

LTSS Maryland

# Medical Day Care Waiver Program

MDC Provider User Guide

Version 4.0

---

## Contents

1	Medical Day Care Waiver Program .....	15
1.1	Acronyms Used .....	15
1.2	Getting Started with LTSS Maryland .....	16
1.2.1	Steps for adding a new user to the system:.....	16
1.2.2	When to Start Using LTSS Maryland .....	16
1.2.3	Accessing LTSS Maryland Online .....	16
2	Clients.....	17
2.1	Client Summary .....	17
3	MDC Freedom of Choice Form.....	19
3.1	Workflows .....	20
3.2	View MDC Freedom of Choice Form.....	22
3.3	Add MDC Freedom of Choice Form .....	24
3.3.1	Assignment of Primary MDC Provider .....	31
3.4	Print MDC Freedom of Choice Form .....	32
3.5	Manage FOC Attachment.....	35
3.6	MDH Review.....	39
3.6.1	Clarification Request .....	41
3.7	Edit MDC Freedom of Choice Form .....	42
3.8	Alerts .....	43
3.8.1	Alerts Tab .....	44
3.8.2	Client Details Alerts.....	45
3.9	My Lists: MDC Freedom of Choice Form.....	46
3.9.1	Clients with In Progress FOC Forms .....	47
3.9.2	Clients with Clarification Requested FOC Forms.....	49
3.9.3	Clients with Pending MDH Review FOC Forms .....	51
4	ADCAPS .....	53
4.1	Workflow.....	53
4.2	View ADCAPS.....	54
4.3	Add ADCAPS .....	58
4.4	Assessment .....	61
4.5	Problem(s).....	66
4.6	Care Plan(s) .....	73
4.7	MDC Service Plan(s) .....	79

## MDC PROVIDER GUIDE

4.8	Attachments.....	81
4.9	Signatures.....	85
4.9.1	MDC Provider Nurse .....	85
4.9.2	Client or Client Representative .....	86
4.9.3	MDC Provider Staff.....	87
4.10	Review Care Plan (Active ADCAPS) .....	88
4.11	Discard ADCAPS.....	93
4.12	Revise Active ADCAPS .....	95
4.13	MDH Review.....	96
4.13.1	Clarification Request .....	97
4.14	Print ADCAPS.....	98
4.15	My Lists: ADCAPS .....	100
4.15.1	ADCAPS In Progress.....	101
4.15.2	ADCAPS Assessment Due .....	103
4.15.3	ADCAPS Assessment Overdue.....	105
4.15.4	ADCAPS with Due/Overdue Care Plan(s) .....	106
5	MDC MDH 257B Form (Initial/Annual) .....	109
5.1	Workflow.....	109
5.2	View MDC MDH 257B Form.....	110
5.3	Add MDC MDH 257B Form .....	113
5.4	MDH Review.....	119
5.5	Edit MDC MDH 257B Form within the Enrollment Packet.....	119
5.5.1	Delete MDC MDH 257B.....	122
5.6	Print MDC MDH 257B Form .....	123
5.7	My Lists: MDC MDH 257B .....	125
5.7.1	Clients with In Progress MDC MDH 257B .....	126
6	MDC Enrollment Packet .....	129
6.1	Workflow.....	130
6.2	View MDC Enrollment Packet .....	131
6.3	Add MDC Enrollment Packet.....	136
6.4	Manage Additional Attachments .....	143
6.4.1	Add Additional Attachment .....	143
6.4.2	Edit Additional Attachment.....	146
6.4.3	Delete Additional Attachment .....	147

## MDC PROVIDER GUIDE

6.5	MDH Review.....	148
6.5.1	Clarification Request.....	149
6.6	Edit MDC Enrollment Packet.....	150
6.6.1	Delete MDC Enrollment Packet .....	151
6.7	Alerts .....	152
6.7.1	Alerts Tab .....	152
6.8	My Lists: MDC Enrollment Packet.....	153
6.8.1	Clients with In Progress MDC Enrollment Packet .....	154
6.8.2	Clients with Clarification Requested MDC Enrollment Packet.....	156
6.8.3	Clients with Pending MDH Review MDC Enrollment Packet .....	158
7	Overall Decision Form .....	159
7.1	View Current Enrollment .....	160
7.2	View Program Snapshot.....	160
7.3	View Overall Decision Form .....	161
7.4	Alerts .....	164
7.4.1	Alerts Tab .....	165
7.4.2	Client Details Alerts.....	166
8	MDC Letters .....	166
8.1	View Letters .....	167
8.2	MDC Letter Types.....	168
8.2.1	MDC Initial Denial Notice .....	168
8.2.2	MDC Denial Notice for DDA Participants .....	168
8.2.3	MDC Termination/Discharge Letter.....	168
8.2.4	MDC Disenrollment Letter .....	168
8.2.5	MDC Fair Hearing Request Response Notice (Initial).....	169
8.2.6	MDC Fair Hearing Request Response Notice (Annual) .....	169
8.2.7	MDC Fair Hearing Request Response Notice (Denial) .....	169
8.2.8	AERS MDC Approval Notice .....	169
8.2.9	AERS MDC Approval for CFC Participants Letter.....	169
8.2.10	AERS MDC Approval for Developmental Disabilities Waiver Participants Letter .....	169
9	MDC Annual Enrollment .....	170
9.1	Setting Initial Med/Tech/LOC Due Date.....	170
9.1.1	Spenddown Population.....	170
9.1.2	Non- Spenddown Population .....	172



## MDC PROVIDER GUIDE

9.2	Setting the Next Med/Tech/LOC Due date .....	172
9.3	Setting the status for Annual Enrollment .....	172
9.4	View MDC Enrollment information.....	173
9.5	Alerts .....	174
9.5.1	Alerts Tab .....	175
9.5.2	Client Details Alerts.....	176
9.6	My Lists .....	176
9.6.1	Clients with Annual Enrollment In Progress.....	177
9.6.2	Clients with Annual Enrollment Overdue .....	179
9.7	Complete Annual Enrollment Process .....	182
9.7.1	MDC Freedom of Choice Form.....	182
9.7.2	ADCAPS (Annual).....	183
9.7.3	MDC MDH 257B (Annual) .....	183
9.7.4	MDC Enrollment Packet (Annual Enrollment) .....	183
10	Voluntary Consent to Transfer.....	184
10.1	Workflow.....	185
10.2	View Voluntary Consent to Transfer.....	185
10.3	Add Voluntary Consent to Transfer .....	187
10.4	Manage VCT Attachment .....	192
10.4.1	Add VCT Attachment.....	192
10.4.2	Delete VCT Attachment.....	196
10.5	MDH Review.....	197
10.5.1	Clarification Request .....	198
10.6	Edit Voluntary Consent to Transfer.....	199
10.7	Print Voluntary Consent to Transfer .....	201
10.8	Alerts .....	202
10.8.1	Alerts Tab .....	203
10.8.2	Client Details Alerts.....	204
10.9	My Lists: VCT .....	205
10.9.1	Clients with In Progress VCT Forms.....	206
10.9.2	Clients with Clarification Requested VCT Forms.....	208
10.9.3	Clients with Pending MDH Review VCT Forms .....	210
11	Discharge Planning Form .....	211
11.1	Workflow.....	212

## MDC PROVIDER GUIDE

11.2	View Discharge Planning Form .....	213
11.3	Add Discharge Planning Form .....	215
11.4	MDH Review.....	221
11.4.1	Clarification Request .....	221
11.5	Edit Discharge Planning Form .....	223
11.6	Print Discharge Planning Form.....	224
11.7	Alerts .....	225
11.7.1	Alerts Tab .....	226
11.7.2	Client Details Alerts.....	227
11.8	My Lists: Discharge Planning.....	228
11.9	Clients with In Progress Discharge Planning Forms .....	229
11.9.1	Clients with Clarification Requested Discharge Planning Forms .....	231
11.9.2	Clients with Pending MDH Review Discharge Planning Forms .....	233
12	MDH MDC 257B (Discharge) .....	234
12.1	Workflow for Discharge MDC MDH 257B.....	235
12.2	View MDC MDH 257B Form.....	236
12.3	Add MDC MDH 257B Form (Discharge) .....	239
12.4	MDH Review.....	243
12.4.1	Clarification Request .....	244
12.5	Edit MDC MDH 257B .....	245
12.5.1	Delete MDC MDH 257B.....	247
12.6	Print MDC MDH 257B Form .....	249
12.7	Alerts .....	249
12.7.1	Alerts Tab .....	250
12.7.2	Client Details Alerts.....	251
12.8	My Lists: MDC MDH 257B .....	251
12.8.1	Clients with In Progress MDC MDH 257B .....	252
12.8.2	Clients with Clarification Requested MDC MDH 257B.....	255
12.8.3	Clients with Pending MDH Review MDC MDH 257B .....	257
13	Help and Contacts .....	259

## MDC PROVIDER GUIDE

Figure 1-LTSS MD Sign-In .....	16
Figure 2-Client Search .....	17
Figure 3-Eligibility Information .....	17
Figure 4-Current Assignments .....	18
Figure 5-Current Enrollment .....	18
Figure 6-Program Snapshot .....	19
Figure 7-Workflow Diagram when a client chooses the option for Home and Community Based Services.....	20
Figure 8-Workflow Diagram when a client chooses the option to decline Home and Community Based Services .....	21
Figure 9-MDC Freedom of Choice Forms List View option .....	22
Figure 10-View Freedom of Choice Form .....	23
Figure 11-Add MDC Freedom of Choice Forms .....	24
Figure 12-Freedom of Choice Form fields.....	24
Figure 13-Freedom of Choice Form Option 1 .....	25
Figure 14-Freedom of Choice Form Option 2 .....	25
Figure 15-Freedom of Choice Form Option 3 .....	26
Figure 16-MDC Freedom of Choice Form Client Details .....	26
Figure 17-Freedom of Choice Form Signature Signed by Client .....	27
Figure 18-MDC Freedom of Choice Form Signature Signed by Authorized Representative .....	27
Figure 19-MDC Freedom of Choice Form Signature Status .....	28
Figure 20-MDC Freedom of Choice Form Date of Signature .....	28
Figure 21-MDC Freedom of Choice Attestation.....	29
Figure 22-MDC Freedom of Choice Form Signature Staff Name, Agency & Date Submitted .....	29
Figure 23-Save MDC Freedom of Choice Form .....	30
Figure 24-MDC Freedom of Choice Form Status in Progress.....	31
Figure 25-Primary MDC Provider Assignment .....	32
Figure 26- View MDC Primary Provider Assignment .....	32
Figure 27- Print MDC Freedom of Choice Forms List option .....	33
Figure 28-Print MDC Freedom of Choice Form PDF .....	34
Figure 29-Add FOC Attachment .....	35
Figure 30-Attachment Choose File.....	35
Figure 31- Attachment Select File.....	36
Figure 32-Attachment Description.....	37
Figure 33-Add Attachment.....	37
Figure 34-Submit MDC Freedom of Choice Form .....	38
Figure 35-MDC Freedom of Choice Status: Submitted .....	39
Figure 36-MDC Freedom of Choice Form Status: Pending MDH Review .....	40
Figure 37-Clarification Request Alert .....	41
Figure 38- Clarification Request in Workflow History.....	41
Figure 39-View MDC Freedom of Choice Form .....	42
Figure 40-Edit Freedom of Choice Form .....	42
Figure 41-Save Freedom of Choice Form .....	43
Figure 42-Manage FOC Attachments .....	43
Figure 43-Alerts tab Search.....	44
Figure 44-Alert Hyperlink .....	44
Figure 45-Client Details Alerts .....	45
Figure 46-Client Alerts .....	45

## MDC PROVIDER GUIDE

Figure 47-MDC My Lists .....	46
Figure 48-My List Form options .....	46
Figure 49-My Lists Show Me options .....	46
Figure 50-My List Form options .....	47
Figure 51-Clients In Progress .....	47
Figure 52-My Lists View List.....	48
Figure 53-In Progress MDC FOC form .....	49
Figure 54-Clients with Clarification Requested.....	49
Figure 55-My Lists View List.....	50
Figure 56-Clarification Requested MDC FOC form .....	51
Figure 57-Clients with Pending MDH Review .....	52
Figure 58-My Lists View List.....	52
Figure 59-Workflow for ADCAPS.....	53
Figure 60-ADCAPS List View.....	54
Figure 61-ADCAPS Details link.....	54
Figure 62-ADCAPS Details .....	55
Figure 63-Overview Information.....	55
Figure 64-Assessment .....	56
Figure 65-Problem(s).....	56
Figure 66-Care Plan(s).....	57
Figure 67-MDC Service Plan(s).....	57
Figure 68-Attachments .....	57
Figure 69-Signatures .....	58
Figure 70-Workflow History and Revision Tracking.....	58
Figure 71-Add ADCAPS Form .....	59
Figure 72-ADCAPS Type .....	59
Figure 73-Assessment Conducted On Date .....	60
Figure 75-Assessments List view.....	61
Figure 76-First Assessment page .....	63
Figure 77-Last Assessment page .....	64
Figure 78-Submit Assessments .....	65
Figure 79-Problem(s) page.....	66
Figure 80-Problem By Diagnosis .....	66
Figure 81-Add Diagnosis .....	67
Figure 82-Search Dx .....	68
Figure 83-Save Diagnosis .....	69
Figure 84-Add Problem .....	69
Figure 85-Complete Problem.....	70
Figure 86-Link Problem to Diagnoses .....	71
Figure 87-Save Problem .....	72
Figure 88-Problems list .....	72
Figure 89-Add Care Plan(s) page.....	73
Figure 90-Search Medication .....	74
Figure 91-Link Care Plan to Problem.....	75
Figure 92- Add Care Plan.....	75
Figure 93-Care Plan(s) pages.....	76

Figure 94-View Unlinked Care Plans .....	77
Figure 95-Saved Problem .....	78
Figure 96-MDC Service Plan(s) section .....	79
Figure 97-MDC Service Plan.....	80
Figure 98: Attachment filename .....	81
Figure 99: Attachment Category.....	82
Figure 100: Download Attachment.....	84
Figure 101-Sign .....	85
Figure 102-MDC Provider Nurse Signature .....	85
Figure 103-Sign .....	86
Figure 104-Client or Client Representative Signature .....	86
Figure 105-Sign .....	87
Figure 106-Provider Staff Signature.....	87
Figure 107-Care Plan(s) List view .....	88
Figure 108-Care Plan(s) Review page.....	89
Figure 109-Care Plan(s) Review Information page .....	90
Figure 110-Care Plan(s) Submission.....	92
Figure 111-ADCAPS List View.....	93
Figure 112-Discard ADCAPS form .....	93
Figure 113-Discard Confirmation.....	94
Figure 114-ADCAPS List View Revise.....	95
Figure 115-ADCAPS Summary Page Status .....	96
Figure 116-Alerts Clarification Requests.....	97
Figure 117-ADCAPS Clarification Requests .....	97
Figure 118-Print ADCAPS .....	98
Figure 119-PDF view of ADCAPS .....	99
Figure 120-MDC My Lists .....	100
Figure 121-My List Form options .....	100
Figure 122-My Lists Show Me options.....	101
Figure 123-Clients in Progress.....	101
Figure 124-My Lists View List.....	102
Figure 125-In Progress ADCAPS .....	103
Figure 126-Actions for In Progress.....	<b>Error! Bookmark not defined.</b>
Figure 127- Client Assessments Due in 30 Days or Less .....	103
Figure 128-My Lists View List.....	104
Figure 129- Assessments Due MDC ADCAPS .....	104
Figure 130-Actions for Assessments Due.....	<b>Error! Bookmark not defined.</b>
Figure 131-My Assessments Overdue.....	105
Figure 132-My Lists View List.....	106
Figure 133-Actions for Assessments Overdue ADCAPS .....	106
Figure 134-Actions for Assessments Overdue .....	<b>Error! Bookmark not defined.</b>
Figure 135-All ADCAPS with Due/Overdue Care Plan.....	107
Figure 136-My Lists View List.....	107
Figure 137-Actions for ADCAPS Care Plans MDC ADCAPS.....	108
Figure 138-Workflow Diagram: MDC MDH 257B form as a part of the MDC Enrollment Packet.....	109
Figure 139-List view MDC MDH 257B .....	110

Figure 140-MDC MDH 257B List .....	111
Figure 141-Medical Day Care Services Waiver-Long Term Care Activity Report .....	112
Figure 142-Add MDC MDH 257B Form .....	113
Figure 143-Client Information.....	114
Figure 144-Provider Information .....	115
Figure 145-Level of Care Information .....	116
Figure 146-Action Requested.....	116
Figure 147-Begin Payment.....	117
Figure 148-Signature.....	117
Figure 149-Save.....	118
Figure 150-Complete Initial or Annual MDC MDH 257B.....	118
Figure 151-MDC Enrollment Packet banner .....	119
Figure 152-List of MDC Enrollment Packet .....	119
Figure 153-Edit MDC MDH 257B from MDC Enrollment Packet .....	120
Figure 154-Save Edited MDC MDH 257B in MDC Enrollment Packet.....	121
Figure 155-List view MDC MDH 257B .....	122
Figure 156-View editable MDC MDH 257B form .....	122
Figure 157-Delete MDC MDH 257B .....	122
Figure 158-Delete Confirmation .....	123
Figure 159-Print .....	123
Figure 160-MDC My Lists .....	125
Figure 161-My List Form options .....	125
Figure 162-My Lists Show Me options .....	126
Figure 163-My Lists Show Me options.....	126
Figure 164-MDC My Lists .....	126
Figure 165-My List Form options .....	126
Figure 166-My Lists Show Me options .....	127
Figure 167-Clients in Progress.....	127
Figure 168-My Lists View List.....	128
Figure 169-In Progress MDC MDH 257B form .....	128
Figure 170-MDC Enrollment Packet Workflow.....	130
Figure 171-List view MDC Enrollment Packet.....	131
Figure 172-MDC Enrollment Packet List .....	132
Figure 173-Overview Information.....	132
Figure 174-Enrollment Checklist.....	133
Figure 175-Additional Attachments.....	134
Figure 176-Workflow History.....	134
Figure 177-Clarification Requests .....	135
Figure 178-Add MDC Enrollment Packet .....	136
Figure 179-Enrollment Type.....	137
Figure 180-Save.....	137
Figure 181-Overview Information.....	138
Figure 182-Enrollment Checklist.....	139
Figure 183-View and View List.....	139
Figure 184-Additional Attachments.....	142
Figure 185-Submit MDC Enrollment Packet .....	142

Figure 186-MDC Enrollment Packet- In Progress.....	143
Figure 187-Manage Additional Attachments.....	143
Figure 188-Choose File .....	144
Figure 189-Attachment selection .....	144
Figure 190- Attachment Description .....	144
Figure 191-Attachment List view .....	145
Figure 192-Manage Additional Attachments.....	146
Figure 193-Edit Attachment.....	146
Figure 194-Update Attachment Description.....	147
Figure 195-Manage Additional Attachments.....	147
Figure 196-Delete Attachment .....	148
Figure 197-Confirm Deletion.....	148
Figure 198-Alerts MDC Enrollment Packet Clarification Requested.....	149
Figure 199-View MDC Enrollment Packet Clarification Requests.....	149
Figure 200-Edit Enrollment Type .....	150
Figure 201-Change Enrollment Type.....	150
Figure 202-Submit Edited Packet.....	151
Figure 203-In Progress MDC Enrollment Packet .....	151
Figure 204-Delete MDC Enrollment Packet .....	151
Figure 205-Delete Confirmation.....	152
Figure 206-Alerts Search .....	152
Figure 207-Alert Hyperlink.....	153
Figure 208-MDC My Lists .....	153
Figure 209-My List Form options .....	153
Figure 210-My Lists Type options.....	154
Figure 211-My Lists Show Me options.....	154
Figure 212-Clients in Progress.....	154
Figure 213-My Lists View Lists .....	155
Figure 214-In Progress MDC Enrollment Packet.....	155
Figure 215-Actions for In Progress.....	156
Figure 216-Client with Clarification Requested .....	156
Figure 217-My Lists View List.....	157
Figure 218-Clarification Requested MDC Enrollment Packet .....	157
Figure 219-Actions for Clarification Request .....	158
Figure 220-Client with Pending MDH Review .....	158
Figure 221-My Lists View List.....	159
Figure 222-Actions for Pending MDH Review .....	159
Figure 223-Current Enrollment .....	160
Figure 224-Program Snapshot .....	160
Figure 225-List view Overall Decision Form.....	161
Figure 226-Overall Decision form List.....	162
Figure 227-View "Approve" ODF.....	163
Figure 228-View Denied/Disenrolled ODF .....	164
Figure 229-Alerts search tab .....	165
Figure 230-Alert Hyperlink.....	165
Figure 231-Clients Alert Hyperlink .....	166

Figure 232-MDC Letters category .....	167
Figure 233- List View .....	167
Figure 234-View, Download, and Print .....	168
Figure 235-MDC MDH 257B Form View.....	170
Figure 236-Anniversary Month field.....	171
Figure 237-Special Program Code End Date .....	172
Figure 238-Client Search .....	173
Figure 239-Current Enrollment View .....	173
Figure 240-Alerts Tab Search .....	175
Figure 241-Alert Hyperlink.....	175
Figure 242-Current Enrollment View .....	176
Figure 243-Client Alert Hyperlink.....	176
Figure 244-MDC My Lists .....	177
Figure 245-My List Form options .....	177
Figure 246-My Lists Show Me options.....	177
Figure 247-MDC My Lists .....	178
Figure 248-My List Form options .....	178
Figure 249-Annual Enrollments In Progress.....	178
Figure 250-My Lists View List.....	179
Figure 251-In Progress Annual Enrollment .....	179
Figure 252-MDC My Lists .....	180
Figure 253-My List Form options .....	180
Figure 254-Annual Enrollments Overdue .....	180
Figure 255-My Lists View List.....	181
Figure 256-Overdue Annual Enrollment .....	181
Figure 257-Workflow for Voluntary Consent to Transfer Form.....	185
Figure 258-Voluntary Consent to Transfer List .....	187
Figure 259-Voluntary Consent to Transfer details.....	187
Figure 260-Add Voluntary Consent to Transfer form .....	188
Figure 261-Client Information.....	189
Figure 262-Signature Information.....	190
Figure 263-Save.....	190
Figure 264-Options for form In Progress .....	191
Figure 265-Submit.....	191
Figure 266-Voluntary Consent to Transfer List .....	192
Figure 267-Manage VCT Attachments .....	193
Figure 268-Choose File.....	193
Figure 269-Attachment selection .....	194
Figure 270-VCT Attachment Description .....	194
Figure 271-Attachment List view .....	195
Figure 272-Voluntary Consent to Transfer List .....	196
Figure 273-Manage VCT Attachments .....	196
Figure 274-Delete VCT Attachment .....	197
Figure 275-Delete Confirmation .....	197
Figure 276-Clarification Request Alert.....	198
Figure 277-Workflow History.....	198



Figure 278-View VCT for Editing .....	199
Figure 279-Edit VCT.....	199
Figure 280-Save Edits.....	200
Figure 281-Submit Edited VCT .....	200
Figure 282-Print Hyperlink.....	201
Figure 283-PDF View of VCT Form .....	201
Figure 284-Alerts tab Search.....	203
Figure 285-Alert Hyperlink.....	203
Figure 286-Client Details Alerts .....	204
Figure 287-Client Alerts Hyperlink .....	204
Figure 288-MDC My Lists .....	205
Figure 289-My List Form options .....	205
Figure 290-My Lists Show Me options.....	205
Figure 291-MDC My Lists .....	206
Figure 292-My List Form options .....	206
Figure 293-Clients In Progress .....	206
Figure 294-My Lists View List.....	207
Figure 295-In Progress VCT form .....	207
Figure 296-MDC My Lists .....	208
Figure 297-My List Form options .....	208
Figure 298-Clients with Clarification Requested.....	208
Figure 299-My Lists View List.....	209
Figure 300-Clarification Requested VCT form.....	209
Figure 301-MDC My Lists .....	210
Figure 302-My List Form options .....	210
Figure 303-Clients with Pending MDH Review .....	210
Figure 304-My Lists View List.....	211
Figure 305-Workflow for Discharge Planning Form.....	212
Figure 306-Discharge Planning List .....	213
Figure 307-MDC Discharge Planning Form .....	214
Figure 308-Workflow History.....	214
Figure 309-Status of MDC Discharge Planning Form .....	215
Figure 310-Add Discharge Planning Form.....	215
Figure 311-Client Information.....	216
Figure 312-Medical Diagnosis .....	216
Figure 313-Discharge Summary .....	217
Figure 314-Participant Status.....	217
Figure 315-Discharge Follow-Up .....	218
Figure 316-Signature.....	219
Figure 317-Save.....	219
Figure 318-Options for form In Progress .....	220
Figure 319-Submit.....	220
Figure 320-Discharge Planning form Submission Confirmation .....	221
Figure 321-Clarification Request Alert.....	222
Figure 322-Workflow History Clarification Requested Comment .....	222
Figure 323-View Discharge Planning Form for Edits.....	223

Figure 324-Edit Discharge Planning Form .....	223
Figure 325-Save Edits .....	224
Figure 326-Submit Edited Form .....	224
Figure 327-Print Hyperlink .....	224
Figure 328-PDF View of Discharge Planning Form.....	225
Figure 329-Alerts tab Search.....	226
Figure 330-Alerts Table .....	226
Figure 331-Alerts Hyperlink .....	227
Figure 332-Client Alerts .....	227
Figure 333-MDC My Lists .....	228
Figure 334-My List Form options .....	228
Figure 335-My Lists Show Me options .....	228
Figure 336-MDC My Lists .....	229
Figure 337-My List Form options .....	229
Figure 338-Clients In Progress .....	229
Figure 339-My Lists View List.....	230
Figure 340-In Progress Discharge Planning form .....	230
Figure 341-MDC My Lists .....	231
Figure 342-My List Form options .....	231
Figure 343-Clients with Clarification Requested.....	231
Figure 344-My Lists View List.....	232
Figure 345-Clarification Requested Discharge Planning form .....	232
Figure 346-MDC My Lists .....	233
Figure 347-My List Form options .....	233
Figure 348-Clients with Pending MDH Review .....	233
Figure 349-My Lists View List.....	234
Figure 350-Workflow Diagram: MDC MDH 257B form is submitted directly to MDH .....	235
Figure 351-List view MDC MDH 257B .....	236
Figure 352-MDC MDH 257B List .....	237
Figure 353-Medical Day Care Services Waiver-Long Term Care Activity Report .....	238
Figure 354-Add MDC MDH 257B Form .....	239
Figure 355-Client Information.....	239
Figure 356-Provider Information .....	240
Figure 357-Level of Care Information .....	240
Figure 358-Action Requested.....	241
Figure 359-Cancel Payment .....	241
Figure 360-Signature.....	242
Figure 361-Save .....	243
Figure 362-Submit Discharge MDC MDH 257B.....	243
Figure 363-MDC MDH 257B Clarification Requested Alerts.....	244
Figure 364-Workflow History Clarification Requested .....	244
Figure 365-List view MDC MDH 257B .....	245
Figure 366-View editable MDC MDH 257B form .....	245
Figure 367-Edit MDC MDH 257B form .....	245
Figure 368-Edit MDC MDH 275B Representative .....	246
Figure 369-Edit MDC MDH 275B Contact Name.....	246

Figure 370-Edit MDC MDH 275B Type .....	246
Figure 371-Edit MDC MDH 275B Cancel Payment.....	246
Figure 372-Save Edited MDC MDH 257B .....	247
Figure 373-List view MDC MDH 257B .....	247
Figure 374-View editable MDC MDH 257B form .....	248
Figure 375-Delete MDC MDH 257B .....	248
Figure 376-Delete Confirmation .....	248
Figure 377-Print MDC MDH 257B Form.....	249
Figure 378-Alerts tab Search.....	250
Figure 379-Alert Hyperlink.....	250
Figure 380-Client Alerts Hyperlink .....	251
Figure 381-MDC My Lists .....	251
Figure 382-My List Form options .....	251
<i>Figure 383-My Lists Show Me options .....</i>	<i>252</i>
Figure 384-My Lists Show Me options.....	252
Figure 385-MDC My Lists .....	252
Figure 386-My List Form options .....	253
<i>Figure 387-My Lists Show Me options .....</i>	<i>253</i>
Figure 388-Clients in Progress.....	253
Figure 389-My Lists View List.....	254
Figure 390-In Progress MDC MDH 257B form .....	254
Figure 391-MDC My Lists .....	255
Figure 392-My List Form options .....	255
<i>Figure 393-My Lists Show Me options .....</i>	<i>255</i>
Figure 394-Clients with Clarification Requested.....	256
Figure 395-My Lists View List.....	256
Figure 396-Clarification Requested MDC MDH 257B form.....	257
Figure 397-MDC My Lists .....	257
Figure 398-My List Form options .....	257
<i>Figure 399-My Lists Show Me options .....</i>	<i>258</i>
Figure 400-Clients with Pending MDH Review .....	258
Figure 401-My Lists View List.....	259

## 1 Medical Day Care Waiver Program

Medical Day Care (MDC) is a service that provides community eligible Medicaid participants who meet Nursing Facility Level of Care criteria with a community-based alternative to receiving care in an institutional setting.

MDC services seek to maximize optimal health functioning and independence by serving as an alternative or delay to institutional care, while offering health support services, respite/relief for families and/or caregivers, and rehabilitation or re-training of impaired functions.

Maryland COMAR (10.09) regulates the MDC Waiver Program enrollment and implementation process for eligible Medicaid participants and approved MDC Providers. The Maryland Department of Health has implemented a centralized and uniform process to enable MDC Providers to complete the enrollment process and manage MDC Waiver Program participants within LTSSMaryland.org.

### 1.1 Acronyms Used

Acronym	Description
<b>ADCAPS</b>	Adult Day Care Assessment and Planning System
<b>AERS</b>	Adult Evaluation and Review Services
<b>BI</b>	Brain Injury
<b>CCS</b>	Coordination of Community Services
<b>CFC</b>	Community First Choice
<b>CO</b>	Community Options
<b>COMAR</b>	Code of Maryland Regulations
<b>DDA</b>	Developmental Disabilities Administration
<b>DPF</b>	Discharge Planning Form
<b>FOC</b>	Freedom of Choice
<b>HCBS</b>	Home and Community Based Services
<b>ICD</b>	International Classification of Diseases
<b>InterRAI HC</b>	InterRAI Home Care
<b>LHD</b>	Local Health Department
<b>LTSS</b>	Long Term Services and Supports
<b>MA</b>	Medical Assistance
<b>MDC</b>	Medical Day Care
<b>MDH</b>	Maryland Department of Health
<b>MMIS</b>	Medicaid Management Information System
<b>NF LOC</b>	Nursing Facility Level of Care
<b>ODF</b>	Overall Decision Form
<b>POS</b>	Plan of Service
<b>SP</b>	Service Plan
<b>SPA</b>	Supports Planning Agency
<b>UCA</b>	Utilization Control Agency
<b>VCT</b>	Voluntary Consent to Transfer

## 1.2 Getting Started with LTSS Maryland

### 1.2.1 Steps for adding a new user to the system:

1. A new user John Smith joins an agency
2. Admin enters staff profile for John Smith in LTSS
3. The supervisor emails LTSS Help Desk (LTSSHelpDesk@LTSSMaryland.org) with John Smith's details.
4. LTSS Help Desk creates a login entry for John Smith
5. LTSS Help Desk informs John Smith of his user ID (via email)
6. John Smith tells his supervisor of the user ID

#### *Sample email format:*

The supervisor sends an email to **LTSSHelpDesk@feisystems.com** requesting a new staff person receive access to the system

The email includes:

- Supervisor name: Anna Scott
- Supervisor email: Anna.Scott@agency.com
- Supervisor Phone Number: 410-111-2233 o Agency: Sample agency o New User name: John Smith
- New User email: *John.Smith@agency.com*
- New User phone: 410-222-3344
- A statement that this email serves as authorization to add this new user John Smith

### 1.2.2 When to Start Using LTSS Maryland

Beginning on **July 22, 2019** all participants of the MDC Waiver Program must be processed using LTSS Maryland.

### 1.2.3 Accessing LTSS Maryland Online

1. Access LTSS Maryland at: <https://LTSSMaryland.org>
2. Enter 'User Name' and 'Password' (Important: Do NOT share you user name or password with anyone.) password with anyone.)

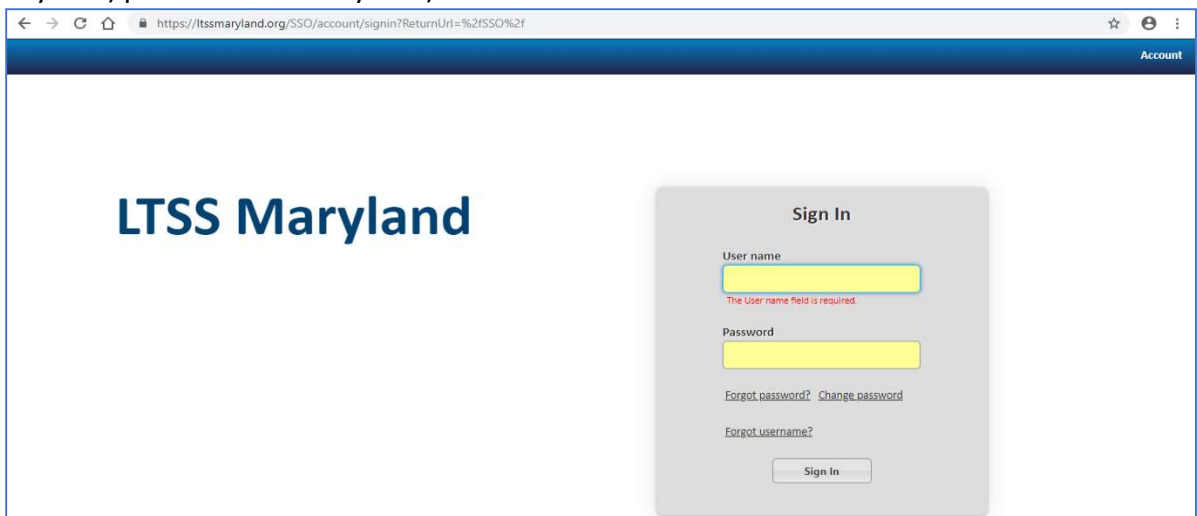


Figure 1-LTSS MD Sign-In

## 2 Clients

The following instructions will help the user to navigate to the client records of the new or existing participants of the MDC Waiver Program.

1. Select **Clients** tab.
2. Enter any known search criteria.
3. Click **Cases**.
4. From the search results list, select **Client Summary** link.

LTSS Maryland

FEHevette shields (On behalf of: MDC1, mdprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Assignments Reports

Client ID: Last Name: First Name:  
SSN# MA# Date of Birth:

Search: Cases

Client ID	Last Name	First Name	Date Of Birth	Jurisdiction	Facility	SSN#	Current MA#	Primary Phone#	Program Enrollment	Actions
3929655IK547110	Jones	Kim	09/12/1976	Anne Arundel		***-**-4555	62626262626	(202) 483-8000	MDC	<a href="#">Client Summary</a>

Figure 2-Client Search

### 2.1 Client Summary

1. The **Eligibility Information** banner of the **Client Summary** will reflect a participant's Medicaid Eligibility.

LTSS Maryland

FEHevette shields (On behalf of: MDC1, mdprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

Kim Jones  
ID: 3929655IK547110 DOB: 09/12/1976  
MFP Eligible: N/A

Client Summary

Eligibility Information

Medicaid Eligibility

Current MA # 62626262626

Eligibility Span

Coverage Group	Start Date	End Date	LTC/Community
No data available in table			

Special Program Code

Special Program	Start Date	End Date	Disenrollment Reason	Disenrollment Source
No data available in table				

Level of Care

LOC Type	Status	Effective Date	UCA Validation Date
NF LOC	Approved By UCA Nurse	04/29/2019	04/29/2019

MFP Eligibility

MFP Eligible? N/A Current MFP Participant? No

Figure 3-Eligibility Information

2. The **Current Assignments** banner of the **Client Summary** will reflect client's current active Agency and Staff Assignments.

The screenshot shows the LTSS Maryland interface. The user is logged in as FEHevette.shields. The client summary for Kim Jones (ID: 3926559/K47110, DOB: 09/12/1978) is displayed. The left sidebar shows the 'Client Summary' link highlighted. The main content area shows the 'Current Assignments' banner, which includes a table for Agency Assignments and a section for Staff Assignments.

Assignment Type	Provider	Assignment Date	Action
Primary MDC Provider	MDC Provider 1 (Default All Jurisdictions)	04/29/2019	<a href="#">View History</a>

Staff Assignments: No data available in table

Figure 4-Current Assignments

3. The **Current Enrollment** banner of the **Client Summary** will reflect the Programs in which the client is enrolled.

The screenshot shows the LTSS Maryland interface. The user is logged in as FEIamy.duvall. The client summary for Amy MDC Test (ID: 1549311/MA118110, DOB: 05/14/1983) is displayed. The left sidebar shows the 'Client Summary' link highlighted. The main content area shows the 'Current Enrollment' banner, which includes a table for Current Enrollment.

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	<a href="#">View Eligibility Spans</a> <a href="#">View History</a>

Figure 5-Current Enrollment

4. The **Program Snapshot** banner of the **Client Summary** will reflect the client's most recent program history, including the Eligibility Spans and a History of the client's enrollment.

The screenshot shows the LTSSMaryland interface. The top navigation bar includes Home, Clients, My Lists, Alerts, Assignments, Reports, and Client Details. The client's name is Kim Jones, ID: 3920655/K547110, DOB: 09/12/1979, MFP Eligible: N/A. The Client Summary page is active, showing a sidebar with Client, Profile, Client Summary (selected), MMIS Info, Case Management, Programs, and Global Referrals. The main content area displays the Program Snapshot, which includes a table of Recent Program History and additional program information. A red arrow points to the Program Snapshot banner.

Program	Status	Last Application Date	Last Enrollment Date	Last Denial Date	Last Disenrollment Date
Medical Day Care Waiver	Enrolled	N/A	04/29/2019	N/A	N/A

Additional Program Information:

- Has this client ever been enrolled in MAPC? No
- Is the client currently living in a DDA Institution? No

Waiver Registry Information

Figure 6-Program Snapshot

### 3 MDC Freedom of Choice Form

Maryland Medicaid requires that the Medical Day Care (MDC) Services Waiver Freedom of Choice consent form be completed at the time of enrollment, and annually thereafter. The MDC Freedom of Choice (FOC) consent form verifies that the client has exercised an informed choice to receive long term care services in the community through the Medical Day Care Services Waiver rather than in an Institutional setting. Clients who choose waiver services, also have the option to choose their Medical Day Care providers to receive services.

The MDC provider is responsible for ensuring that an FOC form is completed during initial enrollment and annually thereafter. When the initial FOC consent form is completed during the InterRAI Assessment, it can be submitted by an LHD Assessor or an authorized user from Assessor Agencies.

The Freedom of Choice form filled out for Medical Day Care is different from those filled out for other waivers. As a result, a client enrolled in a waiver and receiving MDC as a service would have completed two FOC forms – one for the waiver and the other for MDC.

MDC Provider Administrator, MDC Provider Staff, and MDC Provider Nurse Roles have access to the following functions:



## 3.1 Workflows

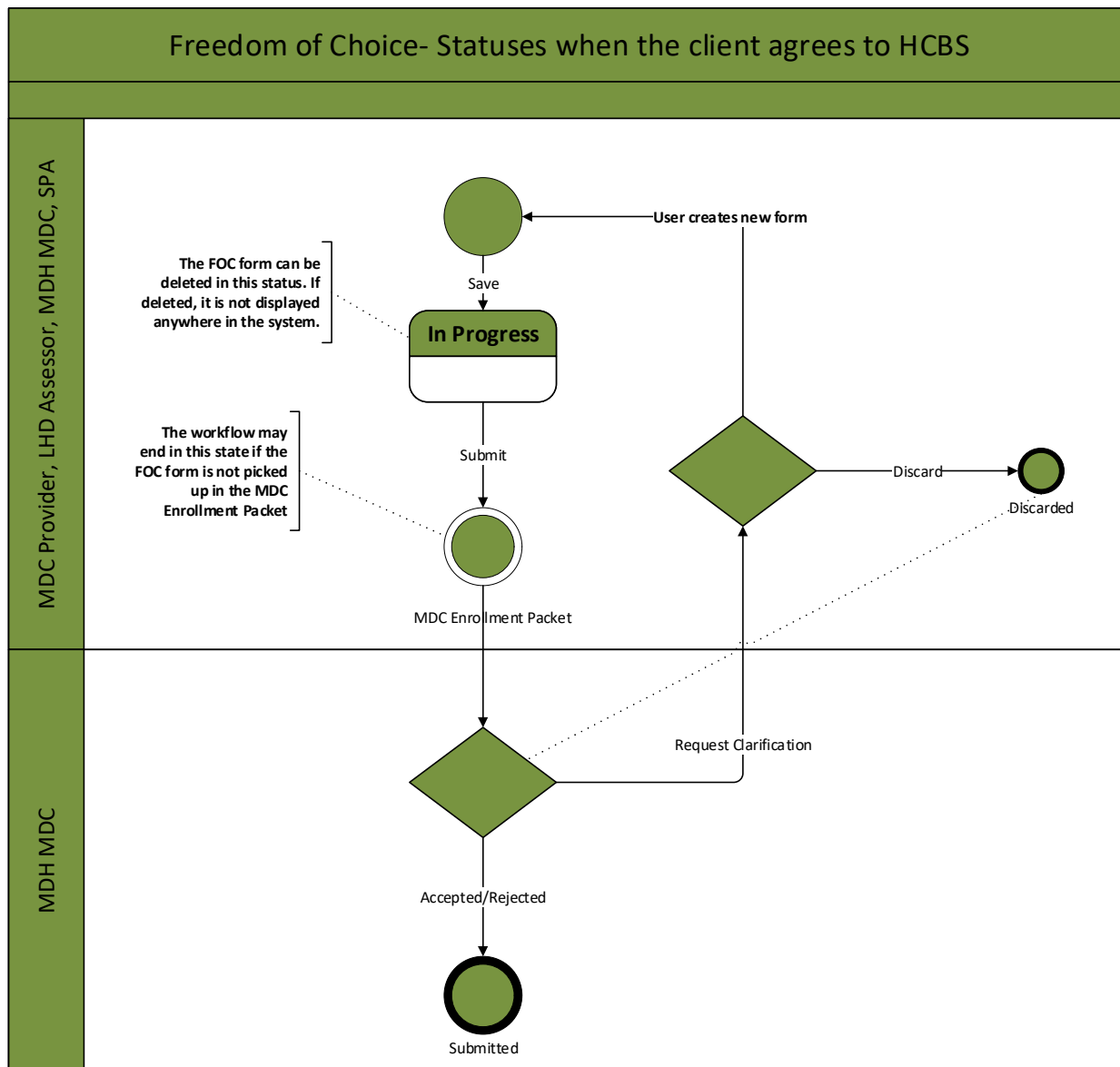


Figure 7-Workflow Diagram when a client chooses the option for Home and Community Based Services

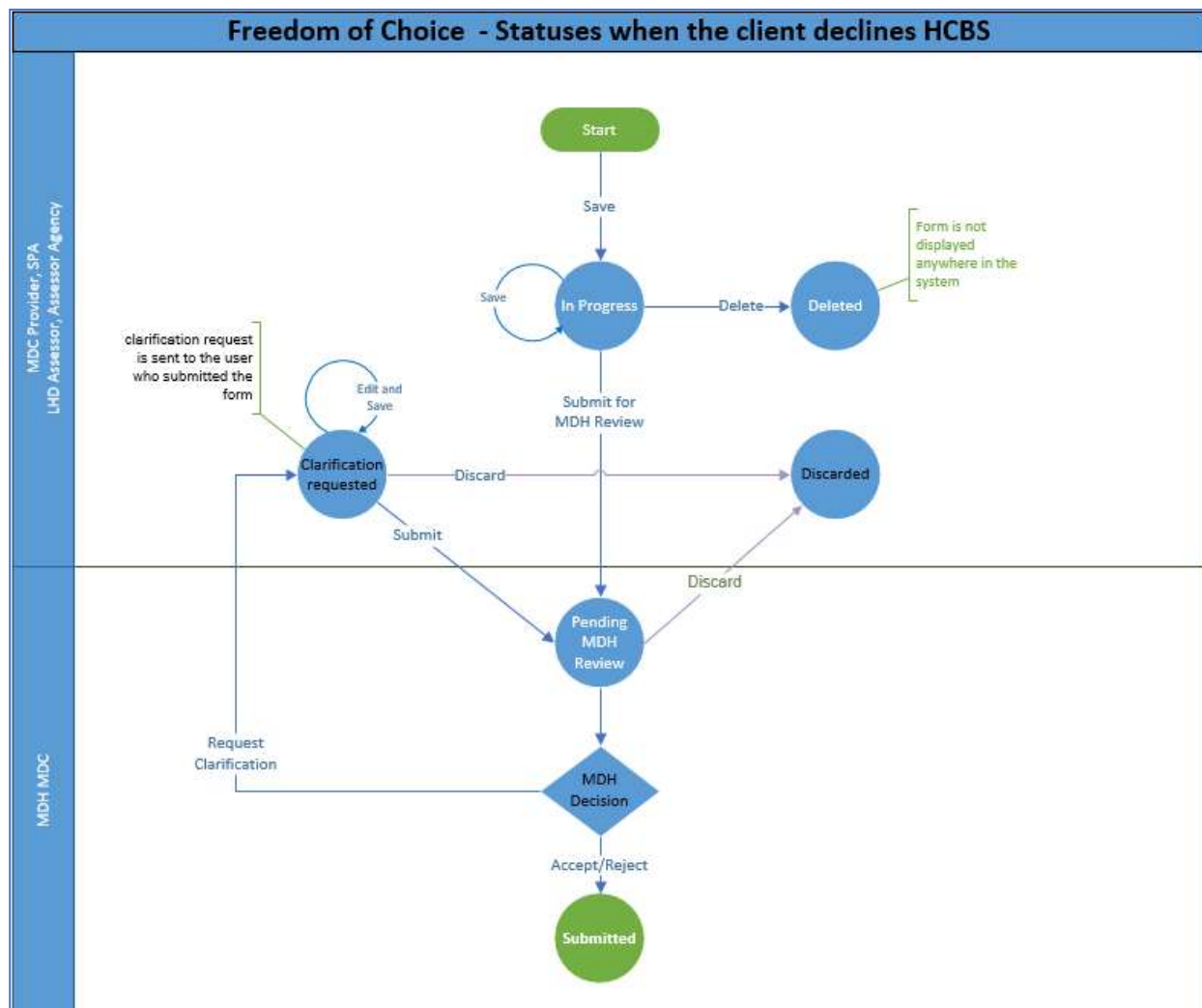

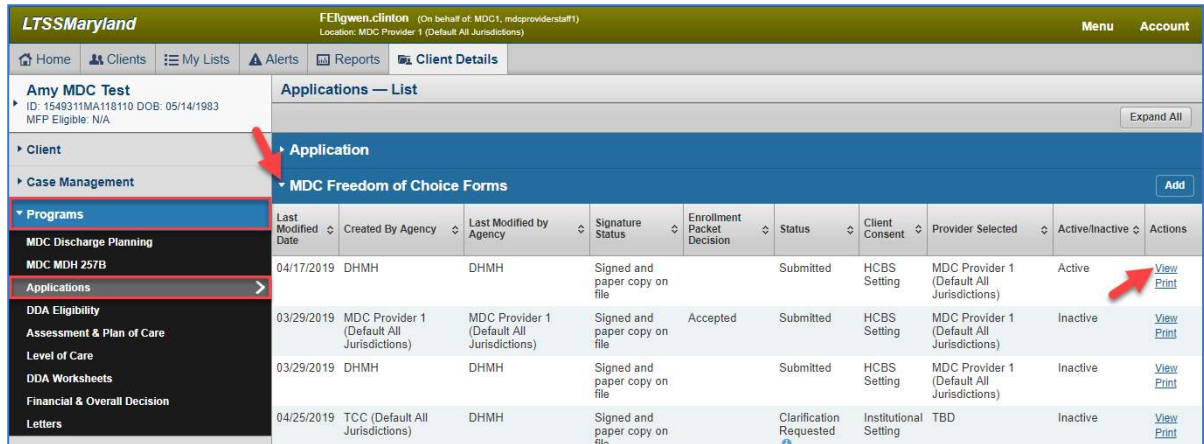


Figure 8-Workflow Diagram when a client chooses the option to decline Home and Community Based Services

### 3.2 View MDC Freedom of Choice Form

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



Last Modified Date	Created By Agency	Last Modified by Agency	Signature Status	Enrollment Packet Decision	Status	Client Consent	Provider Selected	Active/Inactive	Actions
04/17/2019	DHMH	DHMH	Signed and paper copy on file		Submitted	HCBS Setting	MDC Provider 1 (Default All Jurisdictions)	Active	<a href="#">View</a> <a href="#">Print</a>
03/29/2019	MDC Provider 1 (Default All Jurisdictions)	MDC Provider 1 (Default All Jurisdictions)	Signed and paper copy on file	Accepted	Submitted	HCBS Setting	MDC Provider 1 (Default All Jurisdictions)	Inactive	<a href="#">View</a> <a href="#">Print</a>
03/29/2019	DHMH	DHMH	Signed and paper copy on file		Submitted	HCBS Setting	MDC Provider 1 (Default All Jurisdictions)	Inactive	<a href="#">View</a> <a href="#">Print</a>
04/25/2019	TCC (Default All Jurisdictions)	DHMH	Signed and paper copy on file		Clarification Requested	Institutional Setting	TBD	Inactive	<a href="#">View</a> <a href="#">Print</a>

Figure 9-MDC Freedom of Choice Forms List View option

4. 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 service:  
 Will a Provider be selected at this time? ☒ Yes ☐ No  
 Provider:

☐ 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:

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

Date of Signature:

☒ 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:   
 Agency:   
 Date Submitted:

#### FOC Attachments

Created Date	Created By	Description	Filename
04/17/2019	Admin, MDH MDC		<a href="#">MDC FOC form.pdf</a>

#### Workflow History

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

Figure 10-View Freedom of Choice Form

### 3.3 Add MDC Freedom of Choice 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.

The screenshot shows the LTSS Maryland interface. The top header includes the user name 'FEIlgwen.clinton' and location 'MDC Provider 1'. The left navigation menu has 'Programs' selected, with 'Applications' highlighted. The main content area displays a list of applications. The 'MDC Freedom of Choice Forms' entry has an 'Add' button. The 'MDC Enrollment Packet' entry also has an 'Add' button, which is highlighted with a red arrow.

Figure 11-Add MDC Freedom of Choice Forms

4. Complete the fields within the form:

The screenshot shows the 'Freedom of Choice' form. The 'Client Consent' section has three radio button options:
 

- ☐ 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:
- ☐ 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.

 The 'Client Details' section has fields for 'Client Name' (Glenda MDC Test) and 'MA #' (1378543209). The 'Signature' section has fields for 'Form Signed By' (Client or Authorized Representative), 'Signature Status', 'Date of Signature', and an 'ATTESTATION' checkbox. The bottom of the form has fields for 'Staff Name', 'Agency', and 'Date Submitted'.

Figure 12-Freedom of Choice Form fields

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

\* indicates a field required to **Save** the form.

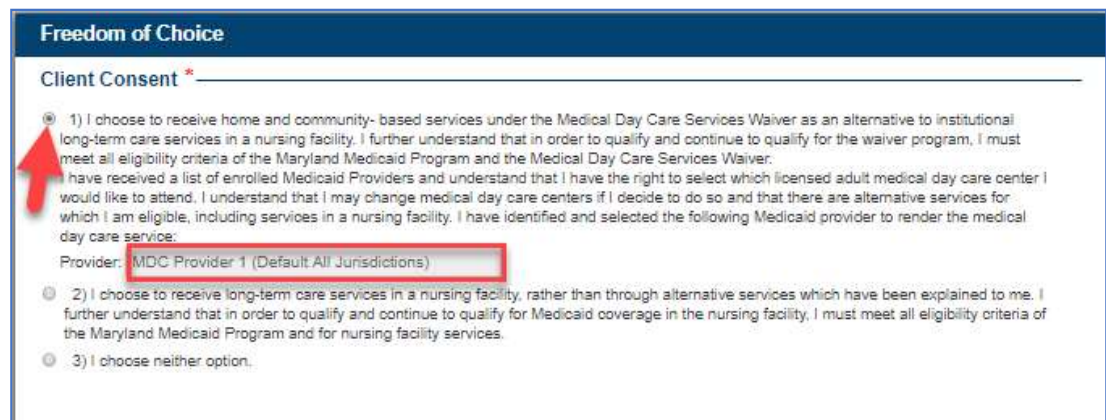
#### A. Client Consent:

- **Option 1:**

Select this option if the client chooses 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.

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 if:

- The client is not currently receiving MDC services.
- The client has no currently assigned Primary MDC Provider.
- Upon selection of this option, as an **MDC Provider** user, the *Name of the Medical Day Care Provider* shall prepopulate the name of the Agency of the user.



**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 service:

Provider: MDC Provider 1 (Default All Jurisdictions)

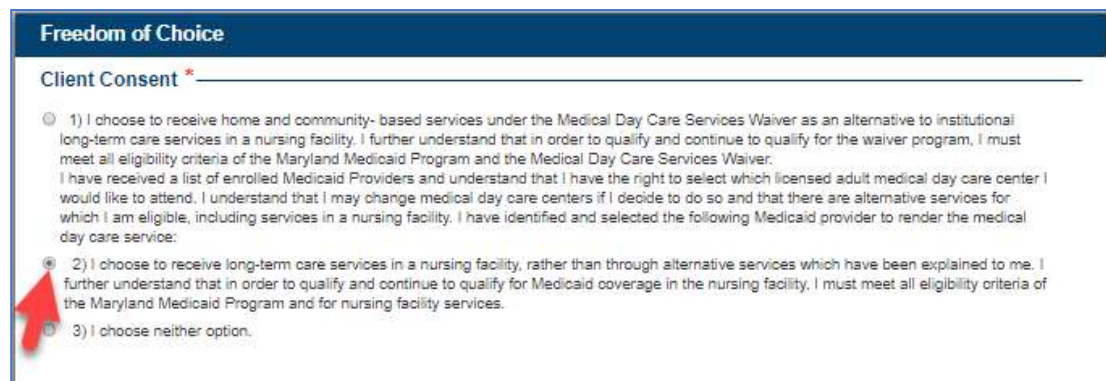
☐ 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of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

☐ 3) I choose neither option.

Figure 13-Freedom of Choice Form Option 1

- **Option 2:**

Select this option if the client chooses to receive long-term care services in a nursing facility, rather than through alternative services.



**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 service:

☒ 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.

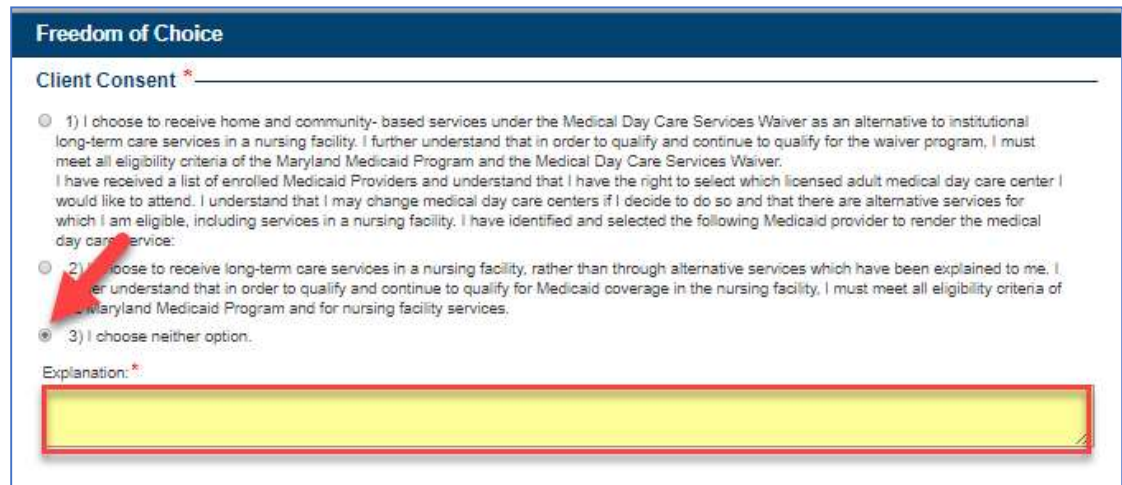
☐ 3) I choose neither option.

Figure 14-Freedom of Choice Form Option 2



- **Option 3:**

Select this option if the client chooses neither option.



**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 service:

☐ 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.

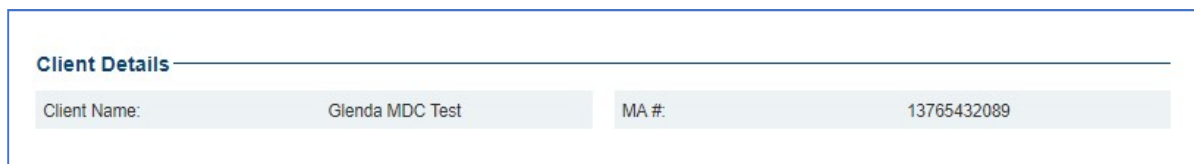
☒ 3) I choose neither option.

Explanation: \*

*Figure 15-Freedom of Choice Form Option 3*

**B. Client Details:**

The Client Name is prepopulated based on client record and the MA # is prepopulated based on client record.



**Client Details**

Client Name:	Glenda MDC Test	MA #:	13765432089
--------------	-----------------	-------	-------------

*Figure 16-MDC Freedom of Choice Form Client Details*

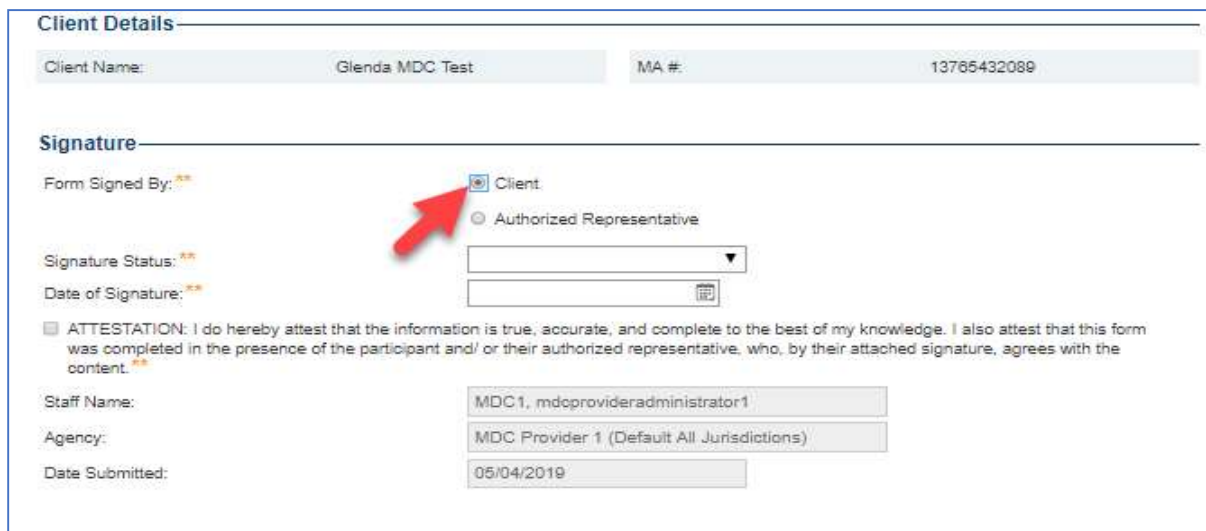
### C. Signature:

**NOTE:** Providers will **Save** and **Print** the MDC Freedom of Choice Form, obtain the required signatures, and then complete this section. Providers will also upload the signed form in the **FOC Attachment** section.

- **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.



**Client Details**

Client Name: Glenda MDC Test MA #: 13765432089

**Signature**

Form Signed By: ☒ Client ☐ Authorized Representative

Signature Status:

Date of Signature:

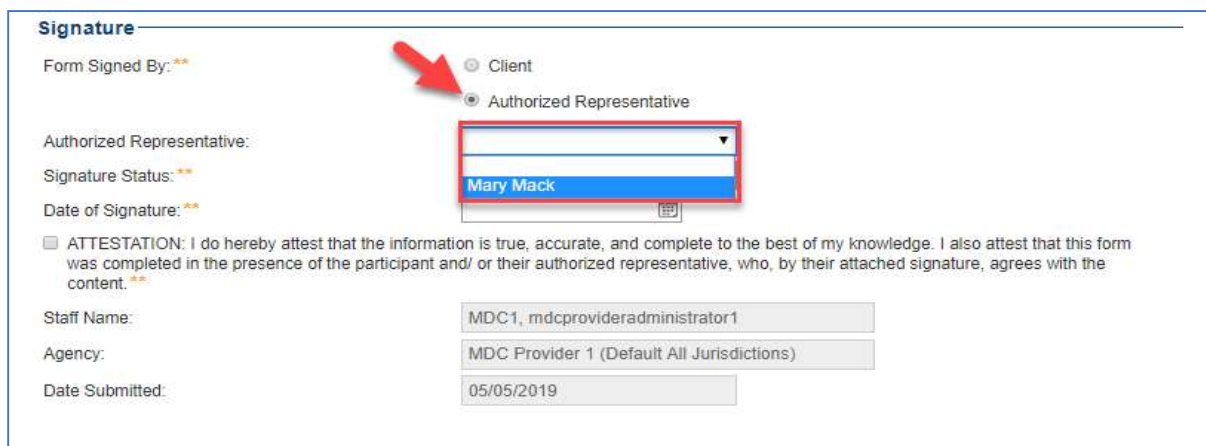
☐ ATTESTATION: I do hereby attest that the information is true, accurate, and complete to the best of my knowledge. I also attest that this form was completed in the presence of the participant and/ or their authorized representative, who, by their attached signature, agrees with the content.

Staff Name: MDC1, mdcprovideradministrator1

Agency: MDC Provider 1 (Default All Jurisdictions)

Date Submitted: 05/04/2019

Figure 17-Freedom of Choice Form Signature Signed by Client



**Signature**

Form Signed By: ☐ Client ☒ Authorized Representative

Authorized Representative:  Mary Mack

Signature Status:

Date of Signature:

☐ 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: MDC1, mdcprovideradministrator1

Agency: MDC Provider 1 (Default All Jurisdictions)

Date Submitted: 05/05/2019

Figure 18-MDC Freedom of Choice Form Signature Signed by Authorized Representative



- **Signature Status:**

- *Not Signed*
- *Signed and paper copy on file*

**NOTE:** Must upload the signed copy to the MDC FOC Attachments section.

- *Case Closed before signature was obtained*

**NOTE:** This selection should not be used for the MDC Freedom of Choice form.

- *Other*

**NOTE:** Must enter an explanation

The screenshot shows the 'Signature' section of the MDC Freedom of Choice form. The 'Form Signed By' field has radio buttons for 'Client' and 'Authorized Representative', with 'Authorized Representative' selected. The 'Authorized Representative' dropdown menu is open, showing 'Mary Mack' as the selected name. The 'Signature Status' dropdown menu is also open, showing four options: 'Not Signed', 'Signed and paper copy on file', 'Case Closed before signature was obtained', and 'Other'. A red arrow points to the 'Signed and paper copy on file' option. The 'Date of Signature' field is empty. Below the dropdowns, there is an 'ATTESTATION' checkbox and a text area for the staff name, agency, and date submitted. The staff name is 'MDC1, mdcprovideradministrator1', the agency is 'MDC Provider 1 (Default All Jurisdictions)', and the date submitted is '05/05/2019'.

Figure 19-MDC Freedom of Choice Form Signature Status

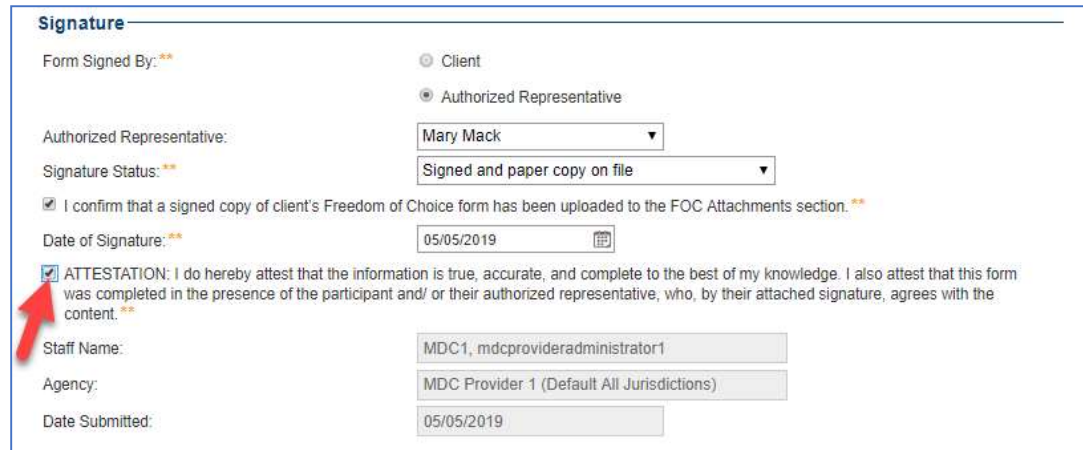
- **Date of Signature:**

- Select or enter the Date that signature of Client or Authorized Representative was obtained.

The screenshot shows the 'Signature' section of the MDC Freedom of Choice form. The 'Form Signed By' field has radio buttons for 'Client' and 'Authorized Representative', with 'Authorized Representative' selected. The 'Authorized Representative' dropdown menu is open, showing 'Mary Mack' as the selected name. The 'Signature Status' dropdown menu is also open, showing 'Signed and paper copy on file' as the selected option. The 'Date of Signature' field is empty. A red arrow points to the 'Date of Signature' field. Below the dropdowns, there is an 'ATTESTATION' checkbox and a text area for the staff name, agency, and date submitted. The staff name is 'MDC1, mdcprovideradministrator1', the agency is 'MDC Provider 1 (Default All Jurisdictions)', and the date submitted is '05/05/2019'.

Figure 20-MDC Freedom of Choice Form Date of Signature

- **Attestation:**
  - Checkbox to attest to the form being completed in the presence of the participant.



**Signature**

Form Signed By: \*\* ☐ Client ☒ Authorized Representative

Authorized Representative:

Signature Status: \*\*

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

Date of Signature: \*\*

☒ **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. \*\*

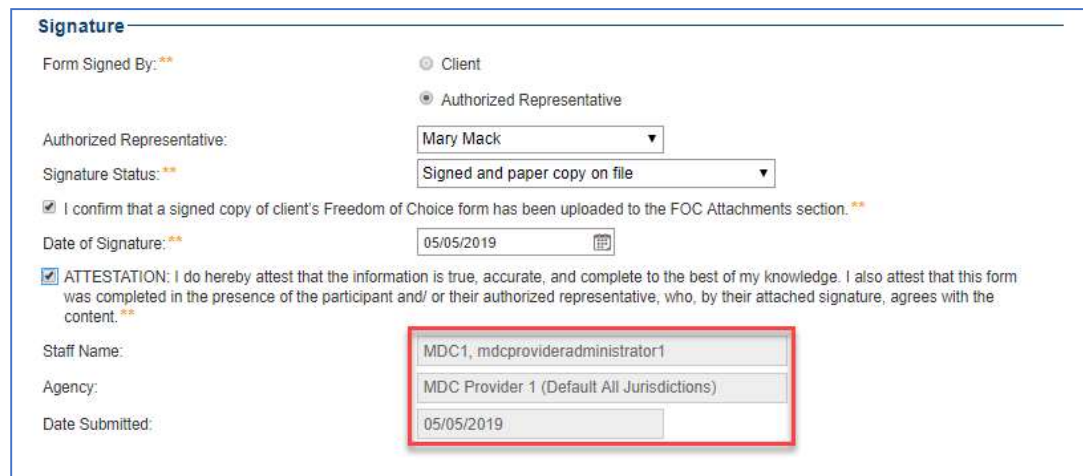
Staff Name:

Agency:

Date Submitted:

Figure 21-MDC Freedom of Choice Attestation

- **Staff Name:** Prepopulates the name of the user
- **Agency:** Prepopulates the name of the Agency of the user
- **Date Submitted:** Prepopulates the current system date



**Signature**

Form Signed By: \*\* ☐ Client ☒ Authorized Representative

Authorized Representative:

Signature Status: \*\*

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

Date of Signature: \*\*

☒ **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:

Agency:

Date Submitted:

Figure 22-MDC Freedom of Choice Form Signature Staff Name, Agency & Date Submitted

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

**LTSS Maryland** FEHgwen.clinton (On behalf of: MDC1, mdcpvideradministrator1) Menu Account  
 Location: MDC Provider 1 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

**Glenda MDC Test**  
 ID: 1419467LG758100 DOB: 04/01/1994  
 MFP Eligible: N/A

Client  
 Case Management  
 Programs  
 MDC Discharge Planning  
 MDC MDH 257B  
 Applications  
 MDC Freedom Of Choice  
 DDA Eligibility  
 Assessment & Plan of Care  
 Level of Care  
 DDA Worksheets  
 Financial & Overall Decision Letters  
 Global Referrals

**MDC Freedom of Choice**

Cancel Save

**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 service:  
 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: Glenda MDC Test MA #: 13765432089

**Signature**

Form Signed By: ☒ Client ☐ Authorized Representative

Authorized Representative: Mary Mack

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: 05/05/2019

☒ 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: MDC1\_mdcpvideradministrator1  
 Agency: MDC Provider 1 (Default All Jurisdictions)  
 Date Submitted: 05/05/2019

Figure 23-Save MDC Freedom of Choice Form

- Upon Save, the MDC FOC form will be in the status of, *“In Progress”*, in which case it may be **Printed** for Signatures, **Edited** or **Deleted** by authorized users.

The screenshot shows the LTSS Maryland web application interface. The top navigation bar includes 'Home', 'Clients', 'My Lists', 'Alerts', 'Assignments', 'Reports', and 'Client Details'. The user is logged in as 'Felgwen.clinton' (On behalf of MDC1, mdcprovideradministrator1) at 'Location: MDC Provider 1 (Default All Jurisdictions)'. The left sidebar shows a navigation menu with categories like 'Client', 'Case Management', 'Programs', and 'Global Referrals'. Under 'Programs', 'MDC Freedom Of Choice' is selected. The main content area displays the 'Freedom of Choice' form for 'Glenda MDC Test' (ID: 141946/LG759100, DOB: 04/01/1994, MFP Eligible: N/A). The form status is 'In Progress'. The form includes sections for 'Client Consent' with three radio button options, 'Client Details' with fields for Client Name and MA #, 'Signature' with fields for Form Signed By, Authorized Representative, Signature Status, Date of Signature, and an attestation statement. At the bottom, there are fields for Staff Name, Agency, and Date Submitted. A success message at the bottom right states: 'Success: Record has been created successfully.'

Figure 24-MDC Freedom of Choice Form Status in Progress


### 3.3.1 Assignment of Primary MDC Provider

Upon selection of **Option 1** in the MDC Freedom of Choice form, an MDC Provider may be selected. 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:

- The client is not currently receiving MDC Services.
- The client has no currently assigned Primary MDC Provider.
  - Should the client already have an active Primary MDC Provider, the system will not reassign the Provider.
- The status of the MDC FOC form=*Submitted*.

Once the system automatically assigns the Primary MDC Provider, an alert will be sent to the MDC Provider Admin and MDC Provider Intake from the client's newly assigned Primary MDC Provider: *“Client has selected you as Primary MDC Provider in MDC Freedom of Choice form.”*

**NOTE:** To view the client's Agency Selection:

- From the Client Profile, select the **Case Management** banner on the left navigation.
- Select **Agency Selection**.
- Click the  icon to expand the **Primary Medical Day Care Provider Assignment** banner.

Select the **View** link next to the desired record.

The screenshot shows the LTSSMaryland interface for user FELIgwen.clinton. The client profile for Glenda MDC Test (ID: 1419467LG759100, DOB: 04/01/1994) is displayed. The left navigation menu includes 'Agency Selection', which is highlighted. The main content area shows the 'Primary Medical Day Care Provider Assignment' table with columns: Create Date, Initiated By, Assignment Date, Expiration Date, MDC Provider, Selection Status, and Actions. The first row shows an assignment to 'MDC Provider 1 (Default All Jurisdictions)' with a status of 'Active'. A red arrow points to the 'View' link in the 'Actions' column.


Figure 25-Primary MDC Provider Assignment

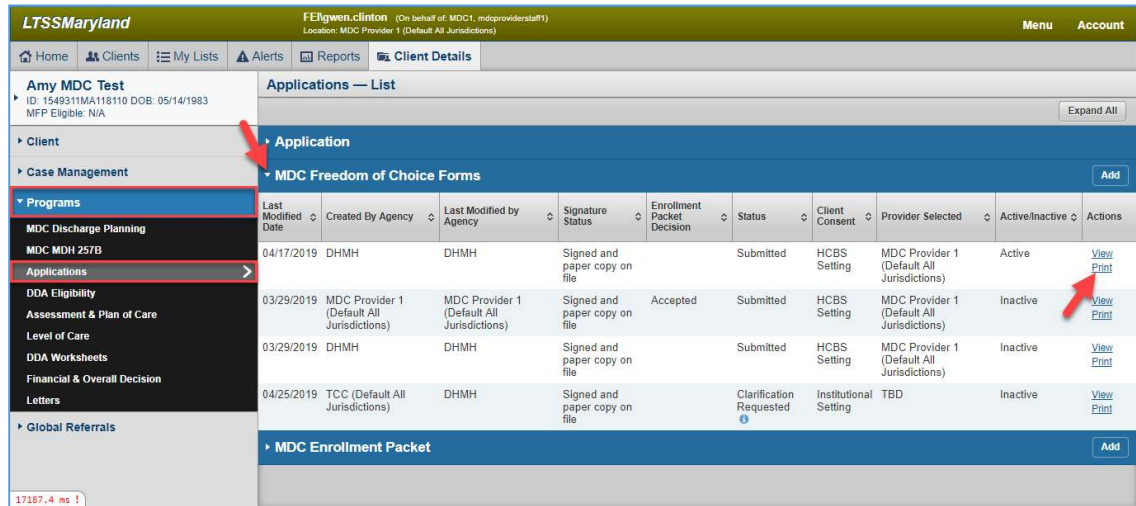
This screenshot shows the 'Medical Day Care Provider Selection' modal window. The title is 'Medical Day Care Provider Assignment'. The modal contains the following information: 'Medical Day Care Provider: \*\* MDC Provider 1 - MDC Provider 1 (Default All Jurisdictions) - 101010110', a checkbox for 'Assigning hospital and nursing home admissions' which is unchecked, and an 'Assignment Date' field with the value '04/17/2019'. The background shows the client profile for Glenda MDC Test with the 'Medical Day Care Provider Selection — Primary MDC Provider Assignment' status.

Figure 26- View MDC Primary Provider Assignment

### 3.4 Print MDC Freedom of Choice Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications**.

- Click the  icon to expand the **MDC Freedom of Choice Forms** banner.
- Click **Print** next to desired form in the List.



**LTSS Maryland** FEHgwen.clinion (On behalf of MDC1, mdgproviderstaff1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Reports Client Details

**Amy MDC Test**  
ID: 1549311MA118110 DOB: 05/14/1983  
MFP Eligible: N/A

Applications — List Expand All

**Application** Add

**MDC Freedom of Choice Forms** Add

Last Modified Date	Created By Agency	Last Modified by Agency	Signature Status	Enrollment Packet Decision	Status	Client Consent	Provider Selected	Active/Inactive	Actions
04/17/2019	DHMH	DHMH	Signed and paper copy on file		Submitted	HCBS Setting	MDC Provider 1 (Default All Jurisdictions)	Active	<a href="#">View</a> <a href="#">Print</a>
03/29/2019	MDC Provider 1 (Default All Jurisdictions)	MDC Provider 1 (Default All Jurisdictions)	Signed and paper copy on file	Accepted	Submitted	HCBS Setting	MDC Provider 1 (Default All Jurisdictions)	Inactive	<a href="#">View</a> <a href="#">Print</a>
03/29/2019	DHMH	DHMH	Signed and paper copy on file		Submitted	HCBS Setting	MDC Provider 1 (Default All Jurisdictions)	Inactive	<a href="#">View</a> <a href="#">Print</a>
04/25/2019	TCC (Default All Jurisdictions)	DHMH	Signed and paper copy on file		Clarification Requested	Institutional Setting	TBD	Inactive	<a href="#">View</a> <a href="#">Print</a>

**MDC Enrollment Packet** Add

17187.4 ms

Figure 27- Print MDC Freedom of Choice Forms List option

- 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.

Applications — List - LTSS x 10305 x +

Not secure | Itssmdeweb01/Itss/WebSites/MD-Dev6DEV/Ltss.Web/Mdc/MdcFreedomOfChoice/Print/mdcfreedomofchoices/10305?clientId=clients%2F3393

10305 1 / 1

**Medical Day Care Services Waiver  
Freedom of Choice Form**

**Client Consent**

☒ 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:

**Will a provider be selected at this time? Yes**  
**Provider:** MDC Provider 1 (Default All Jurisdictions)

☐ 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.

☐ I choose neither option.

**Explanation:** \_\_\_\_\_

**Client Information**

**Client Name:** Amy MDC Test

**Signature**

My signature below indicates that I have been informed of the various options available for my choice and that any questions that I may have about my options have been answered.

**Client or Authorized Representative Signature:** Amy MDC Test  
**Signature Date:** 04/17/2019

Figure 28-Print MDC Freedom of Choice Form PDF

### 3.5 Manage FOC Attachment

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

The screenshot shows the 'MDC Freedom of Choice' form view page. The left sidebar contains a menu with items like 'Client', 'Case Management', 'Programs', 'Applications', 'MDC Freedom Of Choice', 'DDA Eligibility', 'Assessment & Plan of Care', 'Level of Care', 'DDA Worksheets', 'Financial & Overall Decision Letters', and 'Global Referrals'. The 'MDC Freedom Of Choice' item is highlighted. The main content area displays the form details, including 'Client Details' and 'Signature' sections. At the bottom, there is a 'FOC Attachments' banner with a 'Manage' button highlighted by a red arrow.

Figure 29-Add FOC Attachment

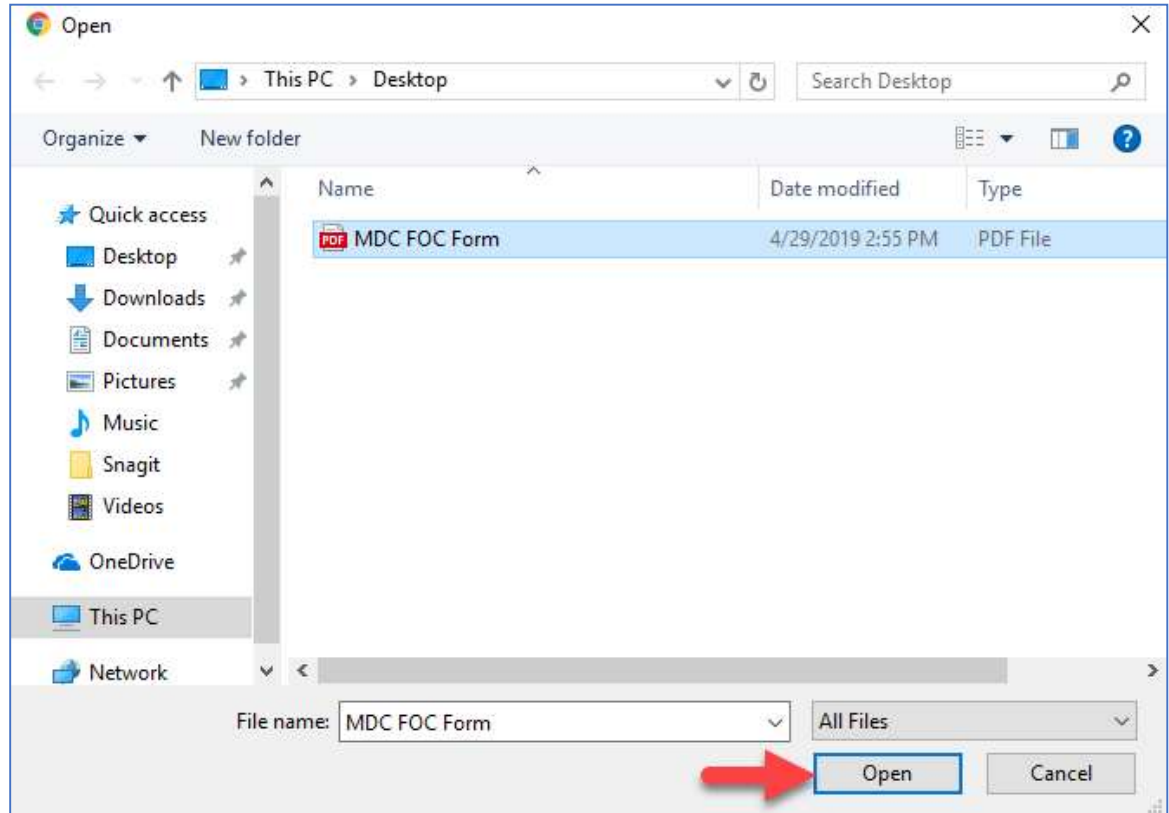
2. Upon selecting **Choose File**, a screen will pop-up that allows the user to select the appropriate form from their local PC.

The screenshot shows the 'MDC Freedom of Choice - Attachments' pop-up screen. It features a 'New Document' section with a 'File Name' field and a 'Choose File' button highlighted by a red arrow. Below this is a 'Description' field and an 'Add Attachment' button. At the bottom, there is an 'Attachments' table with columns for 'Created Date', 'Created By', 'Description', 'Filename', and 'Actions'. The table currently shows 'No data available in table'.

Figure 30-Attachment Choose File



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



*Figure 31- Attachment Select File*

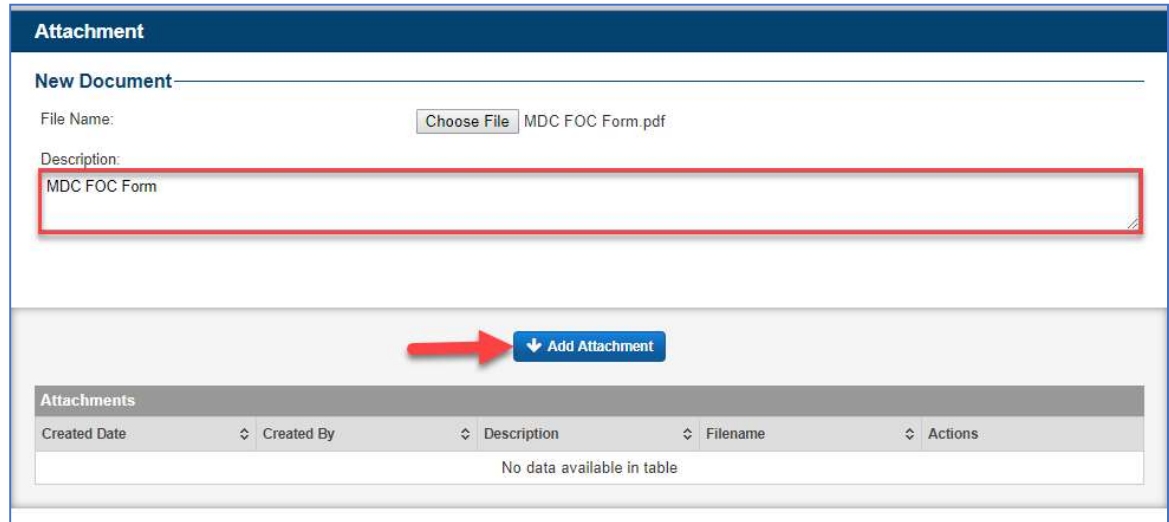
**NAMING CONVENTION FOR REQUIRED FOC ATTACHMENTS:**

***Name of Attachment\_First and Last Initial\_Date of Form***

Example for **MDC Freedom of Choice Signatures:**

MDC FOC Form completed for Jane Doe on June 3, 2019 would be saved as,  
**FOC\_JD\_06032019**

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



**Attachment**

**New Document**

File Name:  MDC FOC Form.pdf

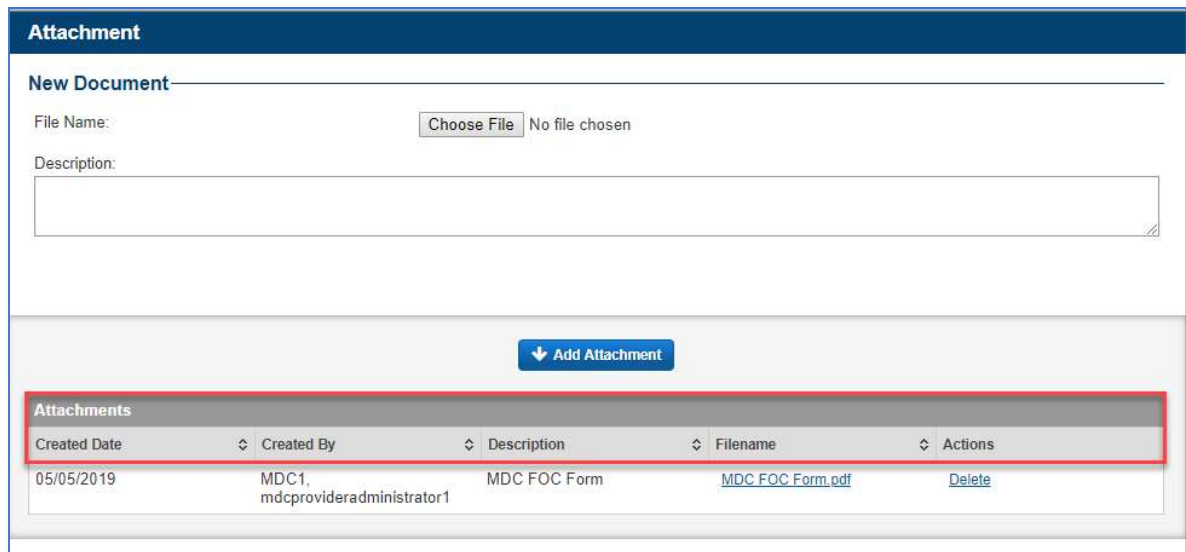
Description:

**Attachments**

Created Date	Created By	Description	Filename	Actions
No data available in table				

Figure 32-Attachment Description

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



**Attachment**

**New Document**

File Name:  No file chosen

Description:

**Attachments**

Created Date	Created By	Description	Filename	Actions
05/05/2019	MDC1, mdcprovideradministrator1	MDC FOC Form	<a href="#">MDC FOC Form.pdf</a>	<a href="#">Delete</a>

Figure 33-Add Attachment

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.

**LTSS Maryland** FEHqwen.clinton (On behalf of MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

**Glenda MDC Test**  
ID: 1419467LG759100 DOB: 04/01/1994  
MFP Eligible: N/A

**MDC Freedom of Choice** Status: In Progress [View](#)

[Back to List](#) **Submit** **Delete** **Collapse All**

**Freedom of Choice** [Edit](#)

**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 service:  
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: Glenda MDC Test MA #: 13765432089

**Signature**

Form Signed By: ☒ Client ☒ Authorized Representative

Authorized Representative: Mary Mack

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: 05/05/2019

☒ 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: MDC1, mdcprovideradministrator1

Agency: MDC Provider 1 (Default All Jurisdictions)

Date Submitted: 05/05/2019

**FOC Attachments** [Manage](#)

Created Date	Created By	Description	Filename
05/05/2019	MDC1, mdcprovideradministrator1	MDC FOC Form	<a href="#">MDC FOC Form.pdf</a>
05/05/2019	MDC1, mdcprovideradministrator1		<a href="#">Authorized Representative Signature.pdf</a>

Figure 34-Submit MDC Freedom of Choice Form

### 3.6 MDH Review

- Upon submission of the MDC Freedom of Choice Form (**Option 1**), the 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.
  - See **Section 6 Enrollment Packet** to follow the process once an MDC Freedom of Choice form is submitted with **Option 1** selected.
  - MDH may *Accept, Reject, or Request Clarification* of the MDC Freedom of Choice form *within* the **Enrollment Packet**.

**LTSS Maryland** FEHgwen.clinton (On behalf of: MDC1, mdcpvideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

**Glenda MDC Test**  
ID: 1419467LG759100 DOB: 04/01/1994  
MFP Eligible: N/A

**MDC Freedom of Choice** Status: Submitted View

Back to List Collapse All

**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 service:  
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: Glenda MDC Test MA #: 13765432089

**Signature**

Form Signed By: ☐ Client ☒ Authorized Representative

Authorized Representative: Mary Mack

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: 05/05/2019

☒ 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: MDC1, mdcpvideradministrator1

Agency: MDC Provider 1 (Default All Jurisdictions)

Date Submitted: 05/05/2019

**FOC Attachments**

Created Date	Created By	Description	Filename
05/05/2019	MDC1, mdcpvideradministrator1	MDC FOC Form	
05/05/2019	MDC1, mdcpvideradministrator1		

Success: Record has been submitted.

Figure 35-MDC Freedom of Choice Status: Submitted

2. Upon submission of the MDC FOC Form where the client has declined Home and Community Based Services (**Option 2 or 3**), the MDC FOC Form will be in the status of “*Pending MDH Review*”.
- Upon review, MDH may *Accept, Reject, or Request Clarification* of the MDC Freedom of Choice Form (**Option 2 or 3**) and the MDH decision will send notification to the user that submitted the form. (see also **section 3.8 Alerts**)

The screenshot shows the LTSS Maryland web application interface. The top navigation bar includes 'Home', 'Clients', 'My Lists', 'Alerts', 'Assignments', 'Reports', and 'Client Details'. The user is logged in as 'FELgwen.clinton' (On behalf of: MDC1, mdcprovideradministrator1) at 'Location: MDC Provider 1 (Default All Jurisdictions)'. The left sidebar lists various program options under 'Programs' and 'Applications', with 'MDC Freedom Of Choice' selected. The main content area displays the 'MDC Freedom of Choice' form for 'Jack Sam' (ID: 2829231AJ248110, DOB: 08/12/1982, MFP Eligible: N/A). The form status is 'Pending MDH Review'. The form includes sections for 'Client Consent' with three radio button options, 'Client Details' with fields for Client Name and MA #, 'Signature' with a dropdown for 'Form Signed By' (Client or Authorized Representative), 'Signature Status' (Not Signed), 'Date of Signature' (07/18/2018), and an 'ATTESTATION' checkbox. The 'FOC Attachments' section is at the bottom.

Figure 36-MDC Freedom of Choice Form Status: Pending MDH Review

### 3.6.1 Clarification Request

- Should MDH seek clarification on the MDC Freedom of Choice Form (**Option 2 or 3**), the MDC Provider user who submitted the form will receive an alert in their alerts tab for the client that *“MDH has requested clarification on an MDC Freedom of Choice form.”* Additionally, the Provider will be able to view this Client’s form from My Lists (see also *section 3.9 My Lists: MDC Freedom of Choice Form*)

The screenshot shows the LTSSMaryland Alerts tab. The user is logged in as FEIamy.duvall. The Alerts tab is selected, and a list of alerts is displayed. The first alert is for 'MDC Test, Amy (1549311MA118110) - Frederick' with the subject 'MDH has requested clarification on an MDC Freedom of Choice form.' A red arrow points to the subject line of the alert.

Figure 37-Clarification Request Alert

- 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.


The screenshot shows the MDC Freedom of Choice form for Amy MDC Test. The form is in the 'Clarification Requested' status. The Workflow History section is highlighted with a red box, showing a table of workflow steps. A red arrow points to the 'Workflow History' section header.

Date	By	From Status	To Status	Comments
04/25/2019	Admin, MDH MDC	Pending MDH Review	Clarification Requested	Please update attachment with a legible copy.
04/25/2019	spa, test	In Progress	Pending MDH Review	N/A

Figure 38- Clarification Request in Workflow History



### 3.7 Edit MDC Freedom of Choice 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 **View** next to desired form

MDC Freedom of Choice Forms <span>Add</span>									
Last Modified Date	Created By Agency	Last Modified by Agency	Signature Status	Enrollment Packet Decision	Status	Client Consent	Provider Selected	Active/Inactive	Actions
02/25/2019	MDC Provider 2 (Default All Jurisdictions)	MDC Provider 2 (Default All Jurisdictions)	Signed and paper copy on file		Submitted (Rejected)	Institutional Setting	TBD	Inactive	<a href="#">View</a> <a href="#">Print</a>
02/25/2019	MDC Provider 2 (Default All Jurisdictions)	MDC Provider 2 (Default All Jurisdictions)	Signed and paper copy on file		In Progress	Institutional Setting	TBD	Inactive	<a href="#">View</a> <a href="#">Print</a>
02/25/2019	MDC Provider 2 (Default All Jurisdictions)	DHMH	Signed and paper copy on file		Discarded	HCBS Setting	MDC Provider 2 (Default All Jurisdictions)	Inactive	<a href="#">View</a> <a href="#">Print</a>

Figure 39-View MDC Freedom of Choice Form

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

**MDC Freedom of Choice** Status: In Progress View

[Back to List](#) Submit Delete Collapse All

**\* Freedom of Choice** Edit

**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 service:

☒ 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: Chad Test MA #: 12312312312

**Signature**


Form Signed By:  ☒ Client

Figure 40-Edit Freedom of Choice Form

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

Figure 41-Save Freedom of Choice Form

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

Figure 42-Manage FOC Attachments

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.

### 3.8 Alerts

Authorized users and assigned agencies of clients will receive alerts when an MDC FOC form is processing through the workflow. LTSS Maryland users should regularly access the Alerts tab to ensure that they are effectively facilitating the client's enrollment and subsequent participation in the MDC Waiver.



### 3.8.1 Alerts Tab

To view notifications regarding the processing of a client's MDC Freedom of Choice form, users may review their **Alerts**, where each client record will display any applicable alerts for MDC FOC forms.

1. Select **Alerts** tab.
2. Enter desired search criteria to better specify applicable search results and select **Filter**.  
(Example: Enter *Created From Date* and *Created To Dates* to view all Alerts related to client record management for the past week.)

Subject	From	Received	Accept?
<b>Test, Chad (2929255HC552120) - Howard</b>			
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">Clarification is being requested on the Discharge Planning Form.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>

Figure 43-Alerts tab Search

3. Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant MDC FOC form of the client, where he/she may view the Form and the Workflow History.

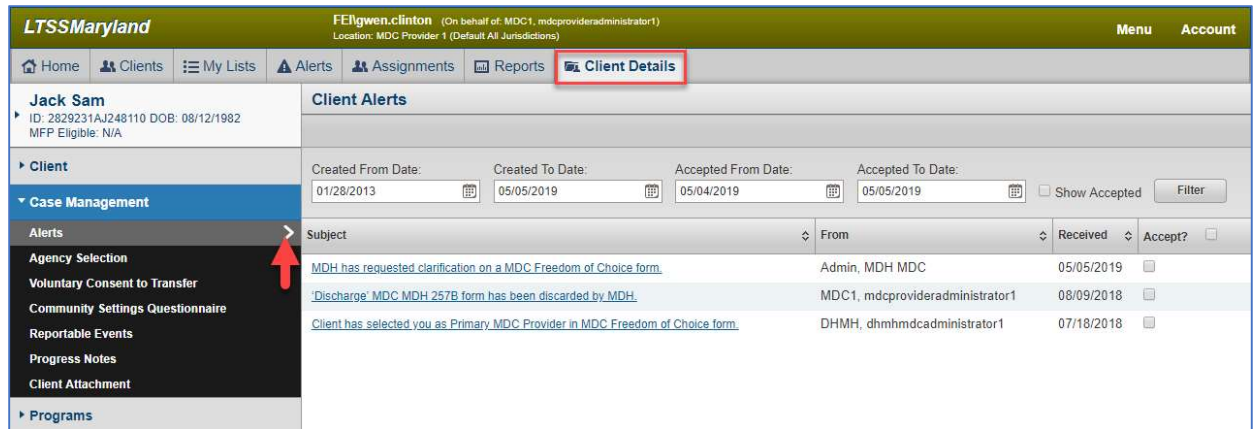
Subject	From	Received	Accept?
<b>Test, Chad (2929255HC552120) - Howard</b>			
<a href="#">MDH has requested clarification on a MDC Freedom of Choice form.</a>		08/27/2018	<input type="checkbox"/>

Figure 44-Alert Hyperlink

### 3.8.2 Client Details Alerts

Authorized users shall be able to view client alerts that are applicable to their user role within the Alert section of the Client Profile.

1. Search and navigate to the desired **Client Details** through the **Clients** tab.
2. Select **Alerts** under the **Case Management** section on the left navigation.



**LTSS Maryland** FEIlgwen.clinton (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Assignments Reports **Client Details**

**Jack Sam**  
ID: 2829231AJ248110 DOB: 08/12/1982  
MFP Eligible: N/A

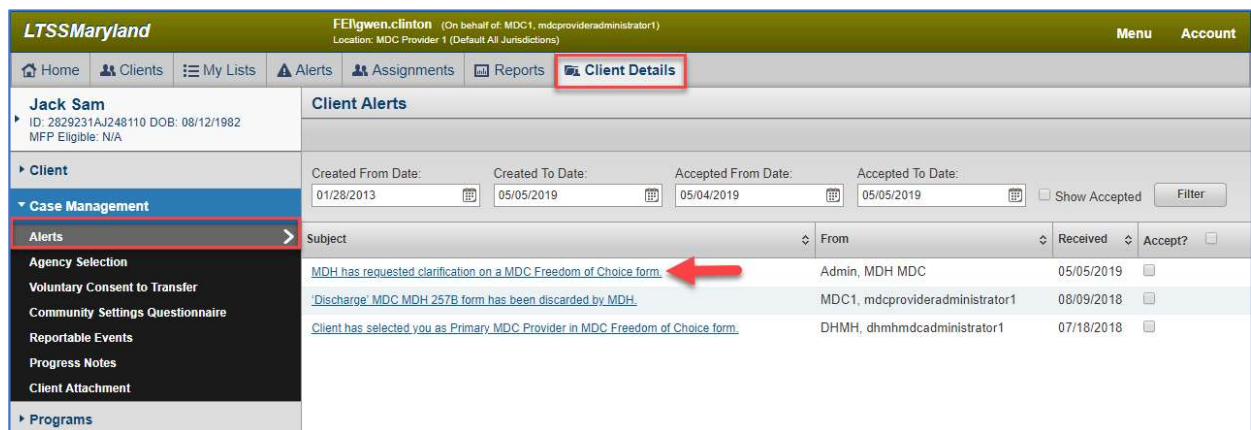
**Client Alerts**

Created From Date: 01/28/2013 Created To Date: 05/05/2019 Accepted From Date: 05/04/2019 Accepted To Date: 05/05/2019 ☐ Show Accepted Filter

Subject	From	Received	Accept?
<a href="#">MDH has requested clarification on a MDC Freedom of Choice form.</a>	Admin, MDH MDC	05/05/2019	<input type="checkbox"/>
<a href="#">'Discharge' MDC MDH 257B form has been discarded by MDH.</a>	MDC1, mdcprovideradministrator1	08/09/2018	<input type="checkbox"/>
<a href="#">Client has selected you as Primary MDC Provider in MDC Freedom of Choice form.</a>	DHMH, dhmhmdcadministrator1	07/18/2018	<input type="checkbox"/>

Figure 45-Client Details Alerts

3. Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant MDC FOC form of the client, where he/she may view the Form and the Workflow History.



**LTSS Maryland** FEIlgwen.clinton (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Assignments Reports **Client Details**

**Jack Sam**  
ID: 2829231AJ248110 DOB: 08/12/1982  
MFP Eligible: N/A

**Client Alerts**

Created From Date: 01/28/2013 Created To Date: 05/05/2019 Accepted From Date: 05/04/2019 Accepted To Date: 05/05/2019 ☐ Show Accepted Filter

Subject	From	Received	Accept?
<a href="#">MDH has requested clarification on a MDC Freedom of Choice form.</a>	Admin, MDH MDC	05/05/2019	<input type="checkbox"/>
<a href="#">'Discharge' MDC MDH 257B form has been discarded by MDH.</a>	MDC1, mdcprovideradministrator1	08/09/2018	<input type="checkbox"/>
<a href="#">Client has selected you as Primary MDC Provider in MDC Freedom of Choice form.</a>	DHMH, dhmhmdcadministrator1	07/18/2018	<input type="checkbox"/>

Figure 46-Client Alerts

### 3.9 My Lists: MDC Freedom of Choice Form

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.



Figure 47-MDC My Lists

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

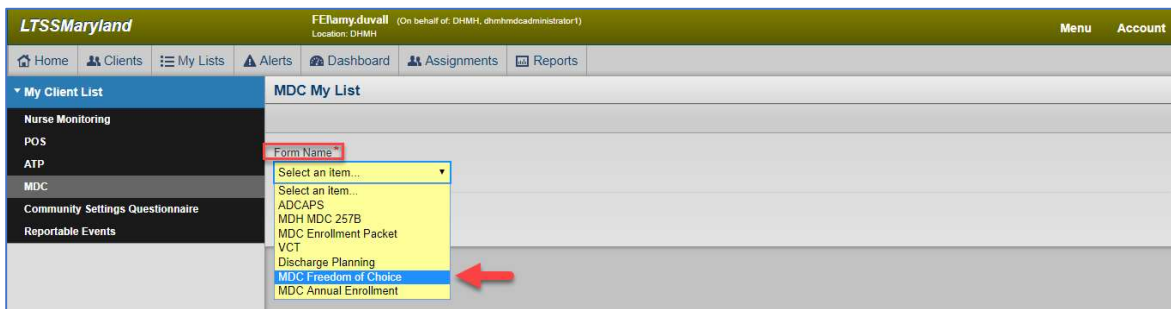


Figure 48-My List Form options

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

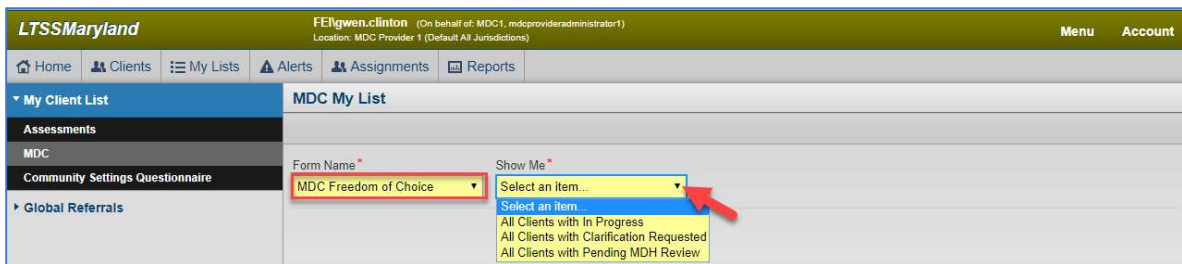


Figure 49-My Lists Show Me options

### 3.9.1 Clients with In Progress FOC Forms

To view Clients with an MDC Freedom of Choice Form that has not yet been submitted:

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**

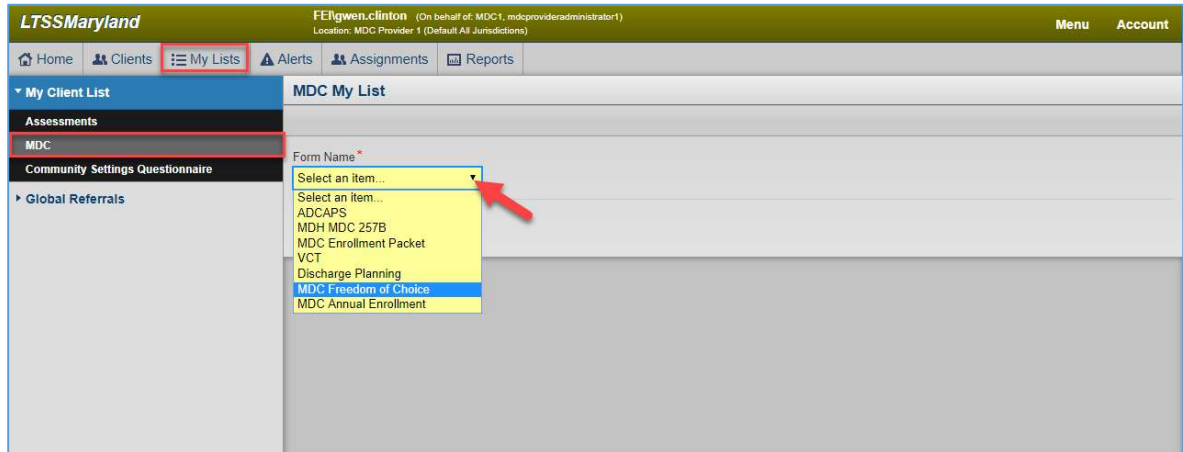


Figure 50-My List Form options

4. Select the desired **Show Me** option:
  - **All Clients with In Progress** to view any client for which the user is authorized
5. Click **Filter**:

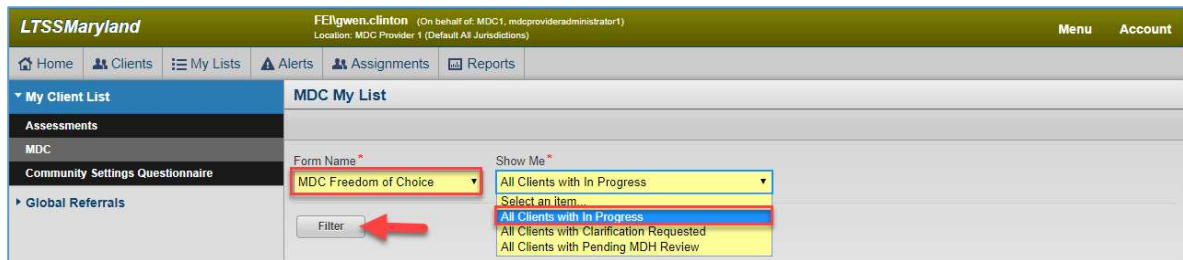
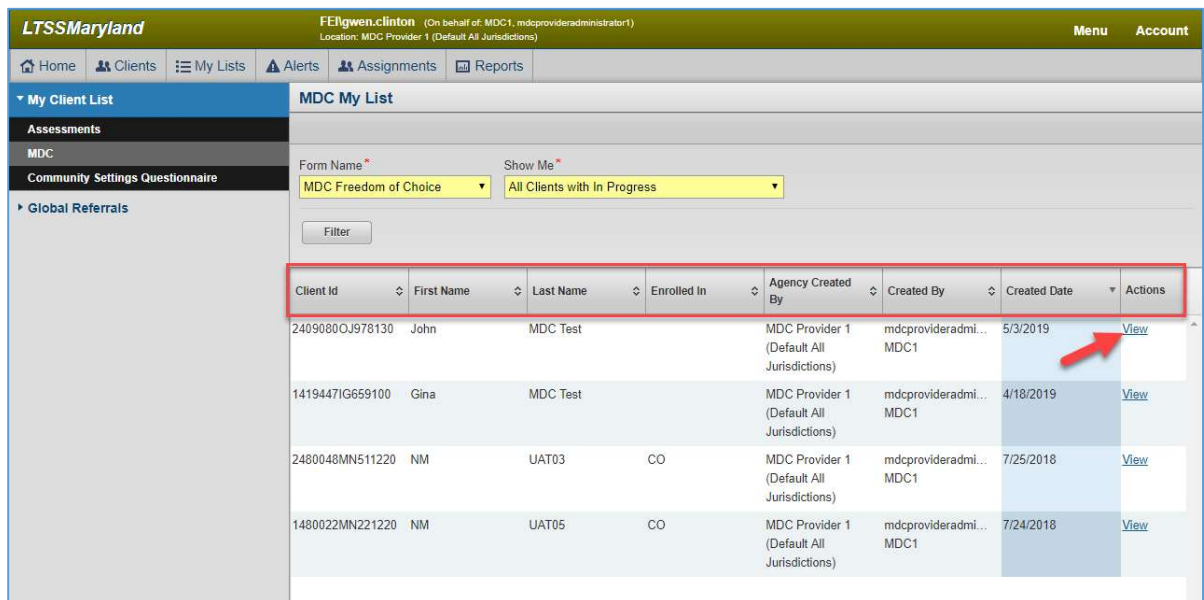


Figure 51-Clients In Progress

6. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Enrolled In**
- **Agency Created By**
- **Created By**
- **Created Date**
- **Actions: View**



Client Id	First Name	Last Name	Enrolled In	Agency Created By	Created By	Created Date	Actions
2409080OJ978130	John	MDC Test		MDC Provider 1 (Default All Jurisdictions)	mdcprovideradmi... MDC1	5/3/2019	<a href="#">View</a>
1419447IG659100	Gina	MDC Test		MDC Provider 1 (Default All Jurisdictions)	mdcprovideradmi... MDC1	4/18/2019	<a href="#">View</a>
2480048MN511220	NM	UAT03	CO	MDC Provider 1 (Default All Jurisdictions)	mdcprovideradmi... MDC1	7/25/2018	<a href="#">View</a>
1480022MN221220	NM	UAT05	CO	MDC Provider 1 (Default All Jurisdictions)	mdcprovideradmi... MDC1	7/24/2018	<a href="#">View</a>

Figure 52-My Lists View List

7. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable Discharge Planning form that is *In Progress*. The user may **Submit**, **Edit**, or **Delete** the form.

The screenshot shows the LTSS Maryland web application interface. The user is logged in as FEIgwen.clinton. The left navigation pane shows the 'MDC Freedom Of Choice' form selected under the 'Programs' section. The main content area displays the 'MDC Freedom of Choice' form with a status of 'In Progress'. The form includes a 'Client Consent' section with three radio button options for receiving services. Below this is an 'Explanation' text area containing the text 'test on april 18'. The 'Client Details' section shows the client name 'Gina MDC Test' and a 'MA #' field. The 'Signature' section has a 'Form Signed By' field with radio buttons for 'Client' and 'Authorized Representative'. At the top right of the form, there are buttons for 'Submit', 'Delete', and 'Collapse All'. A 'View' button is also present at the top right of the form header.

Figure 53-In Progress MDC FOC form

### 3.9.2 Clients with Clarification Requested FOC Forms

To view Clients with an MDC FOC form with a Request for Clarification from MDH:

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 Clarification Requested** to view any client for which the user is authorized
5. Click **Filter**:

The screenshot shows the 'MDC My List' section of the LTSS Maryland web application. The 'Form Name' dropdown is set to 'MDC Freedom of Choice'. The 'Show Me' dropdown is open, showing several options: 'All Clients with Clarification Requested', 'Select an item...', 'All Clients with In Progress', 'All Clients with Clarification Requested' (highlighted in blue), and 'All Clients with Pending MDH Review'. A red arrow points to the 'Filter' button at the bottom left of the dropdown menu.

Figure 54-Clients with Clarification Requested

6. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Agency Created By**
- **Submitted By**
- **MDH MDC Staff**
- **Date Clarification Requested**
- **Enrolled In**
- **Actions: View**

LTSSMaryland

FEHlgwen.clinton (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu

Account

Home

Clients

My Lists

Alerts

Assignments

Reports

My Client List

MDC My List

Assessments

MDC

Community Settings Questionnaire

Global Referrals

Form Name \*  
MDC Freedom of Choice

Show Me \*  
All Clients with Clarification Requested

Filter

Client Id	First Name	Last Name	Agency Created By	Submitted By	MDH MDC Staff	Date Clarification Requested	Enrolled In	Actions
2829231AJ248...	Jack	Sam	MDC Provider 1 (Default All Jurisdictions)	mdcproviderad...	dhmhmdcstaff4 DHMH	5/5/2019		<a href="#">View</a>
2079070ET097...	MDCScriptCle...	TS	MDC Provider 1 (Default All Jurisdictions)	mdcproviderad...	dhmhmdcstaff1 DHMH	4/25/2019	CFC	<a href="#">View</a>
2119133HC339...	Pat	Desmond	MDC Provider 1 (Default All Jurisdictions)	mdcproviderad...	dhmhmdcstaff1 DHMH	4/18/2019	CO	<a href="#">View</a>
1690279LS861...	Sloka	Test	MDC Provider 1 (Default All Jurisdictions)	mdcproviderad...	MDC1	3/15/2019		<a href="#">View</a>
2929474AV388...	vam	shak	MDC Provider 1 (Default All Jurisdictions)			6/28/2018		<a href="#">View</a>

Figure 55-My Lists View List



7. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable Discharge Planning form that has a Clarification Request. The user may Discard, **Submit**, **Edit**, or Discard the form.

The screenshot shows the LTSSMaryland interface for user FELgwen.clinton. The main header includes navigation links like Home, Clients, My Lists, Alerts, Assignments, Reports, and Client Details. The left sidebar lists various programs and applications, with 'MDC Freedom Of Choice' selected. The main content area displays the 'MDC Freedom of Choice' form for client Jack Sam. The form includes a 'Client Consent' section with three radio button options for service preferences. Below this is the 'Client Details' section with fields for Client Name (Jack Sam) and MA #. The 'Signature' section has fields for Form Signed By (Client or Authorized Representative), Signature Status (Not Signed), Date of Signature (07/18/2018), and an attestation statement. At the bottom, there are fields for Staff Name, Agency, and Date Submitted. The form status is 'MDC Freedom of Choice Status: Clarification Requested'. Action buttons for 'View', 'Submit', 'Discard', and 'Edit' are visible.

Figure 56-Clarification Requested MDC FOC form

### 3.9.3 Clients with Pending MDH Review FOC Forms

To view Clients with an MDC FOC form that is Pending MDH Review:

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 Pending MDH Review** to view any client for which the user is authorized
5. Click **Filter**:

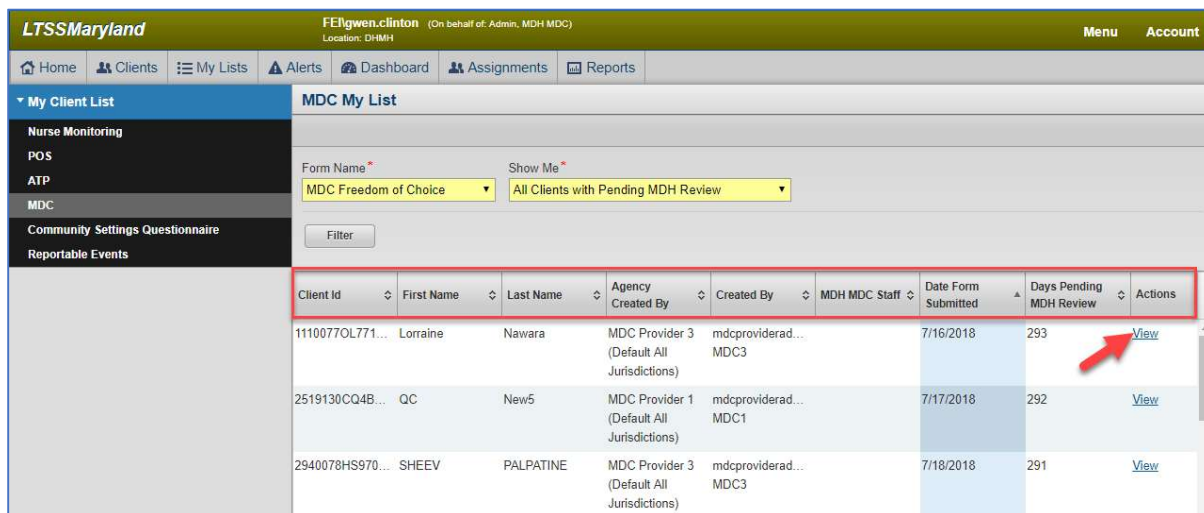
The screenshot shows the 'MDC My List' filter interface in the LTSSMaryland system. The 'Form Name' dropdown menu is set to 'MDC Freedom of Choice'. The 'Show Me' dropdown menu is set to 'All Clients with Pending MDH Review'. A red arrow points to the 'Filter' button at the bottom left of the filter area.



Figure 57-Clients with Pending MDH Review

6. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Agency Created By**
- **Created By**
- **MDH MDC Staff**
- **Date Form Submitted**
- **Days Pending MDH Review**
- **Actions: View**



Client Id	First Name	Last Name	Agency Created By	Created By	MDH MDC Staff	Date Form Submitted	Days Pending MDH Review	Actions
11100770L771...	Lorraine	Nawara	MDC Provider 3 (Default All Jurisdictions)	mdcproviderad...	MDC3	7/16/2018	293	<a href="#">View</a>
2519130CQ4B...	QC	New5	MDC Provider 1 (Default All Jurisdictions)	mdcproviderad...	MDC1	7/17/2018	292	<a href="#">View</a>
2940078HS970...	SHEEV	PALPATINE	MDC Provider 3 (Default All Jurisdictions)	mdcproviderad...	MDC3	7/18/2018	291	<a href="#">View</a>

Figure 58-My Lists View List

7. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable MDC Freedom of Choice form that is *Pending MDH Review*.

## 4 ADCAPS

The ADCAPS is a multi-part comprehensive assessment tool that is used in determining a client's needs as well as determining a plan of action to meet their specific goals. The ADCAPS focuses on a client's strengths, needs, abilities, and problem areas. The MDC Provider Nurse will re-evaluate these needs at various points throughout the client's enrollment in the waiver, including upon initial application and periodically thereafter.

While the MDC Provider user roles of the active Primary MDC Provider, active Additional MDC Provider, and pending Primary MDC Providers may view a client's ADCAPS, the ADCAPS may only be created by a Registered Nurse (MDC Provider Nurse user role).

**NOTE:** LTSS Maryland permissions restrict users from viewing client records that are not applicable to a Provider that is not actively serving the participant. For example, an MDC Provider Nurse would not be able to access and view an ADCAPS of a client to which their agency is not actively assigned or pending assignment. However, Providers will retain the ability to **View/Print** ADCAPS completed by their MDC Provider Nurses, even after the client is no longer assigned.

### 4.1 Workflow

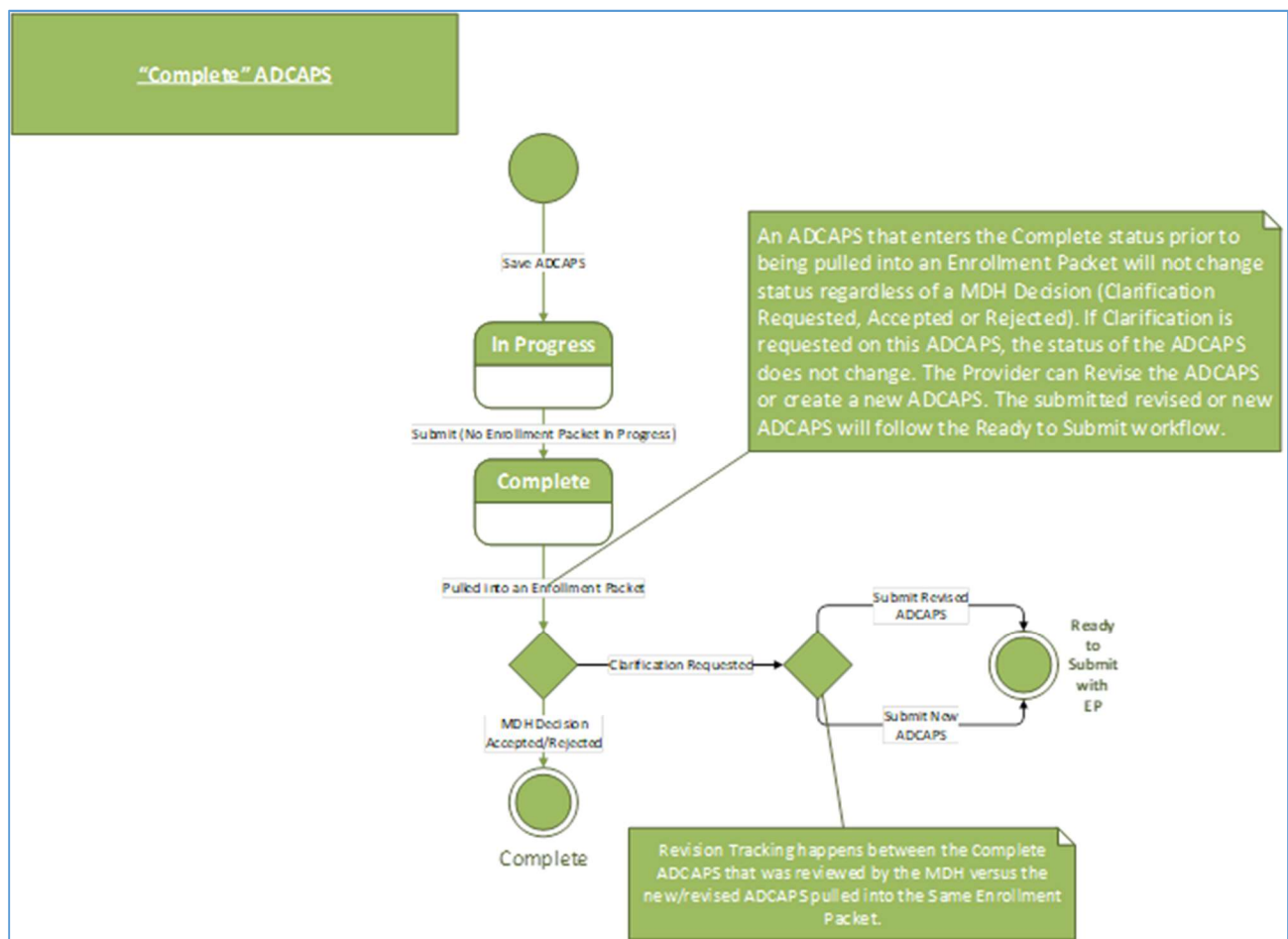


Figure 59-Workflow for ADCAPS

## 4.2 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 **ADCAPS** to expand and view.

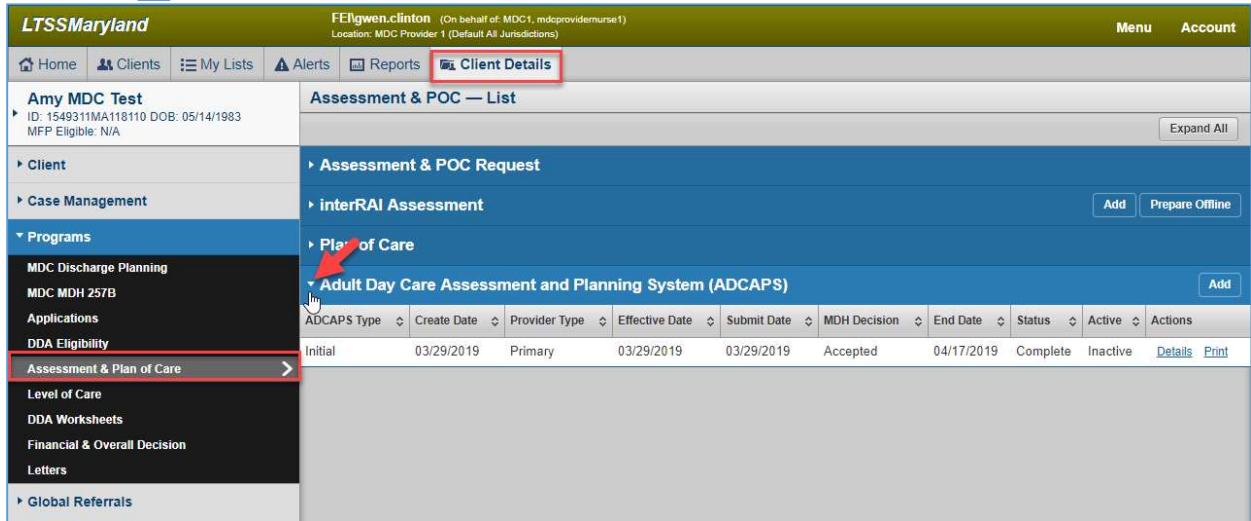


Figure 60-ADCAPS List View

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

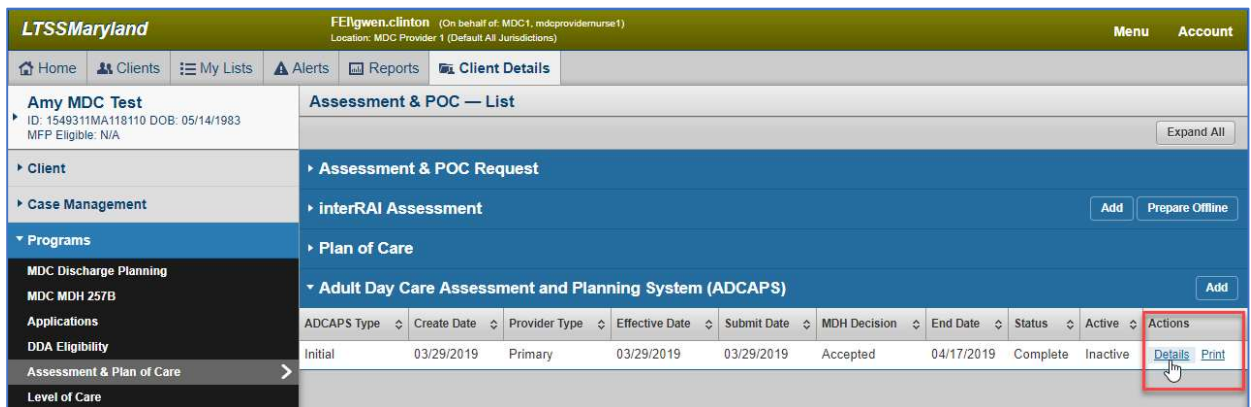


Figure 61-ADCAPS Details link

7. The 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.

Figure 62-ADCAPS Details

#### a. Overview Information

The **Overview Information** section contains client demographic information that is prepopulated from the Client Profile and Assessment Type information.

Figure 63-Overview Information

#### 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.

Each individual Section may be viewed by selecting the **View** hyperlink in the *Actions* column.

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	<a href="#">View</a>	
B. Disease Diagnosis	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
C. General Health	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
D. Neurological	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
E. Sensory	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
F. Cardiovascular	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
G. Respiratory	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
H. Genitourinary Status	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
I. Gastrointestinal Status	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
J. Musculoskeletal	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
K. Pain Frequency	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
L. Mental Health	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
M. Skin Integrity	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
N. Pressure Ulcers	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
O. ADLs and IADLs	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
P. Psychosocial	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
Q. Treatments	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
R. Transportation	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
S. Social Services	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
T. Medications	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
U. Activities	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>	
V. Comments	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a> <a href="#">Edit</a>	

Figure 64-Assessment

### 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 diagnosis identified during the ADCAPS assessment, CAPS triggered from the InterRAI, as well as Personal Goals identified by the client.

Problem(s)					<a href="#">View</a>
Create Date	Problem	Outcome	Addressed By Care Plan	Actions	
03/29/2019	test		test	<a href="#">Quick View</a>	
			test		
			test		
03/29/2019	test		test	<a href="#">Quick View</a>	

Figure 65-Problem(s)

#### 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.

Additionally, users may view the “*Next Review due by date*” within the Care Plan(s) view.

**NOTE:** This date is calculated 180-days from the last ADCAPS submit date, when the Care Plan section has been completed for the ADCAPS Type or the active ADCAPS has been Revised.

Care Plan(s) <span>View</span>									
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				09/25/2019	96 Days	<a href="#">Quick View</a>
Original	03/29/2019	test	test				09/25/2019	96 Days	<a href="#">Quick View</a>
Original	03/29/2019	test	test				09/25/2019	96 Days	<a href="#">Quick View</a>
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									

Figure 66-Care Plan(s)

#### e. MDC Service Plans(s)

The **MDC Service Plan(s)** section is where the MDC Provider Nurse will specify the number of days per week 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) <span>View</span>								
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	

Figure 67-MDC Service Plan(s)

#### f. Attachments

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

Attachments <span>View</span>				
Category	Description	Created Date	Created By	Filename
Medical Order		03/29/2019	MDC1, mdcprovidernurse1	<a href="#">Physician's Orders.pdf</a>
Signature Page		03/29/2019	MDC1, mdcprovidernurse1	<a href="#">MDC FOC form.pdf</a>

Figure 68-Attachments



### 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 <span>View</span>		
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

Figure 69-Signatures

### 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				

Figure 70-Workflow History and Revision Tracking

## 4.3 Add ADCAPS

The ADCAPS is conducted at various points throughout the client's tenure in the Medical Day Care Waiver Program. The ADCAPS can only be submitted by the client's Active Primary MDC Provider, Additional MDC Provider or Pending Primary MDC Provider, therefore users will see different options based on the type of ADCAPS being created. (I.e. Initial, 120 Day, Significant Change, Transfer)

To enable the user to create an MDC ADCAPS, the systems will validate the following within the client record:

- To add a Transfer ADCAPS, a VCT form must have been submitted (i.e. VCT is in "Pending MDH Review" or "Clarification Request" status).

#### NOTE:

- If the client is not currently enrolled (No 'Approved' Overall Decision form) and the user is the Active, Pending Primary/Additional Provider or former Primary/Additional Provider, the user is prompted to select the type of ADCAPS to create.
- Once the Transferring To Provider becomes the Pending Primary, and Submits their ADCAPS, the (Current Active Provider) Transferring From Provider's ADCAPS becomes Inactive. The Transferring To provider becomes the Primary Provider 7 days after their VCT is accepted by MDH.

## MDC PROVIDER GUIDE

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Assessments & Plan of Care**.
3. Click **Add** within the **ADCAPS** header.

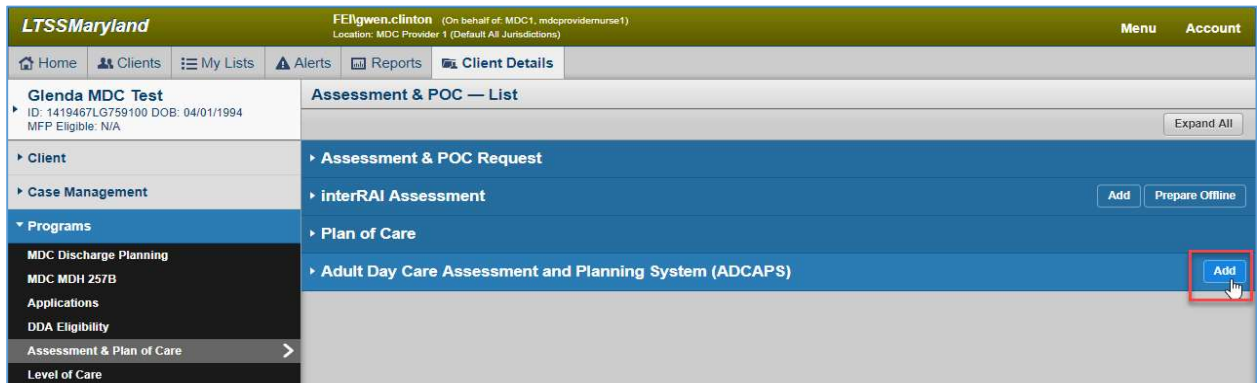


Figure 71-Add ADCAPS Form

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

4. Select **ADCAPS Type** the from drop down list:
  - For clients not currently enrolled in the MDC Waiver, the options in the ADCAPS type drop down are as shown below:

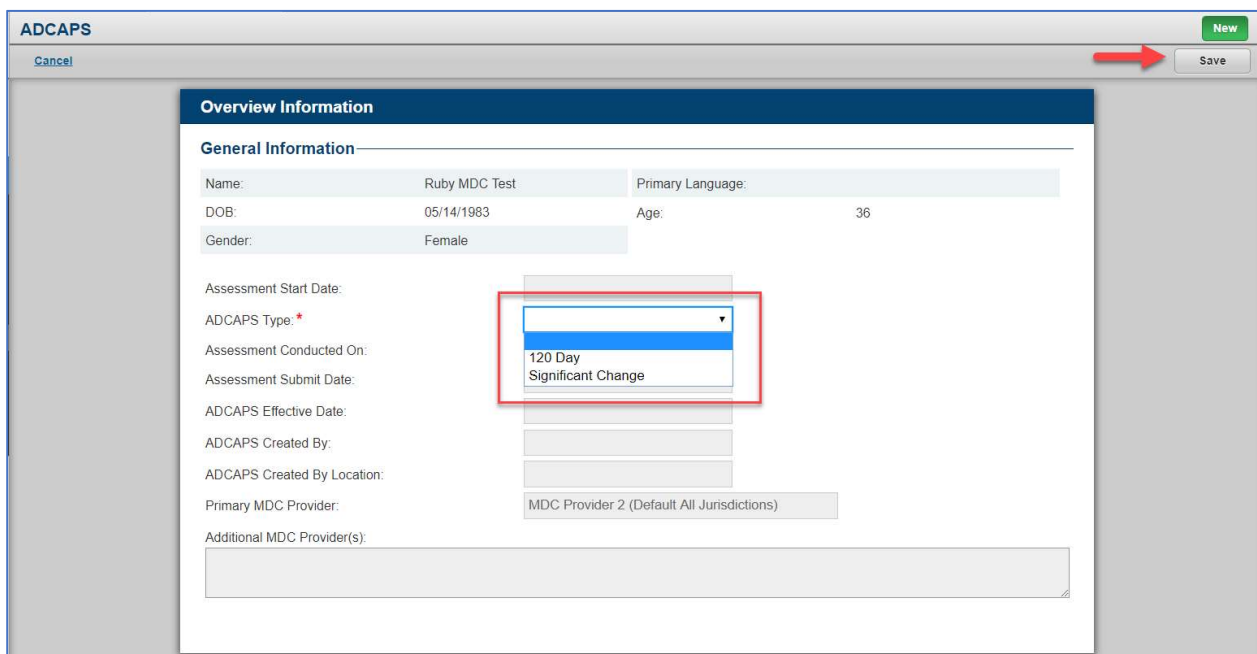


Figure 72-ADCAPS Type



5. Enter the Date that the Assessment was Conducted On and click **Save**.

The screenshot shows the ADCAPS 'Overview Information' form. The 'Assessment Conducted On' field is highlighted with a red box, and a calendar dropdown is open showing June 26, 2019. A red arrow points to the 'Save' button in the top right corner.

**ADCAPS**

Cancel New Save

**Overview Information**

**General Information**

Name: Ruby MDC Test Primary Language:

DOB: 05/14/1983 Age: 36

Gender: Female

Assessment Start Date:

ADCAPS Type: 120 Day

Assessment Conducted On:

Assessment Submit Date:

ADCAPS Effective Date:

ADCAPS Created By:

ADCAPS Created By Location:

Primary MDC Provider:

Additional MDC Provider(s):

June 2019


Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Wednesday, June 26, 2019

*Figure 73-Assessment Conducted On Date*

**NOTE:** For Initial & Transfer ADCAPS, the effective date is stored as the date that the MDC Provider begins the Assessment only if the assessment is submitted within 30 days of the Assessment begin date; otherwise, the effective date is stored as the ADCAPS submit date. For all other types of ADCAPS, the effective date is stored as the date that the ADCAPS enters the "Complete" status.

#### 4.4 Assessment

1. Select the  icon next to **Assessments** to expand the List view.
2. Select the **Start** under the Action column to **Start** the Assessment.

**LTSSMaryland** **FEligwen.clinton** (On behalf of: MDC1, mdgproviderurse1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

[Home](#) [Clients](#) [My Lists](#) [Alerts](#) [Reports](#) [Client Details](#)

**Glenda MDC Test**  
ID: 1419467LG759100 DOB: 04/01/1994  
MFP Eligible: N/A

**ADCAPS** Status: In Progress (Next Assessment Due Date: N/A) Summary

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

**Client** **Case Management**

**Assessment** Next Assessment Due Date: N/A Edit

Section Name	Status	Last Modified By	Last Modified Date	Actions
A. Allergies	Not Started		N/A	<a href="#">Start</a>
B. Disease Diagnosis	Not Started		N/A	<a href="#">Start</a>
C. General Health	Not Started		N/A	<a href="#">Start</a>
D. Neurological	Not Started		N/A	<a href="#">Start</a>
E. Sensory	Not Started		N/A	<a href="#">Start</a>
F. Cardiovascular	Not Started		N/A	<a href="#">Start</a>
G. Respiratory	Not Started		N/A	<a href="#">Start</a>
H. Genitourinary Status	Not Started		N/A	<a href="#">Start</a>
I. Gastrointestinal Status	Not Started		N/A	<a href="#">Start</a>
J. Musculoskeletal	Not Started		N/A	<a href="#">Start</a>
K. Pain Frequency	Not Started		N/A	<a href="#">Start</a>
L. Mental Health	Not Started		N/A	<a href="#">Start</a>
M. Skin Integrity	Not Started		N/A	<a href="#">Start</a>
N. Pressure Ulcers	Not Started		N/A	<a href="#">Start</a>
O. ADLs and IADLs	Not Started		N/A	<a href="#">Start</a>
P. Psychosocial	Not Started		N/A	<a href="#">Start</a>
Q. Treatments	Not Started		N/A	<a href="#">Start</a>
R. Transportation	Not Started		N/A	<a href="#">Start</a>
S. Social Services	Not Started		N/A	<a href="#">Start</a>
T. Medications	Not Started		N/A	<a href="#">Start</a>
U. Activities	Not Started		N/A	<a href="#">Start</a>
V. Comments	Not Started		N/A	<a href="#">Start</a>

288.7 MB

Figure 74-Assessments List view

3. Enter the Assessment details, including all required fields denoted with asterisk(s) \*\*

**NOTE:** Once a client's first ADCAPS Assessment is completed within LTSSMaryland, all sections (A through V) of the Assessment will automatically prepopulate from the most recent "Active" ADCAPS into the new Assessment for the subsequent ADCAPS type (**120 Day** or **Significant Change**). The MDC Provider Nurse must review the contents of each section to update where necessary and thoroughly complete each section for accuracy of the patient's current medical status. Once the updates and necessary edits are made, the user is required to verify the accuracy of prepopulated fields throughout the assessment. The user should select "Yes" for section question, *"Please confirm that you have reviewed the prepopulated information and that it appropriately reflects the individual's current status."*

The screenshot displays the 'ADCAPS Assessment' form. At the top, there are buttons for 'View' and 'Edit'. Below the title bar, there are links for 'Back to Summary' and 'Cancel', and buttons for 'Save & Next' and 'Save'. The main content area includes a text box for 'List all environmental allergies below:' with the word 'test' entered. Below this is a 'Comments' section with another text box containing 'test'. A red arrow points from the 'Comments' section down to a confirmation box. The confirmation box contains the text: 'Please confirm that you have reviewed the prepopulated information and that it appropriately reflects the individual's current status. \*\*'. At the bottom of this box are two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is selected and highlighted with a red rectangle.

4. Click **Save** to save your work and stay on the current page, **Save & Next** to save your work and continue to the next Assessment or **Cancel** to ignore the changes.

The screenshot displays the LTSS Maryland ADCAPS Assessment interface. The top navigation bar includes the user's name (FEIlgwen.clinton) and location (MDC Provider 1). The sidebar on the left contains a navigation menu with options like Home, Clients, My Lists, Alerts, Reports, and Client Details. The main content area is titled "ADCAPS Assessment" and includes a "Back to Summary" button and a "Cancel" button. The "A. Allergies" section contains three sub-sections: "1. Drug", "2. Food", and "3. Environmental", each with a text area for listing allergies. Below these is a "Comments" section with a text area. At the bottom, there is a confirmation prompt: "Please confirm that you have reviewed the prepopulated answers and that they are correct." with radio buttons for "Yes" and "No".

Figure 75-First Assessment page

5. Click **Back to Summary** to return to the **ADCAPS Summary** page after saving the page.

LTSS Maryland

FEIlgwen.clinton (On behalf of: MDC1, mdcprovidernurse1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Reports Client Details

Amy MDC Test  
ID: 1549311MA118110 DOB: 05/14/1983  
MFP Eligible: N/A

ADCAPS Assessment View Edit

Back to Summary Cancel Save & Previous Save

V. Comments

Additional Comments

Any additional comments or to further comment from an assessment area, please document below.

By: MDC1, mdcprovidernurse1 Date: Mar 29, 2019 09:54:44 AM  
Comment: test

By: MDC1, mdcprovidernurse1 Date: Mar 29, 2019 09:54:19 AM  
Comment: test


Comments:

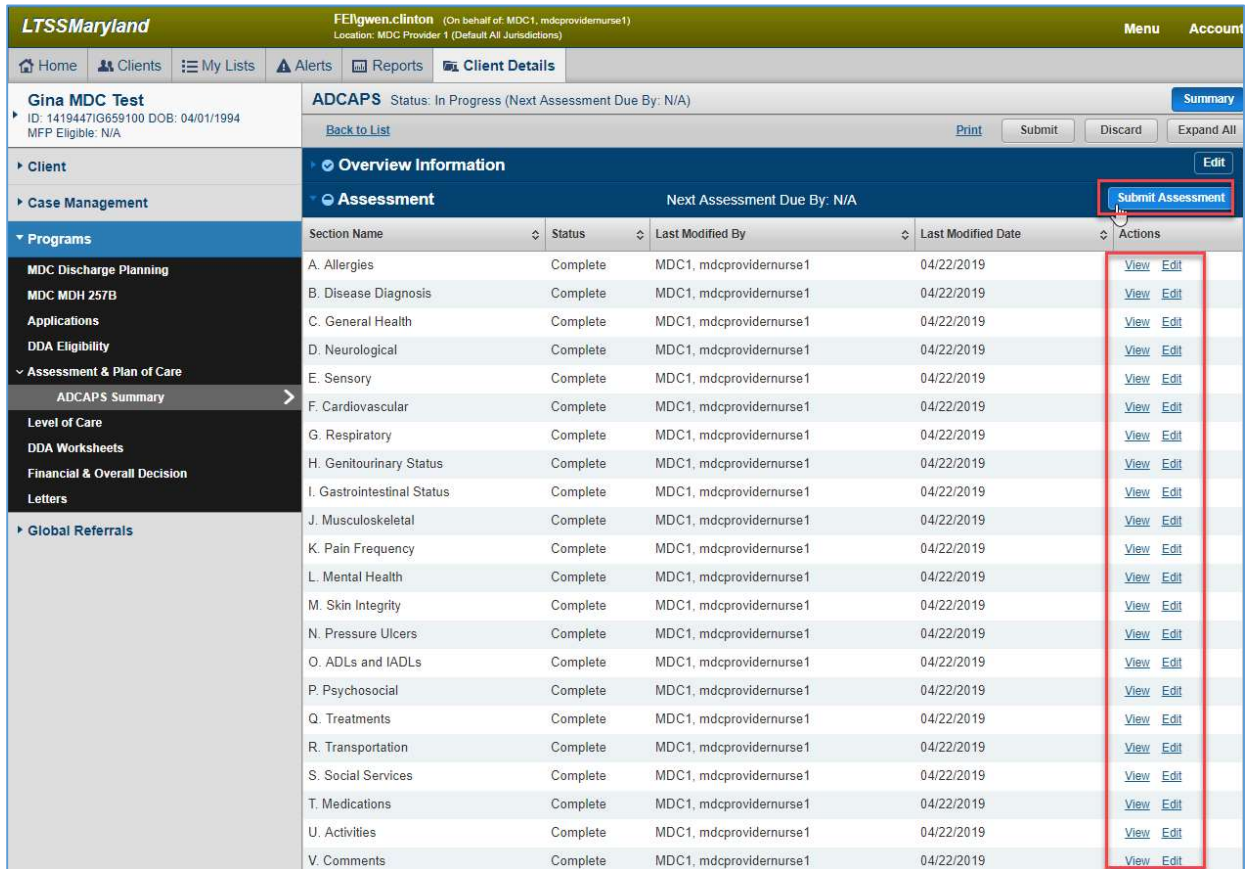
0 of 10000 character limit

Add Comment

2791.3 ms

Figure 76-Last Assessment page

4. Select the  icon next to **Assessment** to expand and view the list. The Action column contains hyperlinks to **View** or **Edit** the individual sections of the Assessment if needed.



The screenshot displays the LTSS Maryland ADCAPS interface for a client named Gina MDC Test. The interface shows the 'Assessment' section expanded, listing various assessment items (A through V) with their status (Complete) and last modified date (04/22/2019). The 'Submit Assessment' button is highlighted in the top right corner, and the 'View' and 'Edit' links in the Actions column are highlighted in the bottom right corner.


Section Name	Status	Last Modified By	Last Modified Date	Actions
A. Allergies	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
B. Disease Diagnosis	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
C. General Health	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
D. Neurological	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
E. Sensory	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
F. Cardiovascular	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
G. Respiratory	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
H. Genitourinary Status	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
I. Gastrointestinal Status	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
J. Musculoskeletal	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
K. Pain Frequency	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
L. Mental Health	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
M. Skin Integrity	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
N. Pressure Ulcers	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
O. ADLs and IADLs	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
P. Psychosocial	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
Q. Treatments	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
R. Transportation	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
S. Social Services	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
T. Medications	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
U. Activities	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>
V. Comments	Complete	MDC1, mdcprovidernurse1	04/22/2019	<a href="#">View</a> <a href="#">Edit</a>

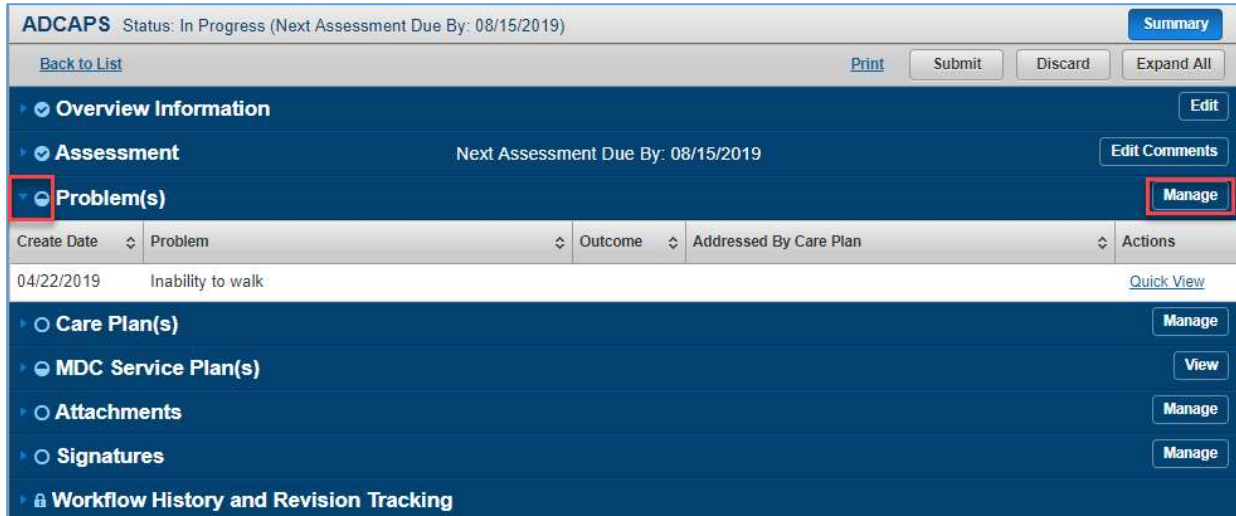
Figure 77-Submit Assessments

**NOTE:** The “Submit Assessment” option is available after completing all required information in each Assessment successfully with no errors. Should there be any errors within the Assessment, a hyperlink that says, **Check Errors** shall display next to the applicable section. The user will be directed to the part of the section that requires updating upon selection of the hyperlink.

#### 4.5 Problem(s)

Every Problem identified must have at least one or more Care Plans even when a Diagnosis is not indicated. At least one Personal Goal must be entered on the Problem page.

1. Select the  icon next to **Problem(s)** to expand and view the list.
2. Click **Manage** to add any issues or concerns identified after completing the Assessment.



ADCAPS Status: In Progress (Next Assessment Due By: 08/15/2019) [Summary](#)

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

Overview Information [Edit](#)

Assessment Next Assessment Due By: 08/15/2019 [Edit Comments](#)

**Problem(s)** [Manage](#)

Create Date	Problem	Outcome	Addressed By Care Plan	Actions
04/22/2019	Inability to walk			<a href="#">Quick View</a>

Care Plan(s) [Manage](#)

MDC Service Plan(s) [View](#)

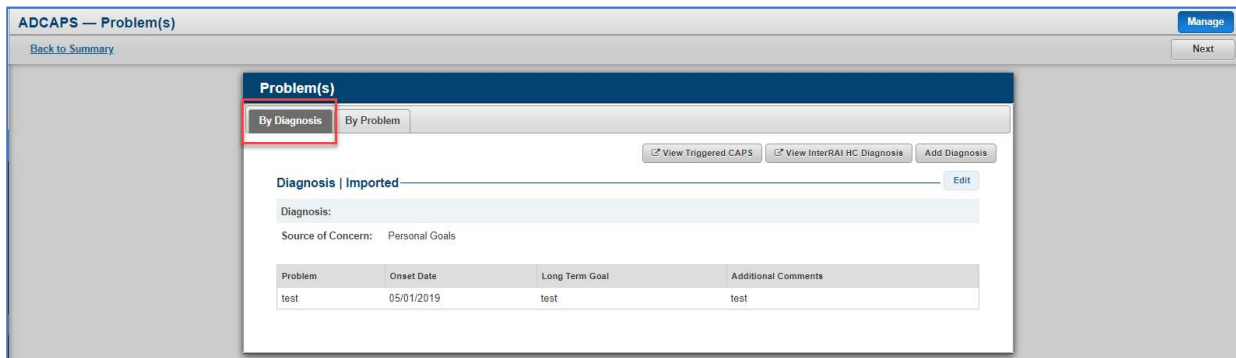
Attachments [Manage](#)

Signatures [Manage](#)

Workflow History and Revision Tracking

Figure 78-Problem(s) page

3. Click the **By Diagnosis** tab.



ADCAPS — Problem(s) [Manage](#)

[Back to Summary](#) [Next](#)

**Problem(s)**

**By Diagnosis** [By Problem](#)

[View Triggered CAPS](#) [View InterRAI HC Diagnosis](#) [Add Diagnosis](#)

Diagnosis | Imported [Edit](#)

Diagnosis:

Source of Concern: Personal Goals

Problem	Onset Date	Long Term Goal	Additional Comments
test	05/01/2019	test	test

Figure 79-Problem By Diagnosis

4. Click on **Add Diagnosis**.

The screenshot shows the 'ADCAPS — Problem(s)' window. Inside, there's a 'Problem(s)' sub-window with tabs for 'By Diagnosis' and 'By Problem'. The 'By Diagnosis' tab is active, showing a 'Diagnosis | Imported' section. A red box highlights the 'Add Diagnosis' button in the top right corner of the sub-window. Below the button, there's a table with columns: Problem, Onset Date, Long Term Goal, and Additional Comments. The table contains one row with 'test' in the first three columns and 'test' in the last column.

Figure 80-Add Diagnosis

5. Upon selection, the user will then indicate the **Source of Concern**:a. **ADCAPS Assessment:** By making this selection, the user has the following options:

- Select one of the values entered in section B. *Disease Diagnosis*, which will populate for selection within the Assessment Diagnoses field.
- Search for ICD-10 Codes
- Enter free text (e.g. Nursing Diagnosis)

The screenshot shows the 'New Diagnosis' window. Under 'Diagnosis Information', the 'Source of Concern' dropdown is set to 'ADCAPS Assessment'. The 'Assessment Diagnoses' dropdown is open, showing a list of diagnoses, with 'A000: Cholera due to Vibrio cholerae 01, biovar cholerae' selected. A red arrow points to this selection. Below the dropdowns is a table with columns: Problem, Onset Date, Long Term Goal, and Additional Comments. The table contains one row with 'test' in the first three columns and 'test' in the last column. At the bottom are 'Cancel' and 'Save & Close' buttons.

b. **Triggered CAPS:** By making this selection, the user may search and enter any applicable diagnoses in the most recently submitted InterRAI Assessment.

The screenshot shows the 'New Diagnosis' window. Under 'Diagnosis Information', the 'Source of Concern' dropdown is set to 'Triggered CAPS'. The 'Diagnosis' field is empty. To the right of the field are 'Search' and 'Clear' buttons. A red arrow points to the 'Search' button. Below the field is a table with columns: Problem, Onset Date, Long Term Goal, and Additional Comments. The table contains one row with 'test' in the first three columns and 'test' in the last column. At the bottom are 'Cancel' and 'Save & Close' buttons.



- c. **Personal Goals:** By making this selection, *the user will meet the requirement of addressing at least 1 Personal Goal* with the Care Plan. The user may search for a diagnosis code if applicable or may enter free text in the **Diagnosis** field that is relevant to the patient's personal goal.

**New Diagnosis**

**Diagnosis Information**

Source of Concern: Personal Goals

Diagnosis:

<input type="checkbox"/>	Problem	Onset Date	Long Term Goal	Additional Comments
<input type="checkbox"/>	test	05/01/2019	test	test

6. To use an ICD-10 Diagnosis code, the user may Search the Coded Concept, and then click **Select** from the applicable option within the search results list.

**Search**

Coded Concept:  Search

Code	Description	Actions
Y9301	Activity, walking, marching and hiking	<a href="#">Select</a>
Y93K1	Activity, walking an animal	<a href="#">Select</a>
R262	Difficulty in walking, not elsewhere classified	<span style="border: 1px solid red; padding: 2px;"><a href="#">Select</a></span>
F513	Sleepwalking [somnambulism]	<a href="#">Select</a>

Figure 81-Search Diagnosis

7. Select **Save & Close**.

New Diagnosis

**Diagnosis Information**

Source of Concern: \* ADCAPS Assessment

Assessment Diagnoses: A000: Cholera due to Vibrio ch

Diagnosis: \* A000: Cholera due to Vibrio ch...

Search Clear

<input type="checkbox"/> Problem	Onset Date	Long Term Goal	Additional Comments
<input type="checkbox"/> test	05/01/2019	test	test

Cancel Save & Close

Figure 82-Save Diagnosis

8. Select the **By Problem** tab and click **Add Problem**.

ADCAPS — Problem(s) Manage

[Back to Summary](#) [Next](#)

**Problem(s)**

By Diagnosis **By Problem**

Add Problem

Problem | Imported Edit

Problem: test Onset Date: 05/01/2019

Long Term Goal: test Additional Comments: test

Diagnosis	Source of Diagnosis
No data to display.	

Figure 83-Add Problem

9. Enter the **Problem**, **Long Term Goal**, **Onset Date**, and **Additional Comments**.

New Problem

Problem Information

Problem: \*

Long Term Goal: \*

Onset Date: \*

Additional Comments: \*

<input type="checkbox"/> Diagnosis	Source of Concern
<input type="checkbox"/>	Personal Goals
<input type="checkbox"/> A000: Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae	ADCAPS Assessment

Cancel

Save & Close

Figure 84-Complete Problem

10. Link the **Problem** to the related **Diagnosis** by selecting the checkbox in the Diagnosis section.

New Problem

Problem Information

Problem: \*  
Test

Long Term Goal: \*  
Test

Onset Date: \*  
6/26/2019

Additional Comments: \*  
Test

<input type="checkbox"/>	Diagnosis	Source of Concern
<input type="checkbox"/>		Personal Goals
<input checked="" type="checkbox"/>	A000: Cholera due to Vibrio cholerae 01, biovar cholerae	ADCAPS Assessment

Cancel

Save & Close

Figure 85-Link Problem to Diagnoses

11. Once the Problem has been associated to one or more diagnoses, select **Save & Close**.

Onset Date: \*

6/26/2019

Additional Comments: \*

Test

Diagnosis	Source of Concern
<input type="checkbox"/>	Personal Goals
<input checked="" type="checkbox"/> A000: Cholera due to Vibrio cholerae 01, biovar cholerae	ADCAPS Assessment

Cancel Save & Close

Figure 86-Save Problem

11. Click **“Next”** option to proceed to the **Care Plan** pages.

ADCAPS — Problem(s)

Back to Summary

Manage

Next

Problem(s)

By Diagnosis By Problem

View Triggered CAPS View InterRAI HC Diagnosis Add Diagnosis

Diagnosis | Imported

Diagnosis:

Source of Concern: Personal Goals

Problem	Onset Date	Long Term Goal	Additional Comments
test	05/01/2019	test	test

Figure 87-Problems list

**NOTE:** Users may **Edit** or **Delete** Problem(s) sub-sections when the ADCAPS is *“In Progress”*

## 4.6 Care Plan(s)

Each Care Plan must address one or more Problems within the ADCAPS. Users will have the ability to import active Care Plans into a new ADCAPS when adding the *120-day* or *Significant Change* ADCAPS. This import will populate the “Unlinked Care Plans” list, allowing the MDC Provider Nurse to link the Care Plans to one or more Problems, thus resetting the Care Plan due date. Providers must address each imported Care Plan by linking it to a Problem. To add a Care Plan:

1. Select **Manage** from the **Care Plan(s)** banner within the ADCAPS summary.

The screenshot shows the ADCAPS Summary page for a client. The 'Care Plan(s)' banner is visible, and the 'Manage' button is highlighted with a red box. The page includes a sidebar with navigation options like Overview Information, Assessment, Problem(s), Care Plan(s), MDC Service Plan(s), Attachments, Signatures, and Workflow History and Revision Tracking. The 'Care Plan(s)' banner also shows a 'Next Assessment Due By: N/A' and buttons for 'Edit Comments', 'Manage', 'View', and 'Manage'.

2. Enter the Care Plan details in the **required fields** highlighted fields annotated with **asterisk(s)**. To add medications, click on **Add New Medications** to search for medications.

The screenshot shows the LTSS Maryland ADCAPS — Care Plan(s) page. The page is divided into a left sidebar with navigation options and a main content area. The main content area has a 'Care Plan Information' section with several required fields highlighted in yellow: 'Expected Outcome/Short Term Goals: \*' (containing 'Walk without support'), 'Services, Approaches, Interventions, and Provider Type: \*' (containing 'Physical therapy'), 'Amount/Frequency/Duration: \*' (containing 'Twice a week'), and 'Comments: \*' (containing 'Training test'). Each field has a character limit indicator. At the bottom, there is a 'Medication(s)' section with a table and an 'Add New Medication' button highlighted with a red box. The table has columns for Name, Dose, Unit, Route, Frequency, PRN, and Actions. The text 'No data to display.' is shown below the table.

Figure 88-Add Care Plan(s) page

3. Enter medication keyword for related problem(s), then Click **Search**.

Search

Search Details

Search

Medication	Actions
Motrin Cold and Flu	<a href="#">Select</a>
Motrin Migraine Pain	<a href="#">Select</a>
Motrin Cold Childrens	<a href="#">Select</a>
Motrin Childrens	<a href="#">Select</a>
Motrin IB Sinus	<a href="#">Select</a>
Motrin Junior Strength	<a href="#">Select</a>
Motrin Sinus Headache	<a href="#">Select</a>
Motrin	<a href="#">Select</a>
Motrin PM	<a href="#">Select</a>

Figure 89-Search Medication

- Then link the applicable problem or problems that the Care Plan will address by selecting the related problem **check box(s)** under the **Problem(s)** column.

ADCAPS — Care Plan(s)

Back to Summary

0 of 500 character limit

Amount/Frequency/Duration: \*

0 of 500 character limit

Comments: \*

0 of 500 character limit

Using the tables below, select the items you would like to link to the Care Plan.

Medication(s)

+ Add New Medication

<input type="checkbox"/>	Name	Dose	Unit	Route	Frequency	PRN	Actions
No data to display.							

Problem(s)

<input type="checkbox"/>	Problem	Onset Date	Diagnosis	Long Term Goal	Additional Comments
<input checked="" type="checkbox"/>	test	05/01/2019	test	test	test

Figure 90-Link Care Plan to Problem

- Click **Add Plan** at the bottom of the Care Plan(s) page.

LTSS Maryland

FELIgwen.clinton (On behalf of: MDC1\_mdcprovidernurse1)

Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Reports Client Details

Glenda MDC Test

ID: 1419467LG759100 DOB: 04/01/1994

MFP Eligible: N/A

Client

Case Management

Programs

MDC Discharge Planning

MDC MDH 257B

Applications

DDA Eligibility

Assessment & Plan of Care

ADCAPS Summary

Overview

Assessment

Problem(s)

Care Plan(s)

MDC Service Plan

Attachments

Signatures

Level of Care

DDA Worksheets

24139.0 MIS

792.3 MIS

18.6 MIS

25.7 MIS

18.9 MIS

17.4 MIS

23.6 MIS

17.8 MIS

17.2 MIS

3334.0 MIS

15002.4 MIS

48.1 MIS

47.0 MIS

ADCAPS — Care Plan(s)

Back to Summary

Next

0 of 500 character limit

Amount/Frequency/Duration: \*

Twice a week

12 of 500 character limit

Comments: \*

Training test

13 of 500 character limit

Using the tables below, select the items you would like to link to the Care Plan.

Medication(s)

+ Add New Medication

<input type="checkbox"/>	Name	Dose	Unit	Route	Frequency	PRN	Actions
<input checked="" type="checkbox"/>	Motrin	3	mg (milligram)	PO (by mouth/oral)	Q8H (every 8 hours)	No	Edit Delete

Problem(s)

<input checked="" type="checkbox"/>	Problem	Onset Date	Diagnosis	Long Term Goal	Additional Comments
<input checked="" type="checkbox"/>	Inability to walk	09/16/2019	R262: Difficulty in walking, not elsewhere classified	Provide support	Requires assistance with walker
<input checked="" type="checkbox"/>	Sprained arm	09/16/2019	R262: Difficulty in walking, not elsewhere classified	Provide support	Requires assistance to use walker

+ Add Care Plan

Figure 91- Add Care Plan



6. Scroll down to bottom of page to view the **Care Plan(s)** list and options.

**ADCAP — Care Plan(s)**
Manage

[Back to Summary](#)
Next

**Problem(s)**

<input checked="" type="checkbox"/>	Problem	Onset Date	Diagnosis	Long Term Goal	Additional Comments
<input checked="" type="checkbox"/>	Inability to walk	09/16/2019	R262: Difficulty in walking, not elsewhere classified	Provide support	Requires assistance with walker
<input checked="" type="checkbox"/>	Sprained arm	09/16/2019	R262: Difficulty in walking, not elsewhere classified	Provide support	Requires assistance to use walker

Add CarePlan

**Care Plan #1**
Edit
Delete

**Expected Outcome/Short term Goals:**  
Walk with out supporting device

**Services, approaches, Interventions, and Provider Type:**  
Physical Therapy

**Amount/Frequency/Duration:**  
Twice weekly

**Comments:**  
Training test

**Medications**

Name	Dose	Unit	Route	Frequency	PRN
No data to display.					

**Problems**

Problem	Onset Date	Diagnosis	Long Term Goal	Additional Comments
Inability to walk	09/16/2019	R262: Difficulty in walking, not elsewhere classified	Provide support	Requires assistance with walker

Figure 92-Care Plan(s) pages

**NOTE:** Upon creation of an initial Care Plan, the Care Plan has yet to be linked to the problem. Additionally, upon creation of a 120 Day or Significant Change ADCAPS, the previously linked Care Plans will be unlinked, allowing the user to review, edit, update, and link as applicable.

The Care Plan(s) List view may display **Unlinked Care Plan(s)** section in which users must Manage and edit to Link with a related problem.

ADCAPS Status: In Progress (Next Assessment Due By: N/A) Summary

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

- Overview Information
- Assessment Next Assessment Due By: N/A Edit Comments
- Problem(s) Manage
- Care Plan(s)** Manage

**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
No data available in table									

**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
Imported	05/06/2019	test							<a href="#">Quick View</a>

- MDC Service Plan(s) View
- Attachments Manage
- Signatures Manage
- Workflow History and Revision Tracking

Figure 93-View Unlinked Care Plans

7. Click **“Next”** option to proceed to the **MDC Service Plan** pages.

DCAPS — Care Plan(s) Manage

[Back to Summary](#) Add CarePlan

---

**Care Plan #1** Edit Delete

Expected Outcome/Short term Goals:  
Walk with out supporting device

Services, approaches, Interventions, and Provider Type:  
Physical Therapy

Amount/Frequency/Duration:  
Twice weekly

Comments:  
Training test

Medications					
Name	Dose	Unit	Route	Frequency	PRN
No data to display.					

Problems				
Problem	Onset Date	Diagnosis	Long Term Goal	Additional Comments
Inability to walk	09/16/2019	R262: Difficulty in walkin g, not elsewhere classifie d	Provide support	Requires assistance with walker

---

**Care Plan #2** Edit Delete

Expected Outcome/Short term Goals:  
Get dress with out support.

Services, approaches, Interventions, and Provider Type:  
Physical therapy

Amount/Frequency/Duration:  
Twice weekly

Comments:  
Training test

Medications					
Name	Dose	Unit	Route	Frequency	PRN
No data to display.					

Problems				
Problem	Onset Date	Diagnosis	Long Term Goal	Additional Comments
Sprained arm	09/16/2019		Provide support	Requires assistance to us e walker

Figure 94-Saved Problem

#### 4.7 MDC Service Plan(s)

MDC Service Plan(s) specifies the number of days that a client will be attending the Medical Day Care Center as well as rate and number of weeks of attendance. MDC Service Plans are required in order to submit ADCAPS. The provider should not add more days than indicated in the medical order. If a client is attending more than one center, the cumulative total number of days between centers should not exceed the number recommended in the medical order.

1. Click **Edit** within the **MDC Service Plan** banner of the **ADCAPS** summary page.

ADCAPS — MDC Service Plan

Back to Summary

Next Collapse All

**MDC Service Plan** Edit

**Service Information**

Provider: MDC Provider 1 (Default All Jurisdictions)

Service Plan Type: Original

**Frequency Type**

Weekly

No. of days per week (Recommended in the Medical Order): (max value is 7)

No. of days per week (on which your center will provide the MDC Service): (max value is 7)

How many weeks: (max value is 52)

Rate(\$): \$74.50

Annual Cost(\$):

Reason for Service/Service Details:

**MDC Provider Service Plan Information**

**Provider #1**

MDC Provider: MDC Provider 2 (Default All Jurisdictions)

Providing Services On:

Figure 95-MDC Service Plan(s) section

2. Enter the details and click **Save and Next** to continue to **Attachments**.

ADCAPS — MDC Service Plan

View Edit

Cancel Save Next

### MDC Service Plan

#### Service Information

Provider: MDC Provider 1 (Default All Jurisdictions)

Service Plan Type: Original

#### Frequency Type

☒ Weekly

No. of days per week (Recommended in the Medical Order):  max value is 7

No. of days per week (on which your center will provide the MDC Service):  max value is 7

How many weeks:  max value is 52

Rate(\$): 74.50

Annual Cost(\$):

Reason for Service/Service Details:

#### MDC Provider Service Plan Information

**Provider #1**

MDC Provider: MDC Provider 2 (Default All Jurisdictions)

Providing Services On:

Figure 96-MDC Service Plan

## 4.8 Attachments

The purpose of this section is to add supporting documents related to ADCAPS. The MDC Provider Admin, MDC Provider Staff, and MDC Provider Nurse may add attachments to the participant's ADCAPS record(s).

1. Click **Choose File**, navigate to file location and select the file location and filename from your local PC documents.

**Attachment**

**New Document**

File Name: \* Choose File No file chosen

Category: \* ▼

Description:

Add Attachment Cancel

New Attachments ⓘ						
Category	Description	Created Date	Created By	Filename	Actions	
No data available in table						

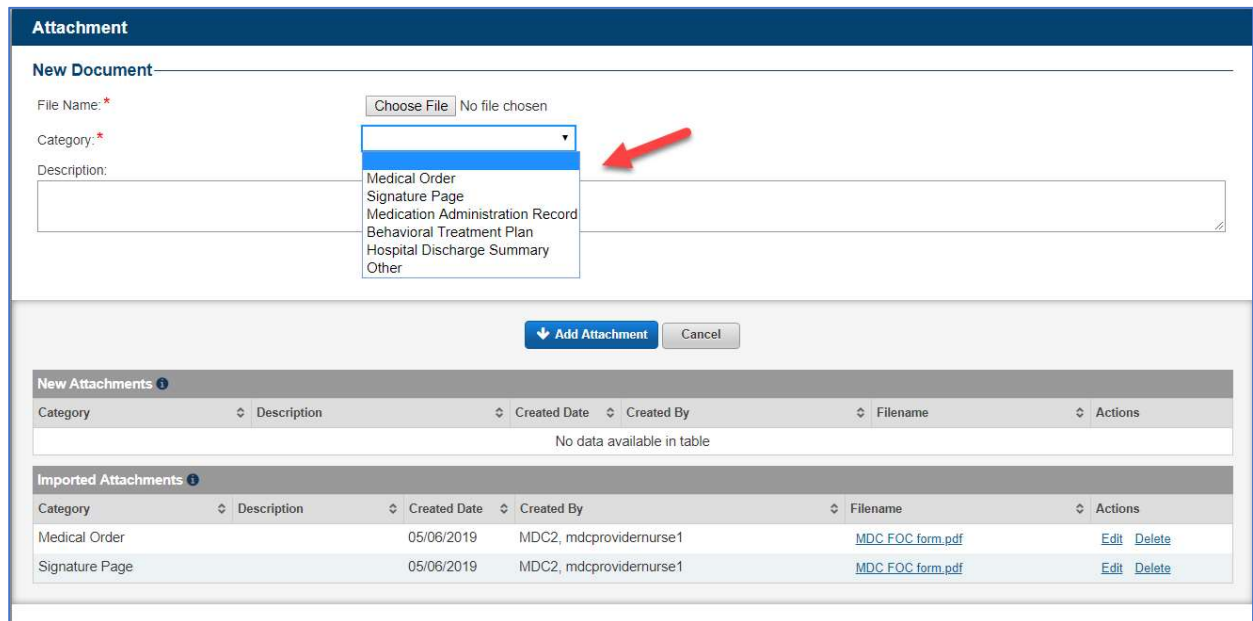
Imported Attachments ⓘ						
Category	Description	Created Date	Created By	Filename	Actions	
Medical Order		05/06/2019	MDC2, mdcprovidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
Signature Page		05/06/2019	MDC2, mdcprovidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

Figure 97: Attachment filename

**NOTE: NAMING CONVENTION FOR REQUIRED ADCAPS ATTACHMENTS:**

***Name of Attachment\_First and Last Initial\_Date of Form***

- Example for **Medical Order**:  
Medical Order completed for Jane Doe on June 3, 2019 would be saved as,  
**MEDORDER\_JD\_06032019**
- Example for **Signature Page**:  
Signatures completed for Jane Doe on June 8, 2019 would be saved as,  
**SIGNPAGE\_JD\_06082019**

2. Select the **Category**.


**Attachment**

**New Document**

File Name: \*  No file chosen

Category: \* 

▼

Medical Order  
Signature Page  
Medication Administration Record  
Behavioral Treatment Plan  
Hospital Discharge Summary  
Other

Description:

**New Attachments** ⓘ

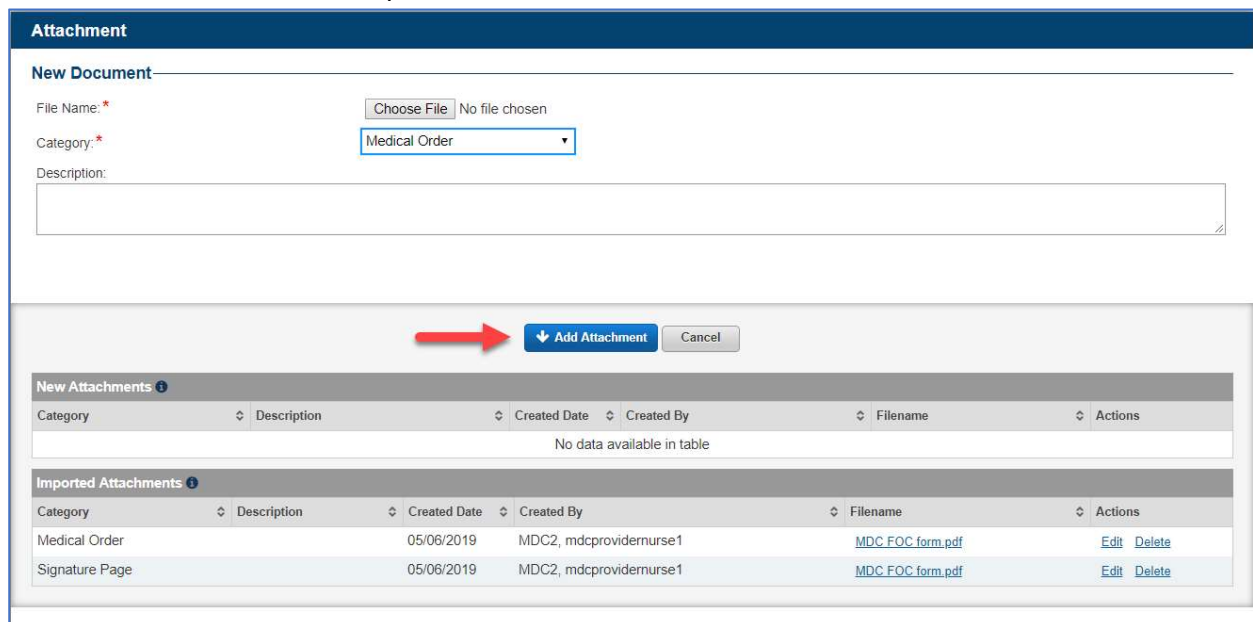
Category	Description	Created Date	Created By	Filename	Actions
No data available in table					

**Imported Attachments** ⓘ

Category	Description	Created Date	Created By	Filename	Actions
Medical Order		05/06/2019	MDC2, mdcprovidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Signature Page		05/06/2019	MDC2, mdcprovidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>

Figure 98: Attachment Category

**NOTE:** When adding an Initial, 120 Day, Significant Change, or Transfer ADCAPS, the Medical Order and Signature Page attachment categories are required for the submission.

3. Select **Add Attachment** to import the document to the **New Attachments** section.


**Attachment**

**New Document**

File Name: \*  No file chosen

Category: \* 

▼

Medical Order

Description:

**New Attachments** ⓘ

Category	Description	Created Date	Created By	Filename	Actions
No data available in table					

**Imported Attachments** ⓘ

Category	Description	Created Date	Created By	Filename	Actions
Medical Order		05/06/2019	MDC2, mdcprovidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Signature Page		05/06/2019	MDC2, mdcprovidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>

**NOTE:** Once an Initial ADCAPS has been submitted, those attachments will display in subsequent ADCAPS Revisions in the **Imported Attachments** (Attachments added in the last active ADCAPS) section; and, the addition of attachments in the new ADCAPS type will be captured under the **New Attachments** section.

The image displays two screenshots of the MDC Provider Guide interface, specifically the 'Attachment' section. Both screenshots show a 'New Document' form at the top with fields for 'File Name', 'Category', and 'Description'. Below the form are 'Add Attachment' and 'Cancel' buttons. The interface is divided into two main sections: 'New Attachments' and 'Imported Attachments'. In the top screenshot, the 'Imported Attachments' table is active, showing two rows of data. In the bottom screenshot, the 'New Attachments' table is active, showing no data. Red arrows in both screenshots point to the respective tabs.

**Attachment**

**New Document**

File Name: \*  Choose File | No file chosen

Category: \*

Description:

**New Attachments**

Note: This table contains attachments that have been imported from the previous ADCAPS.

Category	Description	Created Date	Created By	Filename	Actions
No data available in table					

**Imported Attachments**

Category	Description	Created Date	Created By	Filename	Actions
Medical Order		05/06/2019	MDC2, mdcpvidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Signature Page		05/06/2019	MDC2, mdcpvidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>

**Attachment**

**New Document**

File Name: \*  Choose File | No file chosen

Category: \*

Description:

**New Attachments**

Note: This table contains newly uploaded documents.

Category	Description	Created Date	Created By	Filename	Actions
No data available in table					

**Imported Attachments**

Category	Description	Created Date	Created By	Filename	Actions
Medical Order		05/06/2019	MDC2, mdcpvidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Signature Page		05/06/2019	MDC2, mdcpvidernurse1	<a href="#">MDC FOC form.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>



4. The user may view, download, or print the attachment by clicking the **hyperlink** that is displayed with the filename.

Click **Next** to continue to **Signatures** page.

ADCAPS - Attachments

[Back to Summary](#) [Next](#)

**Attachment**

**New Document**

File Name:  Choose File No file chosen

Category:

Description:

[Add Attachment](#) [Cancel](#)

Category	Description	Created Date	Created By	Filename	Actions
Medical Order		04/22/2019	MDC1, mdcprovidernurse1	<a href="#">Medical Order.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Signature Page		04/22/2019	MDC1, mdcprovidernurse1	<a href="#">Signature Page.pdf</a>	<a href="#">Edit</a> <a href="#">Delete</a>

Figure 99: Download Attachment

## 4.9 Signatures

Signatures are required to submit ADCAPS. The original signature form with ink signatures are required to upload as an attachment. Additionally, users must electronically sign ADCAPS for the Signature of the MDC Provider Nurse and Client or their Authorized Representative. The MDC Provider Staff is optional.

### 4.9.1 MDC Provider Nurse

#### 1. Click **Sign**

The screenshot shows the LTSS Maryland ADCAPS - Signatures page. The client details for Gina MDC Test are displayed on the left. The main section shows the 'Signatures' table with columns: Type, Signature Name, Signature Date, and Actions. The table lists three signatures: MDC Provider Nurse, Client or Client Representative, and MDC Provider Staff. A red box highlights the 'Sign' button in the Actions column for the MDC Provider Nurse row.

Figure 100-Sign

2. Select the **check box** for each the attestation.
3. Enter the **Date**.
4. Click **Save Signature** to add to the Signatures list.

The screenshot shows the ADCAPS - Signatures page with the 'Signatures' form open. The form includes a section for 'MDC Provider Nurse Signature' with two checkboxes for attestation. Below the checkboxes are fields for Type (MDC Provider Nurse), Name (MDC1, mdcpvidemurse1), and Signature Date (04/23/2019). A red box highlights the 'Save Signature' button. The 'Current Signatures' table at the bottom shows the MDC Provider Nurse signature being added.

Figure 101-MDC Provider Nurse Signature

## 4.9.2 Client or Client Representative

1. Click **Sign**.

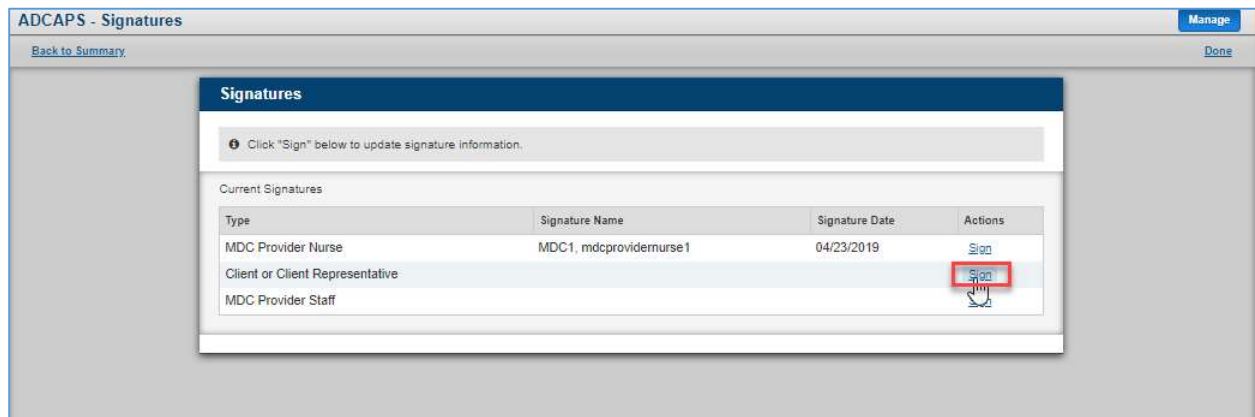


Figure 102-Sign

2. Select the **check box** for the attestation.
3. Click the **Type** drop down arrow and Select **Client** (name is pre-populated) or **Client Representative**.
4. Enter the **Date**.
5. Click **Save Signature** to add to the Signatures list.

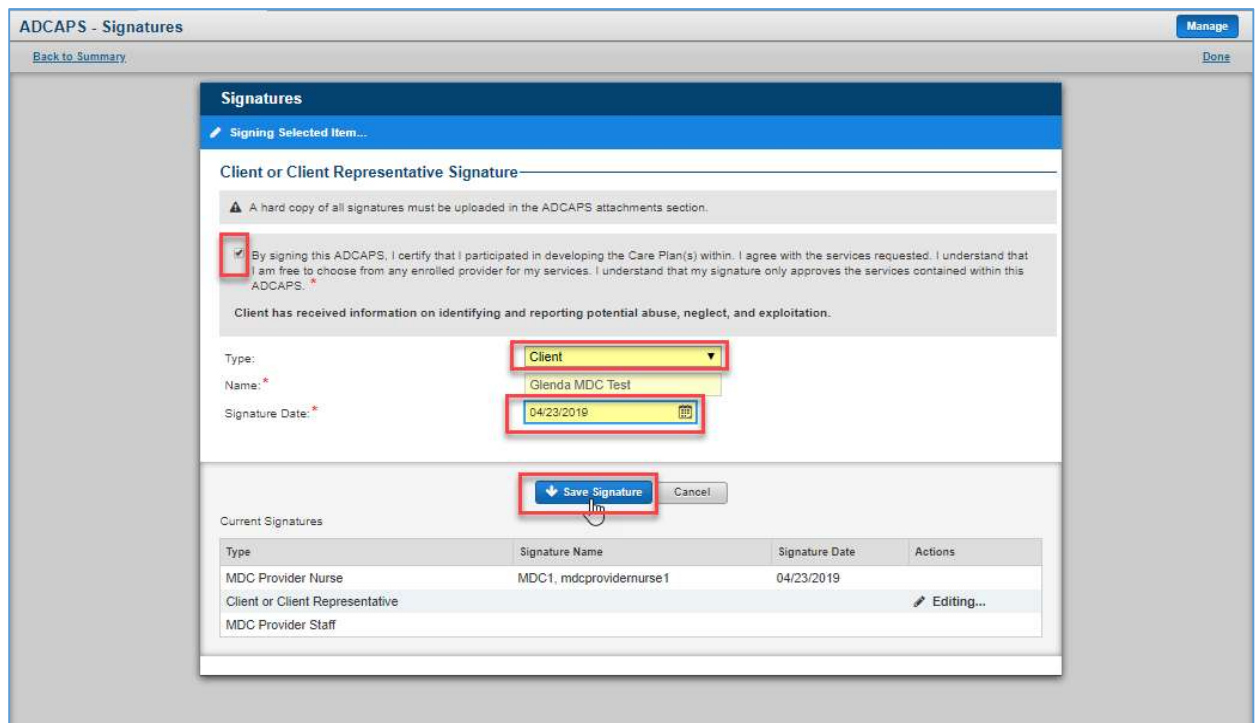


Figure 103-Client or Client Representative Signature

## 4.9.3 MDC Provider Staff

**NOTE:** This selection is optional

1. Click **Sign**.

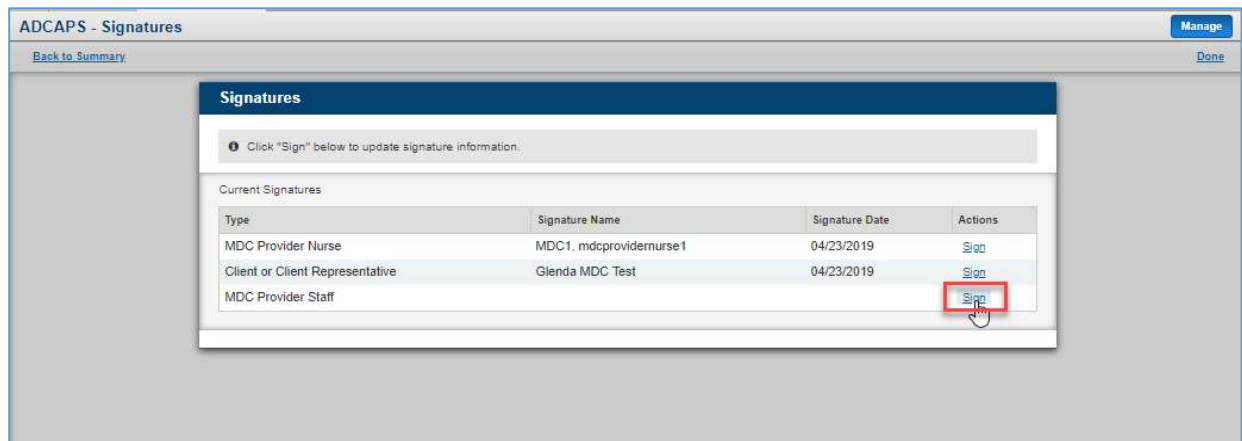


Figure 104-Sign

2. Click the **Name** drop down arrow and Select the **MDC Provider Staff**.
3. Enter the **Date**.
4. Click **Save Signature** to add to the Signatures list.

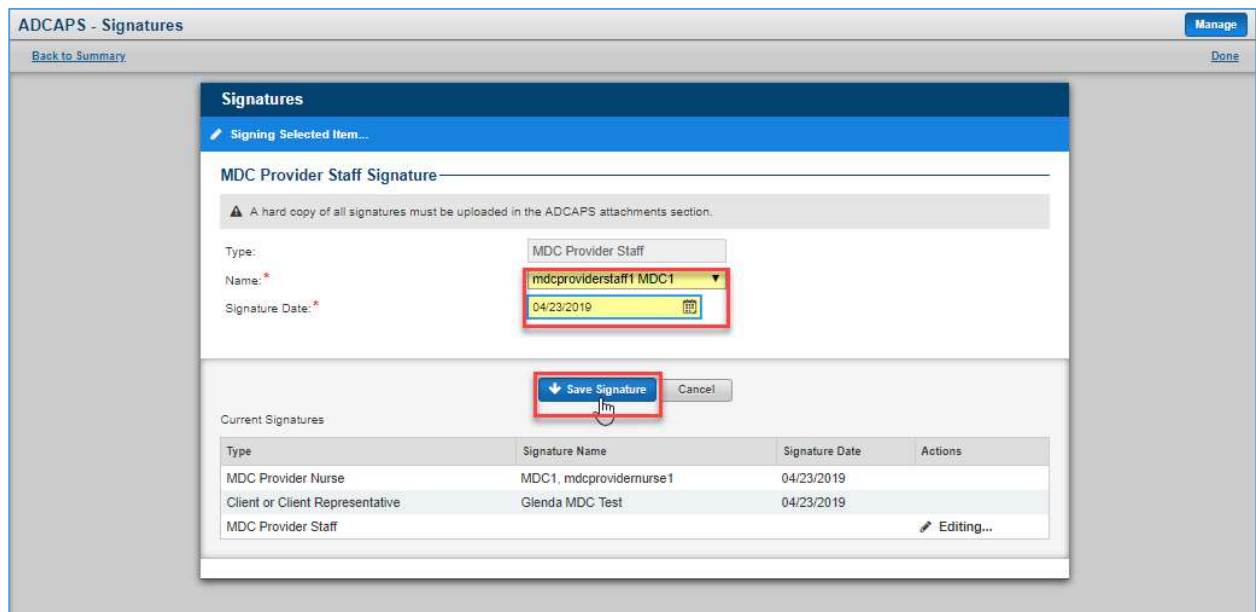



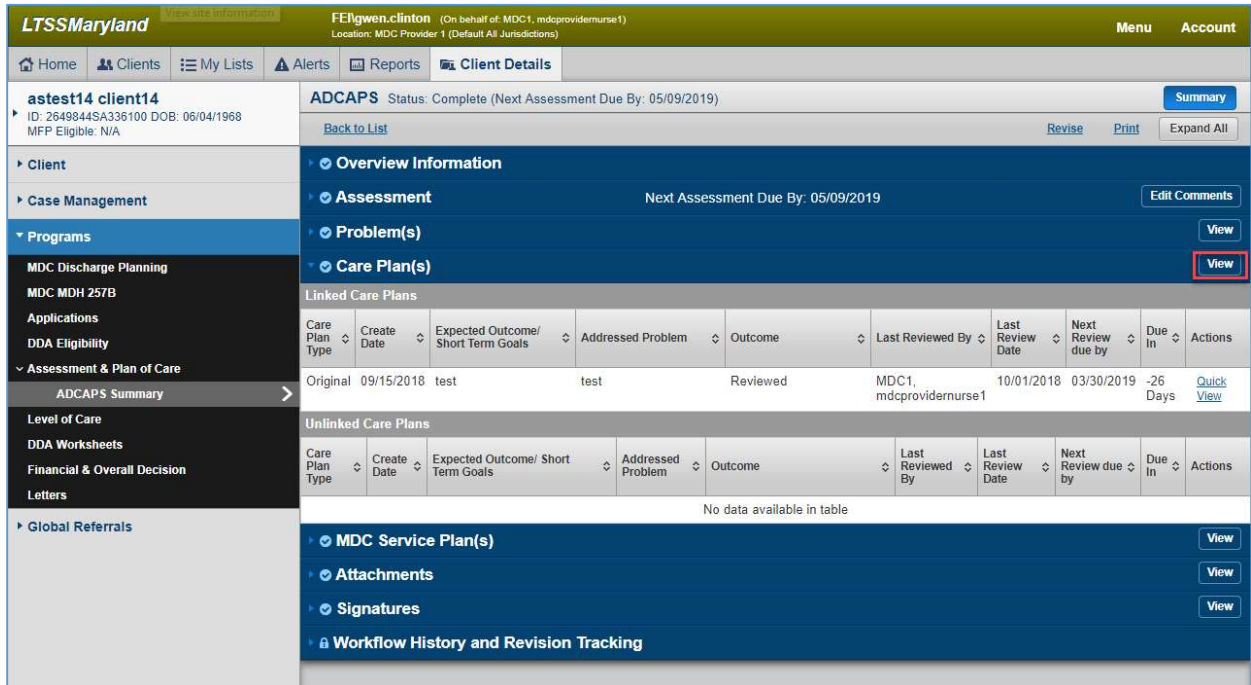
Figure 105-Provider Staff Signature

#### 4.10 Review Care Plan (Active ADCAPS)

The review of each Care Plan is *required at least every 180 days*. The submission of a reviewed Care Plan requires the signature and attestation of the MDC Provider Nurse and results in the automatic update of the next Care Plan Review due date.

**NOTE:** Review of the Care Plan only does not require the user to upload the Signature page to the Attachments section, nor does it require the user to complete the Signature section of the ADCAPS.

1. Select the  icon next to **Care Plan(s)** to expand and view the details on the ADCAPS Summary page.
2. Click **View** on the Care Plan(s) blue banner.



**LTSS Maryland** [View Site Information](#) **FELgwen.clinton** (On behalf of: MDC1, mdcprovidernurse1)  
Location: MDC Provider 1 (Default All Jurisdictions) **Menu** **Account**

[Home](#) [Clients](#) [My Lists](#) [Alerts](#) [Reports](#) [Client Details](#)

**astest14 client14**  
ID: 2649844SA336100 DOB: 06/04/1968  
MFP Eligible: N/A

**ADCAPS** Status: Complete (Next Assessment Due By: 05/09/2019) [Summary](#)

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

**Client**

**Case Management**

**Programs**

MDC Discharge Planning

MDC MDH 257B

**Applications**

DDA Eligibility

**Assessment & Plan of Care**

ADCAPS Summary

**Level of Care**

DDA Worksheets

Financial & Overall Decision Letters

**Global Referrals**

**ADCAPS Summary**

**Overview Information**

**Assessment** Next Assessment Due By: 05/09/2019 [Edit Comments](#)

**Problem(s)** [View](#)

**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	09/15/2018	test	test	Reviewed	MDC1, mdcprovidernurse1	10/01/2018	03/30/2019	-26 Days	<a href="#">Quick View</a>

**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									

**MDC Service Plan(s)** [View](#)

**Attachments** [View](#)

**Signatures** [View](#)

**Workflow History and Revision Tracking**

Figure 106-Care Plan(s) List view

3. Select **Review**.

**LTSSMaryland** FEIlgwen.clinton (On behalf of MDC1, mdcproviderumse1) Menu Account  
 Location: MDC Provider 1 (Default All Jurisdictions)

Home Clients My Lists Alerts Reports **Client Details**

**astest14 client14**  
 ID: 2649844SA336100 DOB: 06/04/1968  
 MFP Eligible: N/A

Client

Case Management

Programs

MDC Discharge Planning

MDC MDH 257B

Applications

DDA Eligibility

Assessment & Plan of Care

ADCAPS Summary

Assessment

Problem(s)

Care Plan(s)

MDC Service Plan

Attachments

Signatures

Level of Care

DDA Worksheets

Financial & Overall Decision

Letters

Global Referrals

**ADCAPS — Care Plan(s)** View

[Back to Summary](#) Next

**Care Plan(s)**

**Care Plan #1 | Reviewed** Review

Expected Outcome/Short term Goals:  
test

Services, approaches, Interventions, and Provider Type:  
test

Amount/Frequency/Duration:  
test

Comments:  
test

**Review**

Results/Outcome:  
Reviewed

Additional Comments:

Medications						
Name	Dose	Unit	Route	Frequency	PRN	
No data to display.						

Problems				
Problem	Onset Date	Diagnosis	Long Term Goal	Additional Comments
test	01/03/2019		test	test

Figure 107-Care Plan(s) Review page

- Click on the drop-down arrow to select the **Results/Outcome** and select **Reviewed**.
- Select the **check box** for Signature attestation, then click **Submit**.

**LTSS Maryland** FEHlgwen.clinton (On behalf of: MDC1, mdcprovidernurse1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Reports **Client Details**

**astest14 client14**  
ID: 2649844SA336100 DOB: 06/04/1968  
MFP Eligible: N/A

**Care Plan Review** New Submit

**Review Information**

Results/Outcome: Reviewed

Additional Comments:

**MDC Provider Nurse Signature**

☒ I do hereby attest that the information is true, accurate, and complete to the best of my knowledge. I also attest that I am the Authorized Clinician who completed the assessment for this plan.

Signature Name: MDC1, mdcprovidernurse1

Signature Date: 04/25/2019

**Care Plan | Reviewed**

Expected Outcome/Short term Goals:  
test

Services, approaches, Interventions, and Provider Type:  
test

Amount/Frequency/Duration:  
test

Comments:  
test

**Review**

Results/Outcome:  
Reviewed

1513.0 ms

Figure 108-Care Plan(s) Review Information page

6. Once the Care Plan is reviewed, the Care Plan card header is updated to reflect that it has been reviewed.

**Care Plan(s)**

**Care Plan #1 | Reviewed**

Review

**Expected Outcome/Short term Goals:**  
test

**Services, approaches, Interventions, and Provider Type:**  
test

**Amount/Frequency/Duration:**  
test

**Comments:**  
test

**Review**

**Results/Outcome:**  
Reviewed

**Additional Comments:**

**Medications**

Name	↕	Dose	↕	Unit	↕	Route	↕	Frequency	↕	PRN	↕
No data to display.											

**Problems**

Problem	↕	Onset Date	↕	Diagnosis	↕	Long Term Goal	↕	Additional Comments	↕
test		05/01/2019				test		test	



7. Click **Back to Summary** to return to the ADCAPS Summary page.

**LTSS Maryland** FElgwen.clinton (On behalf of: MDC1, mdcpvdmurse1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Reports Client Details

**astest14 client14**  
ID: 2649844SA336100 DOB: 06/04/1968  
MFP Eligible: N/A

**ADCAPS — Care Plan(s)** View

[Back to Summary](#) Next

**Care Plan(s)**

**Care Plan #1 | Reviewed | Imported** Review

Expected Outcome/Short term Goals:  
test

Services, approaches, Interventions, and Provider Type:  
test

Amount/Frequency/Duration:  
test

Comments:  
test

**Review**

Results/Outcome:  
Reviewed

Additional Comments:

**Medications**

Name	Dose	Unit	Route	Frequency	PRN
No data to display.					

**Problems**

Problem	Onset Date	Diagnosis	Long Term Goal	Additional Comments
test	01/03/2019		test	test

Figure 109-Care Plan(s) Submission

#### 4.11 Discard ADCAPS

The ability to Discard an ADCAPS is only available when it is in the status, “*In Progress*”. Once the ADCAPS enters the or “*Complete*” status, the option is no longer displayed.

**NOTE:** If a VCT submitted by the *Transferring To* MDC Provider is **Rejected** while their **Transfer ADCAPS** is “*In Progress*”, that ADCAPS is immediately discarded.

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. Click **Details** next to the ADCAPS form in the status.

LTSS Maryland																																																	
FEIlgwen.clinton (On behalf of: MDC1, mdcprovidernurse1) Location: MDC Provider 1 (Default All Jurisdictions)																																																	
Menu Account																																																	
Home Clients My Lists Alerts Reports Client Details																																																	
astest14 client14 ID: 2649844SA336100 DOB: 06/04/1968 MFP Eligible: N/A		Assessment & POC — List																																															
Client		Assessment & POC Request																																															
Case Management		InterRAI Assessment																																															
Programs		Plan of Care																																															
MDC Discharge Planning		Adult Day Care Assessment and Planning System (ADCAPS)																																															
MDC MDH 257B		Add																																															
Applications		<table border="1"> <thead> <tr> <th>ADCAPS Type</th> <th>Create Date</th> <th>Provider Type</th> <th>Effective Date</th> <th>Submit Date</th> <th>MDH Decision</th> <th>End Date</th> <th>Status</th> <th>Active</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>Initial-Revised</td> <td>04/25/2019</td> <td>Additional</td> <td>04/25/2019</td> <td>04/25/2019</td> <td></td> <td>N/A</td> <td>Complete</td> <td>Active</td> <td><a href="#">Details</a> <a href="#">Print</a> <a href="#">Revise</a></td> </tr> <tr> <td>Initial</td> <td>09/15/2018</td> <td>Additional</td> <td>09/15/2018</td> <td>09/15/2018</td> <td></td> <td>04/25/2019</td> <td>Complete</td> <td>Inactive</td> <td><a href="#">Details</a> <a href="#">Print</a></td> </tr> <tr> <td>Initial-Revised</td> <td>04/25/2019</td> <td></td> <td>04/25/2019</td> <td>N/A</td> <td></td> <td>N/A</td> <td>In Progress</td> <td>Inactive</td> <td><a href="#">Details</a> <a href="#">Print</a></td> </tr> </tbody> </table>								ADCAPS Type	Create Date	Provider Type	Effective Date	Submit Date	MDH Decision	End Date	Status	Active	Actions	Initial-Revised	04/25/2019	Additional	04/25/2019	04/25/2019		N/A	Complete	Active	<a href="#">Details</a> <a href="#">Print</a> <a href="#">Revise</a>	Initial	09/15/2018	Additional	09/15/2018	09/15/2018		04/25/2019	Complete	Inactive	<a href="#">Details</a> <a href="#">Print</a>	Initial-Revised	04/25/2019		04/25/2019	N/A		N/A	In Progress	Inactive	<a href="#">Details</a> <a href="#">Print</a>
ADCAPS Type	Create Date	Provider Type	Effective Date	Submit Date	MDH Decision	End Date	Status	Active	Actions																																								
Initial-Revised	04/25/2019	Additional	04/25/2019	04/25/2019		N/A	Complete	Active	<a href="#">Details</a> <a href="#">Print</a> <a href="#">Revise</a>																																								
Initial	09/15/2018	Additional	09/15/2018	09/15/2018		04/25/2019	Complete	Inactive	<a href="#">Details</a> <a href="#">Print</a>																																								
Initial-Revised	04/25/2019		04/25/2019	N/A		N/A	In Progress	Inactive	<a href="#">Details</a> <a href="#">Print</a>																																								
Assessment & Plan of Care																																																	
Level of Care																																																	
DDA Worksheets																																																	
Financial & Overall Decision																																																	
Letters																																																	
Global Referrals																																																	

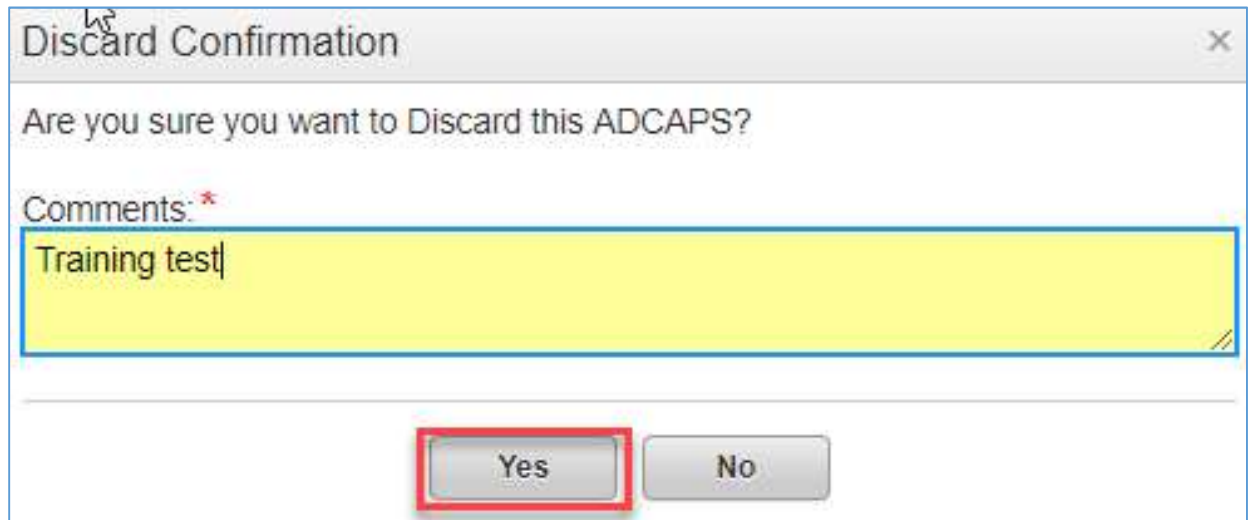
Figure 110-ADCAPS List View

5. Select **Discard**.

LTSS Maryland									
FEIlgwen.clinton (On behalf of: MDC1, mdcprovidernurse1) Location: MDC Provider 1 (Default All Jurisdictions)									
Menu Account									
Home Clients My Lists Alerts Reports Client Details									
Samantha Test ID: 1269912IV139101 DOB: 12/06/1999 MFP Eligible: N/A		ADCAPS Status: In Progress (Next Assessment Due By: N/A)							
Client		Back to List <a href="#">Print</a> <a href="#">Submit</a> <a href="#">Discard</a> <a href="#">Expand All</a>							
Case Management		Overview Information <a href="#">Edit</a>							
Programs		Assessment <a href="#">Manage</a>							
MDC Discharge Planning		Problem(s) <a href="#">Manage</a>							
MDC MDH 257B		Care Plan(s) <a href="#">Manage</a>							
Applications		MDC Service Plan(s) <a href="#">View</a>							
DDA Eligibility		Attachments <a href="#">Manage</a>							
Assessment & Plan of Care		Signatures <a href="#">Manage</a>							
ADCAPS Summary		Workflow History and Revision Tracking							
Level of Care									
DDA Worksheets									
Financial & Overall Decision									
Letters									
Global Referrals									

Figure 111-Discard ADCAPS form

6. Complete the required **Comments** to explain the reason for discard and select **Yes** in the confirmation window.



Discard Confirmation

Are you sure you want to Discard this ADCAPS?

Comments: \*

Training test

Yes No


*Figure 112-Discard Confirmation*

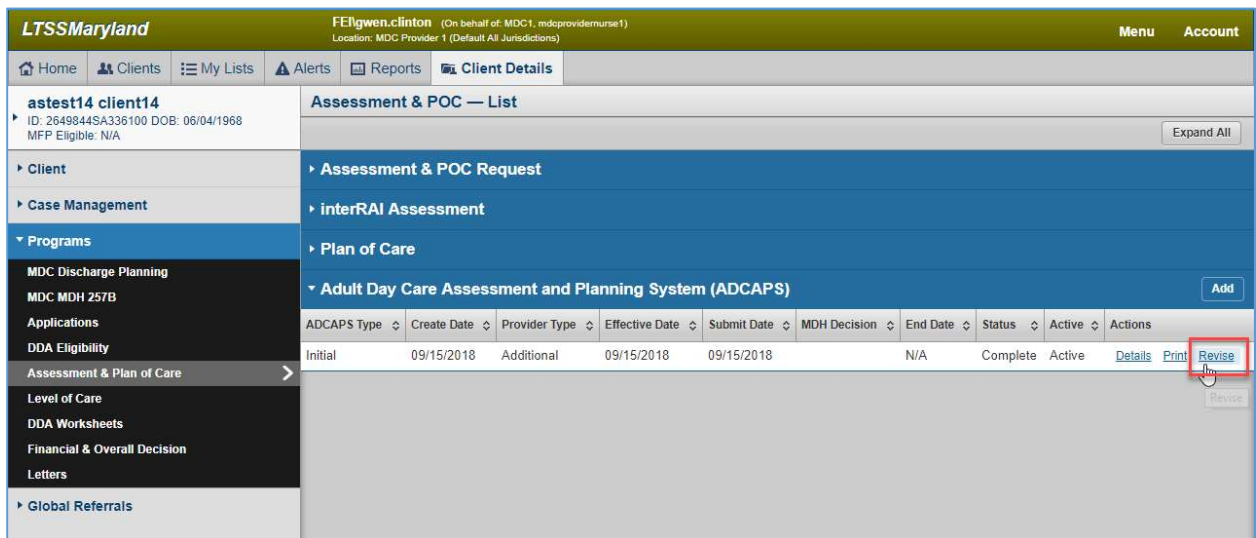
#### 4.12 Revise Active ADCAPS

A revision can occur because of a change in the client's condition, or an MDH Clarification Request during the Enrollment Packet review process. The revision is only applicable to an ADCAPS that has entered the "Complete" status, and the ADCAPS is *Active*.

A revision does not reset the 120-day ADCAPS Assessment calendar like the *Initial*, *Transfer*, *120-Day* or *Significant Change* ADCAPS because it does not require a new assessment.

**NOTE:** For Revised ADCAPS, updates to **MDC Service Plan** or updates the **Diagnosis** within the **Problem(s)** section requires new *Medical Order* to be added to the **Attachments** section. Additionally, any updates to the **MDC Service Plan** or **Care Plan(s)** require a new *Signature Page* to be added to the **Attachments** section.

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 the  icon next to **ADCAPS** to expand and view.
5. Select **Revise** on the ADCAPS List view.



The screenshot shows the LTSS Maryland system interface. The top navigation bar includes 'Menu' and 'Account' links. The sidebar on the left contains navigation options: Home, Clients, My Lists, Alerts, Reports, Client Details, and a list of programs including MDC Discharge Planning, MDC MDH 257B, Applications, DDA Eligibility, Assessment & Plan of Care (selected), Level of Care, DDA Worksheets, Financial & Overall Decision, Letters, and Global Referrals. The main content area displays the 'Assessment & POC — List' for client 'astest14 client14'. It shows a table of ADCAPS entries with columns for ADCAPS Type, Create Date, Provider Type, Effective Date, Submit Date, MDH Decision, End Date, Status, Active, and Actions. The 'Revise' button in the Actions column is highlighted with a red box.

ADCAPS Type	Create Date	Provider Type	Effective Date	Submit Date	MDH Decision	End Date	Status	Active	Actions
Initial	09/15/2018	Additional	09/15/2018	09/15/2018	N/A	Complete	Active	Details Print <b>Revise</b>	

Figure 113-ADCAPS List View Revise

6. The ADCAPS Summary page header displays status as “*In Progress*”.

The screenshot shows the LTSS Maryland ADCAPS Summary page. The header indicates the user is FEIlgwen.clinton (On behalf of: MDC1, mdcprovidemurse1) at Location: MDC Provider 1 (Default All Jurisdictions). The client is astest14 client14 (ID: 2649844SA336100, DOB: 06/04/1968, MFP Eligible: N/A). The ADCAPS status is 'In Progress' and the next assessment is due by 05/09/2019. The left sidebar shows the navigation menu with 'ADCAPS Summary' selected. The main content area lists sections: Overview Information, Assessment, Problem(s), Care Plan(s), MDC Service Plan(s), Attachments, Signatures, and Workflow History and Revision Tracking. The 'Signatures' section has a 'Manage' button highlighted with a red box.

Figure 114-ADCAPS Summary Page Status

7. From here, the user may revise the desired section by selecting **Manage** within the applicable banner.

#### 4.13 MDH Review

Upon submission of the ADCAPS (**Initial or Annual**), it will be in the status of “*Complete*”, 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.

- See **Section 6 Enrollment Packet** to follow the process once an ADCAPS (Initial or Annual) is complete.
- MDH may *Accept, Reject, or Request Clarification* of the ADCAPS *within* the **Enrollment Packet**.

### 4.13.1 Clarification Request

- Should MDH seek clarification on ADCAPS, the MDC Provider user who submitted the form will receive an alert in their **Alerts** tab for the client that “*Clarification is being requested on the MDC Enrollment Packet.*”

Additionally, the Provider will be able to view this Client’s form from My Lists (see also *section 4.15 My Lists: ADCAPS*)

The screenshot shows the LTSSMaryland Alerts tab. The user is logged in as FElgwen.clinton. The Alerts tab is active, and a red box highlights the Alerts icon in the navigation bar. Below the navigation bar, there are filters for Created From Date, Created To Date, Accepted From Date, and Accepted To Date. A red arrow points to a link in the Subject column of the alert list: [Clarification Requested for MDC Enrollment Packet](#).

Subject	From	Received	Accept?
<a href="#">Mulligan, Ezekiel (2329494ZE616100) - Baltimore</a>			
<a href="#">Clarification Requested for MDC Enrollment Packet</a>	Admin, MDH MDC	04/22/2019	<input type="checkbox"/>
<a href="#">Clarification Requested for MDC Enrollment Packet</a>	Admin, MDH MDC	04/19/2019	<input type="checkbox"/>

Figure 115-Alerts Clarification Requests

- The user shall be able to select the message hyperlink, where he/she will be directed to the client’s ADCAPS to act on or edit the form per the *Clarification Requested* comments that are noted in the **Clarification Requests** section.

The screenshot shows the LTSSMaryland Client Details page for Ezekiel Mulligan. The MDC Enrollment Packet Status is 'Clarification Requested'. The left sidebar shows the navigation menu with 'Applications' expanded. The main content area shows the 'Clarification Requests' section, which is highlighted with a red box. It contains a table with two entries:

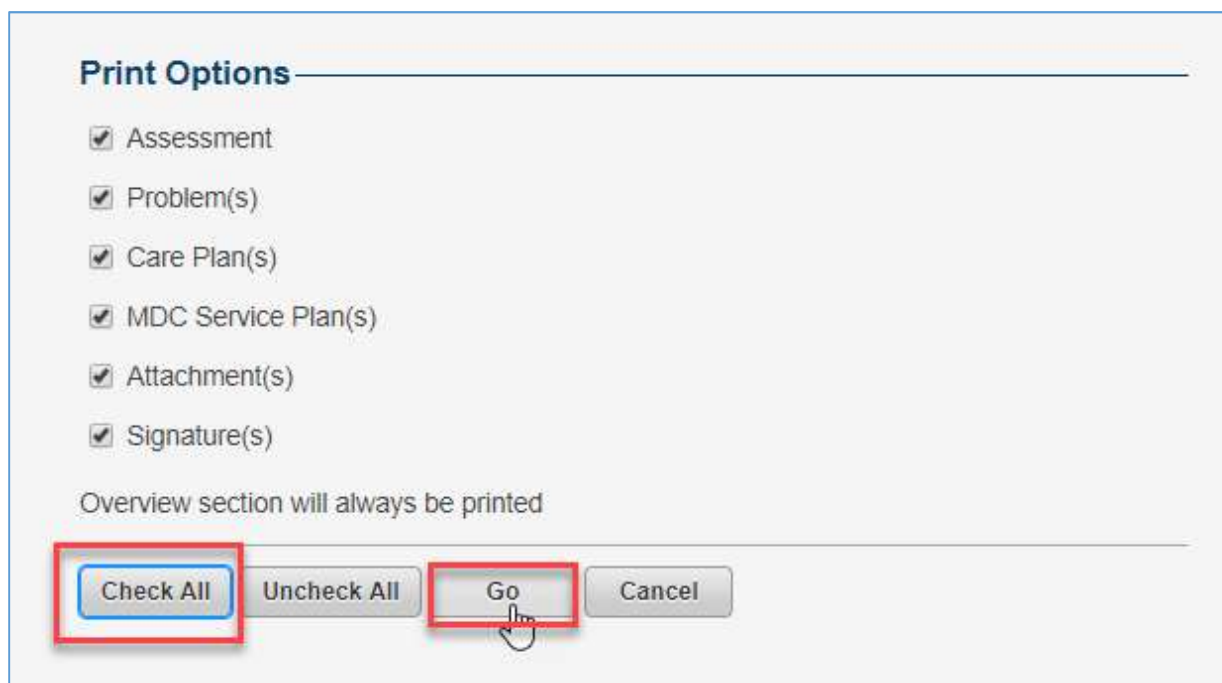
Date	By	Comments
04/22/2019	MDH MDC Admin	ADCAPS - This still isn't right! Get this sorted!
04/19/2019	MDH MDC Admin	ADCAPS - This doesn't look right.

Figure 116-ADCAPS Clarification Requests

#### 4.14 Print ADCAPS

The Print option displays a printable PDF version of the selected ADCAPS. A user can print the full ADCAPS or each individual section of the 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. Click on the **check box** next to the form to be printed.



The screenshot shows a 'Print Options' dialog box. It contains a list of sections with checkboxes: Assessment, Problem(s), Care Plan(s), MDC Service Plan(s), Attachment(s), and Signature(s). All checkboxes are checked. Below this list, a note states 'Overview section will always be printed'. At the bottom, there are four buttons: 'Check All', 'Uncheck All', 'Go', and 'Cancel'. The 'Check All' button is highlighted with a red rectangle and a blue border. The 'Go' button is also highlighted with a red rectangle, and a mouse cursor is pointing at it.

Figure 117-Print ADCAPS

6. Upon selection, 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.

Submitted By: mdcprovidernurse1 MDC2      Status: Complete      Signature on File: Yes

**ADCAPS — Summary**

MUST BE COMPLETED BY A REGISTERED NURSE

Overview Information	
Name:	Annie MDC Test
DOB:	02/21/1977
Gender:	Female
Age:	42
Primary Language:	English
Assessment Start Date:	05/01/2019
ADCAPS Type:	Significant Change
Assessment Conducted On:	
Assessment Submit Date:	05/01/2019
ADCAPS Effective Date:	05/06/2019
ADCAPS Created By:	MDC2, mdcprovidernurse1
ADCAPS Created By Location:	MDC Provider 2 (Default All Jurisdictions)
Primary MDC Provider:	MDC Provider 2 (Default All Jurisdictions)
Additional MDC Provider(s):	

*Figure 118-PDF view of ADCAPS*



#### 4.15 My Lists: ADCAPS

A My Lists is utilized by users of LTSSMaryland to identify outstanding work that needs to be completed to manage their workloads. Typically, any form within the system that has a workflow requiring a user to submit a form to another user for review will be included in My Lists.

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

Authorized users shall be able to see a list of clients who have an ADCAPS in progress or have been processed.

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



Figure 119-MDC My Lists

3. Select **Form Name: ADCAPS**

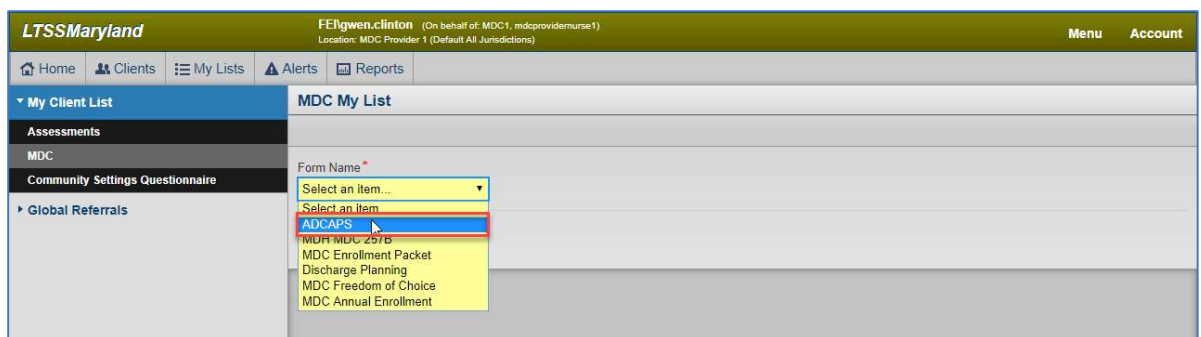


Figure 120-My List Form options

4. Select the desired **Show Me** option:

- All ADCAPS In Progress
- All Assessments Due in 30 Days or Less
- All Assessments Due in 60 Days or Less
- All Assessments Due Overdue
- All ADCAPS with Due/Overdue Care Plan(s)

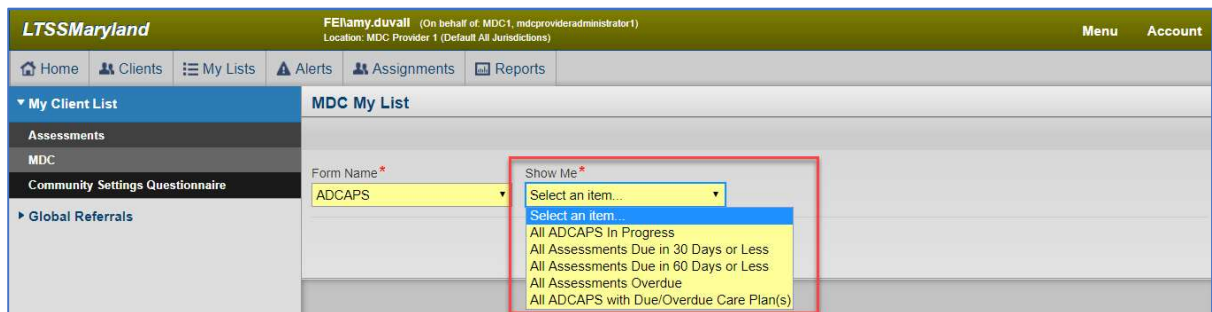


Figure 121-My Lists Show Me options

## 4.15.1 ADCAPS In Progress

To view Clients with an ADCAPS (*Initial and Annual*) that has not yet been submitted:

1. Select the desired **Show Me** option:

- **All Clients with In Progress** to view any client for which the user is authorized, then Click **Filter**:

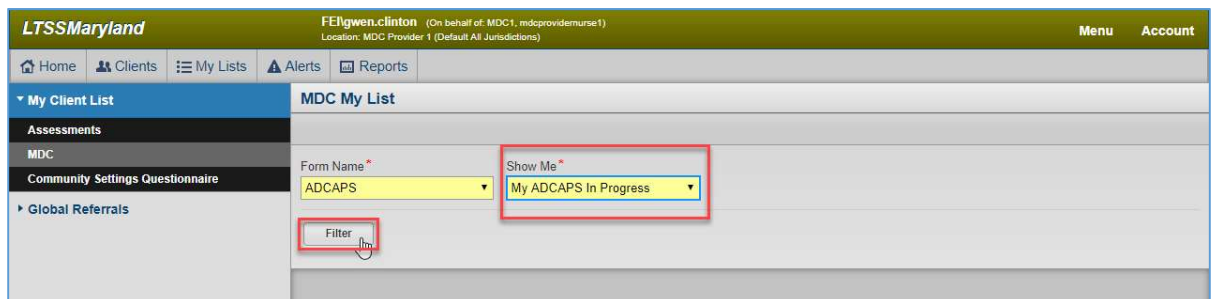


Figure 122-Clients in Progress

2. A list of all applicable client records shall appear with the following fields:

- Client ID
- First Name
- Last Name
- Enrolled In
- Create Date
- Created By
- Provider Agency
- ADCAPS Type
- Actions

**MDC My List**

Form Name\* ADCAPS Show Me\* My ADCAPS In Progress

Client ID	First Name	Last Name	Enrolled In	Create Date	Created By	Provider Agency	ADCAPS Type	Actions
1269912IV139...	Samantha	Test		4/25/2019	mdcprovidernur... MDC1	MDC Provider 1 (Default All Jurisdictions)	Initial	<a href="#">View</a>
1129940ERFC...	Vic	N	CO	4/25/2019	mdcprovidernur... MDC1	MDC Provider 1 (Default All Jurisdictions)	Initial-Revised	<a href="#">View</a>

Figure 123-My Lists View List

- Upon selecting the **View** hyperlink, the user shall be re-directed to Assessment & POC -List view. The user may navigate to the ADCAPS list and select **Details**. From the Details view, the MDC Provider user may act to **Submit** or **Discard**.

ADCAPS Type	Create Date	Provider Type	Effective Date	Submit Date	MDH Decision	End Date	Status	Active	Actions
Initial	11/13/2018		N/A	N/A		11/15/2018	Discarded	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	11/16/2018		N/A	N/A		N/A	Discarded	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	11/16/2018		N/A	N/A		N/A	Discarded	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	11/19/2018		N/A	N/A		N/A	Discarded	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	12/06/2018		N/A	N/A		N/A	Discarded	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	11/15/2018	Primary	11/15/2018	N/A		11/15/2018	Complete	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	11/12/2018		N/A	N/A		11/15/2018	Complete	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	11/16/2018	Primary	11/16/2018	N/A		11/16/2018	Complete	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	11/16/2018	Primary	11/16/2018	N/A		11/28/2018	Complete	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	12/13/2018		N/A	N/A		N/A	Discarded	Inactive	<a href="#">Details</a> <a href="#">Print</a>
Initial	04/25/2019		N/A	N/A		N/A	In Progress	Inactive	<a href="#">Details</a> <a href="#">Print</a>

Figure 124-In Progress ADCAPS

#### 4.15.2 ADCAPS Assessment Due

To view Clients with an ADCAPS (*Initial or Annual*) Assessments Due:

- Select the desired **Show Me** option:
  - My Assessments Due in 30 Days or Less or My Assessments Due in 60 Days or Less** to view any client for which the user is authorized, then Click **Filter**:

Figure 125- Client Assessments Due in 30 Days or Less

- A list of all applicable client records shall appear with the following fields:
  - Client ID
  - First Name
  - Last Name
  - Enrolled In

- Provider Agency
- ADCAPS Type
- Next Assessment Due By
- Days Until Assessment Due/Overdue By
- Actions

LTSSMaryland

FEIlgwen.clinton (On behalf of MDC1, mdcproviderurse1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Reports

My Client List

MDC My List

Assessments

MDC

Community Settings Questionnaire

Global Referrals

Form Name \*  
ADCAPS

Show Me \*  
My Assessments Due in 30 Days or Less

Filter

Client ID	First Name	Last Name	Enrolled In	Provider Agency	ADCAPS Type	ADCAPS Effective Date	Next Assessment Due By	Days Until Assessment Due/Overdue By	Actions
2549377SA6...	astest3	client3		MDC Provider 1 (Default All Jurisdictions)	Initial-Revised	11/1/2018	3/1/2019	-55	<a href="#">View</a>
1210735ET2...	Test	EDIFile	MDC	MDC Provider 1 (Default All Jurisdictions)	Initial	12/6/2018	4/5/2019	-20	<a href="#">View</a>
1599133SA3...	astest7	client7		MDC Provider 1 (Default All Jurisdictions)	Initial	12/10/2018	4/9/2019	-16	<a href="#">View</a>

Figure 126-My Lists View List

- Upon selecting the **View** hyperlink, the user shall be re-directed to the Assessment & POC-List page. The user may view the active ADCAPS by navigating to the ADCAPS list and selecting **Details**. From the Details view, the MDC Provider user can view the next assessment due date or take action to conduct another assessment by adding a new 120-day or Significant Change ADCAPS.

Home Clients My Lists Alerts Reports Client Details

astest12 client12  
ID: 2619166SA758100 DOB: 06/01/1981  
MFP Eligible: N/A

Assessment & POC - List

Expand All

Client

Case Management

Programs

MDC Discharge Planning

MDC MDH 257B

Applications

DDA Eligibility

Assessment & Plan of Care

DDA Workbooks

Assessment & POC Request

InterRAI Assessment

Plan of Care

Adult Day Care Assessment and Planning System (ADCAPS)

Add

ADCAPS Type	Create Date	Provider Type	Effective Date	Submit Date	MDH Decision	End Date	Status	Active	Actions
Significant Change-Revised	02/08/2019		02/08/2019	N/A		N/A	In Progress		<a href="#">Details</a> <a href="#">Print</a>
Significant Change-Revised	02/07/2019	Additional	02/08/2019	02/08/2019		04/09/2019	Complete	Inactive	<a href="#">Details</a> <a href="#">Print</a>

Figure 127- Assessments Due MDC ADCAPS

### 4.15.3 ADCAPS Assessment Overdue

To view Clients with an ADCAPS (*Initial or Annual*) Assessments Overdue:

1. Select the desired **Show Me** option:
  - **My Assessments Overdue** to view any client for which the user is authorized, then click **Filter**:

The screenshot shows the 'MDC My List' interface. On the left is a sidebar with navigation links: Home, Clients, My Lists, Alerts, and Reports. Below these is a 'My Client List' section with sub-links: Assessments, MDC, Community Settings Questionnaire, and Global Referrals. The main area is titled 'MDC My List' and contains two dropdown menus: 'Form Name\*' (set to 'ADCAPS') and 'Show Me\*'. The 'Show Me\*' dropdown is open, showing a list of options: 'Select an item...', 'My ADCAPS In Progress', 'My Assessments Due in 30 Days or Less', 'My Assessments Due in 60 Days or Less', 'My Assessments Overdue' (highlighted in blue), and 'My ADCAPS with Due/Overdue Care Plan(s)'. A red arrow points to the 'My Assessments Overdue' option. Below the dropdowns is a 'Filter' button, which is also highlighted with a red box.

Figure 128-My Assessments Overdue

2. A list of all applicable client records shall appear with the following fields:
  - Client ID
  - First Name
  - Last Name
  - Enrolled In
  - Provider Agency
  - ADCAPS Type
  - ADCAPS Effective Date
  - Next Assessment Date
  - Overdue By
  - Actions

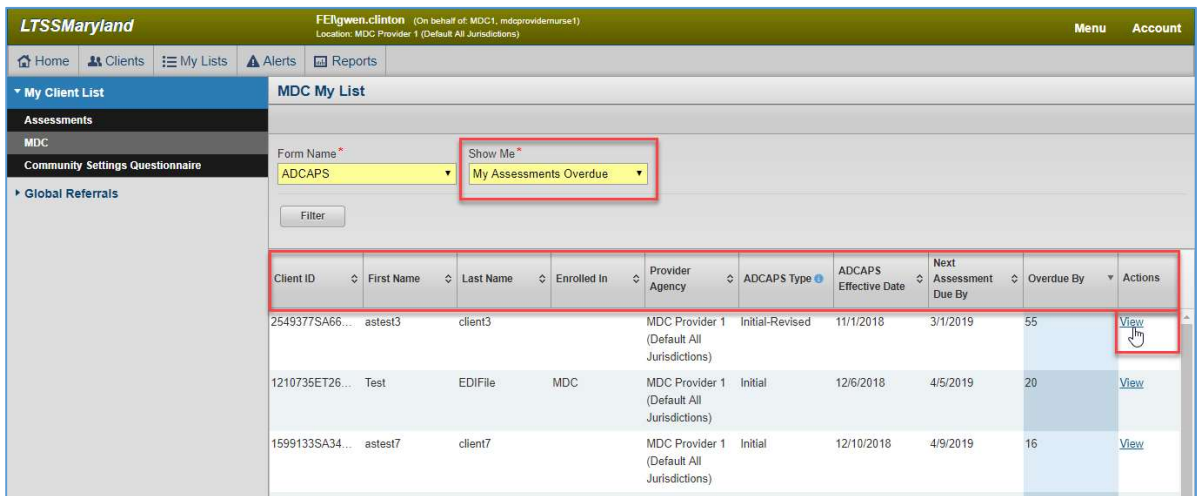


Figure 129-My Lists View List

- Upon selecting the **View** hyperlink, the user shall be re-directed to the Assessment & POC-List page. The user may view the active ADCAPS by navigating to the ADCAPS list and selecting **Details**. From the Details view, the MDC Provider user can view the next assessment due date or take action to conduct another assessment by adding a new 120-day or Significant Change ADCAPS.

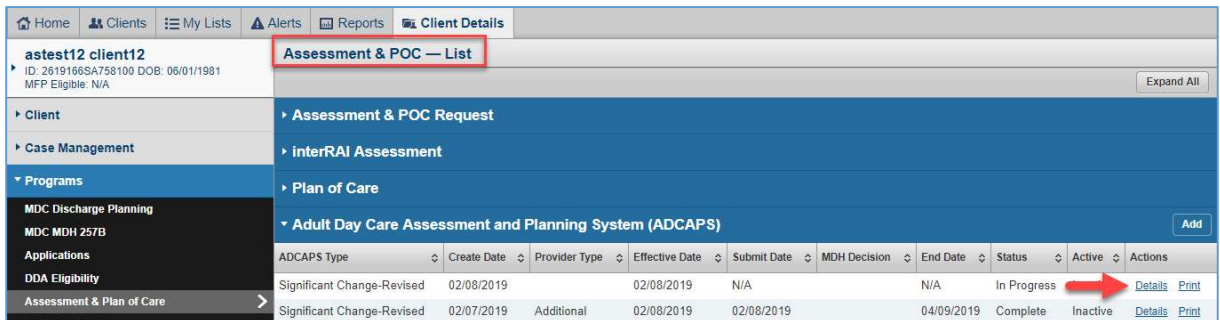


Figure 130-Actions for Assessments Overdue ADCAPS

#### 4.15.4 ADCAPS with Due/Overdue Care Plan(s)

To view Clients with an ADCAPS (*Initial or Annual*) Care Plans(s) Due/Overdue:

- Select the desired **Show Me** option:
  - All ADCAPS with Due/Overdue Care Plan(s)** to view any client for which the user is authorized, then Click **Filter**:



The screenshot shows the 'MDC My List' interface. On the left is a sidebar with navigation options: 'My Client List', 'Assessments', 'MDC', 'Community Settings Questionnaire', and 'Global Referrals'. The main area has a 'Form Name' dropdown set to 'ADCAPS' and a 'Show Me' dropdown set to 'My ADCAPS with Due/Overdue Care Plan(s)'. A red arrow points to the selected option in the 'Show Me' dropdown.

Figure 131-All ADCAPS with Due/Overdue Care Plan

2. A list of all applicable client records shall appear with the following fields:

- Client ID
- First Name
- Last Name
- Enrolled In
- Provider Agency
- ADCAPS Type
- ADCAPS Effective Date
- Care Plans due within 30 days
- Care Plans Overdue
- Actions

The screenshot shows the 'MDC My List' interface with a table of client records. The table has the following columns: Client ID, First Name, Last Name, Enrolled In, Provider Agency, ADCAPS Type, ADCAPS Effective Date, Care Plans due within 30 days, Care Plans Overdue, and Actions. Two client records are visible, each with a 'View' link in the Actions column.

Client ID	First Name	Last Name	Enrolled In	Provider Agency	ADCAPS Type	ADCAPS Effective Date	Care Plans due within 30 days	Care Plans Overdue	Actions
1669454SA45...	astest6	client6		MDC Provider 3 (Default All Jurisdictions)	Initial	9/6/2018	0	1	<a href="#">View</a>
2649844SA33...	astest14	client14		MDC Provider 3 (Default All Jurisdictions)	Initial-Revised	3/7/2019	0	1	<a href="#">View</a>

Figure 132-My Lists View List



3. Upon selecting the **View** hyperlink, the user shall be re-directed to the Assessment & POC -List page. The user may view the active ADCAPS by navigating to the ADCAPS list and select **Details**.

The screenshot shows the LTSS Maryland interface. The top navigation bar includes links for Home, Clients, My Lists, Alerts, Reports, and Client Details. The main content area is titled 'Assessment & POC — List' and shows details for client 'astest6 client6'. The left sidebar lists various programs, including MDC Discharge Planning, MDC MDH 257B, Applications, DDA Eligibility, and Assessment & Plan of Care. The main table lists ADCAPS records with columns for ADCAPS Type, Create Date, Provider Type, Effective Date, Submit Date, MDH Decision, End Date, Status, Active, and Actions. The 'Details' link in the Actions column is highlighted with a red box.

ADCAPS Type	Create Date	Provider Type	Effective Date	Submit Date	MDH Decision	End Date	Status	Active	Actions
Initial	12/10/2018	Additional	09/06/2018	09/07/2018	N/A	Complete	Active	Details Print Revise	

Figure 133-Actions for ADCAPS Care Plans MDC ADCAPS

## 5 MDC MDH 257B Form (Initial/Annual)

Maryland Medicaid requires that the MDC MDH 257B Form be completed at the time of enrollment, and annually thereafter, for any participant in the Medical Day Care Waiver service program. This form must be submitted by the Provider to initiate Medicaid payment for the services provided to a client, as well as to cease payment when a client is disenrolled. No MDC MDH 257B form is required if the client is transferred from one MDC provider to another. (Note: refer to Section 12 of this guide for instructions on the MDC MDH 257B for Discharges.)

MDC Provider Administrator, MDC Provider Staff, and MDC Provider Nurse Roles have access to the following functions for clients that they are actively serving.

### 5.1 Workflow

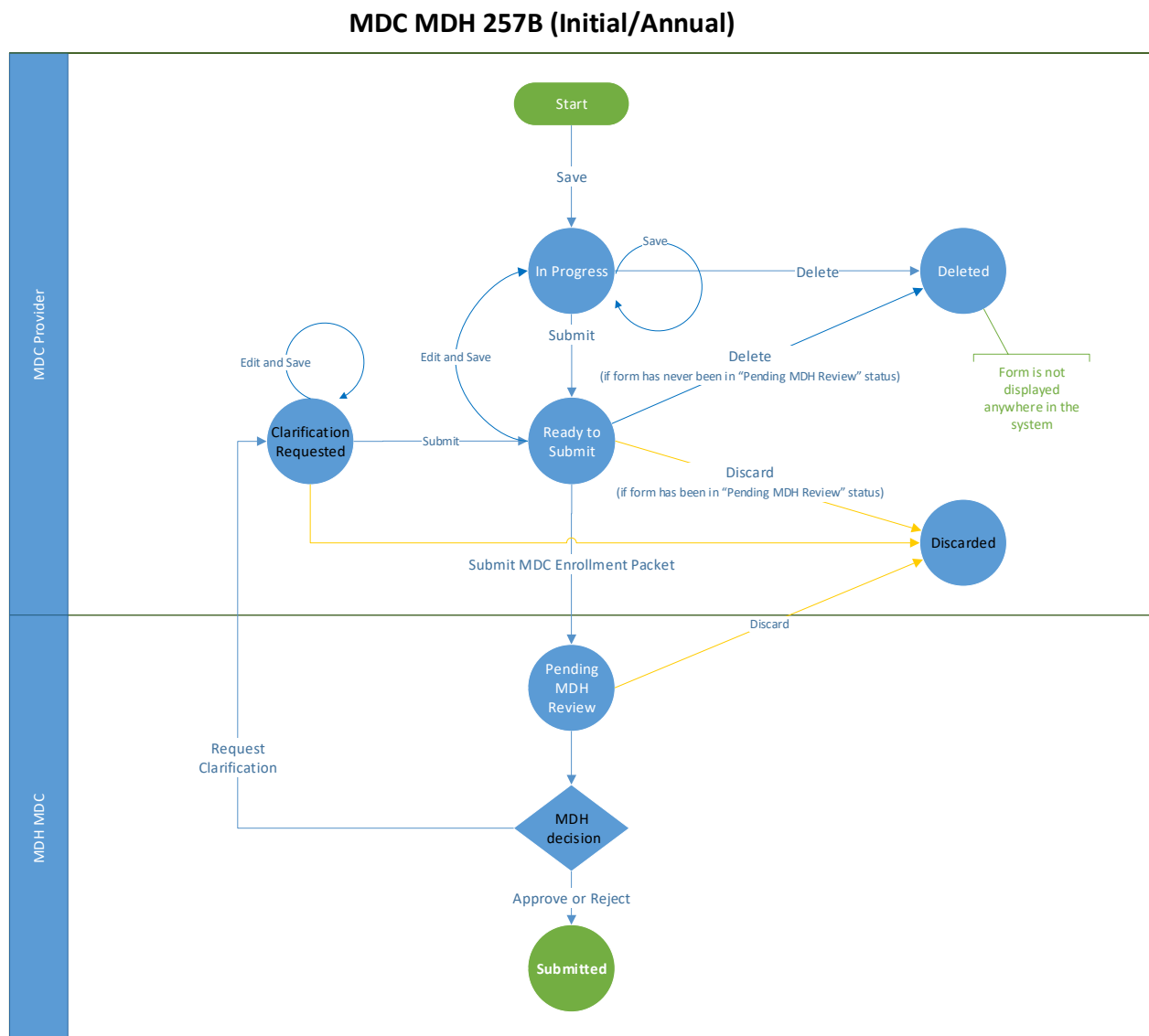
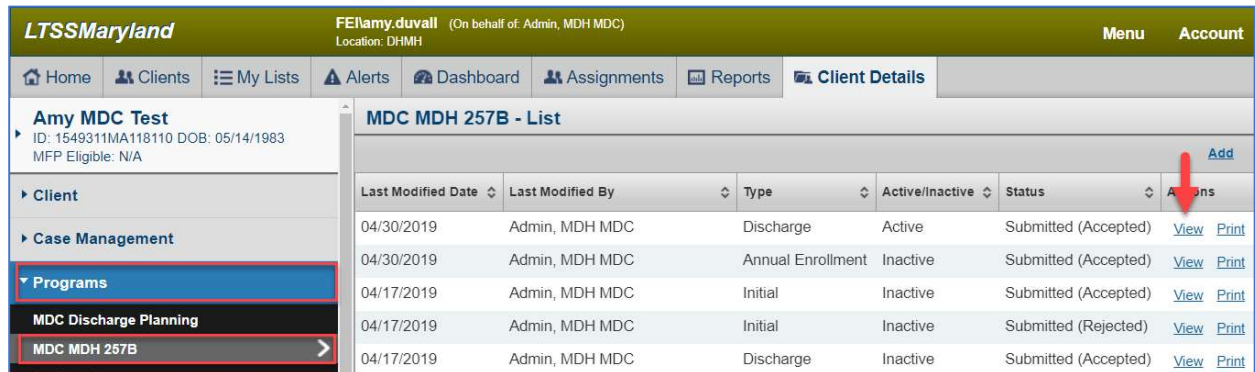


Figure 134-Workflow Diagram: MDC MDH 257B form as a part of the MDC Enrollment Packet



## 5.2 View MDC MDH 257B Form

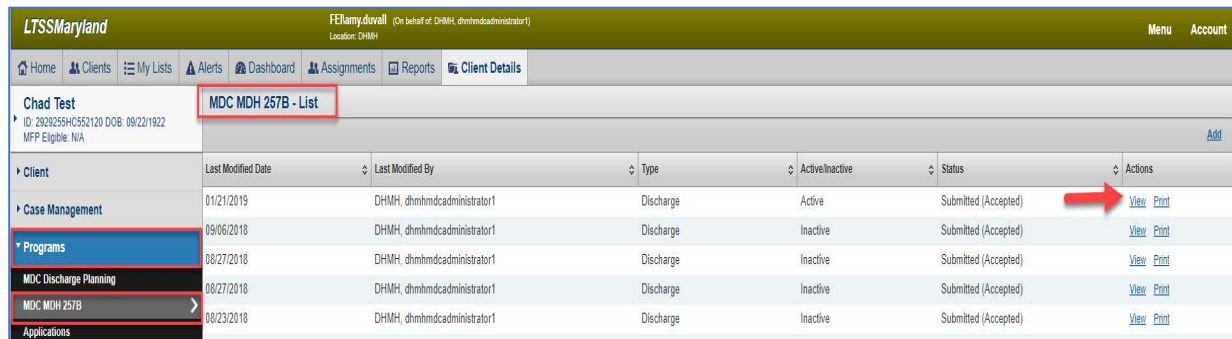
1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **MDC MDH 257B**.



LTSSMaryland						
FELamy.duvall (On behalf of Admin, MDH MDC)						
Location: DHMH						
Menu Account						
Home Clients My Lists Alerts Dashboard Assignments Reports Client Details						
MDC MDH 257B - List						
Add						
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	

Figure 135-List view MDC MDH 257B

3. 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)*
    - *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 desired form.


LTSS Maryland						
FEllany.duvall (On behalf of: DHMH, dhnhmdcadministrator1)						
Location: DHMH						
Menu Account						
Home Clients My Lists Alerts Dashboard Assignments Reports Client Details						
<b>Chad Test</b> ID: 2929255HC552120 DOB: 09/22/1922 MFP Eligible: N/A						
<b>MDC MDH 257B - List</b>						
<a href="#">Add</a>						
Client	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
Case Management	01/21/2019	DHMH, dhnhmdcadministrator1	Discharge	Active	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Programs	09/06/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC Discharge Planning	08/27/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC MDH 257B	08/27/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Applications	08/23/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>

Figure 136-MDC MDH 257B List

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

- **Client Information**
- **Provider Information**
- **Level of Care Information**
- **Action Requested**
- **MDH Decision**
- **Signatures**
- **Authorization Details**
- **Workflow History**

Medical Day Care Services Waiver - Long Term Care Activity Report				
<b>Client Information</b>				
Client Name:	Chad Test	Primary Phone #	5555555555	
Date of Birth:	09/22/1922	Client Address:	2, 2, MD 22222	
MA #:	12312312312			
Representative:				
<b>Provider Information</b>				
Provider Name:	MDC Provider 1 (Default All Jurisdictions)	Provider Address:	2104 W. Preston Street, Baltimore, MD 21201	
Medicaid Provider ID:	101010110			
Contact Name: **	MDC1, mdcprovidernurse1			
<b>Level of Care Information</b>				
LOC Status:	Approved By UCA Nurse	Agency:		
LOC Decision Made By:	DHMH, dhmhadministrator1	LOC Effective Date:	03/10/2015	
<b>Action Requested</b>				
Type: **	Discharge			
<b>Cancel Payment</b>				
Date of Discharge Requested: **	01/21/2019			
Discharged To: **	Nursing Facility			
<b>MDH Decision</b>				
MDH Decision: **	Accept			
<b>Signature</b>				
<input checked="" type="checkbox"/> 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: **	MDC1, mdcprovidernurse1			
MDC Staff Title:	Random Title			
MDC Provider:	MDC Provider 1 (Default All Jurisdictions)			
Date of Signature:	01/21/2019			
<b>Authorization Details</b>				
<input checked="" type="checkbox"/> 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:	DHMH, dhmhmdcadministrator1			
MDH Staff Title:	Random Title			
Date of Signature:	01/21/2019			
<b>Workflow History</b>				
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

Figure 137-Medical Day Care Services Waiver-Long Term Care Activity Report

### 5.3 Add MDC MDH 257B Form

To process a client's request for Initial MDC application or for Redetermination (Annual Enrollment), MDH reviews a set of forms that are bundled together into the MDC Enrollment Packet. The MDC MDH 257B form will be submitted to MDH as part of this packet. The MDC Provider submits this form to request payment authorization for a client when the client begins to receive services from the MDC center.

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **MDC MDH 257B**.
3. Click **Add** within the **MDC MDH 257B-List** view header.

**LTSSMaryland** FEIamy.duvall (On behalf of: Admin, MDH MDC)  
Location: DHMH

Menu Account

Home Clients My Lists Alerts Dashboard Assignments Reports Client Details

**Amy MDC Test**  
ID: 1549311MA118110 DOB: 05/14/1983  
MFP Eligible: N/A

Client

Case Management

**Programs**

MDC Discharge Planning

**MDC MDH 257B**

**MDC MDH 257B - List**

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

[Add](#)

Figure 138-Add MDC MDH 257B Form

## 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 Information**

- *Client Name*
  - Prepopulated from the client's record
- *Date of Birth*
  - Prepopulated from the client's record
- *MA #*
  - Prepopulated from the client's record
- *Primary Phone #*
  - Prepopulated from the client's record
- *Client Address*
  - Prepopulated from the client's record
- *Representative*
  - Select Authorized Representative, other than client

Medical Day Care Services Waiver - Long Term Care Activity Report			
<b>Client Information</b>			
Client Name:	Chad Test	Primary Phone #	(555) 555-5555
Date of Birth:	09/22/1922	Client Address:	2, 2, MD 22222
MA #:	12312312312		
Representative:	<input type="text"/>		

Figure 139-Client Information

**b. Provider Information**

- *Provider Name*
  - Prepopulated from the client's Primary MDC Provider's record
- *Medicaid Provider ID*
  - Prepopulated from the client's Primary MDC Provider's record
- *Provider Address*
  - Prepopulated from the client's Primary MDC Provider's record
- *Provider Phone #*
  - Prepopulated from the client's Primary MDC Provider's record
- *Contact Name*
  - Prepopulates the name of the logged-in user

Provider Information			
Provider Name:	MDC Provider 1 (Default All Jurisdictions)	Provider Address:	2104 W. Preston Street, Baltimore, MD 21201
Medicaid Provider ID:	101010110	Provider Phone #	
Contact Name: **	<input type="text" value="MDC1, mdcprovideradministrator1"/>		

*Figure 140-Provider Information*



**c. Level of Care Information**

- **LOC Status**
  - Prepopulated from the client's active NF LOC form
  - Values:
    - UCA Physician Denial
    - MDH Denial
    - InterRAI Approval
    - UCA Nurse Approval
    - UCA Physician Approval
    - MDH Approval
- **LOC Decision Made By**
  - Prepopulates the name of the user who made the LOC decision for the client
  - If the LOC was determined by the InterRAI Assessment, the field will display, "Generated based on InterRAI HC MD Assessment"
- **Agency**
  - Prepopulates name of the agency of the user who made the LOC decision
- **LOC Effective Date**
  - Prepopulates date from LOC decision.
  - "N/A" if the LOC was rejected.
  - *Blank* if there is no existing LOC or the form is "In Progress".

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

Figure 141-Level of Care Information

**d. Action Requested: Type**

- *Initial*
- *Annual*
- *Discharge* (see section **12 MDC MDH 257B Form (Discharge)**)

Action Requested	
Type: *	<div>Initial ▼</div> <div>Initial</div> <div>Annual Enrollment</div> <div>Discharge</div>

Figure 142-Action Requested

**e. Begin Payment** (*Initial or Annual*)

- *Anniversary Month*
  - Editable for *Initial*
  - Prepopulated from the latest approved MDC MDH 257B for *Annual Enrollment*
- *Initial Admission Date*
- *Requested Begin Pay Date*

**Action Requested**

Type: \* Initial

**Begin Payment**

Anniversary Month: \*\* ▼

Initial Admission Date: \*\* 📅

Requested Begin Pay Date: \*\* 📅

*Figure 143-Begin Payment***f. Signature**

- *Attestation*
  - Checkbox to verify that the user is accepting responsibility for accuracy of information recorded in the MDC MDH 257B form.
- *MDC Staff Name*
  - Prepopulates name of user who most recently completed the form.
- *MDC Staff Title*
  - Prepopulates title of the user who most recently completed the form.
- *MDC Provider*
  - Prepopulates the name of the agency location of the user who most recently completed the form.
- *Date of Signature*
  - Defaults to the date on which the signature field was last modified.

**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: \* MDC1, mdcprovideradministrator1

MDC Staff Title: Random Title

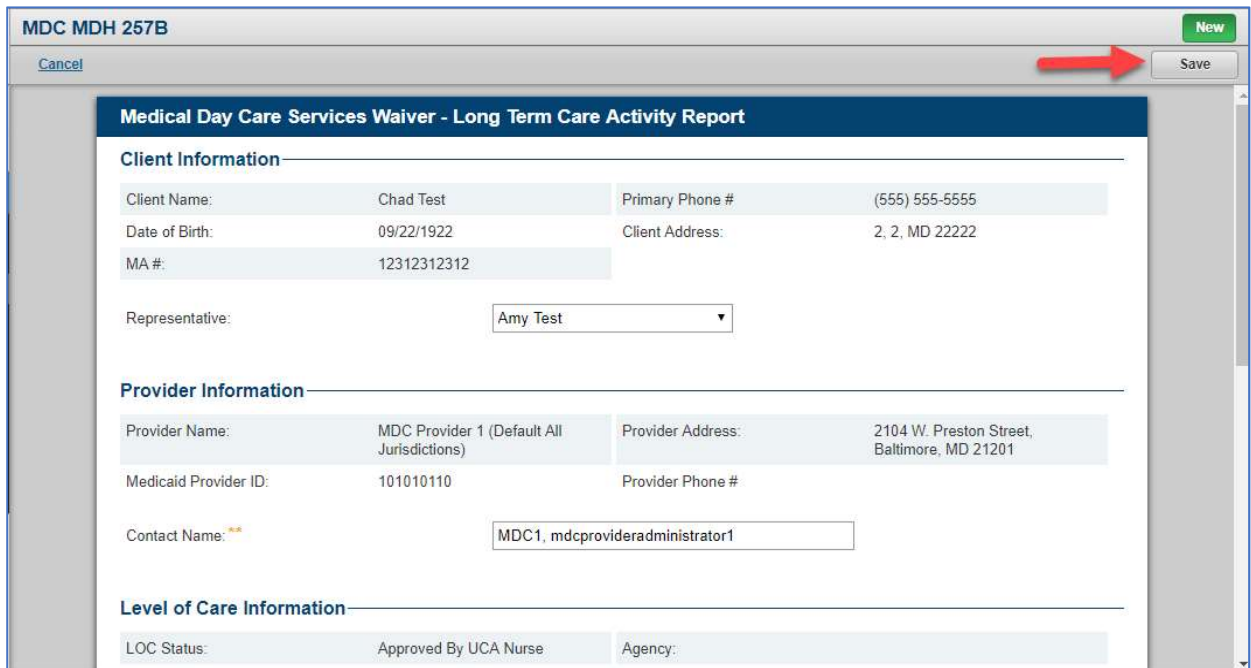
MDC Provider: MDC Provider 1 (Default All Jurisdictions)

Date of Signature: 03/04/2019

*Figure 144-Signature*

5. Select **Save**.

- Form enters the status, "In Progress"



**MDC MDH 257B** New

[Cancel](#) Save

---

**Medical Day Care Services Waiver - Long Term Care Activity Report**

**Client Information**

Client Name:	Chad Test	Primary Phone #	(555) 555-5555
Date of Birth:	09/22/1922	Client Address:	2, 2, MD 22222
MA #:	12312312312		
Representative:	Amy Test		

**Provider Information**

Provider Name:	MDC Provider 1 (Default All Jurisdictions)	Provider Address:	2104 W. Preston Street, Baltimore, MD 21201
Medicaid Provider ID:	101010110	Provider Phone #	
Contact Name: **	MDC1, mdcprovideradministrator1		

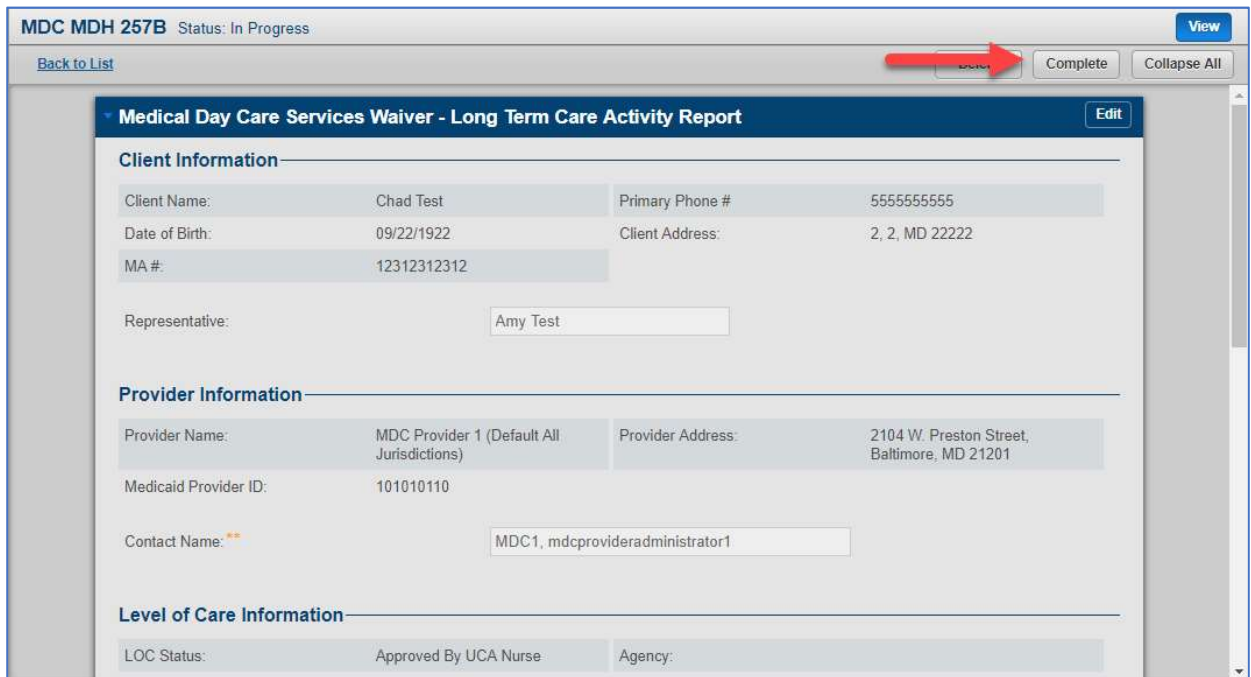
**Level of Care Information**

LOC Status:	Approved By UCA Nurse	Agency:	
-------------	-----------------------	---------	--

Figure 145-Save

6. For **Initial/Annual** MDC MDH 257B, select **Complete**.

- Form enters the status, "Ready to Submit".
- Form is submitted as a part of the MDC Enrollment Packet.



**MDC MDH 257B** Status: In Progress View

[Back to List](#) Complete Collapse All

---

**Medical Day Care Services Waiver - Long Term Care Activity Report** Edit

**Client Information**

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

**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: **	MDC1, mdcprovideradministrator1		

**Level of Care Information**

LOC Status:	Approved By UCA Nurse	Agency:	
-------------	-----------------------	---------	--


Figure 146-Complete Initial or Annual MDC MDH 257B

## 5.4 MDH Review

- Upon submission of the MDC MDH 257B Form (**Initial or Annual**), the 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.
  - See **Section 6 Enrollment Packet** to follow the process once an MDC MDH 257B Form (Initial or Annual) is submitted.
  - MDH may *Accept, Reject, or Request Clarification* of the MDC MDH 257B form *within* the **Enrollment Packet**.
- During the review process, MDH will *Accept or Revise* the **Begin Pay Date**

## 5.5 Edit MDC MDH 257B Form within the Enrollment Packet

In the instance where an Initial/Annual MDC MDH 257B form is submitted as a part of the MDC Enrollment Packet, an MDH user may be edit the form within the packet in a status of “Pending MDH Review”

- From the Client Profile, select the **Programs** banner on the left navigation.
- Select **Applications**.
- Click the  icon to expand the **MDC Enrollment Packet** banner.

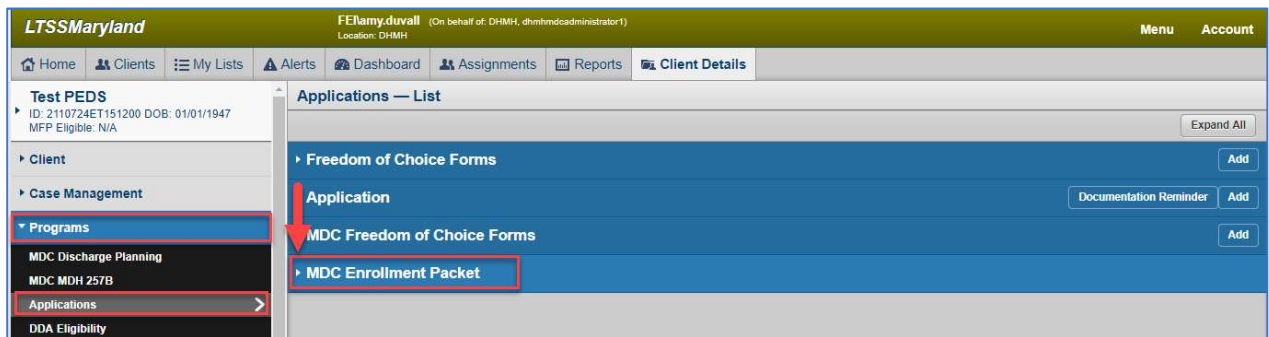


Figure 147-MDC Enrollment Packet banner

- Click **Details** next to the desired MDC Enrollment Packet in the status, “Pending MDH Review”.

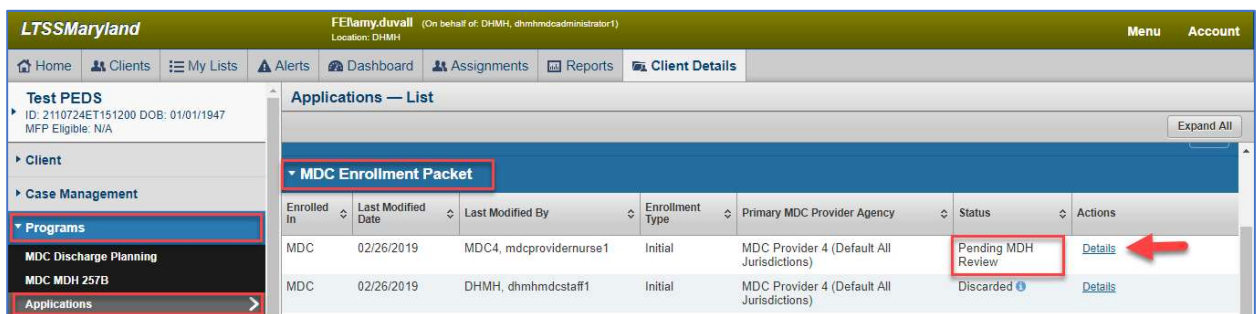

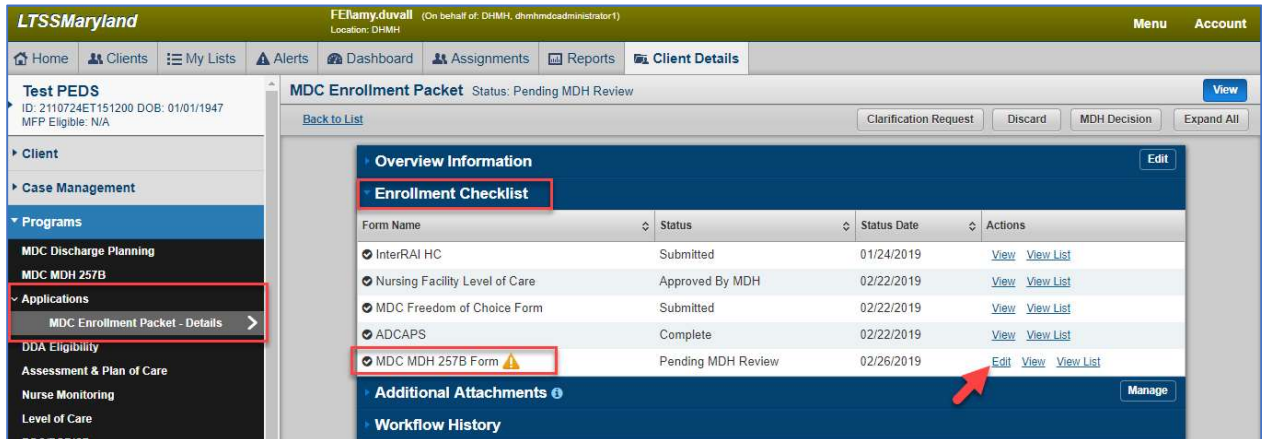


Figure 148-List of MDC Enrollment Packet

5. Click the  icon to expand the **Enrollment Checklist** banner
6. Select **Edit** from the **MDC MDH 257B Form**



**LTSSMaryland** FEhany.duvall (On behalf of: DHMH, dhmhmdadministrator1) Location: DHMH Menu Account

Home Clients My Lists Alerts Dashboard Assignments Reports Client Details

**Test PEDS** ID: 2110724ET151200 DOB: 01/01/1947 MFP Eligible: N/A

Client Case Management

**Programs**

- MDC Discharge Planning
- MDC MDH 257B
- Applications**
  - MDC Enrollment Packet - Details**
  - DDA Eligibility
  - Assessment & Plan of Care
  - Nurse Monitoring
  - Level of Care

**MDC Enrollment Packet** Status: Pending MDH Review View

Back to List Clarification Request Discard MDH Decision Expand All

**Overview Information** Edit

**Enrollment Checklist**

Form Name	Status	Status Date	Actions
InterRAI HC	Submitted	01/24/2019	<a href="#">View</a> <a href="#">View List</a>
Nursing Facility Level of Care	Approved By MDH	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
MDC Freedom of Choice Form	Submitted	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
ADCAPS	Complete	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
<b>MDC MDH 257B Form</b> ⚠	Pending MDH Review	02/26/2019	<a href="#">Edit</a> <a href="#">View</a> <a href="#">View List</a>

**Additional Attachments** Manage

**Workflow History**

Figure 149-Edit MDC MDH 257B from MDC Enrollment Packet

7. The user may make edits and complete the following sections:
  - a. *Representative*



**Medical Day Care Services Waiver - Long Term Care Activity Report**

**Client Information**

Client Name: Test PEDS Primary Phone #: (434) 567-6567

Date of Birth: 01/01/1947 Client Address: Test Street 1, Baltimore, MD 20103

MA #:

Representative:

- b. *Contact Name*



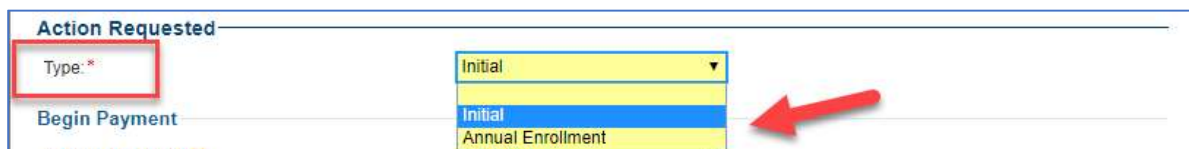
**Provider Information**

Provider Name: MDC Provider 4 (Default All Jurisdictions) Provider Address: 2107 W. Preston Street, Baltimore, MD 21201

Medicaid Provider ID: 404040440 Provider Phone #:

Contact Name:

- c. *Type* (Note: May not be changed to “Discharge”)



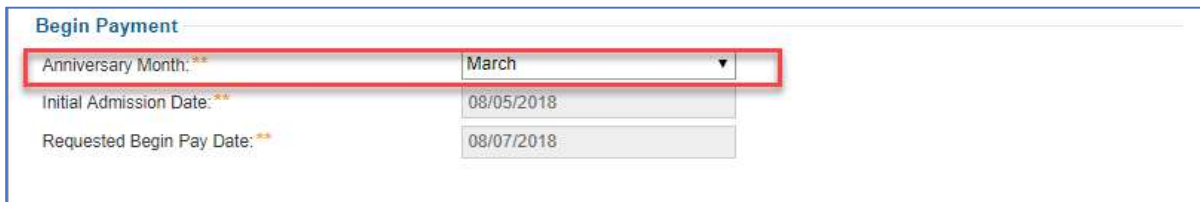
**Action Requested**

Type:

Begin Payment

[Assignments](#) [Meetings](#)

d. *Anniversary Month*



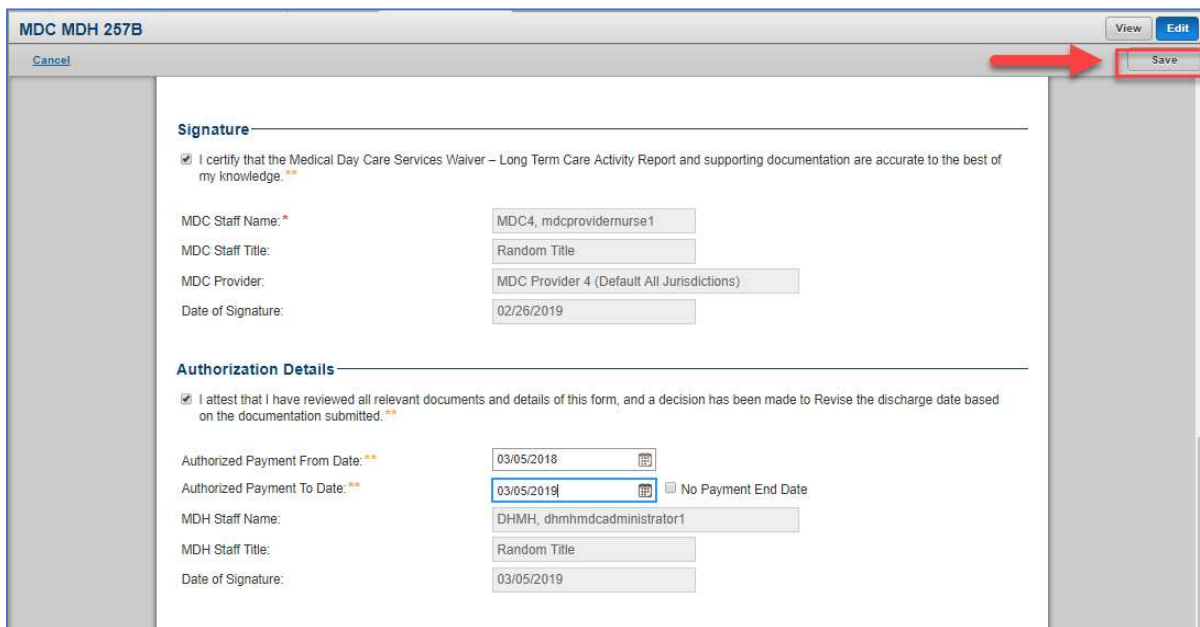
**Begin Payment**

Anniversary Month: \*\* March ▼

Initial Admission Date: \*\* 08/05/2018

Requested Begin Pay Date: \*\* 08/07/2018

8. Once edits are complete, select **Save**



**MDC MDH 257B** View Edit

Cancel

**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: \* MDC4, mdcprovidernurse1

MDC Staff Title: Random Title

MDC Provider: MDC Provider 4 (Default All Jurisdictions)

Date of Signature: 02/26/2019

**Authorization Details**

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

Authorized Payment From Date: \*\* 03/05/2018

Authorized Payment To Date: \*\* 03/05/2019 ☐ No Payment End Date

MDH Staff Name: DHMH, dhmhmdcadministrator1

MDH Staff Title: Random Title

Date of Signature: 03/05/2019

Save

*Figure 150-Save Edited MDC MDH 257B in MDC Enrollment Packet*

9. The status of the MDC MDH 257B form, and subsequently the MDC Enrollment Packet shall remain as *“Pending MDH Review”*.



### 5.5.1 Delete MDC MDH 257B

An MDC MDH 257B form may only be **Deleted** if it has *not* been submitted and is in the status of “*In Progress*”. Once deleted, there shall be no record of the form within the system.

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

LTSSMaryland

FFamilyportal (On behalf of 25885, dhnhmdcadministrator1)  
Location: CHMH

MenuAccount

HomeClientsMy ListsAlertsDashboardAssignmentsReportsClient Details

Chad Test

ID: 2929255HC552120 DOB: 09/22/1922  
MFP Eligible: N/A

MDC MDH 257B - List

Adit

Client	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
Case Management	01/21/2019	DHMH, dhnhmdcadministrator1	Discharge	Active	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Programs	09/06/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC Discharge Planning	08/27/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC MDH 257B	08/27/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Applications	08/23/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Individual Cost Neutrality (ICS Only)	08/21/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
DDA Eligibility	08/21/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Assessment & Plan of Care	08/15/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Rejected)	<a href="#">View</a> <a href="#">Print</a>
Nurse Monitoring	08/15/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Rejected)	<a href="#">View</a> <a href="#">Print</a>
Level of Care	08/08/2018	DHMH, dhnhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
POS/PCP/SP	02/07/2019	MDC1, mdcprowidernurse1	Annual Enrollment	Inactive	In Progress	<a href="#">View</a> <a href="#">Print</a>
Authorization to Participate	02/07/2019	MDC1, mdcprowidernurse1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
DDA Worksheets	02/07/2019	DHMH, dhnhmdcstaff1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
Financial & Overall Decision	02/07/2019	DHMH, dhnhmdcstaff1	Discharge	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
Letters	01/21/2019	DHMH, dhnhmdcadministrator1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
Appeals & Dispositions						

Figure 151-List view MDC MDH 257B

3. Select **View**, next to the desired form in “*In Progress*” status.

Client	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
Chad Test ID: 2929255HC552120 DOB: 09/22/1922 MFP Eligible: N/A	03/12/2019	MDC1, mdcprowidernurse1	Initial	Inactive	In Progress	<a href="#">View</a> <a href="#">Print</a>
	01/21/2019	DHMH, dhnhmdcadministrator1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
	02/07/2019	DHMH, dhnhmdcstaff1	Discharge	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
	02/07/2019	DHMH, dhnhmdcstaff1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>

Figure 152-View editable MDC MDH 257B form

4. Select **Delete**.

**MDC MDH 257B** Status: In Progress [View](#)

[Back to List](#) [Delete](#) [Discard](#) [Complete](#) [Collapse All](#)

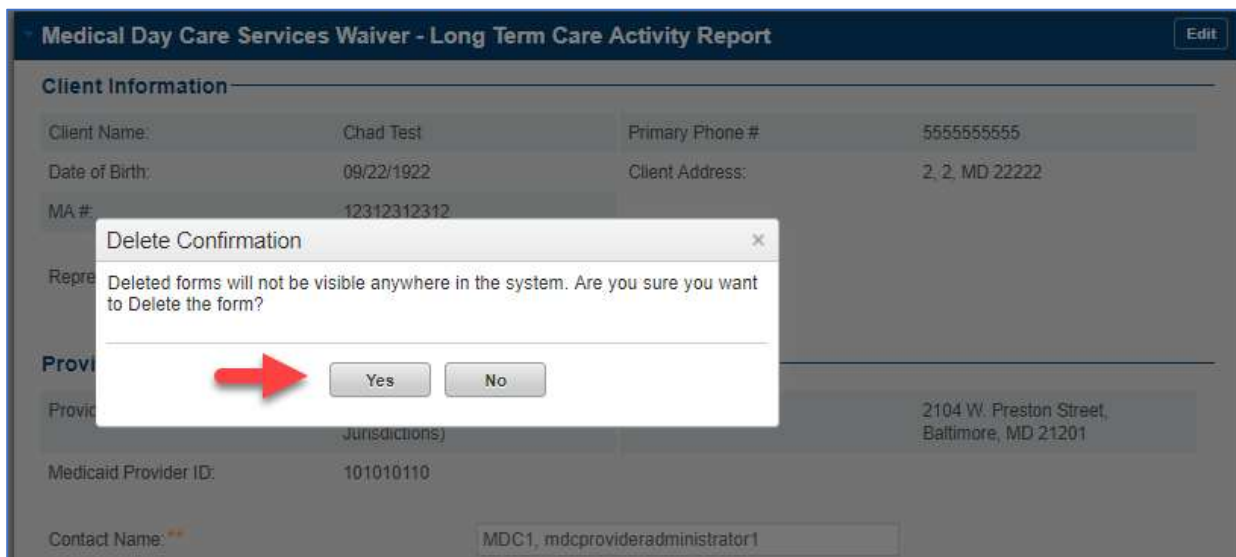
**Medical Day Care Services Waiver - Long Term Care Activity Report** [Edit](#)

**Client Information**

Client Name:	Annie MDC Test	Primary Phone #	4435551212
Date of Birth:	02/21/1977	Client Address:	21 Charles St, Baltimore, MD 21212
MA #:	67829710822		

Figure 153-Delete MDC MDH 257B

## 5. Confirm Deletion.



**Medical Day Care Services Waiver - Long Term Care Activity Report** Edit

**Client Information**

Client Name: Chad Test Primary Phone #: 5555555555  
 Date of Birth: 09/22/1922 Client Address: 2, 2, MD 22222  
 MA #: 12312312312  
 Representative: [Redacted]  
 Provider: [Redacted]  
 Medicaid Provider ID: 101010110  
 Contact Name: MDC1, mdcprovideradministrator1

**2104 W. Preston Street, Baltimore, MD 21201**

**Delete Confirmation**

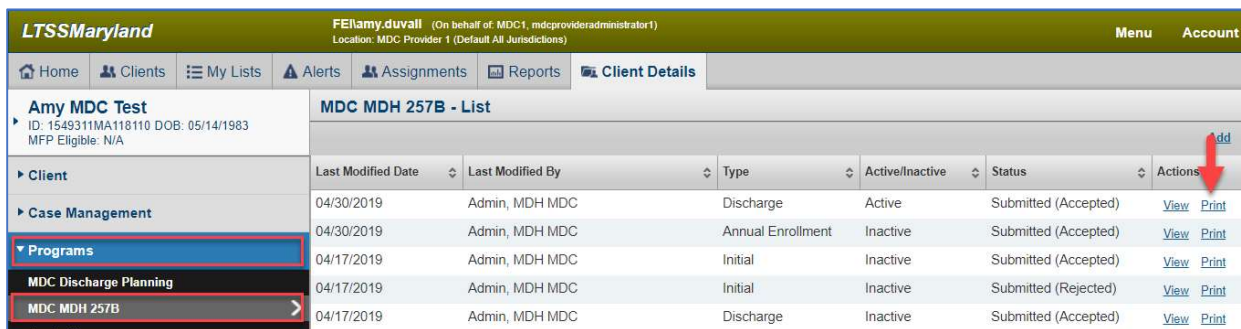
Deleted forms will not be visible anywhere in the system. Are you sure you want to Delete the form?

**Yes** **No**

Figure 154-Delete Confirmation

## 5.6 Print MDC MDH 257B Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **MDC MDH 257B**.
3. Click **Print** next to desired form in the List.



**LTSS Maryland** FEIamy.duvall (On behalf of: MDC1, mdcprovideradministrator1) Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

[Home](#) [Clients](#) [My Lists](#) [Alerts](#) [Assignments](#) [Reports](#) [Client Details](#)

**Amy MDC Test**  
 ID: 1549311MA118110 DOB: 05/14/1983  
 MFP Eligible: N/A

**MDC MDH 257B - List**

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

Figure 155-Print



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.

16706 1 / 3

Medical Day Care Services Waiver  
Long Term Care Activity Report

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

**Address:** 2104 W. Preston Street, Baltimore, MD 21201

**Medicaid Provider ID:** 101010110

**Contact Name:** MDC1, mdcprovideradministrator1

**Telephone:** \_\_\_\_\_

**Client Information**

## 5.7 My Lists: MDC MDH 257B

The purpose of this section is to describe how users can view a work queue and status of MDC MDH 257B Forms using the My List functionality. It will provide users the ability to navigate to the MDC MDH 257B View page directly from My List to perform their work. Authorized users shall be able to see a list of clients who have an MDC MDH 257B Form in process or has been processed.

**NOTE:** Because the **MDC MDH 257B (Initial/Annual)** form is submitted as a part of the **Enrollment Packet** that is then reviewed by MDH, MDC Providers shall only be able to view My Lists for an Initial or Annual MDC MDH 257B Form that is *In Progress*.

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

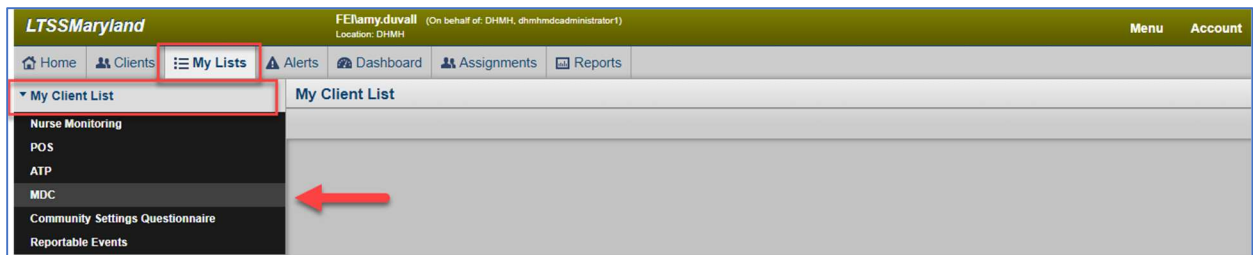


Figure 156-MDC My Lists

3. Select **Form Name: MDC MDH 257B**

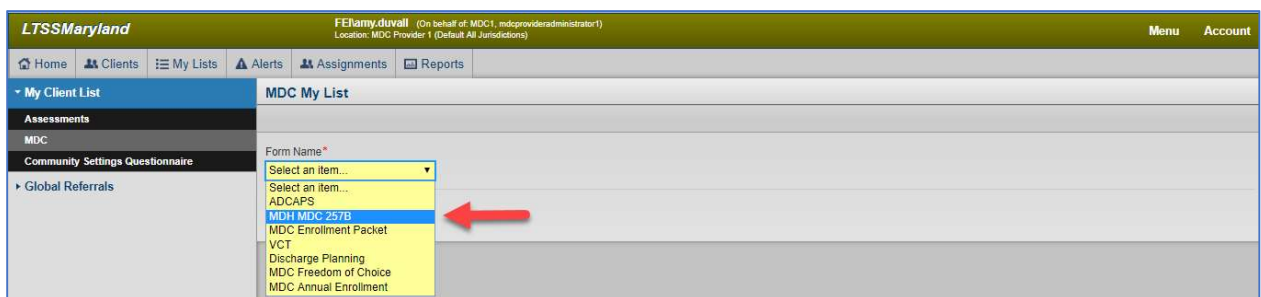


Figure 157-My List Form options

4. Select the desired **Type**:

- All
- Initial
- Annual Enrollment
- Discharge

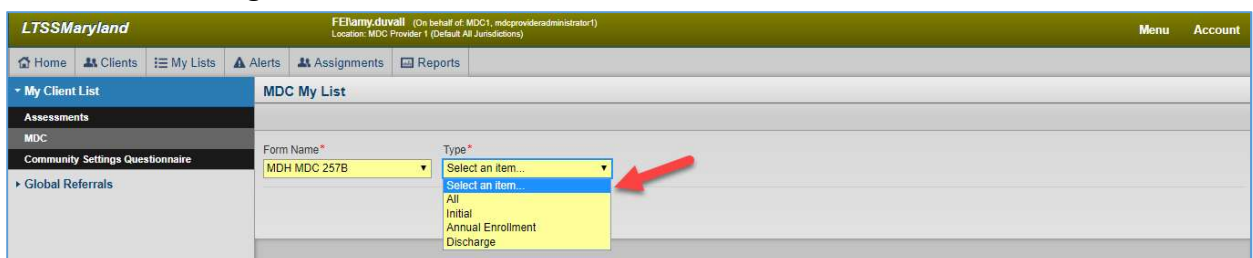


Figure 158-My Lists Show Me options

5. Select the desired **Show Me** option:

- All Clients with In Progress
- All Clients with Clarification Requested
- All Clients with Pending MDH Review

The screenshot shows the 'MDC My List' form in the LTSS Maryland system. The 'Form Name' is set to 'MDH MDC 257B' and 'Type' is 'All'. The 'Show Me' dropdown menu is open, displaying three options: 'All Clients with In Progress', 'All Clients with Clarification Requested', and 'All Clients with Pending MDH Review'. A red arrow points to the 'All Clients with Pending MDH Review' option.

Figure 159-My Lists Show Me options

### 5.7.1 Clients with In Progress MDC MDH 257B

To view Clients with an MDC MDH 257B Form (*Initial, Annual, and Discharge*) that has not yet been submitted:

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

The screenshot shows the 'My Client List' page in the LTSS Maryland system. The 'My Lists' tab is selected, and the 'MDC' option is highlighted in the left navigation menu. A red arrow points to the 'MDC' option.

Figure 160-MDC My Lists

3. Select **Form Name: MDC MDH 257B**

The screenshot shows the 'MDC My List' form in the LTSS Maryland system. The 'Form Name' dropdown menu is open, displaying several options: 'MDH MDC 257B', 'MDC Enrollment Packet', 'VCT', 'Discharge Planning', 'MDC Freedom of Choice', and 'MDC Annual Enrollment'. A red arrow points to the 'MDH MDC 257B' option.

Figure 161-My List Form options

4. Select the desired **Type**:

- All
- Initial
- Annual Enrollment

The screenshot shows the LTSS Maryland web application. The user is logged in as FEIamy.duvall. The left sidebar has a 'My Client List' section expanded. The main area is titled 'MDC My List'. There are two dropdown menus: 'Form Name' with 'MDH MDC 257B' selected, and 'Type' with a dropdown menu open showing options: 'Select an item...', 'Select an item...', 'All', 'Initial', 'Annual Enrollment', and 'Discharge'. A red arrow points to the 'All' option in the 'Type' dropdown.

Figure 162-My Lists Show Me options

5. Select the desired **Show Me** option:

- **All Clients with In Progress** to view any client for which the user is authorized Click **Filter**:

The screenshot shows the LTSS Maryland web application. The user is logged in as FEIamy.duvall. The left sidebar has a 'My Client List' section expanded. The main area is titled 'MDC My List'. There are three dropdown menus: 'Form Name' with 'MDH MDC 257B' selected, 'Type' with 'All' selected, and 'Show Me' with 'All Clients with In Progress' selected. A red box highlights the 'Show Me' dropdown. Below the dropdowns is a 'Filter' button. A red arrow points to the 'Filter' button.

Figure 163-Clients in Progress

6. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **MDC 257B Type** (present when Type=All)
- **Create Date**
- **Created By**
- **MDH MDC Staff**
- **Actions: View**

Client ID	First Name	Last Name	MDC 257B Type	Create Date	Created By	MDH MDC Staff	Actions
2179528ET526121	test	rep	Initial	3/7/2019	dnhmmdcadministrator1 DHMH	dnhmmdcstaff1 DHMH	<a href="#">View</a>
2210888PE971211	EPTest1	test1	Initial	1/8/2019	mdcprovidernurse1 MDC4		<a href="#">View</a>
2179547AL747111	Launch	Test5	Discharge	11/19/2018	dnhmmdcadministrator1 DHMH		<a href="#">View</a>

Figure 164-My Lists View List

7. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable MDC MDH 257B form that is **In Progress**. The user may **Complete**, **Edit**, **Discard** or **Delete** the form.

**test rep**  
ID: 2179528ET526121 DOB: 11/27/1965  
MFP Eligible: N/A

**MDC MDH 257B** Status: In Progress

Back to List

Delete Discard Complete Collapse All

**Medical Day Care Services Waiver - Long Term Care Activity Report**

**Client Information**

Client Name: test rep Primary Phone #: 1111111111

Date of Birth: 11/27/1965 Client Address: 123 Test Way, Clarksburg, MD 20871

MA #: 12345678963

Representative:

**Provider Information**

Figure 165-In Progress MDC MDH 257B form

## 6 MDC Enrollment Packet

Maryland Department of Health's Division of Long-Term Care requires the submission of certain documents for review to determine an applicant's eligibility for the Medical Day Care (MDC) Waiver. These documents are required to be submitted for Initial waiver applicants as well as for the Annual Eligibility redetermination for the waiver. Historically, the Continued Stay Review (CSR) Certification form, Freedom of Choice (FOC), MDC Enrollment Packet, ADCAPS, InterRAI Results page, and Recommended Plan of Care, have been required for submission to the MDH MDC Unit to determine overall eligibility of the applicant for the MDC Waiver Program.

This section details the system processes necessary to support the business requirements for listing the MDC Enrollment Packets that have been created, viewing additional details about the content of the MDC Enrollment Packet, as well as the MDH MDC Unit review and approval process. The following forms are required in the MDC Enrollment:

1. InterRAI HC or PEDS Assessment (*InterRAI HC may not be required for certain populations for initial enrollment in the MDC Waiver*)
2. Nursing Facility Level of Care
3. MDC Freedom of Choice Form
4. ADCAPS
5. MDC MDH 257B Form

MDC Provider Administrator, MDC Provider Staff, and MDC Provider Nurse Roles have access to the following functions for clients that they are actively serving.

## 6.1 Workflow

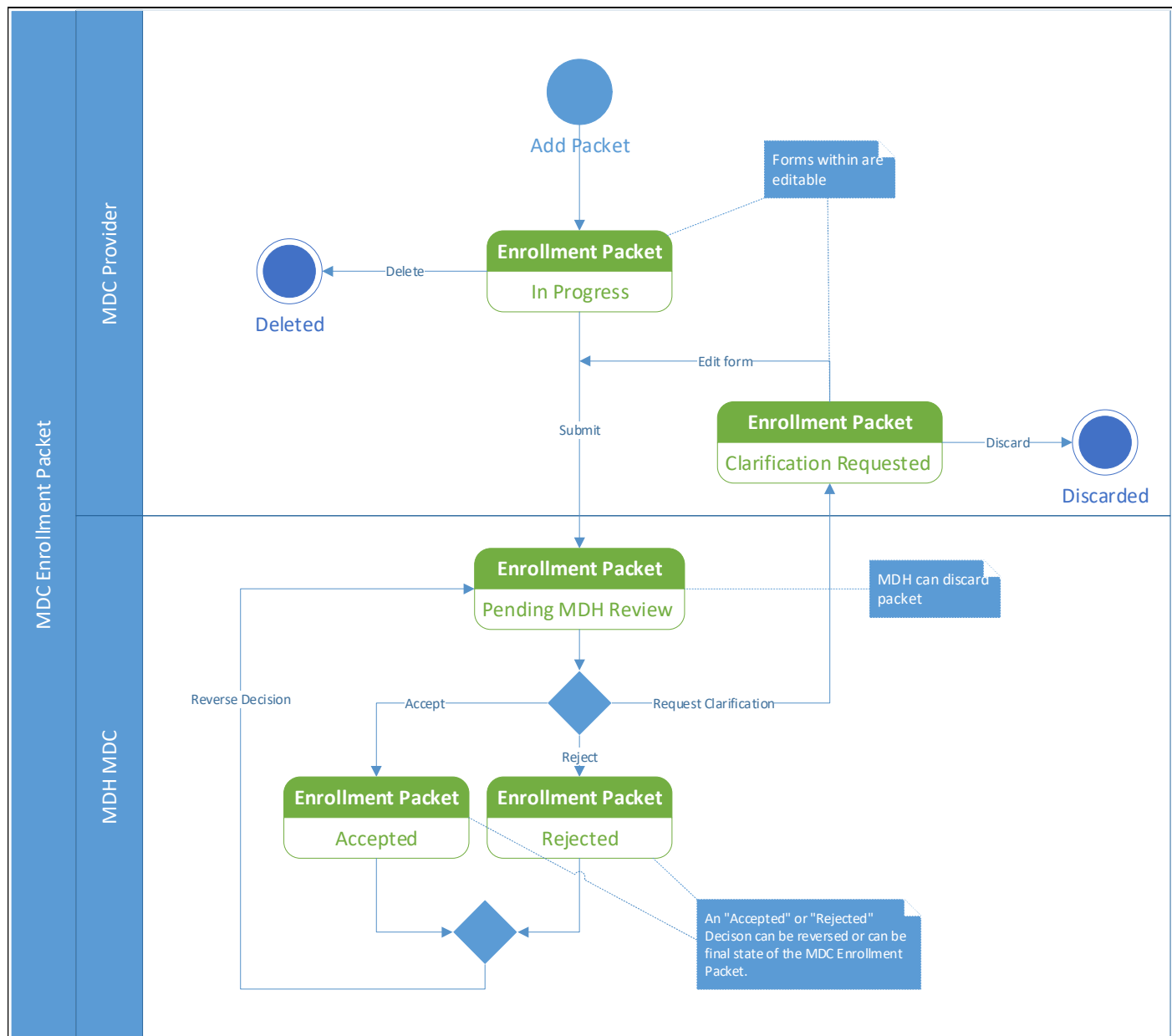



Figure 166-MDC Enrollment Packet Workflow

## 6.2 View MDC Enrollment Packet

The client's active assigned MDC Providers may view a List and the details of a client's MDC Enrollment Packet(s). MDC Providers who have serviced a client in the past, but are no longer actively assigned, may also view the MDC Enrollment Packet and its contents that were created by their agency at the time of their active assignment.

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.

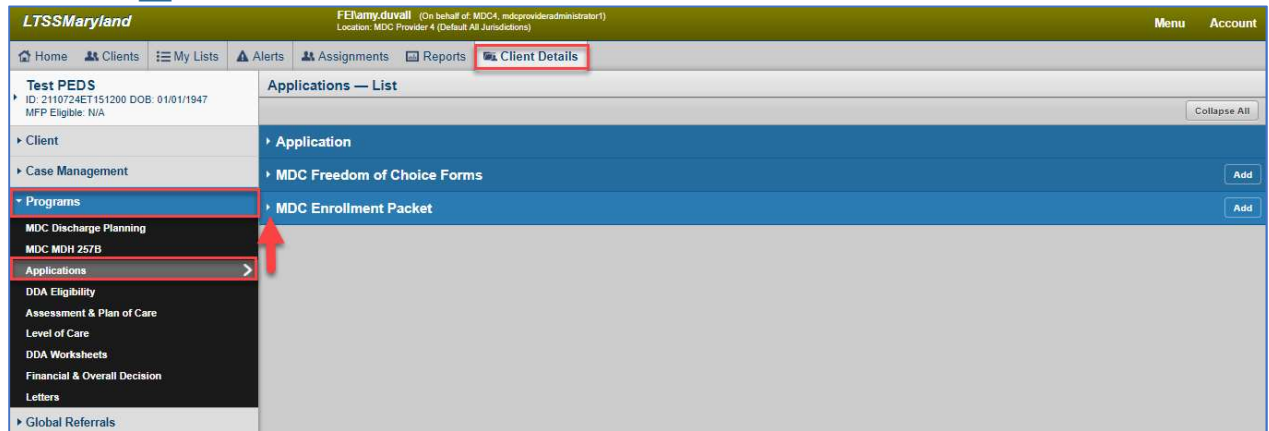



Figure 167-List view MDC Enrollment Packet

4. Users shall be able to view a List of MDC Enrollment Packets that have been added to the client's record.
  - **Enrolled In**
    - Name of Program in which the client is enrolled.
  - **Last Modified Date**
    - Date of last modification to the MDC ENROLLMENT PACKET
  - **Last Modified By**
    - Name of user that last modified the MDC ENROLLMENT PACKET
  - **Enrollment Type**
    - *Initial*
    - *Annual Enrollment*
  - **Primary MDC Provider Agency**
    - Name of the Agency that is assigned to the client as the Primary MDC Provider
  - **Status**
    - *In Progress*
    - *Pending MDH Review*
    - *Clarification Request*
    - *Discarded*
      - Click the info tip  icon to see comments entered at time of discard.




- *Accepted*
- *Rejected*
- **Actions**
  - *Details*

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

LTSS Maryland							
FEHany.duvall (On behalf of: DHMH, dhmhmdcadministrator1)							
Menu Account							
Home Clients My Lists Alerts Dashboard Assignments Reports Client Details							
<b>Test PEDS</b> ID: 2110724ET151200 DOB: 01/01/1947 MFP Eligible: N/A		<b>Applications — List</b>					
Client Case Management Programs MDC Discharge Planning MDC MDH 257B Applications DDA Eligibility Assessment & Plan of Care Nurse Monitoring Level of Care		Add Documentation Reminder Add Add Add <b>MDC Enrollment Packet</b>					
Enrolled In	Last Modified Date	Last Modified By	Enrollment Type	Primary MDC Provider Agency	Status	Actions	
03/19/2019	03/19/2019	DHMH, dhmhmdcadministrator1	Initial	MDC Provider 4 (Default All Jurisdictions)	Clarification Requested	<a href="#">Details</a>	
03/19/2019	03/19/2019	DHMH, dhmhmdcadministrator1	Initial	MDC Provider 4 (Default All Jurisdictions)	Discarded	<a href="#">Details</a>	
MDC	03/07/2019	Admin, MDH MDC	Initial	MDC Provider 4 (Default All Jurisdictions)	Rejected	<a href="#">Details</a> <a href="#">Reverse MDH Decision</a>	

Figure 168-MDC Enrollment Packet List

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

- **Overview Information**
  - **General Information**
    - Create Date
    - Enrolled In
    - Created By
    - Primary MDC Provider Agency
    - MDC Annual Enrollment Date
    - Enrollment Type

**MDC Enrollment Packet** Status: Clarification Requested View

[Back to List](#) Expand All

**Overview Information**

**General Information**

Create Date:	03/19/2019	Enrolled In:	
Created By:	MDC4, mdcprovideradministrator1	Primary MDC Provider Agency:	MDC Provider 4 (Default All Jurisdictions)
MDC Annual Enrollment Date:	N/A		
Enrollment Type**	Initial		

Figure 169-Overview Information

- **Enrollment Checklist**

- **Form Name**

A warning ⚠ icon may be displayed for the InterRAI or NF LOC forms when the status date is over 365 days older than the current system date. It may also be displayed when MDH has requested clarification on the form. Upon hovering over the ⚠ icon, the user may view an explanation for the impediment.

- *InterRAI HC or PEDS*
- *Nursing Facility Level of Care*
- *MDC Freedom of Choice Form*
- *ADCAPS*
- *MDC MDH 257B Form*

- **Status**

- *Displays the status of the linked form*

- **Status Date**

- *Displays the date that the form entered the workflow status displayed in the Status field*

- **Actions**

- *View*
      - a. Upon selecting View, the user will be re-directed to the specific client form or assessment.
    - *View List*
      - a. Upon selecting View List, the user will be re-directed to the List view of the corresponding form or assessment.
    - *Edit*
      - a. Available for forms in an editable status by the logged-in user
      - b. Upon selecting Edit, authorized users may be re-directed to the corresponding form in Edit mode.

MDC Enrollment Packet <small>Status: Clarification Requested</small>				<a href="#">View</a>
<a href="#">Back to List</a>				<a href="#">Expand All</a>
Overview Information				
Enrollment Checklist				
Form Name	Status	Status Date	Actions	
InterRAI HC	Submitted	01/24/2019	<a href="#">View</a>	<a href="#">View List</a>
Nursing Facility Level of Care	Approved By MDH	02/22/2019	<a href="#">View</a>	<a href="#">View List</a>
MDC Freedom of Choice Form	Submitted	02/22/2019	<a href="#">View</a>	<a href="#">View List</a>
ADCAPS	Complete	03/13/2019	<a href="#">View</a>	<a href="#">View List</a>
MDC MDH 257B Form ⚠	Pending MDH Review	03/19/2019	<a href="#">Edit</a>	<a href="#">View</a> <a href="#">View List</a>
Additional Attachments				
MDH MDC must authorize the begin payment date before a decision can be applied.				

Figure 170-Enrollment Checklist

- **Additional Attachments**

The user may include additional attachments in this list. Required attachments for MDC Freedom of Choice form and the ADCAPS are uploaded within the respective forms.

- **Created Date**
- **Filename**
  - Select the Hyperlink to view the attachment
- **Description**
- **Uploaded By**

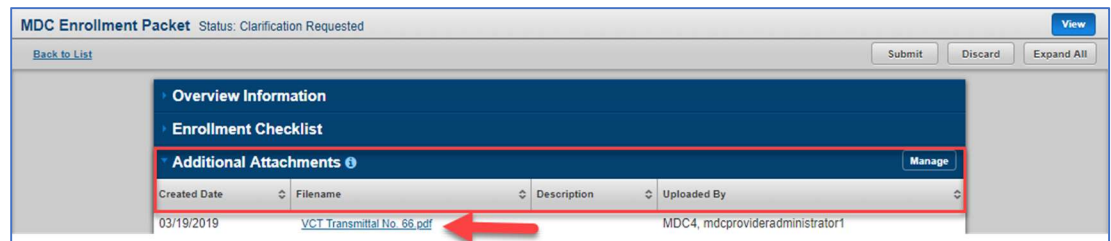


Figure 171-Additional Attachments

- **Workflow History**

The user may view a history of actions that resulted in a status change on the MDC Enrollment Packet.

- **Date**
- **By**
- **From Status**
- **To Status**
- **Comments**

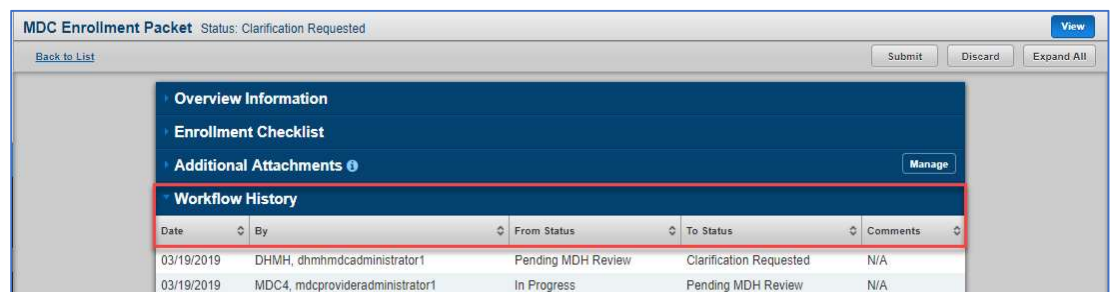


Figure 172-Workflow History

- **Clarification Requests**

Should MDH request clarification on any element of the MDC Enrollment Packet, users may view those requests and their corresponding comments.

- **Date**
- **By**
- **Comments**



The screenshot shows a web application interface for an "MDC Enrollment Packet" with a status of "Clarification Requested". The interface includes a sidebar with navigation links: "Overview Information", "Enrollment Checklist", "Additional Attachments" (with a plus icon), and "Workflow History". The "Clarification Requests" section is highlighted with a red border. Below this section is a table with three columns: "Date", "By", and "Comments". A single row of data is visible in the table.

Date	By	Comments
03/19/2019	dhhmmdcadministrator1 DHMH	MDC Freedom of Choice - MDC Provider to Update

*Figure 173-Clarification Requests*

### 6.3 Add MDC Enrollment Packet

To process a client's request for Initial MDC application or for Redetermination (Annual Enrollment), MDH reviews a set of forms that are bundled together into the MDC Enrollment Packet. The MDC Enrollment Packet is submitted for MDH to *Accept* or *Reject* the contents of the packet.

To enable the user to create an MDC Enrollment Packet, the system will validate the following within the client record:

- No other MDC Enrollment Packet is in an open status of *"In Progress"*, *"Clarification Requested"*, or *"Pending MDH Review"*
- For Annual re-enrollment, the client's MDC enrollment status is *"In Progress"* and due for re-enrollment in the MDC Waiver within 60 days.

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications**.
3. Select **Add** from the **MDC Enrollment Packet** banner.

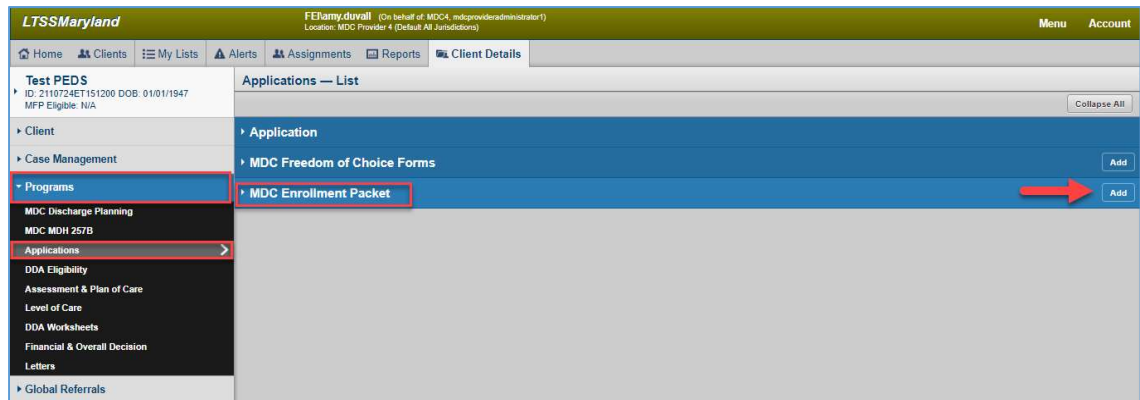


Figure 174-Add MDC Enrollment Packet

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

4. The MDC Enrollment Packet will prepopulate **General Information** from the client's record:
  1. **Create Date**
    - Current System date
  2. **Created By**
    - Name of logged-in user
  3. **Enrolled In**
    - Lists programs in which the client is enrolled
  4. **Primary MDC Provider Agency**
    - Name of the agency selected as the Primary MDC Provider
  5. **MDC Annual Enrollment Date**
    - Date from current enrollment, if the client is already enrolled.

5. Select **Enrollment Type**1. **Initial**

- User will receive a warning message if this is selected for a client that is currently enrolled in the MDC Waiver Program

2. **Annual Enrollment**

- User will receive a warning message if this is selected for a client that is not currently enrolled in the MDC Waiver Program

The screenshot shows the 'MDC Enrollment Packet' form in the LTSSMaryland system. The 'Enrollment Type' field is required (indicated by a red asterisk) and has a dropdown menu open. The dropdown menu shows three options: 'Annual Enrollment' (highlighted in yellow), 'Initial', and 'Annual Enrollment' (highlighted in blue). A red arrow points to the 'Annual Enrollment' option.

Figure 175-Enrollment Type

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

\* indicates a field required to **Save** the form.

6. Select **Save**

## 1. Form enters the status, "In Progress"

The screenshot shows the 'MDC Enrollment Packet' form in the LTSSMaryland system. The 'Save' button is highlighted with a red arrow.

Figure 176-Save

7. Upon save, the MDC Enrollment Packet shall populate:

### 1. Overview Information

**MDC Enrollment Packet** Status: In Progress [View](#)

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

**Overview Information** [Edit](#)

**General Information**

Create Date:	03/21/2019	Enrolled In:	MDC
Created By:	MDC4, mdcprovideradministrator1	Primary MDC Provider Agency:	MDC Provider 4 (Default All Jurisdictions)
MDC Annual Enrollment Date:	01/01/2017		
Enrollment Type**	Initial		

**Enrollment Checklist**

**Additional Attachments** [Manage](#)

**Workflow History**

Figure 177-Overview Information

### 2. Enrollment Checklist

When adding a packet, the system will automatically link the following forms from the client's record:

1. Most recent or "Active" **InterRAI HC** or **PEDS Assessment**
  - **NOTE:** For an *Initial* Enrollment Packet, and InterRAI is not required to Submit.
2. "Active", "Accepted" **Nursing Facility Level of Care** (NF LOC)
3. Most recent (Option 1) **MDC Freedom of Choice** form from the Primary MDC Provider/LHD/SPA when the status is "*In Progress*" or "*Submitted*"
4. Most recent **ADCAPS** from the Primary MDC Provider when the status is "*Complete*" or "*In Progress*"
5. Most recent **Initial** or **Annual MDC MDH 257B** when the status is "*Ready to Submit*", or "*In Progress*"

**MDC Enrollment Packet** Status: In Progress [View](#)

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

**Overview Information** [Edit](#)

**Enrollment Checklist**

Form Name	Status	Status Date	Actions
1 InterRAI HC	Submitted	01/24/2019	<a href="#">View</a> <a href="#">View List</a>
2 Nursing Facility Level of Care	Approved By MDH	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
3 MDC Freedom of Choice Form	Submitted	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
4 ADCAPS	Complete	03/13/2019	<a href="#">View</a> <a href="#">View List</a>
5 MDC MDH 257B Form	Ready to Submit	03/20/2019	<a href="#">View</a> <a href="#">View List</a>

**Additional Attachments** [Manage](#)

**Workflow History**

Figure 178-Enrollment Checklist

The user may view the specific form by selecting the **View** hyperlink; or, view the form's summary page by selecting the **View List** hyperlink:

MDC Enrollment Packet Status: In Progress View

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

Overview Information <span>Edit</span>			
Enrollment Checklist			
Form Name	Status	Status Date	Actions
InterRAI HC	Submitted	01/24/2019	<a href="#">View</a> <a href="#">View List</a>
Nursing Facility Level of Care	Approved By MDH	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
MDC Freedom of Choice Form	Submitted	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
ADCAPS	Complete	03/13/2019	<a href="#">View</a> <a href="#">View List</a>
MDC MDH 257B Form	Ready to Submit	03/20/2019	<a href="#">View</a> <a href="#">View List</a>

Additional Attachments Manage

Workflow History

Figure 179-View and View List

- InterRAI **View**:

LTSS Maryland FEHamy.duvall (On behalf of: MDC4, mdcprovideradministrator) Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

Test PEDS ID: 2110724ET151200 DOB: 01/01/1947 MFP Eligible: N/A

Client

Case Management

Programs

MDC Discharge Planning

MDC MDH 257B

Applications

DDA Eligibility

Assessment & Plan of Care

InterRAI MD Summary

InterRAI MD Summary Status: Submitted Results Discard Collapse All

[Back to List](#)

Section Name	Status	Last Modified By	Last Modified Date	Actions
A. Identification Information	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>
B. Intake and Initial History	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>
C. Cognition	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>
D. Communication and Vision	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>
E. Mood and Behavior	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>
F. Psychosocial Well-Being	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>
G. Functional Status	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>
H. Continence	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>
I. Disease Diagnoses	Complete	MDC4, mdcprovidermurse1	01/24/19	<a href="#">View</a>

- InterRAI **View List**:

LTSS Maryland FEHamy.duvall (On behalf of: MDC4, mdcprovideradministrator) Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

Test PEDS ID: 2110724ET151200 DOB: 01/01/1947 MFP Eligible: N/A

Client

Case Management

Programs

MDC Discharge Planning

MDC MDH 257B

Applications

DDA Eligibility

Assessment & Plan of Care

Assessment & POC List Expand All

Assessment & POC Request

InterRAI Assessment Add Prepare Offline

Plan of Care

SIS Assessments

Adult Day Care Assessment and Planning System (ADCAPS)



- Nursing Facility Level of Care **View**:

**LTSSMaryland** FEFanny.duvall (On behalf of: MDC4, mdgprovideradministrator1)  
Location: MDC Provider 4 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

**Test PEDS**  
ID: 2110724ET151200 DOB: 01/01/1947  
MFP Eligible: N/A

Client  
Case Management  
Programs  
MDC Discharge Planning  
MDC MDH 257B  
Applications  
DDA Eligibility  
Assessment & Plan of Care  
Level of Care  
LOC Details

**NF Level of Care — Summary** Status: Approved By MDH  
[Back to List](#) [View](#) [Collapse All](#)

**I. Request Level of Care Form**

**Details**

LOC Type:

No request was submitted.

**InterRAI HC MD Assessment** [Assessment Summary](#)

Assessment Submit Date: 01/24/2019 Recommended LOC: Yes

- Nursing Facility Level of Care **View List**:

**LTSSMaryland** FEFanny.duvall (On behalf of: MDC4, mdgprovideradministrator1)  
Location: MDC Provider 4 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

**Test PEDS**  
ID: 2110724ET151200 DOB: 01/01/1947  
MFP Eligible: N/A

Client  
Case Management  
Programs  
MDC Discharge Planning  
MDC MDH 257B  
Applications  
DDA Eligibility  
Assessment & Plan of Care  
Level of Care

**Level of Care — Summary** [Expand All](#)

**Level of Care Request**

**NF Level of Care**

**CPAS Level of Care**

**Chronic Level of Care**

**DDA Level of Care**

- MDC Freedom of Choice Form **View**:

**LTSSMaryland** FEFanny.duvall (On behalf of: MDC4, mdgprovideradministrator1)  
Location: MDC Provider 4 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

**Test PEDS**  
ID: 2110724ET151200 DOB: 01/01/1947  
MFP Eligible: N/A

Client  
Case Management  
Programs  
MDC Discharge Planning  
MDC MDH 257B  
Applications  
MDC Freedom Of Choice  
DDA Eligibility

**MDC Freedom of Choice** Status: Submitted  
[Back to List](#) [View](#) [Collapse All](#)

**Freedom of Choice**

**Client Consent \***

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:  
Provider: MDC Provider 4 (Default All Jurisdictions)

- MDC Freedom of Choice Form **View List**:

**LTSSMaryland** FEFanny.duvall (On behalf of: MDC4, mdgprovideradministrator1)  
Location: MDC Provider 4 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

**Test PEDS**  
ID: 2110724ET151200 DOB: 01/01/1947  
MFP Eligible: N/A

Client  
Case Management  
Programs  
MDC Discharge Planning  
MDC MDH 257B  
Applications

**Applications — List** [Collapse All](#)

**Application** [Add](#)

**MDC Freedom of Choice Forms**

Last Modified Date	Created By Agency	Last Modified By Agency	Signature Status	Enrollment Packet Decision	Status	Client Consent	Provider Selected	Active/Inactive	Actions
02/22/2019	MDC Provider 4 (Default All Jurisdictions)	MDC Provider 4 (Default All Jurisdictions)	Signed and paper copy on file	Accepted	Submitted	HCBS Setting	MDC Provider 4 (Default All Jurisdictions)	Active	<a href="#">View</a> <a href="#">Print</a>

- **ADCAPS View:**

- **ADCAPS View List:**

- **MDC MDH 257B Form View:**

- **MDC MDH 257B Form View List:**

LTSS Maryland							
FEHamy.duvall (On behalf of: MDC4_mdgprovideradministrator1) Location: MDC Provider 4 (Default All Jurisdictions)							
Menu Account							
Home Clients My Lists Alerts Assignments Reports Client Details							
Test PEDS ID: 2110724ET151200 DOB: 01/01/1947 MFP Eligible: N/A							
MDC MDH 257B - List							
Add							
Client	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions	
Client	03/07/2019	Admin, MDH MDC	Initial	Active	Submitted (Rejected)	View Print	
Case Management	02/22/2019	DHMH, dhnmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	View Print	
Programs	02/22/2019	DHMH, dhnmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	View Print	
MDC Discharge Planning	02/22/2019	DHMH, dhnmhmdcadministrator1	Initial	Inactive	Submitted (Accepted)	View Print	
MDC MDH 257B	02/15/2019	DHMH, dhnmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	View Print	

### 3. Additional Attachments

The user may include any additional attachments in this list. Required attachments for the MDC Freedom of Choice form and ADCAPS are uploaded within the respective forms. (See section 6.4 *Additional Attachments*)

MDC Enrollment Packet Status: In Progress

Back to List

Submit Delete Expand All

Overview Information Edit

Enrollment Checklist

**Additional Attachments** Manage

Created Date	Filename	Description	Uploaded By
No data available in table			

Workflow History

Figure 180-Additional Attachments

8. Select **Submit** after confirmation that all pertinent forms are linked to the Enrollment Packet.

MDC Enrollment Packet Status: In Progress

Back to List

Submit Delete Expand All

Overview Information Edit

Enrollment Checklist

Form Name	Status	Status Date	Actions
InterRAI HC	Submitted	01/24/2019	<a href="#">View</a> <a href="#">View List</a>
Nursing Facility Level of Care	Approved By MDH	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
MDC Freedom of Choice Form	Submitted	02/22/2019	<a href="#">View</a> <a href="#">View List</a>
ADCAPS	Complete	03/13/2019	<a href="#">View</a> <a href="#">View List</a>
MDC MDH 257B Form		N/A	<a href="#">View List</a>

Additional Attachments Manage

Created Date	Filename	Description	Uploaded By
03/22/2019	<a href="#">Physician's Orders.pdf</a>		MDC4, mdcprovideradministrator1

Workflow History

Figure 181-Submit MDC Enrollment Packet


9. The MDC Enrollment Packet shall then enter the status, *"Pending MDH Review"* and notification shall be sent to the MDH MDC Administrator or Assigned MDH MDC Staff roles.

## 6.4 Manage Additional Attachments

The user may upload any other relevant documentation that may be required to facilitate MDH's decision process. **NOTE:** Required attachments for the MDC Freedom of Choice form and ADCAPS are uploaded within the respective forms.

### 6.4.1 Add Additional Attachment

To add/upload a document, complete the following steps:

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 packet that is "In Progress".

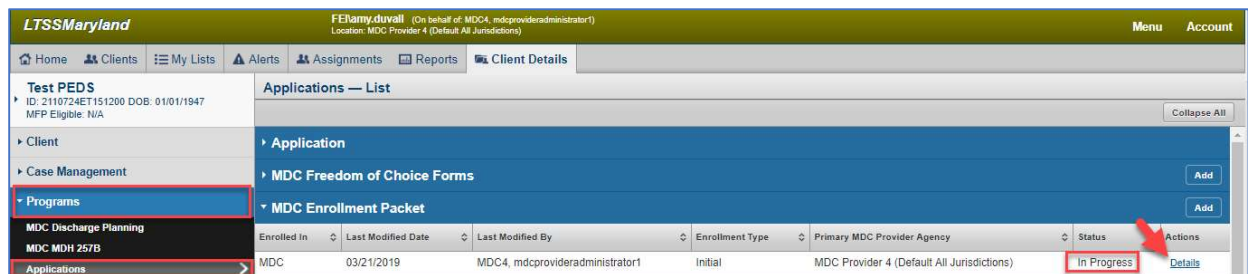


Figure 182-MDC Enrollment Packet- In Progress

5. Select **Manage** within the **Additional Attachments** banner.

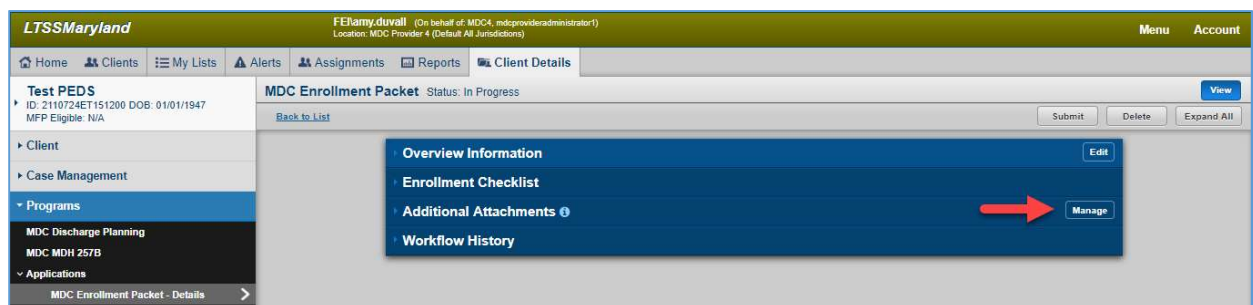


Figure 183-Manage Additional Attachments

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

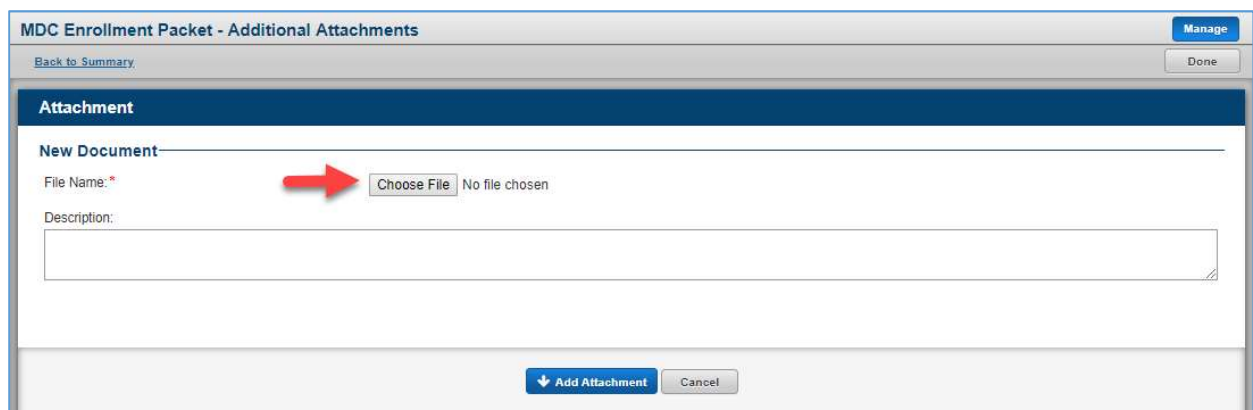


Figure 184-Choose File

**NAMING CONVENTION FOR ADDITIONAL ATTACHMENTS:*****Name of Attachment\_First and Last Initial\_Date of Form***Example for **Additional Attachments**:

A Risk Assessment completed for Jane Doe on June 3, 2019 would be saved as,

**RISKASSESSMENT\_ID\_06032019**

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

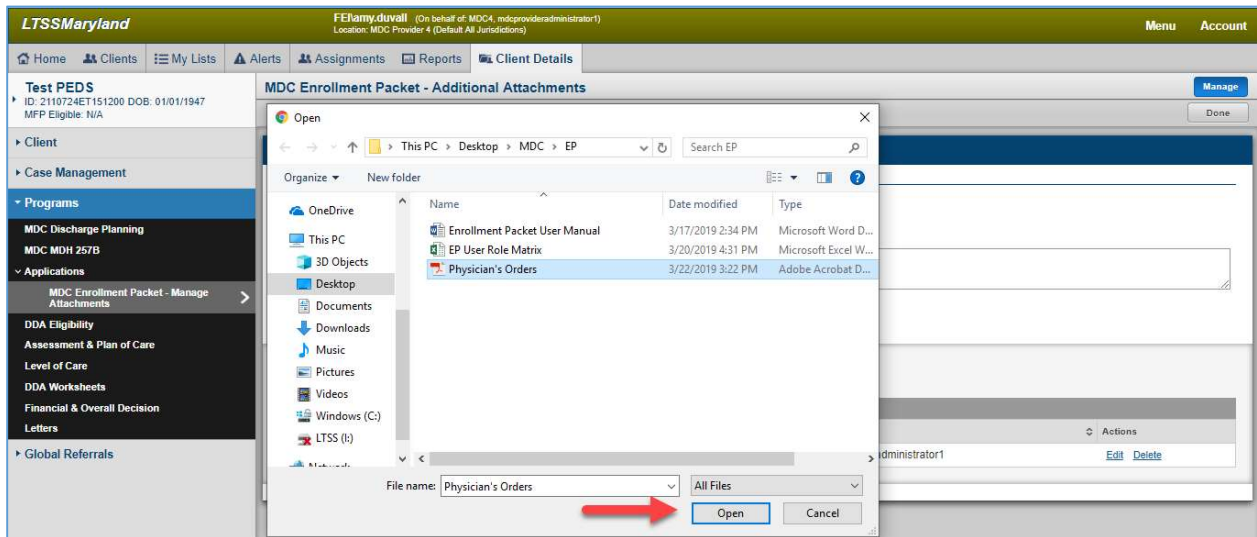


Figure 185-Attachment selection

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



Figure 186- Attachment Description

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


- **Created Date**
  - Date attachment was uploaded
- **Filename**
  - Name of file that was uploaded from the user's PC
- **Description**
  - Text entered at time of upload
- **Uploaded By**
  - Name of user who uploaded the attachment
- **Actions**
  - *Edit*
  - *Delete*

Created Date	Filename	Description	Uploaded By	Actions
03/22/2019	Physician's Orders.pdf		MDC4, mdcpvideradministrator	<a href="#">Edit</a> <a href="#">Delete</a>

Figure 187-Attachment List view

### 6.4.2 Edit Additional Attachment

Users may edit the Additional Attachment that they or their Agency uploaded.

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 packet that is "In Progress".
5. Select **Manage** within the **Additional Attachments** banner.

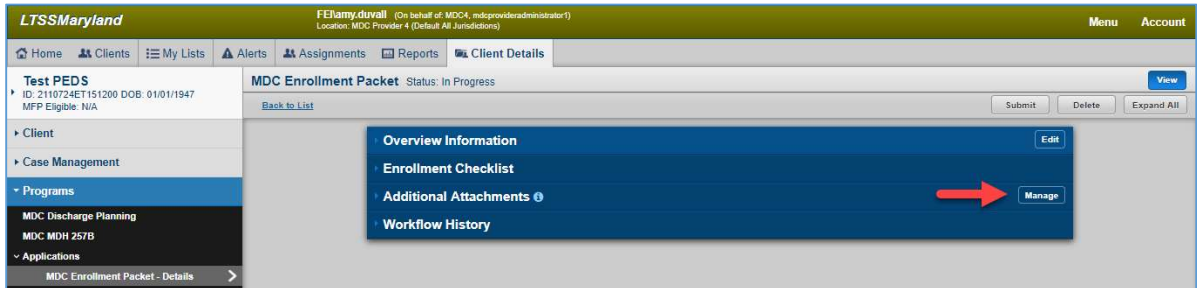
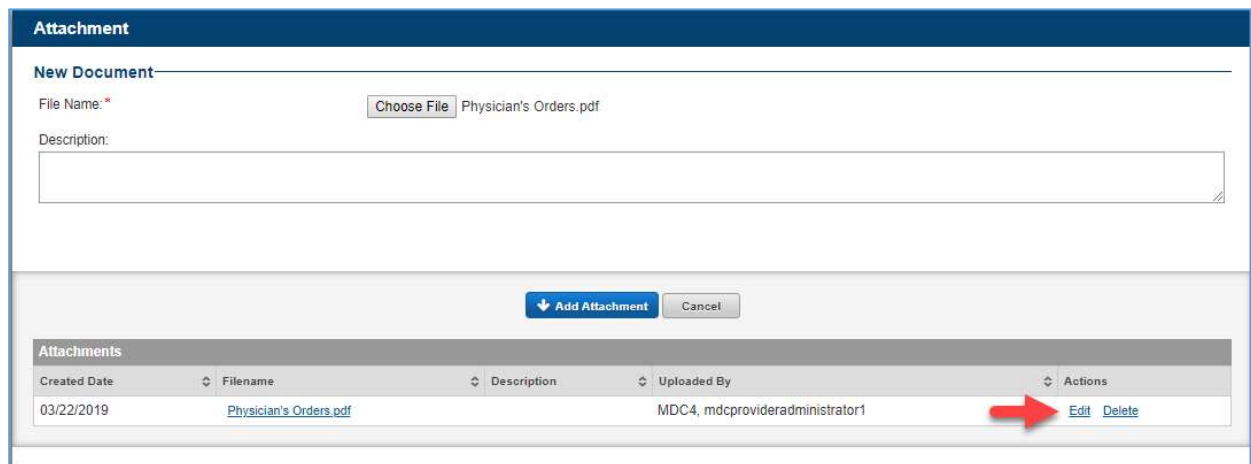


Figure 188-Manage Additional Attachments

6. Select the **Edit** hyperlink next to the desired attachment within the Attachment list view.

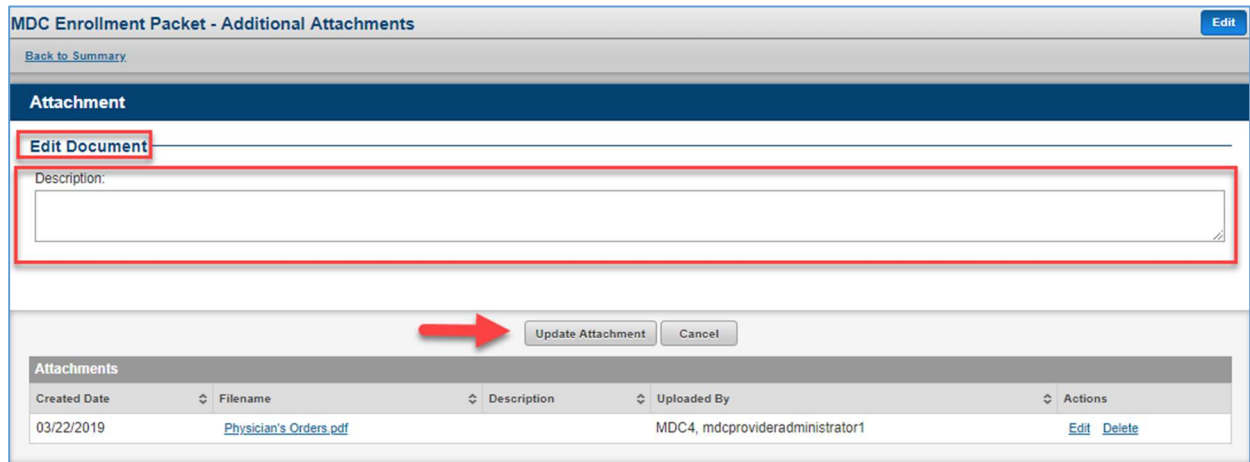


Created Date	Filename	Description	Uploaded By	Actions
03/22/2019	Physician's Orders.pdf		MDC4, mdcprovideradministrator1	<a href="#">Edit</a> <a href="#">Delete</a>

Figure 189-Edit Attachment



- The user may update the description of the Attachment by entering new text in the Description field, and then select **Update Attachment**.



**MDC Enrollment Packet - Additional Attachments** Edit

[Back to Summary](#)

**Attachment**

**Edit Document**

Description:


**Update Attachment** **Cancel**

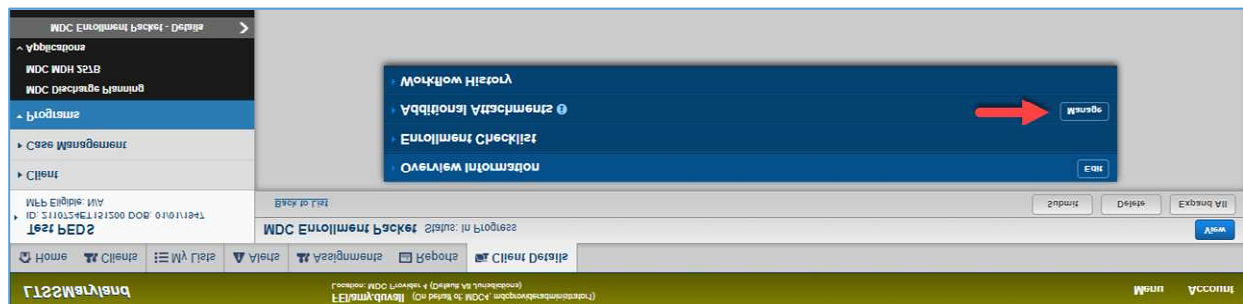
Created Date	Filename	Description	Uploaded By	Actions
03/22/2019	<a href="#">Physician's Orders.pdf</a>		MDC4, mdcprovideradministrator1	<a href="#">Edit</a> <a href="#">Delete</a>

Figure 190-Update Attachment Description

#### 6.4.3 Delete Additional Attachment

Users may delete the Additional Attachment that they or their Agency uploaded.

- From the Client Profile, select the **Programs** banner on the left navigation.
- Select **Applications**.
- Select the  icon next to **MDC Enrollment Packet** to expand and view.
- Select the **Details** link next to the packet that is "In Progress".
- Select **Manage** within the **Additional Attachments** banner.



**MDC Enrollment Packet - Details**

**Workflow History**

**Additional Attachments** Manage

**Enrollment Checklist**

**Overview Information** Edit

**MDC Enrollment Packet** Status: In Progress

[Home](#) [Client](#) [My List](#) [Alerts](#) [Assignments](#) [Reports](#) [Client Details](#)

**benjamin** Menu Account

Figure 191-Manage Additional Attachments



6. Select the **Delete** hyperlink next to the desired attachment within the Attachment list view.

The screenshot shows the 'Attachment' management interface. At the top, there is a 'New Document' section with a 'File Name' field containing 'Physician's Orders.pdf' and a 'Description' field. Below this is an 'Add Attachment' button and a 'Cancel' button. The main section is a table titled 'Attachments' with columns: Created Date, Filename, Description, Uploaded By, and Actions. The table contains one row with the following data: Created Date: 03/22/2019, Filename: [Physician's Orders.pdf](#), Description: (empty), Uploaded By: MDC4, mdcprovideradministrator1. In the Actions column, there is a 'Delete' link, which is highlighted with a red arrow.

Figure 192-Delete Attachment

7. A confirmation window shall appear. To delete, select **Yes**. To cancel the action, select **No**.

The screenshot shows the same 'Attachment' management interface as Figure 192, but with a confirmation dialog box overlaid. The dialog box is titled 'Delete Attachment' and contains the text: 'This attachment will no longer be displayed anywhere in the system. Are you sure you want to delete it?'. Below the text are two buttons: 'Yes' and 'No'. A red arrow points to the 'Yes' button. The background interface is dimmed, showing the 'New Document' section and the 'Attachments' table with the same data as before.

Figure 193-Confirm Deletion

## 6.5 MDH Review

Upon submission of the **MDC Enrollment Packet**, it shall enter the status, "*Pending MDH Review*" and notification shall be sent to the MDH for their review.

Upon review, MDH may choose to *Accept*, *Reject*, or *Request Clarification* on an individual form within the MDC Enrollment Packet; and the MDH decision will send notification to the user that submitted the MDC Enrollment Packet. (see also **Section 6.7 Alerts**)

### 6.5.1 Clarification Request

1. Should MDH seek clarification on any one of the MDC Enrollment Packet's Forms (MDC Freedom of Choice, ADCAPS or MDC MDH 257B Form) the MDC Provider user who submitted the packet will receive an alert in their Alerts tab for the client that *"Clarification is being requested on the MDC Enrollment Packet."*

Additionally, the Provider will be able to view this Client's form from My Lists (see also *section 6.8 My Lists: MDC Enrollment Packet*).

The screenshot shows the LTSSMaryland Alerts tab. The user is logged in as FELIgwen.clinton. The Alerts tab is active, and a red box highlights the 'Alerts' tab. Below the navigation bar, there are filters for 'Created From Date', 'Created To Date', 'Accepted From Date', and 'Accepted To Date'. A red arrow points to the 'Clarification Requested for MDC Enrollment Packet' alert in the table below.

Subject	From	Received	Accept?
TS, MDCSampleClient_ClarificationReq (2019411DM548101) - Baltimore			
<a href="#">Clarification Requested for MDC Enrollment Packet</a>	DHMH, dhmhmdcadministrator1	04/04/2019	<input type="checkbox"/>

Figure 194-Alerts MDC Enrollment Packet Clarification Requested

2. Upon selection of the message hyperlink, the user will be directed to the client's MDC Enrollment Packet, to act on or edit an individual form *Clarification Requested* comments that are noted in the **Clarification Requests** section.

The screenshot shows the LTSSMaryland Client Details page. The user is logged in as FELIgwen.clinton. The 'Client Details' tab is active, and a red box highlights the 'Clarification Requests' section. The page shows the client's information, including ID, DOB, and MFP Eligibility. The 'Clarification Requests' section is expanded, showing a table of requests.

Date	By	Comments
04/04/2019	dhmhmdcadministrator1 DHMH	MDC MDH 257B - test ADCAPS - test MDC Freedom of Choice - test

Figure 195-View MDC Enrollment Packet Clarification Requests

## 6.6 Edit MDC Enrollment Packet

Once an MDC Enrollment Packet has been **Saved** and an MDH decision has yet to be made, Provider Roles may **Edit** the packet in one of the following statuses:

- *In Progress*
- *Ready to Submit*
- *Clarification Requested*

**NOTE:** An MDC Enrollment Packet may only be edited by MDC Provider roles from the same Provider that created the form.

1. Overview Information- **Enrollment Type**
  - a. Select **Edit** from the Overview Information banner.

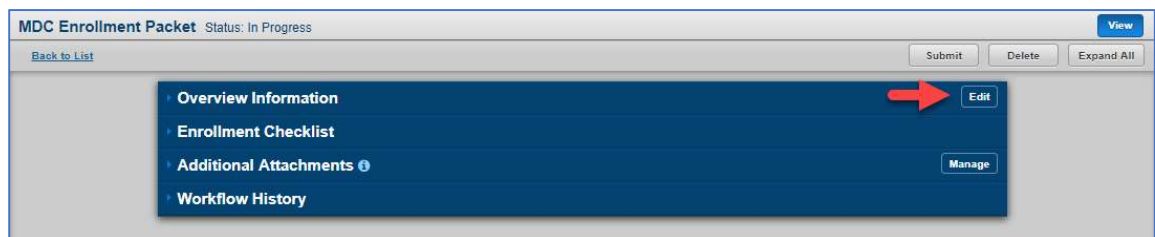


Figure 196-Edit Enrollment Type

- b. Select **Enrollment Type** and then **Save**.

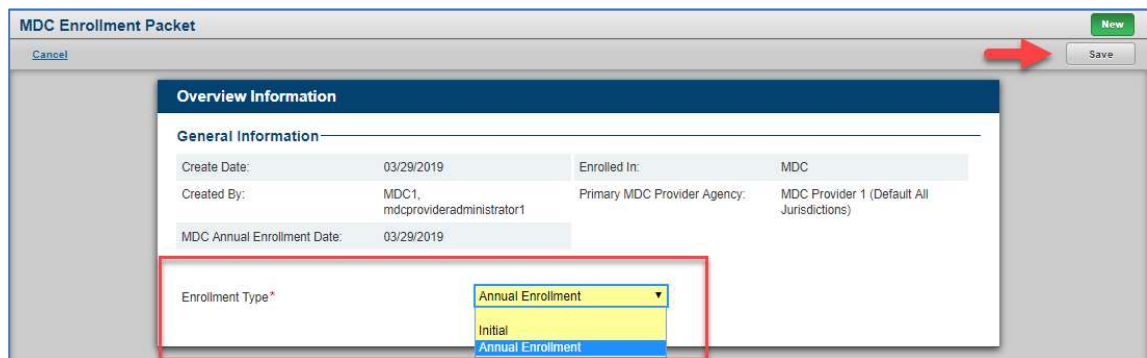


Figure 197-Change Enrollment Type

2. Enrollment Checklist- See User Manual sections for the following forms for **Edit** function of each:
  - a. InterRAI HC
  - b. Nursing Facility Level of Care
  - c. MDC Freedom of Choice Form
  - d. ADCAPS
  - e. MDC MDH 257B

**NOTE:** While the packet is “In Progress”, any updates or modifications made to the required forms are automatically mirrored on the individual forms.

3. Additional Attachments- See section **6.4 Manage Additional Attachments**

- Once edits are complete, the user may select **Submit**, and the packet will move to the status, “*Pending MDH Review*”.

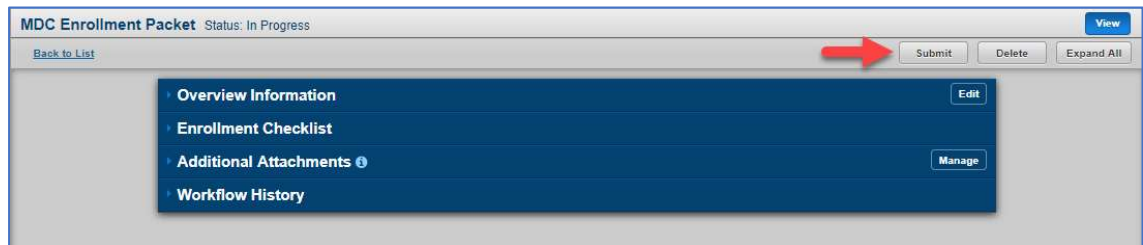


Figure 198-Submit Edited Packet

### 6.6.1 Delete MDC Enrollment Packet

An MDC Enrollment Packet may only be **Deleted** if it has *not* been submitted and is in the status of “*In Progress*”. Once deleted, there shall be no record of the form within the system. However, the individual forms that make up the packet will remain as-is.

- From the Client Profile, select the **Programs** banner on the left navigation.
- Select **Applications**.
- Select the ▶ icon next to **MDC Enrollment Packet** to expand and view.
- Select the **Details** link next to the packet that is “*In Progress*”.

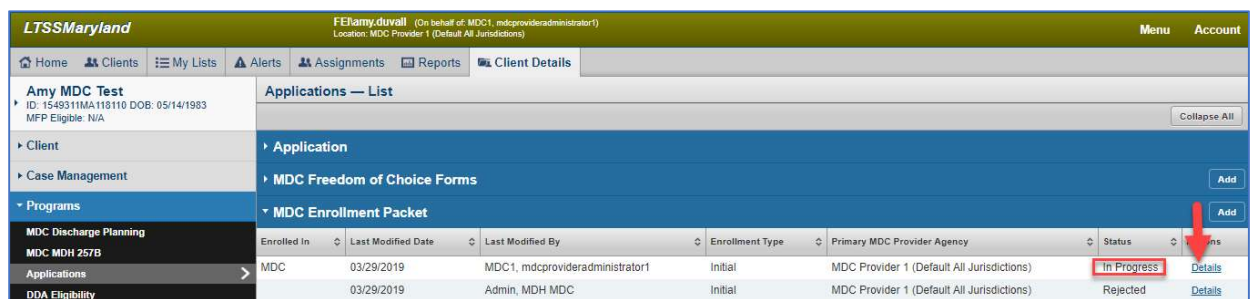


Figure 199-In Progress MDC Enrollment Packet

- Select **Delete**.

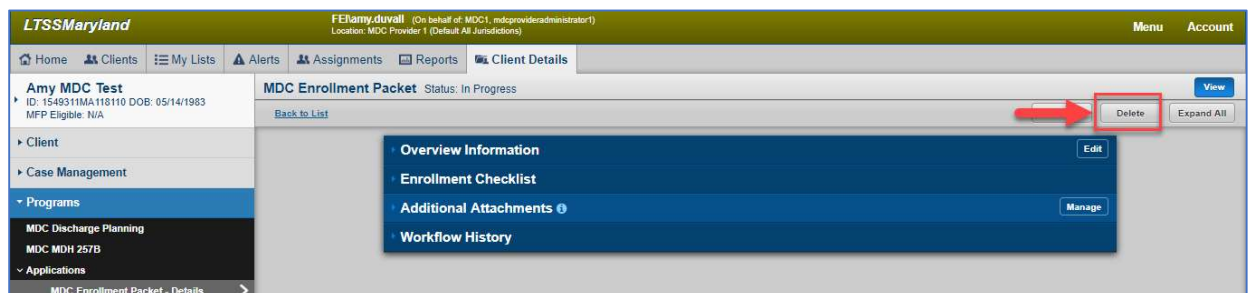


Figure 200-Delete MDC Enrollment Packet

## 6. Confirm Deletion.

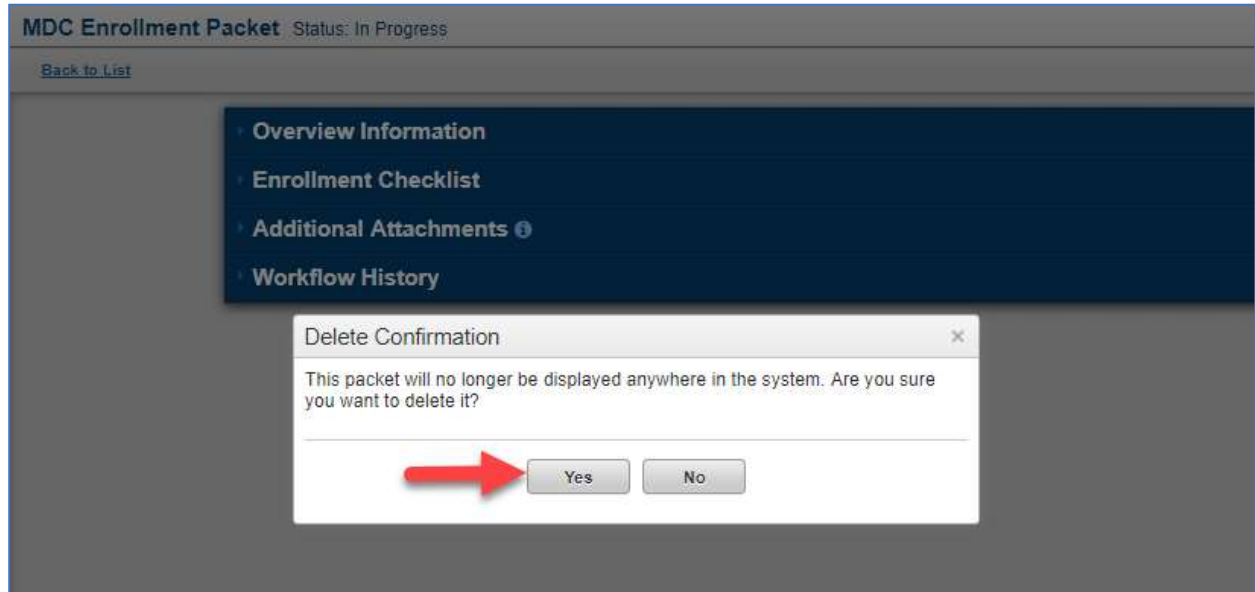


Figure 201-Delete Confirmation

## 6.7 Alerts

Authorized users and assigned agencies of clients will receive alerts when an MDC Enrollment Packet is processing through the workflow. LTSS Maryland users should regularly access the Alerts tab to ensure that they are effectively facilitating the clients' enrollment and subsequent participation in the MDC Waiver.

## 6.7.1 Alerts Tab

To view notifications regarding the processing of a client's MDC Enrollment Packet, users may review their **Alerts**, where each client record will display any applicable alerts for the MDC Enrollment Packet.

1. Select **Alerts** tab.
2. Enter desired search criteria to better specify applicable search results and select **Filter**.  
(Example: Enter *Created From Date* and *Created To Dates* to view all Alerts related to client record management for the past week.)

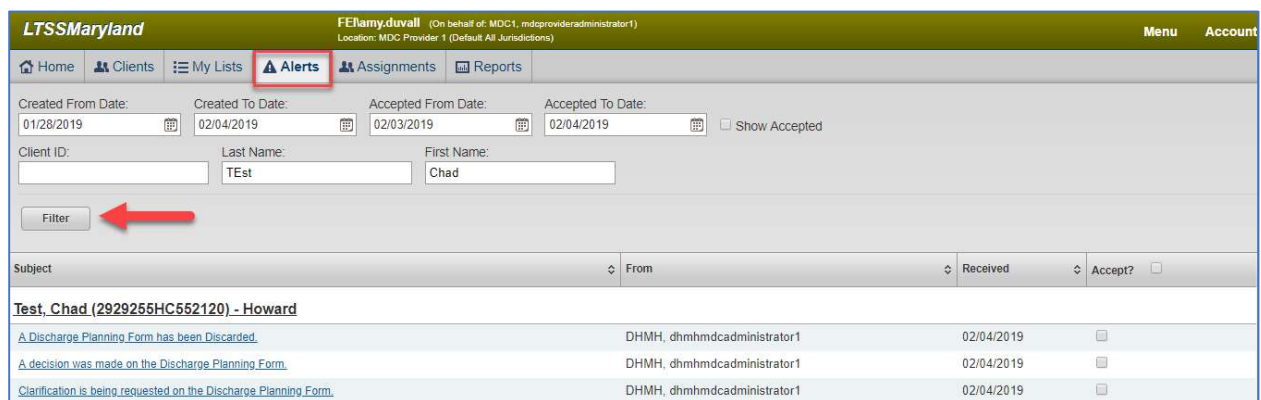


Figure 202-Alerts Search

- Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant MDC Enrollment Packet of the client, where he/she may view the Form and the Workflow History.

LTSSMaryland FEHamy.duvall (On behalf of: MDC1, mdcpoweradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports

Created From Date: 01/28/2013 Created To Date: 03/29/2019 Accepted From Date: 03/28/2019 Accepted To Date: 03/29/2019 Show Accepted

Client ID: Last Name: mdc test First Name:

Filter

Subject	From	Received	Accept?
MDC Test, Amy (1549311MA118110) - Frederick			
MDC Enrollment Packet has been rejected.	Admin, MDH MDC	03/29/2019	<input type="checkbox"/>
Overall Decision for MDC has been Approved.	Admin, MDH MDC	03/29/2019	<input type="checkbox"/>
MDC Enrollment Packet has been accepted.	Admin, MDH MDC	03/29/2019	<input type="checkbox"/>

Figure 203-Alert Hyperlink

## 6.8 My Lists: MDC Enrollment Packet

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

Authorized users shall be able to see a list of clients who have an MDC Enrollment Packet in process or has been processed.

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

LTSSMaryland FEHamy.duvall (On behalf of: DHMH, dhmhmdcadministrator1)  
Location: DHMH

Home Clients My Lists Alerts Dashboard Assignments Reports

My Client List

- Nurse Monitoring
- POS
- ATP
- MDC
- Community Settings Questionnaire
- Reportable Events

Figure 204-MDC My Lists

- Select **Form Name: MDC Enrollment Packet**

LTSSMaryland FEHamy.duvall (On behalf of: MDC1, mdcpoweradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports

My Client List

MDC My List

Form Name\*

- Select an item...
- Select an item...
- ADCAPS
- MDH MDC 257B
- MDC Enrollment Packet
- VCT
- Discharge Planning
- MDC Freedom of Choice
- MDC Annual Enrollment

Figure 205-My List Form options

4. Select the desired **Type**:

- All
- Initial
- Annual Enrollment

The screenshot shows the LTSS Maryland web application. The user is logged in as FEHamy.duvall. The interface includes a navigation bar with Home, Clients, My Lists, Alerts, Assignments, and Reports. The left sidebar shows My Client List, Assessments, MDC, Community Settings Questionnaire, and Global Referrals. The main content area is titled 'MDC My List'. It contains three dropdown menus: Form Name\* (set to 'MDC Enrollment Packet'), Type\* (open, showing options: 'Select an item...', 'All', 'Initial', 'Annual'), and Show Me\* (set to 'Select an item...'). A red arrow points to the Type dropdown menu.

Figure 206-My Lists Type options

5. Select the desired **Show Me** option:

- All Clients with In Progress
- All Clients with Clarification Requested
- All Clients with Pending MDH Review

The screenshot shows the LTSS Maryland web application. The user is logged in as FEHamy.duvall. The interface includes a navigation bar with Home, Clients, My Lists, Alerts, Assignments, and Reports. The left sidebar shows My Client List, Assessments, MDC, Community Settings Questionnaire, and Global Referrals. The main content area is titled 'MDC My List'. It contains three dropdown menus: Form Name\* (set to 'MDC Enrollment Packet'), Type\* (set to 'All'), and Show Me\* (open, showing options: 'Select an item...', 'All Clients with In Progress', 'All Clients with Clarification Requested', 'All Clients with Pending MDH Review'). A red arrow points to the Show Me dropdown menu.

Figure 207-My Lists Show Me options

## 6.8.1 Clients with In Progress MDC Enrollment Packet

To view Clients with an MDC Enrollment Packet (*Initial and Annual*) that has not yet been submitted:

1. Select the desired **Show Me** option:

- All Clients with In Progress to view any client for which the user is authorized Click **Filter**:

The screenshot shows the LTSS Maryland web application. The user is logged in as FEHamy.duvall. The interface includes a navigation bar with Home, Clients, My Lists, Alerts, Dashboard, Assignments, and Reports. The left sidebar shows My Client List, Nurse Monitoring, POS, ATP, MDC, Community Settings Questionnaire, and Reportable Events. The main content area is titled 'MDC My List'. It contains three dropdown menus: Form Name\* (set to 'MDH MDC 257B'), Type\* (set to 'All'), and Show Me\* (set to 'All Clients with In Progress'). A red box highlights the Show Me dropdown menu. A red arrow points to the Filter button below the dropdown menus.

Figure 208-Clients in Progress



2. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Enrollment Packet Type** (present when Type=All)
- **Current Primary MDC Provider**
- **Create Date**
- **Created By**
- **MDH MDC Staff**
- **Actions: View**

**MDC My List**

Form Name\*  Type\*  Show Me\*

Client ID	First Name	Last Name	Enrollment Packet Type	Current Primary MDC Provider	Create Date	Created By	MDH MDC Staff	Actions
2429253LC288120	Client	Billing 3	Annual Enrollment	MDC Provider 5 (Default All Jurisdictions)	3/29/2019	mdcprovideradminist... MDC5		<a href="#">View</a>
2789924AJ158120	James	Vega	Initial	MDC Provider 4 (Default All Jurisdictions)	3/20/2019	mdcproviderurse1 MDC4		<a href="#">View</a>
2229112RA167121	archmdc	active	Initial	MDC Provider 2 (Default All Jurisdictions)	3/20/2019	mdcprovideradminist... MDC1		<a href="#">View</a>

Figure 209-My Lists View Lists

3. Upon selecting the **View** hyperlink, the user shall be re-directed to Applications-List view. The user may navigate to the MDC Enrollment Packet list and select **Details**. From the Details view, the MDC Provider user may take action to **Submit** or **Delete**.

**LTSSMaryland** FEHamy.durall (On behalf of: MDC1, mdcprovideradministrator1) Menu Account

[Home](#) [Clients](#) [My Lists](#) [Alerts](#) [Assignments](#) [Reports](#) [Client Details](#)

**MDC Billing Client** ID: 1250485DM471221 DOB: 12/25/2014 MFP Eligible: N/A

**Applications — List**

**Client**

**Case Management**

**Programs**

**MDC Discharge Planning**

**MDC MDH 257B**

**Applications**

**Applications — List**

Enrolled In	Last Modified Date	Last Modified By	Enrollment Type	Primary MDC Provider Agency	Status	Actions
MDC	02/25/2019	MDC1, mdcprovideradministrator1	Initial	MDC Provider 1 (Default All Jurisdictions)	In Progress	<a href="#">Details</a>

Figure 210-In Progress MDC Enrollment Packet



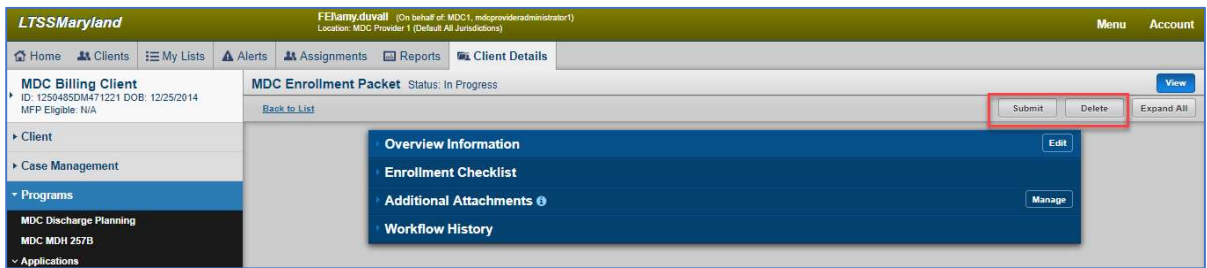


Figure 211-Actions for In Progress

## 6.8.2 Clients with Clarification Requested MDC Enrollment Packet

To view Clients with an MDC Enrollment Packet (*Initial or Annual*) with a Request for Clarification from MDH:

1. Select the desired **Show Me** option:
  - **All Clients with Clarification Requested** to view any client for which the user is authorized Click **Filter**:



Figure 212-Client with Clarification Requested

2. A list of all applicable client records shall appear with the following fields:
  - **Client ID**
  - **First Name**
  - **Last Name**
  - **Enrollment Packet Type** (present when Type=All)
  - **Current Primary MDC Provider**
  - **Submitted By**
  - **MDH MDC Staff**
  - **Date Clarification Requested**
  - **Enrolled In**
  - **No. of Clarification Requests** (# of forms within the packet that require clarification)
  - **Actions:** *View*

**MDC My List**

Form Name\*  Type\*

Client ID	First Name	Last Name	Enrollment Packet Type	Current Primary MDC Provider	Submitted By	MDH MDC Staff	Date Clarification Requested	Enrolled In	No. of Clarification Requests	Actions
2929255HC552....	Chad	Test	Initial	MDC Provider 1 (Default All Jurisdictions)		dnhmmdcstaff1 DHMH	1/17/2019	CO, MDC	0	<a href="#">View</a>

Figure 213-My Lists View List

3. Upon selecting the **View** hyperlink, the user shall be re-directed to Applications-List view. The user may navigate to the MDC Enrollment Packet list and select **Details**. From the Details view, the MDC Provider user may take action to edit or manage contents of the packet per the request for clarification and then **Submit** or **Discard**.

LTSSMaryland

FELanny.duvall

(Default of MDC1, mdcprovideradministrator)

Location: MDC Provider 1 (Default All Jurisdictions)

MenuAccount

HomeClientsMy ListsAlertsAssignmentsReportsClient Details

Chad Test

ID: 282855AC552120 DOB: 09/22/1922

MFP Eligible: N/A

Collapse All

Applications — List

Client

Application

MDC Freedom of Choice Forms

MDC Enrollment Packet

MDC Discharge Planning

MDC MDH 257B

Applications

Enrolled In	Last Modified Date	Last Modified By	Enrollment Type	Primary MDC Provider Agency	Status	Actions
CO, MDC	01/17/2019	MDC1_mdcprovidernurse1	Initial	MDC Provider 1 (Default All Jurisdictions)	Clarification Requested	Details

Figure 214-Clarification Requested MDC Enrollment Packet

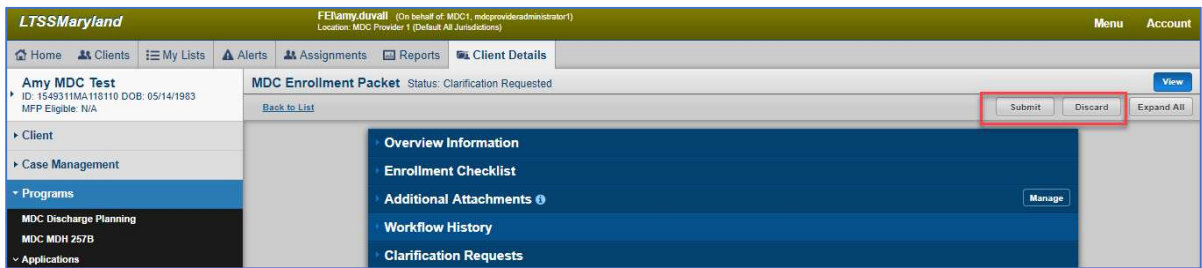


Figure 215-Actions for Clarification Request

### 6.8.3 Clients with Pending MDH Review MDC Enrollment Packet

To view Clients with an MDC Enrollment Packet (*Initial or Annual*) that are Pending MDH Review:

1. Select the desired **Show Me** option:
  - **All Clients with Clarification Requested** to view any client for which the user is authorized Click **Filter**:

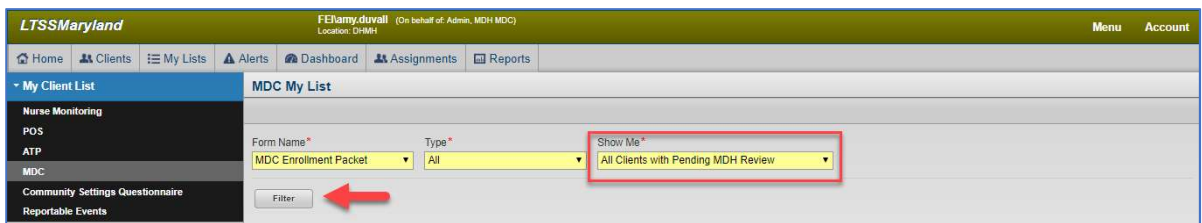


Figure 216-Client with Pending MDH Review

2. A list of all applicable client records shall appear with the following fields:
  - **Client ID**
  - **First Name**
  - **Last Name**
  - **Current Primary MDC Provider**
  - **Enrolled In**
  - **Enrollment Packet Type** (present when Type=All)
  - **Submitted By**
  - **MDH MDC Staff**
  - **Date Packet Submitted**
  - **Days Pending MDH Review**
  - **Actions: View**

Client ID	First Name	Last Name	Current Primary MDC Provider	Enrolled In	Enrollment Packet Type	Submitted By	MDH MDC Staff	Date Packet Submitted	Days Pending MDH Review	Actions
2519167SA757...	astest11	client11	MDC Provider 3 (Default All Jurisdictions)	MDC	Initial	mdcproviderad... MDC3	dnhmmdcstaff2 DHMH	3/14/2019	15	<a href="#">View</a>
			MDC Provider 1 (Default All Jurisdictions)		Initial	mdcproviderstaff3 MDC1	dnhmmdcstaff1 DHMH	3/18/2019	11	<a href="#">View</a>

Figure 217-My Lists View List

- Upon selecting the **View** hyperlink, the user shall be re-directed to Applications-List view. The user may navigate to the MDC Enrollment Packet list and select **Details**. From the Details view, the MDH MDC user may **Request Clarification**, **Discard**, or apply an **MDH Decision**.

Figure 218-Actions for Pending MDH Review

## 7 Overall Decision Form

Maryland Department of Health uses a Medical Day Care (MDC) Waiver Overall Decision form to indicate their decision on whether a client is Enrolled, Denied enrollment, or Disenrolled from the MDC waiver. MDH will complete one (1) Overall Decision form for Approval, then one (1) for Disenrollment, but no Overall Decision forms in between. (i.e. no Overall Decision forms after Initial Enrollment is Approved). MDH will submit the MDC Overall Decision forms only when the client is enrolling in the Waiver, not when the client is receiving MDC as a service within another Program or Waiver.


Once MDH has completed their Overall Decision form, the client's active Primary MDC Provider shall receive notification.

In addition, if MDH selects to *Approve* client's enrollment into the MDC Waiver Program, the client's Summary will be updated accordingly.

**MDC Providers should not begin services with a client until they have received an alert stating that an Overall Decision Form has been approved.**

## 7.1 View Current Enrollment

Within the Client Summary, users will be able to view the participant's Current Enrollment as a result of the MDH decision in the Overall Decision form.

1. Navigate to the Client Details tab.
2. Select **Current Enrollment** under the **Client Summary** banner within the right navigation panel.
3. Select the  icon to expand the **Current Enrollment** banner from the Client Profile

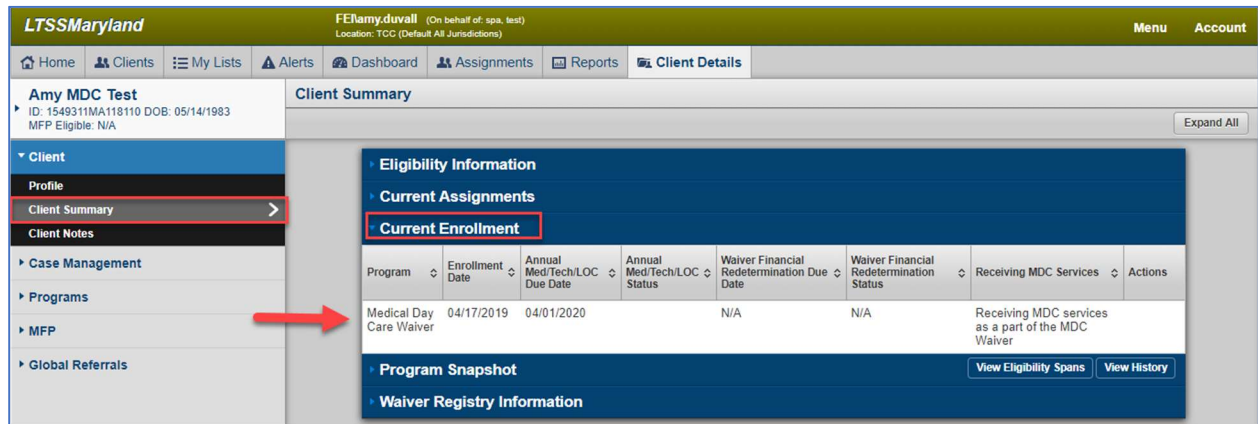



Figure 219-Current Enrollment

## 7.2 View Program Snapshot

Within the Client Summary, users will be able to view the participant's Program Snapshot and Program History as a result of the MDH decision in the Overall Decision form.

1. Navigate to the Client Details tab.
2. Select **Program Snapshot** under the **Client Summary** banner within the right navigation panel.
3. Select the  icon to expand the **Program Snapshot** banner From the Client Profile.

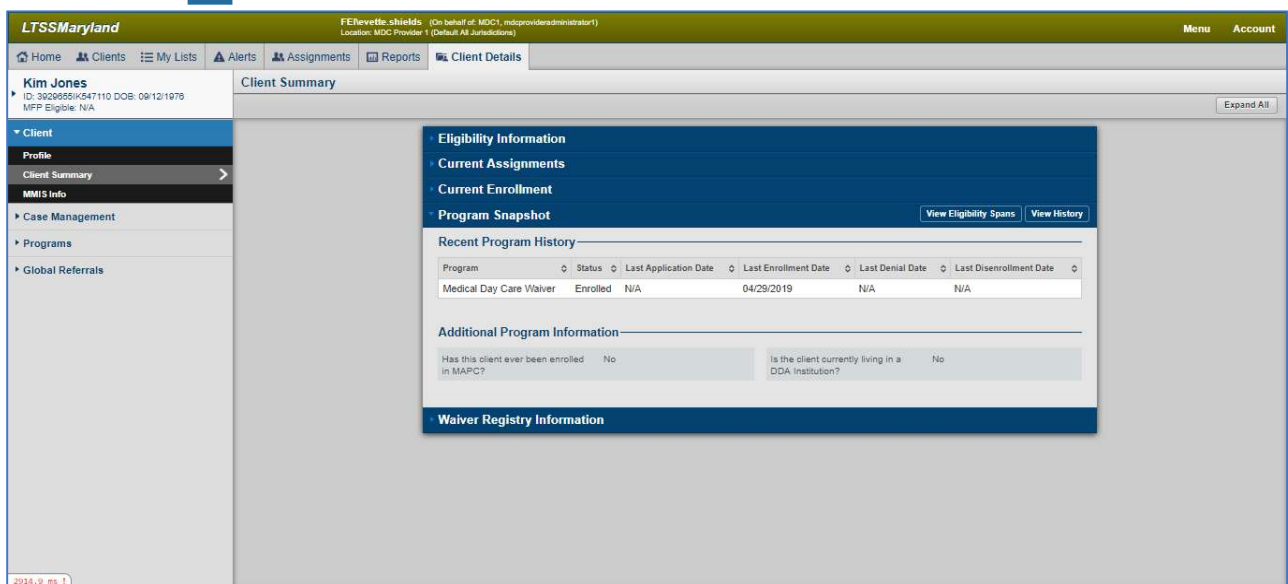



Figure 220-Program Snapshot

### 7.3 View Overall Decision Form

The client's active Primary, active Additional, and pending MDC Providers may view a List and the details of a client's Overall Decision form(s).

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.

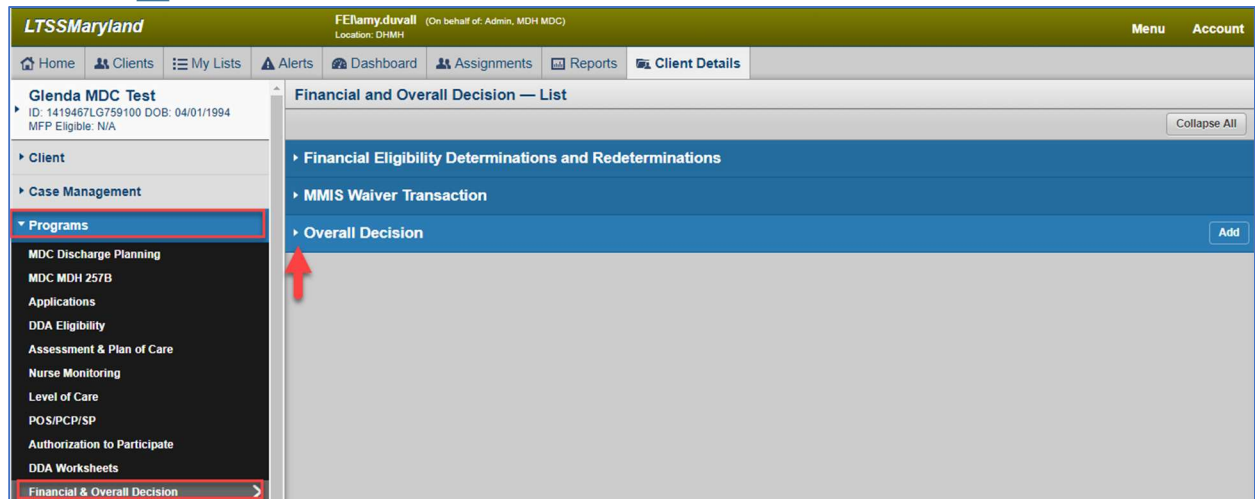

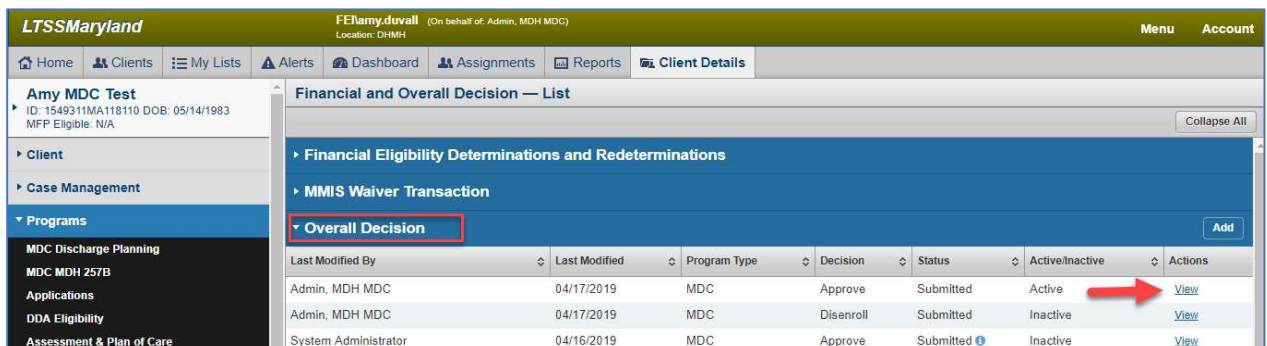


Figure 221-List view Overall Decision Form

4. Users shall be able to view a List of Overall Decision forms that have been added to the client's record.

- **Last Modified By**
  - Name of user that last modified the ODF
- **Last Modified**
  - Date of the last modification
- **Program Type**
  - Name of Waiver Program for which the ODF is created or modified
- **Decision**
  - *Approve*
  - *Deny*
  - *Disenroll*
- **Status**
  - *In Progress*
  - *Submitted*
  - *Approved*
  - *Discarded*
  - NOTE: Click the info tip  icon to see comments entered at time the action.
- **Active/Inactive**
  - *Active*
  - *Inactive*
- **Actions**
  - *View*

5. Select the **View** link next to the desired form.




Last Modified By	Last Modified	Program Type	Decision	Status	Active/Inactive	Actions
Admin, MDH MDC	04/17/2019	MDC	Approve	Submitted	Active	<a href="#">View</a>
Admin, MDH MDC	04/17/2019	MDC	Disenroll	Submitted	Inactive	<a href="#">View</a>
System Administrator	04/16/2019	MDC	Approve	Submitted 	Inactive	<a href="#">View</a>

Figure 222-Overall Decision form List

6. 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*

The screenshot shows a web application window titled "Financial and Overall Decision" with a status of "Submitted" and program "MDC". A "View" button is in the top right. Below the title bar is a "Back to Summary" link. The main content area is titled "Overall Decision" and contains a "Determination" section. In this section, the "Approve" radio button is selected. Below the radio buttons are input fields for "MDC MDH 257B Sign off Date", "Enrollment Date", "MA Eligibility Date", "MA#", and "Coverage Group". The first two date fields contain the value "04/17/2019", and the "MA#" field contains the value "14141414141".

Overall Decision	
<b>Determination</b>	
Overall Decision: *	<input checked="" type="radio"/> Approve <input type="radio"/> Deny
MDC MDH 257B Sign off Date: **	04/17/2019
Enrollment Date: **	04/17/2019
MA Eligibility Date:	
MA#: **	14141414141
Coverage Group:	

Figure 223-View "Approve" ODF



- 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

**Financial and Overall Decision** Status: Submitted Program: MDC [View](#)

[Back to Summary](#)

**Overall Decision**

**Determination**

Overall Decision: \* ☐ Approve ☒ Deny

MDC MDH 257B Sign off Date:

Denial/Disenrollment Date: \*\*  ☒ Enter Manual Date

MA Eligibility Date:

MA#:

Coverage Group:

Reason for Denial/Disenrollment: \*\*

☒ Community MA eligibility not met ☐ Inpatient for 30 consecutive days or more in a chronic hospital or nursing facility

☐ NF level of care not met ☐ Has not received waiver services for 90 consecutive days

☐ Minimum age requirement not met ☐ Receiving MDC as a service in another waiver

☐ Service plan requirements not met ☐ Moved to another state

☐ Freedom of Choice consent form not received ☐ Deceased

☐ Refused community services in Freedom of Choice consent form ☐ Other

☐ Voluntarily chose to disenroll from the waiver

---

**Financial and Overall Decision** Status: Submitted Program: MDC [View](#)

[Back to Summary](#)

**Overall Decision**

**Determination**

Overall Decision: \* ☒ Approve ☐ Deny

MDC MDH 257B Sign off Date: \*\*

Enrollment Date: \*\*

MA Eligibility Date:

MA#: \*\*

Coverage Group:

Figure 224-View Denied/Disenrolled ODF

## 7.4 Alerts

Authorized users and assigned agencies of clients will receive alerts when an Overall Decision form is processing through the workflow. LTSS Maryland users should regularly access the Alerts tab to ensure that they are effectively facilitating clients' enrollment and subsequent participation in the MDC Waiver.

### 7.4.1 Alerts Tab

To view notifications regarding the processing of a client's Overall Decision form, users may review their **Alerts**, where each client record will display applicable alerts for the Overall Decision form.

1. Select **Alerts** tab.
2. Enter desired search criteria to better specify applicable search results, select **Filter**.  
(Example: Enter *Created From Date* and *Created To Dates* to view all Alerts related to client record management for the past week.)

The screenshot shows the 'Alerts' tab in the LTSS Maryland system. The search form includes the following fields and controls:

- Created From Date:** 03/01/2019
- Created To Date:** 04/20/2019
- Accepted From Date:** 04/19/2019
- Accepted To Date:** 04/20/2019
- Show Accepted:** ☐
- Client ID:** [Empty field]
- Last Name:** mdc test
- First Name:** [Empty field]
- Filter:** A button with a red arrow pointing to it.

Figure 225-Alerts search tab

3. Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant Overall Decision Form of the client, where he/she may view the Form and the Workflow History.

The screenshot shows the results of the search. The table below lists the alerts:

Subject	From	Received	Accept?
MDC Test, Amy (1549311MA118110) - Frederick	Admin, MDH MDC	04/17/2019	<input type="checkbox"/>

A red box highlights the 'MDC Test, Amy (1549311MA118110) - Frederick' row. A red arrow points to the 'Overall Decision has been Approved' hyperlink in the Subject column.

Figure 226-Alert Hyperlink

### 7.4.2 Client Details Alerts

Authorized users shall be able to view client alerts that are applicable to their user role within the Alert section of the Client Profile.

- Search and navigate to the desired **Client Details** through the **Clients** tab.
- Select **Alerts** under the **Case Management** section on the left navigation.
- Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant Overall Decision Form of the client, where he/she may view the Form and the Workflow History.

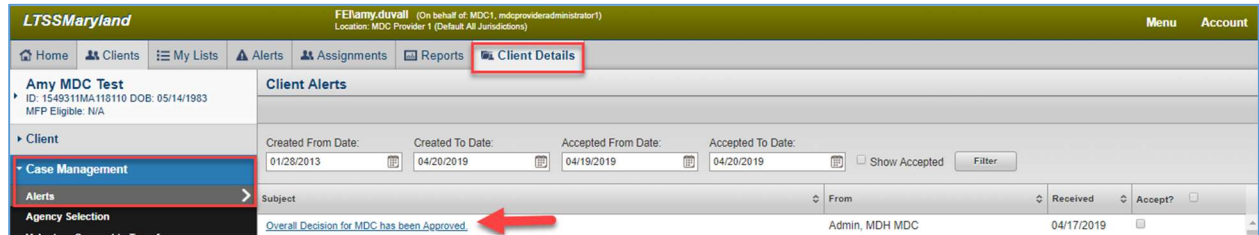



Figure 227-Clients Alert Hyperlink

## 8 MDC Letters

The purpose of the MDC Letter is to communicate pertinent decisions or to solicit information from clients. Letters are generated and sent at various stages of the Medical Day Care application processes to inform individuals of their eligibility or redetermination. These letters also include instructions for the appeals process, if the client is rejected during one of the eligibility criteria.

The active Primary MDC Provider and Additional MDC Provider may view MDC Letters of the clients that they actively serve.

## 8.1 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.

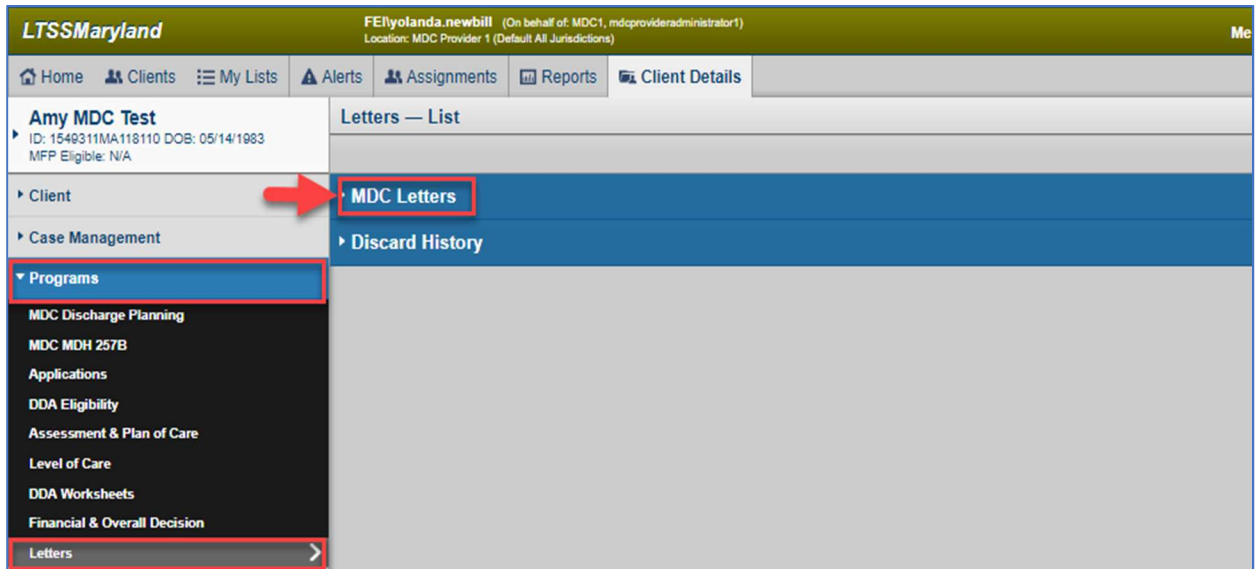


Figure 228-MDC Letters category

**NOTE:** Providers may view a **Discard History** of MDC Letters. Discarded letters are indicated as such in the LTSS Maryland system and may not reflect the actual letters.

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.

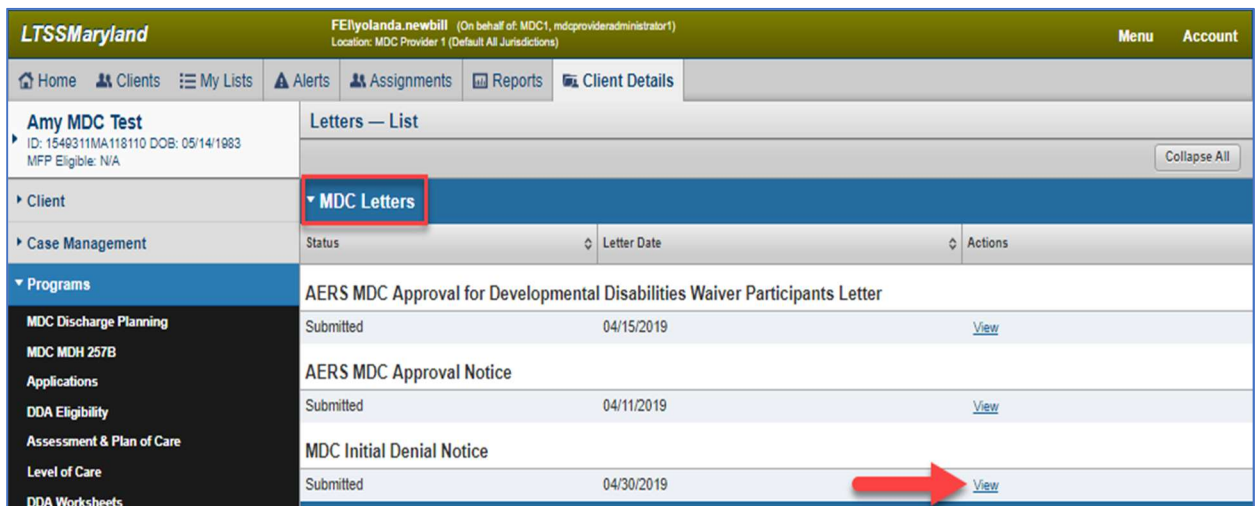
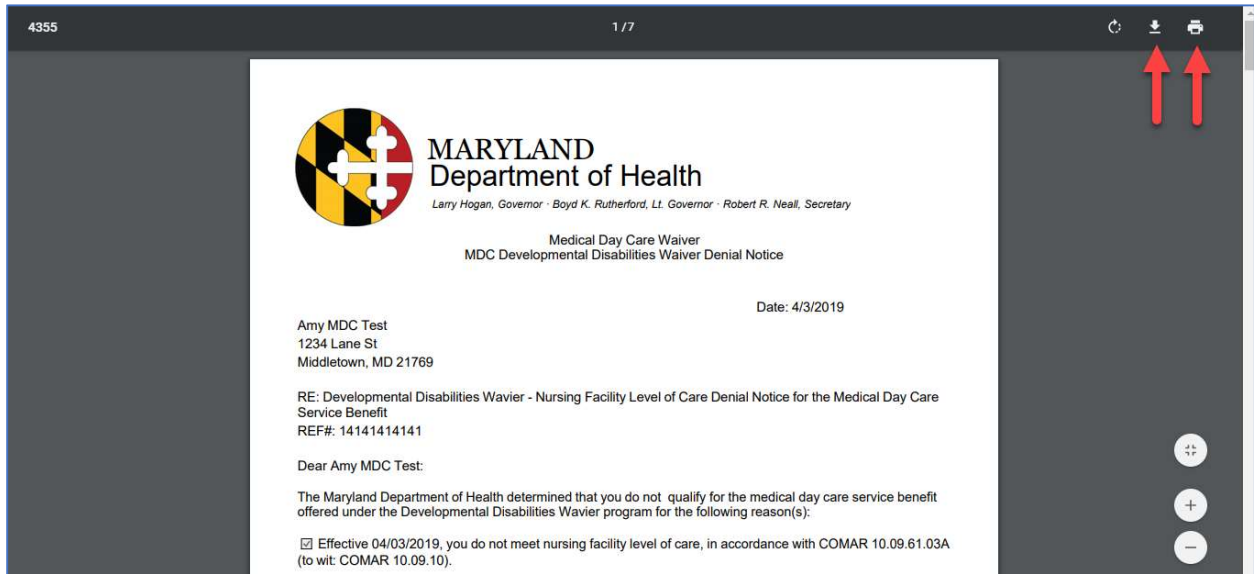


Figure 229- List View

5. Upon selection of **View**, a new tab shall populate the .pdf of the letter that displays letter contents based on the user's selections at the time of creation.

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.



*Figure 230-View, Download, and Print*

## 8.2 MDC Letter Types

### 8.2.1 MDC Initial Denial Notice

The MDC Initial Denial Notice. This letter is used to notify the client that they have been denied the Medical Day Care Waiver and provides a section with specific description(s) as to why the client was denied.

### 8.2.2 MDC Denial Notice for DDA Participants

The MDC Denial Notice for Developmental Disabilities Waiver Participants. This letter is being used to notify the client that they have been denied the Medical Day Care services Waiver and provides a section with a specific description(s) as to why the client was denied. By selecting (**do not – Initial**) or (**no longer – Annual**), the letter can be used for either purpose.

### 8.2.3 MDC Termination/Discharge Letter

The MDC Termination Discharge Letter. This letter is being used to notify the client that they are being terminated/discharged from the MDC Waiver and are no longer eligible to participate in services. The letter provides the reason why the discharge/termination has taken place, as well as information on how to reapply.

### 8.2.4 MDC Disenrollment Letter

The MDC Disenrollment Letter. This letter is being used to notify the client that they have been disenrolled from the Medical Day Care services Waiver and provides a section with a specific description(s) as to why the client was disenrolled.

#### 8.2.5 MDC Fair Hearing Request Response Notice (Initial)

The MDC Fair Hearing Request response for Initial applicants. This letter is being used to notify the client that their request for a Fair Hearing before an OAH judge, due to them disputing the Office of Long Term Services and Supports' decision that they do not qualify for MDC services, has been received and is being forwarded for scheduling.

#### 8.2.6 MDC Fair Hearing Request Response Notice (Annual)

The MDC Fair Hearing Request response for applicants who no longer qualify. This letter is being used to notify the client that their request for a fair hearing before an OAH judge due to them disputing the Office of Long Term Services and Supports' decision that they don't qualify for MDC services has been received and is being forwarded for scheduling.

#### 8.2.7 MDC Fair Hearing Request Response Notice (Denial)

The MDC Fair Hearing Request Response Notice. This letter is to notify the MDC client that the MDH's Office of Administrative Hearings (OAH) has received the client's letter outside the allotted 90-day period, thus is being denied.

#### 8.2.8 AERS MDC Approval Notice

The AERS MDC Approval Notice Letter. This letter is being used to notify the client and authorized representative (s) (where applicable) that the InterRAI Assessment conducted, but the AERS staff confirms that the client meets the Nursing Facility Level of Care criteria necessary to be enrolled in the Medical Day Care Services Waiver.

#### 8.2.9 AERS MDC Approval for CFC Participants Letter

The MDC Approval for existing CFC Participants Letter. This letter is being used to notify the client that the AERS assessment for the CFC program was done and that approval confirms that the client also meets the Level of Care requirements necessary.

#### 8.2.10 AERS MDC Approval for Developmental Disabilities Waiver Participants Letter

The MDC Approval for existing Developmental Disabilities Waiver Participants Letter. This letter is being used to notify the client that the AERS assessment for the Developmental Disabilities Waiver program was done and that approval confirms that the client also meets the Level of Care requirements necessary.

## 9 MDC Annual Enrollment

To be eligible for services under a waiver or program, the Maryland Department of Health (MDH) must evaluate the client to make sure they meet the medical and technical eligibility requirements for Medical Day Care (MDC) Waiver Program. To ensure that the client continues to remain eligible, MDC Providers are required to go through a medical and technical redetermination process annually to show they continue to meet eligibility requirements.

### 9.1 Setting Initial Med/Tech/LOC Due Date

The purpose of this section is to explain how the system will utilize information within LTSS Maryland to set up the individual's initial Annual Med/Tech/LOC Due Date and maintaining it over time as the person continues to go through their annual redeterminations. Additionally, there are different processes by which the LTSS Maryland system will determine the Annual Enrollment due dates for Spenddown and Non-Spenddown populations.

#### 9.1.1 Spenddown Population

When a client is enrolled in the MDC Waiver Program with an active MDC Special Program Code with an end date that ends in "9999", the system shall set the Annual Enrollment Information as follows:

1. The system shall look at the client's latest submitted *Initial/Annual MDC MDH 257B Form* in the "Accepted" status.

LTSSMaryland

FEtamy.duvall  
Location: DHMH

(On behalf of: Admin, MDH MDC)

MenuAccount

HomeClientsMy ListsAlertsDashboardAssignmentsReportsClient Details

Amy MDC Test

ID: 1549311MA118110 DOB: 05/14/1983  
MFP Eligible: N/A

MDC MDH 257B - List

Add

	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
Client	04/17/2019	Admin, MDH MDC	Initial	Active	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Case Management	04/17/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Rejected)	<a href="#">View</a> <a href="#">Print</a>
Programs	04/17/2019	Admin, MDH MDC	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC Discharge Planning	04/10/2019	DHMH, dhmhmdcadministrator1	Initial	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC MDH 257B	04/10/2019	DHMH, dhmhmdcadministrator1	Initial	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>

Figure 231-MDC MDH 257B Form View

2. The Anniversary month will be determined by the “Anniversary Month” or “Revised Anniversary Month” field.

The screenshot displays the LTSS Maryland web application interface. The top navigation bar includes links for Home, Clients, My Lists, Alerts, Dashboard, Assignments, Reports, and Client Details. The left sidebar shows a menu with options like Client, Case Management, Programs, and MFP. The main content area is titled "Medical Day Care Services Waiver - Long Term Care Activity Report" for client "Amy MDC Test". The report includes sections for Client Information, Provider Information, Level of Care Information, Action Requested, and MDH Decision. The "Anniversary Month" field under the "Begin Payment" section is highlighted with a red box and set to "April".

Client Information			
Client Name:	Amy MDC Test	Primary Phone #	1111111111
Date of Birth:	05/14/1983	Client Address:	1234 Lane St, Middletown, MD 21769
MA #:	14141414141		
Representative:	Ken MDC Test		

Provider Information	
Provider Name:	Provider Address:
Medicaid Provider ID:	
Contact Name:	Admin, MDH MDC

Level of Care Information			
LOC Status:	Approved By UCA Nurse	Agency:	DHMH
LOC Decision Made By:	Admin, MDH MDC	LOC Effective Date:	04/17/2019

Action Requested	
Type:	Initial

Begin Payment	
Anniversary Month:	April
Initial Admission Date:	04/17/2019
Requested Begin Pay Date:	04/17/2019

MDH Decision	
MDH Decision:	Accept

Figure 232-Anniversary Month field

3. The system shall set the Due Date to the *first day* of the anniversary month and add one year to the Create year of the referenced Initial/Annual 257B form.
  - a. For example, if the Initial/Annual 257B form was created in the year 2019, and the Anniversary Month (revised anniversary month if revised by MDH, or Anniversary Month if accepted by MDH) *April*, the Due Date for the Annual Enrollment process shall be **April 1, 2020**.



**NOTE:** The Spenddown population can be identified by the fact that they have a Medicaid Eligibility Coverage Group the ends in “99” (i.e. S99, L99, F99, G99, T99), MDC Providers will have the ability to Manage Client records for both Spenddown and Non-Spenddown populations, if they are the assigned MDC Provider.

Users can note the client’s status within the **Eligibility Information** banner.

### 9.1.2 Non-Spenddown Population

For ongoing enrollment, when a client is enrolled in the MDC Waiver Program with an active MDC Special Program Code the system shall set the Annual Enrollment Information as follows:

1. The system shall look at the client’s active MDC Special Program Code End Date that is imported from MMIS.

The screenshot shows the 'Client Summary' page for 'MDCclient05 TS'. The 'Special Program Code' section is expanded, showing a table with the following data:

Special Program	Start Date	End Date	Disenrollment Reason	Disenrollment Source
MDC	11/01/2018	05/27/2019		

The 'End Date' 05/27/2019 is highlighted with a red box.

Figure 233-Special Program Code End Date

2. The system shall set the Due Date to the MDC Special Program Code End Date, plus 1 day.
  - a. For example, if the End Date is May 27, 2019, the Due Date for the Annual Enrollment process shall be **May 28, 2020**.

### 9.2 Setting the Next Med/Tech/LOC Due date

For both Spenddown and Non-Spenddown clients, the Annual Enrollment due date is reset when there is a Submitted (accepted) Initial/Annual MDC MDH 257B form. For both client population, system shall set the next Annual Enrollment due date to the first day of the anniversary month, and add one year to the Create year of the referenced Initial/Annual MDC MDH 257B form.

- a. For example, if the active Initial/Annual 257B form was created in the year 2019, and the Anniversary Month (revised anniversary month if revised by MDH or Anniversary Month if accepted by MDH) from that active Initial/Annual MDC MDH 257B form is April, then the Due Date for the client shall be **April 1, 2020**.

### 9.3 Setting the status for Annual Enrollment

The system sets the status of the client in the MDC Waiver based on the Annual Enrollment due date in relation to the current system date, as follows -

- Blank:** client is actively enrolled in MDC, but the current system date is *not* within 60 days of the Annual Med/Tech/LOC Due Date.
- In Progress:** client is actively enrolled in MDC, and the current system date is *within* 60 days of the Annual Med/Tech/LOC Due Date.
- Overdue:** client's latest submitted Overall Decision Form is *Approved*, but the current system date is *greater than* the Annual Med/Tech/LOC Due Date.

#### 9.4 View MDC Enrollment information

Authorized users may view the Annual Enrollment status of a client.

- Select **Clients** tab.
- Enter any known search criteria.
- Click **Cases**.
- From the search results list, select **Client Summary** link.

LTSS Maryland

FELiamy.duvall (On behalf of: MDC1, mdprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account


Home Clients My Lists Alerts Assignments Reports

Client ID: Last Name: First Name:  
SSN# MA# Date of Birth:

Search: Cases

Client ID	Last Name	First Name	Date Of Birth	Jurisdiction	Facility	SSN#	Current MA#	Primary Phone#	Program Enrollment	Actions
1099655ET448111	test	testagency	10/19/1986	Other		***-**-4545	56445121212	(234) 234-3333		Client Summary

Figure 234-Client Search

- From the **Client Summary**, select the  icon of the **Current Enrollment** banner to expand and view details of the client's enrollment.

LTSS Maryland

FELiyolanda.newbill (On behalf of: MDC1, mdprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

Amy MDC Test  
ID: 1549311MA118110 DOB: 05/14/1983  
MFP Eligible: N/A

Client Summary

Expand All

Client  
Profile  
Client Summary  
MMIS Info  
Case Management  
Programs  
Global Referrals

Eligibility Information  
Current Assignments  
Current Enrollment

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	

Figure 235-Current Enrollment View

- Authorized users shall be able to view the following:

**NOTE:** For clients that are enrolled in the MDC Waiver Program as well as the CFC Waiver Program, the system will display both the Annual Med/Tech/LOC Due Date as well as the Med/Tech Redetermination due date.

**a. Program**

- i. Type of Program in which the client is currently enrolled.

**b. Enrollment Date**

- i. Date of Enrollment that was determined by the approved MDC Overall Decision form.

**c. Annual Med/Tech/LOC Due Date**

- i. Date that annual evaluation process must be complete.

**d. Annual Med/Tech/LOC Status**

- i. Status of the annual evaluation process.

**e. Waiver Financial Redetermination Due Date**

- i. N/A for MDC Waiver Program

**f. Waiver Financial Redetermination Status**

- i. N/A for MDC Waiver Program

**g. Receiving MDC Services**

- i. Receiving MDC Services as a part of the MDC Waiver

**h. Actions**

- i. *Reset Med/Tech/LOC Due Date:* applicable to other Waiver Programs, but not applicable for the MDC Waiver Program; therefore, shall be blank for MDC enrollment types.

## 9.5 Alerts

Authorized users and assigned agencies of clients will receive alerts when the MDC Annual Enrollment status is “*In Progress*” or “*Overdue*”. LTSS Maryland users should regularly access the Alerts tab to ensure that they are effectively facilitating the clients’ enrollment and subsequent participation in the MDC Waiver Program.

**1. 60-Day Alert:**

The client’s assigned Primary MDC Provider Staff or MDC Provider Admin from the active Primary MDC Provider location shall receive notice that “*MDC Annual Enrollment is due in 60 Days*”

**2. 30-Day Alert:**

The client’s assigned Primary MDC Provider Staff or MDC Provider Admin from the active Primary MDC Provider location shall receive a second notice that “*MDC Annual Enrollment is due in 30 Days*”

**3. Overdue Alert:**

The client’s assigned Primary MDC Provider Staff or MDC Provider Admin from the active Primary MDC Provider location shall receive notice when no Annual Enrollment has been processed for a client by the Med/Tech/LOC Due Date that “*MDC Annual Enrollment is overdue*”.

### 9.5.1 Alerts Tab

To view notifications regarding the processing of a client's Annual Enrollment, users may review their **Alerts**, where each client record will display any applicable alerts for Annual Enrollment.

1. Select **Alerts** tab.
2. Enter desired search criteria to better specify applicable search results, and select **Filter**.  
(Example: Enter *Created From Date* and *Created To Dates* to view all Alerts related to client record management for the past week.)

Figure 236-Alerts Tab Search

3. Upon selecting the Alert Message hyperlink, the user will be re-directed to Client Summary page, where he/she may view the **Current Enrollment** status and continue in the process of the Med/Tech/LOC determination.

Figure 237-Alert Hyperlink

**LTSS Maryland** FEHamy.duval (On behalf of: MDC4, mdcproumurse1)  
Location: MDC Provider 4 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Reports Client Details

**Test PEDS**  
ID: 2110724ET151200 DOB: 01/01/1947  
MFP Eligible: N/A

**Client Summary** Expand All

**Client**  
Profile  
Client Summary  
MMIS Info

**Case Management**  
Programs  
Global Referrals

**Current Enrollment**

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	02/01/2019	05/01/2019	In Progress	N/A	N/A	Receiving MDC services as a part of the MDC Waiver	View Eligibility Spans View History

**Program Snapshot**  
**Waiver Registry Information**

Figure 238-Current Enrollment View

### 9.5.2 Client Details Alerts

Authorized users shall be able to view client alerts that are applicable to their user role within the Alert section of the Client Profile.

1. Search and navigate to the desired **Client Details** through the **Clients** tab.
2. Select **Alerts** under the **Case Management** section on the left navigation.
3. Upon selecting the Alert Message hyperlink, the user will be re-directed to Client Summary page, where he/she may view the **Current Enrollment** status and continue in the process of the Med/Tech/LOC determination.

**LTSS Maryland** FEHamy.duval (On behalf of: MDC4, mdcproumurse1)  
Location: MDC Provider 4 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Reports Client Details

**Test PEDS**  
ID: 2110724ET151200 DOB: 01/01/1947  
MFP Eligible: N/A

**Client Alerts**

Created From Date: 01/28/2013 Created To Date: 04/22/2019 Accepted From Date: 04/21/2019 Accepted To Date: 04/22/2019 ☐ Show Accepted Filter

Subject	From	Received	Accept?
MDC Annual Enrollment is due in 30 days	System Administrator	04/16/2019	<input type="checkbox"/>

Figure 239-Client Alert Hyperlink

### 9.6 My Lists

The purpose of this section is to describe how users can view a work queue and status of Annual Enrollment Forms using the My List functionality. It will provide users the ability to navigate to the Current Enrollment View page directly from My List to perform their work. Authorized users shall be able to see a list of clients who have an Annual Enrollment Form in process or has been processed.

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



Figure 240-MDC My Lists

### 3. Select **Form Name: MDC Annual Enrollment**

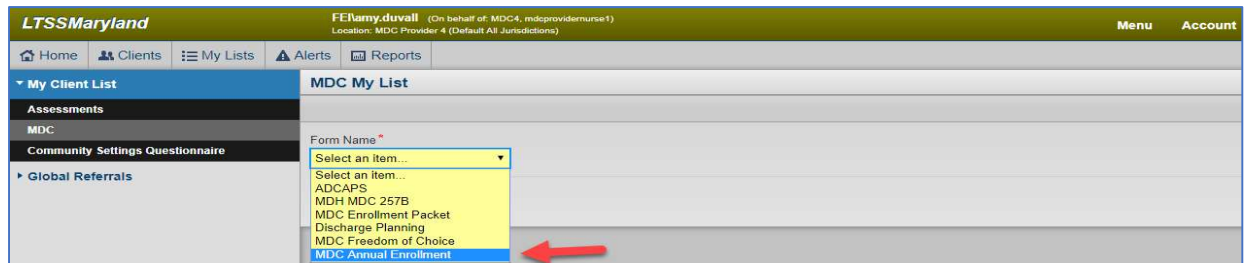


Figure 241-My List Form options

### 4. Select the desired **Show Me** option:

- **All Annual Enrollments In Progress**
- **All Annual Enrollments Overdue**

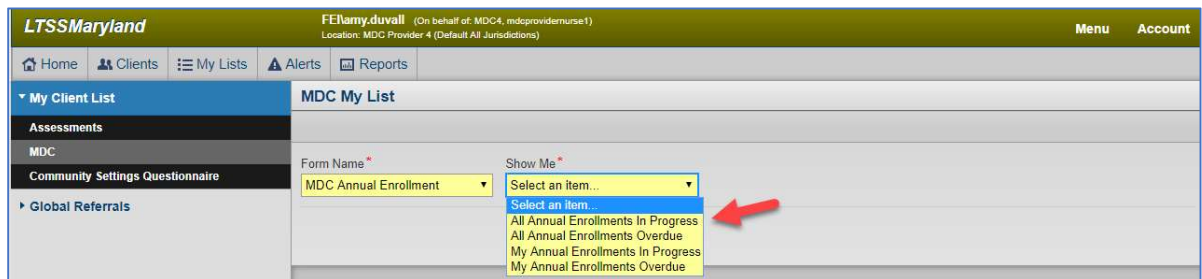


Figure 242-My Lists Show Me options

## 9.6.1 Clients with Annual Enrollment In Progress

To view Clients with an Annual Enrollment that is due within the upcoming 60 days:

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



Figure 243-MDC My Lists

3. Select **Form Name: MDC Annual Enrollment**

The screenshot shows the LTSS Maryland web application interface. The user is logged in as FEIamy.duvall. The left sidebar contains navigation links: Home, Clients, My Lists, Alerts, and Reports. The main content area is titled 'MDC My List'. A dropdown menu for 'Form Name' is open, showing a list of options: 'Select an item...', 'ADCAPS', 'MDH MDC 257B', 'MDC Enrollment Packet', 'Discharge Planning', 'MDC Freedom of Choice', and 'MDC Annual Enrollment'. A red arrow points to the 'MDC Annual Enrollment' option at the bottom of the list.

Figure 244-My List Form options

4. Select the desired **Show Me** option, then click **Filter**:

- **All Annual Enrollments In Progress**

The screenshot shows the LTSS Maryland web application interface. The user is logged in as FEIamy.duvall. The left sidebar contains navigation links: Home, Clients, My Lists, Alerts, and Reports. The main content area is titled 'MDC My List'. The 'Form Name' dropdown is set to 'MDC Annual Enrollment'. The 'Show Me' dropdown is set to 'All Annual Enrollments In Progress'. A red arrow points to the 'Filter' button located below the dropdowns.

Figure 245-Annual Enrollments In Progress

## 5. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Due Date**
- **Current Primary MDC Provider**
- **MDC Provider Staff**
- **MDH MDC Staff**
- **Actions: View**



Client ID	First Name	Last Name	Due Date	Current Primary MDC Provider	MDC Provider Staff	MDH MDC Staff	Actions
2110724ET151200	Test	PEDS	5/1/2019	MDC Provider 4 (Default All Jurisdictions)	mdcprovidernurse1 MDC4	dhhmmdcstaff1 DHMH	<a href="#">View</a>

Figure 246-My Lists View List

6. Upon selecting the **View** hyperlink, the user will be re-directed to Client Summary page, where he/she may view the **Current Enrollment** status and continue in the process of the Med/Tech/LOC redetermination.

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	02/01/2019	05/01/2019	In Progress	N/A	N/A	Receiving MDC services as a part of the MDC Waiver	<a href="#">View Eligibility Spans</a> <a href="#">View History</a>

Figure 247-In Progress Annual Enrollment

### 9.6.2 Clients with Annual Enrollment Overdue

To view Clients with an Annual Enrollment that is past due:

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





Figure 248-MDC My Lists

3. Select **Form Name: MDC Annual Enrollment**

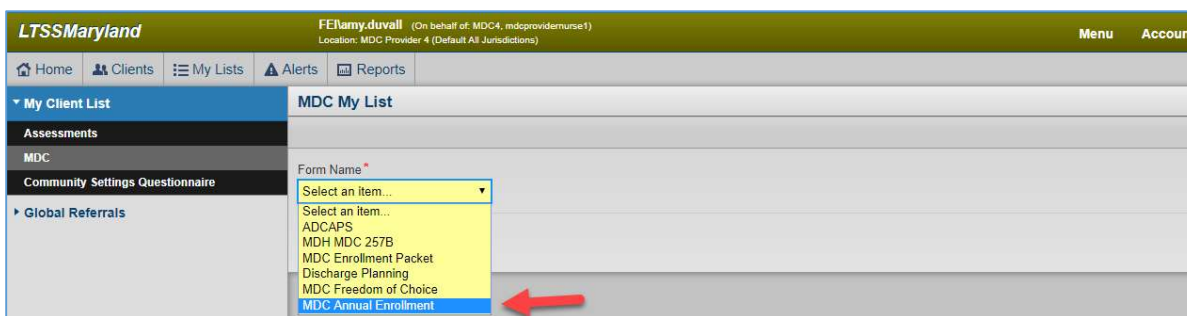


Figure 249-My List Form options

4. Select the desired **Show Me** option, then click **Filter**:

- **All Annual Enrollments Overdue**

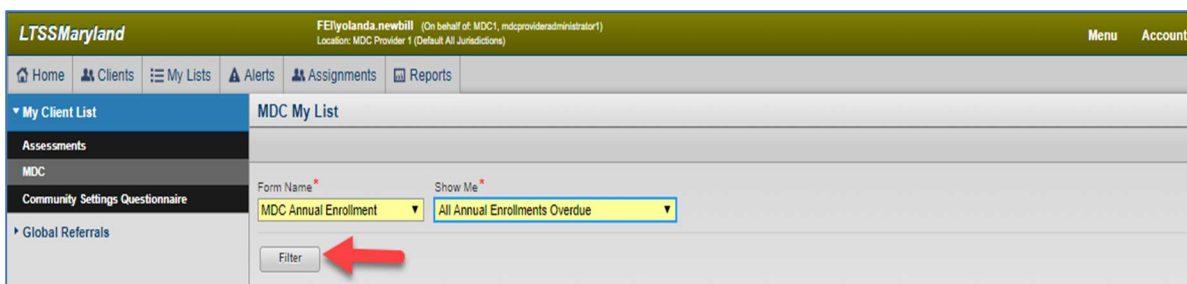
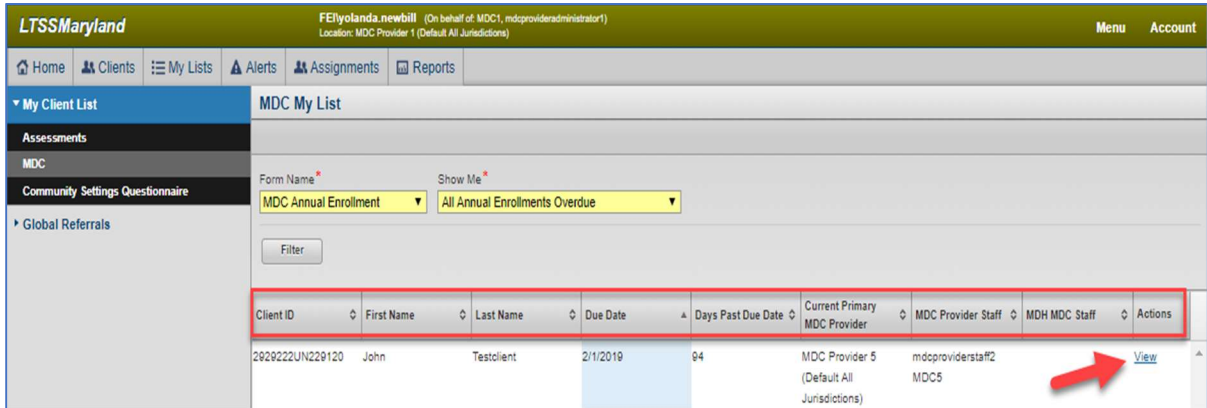


Figure 250-Annual Enrollments Overdue

5. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Due Date**
- **Days Past Due Date**

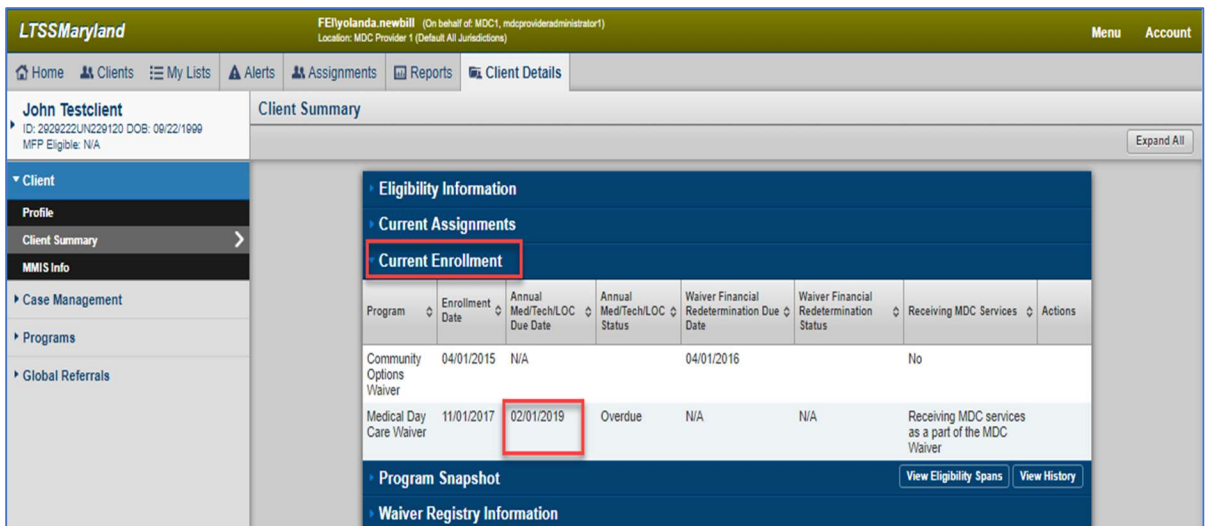
- **Current Primary MDC Provider**
- **MDC Provider Staff**
- **MDH MDC Staff**
- **Actions: View**



Client ID	First Name	Last Name	Due Date	Days Past Due Date	Current Primary MDC Provider	MDC Provider Staff	MDH MDC Staff	Actions
2929222UN229120	John	Testclient	2/1/2019	94	MDC Provider 5 (Default All Jurisdictions)	mdcproviderstaff2 MDC5		<a href="#">View</a>

Figure 251-My Lists View List

6. Upon selecting the **View** hyperlink, the user will be re-directed to Client Summary page, where he/she may view the **Current Enrollment** status and continue in the process of the Med/Tech/LOC redetermination.



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
Community Options Waiver	04/01/2015	N/A		04/01/2016		No	
Medical Day Care Waiver	11/01/2017	02/01/2019	Overdue	N/A	N/A	Receiving MDC services as a part of the MDC Waiver	

Figure 252-Overdue Annual Enrollment

## 9.7 Complete Annual Enrollment Process

MDC Providers will complete the following forms annually to submit to MDH for their annual review and redetermination:

1. MDC Freedom of Choice
2. ADCAPS
3. MDC MDH 257B (Annual)
4. MDC Enrollment Packet

### 9.7.1 MDC Freedom of Choice Form

See **Section 3 MDC Freedom of Choice Form** for complete instruction on completing this form.

**LTSSMaryland** FEHydanda.newbill (in behalf of MDC1, mdopvideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports **Client Details** Menu Account

**Gina MDC Test**  
ID: 14104470559100 DOB: 04/01/1994  
MFP Eligible: N/A

**MDC Freedom of Choice Form** [Cancel] [Save] [Edit]

**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 service:

☐ 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.

**Explanation:**

**Client Details**

Client Name: Gina MDC Test IMA #:

**Signature**

Form Signed By: ☐ Client ☐ Authorized Representative

Signature Status:

Date of Signature:

☒ **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: MDC1, mdopvideradministrator1

Agency: MDC Provider 1 (Default All Jurisdictions)

Date Submitted: 05/05/2019

## MDC PROVIDER GUIDE

### 9.7.2 ADCAPS (Annual)

See **Section 4 ADCAPS** for complete instruction on completing this form.

The screenshot shows the ETS Maryland ADCAPS form for 'Any MDC Test'. The left sidebar contains a navigation menu with options like Client, Case Management, Programs, and Applications. The main content area is titled 'Overview Information' and includes a 'General Information' section with fields for Name, DOB, Gender, Age, and Primary Language. Below this is the 'ADCAPS Test?' section, which has a dropdown menu currently set to 'Full Care' and a 'Significant Change' button. A red arrow points to the 'Significant Change' button.

### 9.7.3 MDC MDH 257B (Annual)

See **Section 5 MDC MDH 257B Form** for complete instruction on completing this form.

The screenshot shows the ETS Maryland MDC MDH 257B form for 'Gina MDC Test'. The left sidebar contains a navigation menu with options like Client, Case Management, Programs, and Applications. The main content area is titled 'Medical Day Care Services Waiver - Long Term Care Activity Report'. It includes sections for 'Client Information', 'Provider Information', 'Level of Care Information', and 'Action Requested'. The 'Action Requested' section has a dropdown menu currently set to 'Initial' and a 'Begin Payment' button. A red arrow points to the 'Begin Payment' button.

### 9.7.4 MDC Enrollment Packet (Annual Enrollment)

See **Section 6 MDC Enrollment Packet** for complete instruction on completing this form.

**LTSSMaryland** FElamy.duvall (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

**John MDC Test** ID: 24090800J978130 DOB: 04/30/1980 MFP Eligible: N/A

**MDC Enrollment Packet** [New] [Cancel] [Save]

**Client**

**Case Management**

**Programs**

- MDC Discharge Planning
- MDC MDH 257B
- Applications**
  - MDC Enrollment Packet - Edit**
  - DDA Eligibility
  - Assessment & Plan of Care
  - Level of Care

**Overview Information**

**General Information**

Create Date:	05/06/2019	Enrolled In:	
Created By:	MDC1, mdcprovideradministrator1	Primary MDC Provider Agency:	MDC Provider 1 (Default All Jurisdictions)
MDC Annual Enrollment Date:	N/A		

Enrollment Type\*

- Initial
- Initial
- Annual Enrollment**

## 10 Voluntary Consent to Transfer

MDC Providers use the Voluntary Consent to Transfer (VCT) form when a client elects to transfer from their current Medical Day Care Center (or *Transferring From* provider) to another authorized Medical Day Care Center. The client authorizes all pertinent documents to be released to the new Day Care Center to which they are transferring. The admitting center (or *Transferring To* provider) obtains the details and signature of the client on this form and submits it to MDH for approval. Once MDH accepts the VCT, the LTSS Maryland system authorizes the new MDC Provider to start working with the client.

MDC Provider Administrator, MDC Provider Staff, and MDC Provider Nurse Roles have access to the following functions for clients that wish to transfer to their Agency.

## 10.1 Workflow

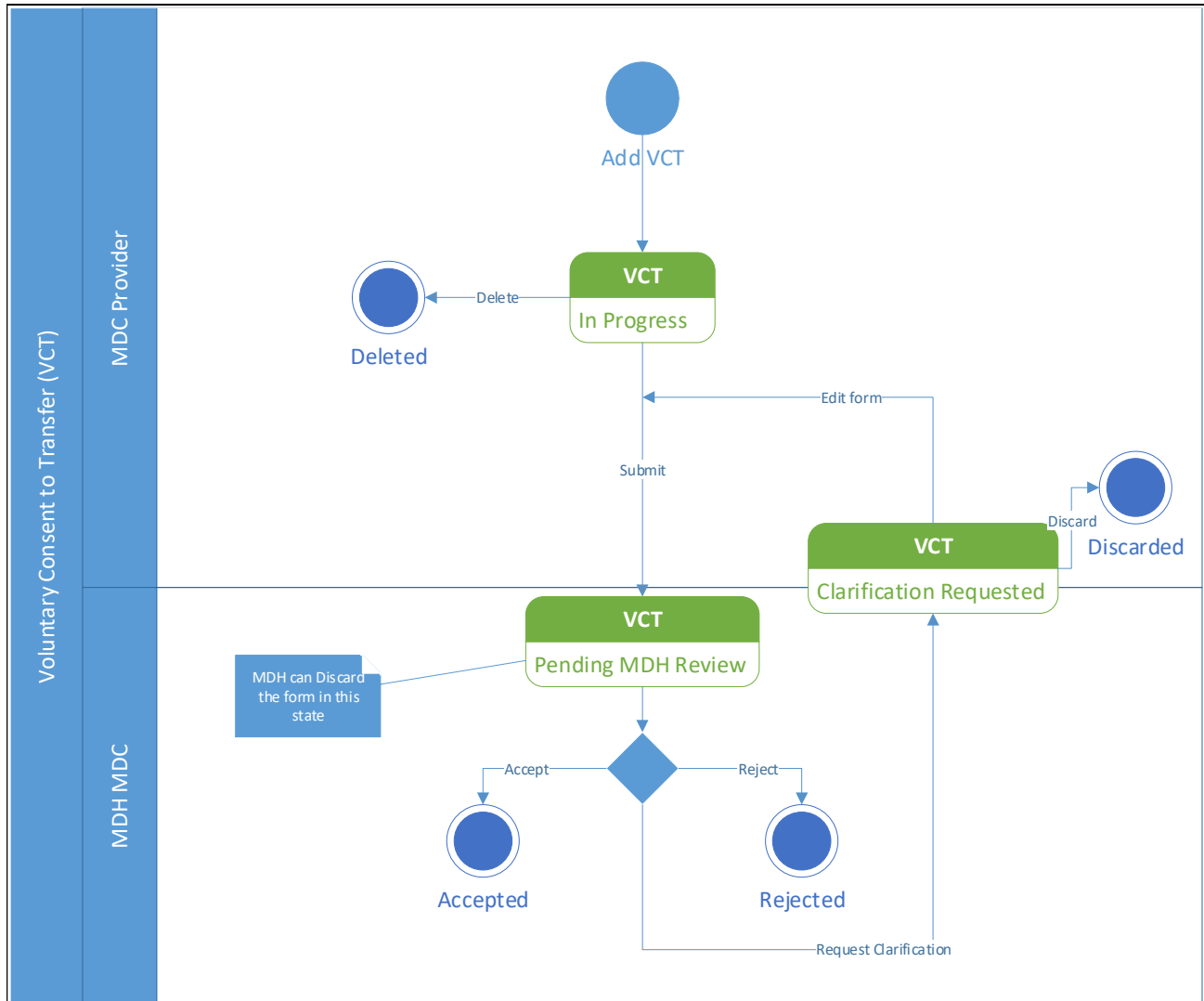



Figure 253-Workflow for Voluntary Consent to Transfer Form

## 10.2 View Voluntary Consent to Transfer

1. From the Client Profile, select the **Case Management** banner on the left navigation.
2. Select **Voluntary Consent to Transfer**.
3. Users shall be able to view a List of Voluntary Consent to Transfer forms that have been added to the client's record.
  - **Provider Transferring to**
    - Name of Provider Agency to which the client has requested to transfer.
  - **Anticipated Start Date**
    - Date of which the client has requested to start with the new Provider

- **Last Modified Date**
  - Date of last modification to the VCT
- **Last Modified By**
  - Name of User that last modified the VCT
- **Provider Transferring from**
  - Name of Provider Agency from which the client will transfer.
- **Status**
  - In Progress
  - Pending MDH Review
  - Clarification Request
  - Accepted
  - Rejected
  - Discarded
    - NOTE: Upon hover over the info tip icon,  users may view any comments entered at time of Discard action.
- **Signature Status**
  - Signed Copy uploaded
  - Not signed
- **Action**
  - View
  - Print

4. Select the **View** link.

**LTSS Maryland** FElyolanda.newbill (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

UAT Billing Client 3  
ID: 1779925AU317110 DOB: 07/17/1979  
MFP Eligible: N/A

**Voluntary Consent to Transfer - List** [Add](#)

Provider Transferring to	Anticipated Start Date	Last Modified Date	Last Modified By	Provider Transferring from	Status	Signature Status	Actions
MDC Provider 1 (Default All Jurisdictions)	01/02/2019	01/07/2019	MDC1, mdcprovideradministrator1	MDC Provider 2 (Default All Jurisdictions)	In Progress	Signed copy uploaded	<a href="#">View</a> <a href="#">Print</a>

Client Details sidebar: Client, Case Management, Alerts, Agency Selection, **Voluntary Consent to Transfer**, Community Settings Questionnaire, Programs

Figure 254-Voluntary Consent to Transfer List

5. 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.

**LTSS Maryland** FElyolanda.newbill (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

UAT Billing Client 3  
ID: 1779925AU317110 DOB: 07/17/1979  
MFP Eligible: N/A

**Voluntary Consent to Transfer** Status: In Progress [View](#)

[Back to List](#) [Submit](#) [Delete](#) [Collapse All](#)

**MDC Voluntary Consent to Transfer** [Edit](#)

**Client Information**

Client Name: UAT Billing Client 3  
Client MA #: 30582748183  
Anticipated Start Date: 01/02/2019

Provider Transferring From: MDC Provider 2 (Default All Jurisdictions)  
Provider Transferring To: MDC Provider 1 (Default All Jurisdictions)

**Signature Information**

☒ The Client's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission.

Client Representative Signature Status: Signed copy uploaded  
Signature Date: 01/12/2019

Requesting MDC Provider Signature Status: Signed copy uploaded  
Signature Date: 01/05/2019

**VCT Attachments** [Manage](#)

Created Date	Created By	Description	Filename
01/07/2019	MDC1, mdcprovideradministrator1		<a href="#">VCT Form.pdf</a>

**Workflow History**

Date	By	From Status	To Status	Comments
No data available in table				

Figure 255-Voluntary Consent to Transfer details

### 10.3 Add Voluntary Consent to Transfer

Any MDC Provider (Provider Location has the Location attribute, Day Care Center) is authorized to create Voluntary Consent to Transfer forms for participants who wish to transfer to their center.

**NOTE:** A new VCT form may not be added to the client record if another VCT form is *In Progress*, *Pending MDH Review*, or *Clarification Requested* status.

**NOTE:** A new VCT form may not be added if the client has a *Pending Primary MDC Provider*.

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 **Add**.



**LTSSMaryland** **FElyolanda.newbill** (On behalf of: MDC1, mdcpvideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports **Client Details**

**UAT Billing Client 3**  
ID: 1779925AU317110 DOB: 07/17/1979  
MFP Eligible: N/A

**Voluntary Consent To Transfer - List** Add

Client	Provider Transferring to	Anticipated Start Date	Last Modified Date	Last Modified By	Provider Transferring from	Status	Signature Status	Actions
<b>Case Management</b> Alerts Agency Selection <b>Voluntary Consent to Transfer</b> Community Settings Questionnaire Programs	MDC Provider 1 (Default All Jurisdictions)	01/02/2019	01/07/2019	MDC1, mdcpvideradministrator1	MDC Provider 2 (Default All Jurisdictions)	In Progress	Signed copy uploaded	<a href="#">View</a> <a href="#">Print</a>

Figure 256-Add Voluntary Consent to Transfer form

- Complete the following fields:

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

\* indicates a field required to **Save** the form.

A. *Client Information*

- **Client Name**
  - pre-populated from Client record
- **Client MA#**
  - pre-populated from Client record
- **Provider Transferring From**
  - pre-populated with current active primary provider listed in client profile
- **Provider Transferring To**
  - For MDC Provider roles, pre-populated with the provider agency to which the user belongs
  - For MDH MDC roles, pre-populates list of MDC Providers for selection.
- **Anticipated Start Date**
  - Users must select the date of which the participant will start with the ***Transferring To*** Provider

The screenshot displays a web application window titled "Voluntary Consent to Transfer". Inside the window, there is a sub-form titled "MDC Voluntary Consent to Transfer" with a "Client Information" section. The form contains the following fields:

- Client Name:** Chad Test
- Client MA #:** 12312312312
- Provider Transferring From:** MDC Provider 1 (Default All Jurisdictions)
- Provider Transferring To:** A dropdown menu with "MDC Provider 2 (Default All Jurisdictions)" selected. This field is marked with a red asterisk (\*).
- Anticipated Start Date:** A date picker field marked with two red asterisks (\*\*).

The window has a "Cancel" button on the top left and a "Save" button on the top right. A green "New" button is also visible in the top right corner of the window frame.

Figure 257-Client Information

B. *Signature Information*

- **Attestation**
  - Users must check this box to attest to attaching the signed VCT form
- **Client/Representative Signature Status**
  - Not Signed
  - Signed Copy Uploaded
- **Signature Date**
  - Select Date that the VCT was signed by the Client or Client's Representative
- **Requesting MDC Provider Signature Status**
  - Not Signed
  - Signed Copy Uploaded
- **Signature Date**
  - Select Date that the VCT was signed by the ***Transferring To*** Provider

**Signature Information**

☐ The Participant's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission. \*\*

Client/Representative Signature Status: \*\* ▼

Signature Date: \*\* [Calendar Icon]

Requesting MDC Provider Signature Status: \*\* ▼

Signature Date: \*\* [Calendar Icon]

Figure 258-Signature Information

5. Select **Save**.

**Voluntary Consent to Transfer**

[Cancel](#) [New](#) [Save](#)

**MDC Voluntary Consent to Transfer**

**Client Information**

Client Name:	Chad Test	Provider Transferring From:	MDC Provider 1 (Default All Jurisdictions)
Client MA #:	12312312312	Provider Transferring To: *	<span style="border: 1px solid black; padding: 2px;">MDC Provider 2 (Default All Jurisdictions) ▼</span>

Anticipated Start Date: \*\* 02/11/2019 [Calendar Icon]

**Signature Information**

☒ The Participant's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission. \*\*

Client/Representative Signature Status: \*\* Signed copy uploaded ▼

Signature Date: \*\* 02/11/2019 [Calendar Icon]

Requesting MDC Provider Signature Status: \*\* Signed copy uploaded ▼

Signature Date: \*\* 02/11/2019 [Calendar Icon]

Figure 259-Save

Upon selecting **Save**, the VCT Form shall be viewed and is in the status, *In Progress*.

From the View page of the form, users may complete the following actions:

- **Edit** (see also section **10.6 Edit Voluntary Consent to Transfer**)
- **Delete** (removes the complete form from the system)

The screenshot shows the 'MDC Voluntary Consent to Transfer' form for 'UAT Billing Client 3'. The status is 'In Progress'. The form includes sections for Client Information, Signature Information, and VCT Attachments. The 'Submit' and 'Delete' buttons are highlighted in the top right corner.

Created Date	Created By	Description	Filename
01/07/2019	MDC1, mdcpvideradministrator1		HST Test1.pdf

Figure 260-Options for form In Progress

## 6. Select **Submit**:

The screenshot shows the 'MDC Voluntary Consent to Transfer' form for 'UAT Billing Client 3'. The status is 'In Progress'. The form includes sections for Client Information, Signature Information, and VCT Attachments. The 'Submit' button is highlighted with a red arrow in the top right corner.

Created Date	Created By	Description	Filename
01/07/2019	MDC1, mdcpvideradministrator1		HST Test1.pdf

Figure 261-Submit

## 7. Upon Submit:

- The Voluntary Consent to Transfer shall be viewed and is in the status, *Pending MDH Review*.
- The **Workflow History** will capture the following information for reference:
  - *Date*
  - *By*
  - *From Status*
  - *To Status*
  - *Comments*
- The **Transferring To** Provider has the ability to access Assessment and Plan of Care module to add an ADCAPS (assessment portion only).

## 10.4 Manage VCT Attachment

The Voluntary Consent to Transfer is not considered complete for submission to MDH unless a valid form is uploaded with Client and Provider Signatures.

## 10.4.1 Add VCT Attachment

To add/upload the VCT, complete the following steps:

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.

Client	Provider Transferring to	Anticipated Start Date	Last Modified Date	Last Modified By	Provider Transferring from	Status	Signature Status	Actions
Lorraine Nawara ID: 01100770L771200 DOB: 01/01/2010 MFP Eligible: N/A	MDC Provider 1 (Default All Jurisdictions)	07/16/2018	03/19/2019	DHMH, dhvnmmdadministrator1	MDC Provider 3 (Default All Jurisdictions)	Pending MDH Review	Not signed	<a href="#">View</a> <a href="#">Print</a>
	MDC Provider 3 (Default All Jurisdictions)	06/21/2018	06/21/2018	DHMH, dhvnmmdadministrator1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Not signed	<a href="#">View</a> <a href="#">Print</a>
	MDC Provider 8 (Howard County)	06/21/2018	06/21/2018	DHMH, dhvnmmdadministrator1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Not signed	<a href="#">View</a> <a href="#">Print</a>

Figure 262-Voluntary Consent to Transfer List

1. Select **Manage** within the VCT Attachments banner

**LTSS Maryland** FElyolanda.newbill (On behalf of MDC1, mdcpvideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

UAT Billing Client 3 ID: 1779925AUG17110 DOB: 07/17/1979 MFP Eligible: NA

Voluntary Consent to Transfer Status: In Progress

Back to List

Submit Delete Collapse All

**MDC Voluntary Consent to Transfer** Edit

**Client Information**

Client Name: UAT Billing Client 3 Provider Transferring From: MDC Provider 2 (Default All Jurisdictions)  
Client MA #: 30582749183 Provider Transferring To: MDC Provider 1 (Default All Jurisdictions)

Anticipated Start Date: 01/02/2019

**Signature Information**

☒ The Client's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission.

Client/Representative Signature Status: Signed copy uploaded  
Signature Date: 01/12/2019  
Requesting MDC Provider Signature Status: Signed copy uploaded  
Signature Date: 01/05/2019

**VCT Attachments** Manage

Created Date	Created By	Description	Filename
01/07/2019	MDC1, mdcpvideradministrator1		HRST_Test3.pdf

**Workflow History**

Date	By	From Status	To Status	Comments
No data available in table				

Figure 263-Manage VCT Attachments

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

Voluntary Consent to Transfer Manage

Back to View

**Attachment**

**New Document**

File Name: Choose File No file chosen

Description:

Add Attachment

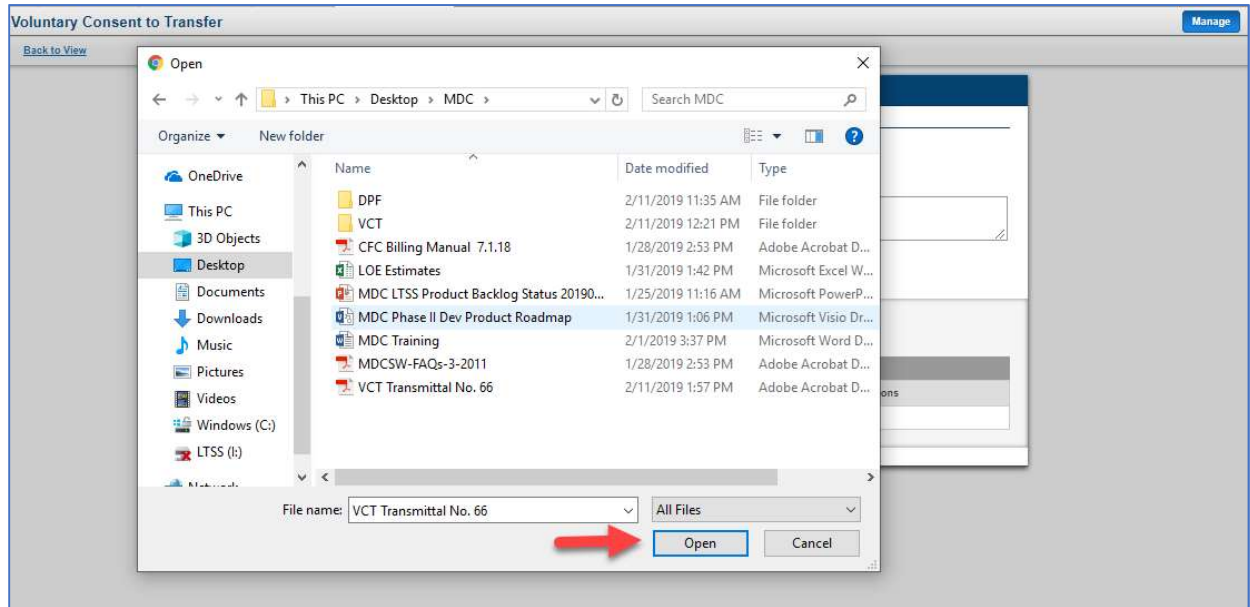
**Attachments**

Created Date	Created By	Description	Filename	Actions
No data available in table				

Figure 264-Choose File

**NAMING CONVENTION FOR REQUIRED FOC ATTACHMENTS:*****Name of Attachment\_First and Last Initial\_Date of Form***Example for **Voluntary Consent to Transfer form**:Voluntary Consent to Transfer completed for Jane Doe on June 3, 2019 would be saved as,  
**VCT\_JD\_06032019**

- Users shall select the desired form, and click **Open**

*Figure 265-Attachment selection*

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

The screenshot shows a web form titled 'Attachment'. Under the 'New Document' section, the 'File Name' field contains 'VCT Transmi... No. 66.pdf'. The 'Description' field is a large text area, currently empty, and is highlighted with a red border. At the bottom of the form is a blue button labeled 'Add Attachment'.

*Figure 266-VCT Attachment Description*

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

- **Created Date**
  - Date attachment was uploaded
- **Created By**
  - Name of User who uploaded the attachment
- **Description**
  - Text entered at time of upload
- **Filename**
  - Name of file that was uploaded from the user's PC
- **Actions**
  - Delete (see section 1.7.2 Delete VCT Attachments)

The screenshot shows the LTSS Maryland web application interface. The top navigation bar includes links for Home, Clients, My Lists, Alerts, Assignments, Reports, and Client Details. The left sidebar contains a menu with options like Client, Case Management, Alerts, Agency Selection, Voluntary Consent to Transfer, Manage Attachments (highlighted with a red box), Community Settings Questionnaire, and Programs. The main content area displays the 'Voluntary Consent to Transfer' form, which includes a 'New Document' section with a 'Choose File' button and a 'Description' text area. Below this is an 'Add Attachment' button. The 'Attachment List' is shown as a table with the following data:

Created Date	Created By	Description	Filename	Actions
01/07/2019	MDC1, mdoprovideradministrator1		HRST_Text1.pdf	Delete

Figure 267-Attachment List view



### 10.4.2 Delete VCT Attachment

Users may delete VCT attachments that they or their Agency uploaded prior to the VCT form being “Submitted” to MDH MDC for review.

To delete a previous uploaded VCT, complete the following steps:

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.

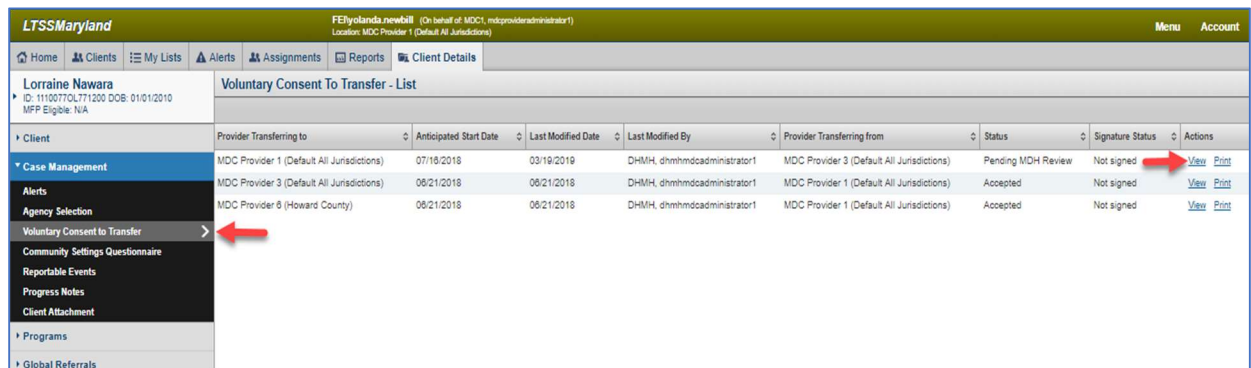


Figure 268-Voluntary Consent to Transfer List

4. Select **Manage** within the VCT Attachments banner

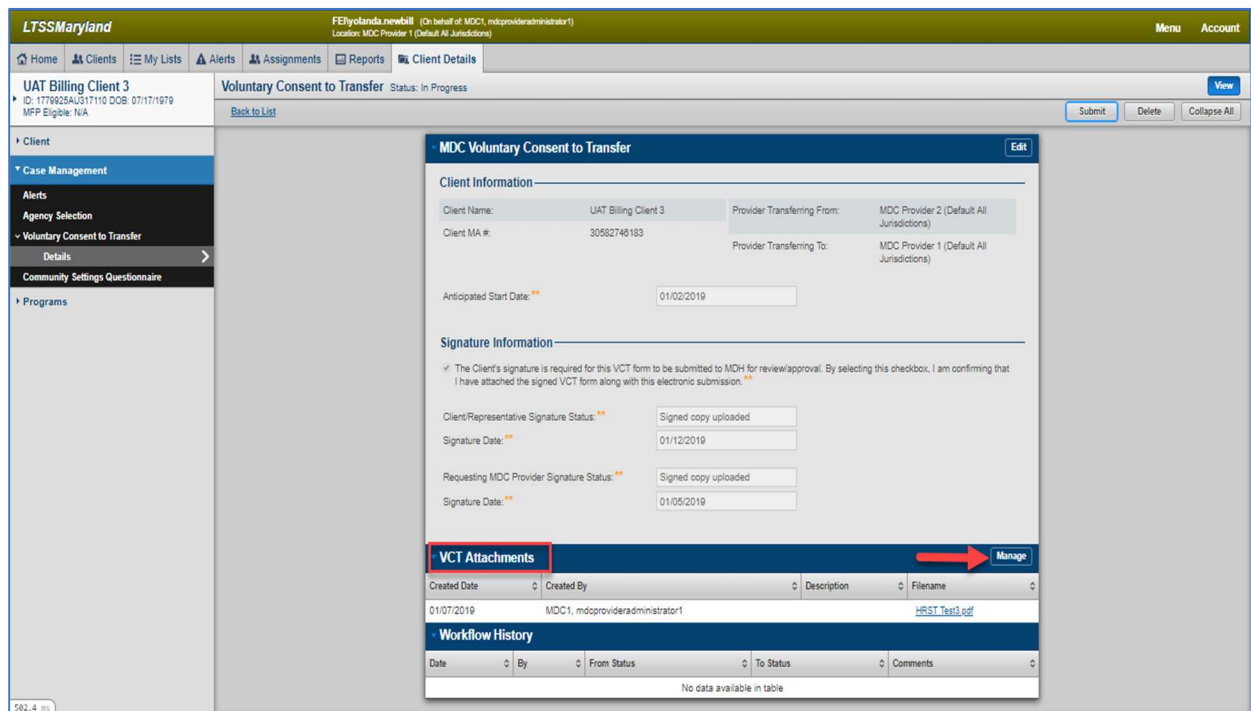


Figure 269-Manage VCT Attachments

5. Click **Delete** next to the attachment that should be removed from all records within LTSS Maryland.

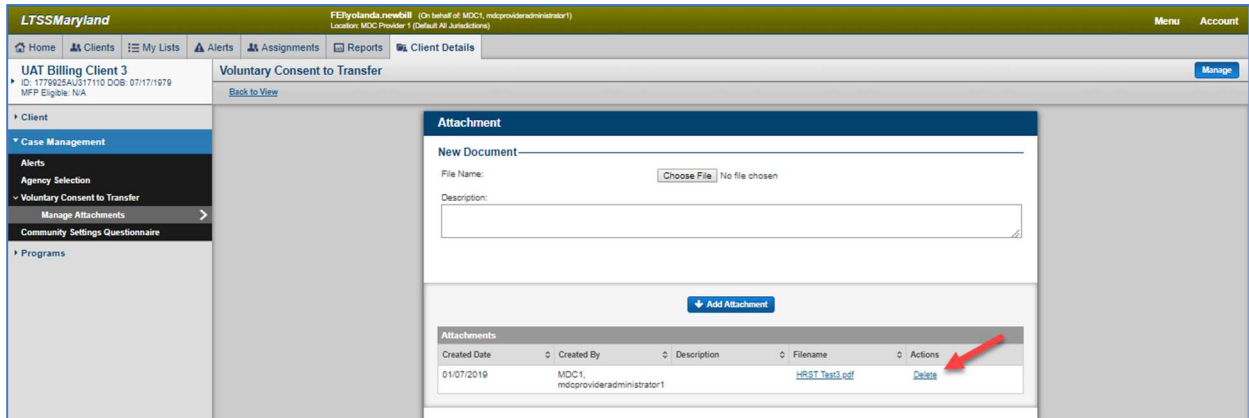


Figure 270-Delete VCT Attachment

6. A confirmation window shall appear. To delete, select **Yes**. To cancel the action, select **No**.

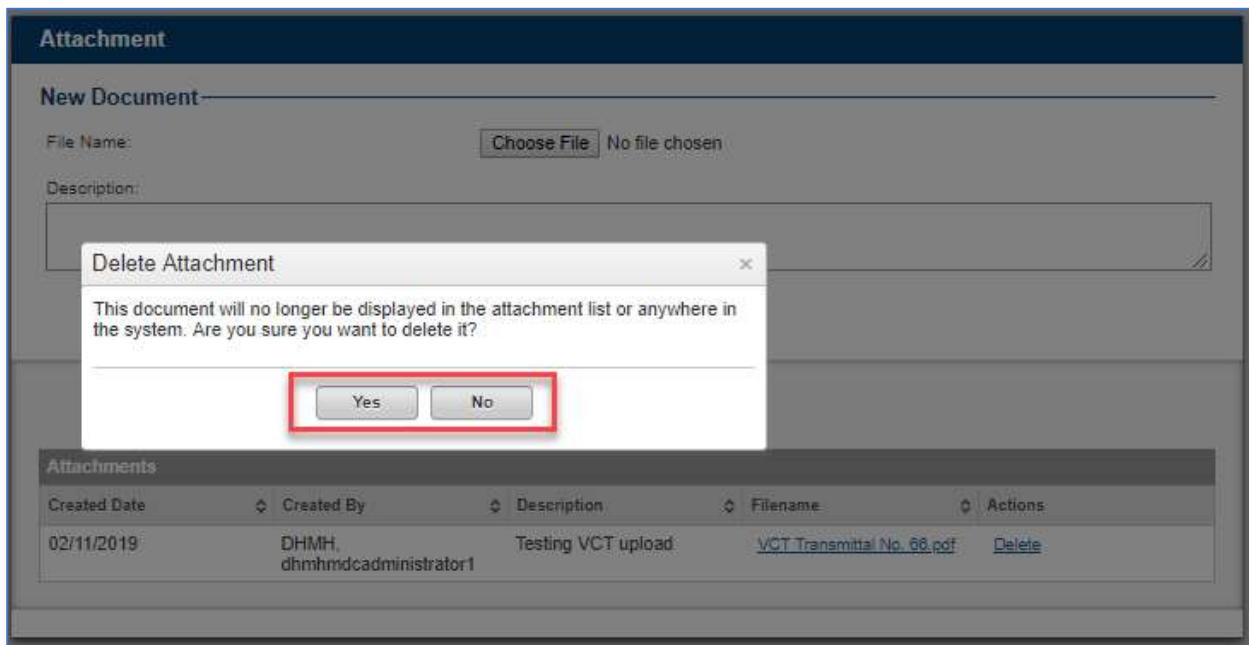


Figure 271-Delete Confirmation

## 10.5 MDH Review

Once a Voluntary Consent to Transfer form and its attachment are submitted, MDH shall receive notification and will review the form. Upon review, MDH may *Accept*, *Reject*, or *Request Clarification* of the Voluntary Consent to Transfer and the MDH decision will send notification to the user that submitted the form. (see also **section 10.8 Alerts**)

### 10.5.1 Clarification Request

- Should MDH seek clarification on the Voluntary Consent to Transfer form, the MDC Provider user who submitted the form will receive an alert in their alerts tab for the client that “*MDH has requested clarification on a VCT form for this client.*”

Additionally, the Provider will be able to view this Client’s form from My Lists (see also *section 10.9 My Lists: VCT*)

The screenshot shows the LTSS Maryland Alerts tab. The user is logged in as FEhamy.duvall. The Alerts tab is selected, showing a list of alerts. The first alert is for "MDC Test, Amy (1549311MA118110) - Frederick" with the message "MDH has requested clarification on a MDC Freedom of Choice form." A red arrow points to the alert message.

Figure 272-Clarification Request Alert

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

The screenshot shows the MDC Freedom of Choice form for Amy MDC Test. The form is in the "Clarification Requested" status. The Workflow History section is highlighted with a red box, showing a table of workflow steps. A red arrow points to the "Clarification Requested" status in the table.

Date	By	From Status	To Status	Comments
04/25/2019	Admin, MDH MDC	Pending MDH Review	Clarification Requested	Please update attachment with a legible copy.
04/25/2019	spa, test	In Progress	Pending MDH Review	N/A

Figure 273-Workflow History

## 10.6 Edit Voluntary Consent to Transfer

A VCT form may only be edited by MDC Provider roles from the same Provider that created the form.

1. Navigate to the desired client record via the **Client** tab.
2. Select **Voluntary Consent to Transfer** from the **Case Management** section.
3. Click **View** next to the form any of the following statuses:
  - In Progress
  - Pending MDH Review
  - Clarification Requested

Voluntary Consent To Transfer - List								
<a href="#">Add</a>								
Provider Transferring to	Anticipated Start Date	Last Modified Date	Last Modified By	Provider Transferring from	Status	Signature Status	Actions	
MDC Provider 1 (Default All Jurisdictions)	02/15/2019	02/14/2019	DHMH, dhmmhmdadministrator1	MDC Provider 2 (Default All Jurisdictions)	Clarification Requested	Signed copy uploaded	<a href="#">View</a>	<a href="#">Print</a>
MDC Provider 1 (Default All Jurisdictions)	02/15/2019	02/14/2019	DHMH, dhmmhmdstaff1	MDC Provider 2 (Default All Jurisdictions)	Rejected	Not signed	<a href="#">View</a>	<a href="#">Print</a>

Figure 274-View VCT for Editing

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

Voluntary Consent to Transfer Status: Clarification Requested

[Back to List](#) [Submit](#) [Discard](#) [Collapse All](#) [View](#)

**MDC Voluntary Consent to Transfer** [Edit](#)

**Client Information**

Client Name: Chad Test Provider Transferring From: MDC Provider 2 (Default All Jurisdictions)

Client MA #: 12312312312 Provider Transferring To: MDC Provider 1 (Default All Jurisdictions)

Anticipated Start Date: \*\* 02/15/2019

**Signature Information**

☒ The Client's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission. \*\*

Client/Representative Signature Status: \*\* Signed copy uploaded

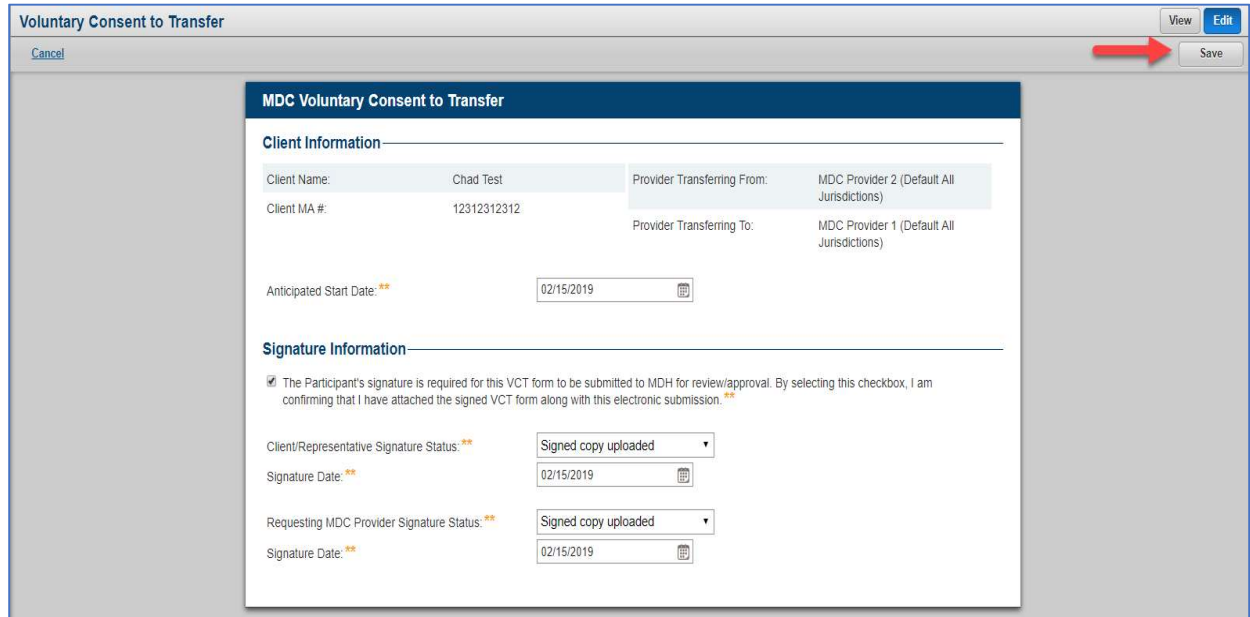
Signature Date: \*\* 02/15/2019

Requesting MDC Provider Signature Status: \*\* Signed copy uploaded

Signature Date: \*\* 02/15/2019

Figure 275-Edit VCT

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



The screenshot shows the 'Voluntary Consent to Transfer' form. At the top right, there are buttons for 'View', 'Edit', and 'Save'. A red arrow points to the 'Save' button. The form contains the following information:

**Client Information**

Client Name:	Chad Test	Provider Transferring From:	MDC Provider 2 (Default All Jurisdictions)
Client MA #:	12312312312	Provider Transferring To:	MDC Provider 1 (Default All Jurisdictions)

Anticipated Start Date: 02/15/2019

**Signature Information**

☒ The Participant's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission.

Client/Representative Signature Status: Signed copy uploaded

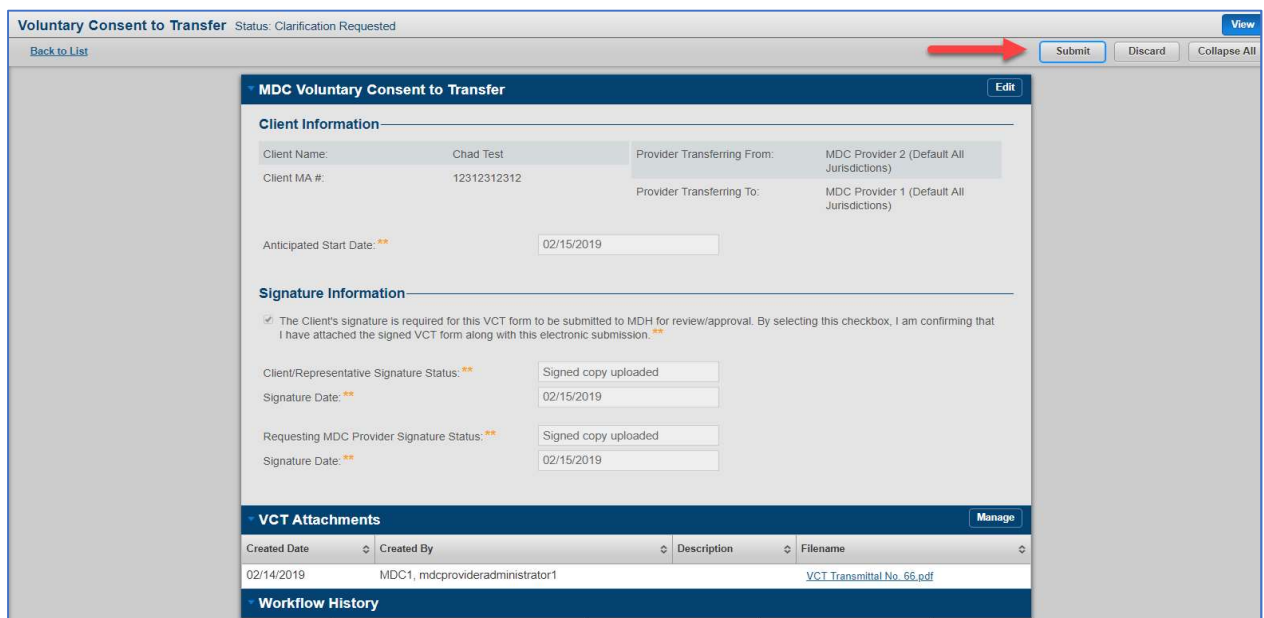
Signature Date: 02/15/2019

Requesting MDC Provider Signature Status: Signed copy uploaded

Signature Date: 02/15/2019

Figure 276-Save Edits

6. 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.



The screenshot shows the 'Voluntary Consent to Transfer' form after saving. At the top right, there are buttons for 'View', 'Submit', 'Discard', and 'Collapse All'. A red arrow points to the 'Submit' button. The form contains the following information:

**Client Information**

Client Name:	Chad Test	Provider Transferring From:	MDC Provider 2 (Default All Jurisdictions)
Client MA #:	12312312312	Provider Transferring To:	MDC Provider 1 (Default All Jurisdictions)

Anticipated Start Date: 02/15/2019

**Signature Information**

☒ The Client's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission.

Client/Representative Signature Status: Signed copy uploaded

Signature Date: 02/15/2019

Requesting MDC Provider Signature Status: Signed copy uploaded

Signature Date: 02/15/2019

**VCT Attachments**

Created Date	Created By	Description	Filename
02/14/2019	MDC1, mdcprovideradministrator1		VCT Transmittal No. 66.pdf

**Workflow History**

Figure 277-Submit Edited VCT

## 10.7 Print Voluntary Consent to Transfer

Once a Voluntary Consent to Transfer form has been submitted, authorized users may print the form.

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

LTSSMaryland

FEAmny.duvall

(On behalf of: MDC2, mdprovideradministrator1)

Location: MDC Provider 2 (Default All Jurisdictions)

MenuAccount

Home

Clients

My Lists

Alerts

Assignments

Reports

Client Details

Chad Test

ID: 2929255HC552120 DOB: 09/22/1922

MFP Eligible: N/A

Voluntary Consent To Transfer - List

Client	Provider Transferring to	Anticipated Start Date	Last Modified Date	Last Modified By	Provider Transferring from	Status	Signature Status	Actions
<div>Case Management</div> <div>Alerts</div> <div>Agency Selection</div> <div>Voluntary Consent to Transfer</div> <div>Community Settings Questionnaire</div> <div>Reportable Events</div> <div>Progress Notes</div> <div>Client Attachment</div>	MDC Provider 1 (Default All Jurisdictions)	02/01/2019	02/18/2019	DHMH, dhmmhdcstaff1	MDC Provider 2 (Default All Jurisdictions)	Accepted	Signed copy uploaded	<a href="#">View Print</a>
	MDC Provider 1 (Default All Jurisdictions)	02/15/2019	02/14/2019	DHMH, dhmmhdcstaff1	MDC Provider 2 (Default All Jurisdictions)	Rejected	Not signed	<a href="#">View Print</a>
	MDC Provider 2 (Default All Jurisdictions)	02/11/2019	02/11/2019	DHMH, dhmmhdcstaff1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Signed copy uploaded	<a href="#">View Print</a>
	MDC Provider 2 (Default All Jurisdictions)	02/11/2019	02/11/2019	DHMH, dhmmhdcadministrator1	MDC Provider 1 (Default All Jurisdictions)	Discarded	Signed copy uploaded	<a href="#">View Print</a>
	MDC Provider 2 (Default All Jurisdictions)	05/27/2018	12/06/2018	DHMH, dhmmhdcadministrator1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Not signed	<a href="#">View Print</a>

Figure 278-Print Hyperlink

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.

[illegible]

Figure 279-PDF View of VCT Form



## 10.8 Alerts

Authorized users and assigned agencies of clients will receive alerts when a VCT form is processing through the workflow. LTSS Maryland users should regularly access the Alerts tab to ensure that they are effectively facilitating the client's enrollment and subsequent participation in the MDC Waiver.

Users shall receive alerts when a Voluntary Consent to Transfer is:

Action	Alert Sent To	Alert Message
<b>Accepted</b>	Assigned MDC Provider staff (from the <b>Transferring From</b> provider) If no staff assigned, send alert to MDC Provider Admin	<i>A client has elected to transfer. MDH has accepted the VCT form.</i>
	MDC Provider actor (who submitted the form) or MDC Provider Admin from the <b>Transferring To</b> Provider	<i>MDH has accepted a VCT form for this client.</i>
	MDC Provider Admin from the existing Additional MDC Provider(s)	<i>A Voluntary Consent to Transfer (VCT) form has been accepted for this client. Please coordinate services with Primary MDC Provider and any Additional MDC Provider(s).</i>
	MDC Provider actor (who submitted the form) or MDC Provider Admin from the <b>Transferring To</b> Provider	<i>MDH has requested clarification on a VCT form for this client.</i>
<b>Clarification Requested</b>	MDC Provider actor (who submitted the form) or MDC Provider Admin from the <b>Transferring To</b> Provider	<i>MDH has rejected a VCT form for this client.</i>
<b>Rejected</b>	MDC Provider actor (who submitted the form) or MDC Provider Admin from the <b>Transferring To</b> Provider	<i>MDH has discarded a VCT form for this client.</i>

### 10.8.1 Alerts Tab

To view notifications regarding the processing of a client's Voluntary Consent to Transfer form, users may review their **Alerts**, where each client record will display any applicable alerts for MDC VCT forms.

1. Select **Alerts** tab.
2. Enter desired search criteria to better specify applicable search results, and select **Filter**.  
(Example: Enter *Created From Date* and *Created To Dates* to view all Alerts related to client record management for the past week.)

Subject	From	Received	Accept?
<b>Test, Chad (2929255HC552120) - Howard</b>			
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dhmhmdcadadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dhmhmdcadadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">Clarification is being requested on the Discharge Planning Form.</a>	DHMH, dhmhmdcadadministrator1	02/04/2019	<input type="checkbox"/>

Figure 280-Alerts tab Search

3. Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant VCT form of the client, where he/she may view the Form and the Workflow History.

Subject	From	Received	Accept?
<b>Test, Chad (2929255HC552120) - Howard</b>			
<a href="#">A VCT form has been submitted for review.</a>	MDC1, mdcprovideradministrator1	02/14/2019	<input type="checkbox"/>

Figure 281-Alert Hyperlink



## 10.8.2 Client Details Alerts

Authorized users shall be able to view client alerts that are applicable to their user role within the Alert section of the Client Profile.

1. Search and navigate to the desired **Client Details** through the **Clients** tab.
2. Select **Alerts** under the **Case Management** section on the left navigation.

**LTSS Maryland** FEilamy.duvall (On behalf of: MDC2, mdcpvideradministrator1)  
Location: MDC Provider 2 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Assignments Reports **Client Details**

**Chad Test**  
ID: 2929255HC552120 DOB: 09/22/1922  
MFP Eligible: N/A

**Client**

**Case Management**

Alerts

Agency Selection

Voluntary Consent to Transfer

Community Settings Questionnaire

Reportable Events

Progress Notes

Client Attachment

**Programs**

**Global Referrals**

**Client Alerts**

Created From Date: 01/28/2013 Created To Date: 02/18/2019 Accepted From Date: 02/17/2019 Accepted To Date: 02/18/2019 ☐ Show Accepted

Filter

Subject	From	Received	Accept?
A client has elected to transfer. MDH has accepted the VCT form.	DHMH, dhmhmdcstaff1	02/18/2019	<input type="checkbox"/>
MDH has accepted a VCT form for this client.	DHMH, dhmhmdcstaff1	02/11/2019	<input type="checkbox"/>
MDH has requested clarification on a VCT form for this client.	DHMH, dhmhmdcstaff1	02/11/2019	<input type="checkbox"/>
MDH has discarded a VCT form for this client.	DHMH, dhmhmdcadministrator1	02/11/2019	<input type="checkbox"/>
MDH has accepted a VCT form for this client.	DHMH, dhmhmdcadministrator1	12/06/2018	<input type="checkbox"/>
A Voluntary Consent to Transfer (VCT) form has been accepted for this client. Please coordinate services with Primary MDC Provider and any Additional MDC Provider(s).	DHMH, dhmhmdcadministrator1	10/22/2018	<input type="checkbox"/>

Accept

Figure 282-Client Details Alerts

3. Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant VCT form of the client, where he/she may view the form and the Workflow History.

**LTSS Maryland** FEilamy.duvall (On behalf of: MDC2, mdcpvideradministrator1)  
Location: MDC Provider 2 (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Assignments Reports **Client Details**

**Chad Test**  
ID: 2929255HC552120 DOB: 09/22/1922  
MFP Eligible: N/A

**Client**

**Case Management**

Alerts

Agency Selection

Voluntary Consent to Transfer

Community Settings Questionnaire

Reportable Events

Progress Notes

Client Attachment

**Programs**

**Global Referrals**

**Client Alerts**

Created From Date: 01/28/2013 Created To Date: 02/18/2019 Accepted From Date: 02/17/2019 Accepted To Date: 02/18/2019 ☐ Show Accepted

Filter

Subject	From	Received	Accept?
A client has elected to transfer. MDH has accepted the VCT form.	DHMH, dhmhmdcstaff1	02/18/2019	<input type="checkbox"/>
MDH has accepted a VCT form for this client.	DHMH, dhmhmdcstaff1	02/11/2019	<input type="checkbox"/>
MDH has requested clarification on a VCT form for this client.	DHMH, dhmhmdcstaff1	02/11/2019	<input type="checkbox"/>
MDH has discarded a VCT form for this client.	DHMH, dhmhmdcadministrator1	02/11/2019	<input type="checkbox"/>
MDH has accepted a VCT form for this client.	DHMH, dhmhmdcadministrator1	12/06/2018	<input type="checkbox"/>
A Voluntary Consent to Transfer (VCT) form has been accepted for this client. Please coordinate services with Primary MDC Provider and any Additional MDC Provider(s).	DHMH, dhmhmdcadministrator1	10/22/2018	<input type="checkbox"/>

Accept

Figure 283-Client Alerts Hyperlink

## 10.9 My Lists: VCT

The purpose of this section is to describe how users can view a work queue and status of Voluntary Consent to Transfer forms using the My List functionality. It will provide users the ability to navigate to the VCT form View page directly from My List to perform their work. Authorized users shall be able to see a list of clients who have a VCT form in process or has been processed.

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

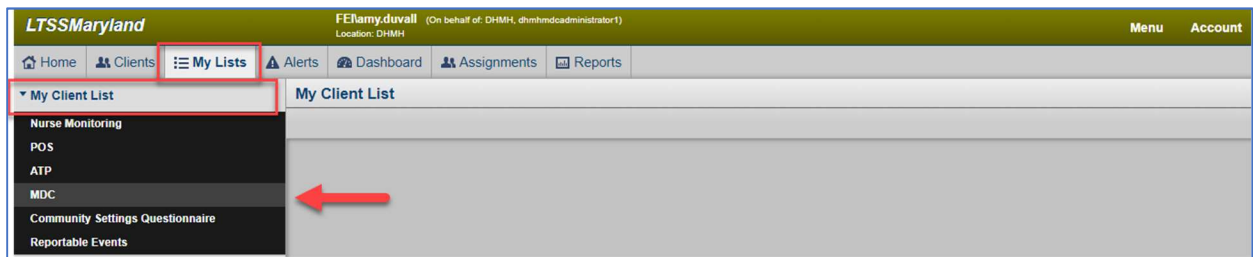


Figure 284-MDC My Lists

3. Select **Form Name: VCT**

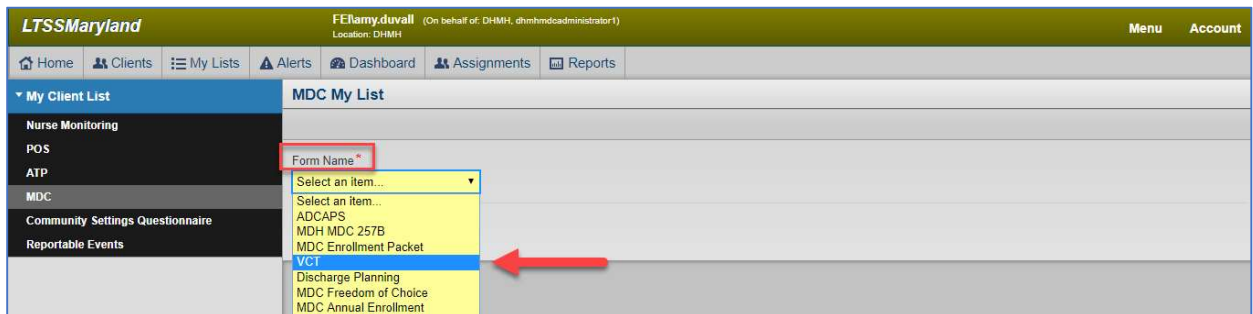


Figure 285-My List Form options

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

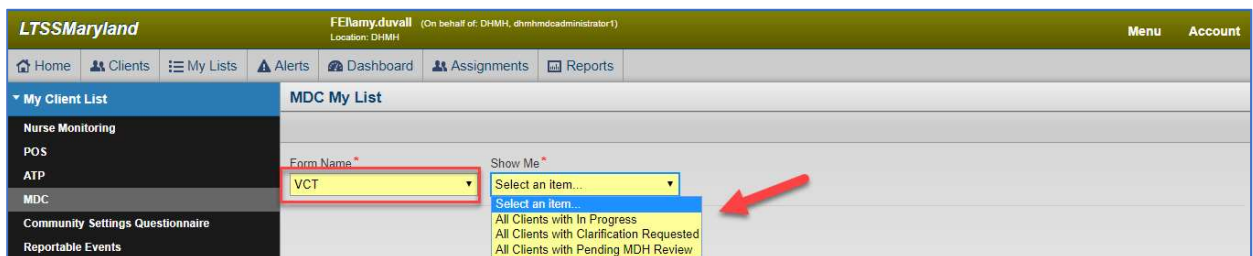


Figure 286-My Lists Show Me options

### 10.9.1 Clients with In Progress VCT Forms

To view Clients with a VCT Form that has not yet been submitted:

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

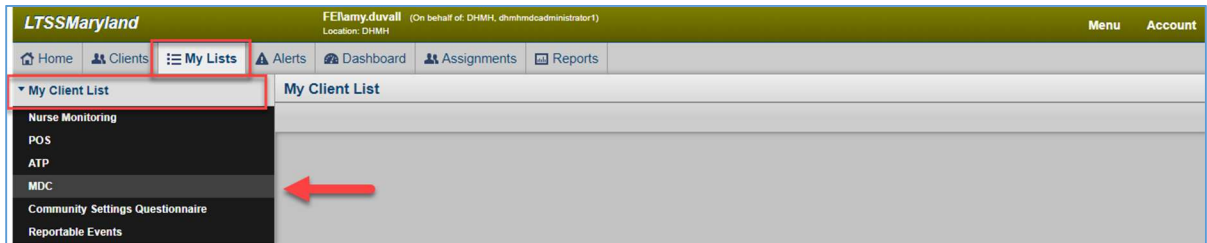


Figure 287-MDC My Lists

3. Select **Form Name: VCT**

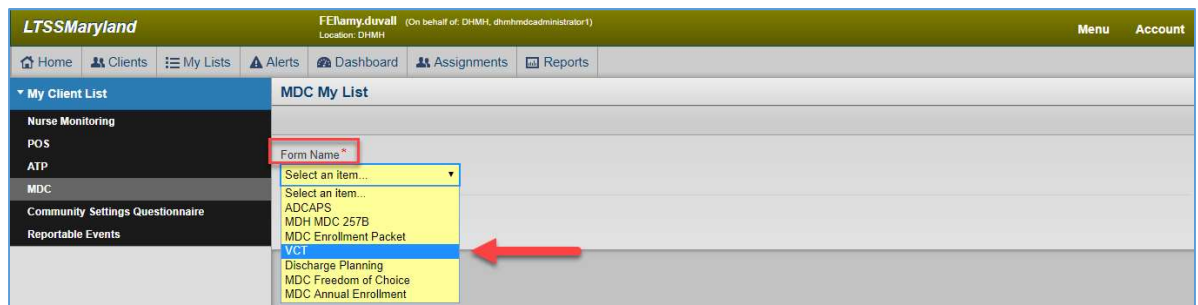


Figure 288-My List Form options

4. Select the desired **Show Me** option:
  - **All Clients with In Progress** to view any client for which the user is authorized or

Click **Filter**:



Figure 289-Clients In Progress

5. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Created Date**
- **Created By**
- **Anticipated Start Date**
- **Actions: View**

Client ID	First Name	Last Name	Created Date	Created By	Anticipated Start Date	Actions
1779925AU317110	UAT Billing	Client 3	1/7/2019	MDC1, mdcprovideradministrator1	1/2/2019	<a href="#">View</a>
27190440B449100	Bob	Hughes	7/24/2018	DHMH, dhnmhmdcadministrator1	7/23/2018	<a href="#">View</a>
2519130CQ487100	QC	New5	7/17/2018	DHMH, dhnmhmdcadministrator1		<a href="#">View</a>
1119570AU988110	UAT Client	Billing 1	7/11/2018	MDC4, mdcprovideradministrator1	6/25/2018	<a href="#">View</a>

Figure 290-My Lists View List

6. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable VCT form that is **In Progress**. The user may **Submit**, **Edit**, or **Delete** the form.

**UAT Billing Client 3**  
ID: 1779925AU317110 DOB: 07/17/1979  
MFP Eligible: N/A

**Voluntary Consent to Transfer** Status: In Progress

Back to List

Submit Delete Collapse All

**MDC Voluntary Consent to Transfer**

**Client Information**

Client Name: UAT Billing Client 3 Provider Transferring From: MDC Provider 2 (Default All Jurisdictions)  
Client MA #: 30582746183 Provider Transferring To: MDC Provider 1 (Default All Jurisdictions)

Anticipated Start Date: 01/02/2019

**Signature Information**

☒ The Client's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission.

Client/Representative Signature Status: Signed copy uploaded  
Signature Date: 01/12/2019

Requesting MDC Provider Signature Status: Signed copy uploaded  
Signature Date: 01/05/2019

Figure 291-In Progress VCT form

### 10.9.2 Clients with Clarification Requested VCT Forms

To view Clients with a VCT form with a Request for Clarification from MDH:

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

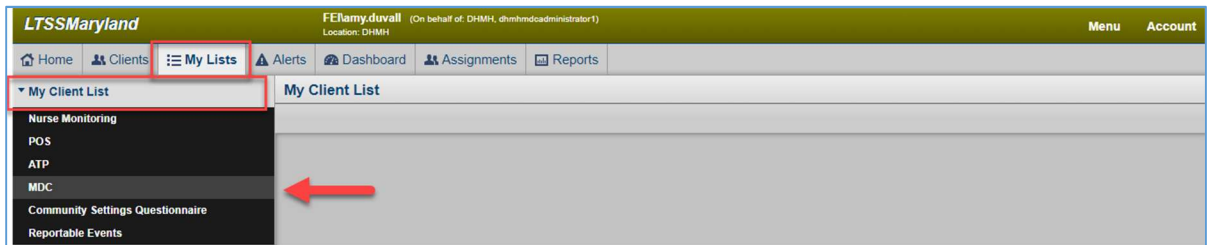


Figure 292-MDC My Lists

3. Select **Form Name: VCT**

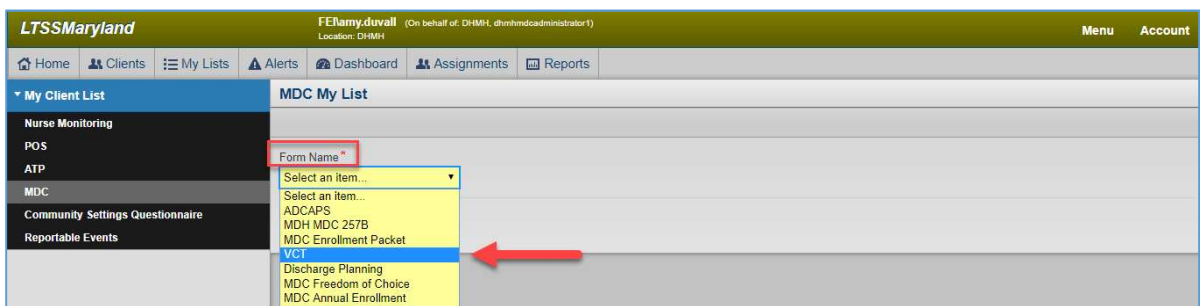


Figure 293-My List Form options

4. Select the desired **Show Me** option:

- **All Clients with Clarification Requested** to view any client for which the user is authorized
- Click **Filter**:

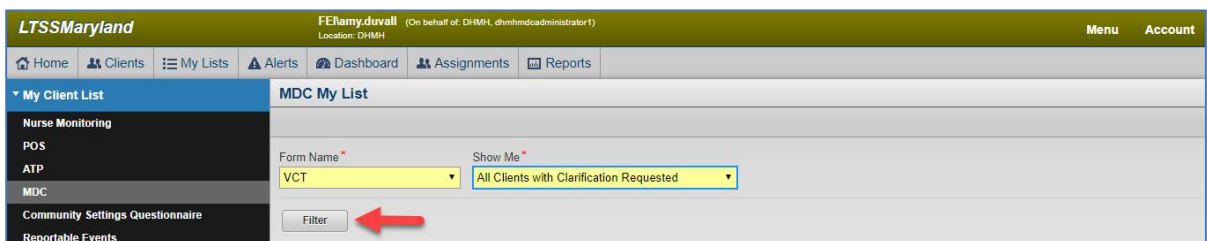


Figure 294-Clients with Clarification Requested

5. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Transferring From Provider**
- **Transferring To Provider**
- **Assigned MDH Reviewer**
- **Date Clarification Requested**
- **Actions: View**

Client Id	First Name	Last Name	Transferring From Provider	Transferring To Provider	Assigned MDH Reviewer	Date Clarification Requested	Enrolled In	Actions
1110853DA461201	adtest5	test	MDC Provider 1 (Default All Jurisdictions)	MDC Provider 5 (Default All Jurisdictions)	Unassigned	12/6/2018		<a href="#">View</a>

Figure 295-My Lists View List

6. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable Discharge Planning form that has a Clarification Request. The user may Discard, **Submit**, **Edit**, or **Discard** the form.

**Voluntary Consent to Transfer** Status: Clarification Requested

[Back to List](#) [View](#) [Submit](#) [Discard](#) [Collapse All](#) [Edit](#)

**MDC Voluntary Consent to Transfer**

**Client Information**

Client Name: adtest5 test Provider Transferring From: MDC Provider 1 (Default All Jurisdictions)

Client MA #: 23423434567 Provider Transferring To: MDC Provider 5 (Default All Jurisdictions)

Anticipated Start Date: 12/08/2018

**Signature Information**

☒ The Client's signature is required for this VCT form to be submitted to MDH for review/approval. By selecting this checkbox, I am confirming that I have attached the signed VCT form along with this electronic submission.

Client/Representative Signature Status: Not signed

Signature Date: 12/29/2018

Requesting MDC Provider Signature Status: Signed copy uploaded

Signature Date: 12/22/2018

Figure 296-Clarification Requested VCT form



### 10.9.3 Clients with Pending MDH Review VCT Forms

To view Clients with a VCT form that is Pending MDH Review:

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

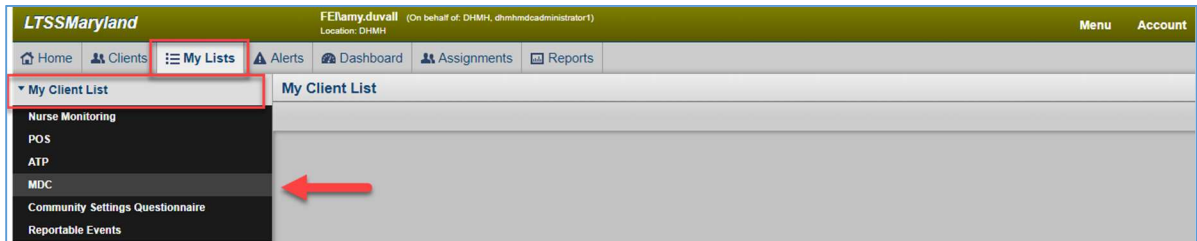


Figure 297-MDC My Lists

3. Select **Form Name: VCT**

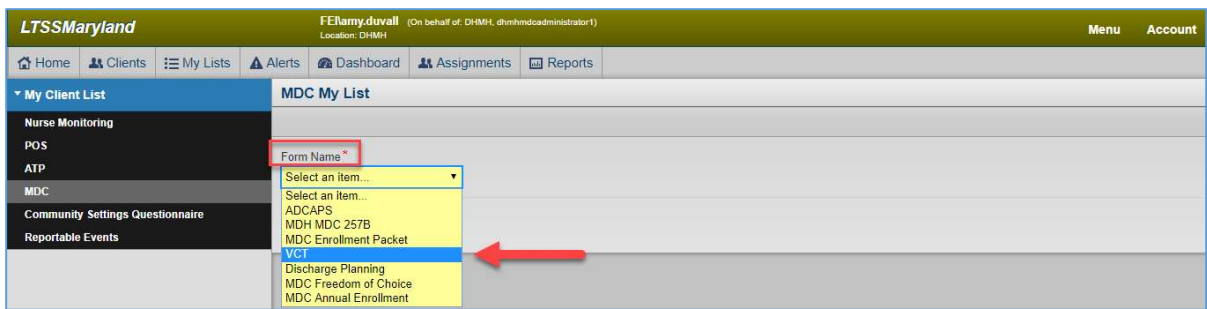


Figure 298-My List Form options

4. Select the desired **Show Me** option:
  - **All Clients with Pending MDH Review** to view any client for which the user is authorized
  - Click **Filter**:

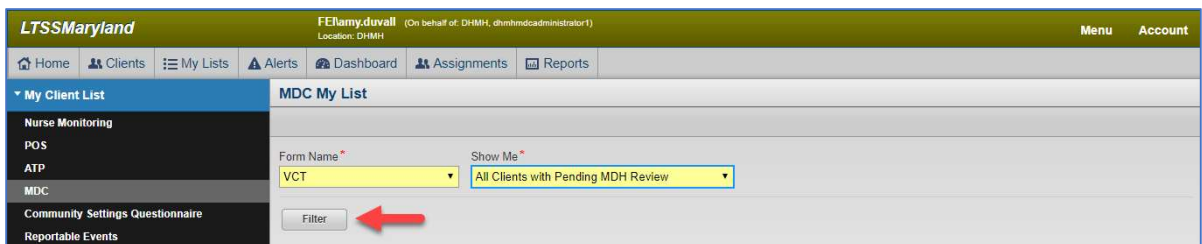


Figure 299-Clients with Pending MDH Review

5. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Transferring From Provider**
- **Transferring To Provider**
- **Submitted By**
- **Enrolled In**
- **Assigned MDH Reviewer**
- **Anticipated Start Date**
- **Date VCT Submitted**
- **Days Pending MDH Review**
- **Actions: View**

Client Id	First Name	Last Name	Transferring From Provider	Transferring To Provider	Submitted By	Enrolled In	Assigned MDH Reviewer	Anticipated Start Date	Date VCT Submitted	Days Pending MDH Review	Actions
1110077...	Lorraine	Nawara	MDC Provider 3 (Default All Jurisdicti...	MDC Provider 1 (Default All Jurisdicti...	mdcprovi... MDC1		dhhmhd... DHMH	7/16/2018	7/16/2018	295	<a href="#">View</a>

Figure 300-My Lists View List

6. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable VCT form that is *Pending MDH Review*.

## 11 Discharge Planning Form

The Discharge Planning form is used to plan for when a participant leaves a day care center. It includes information regarding why the individual is looking to be discharged, where they will be going upon being discharged and their status as of the time they are planning to be discharged. The health care professional(s), providers, and the individual participate in Discharge Planning activities.

MDC Provider Administrator, MDC Provider Staff, and MDC Provider Nurse Roles have access to the following functions for clients that they are actively serving.

**NOTE: An MDC MDH 257B (Discharge) form must be submitted in conjunction with the Discharge Planning Form for a client that will be discharged or disenrolled.**



## 11.1 Workflow

## State Diagram – Discharge Planning Form

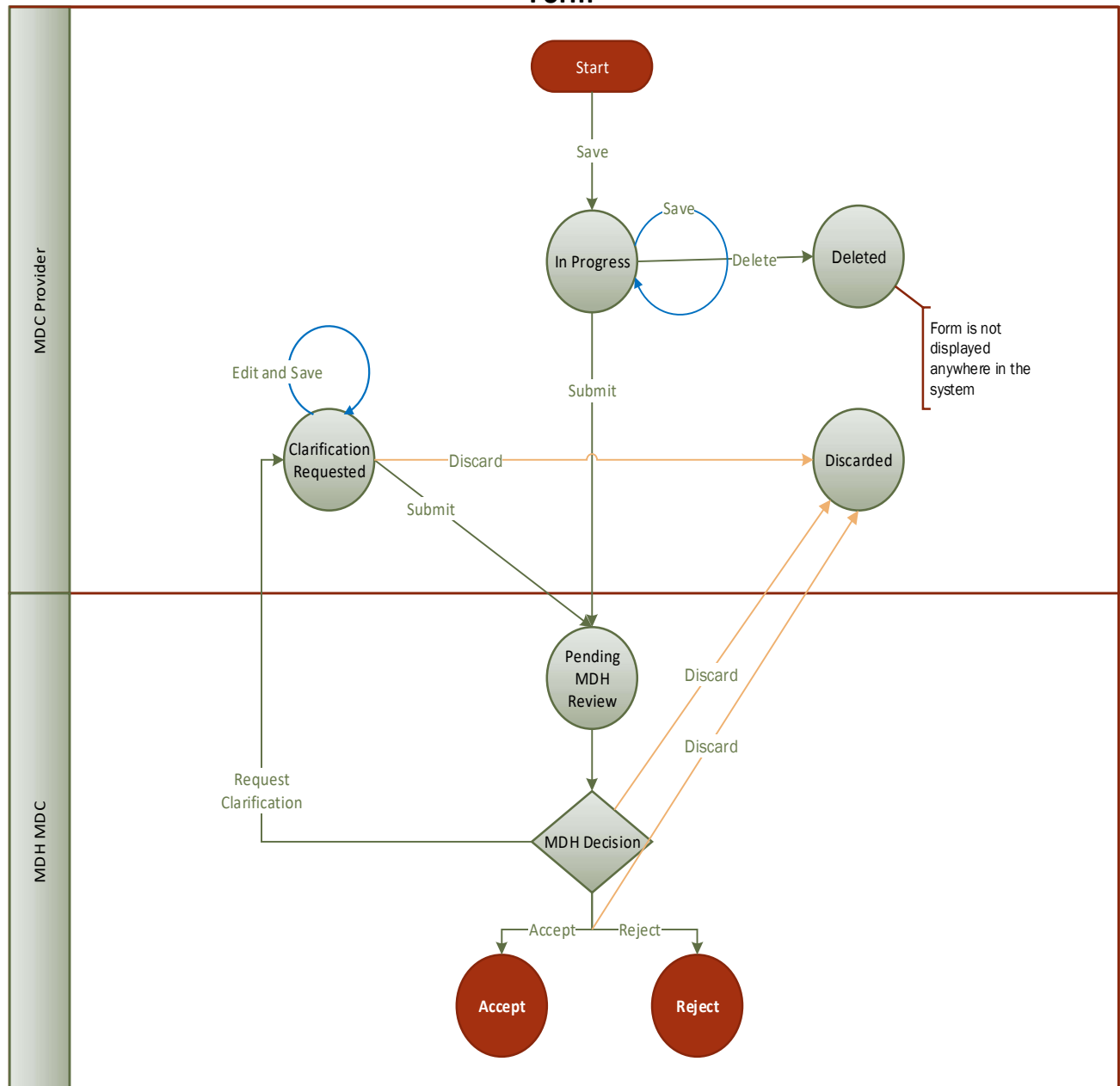


Figure 301-Workflow for Discharge Planning Form

## 11.2 View Discharge Planning Form

1. From the Client Profile, select the **Programs** banner.
2. Select **MDC Discharge Planning**.
3. Users shall be able to view a List of Discharge Planning forms that have been added to the client's record.
  - Last Modified Date
    - Date of most recent modification
  - MDC Provider Agency
    - Name of Provider Agency for assigned to participant
  - Last Modified By
    - Name of User that last modified the form
  - Status
    - In Progress
    - Complete
    - Pending MDH Review
    - Clarification Request
    - Accepted
    - Rejected
    - Discarded
  - Active/Inactive
    - Active
    - Inactive
  - Action
    - View
    - Print

4. Select the **View** link.

The screenshot shows the LTSS Maryland interface for a client named Sloka Test. The 'Programs' menu is expanded, and 'MDC Discharge Planning' is selected. A table titled 'MDC Discharge Planning - List' displays two entries. Red arrows highlight the 'View' links for each entry.

Last Modified Date	MDC Provider Agency	Last Modified By	Status	Active/Inactive	Action
8/23/2018	MDC Provider 1 (Default All Jurisdictions)	MDC1, mdcproviderstaff1	Pending MDH Review	Inactive	<a href="#">View</a> <a href="#">Print</a>
6/15/2018	DHMH	DHMH, dhmmhmdadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>

Figure 302-Discharge Planning List

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

**LTSSMaryland** FETgwen.clinton (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

**Sloka Test**  
ID: 1690279LS861200 DOB: 06/09/1984  
MFP Eligible: N/A

**MDC Discharge Planning - Details** Status: Pending MDH Review  
[Back to List](#) [Collapse All](#)

**Discharge Planning Form**

**Client Information**

Client Name: Sloka Test  
Client Address: 1231 york road, timonium 21093  
Primary Phone #: (302) 690-3733

Medical Provider:

**Medical Diagnosis**

Current Medical Diagnosis:  
Center Admission Date: 8/5/2018  
Discharge Date: 3/30/2017

**Discharge Summary**

Reason for Discharge/Discharge Status:

☒ Caregiver Request  
☐ Deceased  
☐ Financial Reasons  
☐ Hospitalized for 30 consecutive days or more  
☐ Have not attended MDC for 90 consecutive days  
☐ Inappropriate Behavior  
☐ Institutionalized  
☐ Medical Decline

☐ Moved/Relocated  
☐ Requires 24-hour Care  
☐ Refusal to Attend  
☐ Service Completed/Goals Met  
☐ Service Declined  
☐ Too ill/disabled to attend  
☐ Unable/unwilling to meet goals  
☐ Other

Location Discharged To: Home

General Comments:

**Participant Status at the time of Discharge**

Days per week attending Adult Day Care?: 2  
Participant's condition upon Discharge: Improved

Figure 303-MDC Discharge Planning Form

**LTSSMaryland** FETgwen.clinton (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports Client Details

**Sloka Test**  
ID: 1690279LS861200 DOB: 06/09/1984  
MFP Eligible: N/A

**MDC Discharge Planning - Details** Status: Pending MDH Review  
[Back to List](#) [Expand All](#)

**Discharge Planning Form**

**Workflow History**

Action	Date	By	From Status	To Status	Comments
Submit	08/23/2018	MDC1, mdcproviderstaff1	In Progress	Pending MDH Review	N/A

Figure 304-Workflow History

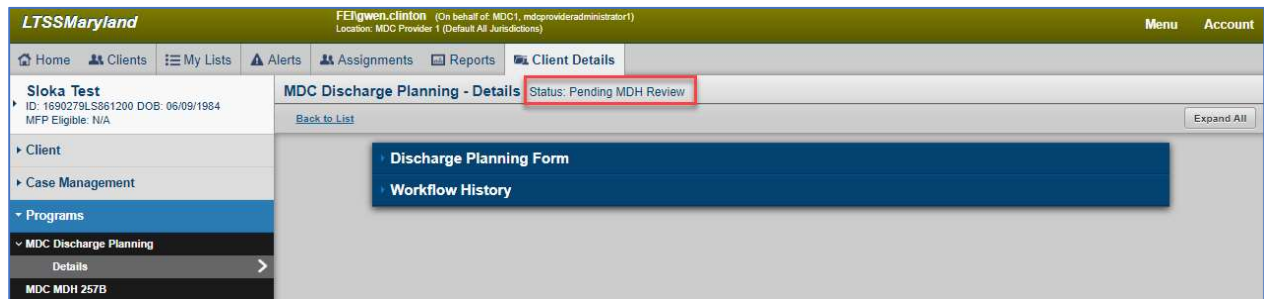


Figure 305-Status of MDC Discharge Planning Form

### 11.3 Add Discharge Planning Form

Active Primary MDC Provider and Additional MDC Providers are authorized to create Discharge Planning forms for participants assigned to their Agency.

NOTE: If the participant has an existing Discharge Planning form and is in a pending status (*In Progress*, *Clarification Requested*, or *Pending MDH Review*), a new form may not be created.

1. Navigate to the desired **Client Summary** from the **Clients** search tab.
2. Select **MDC Discharge Planning** from the **Programs** banner in the Client Details.
3. Click **Add**.

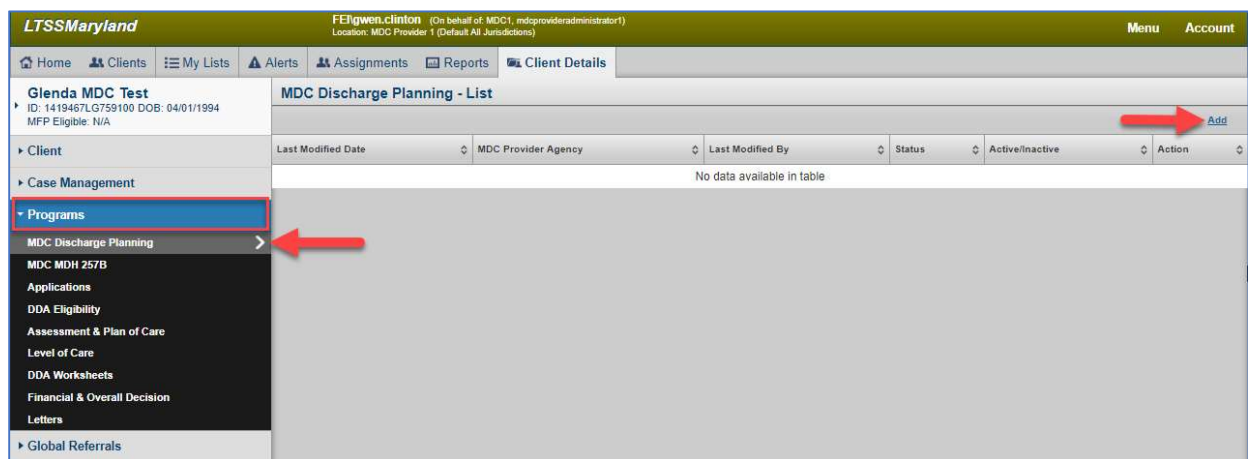


Figure 306-Add Discharge Planning Form

## 4. Complete the following fields:

NOTE: \*\* indicates a field required to **Submit** the form.\* indicates a field required to **Save** the form.A. *Client Information*

- **Client Name** (pre-populated from Client record)
- **Client Address** (pre-populated from Client record)
- **Primary Phone #** (pre-populated from Client record)
- **Medical Provider** (Primary care provider responsible for participant)

The screenshot shows a web form titled "MDC Discharge Planning - Create". At the top, there are "Cancel" and "Save" buttons. Below the title bar is a section header "Discharge Planning form". Underneath, the "Client Information" section is highlighted. It contains four input fields: "Client Name:" with the value "Glenda MDC Test", "Client Address:" with the value "10 Major Way, Baltimore, MD 21218", "Primary Phone #:" with the value "4105551234", and "Medical Provider:" which is currently empty. Red asterisks are placed next to the first three labels, indicating they are required for saving the form.

Figure 307-Client Information

B. *Medical Diagnosis*

- **Current Medical Diagnosis** (Enter applicable Diagnosis Code(s))
- **Center Admission Date** (select Date of Admission)
- **Discharge Date** (select Date of Discharge)

The screenshot shows the "Medical Diagnosis" section of the form. It contains three input fields: "Current Medical Diagnosis:" with an empty text box, "Center Admission Date:" with a date picker icon and a red double asterisk (\*\*), and "Discharge Date:" with a date picker icon and a red double asterisk (\*\*).

Figure 308-Medical Diagnosis

### C. Discharge Summary

- **Reason for Discharge/Discharge Status** (may select more than one option)
- **Location Discharged To** (choose one)
- **General Comments**

**Discharge Summary**

Reason for Discharge/Discharge Status: \*\*

<input type="checkbox"/> Caregiver Request	<input type="checkbox"/> Moved/Relocated
<input type="checkbox"/> Deceased	<input type="checkbox"/> Requires 24-hour Care
<input type="checkbox"/> Financial Reasons	<input type="checkbox"/> Refusal to Attend
<input type="checkbox"/> Hospitalized for 30 consecutive days or more	<input type="checkbox"/> Service Completed/Goals Met
<input type="checkbox"/> Have not attended MDC for 90 consecutive days	<input type="checkbox"/> Service Declined
<input type="checkbox"/> Inappropriate Behavior	<input type="checkbox"/> Too ill/disabled to attend
<input type="checkbox"/> Institutionalized	<input type="checkbox"/> Unable/unwilling to meet goals
<input type="checkbox"/> Medical Decline	<input type="checkbox"/> Other

Location Discharged To: \*\* Select an item...

General Comments:

Figure 309-Discharge Summary

### D. Participant Status at the time of Discharge

- **Days per week attending Adult Day Care** (choose one)
- **Participant's condition upon Discharge** (choose one)

**Participant Status at the time of Discharge**

Days per week attending Adult Day Care?: \*\* Select an item...

Participant's condition upon Discharge: \* Select an item...

Figure 310-Participant Status

### E. Discharge Follow-up

- **Follow-up services required** (select **Yes** or **No**)
- If **Yes** is selected:
  - **Were you able to contact the client?** (select **Yes** or **No**)
  - **Actual/Attempted Contact Date** (may not select a future date)
  - **Spoke with**
  - **Participant status since Discharge** (choose one)
  - **Recommendations for continuing care** (enter any applicable recommendations)
  - **Community agencies or services, and/or health care providers that may be helpful** (enter any applicable recommendations or referrals)

The screenshot shows a web form titled "Discharge Follow-up". It contains the following fields and controls:

- Follow-up services required:** A label with two asterisks followed by two radio buttons: "Yes" (selected) and "No".
- Were you able to contact the client?:** A label with two asterisks followed by two radio buttons: "Yes" and "No".
- Actual/Attempted Contact Date:** A label with two asterisks followed by a text input field with a calendar icon on the right.
- Spoke with:** A label followed by a text input field.
- Participant status since Discharge:** A label with one asterisk followed by a dropdown menu showing "Select an item..." with a downward arrow.
- Recommendations for continuing care:** A label with two asterisks followed by a large text area.
- Community agencies or services, and/or health care providers that may be helpful:** A label with two asterisks followed by a large text area.

Figure 311-Discharge Follow-Up

### F. Signature

- **Staff Name** (pre-populates User Name)
  - NOTE: MDH MDC Admin roles may sign on behalf of MDC Providers
- **Staff Title** (pre-populates title of User)
- **Agency** (pre-populates Agency to which the User is associated)
- **Date of Signature** (pre-populates current system date)

**Signature**

Staff Name: \* mdcprovideradministrator1 MDC1

Staff Title: \* Random Title

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

Date of Signature: \* 5/5/2019

Figure 312-Signature

5. Select **Save**.

**MDC Discharge Planning - Create**

[Cancel](#) **Save**

Spoke with: [Text Field]

Participant status since Discharge: \* Deteriorated

Recommendations for continuing care: \*\* test

Community agencies or services, and/or health care providers that may be helpful: \*\* test

**Signature**

Staff Name: \* dhnmhmdadministrator1 DHMH

Staff Title: \* Random Title

Agency: \* DHMH

Date of Signature: \* 2/1/2019

Figure 313-Save

Upon selecting **Save**, the Discharge Planning form shall be viewed and is in the status, *In Progress*.

From the View page of the form, users may complete the following actions:

- **Edit** (see section **11.5 Edit Discharge Planning Form**)
- **Delete** (removes the complete form from the system)



**LTSS Maryland** FEIlgwen.clinton (On behalf of: MDC1, mdprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports **Client Details**

**Glenda MDC Test**  
ID: 1419467LG759100 DOB: 04/01/1994  
MFP Eligible: N/A

**MDC Discharge Planning - Details** Status: In Progress

[Back to List](#) [Submit](#) [Delete](#) [Collapse All](#)

**Discharge Planning Form** [Edit](#)

**Client Information**

Client Name: Glenda MDC Test

Client Address: 10 Major Way, Baltimore 21218

Primary Phone #: (410) 555-1234

Medical Provider:

**Medical Diagnosis**

Current Medical Diagnosis:

Center Admission Date: 5/5/2019

Discharge Date: 5/5/2019

**Discharge Summary**

Reason for Discharge/Discharge Status:

☐ Caregiver Request ☒ Moved/Relocated

☐ Deceased ☐ Requires 24-hour Care

Figure 314-Options for form In Progress

6. Select **Submit**.

**LTSS Maryland** FEIlgwen.clinton (On behalf of: MDC1, mdprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports **Client Details**

**Glenda MDC Test**  
ID: 1419467LG759100 DOB: 04/01/1994  
MFP Eligible: N/A

**MDC Discharge Planning - Details** Status: In Progress

[Back to List](#) [Submit](#) [Delete](#) [Collapse All](#)

**Discharge Planning Form** [Edit](#)

**Client Information**

Client Name: Glenda MDC Test

Client Address: 10 Major Way, Baltimore 21218

Primary Phone #: (410) 555-1234

Medical Provider:

**Medical Diagnosis**

Current Medical Diagnosis:

Center Admission Date: 5/5/2019

Discharge Date: 5/5/2019

**Discharge Summary**

Reason for Discharge/Discharge Status:

☐ Caregiver Request ☒ Moved/Relocated

☐ Deceased ☐ Requires 24-hour Care

Figure 315-Submit

7. Click **Yes** to continue.

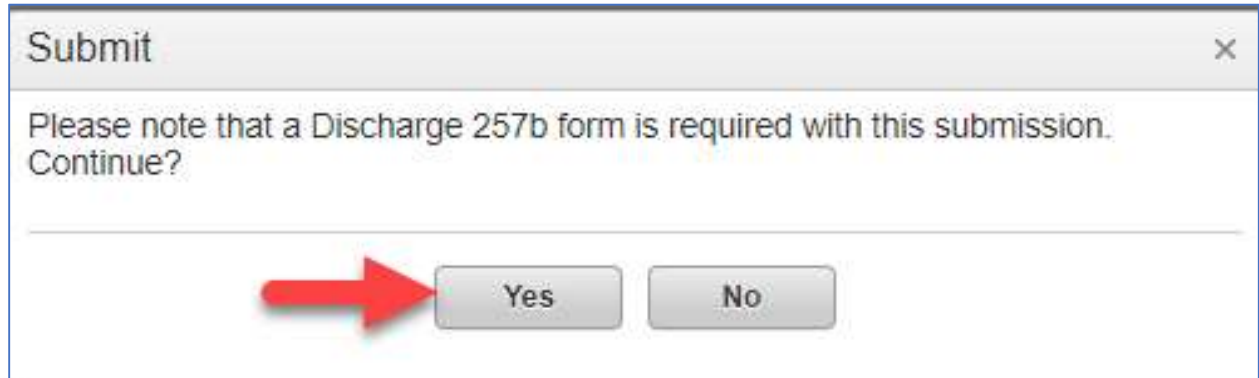


Figure 316-Discharge Planning form Submission Confirmation

Upon selecting **Submit**, the Discharge Planning Form shall be viewed and is in the status, *Pending MDH Review*.

8. The **Workflow History** will capture the following information for reference:
  - *Action*
  - *Date*
  - *By*
  - *From Status*
  - *To Status*
  - *Comments*

## 11.4 MDH Review

Once a Discharge Planning Form is submitted, MDH shall receive notification and will review the form. Upon review, MDH may *Accept*, *Reject*, or *Request Clarification* of the Discharge Planning Form and the MDH decision will send notification to the user that submitted the form. (see also **section 11.7 Alerts**)

### 11.4.1 Clarification Request

1. Should MDH seek clarification on Discharge Planning form, the MDC Provider user who submitted the form will receive an alert in their **Alerts** tab for the client that *“Clarification is being requested on the Discharge Planning Form.”*  
Additionally, the Provider will be able to view this Client’s form from My Lists (see also *section 11.8 My Lists: Discharge Planning*)

**LTSS Maryland** FEIlgwen.clinton (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists **Alerts** Assignments Reports

Created From Date: 01/28/2013 Created To Date: 05/06/2019 Accepted From Date: 05/05/2019 Accepted To Date: 05/06/2019 ☐ Show Accepted

Client ID: Last Name: First Name:

Filter

Subject	From	Received	Accept?
<b>MDC Test, Glenda (1419467LG759100) - Baltimore City</b>			
<a href="#">Clarification is being requested on the Discharge Planning Form.</a>	Admin, MDH MDC	05/06/2019	<input type="checkbox"/>
<a href="#">Overall Decision for MDC has been Denied.</a>	Admin, MDH MDC	04/19/2019	<input type="checkbox"/>

Figure 317-Clarification Request Alert

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

**LTSS Maryland** FEIlgwen.clinton (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Assignments Reports **Client Details**

**Glenda MDC Test**  
ID: 1419467LG759100 DOB: 04/01/1994  
MFP Eligible: N/A

**MDC Discharge Planning - Details** Status: Clarification Requested  
[Back to List](#) Submit Discard Collapse All

**Discharge Planning Form** Edit

**Workflow History**

Action	Date	By	From Status	To Status	Comments
Request Clarification	05/06/2019	Admin, MDH MDC	Pending MDH Review	Clarification Requested	Training test.
Submit	05/06/2019	MDC1, mdcprovideradministrator1	In Progress	Pending MDH Review	N/A

MDC MDH 257B

Figure 318-Workflow History Clarification Requested Comment

## 11.5 Edit Discharge Planning Form

Once a Discharge Planning Form has been saved, users from the agency that create the form may **Edit** or **Delete** the form.

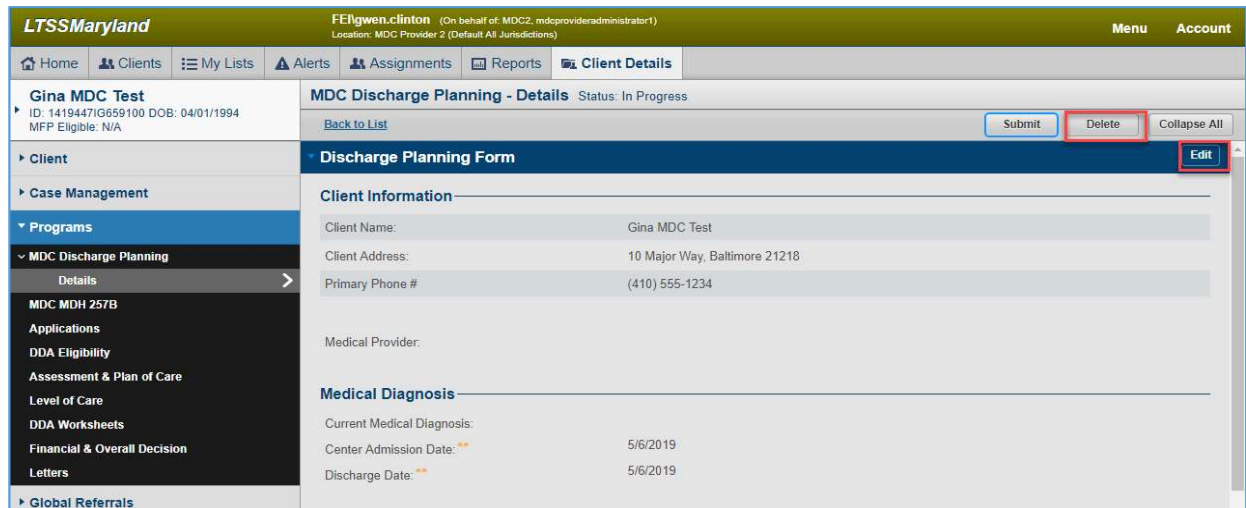
1. Navigate to the desired client record via the **Client** tab.
2. Select **MDC Discharge Planning** from the **Programs** section.
3. Click **View** next to the form any of the following statuses:
  - In Progress (**Delete** function only available in this status)
  - Pending MDH Review
  - Clarification Requested



Last Modified Date	MDC Provider Agency	Last Modified By	Status	Active/Inactive	Action
2/4/2019	DHMH	DHMH, dhmhmdcadministrator1	In Progress	Inactive	<a href="#">View</a> <a href="#">Print</a>
2/4/2019	MDC Provider 1 (Default All Jurisdictions)	DHMH, dhmhmdcadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>
2/4/2019	MDC Provider 1 (Default All Jurisdictions)	DHMH, dhmhmdcadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>
2/4/2019	MDC Provider 1 (Default All Jurisdictions)	DHMH, dhmhmdcadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>
2/1/2019	DHMH	DHMH, dhmhmdcadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>

Figure 319-View Discharge Planning Form for Edits

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



**LTSSMaryland** FEI gwen.clinton (On behalf of: MDC2\_mdcprovideradministrator1)  
Location: MDC Provider 2 (Default All Jurisdictions)

Home Clients My Lists Alerts Dashboard Assignments Reports Client Details

**Gina MDC Test**  
ID: 1419447IG659100 DOB: 04/01/1994  
MFP Eligible: N/A

**MDC Discharge Planning - Details** Status: In Progress

[Back to List](#) [Submit](#) [Delete](#) [Collapse All](#)

**Discharge Planning Form**

**Client Information**

Client Name: Gina MDC Test  
Client Address: 10 Major Way, Baltimore 21218  
Primary Phone #: (410) 555-1234

Medical Provider:

**Medical Diagnosis**

Current Medical Diagnosis:  
Center Admission Date: \*\* 5/6/2019  
Discharge Date: \*\* 5/6/2019

Figure 320-Edit Discharge Planning Form

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

Figure 321-Save Edits

- Once the changes have been saved, user must select **Submit**. Upon submitting, the form will go into the status of *Pending MDH Review*, where MDH will make a decision.

Figure 322-Submit Edited Form

## 11.6 Print Discharge Planning Form

Once a Discharge Planning Form has been saved (or submitted), authorized users may print the form.

- Navigate to the desired client record via the **Client** tab.
- Select **MDC Discharge Planning** from the **Programs** section.
- Click **Print** next to desired form in the List.

Figure 323-Print Hyperlink

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.

**Discharge Planning Form**

CLIENT INFORMATION	
Client Name:	Gina MDC Test
Client Address:	10 Major Way, Baltimore 21218
Primary Phone:	(410) 555-1234
Medical Provider:	
MEDICAL DIAGNOSIS	
Current Medical Diagnosis:	
Center Admission Date:	05/06/2019
Discharge Date:	05/06/2019
DISCHARGE SUMMARY	
Reason for Discharge/Discharge Status:	
<input type="checkbox"/> Caregiver Request	<input type="checkbox"/> Deceased
<input type="checkbox"/> Financial Reasons	<input type="checkbox"/> Hospitalized for 30 consecutive days or more
<input type="checkbox"/> Have not attended MDC for 90 consecutive days	<input type="checkbox"/> Inappropriate Behavior
<input type="checkbox"/> Medical Decline	<input type="checkbox"/> Institutionalized
<input type="checkbox"/> Requires 24-hour Care	<input checked="" type="checkbox"/> Moved/Relocated
<input type="checkbox"/> Service Completed/Goals Met	<input type="checkbox"/> Refusal to Attend
<input type="checkbox"/> Too ill/disabled to attend	<input type="checkbox"/> Service Declined
<input type="checkbox"/> Other	<input type="checkbox"/> Unable/unwilling to meet goals
Location Discharged To:	
General Comments:	
PARTICIPANT STATUS AT THE TIME OF DISCHARGE	
Days per week attending Adult Day Care?:	1
Participant's condition upon Discharge:	Improved

Figure 324-PDF View of Discharge Planning Form

## 11.7 Alerts

Authorized users and assigned agencies of clients will receive alerts when a Discharge Planning form is processing through the workflow. LTSS Maryland users should regularly access the Alerts tab to ensure that they are effectively facilitating the client's enrollment and subsequent participation in the MDC Waiver.

Users shall receive alerts when a Discharge Planning Form is:

- Accepted
- Rejected
- Clarification Requested
- Discarded



### 11.7.1 Alerts Tab

When a client's Discharge Planning form has been reviewed by MDH, the MDC Providers shall receive an Alert that will notify him/her of the action taken by MDH.

The assigned MDC Provider Staff role shall be able to view these alerts in the Alerts tab. If no MDC Provider Staff role exists for the MDC Provider Agency, then the alerts shall be sent to the MDC Provider Admin role.

**NOTE:** When MDH Requests Clarification, an alert shall be sent to the MDC Provider Staff of the assigned MDC Agency, *as well as* the user who last submitted the form.

1. Select **Alerts** tab.
2. Enter desired search criteria to better specify applicable search results, and select **Filter**.  
(Example: Enter *Created From Date* and *Created To Dates* to view all Alerts related to client record management for the past week.)

Subject	From	Received	Accept?
<b>Test, Chad (2929255HC552120) - Howard</b>			
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">Clarification is being requested on the Discharge Planning Form.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>

Figure 325-Alerts tab Search

3. Each client record result will display any applicable alerts for MDC Discharge Planning:

Action	Alert Message
<b>MDH Requests Clarification</b>	<i>Clarification is being requested on the Discharge Planning Form.</i>
<b>MDH Accepts</b>	<i>A decision was made on the Discharge Planning Form.</i>
<b>MDH Rejects</b>	<i>A decision was made on the Discharge Planning Form.</i>
<b>Form is Discarded</b>	<i>A Discharge Planning Form has been Discarded</i>

Figure 326-Alerts Table

- Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant Discharge Planning Form of the client, where he/she may view the Form and the Workflow History.

LTSS Maryland | FEhamy.duvall (On behalf of: MDC1, mdcprovideradministrator1) | Location: MDC Provider 1 (Default All Jurisdictions) | Menu | Account

Home | Clients | My Lists | Alerts | Assignments | Reports

Created From Date: 01/28/2019 | Created To Date: 02/04/2019 | Accepted From Date: 02/03/2019 | Accepted To Date: 02/04/2019 | Show Accepted

Client ID: | Last Name: Test | First Name: Chad

Filter

Subject	From	Received	Accept?
<b>Test, Chad (2929255HC552120) - Howard</b>			
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dnmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dnmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">Clarification is being requested on the Discharge Planning Form.</a>	DHMH, dnmhmdcadministrator1	02/04/2019	<input type="checkbox"/>

Figure 327-Alerts Hyperlink

### 11.7.2 Client Details Alerts

- Search and navigate to the desired **Client Details** through the **Clients** tab.
- Select **Alerts** under the **Case Management** section on the left navigation.
- Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant Discharge Planning form of the client, where he/she may view the form and the Workflow History.

LTSS Maryland | FEhamy.duvall (On behalf of: MDC1, mdcprovideradministrator1) | Location: MDC Provider 1 (Default All Jurisdictions) | Menu | Account

Home | Clients | My Lists | Alerts | Assignments | Reports | Client Details

**Chad Test**  
ID: 2929255HC552120 DOB: 09/22/1922  
MFP Eligible: N/A

**Client Alerts**

Created From Date: 01/28/2013 | Created To Date: 02/04/2019 | Accepted From Date: 02/03/2019 | Accepted To Date: 02/04/2019 | Show Accepted | Filter

Subject	From	Received	Accept?
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dnmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dnmhmdcadministrator1	02/01/2019	<input type="checkbox"/>
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dnmhmdcadministrator1	02/01/2019	<input type="checkbox"/>
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dnmhmdcadministrator1	02/01/2019	<input type="checkbox"/>
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dnmhmdcadministrator1	02/01/2019	<input type="checkbox"/>
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dnmhmdcadministrator1	02/01/2019	<input type="checkbox"/>
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dnmhmdcadministrator1	02/01/2019	<input type="checkbox"/>
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dnmhmdcadministrator1	02/01/2019	<input type="checkbox"/>
<a href="#">Discharge MDC MDH 257B form has been Accepted.</a>	DHMH, dnmhmdcadministrator1	01/21/2019	<input type="checkbox"/>
<a href="#">This client will be unassigned from your agency as of 12/14/2018.</a>	DHMH, dnmhmdcadministrator1	12/06/2018	<input type="checkbox"/>
<a href="#">A client has elected to transfer. MDH has accepted the VCT form.</a>	DHMH, dnmhmdcadministrator1	12/06/2018	<input type="checkbox"/>

Accept

Figure 328-Client Alerts



## 11.8 My Lists: Discharge Planning

The purpose of this section is to describe how users can view a work queue and status of Discharge Planning forms using the My List functionality. It will provide users the ability to navigate to the Discharge Planning form View page directly from My List to perform their work. Authorized users shall be able to see a list of clients who have a Discharge Planning form in process or has been processed.

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



Figure 329-MDC My Lists

3. Select **Form Name: Discharge Planning**

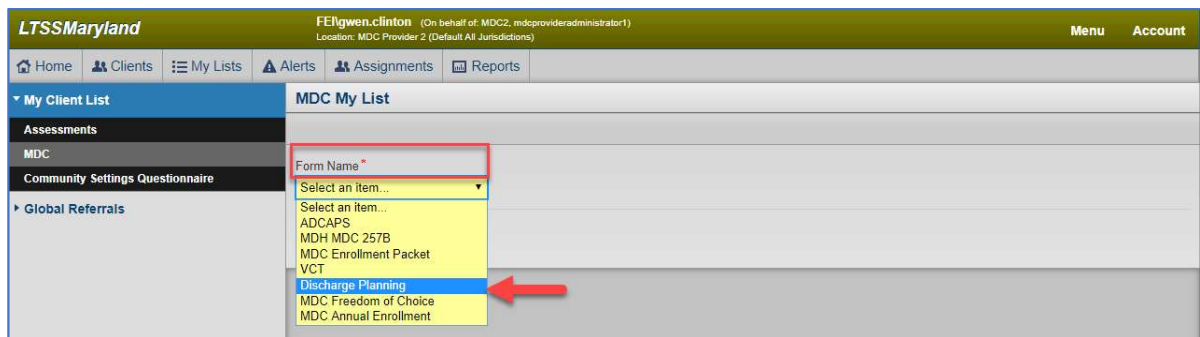


Figure 330-My List Form options

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

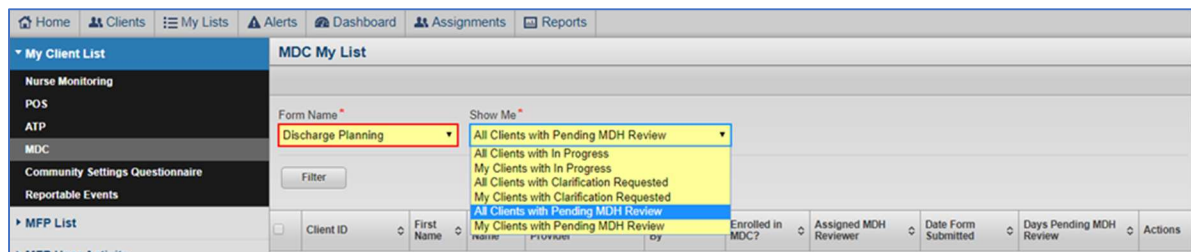


Figure 331-My Lists Show Me options

## 11.9 Clients with In Progress Discharge Planning Forms

To view Clients with a Discharge Planning Form that has not yet been submitted:

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



Figure 332-MDC My Lists

3. Select **Form Name: Discharge Planning**

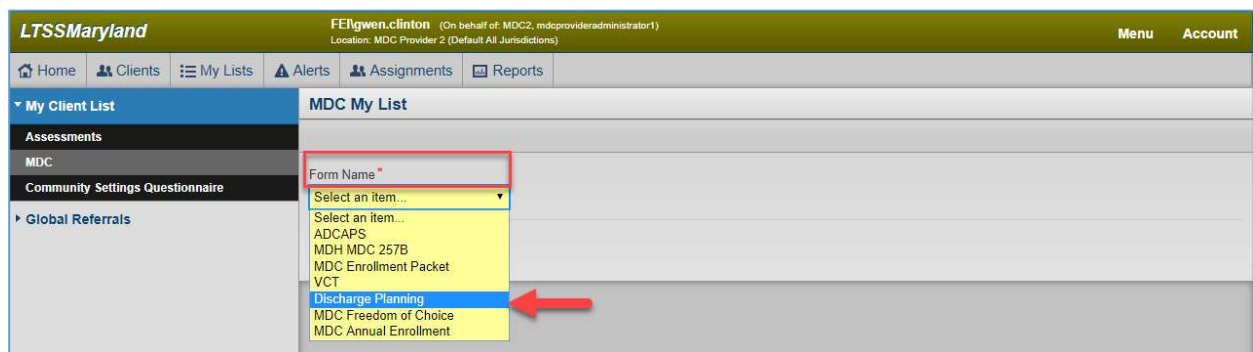


Figure 333-My List Form options

4. Select the desired **Show Me** option:
  - **All Clients with In Progress** to view any client for which the user is authorized
  - Click **Filter:**

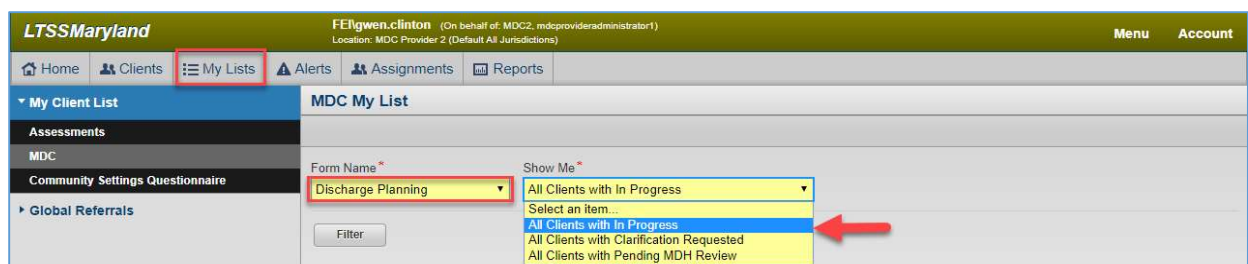


Figure 334-Clients In Progress

5. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Discharging From Provider**
- **Created By**
- **Created Date**
- **Actions: View**

Client Id	First Name	Last Name	Discharging From Provider	Created By	Created Date	Actions
1419447IG659100	Gina	MDC Test	MDC Provider 2 (Default All Jurisdictions)	MDC2, mdcprovideradministr...	5/6/2019	<a href="#">View</a>

Figure 335-My Lists View List

6. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable Discharge Planning form that is *In Progress*. The user may **Submit**, **Edit**, or **Delete** the form.

**Pat Desmond**  
ID: 2119133HC339100 DOB: 01/01/1991  
MFP Eligible: N/A

**MDC Discharge Planning - Details** Status: In Progress

[Back to List](#) [Submit](#) [Delete](#) [Collapse All](#) [Edit](#)

**Discharge Planning Form**

**Client Information**

Client Name: Pat Desmond  
Client Address: 123 main street, Ellicott City 21042  
Primary Phone #: (555) 555-5555

Medical Provider:

**Medical Diagnosis**

Current Medical Diagnosis:  
Center Admission Date: \*\*  
Discharge Date: \*\*

**Discharge Summary**

Reason for Discharge/Discharge Status: \*\*

☐ Caregiver Request ☐ Moved/Relocated

Figure 336-In Progress Discharge Planning form

### 11.9.1 Clients with Clarification Requested Discharge Planning Forms

To view Clients with a Discharge Planning form with a Request for Clarification from MDH:

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

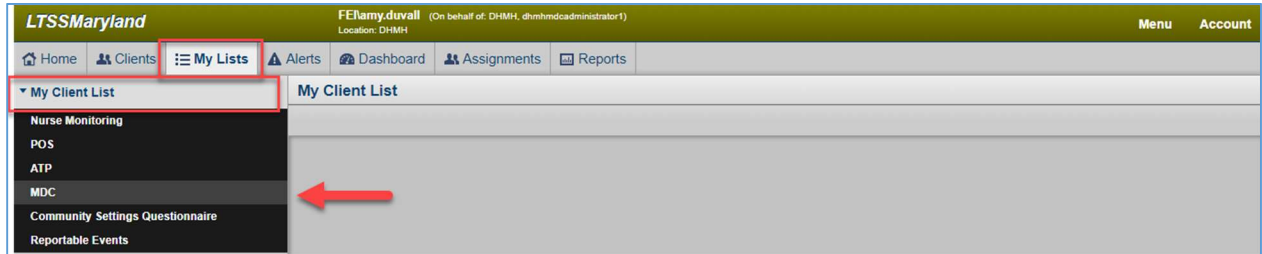


Figure 337-MDC My Lists

3. Select **Form Name: Discharge Planning**

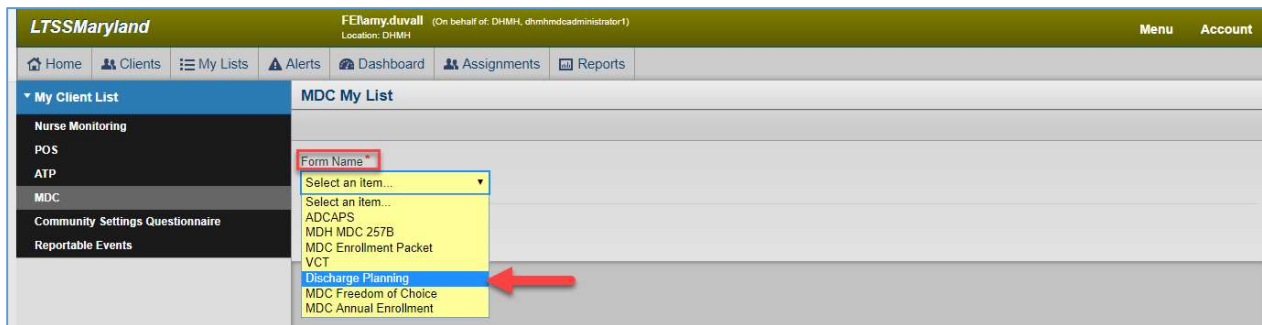


Figure 338-My List Form options

4. Select the desired **Show Me** option:

- **All Clients with Clarification Requested** to view any client for which the user is authorized
- Click **Filter**:



Figure 339-Clients with Clarification Requested

5. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Discharging From Provider**
- **Submitted By**
- **Assigned MDH Reviewer**
- **Date Clarification Requested**
- **Actions: View**

Client Id	First Name	Last Name	Discharging From Provider	Submitted By	Assigned MDH Reviewer	Date Clarification Requested	Actions
1210735ET261231	Test	EDIFile	MDC Provider 1 (Default All Jurisdictions)	mdcprovideradminis... MDC1	Test MDH MDC Staff	6/15/2018	<a href="#">View</a>

Figure 340-My Lists View List

6. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable Discharge Planning form that has a Clarification Request. The user may **Submit**, **Edit**, or **Discard** the form.

**MDC Discharge Planning - Details** Status: In Progress

[Back to List](#) [Submit](#) [Delete](#) [Collapse All](#) [Edit](#)

**Client Information**

Client Name: Gina MDC Test

Client Address: 10 Major Way, Baltimore 21218

Primary Phone #: (410) 555-1234

Medical Provider:

**Medical Diagnosis**

Current Medical Diagnosis:

Center Admission Date: 5/6/2019

Discharge Date: 5/6/2019

**Discharge Summary**

Reason for Discharge/Discharge Status:

☐ Caregiver Request ☒ Moved/Relocated ☐ Requires 24-hour Care

Figure 341-Clarification Requested Discharge Planning form

### 11.9.2 Clients with Pending MDH Review Discharge Planning Forms

To view Clients with a Discharge Planning form that is Pending MDH Review:

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



Figure 342-MDC My Lists

3. Select **Form Name: Discharge Planning**

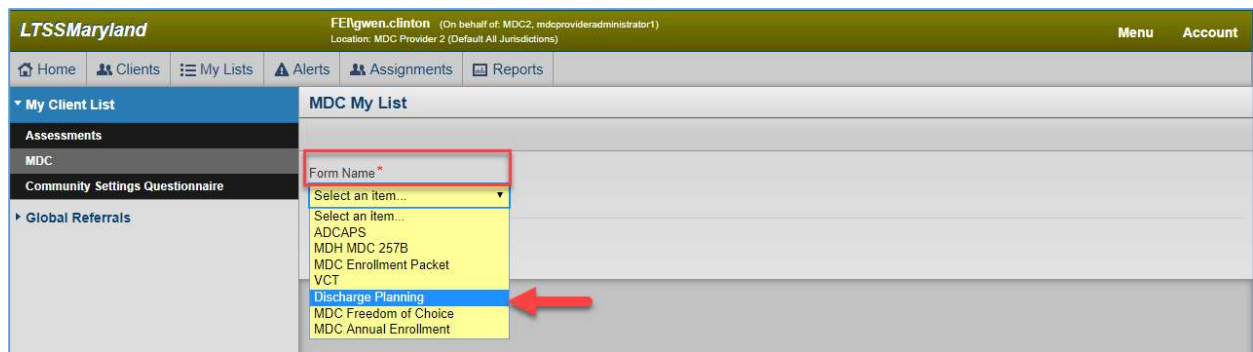


Figure 343-My List Form options

4. Select the desired **Show Me** option:
  - **All Clients with Pending MDH Review** to view any client for which the user is authorized

5. Click **Filter**:

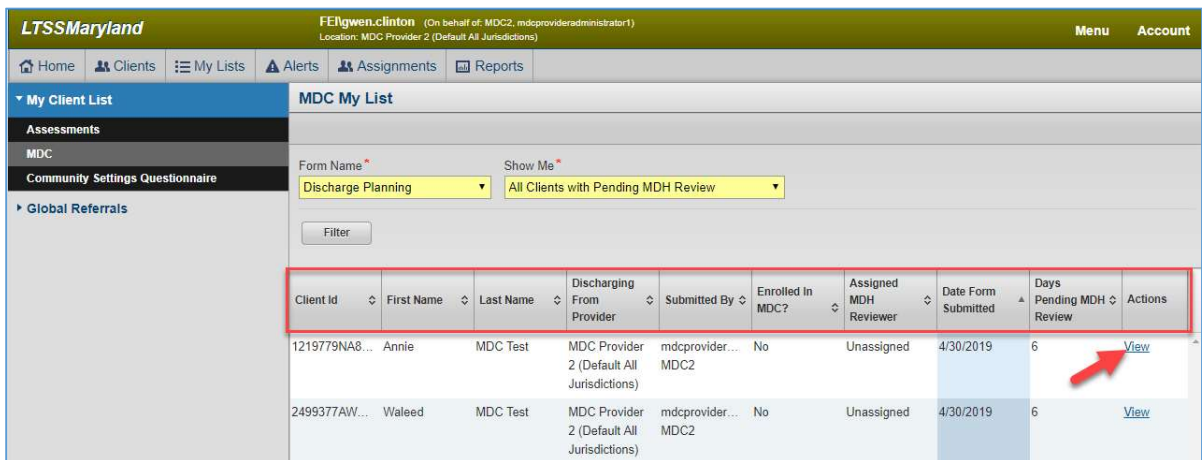


Figure 344-Clients with Pending MDH Review



6. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **Discharging From Provider**
- **Submitted By**
- **Enrolled in MDC?**
  - Yes
  - No
  - Unknown (info tip will display “Discharge 257B form not found”)
- **Assigned MDH Reviewer**
- **Date Form Submitted**
- **Days Pending MDH Review**
- **Actions: View**



Client Id	First Name	Last Name	Discharging From Provider	Submitted By	Enrolled In MDC?	Assigned MDH Reviewer	Date Form Submitted	Days Pending MDH Review	Actions
1219779NA8...	Annie	MDC Test	MDC Provider 2 (Default All Jurisdictions)	mdcprovider...	No	Unassigned	4/30/2019	6	<a href="#">View</a>
2499377AW...	Waleed	MDC Test	MDC Provider 2 (Default All Jurisdictions)	mdcprovider...	No	Unassigned	4/30/2019	6	<a href="#">View</a>

Figure 345-My Lists View List

7. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable Discharge Planning form that is *Pending MDH Review*.

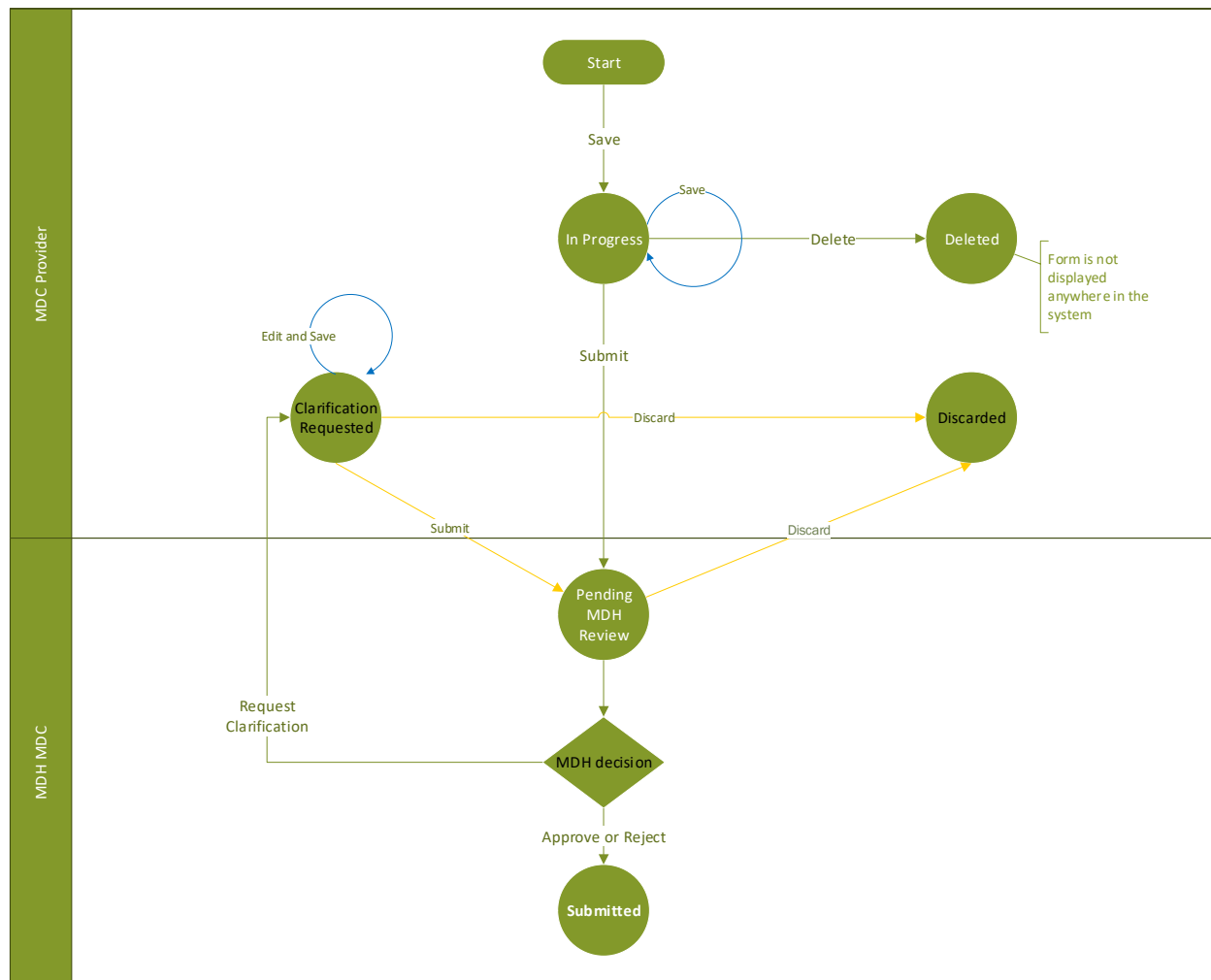
## 12 MDH MDC 257B (Discharge)

Maryland Medicaid requires that the MDC MDH 257B form be completed at the time of enrollment, and annually thereafter, for any participant in the Medical Day Care Waiver service program. This form must be submitted by the Provider to initiate Medicaid payment for the services provided to a client, ***as well as to cease payment when a client is disenrolled.***

MDC Provider Administrator, MDC Provider Staff, and MDC Provider Nurse Roles have access to the following functions for clients that they are actively serving.

**NOTE: A Discharge Planning Form must be submitted in conjunction with an MDC MDH 257B (Discharge) for a client that will be discharged or disenrolled.**

## 12.1 Workflow for Discharge MDC MDH 257B

Discharge MDC MDH Form 257 –  
Statuses*Figure 346-Workflow Diagram: MDC MDH 257B form is submitted directly to MDH*



## 12.2 View MDC MDH 257B Form

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

LTSSMaryland

FELamy.duvall  
Location: DHMH

MenuAccount

HomeClientsMy ListsAlertsDashboardAssignmentsReportsClient Details

Amy MDC Test

ID: 1549311MA118110 DOB: 05/14/1983  
MFP Eligible: N/A

Client

Case Management

Programs

MDC Discharge Planning


MDC MDH 257B


MDC MDH 257B - List

Add

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

Figure 347-List view MDC MDH 257B

3. 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 desired form.



Client	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
Chad Test ID: 29292554C552120 DOB: 09/22/1922 MFP Eligible: N/A	01/21/2019	DHMH, dhnmhmdcadministrator1	Discharge	Active	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
	09/06/2018	DHMH, dhnmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
	08/27/2018	DHMH, dhnmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
	08/27/2018	DHMH, dhnmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
	08/23/2018	DHMH, dhnmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>

Figure 348-MDC MDH 257B List

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

- **Client Information**
- **Provider Information**
- **Level of Care Information**
- **Action Requested**
- **MDH Decision**
- **Signatures**
- **Authorization Details**
- **Workflow History**

Medical Day Care Services Waiver - Long Term Care Activity Report					
<b>Client Information</b>					
Client Name:	Chad Test	Primary Phone #	5555555555		
Date of Birth:	09/22/1922	Client Address:	2, 2, MD 22222		
MA #:	12312312312				
Representative:					
<b>Provider Information</b>					
Provider Name:	MDC Provider 1 (Default All Jurisdictions)	Provider Address:	2104 W. Preston Street, Baltimore, MD 21201		
Medicaid Provider ID:	101010110				
Contact Name: **	MDC1, mdcprovidernurse1				
<b>Level of Care Information</b>					
LOC Status:	Approved By UCA Nurse	Agency:			
LOC Decision Made By:	DHMH, dhmhadministrator1	LOC Effective Date:	03/10/2015		
<b>Action Requested</b>					
Type: **	Discharge				
<b>Cancel Payment</b>					
Date of Discharge Requested: **	01/21/2019				
Discharged To: **	Nursing Facility				
<b>MDH Decision</b>					
MDH Decision: **	Accept				
<b>Signature</b>					
<input checked="" type="checkbox"/> 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: **	MDC1, mdcprovidernurse1				
MDC Staff Title:	Random Title				
MDC Provider:	MDC Provider 1 (Default All Jurisdictions)				
Date of Signature:	01/21/2019				
<b>Authorization Details</b>					
<input checked="" type="checkbox"/> 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:	DHMH, dhmhmdcadministrator1				
MDH Staff Title:	Random Title				
Date of Signature:	01/21/2019				
<b>Workflow History</b>					
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	

Figure 349-Medical Day Care Services Waiver-Long Term Care Activity Report

### 12.3 Add MDC MDH 257B Form (Discharge)

The MDC Provider submits this form to cancel Medicaid payments when the client is discharged from the MDC center.

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **MDC MDH 257B**.
3. Click **Add** within the **MDC MDH 257B-List** view header.

The screenshot shows the LTSS Maryland interface. On the left, the 'Programs' menu is expanded, and 'MDC MDH 257B' is selected. The main content area shows the 'MDC MDH 257B - List' view. A table lists existing forms with columns for Last Modified Date, Last Modified By, Type, Active/Inactive, Status, and Actions. An 'Add' button is highlighted with a red arrow in the top right corner of the table header.

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

Figure 350-Add MDC MDH 257B Form

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 Information

- *Client Name*
  - Prepopulated from the client's record
- *Date of Birth*
  - Prepopulated from the client's record
- *MA #*
  - Prepopulated from the client's record
- *Primary Phone #*
  - Prepopulated from the client's record
- *Client Address*
  - Prepopulated from the client's record
- *Representative*
  - Select Authorized Representative, other than client

The screenshot shows the 'Medical Day Care Services Waiver - Long Term Care Activity Report' form. The 'Client Information' section is highlighted. It contains fields for Client Name, Date of Birth, MA #, Primary Phone #, Client Address, and Representative. The Representative field is a dropdown menu.

Client Name:	Chad Test	Primary Phone #	(555) 555-5555
Date of Birth:	09/22/1922	Client Address:	2, 2, MD 22222
MA #:	12312312312		
Representative:	<input type="text"/>		

Figure 351-Client Information

**B. Provider Information**

- *Provider Name*
  - Prepopulated from the client's Primary MDC Provider's record
- *Medicaid Provider ID*
  - Prepopulated from the client's Primary MDC Provider's record
- *Provider Address*
  - Prepopulated from the client's Primary MDC Provider's record
- *Provider Phone #*
  - Prepopulated from the client's Primary MDC Provider's record
- *Contact Name*
  - Prepopulates the name of the logged-in user

Provider Information			
Provider Name:	MDC Provider 1 (Default All Jurisdictions)	Provider Address:	2104 W. Preston Street, Baltimore, MD 21201
Medicaid Provider ID:	101010110	Provider Phone #	
Contact Name:	MDC1, mdcprovideradministrator1		

*Figure 352-Provider Information***C. Level of Care Information**

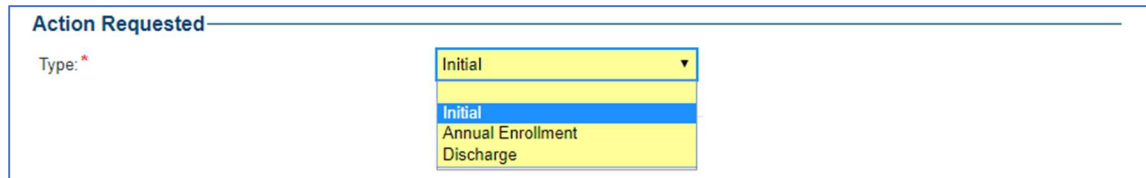
- *LOC Status*
  - Prepopulated from the client's active NF LOC form
  - Values:
    - UCA Physician Denial
    - MDH Denial
    - InterRAI Approval
    - UCA Nurse Approval
    - UCA Physician Approval
    - MDH Approval
- *LOC Decision Made By*
  - Prepopulates the name of the user who made the LOC decision for the client
  - If the LOC was determined by the InterRAI Assessment, the field will display, "Generated based on InterRAI HC MD Assessment"
- *Agency*
  - Prepopulates name of the agency of the user who made the LOC decision
- *LOC Effective Date*
  - Prepopulates date from LOC decision.
  - "N/A" if the LOC was rejected.
  - Blank if there is no existing LOC or the form is "In Progress".

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

*Figure 353-Level of Care Information*

**D. Action Requested**

- *Initial* (see section **5 MDC MDH 257B Form (Initial/Annual)**)
- *Annual* (see section **5 MDC MDH 257B Form (Initial/Annual)**)
- *Discharge*



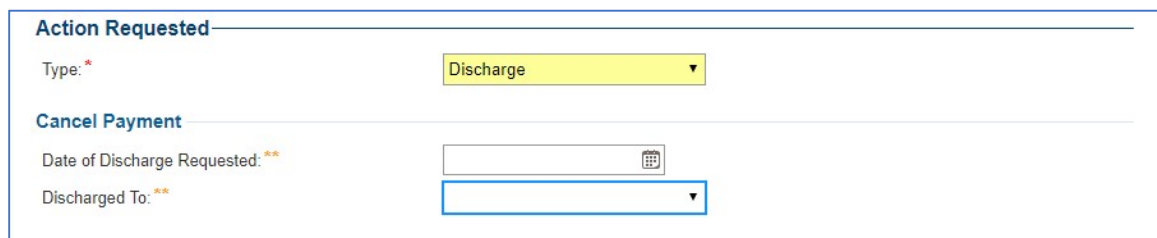
**Action Requested**

Type: \* Initial ▼

Initial  
Initial  
Annual Enrollment  
Discharge

*Figure 354-Action Requested***E. Cancel Payment (Discharge)**

- *Date of Discharge Requested*
- *Discharge To*
  - Nursing Facility
  - Community
  - Deceased
  - Other



**Action Requested**

Type: \* Discharge ▼

**Cancel Payment**

Date of Discharge Requested: \*\* 📅

Discharged To: \*\* ▼

*Figure 355-Cancel Payment*

## F. Signature

- *Attestation*
  - Checkbox to verify that the user is accepting responsibility for accuracy of information recorded in the MDC MDH 257B form.
- *MDC Staff Name*
  - Prepopulates name of user who most recently completed the form.
- *MDC Staff Title*
  - Prepopulates title of the user who most recently completed the form.
- *MDC Provider*
  - Prepopulates the name of the agency location of the user who most recently completed the form.
- *Date of Signature*
  - Defaults to the date on which the signature field was last modified.

**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:

Figure 356-Signature

## G. Select **Save**.

- Form enters the status, “In Progress”.

**MDC MDH 257B**

[Cancel](#) [New](#) [Save](#)

**Medical Day Care Services Waiver - Long Term Care Activity Report**

**Client Information**

Client Name:	Chad Test	Primary Phone #	(555) 555-5555
Date of Birth:	09/22/1922	Client Address:	2, 2, MD 22222
MA #:	12312312312		

Representative:

**Provider Information**

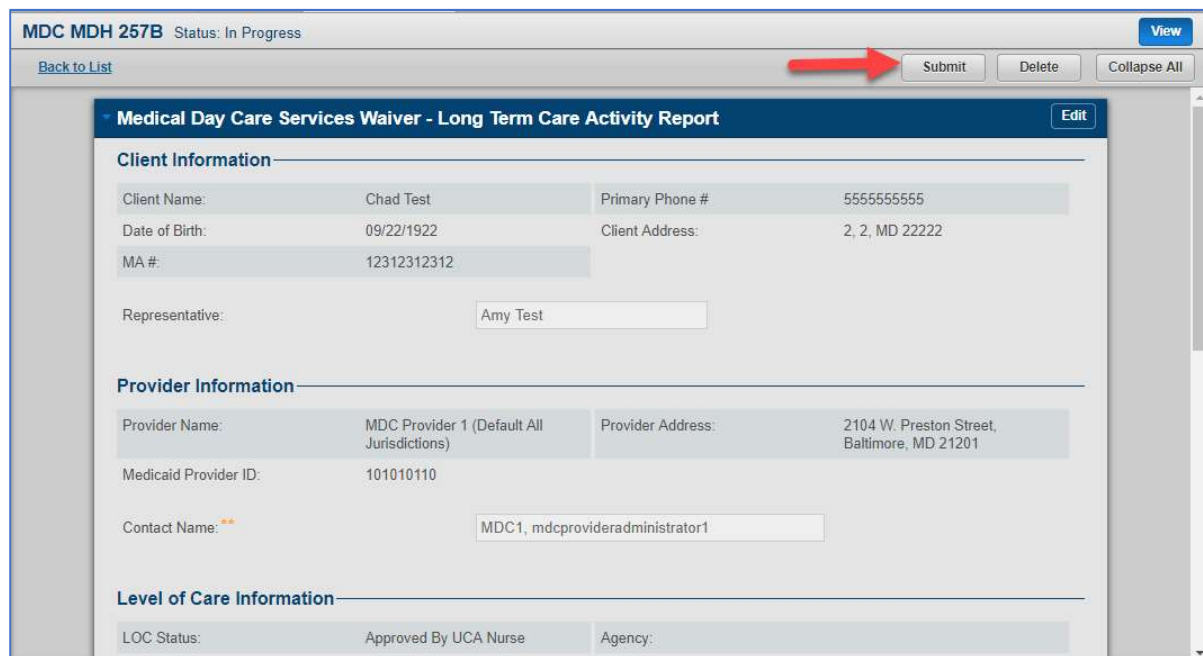
Provider Name:	MDC Provider 1 (Default All Jurisdictions)	Provider Address:	2104 W. Preston Street, Baltimore, MD 21201
Medicaid Provider ID:	101010110	Provider Phone #	

Contact Name: \*

**Level of Care Information**

LOC Status:	Approved By UCA Nurse	Agency:	
-------------	-----------------------	---------	--

Figure 357-Save

**H. Select Submit.**


The screenshot shows the 'Medical Day Care Services Waiver - Long Term Care Activity Report' form. The status is 'In Progress'. A red arrow points to the 'Submit' button in the top right corner. The form contains the following information:

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

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:	MDC1, mdcprovideradministrator1		

Level of Care Information			
LOC Status:	Approved By UCA Nurse	Agency:	

Figure 358-Submit Discharge MDC MDH 257B

**12.4 MDH Review**

Once an MDC MDH 257B (Discharge) Form is submitted, MDH shall receive notification and will review the form. Upon review, MDH may *Accept*, *Reject*, or *Request Clarification* of the form; and, *Accept* or *Revise* the **Cancel Payment** section. The MDH decision will send notification to the user that submitted the form. (see also **section 12.7 Alerts**)



### 12.4.1 Clarification Request

- Should MDH seek clarification on the MDC MDH 257B (Discharge) form, the MDC Provider user who submitted the form will receive an alert in their alerts tab for the client that “*Clarification has been requested on Discharge MDC MDH 257B form.*”

Additionally, the Provider will be able to view this Client’s form from My Lists (see also *section 12.8 My Lists: MDC MDH 257B*)

The screenshot shows the LTSS Maryland Alerts tab. The user is logged in as FEIlgwen.clinton. The Alerts tab is selected, and a list of alerts is displayed. The first alert is highlighted with a red arrow: "Clarification has been requested on Discharge MDC MDH 257B form." The alert is from Admin, MDH MDC, dated 05/06/2019, and has a checkbox for "Accept?".

Subject	From	Received	Accept?
MDC Test, Glenda (1419467LG759100) - Baltimore City			
Clarification has been requested on Discharge MDC MDH 257B form.	Admin, MDH MDC	05/06/2019	<input type="checkbox"/>
Clarification is being requested on the Discharge Planning Form.	Admin, MDH MDC	05/06/2019	<input type="checkbox"/>
Overall Decision for MDC has been Denied.	Admin, MDH MDC	04/19/2019	<input type="checkbox"/>

Figure 359-MDC MDH 257B Clarification Requested Alerts

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

The screenshot shows the LTSS Maryland Client Details page for Glenda MDC Test. The MDC MDH 257B form is displayed, showing the Level of Care Information, Action Requested, and Signature sections. The Workflow History section is highlighted with a red box, showing a list of workflow events. The first event is "Clarification Requested" with the comment "Training test".

Date	By	From Status	To Status	Comments
05/06/2019	Admin, MDH MDC	Pending MDH Review	Clarification Requested	Training test
05/06/2019	MDC1, mdcprovideradministrator1	In Progress	Pending MDH Review	N/A

Figure 360-Workflow History Clarification Requested

## 12.5 Edit MDC MDH 257B

Users may edit the MDC MDH 257B when in the following statuses:

- *In Progress*
- *Ready to Submit*
- *Clarification Requested*

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. 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)	<a href="#">View</a> <a href="#">Print</a>
04/30/2019	Admin, MDH MDC	Annual Enrollment	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
04/17/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
04/17/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Rejected)	<a href="#">View</a> <a href="#">Print</a>
04/17/2019	Admin, MDH MDC	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>

Figure 361-List view MDC MDH 257B

3. Select **View**, next to the desired form in an editable status

Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
03/05/2019	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Clarification Requested	<a href="#">View</a> <a href="#">Print</a>
03/05/2019	MDC1, mdcprovideradministrator1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
03/04/2019	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
03/04/2019	MDC1, mdcprovideradministrator1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
03/04/2019	DHMH, dhmhmdcadministrator1	Annual Enrollment	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>

Figure 362-View editable MDC MDH 257B form

4. Select **Edit**

**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: Amy Test

**Provider Information**

Figure 363-Edit MDC MDH 257B form

5. The user may make edits and complete the following sections:

A. *Representative*

Medical Day Care Services Waiver - Long Term Care Activity Report			
<b>Client Information</b>			
Client Name:	Test PEDS	Primary Phone #	(434) 567-6567
Date of Birth:	01/01/1947	Client Address:	Test Street 1, Baltimore, MD 20103
MA #:			
Representative:	<input type="text"/>		

Figure 364-Edit MDC MDH 275B Representative

B. *Contact Name*

<b>Provider Information</b>			
Provider Name:	MDC Provider 4 (Default All Jurisdictions)	Provider Address:	2107 W. Preston Street, Baltimore, MD 21201
Medicaid Provider ID:	404040440	Provider Phone #	
Contact Name:**	<input type="text" value="MDC4, mdcprovidernurse1"/>		

Figure 365-Edit MDC MDH 275B Contact Name

C. *Type* (Note: May not be changed in "Clarification Requested" status)

<b>Action Requested</b>	
Type:*	<input type="text" value="Initial"/>
Begin Payment	<input type="text" value="Initial"/>
Annual Enrollment	<input type="text" value="Annual Enrollment"/>

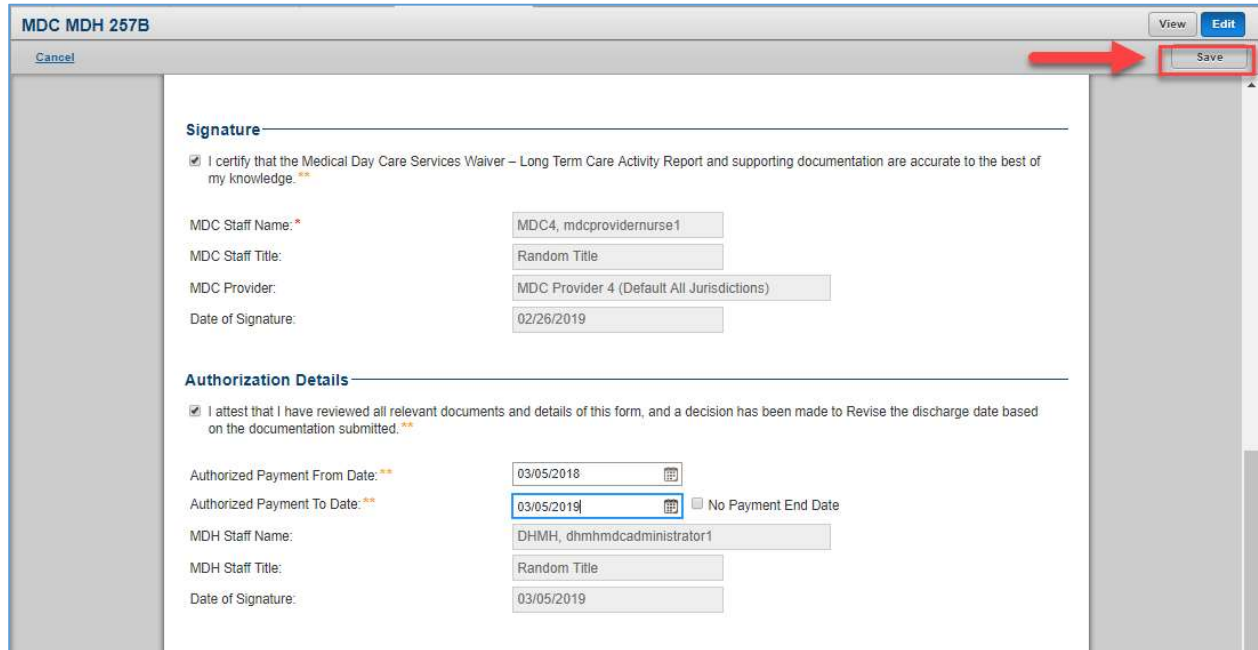
Figure 366-Edit MDC MDH 275B Type

D. *Cancel Payment*

- *Date of Discharge Requested*
- *Discharged To*

<b>Cancel Payment</b>	
Date of Discharge Requested:**	<input type="text" value="03/12/2019"/>
Discharged To:**	<input type="text" value="Nursing Facility"/>

Figure 367-Edit MDC MDH 275B Cancel Payment

6. Once edits are complete, select **Save**


**MDC MDH 257B** View Edit

[Cancel](#)

**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: \* MDC4, mdcprovidernurse1

MDC Staff Title: Random Title

MDC Provider: MDC Provider 4 (Default All Jurisdictions)

Date of Signature: 02/26/2019

**Authorization Details**

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

Authorized Payment From Date:\*\* 03/05/2018

Authorized Payment To Date:\*\* 03/05/2019 ☐ No Payment End Date

MDH Staff Name: DHMH, dhmhmdcadministrator1

MDH Staff Title: Random Title

Date of Signature: 03/05/2019

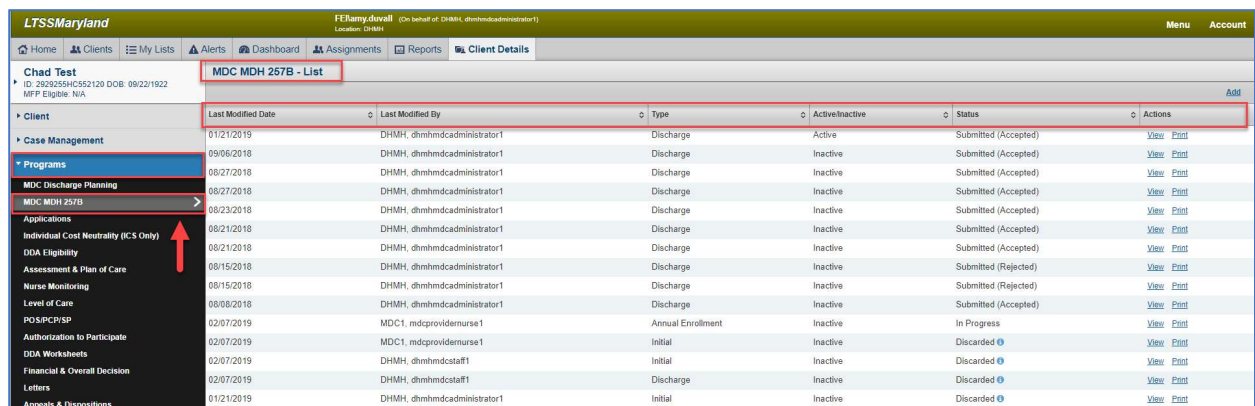
Figure 368-Save Edited MDC MDH 257B

## 7. If the edits are completed by an MDC Provider role, the MDC MDH 257B form may continue in the workflow for Complete, Submit, MDH Review and Decision.

## 12.5.1 Delete MDC MDH 257B

An MDC MDH 257B form may only be **Deleted** if it has *not* been submitted and is in the status of “*In Progress*”. Once deleted, there shall be no record of the form within the system.

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



**LTSS Maryland** FE Remy duvall (on behalf of DHMH, dhmhmdcadministrator1) Menu Account

[Home](#) [Clients](#) [My Lists](#) [Alerts](#) [Dashboard](#) [Assignments](#) [Reports](#) [Client Details](#)

**Chad Test** ID: 39202594C552120 DOB: 09/22/1922 MFP Eligible: N/A **MDC MDH 257B - List** [Add](#)

	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
Client	01/21/2019	DHMH, dhmhmdcadministrator1	Discharge	Active	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Case Management	09/06/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Programs	08/27/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC Discharge Planning	08/27/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC MDH 257B	08/23/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Applications	08/21/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Individual Cost Neutrality (ICS Only)	08/21/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
DDA Eligibility	08/15/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Rejected)	<a href="#">View</a> <a href="#">Print</a>
Assessment & Plan of Care	08/15/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Rejected)	<a href="#">View</a> <a href="#">Print</a>
Nurse Monitoring	08/08/2018	DHMH, dhmhmdcadministrator1	Discharge	Inactive	Submitted (Rejected)	<a href="#">View</a> <a href="#">Print</a>
Level of Care	02/07/2019	MDC1, mdcprovidernurse1	Annual Enrollment	Inactive	In Progress	<a href="#">View</a> <a href="#">Print</a>
POS/PCP/SP	02/07/2019	MDC1, mdcprovidernurse1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
Authorization to Participate	02/07/2019	DHMH, dhmhmdcstaff1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
DDA Worksheets	02/07/2019	DHMH, dhmhmdcstaff1	Discharge	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
Financial & Overall Decision	02/07/2019	DHMH, dhmhmdcstaff1	Discharge	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
Letters	01/21/2019	DHMH, dhmhmdcadministrator1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
Appeals & Dispositions						

Figure 369-List view MDC MDH 257B

3. Select **View**, next to the desired form in “In Progress” status.

The screenshot shows the LTSSMaryland interface. On the left, a sidebar lists navigation options: Home, Clients, My Lists, Alerts, Assignments, Reports, and Client Details. The 'Client Details' section is active, showing information for 'Chad Test' (ID: 2629255HC552120, DOB: 09/22/1922, MFP Eligible: N/A). The main area displays a table titled 'MDC MDH 257B - List'. The table has columns: Last Modified Date, Last Modified By, Type, Active/Inactive, Status, and Actions. The first row shows a form with status 'In Progress', which is highlighted with a red box. A red arrow points to the 'View' link in the Actions column for this row.

Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
03/12/2019	MDC1, mdcprovideradministrator1	Initial	Inactive	In Progress	<a href="#">View</a> <a href="#">Print</a>
01/21/2019	DHMH, dhmmhmdcadministrator1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
02/07/2019	DHMH, dhmmhmdcstaff1	Discharge	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>
02/07/2019	DHMH, dhmmhmdcstaff1	Initial	Inactive	Discarded	<a href="#">View</a> <a href="#">Print</a>

Figure 370-View editable MDC MDH 257B form

4. Select **Delete**.

The screenshot shows the LTSSMaryland interface with the 'MDC MDH 257B' form details. The form is titled 'Medical Day Care Services Waiver - Long Term Care Activity Report'. The 'Client Information' section shows details for 'Annie MDC Test' (ID: 1219779NA867120, DOB: 02/21/1977, MFP Eligible: N/A). The 'Delete' button is highlighted with a red arrow.

Figure 371-Delete MDC MDH 257B

5. Confirm Deletion.

The screenshot shows the LTSSMaryland interface with the 'Delete Confirmation' dialog box. The dialog box contains the text: 'Deleted forms will not be visible anywhere in the system. Are you sure you want to Delete the form?'. The 'Yes' button is highlighted with a red arrow.

Figure 372-Delete Confirmation



## 12.6 Print MDC MDH 257B Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **MDC MDH 257B**.
3. Click **Print** next to desired form in the List.

LTSSMaryland

FEilamy.duvall (On behalf of: MDC1, mdcprovideradministrator1)  
Location: MDC Provider 1 (Default All Jurisdictions)

MenuAccount

Home

Clients

My Lists

Alerts

Assignments

Reports

Client Details

Amy MDC Test

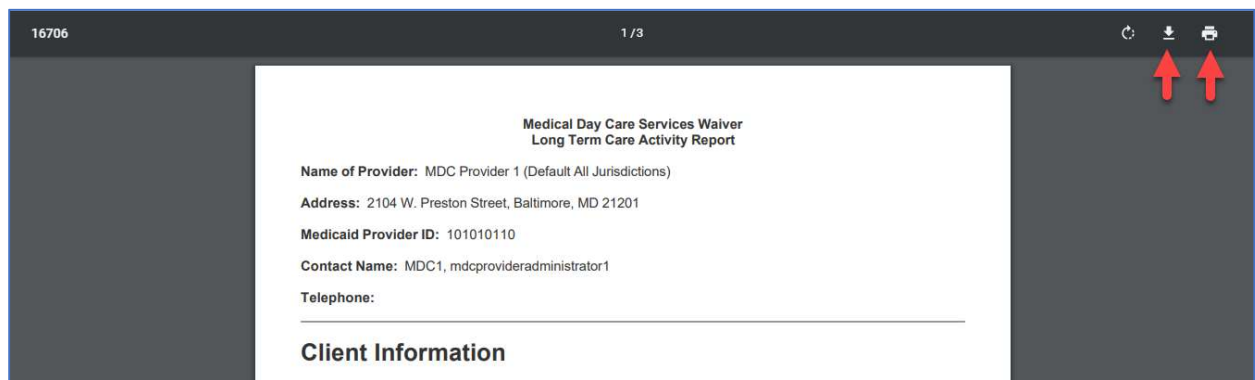
ID: 1549311MA118110 DOB: 05/14/1983  
MFP Eligible: N/A

MDC MDH 257B - List

	Last Modified Date	Last Modified By	Type	Active/Inactive	Status	Actions
Client	04/30/2019	Admin, MDH MDC	Discharge	Active	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Case Management	04/30/2019	Admin, MDH MDC	Annual Enrollment	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
Programs	04/17/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>
MDC Discharge Planning	04/17/2019	Admin, MDH MDC	Initial	Inactive	Submitted (Rejected)	<a href="#">View</a> <a href="#">Print</a>
MDC MDH 257B	04/17/2019	Admin, MDH MDC	Discharge	Inactive	Submitted (Accepted)	<a href="#">View</a> <a href="#">Print</a>

Figure 373-Print MDC MDH 257B Form

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.



16706 1 / 3

Medical Day Care Services Waiver  
Long Term Care Activity Report

Name of Provider: MDC Provider 1 (Default All Jurisdictions)  
Address: 2104 W. Preston Street, Baltimore, MD 21201  
Medicaid Provider ID: 101010110  
Contact Name: MDC1, mdcprovideradministrator1  
Telephone:

Client Information

## 12.7 Alerts

Authorized users and assigned agencies of clients will receive alerts when an MDC MDH 257B form is processing through the workflow. LTSS Maryland users should regularly access the Alerts tab to ensure that they are effectively facilitating client's enrollment and subsequent participation in the MDC Waiver.

### 12.7.1 Alerts Tab

To view notifications regarding the processing of a client's MDC MDH 257B Form, users may review their **Alerts**, where each client record will display any applicable alerts for MDC MDH 257B forms.

1. Select **Alerts** tab.
2. Enter desired search criteria to better specify applicable search results, and select **Filter**.  
(Example: Enter *Created From Date* and *Created To Dates* to view all Alerts related to client record management for the past week.)

Subject	From	Received	Accept?
<b>Test, Chad (2929255HC652120) - Howard</b>			
<a href="#">A Discharge Planning Form has been Discarded.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">A decision was made on the Discharge Planning Form.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>
<a href="#">Clarification is being requested on the Discharge Planning Form.</a>	DHMH, dhmhmdcadministrator1	02/04/2019	<input type="checkbox"/>

Figure 374-Alerts tab Search

3. Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant MDC MDH 257B form of the client, where he/she may view the form and the Workflow History.

Subject	From	Received	Accept?
<b>Test, Chad (2929255HC652120) - Howard</b>			
<a href="#">Discharge MDC MDH 257B form has been rejected.</a>	DHMH, dhmhmdcadministrator1	03/12/2019	<input type="checkbox"/>
<a href="#">Clarification has been requested on Discharge MDC MDH 257B form.</a>	DHMH, dhmhmdcadministrator1	03/12/2019	<input type="checkbox"/>

Figure 375-Alert Hyperlink

### 12.7.2 Client Details Alerts

Authorized users shall be able to view client alerts that are applicable to their user role and assignments within the Alert section of the Client Profile.

1. Search and navigate to the desired **Client Details** through the **Clients** tab.
2. Select **Alerts** under the **Case Management** section on the left navigation.
3. Upon selecting the Alert Message hyperlink, the user will be re-directed to the relevant MDC MDH 257B form of the client, where he/she may view the Form and the Workflow History.

Subject	From	Received	Accept?
<a href="#">Discharge MDC MDH 257B form has been rejected</a>	DHMH, dhmhmdcadministrator1	03/12/2019	<input type="checkbox"/>
<a href="#">Clarification has been requested on Discharge MDC MDH 257B form.</a>	DHMH, dhmhmdcadministrator1	03/12/2019	<input type="checkbox"/>

Figure 376-Client Alerts Hyperlink

### 12.8 My Lists: MDC MDH 257B

The purpose of this section is to describe how users can view a work queue and status of MDC MDH 257B forms using the My List functionality. It will provide users the ability to navigate to the MDC MDH 257B View page directly from My List to perform their work. Authorized users shall be able to see a list of clients who have an MDC MDH 257B Form in process or has been processed.

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

Figure 377-MDC My Lists

3. Select **Form Name: MDC MDH 257B**

Figure 378-My List Form options



4. Select the desired **Type**:

- All
- Initial
- Annual Enrollment
- Discharge

Figure 379-My Lists Show Me options

5. Select the desired **Show Me** option:

- All Clients with In Progress
- All Clients with Clarification Requested
- All Clients with Pending MDH Review

Figure 380-My Lists Show Me options

### 12.8.1 Clients with In Progress MDC MDH 257B

To view Clients with an MDC MDH 257B Form (*Initial, Annual, and Discharge*) that has not yet been submitted:

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

Figure 381-MDC My Lists

3. Select **Form Name: MDC MDH 257B**

The screenshot shows the 'MDC My List' page in the LTSS Maryland system. The 'Form Name\*' dropdown menu is open, displaying a list of options: 'Select an item...', 'Select an item...', 'ADCAPS', 'MDH MDC 257B', 'MDC Enrollment Packet', 'VCT', 'Discharge Planning', 'MDC Freedom of Choice', and 'MDC Annual Enrollment'. A red arrow points to the 'MDH MDC 257B' option, which is highlighted in blue.

Figure 382-My List Form options

4. Select the desired **Type:**

- All
- Initial
- Annual Enrollment
- Discharge

The screenshot shows the 'MDC My List' page with the 'Form Name' set to 'MDH MDC 257B'. The 'Type\*' dropdown menu is open, displaying options: 'Select an item...', 'Select an item...', 'All', 'Initial', 'Annual Enrollment', and 'Discharge'. A red arrow points to the 'All' option, which is highlighted in blue.

Figure 383-My Lists Show Me options

5. Select the desired **Show Me** option:

- **All Clients with In Progress** to view any client for which the user is authorized Click **Filter:**

The screenshot shows the 'MDC My List' page with 'Form Name' set to 'MDH MDC 257B' and 'Type' set to 'All'. The 'Show Me\*' dropdown menu is open, displaying the option 'All Clients with In Progress', which is highlighted in blue. A red arrow points to the 'Filter:' button located below the dropdown menu.

Figure 384-Clients in Progress

6. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **MDC 257B Type** (present when Type=All)
- **Create Date**
- **Created By**
- **MDH MDC Staff**
- **Actions: View**

Client ID	First Name	Last Name	MDC 257B Type	Create Date	Created By	MDH MDC Staff	Actions
2179528ET526121	test	rep	Initial	3/7/2019	dnhmmdcadministrator1	dnhmmdcstaff1 DHMH	<a href="#">View</a>
2210888PE971211	EPTes1	test1	Initial	1/8/2019	mdcprovidernurse1	MDC4	<a href="#">View</a>
2179547AL747111	Launch	Test5	Discharge	11/19/2018	dnhmmdcadministrator1	DHMH	<a href="#">View</a>

Figure 385-My Lists View List

7. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable MDC MDH 257B form that is *In Progress*. The user may **Complete**, **Edit**, **Discard** or **Delete** the form.

**test rep**  
ID: 2179528ET526121 DOB: 11/27/1965  
MFP Eligible: N/A

**MDC MDH 257B** Status: In Progress

Back to List

Delete Discard Complete Edit

**Medical Day Care Services Waiver - Long Term Care Activity Report** Edit

**Client Information**

Client Name: test rep Primary Phone #: 1111111111  
Date of Birth: 11/27/1965 Client Address: 123 Test Way, Clarksburg, MD 20871  
MA #: 12345678963

Representative:

**Provider Information**

Figure 386-In Progress MDC MDH 257B form

## 12.8.2 Clients with Clarification Requested MDC MDH 257B

To view Clients with an MDC MDH 257B form (*Discharge only*) with a Request for Clarification from MDH:

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

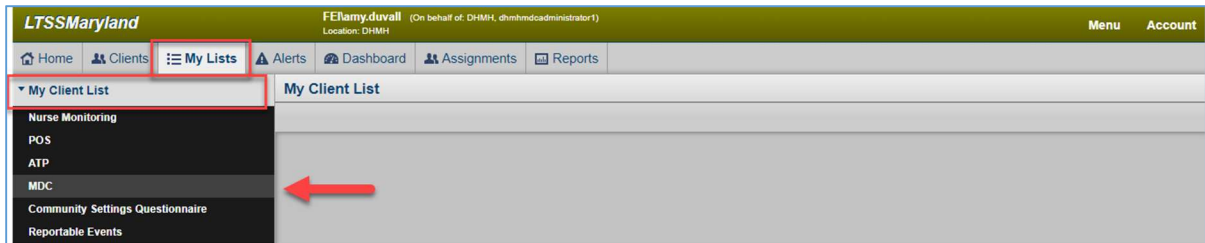


Figure 387-MDC My Lists

3. Select **Form Name: MDC MDH 257B**

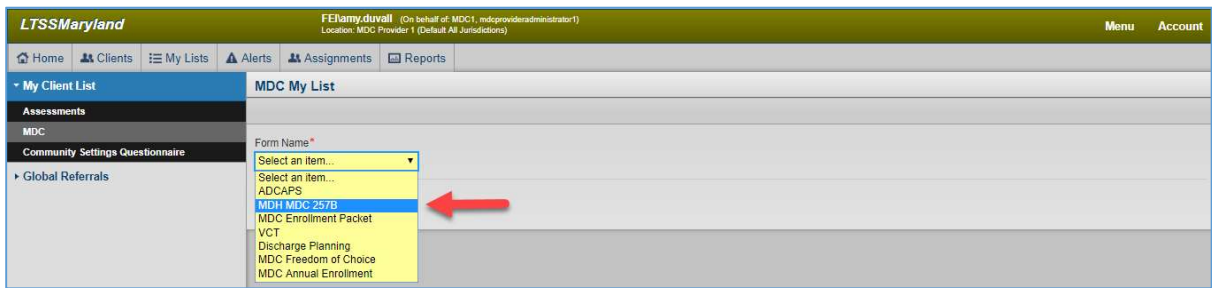


Figure 388-My List Form options

4. Select the desired **Type**:

- **Discharge**

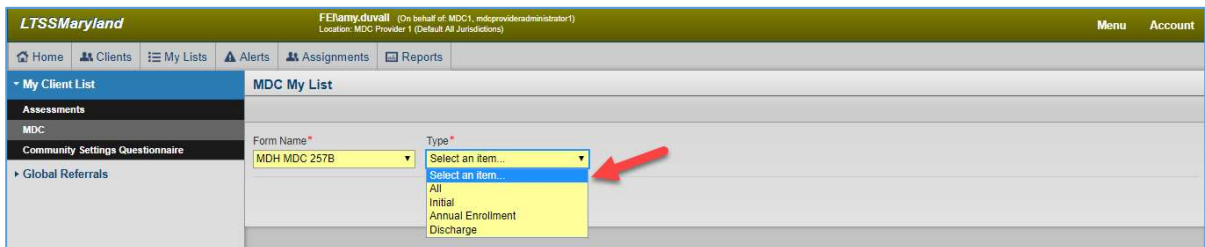


Figure 389-My Lists Show Me options

5. Select the desired **Show Me** option:

- **All Clients with Clarification Requested** to view any client for which the user is authorized

Click **Filter**:

The screenshot shows the 'MDC My List' filter interface. The 'Form Name' dropdown is set to 'MDH MDC 257B', the 'Type' dropdown is set to 'All', and the 'Show Me' dropdown is set to 'All Clients with Clarification Requested'. A red arrow points to the 'Filter' button.

Figure 390-Clients with Clarification Requested

6. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **MDC 257B Type** (present when Type=All)
- **Submitted By**
- **MDH MDC Staff**
- **Date Clarification Requested**
- **Actions: View**

The screenshot shows the 'MDC My List' view with a table of client records. The table has the following columns: Client ID, First Name, Last Name, MDC 257B Type, Submitted By, MDH MDC Staff, Date Clarification Requested, Enrolled In, and Actions. The table contains three records. A red arrow points to the 'View' link in the Actions column for the second record.

Client ID	First Name	Last Name	MDC 257B Type	Submitted By	MDH MDC Staff	Date Clarification Requested	Enrolled In	Actions
1210735ET261231	Test	EDIFile	Discharge	mdcproviderurse1	dhmhmcdcstaff4	1/7/2019	MDC	<a href="#">View</a>
1309053OR266130	Roula	NM 77827-1	Discharge	mdcprovideradmin...	MDC6	8/20/2018		<a href="#">View</a>
1480084MN571220	NM	UAT11	Annual Enrollment			8/7/2018	CO	<a href="#">View</a>

Figure 391-My Lists View List

- Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable MDC MDH 257B form that is *Clarification Requested*. The MDC Provider user may **Submit**, **Edit**, or **Discard** the form.

The screenshot shows the LTSS Maryland web application interface. The user is logged in as FEIamy.duvall. The main navigation bar includes Home, Clients, My Lists, Alerts, Assignments, Reports, and Client Details. The left sidebar shows the 'MDC MDH 257B' form under the 'Programs' section. The form title is 'MDC MDH 257B' with a status of 'Clarification Requested'. The form content includes 'Client Information' (Name: Test EDIFile, Date of Birth: 12/31/1977, Primary Phone #: 7678765678, Client Address: 7404 Wild Honey Way, Elkridge, MD 21075) and 'Provider Information'. Action buttons 'Submit', 'Discard', and 'Edit' are visible at the top right of the form.

Figure 392-Clarification Requested MDC MDH 257B form

### 12.8.3 Clients with Pending MDH Review MDC MDH 257B

To view Clients with an MDC MDH 257B (*Discharge only*) form that is Pending MDH Review:

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

The screenshot shows the 'My Client List' page in the LTSS Maryland application. The 'My Lists' tab is selected in the top navigation bar. The left sidebar shows the 'My Client List' section with a sub-menu containing 'Nurse Monitoring', 'POS', 'ATP', 'MDC', 'Community Settings Questionnaire', and 'Reportable Events'. The 'MDC' option is highlighted, and a red arrow points to it.

Figure 393-MDC My Lists

- Select **Form Name: MDC MDH 257B**

The screenshot shows the 'MDC My List' page. The 'Form Name' dropdown menu is open, displaying a list of options: 'Select an item...', 'ADCAPS', 'MDH MDC 257B', 'MDC Enrollment Packet', 'VCT', 'Discharge Planning', 'MDC Freedom of Choice', and 'MDC Annual Enrollment'. The 'MDH MDC 257B' option is highlighted, and a red arrow points to it.

Figure 394-My List Form options

4. Select the desired **Type**:

- **Discharge**

Figure 395-My Lists Show Me options

5. Select the desired **Show Me** option:

- **All Clients with Pending MDH Review** to view any client for which the user is authorized
- Click **Filter**:

Figure 396-Clients with Pending MDH Review

6. A list of all applicable client records shall appear with the following fields:

- **Client ID**
- **First Name**
- **Last Name**
- **MDC 257B Type** (present when Type=All)
- **Submitted By**
- **MDH MDC Staff**
- **Date Form Submitted**
- **Days Pending MDH Review**
- **Actions: View**

Client ID	First Name	Last Name	MDC 257B Type	Submitted By	MDH MDC Staff	Date Form Submitted	Days Pending MDH Review	Actions
2159759LC847111	Client	Billing 2	Initial	mdcproviderurse1 MDC1	dmmhmdcstaff2 DHMH	2/13/2019	28	<a href="#">View</a>
1690279LS981200	Sloka	Test	Discharge	mdcproviderurse1 MDC1	dmmhmdcstaff1 DHMH	2/18/2019	23	<a href="#">View</a>
1210033UA321211	Auto	POC1	Initial	mdcproviderurse1 MDC1	dmmhmdcstaff1 DHMH	2/18/2019	23	<a href="#">View</a>

*Figure 397-My Lists View List*

7. Upon selecting the **View** hyperlink, the user shall be re-directed to the applicable MDC MDH 257B form that is *Pending MDH Review*.

## 13 Help and Contacts

MDC Providers may access Video Webinars and User Guides at [www.LTSSTraining.org](http://www.LTSSTraining.org)

For any questions regarding the Medical Day Care Waiver Program modules in the LTSS system, contact LTSS Maryland Help Desk at [LTSSHelpDesk@LTSSMaryland.org](mailto:LTSSHelpDesk@LTSSMaryland.org) or **1-855-463-5877**.