

Maximus provides this user guide as an overview of system operations. Maximus will always support the current and most recent versions of Google Chrome or Microsoft Edge. Maximus recommends Adobe Reader 10 or later.

Ensure that your firewall does not block our URL.

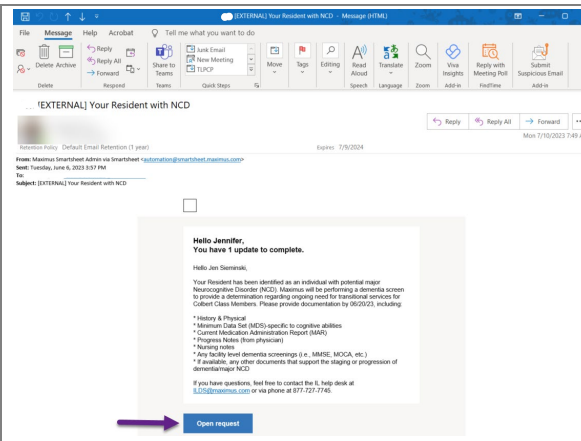
**To maintain proprietary content protection, this user guide does not capture all fields.**  
*All information appearing in this guide does not represent true and actual individuals.*

For any person identified as requiring a Colbert Dementia Review, you will receive an emailed notification requesting supporting documentation on a current or past resident. The subject will be: **Your Resident with NCD** (neurocognitive disorder).

## Emailed Notification

Read the email carefully for the deadline and needed information.

Click the **Open request** button to identify who the resident is and complete the brief web form.

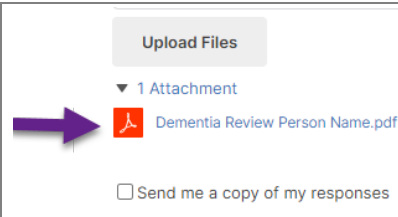


## Individual Identification

From the Open Web Form

Scroll to the bottom of the web form to locate the attachment. This will define who the person is requiring the dementia review.

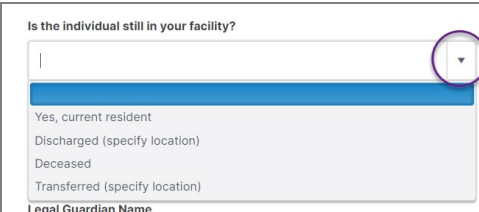
Click the link to open the attachment as a separate document.



**Return to the top of the web form.**

## Process for Current Residents

Select the **drop down** to indicate if the person is still in your facility.



Skip the **Discharge Location** if the person has discharged or transferred from your facility.

Is the individual still in your facility?

Yes, current resident

Discharge Location

Provide the **Legal Guardian name** and complete **mailing address**.

*This information is NOT necessary if the person has left your facility.*

Legal Guardian Name

Legal Guardian Address

Legal Guardian City, State Zip

Click **Upload Files** to attach the requested documentation. This will open the file selector folder on your computer.

Locate the needed files and select **Open**.

Repeat the process, as necessary. You can include as many documents in one file as needed.

*For HIPAA protection, be sure to include ONLY files for the identified person.*

Legal guardian city, state zip

Attachments

Upload Files

1 Attachment

Click the **check box Send me a copy of my responses** if you would like an emailed copy of your responses. *This is an optional feature.*

Click **Submit Update** to finalize your portion of the Dementia Review. This will send the documents and completed web form to Maximus.

Attachments

AssessmentPro Test Document.pdf

Upload Files

1 Attachment

Send me a copy of my responses

Submit Update

**You will receive a mailed copy of the Outcome Notice.**

**Reach out to the help desk with any questions or issues in completing the request.**

### Process for Former Residents (Discharged, Transferred, or Deceased)

Select the **drop down** to indicate if the person is still in your facility.

Is the individual still in your facility?

Yes, current resident

Discharged (specify location)

Deceased

Transferred (specify location)

Legal Guardian Name

Indicate the **disposition location** if the person has discharged or transferred from your facility.

Is the individual still in your facility?

Discharged (specify location) x ▾

Discharge Location

### Skip the fields for the Legal Guardian Information and to Upload Files.

Click the check box **Send me a copy of my responses** if you would like an emailed copy of your responses. *This is an optional feature.*

Send me a copy of my responses

Submit Update

Click **Submit Update** to finalize your portion of the Dementia Review. This will send the completed web form to Maximus.

Reach out to the help desk with any questions or issues in completing the request.