

# MaineASA

**Have a question? Contact us at:**

**Email** [Ask-MaineASA@maximus.com](mailto:Ask-MaineASA@maximus.com)

**Phone** 833.525.5784

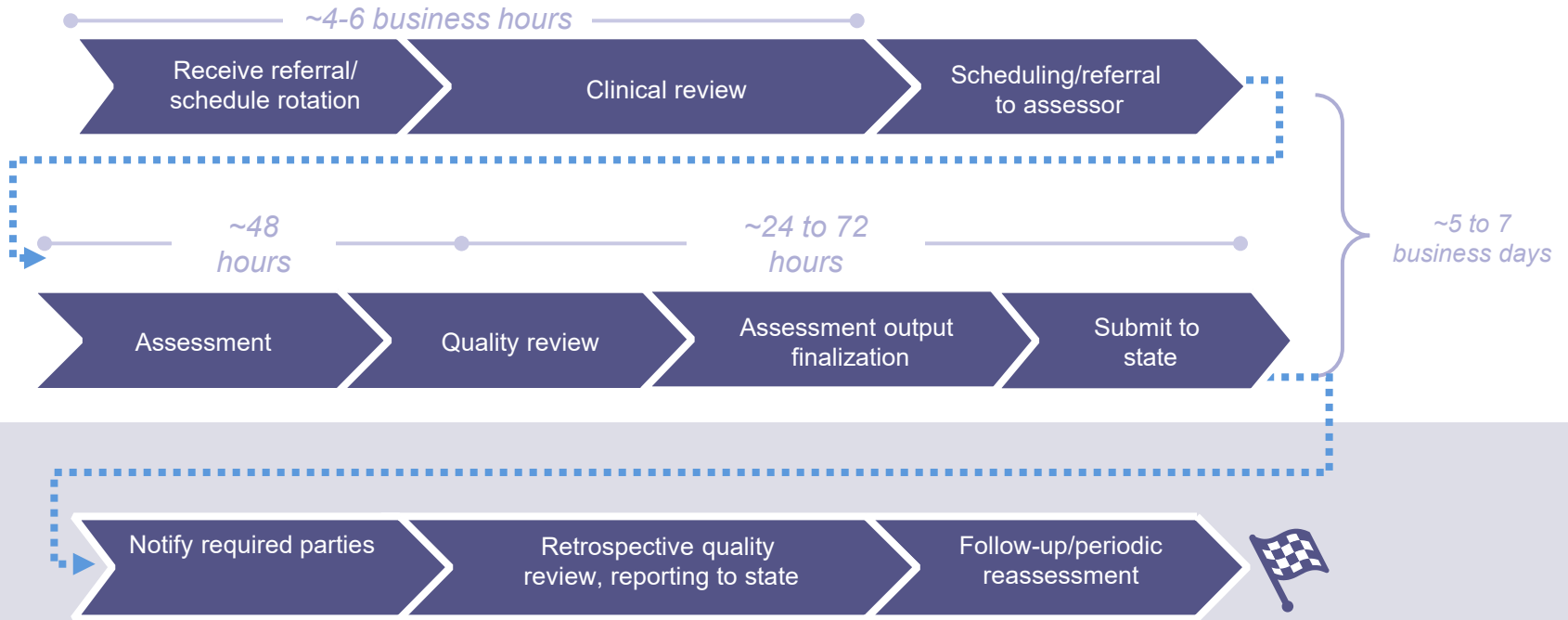


Office of Aging and Disability Services  
207-287-9200

# **Long-Term Care Assessment Referral Process**

Sara Mayo, Intake Supervisor

# LTC Assessment Referral Process





# How to Submit a Referral Form

Referrals are accepted by:

- Email: [Maine-ASA@maximus.com](mailto:Maine-ASA@maximus.com)
- Fax: 844.356.7500

You can always email or call with referral questions.

- Email: [Ask-MaineASA@maximus.com](mailto:Ask-MaineASA@maximus.com)
- Telephone: 833.525.5784
  - Option 1 – New Long-Term Care Assessment
  - Option 2 – Check Status
  - Option 3 – PASRR
  - Option 4- Leave a Voice Message

# When is a Med Assessment Required

- ❖ In order to comply with State statute a preadmission Long Term Care Advisory assessment must be completed prior to being admitted to a nursing facility.
- ❖ We assess individuals 18 years of age or older in a variety of settings, hospitals, nursing facilities, individual's homes and other health care facilities.
- ❖ The long-term care assessment may be delayed for an individual transferring from a hospital to a Nursing Facility under Medicare or any other private insurance coverage, until the exhaustion of the individuals insurance covered skilled stay.
- ❖ An assessment is not required for a 30 day private pay respite stay, however if the stay will be over 30 days the facility will need to request an assessment.

# When is a Med Assessment Required

- An individual must be determined medically eligible for Nursing home level of care as per MaineCare Policy Section 67 by the Department or its Authorized Agent
- Hospital to a NF Long Term Care
- Skilled NF level swing-bed 100% MaineCare
- Days awaiting NF placement at Hospital
- Home to NF Long Term Care
- Need NF LTC MaineCare to cover secondary copay
- Off skilled rehab to remain at NF Long Term Care
- Expired 8day bed hold (8 midnights) (expires after 8 midnights or more)



# Med Referral form

Referrals are accepted by:

- Email: [Maine-ASA@maximus.com](mailto:Maine-ASA@maximus.com)
- Fax: 844.356.7500
- Telephone: 833.525.5784
  - Option 1 – New Long-Term Care Assessment
  - Option 2 – Check Status
  - Option 3 – PASRR
  - Option 4- Leave a Voice Message

Intake Coordinators process all referrals to ensure only appropriate referrals are entered into MeCare

# Med Referral form (continued)

Intake Coordinators process all referrals to ensure only appropriate referrals are entered into MeCare

Considerations for a complete referral:

- All required fields completed
- Required documents received
- Supporting paperwork received
- Other pertinent information provided



## Med Referral form (continued)

- Incomplete referrals may cause delays in completion of the assessment and may result in payment issues for the provider and/ or delays in facility discharges.
- Referral dates will be changed to reflect date of complete referral
- MaineCare Policy Section 67 states: The NF shall request an eligibility assessment by submitting a complete referral form to the Department or its Authorized Entity. An incomplete form will delay the assessment until receipt of a complete form and required documents.

# Long Term Care Timelines

- Medicare denial or Other Third party pay source, timely referral send 5 days prior to First Non Skilled day up to 4 days after First Non Skilled day
- 20 Day Copay the nursing facility must send referral 5 days PRIOR to 20th day – MUST have (“123 Form”) from the Office of Family Independence by 20th day date. Cannot assess prior to 20th day. NOTE: The ASA communicates the medical eligibility with OFI so that the financial eligibility can be completed
- NF Reassessment send referral no later than 5 days prior to reassessment date – Med assessment cannot be completed greater than 5 days prior to reassessment date. NOTE: an END date from community MaineCare is NOT a reassessment date.
- 24 hours to complete hospital assessments
- Psychiatric hospital 5 business days unless the assessment is for discharge then assessment is completed in 24 hours.

# Long Term Care Timelines *(continued)*

- **If a referral is not received timely it will be labeled as LATE, which will result in a gap in payment, as the classification will begin the date of the assessment**
- **Classification gaps will only be corrected when the facility provides faxed confirmation that the referral was submitted timely**

# Nursing Facility Med Referrals

- #1 LONG TERM CARE ADVISORY
  - Any Individual who requests an assessment for long-term care services at home, in the community or hospital for nursing facility.
  - This assessment type would be used when the individual does not have MaineCare or has not applied for MaineCare.

# Long term care message form 123 OFI

- When an individual applies for Nursing Facility Long Term Care MaineCare OFI will send a 123 form to Maximus.
- When the individual is at a Nursing Facility the Intake coordinator will call the facility and ask for level of care and pay source.
- When the Intake coordinator is told that the individual is skilled under Medicare/Managed care the 123 will be sent back to OFI stating that the 123 is **On Hold** until Medicare/Managed care denial. The facility will send in the referral and Medicare/Managed care denial when the individual is coming off skilled care.
  - ***Please Note; if the facility does not submit the referral to MAXIMUS by the end of the skilled stay or if copay is needed, the 123 form will not trigger an assessment***

# Long Term Care message form 123 OFI

- When the individual needs the Nursing Facility MaineCare to cover the 20% copay, has no other pay source to cover the copay during their skilled stay. The 123 is sent back to OFI On Hold until 20 day copay assessment the facility will send in the referral to Maximus with the 20<sup>th</sup> day written on the referral. When the individual has Community Mainecare a copay assessment is not needed as this is an automatic pay source for copay.
- A 123 does not always prompt an assessment. Maximus cannot assess prior to a First non Snf date and cannot assess prior to the 20th copay date.

# Long Term Care message form 123 OFI

- When an individual is assessed at home and they have not yet applied for the NF MaineCare they have 90 days to apply and 90 days to admit to a NF. When Maximus receives the 123 they will verify if they are still home. If they have moved to a Nursing Facility LTC we will then need the movement card. Intake staff can provide you with the MaineCare # if you do not have it. You need a MaineCare # to be able to submit a New Admit through the portal. We need the actual admit date to LTC.
- When 123 and Movement card are received then an Update will be completed to authorize payment and provide a classification for the facility.
- When the individual is home and Maximus receives a 123 for NF MaineCare or HCB Waiver MaineCare the receipt of the 123 then does prompt an assessment.

# Nursing Facility Med Referrals

- #14 – 20 Day Medicare/MaineCare co-pay
  - This assessment is for an individual who is admitted to the nursing facility under Medicare or other payment and needs Long-Term Care MaineCare to cover the co-pay days.
  - Traditional Medicare needs copay coverage beginning day 21 to 100. (80 day classification)
  - Prior to having the assessment the individual must apply for Long-Term Care MaineCare through OFI. A referral form (123) from OFI will need to be received before the 20 day co-pay can be completed.
  - When submitting this referral include the 20th day date on the referral.
  - For a timely referral the facility must send 5 days prior to the 20th day
  - Assessment only needed when Long-Term Care Mainecare is needed as the pay source for 20 day co-pay assessment.



# Nursing Facility Med Referrals

- #15 Medicare to MaineCare (financial change/initial assessment)
  - This assessment type is for an individual who enters the NF under Medicare or other payment for skilled care, and at the end of the covered skilled stay will be remaining at the NF and will need NF MaineCare to pay at 100%
  - Maximus must have a 123 from OFI before completing this assessment.
  - On the referral form, provide the admission date to the facility and fill in the First Non Skilled date in Box 27B.
  - Send the Medicare denial letter with the referral.
  - If the individual has used the full 100 days of Medicare, a denial letter is not needed, simply document in the comment field on the referral form that the individual has used full 100 days of Medicare.
  - Timely referral = 5 days prior to First non-SNF date 4 days after.

# Nursing Facility Med Referrals

- #16 – 20 Day Co-pay to NF MaineCare (financial change/reassessment)
  - This assessment type follows a #14 -20 day co-pay
  - For an individual who enters the NF under Medicare or other payment, had a co-payment assessment and at the end of the skilled stay will be remaining at the NF and looking for NF MaineCare to cover 100%.
  - OFI referral (123) will be on file as it was needed to have the #14 – 20 day copay assessment completed. This is entered as a Financial Change Reassessment as we are now assessing for Medical Eligibility for Long-Term care and for MaineCare to pay 100% verses 20%.
  - On the referral form the facility will provide the admission date to the facility, will fill in the First Non Skilled date in Box 27B.
  - They will send the Medicare denial letter unless used full 100 days then it will be documented in the comments field on the referral tab.
  - Timely referral 5 days prior to First Non Snf date 4 days after.
  - If hospitalized within the 100 days, must request a revision to extend the 100<sup>th</sup> day

# Nursing Facility Med Referrals

- #19 Advisory Medicare to Private Pay
  - This assessment type is for an individual who enters the NF under Medicare or other payment who has not established financial eligibility for MaineCare at the end of their skilled stay.
  - On the referral form the facility will provide the admission date to the facility, will fill in the First Non Skilled date in Box 27B.
  - They will send the Medicare denial letter unless used full 100 days then it will be documented in the comments field on the referral tab.
  - Timely referral 5 days prior to First Non SNF date 4 days after.
  - If MaineCare is needed for payment they will need to apply within 90 days of Advisory assessment. When Maximus receives the referral from OFI then an update will be completed and classification will be sent to OFI.

# Nursing Facility Med Referrals

- #20 Continued Stay Review (Service need/Reassessment)
  - The individual has been found Nursing Facility level of care has a NF classification.
  - The Nursing Facility is responsible for implementing a systematic review process and determine whether the individual continues to require a Nursing Facility level of care. This review process shall be conducted in conjunction with using the (MDS) Minimum Data Set.
  - When determined that the individual may no longer be NF level of care the facility will request for an assessment to be completed, the facility will send the referral with the Continuing stay review letter. Do not need to send to OADS.

# Nursing Facility Med Referrals

- #17 – 30 day Community MaineCare
- This assessment is for an individual who needs to enter the NF under their Community MaineCare.
- Community MaineCare will cover 30 days in a NF if the individual has been determined to be medically eligible for NF level of care.
- The assessment must be completed prior to admission
- 30 day Community MaineCare is ONLY VALID for 30 DAYS then funding ENDS.
- They must apply within the 30 days if the intent is for the individual to stay beyond 30 days in the NF Long-Term Care.
- If the OFI referral is received within 30 day timeframe a conversion will be completed, the classification will be extended based on the nurse's recommendation.

# Nursing Facility Med Referrals

- #17 – 30 day Community MaineCare continued
- IF no OFI referral is received within in the 30 day timeframe, no assessment will take place.



Please note: This is the only time a 123 will trigger an assessment without the NF referral.

- There is no reassessment on the 30 day community MaineCare as the funding end. The referral following this assessment should be an initial not a reassessment.

# Acquired Brain Injury for Facility

- #25 TBI Traumatic Brain for Nursing Facility
  - River Ridge and Brewer Center for Health and Rehab are the two Brain Injury nursing facilities in Maine.
  - The individual can have community MaineCare for a 30 day ABI classification , however will need to apply for Long-Term Care Nursing Facility MaineCare within 30 days for an ABI NF classification beyond 30 days.
  - The Neuropsychological evaluation must be sent with the referral.

# Movement Cards

Individual is a resident at Nursing Facility (NF) or Skilled Nursing Facility (SNF) and is admitted to the hospital:

- Complete the **transfer** by the next day, unless it is a weekend or holiday, then it can be the next business day. This is your bed hold (BH) request

Return from the hospital **BH to NF**

- Complete the **transfer** hospital to NF by next day (Bed holds are 8 days / 8 midnights)

Return from the hospital **BH to SNF**

- Complete the **transfer** hospital to SNF by next day



# Movement Cards

## SNF to NF

- When it changes from **SNF to NF**, do **transfer within 5** days from SNF to NF



Reminder, if there is a late bed hold or return from SNF to NF, coverage may be denied.

- Please be careful to send the right form for a bed hold. Do not send it on a discharge form. If a bed hold expires a new Maximus Assessment must be done prior to readmission to the NF. This will require a new admission through the NF portal.

# Movement Cards

Never a resident of your facility

- Comes to NF: This would be a new admission submitted through the NF portal. Send as soon as you can, may need to wait for a MaineCare number. Do not check off the transfer box from other facility unless it is a NF in Maine. Coming from ResCare, home or hospital do not check off the transfer box.
- Comes to SNF from hospital: No need to send movement card through NF portal until they are NF eligible, will need MEDXX for NF admission. Movement card for new admit will need to include the MaineCare date of eligibility (1<sup>st</sup> non SNF date-if ASA referral sent timely).

*Note: If medicare or managed care, no need to send movement card.*

# Movement Cards

## Reminders

No NF assessment date, no Maximus Assessment = No eligibility is entered

Sometimes medical eligibility and financial eligibility are not the same date

Prompt submissions through the NF portal is best so no eligibility days are denied

# Residential Care

- Assessing Service Agency (ASA) completes the Medical Eligibility assessment for individuals who are needing placement in a residential care facility.
- When the individual is in the community, there must be a residential care bed available prior to the assessment being completed.
- Assessments are completed for MaineCare admissions, assessments are not completed if an individual is admitting as a private pay resident.
- If the individual will be applying for residential care MaineCare within 90 days an assessment will be completed.
- When in the community there must be a residential care bed available.

## Residential Care *(continued)*

- For a private pay resident when funds have been spent down the residential care facility will send in a Medical Eligibility Referral form to the ASA with the last day of private pay on the referral form noting the resident is now applying for residential care MaineCare.
- When there is a NF classification, and individual's choice is residential care, and there is a bed available, another assessment is not required. When MAXIMUS receives the movement card, a revision will be completed to add the residential care dates to the assessment outcome.
- The ASA is not notified by DHHS with a LTC Classification form when someone applies for residential care MaineCare.

## Residential Care *(continued)*

- When an individual has an assessment and is moving from one residential care to another residential care facility **another assessment is not needed.**
- If an individual has expired the residential care 30 day annual bed hold then another assessment is needed.
- For the initial assessment a residential care bed must be available for an assessment to be completed. The individual has 90 days to admit to a residential care.
- If not admitted then another assessment will be needed prior to admission with a confirmed available bed.

## Residential Care *(continued)*

- Once admitted to a residential care facility the facility will fill out a New Admit request through the state portal. When this is coded as New Admit the portal sends an email to the ASA automatically. The ASA receives the transfer form, this form has the admission date and the name of the facility on it.
- The ASA will check the State Mecare system and determine if an assessment has been completed, Intake will check the outcome of the assessment for residential care dates.
- If the individual does not admit within 90 days of the assessment MAXIMUS intake will notify the facility that a referral needs to be sent in and another assessment is needed.

# Long-Term Care Clinical Assessment Process

Laura Moody, RN Manager



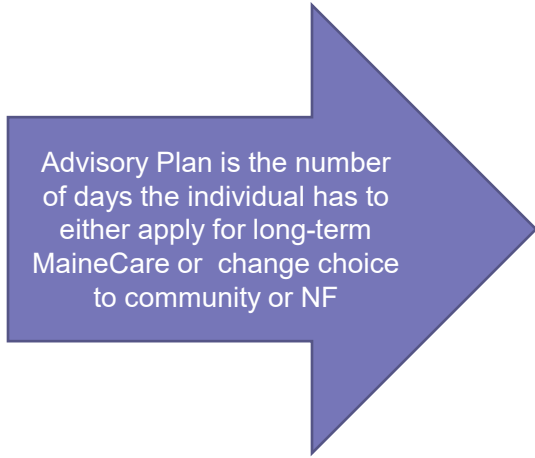
# Nursing Facility Classifications Section X

- Short term classification Nursing Facility

SECTION X. NF FACILITY			
1. a. Will be entering a NF	0 - No	1 - Yes	<b>1</b>
b. Is currently in a NF	0 - No	1 - Yes	<b>0</b>
c. NF Name	<b>GREENWOOD CTR</b>	<input type="checkbox"/>	
d. Eligibility start date:	<b>05/06/2019</b>	<input type="checkbox"/>	0 - NA
e. Reassess date:	<b>11/01/2019</b>	<input type="checkbox"/>	0 - NA
f. End date: (30-day MaineCare NF only)		<input checked="" type="checkbox"/>	0 - NA
g. Admission date:		<input checked="" type="checkbox"/>	0 - NA
h. NF-BI		<input type="checkbox"/>	
i. NF-MFP		<input type="checkbox"/>	
j. NF-ORC		<input type="checkbox"/>	

# Advisory Plan

An advisory plan is not a classification



5.	ADVISORY PLAN	Program referrals given to consumer as an advisory 0- No    1-Yes	<input type="text" value="1"/>
		Program advisory type is 1-Community    2-NF    3-Both	<input type="text" value="1"/>
		Advisory medical eligibility determination is valid for <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input checked="" type="checkbox"/> 90 days	
		Valid from : 05/04/2019 to : 08/01/2019	<input type="checkbox"/> 0 - NA
6.	OPTIONS	The consumer has requested information about the	

Movement card submitted through the NF portal will trigger a conversion or update

# Classification for a 20 day copay

- The classification will be for 80 days to equal the 100<sup>th</sup> day
- If the referral is not sent timely the classification will begin the date of the assessment rather than day-21 (resulting in a gap in payment)
- Next referral will be #16 (20-day copay to NF) when no longer skilled

SECTION X. NF FACILITY			
1. a. Will be entering a NF	0 - No	1 - Yes	<b>0</b>
b. Is currently in a NF	0 - No	1 - Yes	<b>1</b>
c. NF Name	<b>DEXTER HEALTH CARE - NF</b>	<input type="checkbox"/>	
d. Eligibility start date:	<b>06/07/2019</b>	<input type="checkbox"/>	0 - NA
e. Reassess date:	<b>08/25/2019</b>	<input type="checkbox"/>	0 - NA
f. End date: (30-day MaineCare NF only)		<input checked="" type="checkbox"/>	0 - NA
g. Admission date:	<b>05/18/2019</b>	<input type="checkbox"/>	0 - NA
h. NF-BI		<input type="checkbox"/>	
i. NF-MFP		<input type="checkbox"/>	
j. NF-ORC		<input type="checkbox"/>	

# Classification with First Non SNF Date

## SECTION W. NF/HOSPITAL DATES

- |                            |                   |                                     |                          |
|----------------------------|-------------------|-------------------------------------|--------------------------|
| 1. Acute care denial date: |                   | <input checked="" type="checkbox"/> | 0 - NA                   |
| 2. First Non-SNF Date:     | <b>05/30/2019</b> | <input type="checkbox"/>            | 0 - NA                   |
| 3. Last day private pay:   |                   | <input checked="" type="checkbox"/> | 0 - NA                   |
| 4. Late notification date: | 0 - No            | 1 - Yes                             | <input type="checkbox"/> |
| 5. Bed hold expired:       | 0 - No            | 1 - Yes                             | <input type="checkbox"/> |
| 6. Home Health end date:   |                   | <input checked="" type="checkbox"/> | 0 - NA                   |

## SECTION X. NF FACILITY

- |  |                      |         |                                     |          |
|--|----------------------|---------|-------------------------------------|----------|
| 1. a. Will be entering a NF                | 0 - No               | 1 - Yes | <input type="checkbox"/>            | <b>0</b> |
| b. Is currently in a NF                    | 0 - No               | 1 - Yes | <input type="checkbox"/>            | <b>1</b> |
| c. NF Name                                 | <b>BARRON CTR NF</b> |         | <input type="checkbox"/>            |          |
| d. Eligibility start date:                 | <b>05/30/2019</b>    |         | <input type="checkbox"/>            | 0 - NA   |
| e. Reassess date:                          |                      |         | <input checked="" type="checkbox"/> | 0 - NA   |
| f. End date:<br>(30-day MaineCare NF only) |                      |         | <input checked="" type="checkbox"/> | 0 - NA   |
| g. Admission date:                         | <b>04/01/2019</b>    |         | <input type="checkbox"/>            | 0 - NA   |
| h. NF-BI                                   |                      |         | <input type="checkbox"/>            |          |
| i. NF-MFP                                  |                      |         | <input type="checkbox"/>            |          |
| j. NF-ORC                                  |                      |         | <input type="checkbox"/>            |          |

When Reassess is NA -  
End date is NA we have a  
Eligibility Start date and NF  
name this is an extended  
Classification

# Outcome with no classification

- Advisory #19 Medicare private pay First Non SNF Date No MaineCare

SECTION W. NF/HOSPITAL DATES			
1. Acute care denial date:			<input checked="" type="checkbox"/> 0 - NA
2. First Non-SNF Date:	03/06/2019		<input type="checkbox"/> 0 - NA
3. Last day private pay:			<input checked="" type="checkbox"/> 0 - NA
4. Late notification date:	0 - No	1 - Yes	<input type="checkbox"/> 0
5. Bed hold expired:	0 - No	1 - Yes	<input type="checkbox"/> 0
6. Home Health end date:			<input checked="" type="checkbox"/> 0 - NA

SECTION X. NF FACILITY			
1. a. Will be entering a NF	0 - No	1 - Yes	<input type="checkbox"/> 0
b. Is currently in a NF	0 - No	1 - Yes	<input type="checkbox"/> 0
c. NF Name			<input checked="" type="checkbox"/>
d. Eligibility start date:			<input checked="" type="checkbox"/> 0 - NA
e. Reassess date:			<input checked="" type="checkbox"/> 0 - NA
f. End date: (30-day MaineCare NF only)			<input checked="" type="checkbox"/> 0 - NA
g. Admission date:	01/25/2019		<input type="checkbox"/> 0 - NA
h. NF-BI			<input type="checkbox"/>
i. NF-MFP			<input type="checkbox"/>
j. NF-ORC			<input type="checkbox"/>

No NF Name, Eligibility start date is NA – Reassess Date NA- End date NA this was an Advisory assessment

# Nursing Facility Eligibility

## Section A skilled nursing 7 days per week

- Intraarterial, IV, IM, or SQ injections, IV feedings ( excluding scheduled insulin or injection for a chronic condition or prophylaxis)
- NG tube, G-tube, J-tube feedings for new/recent (within 30 days) or unstable condition.
- Nasopharyngeal suctioning
- Trach care of a recent (within 30 days) or unstable condition
- Oxygen New (within 30 days) used on a regular and continuing basis if professional RN observation is needed.

# Nursing Facility Eligibility

## Section A skilled nursing 7 days per week

- Insertion and maintenance of a urethral or suprapubic catheter as an adjunct to the active treatment of a disease/medical condition that justifies skilled RN care (must be documented in medical record)
- Comatose
- Unstable medical condition requiring daily RN assessment or RN observation once per shift
- Unstable medical condition requiring daily RN assessment or RN observation once per shift
- Daily treatments/dressing (Stage 3 or 4 decubitus, Open surgical site 2<sup>nd</sup> or 3<sup>rd</sup> degree burns, Stasis ulcer, open lesions, Other dressing)

# Nursing Facility Eligibility

**Therapies (PT, OT, ST, RT)** 5 days/week ordered by physician

**Uncontrolled seizure** Care to manage uncontrolled seizures at least 1 day weekly

**Ventilator/Respirator** Care to manage conditions requiring a ventilator/respirator at least 3 days/week



# Nursing Facility Eligibility

**Activities of Daily Living** Extensive assistance (weight bearing support) in at least three of the five late loss ADLS

## Late Loss (Shaded) ADL's:

- Bed mobility
- Eating
- Locomotion
- Transfer
- Toilet use

# Nursing Facility Eligibility

## Combination Eligibilities

- Limited Assist with 2 late loss ADL's and a skilled nursing need or Therapy (PT, OT, ST), or Radiation, or Chemotherapy or Dialysis 3+days/week
- Section A nursing need 3+ days/week and Section B, C or D nursing need 3+days/week and Limited Assist 1 late loss ADL

# Nursing Facility Eligibility

## **Cognitive Supplemental will be triggered when the following are scored**

- Short term Memory problem
- Individual is able to recall of 2 or less of the following items- season, location of room, where individual is at and names and faces
- Decision making moderately to severely impaired

If professional nursing assessment is scored 3+ days per week it will override the need to complete the supplemental cognition screen

# Nursing Facility Eligibility

## Problem Behavior Threshold

Is met when any of the following problem behaviors are score 4-6 days/week

- ✓ wandering
- ✓ verbally abusive
- ✓ physically abusive
- ✓ socially inappropriate behavior

Note resistance to care does not trigger the supplemental behavior screen

Nursing assessment 3+ days per week will override the need to complete the supplemental behavior screen

# Nursing Facility Eligibility

## Combination Eligibilities

Qualifying score on the Supplemental Cognition Screen of 13 points out of 16 **and** Qualifying score on the Supplemental Behavioral Screen of 14 points out of 20 **and** limited Assist 1 late loss ADL

Qualifying score on the Supplemental Cognition Screen of 13 points **and** Limited Assist with 2 late loss ADLs

Qualifying score on the Supplemental Behavioral Screen of 14 points **and** Limited Assist 2 late loss ADLs

# Required Documentation to complete the assessment

Face sheet

CNA, ADL Mood and problem behavior documentation for previous 7 days

Medication administration Record for previous 7 days

Treatment administration record for previous 7 days

History and Physical

Most recent MD progress notes

RN notes for previous 7 days

Therapy evaluation and most recent therapy notes if therapy is continuing

Guardianship Papers

The RN assessor will need to verify care needs with facility staff member and speak with the individual being assessed

# Discharging Home and LTSS Community Programs

If member was receiving services in community *and* has been away from home less than 60 days *and* has not been reassessed since admission to hospital, contact the Service Coordination Agency (SCA)

If member was not receiving services; *or* was receiving services but has either exceeded the 60 days suspension *or* was assessed while in hospital/facility, contact OADS

Non-MaineCare funded programs are subject to wait list, and individuals may not be on waitlist while in a facility. Please coordinate closely with the SCA when planning discharge for individuals service by State-funded (non-MaineCare) programs

# Community Transitions- Homeward Bound

Residents who express a desire to return home (self-identified, Section Q, or by family) should be referred to LTCOP to explore potential for discharge. LTCOP will screen for eligibility for Homeward Bound when referrals are made. Individuals may be eligible if they meet the following criteria:

- Have been in the facility for 60 days
- Received Medicaid benefits for at least one day
- Will return to a “qualified residence” in community
- Are eligible for waiver services (Elderly and Adults with Disabilities, Other Related Conditions or Brain Injury waivers)
- Have a contingency plan for to address lapse in service availability

Services available to participants include:

- Advocacy and transition assistance
- Household start up
- Environmental Modifications
- Assistive technology
- Enhanced care coordination
- Support in housing search



# Denials, Appeals and Gaps for LTSS Facilities

## -KNOW YOUR PAYOR SOURCE-

Stays for Level of Care (LOC) will be in place as long as appeals are made within 10 business days from completed MED assessment.

If LOC is upheld, it is effective immediately.

- NFs call bill Days Awaiting Placement for Res Care when appropriate (MaineCare)
- MaineCare members **cannot** be held responsible for any NF LOC payments during periods of ineligibility

Gaps in service reviews **will not** be completed for referral delays or admission errors. For questions, please contact [DHHS.LTSSFacilities@maine.gov](mailto:DHHS.LTSSFacilities@maine.gov)