

MEMORANDUM TO: Claims Analysis Unit
DMA

FROM: _____, IMC: _____ County DSS

DATE:

RE: RECIPIENT NAME: _____ MID#: _____

FROM AND THRU DATES FOR PML DECREASE: _____

DECREASED PML AMOUNT: _____ PML IN EIS: _____

FACILITY CODE: _____ FACILITY NAME: _____

PART I: Please indicate the policy reason the PML has been decreased. 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, PML revised for deduction of unmet medical needs. (MA-2270, IX.C.3.a.)
- The a/r went home and must be rebudgeted the month of discharge to allow a deduction for maintenance of the home. (MA-2270, IX.C.3.a.)
- The a/r 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.3.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 DECREASE OVERSTATED PML DUE TO COUNTY ERROR OR DELAY
The recipient was unable to pay the overstated PML and the outstanding balance cannot be cleared by adjusting PML for two future months. (MA-2270, V.C.8.c.) Please describe the reason for county error/delay:

- Decrease Denied
 - Decrease Approved, corrected DNA-5016 issued
 - YES, County charged _____ NO CHARGE to County
- _____, Claims Analyst