

Maximus provides this user guide as an overview of system operations. Maximus will always support the current and most recent versions of Google Chrome and 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 system fields.
All information appearing in this guide does not represent true and actual individuals.

From your AssessmentPro Home Page:

For a Maximus initiated draft

STEP 1:

Click the **Drafts** tab in the ribbon.

Click **Facility Screens** to access all draft records associated with your facility.

Locate the **person's name** requiring the Colbert Consent Decree Dementia Review Request.

Click on the **person's name** to open the draft.

Individual Name	Assessment ID	Assessment Type	Created By	Current Section	Date Created	Expiration Date
Mackert Gurnon3	2954271	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Katie Butts433	2954264	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Bobbie Colats433	2954269	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Sue fakenam1358	2954256	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Kathryn Neesla209	2954252	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
John Nassie67	2954248	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Matthew Galesta1538	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 areyouhappy466	2954236	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	
Kathryn Ryans591	2954233	Colbert Consent Decree Dementia Review Request	AssessmentPro System	Individual Information	02/27/2024	

STEP 2:

Review, verify, and complete the individual's provided information. Make any needed corrections.

Click **Next** to proceed. *AssessmentPro will automatically save information after clicking Next from the Individual Information page.*

Colbert Consent Decree Dementia Review Request

Awaiting Initiation | **Draft** | Completed

<< Previous | Next >>

Individual Information

First Name* Sue

Middle Initial

Last Name* fakenam1358

Suffix

Mailing Address*

Address Line Two

City*

State*

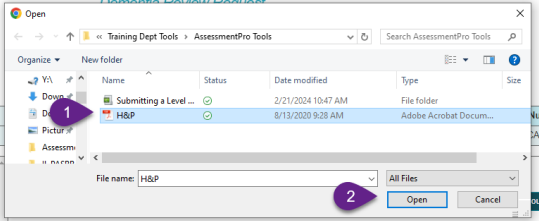
Zip Code*

Phone ext.

STEP 3:

Indicate if the person is still in your facility.

No	Yes
<h4>Individual Location</h4> <p>Is the individual still in your facility?*</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Deceased</p> <p><input type="radio"/> Transferred</p> <p><input type="radio"/> Discharged</p> <p><input type="radio"/> Yes</p> <p>If No, indicate if the person is deceased, transferred to an alternate</p>	<h4>Individual Location</h4> <p>Is the individual still in your facility?*</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes</p> <h4>Transition Information</h4> <p>Is the person in the process of transitioning to the community or planning to do so?*</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>If Yes, indicate if the person is in the process of transitioning to the community or planning to do so.</p>

	<p>nursing facility, or discharged.</p> <p><i>This will be the end of the review and you will be brought to the signature and submission page (Step 8).</i></p>	<p><i>If transitioning, this will be the end of the review and you will be brought to the signature and submission page (Step 8).</i></p> <p><i>If not transitioning, continue with the Dementia Review (Step 4).</i></p>
<p>STEP 4: Indicate if the person has a Legal Guardian. If yes, complete the contact information.</p> <p>Click Next to proceed to the next required page.</p>	<p>Does the individual have a Legal Guardian?*</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes</p> <p>Legal Guardian Contact Information</p> <p>Legal Guardian Name* <input type="text"/></p> <p>Address* <input type="text"/></p> <p>Address Line Two <input type="text"/></p> <p>City* <input type="text"/></p> <p>State* <input type="text"/> <input type="button" value="📍"/></p> <p>Zip Code* <input type="text"/></p> <p>Phone* <input type="text"/> ext. <input type="text"/></p> <p>Email Address <input type="text"/></p>	<p><< Previous Next >></p>
<p>STEP 5: Upload any required documentation. Note the red X and font indicators. These documents are required to complete the Dementia Review.</p> <p>Click Select files... to locate the files on your computer.</p>	<p>Document Upload</p> <p>Required Documents*</p> <ul style="list-style-type: none"> ✗ History and Physical Exam ✗ Medication List/MARs ✗ The Current Minimum Data Set ✗ The most recent 4 weeks of ADL flow sheets <p>Select files...</p> <p><input type="checkbox"/> I cannot upload all required documents.</p>	
<p>STEP 6: Locate the file(s) on your computer.</p> <p>Click Open to attach them to AssessmentPro.</p>	<p>First Name <input type="text"/></p> <p>Contract <input type="text"/></p> <p>Individual Information</p> <p>Individual Location</p> <p>Document Upload</p> <p>Submitter Information</p> <p>Document Upload</p> <p>Required Documents*</p> <ul style="list-style-type: none"> ✗ History and Physical Exam ✗ Medication List/MARs ✗ The Current Minimum Data Set ✗ The most recent 4 weeks of ADL flow sheets <p>Select files...</p> <p><input type="checkbox"/> I cannot upload all required documents.</p>	

STEP 7:

Click in the Select document type(s)... dropdown and select all of the files included in the attached record.

You can include multiple files in one record, just ensure it includes ONLY the information for the person named in the Dementia Review.

As the file type is selected, you will see the red x turn to a green checkmark to indicate it is included. Be sure each required document is addressed.

Click **Next** to proceed to the submitter information page when all files are included.

STEP 8:

Review the submitter information and enter your phone number – this should be the best number to reach you should our clinicians have any questions about the person or content of the review.

Check the **attestation box**.

Click **Submit** to complete the review and submit the form to Maximus.

AssessmentPro will check for problems and you will receive an outcome of **Referred for Clinical Review**. Maximus will arrange for a clinical interview to complete the process.

Required Documents*

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

Select files...

✓ Done



H&P.pdf



☐ I cannot upload all required documents.

History and Physical Exam

Medication List/MARs

The Current Minimum Data Set

The most recent 4 weeks of ADL flow sheets

Screen saved at [URL]

Required Documents*

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

Select files...

✓ Done



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History and Physical Exam



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

3

Colbert Consent Decree

Dementia Review Request



Awaiting Initiation



Draft



Completed

Outcome: Referred for Clinical Review

From your AssessmentPro Home Page:

For a Facility initiated Colbert Dementia Review

STEP 1:

Click **Create New Screen**.

The screenshot shows the AssessmentPro Home Page. At the top center is a large button with a plus icon and the text 'Create New Screen'. Below this are three navigation tabs: 'Drafts' (with a pencil icon), 'Clinical Review' (with a magnifying glass icon), and 'Recent Outcomes' (with a checkmark icon).

STEP 2:

Select **I need to submit a Colbert Dementia Review Request** from the **Screening Types** options.

Click **Continue** to proceed. This will open the **Dementia Review Request**.

The screenshot shows the 'Assessment Initialization' dialog box. It displays 'Current Facility: PAVILION OF LOGAN SQUARE' with a dropdown arrow. Below is a question 'In which state is the person planning to admit to a NF?' with a dropdown menu showing 'Illinois'. Under 'Screening Types', there are four 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', and 'I need to submit a CSR'. The last option, 'I need to submit a Colbert Dementia Review Request', is selected. At the bottom are 'Cancel' and 'Continue' buttons.

STEP 3:

Review, verify, and complete the individual's provided information. Make any needed corrections.

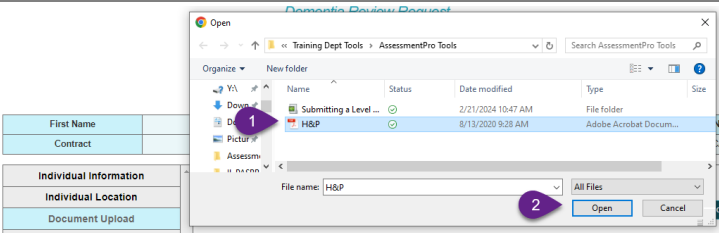
Click **Next** to proceed. *AssessmentPro will automatically save information after clicking Next from the Individual Information page.*

The screenshot shows the 'Colbert Consent Decree Dementia Review Request' form. At the top, there are three status icons: 'Awaiting Initiation' (document with plus), 'Draft' (pencil), and 'Completed' (checkmark). Below these is a sidebar with a list of sections: 'Individual Information' (selected), 'Individual Location', 'Document Upload', and 'Submitter Information'. The main area shows the 'Individual Information' form with fields for: First Name* (Sue), Middle Initial (), Last Name* (fakename1358), Suffix (), Mailing Address* (), Address Line Two (), City* (), State* (dropdown), Zip Code* (), and Phone () ext. (). At the bottom right are '<< Previous' and 'Next >>' buttons.

STEP 4:

Indicate if the person is still in your facility.

No	Yes
<p>Individual Location</p> <p>Is the individual still in your facility?*</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Deceased</p> <p><input type="radio"/> Transferred</p> <p><input type="radio"/> Discharged</p> <p><input type="radio"/> Yes</p> <p>_____</p> <p>If No, indicate if the person is deceased, transferred to an alternate nursing facility, or discharged.</p> <p><i>This will be the end of the review and you will be brought to the signature and</i></p>	<p>Individual Location</p> <p>Is the individual still in your facility?*</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes</p> <p>_____</p> <p>Transition Information</p> <p>Is the person in the process of transitioning to the community or planning to do so?*</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>If Yes, indicate if the person is in the process of transitioning to the community or planning to do so.</p> <p><i>If transitioning, this will be the end of the review and you will be brought to the signature and</i></p>

	submission page (Step 9).	submission page (Step 9). <i>If not transitioning, continue with the Dementia Review (Step 5).</i>
<p>STEP 5: Indicate if the person has a Legal Guardian. If yes, complete the contact information.</p> <p>Click Next to proceed to the next required page.</p>	<p>Does the individual have a Legal Guardian?*</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes</p> <p>Legal Guardian Contact Information</p> <p>Legal Guardian Name* <input type="text"/></p> <p>Address* <input type="text"/></p> <p>Address Line Two <input type="text"/></p> <p>City* <input type="text"/></p> <p>State* <input type="text"/> </p> <p>Zip Code* <input type="text"/></p> <p>Phone* <input type="text"/> ext. <input type="text"/></p> <p>Email Address <input type="text"/></p> <p style="text-align: right;"> <input style="background-color: #004a7c; color: white; padding: 2px 10px;" type="button" value=" << Previous "/> <input style="background-color: #004a7c; color: white; padding: 2px 10px;" type="button" value=" Next >> "/> </p>	
<p>STEP 6: Upload any required documentation. Note the red X and font indicators. These documents are required to complete the Dementia Review.</p> <p>Click Select files... to locate the files on your computer.</p>	<p>Document Upload</p> <p>Required Documents*</p> <div style="border: 2px solid purple; padding: 5px; margin: 5px 0;"> <p>✗ History and Physical Exam</p> <p>✗ Medication List/MARs</p> <p>✗ The Current Minimum Data Set</p> <p>✗ The most recent 4 weeks of ADL flow sheets</p> </div> <p><input style="background-color: #d3d3d3; padding: 5px 20px;" type="button" value="Select files..."/></p> <p><input type="checkbox"/> I cannot upload all required documents.</p>	
<p>STEP 7: Locate the file(s) on your computer.</p> <p>Click Open to attach them to AssessmentPro.</p>	 <p>Document Upload</p> <p>Required Documents*</p> <p>✗ History and Physical Exam</p> <p>✗ Medication List/MARs</p> <p>✗ The Current Minimum Data Set</p> <p>✗ The most recent 4 weeks of ADL flow sheets</p> <p><input style="background-color: #d3d3d3; padding: 5px 20px;" type="button" value="Select files..."/></p> <p><input type="checkbox"/> I cannot upload all required documents.</p>	

STEP 8:

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Click **Next** to proceed to the submitter information page when all files are included.

STEP 9:

Review the submitter information and enter your phone number – this should be the best number to reach you should our clinicians have any questions about the person or content of the review.

Check the **attestation box**.

Click **Submit** to complete the review and submit the form to Maximus.

AssessmentPro will check for problems and you will receive and outcome of **Referred for Clinical Review**. Maximus will arrange for a clinical interview to complete the process.

Required Documents*

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

Select files...

✓ Done



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☐ I cannot upload all required documents.

Screen saved at 11:00 AM on 03/06/2024

Required Documents*

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

Select files...

✓ Done



H&P.pdf



History and Physical Exam



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.

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Submit

3

Colbert Consent Decree

Dementia Review Request



Awaiting Initiation



Draft



Completed

Outcome: Referred for Clinical Review