

# New Provider Orientation

IL SALT

# Agenda

## 1. Project Introduction

- PASRR
- Dementia Reviews
- SLP
- SMHRF

## 2. AssessmentPro Overview

- Registration
- How to submit screens and locate outcomes
- PathTracker
- Responding to Maximus triggered screens/requests
  - Follow up visits
  - Dementia Reviews
  - SMHRF CSRs
- Resources and Support

# Helpful Acronyms

## SALT

- **Screening, Assessments for Long- Term Care**
- Name of the IL umbrella project with Maximus

## PASRR

- Preadmission Screening and Resident Review
- Federal program for persons with SMI/ID/RC related to nursing facility care

## MI/SMI

- Mental illness; Serious Mental Illness

## ID

- Intellectual disability

## RC

- Related Condition – a PASRR-specific term to mean Developmental Disability

## SLP

- Supportive Living Program
- A program in IL to support persons living independently

## SMHRF

- Specialized Mental Health Rehab Facility
- Freestanding residential treatment facility for individuals living with MI

## DON

- Determination of Need
- Level of care assessment for IL that defines medical necessity for care programs

# Program Introductions

PASRR

[https://maximusclinicalservices.com/svcs/illinois\\_salt](https://maximusclinicalservices.com/svcs/illinois_salt)

# Structure & Purpose of PASRR

## Preadmission Screening & Resident Review

- Administered by Centers for Medicare and Medicaid Services (CMS)
  - Created in 1987
- Anyone in Medicaid-funded NF screened for:
  - Serious Mental Illness (SMI), Intellectual Disability (ID), or Related Condition (RC)
- Known or suspected condition = evaluation
  - To ensure NF is most appropriate placement
  - To ensure receipt of needed services

# PASRR Process Overview

PASRR Process  
must be  
complete before  
NF admission

- Level I screen
  - Identifies known/suspected PASRR conditions: MI/ID/RC
- Level II assessment
  - Individualized to determine presence of MI/ID/RC and needed services and supports
- Determination & Needs
  - NFs must incorporate PASRR findings in the person's plan of care

Level I  
Screen

Level II  
Assessment

Determination  
& Needs

# When to Submit Level I Screens



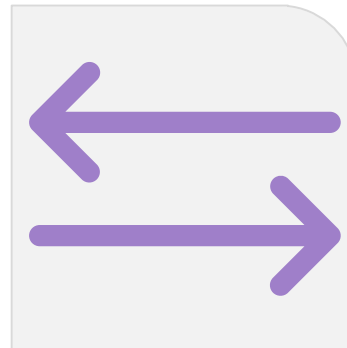
## Before NF admission

- Pre-Admission



## Expiration of a *time-limited stay*

- Resident Review
- Submit 7 days before end date



## Significant *change in status*

- Resident Review
- Targeted Resident Reviews are no longer required

# Level I Determinations

## No Level II Required

- No PASRR condition
- Can admit to/remain in NF with no additional screen

## Level II Negative, No status Change

- No PASRR condition
- Can remain in NF with no additional screen

## Level II Positive, No Status Change

- PASRR condition that does not require a new Level II
- Can remain in NF with no additional screen

## Refer for Level II

- Has/suspected PASRR condition
- Requires a Level II

## Withdrawn or Cancelled

- Person not going to/remaining in NF



## Intent of Categorical Options

- Opportunity for a person to go to NF without full Level II
- Person cannot participate in assessment or services/supports
- Person won't be in NF long enough to receive services/supports

Remember: Not designed to be a shortcut around a Level II assessment

## Exempted Hospital Discharge (30 days)

- Requires current history & physical, psych consult, if completed
- Hospitalized for acute inpatient care
- Requires NF services for the condition for which care was received in the hospital
- The attending physician certifies before admission to the facility that the person is expected to require fewer than 30 days of NF services

Emergency  
Room and  
Observation  
NOT included

## Convalescent

- The person will be in the NF for 60 days or less, as verified by physician
- Admitting to a NF from a hospital medical unit for treatment of the same condition for which the person was in the hospital.
- Documentation requirements:
  - Nothing additional beyond the typical (e.g., H&P, MAR, LOC)

## Primary Dementia/Secondary Mental Illness

- Level I must include documentation that supports dementia as primary diagnosis
- Cannot occur unless sufficient evidence confirms the progression of dementia as primary

## Serious Medical Conditions

- Individual has a diagnosis/medical condition of
  - Coma
  - Function at a brain stem level
- Requires current history & physical and documentation to support advanced condition

## Terminal Illness

- Individual has documented support of end stage illness
- Life expectancy of 6 months or less
- Documentation requirements:
  - Physician's documentation of life expectancy <6 months.
  - LOC/Medical necessity standards ARE applied as part of the categorical decision-making process
  - H&P

Exemption  
and  
Categoricals

# Importance of the Level II

- 1 In-depth Assessment
- 2 Tells who the person is
- 3 State and Federally required



# X Level II Outcomes

Level II - Approved No SS

Level II - Approved No SS – ST

Level II - Excluded from PASRR - No Diagnosis - No LOC

Level II - Excluded from PASRR - Primary Neurocognitive Disorder - No LOC

Level II - Excluded from PASRR - No Diagnosis - No LOC

Level II - Denied - Requires Inpatient Psychiatric Services

Level II - Denied - NF Appropriateness

# After the Assessment

- Determination
- Summary of Findings report
- Consideration of placement options
- PASRR-identified service delivery assurances

***The Level II Summary Report has critical information NF providers need to determine if they can provide the needed services to the person***

## X Insights and Benefits

- Takes 7-10 minutes to complete a Level I screen
- Negative Level I screen results are available immediately for facilitating discharge
  - ~70%
- Streamlines work with automatic queuing—no waiting or lost paperwork
- You won't have to contact anyone to come do a Level II
  - We will take care of that process

# What is a Follow Up Visit?

Personalized assessment 30-60 days post-NF admission

Intended to:

- Verify that services identified in the person's PASRR MI Level II assessment are being provided
- Ensure that discharge planning is happening for the person, as appropriate
- Identify any barriers to access to community resources



## Why are Follow Up Visits Important?

- PASRR-identified services are a requirement
  - Must be addressed in the person's plan of care
- Person should receive all needed services in the least restrictive environment
  - Discharge planning begins at admission
  - Higher level of care appropriate only as long as the person needs it
- Community resources should be identified and arranged to facilitate transition to a less restrictive environment
- Personal choice considered in findings report

## Incorporation of PASRR Services



# Program Introductions

Dementia Reviews

[https://maximusclinicalservices.com/svcs/illinois\\_salt](https://maximusclinicalservices.com/svcs/illinois_salt)

# Colbert Consent Decree Dementia Reviews

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**Colbert Consent Decree:** Settlement reached in Illinois to provide transition services and support in nursing facilities after Cook County was in violation of the Olmstead Act

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**Colbert Class Member:** Individual in Cook County with Medicaid residing in Nursing Facility, entitled to receive transition services

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Beginning **August 2023**, Maximus conducts Colbert Class Member Dementia reviews by documentation submission from required providers

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Maximus provides independent, conflict-free reviews to facilitate HFS compliance with Colbert Consent Decree requirements and appropriate services for Cook County Residents

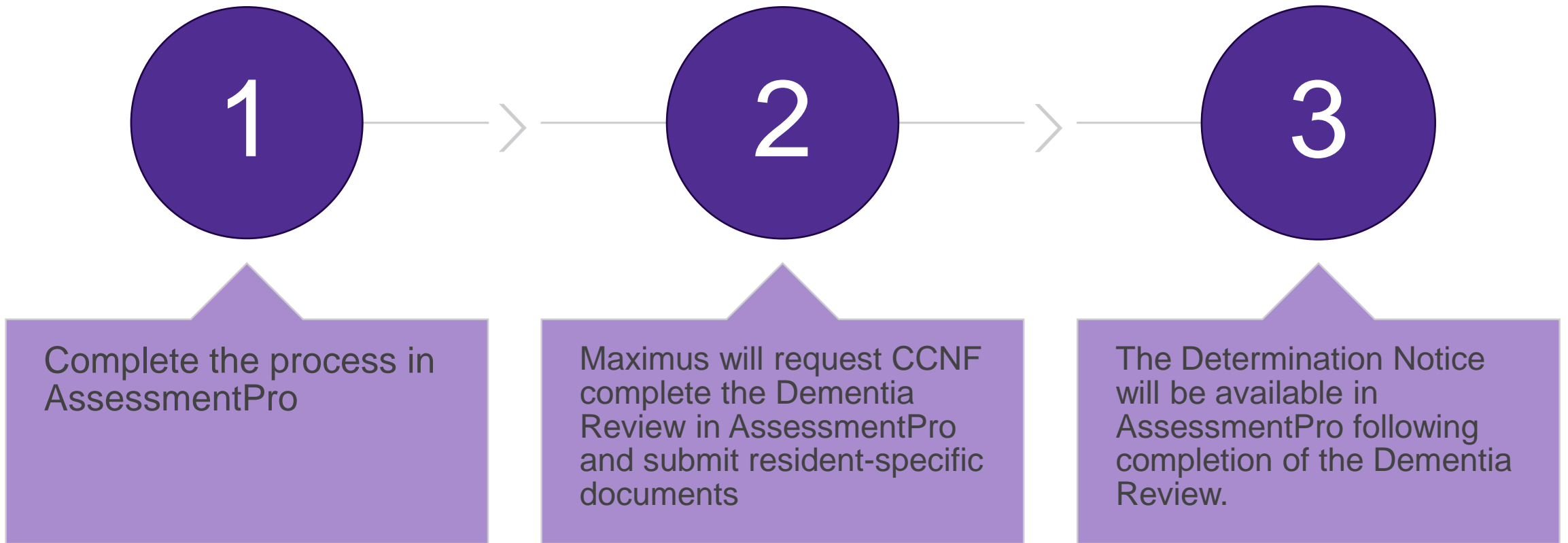
# Purpose of Colbert Consent Decree Dementia Review Process

- Per the Colbert Consent Decree, the State is not required provide annual evaluations to “Class Members who have been determined by a medical doctor to have a condition such as severe dementia or other clinically significant and progressive cognitive disorders and are unlikely to improve.”
- The Illinois Department of Healthcare and Family Services (HFS) contracts with Maximus to make such determinations for Cook County Nursing Facility residents who have been identified as potentially having such conditions. This work is done through a document-based Dementia Reviews process.
- Identifying these individuals (and subsequently removing them from the universe of Class Members entitled to receive outreach for subsequent assessment and transition services) allows the state to focus resources on Class Members who may transition successfully, rather than those who are unable to engage in assessment and service planning due to their cognitive status.

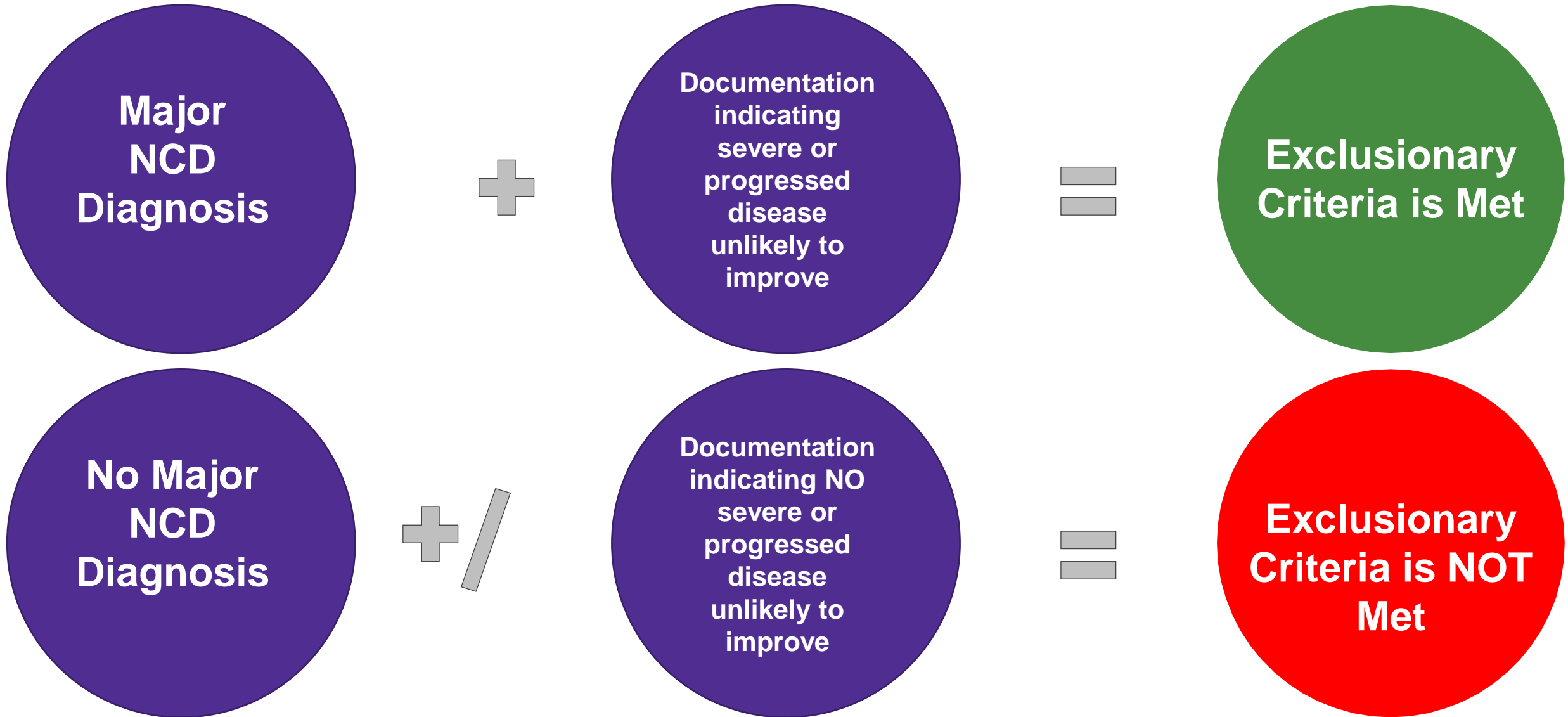
# X Dementia Review

- Maximus does NOT diagnose dementia
- Maximus does evaluate for late-stage dementia and associated needs

# Dementia Review Process



# Determination Foundation



# Dementia Review Outcomes

Outcome	What it means
Exclusionary Criteria is Met	The information made available during the Review supports the presence of a dementia/major NCD diagnosis and the person clinically presents with severe disease which is unlikely to improve.
Exclusionary Criteria is Not Met	The information made available during the Review indicated the absence of a major NCD (i.e., mild or no condition) or the information provided was insufficient to allow for a conclusive determination.
Cancelled	The Review has been ceased and precise reason will be tracked

# Program Introductions

Supportive Living Programs (SLP)

[https://maximusclinicalservices.com/svcs/illinois\\_salt](https://maximusclinicalservices.com/svcs/illinois_salt)



# Supportive Living Programs

## Program Description and Intent

Alternative to nursing facility care for low-income older persons and persons with physical disabilities under Medicaid

Helps residents live independently and take part in decision-making.

Personal choice, dignity, privacy, and individuality are emphasized.

Waiver services that are not routinely covered by Medicaid.

Including: personal care, homemaking, laundry, medication assistance, social and health activities, recreation, and 24-hour staff to meet residents' needs.

# Who receives an SLP Screen?

## Anyone who is seeking potential admission to an SLP

- + Aged 22-64 with a physical disability
- + Aged 65 or over
- + Has medical need for SLP level of care

# X SLP Eligibility Criteria

- U.S. citizen or legal alien
- Resident of the State of Illinois
- Persons aged 22-64 who have a physical disability (as determined by the Social Security Administration), or persons aged 65 or over
- A completed screening, and comprehensive assessment when needed, with a DON score of 29
- Be checked against required sex offender websites
- Documentation of tuberculosis (TB) testing in accordance with the Control of TB Code showing absence of active TB
- Not a participant in other HCBS waiver programs
- Income equal to or greater than current maximum allowable amount of Supplemental Security Income (SSI), and must contribute all but \$90 each month toward lodging, meals, and services

# When to Submit the Initial Screen

Reason for Screening	What does this mean?
Preadmission screen	The individual not considered a SLP resident at this time but is seeking prospective residency and needs evaluated for any persistent needs and/or risks related to a suspicion of a SMI.
Transfer: Nursing facility to SLP setting	<p>This option would apply if the resident has not transferred from the nursing facility system (even if she/he is medically or psychiatrically hospitalized).</p> <p>Those seeking prospective SLP residency need evaluated for any persistent needs and/or risks related to a suspicion of a SMI.</p>
Transfer: SLP setting to SLP setting	<p>*This option would apply if a current SLP resident is seeking a transfer to a different/new SLP setting (even if she/he is medically or psychiatrically hospitalized).</p> <p>Those seeking prospective SLP residency need evaluated for any persistent needs and/or risks related to a suspicion of a SMI. This decision is up to the SLP setting if eligibility is approved.</p>
Expiration of prior SLP initial screen or assessment	<p>A previous SLP comprehensive assessment is expiring or has expired. The initial SLP screen is valid for 90 days</p> <p>Suspected or known SMI again requires an evaluation of persistent needs and/or risks.</p>
Conversion: Private Pay SLP participant converting to Medicaid	A current SLP participant who has been privately paying for the SLP setting is now eligible for Medicaid.

# Comprehensive Assessment Outcomes

SLP Setting Appropriate

SLP Setting Not Appropriate

SLP Setting Appropriateness Assessment has been Withdrawn

SLP Setting Assessment has been Cancelled

# Program Introductions

Specialized Mental Health Rehabilitation Facilities (SMHRF)

[https://maximusclinicalservices.com/svcs/illinois\\_salt](https://maximusclinicalservices.com/svcs/illinois_salt)

# X Specialized Mental Health Rehab Facility

- SMHRF is a freestanding residential treatment facility for individuals living with a mental health condition
- Authorization through a SMHRF assessment is required for admission to SMHRF
  - ✓ SMHRFs cannot admit a person without a completed SMHRF referral, including FDDP evaluation, when appropriate
- Designed to provide long-term mental health care including:
  - ✓ Individual therapy
  - ✓ Group therapy
  - ✓ Skills-building
  - ✓ Medication management
  - ✓ 24-hour supervision

# Williams Consent Decree in Illinois 2010

The lawsuit alleged that people with serious mental illness are unnecessarily confined in Institutes for the Mentally Diseased (IMDs), which are now classified as Specialized Mental Health Rehabilitation Facilities (SMHRF).

The Consent Decree mandates that “no individual with a serious mental illness (SMI) who is determined to be able to live in a community-based setting shall be admitted into a long-term care facility (LTC) before first being offered community-based services.”

The Front Door Diversion Program (FDDP) began as a pilot in 2017 with 3 community mental health providers to support the State’s efforts of offering community-based services in lieu of a SMHRF placement. FDDP expanded in 2019 and is a DHS grant-funded program.

**Class Members have the rights to live in the most integrated settings possible, through concerted efforts to divert people from inappropriate placement into, and transition eligible people out of, Illinois’ 24 SMHRFs**



# SMHRF Outcomes

- Print a copy of the outcome letter from AssessmentPro for the person and their legal representative, as applicable.
- Explain the determination to them
- Hand them a copy

- SMHRF Eligible—Recommended for Front Door Diversion Referral
- SMHRF Eligible
- SMHRF admission may proceed subsequent to receipt of court order

- SMHRF Ineligible—No SMI
- SMHRF Ineligible—Requires Inpatient Psychiatric Services
- SMHRF Ineligible—Primary Neurocognitive Disorder
- SMHRF Ineligible—Intellectual or Developmental Needs
- SMHRF Ineligible—Medical Needs
- SMHRF Ineligible—SMHRF Appropriateness

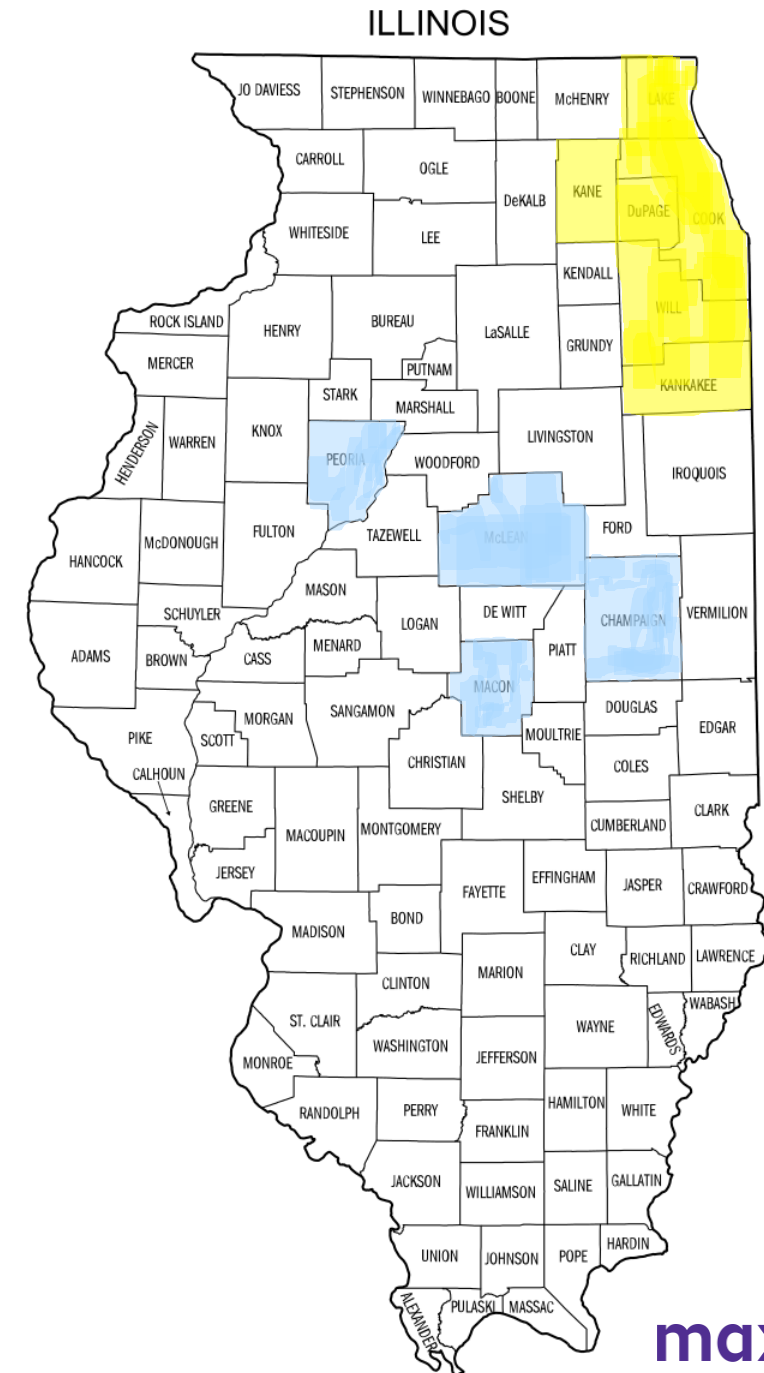
- Not Assessed-Declined Assessment
- Not Assessed-Discharged Prior to Assessment
- Not Assessed-Unavailable
- Not Assessed-Other

- Assessed-No Offer Made
- Assessed and Offer Made-Declined
- Assessed and Offer Made-Accepted

## FDDP Outcomes

# Front Door Diversion

- **6 Front Door Providers:** Envision Unlimited, HRDI, Kenneth Young Center, National Youth Advocate Program, Thresholds, and Trilogy.
- **46 hospitals** work with the FDDP in Cook, DuPage, Lake, Kankakee, and Will county.
- **Goal:** To offer community-based services and supports to individuals before being admitted into a SMHRF.



# X Continued Stay Reviews (CSRs)

- Implementing to support consent decree requirements for:
  - Discharge planning
  - Resident connection to community resources
  - Identification of barriers to support
- Based on PathTracker census report in AssessmentPro
- Occur for all residents twice each year
  - 90 days after admission
  - Every 180 days following previous CSR

# Impact of the CSR

Interview with the SMHRF resident

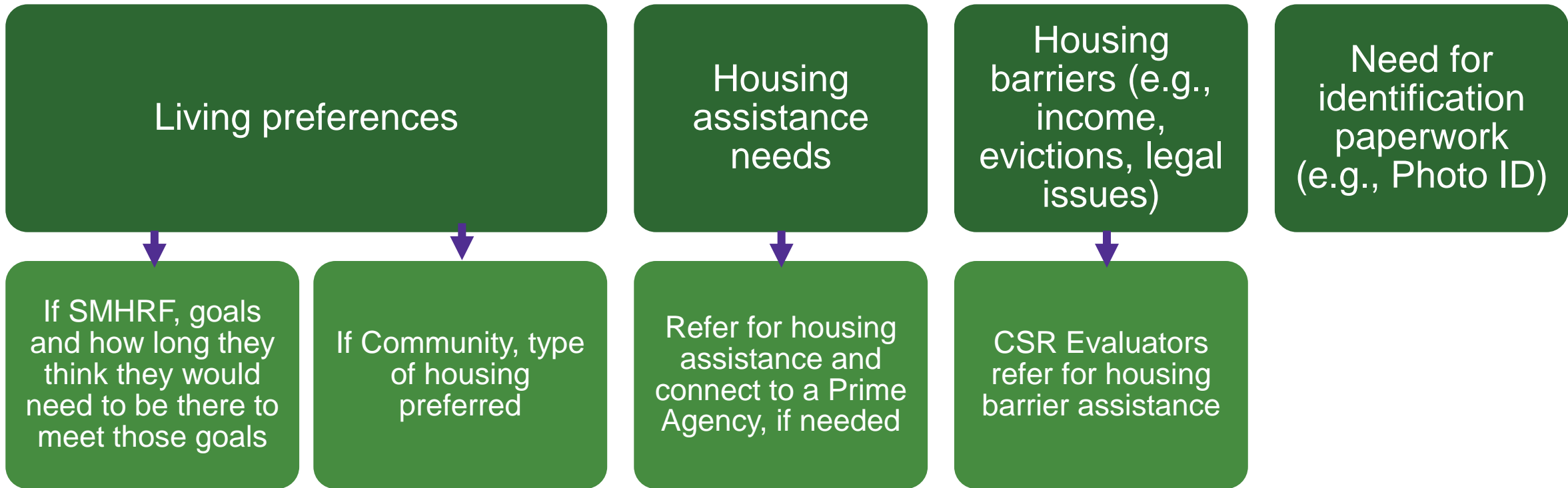


Connection to Prime Agency, if interested

- Support access to services

# X CSR Interview – Needs and Preferences

As part of the CSR interview, the Maximus evaluator will identify the person's:



# X CSR Interview – Needs and Preferences

- Community mental health services
  - Historical involvement and reasons services were not able to help the individual remain in the community
  - Current connection to a mental health service provider involved in discharge planning (Ill. Admin. Code title 77 §380.320)
  - CSR Evaluators refer to a community mental health agency if needed
- Impact of mental health needs on ability to live in the community
- Impact of substance use needs on ability to live in the community
- Impact of medical needs on ability to live in the community
- Any additional support needs

# CSR Outcomes


Outcome	What does this outcome mean?
<b>CSR SMHRF Appropriate-Compliant with Discharge Planning</b>	<ul style="list-style-type: none"><li>• The person does not have any clear exclusionary criteria present that would make it inappropriate for them to continue receiving care in a SMHRF.</li><li>• The person has a current and valid SMHRF Eligible evaluation in AssessmentPro (or admitted prior to the redesign).</li><li>• The SMHRF is compliant with treatment and discharge planning per administrative code requirements and the discharge barriers indicated are valid.</li></ul>
<b>CSR SMHRF Appropriate-Noncompliant with Discharge Planning</b>	<ul style="list-style-type: none"><li>• The person does not have any clear exclusionary criteria present that would make it inappropriate for them to continue receiving care in a SMHRF.</li><li>• The person has a current and valid SMHRF Eligible evaluation in AssessmentPro (or admitted prior to the redesign).</li><li>• The SMHRF is <b>NOT</b> compliant with treatment and discharge planning per administrative code requirements and/or the discharge barriers indicated are <b>NOT</b> valid.</li></ul>
<b>CSR SMHRF Inappropriate-Immediate Action Required</b>	<ul style="list-style-type: none"><li>• The person <b>DOES</b> have clear exclusionary criteria present that makes it inappropriate for them to continue receiving care in a SMHRF and safe and orderly discharge must happen immediately.</li><li>• There may or may not be a current and valid SMHRF Eligible evaluation in AssessmentPro, but having exclusionary criteria present is a larger concern, as even if they had a new evaluation, they would be found ineligible to be in the SMHRF.</li><li>• The SMHRF may or may not be compliant with treatment and discharge planning and valid discharge barriers, but the larger concern is that the person is not appropriate to be there.</li></ul>
<b>CSR SMHRF Inappropriate-Noncompliant with SMHRF Evaluation</b>	<ul style="list-style-type: none"><li>• The person does not have any clear exclusionary criteria present that would make it inappropriate for them to continue receiving care in a SMHRF.</li><li>• The person does <b>NOT</b> have a current and valid SMHRF Eligible evaluation and was admitted after the redesign. The SMHRF <b>MUST</b> immediately submit a referral for a SMHRF Evaluation to verify eligibility.</li><li>• The SMHRF may or may not be compliant with treatment and discharge planning and valid discharge barriers, but the larger concern is that there is not an evaluation completed that makes the person eligible to continue receiving care in the SMHRF.</li></ul>



# AssessmentPro

Quick Walkthrough

# Registering for AssessmentPro




ASSESSMENTPRO

Sign in

[Continue](#)

[Forgot password?](#)

[Don't have an account? Sign up now](#)



ASSESSMENTPRO

New user

[Create](#) [Cancel](#)



# ASSESSMENTPRO

First name

Stephanie

Last name

[Redacted]

Email address

[Redacted]

Phone - Business

[Redacted]

Phone - Direct

[Redacted]

Phone - Mobile

[Redacted]

Phone - Fax

[Redacted]

State

Illinois PASRR

Facility

Select facility...

Request AssessmentPro Access Coordinator access

Credentials

Select credentials...

Custom credential

Custom credential... +

Continue

Sign out

Unapproved Users    Action Required    Drafts    ServiceMatters Review    Clinical Review    Recent Outcomes    PathTracker

Name ↑	Email	State	Delete
[Redacted]	xxx@xxx.com	Illinois PASRR	✖
Pettitt, Stephanie	[Redacted]	Illinois PASRR	✖

1 - 2 of 2 items

# Accessing Resources and Education

maximus



ILLINOIS SCREENING AND ASSESSMENTS FOR LONG-TERM CARE (SALT)

## Tools and Resources

We have contracted with the State of Illinois Department of Healthcare and Family Services (HFS) to manage the assessment process for Preadmission Screening and Resident Review (PASRR) Level I screens and completing Level II Serious Mental Illness (SMI) evaluations for individuals applying to, or residing in, Medicaid-certified nursing facilities. Other services include Follow Up Visits, admissions support for Specialized Mental Health Rehabilitation Facilities (SMHRF) and Supported Living Programs (SLP) settings and Colbert Dementia Review. Continue reading below for more details and links to support resources for each of these services.

**Stay connected to important program updates and helpful program resources.** Reach out with general questions using the appropriate Help Desk contact email shown below. If you or members of your team would like to be added to one of the Maximus – Illinois contact lists, include full name, title, facility/organization name, and email address in the body of the message.

### CONTACT THE HELP DESK

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#### Phone, Fax & Email

☎ 833.727.7745

☎ 877.431.9568

✉ ILHelpDesk@maximus.com

#### Business Hours

🕒 8:00 a.m. – 8:00 p.m. CST, Sunday - Saturday

# Locating Pending Dementia Reviews

Navigation: Action Required (1), Drafts, Clinical Review, Recent Outcomes, PathTracker

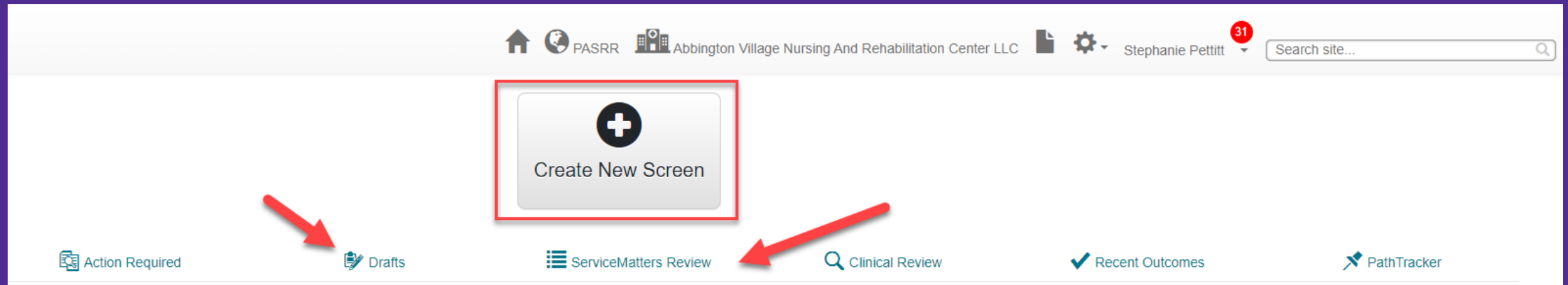
My Screens: Facility Screens (2)

### Facility Draft Screens

Individual Name	Assessment ID	Assessment Type	Created By	Current Section	Date Created	Expiration Date
Mackert Gunson3	2954271	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Katie Butrts843	2954264	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Bobbie Colette928	2954260	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Sue fakename1358 (3)	2954256	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Katleynn Nessie209	2954252	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
John Nessie97	2954248	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Matthew Galette1538	2954244	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Monkey Ryans1406	2954240	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Michael areyouhappynew1466	2954236	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Katleynn Ryans591	2954233	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	

Page 1 of 10 (1 - 10 of 491 items)

# Starting a New Screen



The screenshot shows a dialog box titled 'Assessment Initialization'. The dialog has a teal header bar with the title. Below the header, the text 'Current Facility: Abbington Village Nursing And Rehabilitation Center LLC' is displayed with a refresh icon. Below that, the question 'In which state is the person planning to admit to a NF?' is followed by a dropdown menu showing 'Illinois'. Under the heading 'Screening Types', there are five radio button options: 'I need a PASRR screen or evaluation (Level I, Level II, status change)', 'I need to submit a Supportive Living Program (SLP) initial screen', 'I need to submit a Specialized Mental Health Rehabilitation Facility (SMHRF) referral', 'I need to submit a CSR', and 'I need to submit a Colbert Dementia Review Request'. At the bottom of the dialog is a 'Cancel' button.

# Colbert Consent Decree

Dementia Review Request



Awaiting Initiation



Draft



Completed

- Individual Information
- Individual Location
- Document Upload
- Submitter Information

## Individual Information

First Name\* Sue

Middle Initial

Last Name\* fakename1358

Suffix

Mailing Address\*

Address Line Two

City\*

State\*

Zip Code\*

Phone ext.

<< Previous Next >>

### Type of Identification\*

- Social security number
- Other
  - Passport ID
  - Temporary resident ID
  - Driver's License/State ID
  - Medicaid ID
  - AssessmentPro IID
  - The individual doesn't have any of these IDs

ID #\* XXXXXXXXX

Age: 69 years old

Date of Birth\* XX/XX/...

Gender\*

Race

### What is the individual's method of payment?\*

- Self Pay
- Private Insurance
- Medicare
- Medicaid
- Medicaid/Long-Term Care Pending

<< Previous Next >>

Open

Training Dept Tools > AssessmentPro Tools

Search AssessmentPro Tools

Organize New folder

Name	Status	Date modified	Type
Submitting a Level ...	✓	2/21/2024 10:47 AM	File folder
H&P	✓	8/13/2020 9:28 AM	Adobe Acrobat Docum...

File name:  All Files

Open Cancel

First Name  
Contract

Medicaid ID  
123 OAK CHICAGO, IL 12312

Individual Information  
Individual Location  
**Document Upload**  
Submitter Information

### Document Upload

Required Documents\*

- ✗ History and Physical Exam
- ✗ Medication List/MARs
- ✗ The Current Minimum Data Set
- ✗ The most recent 4 weeks of ADL flow sheets

1

I cannot upload all required documents.

<< Previous Next >>

### Document Upload

Required Documents\*

- ✓ History and Physical Exam
- ✗ Medication List/MARs
- ✗ The Current Minimum Data Set
- ✗ The most recent 4 weeks of ADL flow sheets

✓ Done

H&P.pdf

I cannot upload all required documents.

History and Physical Exam  
History and Physical Exam  
Medication List/MARs  
The Current Minimum Data Set  
The most recent 4 weeks of ADL flow sheets

Screen saves a...



## Submitter Information

Submitter Facility\*

PAVILION OF LOGAN SQUARE



XXXXX, XXXXX, XXXXX, CHICAGO, IL 606472504



Name\* Stephanie Pettitt

Phone  ext.

I attest that the information submitted herein is true and accurate to the best of my knowledge. I understand that misrepresentation of the individual in this form is considered Medicaid fraud.

First Email Reminder

Sent 03/06/2024  

Second Email  
Reminder Sent 03/11/2024  

To complete this process, please submit this form for Maximus review.

<< Previous

Submit

Action Required

Drafts

Clinical Review

Recent Outcomes

PathTracker

My Screens

Facility Screens

### Facility Recent Outcomes

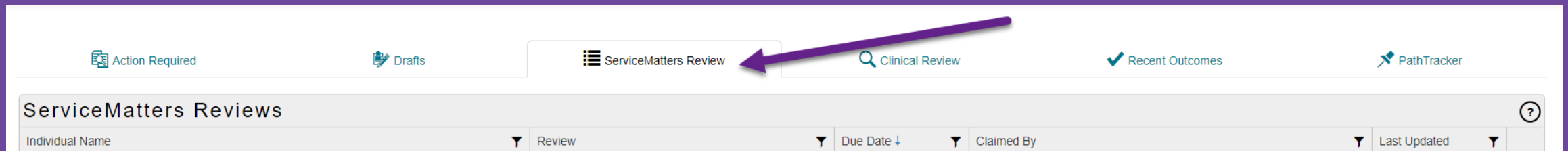


Individual Name	Assessment Type	Created By	Outcome	Determination Date	Unprinted Letters	Print
Sue Fakename1358	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Referred for Clinical Review	03/11/2024	No	
Claudia Nessie1096	Colbert Consent Decree Dementia Determination	Tamara Crafton	Colbert Consent Decree Dementia Review Criteria is Not Met	03/01/2024	Yes	
Linda Fakename914	Colbert Consent Decree Dementia Determination	Tamara Crafton	Colbert Consent Decree Dementia Review Criteria is Not Met	03/01/2024	Yes	
Katie Shady571	Colbert Consent Decree Dementia Determination	Melissa Lee	Colbert Consent Decree Dementia Review Criteria Met	03/01/2024	Yes	
John Last16	Colbert Consent Decree Dementia Determination	Amy Starr	Colbert Consent Decree Dementia Review Criteria is Not Met	03/01/2024	Yes	
John Last16	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Referred for Clinical Review	02/29/2024	No	
Bobbysue Smith1089	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Referred for Clinical Review	02/29/2024	No	
Katie Shady571	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Referred for Clinical Review	02/29/2024	No	
Bear Johns1185	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Referred for Clinical Review	02/29/2024	No	
Katleynn Hooch244	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Withdrawn	02/29/2024	No	



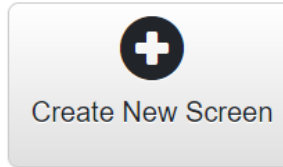
# Follow Up Visits in AssessmentPro

- From your home page, look for the ServiceMatters Review Queue. If you do not have this queue, you will need to have another role added to your profile. We will demonstrate this process in just a moment.
- Click on the ServiceMatters Review queue in the ribbon. This will open a list of all individuals in your Nursing facility who will need to have a follow up visit completed. Note, these are only for persons who have been in your NF for 30 days and who have had a PASRR mental illness Level II assessment completed.
- Click Claim to work on the Review



The screenshot displays the AssessmentPro interface. At the top, a ribbon contains several navigation options: 'Action Required', 'Drafts', 'ServiceMatters Review', 'Clinical Review', 'Recent Outcomes', and 'PathTracker'. A purple arrow points to the 'ServiceMatters Review' option. Below the ribbon, a table titled 'ServiceMatters Reviews' is visible. The table has a header row with columns: 'Individual Name', 'Review', 'Due Date', 'Claimed By', and 'Last Updated'. Each column has a dropdown arrow next to it. A help icon (?) is located in the top right corner of the table header.

# PathTracker

 Create New Screen


 Unapproved Users


 Action Required

 Drafts

 ServiceMatters Review

 Clinical Review

 Recent Outcomes


 PathTracker




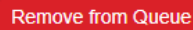

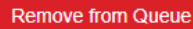

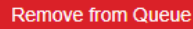
 Admittance Queue

 Census

## Admittance Queue

 Individual not shown? Click here to search



First Three Letters of First Name	First Three Letters of Last Name	Identification Type	Last Four of Identification Number	Date of Birth	Actions
KUR	CAR	Social Security Number	5785	06/30/1966	 
SUS	CAR	Social Security Number	8547	06/30/1966	 
XXX	LAS	Social Security Number	5581	01/01/1950	 





1 - 3 of 3 items

**Individual name** : Jaime Cook

**Admitting facility** : Abbington Village Nursing And Rehabilitation Center LLC  
XXXXX  
XXXXX  
ROSELLE, IL 60172 - 1903

**Admission date** :

**Expected length of stay** :

**Is the individual being admitted from a known facility?**  Known facility  
 Other location

**Known facility state** :

**Known facility** :

[Show facility contact information...](#)

**What is the individual's PASRR condition?**  A mental health condition  
 An intellectual disability  
 A condition related to intellectual disability  
 No known or suspected PASRR condition

Unapproved Users

Action Required

Drafts

ServiceMatters Review

Clinical Review

Recent Outcomes

PathTracker

Admittance Queue

Census

## PathTracker Census

Search names...



Name	Identification Type	Last 4 of Identification Number	Date of Birth	Date of Admission	End Date	Edit	Discharge	Actions
Ford, Kim	Social Security Number	3805	01/01/1950	01/19/2024	06/16/2023		Discharge/Transfer/Deceased	
Cook, Jaime	Social Security Number	4667	06/30/1966	07/12/2023			Discharge/Transfer/Deceased	
LastName155873406, XXXXX	Social Security Number	3406	01/01/1950	08/10/2001			Discharge/Transfer/Deceased	