

DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION
MEDICAL ASSISTANCE/LONG TERM CARE

TO: _____

DATE: _____

FROM: _____

RE: Disposition of Unprocessed DHMH 257 Forms

RE: _____
(Name) (DOB) (Medicaid No. If Known)

1. The attached 257 has been forwarded to the _____ Department of Social Services because a clearance shows the patient has a pending application for Medical Assistance in their jurisdiction, or the patient's home prior to entering your facility was located in their jurisdiction.
2. The attached 257 is being returned to your facility because we have not yet received an application for Medical Assistance/Long Term Care for the patient.
3. The attached 257 is being returned because it has not been authorized by the Utilization Control Agent.
4. The attached 257 is being returned because the client has been determined ineligible for Medical Assistance/Long Term Care.
5. The attached 257 is being returned because the action requested must be processed via DHMH 259.
6. Other _____

(Agency Representative)

(Telephone Number)