

Janet T. Mills  
Governor

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Commissioner



Maine Department of Health and Human Services  
Aging and Disability Services  
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Tel: (207) 287-9200; Toll Free: (800) 262-2232  
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TTY: Dial 711 (Maine Relay)

## Attention: All Applicants to Nursing Facilities

If you are planning to go into a nursing facility, no matter how you plan to pay for your care, the following guidelines apply to your admission:

- √ Maine law requires that ALL individuals who want to enter a nursing facility have a Long Term Care Assessment, regardless of how those services are paid for. The assessment is free.
- √ Please contact the Department's Assessing Services Agency, at 1-833-525-5784 or Fax referrals to 1-844-356-7500 to request your assessment. The assessment will help you decide what choice is best for you.
- √ A nurse will visit you to review how much help you need to take care of yourself. The information will be recorded on a "Medical Eligibility Determination" form.
- √ The nurse who does the assessment will tell you your options about services available in your community that could help meet your needs.
- √ If the assessment indicates you do not need to go into a nursing facility and you can pay for the services with your own money, you may still choose to enter a nursing facility. If you spend down all your money, you will have to have another assessment at that time. You may be required to leave the nursing facility if that assessment finds that you do not need nursing facility care.
- √ **If you need MaineCare to pay for your stay in the nursing facility, the assessment must indicate that you require that type of care to meet your needs. You must also apply to the regional office of Health & Human Services for a review of your financial circumstances.**

If at anytime you have questions about the process or the actual assessment, feel free to contact the Office of Aging and Disability Services at 1-800-262-2232 (Toll Free) or 287-9200 in the Augusta area. Our office hours are 8a.m. - 5p.m. Monday - Friday. You may leave a message at any time and we will get back to you.

Please sign below to show that you have received and read this notice.  
Thank you.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_