

The background of the image is a solid purple color. A large, white, stylized 'X' is centered on the page. The 'X' is formed by two intersecting diagonal lines that are slightly thicker than the background, creating a sense of depth. The word 'maximus' is written in a white, lowercase, sans-serif font, positioned to the left of the 'X' and slightly below the horizontal center line.

maximus

IL Provider Training: Colbert Class Member Dementia Reviews

July 2025

Agenda

Dementia Review

- Intent of the program
- Process
- Review Outcomes



Colbert Class Member Dementia Reviews

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

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

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

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

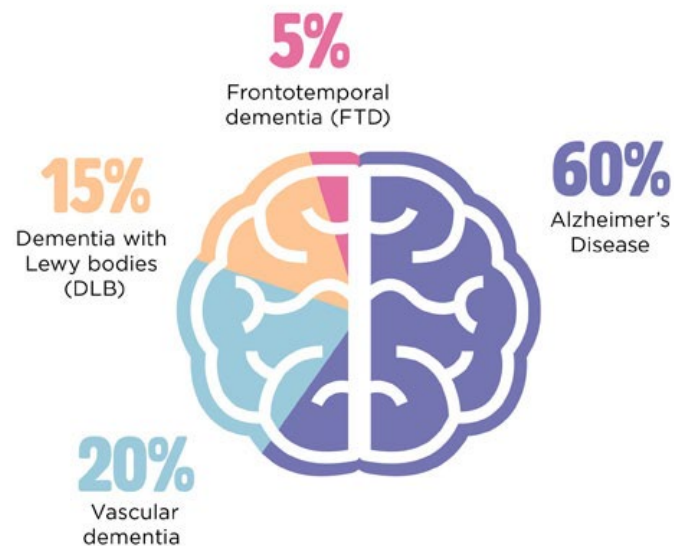
Purpose of Colbert Dementia Review Process

- 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
- Evaluating for late-stage dementia and needs associated with it
- Asking: Will this person continue to benefit from assessment and service planning

Neurocognitive Disorder



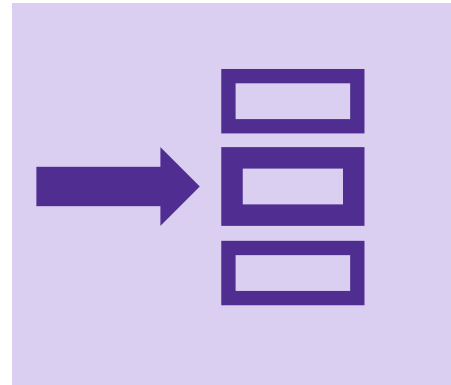
<https://www.liveincarer.org/signs-symptoms-of-dementia/>

- A category of diseases that cause loss of memory and deterioration of mental functions
 - Occurs due to physical changes in the brain
 - Progressive disease
- The presentation varies from one individual to the next
 - For some NCD progresses rapidly and for others it takes years to reach an advanced stage
- NCD impacts all aspects of mind and behavior, including:
 - Memory
 - Judgement
 - Language
 - Concentration
 - Visual perception and movement
 - Social interactions
- Many types of NCD, including:
 - Alzheimer's disease: most common
 - Dementia with Lewy Bodies
 - Vascular
 - Frontotemporal Dementia

Stages of Major Neurocognitive Disorder



1. Mild: inability to perform/dependence with IADLs



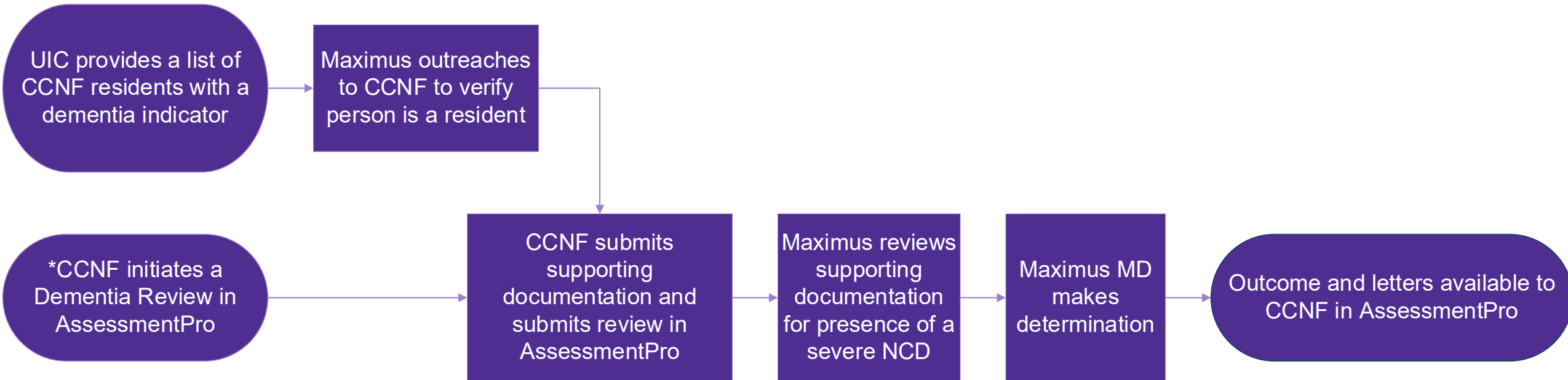
2. Moderate: inability to perform/dependence with IADLs and basic ADLs



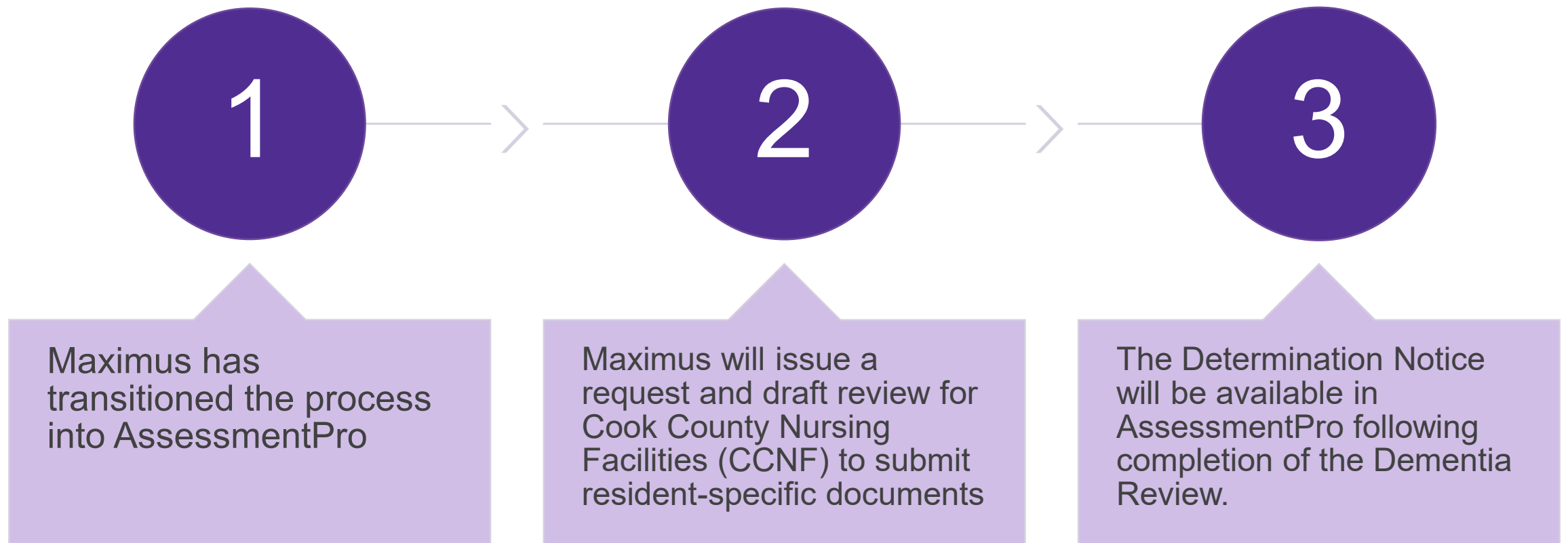
3. Severe: inability to perform/full dependence with all IADLs and ADLs

Dementia Review Process

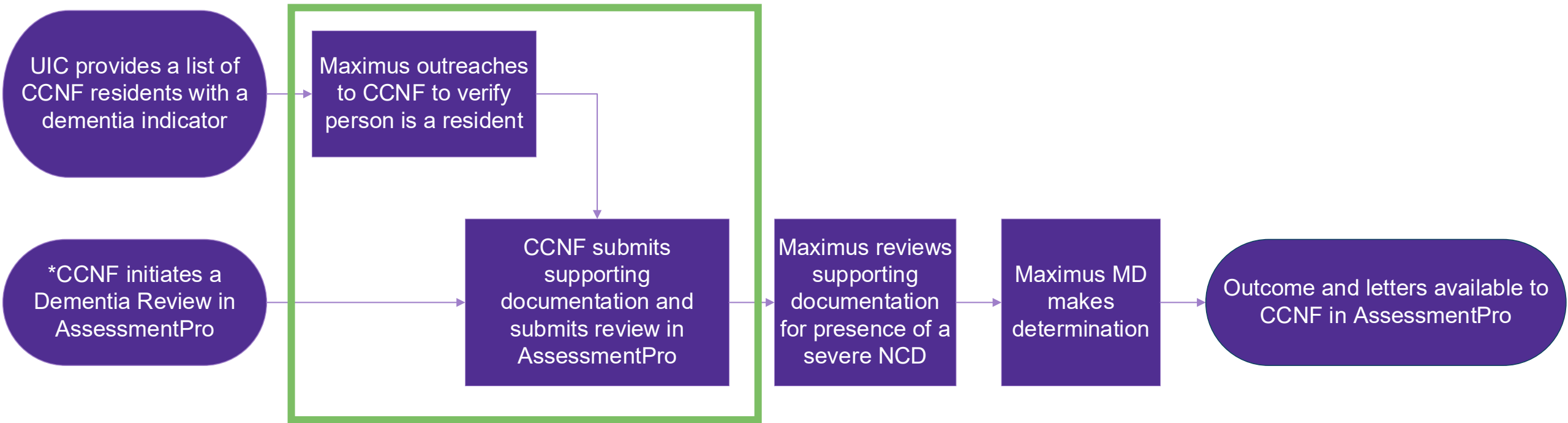
Dementia Review Process



Dementia Review Process



Dementia Review Process



Maximus Generated Dementia Review Request

Unapproved Users

Action Required

Drafts

ServiceMatters Review

Clinical Review

Recent Outcomes

PathTracker

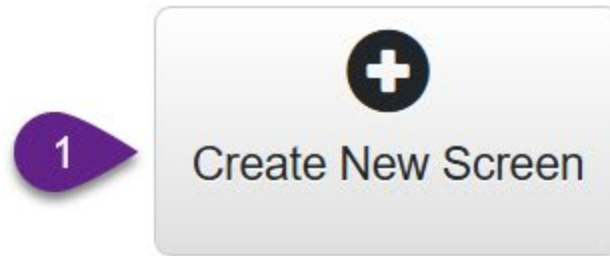
My

Facility Screens

Facility Draft Screens

| Individual Name | Assessment ID | Assessment Type | Created By | Current Section | Date Created | Expiration Date |
|-----------------|---------------|--|--------------|------------------------|--------------|-----------------|
| | 4296645 | Colbert Consent Decree Dementia Review Request | Stephanie NF | Individual Information | 07/21/2025 | |
| Tom Jones | 4296634 | Colbert Consent Decree Dementia Review Request | Stephanie NF | Submitter Information | 07/20/2025 | 09/10/2026 |

Facility Initiated Dementia Review



 Action Required

 Drafts

 ServiceMatters Review

 Clinical Review

 Recent Outcomes


Assessment Initialization

Current Facility: APERION CARE CHICAGO HTS 

In which state is the person planning to admit to a NF?

Illinois ▼

Screening Types

- ☐ 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 Colbert Dementia Review Request
- ☐ Colbert Consent Decree Referral for Transitional Services
- ☐ Colbert Transitional Assessment
- ☐ Williams Transitional Assessment
- ☐ Williams Consent Decree Referral for Transitional Services

Cancel

Continue

3

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Individual Information

Individual Location

Document Upload

Submitter Information

<< P

5

Next >>

Individual Information

First Name*

Middle Initial

Last Name*

Suffix

Mailing Address*

Address Line Two

City*

State* ▼ ⓘ

Zip Code*

Phone ext.

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

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Select files...

☐ I cannot upload all required documents.

Documents to Submit to Maximus

History and Physical

Dated within the past 12 months

Minimum Data Set data specific to cognitive abilities

Consider Section C: Cognitive Testing
and Section G: Functional Status

Medication Administration Report (MAR)

Current

Progress Notes

Current

Nursing Notes

Current

Any facility level Dementia screenings

e.g., Mini-Mental Status Exam

Submitter Information

Submitter Facility*

APERION CARE CHICAGO HTS

▼

XXXXX, XXXXX, XXXXX, CHICAGO HTS, IL 604113224

Name*

Stephanie NF

Phone

(565) 767-8678

ext.


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☐ 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






Second Email

Reminder Sent





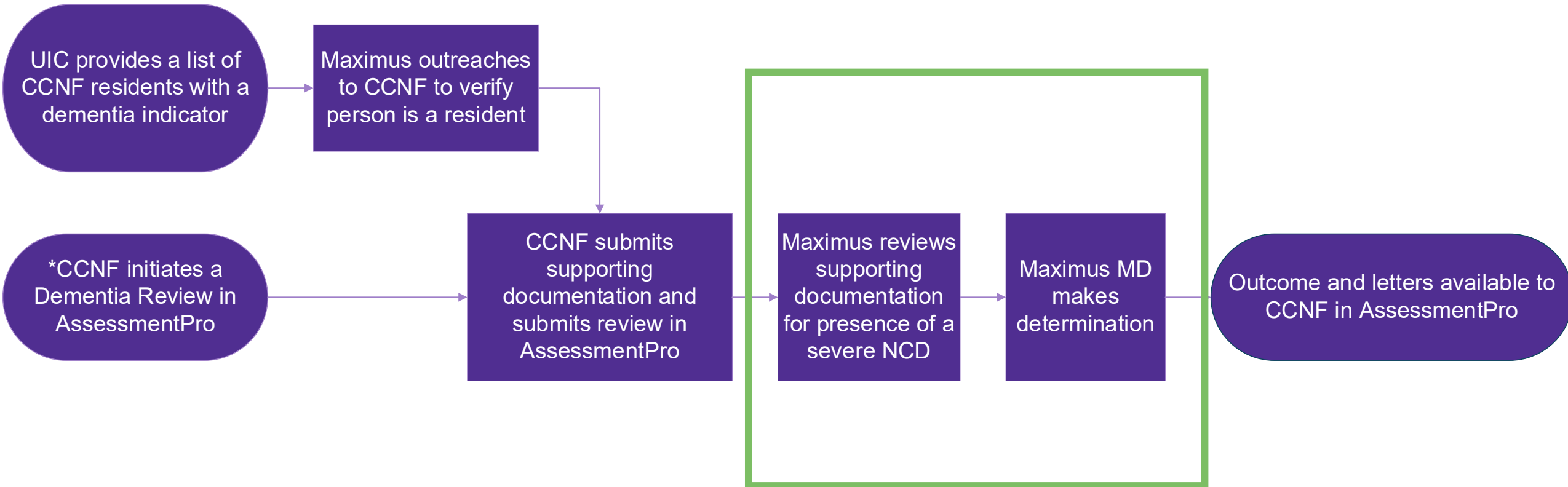
To complete this process, please submit this form for Maximus review.

<< Previous

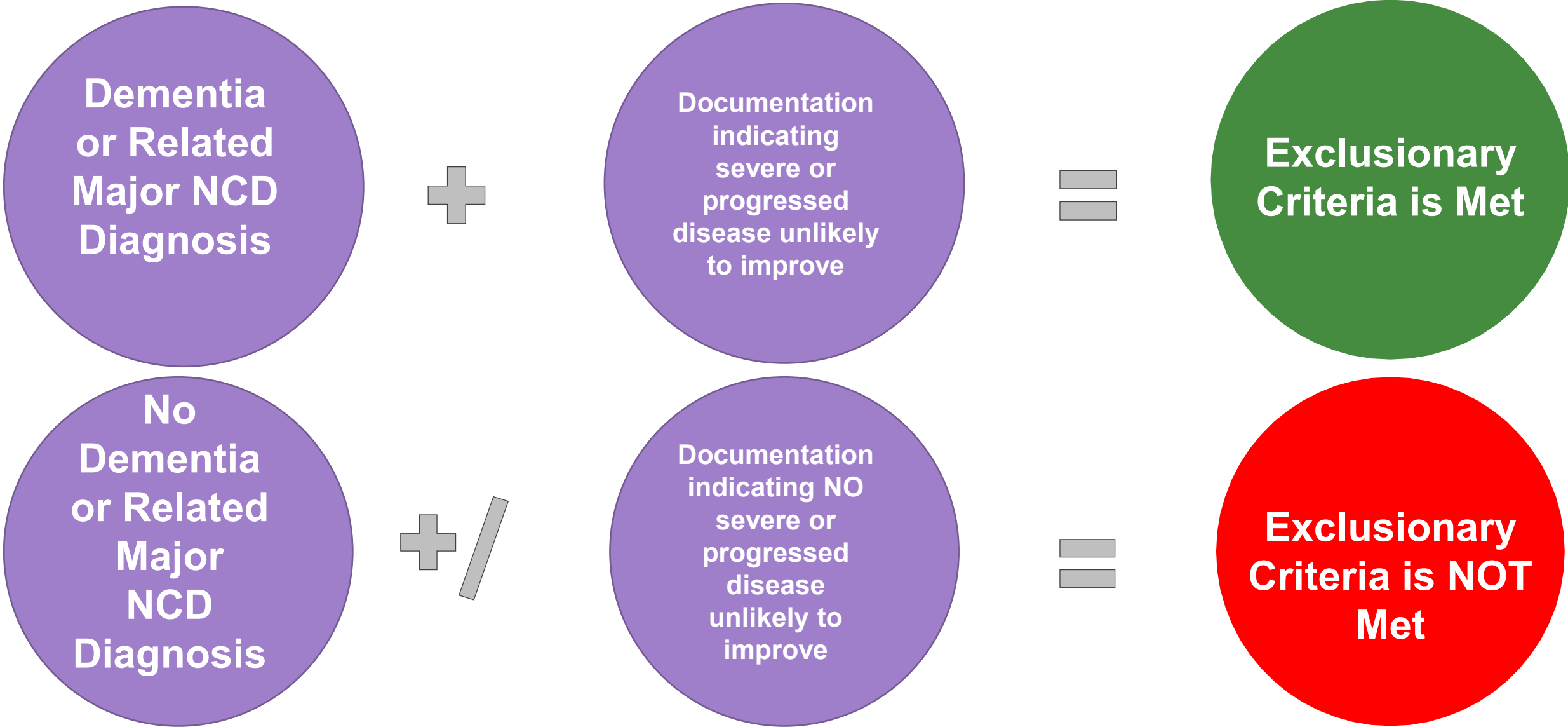
Submit



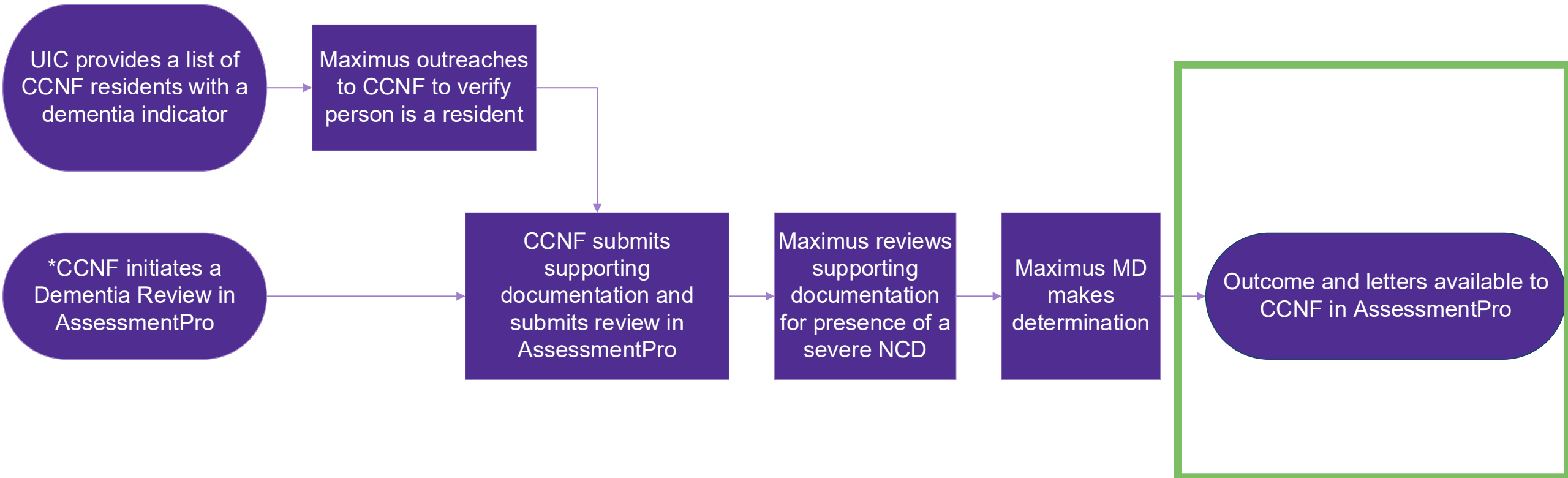
Dementia Review Process



Determination Foundation



Dementia Review Process



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 |

X Contact Information

- Help Desk: ILHelpDesk@maximus.com
- Phone: 833.727.7745
- Web: [Tools and Resources | Maximus \(maximusclinicalservices.com\)](https://toolsandresources|maximus.com/maximusclinicalservices.com)

The Maximus Help Desk is available from 8:00 AM to 8:00 PM CST
Sunday-Saturday

Questions?