




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

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Medical Day Care Transmittal No. 104**  
**March 10, 2026**

**TO:** Case Management Agencies

**FROM:** Jamie Smith, Director   
Office of Long Term Services and Supports

**RE:** Fiscal Year 2026 Case Management Rates for Medical Day Care Services

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

This transmittal provides the reimbursement rate and procedure code for case management services rendered to participants of the Medical Day Care Services Waiver (MDC). Effective March 16, 2026, MDC case management agencies, shall use procedure code S5103 and be reimbursed at \$23.2645 per 15-minute unit for billable MDC case management services rendered.

All billable activities must be logged in LTSSMaryland for adjudication by the Maryland Medicaid Information System. Billable activities must be greater than or equal to eight minutes in duration. All time spent with or for a participant in a given day is added up to determine how many units are paid. Billable activities include, but are not limited to, the following:

- (1) Plan of Service (POS) development;
- (2) POS revision;
- (3) Documentation (optional 257, medical orders, Freedom of Choice, signature sheets);
- (4) Monitoring services (service utilization, claims, in-person visit, quarterly contacts activity, 180 day in-person meeting);
- (5) Satisfaction survey;
- (6) Final rule surveys;
- (7) Reportable events;
- (8) Referrals to resources;
- (9) Discharge planning and follow-up;
- (10) Annual redetermination assistance;
- (11) Meeting with the participant;
- (12) Coordinate emergency backup provider(s); and
- (13) Coordinate transition.

Non-billable activities include, but are not limited to, the following:

- (1) Activities less than eight minutes in duration;
- (2) Services provided to individuals not enrolled in the program at the time services were rendered;
- (3) Routine eligibility verification;
- (4) Credentialing certification or oversight activities, such as gathering and submitting care plans or service data;
- (5) Contact with the Maryland Department of Health or its designee to request or review authorization of services;
- (6) Completion of billing documentation;
- (7) Completing progress notes;
- (8) Intra-agency activities (individual or group supervision, oversight case reviews, and ad hoc consultation, including for the purpose of treatment planning, unless the participant is present);
- (9) Time spent in staff training;
- (10) Travel time;
- (11) Attempted contacts or leaving messages, including missed or canceled appointments and visits where the participant is not present; and
- (12) Services provided by staff who do not meet the definition and minimum qualifications of a case manager.

For questions regarding this transmittal, please contact David Cline, Contract Monitor, at 410-241-8012 or [mdh.mdccmaprogram@maryland.gov](mailto:mdh.mdccmaprogram@maryland.gov).