



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care ProgramsMaryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Medical Day Care Transmittal No. 62

June 30, 2008

To: Medical Day Care Centers

From: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Re: Implementation of the Medical Day Care Services Waiver

Effective July 1, 2008, the Maryland Medical Assistance Program will convert medical day care (MDC) from a State Plan service to a waiver service covered under the Medical Day Care Services Waiver. The program has been approved as a home and community-based services waiver under Section 1915(c) of the Social Security Act. MDC will also become a covered waiver service under the following existing 1915(c) waivers: Waiver for Older Adults, Living at Home, Traumatic Brain Injury Waiver, Model Waiver, Community Pathways, and New Directions. Regulations will be established under a new chapter, COMAR 10.09.61 Medical Day Care Services Waiver. Specifications for MDC services and provider requirements remain under COMAR 10.09.07 Medical Day Care Services.

All current MDC providers may render MDC services to participants in the new waiver as well as to participants in those existing waivers that will cover MDC as a waiver service when MDC has been approved in their service plan. This transmittal describes the eligibility criteria and enrollment process for the MDC Services Waiver and the MDC provider's responsibilities in this process.

Participant Eligibility Criteria for the Medical Day Care Services Waiver

In order to qualify for the MDC Services Waiver an individual must:

1. Be eligible for community Medicaid in accordance with COMAR 10.09.24 Medical Assistance Eligibility;
2. Be determined to require nursing facility level of care;

3. Be at least 16 years old;
4. Have a physician's order for medical day care services;
5. Not be enrolled in another 1915(c) waiver;
6. Have a Service Plan and Plan of Care¹ authorized by the Division of Community Long Term Care; and
7. Sign a Freedom of Choice Consent Form, indicating their choice of waiver services instead of institutional care.

Transitioning Current MDC Participants into the MDC Services Waiver

Individuals who are currently receiving MDC services under the State Plan who are not enrolled in another 1915(c) waiver will be automatically enrolled in the MDC Services Waiver on July 1, 2008, without disruption of service. For each participant who is transitioned directly into the waiver on July 1, MDC providers must submit the following documents to the Division of Community Long Term Care by September 30, 2008:

1. Each participant's most recent Plan of Care and ADCAPS; and
2. A signed Freedom of Choice Consent Form.

The annual reassessment of medical eligibility will remain the responsibility of the MDC provider at the participant's continued stay review date, in accordance with Medical Day Care Transmittal No. 53, dated July 26, 2005. At each annual reassessment, the MDC provider must submit the following to the Division of Community Long Term Care:

1. The Long Term Care Patient Activity Report (DHMH 257)²; and
2. The participant's updated Service Plan and Plan of Care.

Failure to submit a DHMH 257 along with the updated Service Plan may result in adverse action or delays in reimbursement.

Enrollment in the MDC Services Waiver from the Community

Eligibility Determination

Individuals in the community who are interested in enrolling in the MDC Services Waiver must be assessed by staff from their local health department's Adult Evaluation and Review Services (AERS) Program. AERS' staff will:

1. Confirm eligibility for community Medicaid through the Eligibility Verification System (EVS);

¹ The Service Plan is a global plan for how the participant will maintain health and safety in the community, which should specify the frequency of MDC attendance and include other community services recommended in the STEPS evaluation or by MDC center staff. The completed Adult Day Care Assessment and Planning System (ADCAPS) meets the requirement for a Service Plan. The Plan of Care identifies specifically how the MDC provider will meet the participant's needs, either directly or by referral, including the duration and frequency of each activity.

² The DHMH 257 is not to be submitted to the Program's Utilization Control Agent (UCA), KePRO, for sign-off.

2. Complete the Medical Eligibility Review Form (DHMH 3871B) and a Statewide Evaluation and Planning Services (STEPS) assessment in the applicant's home or MDC center;
3. Obtain the applicant's signature on the Freedom of Choice Consent Form;
4. Provide the applicant with a list of participating MDC providers; and
5. Submit the DHMH 3871B to the UCA and, if additional information is requested, also submit the STEPS assessments to the UCA.

When the UCA has approved an applicant as requiring nursing facility level of care:

1. The UCA will convey the level of care approval to AERS and the Division of Community Long Term Care; and
2. AERS will mail the applicant written approval for nursing facility level of care and a copy of their signed Freedom of Choice Consent Form.

The applicant must present the level of care approval letter and the signed Freedom of Choice Consent Form to the MDC provider in order to continue the enrollment process. If the individual does not obtain MDC services within 90 days of approval, nursing facility level of care will need to be redetermined.

When an applicant is denied nursing facility level of care by the UCA:

1. The UCA will convey the denial decision to AERS and the Division of Community Long Term Care; and
2. The Division of Community Long Term Care will notify the Division of Eligibility and Waiver Services (DEWS), which will mail the applicant written denial for participation in the waiver with a notice of appeal rights.

MDC Provider Responsibilities

Once the applicant has selected a MDC center and presented the waiver approval letter, the MDC provider must:

1. Convene a multidisciplinary team comprised of the applicant and/or the applicant's representative, MDC center staff, and, if appropriate, the applicant's physician;
2. Obtain the applicant's physician's order specifying the frequency of MDC services recommended;
3. Obtain a copy of the 3871B, STEPS assessment, and, if necessary, the Freedom of Choice Consent Form from AERS; and
4. Submit copies of the Service Plan and Plan of Care, STEPS assessment, DHMH 257 (with a start date for applicant enrollment),³ and Freedom of Choice Consent Form to the Division of Community Long Term Care.

Once all documentation is reviewed and approved by the Division of Community Long Term Care, staff will notify DEWS who will then send the applicant and the MDC provider final determination of waiver eligibility. Each waiver participant will be reassessed annually for

³ The DHMH 257 is not to be submitted to the Program's Utilization Control Agent (UCA), KePRO, for sign-off.

continued stay. The MDC provider is responsible for completion of the 3871B for the annual reassessment.

Enrollment in the MDC Services Waiver from a Hospital

Individuals receiving inpatient care in a hospital who are interested in enrolling in the MDC Services Waiver shall have their nursing facility level of care assessments completed by hospital staff. The hospital discharge staff must:

1. Check EVS to ensure the individual is eligible for community Medicaid;
2. Conduct the DHMH 3871B assessment and submit it to the UCA;
3. Obtain the applicant's signature on the Freedom of Choice Consent Form; and
4. Provide the applicant with a list of participating MDC providers.

The UCA will convey approval/denial of nursing facility level of care to the hospital and Division of Community Long Term Care. All other procedures for issuing waiver approval/denial and applicant enrollment are the same as stated above regarding enrollment from the community.

Individuals who are discharged without nursing facility level of care approval may apply for the waiver from the community by contacting AERS.

For participants accessing the MDC Services Waiver from the hospital, initial level of care approval will be valid for four months. The MDC provider is required to submit another DHMH 3871B to the UCA within four months of the participant's admission date. Continued stay reviews are still required annually based upon the participant's original admission date to the MDC center.

Enrollment in the Medical Day Care Waiver from a Nursing Facility

Medicaid beneficiaries in nursing facilities who have already been determined to meet level of care requirements, and who are interested in enrolling in the MDC Services Waiver, must first be found community eligible for Medicaid. All other procedures for applicant enrollment are the same as those stated above regarding enrollment from the community.

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Questions regarding the Medical Day Care Services Waiver may be directed to the staff of the Division of Community Long Term Care, Office of Health Services, at (410) 767-1444.

Attachment: Freedom of Choice Consent Form

cc: Adult Evaluation and Review Services
 Division of Eligibility and Waiver Services
 KePRO
 League for Excellence in Adult Daycare
 Maryland Association of Adult Day Services

MARYLAND MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL DAY CARE SERVICES WAIVER
FREEDOM OF CHOICE CONSENT FORM

Applicant Consent (Check one and sign below):

_____ 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 understand that I have the right to select which licensed adult medical day care center I would like to attend and that I may change medical day care centers if I decide to do so. I understand that there are alternative services for which I am eligible, including services in a nursing facility.

_____ I choose to receive institutional 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 the nursing facility services.

_____ I choose neither option. Explanation (optional):

I have received a copy of the "Summary of Procedures for Fair Hearings" explaining the appeal process that I may follow in the event that I am denied access to the Medical Day Care Services Waiver or denied access to services by the provider of my choice.

Applicant: _____ MA#: _____
Print Name

Signature: _____ Date: _____
Applicant or Authorized Representative

Witness: _____ Date: _____
Hospital Staff/ AERS Staff/ MDC Staff