

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 Gurnson3 | 2954271 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| Kylie Bullock43 | 2954364 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| Babba Colata620 | 2954360 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| Sue fakename1358 | 2954256 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| Katlynn Nesbitt209 | 2954252 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| John Nesbitt67 | 2954248 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| Matthew Galeles1538 | 2954244 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| Monkey Ryans1405 | 2954240 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| Michael aryoushappynov1466 | 2954236 | Colbert Consent Decree Dementia Review Request | AssessmentPro System | Individual Information | 02/27/2024 | |
| Katlynn Ryans691 | 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* fakename1358

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 |
|--|--|
| <p style="text-align: center;">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</p> | <p style="text-align: center;">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> |

nursing facility, or discharged.

This will be the end of the review and you will be brought to the signature and submission page (Step 8).

If transitioning, this will be the end of the review and you will be brought to the signature and submission page (Step 8).

If not transitioning, continue with the Dementia Review (Step 4).

STEP 4:
Indicate if the person has a **Legal Guardian**. If yes, complete the contact information.

Click **Next** to proceed to the next required page.

Does the individual have a Legal Guardian?*

No

Yes

Legal Guardian Contact Information

Legal Guardian Name*

Address*

Address Line Two

City*

State*

Zip Code*

Phone* ext.

Email Address

[<< Previous](#) [Next >>](#)

STEP 5:
Upload any required documentation. Note the red X and font indicators. These documents are required to complete the Dementia Review.

Click **Select files...** to locate the files on your computer.

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

I cannot upload all required documents.

STEP 6:
Locate the file(s) on your computer.

Click **Open** to attach them to AssessmentPro.

The screenshot shows a Windows File Explorer window titled 'Open' with the path 'Training Dept Tools > AssessmentPro Tools'. The file 'H&P' is selected in the file list. The 'File name' field contains 'H&P' and the file type is set to 'All Files'. The 'Open' button is highlighted with a purple circle and arrow. In the background, the 'Document Upload' section of the AssessmentPro interface is visible, showing the 'Required Documents' list and the 'Select files...' button.

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 file 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

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.

<< Previous

Submit

3

Colbert Consent Decree

Dementia Review Request



Awaiting Initiation



Draft



Completed

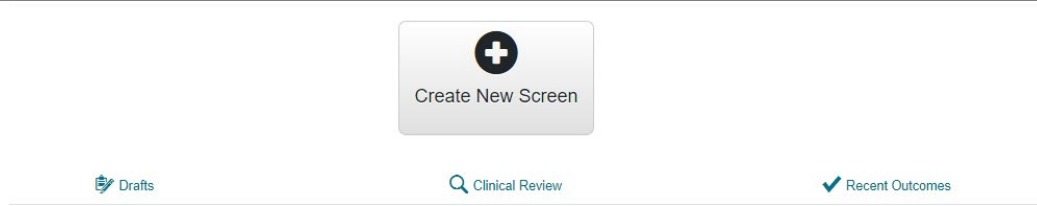
Outcome: Referred for Clinical Review

From your AssessmentPro Home Page:

For a Facility initiated Colbert Dementia Review

STEP 1:

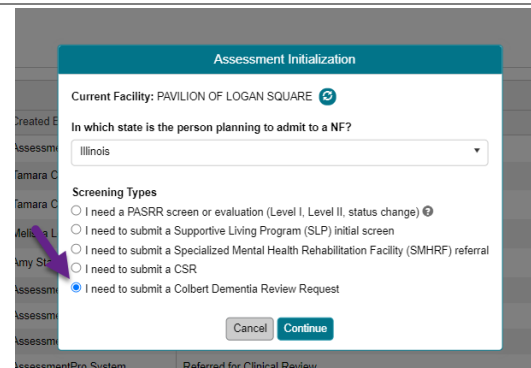
Click **Create New Screen**.



STEP 2:

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

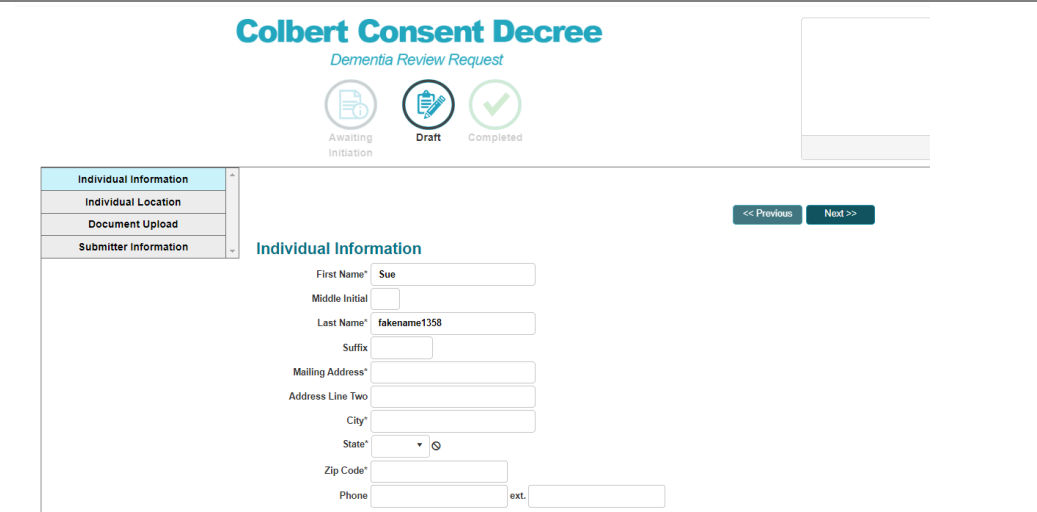
Click **Continue** to proceed. This will open the **Dementia Review Request**.



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.*



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> |

| | | |
|--|---|--|
| | <p>submission page (Step 9).</p> | <p>submission page (Step 9). If not transitioning, continue with the Dementia Review (Step 5).</p> |
| <p>STEP 5: Indicate if the person has a Legal Guardian. If yes, complete the contact information. Click Next to proceed to the next required page.</p> | <div data-bbox="532 380 1242 829"> <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" 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> </div> <div data-bbox="1289 869 1516 905"> <p><< Previous Next >></p> </div> | |
| <p>STEP 6: Upload any required documentation. Note the red X and font indicators. These documents are required to complete the Dementia Review. Click Select files... to locate the files on your computer.</p> | <div data-bbox="521 940 1321 1249"> <h3>Document Upload</h3> <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> </div> | |
| <p>STEP 7: Locate the file(s) on your computer. Click Open to attach them to AssessmentPro.</p> | <div data-bbox="526 1276 1247 1667"> <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> </div> | |

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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 file is addressed.

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*

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- ✗ 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

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.

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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