

CODE OF MARYLAND REGULATIONS (COMAR)

10.09.67.12

.12 Benefits — Long-Term Care Facility Services.

A. An MCO shall provide to its enrollees medically necessary services in a chronic hospital, a rehabilitation hospital, or a nursing facility for:

(1) The first 30 continuous days following the enrollee's admission; and

(2) Any days following the first 30 continuous days of an admission until the date the MCO has obtained the Department's determination that the admission is medically necessary as specified in §D of this regulation.

B. Acute care services provided within the first 30 days following an enrollee's admission to a long-term care facility do not constitute a break in calculating the 30 continuous day requirement if the enrollee is discharged from the hospital back to the long-term care facility.

C. The MCO shall reserve nursing facility beds for recipients hospitalized for an acute condition within the first 30 days, not to exceed 15 days per single acute visit.

D. At the time of effecting any nursing facility admission that is expected to result in a length of stay exceeding 30 days, the MCO shall secure a determination by the Department that the admission is medically necessary.

E. The Department shall render a determination with respect to the medical necessity of a stay in a nursing facility as specified in §D of this regulation within 3 business days of receipt of a complete application from the MCO.

F. A determination by the Department that the admission is medically necessary does not relieve the MCO of the obligation to pay for the admission through the day on which the determination is made.

G. An MCO shall use the Department's criteria for determining medical necessity for the days described in §A(1) of this regulation.

For the most recent regulations, please refer to the Code of Maryland Regulations (COMAR) at:

<http://www.dsd.state.md.us/comar>