

Chapter 18 – Care Level I - 90 Day Follow-Up

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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.

Access the 90-Day Follow-Up Form

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

The CARE Level I Assessment AND a 30-day Follow-up forms must be in an approved status before the 90-day Follow-up form can be accessed.

How To Follow the steps in the table below to access the 90-Day Follow-Up form.

| Step | Action | Result | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----------|---------------------|------------------------|-----|-------------|--------------|---|------------|----------|---|---------------------|--|-----------------------------|------------|----------|---|--|--|---------------------------|------------|----------|---|--|--|---|------------|----------|---|---------------------|--|---|------------|----------|---|---------------------|--|---------------------------------|------------|----------|---|--|--|--|------------|----------|---|---------------------|------------------------|
| 1. | Locate customer through Person Search. | Customer is displayed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Single click on the View Forms icon. | List of all forms associated to the customer will be displayed in the lower portion of the window. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Customer Status: ACTIVE</p> <p>CUSTOMER FORMS LIST</p> <p>Person Admin List Forms Case Log Customer Referral</p> <p>Forms List Create New Form</p> <table border="1"> <thead> <tr> <th>Form Type</th> <th>Form Date</th> <th>Form Status</th> <th>PSA</th> <th>Unmet Needs</th> <th>Plan of Care</th> </tr> </thead> <tbody> <tr> <td>CARE LEVEL I ASSESSMENT</td> <td>05/31/2007</td> <td>APPROVED</td> <td>7</td> <td>UMN</td> <td></td> </tr> <tr> <td>CARE INTAKE</td> <td>05/29/2007</td> <td>APPROVED</td> <td>7</td> <td></td> <td></td> </tr> <tr> <td>REFERRALS</td> <td>04/26/2007</td> <td>APPROVED</td> <td>4</td> <td></td> <td></td> </tr> <tr> <td>UNIFORM ASSESSMENT INSTRUMENT</td> <td>02/02/2007</td> <td>APPROVED</td> <td>7</td> <td>UMN</td> <td></td> </tr> <tr> <td>ABBREVIATED UNIFORM ASSESSMENT INSTRUMENT</td> <td>01/29/2007</td> <td>APPROVED</td> <td>7</td> <td>UMN</td> <td></td> </tr> <tr> <td>STANDARD INTAKE</td> <td>01/15/2007</td> <td>APPROVED</td> <td>7</td> <td></td> <td></td> </tr> <tr> <td>UNIFORM PROGRAM REGISTRATION</td> <td>01/02/2007</td> <td>APPROVED</td> <td>7</td> <td>UMN</td> <td>create</td> </tr> </tbody> </table> <p style="text-align: right;">Back</p> | | | Form Type | Form Date | Form Status | PSA | Unmet Needs | Plan of Care | CARE LEVEL I ASSESSMENT | 05/31/2007 | APPROVED | 7 | UMN | | CARE INTAKE | 05/29/2007 | APPROVED | 7 | | | REFERRALS | 04/26/2007 | APPROVED | 4 | | | UNIFORM ASSESSMENT INSTRUMENT | 02/02/2007 | APPROVED | 7 | UMN | | ABBREVIATED UNIFORM ASSESSMENT INSTRUMENT | 01/29/2007 | APPROVED | 7 | UMN | | STANDARD INTAKE | 01/15/2007 | APPROVED | 7 | | | UNIFORM PROGRAM REGISTRATION | 01/02/2007 | APPROVED | 7 | UMN | create |
| Form Type | Form Date | Form Status | PSA | Unmet Needs | Plan of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CARE LEVEL I ASSESSMENT | 05/31/2007 | APPROVED | 7 | UMN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CARE INTAKE | 05/29/2007 | APPROVED | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFERRALS | 04/26/2007 | APPROVED | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIFORM ASSESSMENT INSTRUMENT | 02/02/2007 | APPROVED | 7 | UMN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABBREVIATED UNIFORM ASSESSMENT INSTRUMENT | 01/29/2007 | APPROVED | 7 | UMN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STANDARD INTAKE | 01/15/2007 | APPROVED | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIFORM PROGRAM REGISTRATION | 01/02/2007 | APPROVED | 7 | UMN | create | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | In the Forms List table, locate the CARE Level I Assessment . Single click on the form link. | The assessment form will be displayed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Access the 90-Day Follow-Up Form, Continued

How To (continued)

| Step | Action | Result |
|---|---|-------------------|
| 4. | <p>The 90 day form option is displayed at the bottom of the Main page.</p> <p>Click on the Create 90 day Followup button..</p> | Opens blank form. |
|  <p>The screenshot shows a patient profile for KAMIS ID: 50000176, Name: JETSON, GEORGE, PSA: 7. The patient's care level is CLI - CARE LEVEL I with Unmet Needs. A navigation bar includes buttons for Main, Billing, PASRR, Supports, Cognition & Communication, Risks, and LT. Below this, key information is displayed: Person's Original Effective Date (01/01/2007), PSA (7 - EAST CENTRAL KS AAA), Form Status (APPROVED), and Assessment Date (05/31/2007). At the bottom, there are two buttons: 'View 30day Followup' and 'Create 90day Followup'.</p> | | |

Note: The 90 day follow-up button will not display unless the CARE Assessment and 30-day Follow-up forms are in approved status.

Main Primary Navigation Tab

Main Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr: 50000390

CL1 - 90 DAY FOLLOW-UP [Unmet Needs](#)

Main Assistance Print View

* PSA 7 - EAST CENTRAL KS AAA

* Assessment Date 05/31/2007

* Date of 30-Day Followup 06/30/2007

* Followup Completed By

* Date of 90-Day Followup (mm/dd/yyyy) 

* Date of 90-Day Followup Data Entry (mm/dd/yyyy) 

* Form Status WORK IN PROGRESS

* Customer's Location at time of Followup

Required Fields All fields displayed on this Page are required.

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.

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.

Assistance Primary Navigation Tab

Assistance Navigation Tab

KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr: **50000390**

CL1 - 90 DAY FOLLOW-UP [Unmet Needs](#)

Main **Assistance** **Print View**

Were you able to come home from the nursing facility in less than 90 days as you planned?

Customer's choice for LTC services

If Customer is in the community without services, Why?

Necessary services do not exist Customer chose to not have services

Customer cannot afford needed services Customer is waiting for services

Customer has informal support services in home Customer does not need services

If additional help at home had been available, could you have stayed in your home?

Does the customer want further assistance?

Required Fields All fields displayed on this Page are required.

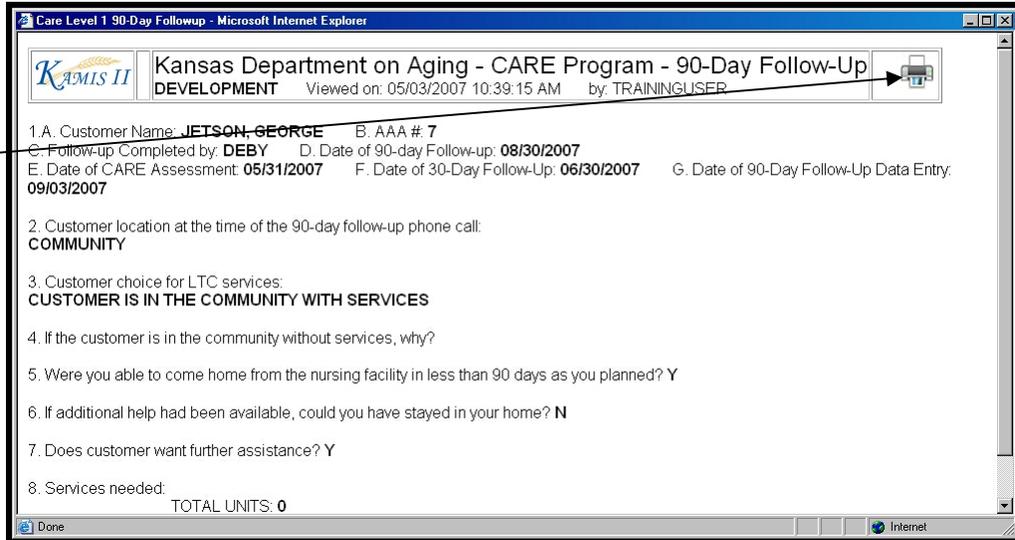
Print View

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

When printing the pages will separate as indicated.

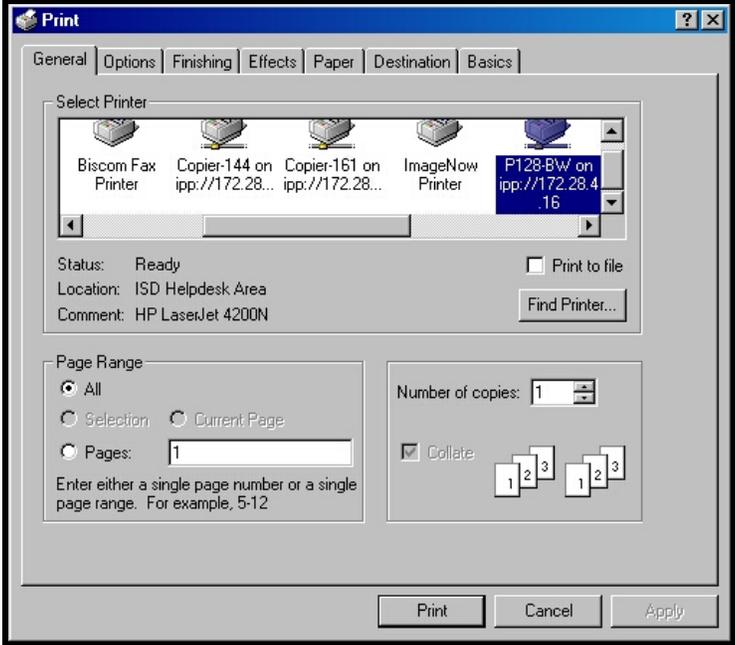


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Print View, Continued

To Print

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

| Step | Action | Result | | | | | | |
|---|--|---|--------|--------|-----|----------------------|-------------------------------|-------------------------------------|
| 1. | Click on the printer icon 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 Page Range | 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 Print . | Document will print. | | | | | | |

To Close

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