

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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 Elder Services will delay review of the application until receipt of the Commissioner's final decision.

**Fax completed application to Office of Elder Services at 287-9231**

If approved, Office of Elder Services will assign a classification period defining the dates of 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 Elder Services will consider the resident's recent history of frequent changes in care settings, as well as health status, and may continue to classify him/her under this Section, as appropriate.