

# Chapter 16 – CARE Level I Assessment (version 3)

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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

Some KAMIS assessments require specific fields within Person Administration be completed before the assessment can be saved in Approved status. If these fields are blank, the assessment will return an error message when an attempt is made to save it as Approved, indicating the missing Person Administration fields.

## Required Person Admin Fields for Approved Form Status

Person Admin/Home:  
**Legal Name** (First and Last Names)  
**Date of Birth**  
**Gender**  
**Race/Ethnicity**

**A Residential Address Type with:**  
**Street**  
**City**  
**County** - If out of state - use County "ZZ"  
**State** - If out of country - use State "ZZ"  
**Zip**

## Page Navigation

**The Main & Billing navigational tab (page) must be saved before the rest of the form is accessible.** Once the Main & Billing page is successfully saved, the form will automatically advance to the next navigational tab/page, and all other pages can be accessed.

## Main & Billing Primary Navigation Tab

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**Recommendation** Add or update all Person Admin information that is required to save the form in Approved status before creating the CARE Level I Assessment form.

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### Main & Billing Navigation Tab

CARE Level I Assessment - Version 3

Assessment Nbr.

Main & Billing PASRR Support, Cognition & Communication Risks & LTC Functional Assessment Unmet Needs CARE Certificate Input CARE Certificate Print View

\* Organization: 4 - JAYHAWK AREA AGENCY ON AGING

\* Form Status: WORK IN PROGRESS

\* Date of Assessment: 12/17/2015 (mm/dd/yyyy)

\* Assessment Location: ~Select~

\* Assessor Search (Last, First) [enter]

\* Assessor's Name: --

Comments

Create

**Required Fields** All fields except 'Comments' are required to save the page and continue to the next navigational tab.

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**Form Status** The form status is automatically set to Work in Progress status, and cannot be changed until the form is saved. Once the form's data entry is completed, return to the Main & Billing navigation tab and change the Form Status to the appropriate choice.

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*Continued on next page*

## Main & Billing Primary Navigation Tab, continued

### Selecting the Assessor

The **Assessor** select list does not display any names until populated using the **Assessor Search (Last, First)** search field.

**CARE Level I Assessment - Version 3**  
Assessment Nbr:

Main & Billing | PASRR | Support, Cognition & Communication | Risks & LTC | Functional Assessment | Unmet Needs | CA

\* Organization: 4 - JAYHAWK AREA AGENCY ON AGING  
\* Form Status: WORK IN PROGRESS  
\* Date of Assessment: 12/17/2015 (mm/dd/yyyy)  
\* Assessment Location: ~Select~  
\* Assessor Search (Last, First) hull [enter]  
\* Assessor's Name: --

After entering the Assessor Search parameters:

**CARE Level I Assessment - Version 3**  
Assessment Nbr:

Main & Billing | PASRR | Support, Cognition & Communication | Risks & LTC | Functional Assessment | Unmet Needs | CA

\* Organization: 4 - JAYHAWK AREA AGENCY ON AGING  
\* Form Status: WORK IN PROGRESS  
\* Date of Assessment: 12/17/2015 (mm/dd/yyyy)  
\* Assessment Location: HOME  
\* Assessor Search (Last, First) hull [enter]  
\* Assessor's Name: HULL, BEENA - 3702 MEDICALODGE EAST HEALTHCARE CN  
HULLST, NANCI - 823 LINWOOD GNNP (C1)

Follow the steps in the table below to populate the Assessor select list, and choose the desired Assessor.

Step	Action	Result
1.	Type the last name, or at least the first few characters of the last name, in the <b>Assessor Search (Last, First)</b> field.  Optional: Enter the full last name followed by a comma, a space, and the first name (full or partial)	The assessor name as typed appears in the search field.  Note: If entering the full last and first name in the search field, make sure it is spelled exactly as it was when the person record was created in KAMIS.
2.	Press <i>Enter</i> .	The <b>Assessor</b> select list populates with any KAMIS assessors that match the search field entry.

*Continued on next page*

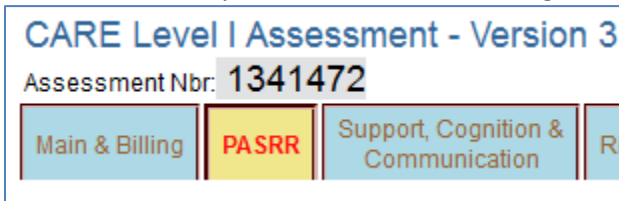
## Main & Billing Primary Navigation Tab, continued

### Selecting the Assessor

*continued*

Step	Action	Result
3.	If the <b>Assessor</b> select list populates with more than one name, click on the desired name.	The Assessor name is highlighted (selected.)
4.	Enter any Comments as desired.	This field is not required.
5.	Click on the <b>Create</b> button.	

Once all fields are completed, click on the **Create** button to save the form. An assessment number is assigned, and the assessment automatically forwards to the next navigational tab (PASRR.)



### Assessment Data Entry Status Indicator

Once the Assessment is saved as Work in Progress, a message will display indicating the “timely” status of the assessment data entry. These messages are color-coded.

**No Indicator:** Assessment is being data entered within 1 week of the assessment date.



**Yellow:** Assessment is being data entered within 2 weeks of the assessment date.



**Red:** Assessment is being data entered more than 2 weeks after the assessment date.



**Orange:** Assessment is being data entered more than 2 weeks after the assessment date but it was performed at the Hospital.



# PASRR Primary Navigation Tab

## PASRR Navigation Tab

### CARE Level I Assessment - Version 3

Assessment Nbr: 1341472

Main & Billing	<b>PASRR</b>	Support, Cognition & Communication	Risks & LTC	Functional Assessment	Unmet Needs	CARE
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**\* Is the customer considering placement in a nursing facility?**  No  Yes

**\* Has client been diagnosed as having a serious mental disorder?**  No  Yes

**\* What psychiatric treatment has the client received in the past 2 years (check all that apply)?**

2 Partial Hospitalizations:	<input type="checkbox"/>	2 Inpatient Hospitalizations:	<input type="checkbox"/>
1 Inpatient & 1 Partial Hospitalization:	<input type="checkbox"/>	Supportive Services:	<input type="checkbox"/>
Intervention:	<input type="checkbox"/>	None:	<input checked="" type="checkbox"/>

For those individuals who have a mental diagnosis and treatment history please record that information below:

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**\* Level of Impairment?**

Interpersonal Functioning:	<input type="checkbox"/>	Concentration / Persistence / and Pace:	<input type="checkbox"/>
Adaptation to Change:	<input type="checkbox"/>	None:	<input checked="" type="checkbox"/>

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**\* Has the client been diagnosed with one of the following conditions prior to age 18 for Mental Retardation/ Developmental Disability, or age 22 for related condition, and the condition is likely to continue indefinitely?**

Developmental Disability:	<input type="checkbox"/> (IQ <input type="text"/> )
Related Condition:	<input type="checkbox"/>
None:	<input checked="" type="checkbox"/>

For those individuals who have a developmental disability or related condition please record that information below:

---

**\* Referred for Level II Assessment?**  No  Yes

### Required Fields

All fields on this page marked with a red asterisk (\*) are required. The text boxes are not required if the previous question's response was 'No' or 'None.'

# Support, Cognition & Communication Primary Navigation Tab

## Support, Cognition & Communication Navigation Tab

**CARE Level I Assessment - Version 3**  
 Assessment Nbr: 1341472

Main & Billing	PASRR	Support, Cognition & Communication	Risks & LTC	Functional Assessment	Unmet Needs	CARE Certificate Input	CARE Certificate	Print View
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\* Lives Alone?  No  Yes

\* Informal Supports Available?  Yes  Inadequate  No

\* Formal Supports Available?  Yes  Inadequate  No

\* Comatose, Persistent Vegetative State:  No  Yes

	Code	Multiplier	X	Weight	=	Total
* Orientation	<input type="text" value="0"/>	0	X	2	=	<input type="text" value="0"/>
* 3-Word Recall	<input type="text" value="0"/>	0	X	2	=	<input type="text" value="0"/>
* Spelling	<input type="text" value="0"/>	0	X	2	=	<input type="text" value="0"/>
* Clock Draw	<input type="text" value="0"/>	0	X	2	=	<input type="text" value="0"/>

Threshold Sum of Cognition Scores =

Definition of Code for Cognition	Code	Multiplier for Threshold Guide
No impairment	0	0
Impairment with the tested area	1	1
Unable to test	9	0

Expresses information content, however able:

Understandable

Usually understandable

Sometimes understandable

Rarely or never understandable

Ability to understand others, verbal information, however able:

Understands

Usually understands

Sometimes understands

Rarely or never understands

**Required Fields** All fields displayed on this page are required with the exception of the following:

- Expresses information content, however able:***
- Ability to understand others, verbal information, however able:***

# Risks and LTC Primary Navigation Tab

Risks & LTC  
Navigation Tab

### CARE Level I Assessment - Version 3

Assessment Nbr: 1341472

Main & Billing	PASRR	Support, Cognition & Communication	<b>Risks &amp; LTC</b>	Functional Assessment
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**Risks**

Falls:  (6 mo)  (1 mo)

Injured Head During Fall(s):

Neglect / Abuse / Exploitation:

Wandering:

Socially Inappropriate / Disruptive Behavior:

Decision Making:

Unwilling / Unable to comply with Recommended Treatment:

Over the last few weeks / months - experienced anxiety / depression:

Over the last few weeks / months - experienced feeling worthless:

None:

Threshold Sum of Risk Scores =

**Req** Customer Choice for LTC:

**Nursing Facility Search**  [enter]

Name of Nursing Facility:

Anticipated less than 90 days  No  Yes

**Required Fields** *Risks* - Either None or at least one problem needs to be checked.

**Customer Choice in LTC**



# Functional Assessment Primary Navigation Tab

## ADL Secondary Navigation Tab

**CARE Level I Assessment - Version 3**  
Assessment Nbr: 1341472

Main & Billing	PASRR	Support, Cognition & Communication	Risks & LTC	Functional Assessment	Unmet Needs	CARE Certificate Input	CARE Certificate	Pri
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**ADL** | IADL

HCBS and IE Long-Term Care Threshold Guide		
Code Definition	Code	Multiplier for Threshold
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

Enter Customer's Self-Performance Level Long-Term Care Threshold Scoring

Activity Code	Multiplier X Weight = Total
* Bathing:    0    0    X   4    = 0	
* Dressing:    0    0    X   3    = 0	
* Toileting:    0    0    X   5    = 0	
* Transferring: 0    0    X   5    = 0	
* Walking / Mobility: 0    0    X   3    = 0	
* Eating:        0    0    X   4    = 0	

Threshold Sum of ADL Scores = 0

Unmet Needs Definition Guide	
Code Definition	Code
Assessor does not know if available	0
Service is available	1
Service is available but waiting list	2
Service available but customer does not have resources to pay	3
Service is not available	4
Service is available but customer chooses not to use	5
Service does not exist	6

Enter Customer's Service Availability

- ASTE - Assistive Technology
- ATCR - Attendant Care (Personal or Medical)
- BATH - Bathroom (Items)
- INCN - Incontinence Supplies
- PHTP - Physical Therapy
- MOBL - Mobility/Aids/Assistive Technology/Custom Care

**Required Fields** All fields for the ADL scores are required.

The Unmet Needs that pertain to the ADLs are also listed on this tab. However, they are not required.

*Continued on next page*

# Functional Assessment Primary Navigation Tab, Continued

## IADL Secondary Navigation Tab

**CARE Level I Assessment - Version 3**  
Assessment Nbr: **1341472**

Main & Billing	PASRR	Support, Cognition & Communication	Risks & LTC	Functional Assessment	Unmet Needs	CARE Certificate Input	CARE Certificate	Print View
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ADL **IADL**

HCBS and IE Long-Term Care Threshold Guide		
Definition of Code for Assessments	Code	Multiplier for Threshold Guide
Independent	1	0
Supervision Needed	2	1
Physical Assistance Needed	3	1
Unable to Perform	4	2

Enter Customer's Self-Performance Level Long-Term Care Threshold Scoring

Unmet Needs Definition Guide		
Code Definition	Code	
Assessor does not know if available	0	
Service is available	1	
Service is available but waiting list	2	
Service available but customer does not have resources to pay	3	
Service is not available	4	
Service is available but customer chooses not to use	5	
Service does not exist	6	

Enter Customer's Service Availability

Activity Code	Multiplier	X	Weight	=	Total
* Meal Preparation:	<input type="text" value="0"/>	X	5	=	<input type="text" value="0"/>
* Shopping:	<input type="text" value="0"/>	X	3	=	<input type="text" value="0"/>
* Money Management:	<input type="text" value="0"/>	X	4	=	<input type="text" value="0"/>
* Transportation:	<input type="text" value="0"/>	X	3	=	<input type="text" value="0"/>
* Telephone:	<input type="text" value="0"/>	X	3	=	<input type="text" value="0"/>
* Laundry / Housekeeping:	<input type="text" value="0"/>	X	3	=	<input type="text" value="0"/>
* Management of Medication / Treatments:	<input type="text" value="0"/>	X	5	=	<input type="text" value="0"/>

Threshold Sum of IADL Scores =

Sum of ADL, IADL, Cognition and Risks Scores =

- CHOR - Chore
- CMEL - Congregate Meals
- HHAD - Home Health
- HMEL - Home Delivered Meals
- HMKR - Homemaker
- MEDIC - Medication Issues
- MFMA - Money/Financial Management Assistance
- MMEG - Medication Management Education
- NCOU - Nutrition Counseling
- SHOP - Shopping
- TPHN - Telephoning
- TRNS - Transportation

**Required Fields** All fields for the IADL scores are required.

The Unmet Needs that pertain to the IADLs are also listed on this tab. However, they are not required.

# Unmet Needs Primary Navigation Tab

## Unmet Needs Navigation Tab

**CARE Level I Assessment - Version 3**  
 Assessment Nbr: **1341472**

Main & Billing	PASRR	Support, Cognition & Communication	Risks & LTC	Functional Assessment	Unmet Needs	CARE Certificate Input	CARE Certificate
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**OTHER SERVICES**

- APSV - Abuse/ Neglect/ Exploitation Investigation
- ADCC - Adult Day Care
- ALZH - Alzheimer Support Service
- CMGT - Case Management
- CNSL - Counseling
- HOUS - Community Housing/ Residential Care/ Training
- HOSP - Hospice
- IAAS - Information & Assistance
- LGLA - Legal Assistance
- NRSN - Nursing/ShortTerm Skilled/PartTime/Inpatient
- NSPT - Night Support
- OCCT - Occupational Therapy
- PAPD - Prevention of Depression Activities
- PEMRI - Personal Emergency Response System
- RESP - Respite Care
- RMNR - Repairs/Maintenance/Renovation
- SENS - Sensory Aids
- SLPT - Speech & Language Therapy
- VIST - Visiting
- OTEM - Other

Other Comment

Comments

Save

Unmet Needs Definition Guide	
Code Definition	Code
Assessor does not know if available	0
Service is available	1
Service is available but waiting list	2
Service available but customer does not have resources to pay	3
Service is not available	4
Service is available but customer chooses not to use	5
Service does not exist	6
Enter Customer's Service Availability	

**ADDITIONAL RESOURCES/NEEDS**

- ALVG - Assisted Living Facility
- EMPL - Employment
- GUAR - Guardianship/Conservator
- MCID - Medicaid Eligibility
- VBEN - Veteran's Benefits
- HINS - Home Injury Control Screening
- CMHC - Community Mental Health Center
- CDDO - Community Developmental Disability Organization
- CILS - Centers for Independent Living Services
- RPCC - Regional Prevention Center Contacts

**Required Fields** No fields on this page are required.

# CARE Certificate Input Navigation Tab

## CARE Certificate Input Navigation Tab

The information selected/entered on this page populates the CARE Certificate form on the next navigational tab.

**CARE Level I Assessment - Version 3**  
Assessment Nbr: 1341472

Main & Billing	PASRR	Support, Cognition & Communication	Risks & LTC	Functional Assessment	Unmet Needs	<b>CARE Certificate Input</b>	CARE Certificate	F
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**Community-Based Services Referral**

\* Area Agency on Aging:  No  Yes

\* DCF Adult Protective Services:  No  Yes

\* Independent Living:  No  Yes

\* Other Referral:  No  Yes

If Other Referral, Explain:

---

**No Referral Necessary**

\* Does not need / does not wish help in finding community-based services.  No  Yes

\* Has selected a Nursing Facility.  No  Yes

\* Has not made final LTC decision.  No  Yes

---

**Certificate Signage Confirmation**

\* Certificate Signed By:

\* Date Certificate Signed:

After saving the CARE Certificate Input page, the form redirects back to the Main & Billing page so the form can be approved.

## Required Fields

All fields on this page are required.

However, if *Other Referral* is 'No' then the explanation text box is not required.




## CARE Certificate Navigation Tab, continued

### Printing the CARE Certificate

Follow the instructions provided in the top-left corner of the CARE Certificate page to print the certificate.

*Set browser options for Print/Page Setup:*  
 Orientation: PORTRAIT Print: shrink to fit  
 Set all margins: .5  
 Set all header and footer notations to 'Empty'



**Duplicate Certificate of CARE Assessment**

This certificate is evidence of completion of a CARE Assessment. Keep it with your medical records.

If you want to live in a nursing facility, you must take a copy of this certificate with you when you apply for admission. If you want to live in your home or other community-based setting, the Area Agency on Aging can help you find appropriate services.

This certificate is good for one year. If your health status or abilities change, you may request a new assessment. Should you need additional copies of this certificate or your completed two-page assessment, or want additional information, contact your Area Agency on Aging at: JAYHAWK AREA AGENCY ON AGING

*Set browser options for Print/Page Setup:*  
 Orientation: PORTRAIT Print: shrink to fit  
 Set all margins: .5  
 Set all header and footer notations to 'Empty'

To return to the CARE Assessment form, click on the 'Return to Assessment' button. The *Main & Billing* page displays.

**Hint** Once the CARE Assessment form has been completed, the Main & Billing page displays the *LOC Scores and Level II Referral Indicator* region, which provides a summary of the scores calculated in the assessment, along with the referral for level II assessment response.

**CARE Level I Assessment - Version 3**  
 Assessment Nbr: 1341472

Main & Billing	PASRR	Support, Cognition & Communication	Risks & LTC	Functional Assessment	Unmet Needs	CARE Certificate Input	CARE Certificate	Print View
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\* Organization: 4 - JAYHAWK AREA AGENCY ON AGING

\* Form Status: WORK IN PROGRESS

\* Date of Assessment: 12/14/2015 (mm/dd/yyyy)

\* Assessment Location: HOME

\* Assessor Search (Last, First): hull [enter]

\* Assessor's Name: HULL, BEENA - MEDICALODGE EAST HEALTHCARE CN 3702

Comments

**LOC Scores and Level II Referral Indicator**

Total ADL Score	3
Total IADL Score	17
Total Cognition Score	0
Total Risk Score	0
Total Threshold Score	20
Referred for level II assessment?	N

# Print View

## Purpose

The Print View navigational tab provides a printable view of the CARE Level I Assessment form. Print View loads in a separate window.

A print icon is located at the top of the page. Click on the icon to launch the browser print menu in the Print View window.

## Print View

Launches the browser print menu

This information comes from Person Administration

The page numbers indicate where the page breaks are for printing.

Print View Care Level 1 v3 - Google Chrome  
State of Kansas [US] https://webapps2.aging.ks.gov/ordsdv42/f?p=104090:321:2281688174302:::  
Kansas Department for Aging and Disability Services  
CARE Level 1 Assessment  
ODC Version: ODC Viewed on: 12/18/2015 09:04:34 AM by: JOBAUER page 1

<b>A. IDENTIFICATION</b> 1. Social Security # (Optional) 333-15-1972 2. Customer Last Name GRIMES First Name, Middle RICK, 3. Customer Address Street: HOMELESS City: TOPEKA County: SN - SHAWNEE State: KS Zip: 66603- Phone: 4. Date of Birth: 03/15/1972 5. Gender: MALE 6. Date of Assessment: 12/14/2015 7. Assessor Name: HULL, BEENA 8. Assessment Location HOME 9. Primary Language: ENGLISH 10. Ethnic Background: NOT HISPANIC OR LATINO 11. Race: WHITE NON-HISPANIC 12. Contact Person Information GRIMES, CARL R. CAREGIVER GRIMES, CARL R. CAREGIVER GRIMES, CARL R. EMERGENCY CONTACT SON GRIMES, LORI EMERGENCY CONTACT WIFE GRIMES, LORI FINANCIALLY RESPONSIBLE WIFE LAST, FIRST TARGETED CASE IN OTHER PELETIER, CAROL T. PRESENT AT ASSESSMENT FRIEND PENGWINN, OPIS (DPOA) DURABLE BROTHER PENGWINN, OPIS (DPOAHCD) DURABLE BROTHER	<b>B. PASRR</b> 1. Is the customer considering placement in a nursing facility? Y 2. Has the customer been diagnosed as having a serious mental disorder? N 3. What psychiatric treatment has the customer received in the past 2 years (check all that apply)? None For those individuals who have a mental diagnosis and treatment history please record that information: 4. Level of impairment? None 5. Has the customer been diagnosed with one of the following conditions prior to age 18 for Mental Retardation / Developmental Disability, or age 22 for related condition, and the condition is likely to continue indefinitely? None For those individuals who have a development disability or related condition please record that information: 6. Referred for a Level II assessment? N	<b>D. COGNITION</b> 1. Comatose, persistent vegetative state: N 2. Memory, recall: 0 ORIENTATION mult: 0 x wght: 2 = ttt: 0 0 3-WORD RECALL mult: 0 x wght: 2 = ttt: 0 0 SPELLING BACKWARD mult: 0 x wght: 2 = ttt: 0 0 CLOCK DRAW mult: 0 x wght: 2 = ttt: 0 TOTAL: 0
<b>E. COMMUNICATION</b> 1. Express information content, however able: 2. Ability to understand others, verbal information, however able:		
<b>F. RECENT PROBLEMS / RISKS</b> NONE TOTAL: 0		
<b>G. CUSTOMER CHOICE FOR LTC</b> CUSTOMER IS IN THE COMMUNITY WITH SERVICES		

page 2 Customer: 657684 - GRIMES, RICK

The line in front of each activity is to put the current (Average Day) level of functioning:  
1=Independent; 2=Supervision Needed; 3=Physical Assistance Needed; 4=Unable to Perform

The line in front of each service is for the availability code: 0=Assessor does not know if available; 1=Service is available; 2=Service is available but waiting list; 3=Service available but customer does not have resources to pay; 4=Service is not available; 5=Service is available but customer chooses not to use; or 6=Service does not exist.

<b>H. ACTIVITIES OF DAILY LIVING</b> 1 BATHING mult: 0 x wght: 4 = ttt: 0 1 DRESSING mult: 0 x wght: 3 = ttt: 0 1 TOILETING mult: 0 x wght: 5 = ttt: 0 1 TRANSFER mult: 0 x wght: 5 = ttt: 0 3 WALKING, MOBILITY mult: 1 x wght: Home 3 Application 104090 Edit Page 321 Create Session Caching View Debug Debug Show Grid Show Edit Links	<b>J. OTHER SERVICES</b> Availability Unmet Need <b>K. ADDITIONAL RESOURCES/NEEDS:</b> Availability Unmet Need
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Close the Print View window by clicking on the  in the right upper corner.