

**INFORMATION SHEET:
AWAITING PLACEMENT FOR RESIDENTIAL CARE**

The Awaiting Placement for Residential Care (APRC) program provides payment to nursing facilities until an appropriate residential placement can be found or until the member returns home. Members do not need to appeal the denial of medical eligibility for nursing facility level of care in order to apply for APRC. If a member chooses to appeal the denial, the application for APRC will not be processed until the Commissioner renders a final decision. The Office of Elder Services will not begin processing an APRC application until the allowable time period for appeals has passed.

Summary of APRC requirements (Section 67.02-9, Chapter II, MaineCare Benefits Manual):

- The individual must be a resident of the nursing home at the time the application is submitted.
- The individual must have been medically eligible at the time of admission to the NF, as demonstrated by an admission Medical Eligibility Determination (MED) assessment, or effective 5/1/96, the individual may have been admitted to the nursing facility under Medicare and found to be ineligible for continued stay at the conversion from Medicare to MaineCare.
- The individual must be denied medical eligibility for nursing facility level of care. The facility must fax the 2-page Outcome report of the assessment by the Department's Assessing Services Agency (Goold Health Systems). It is not necessary to fax the entire MED assessment form.
- The individual must be financially eligible for MaineCare that will cover residential care as determined by Office of Integrated Access and Support (OIAS).
- The nursing facility must show evidence of discharge planning.
- The individual must agree to accept the first appropriate placement within 60 miles of the facility or the resident's home, if applicable, or further if the Consumer is agreeable.
- The facility may send the APRC application as soon as individual has been denied medical eligibility, even if the individual is planning to appeal. Contacts with residential care facilities and/or home health agencies need to be updated on a regular basis.

IMPORTANT: If an appropriate placement is found and the resident refuses to accept the placement, Awaiting Placement in Residential Care payment will end.

If a resident is granted payment under Awaiting Placement in Residential Care, there will be an end date on the approval letter which will be sent to the resident and to the nursing facility. If the resident has not been discharged to an appropriate placement, submit a renewal application to Office of Elder Services (OES) at least 5 (five) days prior to the end of the approval period. Please notify OES of any resident transfer or significant change in condition prior to the end date.

Please contact the Office of Elder Services with any questions at 1-800-262-2232.