



**MEDICAL CARE POLICY ADMINISTRATION  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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**MARYLAND MEDICAL ASSISTANCE PROGRAM  
Medical Day Care Transmittal No. 38**

September 17, 1997

**Medical Day Care Centers**

**FROM:** Joseph M. Millstone, Director *JMM*  
Medical Care Policy Administration

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

**Medical Day Care Documentation Requirements**

The purpose of this transmittal is to remind medical day care providers to adhere to regulatory requirements regarding verification of recipient attendance, physician's orders and care plans.

Recipient attendance must be carefully monitored to ensure that bills are not submitted for absent recipients or for recipients who are not present at the center for the minimum four hours. Each center's daily attendance sheet should contain each recipient's name, Medical Assistance number, date of service and arrival and departure times (including documentation of times of temporary absences from the Program). The daily attendance sheets should be signed and dated by the staff member who takes attendance and by the medical day center director. The staff member who prepares invoices for payment must be sure to only submit bills for dates when the recipient was present and received a day of medical day care services. COMAR 10.09.07.06A(9)(c) requires that "the provider shall keep accurate records which include the type of transportation used by each participant." Providers should indicate the type of transportation used by each participant on the daily attendance sheet.

All initial care plans must be approved and signed by the recipient's physician. Medical day care providers also must be certain that plans of care for recipients are updated every 90 days in accordance with COMAR 10.09.07.01B(18) and that physicians approve the updated care plans. Providers should also verify that services are consistent with the care plan.

Additionally, each recipient's file must have nursing observations documented for the first 5 days of attendance and thereafter as needed, but at least every 30 days. Providers must also have, in accordance with COMAR 10.09.07.04C, a written agreement signed by the participant which specifies the frequency of attendance as ordered by the personal physician.

Providers must be mindful that the Department will reimburse for a day of care only if the requirements of COMAR 10.09.07.06B are met. These requirements include that services, on a daily basis, be "adequately described in progress notes in the participant's medical record, signed and dated by the individual providing care."

Questions regarding this transmittal should be directed to the Medical Day Care Specialist at (410) 767-1444.

JMM:ra

cc: Maryland Association for Adult Day Care