



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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Nursing Home Transmittal No. 213

Hospital Transmittal No. 200

Medical Day Care Transmittal No. 61

July 1, 2008

TO: Nursing Home Administrators
Hospital Administrators
Medical Day Care Centers

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

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

RE: Medical Eligibility for Nursing Facility Level of Care

The Maryland Medical Assistance Program is issuing this transmittal to describe the medical eligibility criteria used to determine the need for nursing facility services (NFS). This transmittal replaces Nursing Home Transmittal No. 135.

In order to receive Medicaid benefits for services in a nursing facility or through the Living at Home Waiver, Older Adults Waiver, Medical Day Care Waiver, or other service requiring the need for a nursing facility level of care,¹ an individual must meet certain medical eligibility criteria. The bases for these criteria are set forth in both federal and State regulations. In interpreting these regulatory criteria, the Program will use the following guidelines. Nursing facility services are services provided to individuals who, because of their mental or physical condition, require 1) skilled nursing care and related services, 2) rehabilitation services, or 3) on a regular basis, health-related services above the level of room and board. These services are not intended to supplant services that are provided by a hospital, IMD, or ICF/MR.

¹ Including the Model Waiver for Disabled Children and the Waiver for Adults with Traumatic Brain Injury, for which individuals may also qualify if they are medically eligible for special hospital services, and the Programs of All-Inclusive Care for the Elderly (PACE).

Skilled Nursing Services and Rehabilitation Services

An individual meets the medical eligibility requirements for NFS if a skilled nursing service or rehabilitation service is required on a daily basis.² Skilled nursing services and rehabilitation services are those ordered by a physician, and requiring the skills of technical or professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, and speech pathologists or audiologists on a daily basis. These services include, but are not limited to, the following:

1. Suctioning, not including routine oral-pharyngeal suctioning;
2. IV Therapy;
3. Pressure ulcer care for Stage 3 or 4 ulcers or wound care for surgical wounds/open lesions with one or more skin treatments (including pressure-relieving bed, nutrition or hydration intervention, application of dressing and/or medications);
4. Enteral or parenteral feeding with 26 percent or more of total calories or 500cc or more per day fluid intake via tube;
5. Ventilator care or other complex respiratory services, excluding aerosol therapy, spirometry, postural drainage or routine continuous oxygen usage;
6. Extensive physical therapy or training for restoration – not maintenance – of physical functioning, including walking, transferring, swallowing, eating, dressing and grooming; and,
7. Other services described in 42 CFR §§409.31 through 409.35.

Health-Related Services Above the Level of Room and Board

Individuals not requiring skilled nursing services or rehabilitation services may be determined medically eligible for NFS if they require, on a regular basis, health-related services above the level of room and board. These services are described as follows:

1. Care of an individual who requires hands-on assistance to adequately and safely perform two or more activities of daily living (ADLs)³ as a result of a current medical condition or disability; or
2. Supervision of an individual's performance of two or more ADLs for an individual with cognitive deficits, as indicated by a score of 15 or less on the Folstein Mini-Mental Status Evaluation, and who is in need of assistance with at least three instrumental activities of daily living (IADLs)⁴; or
3. Supervision of an individual's performance of two or more ADLs combined with the need for supervision/redirection for an individual exhibiting at least two of the

² For purposes of determining the frequency of skilled nursing or rehabilitation services, "daily" is defined as 5 to 7 days per week.

³ For purposes of this transmittal, ADLs consist of bathing, dressing, mobility, toileting/continence, and eating.

⁴ For purposes of this transmittal, IADLs consist of telephone use, money management, housekeeping, and medication management.

following behavior problems: wandering several times a day, hallucinations/delusions at least weekly, aggressive/abusive behavior several times a week, disruptive/socially inappropriate behavior several times a week, and/or self-injurious behavior several times a month.

Individuals who do not demonstrate the clinical need for health-related services described above may submit additional information for clinical review to demonstrate eligibility under the applicable federal and State regulations.

Questions regarding issues discussed in this transmittal should be directed to the Staff Specialist for the Nursing Home Program at 410-767-1736.

cc: Adult Evaluation and Review Services
Area Agencies on Aging
Hopkins ElderPlus
KePRO
League for Excellence in Adult Daycare
Maryland Association of Adult Day Services
Maryland Department of Aging
Mental Hygiene Administration
Nursing Home Liaison Committee
The Coordinating Center