

# LTSSMARYLAND UPDATES FOR MEDICAL DAY CARE WAIVER JUNE 2019

Supports Planning Agencies

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## I. Navigation Panel

With the MDC Phase II initiative, LTSSMaryland has incorporated several new modules to facilitate the participant enrollment process for the Medical Day Care Waiver Program. As of June 1, 2019, LTSSMaryland users shall see the following additions to the navigation panel of a Client record:

### A. Client Summary

1. The **Current Enrollment** banner of the **Client Summary** will reflect 'Receiving MDC services as a part of the MDC Waiver' in the Receiving MDC Services field.

The screenshot shows the LTSSMaryland interface for a client named Amy MDC Test. The 'Client Summary' section is active, and the 'Current Enrollment' banner is highlighted with a red box. The banner displays the following information:

Program	Enrollment Date	Annual Med/Tech/LOC Due Date	Annual Med/Tech/LOC Status	Waiver Financial Redetermination Due Date	Waiver Financial Redetermination Status	Receiving MDC Services	Actions
Medical Day Care Waiver	04/17/2019	04/01/2020	N/A	N/A	N/A	Receiving MDC services as a part of the MDC Waiver	<a href="#">View Eligibility Spans</a> <a href="#">View History</a>

### B. Case Management

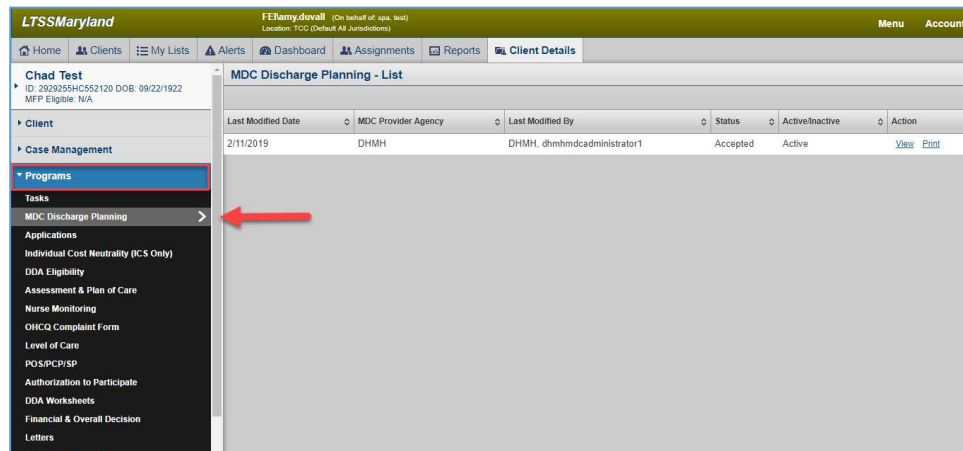
1. The **Case Management** banner will show a new module for the **Voluntary Consent to Transfer** (see also section VI. *Voluntary Consent to Transfer*)

The screenshot shows the LTSSMaryland interface for a client named Chad Test. The 'Case Management' banner is active, and the 'Voluntary Consent To Transfer - List' table is displayed. The table contains the following data:

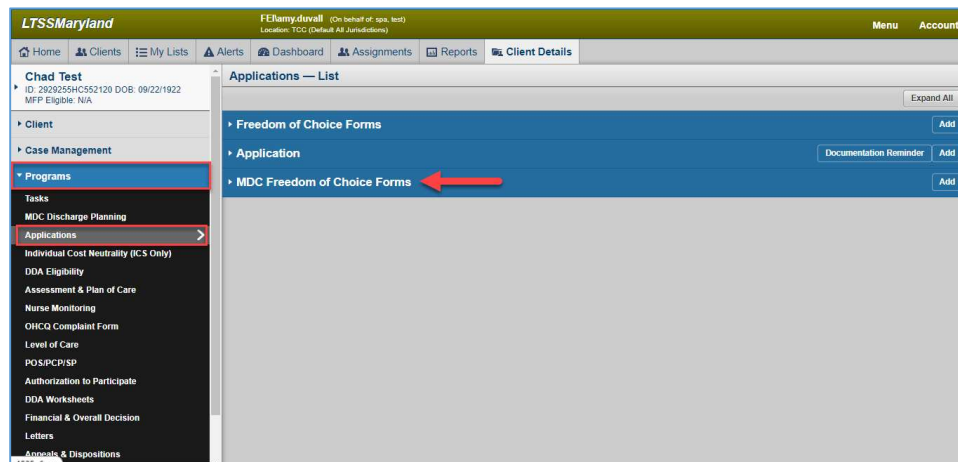
Provider Transferring to	Anticipated Start Date	Last Modified Date	Last Modified By	Provider Transferring from	Status	Signature Status	Actions
MDC Provider 1 (Default All Jurisdictions)	02/01/2019	02/18/2019	DHMH, dhmmhdcstaff1	MDC Provider 2 (Default All Jurisdictions)	Accepted	Signed copy uploaded	<a href="#">View Print</a>
MDC Provider 1 (Default All Jurisdictions)	02/15/2019	02/14/2019	DHMH, dhmmhdcstaff1	MDC Provider 2 (Default All Jurisdictions)	Rejected	Not signed	<a href="#">View Print</a>
MDC Provider 2 (Default All Jurisdictions)	02/11/2019	02/11/2019	DHMH, dhmmhdcstaff1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Signed copy uploaded	<a href="#">View Print</a>
MDC Provider 2 (Default All Jurisdictions)	02/11/2019	02/11/2019	DHMH, dhmmhdcadministrator1	MDC Provider 1 (Default All Jurisdictions)	Discarded	Signed copy uploaded	<a href="#">View Print</a>
MDC Provider 2 (Default All Jurisdictions)	05/27/2018	12/06/2018	DHMH, dhmmhdcadministrator1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Not signed	<a href="#">View Print</a>

### C. Programs

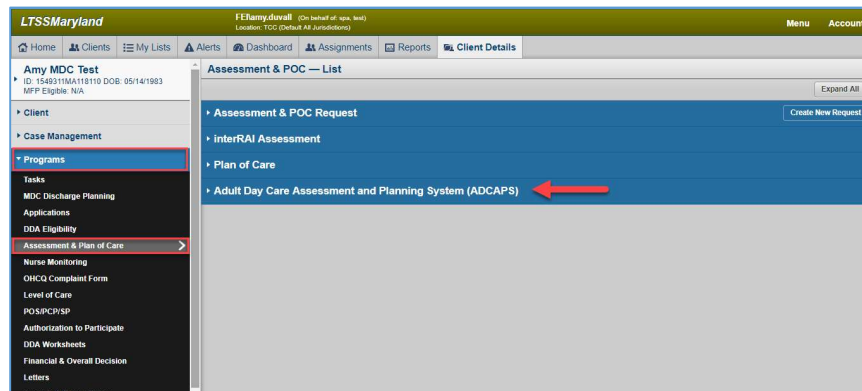
1. The **Programs** banner will show a new category **MDC Discharge Planning** (see also section VII. *MDC Discharge Planning Form*)



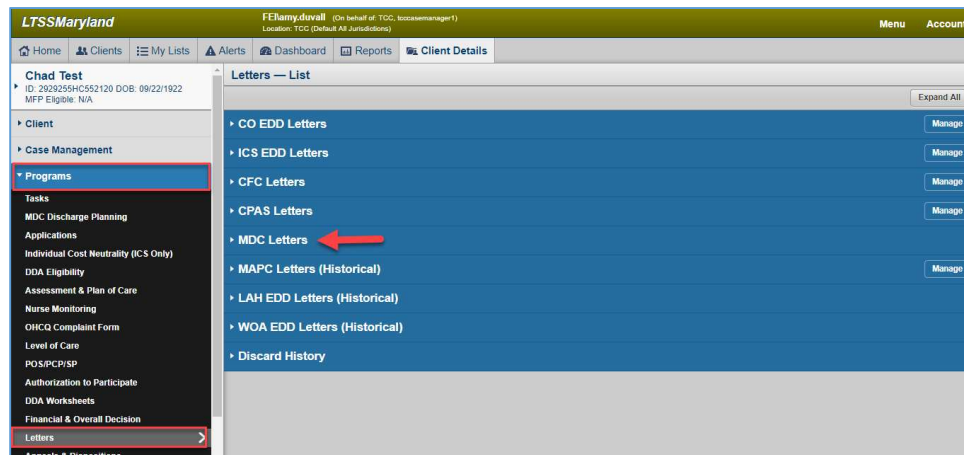
2. The **Applications** category of the **Programs** banner will show another banner, **MDC Freedom of Choice Forms** (see also section II. *MDC FOC Form*)



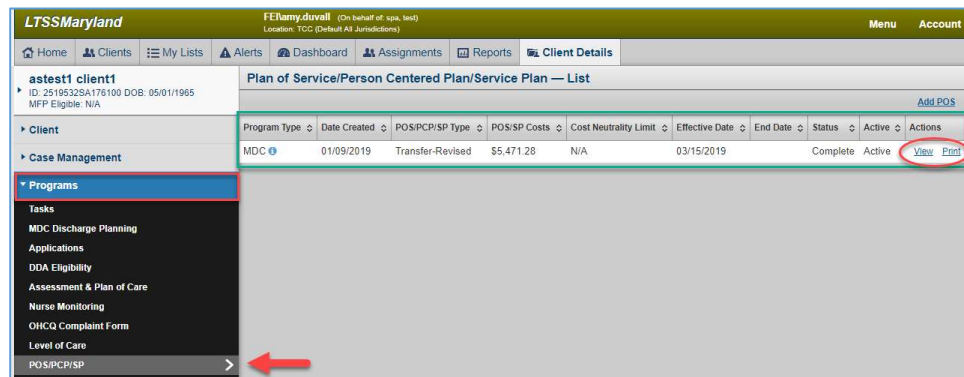
3. The **Assessment & Plan of Care** category of the **Programs** banner will show another banner, **Adult Day Care Assessment and Planning System (ADCAPS)** (see also section III. *ADCAPS*)



- The **Letters** category of the **Programs** banner will show a new letter category, **MDC Letters** (see also section V. *MDC Letters*)




- The **POS/PCP/SP** category of the **Programs** banner will show the *Program Type*, MDC, including the *SP Type*, *Costs*, *Effective Date*, and *Status*. From here, the user may **View** and **Print** the **MDC Service Plan**.

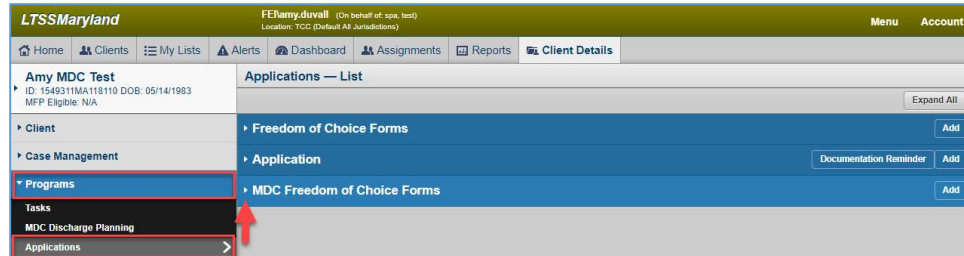


## II. MDC FOC Form

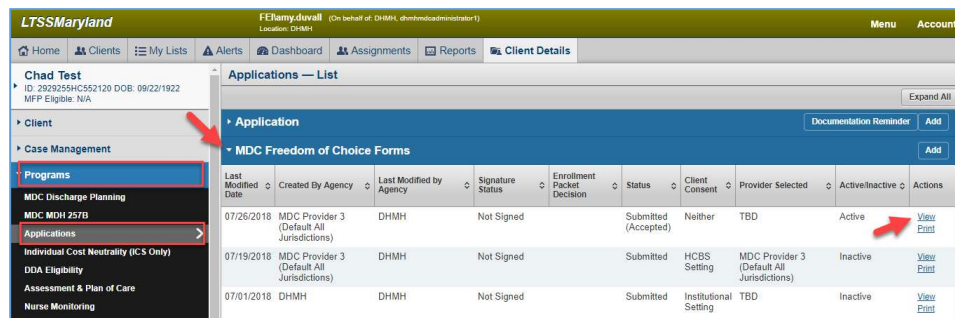
SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

### A. View MDC FOC Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications**.
3. Click the  icon to expand the **MDC Freedom of Choice Forms** banner.



4. Select the **View** link next to the desire form.



5. The **MDC Freedom of Choice** form view will display the **Client Consent**, **Client Details**, **Signatures**, **FOC Attachments**, the **Workflow History**, as well as the **Status** of the form.

Freedom of Choice

Client Consent

1) I choose to receive home and community-based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to receive the medical day care services:

Will a Provider be selected at this time? ☒ Yes ☐ No

Provider:

2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.

3) I choose neither option.

Client Details

Client Name:  MIA #:

Signature

Form Signed By: ☒ Client ☐ Authorized Representative

Signature Status:

☒ I confirm that a signed copy of client's Freedom of Choice form has been uploaded to the FOC Attachments section.

Date of Signature:

☒ ATTESTATION: I do hereby attest that the information is true, accurate, and complete to the best of my knowledge. I also attest that this form was completed in the presence of the participant and/ or their authorized representative, who, by their attached signature, agrees with the content.

Staff Name:

Agency:

Date Submitted:

FOC Attachments

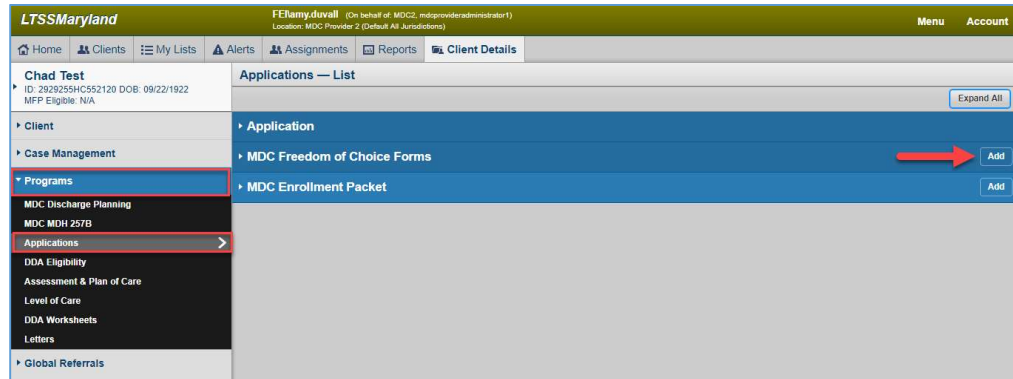
Created Date	Created By	Description	Filename
04/17/2019	Admin, MDH MDC		<a href="#">MDC FOC form.pdf</a>

Workflow History

Date	By	From Status	To Status	Comments
04/17/2019	Admin, MDH MDC	In Progress	Submitted	N/A

## B. Add MDC FOC Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications**.
3. Click **Add** within the **MDC Freedom of Choice Forms** banner.



4. Complete the fields within the form:

**NOTE:** \* indicates a field required to **Submit** the form.  
 \* indicates a field required to **Save** the form.

### A. Client Consent

1. **Option 1)** *"I choose to receive home and community- based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service: <Name of Medicaid provider> "*
  - Upon selection of this option, as other authorized users, the user shall select **Yes** or **No** to the question that populates- *"Will a Provider be selected at this time?"*



**MDC Freedom of Choice**

**Freedom of Choice**

**Client Consent \***

☒ 1) I choose to receive home and community- based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service.

Will a Provider be selected at this time? ☒ Yes ☐ No

Provider:  Search

☐ 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.

☐ 3) I choose neither option.

- If the user selects **Yes**, they may **Search** for Providers that are authorized as a Medical Day Care Provider with the attribute, “Day Care Center”

**MDC Freedom of Choice**

**Freedom of Choice**

**Client Consent \***

☒ 1) I choose to receive home and community- based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service.

Will a Provider be selected at this time? ☒ Yes ☐ No

Provider:  Search

☐ 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.

☐ 3) I choose neither option.

- If the client is *initially* applying for the MDC Waiver, the system will automatically assign this selection as the Primary MDC Provider to the client given that:
  - The client is not currently receiving MDC services.
  - The client has no currently assigned Primary MDC Provider.

**MDC Freedom of Choice**

**Freedom of Choice**

**Client Consent \***

☒ 1) I choose to receive home and community- based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service.

Will a Provider be selected at this time? ☒ Yes ☐ No

Provider:  Search

☐ 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.

☐ 3) I choose neither option.

2. **Option 2)** “I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.”

**MDC Freedom of Choice**

**Freedom of Choice**

**Client Consent \***

☐ 1) I choose to receive home and community-based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service:

☒ 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.

☐ 3) I choose neither option.

### 3. **Option 3)** *"I choose neither option."*

- The user must complete an **Explanation** for the participant's declination of both Medicaid Program options.

**MDC Freedom of Choice**

**Freedom of Choice**

**Client Consent \***

☐ 1) I choose to receive home and community-based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service:

☐ 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.

☒ 3) I choose neither option.

**Explanation \***

## B. Client Details

- Client Name
  - Prepopulated based on client record
- MA #
  - Prepopulated based on client record

Client Details	
Client Name:	Chad Test
MA #:	12312312312

## C. Signature

- Form Signed By:*
  - Client
  - Authorized Representative
 

**Note:** Representative(s) within the client's profile that are marked as able to receive and complete the client's application on behalf of the client.
- Signature Status:*
  - Not Signed

## Supports Planning Agencies

- Signed and paper copy on file
  - User must upload the signed copy to the MDC FOC Attachments section.
  - Case Closed before signature was obtained
  - Other
    - User must enter an explanation.
- 3. **Date of Signature:**
  - Select Date that signature of Client or Authorized Representative was obtained.
- 4. **Attestation:**
  - Checkbox to attest to the form being completed in the presence of the participant.
- 5. **Staff Name:**
  - Prepopulates the name of the user
- 6. **Agency:**
  - Prepopulates the name of the Agency of the user
- 7. **Date Submitted:**
  - Prepopulates the current system date

The screenshot shows a form titled "Signature". It contains the following fields and options:

- Form Signed By:** Radio buttons for "Client" and "Authorized Representative".
- Signature Status:** A dropdown menu.
- Date of Signature:** A date picker.
- ATTESTATION:** A checkbox with the text: "I do hereby attest that the information is true, accurate, and complete to the best of my knowledge. I also attest that this form was completed in the presence of the participant and/ or their authorized representative, who, by their attached signature, agrees with the content."
- Staff Name:** A text field with the value "spa, test".
- Agency:** A text field with the value "TCC (Default All Jurisdictions)".
- Date Submitted:** A text field with the value "02/20/2019".

### 5. Select **Save**, upon completion of fields

The screenshot shows the "MDC Freedom of Choice Form" in the LTSS Maryland system. The form is titled "Freedom of Choice" and includes the following sections:


- Client Consent:** A section with three radio button options for selecting services (home/community-based, nursing facility, or neither).
- Client Details:** A section with fields for "Client Name" (Chad Test) and "MA #:" (12312312312).
- Signature:** A section with a "Form Signed By:" field and a radio button for "Client".

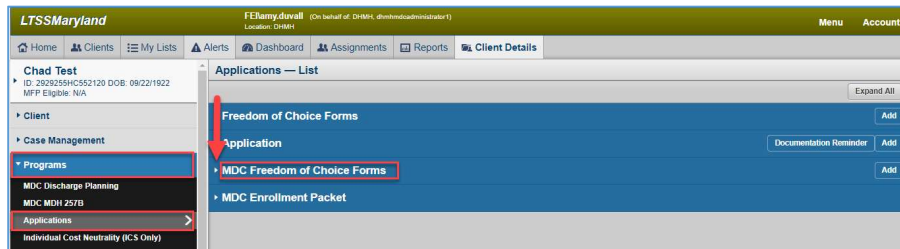
A red arrow points to the "Save" button in the top right corner of the form.

## Supports Planning Agencies

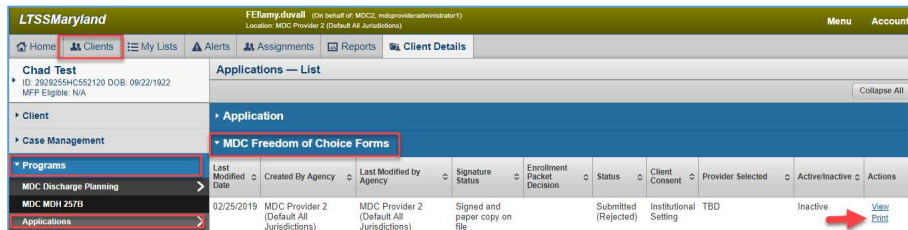
- Upon Save, the MDC FOC form will be in the status of, “*In Progress*”, in which case it may be **Edited** or **Deleted** by authorized users. (see also section *D. Edit MDC FOC Form*)

### D. Print MDC FOC Form

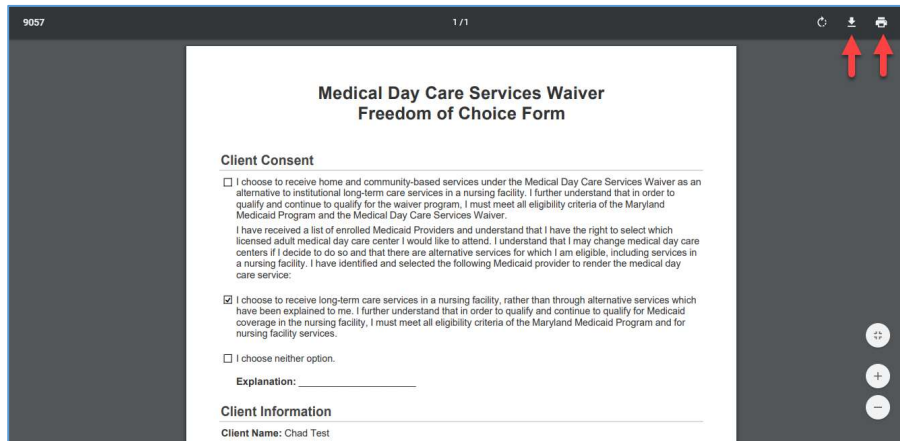
1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications**.
3. Click the  icon to expand the **MDC Freedom of Choice Forms** banner.



4. Click **Print** next to desired form in the List.



5. Upon selection, a new window tab will open with the form in .pdf format.
6. The form may be viewed in this tab, and the user may choose to **download** the form to their local PC or **Print** the form.



## E. Add FOC Attachment

1. Select **Manage** within the **FOC Attachments** banner of the clients MDC FOC Form view page.

The screenshot shows the 'MDC Freedom of Choice' form view page for client Chad Test. The 'FOC Attachments' banner is highlighted with a red box, and a red arrow points to the 'Manage' button next to it. The page displays client information, a signature section, and a table for FOC Attachments with columns: Created Date, Created By, Description, Filename, and Actions. The table currently shows 'No data available in table'.

2. Upon selecting **Choose File**, a screen will pop-up that allows the user to select the appropriate form from their local PC.

The screenshot shows the 'MDC Freedom of Choice - Attachments' screen. The 'Choose File' button is highlighted with a red arrow. The screen includes a 'New Document' section with fields for 'File Name' and 'Description'. Below this is an 'Add Attachment' button. At the bottom, there is a table for 'Attachments' with columns: Created Date, Created By, Description, Filename, and Actions. The table currently shows 'No data available in table'.

3. Users shall select the desired form, and click **Open**

The screenshot shows a Windows File Explorer window open over the 'MDC Freedom of Choice - Attachments' screen. The 'MDC FOC form' file is selected in the file list. A red arrow points to the 'Open' button at the bottom of the File Explorer window. The background screen shows the 'New Document' section with the 'File Name' field containing 'MDC FOC form'.

4. Once a file is selected, users may enter any applicable text to the **Description** field.

**Attachment**

**New Document**

File Name:  VCT Transmi... No. 66.pdf

Description:

- Once the user has selected **Add Attachment**, the uploaded attachment shall appear in the FOC Attachment list with the following information:

**Attachment**

**New Document**

File Name:  No file chosen

Description:

Created Date	Created By	Description	Filename	Actions
02/11/2019	DHMH, dhhmmdcadministrator1	Testing VCT upload	<a href="#">VCT Transmittal No. 66.pdf</a>	<a href="#">Delete</a>

- Once the hard copy with signatures has been uploaded to the FOC Attachment section the user may select **Submit** within the MDC FOC form view page.

**LTSSMaryland** **FHamydneall** (On behalf of MDC, mdcprovideradministrator1)  
Location: MDC Provider 2 (Default All Jurisdictions)

Home Clients My Lists Alerts Assignments Reports Client Details

**Chad Test** ID: 2929255HC552120 DOB: 09/22/1922 MFP Eligible: N/A

**MDC Freedom of Choice** Status: In Progress

[Back to List](#)

**Freedom of Choice**

**Client Consent**

1) I choose to receive home and community-based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service:

Provider: MDC Provider 2 (Default All Jurisdictions)

2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services

3) I choose neither option.

**Client Details**

Client Name: Chad Test MA #: 12312312312

**Signature**

Form Signed By: ☐ ☒ Client

#### F. Submit for MDH Review

- Upon submission of the MDC FOC Form where the client has consented to Home and Community Based Services (*Option 1*), the MDC FOC form will be in the status of



“Submitted”, in which case it will be linked to the client’s MDC Enrollment Packet and reviewed by MDH as a part of the MDC Enrollment Packet.

2. Upon submission of the MDC FOC Form where the client has declined Home and Community Based Services (*Option 2 or Option 3*), the MDC FOC Form will be in the status of “*Pending MDH Review*”, in which case MDH will review to Accept or Reject the MDC FOC Form, specifically.
3. Should MDH seek clarification on the MDC FOC Form, the user will receive an alert in their alerts tab for the client that “*MDH has requested clarification on a MDC Freedom of Choice form.*”


The screenshot shows the 'Alerts' tab in the LTSSMaryland system. It displays a list of alerts. The first alert is for 'MDC Test, Amy (1549311MA118110) - Frederick' with the subject 'MDH has requested clarification on a MDC Freedom of Choice form.' A red arrow points to this alert.

4. The user shall be able to select the message hyperlink, where he/she will be directed to the client’s MDC FOC form to act on or edit the form per the *Clarification Requested* comments that are noted in the **Workflow History** section.

The screenshot shows the 'MDC Freedom of Choice' form for 'Amy MDC Test'. The form includes sections for 'Client Details', 'Signature', and 'FOC Attachments'. At the bottom, there is a 'Workflow History' section with a table showing the history of the form's status.

Date	By	From Status	To Status	Comments
04/25/2019	Admin, MDH MDC	Pending MDH Review	Clarification Requested	Please update attachment with a legible copy.
04/25/2019	spa, test	In Progress	Pending MDH Review	N/A

## G. Edit MDC FOC Form

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Applications**.
3. Click the  icon to expand the **MDC Freedom of Choice Forms** banner.
4. Click **View** next to desired form

MDC Freedom of Choice Forms										Add
Last Modified Date	Created By Agency	Last Modified by Agency	Signature Status	Enrollment Packet Decision	Status	Client Consent	Provider Selected	Active/Inactive	Actions	
02/25/2019	MDC Provider 2 (Default All Jurisdictions)	MDC Provider 2 (Default All Jurisdictions)	Signed and paper copy on file		Submitted (Rejected)	Institutional Setting	TBD	Inactive	<a href="#">View</a>	<a href="#">Print</a>
02/25/2019	MDC Provider 2 (Default All Jurisdictions)	MDC Provider 2 (Default All Jurisdictions)	Signed and paper copy on file		In Progress	Institutional Setting	TBD	Inactive	<a href="#">View</a>	<a href="#">Print</a>
02/25/2019	MDC Provider 2 (Default All Jurisdictions)	DHMH	Signed and paper copy on file		Discarded	HCBS Setting	MDC Provider 2 (Default All Jurisdictions)	Inactive	<a href="#">View</a>	<a href="#">Print</a>

5. Upon selecting **Edit** within the form, the user may update, change, or edit an applicable field.

MDC Freedom of Choice Status: In Progress

[Back to List](#) [Submit](#) [Delete](#) [Collapse All](#) [View](#)

**Freedom of Choice** [Edit](#)

**Client Consent \***

☐ 1) I choose to receive home and community- based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service:

☒ 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services

☐ 3) I choose neither option.

**Client Details**

Client Name: Chad Test MA #: 12312312312

**Signature**

Form Signed By: \*\* ☒ Client ☐ Authorized Representative

6. Once all edits have been made, select **Save**.

MDC Freedom of Choice Form

[Cancel](#) [Edit](#) [Save](#)

**Freedom of Choice**

**Client Consent \***

☐ 1) I choose to receive home and community- based services under the Medical Day Care Services Waiver as an alternative to institutional long-term care services in a nursing facility. I further understand that in order to qualify and continue to qualify for the waiver program, I must meet all eligibility criteria of the Maryland Medicaid Program and the Medical Day Care Services Waiver. I have received a list of enrolled Medicaid Providers and understand that I have the right to select which licensed adult medical day care center I would like to attend. I understand that I may change medical day care centers if I decide to do so and that there are alternative services for which I am eligible, including services in a nursing facility. I have identified and selected the following Medicaid provider to render the medical day care service:

☒ 2) I choose to receive long-term care services in a nursing facility, rather than through alternative services which have been explained to me. I further understand that in order to qualify and continue to qualify for Medicaid coverage in the nursing facility, I must meet all eligibility criteria of the Maryland Medicaid Program and for nursing facility services.

☐ 3) I choose neither option.

**Client Details**

Client Name: Chad Test MA #: 12312312312

**Signature**

Form Signed By: \*\* ☒ Client ☐ Authorized Representative



- The user may also update the FOC attachment by selecting the **Manage** button within the **FOC Attachment** banner.

**LTSSMaryland** FEHamy.duvall (On behalf of: spa, test) Location: TCC (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Dashboard Assignments Reports Client Details

**Amy MDC Test** ID: 1549311MA118110 DOB: 05/14/1993 MFP Eligible: N/A

**MDC Freedom of Choice** Status: Clarification Requested View

Back to List Submit Discard Collapse All

**Freedom of Choice** Edit

**FOC Attachments** Manage

Created Date	Created By	Description	Filename
04/25/2019	spa, test		MDC.FOC.form.pdf

**Workflow History**

Date	By	From Status	To Status	Comments
04/25/2019	Admin, MDH MDC	Pending MDH Review	Clarification Requested	Please update attachment with a legible copy.
04/25/2019	spa, test	In Progress	Pending MDH Review	N/A

- Once the changes have been saved, user must select **Submit**. Upon submitting, the form will go into the status of *Pending MDH Review*; and shall persist with the review workflow.

#### H. My Lists

The purpose of this section is to describe how users can view a work queue and status of MDC Freedom of Choice forms using the My List functionality. It will provide users the ability to navigate to the MDC FOC form View page directly from My List to perform their work.

- Select the **My Lists** tab.
- Under **My Client List**, select **MDC** on the left navigation.

**LTSSMaryland** FEHamy.duvall (On behalf of: DHMH, dhmhadministrator1) Location: DHMH Menu Account

Home Clients My Lists Alerts Dashboard Assignments Reports

**My Client List**

Nurse Monitoring

POS

ATP

**MDC**

Community Settings Questionnaire

Reportable Events

- Select **Form Name: MDC Freedom of Choice**

**LTSSMaryland** FEHamy.duvall (On behalf of: spa, test) Location: TCC (Default All Jurisdictions) Menu Account

Home Clients My Lists Alerts Dashboard Assignments Reports

**My Client List**

Applications

Nurse Monitoring

LOC

POS

ATP

**MDC**

Community Settings Questionnaire

EDD Letters

Appeals and Eligibility Change

Redeterminations

Reportable Events

MyLTSS List

**MDC My List**

Form Name\*

Select an item...

Select an item...

**MDC Freedom of Choice**

4. Select the desired **Show Me** option:
  - All Clients with In Progress
  - All Clients with Clarification Requested
  - All Clients with Pending MDH Review

LTSSMaryland

FEHamy.duvall (On behalf of: DrWHI, dnmhmdadministrator1)

Location: DCHS

Menu Account

Home Clients My Lists Alerts Dashboard Assignments Reports

My Client List

MDC My List

Form Name \* MDC Freedom of Choice

Show Me \* Select an item...

Select an item...

All Clients with In Progress

All Clients with Clarification Requested

All Clients with Pending MDH Review

5. Upon clicking **Filter**, the user shall view a list of clients with an MDC FOC form in the status that was selected in the **Show Me** option.

LTSSMaryland

FEHamy.duvall (On behalf of: app, test)

Location: TCC (Default All Jurisdictions)

Menu Account

Home Clients My Lists Alerts Dashboard Assignments Reports

My Client List

MDC My List

Form Name \* MDC Freedom of Choice

Show Me \* All Clients with In Progress

Filter


Client Id	First Name	Last Name	Enrolled In	Agency Created By	Created By	Created Date	Actions
2519532SA176100	astest1	client1		TCC (Default All Jurisdictions)	tccadministrator1	8/10/2018	<a href="#">View</a>
1269974IV889101	Rebecca	Test	MDC, CO	TCC (Default All Jurisdictions)	tccadministrator1	7/24/2018	<a href="#">View</a>

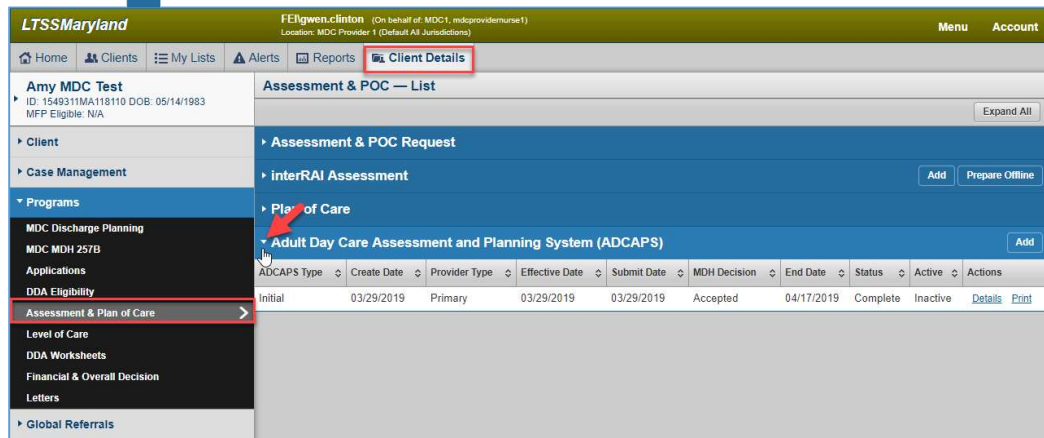
6. Upon selecting the **View** hyperlink of the desired client, the user shall be directed to the client's MDC FOC Form.

### III. ADCAPS

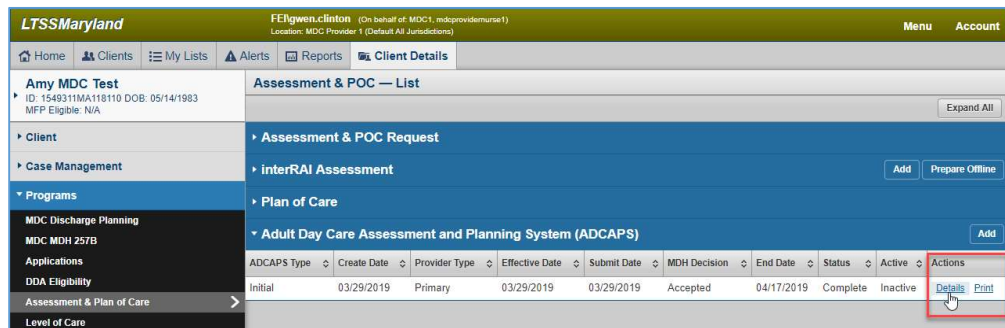
SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.


#### A. View ADCAPS

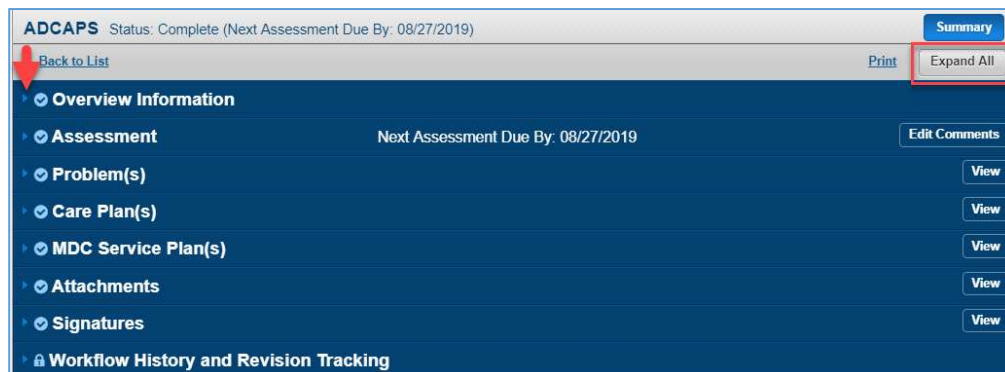
1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Programs**.
3. Select **Assessments & Plan of Care**.
4. Select **Adult Day Care Assessment and Planning Systems (ADCAPS)** from the List view.
5. Select the  icon next to **MDC ADCAPS** to expand and view.



6. Select the **Details** link next to view the desired ADCAPS.



7. The **MDC ADCAPS** Details will display the ADCAPS Summary page to view details by selecting the  icon to expand the desired section or click **Expand All** to view all sections. Click the blue banner to collapse each section.



### a. Overview Information

The **Overview Information** section contains information about the Client and the specific information about the ADCAPS.

ADCAPS

Status: Complete (Next Assessment Due Date: 07/27/2019)

Summary

Back to List

Print

Expand All

Overview Information

General Information

Name:	Amy MDC Test	Primary Language:	English
DOB:	05/14/1983	Age:	35
Gender:	Female		

Assessment Start Date:

03/29/2019

ADCAPS Type:

Initial

Assessment Submit Date:

03/29/2019

ADCAPS Effective Date:

03/29/2019

ADCAPS Created By:

MDC1, mdcprovidernurse1

Primary MDC Provider:

MDC Provider 1 (Default All Jurisdictions)

Additional MDC Provider(s):

### *b. Assessment*

The **Assessment** section is a medical questionnaire completed by the MDC Providers Nurse that allows them to get an overall picture of the client's current health status as well as their history.

## Supports Planning Agencies

Assessment		Next Assessment Due Date: 07/27/2019		Edit Comments
Section Name	Status	Last Modified By	Last Modified Date	Actions
A. Allergies	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
B. Disease Diagnosis	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
C. General Health	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
D. Neurological	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
E. Sensory	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
F. Cardiovascular	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
G. Respiratory	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
H. Genitourinary Status	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
I. Gastrointestinal Status	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
J. Musculoskeletal	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
K. Pain Frequency	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
L. Mental Health	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
M. Skin Integrity	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
N. Pressure Ulcers	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
O. ADLs and IADLs	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
P. Psychosocial	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
Q. Treatments	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
R. Transportation	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
S. Social Services	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
T. Medications	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
U. Activities	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a>
V. Comments	Complete	MDC1, mdcprovidernurse1	03/29/2019	<a href="#">View</a> <a href="#">Edit</a>

### c. Problems

The **Problem(s)** section is a list of “issues or concerns” identified by the Provider Nurse after assessing a client. Each Problem in this list is required to have a corresponding Care Plan page that will document the MDC’s plan to address this need. The problems in this section will be generated from information entered by the MDC provider nurse describing the issues experienced by the client in relation to the ICD 10 diagnoses identified during the ADCAPS assessment, CAPS triggered from the InterRAI, as well as Personal goals identified by the client.

Problem(s)					<a href="#">View</a>
Create Date	Problem	Outcome	Addressed By Care Plan	Actions	
03/29/2019	test		test	<a href="#">Quick View</a>	
			test		
			test		
03/29/2019	test		test	<a href="#">Quick View</a>	

### d. Care Plan(s)

The **Care Plan(s)** section is used to specify the plan for addressing the specific issue or concern from the Problems section. Each problem identified will have at least one corresponding Care Plan.

## Supports Planning Agencies

Care Plan(s) <span>View</span>									
Linked Care Plans									
Care Plan Type	Create Date	Expected Outcome/ Short Term Goals	Addressed Problem	Outcome	Last Reviewed By	Last Review Date	Next Review due by	Due In	Actions
Original	03/29/2019	test	test						<a href="#">Quick View</a>
Original	03/29/2019	test	test						<a href="#">Quick View</a>
Original	03/29/2019	test	test						<a href="#">Quick View</a>
Unlinked Care Plans									
Care Plan Type	Create Date	Expected Outcome/ Short Term Goals	Addressed Problem	Outcome	Last Reviewed By	Last Review Date	Next Review due by	Due In	Actions
No data available in table									

### e. MDC Service Plans(s)

The **MDC Service Plan(s)** section is where the MDC Provider Nurse will specify the number of days that a client will be attending the Medical Day Care Center and number of weeks of attendance. The Annual Cost information will be calculated by the system using the prepopulated rate.

MDC Service Plan(s) <span>View</span>								
MDC Provider Service Plan (s)								
Service Plan Type	Created By	Create Date	Provider Name	Days per week	How many weeks	Rate	Annual Cost	
Original	MDC1, mdcprovidernurse1	03/29/2019	MDC Provider 1 (Default All Jurisdictions)	7	52	\$74.50	\$27,118.00	

### f. Attachments

The **Attachments** section is where documents related to the ADCAPS are stored.

Attachments <span>View</span>				
Category	Description	Created Date	Created By	Filename
Medical Order		03/29/2019	MDC1, mdcprovidernurse1	<a href="#">Physician's Orders.pdf</a>
Signature Page		03/29/2019	MDC1, mdcprovidernurse1	<a href="#">MDC FOC form.pdf</a>

### g. Signatures

The **Signatures** page is where the client or representative and all entities that work in the system can electronically specify that they have signed off on the actions being taken.

Signatures <span>View</span>		
Type	Signature Name	Signature Date
MDC Provider Nurse	MDC1, mdcprovidernurse1	03/29/2019
Client or Client Representative	Amy MDC Test	03/29/2019
MDC Provider Staff	mdcproviderstaff1 MDC1	03/29/2019

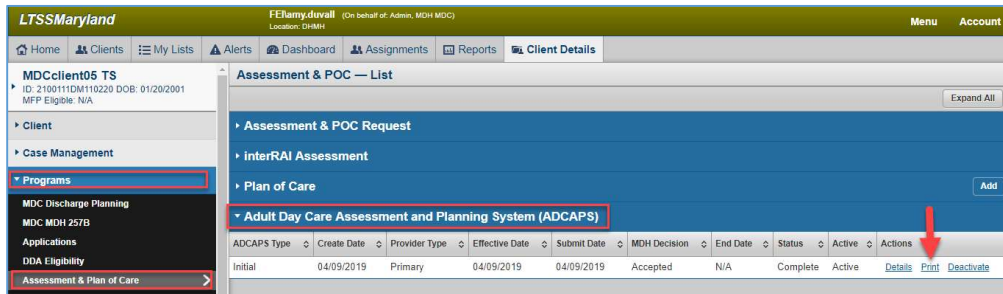
### h. Workflow History and Revision Tracking

The **Workflow History and Revision Tracking** section covers Workflow/Status changes of each ADCAPS.

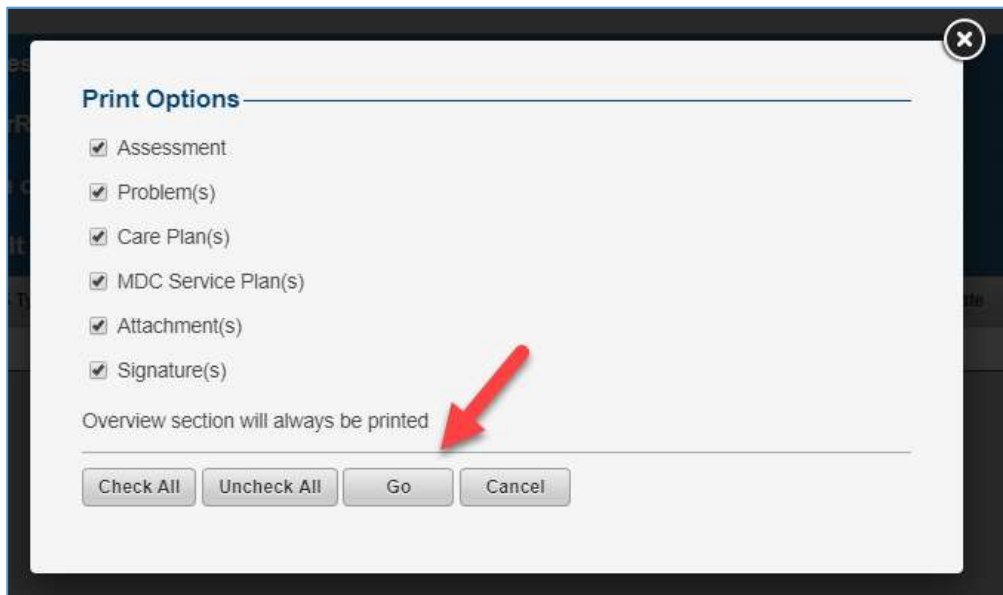
Workflow History and Revision Tracking							
Action	By	Date	From Status	To Status	MDH Decision	Comment	Actions
Submit	MDC1, mdcprovidernurse1	03/29/2019	In Progress	Complete			

## B. Print ADCAPS

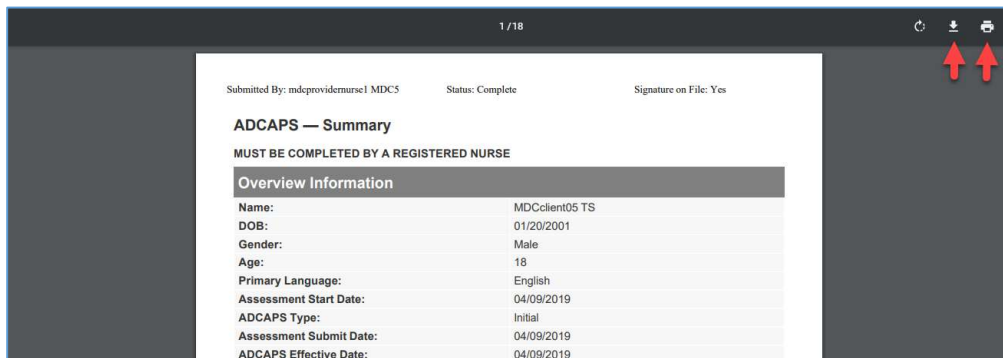
1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Assessments & Plan of Care**.
3. Select **Adult Day Care Assessment and Planning Systems (ADCAPS)** from the List view
4. Select **Print**, next to the desired form in the list.



5. Upon selection, the user may choose which section of ADCAPS they would like to print. Select all applicable options, then click **Go**.



6. A new window tab will open with the form in **.pdf** format.
7. The form may be viewed in this tab, and the user may choose to **download** the form to their local PC or **Print** the form.



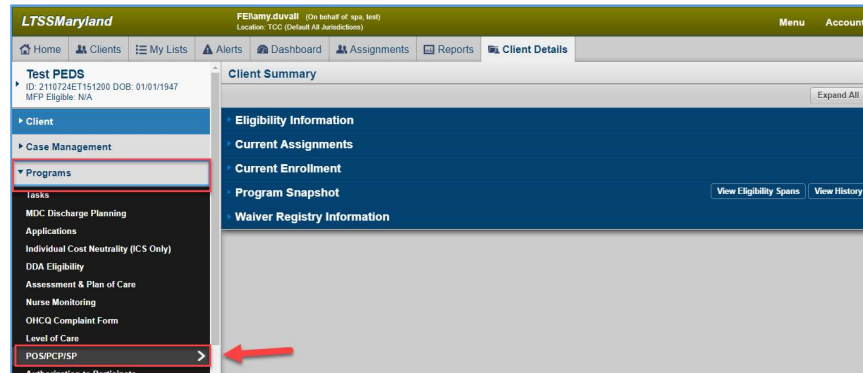


## Supports Planning Agencies

### C. View POS/PCP/SP

Authorized users may access the client's updated Service Plan:

1. From the **Client Summary** page, select **Programs**.
2. Select the **POS/PCP/SP** banner.



3. Select **View** or **Print** from the desired MDC SP listed.

The screenshot shows the 'Plan of Service/Person Centered Plan/Service Plan — List' page. The table below contains the following data:


Program Type	Date Created	POS/PCP/SP Type	POS/SP Costs	Cost Neutrality Limit	Effective Date	End Date	Status	Active	Actions
CO	02/11/2019	Revised	\$29,823.52		02/26/2019		Approved	Active	<a href="#">View</a> <a href="#">Revise</a> <a href="#">Inactivate</a> <a href="#">Print</a>
MDC	04/30/2019	Initial	\$6,467.20	N/A	01/01/2019		Complete	Active	<a href="#">View</a> <a href="#">Print</a>
CO	11/26/2018	Revised	\$29,823.52		12/17/2018	02/25/2019	Approved	Inactive	<a href="#">View</a> <a href="#">Revise</a> <a href="#">Print</a>

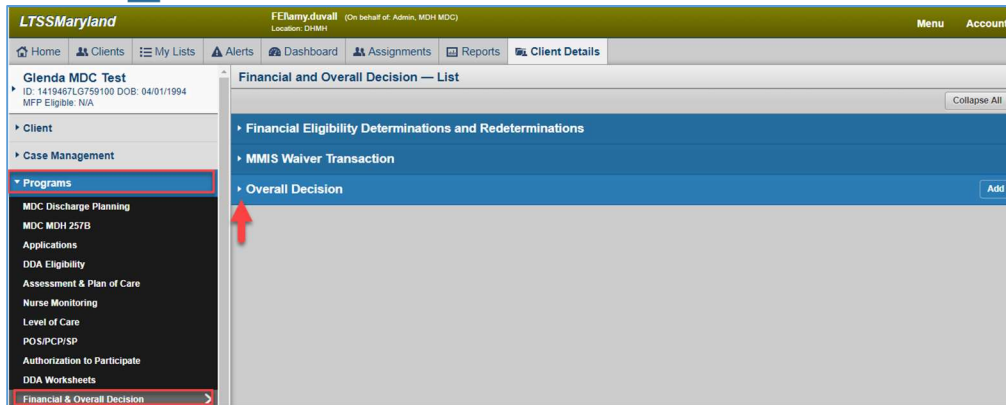


#### IV. Overall Decision Form

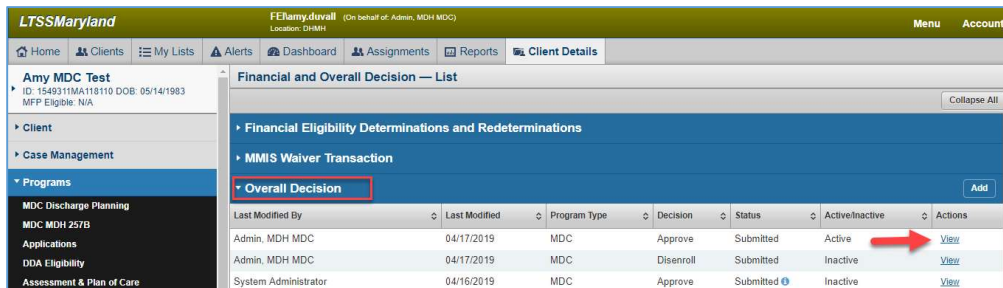
SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

##### A. View ODF

1. From the Client Profile, select the **Programs** banner on the left navigation.
2. Select **Financial & Overall Decision**.
3. Select the  icon next to **Overall Decision** to expand and view.



4. Select the View link next to the desired form.



5. The **Overall Decision** form will display Determination details:

- For **“Approve”**:
  - *Overall Decision*
  - *MDC MDH 257B Sign off Date*
  - *Enrollment Date*
  - *MA Eligibility Date*
  - *MA#*
  - *Coverage Group*

## Supports Planning Agencies

Financial and Overall Decision Status: Submitted Program: MDC [View](#)

[Back to Summary](#)

### Overall Decision

#### Determination

Overall Decision: \* ☒ Approve ☐ Deny

MDC MDH 257B Sign off Date: \*\* 04/17/2019

Enrollment Date: \*\* 04/17/2019

MA Eligibility Date:

MA#: \*\* 14141414141

Coverage Group:

- For “Deny” or “Disenroll”:
  - Overall Decision
  - MDC MDH 257B Sign off Date
  - Denial/Disenrollment Date
  - MA Eligibility Date
  - MA#
  - Coverage Group
  - Reason for Denial/Disenrollment

Financial and Overall Decision Status: Submitted Program: MDC [View](#)

[Back to Summary](#)

### Overall Decision

#### Determination

Overall Decision: \* ☐ Approve ☒ Deny

MDC MDH 257B Sign off Date:

Denial/Disenrollment Date: \*\* 04/17/2019 ☒ Enter Manual Date

MA Eligibility Date:

MA#: 13765432089

Coverage Group:

Reason for Denial/Disenrollment: \*\*

☒ Community MA eligibility not met

☐ NF level of care not met

☐ Minimum age requirement not met

☐ Service plan requirements not met

☐ Freedom of Choice consent form not received

☐ Refused community services in Freedom of Choice consent form

☐ Voluntarily chose to disenroll from the waiver

☐ Inpatient for 30 consecutive days or more in a chronic hospital or nursing facility

☐ Has not received waiver services for 90 consecutive days

☐ Receiving MDC as a service in another waiver

☐ Moved to another state


☐ Deceased

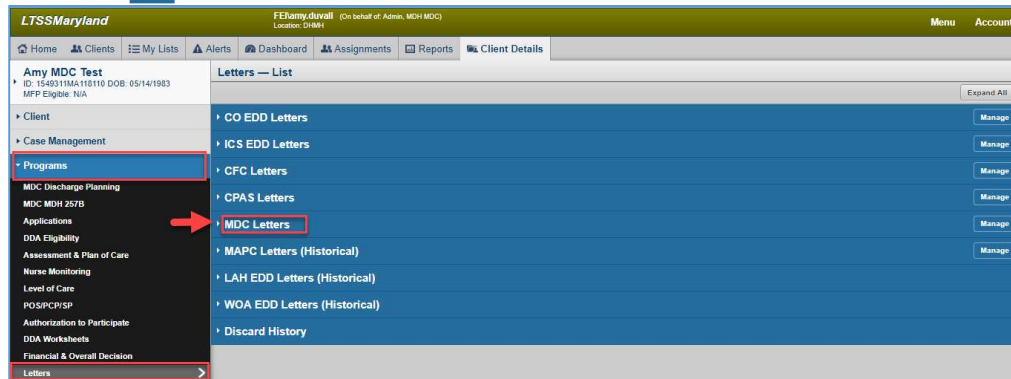
☐ Other

## V. MDC Letters

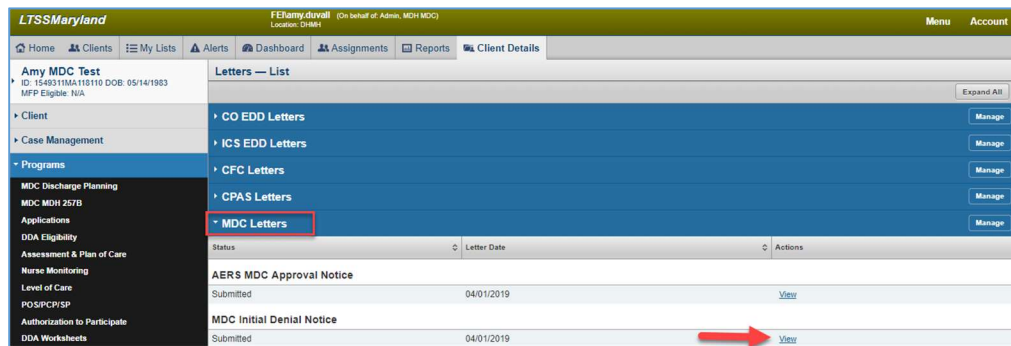
SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

### A. View Letters

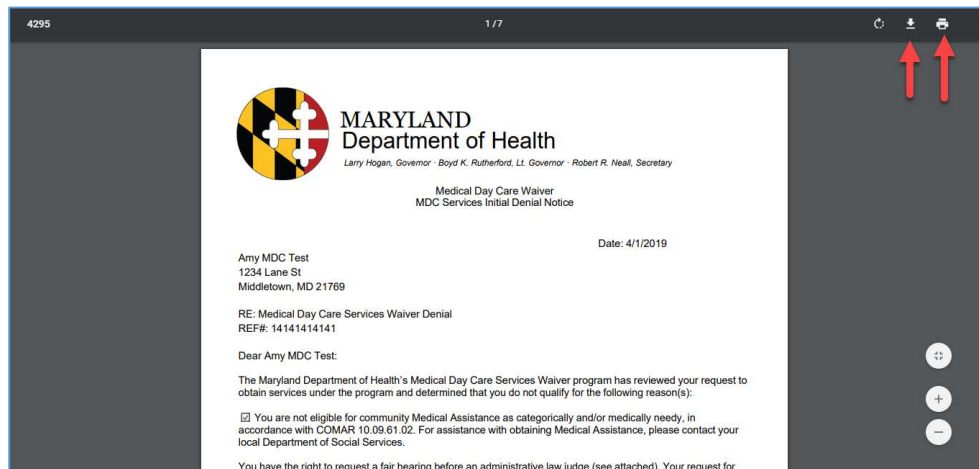
1. Navigate to the desired Client.
2. Select **Letters** under the **Programs** banner within the left navigation panel.
3. Select the  icon to expand the **MDC Letters** banner



4. Authorized users may view a **List** of letters that have been submitted for the client, and may view the contents of a specific letter by selecting the **View** hyperlink.



5. Upon selection of **View**, a new tab shall populate the .pdf of the letter. From here, the user may **download** a copy to their local PC, or **Print** the letter by selecting the desired option within their PDF viewing software.



## VI. Voluntary Consent to Transfer Form

The Voluntary Consent to Transfer (VCT) Form is used when Medical Day Care Waiver participants decide they want to change medical day care providers. SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

### A. View VCT

1. From the Client Profile, select the **Case Management** banner on the left navigation.
2. Select **Voluntary Consent to Transfer**.
3. Select the **View** link.

Provider Transferring to	Anticipated Start Date	Last Modified Date	Last Modified By	Provider Transferring from	Status	Signature Status	Actions
MDC Provider 2 (Default All Jurisdictions)	02/11/2019	02/11/2019	DHMH, dhmhmdcadministrator1	MDC Provider 1 (Default All Jurisdictions)	Discarded	Signed copy uploaded	<a href="#">View</a> <a href="#">Print</a>
MDC Provider 2 (Default All Jurisdictions)	05/27/2018	12/06/2018	DHMH, dhmhmdcadministrator1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Not signed	<a href="#">View</a> <a href="#">Print</a>

4. The **Voluntary Consent to Transfer- Details** view will display the **MDC Voluntary Consent to Transfer**, **VCT Attachments**, the **Workflow History**, as well as the **Status** of the form.

**Voluntary Consent to Transfer** Status: Discarded

**MDC Voluntary Consent to Transfer**

**Client Information**

Client Name: Chad Test  
Client MA #: 12312312312

Provider Transferring From: MDC Provider 1 (Default All Jurisdictions)  
Provider Transferring To: MDC Provider 2 (Default All Jurisdictions)

Anticipated Start Date: 02/11/2019

**Signature Information**

☒ The Client's signature is required for this VCT form to be submitted to MCH for review/approval. By selecting this checkbox, I am confirming that I have obtained the signed VCT form along with this electronic submission.

Client/Representative Signature Status: Signed copy uploaded  
Signature Date: 02/11/2019

Requesting MDC Provider Signature Status: Not signed  
Signature Date: 02/11/2019

**VCT Attachments**

Created Date	Created By	Description	Filename
02/11/2019	MDC2, mdcproviderintake1	test	Voluntary Consent to Transfer User Manual.docx

**Workflow History**

Date	By	From Status	To Status	Comments
------	----	-------------	-----------	----------

## B. Print VCT

1. Navigate to the desired **Client Summary** from the **Clients** search tab.
2. Select **Voluntary Consent to Transfer** from the **Case Management** banner on the left navigation.
3. Click **Print** next to desired form in the List.

LTSSMaryland									
FEJumydeval (On behalf of: MDC2, mdgprovideradministrator1) Location: MDC Provider 2 (Default All Jurisdictions)									
Menu Account									
Home Clients My Lists Alerts Assignments Reports Client Details									
Chad Test ID: 2929255HC552120 DOB: 09/22/1922 MFP Eligible: N/A									
Voluntary Consent To Transfer - List									
Client	Provider Transferring to	Anticipated Start Date	Last Modified Date	Last Modified By	Provider Transferring from	Status	Signature Status	Actions	
<div>Case Management</div> <div>Alerts</div> <div>Agency Selection</div> <div>Voluntary Consent to Transfer</div> <div>Community Settings Questionnaire</div> <div>Reportable Events</div> <div>Progress Notes</div> <div>Client Attachment</div>	MDC Provider 1 (Default All Jurisdictions)	02/01/2019	02/18/2019	DHMH, dhmmhdcstaff1	MDC Provider 2 (Default All Jurisdictions)	Accepted	Signed copy uploaded	View	Print
	MDC Provider 1 (Default All Jurisdictions)	02/15/2019	02/14/2019	DHMH, dhmmhdcstaff1	MDC Provider 2 (Default All Jurisdictions)	Rejected	Not signed	View	Print
	MDC Provider 2 (Default All Jurisdictions)	02/11/2019	02/11/2019	DHMH, dhmmhdcstaff1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Signed copy uploaded	View	Print
	MDC Provider 2 (Default All Jurisdictions)	02/11/2019	02/11/2019	DHMH, dhmmhdcadministrator1	MDC Provider 1 (Default All Jurisdictions)	Discarded	Signed copy uploaded	View	Print
	MDC Provider 2 (Default All Jurisdictions)	05/27/2018	12/06/2018	DHMH, dhmmhdcadministrator1	MDC Provider 1 (Default All Jurisdictions)	Accepted	Not signed	View	Print

4. Upon selection, a new window tab will open with the form in .pdf format.
5. The form may be viewed in this tab, and the user may choose to **download** the form to their local PC or **Print** the form.

8258 1/1

Medical Day Care Services Waiver

Voluntary Consent to Transfer Form

Client Information

Client Name: Chad Test

Client Identifier: 2929255HC552120

Provider Transferring to: MDC Provider 1 (Default All Jurisdictions)

Provider Transferring from: MDC Provider 2 (Default All Jurisdictions)

Anticipated Start Date: 02/01/2019

Signature Information

The client's signature is required for this VCT form to submit to MDH for review/approval.

Client or Authorized Representative Signature: Chad Test

Signature Date: 02/15/2019

Provider Transferring to Signature: MDC Provider 1 (Default All Jurisdictions)

Signature Date: 02/15/2019

Download

Print

Zoom In

Zoom Out

28

## VII. MDC Discharge Planning Form

The MDC Discharge Planning Form is used by MDC providers when an individual voluntarily or involuntarily separates from the Medical Day Care Waiver. SPA Admin, SPA Supervisor, and SPA Supports Planner roles have access to the following functions for clients to which they are actively assigned.

### A. View MDC Discharge Planning Form

1. From the Client Profile, select the **Programs** banner.
2. Select **MDC Discharge Planning**.
3. Select the **View** link.

Last Modified Date	MDC Provider Agency	Last Modified By	Status	Active/Inactive	Action
8/23/2018	MDC Provider 1 (Default All Jurisdictions)	MDC1, mdcproviderstaff1	Pending MDH Review	Inactive	<a href="#">View</a> <a href="#">Print</a>
6/15/2018	DHMH	DHMH, dhmhmdadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>

4. The **MDC Discharge Planning Form- Details** view will display the **Discharge Planning Form**, the **Workflow History**, as well as the **Status** of the form.

**Discharge Planning Form**

**Client Information**

Client Name:

Client Address:

Client Phone:

Medical Diagnosis

Current Medical Diagnosis:

Discharge Summary

Reason for Discharge/Discharge Status:

Participant status at the time of Discharge

Discharge Follow-up

Signature

## Supports Planning Agencies

### B. Print MDC Discharge Planning Form

1. Navigate to the desired client record via the **Client** tab.
2. Select **MDC Discharge Planning** from the **Programs** section.
3. Click **Print** next to desired form in the List.



LTSS Maryland

FElamy.duval (On behalf of: DHMH, dhmmmdadministrator1)

Menu Account

Home Clients My Lists Alerts Dashboard Assignments Reports Client Details

Chad Test  
ID: 292925HC552120 DOB: 09/22/1922  
MFP Eligible: N/A

Client

Case Management

Programs

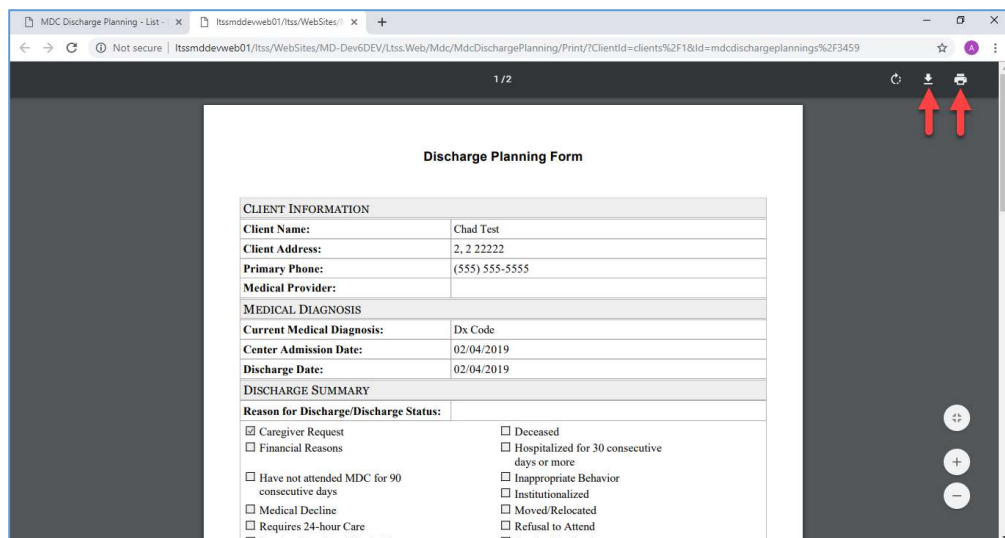
MDC Discharge Planning

MDC MDT 257B

MDC Discharge Planning - List

Last Modified Date	MDC Provider Agency	Last Modified By	Status	Active/Inactive	Action
2/4/2019	DHMH	DHMH, dhmmmdadministrator1	In Progress	Inactive	<a href="#">View</a> <a href="#">Print</a>
2/4/2019	MDC Provider 1 (Default All Jurisdictions)	DHMH, dhmmmdadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>
2/4/2019	MDC Provider 1 (Default All Jurisdictions)	DHMH, dhmmmdadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>
2/4/2019	MDC Provider 1 (Default All Jurisdictions)	DHMH, dhmmmdadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>
2/3/2019	DHMH	DHMH, dhmmmdadministrator1	Discarded	Inactive	<a href="#">View</a> <a href="#">Print</a>

4. Upon selection, a new window tab will open with the form in .pdf format.
5. The form may be viewed in this tab, and the user may choose to **download** the form to their local PC or **Print** the form.



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Discharge Planning Form

CLIENT INFORMATION

Client Name: Chad Test

Client Address: 2, 2 22222

Primary Phone: (555) 555-5555

Medical Provider:

MEDICAL DIAGNOSIS

Current Medical Diagnosis: Dx Code

Center Admission Date: 02/04/2019

Discharge Date: 02/04/2019

DISCHARGE SUMMARY

Reason for Discharge/Discharge Status:

☒ Caregiver Request ☐ Deceased

☐ Financial Reasons ☐ Hospitalized for 30 consecutive days or more

☐ Have not attended MDC for 90 consecutive days ☐ Inappropriate Behavior

☐ Medical Decline ☐ Institutionalized

☐ Requires 24-hour Care ☐ Moved/Relocated

☐ Refusal to Attend