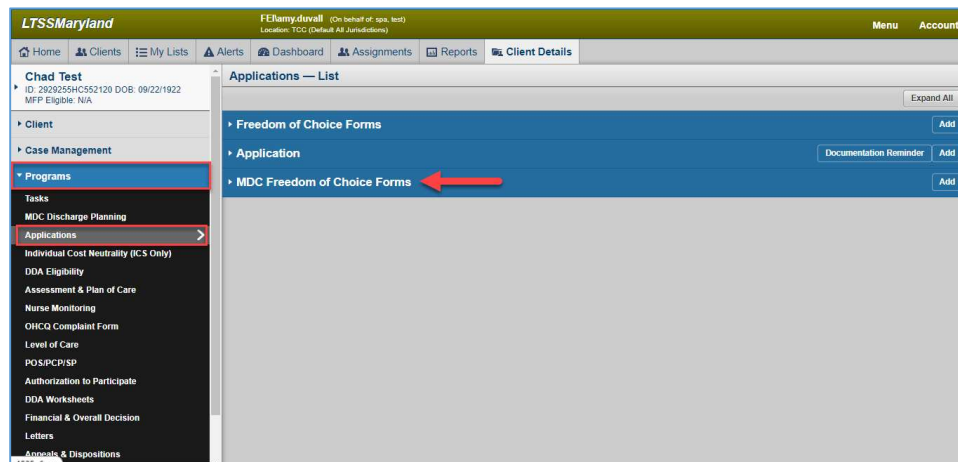
3. The **Assessment & Plan of Care** category of the **Programs** banner will show another banner, **Adult Day Care Assessment and Planning System (ADCAPS)** (see also section *III. ADCAPS*)
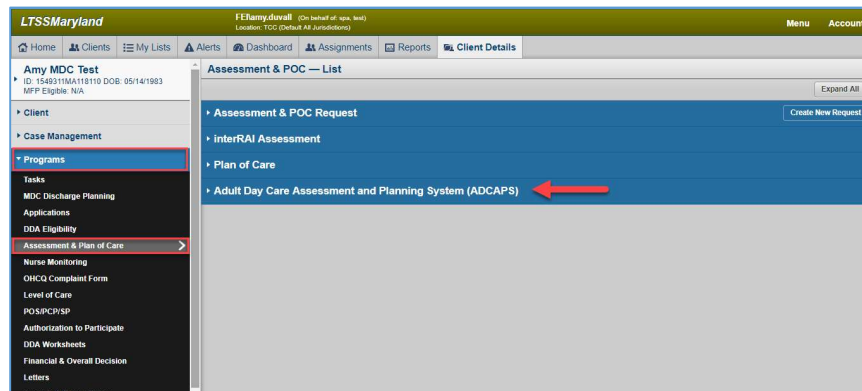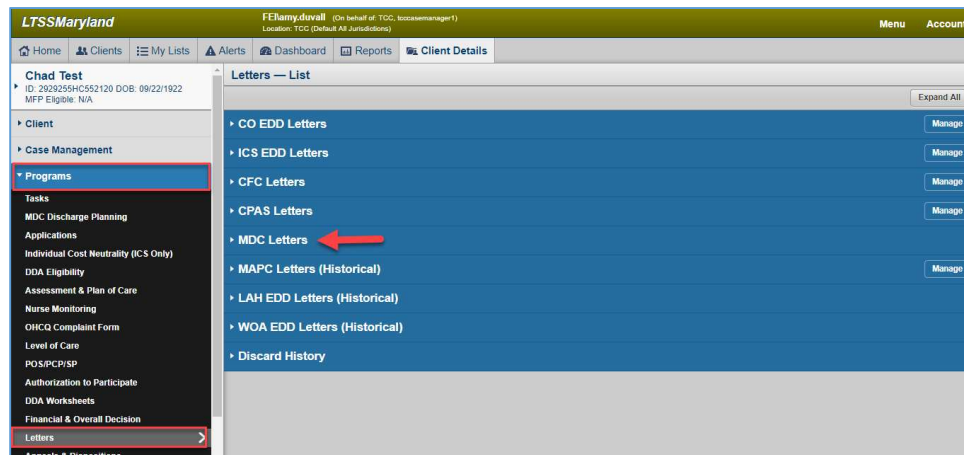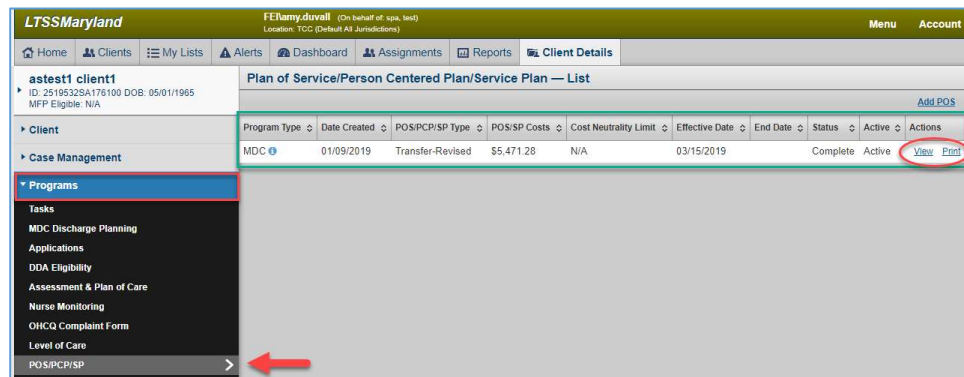
4. The **Letters** category of the **Programs** banner will show a new letter category, **MDC Letters** (see also section *V. MDC Letters*)

5. The **POS/PCP/SP** category of the **Programs** banner will show the *Program Type*, MDC, including the *SP Type*, *Costs*, *Effective Date*, and *Status*. From here, the user may **View** and **Print** the **MDC Service Plan**.
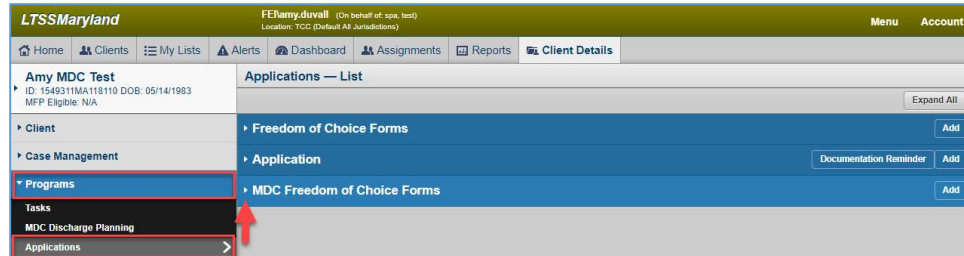
II. MDC FOC Form

SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

A. View MDC FOC Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications.**
3. Click the ▶ icon to expand the **MDC Freedom of Choice Forms** banner.

4. Select the **View** link next to the desire form.
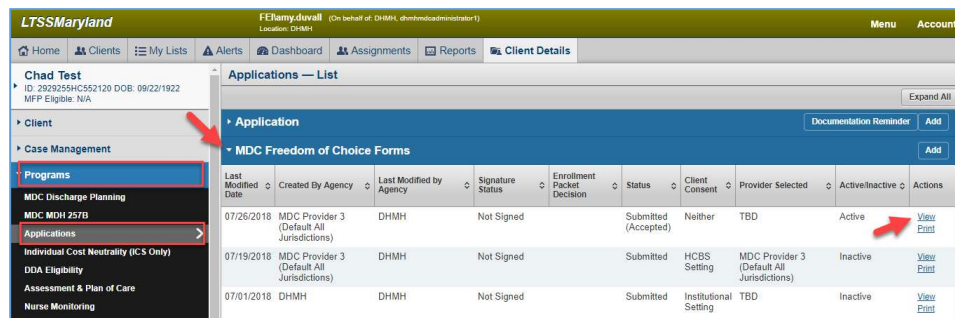
5. The **MDC Freedom of Choice form** view will display the **Client Consent, Client Details, Signatures**, **FOC Attachments**, the **Workflow History**, as well as the **Status** of the form.

Freedom of Choice

Client Consent *

1) I choose to receive home and community-based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver.

I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care services:

Will a Provider be selected at this time? ** ● Yes ○ No

Provider: ** MDC Provider 1 (Default All Jurisdictions)

2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program, and for nursing facility services.

3) I choose neither option.

Client Details

Client Name	Amy MDC Test	MA #	14141414141

Signature

Form Signed By: ** ● Client
                     ○ Authorized Representative

Signature Status: ** Signed and paper copy on file

☑ I confirm that a signed copy of client's Freedom of Choice form has been uploaded to the FOC Attachments section. **

Date of Signature ** 04/17/2019

☑ ATTESTATION: I do hereby attest that the information is true, accurate, and complete to the best of my knowledge. I also attest that this form was completed in the presence of the participant and/ or their authorized representative, who, by their attached signature, agrees with the content. **

Staff Name: Admin, MDH MDC

Agency: DHMH

Date Submitted: 04/17/2019

FOC Attachments

Created Date	Created By	Description	Filename
04/17/2019	Admin, MDH MDC		MDC FOC form.pdf

Workflow History

Date	By	From Status	To Status	Comments
04/17/2019	Admin, MDH MDC	In Progress	Submitted	N/A

B. Add MDC FOC Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications.**
3. Click **Add** within the **MDC Freedom of Choice Forms** banner.
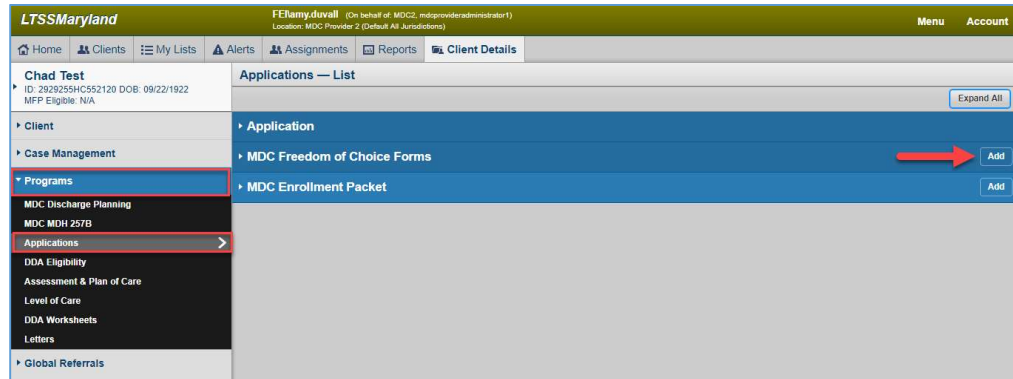
4. Complete the fields within the form:

NOTE: ** indicates a field required to **Submit** the form.
      * indicates a field required to **Save** the form.

A. **Client Consent**

1. **Option 1)** "*I choose to receive home and community- based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service: <u><Name of Medicaid provider></u>* "

   - Upon selection of this option, as other authorized users, the user shall select **Yes** or **No** to the question that populates- "*Will a Provider be selected at this time?*"

- If the user selects **Yes**, they may **Search** for Providers that are authorized as a Medical Day Care Provider with the attribute, "Day Care Center"

- If the client is *initially* applying for the MDC Waiver, the system will automatically assign this selection as the Primary MDC Provider to the client given that:
  o The client is not currently receiving MDC services.
  o The client has no currently assigned Primary MDC Provider.

2. **Option 2)** "*I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.*"

3. **Option 3)** "*I choose neither option.*"
   - The user must complete an **Explanation** for the participant's declination of both Medicaid Program options.

B. **Client Details**
   1. Client Name
      - Prepopulated based on client record
   2. MA #
      - Prepopulated based on client record

C. **Signature**
   1. *Form Signed By:*
      - Client
      - Authorized Representative
        Note: Representative(s) within the client's profile that are marked as able to receive and complete the client's application on behalf of the client.
   2. *Signature Status:*
      - Not Signed

- Signed and paper copy on file
    - o User must upload the signed copy to the MDC FOC Attachments section.
        - Case Closed before signature was obtained
        - Other
            - o User must enter an explanation.
3. *Date of Signature:*
    - Select Date that signature of Client or Authorized Representative was obtained.
4. *Attestation:*
    - Checkbox to attest to the form being completed in the presence of the participant.
5. *Staff Name:*
    - Prepopulates the name of the user
6. *Agency:*
    - Prepopulates the name of the Agency of the user
7. *Date Submitted:*
    - Prepopulates the current system date
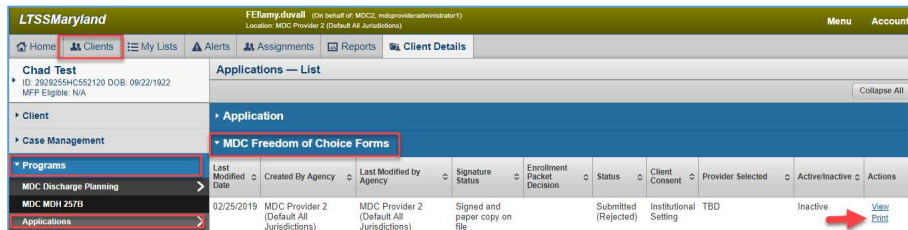

5. Select **Save**, upon completion of fields

- Upon Save, the MDC FOC form will be in the status of, "*In Progress*", in which case it may be **Edited** or **Deleted** by authorized users. (see also section *D. Edit MDC FOC Form)*

D. Print MDC FOC Form
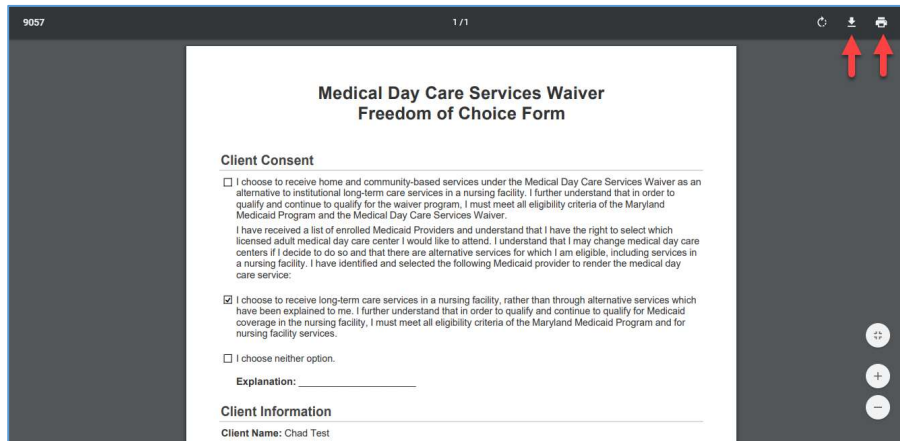
1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications.**
3. Click the ▶ icon to expand the **MDC Freedom of Choice Forms** banner.

4. Click **Print** next to desired form in the List.

5. Upon selection, a new window tab will open with the form in **.pdf** format.
6. 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.

E. Add FOC Attachment

1. Select **Manage** within the **FOC Attachments** banner of the clients MDC FOC Form view page.

2. Upon selecting **Choose File**, a screen will pop-up that allows the user to select the appropriate form from their local PC.

3. Users shall select the desired form, and click **Open**

4. Once a file is selected, users may enter any applicable text to the **Description** field.

5. Once the user has selected **Add Attachment**, the uploaded attachment shall appear in the FOC Attachment list with the following information:

6. Once the hard copy with signatures has been uploaded to the FOC Attachment section the user may select **Submit** within the MDC FOC form view page.

F. Submit for MDH Review

1. Upon submission of the MDC FOC Form where the client has consented to Home and Community Based Services (*Option 1*), the MDC FOC form will be in the status of

"*Submitted*", in which case it will be linked to the client's MDC Enrollment Packet and reviewed by MDH as a part of the MDC Enrollment Packet.

2. Upon submission of the MDC FOC Form where the client has declined Home and Community Based Services (*Option 2 or Option 3*), the MDC FOC Form will be in the status of "*Pending MDH Review*", in which case MDH will review to Accept or Reject the MDC FOC Form, specifically.

3. Should MDH seek clarification on the MDC FOC Form, the user will receive an alert in their alerts tab for the client that "*MDH has requested clarification on a MDC Freedom of Choice form*."

4. The user shall be able to select the message hyperlink, where he/she will be directed to the client's MDC FOC form to act on or edit the form per the *Clarification Requested* comments that are noted in the **Workflow History** section.

G. Edit MDC FOC Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications.**
3. Click the ▶ icon to expand the **MDC Freedom of Choice Forms** banner.
4. Click <u>View</u> next to desired form

5. Upon selecting **Edit** within the form, the user may update, change, or edit an applicable field.

6. Once all edits have been made, select **Save**.

7. The user may also update the FOC attachment by selecting the **Manage** button within the **FOC Attachment** banner.

8. Once the changes have been saved, user must select **Submit**. Upon submitting, the form will go into the status of *Pending MDH Review*; and shall persist with the review workflow.

H. My Lists

The purpose of this section is to describe how users can view a work queue and status of MDC Freedom of Choice forms using the My List functionality. It will provide users the ability to navigate to the MDC FOC form View page directly from My List to perform their work.

1. Select the **My Lists** tab.
2. Under **My Client List**, select **MDC** on the left navigation.

3. Select *Form Name:* **MDC Freedom of Choice**

4. Select the desired *Show Me* option:
   - **All Clients with In Progress**
   - **All Clients with Clarification Requested**
   - **All Clients with Pending MDH Review**

5. Upon clicking **Filter**, the user shall view a list of clients with an MDC FOC form in the status that was selected in the **Show Me** option.

6. Upon selecting the **View** hyperlink of the desired client, the user shall be directed to the client's MDC FOC Form.

III.   ADCAPS

SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively 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.
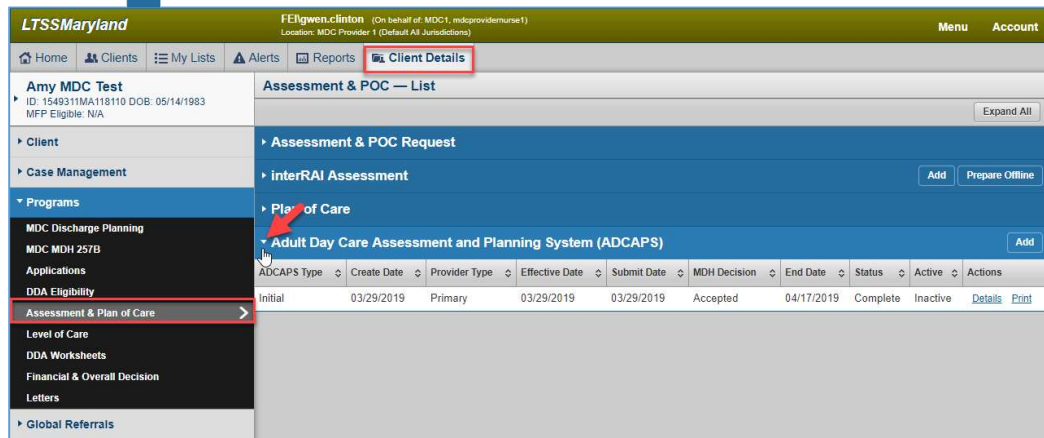
6. Select the **Details** link next to view the desired ADCAPS.
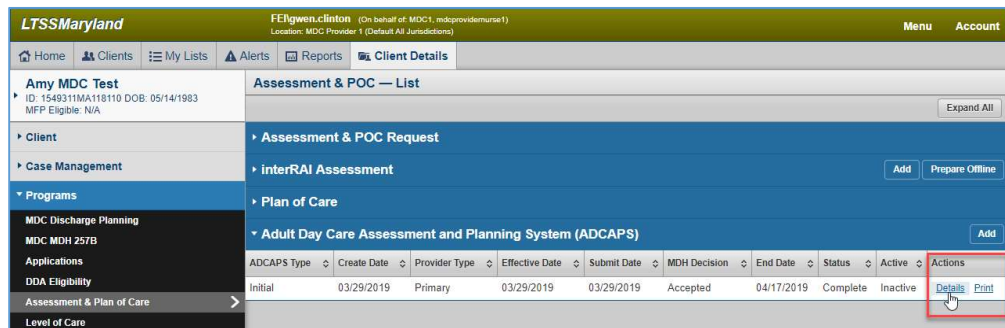
7. The **MDC ADCAPS** Details will display the ADCAPS Summary page to view details by selecting the ▶ icon to expand the desired section or click **Expand All** to view all sections. Click the blue banner to collapse each section.
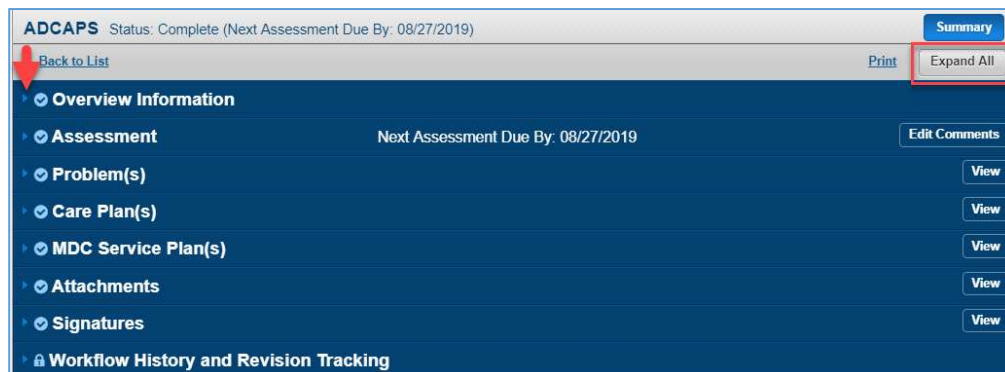
a. *Overview Information*

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

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.

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'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, CAPS triggered from the InterRAI, as well as Personal goals identified by the client.

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 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 **Attachment**s 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 all entities that work in the system 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.
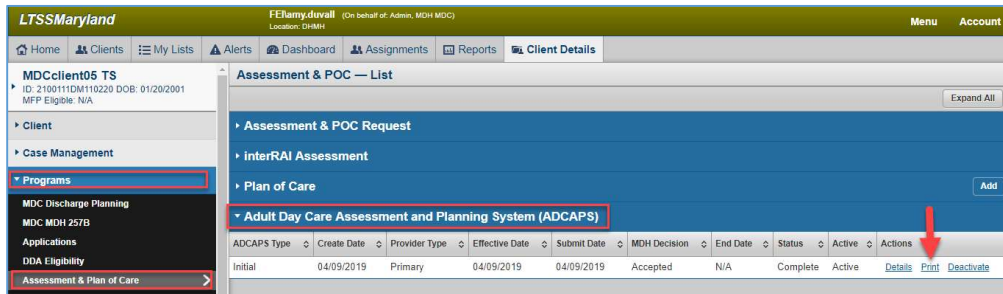
5. Upon selection, the user may choose which section of ADCAPS they would like to print. Select all applicable options, then click **Go.**
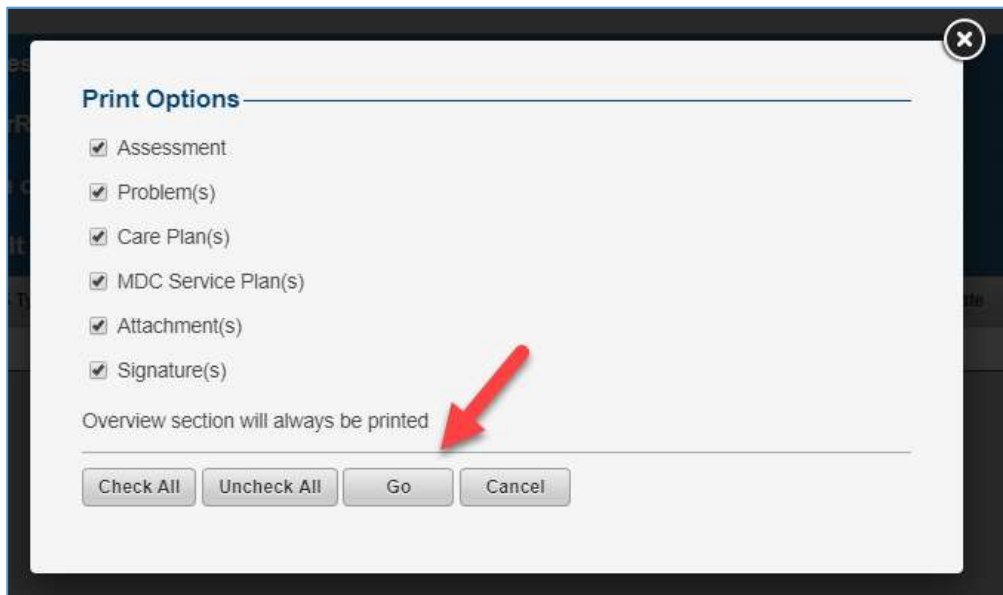
6. A new window tab will open with the form in **.pdf** format.
7. The form may be viewed in this tab, and the user may choose to **download** the form to their local PC or **Print** the form.
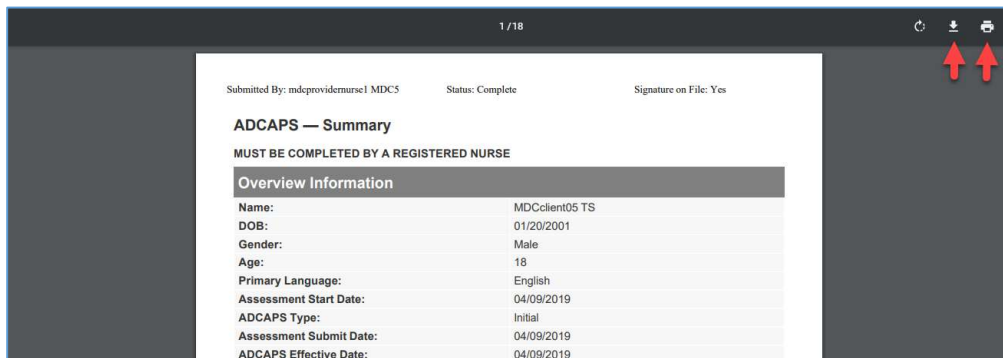
C. View POS/PCP/SP

Authorized users may access the client's updated Service Plan:

1. From the **Client Summary** page, select **Programs**.
2. Select the **POS/PCP/SP** banner.
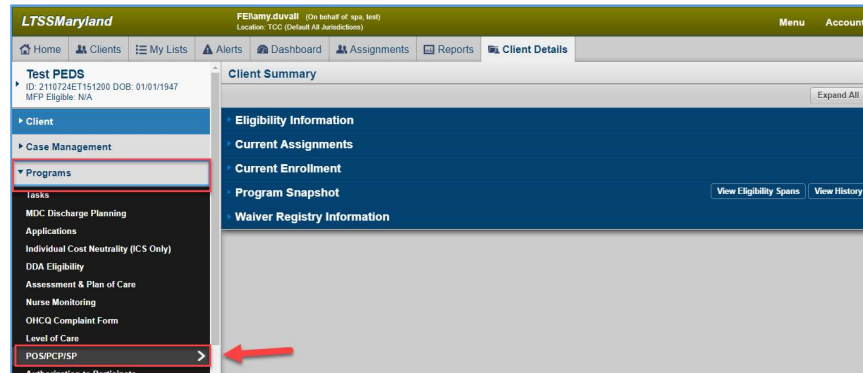
3. Select **View** or **Print** from the desired MDC SP listed.
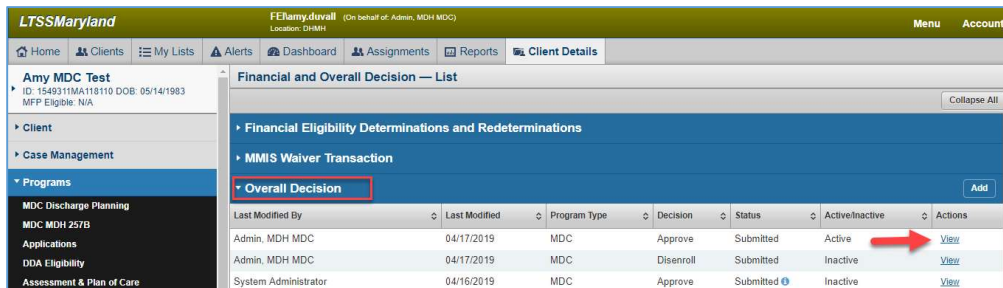
IV.   Overall Decision Form

SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

A.   View ODF

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Financial & Overall Decision.**
3. Select the ▸ icon next to **Overall Decision** to expand and view.
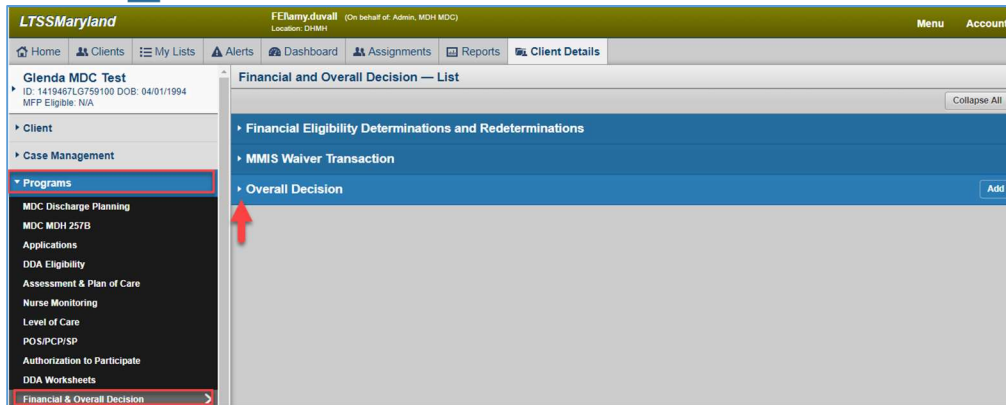
4. Select the **View** link next to the desired form.

5. The **Overall Decision form** will display Determination details:
   - For "**Approve**":
     - *Overall Decision*
     - *MDC MDH 257B Sign off Date*
     - *Enrollment Date*
     - *MA Eligibility Date*
     - *MA#*
     - *Coverage Group*

- For "**Deny**" or "**Disenroll**":
  - *Overall Decision*
  - *MDC MDH 257B Sign off Date*
  - *Denial/Disenrollment Date*
  - *MA Eligibility Date*
  - *MA#*
  - *Coverage Group*
  - *Reason for Denial/Disenrollment*
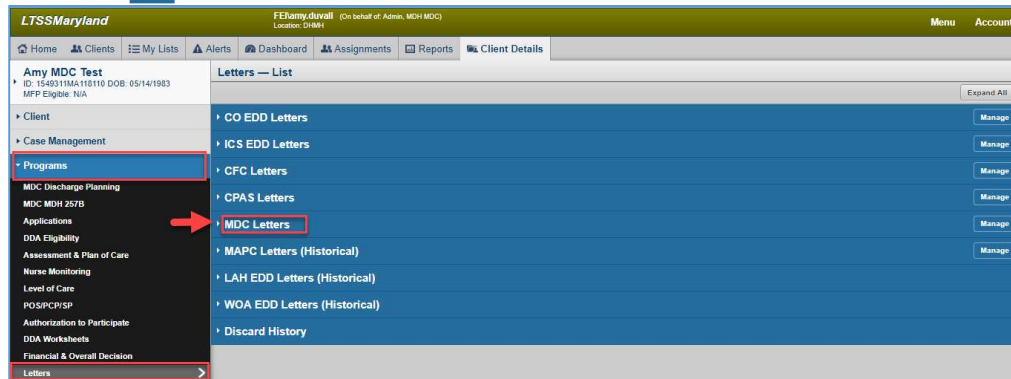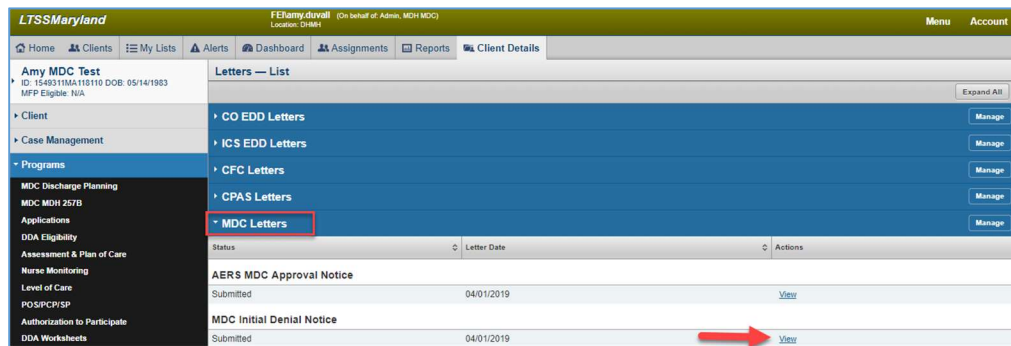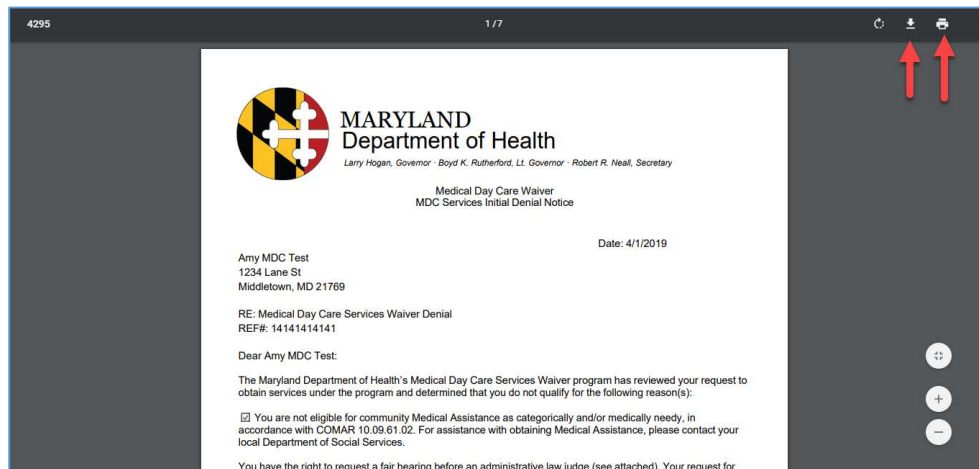
V. MDC Letters

SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

A. View Letters

1. Navigate to the desired Client.
2. Select **Letters** under the **Programs** banner within the left navigation panel.
3. Select the [▶] icon to expand the **MDC Letters** banner

4. Authorized users may view a **List** of letters that have been submitted for the client, and may view the contents of a specific letter by selecting the **View** hyperlink.

5. Upon selection of **View**, a new tab shall populate the .pdf of the letter.

   From here, the user may **download** a copy to their local PC, or **Print** the letter by selecting the desired option within their PDF viewing software.

VI. Voluntary Consent to Transfer Form

The Voluntary Consent to Transfer (VCT) Form is used when Medical Day Care Waiver participants decide they want to change medical day care providers. SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

A. View VCT

1. From the Client Profile, select the **Case Management** banner on the left navigation.
2. Select **Voluntary Consent to Transfer.**
3. Select the **View** link.

4. The **Voluntary Consent to Transfer- Details** view will display the **MDC Voluntary Consent to Transfer**, **VCT Attachments**, the **Workflow History**, as well as the **Status** of the form.

B. Print VCT

1. Navigate to the desired **Client Summary** from the **Clients** search tab.
2. Select **Voluntary Consent to Transfer** from the **Case Management** banner on the left navigation.
3. Click **Print** next to 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.

VII. MDC Discharge Planning Form

The MDC Discharge Planning Form is used by MDC providers when an individual voluntarily or involuntarily separates from the Medical Day Care Waiver. SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

A. View MDC Discharge Planning Form

1. From the Client Profile, select the **Programs** banner.
2. Select **MDC Discharge Planning.**
3. Select the **View** link.

4. The **MDC Discharge Planning Form- Details** view will display the **Discharge Planning Form**, the **Workflow History**, as well as the **Status** of the form.

B. Print MDC Discharge Planning Form

1. Navigate to the desired client record via the **Client** tab.
2. Select **MDC Discharge Planning** from the **Programs** section.
3. Click **Print** next to 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.