



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: #09-34

Effective Date: April 15, 2009

Issuance Date: April 15, 2009

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF**

**FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA
CHERYL A. CAMILLO, EXECUTIVE DIRECTOR, DHMH/OES**

**RE: LONG-TERM CARE FACILITY STAY FOR LESS THAN 30-DAYS OR
MEDICARE CO-PAY DAYS**

PROGRAM AFFECTED: MEDICAL ASSISTANCE

**ORIGINATING OFFICES: OFFICE OF PROGRAMS AND DHMH'S OFFICE OF
ELIGIBILITY SERVICES (OES)**

SUMMARY: The Department of Health and Mental Hygiene (DHMH) and the Department of Human Resources (DHR) have collaborated with the nursing home community to streamline the eligibility process and eliminate delays in the payment for services received in a Long Term Care facility (LTCF). Action Transmittal 06-30 released March 3, 2006 outlined policy and procedures for local departments and nursing home providers when processing the Long-Term Care Patient Activity Report (DHMH 257) and submission of the DES 501 for recipients of Community Medical Assistance who were admitted to a LTCF for less than 30 days or for Medicare co-pay days in a LTCF. This transmittal revises the 257 process outlined in Action Transmittal 06-30 for recipients of Community Medical Assistance who are not receiving Waiver Services.

ACTION REQUIRED: Effective **April 15, 2009**, DHMH 257 forms will be processed at DHR Central for recipients of Community Medical Assistance admitted to a LTCF for less than 30 days or for Medicare co-pay days. Recipients receiving Waiver services will continue to have the DHMH 257 forms processed at the Division of Eligibility Waiver Services (DEWS). **Local department staff must process any DHMH 257 forms received on or before April 14, 2009.**

I. Local Department Procedures

- A. DHMH 257 forms received in the local departments on or before **April 14, 2009** for recipients of Community Medical Assistance who are not receiving Waiver Services must be completed by **May 1, 2009**.

- B. Any DHMH 257 form received from the Utilization Control Agent (UCA) with a date of April 15, 2009 or later in the **date** field in section “**Action Requested**”, must be forwarded to:

LTC Processor
P.O. Box 13066
Baltimore, Maryland 21203

- C. The Division of Eligibility Waiver Services (DEWS) staff will continue to process 257 forms for customers receiving Waiver Services.

II. LTC Provider Procedures for a LTCF Stay Less Than 30 Days

- A. Effective **April 15, 2009**, LTC providers must submit DHMH 257 forms to the LTC Processor at DHR Central for recipients of Community Medical Assistance, not receiving Waiver Services, who are admitted to a LTCF for less than 30 days.

- B. The LTC provider must:

- Complete the DHMH 257 form clearly indicating “Community MA”
- **Not** enter the local department of social services address on the DHMH 257 form in the local department address field but must enter the following address:

LTC Processor
P.O. Box 13066
Baltimore, Maryland 21203

- Submit the DHMH 257 form to the UCA for Level of Care.

III. LTC Provider Procedures for Medicare Co-Pay Days

- A. The LTC Provider:

1. Completes the DHMH 257 form clearly indicating “Community MA”;
2. Specifies **Medicare Coinsurance** in the Action Requested section in the **Begin Payment/Other** field;
3. Indicates the **anticipated or actual Medicare co-pay end date** in the Action Requested section, in the **Cancel Payment/Other** field; and
4. Submits the DHMH 257 form directly to the LTC Processor and not to the UCA, since Medicare has already determined Level of Care.

- B. Providers can submit the DHMH 257 form by mail or e-mail

1. When mailing the DHMH 257 form, send to:

LTC Processor
P.O. Box 13066
Baltimore, Maryland 21203

2. Providers e-mailing the DHMH 257 form must do the following:

- Establish a LTC Provider Password by completing and returning the attached LTC Provider Password Identification form (Attachment A) to the following address:

LTC Processor
P.O. Box 13066
Baltimore, Maryland 21203

- Submit the DHMH 257 form to the following e-mail address:
➤ LTC25750Process@dhr.state.md.us

INQUIRIES: Direct MA policy questions to DHMH's Division of Eligibility Policy at 410-767-1463, or 1-800-492-5231 (select option 2 and request extension 1463); operational questions to DHR's Bureau of Disability Services Operations at 410-767-8907.

cc: DHMH Management Staff
FIA Management Staff
Constituent Services
DHR Executive Staff
DHR Help Desk

LTC PROVIDER PASSWORD IDENTIFICATION FORM

DATE: _____

PROVIDER ID: _____

ADDRESS:

TELEPHONE NUMBER: _____

PASSWORD: _____

SIGNATURE: _____