



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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PT 35-15

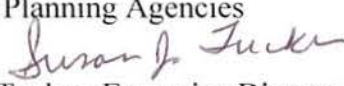
Office of Health Services
Medical Care Programs

MARYLAND MEDICAL ASSISTANCE PROGRAM

Medical Day Care Transmittal No. 86

May 15, 2015

TO: Medical Day Care Providers
Adult Evaluation and Review Services (AERS) Units
Supports Planning Agencies

FROM: 
Susan J. Tucker, Executive Director
Office of Health Services

RE: Revised Freedom of Choice Consent Form and Medical Day Care Documentation Chart

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

The purpose of this transmittal is to clarify the process regarding enrollment into the Medical Day Care Services Waiver, and to provide medical day care providers with an updated Freedom of Choice Consent Form and revised Medical Day Care Documentation Chart.

Maryland Medicaid requires the annual submission of the Freedom of Choice Consent Form to ensure that Medical Day Care Services Waiver participants are informed of their right to choose community-based services in lieu of institutional care services in a nursing facility, and to inform participants of their right to choose their service provider. The Freedom of Choice Consent Form has been revised to allow participants the ability to identify a selected provider. It also provides the option for the supports planner to sign as a witness, for individuals who are participants in the Community First Choice program.

Effective immediately, please begin using the revised Freedom of Choice Consent Form (attached). MDC providers are still required to submit this consent form to the Division of Community Long Term Care, along with the Long Term Care Patient Activity Report (DHMH 257) and Continued Stay Review Certification Form. Please discontinue using the Freedom of Choice Consent Form that was issued with Medical Day Care Transmittal No. 82, dated April 17, 2013.

The Medical Day Care Waiver Documentation Chart that was issued with Medical Day Care Transmittal No. 79, dated September 21, 2011, has also been revised. Please note that physician

orders are now required when submitting initial enrollments, to ensure the accuracy of the accompanying service plans. Please note the following changes in documentation requirements:

- The InterRAI Results Summary page replaces the Delmarva Certification; and
- The LTSSMaryland AERS Recommended Plan of Care replaces the STEPS Recommended Plan of Care.

The updated Medical Day Care Waiver documentation chart is attached to assist providers with identifying documents required for initial enrollments, continued stay reviews, transfers, and discharges. Please disseminate the revised chart to appropriate staff.

Questions regarding the Medical Day Care Services Waiver may be directed to the staff of the Division of Community Long Term Care, Office of Health Services, at (410) 767-1444.

cc: Maryland Association of Adult Day Services
Delmarva Foundation
Eligibility Determination Division
Health Facilities Association of Maryland

Attachments: Freedom of Choice Consent Form
Medical Day Care Waiver Documentation Chart

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**MEDICAL DAY CARE SERVICES WAIVER
FREEDOM OF CHOICE CONSENT FORM**

Applicant/ Participant Consent (Check selection, sign and date):

_____ I choose to receive home and community-based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver.

I have received a list of enrolled Medicaid providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service: _____

_____ I choose to receive institutional long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.

_____ I choose neither option. Explanation (optional):

Print Name: _____ MA#: _____
Applicant/ Participant

Signature: _____ Date: _____
Applicant/ Participant/ Authorized Representative

Witness: _____ Date: _____
(Circle One) Hospital Staff/ AERS/ Supports Planner/ MDC Center Staff

Medical Day Care Waiver Documentation Chart

Category	Initial Enrollments	Continued Stay Reviews	Transfers	Discharges
Freedom of Choice Consent Form	√	√		
InterRAI HC MD Results Summary	√			
LTSS Maryland AERS Recommended Plan of Care	*			
ADCAPS/Service Plan	√	*		
Plan of Care Problem List, Frequency, & Personal Goals/Preferences	√	*		
Multidisciplinary Signature Page	√			
Physician Orders	√	*		
DHMH 257	√	√		√
DFMC Certification	*	*		
CSR Cert. Form		√		
VCT Form			√	
Discharge Form/Summary				√

KEY

√ - Required documents, submit to the Division of Community Long Term Care, maintain copy in center file.

* - Required documents, submit when requested by the Division of Community Long Term Care, maintain copy in center file.