

Change in PML Request Memo to DMA Claims Analysis Unit

All requests MUST have a DMA 5016 Attached (DCDL 11/20/15)

FROM: _____ IMC CONTACT #: _____
DEPARTMENT OF SOCIAL SERVICES

DATE: _____

RE: BENEFICIARY NAME: _____ MID#: _____

FROM AND THRU DATES FOR PML CORRECTION: _____

PML AMOUNT NEEDED: _____ INCORRECT PML IN NCFAS: _____

FACILITY NAME: _____

PART I: Please indicate the policy reason the PML has been changed. *This is notification only, you will not receive this form back from DMA if one of the following reasons is indicated:*

Client **deceased** in month of change and the PML revised for deduction of unmet medical needs. (MA-2270, IX.C.2.a.)

The a/b went home and must be rebudgeted the month of discharge to allow a deduction for maintenance of the home. (MA-2270, IX.C.2.a.)

The a/b went home unexpectedly within six months of admission and must be rebudgeted for prior months as well as month of discharge. (MA-2270, IX.C.2.a., and V.D.3.)

NOTE: If the PML must be "split" between two or more facilities, but the total amount has not changed, DMA does not need to be notified. Refer to MA-2270, IX.D. for procedures to split a liability.

PART II: APPROVAL TO CORRECT AN UNDERSTATED/OVERSTATED PML for other situations that the beneficiary was unable to pay the PML and the outstanding balance cannot be cleared by adjusting PML for two future months. (MA-2270, V.C.8.c.) Please be specific and describe the reason for the necessary change:

REMINDER: Currently, caseworkers are required to *manually* issue a DMA 5016 for all Long Term Care and PACE cases at the time the case is authorized (activated) as well as when a change decision is completed that impacts the PML. (DCDL 11/20/2015)