Frequently Asked Questions

The hospital says that I need an "assessment" to determine my level of care. What does that mean?

A medical eligibility determination (MED) assessment is the best way to determine the level of care best suited for you. It does not require you go into a nursing home, residential care or assisted living. It is meant to simply identify how your needs might best be met. During an assessment, a nurse from an agency not associated with the hospital will review your current medical records and talk with you to make a determination of your care needs. If you disagree with this assessment, you have the right to appeal.

What is the difference between a nursing home and residential care?

In Maine, we have various care settings including nursing homes, residential care and assisted living. These types of care models might look and sound similar but each provides a different level of care. The major differences are the amount and type of staff available to meet your care needs. A Patient Advocate can speak to you more about the differences.

How can I get help at home?

Medicare, MaineCare and some private insurance plans will pay for home care services. Eligibility for home care may also be determined by your MED assessment. Eligibility for home care services can be complicated, so make sure to ask the Patient Advocate about these different programs.

What is long-term care MaineCare and why do I need it?

Long-term care Medicaid or MaineCare is a type of MaineCare that can help patients pay for long-term care services such as a nursing home, residential care, or care at home. Eligibility is based on your income, assets, and level of care.



Advocates for Long-Term Care Consumers

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What's next when you are ready to leave the hospital?

Do you need information and help with your options for care?



Patient Advocates from the Maine Long-Term Care Ombudsman Program can help

1-800-499-0229 207-621-1079

What is the Maine Long-Term Care Ombudsman Program?

The Maine Long-Term Care Ombudsman Program is authorized under federal and state law to provide advocacy for long-term care consumers. The program works to resolve problems on behalf of consumers concerning access to services, quality of care, and quality of life. Each year the program assists thousands of consumers by providing advocacy services to protect their rights, health, safety, and welfare. The program serves residents of nursing homes, assisted housing including residential care and assisted living programs, as well as recipients of home care services, adult day services, and homemaker services.

How can the Ombudsman Program advocate for hospital patients?

The Ombudsman Program can assist patients ready for discharge from a hospital who need help accessing long-term care services either in the community or in a facility. The Ombudsman Program serves as a patient advocate, working closely with the patient and/or their representative to identify the right services and environment. The involvement of a Patient Advocate does not diminish the role of the hospital discharge planner in planning a safe and appropriate discharge.

How do I speak with a Patient Advocate?

- 1) Call the Ombudsman Program at 1-800-499-0229 or 207-621-1079 and ask to speak to the hospital Intake Worker. Alternatively, ask the hospital discharge planner to make a referral to the Ombudsman Program on your behalf.
- 2) If possible, please have the following information ready for our Intake Worker:
- Admission date
- Discharge planner's name
- Summary of long-term care needs

- Date of birth
- Type of insurance
- Summary of diagnoses

What to expect when working with a Patient Advocate:

- 1) A Patient Advocate will contact and meet with you and/or your representative to discuss needs, goals for discharge, and sign appropriate releases. A Patient Advocate will also review medical records and talk to you and/or your representative to help you identify an environment to best meet your care needs.
- 2) A Patient Advocate will take direction from you and/or your representative. Patient Advocates will only advocate for long-term care services with informed consent.
- **3)** A Patient Advocate will review referrals made to providers who have denied services or have not responded. The Patient Advocate will follow-up with facilities or community providers about services and admission. The Patient Advocate will stay in contact with you and the hospital discharge planner.
- **4)** A Patient Advocate will share referral information and action taken on behalf of a patient with the Office of MaineCare. The Patient Advocate may request assistance from the Department of Health and Human Services as needed to achieve goals of discharge.
- **5)** A Patient Advocate will follow-up with you after discharge to make sure your needs are being properly met.