

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Aging and Disability Services
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Continuing Stay Review

Resident Notification of Nursing Facility's REQUEST for REASSESSMENT

Date: _____

Resident Name: _____

ID Number: _____

Facility Name: _____

Dear _____:

Nursing facilities are required by Federal law to continually review the needs of its residents. On _____, the review team met and talked with you and your family about your medical and nursing needs. The review team spoke to you about how often you require the services of a registered professional nurse or therapist's assistance, and how much help you need with activities of daily living.

The review team has determined that you may no longer be medically in need of care in a nursing facility. Based on this information, we are required to request a medical assessment to determine whether you continue to meet the MaineCare requirements for payment of your nursing facility services. It will be completed by the Department's Assessing Services Agency (ASA). The nurse performing the assessment will record the information on a medical eligibility form. Once the reassessment is completed, the ASA will decide whether or not, under the standards in the MaineCare Benefits Manual, Section 67.02-3, you are eligible for MaineCare to continue to pay for your nursing home care.

Sincerely,

Nursing Facility, RN or Administrator

cc: Office of Aging and Disability Services
File