



STATE OF MARYLAND

**DHMH**

**PT 11-07**  
Office of Health Services  
Medical Care Programs

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**Medical Day Care Transmittal No. 56**

**Waiver for Older Adults Transmittal No. 18**

**October 4, 2006**

To: Waiver for Older Adults Case Managers  
Medical Day Care Providers

From: <sup>MAL/sw</sup> Mark A. Leeds, Director  
Long Term Care and Community Support Services

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

Re: Authorization of medical day care services by Medicaid Waiver for Older  
Adults case managers

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**Policy Change**

The purpose of this transmittal is to implement a new policy regarding preauthorization of medical day care (MDC) services for all participants in the Medicaid Waiver for Older Adults (WOA). The policy describes the preauthorization process the waiver case manager will follow when scheduling MDC services for waiver participants approved for MDC services by their physicians. This policy will be effective November 1, 2006.

**Medical Day Care**

MDC is a Medicaid State Plan program that provides services such as nurse monitoring, therapies, administration of medication, medical treatments and therapeutic activities to assist individuals to remain in the community. While it is not a waiver service, MDC is available to all Medicaid recipients who meet the eligibility criteria. The waiver participant's physician must order MDC in accordance with COMAR 10.09.07 and the WOA case manager must authorize the frequency the participant may attend.



### **Waiver Plan of Care**

Case managers are responsible for ensuring that the Medicaid services specified in the individual's waiver plan of care reflect the needs and desires of the applicant or participant. Case managers provide options regarding the most efficient and cost effective services available to meet the individual's needs consistent with standards for quality service. Only through assumption of this role can the State meet federal cost neutrality requirements and sustain the waiver as a viable community alternative to institutional services.

In considering whether a waiver participant's plan of care should include MDC services, the case manager must assess and discuss with the individual why this service is desired and needed. Additionally, there may be an Adult Evaluation and Review Services (AERS) recommendation regarding the participant's use of MDC services that can assist the case manager in making the decision.

Assisted living facilities (ALF) enrolled as WOA providers are reimbursed by Medicaid to provide a 24-hour service to waiver participants. According to COMAR 10.09.54.16 and COMAR 10.07.14.20 these services include:

- On-site staffing to address scheduled and unscheduled needs of the residents 24-hours a day
- Arranging for special diets ordered by a physician and three meals per day
- Providing assistance with personal care
- Arranging for medication administration by qualified staff under the oversight of a delegating registered nurse
- Providing or arranging for opportunities for socialization and leisure activities including spiritual and religious activities

ALF residents in the WOA may attend a MDC center when it is necessary and appropriate; however, MDC services should not be approved as a routine practice for waiver participants. If a waiver participant seeks such services solely for recreational or social activities, the case manager should recommend that the participant attend a senior center or a senior center plus program. Since social and recreational services are covered services purchased as part of waiver assisted living services, authorization of senior center plus would only be appropriate in those cases where there is a clear need beyond the scope of the services the assisted living facility provides. MDC services should only be authorized to meet a participant's specific needs for therapies and nursing services beyond the scope that an assisted living can provide or beyond what is available at the participant's home. In some instances, home health services may also be appropriate to meet these needs.

### **Implementation of the Policy**

This policy is effective November 1, 2006; therefore case managers may begin formally preauthorizing MDC services for WOA waiver participants at that time. Case managers will consider the participant's interest in attending MDC, participant safety and health status issues, the availability of other resources to meet the participant's need, and other relevant participant assessments, such as those conducted by AERS staff. If there are changes to the participant's current utilization of MDC services, a revision of the plan of care is necessary. Case managers may wait until the next quarterly review of each participant and his/her plan of care to officially begin the preauthorization process.

### **Waiver Participants Attending MDC Prior to November 1, 2006**

Many participants will already be attending MDC when this policy becomes effective. The following steps are necessary to implement the policy for this group of participants.

1. The case manager will review the participant's use of MDC services with the participant and representative, as appropriate. If the case manager finds that the schedule of MDC attendance should change, the case manager should also discuss the participant's MDC services with the MDC center's nurse or social worker and the assisted living manager to determine if other factors regarding the participant's health status need to be considered. After this review, the case manager will prepare a written preauthorization form (attached) specifying the participants' frequency for receiving MDC services. The participant's plan of care must be revised if there is a change in the utilization of MDC services.
2. The case manager must initially complete a preauthorization form for **all** participants receiving MDC services. This initial written preauthorization must be completed according to the steps in #3 below even if there is **no change** in the waiver participant's current schedule of MDC attendance.
3. If the case manager's assessment or request by the participant results in a change in the use of MDC services, the case manager must provide the following individuals with a completed preauthorization form at least one week prior to the planned effective date of the change in the participant's MDC services:
  - a. Participant and representative, as appropriate
  - b. MDC director or directors, if more than one MDC provider
  - c. ALF manager for WOA participants residing in an ALF
4. The case manager's preauthorization of MDC services must specify the number of days per week the participant is authorized to receive services at a specific center or centers and the effective date of the preauthorization. If a participant receives MDC services at multiple centers, the preauthorization process must be completed for each MDC center. Copies of preauthorizations must be maintained in the participant's record for a period of six years.

5. The case manager's preauthorization will remain in effect until there is a change in the participant's health, safety or interest in MDC that results in the need for a revised plan of care for MDC services. The case manager is responsible for providing one week's notice to the MDC provider and ALF provider, if applicable, prior to the change in preauthorization. In the interim, the waiver participant may continue to follow the current preauthorized schedule.
6. The MDC center must comply with the case manager's preauthorization and maintain all preauthorizations in the waiver participant's MDC record for a period of six years. **Effective November 1, 2006, it is no longer necessary for the physician to order a specific number of days of MDC attendance for participants in the WOA; however, the physician must continue to order MDC services. For all other Medicaid clients receiving MDC services, the physician must continue to order MDC and specify frequency of attendance.**
7. The decision of the case manager is the binding authorization for specifying the number of days of MDC services for each waiver participant. The MDC center may not bill Medicaid for days of MDC service that exceed the case manager's preauthorization.

#### **Waiver Participants Enrolling in MDC after November 1, 2006**

Much of the process above is the same for new waiver participants or current waiver participants who will use MDC for the first time.

1. The waiver case manager will assess the participant's interest and need to receive MDC services as part of the process of developing the waiver plan of care with the multidisciplinary team. As outlined above, the case manager will send a written preauthorization form to the MDC center director and other parties of interest (see # 2 above) specifying the number of days per week the waiver participant is preauthorized for MDC services and the effective date. Uniform MDC preauthorization forms for case managers are attached.
2. The case manager is responsible for establishing the effective date for MDC services to begin, however, the case manager should take into account preferences and scheduling concerns of the participant, MDC center staff, ALF staff, etc. in establishing the effective date.

#### **Participants' Right to Appeal**

1. If the participant does not agree with decisions regarding their MDC services such as the number of days of attendance preauthorized, the participant has the right to appeal the decision.

**Maryland Medicaid Home and Community-Based Services  
Waiver for Older Adults  
Case Manager's Medical Day Care Services Preauthorization Form**

INITIAL AUTHORIZATION

REVISED AUTHORIZATION

\_\_\_\_\_  
(Participant Name)

\_\_\_\_\_  
(Participant MA #)

\_\_\_\_\_  
(Waiver Eligibility Date)

\_\_\_\_\_  
(Assisted Living Facility Name)

\_\_\_\_\_  
(ALF Provider #)

\_\_\_\_\_  
(ALF Telephone #)

\_\_\_\_\_  
(Medical Day Care Provider Name)

\_\_\_\_\_  
(MDC Provider #)

\_\_\_\_\_  
(MDC Telephone #)

**I. CASE MANAGER'S INITIAL DETERMINATION:**

A.  APPROVED

\*  DENIED

Effective date of Authorization/Denial: \_\_\_\_\_ Number of Days per Week: \_\_\_\_\_

B. Reason for Determination:  
\_\_\_\_\_  
\_\_\_\_\_

**II. PARTICIPANT/REPRESENTATIVE REQUEST FOR CHANGE IN MDC SERVICES:**

A. Change requested:

- Add days (specify number): \_\_\_\_\_
- Delete days (specify number): \_\_\_\_\_
- No longer wants MDC services

B. Reason for Request:  
\_\_\_\_\_  
\_\_\_\_\_

**III. CASE MANAGER'S REVISED DETERMINATION:**

A.  REQUEST APPROVED

\*  REQUEST DENIED

Effective date of Authorization/Denial: \_\_\_\_\_ Revised Number of Days per Week: \_\_\_\_\_

B. Reason for Determination:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Case Manager)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(AAA Jurisdiction)

\_\_\_\_\_  
(Telephone #)

\*Case manager must issue participant a Denial, Reduction or Termination of Services letter with appeal rights