Medical Day Care Services Waiver
Frequently Asked Questions

Question	Answer/ Comment
Admissions	
Q-1: What is the difference between the admission date and the eligibility begin date of payment on the DHMH 257 Long Term Care Activity Report?	**A:** The admission date is the date the participant is admitted into the center. The begin date of payment is the date all the requirements for enrollment into the waiver have been met. The requirements for enrollment can be found in COMAR 10.09.61.04A. *Note: In most instances, the admission date and begin pay date are the same. The dates typically differ when the participant is admitted into the center under other sources of funding (i.e., OHS grant, private pay, veterans benefit).*
Q-2: What date is used by the Department staff to establish the CSR anniversary month?	**A:** The DHMH 257 Long Term Care Activity Report begin pay date is used to establish the CSR anniversary month. *Note: Information regarding the CSR anniversary month can be found in MDC Transmittal #53.*
Q-3: Under what circumstances would Department staff change the DHMH 257 Long Term Care Activity Report begin pay date submitted by a provider?	**A:** Department staff would change the DHMH 257 Long Term Care Activity Report begin pay date if the date submitted by the provider is other than the date that all requirements for enrollment are met, or the admission date, whichever is the later.
Q-4: Is an admitting provider required to submit a DHMH 257 Long Term Care Activity Report when a participant transfers between enrolled medical day care providers?	**A:** No, the admitting provider is to submit a completed Voluntary Consent to Transfer (VCT) form to the Department. The VCT form was issued to providers along with Medical Day Care Transmittal #66.

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Frequently Asked Questions

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Q-5: What date is used by the Department staff to establish the CSR anniversary month when a participant transfers between enrolled medical day care providers?	**A:** When a participant elects to transfer from one medical day care provider to another, the Department uses the original date of entry into the Waiver to establish the CSR anniversary month. The admitting provider determines the CSR anniversary month using the historical documentation received from the discharging provider. Information regarding transfers can be found in MDC Transmittal #66. *Note: To avoid the late submission of DHMH 3871B assessments, it is important to obtain the CSR anniversary month for transfers immediately. If the admitting provider is unable to identify this information or the discharging provider fails to provide required documentation, call the Department.*
Discharge from Facility/ Termination from MDC Waiver	
Q-6: Is there a requirement that the provider follow-up with a participant once discharged from the center and terminated from the Waiver?	**A:** Yes. *Note: COMAR 10.09.07.05A(7) requires that the provider has written procedures for follow-up when a participant discharges from a center. Typically, follow-up is conducted by the provider's nurse or social worker.*
Q-7: Should providers complete a new DHMH 257 Long Term Care Activity Report or fill in the discharge portion of an approved DHMH 257 Long Term Care Activity Report when discharging a participant from a facility?	**A:** It is the provider's choice. The provider may choose to submit a new DHMH 257 Long Term Care Activity Report to discharge a participant or may use the most recent DHMH 257 Long Term Care Activity Report, completing the section under "Cancel Payment". *Note: A copy of all DHMH 257 Long Term Care Activity Reports must be maintained by the provider.*

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Frequently Asked Questions

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Q-8: How long of a period may a waiver participant be on a leave of absence?	**A:** A waiver participant may be on leave of absence for 90 consecutive days. The date of waiver termination is the 91st consecutive day of absence from the facility.
Q-9: Is a new DHMH 3871B assessment required if a terminated participant wishes to re-enroll in the Waiver and return to the facility?	**A:** Yes, a new DHMH 3871B assessment for NF LoC must be conducted by AERS if the participant has been terminated from the Waiver by the Department. *Note: Providers may call (410) 767-1444 to check the status of the participant before advising the participant to request a DHMH 3871B assessment.*
Q-10: What is the requirement for terminating Waiver participants admitted into a nursing home?	**A:** A participant admitted into a nursing home must be terminated from the Waiver if his nursing home stay exceeds 30 consecutive days. Waiver participants are terminated on the 31st day of their nursing home stay.
Operations	
Q-11: Does State regulation require that the frequency of medical day care service to be included in the physician's order, service plan and plan of care?	**A:** Yes. *Note: The requirements for physician's orders are found under COMAR 10.09.07.03H(4)(b).* *Note: The definitions of "service plan" and "plan of care" are found under COMAR 10.09.07.01B.*
Q-12: What is the timeframe for updating the frequency of medical day care service in the service plan?	**A:** The prescribed frequency of the medical day care service is updated in the service plan annually or when the needs of the waiver participant changes. *Note: A physician's order must be obtained prior to updating the service plan and days of service in excess of frequency specified in the service plan are not covered by Medicaid.*

Medical Day Care Services Waiver
Frequently Asked Questions

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Q-13: What is the timeframe for updating the frequency of medical day care service in the care plan?	**A:** The prescribed frequency of the medical day care service is updated in the care plan semiannually or when the needs of the waiver participant changes.
Q-14: What is the Department's definition of full time and part time?	**A:** COMAR 10.09.07, Medical Day Care Services, does not define full time or part time. The Department, however, defines full and part time in COMAR 10.12.04. The definitions are as follows: "Part-time" means less than full-time. "Full-time" means 40 hours per week or the standard workweek adopted by the center.
Q-15: Is the plan of care a component of the Adult Day Care Assessment and Planning System (ADCAPS)?	**A:** Yes, the plan of care is a component of the ADCAPS. The ADCAPS is a two-part system that consists of an assessment and a plan of care.
Q-16: Can a provider design its own service plan?	**A:** Yes, a provider can design its own service plan. *Note: The service plan designed by the provider must adhere to the requirements of COMAR 10.09.07.01B(32).*
Technology	
Q-17: When the Department requests documentation, are scanned or copied documents acceptable?	**A:** Yes.

Medical Day Care Services Waiver
Frequently Asked Questions

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Q-18: Does the Department plan to develop a process to acknowledge the receipt of the documents forwarded by providers?	**A:** No. *Note: To ensure the Department's receipt of documentation, it is recommended that providers forward documents via fax, courier or Certified Mail Receipt.*
Q-19: Is the Department considering examining the three chapters of regulations and combining them?	**A:** No, the Department is not considering merging the three chapters. Each regulatory chapter serves a specific purpose. A brief description of each follows. 1) COMAR 10.09.07 Medical Day Care Services – This chapter contains regulatory requirements for Medicaid reimbursement of medical day care services. 2) COMAR 10.09.61 Medical Day Care Services Waiver – This chapter contains eligibility requirements for participation in the Medical Day Care Services Waiver. 3) COMAR 10.12.04 Day Care for the Elderly and Adults with a Medical Disability – This chapter contains licensing requirements for day care centers that service the elderly and adults with a medical disability.
Payment	
Q-20: Who should providers contact to get assistance with electronic billing and reimbursement issues?	**A:** Providers with electronic billing and reimbursement issues can get assistance from the Division of Electronic Billing Services by sending an email to EDIOPS@dhmh.state.md.us .
Q-21: How does a medical day care provider apply for direct deposit?	**A:** All Medicaid providers must apply for direct deposit through the State Comptroller's Office's Electronic Funds Transfer (EFT) Program. The form used to apply for the EFT program can be obtained from the following link: http://compnet.comp.state.md.us/General_Accounting_Division/Static_Files/gadx-10.pdf

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Reportable Events	
Q-22: Should providers expect a response when they file a reportable event? If so, what type of response? In what time frame?	**A:** Yes, providers should expect an email response within 7 calendar days of the Department's receipt of a reportable event.
Q-23: Which reportable events require immediate contact with the Department?	**A:** Incidents of abuse, neglect and exploitation that present an immediate and serious threat of injury, harm, impairment, or death to an individual is defined as Immediate Jeopardy. A telephone referral must be made within 24 hours of these events. A written report must be completed with 7 calendar days of the event. *Note: Review the entire Medicaid Home and Community-Based Services Waivers Reportable Events Policy by using the following link:* http://dhmh.maryland.gov/mma/waiverprograms/pdf/2010/RE-POLICY-FINAL-VERSION-OHS.pdf
Q-24: Other than medical day care providers, who is responsible for reporting alleged or actual reportable events?	**A:** All entities associated with Home and Community-Based Services waivers and supports including the Office of Health Services, Operating State Agencies, Case Managers, and waiver providers (i.e., assisted living facilities, personal/attendant care agencies, self-employed providers, and environmental accessibility adaptations providers) are required to report all alleged or actual Reportable Events.
Q-25: Is there a process that providers should follow to obtain information regarding reportable events that occur outside the center?	**A:** No, there is no specific process outlining the collection of information for events that occur outside the center. The Department, however, recommends that providers document any efforts made by the center's staff and that any information collected be documented on the reportable event.