




Maryland Department of Health and Mental Hygiene  
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Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Medical Day Care Transmittal No. 53**  
**July 26, 2005**

**TO:** Medical Day Care Centers

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

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

**RE:** Continued Stay Reviews

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Effective October 1, 2005, Maryland Medicaid requires continued stay reviews annually for recipients of Medical Day Care services to ensure the appropriate expenditure of State and federal Medicaid dollars. The purpose of the continued stay review is to ensure that recipients of Medical Day Care services continue to be medically eligible for the service. For Medicaid recipients who participate in either the Older Adults or the Living at Home Waiver programs, eligibility for continued receipt of Medical Day Care is already determined at the time of their annual waiver eligibility re-determination, therefore, they are not subject to continued stay review as addressed in this transmittal.

Continued stay reviews are to be initiated by the Medical Day Care provider and must be completed by the recipient's due date for the provider to continue to receive reimbursement. The due date for a recipient's continued stay review is the first of the month that corresponds to the anniversary month in which the recipient began service as a Medicaid beneficiary with that provider. For example, the first of October is the continued stay review due date for all recipients currently receiving service who began that service from that provider as a Medicaid beneficiary during October of any year.

The first date the continued stay review decisions are due for centers to continue to receive reimbursement is October 1, 2005. Prior to August 1, 2005 each Medical Day Care provider will receive a listing of Maryland Medicaid recipients that they have recently served. Each provider is to review the list to identify those recipients that they continue to serve and to add the names of any Medicaid recipients currently being served who are not on the list. The provider is to note next to each active recipient's name, the date that they began service in their center as a Medicaid recipient. This annotated list is



to be returned to the Medicaid Program and the provider is to retain a copy. The annotated list will serve to identify the date that each Medicaid recipient's continued stay review decision is due.

Medical Day Care providers may initiate continued stay reviews up to two (2) months in advance of a recipient's due date. For example, a continued stay review with a due date of October 1, may be initiated as early as the preceding August 1st. **As the effective date of the continued stay review decision is the continued stay review due date, there is no potential penalty to either a recipient or a provider in seeking an early decision.** In fact, providers are encouraged to initiate the continued stay review as early as possible within the two (2) month period to ensure the completion of the review prior to its due date should an on-site review be necessary. In this manner providers may avoid disruption of reimbursement for covered services to eligible recipients. It also will afford providers a greater opportunity to initiate discharge planning for recipients who are determined to no longer be eligible for Medical Day Care services. **Please be advised that services beyond the continued stay review due date will not be reimbursed unless continued stay is approved or the outcome of a fair hearing request submitted timely is pending.**

To initiate continued stay review, a registered nurse employed by the center must evaluate the recipient using form DHMH 3871-B and sign the form attesting its accuracy. **A physician signature is not required on a DHMH 3871-B submitted for a continued stay review determination.** When appropriate, the provider's registered nurse or other qualified professional should administer the Folstein Mini-Mental examination and include the results on the DHMH 3871-B. At the provider's discretion, the "Additional Information" form may be completed and submitted in support of the DHMH 3871-B. Other information that the provider believes is relevant to accurately assess the recipient's need for a Nursing Facility level of care and, thus, Medical Day Care, may be submitted. The completed DHMH 3871-B and additional information as appropriate is to be sent to the Program's Utilization Control Agent. Medical Day Care Transmittal No. 50 issued June 14, 2004 provides complete instructions on the use of the DHMH 3871-B.

The Medicaid Program's Utilization Control Agent (UCA) will review the information provided within three (3) business days of receipt. If the recipient is found eligible, the provider will be notified. Should the UCA be unable to establish medical eligibility based upon the information provided, the UCA will contact the provider to schedule an on-site review. The on-site review is to be scheduled with the Medical Day Care provider within fourteen (14) business days and conducted within thirty (30) business days of receipt of the DHMH 3871-B. A decision will be reached and issued within seven (7) days of the on-site review.

The Department's Utilization Control Agent will make its continued stay review eligibility decisions in accordance with Health-General Article, § 15-111, Annotated Code of Maryland and COMAR 10.09.07 Medical Day Care Services. As such, authorization for continued receipt of Medicaid funded Medical Day Care services will be authorized for recipients who require a Nursing Facility level of care. In making its continued stay review decision, the Utilization Control Agent will consider the information provided on the DHMH 3871-B and all collateral documentation submitted or derived from a review of the Medical Day Care provider's record.

In all instances in which a recipient is determined to no longer be medically eligible for Medical Day Care based on Nursing Facility level of care, they will be advised in writing, complete with notification of their right to contest the determination in a fair hearing. Medical Day Care providers will be copied on these letters. Benefits will continue pending the outcome of the fair hearing provided the recipient files for a fair hearing within ten (10) days of receipt of the adverse action letter. Adverse action letters will advise recipients who are found no longer medically eligible for Medical Day Care services to discuss this with their Medical Day Care provider. Medical Day Care providers may assist recipients in pursuing their fair hearing to contest the adverse decision if the recipient so elects. Medical Day Care providers are expected to actively assist recipients who are no longer eligible for Medical Day Care services with accessing service(s) appropriate to their needs. Examples of appropriate referrals may include, but are not limited to, the Local Area Agency on Aging, the Local Core Services Agency, the Regional Office for the Developmental Disabilities Administration and the Local Health Department. These efforts must be documented in accordance with the requirements of COMAR 10.09.07.06A(7).

Questions regarding the continued stay review process may be asked of the Medical Day Care Program staff by calling 410-767-1444.