



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

Keith Sewell, Executive Director, Office of Systems, Operations and Pharmacy

***MEDICAL ASSISTANCE PROBLEM RESOLUTION DIVISION  
LONG TERM CARE RESOLUTION UNIT***

**TO:**

**FROM:** Christina Allen, Supervisor/LTCRU

**RE:** Updating of vendor file information/Private Daily Room  
Rate changes

The LTCF Rate/Change forms(s) attached, is **required** when a LTCF receives a new CARES Vendor and MMIS provider ID numbers and when necessary, reports changes of the private daily room rate(s). **Do not record your facilities NPI number(s) on the rate change form.** The private daily room rate is used in the Long Term Care (LTC) Eligibility Determination on CARES. Without this information Long Term Care cases will not accept on CARES. Therefore, the private daily room amount reported to us needs to be the same as the rate provided to the Local Department of Social Services (LDSS) on the DHMH 257 form.

In some instances, we are finding that the rates reported to the Long Term Care Resolution Unit are not the same rates that the LTCF reports to the Local Department of Social Services. Instead, several nursing facilities incorrectly gave the state reimbursement rates or are not reporting ongoing daily room rate changes timely thus, resulting in an improper eligibility determination of over scaled resources for an otherwise Medicaid eligible resident.

Please keep in mind that when reporting all private daily room rate changes, the CARES system can accept only **one** figure per level of care approved by the Department of Health and Mental Hygiene such as skilled, intermediate, chronic or psychiatric levels. Also, as some facilities may have rates for subsidiary levels such as light, moderate or heavy special, unfortunately; Medicaid policy prohibits the Long Term Care Resolution unit from assisting providers in choosing a specific rate **so, please do not submit multiple rates and/or rate listings.**

The attached form also serves as notification to the LTCF, RTC and/or Chronic Hospitals of its assigned CARES Vendor number(s) and MMIS Provider ID number(s) to be used on the DHMH 257, 259, 2324 and DES 1000 documents. **Once received it is imperative that the LTCF complete the rate/change form attached and return by fax or mail within 5 working days to:**

Department of Health and Mental Hygiene  
LTC Resolution Unit  
201 W. Preston Street Room #SS-5  
Baltimore, Maryland 21201  
Attn.: Christina Allen  
Fax number 410-333-5027 / Email: [Christina.Allen@maryland.gov](mailto:Christina.Allen@maryland.gov)

If there are any questions, please contact me at 410-767-8699. Thank you for your cooperation.



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### MEDICAL ASSISTANCE PROBLEM RESOLUTION DIVISION LONG TERM CARE/CHRONIC FACILITY RATE/CHANGE FORM

LTC Facility personnel **must complete all sections** below retain a copy and return either by mail or facsimile.

#### SECTION – I

\_\_\_\_\_ **New Provider /Vendor ID#**        X   **Private Daily Room Rate Change**

#### SECTION - II

Pay to Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

DHMH MMIS Provider #: \_\_\_\_\_

#### SECTION - III

#### CARES Vendor ID #/ LEVEL OF CARE:

(1.) *Check the applicable boxes below:*

- Skilled Care (081-SC) --
- Intermediate Care (082-IC) --
- Chronic Care (072-CC) --
- Psychiatric (073-PSYC) --

| (2.) Vendor ID# | (3.) Daily Room rate Effective Date (mm/yy): | (4.) Daily Room Rate Amount \$ |
|-----------------|--|--------------------------------|
|                 | /  |                                |
|                 | /  |                                |
|                 | /  |                                |
|                 | /  |                                |

(5.)

\_\_\_\_\_  
SIGNATURE, LTC FACILITY PERSONNEL/ADMINISTRATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE

(REV.5/11)