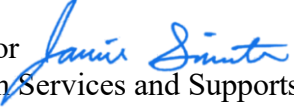




Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Nursing Home Transmittal No. 309
April 23, 2026

TO: Nursing Facility Administrators
 Nursing Facility Liaison Committee

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

RE: Administrative Days Reimbursement in Nursing Facilities

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

This transmittal clarifies requirements for the reimbursement of administrative days, regarding placement attempts, timely request submissions, and appropriate billing practices. This supersedes [PT 27-06 Guidance Concerning the Completion of DHMH 2129, "Report of Administrative Days"](#) and [PT 25-11 Administrative Days in Nursing Facilities](#).

Regulatory Requirements and Placement Attempts

Per [COMAR 10.09.10.26D](#), administrative days apply to Medicaid participants who no longer meet medical eligibility for institutional care but still require nursing facility services until an appropriate placement is secured. To qualify for payment, the facility must actively pursue placement at home or in another appropriate setting during the entire administrative days period. Unless an appeal is pending, facilities must document at least three placement attempts per month, with no more than a two-week interval between each attempt. Please note that for residents who no longer meet a nursing facility level of care, another nursing facility does not qualify as an appropriate placement.

Documentation and Timely Submission

Documentation must include the contact date, the name of the facility or agency, the person contacted, and the outcome of that outreach. Maryland Medicaid may deny administrative days for the entire month if it deems these attempts insufficient or inappropriate. The nursing facility seeking administrative days payment is responsible for fully completing and submitting all forms to the Utilization Control Agent (UCA), currently Telligen, in a timely manner.

Facilities must submit the MDH 2129 form (Revised 4/2026) to the UCA no later than 15 calendar days after the claim month ends. Please fax the completed form to **888-297-4276**, **ATTN: Admin Days**. Failure to submit required documentation may result in payment denial or recovery, in accordance with [COMAR 10.09.10](#).

Appeals and Billing Eligibility

If a participant is determined to no longer meet medical eligibility requirements and requests a timely appeal within 10 days from the notification letter date, the nursing facility may continue to receive full Medicaid reimbursement until a decision is reached. Otherwise, nursing facilities must request and bill administrative days in the following circumstances:

- (1) The participant no longer meets medical eligibility requirements and requests an untimely appeal more than 10 days after the notification letter date;
- (2) The participant no longer meets medical eligibility requirements and does not appeal, but remains at the nursing facility while seeking appropriate placement;
- (3) Maryland Medicaid's medical eligibility determination is upheld following a hearing*;
and
- (4) A settlement is reached during the appeals process that allows the participant to continue receiving nursing facility services at the administrative day rate.

*If the nursing facility receives the full Medicaid reimbursement during a timely appeal, it must transition to the administrative day rate on the day the Administrative Law Judge issues a decision upholding the level of care denial.

Billing and Revenue Codes

Revenue code 0169 is the only revenue code facilities should use when billing for participants on administrative days, except for payment for ancillary services, which are expected to be rare for this population. Maryland Medicaid may recoup all payments if it determines that a facility sought full reimbursement when it should have billed the administrative day rate. Additionally, Maryland Medicaid may recoup payments if a facility fails to comply with any requirements for administrative day payments.

For questions regarding this transmittal, please contact Jarrod Terry, Chief, Institutional Services at the Office of Long Term Services and Supports at jarrod.terry@maryland.gov or 410-767-6764.

Attachments: 2

Maryland Department of Health – Office of Health Services
REPORT OF ADMINISTRATIVE DAYS IN A NURSING FACILITY – MDH 2129

NOTE: A separate form is to be submitted monthly. Please write legibly. Form must be complete.

Dates of administrative days requested. From ____/____/____ Through ____/____/____

Facility name: _____ Phone: _____

Resident name: _____ Date of Birth: _____

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
	<i>This section does not need to be completed if the case is under appeal. Please indicate if this case has been appealed. Yes <input type="checkbox"/> / No <input type="checkbox"/></i>

Number of administrative days requested: _____

Administrator or designee: _____
(Print name)

(Signature)

(Title)

(Date)

Utilization Control Agent Certification – for UCA Use Only

UCA Representative: _____
(Please Print Rep. Name & UCA Organization)

No. Days approved: _____ **Reason (if different from days requested):** _____

Signature: _____ **Date:** _____

Instructions for Preparation of

REPORT OF ADMINISTRATIVE DAYS – MDH 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. Form must be complete.

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 and telephone number of the administrator or designee.
3. Resident name – Enter the full name of the patient as it appears on the Medical Assistance (MA) card.
4. Date of Birth - Enter the patient's date of birth.
5. Medical Assistance Number – Enter the patient's MA number.
6. Reclassification – Place a check mark on the appropriate line. Enter the effective date of the reclassification.
7. Dates and actions taken – Indicate the Appeal Status. 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.
8. Administrative days requested – Enter the number of days covered by report.
9. Administrator or designee signature – The administrator or designee must print name and sign the report in order for it to be accepted.
10. Title – Enter the title, within the facility, of the individual signing the report (e.g., Administrator, Social Worker, etc.).
11. 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.