

## AssessmentPro User Guide ServiceMatters Reviews

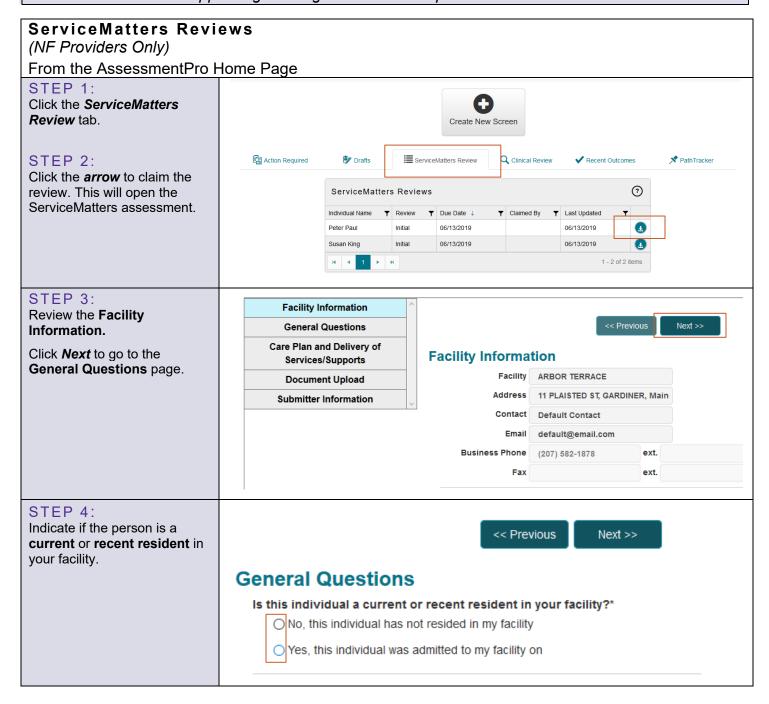
Maximus provides this user guide as an overview of system operations. Maximus will always support the current and most recent versions of Google Chrome or Microsoft Edge. Maximus recommends Adobe Reader 10 or later.

Ensure that your firewall does not block our URL.

Contact your state's Helpdesk for assistance

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.





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STEP 5:	Date* ■
If you selected <b>NO</b> in Step	
4, skip to <b>Step 11</b>	A care plan has been developed
Enter the <b>Admission date</b> .	<ul> <li>Individual discharged before care plan could be completed</li> </ul>
Indicate the care plan status.	<ul> <li>Individual deceased before care plan could be completed</li> </ul>
Enter the MDS date  Click Next to proceed	What is the date of the resident's most recent MDS?*  Not completed yet  Date  <- Previous Next >>
STEP 6:	Care Plan and Delivery of Services/Supports
Complete the Care Plan and Delivery of Services/Supports page.	The lists below indicate all services and supports identified for this individual on the completed PASRR Summary of Findings report. Please provide all requested information to complete the ServiceMatters review.
	SPECIALIZED SERVICES*
Select the <b>Service/Support Status</b> from the dropdown.	Group therapy by a licensed behavioral health professional  Service/Support
The remainder of the	Status (choose one)*
questions will change based	
on your selection.	'al supports
Continue through the page, responding to each PASRR-	Not yet planned/care plan still being developed
identified service and support.	Planned as listed in PASRR Summary of Findings but not yet started
	Planned with alternative service or provider but not yet started
	Delivering as listed in PASRR Summary of Findings  Delivering with alternative service or provider
	Service of Browner
STEP 7:	NF Discharge Planning Activities
Indicate the NF Discharge Planning Activities.	Do you need assistance from DHS with service or discharge planning for this resident?*
	□None
	☐ Service planning
	☐ Discharge planning
	☐ Other
	If a transition plan was required by PASRR, has it begun?*
	○ No
Click <b>Next</b> to proceed.	<< Previous Next >>





#### STEP 8:

Review the information about required documents.

To Upload supporting documents: Click Select files... to locate the Documentation of Services and Plan of Care on your computer.

To Fax supporting documents: click *I cannot upload all required documents* and print the fax cover sheet.

### **Document Upload**

#### **Document Upload**

Upload the required documents:

PLAN OF CARE: For each service or support required by the PASRR report, the care plan must indicate the individual or provider responsible for delivering the service/support, along with duration, frequency, and planned or actual start date.

DOCUMENTATION SUPPORTING SERVICE DELIVERY: Documentation illustrating the delivery (or planned delivery) of PASRR-identified services must also be provided. Acceptable documentation may include but is not limited to a copy of: the required evaluation/assessments and progress notes; documentation of a scheduled appointment; nursing or staff notes documenting the activity; a required product, such as Wellness Recovery Action Plan (WRAP), functional assessment, or behavioral assessment.

JUSTIFICATION FOR SERVICE NON-DELIVERY: If services will not be delivered, then documentation supporting the reason must be provided.

#### Required Documents\*

- **X** Documentation of Services
- X Plan of Care

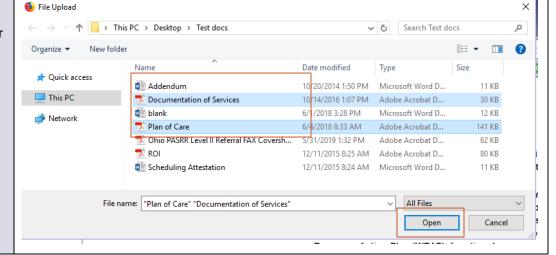


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### STEP 9: UPLOAD

Locate the documents on your computer.

Click *Open* to attach the documents to the record.





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