Chapter 12 – Standard Intake

Table of Contents

Important

The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status.

The information that is required due to policy may be different from those that are system required.

Person Administration Requirements

Introduction

According to each form, certain fields are required within the Person Administration.

Required Fields for Approved Form Status

Personal Details Page:

Customer ***Legal Name*** (First and Last Names)
Date of Birth

Address Details Page:

Needs to have the Address Type of ***Residence***
Street
City
County - If out of state - use County "ZZ"
State - If out of country - use State "ZZ"
Zip
Phone
Residence - Rural or Urban

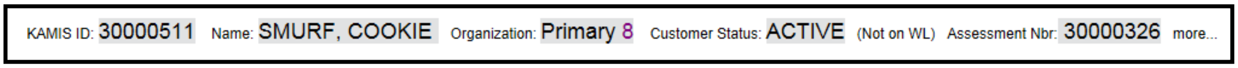
Saving Form

Each navigational tab (page) must be saved before advancing to the next tab. Once the save is successful the page will automatically forward to the next navigational level tab.

Customer Information Heading

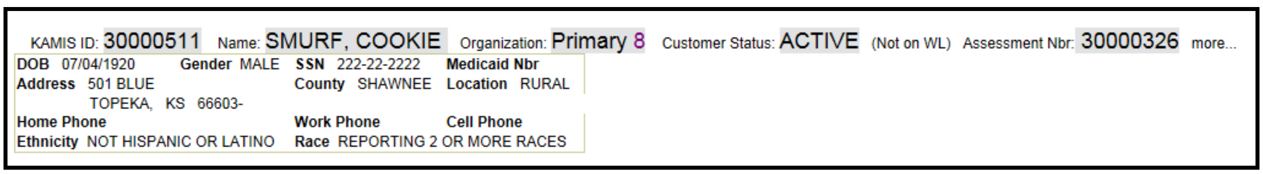
Introduction

The customer heading displays information regarding the selected customer.



Additional Information

Clicking on the "more…" link will display a small snapshot of additional customer information, including the address listed in KAMIS.

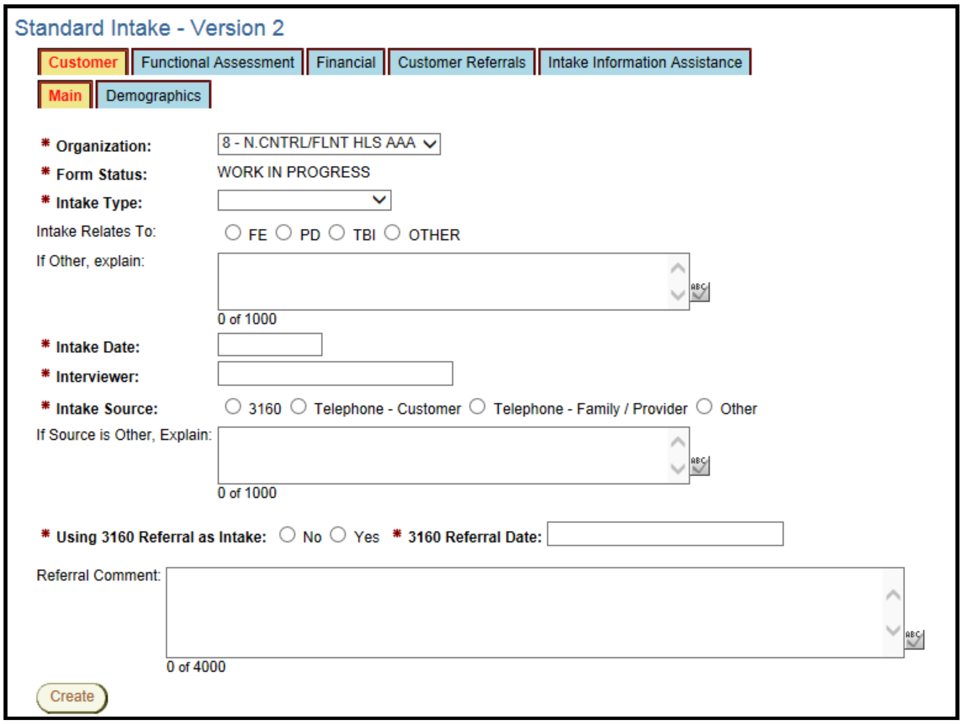


Customer Primary Navigation Tab

Requirement

Add or update all customer and associate information before you begin.

Main Secondary Navigational Tab



Required Fields

Organization (defaults and auto-populates with the users organization)

Form Status

- Approved
- Work In Progress
- Aborted
- Terminal Abort
- Out of State PASRR-Approved
- Less than 30 day admission-Only to be used by KDADS CARE staff.

Intake Type

Intake Date

Interviewer

Intake Source

Using 3160 Referral as Intake – Only if 3160 is selected as the Intake Source

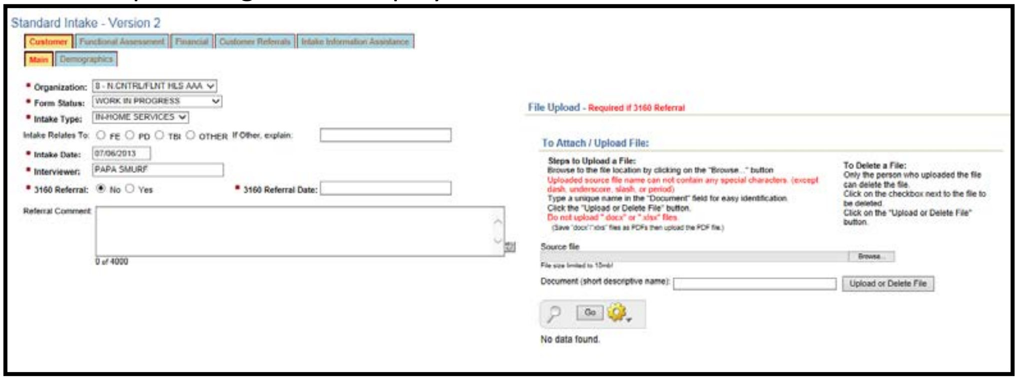
3160 Referral Date – Only if 3160 is selected as the Intake Source

File Upload – Only if ***Using 3160 Referral as Intake*** is “Yes”

Note

The form status will automatically be placed in Work in Progress status which will be uneditable until the form is saved. Once the form data entry is completed, then switch the Form Status.

The File Upload region will display after the form is created.



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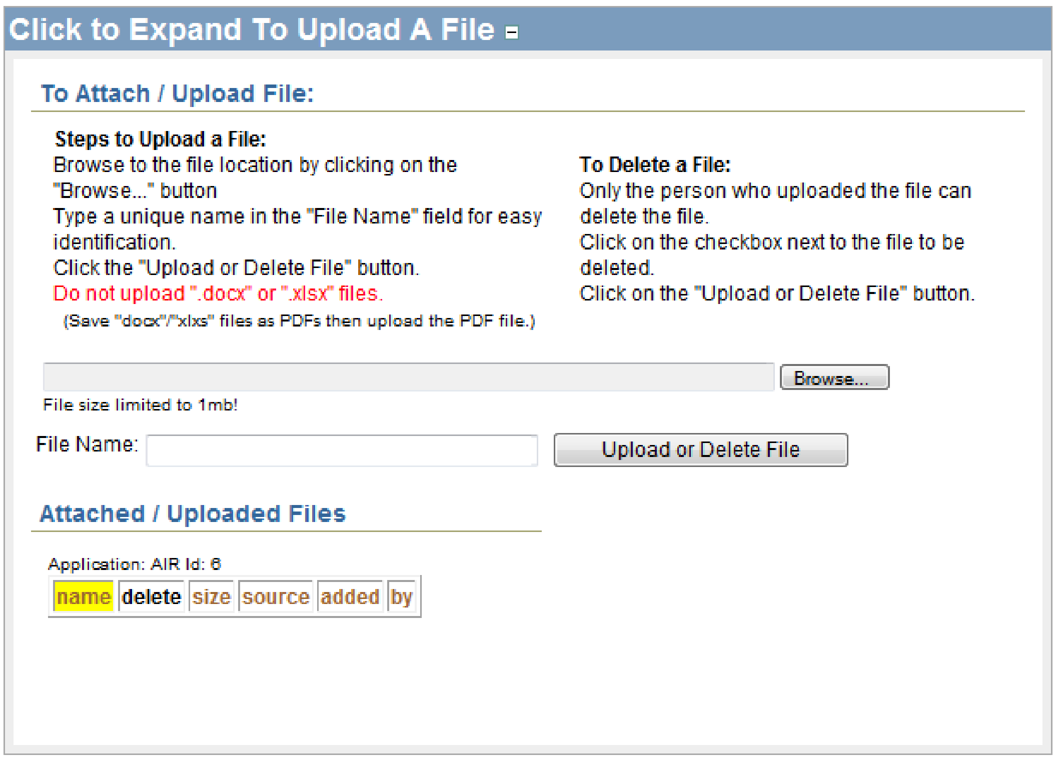
File Upload Attachment Utility

How to Attach a File Follow the steps below to attach a file to a specific report.

Step	Action	Results
1.	In the Attachments region, click on the **Browse** button.	The "Choose File to Upload" dialog box displays.



Step	Action	Results
2.	Browse to the saved document to be attached.	For best results attach only the following type of documents:

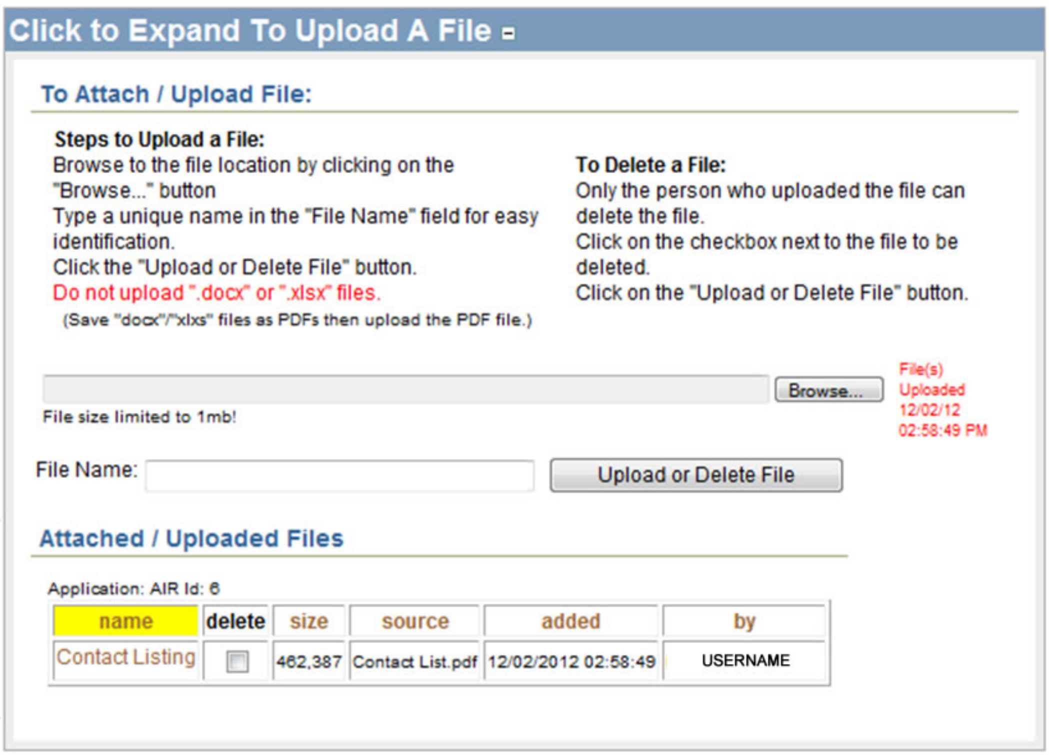
Document Type	Action
Word or Excel	Convert documents to Acrobat Reader format (pdf) before attaching
PDF (Acrobat)	Attach with no additional steps needed
Graphics	Attach JPG or GIF type graphics – do not attach TIF files

Continued on next page

Upload File Attachment Utility (Continued)

How to Attach a File continued

Step	Action	Results
3.	On the Choose File to Upload dialog box, click on **Open** button	File is selected and entered into the Upload File field.
4.	Enter a **Name** in the File Name field.	
5.	Click on **Upload or Delete File** button	Completes the upload. Table of the attached files is displayed.

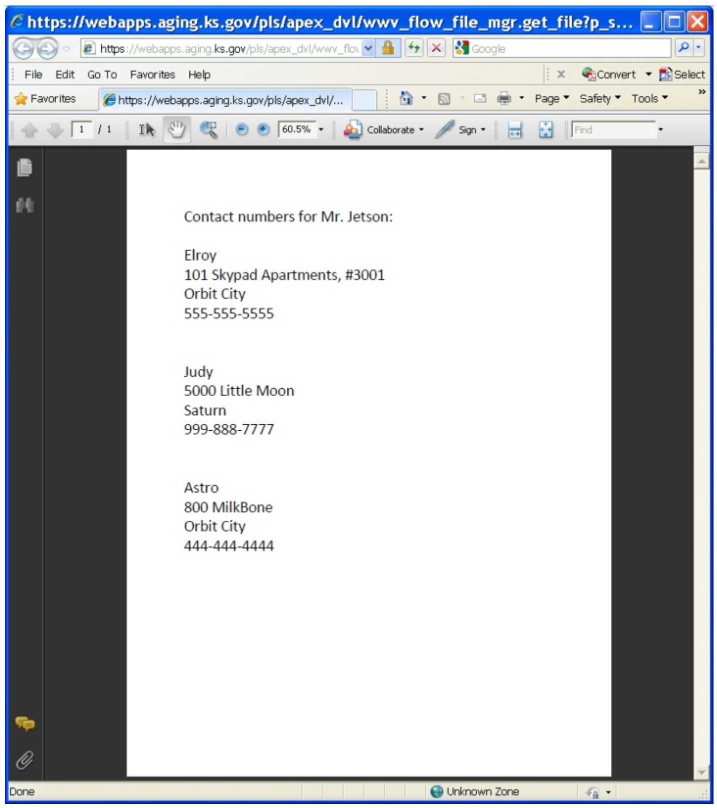


<u>**Note**</u>: If the file is too large, a warning notice will be displayed that the file was too large and was deleted.

Viewing an Attachment

How to View the File Follow the steps below to view an attached file on a specific report.

Step	Action	Results
1.	Click on the **file name**	"Contact Listing" in the above example
2.	The document will open in a separate window.	

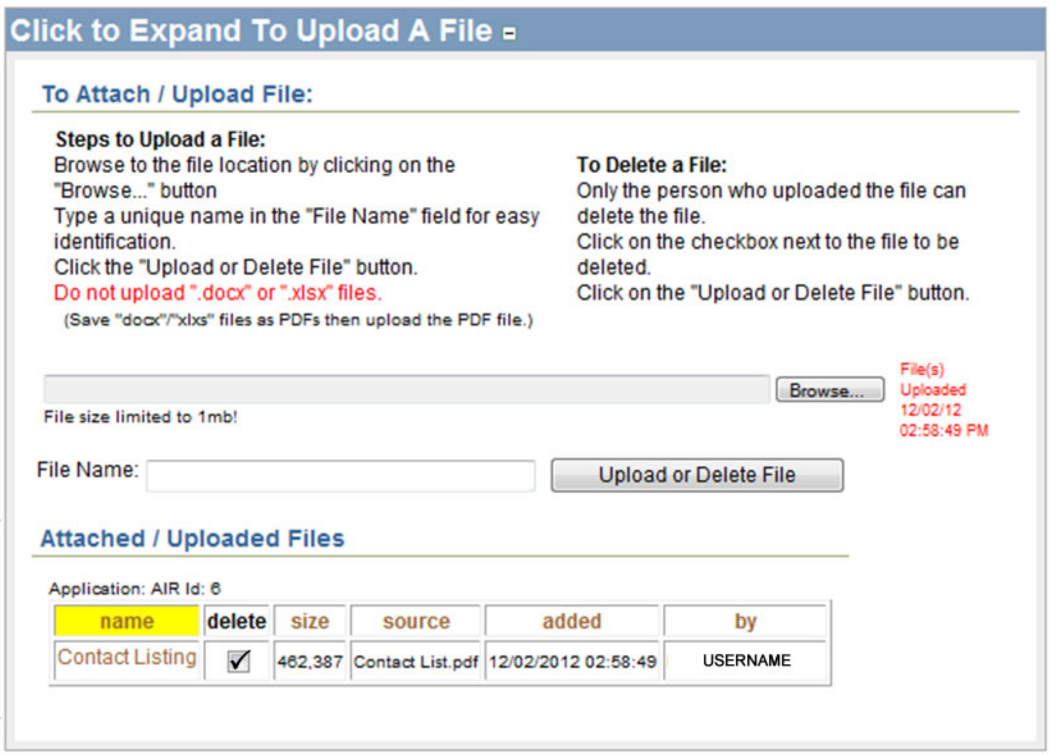


Deleting an Attachment

Introduction The delete option is only available to the user who originally attached the file.

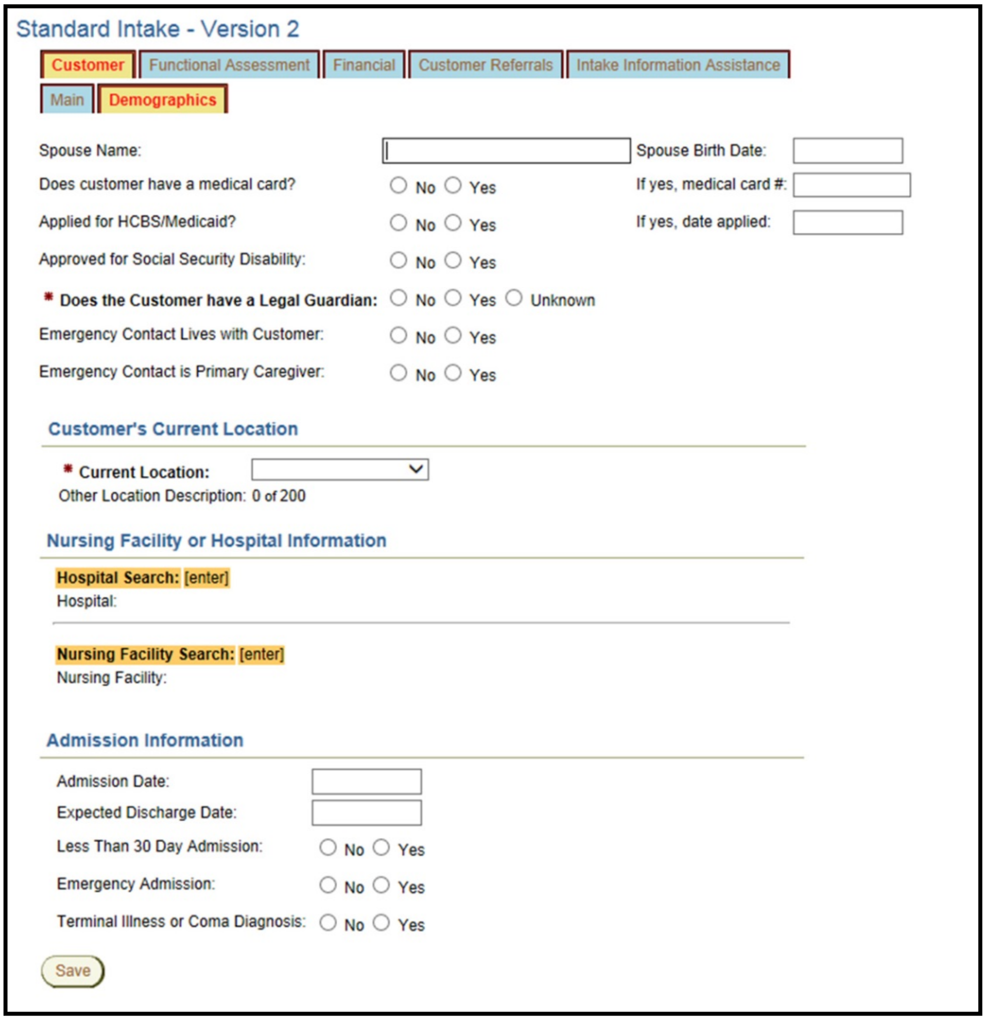
How to Delete a File Follow the steps below to delete an attached file on a specific report.

Step	Action	Results
1.	In the Attachments region, click on the **check box** under the delete column.	



Step	Action	Results
2.	Click the **Upload or Delete File** button.	File is deleted from the system.

Demographic Secondary Navigational Tab



Required Fields

Medical Card Number if ***Does customer have a medical care*** is answered ***"Yes".***

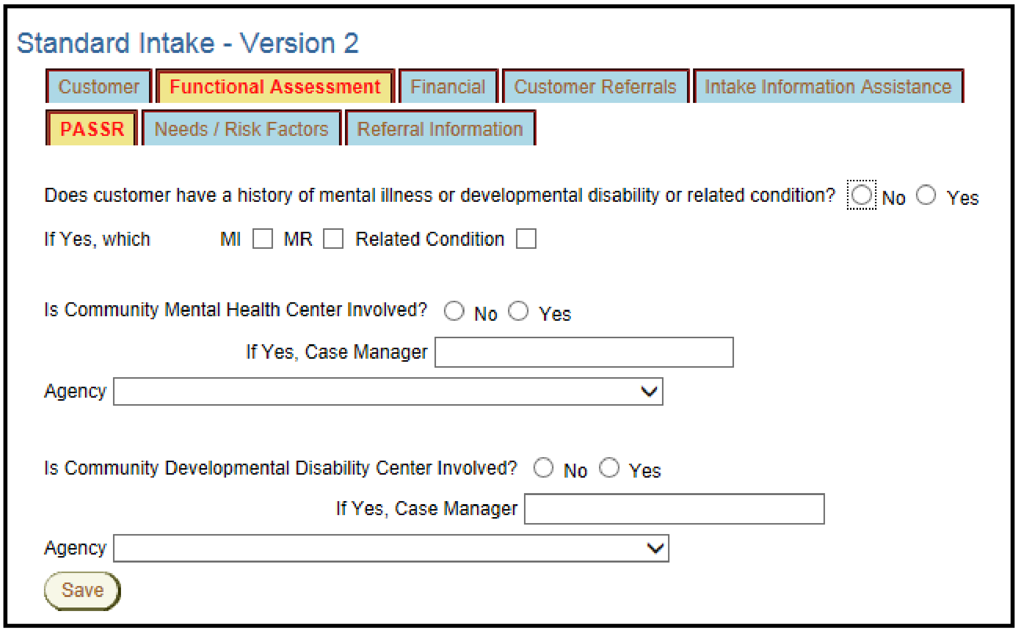
Date Applied if ***Applied for HCBS/Medicaid*** is answered ***"Yes"***.

Does Customer have a Legal Guardian.

Customer Location if Hospital, Nursing Facility or Other is selected then those fields will need to be completed.

Functional Assessment Primary Navigation Tab

PASSR Secondary Navigational Tab



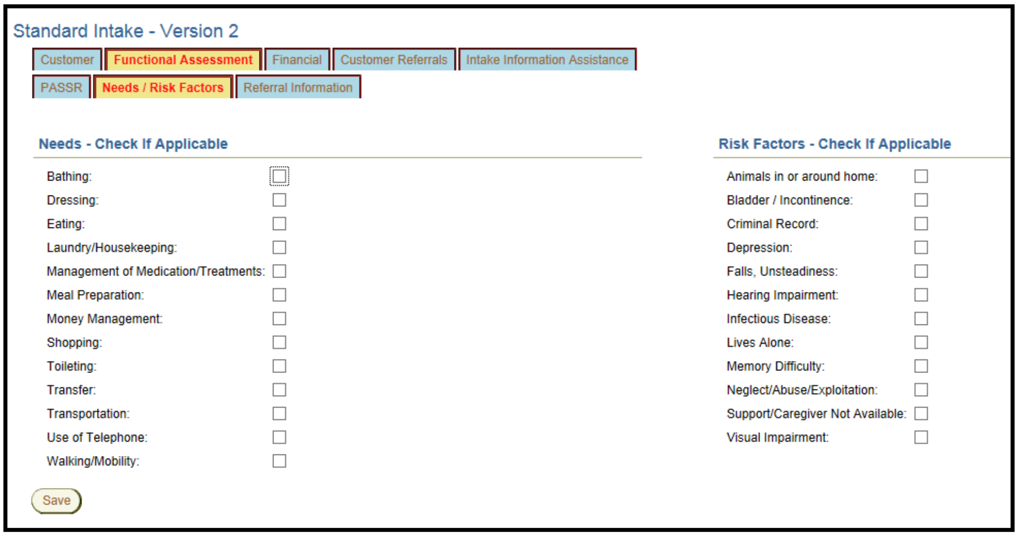
Required Fields

Fields are only required if the CARE Intake Type is selected.

Does customer have a history of mental illness or developmental disability or related condition?

Functional Assessment Primary Navigation Tab

Need & Risk Factors Secondary Navigational Tab



Required Fields

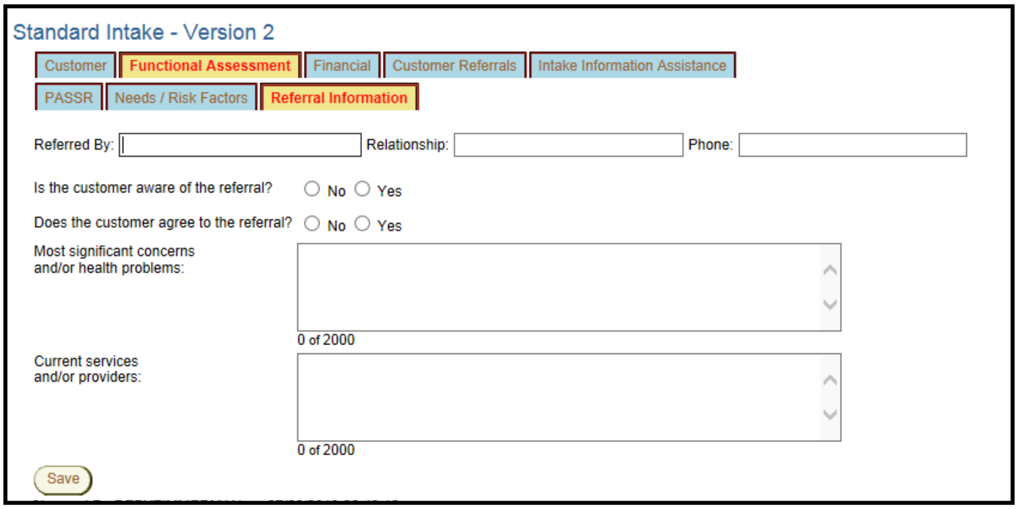
No fields displayed on this Page are required.

Hint

Select the check boxes that apply. No scores are taken at this time over the phone. The actual scores will be determined during the assessment.

Functional Assessment Primary Navigation Tab, Continued

Referral Information Secondary Navigational Tab

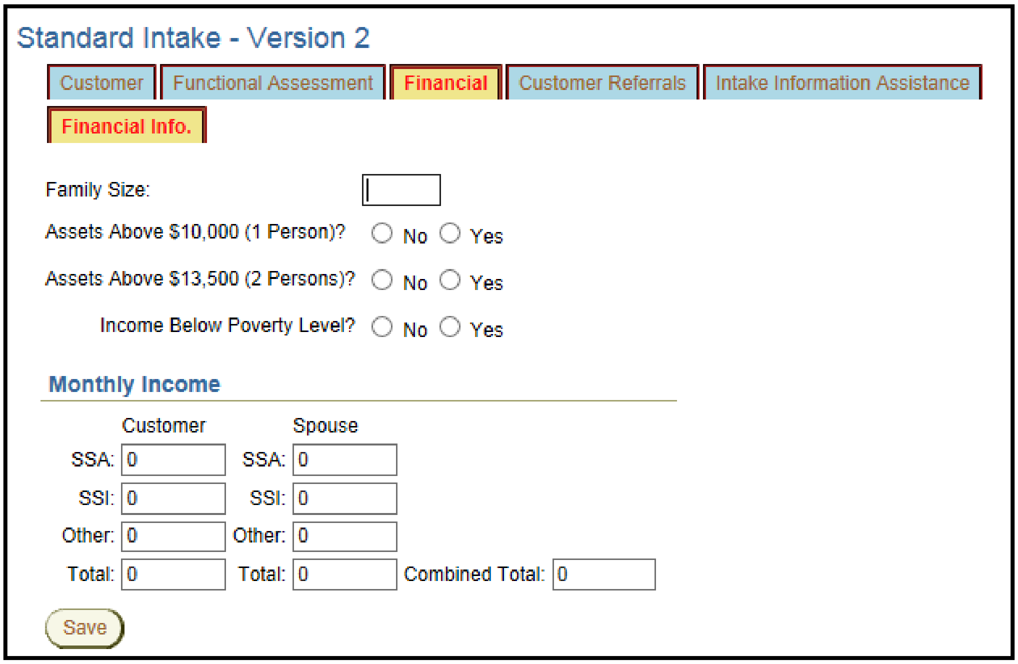


Required Fields

No fields displayed on this Page are required.

Financial Primary Navigation Tab

Financial Info. Secondary Navigational Tab



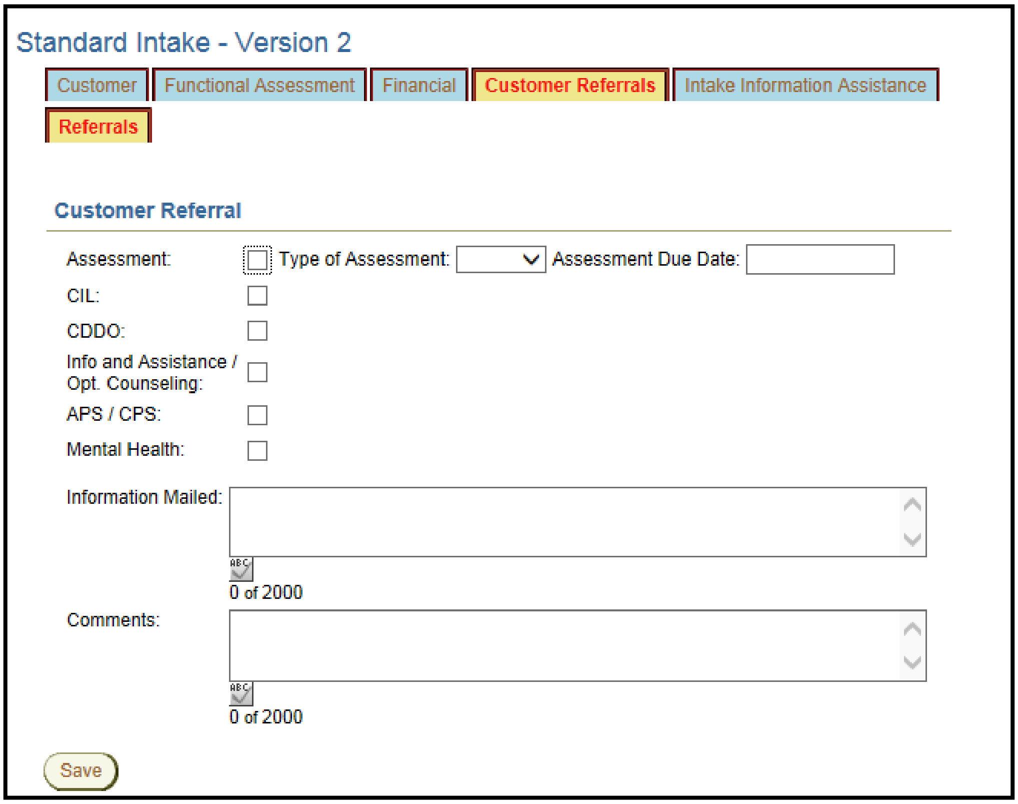
Required Fields

No fields displayed on this Page are required.

However, the Monthly Income information is preferred.

Customer Referrals Primary Navigation Tab

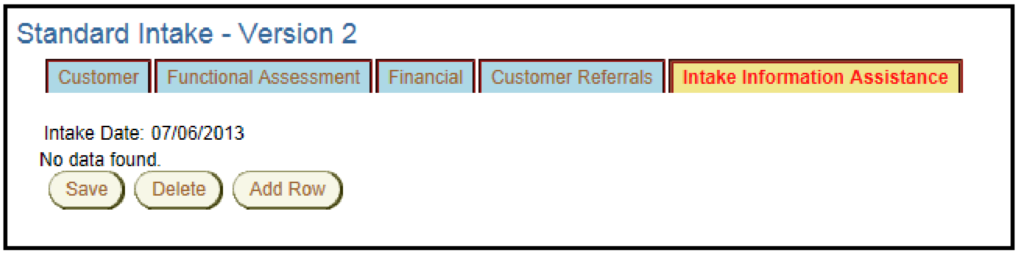
Referrals Secondary Navigational Tab



Required Fields No fields displayed on this Page are required.

Intake Information Assistance Primary Navigation Tab

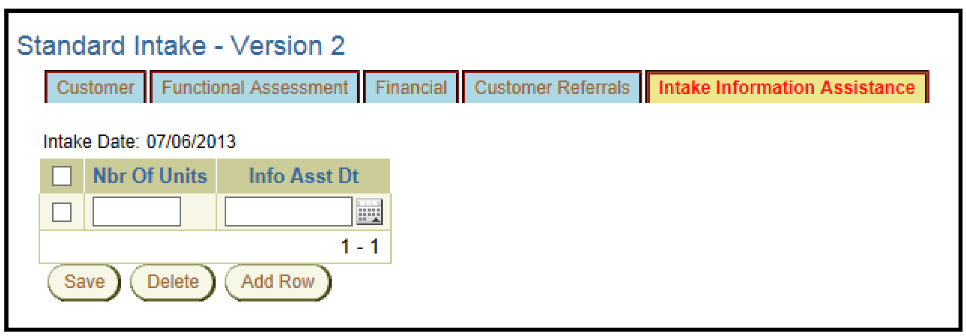
Intake Information Assistance Navigational Tab



Required Fields No fields displayed on this Page are required.

How to Follow the steps in the below table to add Assistance information.

Step	Action	Result
1.	Click on the **Add Row** button	Entry Line is displayed.



Step	Action	Result
2.	Enter the **Number of Assistance Units**	
3.	Enter the **Information Assistance Date**	For additional lines, press the Add Row button again.

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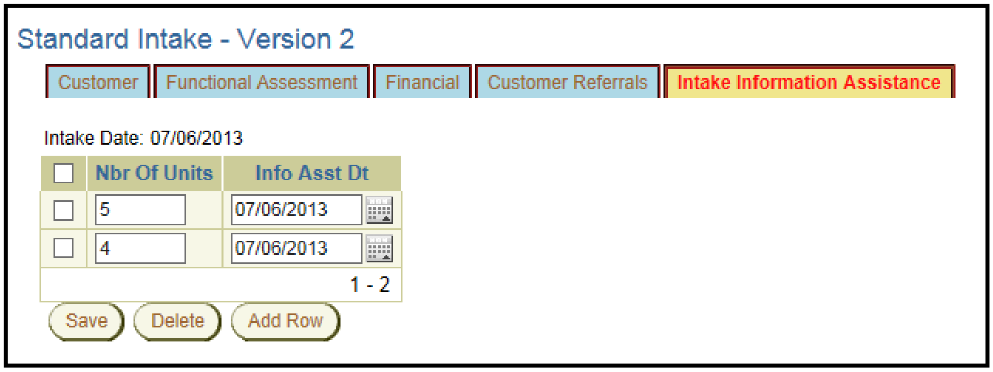
Intake Information Assistance Primary Navigation Tab, Continued

How to (continued)

Step	Action	Result
4.	Press the **Save** button.	Save Notification will be displayed.



Print View

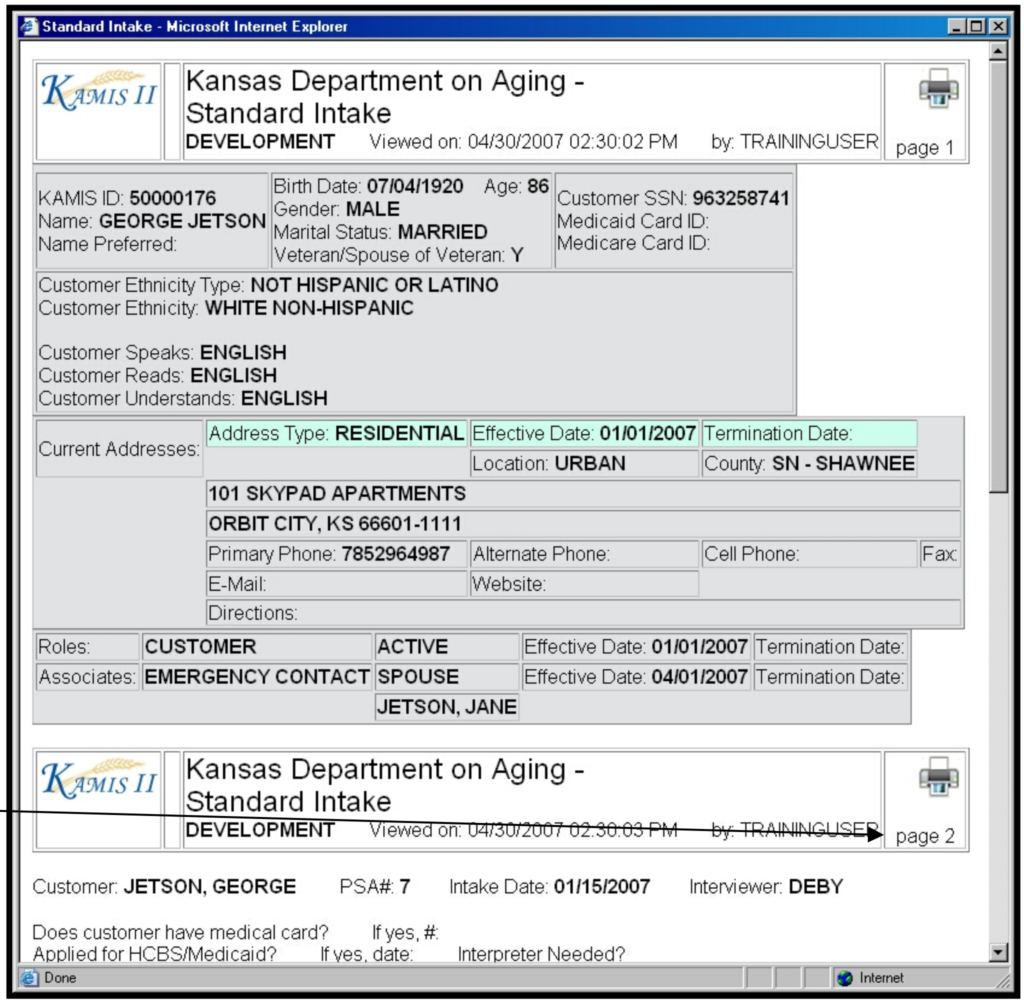
Form Reference

This tab will give the opportunity to print the assessment information in its entirety. The format will not be in the same arrangement as the form, but it will be divided into sections of information according to the paper form. This will open in a separate window from the assessment.

Print View

The grayed background area indicates the information is from Person Administration

When printing the pages will separate as indicated.



Standard Intake - Microsoft Internet Explorer

KAMIS II

Kansas Department on Aging - Standard Intake

DEVELOPMENT Viewed on: 04/30/2007 02:30:02 PM by: TRAININGUSER page 1

KAMIS ID: **50000176**
Name: **GEORGE JETSON**
Name Preferred:

Birth Date: **07/04/1920** Age: **86**
Gender: **MALE**
Marital Status: **MARRIED**
Veteran/Spouse of Veteran: **Y**

Customer SSN: **963258741**
Medicaid Card ID:
Medicare Card ID:

Customer Ethnicity Type: **NOT HISPANIC OR LATINO**
Customer Ethnicity: **WHITE NON-HISPANIC**

Customer Speaks: **ENGLISH**
Customer Reads: **ENGLISH**
Customer Understands: **ENGLISH**

Current Addresses: Address Type: **RESIDENTIAL** Effective Date: **01/01/2007** Termination Date:
Location: **URBAN** County: **SN - SHAWNEE**
101 SKYPAD APARTMENTS
ORBIT CITY, KS 66601-1111
Primary Phone: **7852964987** Alternate Phone: Cell Phone: Fax:
E-Mail: Website:
Directions:

Roles: **CUSTOMER** **ACTIVE** Effective Date: **01/01/2007** Termination Date:
Associates: **EMERGENCY CONTACT** **SPOUSE** Effective Date: **04/01/2007** Termination Date:
JETSON, JANE

KAMIS II

Kansas Department on Aging - Standard Intake

DEVELOPMENT Viewed on: 04/30/2007 02:30:03 PM by: TRAININGUSER page 2

Customer: **JETSON, GEORGE** PSA#: **7** Intake Date: **01/15/2007** Interviewer: **DEBY**

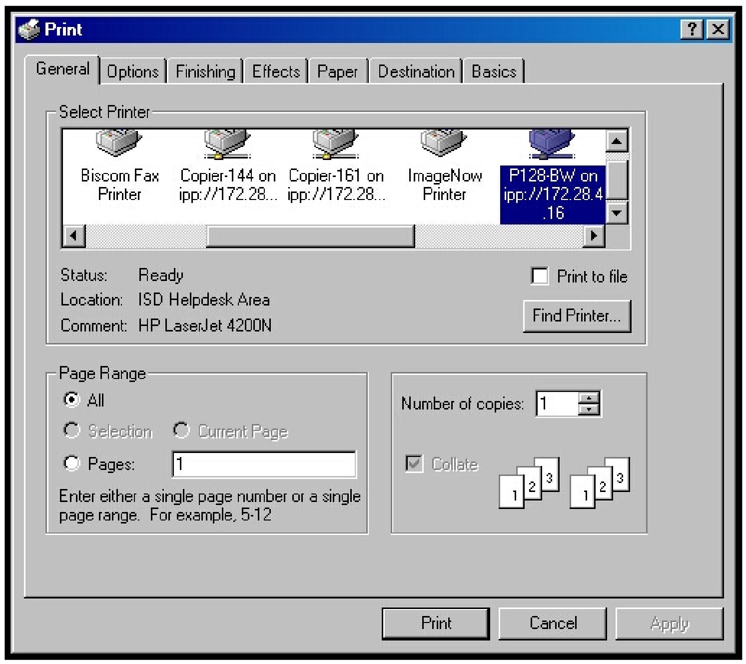
Does customer have medical card? If yes, #:
Applied for HCBS/Medicaid? If yes, date: Interpreter Needed?

Done Internet

Continued on next page

To Print

Follow the steps in the table below to complete the Customer Referral process.

<table>
<tr><th>Step</th><th>Action</th><th>Result</th></tr>
<tr><td>1.</td><td>Click on the printer icon at the top right of any region.</td><td>Printer dialog box will display. (This may look different depending upon your printer and the options available.)</td></tr>
<tr><td colspan="3">
</td></tr>
<tr><td>2.</td><td>Select the Page Range</td><td>See table below for options.</td></tr>
<tr><td></td><td colspan="2">
<table>
<tr><th>Option</th><th>Result</th></tr>
<tr><td>All</td><td>All pages will print</td></tr>
<tr><td>Pages (enter the page number)</td><td>Only the specified page will print.</td></tr>
</table>
</td></tr>
<tr><td>3.</td><td>Click on Print.</td><td>Document will print.</td></tr>
</table>

To Close

The window can be closed by clicking on the ☒ in the right upper corner.