Reading the outcome of the Medxx

10/2/25 Tracy Poulin

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The Outcome Page

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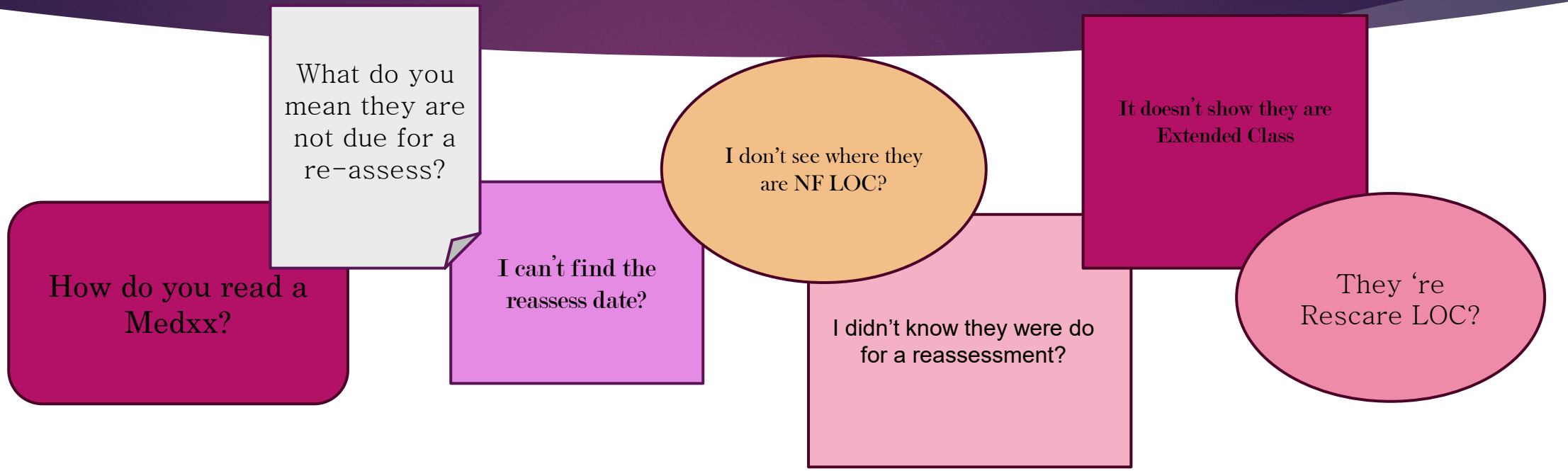
Reading Medxx Outcome

We have all heard it:



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Outcome Page and Section Breakdown

Section T is what the Assessment is for
Assessment Type/Version
- Column 1: shows what the ASMT is for
- Column 2: is what they are medically eligible for.

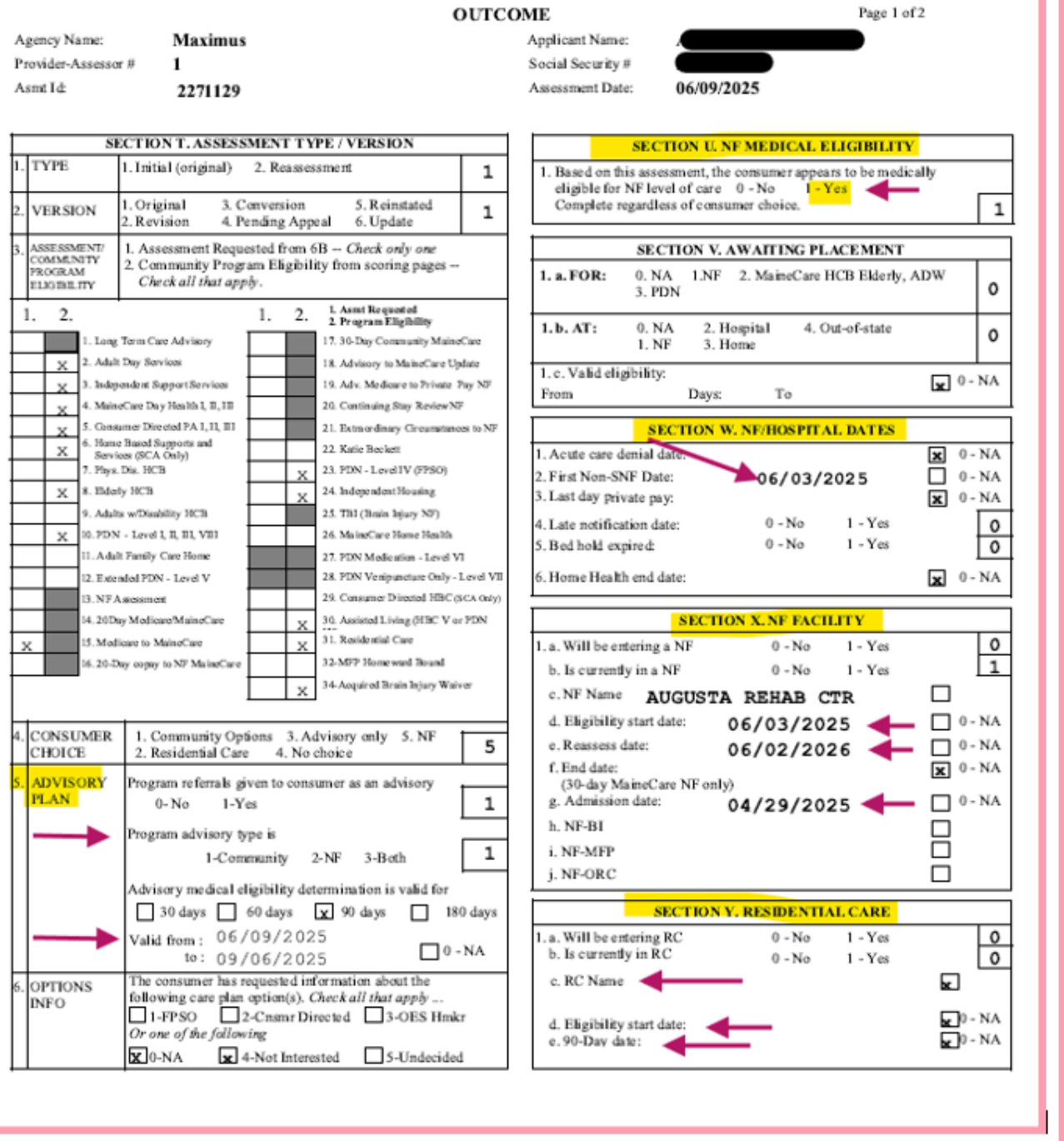
Section U
NF Medical Eligibility

Section V
Awaiting Placement

Section W
NF/Hospital Dates

Section X
NF Facility

Section Y
Residential Care



OUTCOME

Page 1 of 2

Agency Name: Maximus
Provider-Assessor #: 1
Asmt Id: 2271129
Applicant Name: [redacted]
Social Security #: [redacted]
Assessment Date: 06/09/2025

SECTION T. ASSESSMENT TYPE / VERSION

1.	TYPE	1. Initial (original) 2. Reassessment	1
2.	VERSION	1. Original 3. Conversion 5. Reinstated 2. Revision 4. Pending Appeal 6. Update	1
3.	ASSESSMENT/ COMMUNITY PROGRAM ELIGIBILITY	1. Assessment Requested from 6B -- *Check only one* 2. Community Program Eligibility from scoring pages -- *Check all that apply.*	

1.	2.		1.	2.	1. Asmt Requested 2. Program Eligibility
		1. Long Term Care Advisory			17. 30-Day Community MaineCare
	X	2. Adult Day Services			18. Advisory to MaineCare Update
	X	3. Independent Support Services			19. Adv. Medicare to Private Pay NF
	X	4. MaineCare Day Health I, II, III			20. Continuing Stay Review NF
	X	5. Consumer Directed PA I, II, III			21. Extraordinary Circumstances to NF
	X	6. Home Based Supports and Services (SCA Only)			22. Katie Beckett
		7. Phys. Dis. HCB		X	23. PDN - Level IV (FPSO)
	X	8. Elderly HCB		X	24. Independent Housing
		9. Adults w/Disability HCB			25. TBI (Brain Injury NF)
	X	10. PDN - Level I, II, III, VIII			26. MaineCare Home Health
		11. Adult Family Care Home			27. PDN Medication - Level VI
		12. Extended PDN - Level V			28. PDN Venipuncture Only - Level VII
		13. NF Assessment			29. Consumer Directed HBC (SCA Only)
		14. 20/Day Medicare/MaineCare		X	30. Assisted Living (HBC V or PDN
X		15. Medicare to MaineCare		X	31. Residential Care
		16. 20-Day copay to NF MaineCare			32-MFP Homewood Board
				X	34-Acquired Brain Injury Waiver

4.	CONSUMER CHOICE	1. Community Options 3. Advisory only 5. NF 2. Residential Care 4. No choice	5
5.	ADVISORY PLAN	Program referrals given to consumer as an advisory 0-No 1-Yes	1
		Program advisory type is 1-Community 2-NF 3-Both	1
		Advisory medical eligibility determination is valid for ☐ 30 days ☐ 60 days ☒ 90 days ☐ 180 days	
		Valid from : 06/09/2025 to : 09/06/2025 ☐ 0 - NA	
6.	OPTIONS INFO	The consumer has requested information about the following care plan option(s). *Check all that apply ...* ☐ 1-FPSO ☐ 2-Cnsmr Directed ☐ 3-OES Hmkr *Or one of the following* ☒ 0-NA ☒ 4-Not Interested ☐ 5-Undecided	

SECTION U. NF MEDICAL ELIGIBILITY

1. Based on this assessment, the consumer appears to be medically eligible for NF level of care 0 - No 1 - Yes
Complete regardless of consumer choice. 1

SECTION V. AWAITING PLACEMENT

1. a. FOR: 0. NA 1.NF 2. MaineCare HCB Elderly, ADW 3. PDN 0

1. b. AT: 0. NA 1. NF 2. Hospital 3. Home 4. Out-of-state 0

1. c. Valid eligibility: From Days: To ☒ 0 - NA

SECTION W. NF/HOSPITAL DATES

1. Acute care denial date:	☒ 0 - NA	
2. First Non-SNF Date: 06/03/2025	☐ 0 - NA	
3. Last day private pay:	☒ 0 - NA	
4. Late notification date: 0 - No 1 - Yes		0
5. Bed hold expired: 0 - No 1 - Yes		0
6. Home Health end date:	☒ 0 - NA	

SECTION X. NF FACILITY

1. a. Will be entering a NF 0 - No 1 - Yes		0
b. Is currently in a NF 0 - No 1 - Yes		1
c. NF Name AUGUSTA REHAB CTR	☐	
d. Eligibility start date: 06/03/2025	☐ 0 - NA	
e. Reassess date: 06/02/2026	☐ 0 - NA	
f. End date: (30-day MaineCare NF only)	☒ 0 - NA	
g. Admission date: 04/29/2025	☐ 0 - NA	
h. NF-BI	☐	
i. NF-MFP	☐	
j. NF-ORC	☐	

SECTION Y. RESIDENTIAL CARE

1. a. Will be entering RC 0 - No 1 - Yes		0
b. Is currently in RC 0 - No 1 - Yes		0
c. RC Name	☒	
d. Eligibility start date:	☒ 0 - NA	
e. 90-Day date:	☒ 0 - NA	

Section T

4. Consumers Choice

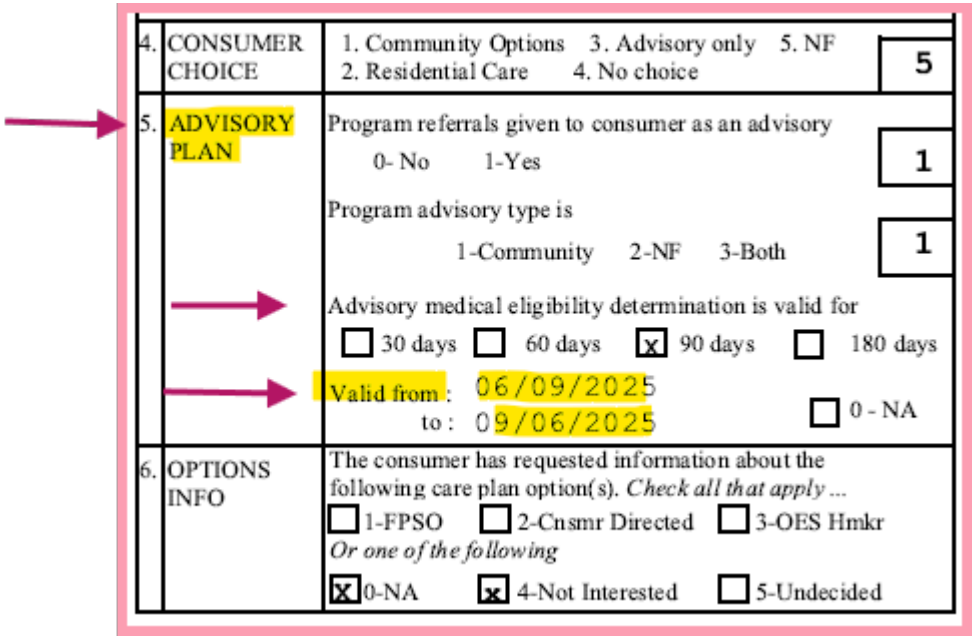
- 1. Community Options
- 2. Residential Care
- 3. Advisory Only
- 4. No Choice
- 5. NF

5. Advisory Plan

- Programs Referrals
- Program Type
- Advisory Medical eligibility determinations valid for
- 30 days, 60 days, 90 days or 180 days
- Valid from: These are the Advisory Dates

6.Options Info:

- FPSO
- Consumer Directed
- 3. OES homemaker



4.	CONSUMER CHOICE	1. Community Options 3. Advisory only 5. NF 2. Residential Care 4. No choice	5
5.	ADVISORY PLAN	Program referrals given to consumer as an advisory 0- No 1-Yes	1
		Program advisory type is 1-Community 2-NF 3-Both	1
		Advisory medical eligibility determination is valid for ☐ 30 days ☐ 60 days ☒ 90 days ☐ 180 days	
		Valid from : 06/09/2025 to : 09/06/2025 ☐ 0 - NA	
6.	OPTIONS INFO	The consumer has requested information about the following care plan option(s). *Check all that apply ...* ☐ 1-FPSO ☐ 2-Cnsmr Directed ☐ 3-OES Hmkr *Or one of the following* ☒ 0-NA ☒ 4-Not Interested ☐ 5-Undecided	

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Section U

Section U. NF Medical Eligibility

1. Based on this assessment, the consumer appears to be medically eligible for NF LOC
   0. No 1- Yes

SECTION U. NF MEDICAL ELIGIBILITY	
1. Based on this assessment, the consumer appears to be medically eligible for NF level of care 0 - No 1 - Yes Complete regardless of consumer choice.	1

This is where you will see if they are NF Eligible

Section V Awaiting Placement

1a FOR:
   0. NA 1. NF 2. Mainecare HCB Elderly, ADW 3. PDN
1. b. AT:
   0. NA 2. Hospital 4. Out of State
   1. NF 3. Home

SECTION V. AWAITING PLACEMENT		
1. a. FOR:	0. NA 1.NF 2. MaineCare HCB Elderly, ADW 3. PDN	0
1. b. AT:	0. NA 2. Hospital 4. Out-of-state 1. NF 3. Home	0
1. c. Valid eligibility: From Days: To		☒ 0 - NA

Section W. NF/Hospital Dates

1. Acute Care Denial
2. First non –SNF
3. Last day of private pay
4. Late notification date
   0- No 1- Yes
5. Bed hold expired
   0- No 1- Yes

6. Home Health End Date

SECTION W. NF/HOSPITAL DATES			
1. Acute care denial date:		☒	0 - NA
2. First Non-SNF Date:	06/03/2025	☐	0 - NA
3. Last day private pay:		☒	0 - NA
4. Late notification date:	0 - No 1 - Yes	0	
5. Bed hold expired:	0 - No 1 - Yes	0	
6. Home Health end date:		☒	0 - NA

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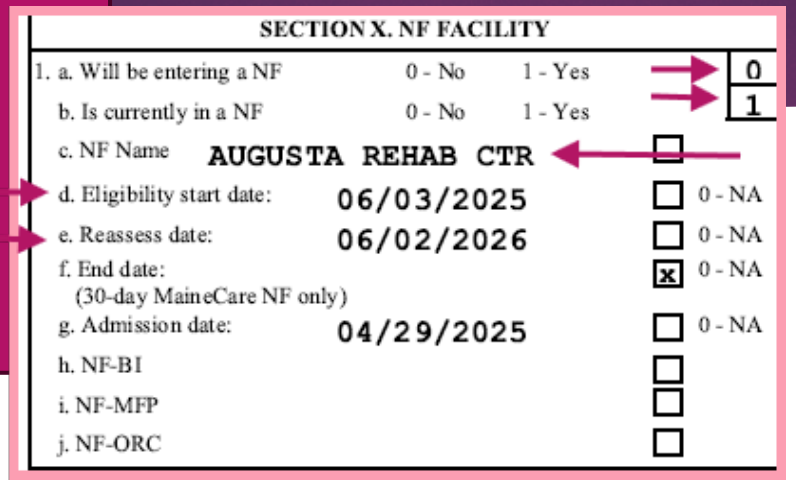
Section X: NF Facility

SECTION X. NF FACILITY:
- a. Will be entering a NF 0- No 1- Yes
- b. Is currently in a NF 0- No 1- Yes
- c. NF name
- d. Eligibility start date
- e. Re-assess date
- f. End date (30- day NF Mainecare only)
- g. Admission date
- h. NF –BI
- i. NF- MVP
- J. NF - ORC


SECTION X. NF FACILITY

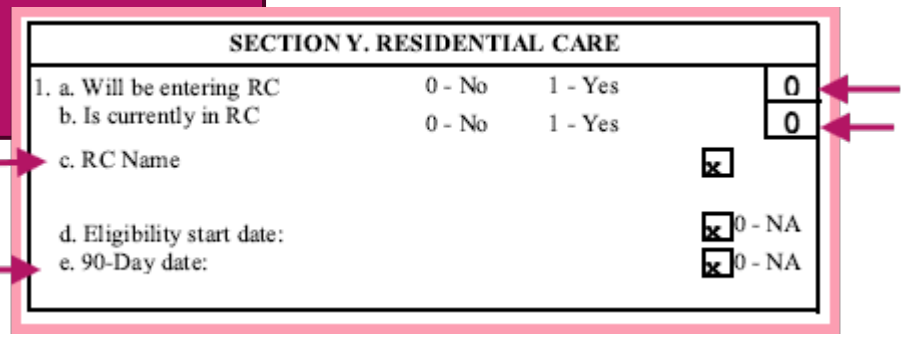
1. a. Will be entering a NF 0 - No 1 - Yes 0
b. Is currently in a NF 0 - No 1 - Yes 1
c. NF Name AUGUSTA REHAB CTR
d. Eligibility start date: 06/03/2025 0 - NA
e. Reassess date: 06/02/2026 0 - NA
f. End date: (30-day MaineCare NF only) 0 - NA
g. Admission date: 04/29/2025 0 - NA
h. NF-BI
i. NF-MFP
j. NF-ORC

Section **X e.**
When NF eligible and you see **no re-assess date** the individual has an Extended NF Classification.

Section **X f.**
30-day Mainecare NF **end date** is entered.

If no dates are entered in Section X- This indicated an Advisory Assessment. (can verify advisory date Section T column 1)

SECTION Y. RESIDENTIAL CARE
- a.Will be entering RC 0- No 1- Yes
- b. Is currently in RC 0- No 1- Yes
- c. RC Name
- d. Eligibility start date
- e. 90 -day date


SECTION Y. RESIDENTIAL CARE

1. a. Will be entering RC 0 - No 1 - Yes 0
b. Is currently in RC 0 - No 1 - Yes 0
c. RC Name
d. Eligibility start date: 0 - NA
e. 90-Day date: 0 - NA

Section Y e.
Is where you would see Residential Care dates

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