



## Report of Administrative Days- Mt. Washington Pediatric Hospital

Please adhere to the program requirements listed below as well as Hospital Transmittal 258. Failure to provide the MDH 1288 form timely will result in a denial of administrative payment.

Patient First Name \_\_\_\_\_ Patient Last Name \_\_\_\_\_

Medical Assistance # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hospital Name \_\_\_\_\_ MA Provider # \_\_\_\_\_

Diagnosis (Admission) \_\_\_\_\_

Diagnosis (Discharge) \_\_\_\_\_

Patient Admission Date \_\_\_\_\_

Begin Date for Administrative Days \_\_\_\_\_

UCA Case ID(s) Associated with Patient \_\_\_\_\_

Reason for Extended Stay \_\_\_\_\_

### Other Level of Care Requests and Discharge Planning Log

For patients in a chronic or special pediatric hospital, placement activity must begin on the date the level of care is no longer met and must be conducted no fewer than 3 days per week thereafter. The MDH 1288 form must be submitted every 14 days. Please see COMAR 10.09.93.08 and COMAR 10.09.94.06 for more information.

Discharged to \_\_\_\_\_

Discharged Date \_\_\_\_\_

Length of Stay \_\_\_\_\_

Number of Administrative Days Requested \_\_\_\_\_

Review Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

