

**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.**

Dates of administrative days requested. From \_\_\_\_/\_\_\_\_/\_\_\_\_ Through \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility name: \_\_\_\_\_ Phone: \_\_\_\_\_

Resident name: \_\_\_\_\_

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

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