

# Chapter 12 – Standard Intake Version 2

---

## Table of Contents

---

Person Administration Requirements .....	1
Customer Information Heading.....	2
Field Help .....	2
Customer Primary Navigation Tab.....	3
Functional Assessment Primary Navigation Tab .....	7
Financial Primary Navigation Tab .....	10
Customer Referrals Primary Navigation Tab .....	11
Intake Information Assistance Primary Navigation Tab .....	12
Print View .....	14

---

**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**  
**Gender**  
**Ethnic Background**

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**  
**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.

---

KAMIS ID: 61731 Name: TEMPLE, ORRIS V. Organization: Primary 8 Customer Status: ACTIVE (Not on WL) Assessment Nbr: 30000322 more...

**Additional Information** Clicking on the “more...” link will display a small snapshot of additional customer information, including the address listed in KAMIS.

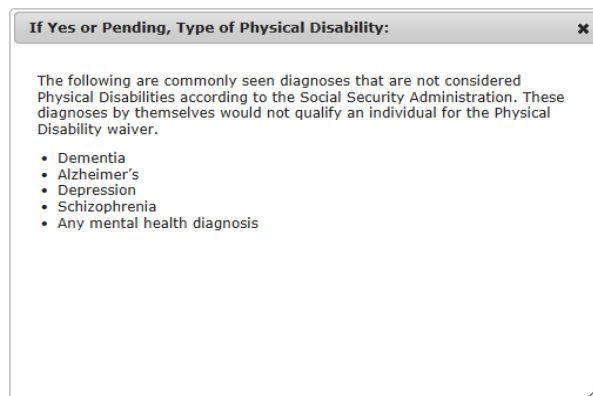
KAMIS ID: 61731 Name: TEMPLE, ORRIS V. Organization: Primary 8 Customer Status: ACTIVE (Not on WL) Assessment Nbr: 30000322 more...  
DOB 09/15/1916 Gender MALE SSN 487-12-4207 Medicaid Nbr  
Address 640 W. 8TH County GEARY Location RURAL  
JUNCTION CITY, KS 66441-  
Home Phone 785-238-5814 Work Phone Cell Phone  
Ethnicity ETHNIC TYPE MISSING Race NON-MINORITY/CAUCASIAN

## Field Help

---

**Introduction** If there is notes concerning a field data entry options, the field label will be displayed in a brown text. Click on the label and a help dialog box will be displayed.

---



# Customer Primary Navigation Tab

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

## Main Secondary Navigational Tab

**Standard Intake - Version 2**  
Assessment Nbr:

Customer 151 | Functional Assessment 155 | Financial 158 | Customer Referrals 160 | Intake Information Assistance 161 | Print View 160

Main 151 | Demographics 152

\* Organization: 4 - JAYHAWK AREA AGENCY ON AGING  
\* Form Status: WORK IN PROGRESS  
\* Intake Type: ~Select~  
\* Intake Relates To:  FE  PD  TBI  OAA  SCA  OTHER  
If Other, explain:   
\* Intake Date:   
\* Interviewer:   
\* Intake Source:  3160  Telephone - Customer  Telephone - Family  Telephone - Provider  Other  
If Source is Other, Explain:   
\* Using 3160 Referral as Intake:  No  Yes \* 3160 Referral Date:   
Referral Comment:

*Continued on next page*

## Customer Primary Navigation Tab, Continued

---

**Required Fields**    ***Organization (Defaults to Users Organization)***

***Form Status***

- Aborted
- Approved
- Statuses Only to be used by KDADS CARE staff:
  - Approved – Emergency Admission
  - Approved – Less Than 30 Day
  - Approved – Out of State PASRR
  - Approved – Respite Stay
  - Approved – Terminal Illness
  - Dementia Abort
  - Special Abort
  - Terminal Abort
- Incomplete – Follow-Up Needed
- Work In Progress

***Intake Type***

***Intake Relates To*** – Only if In-Home Services is selected as Intake Type

***Intake Date***

***Interviewer***

***Intake Source***

***Using 3160 Referral as Intake***

***3160 Referral Date*** – Only if 3160 Referral is “Yes”

***File Upload*** – Only if 3160 Referral 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 field will be active.

---

*Continued on next page*

## Customer Primary Navigation Tab, Continued

### Demographic Secondary Navigational Tab

**Standard Intake - Version 2**

Assessment Nbr:

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

### PD Required Questions Region.

**PD Required Questions**

\* Has the Customer ever been or is currently on an IDD Waiver or IDD Waiting List?  No  Yes

\* Customer is between the age of 16 and 64?  No  Yes

\* Has Customer applied for or been determined Physically Disabled by the Social Security Administration?  No  Yes  Pending

\* If Yes or Pending, Type of Physical Disability:

\*\* Displays only if **PD** is selected on “**Intake Relates To**” question on the Main Navigational Tab

**Customer's Current Location**

\* Current Location:

Other Location Description:

---

**Nursing Facility or Hospital Information**

Hospital Search:

Hospital:

Nursing Facility Search:

Nursing Facility:

---

**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

## Customer Primary Navigation Tab, Continued

---

**Required Fields**    ***Does the Customer have a Legal Guardian?***

On the Main Secondary Navigational Tab if PD is selected on the Intake  
Relates to question. The following is required:

- ***Has the Customer ever been or is currently on an IDD Waiver or IDD Waiting List?***
- ***Customer is between the age of 16 and 64?***
- ***Has Customer applied for or been determined Physically Disabled by the Social Security Administration?***
  - ***If Yes or Pending, Type of Physical Disability*** if Yes or Pending is selected.

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

**Note**

A notice will display if the following questions are answered as indicated below:

- **Yes** – Has the Customer ever been or is currently on an IDD Waiver or IDD Waiting List?
- OR**
- **No** – Customer is between the age of 16 and 64?
- OR**
- **No** – Has Customer applied for or been determined Physically Disabled by the Social Security Administration?

**NOTICE**

---

**CUSTOMER NOT ELIGIBLE FOR PD WAIVER ASSESSMENT**

Customer 151	Functional Assessment 155	Financial 158	Customer Referrals 180	In
--------------	---------------------------	---------------	------------------------	----

---

*Continued on next page*



# Functional Assessment Primary Navigation Tab

## PASSR Secondary Navigational Tab

Standard Intake - Version 2  
Assessment Nbr: 209470

Customer 151 | **Functional Assessment 155** | Financial 158 | Customer Referrals 160 | Intake Information Assistance 161 | Print View 150

PASSR 155 | Needs / Risk Factors 154 | Referral Information 153

Does customer have a history of mental illness or developmental disability or related condition?  No  Yes

If Yes, which    MI  MR  Related Condition

Is Community Mental Health Center Involved?  No  Yes  
If Yes, Case Manager

Agency ~Select~

Is Community Developmental Disability Center Involved?  No  Yes  
If Yes, Case Manager

Agency ~Select~

Save

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

# Functional Assessment Primary Navigation Tab, Continued

## Needs / Risk Factors Secondary Navigational Tab

Standard Intake - Version 2  
Assessment Nbr: 209470

Customer 151 | **Functional Assessment 155** | Financial 158 | Customer Referrals 160 | Intake Information Assistance 161 | Print View 160

PASSR 155 | **Needs / Risk Factors 154** | Referral Information 153

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.

*Continued on next page*

## Functional Assessment Primary Navigation Tab, Continued

### Referral Information Secondary Navigational Tab

Standard Intake - Version 2

Assessment Nbr: 209470

Customer 151 | **Functional Assessment 155** | Financial 158 | Customer Referrals 160 | Intake Information Assistance 161 | Print View 150

PASSR 155 | Needs / Risk Factors 154 | **Referral Information 153**

Referred By:  Relationship:  Phone:   
Enter Numbers Only - No Formatting

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:

Current services and/or providers:

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

# Financial Primary Navigation Tab

## Financial Info. Secondary Navigational Tab

### Standard Intake - Version 2

Assessment Nbr: 209470

Customer 151	Functional Assessment 155	<b>Financial 158</b>	Customer Referrals 160	Intake Information Assistance 161	Print View 150
<b>Financial Info. 158</b>					

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.

# Customer Referrals Primary Navigation Tab

## Referrals Secondary Navigational Tab

Standard Intake - Version 2  
Assessment Nbr: 209470

Customer 151	Functional Assessment 155	Financial 158	<b>Customer Referrals 160</b>	Intake Information Assistance 161	Print View 150
--------------	---------------------------	---------------	-------------------------------	-----------------------------------	----------------

**Referrals 160**

**Customer Referral**

Assessment:  Type of Assessment: ~Select~ Assessment Due Date:

CIL:

CDDO:

Info and Assistance / Opt. Counseling:

APS / CPS:

Mental Health:

Information Mailed:

Comments:

**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  
 Assessment Nbr: 209470

Customer 151 | Functional Assessment 155 | Financial 158 | Customer Referrals 160 | **Intake Information Assistance 161** | Print View 150

Intake Date: 02/02/2018

Nbr Of Units | Info Asst Dt

No data found.

Save Delete Add Row

**Intake Information Assistance Entered**

no data found

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

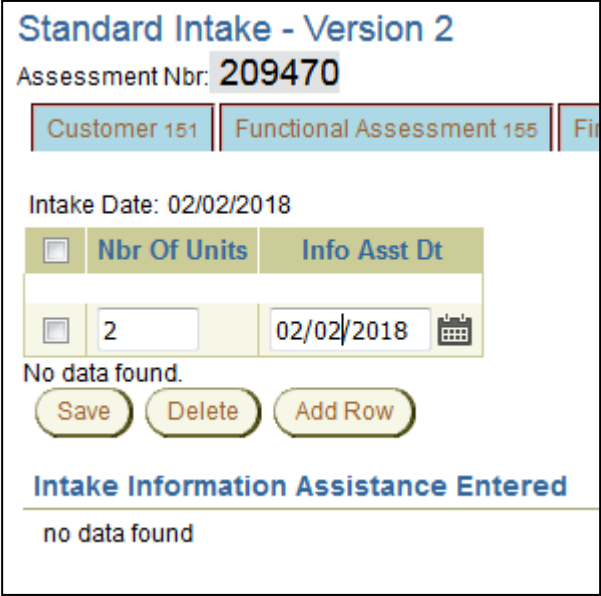
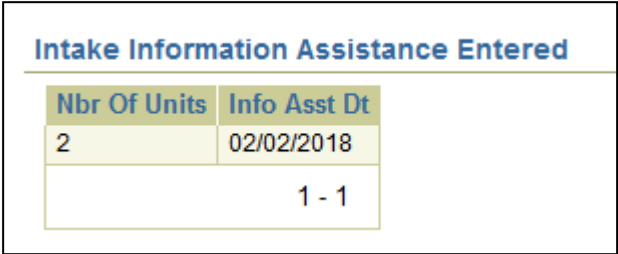
**How to** Follow the steps in the below table to add Assistance information.

Step	Action	Result
1.	Click on the <b>Add Row</b> button	Entry Line is displayed.
<p>Standard Intake - Version 2        Assessment Nbr: 209470</p> <p>Customer 151   Functional Assessment 155   F</p> <p>Intake Date: 02/02/2018</p> <p><input type="checkbox"/> Nbr Of Units   Info Asst Dt</p> <p><input type="checkbox"/> [ ] [ ] [Calendar Icon]</p> <p>No data found.</p> <p>Save Delete <b>Add Row</b></p>		
2.	Enter the <b>Number of Assistance Units</b>	

*Continued on next page*

## Intake Information Assistance Primary Navigation Tab, Continued

How to (continued)

Step	Action	Result				
3.	Enter the <b>Information Assistance Date</b>	For additional lines, press the Add Row button again.				
 <p><b>Standard Intake - Version 2</b> Assessment Nbr: 209470</p> <p>Customer 151   Functional Assessment 155   Fir</p> <p>Intake Date: 02/02/2018</p> <table border="1"> <thead> <tr> <th>Nbr Of Units</th> <th>Info Asst Dt</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>02/02/2018</td> </tr> </tbody> </table> <p>No data found.</p> <p>Save Delete Add Row</p> <p><b>Intake Information Assistance Entered</b> no data found</p>			Nbr Of Units	Info Asst Dt	2	02/02/2018
Nbr Of Units	Info Asst Dt					
2	02/02/2018					
4.	Press the <b>Save</b> button.	Save Notification will be displayed.				
 <p><b>Intake Information Assistance Entered</b></p> <table border="1"> <thead> <tr> <th>Nbr Of Units</th> <th>Info Asst Dt</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>02/02/2018</td> </tr> </tbody> </table> <p>1 - 1</p>			Nbr Of Units	Info Asst Dt	2	02/02/2018
Nbr Of Units	Info Asst Dt					
2	02/02/2018					

## 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

**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?

When printing the pages will separate as indicated.

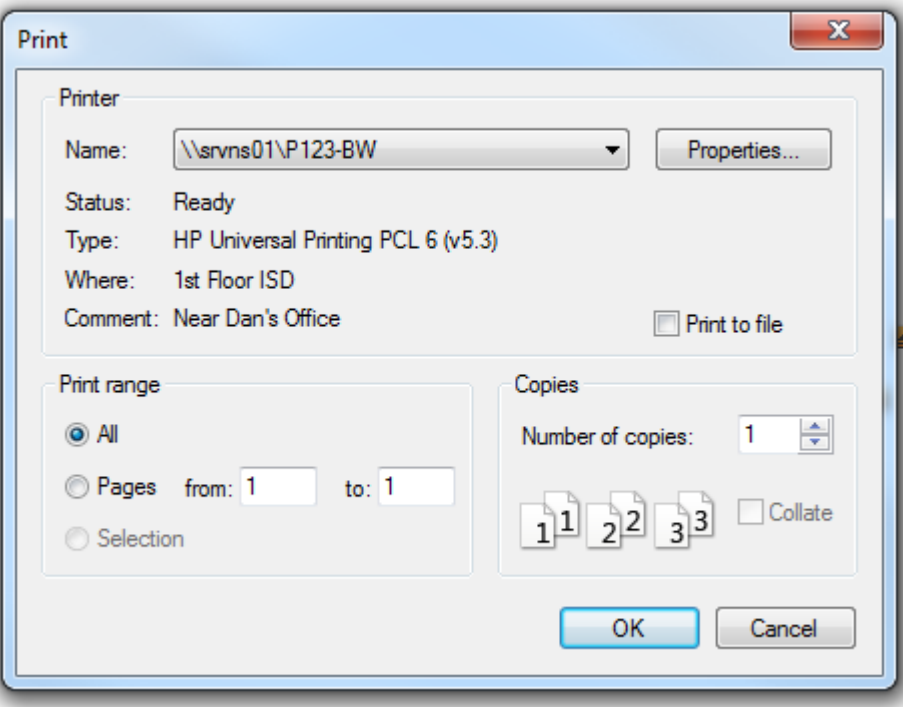
*Continued on next page*




## 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.