INSTRUCTIONS

FOR COMPLETING THE

REFERRAL FORM FOR

MEDICAL ELIGIBILITY DETERMINATION (MED) ASSESSMENT

OFFICE OF ELDER SERVICES

October 30, 2009

CONFIDENTIALITY REQUIREMENTS

IT IS CRUCIAL THAT ALL INFORMATION GATHERED FROM ANY SOURCE BE TREATED AS CONFIDENTIAL: NO INFORMATION CAN BE DIVULGED BY PROVIDERS IN ANY WAY WITHOUT A RELEASE OF INFORMATION AUTHORIZATION.

BACKGROUND INFORMATION

This referral form will collect some of the applicant's demographic information as well as pertinent information to assist in the assessment process. This information will be forwarded to the RN assessor and certain items will need to be verified at the time the assessment is completed. Consumers need to give permission to release information contained in this section to be shared with other providers. **For a referral to be considered complete and timely by the assessing services agency, the shaded areas MUST be completed by provider agencies, hospitals or nursing facilities. If information required is not completed, delays in completion of the assessment may occur and may result in payment issues for the provider.**

1. **REFERRAL DATE:** This date establishes a common reference point to indicate the start of the assessment process based on the date this referral was forwarded to the assessing services agency. For the month and day of the referral, enter two digits each, using zero (0) in the first box for a 1-digit month or day, use four digits for the year.
2. **APPLICANT NAME:** Print applicant's legal name clearly, using capital letters for first name, middle initial and last name.
3. **BIRTH DATE:** Use all boxes. For a one-digit month or day, place a zero in the first box. For example, January 2, 1918, should be entered as 01-02-1918.
4. **GENDER:** Enter "1" for "Male" or "2" for "Female."
5. **MARITAL STATUS:** Choose the answer that best describes the applicant's current marital status.
6. **CITIZENSHIP:** Choose one answer from “1” U. S. Citizen, “2” Legal alien, or “3” Other.
7. **PRIMARY LANGUAGE:** Code for the language that the person primarily speaks or understands. Enter the number from Language List found at the end of these instructions. For example, "0" for English, "1" for French, “2” for Spanish, “84” for Vietnamese. Enter “3” for ‘Other’ for any language spoken by person that is not found on Language List. Specify ‘Other’ language in space provided. The Department must assure provision of an interpreter and cannot do so without knowing the primary language.

7a. Interpreter Required: Check when it is known that consumer will need an interpreter to assist assessor in conducting the assessment. Check 0-No 1-Yes 2-Not Known.

8. **RACE/ETHNICITY:** Consult the person as necessary. Enter the race or ethnic category within which the person places self. This is an optional question that can be left blank if the person prefers not to answer.
9. **RESIDENCE ADDRESS:** Give applicant's residential address and phone number at time of assessment. If person is in the hospital, give applicant's address prior to admission. If person is currently at a residential care, assisted living or nursing facility, give the name and address of that facility.

PLEASE ENTER THE FOLLOWING NUMBERS, STARTING IN THE LEFTMOST BOX. Enter one digit in each box. If there is no number, leave the boxes blank and check 0-NA for Not Applicable. Check the numbers to make sure you entered the digits correctly.

10. **MAINECARE NO.:** Enter the applicant's MaineCare number if applicable. This is a nine digit number issued by the State. The number is considered valid only when the assessor actually verifies the number on the MaineCare card. If there is no MaineCare number check 0-NA for Not Applicable.
11. **MEDICARE NO.:** Enter the applicant's Medicare number, if applicable. Be sure to include any letters that follow the Medicare number. If there is no Medicare number check 0-NA for Not Applicable.
12. **SOCIAL SECURITY NO.:** Enter the applicant's Social Security number. This is a nine-digit number.
13. **CURRENT INCOME SUMMARY:** Enter all sources of income and indicate whether the recipient is the applicant or spouse. Including financial information in the referral helps expedite the assessment completion process. Personal and household income, asset amounts and other pertinent financial information are required for the assessor to determine whether application to MaineCare as a potential funding source is feasible. Household income is used to calculate cost sharing for some State funded programs. At the time of the assessment, the assessor will verify any financial information submitted. If the source of income is known but amount is not known, enter NK in amount column. If no financial information is known check the Not Known box.
14. **LEGAL GUARDIAN:**
    Check if consumer has a legal guardian. 0-No 1-Yes 2-Not Known.
    Many long-term care consumers have a variety of legal arrangements such as durable powers of attorney and guardianship. These legal arrangements may affect who makes the choice of where and what kind of care the person will receive, as well as who needs to be involved in the assessment and who has access to information. It is important for people working in the long-term care field to understand the subtle differences between these different kinds of arrangements, in order to ensure that both consumer's right of choice is preserved and that informed choices are made.
    It is also important that referents, assessors and others, faced with a situation in which the person has a guardian, ask to see the court papers that describe the scope of the guardianship. Either the "Adjudication of Incapacity" or the "Letters of Guardianship" should be reviewed. These should be made available by the guardian, but can also be obtained from the probate court. The guardianship order may not allow the guardian to make decisions about long-term care and placement choices.
15. **REFERRAL INFORMATION:**
    Check if consumer is aware of this referral that is being made for them. 0-No or 1-Yes. We expect most consumers are informed of referral and what to expect.
16. **VISUAL/HEARING:**
    Check if consumer has visual impairments 0-No or 1-Yes.
    Check if consumer has hearing loss 0-No or 1-Yes.
17. **COGNITION/BEHAVIOR**
    a. Cognitive Impairment: Check if consumer has cognitive impairment as noted by family members, caregivers, or provider agency staff. 0-No or 1-Yes. Describe the level of cognitive impairment in the comment section of the referral form to alert assessor to additional needs to be considered (i.e. having someone else present at assessment).
    b. Behavioral Problems: Check if consumer has behavioral problems as noted by family members, caregivers, or provider agency staff. 0-No or 1-Yes. Describe any specific needs in the comment section of the referral form.
18. **ADVANCED DIRECTIVES:** Federal law requires that people be told about their right to make decisions about their health care choices. The medical record in the nursing facility or hospital setting includes the necessary information to determine what category to check. AAA's have available a comprehensive record of information on most of the people they serve. All health care providers are required to ask people about their preferences and should be knowledgeable and comfortable in discussing these basic issues. Review medical records, when available, for written documentation verifying the existence and nature of these directives. Documentation must be available in the record for

a directive to be considered current and binding. Check all items that apply and have supporting documentation available.

a. **Living Will:** A document specifying applicant's preferences regarding measures used to prolong life when there is a terminal prognosis. It may specify that no heroic measures are to be used to prolong life when there is a terminal prognosis.
b. **Do not resuscitate order:** In the event of respiratory or cardiac failure, the person or family or legal guardian has directed that no cardiopulmonary resuscitation (CPR) or other life-saving methods will be used to attempt to restore respiratory or circulatory function.
c. **Do not hospitalize order:** A document specifying that person is not to be hospitalized even after developing a medical condition that usually requires hospitalization.
d. **Organ donation:** Instructions indicating that person wishes to make organs available for transplantation upon death.
e. **Autopsy request:** Document indicating that the person or family or legal guardian has requested that an autopsy be performed upon death. **[Note: The family must still be contacted prior to performing the procedure.]**
f. **Feeding restrictions:** Applicant or family or legal guardian does not wish the person to be fed by artificial means (e.g., tube, intravenous nutrition) if unable to be nourished by oral means.
g. **Medication restrictions:** Applicant or family or legal guardian does not wish the person to receive life-sustaining medications (e.g., antibiotics, chemotherapy) **[Note: These restrictions may not be applicable, however, when these medications are used to ensure the applicant's comfort.]**
h. **Other treatment restrictions:** Applicant or family or legal guardian does not wish the person to receive certain medical treatments. Examples include, but are not restricted to, blood transfusion, tracheotomy, respiratory intubation, restraints. **[Note: These restrictions may not relate to care given for palliative reasons, such as reducing pain or distressing physical symptoms, such as nausea or vomiting.]**
i. **None of Above:** If none of the above directives apply or they cannot be verified by documentation in the medical records, check None of Above.

19. CURRENT COMMUNITY CARE PLAN

This section communicates information to the assessing services agency about the current community services being delivered to the consumer, the anticipated length of those services and the funding or reimbursement for the services. Certain programs require medical eligibility and prior authorization. To assure that service delivery is not duplicated the assessor benefits from knowing, prior to authorizing the plan of care, the frequency and schedule for services currently in place. If the consumer is not currently receiving a plan of care in the community check the 0-NA box for Not Applicable.

Provider: Enter the name of the provider who is currently delivering services to the consumer.

Service Category: Enter the appropriate code or acronym from the attached list to indicate the service category that is currently being used to meet the consumer's needs.

Duration: Enter the **Start Date** and **End Date** (if known) for the current care plan that is now being delivered.

Frequency: Enter the number of hours or visits being delivered and indicate this per month.

Funding Source: Enter the funding source using the attached codes for the programs that are paying for this plan of care.

20. REFERRAL SOURCE: Enter the appropriate number for the source of this referral.

21. LOCATION AT TIME OF ASSESSMENT: Enter the corresponding number for the person's location where the assessment is to be completed. If the person is in a hospital fill in the campus name or section of the hospital and the patient's room number.

22. PROVIDER REFERRAL:

a. Enter the referring provider agency, hospital or facility name.
b. Enter the contact name for this provider agency. This should be the name of someone who would have any additional information if the assessing services agency had any questions about this referral.
c. Enter the telephone number of this contact person.
If this referral is not from a provider agency or facility, check off 0-NA in this box for Not Applicable.

23. PERSONAL/OTHER REFERRAL:
This section is for those referrals that come in from family members, caregivers, informal support sources who are not affiliated with a provider agency or long-term care facility. If this referral is from a provider agency check off 0-NA for Not Applicable.
a. Enter the name of the person making the referral.
b. Enter the name of person to be contacted regarding this referral if it differs from the referral name. This should be the name of someone who would be most knowledgeable about this referral if the assessing services agency had any further questions.
c. Enter the telephone number of the contact person.

24. ASSESSMENT TRIGGER: Select the option that matches this referral request.

1. **Service Need:** Referent requests an assessment based on the consumer's need for service. May be used for any referral requesting a specific assessment for the programs listed in block #26. Referrals for consumers on programs managed by Elder Independence of Maine (Private Duty Nursing/Personal Care Services (PDN/PCS) for adults, Elderly and Adults with Disabilities HCB (Home and Community Benefits), Home Based Care) must be requested by Elder Independence of Maine. Programs managed by Alpha One (Consumer-directed Attendant Services (CDAS) and Physically Disabled HCB) must be requested by Alpha One.
2. **Reassessment due:** Only applies to people with currently complete and valid assessments due to expire, and reassessment is required to determine continued medical eligibility.
3. **Significant Medical Change:** Only applies to people with a currently complete assessment. Indicators of significant change must be met. A significant change in status is defined as a major change in the person's status that: is not self-limiting; impacts on more than one area of the person's health status; and requires interdisciplinary review and/or revision of the care plan. A significant change assessment may be requested if a change is consistently noted in two or more areas of decline, or two or more areas of improvement.
    - For programs managed by Elder Independence of Maine or Alpha One, please contact them to request a significant change reassessment. They will refer to the assessing services agency for a reassessment.
4. **Financial Change:** Only applies to people with a currently complete assessment, for whom financial eligibility because of income, assets, or funding has changed.

25. ASSESSMENT TYPE: Indicate whether this is an initial or reassessment.
Initial assessment (1): is the first assessment completed on a consumer triggered by a specific request.
Reassessment (2): A consumer has an existing valid assessment due to expire and requires reassessment for determination of continued medical eligibility. A reassessment may also apply when a consumer chooses to transfer from one specific program or funding source to another program or funding source. A significant change in the consumer's condition, improvement or deterioration, may also trigger a reassessment.
Date Due: Fill in the appropriate reassessment due date based on the length of time of the prior medical determination. **PAYMENT ends with the reassessment due date and will not continue without a reassessment to determine continued medical eligibility for the current program.**

26. PROGRAM ASSESSMENT REQUESTED: Check **only one from the following:**

1. Long Term Care Advisory: Any person who requests an assessment for long-term care services at home, in community or in a nursing facility.

Home and Community Care assessments: Select #1 – Long Term Care Advisory for consumers seeking long-term care services in their home who are currently not receiving any services and for those whose Medicare or MaineCare Home Health services are ending and they may need LTC services.

Nursing Facility Care: In order to comply with the State statute a preadmission LTC Advisory assessment must be completed on every consumer admitted to a nursing facility prior to admission, except when transferred from a hospital to SNF level of care under Medicare or other third party payor. The consumer receives information regarding whether or not, based on the MED form, nursing facility level of care is necessary. Within up to ninety (90) days of the assessment date (depending on length of advisory validity determined at assessment) the consumer may choose another option for care and have the assessment "UPDATED" to a MaineCare decision if the assessing services agency receives notification from OIAS, that a MaineCare financial application for nursing facility level of care has been filed. This is considered an Initial assessment and because it is advisory in nature there is no appeal available. **The consumer receives an advisory plan of care for community based services and may or may not make a choice.**

NOTE: Updates of Advisory assessments to NF MaineCare decisions will **NOT** occur until the consumer enters the NF and the assessing services agency receives either a transfer form, fax or telephone referral request from the NF. If prior to admission to the NF, the assessing services agency receives an OIAS/ LTC message form, the assessing services agency will complete the form with AP at home or hospital, with eligibility as of the assessment date and return the completed LTC (122) form to OIAS. This alerts OIAS that NF medical eligibility has been determined and OIAS will proceed with financial eligibility determination. At admission to the NF, the original assessment is **updated** from advisory giving a 90 day reassessment date from the date of the original assessment. The assessing services agency will send a LTC (122) message form to OIAS indicating the move from awaiting placement to NF admission, being sure to complete the change in address section to the NF address.

Hospital to NF or home to NF admissions: Nursing facilities forward the transfer form to the assessing services agency upon a consumer's admission. An RN in central office or the RN assessor will complete the conversion assessment and return the converted background and outcome page to the Department within five (5) days. Concurrently a new letter of eligibility that includes the eligibility start date and reassessment date will be issued to the consumer. A copy of the "converted" assessment version (all sections) and all other relevant paperwork will be forwarded to the nursing facility. A choice letter, signed on the day of the assessment, will also be sent to the facility. Payment to the facility **cannot** begin until the transfer form is received, financial eligibility for MaineCare has been approved and the awaiting placement status is converted to admission status.

2. Adult Day Services: Any person who wants to access adult day services at a licensed facility must have an assessment completed to determine functional eligibility for any programs receiving OES funding. Assessing services agency or day services program may do assessment. If the assessment is completed by

the assessing services agency, the assessment includes an Advisory plan of care and is forwarded to the appropriate day services provider chosen by the consumer.

3. **OES Independent Support Services (Homemaker)**: Consumers who want to access homemaker services under the OES Independent Support Services program. Assessing services agency completes the eligibility assessment. When the assessment is completed, it is forwarded to the Independent Support Services (homemaker) provider.

4. **MaineCare Day Health I, II, III**: Current Community MaineCare member who wants access to adult day health services reimbursed by MaineCare. Person must have Community MaineCare and attend a MaineCare licensed/certified Adult Day Health Program for reimbursement to occur from the MaineCare State Plan program. Assessments are completed by the assessing services agency. When the assessment is completed by the assessing services agency, the completed MED form must be forwarded to the Adult Day Health Services provider chosen by the consumer.

5. **Consumer Directed PA I, II, III:** For current MaineCare members who want to access the Consumer Directed Attendant Services. The consumer applying must have a valid Community MaineCare card and be deemed medically eligible and capable of hiring, directing, training, supervising and firing their PA. The assessing services agency completes the assessment and the authorized plan of care. The completed assessment is forwarded to Alpha One.

6. **Home Based Care Program:** Consumers 18 years and older who want to access the State funded home based care program, care plan coordination by Elder Independence of Maine. Initial and reassessments are conducted according to policy. Providers who believe a significant change or service need assessment is needed **MUST** contact Elder Independence of Maine to authorize and request a reassessment.

7. **Physically Disabled HCBS:** For consumers determined medically eligible for nursing facility care who choose to receive that level of care at home. Consumer must be able to self-direct personal care services. The assessing services agency completes the assessment and the authorized plan of care. The completed assessment is forwarded to Alpha One.

8. **Elderly HCBS**: Persons 60 years or older determined medically eligible for nursing facility care and choose to receive that level of care at home. Providers who believe a significant change or service need assessment is needed **MUST** contact Elder Independence of Maine to authorize and request a reassessment.

9. **Adults with Disabilities HCBS:** Persons 18-59 years old determined medically eligible for nursing facility care and choose to receive that level of care at home. Providers who believe a significant change or service need assessment is needed **MUST** contact Elder Independence of Maine to authorize and request a reassessment.

10. **Private Duty Nursing - Levels I, II, III, VIII:** Current MaineCare member, age 21 or older, who wants to access community services of a RN, LPN, HHA, CNA, PCA. Providers who believe a significant change or service need assessment is needed **MUST** contact Elder Independence of Maine to authorize and request a reassessment.

11. **Adult Family Care Home:** Medical Eligibility Determination (MED) assessment is no longer required for admission to Adult Family Care Home. Adult Family Care Homes are residential style homes where residential care services are provided for six or fewer people.

12. **PDN – Level V:** MaineCare member who is determined medically eligible for hospital level of care and wants to receive that care in their home. Providers who believe a significant change or service need assessment is needed **MUST** contact Elder Independence of Maine to authorize and request a reassessment.

13. **Nursing Facility Assessment:** Assessment requested prior to admission to a nursing facility as a MaineCare member or for a redetermination (reassessment) of medical eligibility for continued MaineCare reimbursement. This could be triggered by service need, significant change or reassessment due. NOTE: Consumers transferring from the hospital to SNF level of care that require MaineCare for full reimbursement because Medicare or any other third party payor is not available **MUST** be assessed and determined medically eligible prior to admission to the SNF unit or facility.

There are several categories of requests that are nursing facility assessments but fall under special funding or policy parameters. The following are those NF assessment request types:

14. **20-day Medicare/MaineCare:** Person enters nursing facility under the Medicare benefit and requires nursing facility MaineCare financial assistance with the 20% copay and deductible beginning on day 21 of a skilled nursing facility stay. Valid eligibility classification is limited to the time period that Medicare continues to pay for the 80% cost of stay. Assessments are completed only when the assessing services agency has received notice from OIAS that a MaineCare application has been filed for nursing facility MaineCare. This is considered an initial assessment. This is a time limited medical eligibility determination up to no more than 80 days of Medicare or other third party coverage for SNF level of care. Updates or conversions do not apply to this category of assessments. Please note that an Advisory plan is not applicable for this type of assessment. **NOTE: Consumers transferring from the hospital to SNF level of care who require MaineCare for full reimbursement because Medicare or any other third party payor is not available MUST be assessed and determined medically eligible prior to admission to the SNF unit or facility.**

15. **Medicare to MaineCare:** If a person wants to stay in the nursing facility at the end of the Medicare benefit stay (up to 100 days maximum), an assessment must be completed to determine medical eligibility for MaineCare to pay 100% for NF care. The assessing services agency must have received notice from OIAS that a financial nursing facility MaineCare application has been filed or the consumer must already be a nursing facility MaineCare member prior to the SNF stay. For members with Community MaineCare, for whom an OIAS notice has not been received, who are requesting to stay in the NF, the assessment will be considered an initial and the outcome will be Advisory.

16. **20-day copay to NF MaineCare:** If a person wants to stay in the nursing facility at the end of the Medicare benefit stay, when a 20 day Medicare/ MaineCare copay assessment has been completed, an assessment must be completed to determine medical eligibility for MaineCare to pay 100% for NF care. This is considered a reassessment because the initial assessment was completed on Day 20 of the Medicare stay.

17. **30-day Community MaineCare:** Community MaineCare provides up to **30 days** of nursing facility care without requiring that the member's financial eligibility be reviewed for nursing facility MaineCare benefit. Eligibility is valid for only 30 days and the assessment expires unless the member has applied

for a financial review. If notice is received from OIAS of the financial review, a conversion assessment must be done to indicate continued medical eligibility. If a consumer appeals the outcome of an assessment following a 30-day MaineCare eligibility period, MaineCare will **NOT** continue reimbursement to the nursing facility during the appeal because nursing facility MaineCare was **NOT** the reimbursement source. This assessment expires at the 30-day date. **This 30-day end date does not equate with reassessment date.** If the assessing services agency receives notice from OIAS that the consumer requested a financial change to NF MaineCare, the conversion of the original will be viewed as an initial NF assessment.

18. **Advisory nursing facility assessment to MaineCare Update:** Person initially requests an assessment for admission to a nursing facility. Advisory medical eligibility is determined and is valid for up to 90 days. If the assessor receives notice that a MaineCare financial application has been filed at OIAS, and the consumer was determined medically eligible for NF, an update may be done if within advisory's valid period (from 30 to 90 days as determined at time of assessment). If the consumer was denied medical eligibility at the time of the Advisory assessment, a face-to-face reassessment, reimbursed by MaineCare must be completed within 5 days of receipt of the LTC message form from OIAS.

19. **Advisory Medicare to Private Pay nursing facility:** If the person chooses to stay in the nursing facility and private pay at the end of the Medicare or other third party payor SNF stay in the nursing facility, an assessment must be completed to determine advisory medical eligibility, as mandated by State statute. **In these situations the mandated assessment has been deferred until the end of the SNF stay. In order to comply with the State statute an Advisory assessment must be completed. If the consumer chooses to remain in the NF or return home with services in place, after the SNF benefit ends, an assessment MUST be completed.** Medical eligibility is advisory and valid for up to 90 days, as determined at time of assessment. **No appeal** to advisory determination. If the assessor receives notice that a MaineCare financial application has been filed at OIAS, an update may be done if within the advisory's valid time period.

20. **Continuing Stay Review:** Federal requirement for nursing facilities to review people quarterly for "continued" medical need for nursing facility level of care. Nursing homes cannot terminate medical eligibility. Nursing facility refers to assessing services agency for determination of medical eligibility for current MaineCare members after notifying the consumer that continued medical eligibility is in question. **A copy of the continuing stay review notice issued to the resident by the facility is required with this type referral.**

21. **Extraordinary Circumstances to Nursing Facility MaineCare:** MaineCare currently paying for nursing facility care on a person who is not medically eligible. The nursing facility requests an assessment to determine medical eligibility based on a significant change in the member's condition. The member's significant change MDS and most recent Quarterly MDS must be submitted with the referral.

22. **Katie Beckett**: **Providers are not required at this time to utilize this form to request an assessment.** An option for children under 18 to get services under MaineCare if they are determined medically eligible for nursing facility, psychiatric hospital or hospital level of care.

23. **Nursing Facility Private Duty Nursing: Providers are not required at this time to utilize this form to request an assessment.** For "0" to 21 year olds who are current MaineCare members and are

determined medically eligible for nursing facility care that they receive at home or in the community versus in a facility.

24. **Independent Housing with Services Program:** Consumer who wants access to Independent Housing with Services. Independent Housing with Services provider or assessing services agency may do assessment. If the assessment is completed by the assessing services agency as the outcome of a LTC Advisory, the assessment includes an Advisory plan of care and is forwarded to the provider chosen by the consumer.

25. **BI - Brain Injury NF:** People who have an acquired brain injury who are in need of specialized services beyond nursing facility level of care. People must meet the nursing facility eligibility criteria **PLUS** additional criteria. Please refer to Section 67 for additional criteria.

26. **MaineCare Home Health:** For consumers age 21 or older who are current MaineCare members and who require prior authorization of MaineCare Home Health services according to Section 40.02-3D.

27. **PDN Medication Services:** Current severely mentally disabled MaineCare member who wants to access Medication and Venipuncture Services only. Assessment is completed by PDN provider.

28. **PDN Venipuncture Only:** Current MaineCare member who wants to access PDN Venipuncture services only. The individual requires only venipuncture services on a regular basis, as ordered by a physician. Assessment is completed by PDN provider.

29. **Consumer Directed HBC:** Consumer who wants to access the State funded consumer-directed home based care program. Consumer must be able to self-direct personal care services. Refer to Alpha One. Alpha One will refer to Assessing Services Agency for completion of assessment.

30. **Assisted Living (new 2009):** Any person who wants to access assisted living facility services at a licensed facility must have an assessment completed to determine functional eligibility for these services funded through Office of Elder Services or MaineCare. Assessing services agency conducts the assessment.

31. **Residential Care (new 2009):** Any person who wants to access residential care facility services at an Appendix C residential care facility reimbursed through MaineCare funding must have an assessment completed to determine functional eligibility for these services. Assessing services agency conducts the assessment.

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27. NF/HOSPITAL DATES: These dates are closely linked to the referral process and must be completed to expedite timely completion of assessments.

a) **Acute care denial date.** This is the final date of payment by Medicare or other third party payor, for the person's acute hospital care. This date must be provided to the Department's designated agent for awaiting placement status to be determined and approved while an applicant is located in a hospital setting. Fill in the blank or select "0" NA for not applicable. Example: TXZ hospital issued acute care denial on 11/01/09. Fill in blank with November 1, 2009.

b) **First Non-SNF date**. This is the first day of nursing facility care not covered by Medicare or other third party payor after skilled nursing facility (SNF) care. This is the date when another funding source must be available to pay for the person to remain in the nursing facility. MaineCare, private pay or other third party payors may be the source of reimbursement as of this date. The last funded Medicare date would be

the day before this date. Fill in the blank or select "0" NA. Example: November 1, 2009 is the 100th day and last day of Medicare /other third party payor date and November 2, 2009 **is the first Non-SNF** date.

c) Last day private pay. This is the last day that cost of nursing facility care will be covered by consumer's funds (includes long-term care insurance). Fill in the blank or select "0" NA. In most cases this may be an anticipated date from the NF as indicated by the family or other responsible party. It may also be a date defined by OIAS on the LTC message form. Indicate if the date is anticipated: Last Day of private pay: **anticipated 11/01/09**

d) Late notification date. If a nursing facility does not request a reassessment within the allotted time frame required by policy, check "1" for Yes. This indicates to OMS and the provider that a timely assessment /reassessment has not been requested according to policy requirements and payment may be impacted. Lapse in eligibility dates will occur. Example: Reassessment due on November 1, 2009. Provider requests reassessment on November 10, 2009. Check **"1" for "yes" late notification.** Check "0" for No or Not Applicable when Late Notification does not apply.

e) Bed hold expired. If a person enters the hospital from a nursing facility and the 10 day bed hold requested and allowed by policy expires, enter "1"- Yes or select "0" No if it has not expired or this is NA. A bedhold expires after a nursing facility has requested the bedhold and the member remains in the hospital for ten days (ten midnights), not returning to the nursing facility within this timeframe. Example: Eligible MaineCare member admitted to hospital from NF on November 1, 2009. To be discharged back to the NF as MaineCare on November 20th. **Fill in box as "1" for "yes" bedhold expired. Consumer should not return to the NF without an assessment being done if their bedhold has expired.** However, if the member spends 10 midnights in the hospital and returns to the NF prior to the 11th midnight, the bedhold is not considered expired. Example: Member admitted to hospital on 11/01/09 from the NF, returns to the NF on 11/11/09, assessment does not have to be done.

f) Admission date. Fill in the appropriate date based on person's admission to the NF or the hospital. Fill in the blank or select "0" NA for not applicable.

g) Discharge date. Fill in hospital discharge date as indicated by a physician order and documented in person's medical record. If a delay in discharge occurs, the hospital must contact the assessing services agency to prevent unnecessary assessments. Fill in the expected NF discharge date when the consumer desires transfer to the community. If a consumer has been issued a discharge notice by the HHA, the assessing services agency needs to be informed of that specific discharge date. The responsibility for termination of Home Health services and the issuance of the discharge notification, as determined by the Home Health Agency, remain the provider's responsibility. Fill in the appropriate discharge date as given to the consumer in the discharge notice or select "0" NA for not applicable.

h) Home Health End date. Fill in the last funded date of MaineCare Home Health. Example: Current certification period ends on November 30, 2009. Member now requires prior authorization. Fill in Home Health end date **11/30/09**.

28. PHYSICIAN: List name, address and phone number of applicant's physician.

29. EMERGENCY OR FAMILY CONTACT: Enter name and address of person who can be contacted if needed to schedule the assessment or be present at the assessment. This contact person may also be available in the event of emergency involving this applicant. List their telephone number and relationship to the person. Also, check whether this contact is a legal guardian for the applicant.

30. COMMENTS: Enter any information pertinent to this referral that would aid the assessing services agency in completion of this request for assessment. Also document any additional information about the consumer, their individual situation, which should be noted. This space provides referral source the opportunity to share information that contributes to a successful assessment process.

Referral Form Coding Sheet

#7 PRIMARY LANGUAGE - LANGUAGE LIST

Enter the code in #7 Primary Language box for the primary language spoken.
If the primary language spoken is not found in the following table, enter 3 for 'Other' and specify the language in space provided.

Code	Language	Code	Language	Code	Language
0	0-English	30	German	59	Passamaquoddy
1	1-French	31	Greek	60	Pauluan
2	2-Spanish	32	Guamian	61	Penobscot Indian
3	3-Other	33	Gujarti	62	Persian
4	Acholi	34	Haitian	63	Polish
5	Afsomali	35	Hawaiian Samoan	64	Portugese
6	Albanian	36	Hebrew	65	Romanian
7	American Sign	37	Hindu	66	Russian
8	Amharic	38	Hungarian	67	Serbo Croatian
9	Apache	39	Italian	68	Shan
10	Arabic	40	Japanese	69	Somali
11	Bengali	41	Khmer	70	Swahili
12	Beti	42	Konkani	71	Swedish
13	Bohemian	43	Korean	72	Swiss German
14	Bosnian	44	Kuscien	73	Tagalog
15	Burmese	45	Lao	74	Taiwanese
16	Cambodian	46	Latvian	75	Tamil
17	Cantonese	47	Lebanese	76	Tarni
18	Caribbean English	48	Lithuanian	77	Telegu
19	Chamarro	49	Malayalam	78	Tewa Pueblo
20	Chinese	50	Maliseet	79	Thai
21	Czech	51	Mandarin	80	Tigrinya
22	Danish	52	Marathi	81	Turkish
23	Dari	53	Micmac	82	Ukrainian
24	Dinka	54	Nepali	83	Urdu
25	Dutch	55	Neur	84	Vietnamese
26	Farsi	56	Norwegian	85	Yiddish
27	Filipino	57	Nver	86	Yugoslavian
28	Finnish	58	Pashto	87	Zande
29	Gaelic				

#19 - CURRENT COMMUNITY CARE PLAN CODING SHEET

FUNDING SOURCE Enter the payment code for the funding source that is paying for current services.
Program ID-Program Name
1-MaineCare Home Health
30-PDN Level I
2-PDN Level II
31-PDN Level III
36-PDN Level VIII
3-PDN Level V
4-PDN Level IV (NF Kids)
5-Elderly HCB
6-Adults with Disabilities HCB

7-Physically Disabled HCB
12-Adult Day Services
11-MaineCare Day Health – 1
32-MaineCare Day Health – 2
33-MaineCare Day Health – 3
10-Consumer Directed PA-1
34-Consumer Directed PA – 2
35-Consumer Directed PA - 3
29-Consumer Directed HBC
14-Home Based Care - 1
26-Home Based Care - 2
27-Home Based Care – 3
28-Home Based Care - 4
13-Independnt Support Services

8-Independent Housing
9-Katie Beckett
15-Title III
17-Adult Family Care Home
16-Assisted Living
20-Other
21-Medicare
22-3rd Party Payors (BC/BS, Champus, VA, LTC Insurance)
23-Community MaineCare
24-Consumer's Funds
25-Nursing Facility

SERVICE CATEGORY
Enter the appropriate code from the following list to indicate the service category being provided in current Care Plan.
1 Administrative care management
2 Face-to-face care management
3 Adult day care
4 Personal care assistant (hour)
5 Personal care assistant (live-in)
6 Personal care assistant (night)
7 Homemaker
8 RN–visit
9 RN–hour
10 LPN–visit
11 LPN–hour
12 Home health aide–visit
13 Home health aide–hour
14 Certified nurse's aide–visit
15 Certified nurse's aide–hour
16 Physical therapy–visit
17 Physical therapy–hour

18 Occupational therapy–visit
19 Occupational therapy–hour
20 Speech therapy–visit
21 Speech therapy–hour
22 Emergency response
23 Emergency response installation
24 Psychiatric RN–visit
25 Master's social work–visit
26 Master's social work–hour
27 Social services
28 Transportation
29 Adult family care home
32 Family
33 Friend
34 Residential care
35 Independent living assessment
36 Certified occupational therapy aide
37 Certified physical therapy aide
38 Meals on Wheels
39 Comprehensive care

management
40 Environmental mods
41 Licensed speech therapy assistant
42 Psychiatric medication services
43 Health assessment
44 Institutional respite-NF
45 Institutional respite-residential care
46 Personal care assistant (visit)
47 Independent RN
48 Family Provider
49 RN Multiple
50 LPN Multiple
51-Care Management-PDN
52-Care Management-CDAS
53-Independent PT
54-Indepenednt OT
55-Independent Speech