

211 Hospital Transition Program

Healthcare Partners:

Need help identifying services to support older adults and adults with disabilities and address their long-term care needs?

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Maryland

POWERED BY MARYLAND
INFORMATION NETWORK

The 211 Hospital Transition Program is here to help.

Refer patients that are at risk of institutionalization from nursing homes or nursing facility placement, or need support to reduce repeat hospitalizations.

To make a referral, visit
211md.org/hospitaltransition

A partnership with the
Maryland Department of Aging



Refer Now

211md.org/hospitaltransition

8 A.M. TO 6 P.M., MONDAY - FRIDAY

Referrals received during nonbusiness hours will be acknowledged the next business day.



How It Works

- 1** 211 Care Coordinators acknowledge your referral within 30 minutes of receipt and begin identifying available resources using 211's **comprehensive database**.
- 2** 211 Care Coordinators will assess patients to understand their needs and **develop a plan of action**.
- 3** 211 Care Coordinators will engage patients in providing **preventative services** for a follow-up period of 120 days.