

QUESTIONS	ANSWERS
<i>Contact Information and Resource Access</i>	
How do I contact Maximus?	<p>Contact by Phone for General & Referral Questions: 833.525.5784</p> <p>Referrals Fax: 844.356.7500</p> <p>Referrals Email: Maine-ASA@maximus.com</p> <p>General Email: Ask-MaineASA@maximus.com</p>
How does our facility get on the communication distribution list?	To be added to the Maine ASA email distribution list, email a request to Ask-MaineASA@maximus.com . This communication should include your name, title, agency/facility, email address, and contact phone number.
Who should I contact with any questions about the referral process?	To find answers to your referral process questions, call Maine ASA Support: 833.525.5784 or email: Ask-MaineASA@maximus.com
When I leave a voicemail for Maximus, what turnaround time should I expect for a call-back?	<p>We thank you for your patience as we address every call in the order we receive them. Our standard practice is to return calls within 48 hours. However, this may vary during periods of significant call volumes.</p> <p>We request you do not call multiple times and leave multiple voicemails regarding the same issue/question. This only slows the process and will not result in an earlier call back.</p>
Where can I find Maine ASA support materials online?	<p>Explore the Maine ASA User Tools site, which includes state forms, training materials, contact information and other support documents. You can find these resources at:</p> <p>www.maximusclinicalservices.com/svcs/maine</p>
<i>Referral Submissions & the Assessment Process</i>	
Will all assessments be conducted face-to-face?	<p>MED assessments for Hospitals are conducted telephonically, unless it is determined the individual would not be medically eligible for long-term care. In that case, the assessment will be a face-to-face assessment.</p> <p>MED assessments for individuals in the community are conducted face-to-face.</p> <p>PASRR Level II assessments are conducted face-to-face.</p>
Can I combine multiple referrals into one fax?	It is <i>best practice</i> to send referrals separately, rather than combine multiple referrals into one fax. When a single fax transmission is received with multiple referrals, it results in the need to digitally separate each individual referral. Sending each referral in a separate fax transmission reduces the risk of potential HIPAA violation and speeds up the intake process.

What is the expected turnaround time for a LTC MED assessment	Re-assessments are due on or before the reassessment due date if referred timely.
Can I receive confirmation of a referral that I've submitted – either via fax or email?	<p>Maximus cannot confirm receipt of faxed submissions. We encourage you to keep your fax confirmation notices from successful transmittals.</p> <p>We do confirm emailed submissions.</p>

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Is there an electronic way to check on the status of a referral?	There is no way to electronically check the status of a submitted referral.
What is the expected turnaround time for a MED assessment?	<p>Hospitals have an expected 24-hour turnaround time. All other referrals have a 5-business day turnaround time.</p> <p>For nursing facilities with a first non-SNF day due to denial of skilled services, the assessment cannot be completed prior to the first nonSNF date.</p> <p>20-day copay assessments are not completed before the 20th Medicare day.</p>
Do I need to have a discharging facility identified for res care or ALF?	<p>When an individual is in a nursing home and coming off a skilled level of care, you do not need to have a res care identified. However, a res care facility needs to be identified prior to assessment when an individual is in the community.</p> <p>When we assess for one of the seven Assisted Living Facilities (ALFs), the ALF will make the referral to MAXIMUS when they have an available apartment for the individual. The ALF must submit referral on behalf of the individual and family member/guardian.</p> <p>These individuals are at home, awaiting to go into one of the seven ALFs we assess for across the State of Maine. These include:</p> <ul style="list-style-type: none"> • Freese's Assisted Living – Bangor • Iris Park Apartments – Portland • Merry Gardens – Camden • Stearns Assisted Living – Millinocket • The Inn @ City Hall – Augusta • Wardwell – Saco

Will assessments completed at a facility be printed and given to recipients prior to the assessor leaving that facility?	Yes, standard practice is that a copy of the assessment will be provided during the assessor's facility visit, unless the assessor is must delay completion to obtain missing information. In that case, a copy of the medical eligibility will be faxed to the facility.
How does our facility get missing determination letters from prior vendors?	<p>To obtain missing determination letters from previous vendors, reach out to OADS at OADS-LTSS-Requests.DHHS@maine.gov</p> <p>For any missing a determination letters from assessments completed by Maximus, contact the Maine ASA Support Desk: 883.525.5784</p>

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When do I send in a referral for an assessment?	<p>Timeframes for sending in timely referrals include:</p> <ul style="list-style-type: none"> Nursing Facility Reassessments – 5 days prior to reassessment date Denial of Managed Care or Medicare Denial have a 10-day window for a timely referral: 5 days prior to the first non-SNF date through 4 days after the first non-SNF date. 20-day Copay Referrals: 5 days prior to the 20th day. A 123 must be on file for Long Term Care Nursing Facility MaineCare
When do I need to send a Level I to Maximus?	<p>A Level I is required prior to Nursing Facility (NF) admission.</p> <p>Preadmission Screens Any Level I's with indicators (positive) must be submitted to Maximus prior to NF admission.</p> <p>Resident Reviews Any Level I's with indicators (positive) for NF residents who have an expiring, time limited stay or those who experience a change in status, such as:</p> <ul style="list-style-type: none"> An improvement in their condition such that they have potential to discharge to a less restrictive environment for persons with a previously identified PASRR condition A previously unidentified potential PASRR condition Worsening symptoms of a previously identified PASRR condition such that current supports/services may no longer be effective

When should I submit a referral for 30-day MaineCare assessment?	If an individual is assessed for nursing facility admission, and goes in under 30-day Community MaineCare, it will cover 30 days in a nursing facility. If the intent is to stay in long term care, the facility will need to begin the process of applying for nursing home long term care through MaineCare. When the application is submitted to the Department of Health and Human Services (DHHS), they will send Maximus a 123 Form indicating they have received a MaineCare application for nursing home MaineCare. Maximus will then determine if they can do a conversion or update to authorize a nursing facility classification based upon clinical information, per the assessment.
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Does Maine ASA vendor, Maximus, complete the “Goold” Assessment?	There actually is no such thing as a Goold Assessment. Goold is a company that was previously the Assessing Services Agency (ASA) vendor for the State of Maine. After several years in use, the LongTerm Care Medical Assessment, or LTC MEDXX, became known as the “Goold Assessment” in certain facilities. Maximus was awarded the Maine ASA contract, effective as of 10/15/2018 and continues to perform the Long-Term Care Medical Assessment, or LTC MEDXX.
What is the Medical Eligibility Determination (MEDXX) and how is it used?	<p>The Medical Eligibility Determination (MEDXX) is an assessment performed to determine eligibility for level of care (LOC) for NF, residential care, community homes, etc. It is required for long-term care (LTC) placement and its completion must be verified.</p> <p>The form is faxed or emailed to MAXIMUS. Once received, it is processed by the Intake Coordinator staff. They enter the information into the MeCare state system, which makes it available to an RN Assessor, to accept and perform the MEDXX, to determine Medical Eligibility based on the individual’s current level of care.</p>

<p>Our facility has received calls questions from individuals' family members about the Choice Letters and ROIs they have received. What is the purpose of each of these?</p>	<p>Per federal compliance <i>best practices</i>, these information letters are now included with the paperwork mailed to individuals and family members/guardians.</p> <p>The Choice Letter is required for individuals submitting for nursing facility level of care, to document their choices for facility placement or community-based waiver services.</p> <p>Release of Information (ROI) allows for the sharing of an individual's assessment information with the identified parties, with the purpose of setting up and delivering services. The ROI is good for 1 year and can be revoked by the member or guardian at any time.</p>
<p>What are the steps involved in the two-part eligibility process?</p>	<p>An individual and/or family member/guardian first fills out the application for the appropriate MaineCare the person is applying to receive. The individual and family member/guardian will work with DHHS – Office of Family Independence to provide the required paperwork necessary for DHHS to determine financial eligibility. MAXIMUS receives notification when someone applies for Long Term Care (LTC) MaineCare or Nursing Home MaineCare.</p> <p>MAXIMUS Intake Staff prescreen the individual, using the following information:</p> <ul style="list-style-type: none"> • Where the individual is located • Learn if the person is currently in a facility
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	<p><input type="checkbox"/> Ask about level of care</p> <p>Based on this information, Intake Staff will determine if it is the appropriate time to have an Assessor complete an assessment at the current time.</p> <p>If the individual is not ready for discharge from a hospital or is currently receiving skilled level of care at a nursing home, a communication goes back to DHHS/OFI, stating that the 123 is onhold. Once the facility sends in the appropriate referral, then an assessment will be scheduled for completing.</p> <p>When the individual's MEDXX has been completed by a MAXIMUS RN Assessor, the assessment outcome information is communicated to DHHS/OFI by sending a 122 form, with either eligibility dates or a denial.</p>