

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Aging and Disability Services
11 State House Station
41 Anthony Avenue
Augusta, Maine 04333-0011
Tel; (207) 287-9200; Toll Free: (800) 262-2232
Fax (Disability) (207) 287-9915; Fax (Aging) (207)287-9229
TTY: Dial 711 (Maine Relay)

Application: "Frequent Change in Care Settings"

Date of request: _____
Resident name: _____ MaineCare #: _____
social security #: _____ Date of birth: _____
Facility: _____ Phone: _____
Fax: _____
Address: _____

Does the resident have a legal guardian or other family member who should be notified of the "Frequent Change in Care Settings" determination?

Name: _____ Relationship: _____
Address: _____

Name of person completing this form: _____
Start date for the nine (9) months under review: _____
End date for the nine (9) months under review: _____

Eligibility determination: enter dates of denials of medical eligibility for nursing home level of care within the past nine (9) months of the date of this application. The resident must have had at least two (2) denials of medical eligibility during the past 9-month period, while receiving covered services in the nursing facility.

Date	Assessment type	Outcome

Medical condition: Describe the residents chronic or unstable medical condition, current status

of the condition, and the expected outcome that would likely result in readmission to the facility within three (3) months of discharge. Please provide supporting documentation that would indicate a pattern in management that will likely cause deterioration and result in readmission for treatment.

Care settings: List all care settings, including home, but NOT including hospital stays, within the past nine (9) months. Be sure to include admission date and discharge dates.

Dates	Facility	Reason for admission

Choice letter: Submit a copy of the choice letter, signed by the resident, guardian, or member's agent, to confirm the resident has been offered the choice of home and/or community-based services, but has chosen nursing home level of care.

Has the resident filed an appeal of the most recent denial of medical eligibility Yes No
NOTE: If the resident has filed an appeal, Office of Aging and Disability Services will delay review application until receipt of the Commissioner's final decision.

Fax completed application to Office of Aging and Disability Services at 287-9231

If approved, Office of Aging and Disability Services will assign a classification period defining the eligibility, under the status of "Frequent Changes in Care Settings."

The resident must be reassessed within five (5) calendar days prior to the end of the approved period, if an additional classification period is being requested under this Section. Office of Aging and Disability Services will consider the resident's recent history of frequent change settings, as well as health status, and may continue to classify him/her under this Section, as appropriate.

jes in care