





Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
MCO Transmittal No. 257
December 19, 2025

TO: Managed Care Organizations
 Long-Term Care Facilities
 Skilled Nursing Facilities
 Nursing Homes

FROM: Monchel Pridget, Acting Director
 Office of Medical Benefits Management 
 Jamie Smith, Director 
 Office of Long Term Services and Supports

RE: Calculating Continuous Stays under HealthChoice Long Term Care Coverage

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

This transmittal clarifies the process for calculating the 90 days of continuous HealthChoice long term care coverage when an enrollee's stay in a long-term care facility (LTCF) is interrupted by a period of acute hospital services. This transmittal should be read in conjunction with [PT 18-26 Additional Guidance - HealthChoice Long Term Care Coverage](#) and [PT 36-23 Clarification of HealthChoice Coverage for Long Term Care Facilities](#).

Pursuant to COMAR 10.67.06.07(B)(4), the days during the enrollee's acute care hospital stay will count toward the Managed Care Organization's (MCO) 90 days in the LTCF if the enrollee returns to the LTCF before day 91. If an enrollee is admitted to an acute care hospital during their LTCF stay and returns to the same LTCF before day 91, the days spent in the hospital will be counted towards the MCO's 90-day LTCF stay.

If an enrollee is admitted to an acute care hospital prior to day 75 during their LTCF stay and is discharged back to the LTCF after day 90, the 90-day count for continuous admission to the LTCF restarts.

If the LTCF seeks a level of care determination from Medicaid's utilization control agent on or after day 75 while the enrollee is still in the LTCF, and the enrollee is admitted to an acute care

hospital and returns to the LTCF after day 90, the continuous 90-day count for LTCF admission may continue without restarting.

However, until the Maryland Department of Health disenrolls an individual from a HealthChoice MCO into Medicaid fee-for-service, the enrollee's care remains the responsibility of the HealthChoice MCO. LTCFs should continue to coordinate with the MCO on matters of payment and discharge if the enrollee does not satisfy the level of care requirements described in detail in PT 18-26 and PT 36-23.

For questions related to this transmittal, please contact mdh.healthchoiceprovider@maryland.gov.