

**Maryland Department of Health and Mental Hygiene**

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM  
Nursing Home Transmittal No. 201**

April 7, 2006

**TO:** Nursing Home Administrators

**FROM:** 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:** Guidance Concerning the Completion of DHMH 2129, "Report of Administrative Days"

This transmittal updates the form for requesting administrative days and provides guidance on satisfying the regulatory requirements for reimbursement for administrative days.

**Background**

Administrative days are days of service covered by the Maryland Medical Assistance Program in cases where individuals receive Medicaid-covered nursing facility services but are subsequently found to no longer meet the medical eligibility requirements. Administrative days are subject to several requirements and must be approved by the Program's utilization control agent. The regulatory provisions that govern administrative days can be found at COMAR 10.09.10.16E.

**New Administrative Day Form for Nursing Facilities**

Enclosed is an updated copy of the DHMH 2129, "Report of Administrative Days." Effective immediately, nursing homes should use the enclosed DHMH 2129 when seeking approval of administrative days. This new form should replace older versions of the DHMH 2129.

The instructions for the preparation of the DHMH 2129 form are found on the reverse side and provide the guidance necessary to comply with COMAR 10.09.10.16E. Please submit a separate form for each month for which you are seeking reimbursement for administrative days.



### **Guidance on Providing Documentation of Attempts at Alternative Placement**

Several providers have been submitting insufficient documentation on their attempts to find alternative placement for the resident. At a minimum, documentation must contain:

- The names of the facilities or community providers contacted;
- Date of each contact; and,
- Results of the contact.

Documenting fewer than three attempts at alternative placement during the month in which administrative days are being requested, or allowing a two-week period to pass without any documented attempts to seek alternative placement, suggests that the provider is not actively pursuing placement for the individual. In either instance, unless there is sufficient documented justification, the Department may deny administrative days for the entire month. In addition, the facility must have implemented a pre-discharge planning program and initiated discharge and placement actions for the recipient at the earliest appropriate time.

### **Documentation if the Resident Cannot Safely Move to Another Setting**

In some cases, a resident may not qualify for nursing facility services but cannot safely move to another setting. COMAR 10.09.10.16E(3) describes the conditions under which the Program will reimburse for administrative days in this instance. The necessary requirements are as follows and, if applicable, should be documented on the DHMH 2129:

- The attending physician has declared that, because of physical or emotional problems, the recipient is unable to be moved;
- The reason the recipient cannot be moved is adequately documented by the attending physician in the recipient's record; and
- Reevaluation by the attending physician of the recipient's inability to be moved and appropriate documentation of it in the recipient's record have been made at least every 60 days.

Since the DHMH 2129 is the tool that is used to approve or disapprove reimbursement for administrative days, it is crucial that it be completed in its entirety with all the blanks properly addressed. Non-compliance with COMAR 10.09.10.16E authorizes the Program to deny reimbursement for administrative days. Providers can protect against a denial of reimbursement by diligently pursuing community placements and thoroughly completing the DHMH 2129, "Report of Administrative Days."

If you would like to receive an electronic version of the DHMH 2129, please contact the Division of Long Term Care at 410-767-1736.

Any questions regarding this transmittal should be directed to the Division of Long Term Care at the above noted telephone number.

Enclosure

cc: Nursing Home Liaison Committee

**REPORT OF ADMINISTRATIVE DAYS IN A NURSING FACILITY – DHMH 2129**

**NOTE: A separate form is to be submitted monthly. Please write legibly.**

Dates of administrative days requested: From \_\_\_\_\_ Through \_\_\_\_\_

Facility name: \_\_\_\_\_

Resident name: \_\_\_\_\_

Medical Assistance number: \_\_\_\_\_

Reclassified from NF to: Less than NF \_\_\_\_\_ ICF/MR \_\_\_\_\_ Effective date: \_\_\_\_\_

List the dates action was taken to find appropriate placement and briefly describe each.  
If resident cannot be moved, physician documentation is necessary and should be attached and noted below.

Date	Actions Taken and Outcomes

Number of administrative days requested: \_\_\_\_\_

Administrator or designee signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Utilization Control Agent Certification – For UCA Use Only**

UCA Name: \_\_\_\_\_

Days approved: \_\_\_\_\_ Reason (if different from days requested): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions for Preparation of

**REPORT OF ADMINISTRATIVE DAYS – DHMH 2129**

- A. **General:** This report is divided into two major sections which are to be completed by the originating nursing facility and certifying utilization control agent (UCA). The source of all information is the patient's record. Detailed instructions for preparation of the form are in the following sections.
- B. **Nursing Facility**
1. **Dates of administrative days requested** – Enter the inclusive calendar dates for the period covered by the report. The “from” date will be the day administrative days started if this occurred during the current calendar month. Otherwise, enter the first day of the month. The “through” date will be the day administrative days ended (i.e., the date of death or the day prior to the date of discharge), if this occurred during the current month. Otherwise, enter the last day of the month.
  2. **Facility name** – Enter the full name of the reporting facility.
  3. **Resident name** – Enter the full name of the patient as it appears on the Medical Assistance (MA) card.
  4. **Medical Assistance Number** – Enter the patient's MA number.
  5. **Reclassification** – Place a check mark on the appropriate line. Enter the effective date of the reclassification.
  6. **Dates and actions taken** – List the dates on which actions were taken to find appropriate placement and briefly describe each action and the outcome. The statements should be descriptive and verifiable to the resident's records. Report only those actions taken during the period covered by this report. A separate sheet may be used if necessary.
  7. **Administrative days requested:** Enter the number of days covered by the report.
  8. **Administrator or designee signature:** The administrator or designee must sign the report in order for it to be accepted.
  9. **Title:** Enter the title, within the facility, of the individual signing the report (e.g., Administrator, Social Worker, etc.).
  10. **Date signed:** Enter the date that the report is signed.
- C. **Utilization Control Agent**

The section entitled **UTILIZATION CONTROL AGENT (To be completed by the UCA)** will be completed by the utilization control agent. Please leave it blank.