MACS
Maryland Association of Community Services

Senate Finance Committee

SB 796: Developmental Disabilities Administration - Program Changes and Required Reports

Position: Support
March 6, 2020

The Maryland Association of Community Services (MACS) is a non-profit association of over 100 agencies across Maryland serving people with intellectual and developmental disabilities (IDD). MACS members provide residential, day and supported employment services to thousands of Marylanders, so that they can live, work and fully participate in their communities.

The Developmental Disabilities Administration (DDA) is in the midst of a historic transformation that will touch every aspect of developmental disability supports - programmatically, financially, and administratively. The transition includes a change from the current prospective payment system to a fee for service system; a move from one billing platform (PCIS II) to a new platform with different functionality (LTSS); and new provider rates (that have not yet been finalized) and new community service definitions. Each one of these components represents complex change. MACS and many of its members have been involved partners with DDA over the past 2 years, participating on numerous committees and workgroups in an effort to identify problem areas and collectively develop solutions. It is because of our in-depth work on these groups that MACS has significant technological, training and funding concerns about the readiness of the Department of Health, of coordinators of community services, and of community providers to safely transition the thousands of Marylanders with developmental disabilities who rely on DDA supports to the new systems.

Our concerns have been heightened by the status of a number of areas of systems change that remain a work in progress:

Software transition: The transition to the Long Term Services and Supports System (LTSS), the new billing, payment and service authorization platform, is perhaps the most significant and challenging part of DDA's systems transition. With support from community providers, DDA engaged in a small pilot program which began operating in December 2019, in an effort to test the system before going live on the proposed date of July 1, 2020. The pilot consists of nine providers and 36 people who receive DDA supports. At the end of the first two months of piloting the new system, the pilot group identified 80 areas of concern that need to be resolved before the system can be safely scaled up to full implementation with 200 providers and 25,000 people who receive supports. (*Pilot group report is attached*).

Medicaid Provider Enrollment: Providers have experienced significant delays in enrollment in Maryland Medicaid's new **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal (ePREP). ePREP is the system used for provider

enrollment, re-enrollment, revalidation, information updates and demographic changes. Training for DD providers to enroll in ePREP began in November 2018, and as of February, there were still several providers that did not have their initial base number, and hundreds of sites that were waiting for numbers. Until a provider and the provider's sites are enrolled, they are unable to bill for services. While we understand that DDA has prioritized this issue, it is worth noting that the technical assistance provided by the Department, including its Medicaid vendor, remains lacking in timeliness and accuracy of assistance provided. This must be addressed by the DDA and the Office of Health Services before implementation as individual plans cannot be connected administratively to providers who are not fully enrolled in ePREP. This not only creates a major roadblock to implementation, but prevents providers from being able to build and operate their systems.

Rates: In 2014, the legislature mandated (HB 1238) that DDA undertake a rate study to address the adequacy of DDA provider rates. The legislation further required that DDA test the rates "for adequacy and efficiency in payment of providers." These rates, announced as "final" in October 2019, are problematic, and while they remain under discussion, they also are without a provider impact analysis. MACS, with the assistance of an actuarial consultant and a national policy expert in DD services, has raised concerns about the rationale behind key components, as well as some of the calculations behind the rates. Additionally, MACS remains concerned that some of the rate changes will result in a disparate impact on people that need more significant medical and behavioral supports. DDA continues to work with a rate-setting technical workgroup to resolve these issues, and it is imperative that a successful resolution be reached before the systems transition moves forward.

Waiver Service Transition: The challenges of this transition are heightened by the complexity of new service definitions that are interconnected with new rates and the transition to LTSS.

Backlog of plans: The foundation of the systems transition rests on a backlog of person centered plans that await review and approval by DDA regional offices. Thousands of plans have been delayed, many for months. Again, it is our understanding that DDA is working to clear this backlog, but until that happens, it is difficult to imagine the system moving forward on July 1, 2020 in light of these issues.

EVV: The Department of Health sought from CMS, and was granted, a delay in implementation of Electronic Visit Verification (EVV) until January 1, 2021. EVV is a federal requirement that verifies that in-home Personal Supports were actually delivered. Notwithstanding the extension to January 2021, DDA has maintained that it plans to implement EVV at a much earlier date, despite the fact that there have been significant concerns regarding the rollout of this process for DD services. We are very concerned about scaling up from the 36 people in the pilot to the 5000 people who receive Personal Supports. MACS understands the need to implement the use of EVV by the deadline mandated by the federal government, or risk losing federal funds. However, within that timeframe, MACS urges a judicious approach that ensures that as many of the concerns as possible are addressed.

MACS and its members are committed to continuing to work with the Department to craft solutions to ensure as smooth a transition as possible for the thousands of Marylanders who rely on DDA supports. We are confident this can be achieved with sufficient time and meaningful benchmarks in place. We urge a favorable report.

MACS

February 17, 2020

Bernard Simons, Deputy Secretary
Developmental Disabilities Administration
201 W. Preston St, 4th Floor
Baltimore, MD 21201

Dear Deputy Secretary Simons,

As members of the Billing Pilot Workgroup, we are writing to inform you of the challenges that we are currently facing as we implement the LTSS system and the processes that support its use. As Pilot participants, we have been tasked with testing the operational effectiveness of the LTSS system. On our weekly calls, we have been asked to raise issues that we have been experiencing on an individual provider basis. Upon compiling these issues, we are concerned that the implementation issues are being worked around and not being resolved or rooted out at the system level. It has been stated at multiple meetings that there is a general consensus from DDA Leadership that the process is working well and that the systems issues are being addressed. Unfortunately, that is not accurate and all of the members of the Billing Pilot Workgroup are experiencing many serious issues.

All of the members of the Workgroup have worked diligently to make this process a success; we want to be clear that any failure of the pilot program is not from a lack of effort on our part. In fact, the amount of time involved from creating a new Person-Centered Plan through the actual billing step in LTSS has been significant. We understand that there is a learning curve to the process and we feel that eventually, with significant effort from DDA and Medicaid, the system will work.

As of today's date, we collectively believe that the system is unable to effectively launch in any capacity on July 1, 2020 without a significant negative impact on the provider community and the individuals and families that we support.

The Workgroup has spent the last several weeks compiling a list of issues that have occurred from the initiation of the Pilot process in September through the first week of February. Although we are only 2 months into utilizing LTSS live, the issues are significant. We have attached a list of these specific issues categorized by Level of Concern and then by System Issue Type. Some issues are limited to a single provider, while others have affected every member of the Workgroup.

It is the collective consensus of the Workgroup, that if the LTSS system and the processes surrounding it were to go live July 1, 2020, the provider community would be

put at serious financial risk, impacting our ability to continue to provide supports. We want to make clear that we are not referencing the new proposed rates, even though there are concerns regarding the proposed rates as well. These concerns are focused on the process of creating and approving authorizations and the physical act of billing. The wide range and significance of a large portion of the attached list, combined with the lack of timely support from the staff at E-PREP and LTSS, and the lack of resources at the Coordinator of Community Services level and the Regional Offices, make it clear that these issues will not be able to be fully reconciled prior to the implementation date of July 1, 2020.

We understand that Secretary Neall will be meeting with a small workgroup to address systems issues related to the transition to LTSS. We offer our support and assistance with that process, as we believe that it is critical these issues be addressed before any transition occurs beyond the current pilot. We hope that these concerns are taken seriously as we are all ultimately working to ensure a seamless system implementation to best serve the people that we support.

Sincerely,
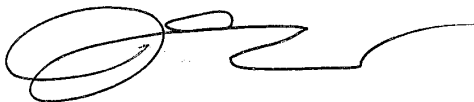
Christian L. Parks
Finance Director, Dove Pointe, Inc. and Dove Pointe Residential Services, Inc.

Michael Planz
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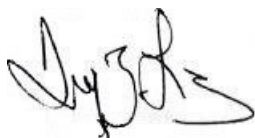
Kathleen Durkin
Chief Executive Officer, The Arc Baltimore

Judy Olinger
Vice President of Developmental Disabilities, Humanim, Inc.

Rick Callahan
Executive Director, Compass, Inc.

Terry Long
Chief Executive Officer, The Arc Southern Maryland

Kathy Naviasky
Chief Operating Officer, Abilities Network, Inc.

Tracey Paliath
Deputy Chief Operating Officer, Chimes, Inc.

Cindy Parr
Executive Director, The Arc Howard County

Cc: The Honorable Robert Neall, Maryland Department of Health
       Valerie Roddy, Director of Fiscal Services and Operations, DDA
       Patricia Sastoque, Director of Programs, DDA
       Laura Howell, Executive Director, Maryland Association of Community Services

System Issue Type	Area of Operation	Issue Description	# of Pilot Providers affected	Issue Resolved?	Further description and if resolved, how.	When resolved	What is affected?	Level of Concern
Policy Issue	General Issue	Rates not finalized and no funding from the Governor in the FY21 budget.	All	No	Providers still cannot do FY21 budget projections.	Ongoing	Providers are unable to determine if they will be able to provide services for FY21.	Extremely High
Capacity / System Functionality	General Issue	LTSS/Pilot issues are being handled on a case by case basis.	All	No	There is significant concern that issues are being dealt with to get them "pushed through" without overall thought being given to the root cause of the problem.	Ongoing	We need to ask the question of why an error or issue occurred as opposed the "work around" methodology. Short-term fix vs. long-term success.	Very High
Capacity / Process Functionality	General Issue	Lack of resources at RO to complete tasks timely. Some RO are still several months behind on paperwork.	All	No		Ongoing	Any delays in processing, will ultimately affect the Provider's ability to invoice for services rendered.	Very High
Capacity / System Delay	LTSS	LTSS helpdesk not responding timely.	All	No		Ongoing	This is a major systems issue, response times are taking days to weeks and some issues longer. There are currently only 9 Providers with less than 40 individuals. The concern is that this part of the system will truly implode with a major volume increase. Providers will not receive the help that they	Very High
Capacity / System Delay	General Issue	Pilot providers, on a small scale, are understanding the impact on their infrastructure and are starting to make additions to their team.	All	No	All Providers will need to add signifcant additional fiscal staff to be able to handle the additional responsibilities of the new system. This process wil take 3 to 6 months, once a full understanding of the need is	Ongoing	Providers that are NOT in the Pilot will have no idea of the infrastructure needs that will be required to implement and run the new process. They will need a 3 to 6 month window to get up to speed.	Very High
Outside Agency Impact	LTSS	Provider license expired during the Pilot and required a POC. Provider's Base MA # deactivated by MMIS the day after the license expired.	All	No	Chioma had to manually push through a correction by MMIS to allow entry of a plan into LTSS.		OHCQ's timeliness of processing license renewals ahead of the due date and notifying MMIS will be critical. Any delay in this process will render Providers unable to bill.	Very High
Outside Agency Impact	General Issue	Provider submitted individual's Waiver renewal information to EDD in a timely fashion. EDD did not process the information timely resulting in billing being rejected and a new plan for "State Only Funding" needing to be created.	All	No	EDD does not process information timely. They fail to communicate, rarely answer the phone and are not quick to resolve issues.	Ongoing	Providers have experienced EDD issues for years, but now EDD's shortcomings will affect the Providers' ability to bill for services rendered.	Very High
System Functionality	LTSS	Providers have billed individuals in residential sites and received varying payments that are not in line with the number of individuals in the home.	All	No	Provider received 1 person rate for a portion of December. Only 1 person was billed due to a delay in the PCP for the second person. The 1st person was approved for the 2 person	Ongoing	There have been multiple instances of the wrong rate being setup in LTSS, but more importantly there are situations where LTSS is changing the rate without authorization or communication/notification to the Provider.	Very High
System Functionality	LTSS	LTSS service descriptions for Community Living Group Home must specify overnight or non-overnight and the number of people in the home.	All	No		Ongoing	This is a major flaw in the system. There have been multiple Providers in the Pilot affected because the generic service description does not communicate the actual servcie being approved or billed	Very High
System Functionality	General Issue	CCSs have access to everyone in LTSS regardless if they are part of their caseload or even associated with their agency.	All	No	Major HIPAA issue.	Ongoing	Major HIPAA issue.	Very High

System Functionality	EVV	Provider having overlap time with a CFC Provider and is unable to get the billing situation corrected.	Multiple	No	Providers are both unable to bill for the conflict.	Ongoing	The Provider who is billing correctly is at the mercy of the Provider who is in the wrong to correct their error before the correct information can be processed and paid.	Very High
Process Functionality	General Issue	The Pilot contains very simplistic testing scenarios, no add-ons, etc.	All	No	No failure points for complex issues will be discovered in the pilot.	Ongoing	The Pilot does not adequately test all potential scenarios or available services, only the most basic.	Very High
Policy Issue	General Issue	Providers have asked if DDA will continue to allow DDA funded individuals to co-habitate with Non-DDA funded individuals (TBI) and what affect it will have on rates.	Multiple	No	No response has been recevied from DDA.	Ongoing	Depending on the decision that DDA makes, this would require multiple changes of individual living arrangements. Will negatively affect many long term relationships. Will take several months to implement any changes.	Very High
Policy Issue	General Issue	No information provided to date as to what services will transition on 7/1/20.	All	No	Unless Providers are given clear directives, there will be no opportunity to appropriately prepare for a 7/1/20 transition.	Ongoing	Providers will not be prepared for implementing the system on 7/1/20.	Very High
Policy Issue	General Issue	If anyone with PS is required to use EVV on 7/1/20, all of their services will have to be	All	No	Individuals cannot be in LTSS and PCSI2 at the same time.	Ongoing	Providers will not be prepared for implementing the system on 7/1/20.	Very High
Policy Issue	General Issue	No official policy guidance on any of the new Waivers services scheduled to be effective 7/1/20.	All	No	Unless Providers are given clear directives now, there will be no opportunity to appropriately prepare for a 7/1/20 transition	Ongoing	Providers will not be prepared for implementing the system on 7/1/20.	Very High
Policy Issue	General Issue	Lack of clear and consistent communication and directives from DDA to the entire Provider Community. Different information being given to Providers vs. CCS Agencies.	All	No	Many Providers have a very limited idea of what is coming on 7/1/20.	Ongoing	Without written policies distributed with appropriate time for Providers to react and implement changes, the Provider Community as a whole will be ill-prepared to implement the changes occurring on 7/1/20.	Very High
Policy Issue	General Issue	Providers will need DDA to authorize more hours than the cap for braided services.	All	Discussed	Rate tech Workgroup discussed the possibility of having additional authorizations beyond the billing cap.	Ongoing	If Providers cannot receive authorization levels beyond the cap, there will be services for which they are unable to bill. DDA needs to create a clear policy on this issue and confirm that LTSS is capable of handling the issue.	Very High
Capacity / System Functionality	LTSS	Site applications being approved by E-PREP not showing up in LTSS for extended periods of time.	All	No	Manual fix only.	Ongoing	System issue must be addressed. Providers will not be able to bill for services.	High
Capacity / System Functionality	LTSS	Provider site MA #s being approved by E-PREP and not being added to the Admin profile for assignment to other users.	All	No	Manual fix only.	Ongoing	System issue must be addressed. Providers will not be able to bill for services.	High
Capacity / System Functionality	EVV	Provider had EVV claims rejected stating "Client not enrolled in a DDA Program.	1	No	Individual removed from CS Waiver without notification to Provider.	Ongoing	Lack of a timely communication system on when individuals in CSW and FSW are removed from the Waivers means that Providers run the risk of providing unfunded supports wthout knowing it.	High

Category	Process	Issue	Scope	Pilot	Detail	Status	Impact	Priority
Capacity / System Functionality	PCP Process	Issues with the Detailed Service Authorization in LTSS and the CCSs not inputing information correctly.	All	No	Last month of the plan year showing up blank or with a "0" in the month. Annual calcuation includes some value from the field. CCSs not understanding or not having the ability to enter pro-rated or correct monthly totals of service authorization levels.	Ongoing	Providers are being required to sign off on PCPs that are not correct.	High
Capacity / Process Functionality	EPREP	Sheer volume of Provider sites not submitted and/or approved.	All	No	DDA notified Providers on 1/24/20 that all Base MA # applications were due on 1/30/20 and all site applications were due on 2/7/20.	Don't know status	MMIS will be overwhelmed when all applications are submitted. Taking muliptle months for Pilot Sites to be approved, what happens when no one is "pushing them through".	High
Capacity / Process Functionality	EPREP	Some Providers still not approved for Base MA #.	?	No	DDA notified Providers on 1/24/20 that all Base MA # applications were due on 1/30/20 and all site applications were due on 2/7/20	The process is taking several months to get sites	Providers unable to add site applications. Based on current time frames, some Providers will not be in a position to bill effective 7/1/20.	High
Capacity / Process Functionality	PCP Process	Lack of adequate resources at the CCS level to complete tasks timely.	All	No	CCSs are not completing their job timely.	Ongoing	Providers will be unable to bill for services rendered.	High
Capacity / Process Functionality	PCP Process	Lack of adequate training for CCSs.	All	No	Lack of knowledge of LTSS, and Waiver Service Definitions.	Ongoing	Is creating significant delays in the approval process of PCPs and will ultimatley affect the Providers' ability to bill for services rendered..	High
Capacity / Process Functionality	PCP Process	Lack of CCS resources and system limitations of not being able to start a PCP more than 90 days out.	All	No	CCSs refuse to start the planning process timely due to workload.	Ongoing	Providers are having to battle with CCS agencies to get the PCP Process completed timely. This has and will continue to affect a Provider's ability to bill for services rendered.	High
Capacity / Process Functionality	PCP Process	CCSs not having the Prep meeting and Provider's being left out of the meeting or initial development of the PCP.	All	No	A large portion of the CCS team is inexperienced due to staff turnover.	Ongoing	Providers are having to deny plans due to incorrect information because they are not part of the process on a consistent basis. This is resulting in significant delays in receiving authorizations to bill for services rendered.	High
Capacity / Process Functionality	PCP Process	Provider in pilot experienced significant delay in getting the PCP authorized in LTSS.	1	Yes	Complex IP, but issue has been ongoing since the inception of the Pilot.	Resolved 2/4/20	PCP took almost 4 months to complete. Provider unable to bill during that time period.	High
Capacity / Process Functionality	PCP Process	CCS agencies at times are unreponsive to needed paperwork completed quickly.	All	No	CCS lack of resources.	Ongoing	Lack of a timely response to the changing needs of individuals means that Providers will be unable to bill for services rendered.	High
System Functionality	LTSS	Providers experiencing mutliple issues with user rights in LTSS. Administrators not being able to see all of their sites.	All	No	Providers are experiencing mulitple issues.	Ongoing	This seems to be an ongoing issue with multiple aspects of LTSS that affect not only the Providers ability to setup and assign user rights, but seems that it randomly affects what the Provider is able to see, does not appear to be a pattern.	High
System Functionality	LTSS	Client Search function not operational for multiple Providers.	All	No	Has been corrected for some Providers on a manual basis, system wide issue has not been address appropriately.	Ongoing	Providers cannot search for clients. Multiple Providers are experiencing various issues.	High
System Functionality	LTSS	Remittance Advice Report does not work correctly. Does not show any non-EVV claims, nor does it show the site address in the drop down menu like the Provider claims report does	All	No	Notified that a system wide fix will be pushed out on 2/29/20.	Ongoing	Major system reporting issues cannot take 60 days to fix. This issue was brought to light in the beginning of January.	High

System Functionality	LTSS	Random MMIS payment delay on 12/31/19 and 1/1/20.	All	Yes	Claims processed on these days were kicked to the next billing cycle.	Following billing cycle	Provider cash flow affected, no knowledge of what caused the delay or why.	High
System Functionality	LTSS	Provider has claims being rejected due to a coding issue with how the Provider # was setup in MMIS.	1	No		Ongoing	Provider unable to bill for services rendered.	High
System Functionality	LTSS	Providers cannot see their own PCP attachments in LTSS.	All	No		Ongoing	Providers cannot verify that the correct attachments were upload by the CCS. This could create discrepancies in services and potential deficiencies.	High
System Functionality	LTSS	Provider having trouble with Base MA # for Day Program.	1	No		Ongoing	Provider unable to bill for services rendered.	High
System Functionality	LTSS	LTSS does not display the rate when entering billing entries.	All	No		Ongoing	Multiple Providers in the Pilot are receiving the wrong residential rate for services and were not able to tell until they received payment.	High
System Functionality	LTSS	Provider received a MMIS rejection decision of "procedure code not valid for date of service".	1	No	Provider billed correct date of service, correct billing code, service authorized in current plan.	Ongoing	Provider discovered that the PCP attached to the Monthly Authorized Services Summary Report was looking at the old PCP instead of the current active PCP. Not sure why the system is only picking up the old PCP.	High
System Functionality	General Issue	Pilot Providers unsure of how mid-month residential changes in the number of individuals in the house will work.	All	No	Do rate changes occur at the end of the month or on the date of the move; Providers have heard both answers.	Ongoing	If rate changes occur mid-month, how will Providers be compensated for a shortage and if overpaid, how will Medicaid view the overpayment?	High
System Functionality	EVV	Provider unable to enter a manual punch for a missed punch, system says "server not responding.	1	No	MMIS has been aware of the issue for over 4 weeks and is unable to fix and does not know what is causing the issue.	Ongoing	Provider cannot correct billing record. No one seems to know why the error is occuring.	High
System Functionality	EVV	EVV will not allow for split shifts of services for an individual.	All	No	If an indivdiual receives morning supports and the staff utilizes EVV, the afternoon staff cannot punch in through EVV because a service has already been provided for that day	Ongoing	System issue is creating mandatory exceptions.	High
System Functionality	EVV	Provider receiving an exception that "Provider has exceeded the maximum authorization for the month." This exception occurred on the 2nd of January. Has occurred for a second	1	?	Provider was referred to the LTSS Portal Manual which they believe does not address this particular exception.		Provider unable to bill for services rendered. Lack of actual support from the LTSS Helpdesk. Second Provider was referred by the DDA Helpdesk by the LTSS Helpdesk	High
System Functionality	PCP Process	Conflict of PCPs when multiple Providers are involved.	All	No	If an individual is being served by multiple Providers and one of the Providers rejects the PCP or fails to approve the PCP timely, the other Provider cannot bill for	Ongoing	Provider unable to bill for services rendered.	High
System Functionality	PCP Process	CCSs not able to see Providers and/or Provider sites in LTSS.	All	No	CCSs appear to have the same rights issues that some Providers are experiencing of what they can and cannot see.	Ongoing	CCSs unable to enter PCPs in LTSS.	High
System Functionality	PCP Process	Transition between PCPs does not appear to be working correctly.	All	No	Provider was unable to bill for a period of time in the last 30 days because a new PCP had been approved.	Ongoing	There is concern that the LTSS system is unable to access/assess multiple PCPs at one time. It appears that once the new plan is approved that the old one is immediately defunct, rendering billing to the old PCP unavailable. Providers have 12 months to bill Medicaid claims	High

Category	Type	Issue	Scope	Resolved	Detail	Status	Impact	Priority
System Functionality	PCP Process	CCSs experiencing a # of system functionality issues.	All	No	Providers are being told that CCSs are having to do "work arounds" to accomplish basic tasks.	Ongoing	These types of issues must be addressed on a system level. There is no way that CCSs and RO can continue to function utilizing "work arounds".	High
Process Functionality	PCP Process	Providers unable to access complete approved PCPs in LTSS.	All	No	Providers do not have access to all aspects of the PCP in LTSS therefore are dependent on the CCS to provide them with a complete copy of the plan.	Ongoing	Providers are being left out of the loop.	High
Process Functionality	PCP Process	Auto-extend function not working as designed.	All	No	Auto-Extend feature allows more time for the CCS the complete the plan, but does not appear to allow Providers to bill during the interim period.	Ongoing	Proivders will not be able to bill for services during the Auto-Extended PCP Process.	High
Process Functionality	PCP Process	CCSs populating Detailed Service Authorization in LTSS without consideration of a Provider's operational schedule.	All	No	Inaccurate service authorizations being completed in LTSS.	Ongoing	Providers will lose service authorization hours if CCSs do not have the Provider's operational schedule. Typically these schedules are provided to DDA 60 days priior to the start of a fiscal year for approval. Schedules will now need to be sent and approved 13 months before the start of a fiscal year.	High
Process Functionality	PCP Process	Providers unable to print comple	Multiple	No	Providers unable to print the complete PCP.	Ongoing	Providers unable to print the complete PCP. Could result in incorrect services.	High
Process Functionality	PCP Process	CCS using service type/descriptions from PCIS2 and entering incorrect information into LTSS.	All	No	Lack of training for CCS.	Ongoing	Will result in PCP delay and possibly Providers not being able to bill for services rendered.	High
Policy Issue	General Issue	Rounding policy not published.	All	Yes/No	Tech workgroup has discussed the draft rounding policy for hourly services on 2/4/20. The policy has not been officially published.	Ongoing	Pilot Providers need the finalized rounding policy to be distributed immediately. If Providers bill based on the draft and any further changes are made, they will be required to go back and correct their billing.	High
Policy Issue	General Issue	Pilot providers have not been directed on how to handle Contribution to Care (CTC) payments.	All	No	Draft Policy discussed in Tech Workgroup on 2/4/20.	Ongoing	Providers need to know how to handle CTC payments.	High
Policy Issue	General Issue	Billing for 2:1 staffing is an issue if staff are late to work.	All	No	Rate tech Workgroup discussed the issue on 2/4/20.	Ongoing	Providers need a policy decision to be made soon so that they can create operational guidelines for staff.	High
Policy Issue	General Issue	Each of the RO frequently delivers different messages/information from	All	No	Providers need clear consistent communication.	Ongoing	Providers need clear consistent communication.	High
Capacity / System Delay	LTSS	Providers having to request and wait for LTSS helpdesk to activate a login.	All	No		Ongoing	Creating operational delays for Providers in being able to have staff access LTSS. The response time from LTSS is inadequate, sometimes taking more than a week.	High
Capacity / System Delay	LTSS	Users not being notified of account activation.	All	No	Users are supposed to be notified when their accounts are activiated.	Ongoing	Creating operational delays for Providers.	High
Capacity / System Functionality	LTSS	Provider had new staff in LTSS assigned to old MA #s.	1	Yes	LTSS corrected the issue for the Provider, but unsure if the root cause of the issue was addressed.		Why are old MA #s in LTSS and how should they be designated as "Do Not Use" so that this is prevented from happening again.	Moderate
Capacity / Process Functionality	EVV	Providers are finding it difficult to find staff who want to utilize the EVV system due to having to enter their own SS#.	All	No	Some type of written communication from MMIS that could be given to staff to reassure them that their information is safe.	Ongoing	Providers are having a more difficult time in locating staff to provide services.	Moderate

Category	System	Issue Description	Scope	Resolved	Cause	Status	Impact	Severity
Capacity / Process Functionality	EPREP	Providers not receiving residential Community Settings Rule letter showing compliance. Have been told to submit	All	No		Not Resolved	Provider will have to resubmit applications once letter is received.	Moderate
Capacity / Process Functionality	EPREP	Provider waiting for Service Authorization letter from DDA RO to submit site applications.	CMRO	No		Not Resolved	Delay in submitting applications.	Moderate
Capacity / System Delay	LTSS	Provider not receiving adequate response from LTSS Helpdesk regarding connnecting the Electronic Health Record (EHR) system.	1	No	3rd party vendor has attempted contact to LTSS helpdesk multiple times without resolution.	Ongoing	Provider incurring costs due to lack of response from LTSS helpdesk. Provider has discovered that they will have to spend about $10k to resolve their issue.	Moderate
Capacity / System Delay	EVV	Providers noticing a significant amount of time to reconcile EVV payments.	All	Not possible	Sheer volume of transactions.	Never	Significant increase in workload.	Moderate
System Functionality	LTSS	LTSS shows multiple services attached to a Provider's Base MA #; this list must be Provider specific.	All	No	Should be Provider specific based on the Provider's licensed and approved services.	Ongoing	Without Provider specific criteria, CCS selected and submitted for a service that the Provider is not licenced to provide. This has already happened in the Pilot and created PCP delays.	Moderate
System Functionality	LTSS	Provider and CCS seeing different information on the same screen in LTSS.	All	No		Ongoing	Leads to delays and confusing on what is actually in LTSS. Makes Providers hesitant to approve a PCP based on what the system is displaying.	Moderate
System Functionality	LTSS	LTSS Service description for Day services incorrect.	1	No	Individual PCP is authorized for Dayhab - small group, being paid at correct rate with correct waiver code, description says Dahab - 1:1 services.	Ongoing	Leads to confusion. OHCQ could require Provider to provide the 1:1 supports, even though it is not funded.	Moderate
System Functionality	General Issue	Pilot people have been removed from PCIS2 for Incident Reporting.	All	No	Individuals cannot be in LTSS and PCSI2 at the same time.	Ongoing	Providers may be underreporting incidents.	Moderate
System Functionality	EVV	When Personal Support services are continuous, staff transferring is creating a problem of overlapping time. There should be some mechanism for staff to be able to communicate with each other when the shift change occurs.	All	No	Creating exceptions in EVV.	Ongoing	Providers having to deal with multiple exceptions and there is not a good staff transfer process in EVV.	Moderate
System Functionality	EVV	Individual contact information being pulled from PCIS2 and entered into LTSS.	All	No	PS Staff who have phone numbers is PCIS2 for organizational purposes and/or have a family member receiving services	Ongoing	Staff phone # are being associated with the wrong individual and are unable to utilize LTSS to clock in and out.	Moderate
Process Functionality	EVV	Consumers refusing to carry the OTP device and refusing to allow staff to utilize their registered cell phone to clock in.	Multiple	No	Consumer choice is affecting whether Providers can implement the EVV system.	Ongoing	Providers having to enter multiple manual punches into EVV.	Moderate
Process Functionality	EVV	Providers not being involved in the EVV entry selection method regardless of their internal infrastructure capabilities.	All	No	CCSs are not involving Providers in the conversation about which EVV entry method is best based upon the individual's particular situation.	Ongoing	Providers are finding different challenges with the different entry systems and should have input on what their preference is as well, not just the individual's choice.	Moderate
Process Functionality	EPREP	Applications being sent from E-PREP to DDA for review, attachments are not being forwarded.	Multiple	No		Ongoing	Delay in processing applications.	Moderate
System Functionality	LTSS	Conflict in Logins for TBI Providers.	2 in the Pilot, 5 total in the State	No	Provider having to add multiple logins outside of their DDA login. When DDA logins were added, the TBI logins were voided by	Ongoing	Providers have had to create a "work around".	Low
System Functionality	LTSS	Provider seeing individuals under the Client Tab that are not part of the Pilot.	All	No		Ongoing	No major affect, but no one can explain why it is happening.	Low

System Functionality	EPREP	"Business Name" field has been removed from the system. This is where Providers were instructed to put site specific identifiers. Provider was told to utilize the DBA field and upload a blank piece of paper in lieu of the DBA legal paperwork. For	All	No	Provider spent multiple hours explaining issue to MMIS, only to be told not possible to restore. Provider was told to use DBA field and upload a blank page for the documentation.	Resolution not possible per MMIS	Provider not able to use site specific identifier in the system to make billing easier to track.	Low
Process Functionality	EVV	Provider had CCS refuse to issue the OTP device during the Pilot because the individual also had	1	Yes	At the request of the Provider, RO directed CCS to distribute OTP.	10-Jan-20	Provider unable to test all methods of entry in to EVV.	Low