

# Chapter 52 – SED Assessment Form

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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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The KDADS Help Desk has been receiving calls regarding what should be put into KAMIS vs. Lucidity. Below are clarifications as to which system to use. Also included is the order of how the information is entered into KAMIS.

## What to enter into KAMIS

Enter into KAMIS only:

- NEW Customers.
- Update Customer information on existing customers when doing the Annual Assessment within Person Administration. Make sure you enter Family Choice Date and Clinical Eligibility date.
- NEW Initial Assessment for a new customer.
- NEW Annual Assessment (Reassessment) for an existing customer.
- NEW Service Authorization (Budget) that corresponds to the above Initial or Annual Assessment. This would be the first 90 day review period.

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## What to enter into Lucidity:

- Any 90 day review that is within the reassessment year. For example: The 2<sup>nd</sup> – 4<sup>th</sup> 90 day review.
- Any changes to an existing 90 day review.

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## Terminology changes:

Budget = Service Authorization (SA)

Cloning = Service Authorization Versions

Notes = Case Log

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## Order of how the information is entered into KAMIS/SED:

### **Administration Task:**

This is a **one-time task** that one person within your Organization needs to complete to set up the Service/Funding and service pricing that will be used in the Service Authorization (Budget). Do this task for each provider that your Organization will use for the service.

Instructions: KAMIS Chapter 24 - Service Provided

If this is not done, no services or providers will display in the Service Authorization.

### **Customer Information:**

All customers have been assigned to the CMHC according to their residential address within KAMIS (2,803). The residential address currently in KAMIS was populated from the Medicaid eligibility data. If a customer is under an incorrect CMHC, please transfer the customer to the appropriate organization.

### **Person Administration:**

Remember to check this information (especially the address information) and to add the Family Choice and the Clinical Eligibility dates. This is under the SED Additional Info Tab

Instructions: KAMIS Chapter 6 – Person Administration

### **Assessment (Initial or Annual):**

Put form into Approved status by clicking the drop down and selecting approved. You then click on the Apply Changes. Keep in mind “Approved” here means that data entry is complete for this form and approved as such.

Instructions: KAMIS Chapter 52 – SED Assessment Form

### **Service Authorization:**

Make sure that the Administration task of Service Provided has been completed. If this is not done, no services or providers will display in the Service Authorization.

Instructions: KAMIS Chapter 53 - Service Authorization

### **Case Log:**

This is used for detailed Customer Notes. It takes the place of the Lucidity Notes function.

## SED Workload:

For MCO's to work Service Authorizations that have been submitted for approval.

For CMHC's to work Service Authorizations that have been approved or more information is needed for MCO approval.

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The following is the list of Kamis Chapters that should be reference for KAMIS/SED.

- [Chapter 3 - Accessing KDOA Web Applications and KAMIS II](#)
- [Chapter 4 - Standards and Navigation Methods](#)
- [Chapter 5 - Person Search](#)
- [Chapter 6 - Person Administration](#)
- [Chapter 10 - Customer Share and Transfers](#)
- [Chapter 24 - Provider Service](#)
- [Chapter 52 - SED Assessment](#)
- [Chapter 53 - SED Service Authorization](#)



# 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 Admin Tab / Name Secondary Tab:

***NAME (first) (last)*** – Customer Legal Name

***Date of Birth***

***SSN***

***Marital Status***

***Gender***

***Ethnicity***

***Race***

***Speaks*** – Defaults to English

***Reads*** – Defaults to English

***Understands Only*** – Defaults to English

Address Details Tab:

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

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**Important** 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 Information Heading

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**Introduction** The customer heading displays certain information regarding the customer.

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Indicates the Primary organization, and any customer shares (secondary) to other organizations.

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE (Not on WL) Assessment Nbr: 30001563 more...

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE [Waiting List Detail 21](#) Assessment Nbr: 30001563 more...



Clicking on the link will access the Waiting List Detail page

Click on the “more...” link to view the current demographic information of the customer.

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE [Waiting List Detail 21](#) Assessment Nbr: 30001563 more...

DOB	Gender FEMALE	SSN 258-95-1357	Medicaid Nbr
Address 503 STREET TOPEKA, KS 66601-	County SHAWNEE	Location URBAN	
Home Phone 785-555-6666	Work Phone 785-666-4444	Cell Phone 785-999-8888	
Ethnicity NOT HISPANIC OR LATINO Race NATIVE HAWIAN OR OTHER PACIFIC ISLANDER			

## Main Information Navigation Tab

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**Requirement** Add or update all customer and associate information before beginning the assessment data entry.

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KAMIS ID: 30013754 Name: WAITING, IMA Customer Status: ACTIVE [More Person Info...](#)  
Primary PSA: JOHNSON COUNTY MENTAL HEALTH CENTER Secondary PSA: AMERIGROUP - MCO

SED Assessment  
Assessment Nbr: SED Service Authorization

Main Information 200 Subscale Scores 201  
Main 200

**Assessment Information**

- Organization: 2656 - JOHNSON COUNTY MENTAL HEALTH CENTER
- Form Status: WORK IN PROGRESS
- Assessment Date: [Empty]
- Reassessment Date: 09/30/2015

Medicaid Card ID Number: 00124889514

Customer has a Current Medicaid Card:  No  Yes

Converted Assessment: N

**SED Related Dates**

- Family Choice Date: 10/01/2014
- SED Compliance Date: 11/01/2014
- Clinical Eligibility Date: 10/01/2014

Cancel Create

Added By: on

**Required Fields** In order to save the assessment as work in progress, all fields displayed on this page are required with the exception of the Medicaid Care ID Number field.

However, if the field "Customer has a Current Medicaid Card" is answered "Yes" then the Medicaid Care ID Number field is required.

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**Form Status** 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 become active.

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# Main Information Navigation Tab – File Upload

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**Introduction** Once the form is created by saving the Main Information page, an additional region will be displayed.

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**Attachments and File Upload** Follow the instruction on the page to upload documents associated with this Customers SED Assessment.

**To Attach / Upload File:**

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**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 size limited to 1mb!

File Name:

**Attached / Uploaded Files**

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Application: FAI Id: 30001563

name	delete	size	source	added	by
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# Subscale Scores Navigation Tab

## Introduction

Page 2a of the BASIS Assessment form

KAMIS ID: 30013754 Name: WAITING, IMA Customer Status: ACTIVE [More Person Info...](#)  
Primary PSA JOHNSON COUNTY MENTAL HEALTH CENTER Secondary PSA AMERIGROUP - MCO

SED Assessment  
Assessment Nbr: 30002160 [SED Service Authorization](#)

Main Information 200 **Subscale Scores 201**  
CAFAS / CBCL 201

CAFAS Assessment - Subscale Scores

\* CAFAS Assessment Date:

\* School/Work Role Performance Score:  30  20  10  0

\* Home Subscale Role Performance:  30  20  10  0

\* Community Subscale Role Performance:  30  20  10  0

\* Behavior Toward Others:  30  20  10  0

\* Moods/Emotions Subscale:  30  20  10  0

\* Self-Harm Behavior Subscale:  30  20  10  0

\* Substance Use:  30  20  10  0

\* Thinking:  30  20  10  0

Total of Subscale Scores:

CBCL Assessment - Subscale Scores

\* CBCL Assessment Date:  Score Exception Approved?

T-Scores (2 digits or Check Not Computed)

\* T-Score on Total Problem Scale:  T-Score Total Problem Scale Not Computed:

\* T-Score on Internalizing Scale:  T-Score Internalizing Scale Not Computed:

\* T-Score on Externalizing Scale:  T-Score Externalizing Scale Not Computed:

## Required Fields

All fields displayed on this page are required in order to save the page.

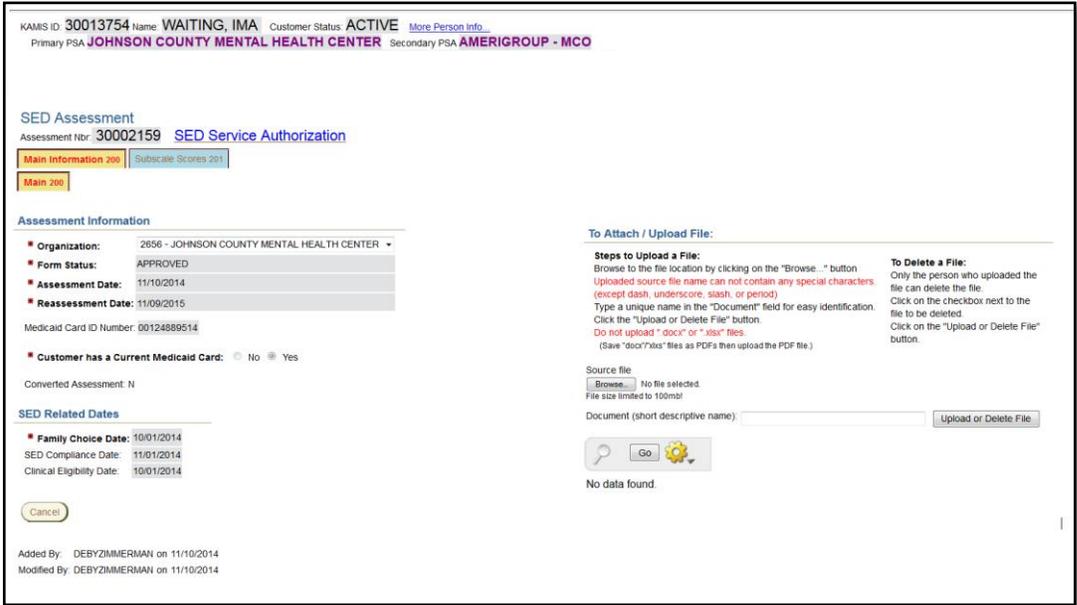
## Hint

Once the Save button is selected, the page will automatically forward to the Main Information Navigation Tab so that the form status can be changed from Work in Progress to Approved.

# Approving (Complete) the Form

**Requirement** When the data entry of the SED Assessment form within KAMIS is completed. For the form to be completed, it needs to be in “Approved” status. Once the form is in Approved status and saved all fields will be disabled.

**How To** Follow the steps in the table below to complete the data entry process.

Step	Action	Result
1.	In the Form Status field, select “Approved”.	
 <p>The screenshot shows the KAMIS interface for a SED Assessment. At the top, it displays 'KAMIS ID: 30013754', 'Name: WAITING, IMA', and 'Customer Status: ACTIVE'. Below this, it identifies the 'Primary PSA' as 'JOHNSON COUNTY MENTAL HEALTH CENTER' and the 'Secondary PSA' as 'AMERIGROUP - MCO'. The 'SED Assessment' section shows 'Assessment Nbr: 30002159' and a link for 'SED Service Authorization'. There are tabs for 'Main Information 200' and 'Subscale Scores 201'. The 'Assessment Information' section includes:         <ul style="list-style-type: none"> <li>Organization: 2656 - JOHNSON COUNTY MENTAL HEALTH CENTER</li> <li>Form Status: APPROVED</li> <li>Assessment Date: 11/10/2014</li> <li>Reassessment Date: 11/09/2015</li> <li>Medicaid Card ID Number: 00124889514</li> <li>Customer has a Current Medicaid Card: <input type="radio"/> No <input checked="" type="radio"/> Yes</li> <li>Converted Assessment: N</li> </ul>         The 'SED Related Dates' section shows:         <ul style="list-style-type: none"> <li>Family Choice Date: 10/01/2014</li> <li>SED Compliance Date: 11/01/2014</li> <li>Clinical Eligibility Date: 10/01/2014</li> </ul>         On the right side, there is a 'To Attach / Upload File:' section with instructions on how to upload and delete files. A 'Source file' section shows 'No file selected' and a 'Document' field with an 'Upload or Delete File' button. At the bottom, it says 'No data found.' and includes a 'Cancel' button and a footer with 'Added By: DEBYZIMMERMAN on 11/10/2014' and 'Modified By: DEBYZIMMERMAN on 11/10/2014'.       </p>		
2.	Click on <b>Save</b> .	A double check of all validations, both in Person Administration and within the Assessment will be completed.

*Continued on next page*

## Approving (Complete) the Form (Continued)

### How To

*Continued*

Step	Action	Result
3.	If a required field has not been completed, errors will display on the page.	
4.	The error listing will state either Person Administration (Customer) or the Navigation Tab location and the field name.	
5.	Navigate to the field and enter or correct the data.	Remember to click the <b>Save</b> button at each page.
6.	Once all the errors have been corrected, navigate to the <b>Main Information</b> Navigation Tab.	
7.	In the Form Status field, select "Approved".	
8.	Click on <b>Save</b> .	The validation check will occur again.
9.	If no errors, the form will be saved as approved.	