



Department of Human Resources  
311 West Saratoga Street  
Baltimore MD 21201

## FIA ACTION TRANSMITTAL

Control Number: #10-17  
Obsoletes AT # 09-34

Effective Date: Upon Receipt  
Issuance Date: January 5, 2010

**TO:** DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF

**FROM:** KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA *Kevin M. McGuire*  
DEBBIE RUPPERT, EXECUTIVE DIRECTOR, DHMH/OES *Debbie Ruppert*

**RE:** LONG-TERM CARE FACILITY STAY FOR LESS THAN 30-DAYS OR  
MEDICARE CO-PAY DAYS

**PROGRAM AFFECTED:** MEDICAL ASSISTANCE

**ORIGINATING OFFICES:** OFFICE OF PROGRAMS AND DHMH'S OFFICE OF  
ELIGIBILITY SERVICES (OES)

**SUMMARY:** In April 2009, action transmittal 09-34 informed local department staff of the new procedures for processing Long-Term Care Patient Activity Reports (DHMH 257) and submission of the DES 501 for recipients of Community Medical Assistance who were admitted to a Long Term Care Facility (LTCF) for less than 30 days or for Medicare Co-Pay days in a LTCF for recipients of Community Medical Assistance who are not receiving Waiver Services. This process would remain in effect until the opening of the Bureau of Long Term Care Eligibility (BLTCE). **Effective October 16, 2009, this process is now conducted at the BLTCE.** This transmittal obsoletes action transmittal 09-34 and updates procedures for processing DHMH 257 forms for customers on Medicare Co-Pay days. There are no procedural changes for local department staff.

### **ACTION REQUIRED:**

- I. Local Department Procedures
  - A. Local departments were instructed to process all DHMH 257 forms received in the local departments on or before **April 14, 2009** for recipients of Community Medical Assistance who are not receiving Waiver Services.

- B. Any DHMH 257 form received from the Utilization Control Agent (UCA) with a date of April 15, 2009 or later in the **date** field in section "**Action Requested**", must be forwarded to:

LTC Processor  
P.O. Box 13066  
Baltimore, Maryland 21203

- C. The Division of Eligibility Waiver Services (DEWS) staff will continue to process 257 forms for customers receiving Waiver Services.

II. LTC Provider Procedures for a LTCF Stay Less Than 30 Days

- A. LTC providers must submit DHMH 257 forms to the LTC Processor for recipients of Community Medical Assistance not receiving Waiver Services who are admitted to a LTCF for less than 30 days.

- B. The LTC provider must:

- Complete the DHMH 257 form clearly indicating "Community MA"
- **Not** enter the local department of social services address on the DHMH 257 form in the local department address field but must enter the following address:

LTC Processor  
P.O. Box 13066  
Baltimore, Maryland 21203

- Submit the DHMH 257 form to the UCA for Level of Care.

Note: For a Utilization Control Agent (UCA) stay of less than 30 days, providers cannot submit the DHMH 257 form **without** a discharge date.

III. LTC Provider Procedures for Medicare Co-Pay Days

- A. The LTC Provider:

1. Completes the DHMH 257 form clearly indicating "Community MA";
2. Specifies **Medicare Coinsurance** in the Action Requested section in the **Begin Payment/Other** field;
3. Indicates the **actual Medicare co-pay end date** in the Action Requested section, in the **Cancel Payment/Other** field; and
4. Submits the DHMH 257 form directly to the LTC Processor and not to the UCA, since Medicare has already determined Level of Care.

**Note: Providers can no longer enter an anticipated date of discharge; they must wait until a community medical assistance recipient with Medicare is discharged from the LTCF before they submit the DHMH 257 form.**

B. Providers can submit the DHMH 257 form by mail or e-mail

1. When mailing the DHMH 257 form, send to:

LTC Processor  
P.O. Box 13066  
Baltimore, Maryland 21203

2. Providers e-mailing the DHMH 257 form must do the following:

- Establish a LTC Provider Password by completing and returning the attached LTC Provider Password Identification form (Attachment A) to the following address:

LTC Processor  
P.O. Box 13066  
Baltimore, Maryland 21203

- Submit the DHMH 257 form to the following e-mail address:

➤ [LTC25750Process@dhr.state.md.us](mailto:LTC25750Process@dhr.state.md.us)

**INQUIRIES:** Direct MA policy questions to DHMH's Division of Eligibility Policy at 410-767-1463, or 1-800-492-5231 (select option 2 and request extension 1463); operational questions to the Bureau of Long-Term Care Eligibility at (410) 455-7517.

cc: DHMH Management Staff  
FIA Management Staff  
Constituent Services  
DHR Executive Staff  
DHR Help Desk

**LTC PROVIDER PASSWORD IDENTIFICATION FORM**

**DATE:** \_\_\_\_\_

**PROVIDER ID:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**PASSWORD:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_