

**APPLICATION: DAYS AWAITING PLACEMENT  
FOR A RESIDENTIAL CARE FACILITY (APRC)**

**PLEASE FAX TO Office of Elder Services, ATTN: ELLEN FIELD (207) 287-9229**

- COMPLETED 3 PAGE APPLICATION FORM
- COPY OF THE 2 OUTCOME PAGES ONLY FROM GOOLD NF DENIAL ASSESSMENT

Date of request: \_\_\_\_\_ Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Resident's name \_\_\_\_\_ Date of birth \_\_\_\_\_ and ID numbers: social  
security \_\_\_\_\_ Medicare \_\_\_\_\_ MaineCare \_\_\_\_\_

Does the resident have a legal guardian or some other family member who should also be notified of the  
Awaiting Placement in Residential Care determination? If so:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of admission to facility, regardless of payment source: \_\_\_\_\_

Payment source on admission: \_\_\_\_\_

Date of conversion: Medicare to MaineCare \_\_\_\_\_

Date of conversion: Private pay to MaineCare \_\_\_\_\_

Date of MaineCare (Goold) denial: \_\_\_\_\_

Is there any payment source at this time?  yes  no \_\_\_\_\_

Beginning date for which payment is being requested \_\_\_\_\_ to \_\_\_\_\_. Normally  
ending date would be unknown future date on which resident moves to residential care.

Is resident appealing the MaineCare denial?  yes  no PLEASE NOTE: IF RESIDENT IS  
APPEALING, WE WILL NEED TO WAIT UNTIL THE COMMISSIONER RENDERS THE FINAL  
DECISION BEFORE APRC REQUEST CAN BE PROCESSED.

IF RESIDENT IS NOT APPEALING, WE STILL MUST WAIT UNTIL THE LAST POSSIBLE APPEAL  
DATE IN ORDER TO ENSURE RESIDENT'S APPEAL RIGHTS.

**continued**

In-home services: How could the resident be safely discharged home or to an apartment or other non-institutional setting? Please explain services that would be needed/ programs that might be accessed/ contacts you have made with the Home Care Coordinating Agency, Area Agencies, Alpha One, home health agencies, or other appropriate agencies.

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Contacts with appropriate residential care facilities within a 30 mile radius:

<p><b>Facility name:</b> Address:</p> <p>Phone # _____ Contact person at facility: _____</p> <p>Date (s) facility was contacted: What type of resident do they serve? Do they have any vacancies? Is your resident on their waiting list? <input type="checkbox"/> yes <input type="checkbox"/> no      Est. time to reach the top of the list:</p>
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What type of resident do they serve?

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Is your resident on their waiting list?  yes  no Est. time to reach the top of the list:

NOTE: Payment rate is \$85.89 as of July 1, 2007. The facility must accept this rate as their payment in full. Written approval by the Department is required before payment will be made. To be eligible for Awaiting Placement in Residential Care, the following criteria must be met. The resident must be a current resident of the NF, medically ineligible for NF MaineCare, at the time the application is filed. The resident must have qualified medically at admission and be financially eligible for APRC. Facility must show evidence of discharge planning efforts and the resident must agree to accept an appropriate placement.