



Office of Health Services  
Medical Care Programs

Maryland 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. 66  
September 29, 2008

To: Medical Day Care Centers  
From: *Susan J. Tucker*  
Susan 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

Subject: Medical Day Care Services Waiver - Policy on Transfers of Participants Between Participating Providers

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Participants in the Medical Day Care Services Waiver (MDCSW) may elect, at any time, to transfer between medical day care centers that participate as MDCSW providers at any time. The purpose of this transmittal is to establish a streamlined process for medical day care providers to follow in order to facilitate participant choice.

Participants in the MDCSW may transfer between participating MDCSW providers without a redetermination of their medical eligibility. When a participant elects to transfer from one participating provider to another, the original date of entry into service will be preserved for purposes of Continued Stay Review (annual redetermination or 120 day review for direct admissions from a hospital). This means that admitting providers must seek a redetermination of medical eligibility timed from the original admission date into service, not from the date of transfer into their center. It is the admitting provider's responsibility to ensure such redeterminations are done timely and in accordance with Medical Day Care Transmittal No. 62.

The process for transferring a Medical Day Care Services Waiver participant from one provider to another is as follows:

1. As with any potential admission, the provider's admission staff (social worker or registered nurse) should interview the participant to ensure its center can meet the participant's needs.

2. When the participant wishes to be admitted and the center can meet the participant's needs, the admitting center is to document the participant's choice to transfer to its center by obtaining from the participant a signed and dated Voluntary Consent to Transfer (VCT) Form (attached).
3. The admitting center is to inform the discharging center of the participant's decision and forward a copy of the VCT Form to the discharging center.
4. Upon receipt of the form, the discharging center is to forward to the admitting center a copy of the participant's most recent level of care determination, Freedom of Choice Consent Form, current Service Plan, current Plan of Care, current physician's order, and STEPS assessment. This information is to be forwarded by the discharging center within seven business days of the request to assist the participant with a smooth transition from one center to another. Please note that centers are to forward the STEPS assessment completed by AERS if the participant was enrolled into the Medical Day Care Services Waiver within the last six months. Providers do not need to forward a STEPS assessment for participants who have been enrolled in the Medical Day Care Services Waiver longer than six months. Providers are not to request a new STEPS assessment from AERS when a participant is transferring from one center to another.
5. Upon receipt of these documents, the admitting center must determine if the Service Plan, Plan of Care and physician orders are current and meet regulatory requirements. It is the admitting center's responsibility to ensure all MDCSW requirements are met.
6. The admitting and discharging centers are to coordinate the admission and discharge date(s) so as to facilitate the participant's choice.
7. For all participants admitted as voluntary transfers, the admitting provider is to submit a completed VCT Form to the Division of Community Long Term Care, Office of Health Services.

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

Attachment (1)

Medical Day Care Services Waiver  
Voluntary Consent to Transfer Form

I, \_\_\_\_\_ currently attend  
(Participant's Name, MA #)  
\_\_\_\_\_ and would like to transfer to  
(Day Care Center)  
\_\_\_\_\_. I anticipate beginning  
(Day Care Center)  
attendance on or about \_\_\_\_\_  
(Date)

I authorize the release of the following documents to the day care center to which I am transferring:

1. A copy of my most recent level of care determination.
2. A copy of my Freedom of Choice Consent Form.
3. A copy of my current service plan.
4. A copy of my current plan of care.
5. A copy of my current physician's order.
6. A copy of my STEPS assessment, if it has been completed within the last six months.

\_\_\_\_\_  
Participant's or Authorized Representative Signature Date

\_\_\_\_\_  
Print Name of Admitting Center's Authorized Staff

\_\_\_\_\_  
Admitting Center's Authorized Staff's Signature Date

\_\_\_\_\_  
Admitting Center's Contact Telephone Number