

# Chapter 12 – Standard Intake

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**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.

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## Person Administration Requirements

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

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**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

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**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.

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## Customer Primary Navigation Tab

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

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### Main Secondary Navigational Tab

**Standard Intake - Version 2**

Customer | Functional Assessment | Financial | Customer Referrals | Intake Information Assistance

Main | Demographics

\* Organization: 8 - N.CNTRL/FLNT HLS AAA

\* Form Status: WORK IN PROGRESS

\* Intake Type: [dropdown]

Intake Relates To:  FE  PD  TBI  OTHER

If Other, explain: [text area] 0 of 1000

\* Intake Date: [text field]

\* Interviewer: [text field]

\* Intake Source:  3160  Telephone - Customer  Telephone - Family / Provider  Other

If Source is Other, Explain: [text area] 0 of 1000

\* Using 3160 Referral as Intake:  No  Yes \* 3160 Referral Date: [text field]

Referral Comment: [text area] 0 of 4000

Create

**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”

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## Customer Primary Navigation Tab, Continued

### 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.

The screenshot displays the 'Standard Intake - Version 2' form. The top navigation bar includes tabs for 'Customer', 'Functional Assessment', 'Financial', 'Customer Referrals', and 'Intake Information Assistance'. The 'Main' tab is active, showing a 'Demographics' sub-tab. The form contains several fields: 'Organization' (dropdown), 'Form Status' (dropdown), 'Intake Type' (dropdown), 'Intake Relates To' (radio buttons for PE, PD, TBI, OTHER), 'Intake Date' (text), 'Interviewer' (text), and '3160 Referral' (radio buttons for No, Yes). A '3160 Referral Date' field is also present. A 'Referral Comment' text area is at the bottom left. On the right side, the 'File Upload - Required if 3160 Referral' section is visible. It includes instructions for uploading and deleting files, a 'Source file' field with a 'Browse...' button, a 'Document (short descriptive name):' field, and 'Upload or Delete File' and 'Go' buttons. A search icon and 'No data found.' message are also present.

*Continued on next page*

# 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 <b>Browse</b> button.	The "Choose File to Upload" dialog box displays.										
<div style="border: 1px solid black; padding: 10px;"> <div style="background-color: #4f81bd; color: white; padding: 5px;"><b>Click to Expand To Upload A File</b> ▾</div> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 5px;"> <p><b>To Attach / Upload File:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Steps to Upload a File:</b>                      Browse to the file location by clicking on the "Browse..." button                      Type a unique name in the "File Name" field for easy identification.                      Click the "Upload or Delete File" button.  <span style="color: red;">Do not upload ".docx" or ".xlsx" files.</span>                      (Save ".docx"/".xlsx" files as PDFs then upload the PDF file.)</p> </div> <div style="width: 45%;"> <p><b>To Delete a File:</b>                      Only the person who uploaded the file can delete the file.                      Click on the checkbox next to the file to be deleted.                      Click on the "Upload or Delete File" button.</p> </div> </div> <div style="margin-top: 10px;"> <input style="width: 100%;" type="text"/> <input type="button" value="Browse..."/> </div> <p style="font-size: small;">File size limited to 1mb!</p> <p>File Name: <input style="width: 200px;" type="text"/> <input type="button" value="Upload or Delete File"/></p> <p><b>Attached / Uploaded Files</b></p> <p>Application: AIR Id: 6</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="background-color: #ffff00;">name</th> <th>delete</th> <th>size</th> <th>source</th> <th>added by</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> </div> </div>			name	delete	size	source	added by					
name	delete	size	source	added by								
2.	Browse to the saved document to be attached.	For best results attach only the following type of documents:										
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #d9e1f2;">Document Type</th> <th style="background-color: #d9e1f2;">Action</th> </tr> </thead> <tbody> <tr> <td>Word or Excel</td> <td>Convert documents to Acrobat Reader format (pdf) before attaching</td> </tr> <tr> <td>PDF (Acrobat)</td> <td>Attach with no additional steps needed</td> </tr> <tr> <td>Graphics</td> <td>Attach JPG or GIF type graphics – do not attach TIF files</td> </tr> </tbody> </table>			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		
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 <b>Open</b> button	File is selected and entered into the Upload File field.
4.	Enter a <b>Name</b> in the File Name field.	
5.	Click on <b>Upload or Delete File</b> button	Completes the upload. Table of the attached files is displayed.

Click to Expand To Upload A File =

**To Attach / Upload File:**

**Steps to Upload a File:**  
Browse to the file location by clicking on the "Browse..." button  
Type a unique name in the "File Name" field for easy identification.  
Click the "Upload or Delete File" button.  
**Do not upload ".docx" or ".xlsx" files.**  
(Save ".docx"/".xlsx" files as PDFs then upload the PDF file.)

**To Delete a File:**  
Only the person who uploaded the file can delete the file.  
Click on the checkbox next to the file to be deleted.  
Click on the "Upload or Delete File" button.

File(s) Uploaded 12/02/12 02:58:49 PM

File size limited to 1mb!

File Name:

**Attached / Uploaded Files**

Application: AIR Id: 8

name	delete	size	source	added	by
Contact Listing	<input type="checkbox"/>	462,387	Contact List.pdf	12/02/2012 02:58:49	USERNAME

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

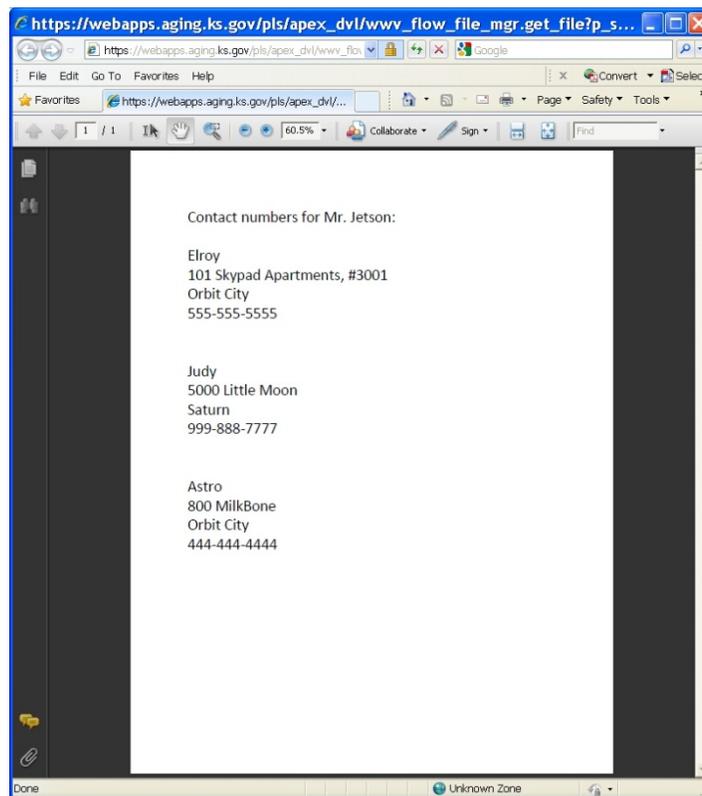


## Viewing an Attachment

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

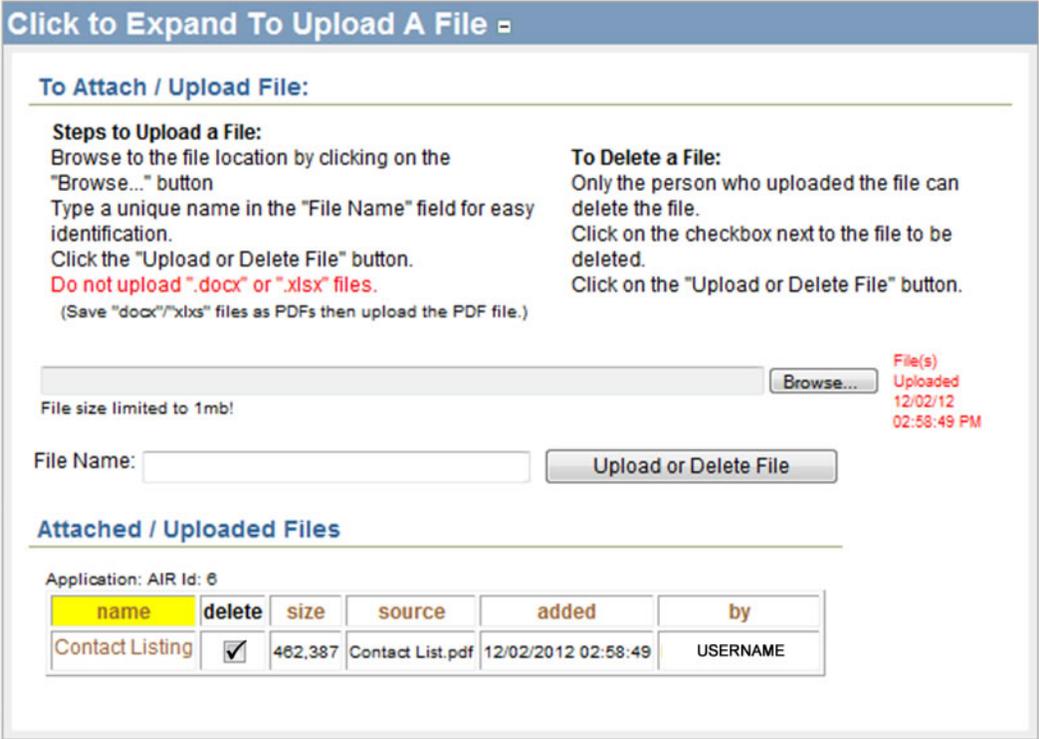
Step	Action	Results
1.	Click on the <b>file name</b>	"Contact Listing" in the above example
2.	The document will open in a separate window.	



## 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 <b>check box</b> under the delete column.	
 <p>The screenshot shows a user interface for file management. At the top, there is a blue header that says "Click to Expand To Upload A File". Below this, there are two columns of instructions: "To Attach / Upload File:" and "To Delete a File:". The "To Attach / Upload File:" section includes steps like "Browse to the file location by clicking on the 'Browse...' button" and "Type a unique name in the 'File Name' field for easy identification." It also includes a warning: "Do not upload '.docx' or '.xlsx' files. (Save 'docx'/'xlsx' files as PDFs then upload the PDF file.)". There is a "Browse..." button and a "File Name:" input field. The "To Delete a File:" section states: "Only the person who uploaded the file can delete the file. Click on the checkbox next to the file to be deleted. Click on the 'Upload or Delete File' button." Below the instructions, there is a table titled "Attached / Uploaded Files" with columns: name, delete, size, source, added, and by. The table contains one row: "Contact Listing" with a checked checkbox, size 482,387, source "Contact List.pdf", added "12/02/2012 02:58:49", and by "USERNAME".</p>		
2.	Click the <b>Upload or Delete File</b> button.	File is deleted from the system.

## Deleting an Attachment, Continued

### Demographic Secondary Navigational Tab

#### Standard Intake - Version 2

**Customer** | Functional Assessment | Financial | Customer Referrals | Intake Information Assistance

Main | **Demographics**

Spouse Name:  Spouse Birth Date:

Does customer have a medical card?  No  Yes If yes, medical card #:

Applied for HCBS/Medicaid?  No  Yes If yes, date applied:

Approved for Social Security Disability:  No  Yes

\* Does the Customer have a Legal Guardian:  No  Yes  Unknown

Emergency Contact Lives with Customer:  No  Yes

Emergency Contact is Primary Caregiver:  No  Yes

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#### Customer's Current Location

\* Current Location:

Other Location Description: 0 of 200

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#### Nursing Facility or Hospital Information

Hospital Search:

Hospital:

Nursing Facility Search:

Nursing Facility:

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#### Admission Information

Admission Date:

Expected Discharge Date:

Less Than 30 Day Admission:  No  Yes

Emergency Admission:  No  Yes

Terminal Illness or Coma Diagnosis:  No  Yes

**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

### Need & Risk Factors Secondary Navigational Tab

Standard Intake - Version 2

Customer Functional Assessment Financial Customer Referrals Intake Information Assistance

PASSR Needs / Risk Factors Referral Information

Needs - Check If Applicable	Risk Factors - Check If Applicable
Bathing: <input type="checkbox"/>	Animals in or around home: <input type="checkbox"/>
Dressing: <input type="checkbox"/>	Bladder / Incontinence: <input type="checkbox"/>
Eating: <input type="checkbox"/>	Criminal Record: <input type="checkbox"/>
Laundry/Housekeeping: <input type="checkbox"/>	Depression: <input type="checkbox"/>
Management of Medication/Treatments: <input type="checkbox"/>	Falls, Unsteadiness: <input type="checkbox"/>
Meal Preparation: <input type="checkbox"/>	Hearing Impairment: <input type="checkbox"/>
Money Management: <input type="checkbox"/>	Infectious Disease: <input type="checkbox"/>
Shopping: <input type="checkbox"/>	Lives Alone: <input type="checkbox"/>
Toileting: <input type="checkbox"/>	Memory Difficulty: <input type="checkbox"/>
Transfer: <input type="checkbox"/>	Neglect/Abuse/Exploitation: <input type="checkbox"/>
Transportation: <input type="checkbox"/>	Support/Caregiver Not Available: <input type="checkbox"/>
Use of Telephone: <input type="checkbox"/>	Visual Impairment: <input type="checkbox"/>
Walking/Mobility: <input type="checkbox"/>	

Save

**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

Standard Intake - Version 2

Customer | **Functional Assessment** | Financial | Customer Referrals | Intake Information Assistance

PASSR | Needs / Risk Factors | **Referral Information**

Referred By:  Relationship:  Phone:

Is the customer aware of the referral?  No  Yes

Does the customer agree to the referral?  No  Yes

Most significant concerns and/or health problems:

0 of 2000

Current services and/or providers:

0 of 2000

**Required Fields** No fields displayed on this Page are required.

## Financial Primary Navigation Tab

Financial Info.  
Secondary  
Navigational  
Tab

### Standard Intake - Version 2

Customer | Functional Assessment | **Financial** | Customer Referrals | Intake Information Assistance

**Financial Info.**

Family Size:

Assets Above \$10,000 (1 Person)?  No  Yes

Assets Above \$13,500 (2 Persons)?  No  Yes

Income Below Poverty Level?  No  Yes

#### Monthly Income

Customer		Spouse			
SSA:	<input type="text" value="0"/>	SSA:	<input type="text" value="0"/>		
SSI:	<input type="text" value="0"/>	SSI:	<input type="text" value="0"/>		
Other:	<input type="text" value="0"/>	Other:	<input type="text" value="0"/>		
Total:	<input type="text" value="0"/>	Total:	<input type="text" value="0"/>	Combined Total:	<input type="text" value="0"/>

**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

Standard Intake - Version 2

Customer | Functional Assessment | Financial | **Customer Referrals** | Intake Information Assistance

**Referrals**

**Customer Referral**

Assessment:  Type of Assessment:  Assessment Due Date:

CIL:

CDDO:

Info and Assistance / Opt. Counseling:

APS / CPS:

Mental Health:

Information Mailed:

0 of 2000

Comments:

0 of 2000

Save

**Required Fields** No fields displayed on this Page are required.

## Intake Information Assistance Primary Navigation Tab

### Intake Information Assistance Navigational Tab

**Standard Intake - Version 2**

Customer | Functional Assessment | Financial | Customer Referrals | **Intake Information Assistance**

Intake Date: 07/06/2013  
No data found.

Save Delete Add Row

**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 <b>Add Row</b> button	Entry Line is displayed.						
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p><b>Standard Intake - Version 2</b></p> <p>Customer   Functional Assessment   Financial   Customer Referrals   <b>Intake Information Assistance</b></p> <p>Intake Date: 07/06/2013</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td style="width: 200px;"><b>Nbr Of Units</b></td> <td style="width: 200px;"><b>Info Asst Dt</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p style="text-align: right;">1 - 1</p> <p>Save Delete Add Row</p> </div>			<input type="checkbox"/>	<b>Nbr Of Units</b>	<b>Info Asst Dt</b>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<b>Nbr Of Units</b>	<b>Info Asst Dt</b>						
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>						
2.	Enter the <b>Number of Assistance Units</b>							
3.	Enter the <b>Information Assistance Date</b>	For additional lines, press the Add Row button again.						

*Continued on next page*

## Intake Information Assistance Primary Navigation Tab, Continued

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How to (continued)

Step	Action	Result
4.	Press the <b>Save</b> button.	Save Notification will be displayed.

**Standard Intake - Version 2**

Customer | Functional Assessment | Financial | Customer Referrals | **Intake Information Assistance**

Intake Date: 07/06/2013

<input type="checkbox"/>	Nbr Of Units	Info Asst Dt
<input type="checkbox"/>	5	07/06/2013
<input type="checkbox"/>	4	07/06/2013

1 - 2

Save Delete Add Row

## 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**

**Kansas Department on Aging - Standard Intake**  
DEVELOPMENT Viewed on: 04/30/2007 02:30:02 PM by: TRAININGUSER page 1

KAMIS ID: 50000176 Birth Date: 07/04/1920 Age: 86 Customer SSN: 963258741  
 Name: GEORGE JETSON Gender: MALE Medicaid Card ID:  
 Name Preferred: Marital Status: MARRIED Medicare Card ID:  
 Veteran/Spouse of Veteran: Y

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

**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

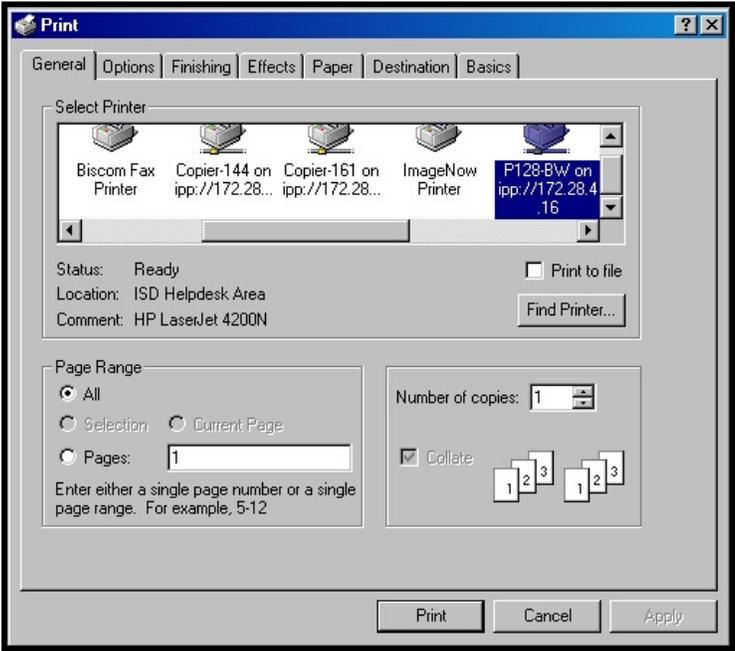
Does customer have medical card? If yes, #:  
 Applied for HCBS/Medicaid? If yes, date: Interpreter Needed?

Continued on next page

## Print View, Continued

### To Print

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

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

### To Close

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