MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
POLICY & COMPLIANCE ADMINISTRATION
ISAS DIVISION

IN-HOME SUPPORTS ASSURANCE SYSTEM
ISAS POLICY GUIDE

A. Background

The In-home Supports Assurance System (ISAS) is a phone-based electronic billing system for providers giving in-home personal assistance services to eligible Medicaid participants. The Department of Health and Mental Hygiene (DHMH) implemented it in 2013. ISAS replaced the previous paper billing method used by most personal assistance providers.

What is ISAS?

- ISAS is a phone-based electronic billing system.
- ISAS records the provider's shift start and end times.
- Claims are automatically generated if calls match the information about the provider in the participant's plan of service.

Who Uses ISAS?

- All providers giving direct care to Medicaid participants in the following programs:
  - Community First Choice **(CFC)**
  - Community Options **(CO)**
  - Community Personal Assistance Services **(CPAS)**

Why was ISAS Created?

- Provide accurate and timely payment to providers
- Allow providers to view their service information in real-time
- Enhance quality of care
- Increase provider compliance and reduce fraud

How does ISAS Work?

- Providers call the toll-free ISAS number, **1-855-463-4727**, and enter their information at the start and end of each shift.
- Providers must use either the participant's phone, or OTP device to clock-in and out.

B. Definition of Common Terms

Below are common terms used in the ISAS system and within the ISAS Reference Guide.

Term	Definition
Supports Planner	Coordinator of services between participant, providers, and DHMH. Manages participant's POS.
Plan of Service (POS)	Lists services participant is authorized to receive.
Personal Assistant Service	Service type provided to a single participant at a given time.
Shared Attendant Service	Service type provided to participants who live together. Allows a single provider to clock-in and -out for two participants at the same time. Must be authorized on participant's POS.
Integrated Voice Response System (IVR)/ Voice-print	Technology used to authenticate the caregiver's identity and service times. During every clock-in and -out, system recognizes and matches the provider's voice against a pre-recorded sound-bite.
One Time Password (OTP) Device	Device issued by a supports planner if participant does not have a reliable phone. Generates a random six-digit code every 60 seconds that can be traced back to a specific date and time. Used to verify service times.
Service Record (in ISAS)	A "closed" or "complete" shift is created when a provider calls into the ISAS system at the beginning of a shift ("clock-in") and end of a shift ("clock-out").
Claim	A combination of one or more services bundled together to form one claim that is generated on a nightly basis. Submitted based on the provider, participant, participant POS information, and date of service.
Exception	A pended service held-off from submission for billing. Generated if there is an issue requiring review.

C. ISAS Participants: Program History Timeline

ISAS was implemented in 2013. Below are key milestones in ISAS history. The Program Timeline shows how different waiver populations integrated into ISAS.

Programs Currently Using ISAS

Home and Community Based Options (CO)
The purpose of this program is to provide facility level care to elderly and disabled individuals with the greatest needs. This allows them to remain in their own homes. (COMAR 10.09.54)

Community First Choice (CFC)
The purpose of this program is to provide facility level care to elderly and disabled individuals, allowing them to remain in their own homes. (COMAR 10.09.84)

Community Personal Assistance Services (CPAS)
The purpose of this program is to provide services to participants formerly in the Medical Care Assistance Personal Care (MAPC) program.

ISAS Program Timeline

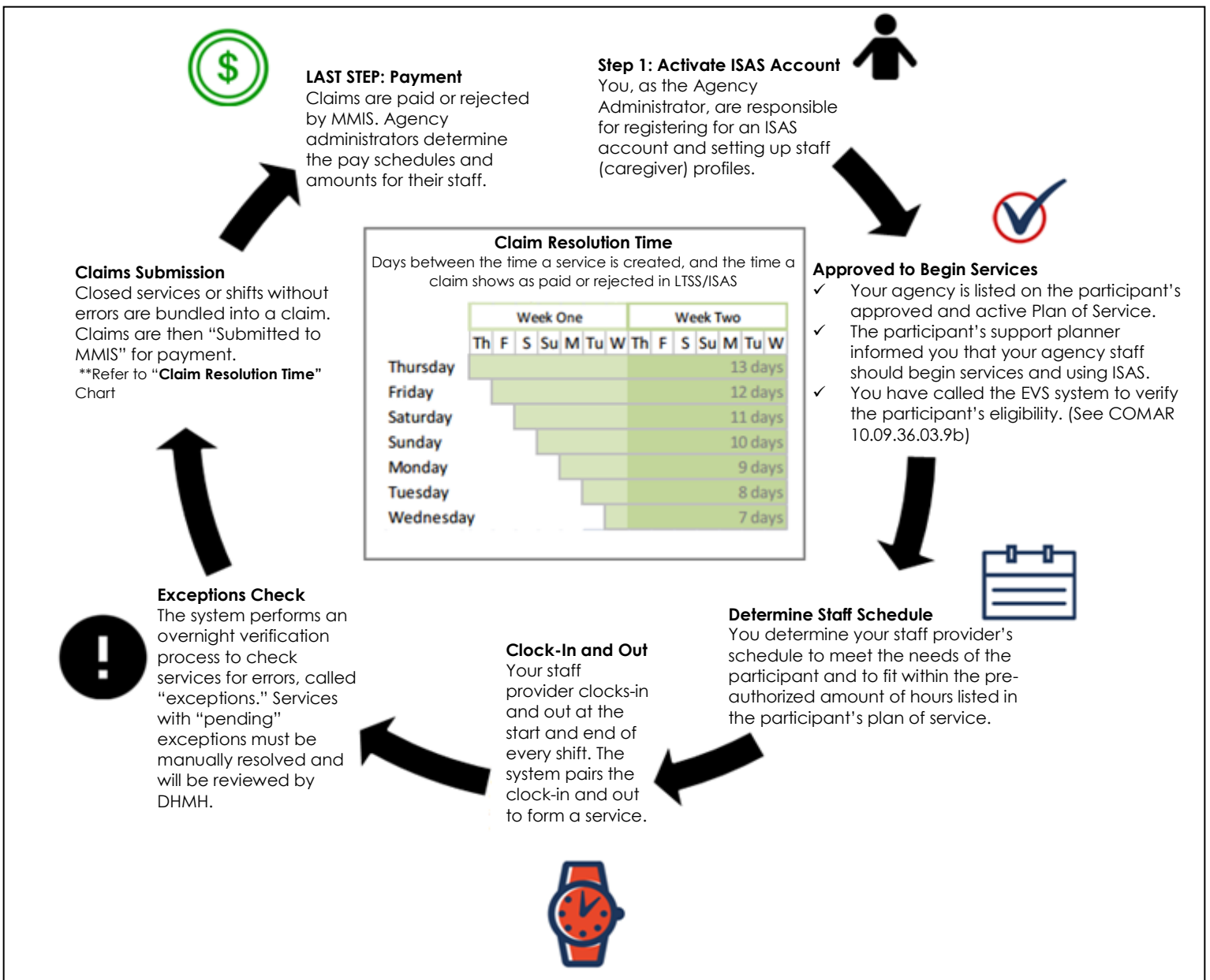| Current Program	Description	Date
	Living at Home (LAH) *Agency Providers* must use only ISAS for billing.	October 3, 2013
	Waiver for Older Adults (WOA) *Agency Providers* must use only ISAS for billing.	November 7, 2013
	Living at Home (LAH) *Independent Providers* must use only ISAS for billing.	December 2, 2013
	Waiver for Older Adults (WOA) *Independent Providers* must use only ISAS for billing.	December 9, 2013
	Community Options (CO) program is established. LAH and WOA merge together to form the CO Program. CO Providers must use ISAS.	January 6, 2014
	Agency Administrators must use their online ISAS account to enter in missing times.	January 6,2014, ISAS Reference Guide
	Community First Choice (CFC) program is established. Participants are transitioned into the CFC program. CFC Providers must use ISAS.	On a rolling basis beginning January, 2014:
	Previous WOA Independent Providers can only bill up to 40 hours per week. (Previous LAH independent providers were always limited to 40 hours per week.)	April 17, 2014
	Community Personal Assistance Services (CPAS) program is established. CPAS Providers must use ISAS.	October 1, 2015
	Provider population changed to agency only model.	October 1, 2015

D. Important ISAS Policies

	ISAS Policy/Action	Description	ISAS Effective Date	Justification
1. Payment Policies	**1.1 Year deadline for claim adjustment**	No claims may be paid or adjusted after more than a year has passed since the date of service.	October 3, 2013	COMAR 10.09.36.06
	1.2 Repayment of overbilled funds	Providers must reimburse DHMH for any overpayment of services.	October 3, 2013	COMAR 10.09.36.07
	1.3 POS hours	DHMH will only pay up to the pre-authorized hours listed in a participant's Plan of Service (POS). *UNDERLINE IMPORTANT*: A POS is only effective after DHMH approves the POS. A POS is **NOT** effective on the date a provider signs the POS. DHMH approvals always come after the provider signs the POS.	Based on POS Effective Date	COMAR 10.09.54.04
	1.4 Work Week	The ISAS workweek is defined as Thursday-Wednesday	September 11, 2014	Guidance sent to all Providers
	1.5 Adjustment submission procedure	Submitted adjustments must include 5 items: (1) Caregiver name, (2) Service times, (3) increasing/decreasing units, (4) # of units, and (5) Reason for submission. Otherwise adjustments are not reviewed.	April 16, 2015	COMAR 10.09.36.04

2. Exception Policies	**2.1 No Payment for Overlapping Services**	Unless authorized for shared attendant services, providers will not be paid for service times that overlap.	October 3, 2013	COMAR 10.09.36.01
	2.2 Missing Time Submission Deadline	Missing Times must be submitted within two business days after the end of the month.	April 1, 2014 (Agencies) May 2, 2014 (Independents)	Guidance sent to all Providers (Agencies) Guidance sent to all Providers (Independents)
	2.3 Six (6) Missing Time Limit	Unless a valid and verifiable excuse is given, DHMH will only approve up to 6 missing time requests per month.	February 1, 2014 (Agencies) April 1, 2014 (Independents)	Guidance sent to all Providers (Agencies) Guidance sent to all Providers (Independents)
3. Program Policies	**3.1 Protection of confidential information**	Providers must not share Protected Health Information (PHI).	October 3, 2013	HIPAA Legislation (HIPAA)
	3.2 Training of Providers	Agencies must ensure that caregivers are properly trained to provide services and use ISAS before they provide care.	October 3, 2013	COMAR 10.07.05.11
	3.3 OTP device must stay with participant	OTP device must always remain with the **participant** to whom it has been assigned. It is considered fraudulent behavior for a provider to take the OTP out of the participant's possession.	October 3, 2013	Guidance sent to all Providers
	3.4 Payment only for direct care	Providers will only be paid for direct care given to participants. Services provided to a participant while they are under the care of another entity (e.g. admitted to hospital, imprisoned) will not be paid.	October 3, 2013	COMAR 10.09.84.02
	3.5 Must verify eligibility before giving services	DHMH can only reimburse providers for services given to eligible participants. Providers must check eligibility by calling the EVS System at 1-866-710-1447.	October 3,2013	COMAR 10.09.36.03.9b
	3.6 Provider should continue clocking in and out during ineligibility and appeal process	If the participant has lost eligibility and/or filed an appeal to regain eligibility, the provider can choose to continue services at risk in hopes that the participant regains eligibility and/or wins the appeal. During periods of participant ineligibility, providers will not receive pay. _**IMPORTANT**: If eligibility is regained, the provider will receive retroactive pay ONLY IF the provider continued using ISAS to clock in/out at time of service during the period of eligibility. If the provider did not use ISAS during ineligibility, payment will not be issued._	October 3, 2013	COMAR 10.01.04.10;10.09.24.12 ; 10.09.24.15; 42 C.F.R.§ 431.200
	3.7 Emergency Backup	Providers working hours that exceed the POS for emergency care must: (1) Be listed as "Emergency Backup" on the POS, (2) Clock-in and out of ISAS when applicable, and (3) Submit adjustments for emergency care that exceeds the weekly POS hours. Emergency backup care can be provided up to 7 days per year without a POS change, otherwise the supports planner will need to modify the POS.	April 2, 2015	Guidance sent to all Providers Adjustments Frequently Asked Questions
	3.8 Providing care to vacationing participants	Care provided during vacations must be: (1) Within POS hours, (2) Not out-of-state for more than 14 days per year, (3) Within the U.S., and (4) Logged in ISAS using phone listed on client POS or OTP device	April 2, 2015	COMAR 10.09.36.04
	3.9 POS hour cap	ISAS will only pay up to pre-authorized hours in the POS. The system will automatically adjust hours that exceed the POS.	April 2, 2015	COMAR 10.09.54.04

E. ISAS Processing and Claim Payment

LAST STEP: Payment
Claims are paid or rejected by MMIS. Agency administrators determine the pay schedules and amounts for their staff.

Step 1: Activate ISAS Account
You, as the Agency Administrator, are responsible for registering for an ISAS account and setting up staff (caregiver) profiles.

Claims Submission
Closed services or shifts without errors are bundled into a claim. Claims are then "Submitted to MMIS" for payment.
**Refer to "Claim Resolution Time" Chart

Approved to Begin Services
✓ Your agency is listed on the participant's approved and active Plan of Service.
✓ The participant's support planner informed you that your agency staff should begin services and using ISAS.
✓ You have called the EVS system to verify the participant's eligibility. (See COMAR 10.09.36.03.9b)

Claim Resolution Time
Days between the time a service is created, and the time a claim shows as paid or rejected in LTSS/ISAS

	Week One							Week Two						
	Th	F	S	Su	M	Tu	W	Th	F	S	Su	M	Tu	W	
Thursday															13 days
Friday															12 days
Saturday															11 days
Sunday															10 days
Monday															9 days
Tuesday															8 days
Wednesday															7 days

Exceptions Check
The system performs an overnight verification process to check services for errors, called "exceptions." Services with "pending" exceptions must be manually resolved and will be reviewed by DHMH.

Clock-In and Out
Your staff provider clocks-in and out at the start and end of every shift. The system pairs the clock-in and out to form a service.

Determine Staff Schedule
You determine your staff provider's schedule to meet the needs of the participant and to fit within the pre-authorized amount of hours listed in the participant's plan of service.

F. Contacts and Resources

ISAS Help Desk
- Technical Assistance; ISAS Registration Questions.
- Email: ISASHelpDesk@feisystems.com
- Call: 1-855-463-5877

DHMH ISAS Team
- ISAS Related Billing Concerns; ISAS Policy Questions
- Email: dhmh.isashelp@maryland.gov
- Call: 410-767-1719

DHMH CO and CFC Waiver Unit
- Provider Enrollment Questions; General and Non-ISAS Billing; PPL [1] Customer Service Concerns
- Email: dhmh.coproviders@maryland.gov
- Call: 410-767-1739

Supports Planner (SP)
- Questions About Participant's Plan of Service or Participant Services; Eligibility Questions
- Email: Specific to client
- Call: 410-767-1739

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[1] **PPL:** Tax Withholding; Provider/ Participant Enrollment' Pay Stub Questions (Independent Providers Only) Email: pplmddhmh@pcgus.com Call: 1-800-686-0734