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?

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.